

**VIRGINIA OFFICE OF  
EMERGENCY MEDICAL SERVICES  
STATE STRATEGIC AND OPERATIONAL PLAN**



**2020 – 2022**

# VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

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# VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

## INTRODUCTION

Section 32.1-111.3 of the Code of Virginia requires the development of a comprehensive, coordinated, statewide emergency medical services plan by the Virginia Office of EMS (OEMS) which shall incorporate, but not be limited to, the plans prepared by the regional emergency medical services councils. The Board of Health must review, update, and publish the plan triennially, making such revisions as may be necessary to improve the effectiveness and efficiency of the Commonwealth's emergency care system. The objectives of the plan shall include, but not be limited to the nineteen objectives outlined in Section 32.1-111.3.

Over the past few years, much attention has been paid to the development of the plan. Some of this is due to review reports, namely the Joint Legislative Audit and Review Commission (JLARC), EMS Agenda 2050, and the Institute of Medicine (IOM) Report "EMS at the Crossroads". The recommendations made in these documents have assisted in driving the planning process forward.

As the Code of Virginia mandates, this plan must be reviewed, updated, and published triennially by the Board of Health. The Office of EMS appreciates the opportunity to present this document to the Board, and values any input that the Board provides, as well as the input of any other stakeholder, or interested party. Additionally, OEMS is prepared to report on the progress of the plan to the Board of Health or other interested parties upon request, and through the OEMS Annual Reports, and Service Area Plans as required by VDH, and the Code of Virginia.

This operational plan identifies the specific initiatives required of the OEMS staff in executing the 2020-2022 Strategic Plan. Each objective and action step is intended to accomplish those items most critical to the Strategic Plan in the given fiscal year. The Strategic Plan is designed to improve priority areas of performance and initiate new programs. Therefore, much of the routine, but important work of the OEMS staff is not included in the Operational Plan.

No later than three (3) months prior to the end of each fiscal year the OEMS staff will evaluate progress on the plan and begin the process of creating the Operational Plan for the next fiscal year.

In most cases "accountability" should be the name of a person, division, or entity that has the lead responsibility for the implementation of the objective or action step. The plan will be reviewed quarterly, and only those objectives and items relevant to the time frame will be a part of the review. Any changes in the objective or action steps should be noted in writing on the form at that time.

Definitions of acronyms included in the plan can be found on **pages 5 and 6**.

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### **Virginia Office of Emergency Medical Services Mission Statement**

To reduce death and disability resulting from sudden, serious, and/or chronic injury or illness in the Commonwealth through planning and development of a comprehensive and coordinated EMS system; and provision of technical assistance and support to enable the EMS community to collaborate, integrate, and enhance the delivery of the highest quality medical care to those in need.

### **Virginia Office of Emergency Medical Services Vision Statement**

To establish a unified, comprehensive and effective EMS system for the Commonwealth of Virginia that provides for the health and safety of its citizens and visitors.

### **What is the Emergency Medical Services system in Virginia?**

The Virginia EMS system is very large and complex, involving a wide variety of EMS agencies and personnel, including volunteer and career providers functioning in volunteer rescue squads, municipal fire departments, commercial ambulance services, hospitals, and a number of other settings to enable the EMS community to provide the highest quality emergency medical care possible to those in need. Every person living in or traveling through the state is a potential recipient of emergency medical care.

The Virginia Department of Health, Office of Emergency Medical Service (OEMS) is responsible for development of an efficient and effective statewide EMS system. The EMS System in Virginia is designed to respond to any and all situations where emergency medical care is necessary. This is accomplished through a coordinated system of over 36,000 trained, prepared and certified providers, nearly 4,300 permitted EMS vehicles, and nearly 600 licensed EMS agencies, to provide ground and air emergency medical care to all people in the Commonwealth of Virginia.

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**Appendix A - Glossary of Commonly Used Acronyms**

<b>AHA</b>	American Heart Association
<b>AMS</b>	Air Medical Services
<b>COOP</b>	Continuity Of Operations Plan
<b>DGS</b>	Virginia Department of General Services
<b>DBDHS</b>	Department of Behavioral Health and Developmental Services
<b>DW</b>	VDH Data Warehouse
<b>DMV</b>	Department of Motor Vehicles
<b>EMSC</b>	EMS For Children
<b>FARC</b>	Financial Assistance Review Committee (Subcommittee of state EMS Advisory Board)
<b>FCC</b>	Federal Communications Commission
<b>FICEMS</b>	Federal Interagency Committee on EMS
<b>HMERT</b>	Health and Medical Emergency Response Team
<b>LZ</b>	Landing Zone
<b>MCI</b>	Mass Casualty Incident
<b>MDC</b>	Medical Direction Committee (Subcommittee of state EMS Advisory Board)
<b>NASEMSO</b>	National Association of State EMS Officials
<b>NEMSIS</b>	National EMS Information System
<b>NFFF</b>	National Fallen Firefighters Foundation
<b>OEMS</b>	Virginia Office of EMS
<b>OMD</b>	Operational Medical Director
<b>OHE</b>	Virginia Office of Health Equity
<b>PDC</b>	Professional Development Committee (Subcommittee of state EMS Advisory Board)
<b>PSAP</b>	Public Service Answering Point
<b>PSHS</b>	Secretary of Public Safety and Homeland Security
<b>RC</b>	Virginia's Regional EMS Councils
<b>RSAF</b>	Rescue Squad Assistance Fund
<b>SIC</b>	System Improvement Committee (Trauma System Committee)
<b>TCC</b>	Training and Certification Committee
<b>TSC's</b>	Trauma System Committees
<b>VAGEMSA</b>	Virginia Association of Governmental EMS Administrators
<b>VAVRS</b>	Virginia Association of Volunteer Rescue Squads
<b>VDEM</b>	Virginia Department of Emergency Management
<b>VDFP</b>	Virginia Department of Fire Programs
<b>VDH</b>	Virginia Department of Health

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### Appendix A - Glossary of Commonly Used Acronyms (Cont.)

<b>VDOT</b>	Virginia Department of Transportation
<b>VFCA</b>	Virginia Fire Chiefs Association
<b>VHAC</b>	Virginia Heart Attack Coalition
<b>VHHA</b>	Virginia Hospital and Healthcare Association
<b>VPFF</b>	Virginia Professional Firefighters
<b>VPHIB</b>	Virginia Pre Hospital Information Bridge
<b>VSP</b>	Virginia State Police
<b>VSTR</b>	Virginia State Trauma Registry
<b>WDC</b>	Workforce Development Committee (Subcommittee of state EMS Advisory Board)

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**Appendix B – Planning Strategy Matrix**

<b>Strategic Initiative 1.1- Promote Collaborative Approaches</b>		
<i><b>Objectives</b></i>	<i><b>Accountability</b></i>	<i><b>Action Steps</b></i>
<b>Core Strategy 1: Develop Partnerships</b>	1.1.1 Use technology to provide accurate and timely communication within the Virginia EMS System	OEMS, RC
	1.1.2 Promote collaborative activities between local government, EMS agencies, hospitals & health systems, healthcare coalitions, and other related entities, to increase recruitment and retention of certified EMS providers.	OEMS, RC, System stakeholders
	1.1.3 Provide a platform for clear, accurate, and concise information sharing and improved interagency communications between the OEMS, state agencies and EMS system stakeholders in Virginia.	OEMS, VDEM, Secretary of Public Safety and Homeland Security (PSHS), VSP, VDFP, RC, System Stakeholders.

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<b>Strategic Initiative 1.1- Promote Collaborative Approaches (Cont.)</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 1: Develop Partnerships</b>	1.1.4 Identify resources and/or opportunities to work collaboratively with other state agencies, organizations, and associations to improve processes and patient outcomes.	OEMS	1.1.4.1. Attend meetings of, and exchange knowledge with the National Association of State EMS Officials (NASEMSO) and other organizations generally recognized by the EMS community. 1.1.4.2. Encourage appropriate state agencies and organizations to participate in meetings and activities hosted or sponsored by OEMS.
	1.1.5 Promote data sharing which benefit internal and external projects for improved patient outcomes.	OEMS, VHHA	1.1.5.1. Further data sharing, including the most recent version of National EMS Information System (NEMSIS), among the highway safety community, and internal and external stakeholders. 1.1.5.2 Utilize the national EMS database to monitor national data trends. 1.1.5.3 Provide a means for VDH bio-surveillance programs to utilize Virginia Pre-Hospital Information Bridge (VPHIB) data. 1.1.5.4. Explore and promote patient data sharing with approved entities as permitted under applicable law.
	1.1.6 Promote collaboration between OEMS and VDOT and DMV safety officials through activities to promote traffic incident management and safety.	OEMS, VDOT, DMV, VSP	1.1.6.1 Develop and promote collaborative relationships with national highway safety-related organizations and federal partners. 1.1.6.2 Promote the linkage of EMS data with crash data reports. 1.1.6.3 Promote National Traffic Incident Management (TIM) responder training in Virginia.



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<b>Strategic Initiative 1.2 –Coordinate response to natural, man-made, and public health emergencies.</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 1: Develop Partnerships</b>	1.2.1 Support, coordinate and maintain deployable emergency response resources.	OEMS, VDEM	1.2.1.1. Create recruiting and selection process for resource management team. 1.2.1.2. Work with partner agencies to develop mission ready packages and the process for implementation and use.
	1.2.2 Increase knowledge of Emergency Operations capabilities with Emergency Managers, leaders, and supervisors on a local, regional, and state level.	OEMS	1.2.2.1. Promote emergency operations training courses, technical assistance, and other emergency operations capabilities to localities across the Commonwealth.
	1.2.3 Assist EMS agencies to prepare and respond to natural and man-made emergencies (including pandemic diseases) by incorporating strategies to develop emergency response plans (the plan) that address the four phases of an emergency (preparedness, mitigation, response, and recovery) and to exercise the plan.	OEMS, VDEM	1.2.3.1. Create and promote planning templates aimed at EMS agencies, specifically related to COOP, Emergency Preparedness, and response concerns (MCI, Surge Planning, etc.)
	1.2.4 Assist hospitals & health systems, hospital regions, and local governments to increase their ability to care for medically vulnerable populations, (pediatric, geriatric, etc.) during disasters and multiple-patient emergency events.	OEMS, EMSC, EMS Emergency Management Committee, TSC	1.2.4.1 Create and promote planning resources for hospitals and local governments specifically related to pediatric disaster preparedness and management of multiple-patient pediatric emergency events. 1.2.4.2. Create and promote planning resources for hospitals and local governments specifically related to disaster preparedness and management of other medically vulnerable populations.
	1.2.5 Identify and support resources and/or opportunities to improve patient outcomes in relation to the opioid crisis.	OEMS, VDH	1.2.5.1. Continue to support funding opportunities for licensed EMS agencies to obtain naloxone to reverse the effects of opioid related drug overdoses. 1.2.5.2. Utilize VPHIB data to track opioid related statistics and the effect of prehospital care by EMS, fire department, law enforcement and citizens. 1.2.5.3. Promote and collaborate with other entities to educate and prevent the opioid crisis in Virginia.

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<b>Strategic Initiative 2.1 - Sponsor EMS related research and education.</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 2: Create Tools and Resources</b>	2.1.1 Encourage research and other projects that contribute to high quality EMS and improve patient outcomes utilizing data collected by the EMS Registries.	OEMS	2.1.1.1. Provide state and regional EMS data summaries, and compare with other similar state EMS data. 2.1.1.2. Develop VSTR and VPHIB research data set to be available for entities upon request and that have obtained institutional review board approval. 2.1.1.3. Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process 2.1.1.4. Promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems 2.1.1.5. Improve linkages between NEMSIS data, VDH data warehouse and other databases, registries, or other sources to measure system effectiveness and improve clinical outcomes 2.1.1.6 Utilizing VPHIB and VSTR data, OEMS epidemiology staff will collaborate with stakeholders to conduct and publish research to improve prehospital and trauma care. 2.1.1.7. Review regional data and pilot projects to enhance patient care. 2.1.1.8 Promote the availability of undergraduate, graduate, and fellowship opportunities in EMS data analytics to promote an interest and culture in EMS based research opportunities.
	2.1.2 Determine quality of EMS service and conduct analysis of trauma triage effectiveness.	OEMS, Designated Trauma Centers, Advisory Board, RC	2.1.2.1. Develop and provide quarterly reports that identify the rate of over and under triage events. OEMS staff will submit this information for inclusion in the EMS Quarterly Report to the EMS Advisory Board according to applicable laws. 2.1.2.2. Provide agency-wide access to EMS data to be used in other public health efforts.
	2.1.3 Evaluate challenges that impact the workforce on service provision around the State.	OEMS, Workforce Development Committee, VAGEMSA, VAVRS	2.1.3.1. Assess demographic and profile characteristics of EMS Providers in Virginia through EMS Provider Portal. 2.1.3.2. Utilize EMS databases to evaluate information related to challenges that impact the workforce in the provision of EMS service. 2.1.3.3 Utilize demographic data to promote diversity in the EMS workforce.

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**Strategic Initiative 2.1 - Sponsor EMS related research and education. (Cont.)**

<b>Core Strategy 2</b>	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
	2.1.3 Evaluate challenges that impact the workforce on service provision around the State.	OEMS, WDC, VAGEMSA, VAVRS	2.1.3.1. Assess demographic and profile characteristics of EMS Providers in Virginia through EMS Provider Portal. 2.1.3.2. Utilize EMS databases to evaluate information related to challenges that impact the workforce in the provision of EMS service. 2.1.3.3 Utilize demographic data to promote diversity in the EMS workforce.

**Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel.**

<b>Core Strategy 2: Create Tools and Resources</b>	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
	2.2.1 Ensure adequate, accessible, affordable, and quality EMS provider training and continuing education exists in Virginia.	OEMS, TCC, Regional EMS Councils	2.2.1.1. Widely publicize the availability of and ensure adequate, accessible, and quality EMS provider training and continuing education through course offerings held across the state. 2.2.1.2. Review student disposition on a bi-annual basis, identifying areas of concern for Training and Certification Committee (TCC) input and possible corrective action. 2.2.1.3 Provide continued support for an annual multi-disciplinary EMS Symposium (i.e. Virginia EMS Symposium) as a primary statewide EMS system continuing education event. 2.2.1.4. Seek out an educator to deliver dynamic continuing education (CE) programs based on assessed needs on statewide basis to include a monthly continuing education webcast with a live Q & A session.

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<b>Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel. (cont.)</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 2: Create Tools and Resources</b>	2.2.2 Enhance competency based EMS training programs.	OEMS, TCC, MDC	2.2.2.1. Compare and contrast traditional versus competency based programs. 2.2.2.2 Identify and document aspects from competency based programs that may enhance training programs as compared to the traditional approach. 2.2.2.3 Provide guidance through research to identify key components of competency based education.
	2.2.3 Align all initial EMS education programs to that of other allied health professions to promote professionalism of EMS.	OEMS, TCC, MDC, Board of Health Professions	2.2.3.1. Promote Advanced Level EMS Training including Advanced EMT (AEMT), Paramedic, Critical Care, Flight, Mobile Integrated Healthcare/Community Paramedicine, and Tactical Paramedicine. 2.2.3.2. Review the benefits of and barriers to the various models of EMS education within Virginia. 2.2.3.3. Evaluate the need for standardized EMT education related to aeromedical services including utilization, safety and landing zones. 2.2.3.4. Evaluate and/or develop resources to aid training programs in offering scenarios and tracking mechanisms to ensure skills and competencies are met to satisfy accreditation requirements. 2.2.3.5. Support OEMS staff in implementing technological resources to streamline the EMS education program processes.
	2.2.4 Assure an adequate amount and quality of pediatric training and educational resources for EMS providers and emergency department staff in Virginia.	OEMS, EMSC Committee, Virginia Hospital and Healthcare Association (VHHA)	2.2.4.1. Acquire and distribute pediatric training equipment for EMS agencies. 2.2.4.2. Sponsor pediatric training related instructor courses. 2.2.4.3. Provide support for speakers and topics at the annual VA EMS Symposium. 2.2.4.4 Participate in the National Pediatric Readiness Project. 2.2.4.5 Provide resources, training and support for EMS agency Pediatric Champions.
	2.2.5 Assure an adequate amount and quality of geriatric training and educational resources for EMS providers and emergency department staff in Virginia.	OEMS, TCC, MDC	2.2.5.1. Sponsor geriatric training related instructor courses. 2.2.5.2. Provide support for speakers and topics at the annual VA EMS Symposium.

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**Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel. (cont.)**

<b>Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel. (cont.)</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 2</b>	2.2.6. Assure an adequate amount and quality of crisis/behavioral health training and educational resources for EMS providers.	OEMS, TCC, MDC, RC, Provider Health and Safety, Virginia Department of Behavioral Health and Developmental Services (VBHDS)	2.2.6.1 Coordinate and sponsor crisis/behavioral health courses for instructors and students throughout the Commonwealth. 2.2.6.2 Provide support for speakers and topics at the annual VA EMS Symposium. 2.2.6.3 Continue to promote and support health and safety programs for provider mental health through programs such as; the peer support CISM team accreditation program, suicide prevention, and other similar mental health initiatives.
	2.2.7 Assure an adequate amount and quality of trauma training and education for EMS providers and emergency department staff in Virginia.	OEMS, TSC's, MDC, RC	2.2.7.1 Use the VPHIB and VSTR databases to identify opportunities for improvement, and design education to target those areas. 2.2.7.2 Provide support for speakers and topics at the annual VA EMS Symposium.
	2.2.8. Assure an adequate amount and quality of medically vulnerable populations health training and educational resources for EMS providers.	OEMS, MDC, RC,	2.2.8.1. Sponsor medically vulnerable populations training related instructor courses. 2.2.8.2. Provide support for speakers and topics at the annual VA EMS Symposium.

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<b>Strategic Initiative 3.1 - EMS Regulations, Protocols, Policies, and Standards</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3: Develop Infrastructure</b>	3.1.1 Review and assess state and federal legislation related to the EMS system.	OEMS, Rules and Regulations Committee, Legislation and Planning Committee	3.1.1.1. Review legislation to determine its impact on the state EMS system. 3.1.1.2. Gather legislative news and interest items from NASEMSO, and National Association of EMS Physicians (NAEMSP), Federal Interagency Committee on EMS (FICEMS), and related organizations.
	3.1.2 Establish statewide Air/Ground Safety Standards.	OEMS, State Medevac Committee	3.1.2.1. Identify and adopt universal safety standards. 3.1.2.2. Maintain weather turn down system. 3.1.2.3. The development of training criteria for EMS field personnel and telecommunications personnel regarding the use of Medevac services. 3.1.2.4. Standardize air/ground safety standards. 3.1.2.5. Review current policies/procedures related to quality improvement and safety standards. 3.1.2.6. Standardize Landing Zone procedures. 3.1.2.7. Maintain process for consistent use of air to air communication.
	3.1.3 Develop criteria for a voluntary Virginia Standards of Excellence recognition program for EMS Agencies.	OEMS, WDC	3.1.3.1. Promote and incentivize voluntary accreditation standards. 3.1.3.2. Implement and market program to interested agencies. 3.1.3.3. Evaluate efficacy of program based on feedback of EMS agency officials and site reviewers.
	3.1.4 Maintain and enhance the Trauma Center designation process.	OEMS, TSC's, EMSC	3.1.4.1. Maintain the trauma designation criteria to include American College of Surgeons (ACS) Trauma Center standards. 3.1.4.2. Develop a Trauma Center Consultation program that hospitals (designated and non-designated) can use as a resource to assist with programmatic implementation and operational issues.

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<b>Strategic Initiative 3.1 - EMS Regulations, Protocols, Policies, and Standards (Cont.)</b>			
<b>Objectives</b>		<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3: Develop Infrastructure</b>	3.1.5 Maintain and enhance the Regional EMS Council designation process.	OEMS, RC	3.1.5.1. Evaluate the structure of the designation process. 3.1.5.2. Incorporate input of applicants and evaluators into next round of designations. 3.1.5.3. Conduct re-designation process for councils every 3 years.
	3.1.6 Establish standardized methods and procedures for the inspection and licensing and/or permitting of all EMS agencies and vehicles, including equipment and supply requirements.	OEMS, Transportation Committee	3.1.6.1. Development of standard inspection checklist, to include all aspects of agency and EMS vehicle inspection.
	3.1.7 Through a consensus process, develop a recommendation for evidence-based patient care guidelines and formulary.	OEMS, State EMS Medical Director, MDC, Board of Pharmacy.	3.1.7.1. Develop and maintain a resource document to assist regional medical directors, agency medical directors, and agency personnel as patient care guidelines and protocols are produced.

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<b>Strategic Initiative 3.2 - Focus recruitment and retention efforts</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3: Develop Infrastructure</b>	3.2.1 Develop, implement, and promote a comprehensive recruitment and retention campaign for EMS personnel and physicians, supporting the needs of the EMS system.	OEMS, State EMS Medical Director, MDC, WDC, FARC, RC	3.2.1.1. Continue to support “VA EMS Jobs” website. 3.2.1.2. Maintain a voluntary Standards of Excellence program for EMS agencies. 3.2.1.3. Develop, promote and maintain an EMS agency resiliency program for EMS agencies can utilize tools such as self-evaluations to identify potential agency vulnerabilities and offer tools to support agency resiliency. 3.2.1.4. Maintain Leadership & Management track at the VA EMS Symposium, and recommend topics and presenters. 3.2.1.5. Continue to promote and support special Rescue Squad Assistance Fund (RSAF) applications related to recruitment and retention of EMS providers. 3.2.1.6. Review and promote the Operational Medical Director (OMD) workshop curriculum. 3.2.1.7. Support the transition of military EMS providers to civilian practice.
	3.2.2 Support and expand the Virginia Recruitment and Retention Network.	OEMS, WDC	3.2.2.1. Continue to support the distribution of information and education related to recruitment and retention. 3.2.2.2. Seek new avenues for EMS recruitment outreach. 3.2.2.3. Recommend strategies for expansion of existing programs.
	3.2.3 Develop, implement, and promote EMS leadership programs, utilizing best practices.	OEMS, WDC	3.2.3.1. Develop and promote leadership programs to assist EMS agencies to provide high quality leadership to include all levels of the EMS Officer training program. 3.2.3.2. Develop and/or review leadership criteria and qualifications for managing an EMS agency. 3.2.3.3. Develop model job descriptions for EMS Officers.



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<b>Strategic Initiative 3.3 – Upgrade technology and communication systems</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3</b>	3.3.1 Assist with, and promote, the compliance of all emergency medical communications systems with state and federal regulations for interoperability.	OEMS, Communications Committee	3.3.1.1. Continue to ensure that all emergency medical communications systems meet state and federal regulations.
	3.3.2 Promote emergency medical dispatch standards and accreditation among 911 Public Safety Answering Points (PSAPs) in Virginia.	OEMS, Communications Committee	3.3.2.1. Support concept of accredited PSAPs, operating with emergency medical dispatch (EMD) standards, and assist agencies in achieving accreditation, and/or adopting EMD as standard operating procedure.
	3.3.3 Provide technical assistance on communication products available for use in the emergency medical community.	OEMS, Communications Committee	3.3.3.1. Support new products and technologies, state and federal interoperability initiatives, including First Net, and serve as information conduit to entities. 3.3.3.2. Review the feasibility of additional statewide mutual aid radio frequencies for ground to air communications.
	3.3.4 Develop and maintain policies and programs for the Office of EMS to become fully paperless.	OEMS, OIM	3.3.4.1 Develop a program to make the EMS candidate psychomotor examination process a paperless process. This would include a searchable database for the availability of Consolidated Test Site locations throughout multiple regions, candidate pre-registration eligibility confirmation, examination testing history all accessible and completed through electronic submission. 3.3.4.2 Develop a program that allows State Certification Examiners the ability to electronically record the psychomotor certification examination process. This would also include the on-site candidate check-in, identification verification of testing candidate, candidate testing documentation, testing results and maintenance of candidate records.

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<b>Strategic Initiative 3.4 – EMS Funding</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3: Develop Infrastructure</b>	3.4.1 Establish roles, expectations, qualifications, and training for FARC committee members.	OEMS, FARC	3.4.1.1. Review and compare FARC training policies and procedures to current scope of work to determine relevance. 3.4.1.2. Develop FARC member job descriptions, to include qualifications, experience, and position expectations. 3.4.1.3. Utilize online LMS (Learning Management System) to create course modules, training plans, and onboarding materials for FARC. 3.4.1.4. Implement annual conflict of interest disclosures for FARC members.
	3.4.2 Enhance RSAF application to capture high-level, decision-oriented data and compelling narrative information.	OEMS, FARC	3.4.2.1. Survey FARC, OEMS Graders, and Regional EMS Councils to determine data and information that drives decision-making. 3.4.2.2. Present recommendations from survey to OEMS IT Committee to make necessary changes to RSAF application. 3.4.2.3. Update E-GIFT User Guides, technical assistance training, and application guidance documents to include changes.
	3.4.3 Explore cost-saving measures to expand RSAF impact and provide greater assistance to critical programs, equipment, and vehicles.	OEMS, FARC, Transportation Committee, VDH Office of Purchasing and General Services	3.4.3.1. Continue to produce annual OEMS Consolidated Grants Product Price List. 3.4.3.2. Engage discussion with EMS equipment and vehicle manufacturers and subject-matter experts to further knowledge base for RSAF application review and OEMS Consolidated Grants Products Price List. 3.4.3.3. Continue to seek additional grant sources to improve the statewide EMS System. 3.4.3.4. Develop and maintain list of eligible equipment and vehicles that agencies are eligible to purchase using state grant funds.
	3.4.4 Streamline RSAF administration to ensure effective, efficient, equitable and transparent administration of state funding.	OEMS, Office of Internal Audit	3.4.4.1. Explore options to enhance efficiency by adjusting grant period, funding levels, and reporting requirements. 3.4.4.2. Solicit contracted audit firms to assist with grant monitoring and reporting. 3.4.4.3. Update RSAF policies and procedures documents.
	3.4.5 Provide outreach, technical assistance, and training opportunities for prospective applicants, grantees, and stakeholders.	OEMS	3.4.5.1. Continue to promote RSAF program through Regional EMS Councils. 3.4.5.2. Continue to provide technical assistance webinars for each RSAF application cycle. 3.4.5.3 Identify grant opportunities that EMS agencies may be eligible for, and distribute information to EMS system.

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<b>Strategic Initiative 3.4 – EMS Funding (cont.)</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3</b>	3.4.6 Provide funding opportunities to support special initiatives identified by OEMS and the EMS Advisory Board.	OEMS, FARC, Transportation Committee, TCC, EMSC, MDC, TSCs	3.4.6.1. Collaboratively develop special initiative grant opportunities with EMS Advisory Board subcommittees. 3.4.6.2. Determine needs and make adjustments to special initiative application form.
	3.4.7 Standardize EMS grant review and grading process by graders at regional and state level.	OEMS, FARC	3.4.7.1. Develop RSAF decision making matrix. 3.4.7.2. Revise RSAF grant review sheet developed by FARC and OEMS staff, and continue to evaluate for efficacy. 3.4.7.3. Solicit feedback from Regional EMS Councils and stakeholders regarding the review process. 3.4.7.4. Provide education and outreach to explain reviewer roles and grading process. 3.4.7.5 Incorporate VPHIB data (submission compliance, quality scoring, call volume and type etc.) into the evaluation process. 3.4.7.6. Review the utilization of the Return to Localities (RTL) data such as carryover balances in the evaluation process.

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<b>Strategic Initiative 3.5 – Enhance regional and local EMS efficiencies</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3</b>	3.5.1 Standardize performance and outcome based service contracts with designated Regional EMS Councils and other qualified entities.	OEMS, RC	3.5.1.1. Maintain annual service contracts with Regional EMS Councils. 3.5.1.2. Provide standard contracts, plan templates, and other reference documents to Regional EMS Councils in each fiscal year. 3.5.1.3. Provide input on contract deliverables to Regional EMS Councils on a quarterly basis. 3.5.1.4. Review and update contract and or memorandums of understanding (MOUs) deliverables to maintain relevance and functional importance to EMS system stakeholders within the regional EMS service areas.
	3.5.2 Improve regulation and oversight of air medical services (AMS) statewide.	OEMS, State Medevac Committee, Rules & Regulations Committee, MDC	3.5.2.1. Revise/implement state AMS regulations. 3.5.2.2. More clearly define licensure requirements for AMS agencies. 3.5.2.3. Establish response areas for AMS agencies. 3.5.2.4. Develop criteria for ongoing AMS PI program.
	3.5.3 Educate local government officials and communities about the value of a high quality EMS system to promote development in economically depressed communities and the importance of assuming a greater responsibility in the planning, development, implementation, and evaluation of its emergency medical services system.	OEMS, WDC, Virginia Office of Minority Health and Health Equity (OMHHE)	3.5.3.1. Give presentations at Virginia Association of Counties (VACO) and Virginia Municipal League (VML) meetings, to educate local government officials about EMS. 3.5.3.2. Contribute EMS related articles and news items to periodic publications of VACO and VML.

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<b>Strategic Initiative 4.1 – Assess compliance with EMS performance driven standards.</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 4: Assure Quality and Evaluation</b>	4.1.1 Maintain statewide data-driven performance improvement process.	OEMS, MDC	4.1.1.1. Utilize VDH resources to conduct risk adjusted data analysis of patients in cooperation with our stakeholders. 4.1.1.2. Develop an EMS performance improvement program. 4.1.1.3. Evaluate the need for performance improvement programs for specific care populations (e.g. stroke, sepsis, STEMI).
	4.1.2 Maintain statewide pre-hospital and inter-hospital triage/patient management plans.	OEMS, TAG, State EMS Medical Director, MDC, RC, EMSC	4.1.2.1. Maintain statewide stroke triage, and trauma triage plans to include regional plan development and maintenance by regional EMS councils. 4.1.2.2. Supply state level data to assist with monitoring individual regional performance compared to state and national benchmarks. 4.1.2.3. Actively participate with organizations, such as American Heart Association (AHA) that addresses pre-hospital and inter-hospital triage/patient management. 4.1.2.4 Encourage hospitals & health systems to develop written interfacility emergency transfer guidelines and agreements that specifically include pediatric patients.
	4.1.3 Review and evaluate data collection and submission efforts.	OEMS, MDC	4.1.3.1. Develop standard reports within VPHIB that will allow individual EMS agencies to view the quality of data being submitted. 4.1.3.2. Provide quality “dashboards” where education can improve data quality and update validity rules within the application when education alone cannot correct poor data. 4.1.3.3. Provide quarterly compliance reports to the OEMS, Division of Regulation and Compliance and Executive Management. 4.1.3.4. Promote initiatives for the ability to review near real-time insights for patient care utilizing data from the Virginia and NEMSIS data points while ensuring the security of protected health information (PHI).
	4.1.4 Review functional adequacy and design features of EMS vehicles utilized in Virginia and recommend changes to improve EMS provider safety, unit efficiency and quality of patient care.	OEMS, Rules & Regulations Committee, Transportation Committee, Health & Safety Committee	4.1.4.1. Evaluation of national/international documents and information related to vehicle and provider safety, with potential incorporation into EMS regulation and inspection procedure.

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<b>Strategic Initiative 4.1 – Assess compliance with EMS performance driven standards. (cont.)</b>		
<i><b>Objectives</b></i>	<i><b>Accountability</b></i>	<i><b>Action Steps</b></i>
4.1.5 Measure EMS system compliance utilizing national EMS for Children (EMSC) performance measures.	OEMS, EMSC	4.1.5.1. Continue to assess the pediatric emergency care readiness of Virginia’s Emergency Departments. 4.1.5.2 Continue to assess components of pediatric emergency care readiness of Virginia EMS agencies. 4.1.5.3 Encourage EMS agencies (or in some cases groups of EMS agencies) to appoint a Pediatric Champion.

<b>Strategic Initiative 4.2 – Assess and enhance quality of education for EMS providers.</b>		
<i><b>Objectives</b></i>	<i><b>Accountability</b></i>	<i><b>Action Steps</b></i>
<b>Core Strategy 4: Assure Quality and Evaluation</b>	4.2.1 Update the certification process to assure certification examinations continue to be valid, psychometrically sound, and legally defensible.	OEMS, TCC 4.2.1.1. Review and revision of psychomotor examination by TCC as needed. 4.2.1.2. Review statistical data and make recommendations for the EC recertification exam.
	4.2.2 Assure adequate and appropriate education of EMS students.	OEMS, TCC 4.2.2.1. Review state statistics for certification rates and assist in determining avenues to improve outcomes and implement new processes. 4.2.2.2. Improve instructor compliance with student registration process. 4.2.2.3. Review funding mechanisms provided by the Commonwealth of Virginia to ensure efficiency in providing funding assistance to individuals seeking EMS certification.
	4.2.3 Explore substitution of practical examination with successful completion of a recognized competency based training program conducted by accredited training sites and using computer based technology for written examinations.	OEMS, TCC 4.2.3.1. Review the program summative practical examination process in EMT education. 4.2.3.2. Modify the process according to the outcomes of the review.

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<b>Strategic Initiative 4.3 – Pursue initiatives that support EMS</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 4: Assure Quality and Evaluation</b>	4.3.1 Engage the EMS system in unintentional injury, illness, and violence prevention efforts.	OEMS, Provider Health & Safety Committee, VDH – Div. of Injury and Violence Prevention	4.3.1.1. Participate in intentional and unintentional injury and illness prevention initiatives, and facilitate involvement for EMS agencies and providers. 4.3.1.2. Review VPHIB statistics regarding Line of Duty Death (LODD) and Line of Duty Injury (LODI), and develop prevention materials.
	4.3.2 Develop, implement, and promote programs that emphasize safety, health and wellness of first responders.	OEMS, TCC, MDC, Virginia Department of Behavioral Health and Developmental Services (DBHDS), VDFP, VFCA, VAVRS, VAGEMSA, VFFF, NFFF, RC	4.3.2.1. Maintain OEMS staff support of quarterly meetings of the Health and Safety Committee of the state EMS Advisory Board. 4.3.2.2. Identify, develop, and distribute safety, health and wellness programs aimed at first responders, such as Traffic Incident Management, and suicide prevention, and EMS fatigue. 4.3.2.3. Ensure Health, Safety, and wellness training is available at stakeholder conferences, and recommend topics and presenters. 4.3.2.4. Maintain Governor’s EMS Award category for contribution to the EMS system related to the health and safety of EMS providers.
	4.3.3. Research and disseminate information on best practices as it relates to EMS response to active shooter and hostile environment incidents.	OEMS, Health & Safety Committee, State EMS Medical Director, VSP, VDFP, RC, EMSC	4.3.3.1 Develop and maintain website providing information on best practices related to response procedures, policies, team equipment, and other issues related to EMS involvement in active shooter/hostile environment response. 4.3.3.2. Work with partner agencies to encourage public safety relationships at the local level to enhance response to active shooter/hostile environment incidents. 4.3.3.3. Host online component of “Stop the Bleed Toolkit” developed for school nurses in Virginia.
	4.3.4. Research and disseminate information on best practices as it relates to community risk reduction programs targeted toward improving population health.	All EMS Stakeholder groups	4.3.4.1 Develop partnerships with public and private entities to expand opportunities to improve population health. 4.3.4.2 Develop and promote programs, such as mobile integrated healthcare, targeted toward improving population health.
	4.3.5 Engage in evidence-based practices to improve EMS care in the Commonwealth of Virginia.	TCC, OEMS, EMSC, MDC, RC	4.3.5.1. Review research and disseminate information to educators and agencies based on valid, credible studies. 4.3.5.2. Review the rules and regulations of OEMS to ensure current alignment with educational theory and practices.

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Appendix C – Sample Planning Matrix

<b>Strategic Initiative</b>			
<i>Objectives</i>		<i>Accountability</i>	<i>Action Steps</i>
<b>Core Strategy</b>			

Appendix D – Glossary of Terms

**Glossary of Terms**

**Action Step:** A specific action required to carry out an objective.

**Core Strategy:** A main thrust or action that will move the organization towards accomplishing your vision and mission.

**Operational Plan:** This is the plan that implements the strategic intent of the organization on an annual basis.

**Objective:** A specific, realistic and measurable statement under a strategic initiative.

**Strategic Initiative:** An action that will address areas needing improvement or set forth new initiatives under the core strategy. This is the planning part of strategy that when combined with the vision, the mission and core strategies complete the strategic effort.

**SWOT Analysis:** An assessment of the internal strengths and weaknesses of the organization and the organization’s external opportunities and threats.

**Template:** A guide and/or format that assists the user in accomplishing a task efficiently in a uniform and consistent manner.



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## Appendix E - Resources

### Resources

In developing this plan several resources were used in addition to meetings and interviews with OEMS staff and many system stakeholders.

- Code of Virginia: § 32.1-111.3. Statewide emergency medical care system. Requires a comprehensive, coordinated EMS system in the Commonwealth and identifies specific objectives that must be addressed.
- EMS Agenda 2050: EMS Agenda 2050 document is the result of a collaborative and inclusive two-year effort to create a bold plan for the next several decades. The new Agenda for the Future envisions people-centered innovative possibilities to advance EMS systems.
- EMS Agenda for the Future: A document created by the National Highway Traffic and Safety Administration (NHTSA) that outlines a vision and objectives for the future of EMS. August 1996
- OEMS 3-Year Plan: 2017-2019
- Service Area Strategic Plan State Office of Emergency Medical Services (601 402 04) which describes the statutory authority and expectations for OEMS and identifies the growing EMS needs of the citizens and visitors of Virginia.
- Service Area Strategic Plan Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (601 402 03) This service area includes Virginia Rescue Squads Assistance Fund grants program, Financial Assistance to Localities to support Non Profit Emergency Medical Service (EMS) agencies, and funding provided to support Virginia Association of Volunteer Rescue Squads (VAVRS).
- State Emergency Medical Services Systems: A Model: National Association of State EMS Officials – July 2008
- EMS at the Crossroads: Institute of Medicine – 2006
- Agency Planning Handbook: A Guide for Strategic Planning and Service Area Planning Linking to Performance-Based Budgeting: Department of Planning and Budget 2018-2020 Biennium, Release Date August 9, 2018
- Joint Legislative Action Review Commission (JLARC) Report – House Document 37, Review of Emergency Medical Services in Virginia. 2004.

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### Resources (Cont.)

- EMS Advisory Board Committee Planning Templates – Revised 2016
- Regional EMS Council Process Action Team (PAT) Retreat Report - November 2008.
- Five-Year Strategic Plan – Federal Interagency Committee on EMS – November 2014