

Preparing for the Future:

Synopsis Prepared For:



STATE EMS ADVISORY BOARD

By:



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Overview

The Retreat & Our Synopsis

Page, Wolfberg, and Wirth LLC (“PWW”), was asked by the Commonwealth of Virginia Department of Health Office of Emergency Medical Services (“OEMS”) to facilitate a retreat for the Virginia State EMS Advisory Board (“the Board” or “EMS Board”) on September 16-17, 2019. The purpose of the retreat was to discuss the **structure, mission** and **future** of the Board, and to gather ideas on how to improve the Board as a whole. Based on that two-day discussion and informed by our two decades of EMS system expertise, we provide several high-level recommendations for the Board to consider in this Synopsis.



Change is needed for Virginia EMS to stay cutting edge in the EMS 2050 era.

PWW applauds the Board for engaging in this vital conversation, and we thank all participants for their time and valued input. We hope that the retreat and our recommendations will serve as a catalyst to advance changes needed to meet the needs of those served by Virginia emergency medical services (EMS) in the coming decades. We have confidence that the forward-thinking members of the EMS Board will seize this opportunity to honestly evaluate the composition of the Board and its

constituent committees to determine whether it is **and will continue to** meet the needs of individuals served within Virginia’s EMS system.

Our Firm & Our Approach



PWW is the nation’s leading EMS law and consulting firm. For over two decades, we have assisted hundreds of public and private EMS agencies, systems and governing bodies in developing strategies to maximize and modernize the delivery of EMS at the statewide, county and local levels.

When reviewing EMS systems, PWW concentrates on whether the system is:

1. Focused on providing excellent clinical care;
2. Utilizing evidence-based practices as opposed to entrenched practices simply because “we’ve always done it this way”; and
3. Economically sustainable for the desired level of service.

Virginia EMS and the EMS Board

Virginia has been at the forefront of innovation in EMS. Virginia’s EMS System is very diverse, comprised of volunteer rescue squads, private agencies and municipal based fire departments in varying urban and rural communities across the State. The System is “people centric,” focusing on patients, providers¹ and administrators and their physical and mental health.

The EMS Board serves as the liaison for the Office of EMS to the public, and it reviews and makes recommendations for the statewide EMS Plan. After the retreat, we are confident in the Board’s ability to focus on ambitious ideas for the future of EMS in Virginia. We also believe there is room for improvement within the Board, so that it can most efficiently serve the EMS System in Virginia.

Vision for Virginia EMS

Nationwide, EMS is fundamentally changing today and by some estimates, only about **12% of all EMS calls will result in a transport by the year 2050.**² At the retreat, the Board expressed a strong interest in closely aligning EMS in Virginia with the six principals of EMS Agenda 2050. In order to do so, the Board must evaluate its current structure to ensure it is sustainable now and in the future.

The bottom line is that this will involve careful consideration of the current makeup of the Board and its committees to determine whether they align with the guiding principles of the EMS Agenda 2050 as well as the mission and core purposes/responsibilities identified by participants at the Board’s retreat.

EMS AGENDA 2050
A People-Centered Vision

In 2050, EMS systems are designed to provide the best possible outcomes for patients and communities—every day and during major disasters. They collaborate with community partners and are integral to regional systems of care that are data-driven, evidence-based and safe. EMS clinicians have access to the resources they need, including up-to-date technology and training. To achieve this vision, EMS systems in 2050 will be designed around six guiding principles.

ADAPTABLE AND INNOVATIVE
Technologies, system designs, educational programs and other aspects of EMS systems are continuously evaluated in order to meet the evolving needs of people and communities. Innovative individuals and organizations are encouraged to test ideas in a safe and systematic way and to implement effective new programs.

INHERENTLY SAFE AND EFFECTIVE
The entire EMS system is designed to be inherently safe in order to minimize exposure of people to injury, infections, illness or stress. Decisions are made with the safety of patients, their families, clinicians and the public as a priority. Clinical care and operations are based on the best available evidence, allowing systems to deliver effective service that focuses on outcomes determined by the entire community, including the individuals receiving care.

INTEGRATED AND SEAMLESS
Healthcare systems, including EMS, are fully integrated. Additionally, local EMS services collaborate frequently with community partners, including public safety agencies, public health, social services and public works. Communication and coordination across the care continuum are seamless, leaving people with a feeling that one system, comprising many integrated parts, is caring for them and their families.

RELIABLE AND PREPARED
EMS care is consistent, compassionate and guided by evidence—no matter when or where it is needed or who is providing the care. EMS systems are prepared for anything by being scalable and able to respond to fluctuations in day-to-day demand, as well as major events, both planned and unplanned.

SOCIALLY EQUITABLE
Access to care, quality of care and outcomes are not determined by age, socioeconomic status, gender, ethnicity, geography or other social determinants. Caregivers feel confident and prepared when caring for children, people who speak different languages, persons with disabilities or other populations that they may not interact with frequently.

SUSTAINABLE AND EFFICIENT
EMS systems across the country have the resources they require to provide care in a fiscally responsible, sustainable framework that appropriately compensates clinicians. Efficient EMS systems provide value to the community, minimize waste and operate with transparency and accountability.

THE FUTURE STARTS NOW ▶▶▶▶▶▶▶▶

Visit ems.gov to learn more about EMS Agenda 2050 and help make the vision a reality.

¹ Virginia’s EMS plan speaks about provider resilience. Virginia also solicits survey information from providers on mental health.

² See, EMS Agenda 2050 page 37.

Mission and Objectives

At the retreat, Board members collectively endeavored to define the mission and core purpose/responsibilities of the Board. Here is what was distilled from the discussion.

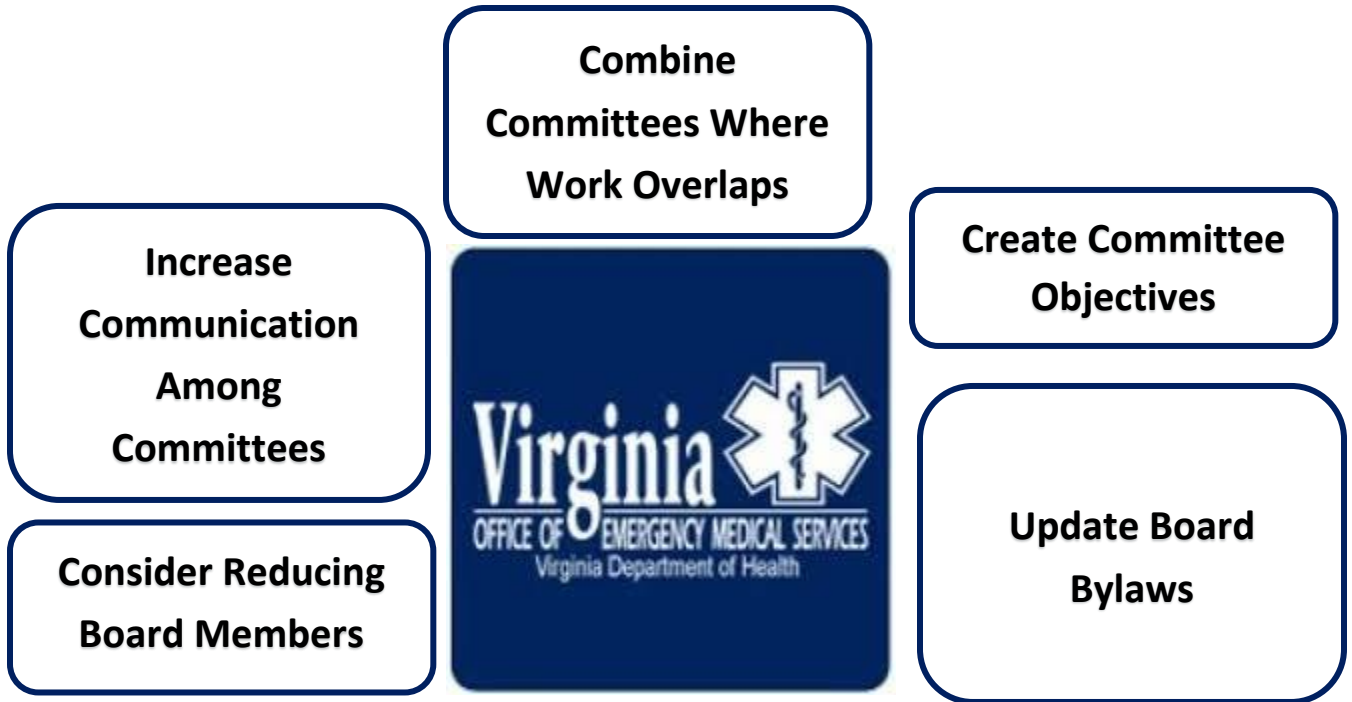
Mission

To advise the Virginia Board of Health on the Virginia EMS system processes, guidelines, technology, policies and practices to achieve the best possible outcomes for individuals and communities through the effective delivery of comprehensive, integrated care in an equitable and sustainable manner.

Core Purposes/Responsibilities



Summary of Recommendations



Create Committee Objectives

The Board's committees would greatly benefit from clearly defined **objectives** that reflect the core principals/responsibilities identified by the Board.

The Board's Bylaws generally define the purpose of each standing committee. For example, the stated purpose of Rules and Regulations committee is: *"To ensure the system's regulations are reflective of the needs and operation of EMS agencies and to aid in ensuring there is quality service delivery within the Commonwealth."*³

However, the purposes outlined in the Bylaws provide little guidance to the committees and how each committee fits into the overall goals of the Board.

Creating objectives for each committee could increase the productivity of each committee and can also reduce duplication of efforts. Additionally, objectives enhance focus and provides benchmarks to meet at regular intervals.

Use goals created by the committees as an objective measure of their success and to ensure that committees are working towards their stated purpose

Recommended Board Action Steps:

1. Ask each committee to review their stated purpose, as outlined by the Bylaws, and create objectives in line with their purpose.

2. Evaluate proposed objectives to ensure they are aligned with the stated purpose of the committees.

3. Require committees to regularly reevaluate these objectives.

³ State Emergency Medical Services Advisory Board Bylaws Art. VII Sec. B 3 a.

Combine Committees Where Work Overlaps

“I also chair the [Rules and Regulations] and sit in on the [Legislative and Planning] [a]nd I can tell you, those meetings virtually mirror each other with information”

The Board, an appointed subcommittee, or the committees themselves should undertake a review of their core functions and work to determine whether efficiencies could be realized through consolidation. One of the recurring concerns expressed during the retreat was the **duplication** of work among different committees of the Board.

This is compounded by the fact that there are a large number of committees – twenty (20) - and several of the committees are closely related.

Current Committees and Number of Members	
Committee	Number of Members
Executive	8
Communications	10
Emergency Management	12
EMS for Children	18
Financial Assistance Review	6
Legislative and Planning	10
Medevac	15
Medical Direction	16
Provider Health and Safety	8
Rules and Regulations	12
Training and Certification	10
Transportation	12
Trauma Administrative & Governance*	16
Trauma System Improvement*	15
Trauma Injury and Violence Prevention*	15
Trauma Prehospital Care*	16
Trauma Acute Care*	13
Trauma Post-Acute Care*	13
Trauma Emergency Preparedness and Response *	15
Workforce Development	11
Total Number of Committees⁴	20
Total Number of Members⁵	279

⁴ Committees denoted with an * are considered all part of the Trauma System Committees.

⁵ This number includes the 28 members of the EMS advisory board.

Example from the Retreat: *Combining the Rules and Regulations Committee and the Legislative and Planning Committee.* During the retreat it was mentioned that meetings for both committees “mirror each other with information.”⁶ After reviewing the stated purpose for each committee in the Bylaws, we believe that both committees might be combined into one Administrative committee that could fulfill the requirements of both bodies. This is just one example.

While other passing comments were made about combining certain committees, there was no committee by committee discussion about which committees should be combined at the retreat.

Recommended Board Action Steps:

1. Examine (through the appointment of subcommittee or otherwise) which committees could be combined, and the appropriate way to combine those committees.

2. Present findings to the entire Board to discuss the feasibility of eliminating and combining committees.

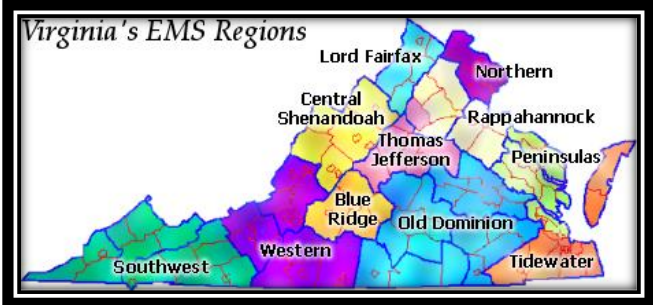
3. Require regular review of the need for committees.

⁶ In Re: Retreat, Day Two Volume II, pg. 22-23, Sept. 19, 2019

Consider Reducing Board Members

The Board should also strongly consider reducing the total number of members on the EMS Board - which is currently comprised of 28 members. The Board is one of the largest boards in the Commonwealth and **is one of the largest EMS advisory Boards nationwide**. For example, Florida’s EMS Advisory Council consists of 15 members⁷ and the population of Florida is more than double that of Virginia.⁸

An advisory Board should **adequately** and **accurately** reflect the goals and mission identified by the Board and it should efficiently serve the body which it informs – here, the Virginia OEMS. Where, there is duplication, elimination of a member should be considered. For example, at the retreat a point was raised that **all 11 Regional Councils** have a representative on the Board and there may be similar of interests from many Regional Councils. We are not suggesting that there is a magic number of members, but merely that the Board evaluate whether each member represents a necessary and distinct interest.



Groups currently represented on the Board include:

American College of Surgeons	Rappahannock EMS Council
Northern Virginia EMS Council	Associated Public Safety Communications Officials
American Academy of Pediatrics	Central Shenandoah EMS Council
Southwest Virginia EMS Council	Consumer
Virginia Association of Volunteer Rescue Squads	Virginia Municipal League
Virginia Association of Volunteer Rescue Squads	Virginia Hospital and Healthcare Association
Virginia Ambulance Association	Virginia Emergency Nurses Association / Virginia Nurses Association
Old Dominion EMS Council	Virginia Fire Chief’s Association
Virginia State Firefighters Association	Thomas Jefferson EMS Council
Western Virginia EMS Council	Virginia Professional Fire Fighters/IAFF
Blue Ridge EMS Council	Tidewater EMS Council
Virginia Association of Governmental EMS Administrators	Virginia Association of Counties
Lord Fairfax EMS Council	Peninsulas EMS Council
Medical Society of Virginia	Virginia College of Emergency Physician

⁷ See, <http://www.floridahealth.gov/provider-and-partner-resources/advisory-councils-stakeholder-groups/ems-advisory-council/ems-advisory-council-members.html>.

⁸ See, <http://www.floridahealth.gov/provider-and-partner-resources/advisory-councils-stakeholder-groups/ems-advisory-council/ems-advisory-council-members.html>.

Recommended Board Action Steps:

1. The Board should consider whether the current representation on the Board accurately aligns with the mission and core responsibilities of the Board and whether there is overrepresentation of a particular sector.

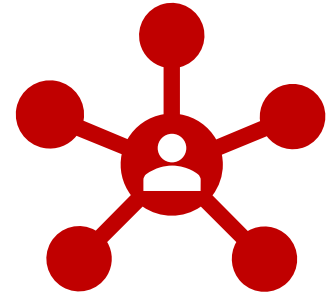
2. Present findings to the entire Board to discuss the feasibility of eliminating Board members, where necessary.

Increase Communication

“We should investigate technology to increase communication between committees”

The Board should ensure there is good communication among committees and between committees and the Board.

Several comments were made that there was a lack of communication between committee members.⁹ This can also lead to a duplication of work, because one committee is unaware another committee is working on similar issues.



One suggestion of a way to increase communication between each committee and the Board was to *educate committee chairs on what information should be reported to the Board during committee report.*¹⁰ Having each committee chair understand what information the Board expects to hear during a committee report can ensure that the appropriate information is communication between the committees and the Board. There was a suggestion that a **“blog”** could be used by the committee and the Board to communicate not only with other committees but with the public as well.¹¹

Recommended Board Action Steps:

1. Examine mediums, such as online posts, that could increase the flow of information between the Board and committees.

⁹ In Re: Retreat, Day Two Volume II, pg.24-25, Sept. 19, 2019

¹⁰ In Re: Retreat, Day Two Volume II, pg.24-25, Sept. 19, 2019

¹¹ In Re: Retreat, Day Two Volume II, pg.41-44, Sept. 19, 2019

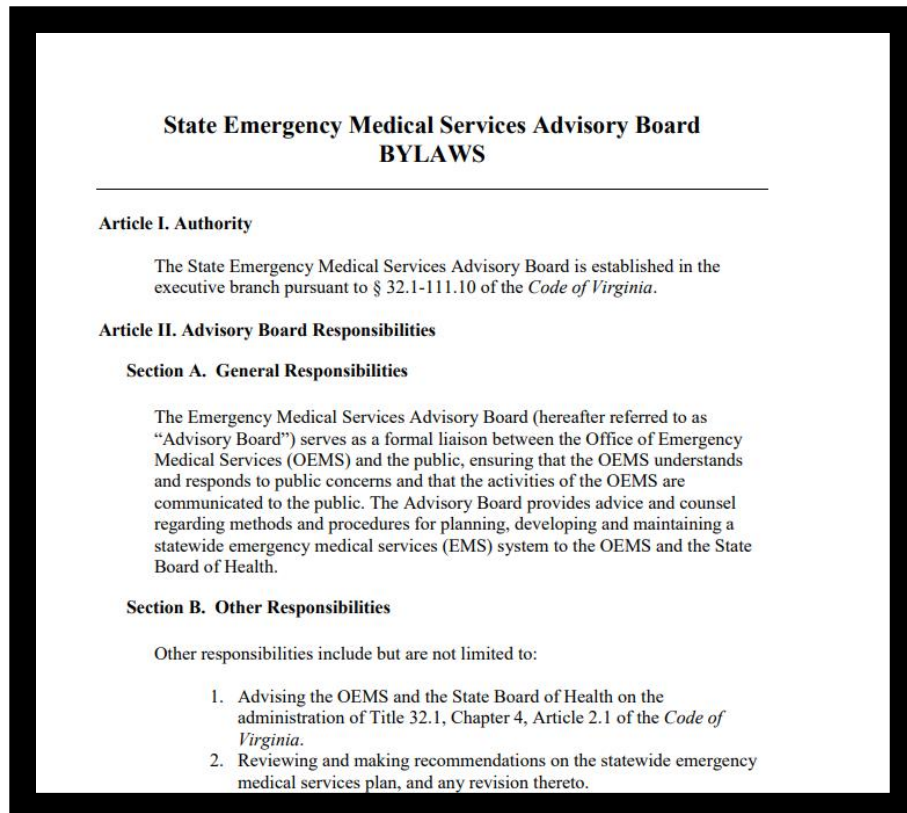
Update Board Bylaws

The Board will need to check the Bylaws concerning any changes it proposes or adopts.

The number of committees and the purpose of those committees are governed by the Bylaws. If the Board chooses to make changes, the proper Bylaw procedure will need to be followed. For example, the Board may decide to limit the number of members allowed on each committee. Such a limit is not currently complemented by the Bylaws. If the Board was to decide to limit the number of members allowed on each committee, the Bylaws should be amended to reflect that decision.

The requirement for amending the Bylaws are contained in Article IX. Article IX requires:

1. Written notice of proposed Bylaw amendments submitted to the Board at least 10 days before a scheduled meeting.
2. Board review of the proposed changes and minutes recorded regarding the proposed changes, and any pertinent discussion.
3. Two-thirds majority vote of all Board members to pass the amendment.



Conclusion

Because EMS is an ever-evolving industry, the same needs to be true of bodies that oversee and direct EMS agencies and EMS systems. The Commonwealth of Virginia is a geographically and socioeconomically unique state, and the EMS agencies within the Commonwealth are diverse. The Virginia EMS system has always been at the forefront of innovation in EMS. The willingness of the Board to reevaluate its structure and make necessary changes that will impact EMS in Virginia for years to come should be commended.