

**Virginia Department of Health
Office of Emergency Medical Services**



**Quarterly Report to the
State EMS Advisory Board**

November 18, 2022

Executive Management, Administration & Finance

Office of Emergency Medical Services

Report to The

State EMS Advisory Board

November 18, 2022

MISSION STATEMENT:

To reduce death and disability resulting from sudden or serious injury and illness in the Commonwealth through planning and development of a comprehensive, coordinated statewide emergency medical services (EMS) system; and provision of other technical assistance and support to enable the EMS community to provide the highest quality emergency medical care possible to those in need.

I. Executive Management, Administration & Finance

A) Action Items before the State EMS Advisory for November 18, 2022

At the time of finishing this report there is one (1) action item for the Board to vote on.

Action Item: Submitted by the Medical Direction Committee (MDC):

Date of MDC Meeting: 10-06-2022

Motion: The Medical Direction Committee agrees with the following:
CMS has in 2000, 2006 and 2021 staked a position on transfer of the patient: “EMTALA is triggered whenever a patient presents to the hospital campus, not just the physical space of the ED, that is, within 250 yards of the hospital. Hospital-owned or operated ambulances have an EMTALA obligation to provide medical screening examination and stabilization.”

Minority Opinion:

None. There was no opposition or abstentions.

EMS Plan Reference (include section number):

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

B) State/Regional (Hybrid) EMS Council Reports

As previously stated, the Office of Emergency Medical Services committed to providing updates on the progress of the collaborative partnership and the transition and conversion of applicable Regional EMS Councils that have requested to be a hybrid State/Regional EMS model. The four councils include the following:

- Central Shenandoah EMS Council
- Blue Ridge EMS Council
- Rappahannock EMS Council
- Southwest Virginia EMS Council

Each Council has provided a report that is included in this Quarterly Report to the State EMS Advisory Board.

C) EMS Systems Funding

Personnel Update

With the departure of Grants Program Manager Luke Parker in May, the Office of EMS was able to secure the services of former Regulation and Compliance Manager, Michael D. Berg, MPA, NRP. With his continued involvement in EMS at the local, state, and national levels, he was the best fit for the position to continue the great work of previous managers and looking to elevate the services provided by this program. By the time this report is released, the position should be filled (interviews conducted on October 26, 2022).

Return to Localities (\$4-for-Life)

Purpose of the Fund:

As identified in the *Code of Virginia* § 46.2-694

(<https://law.lis.virginia.gov/vacode/title46.2/chapter6/section46.2-694/>),

e. Twenty-six percent shall be returned by the Comptroller to the locality wherein such vehicle is registered, to provide funding for training of volunteer or salaried emergency medical services personnel of nonprofit emergency medical services agencies that hold a valid license issued by the Commissioner of Health and for the purchase of necessary equipment and supplies for use in such

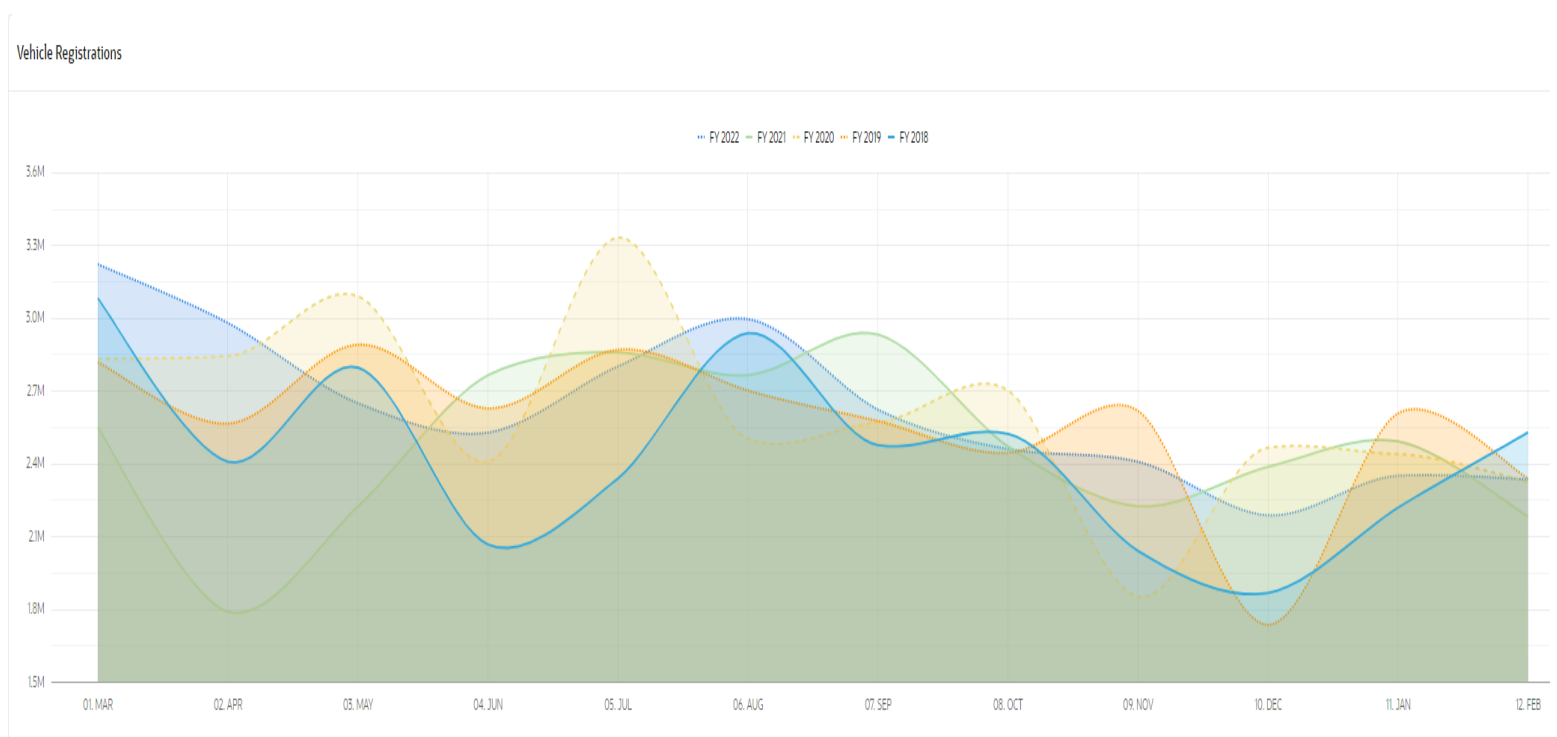
locality for emergency medical services provided by nonprofit emergency medical services agencies that hold a valid license issued by the Commissioner of Health.

Such funds shall be in addition to any local appropriations and local governing bodies shall not use these funds to supplant local funds.

FY22 Annual Reports: 31 of 133 jurisdictions reporting (23% reporting) (10/25/22)

FY21 Annual Reports: 90 of 133 jurisdictions reporting (68% reporting) (10/25/22)

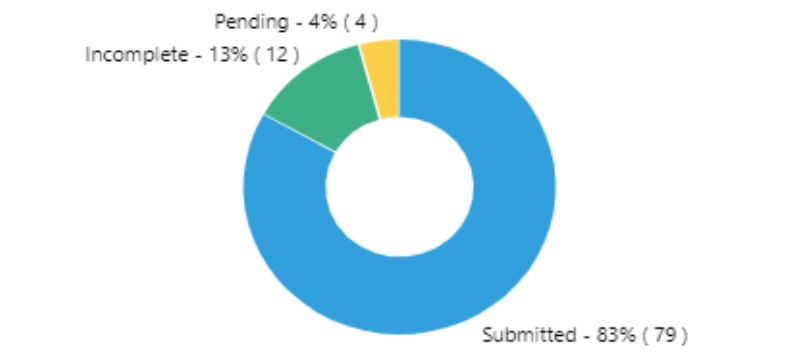
FY20 Annual Reports: 114 of 133 jurisdictions reporting (86% reporting) (10/25/22)



Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)

The Rescue Squad Assistance Fund (RSAF) is designed to establish, expand, or enhance emergency medical services (EMS) throughout the Commonwealth of Virginia by providing matching grants to assist eligible agencies with purchasing equipment, supplies, and training. Applicants submit applications through an online application and grants management platform called the EMS Grant Information Funding Tool (E-GIFT), which is housed within the statewide EMS Portal. The

applications are first reviewed by a panel of technical reviewers – regional EMS councils, field investigators, subject-matter experts, and the Transportation Committee – then the Financial Assistance Review Committee (FARC), which makes final funding recommendations to the Commissioner of Health. RSAF is divided into two grant cycles: Spring and Fall. Awards from each cycle are announced on July 1 and January 1 respectively.



This quarterly report reflects data from the Fall 2022 RSAF cycle. The application period for the Fall 2022 RSAF cycle closed on September 15, 2022. The Office of EMS (OEMS) received 79 applications for 174 items totaling \$13,898,164.66 in funding which can be broken down to \$8,783,268.64 in state and \$5,114,896.02 in local matches.

- 8 Non-EMS Agencies
- 71 EMS Agencies

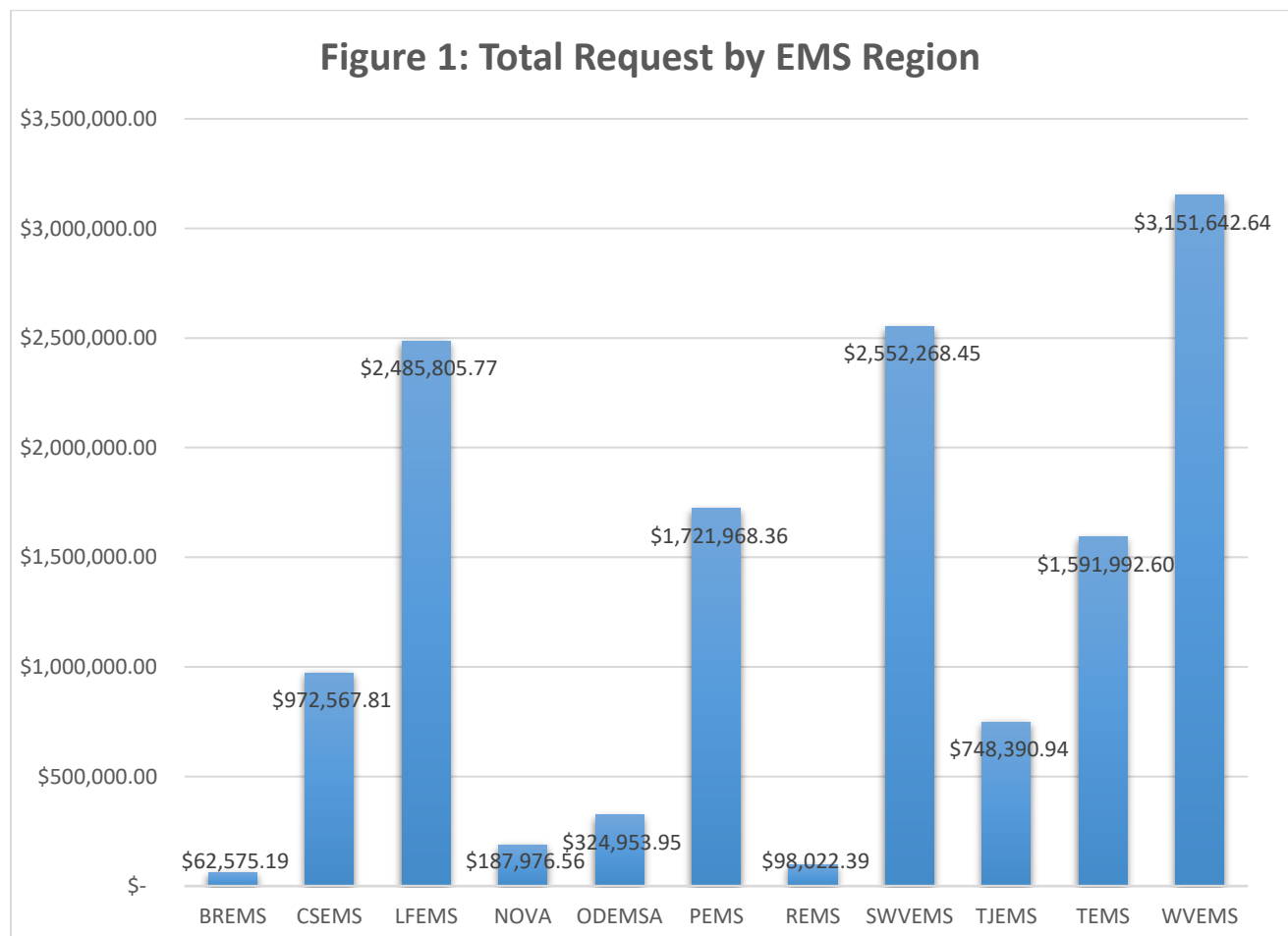
Incomplete applications: 8 agency, 4 non-agency

Pending applications (missing signatures): 3 agency, 1 non-agency

The number of applications decreased by approximately 13 percent compared to the Spring 2022 Cycle of RSAF. OEMS received applications from each of Virginia's 11 EMS Region as shown in Figure 1. The total funding can be broken down by region as follows:

- Blue Ridge - \$62,575.19
- Central Shenandoah - \$972,567.81
- Lord Fairfax - \$2,485,805.77
- Northern Virginia - \$187,976.56
- Old Dominion - \$324,953.95

- Peninsulas - \$1,721,968.36
- Rappahannock - \$98,022.39
- Southwest Virginia - \$2,552,268.45
- Thomas Jefferson - \$748,390.94
- Tidewater - \$1,591,992.60
- Western Virginia - \$3,151,642.64



Additional Grant Opportunities

Cybersecurity

The Department of Homeland Security (DHS) has announced the establishment of the State and Local Cybersecurity Grant Program, made possible by funding from the Bipartisan Infrastructure Law. With \$185 million available for fiscal year 2022, the program provides opportunities for state, local, and territorial (SLT) governments to mitigate risks of cyberattacks against their information systems and delivery of essential emergency services. SLT governments can use this funding to implement more resilient cybersecurity measures to protect their communities.

The Department of Homeland Security released the notice of funding opportunity application period on Sept. 16, 2022, and will remain open until Nov. 15, 2022. Applicants may propose to use the funding for new or existing cybersecurity programs. For more information and to apply, visit:

<https://www.grants.gov/web/grants/view-opportunity.html?oppId=343579?>

No cost naloxone for Licensed EMS Agencies

The Virginia Department of Health (VDH) is able to purchase naloxone through state and federal funding in order to provide naloxone at no-cost to individuals, aimed at those at higher risk of an opioid overdose. The no-cost naloxone may be distributed by VDH Department of Pharmacy Services (DPS) to Licensed Emergency Services (EMS) agencies after a signed agreement is executed.

EMS agencies can find information on how to request no-cost naloxone at <http://www.vdh.virginia.gov/epidemiology/naloxone/>. Please click on the naloxone application and complete the required fields to request naloxone through the Virginia Department of Health. Once this form is completed by the EMS agency, DPS will send an agreement for review and approval. A fully-executed agreement must be on file with the organization before VDH DPS can provide no cost naloxone. After the agreement is finalized, DPS will send out the naloxone to the EMS agency.

Other helpful Virginia resources:

REVIVE! Opioid Overdose and Naloxone Education (OONCE) program for the Commonwealth of Virginia: <https://dbhds.virginia.gov/behavioral-health/substance-abuse-services/revive/>

Virginia Board of Pharmacy Naloxone Protocols:

<https://www.dhp.virginia.gov/pharmacy/guidelines/110-44.pdf>

Virginia Department of Health Commissioner's Standing Order (link for standing order is the first link at the top of the webpage): <https://www.vdh.virginia.gov/epidemiology/naloxone/>

Virginia Department of Health Primary & Overdose Prevention:

<https://www.vdh.virginia.gov/opioid-data/primary-overdose-prevention/>

Powered by EMS1

EmsGrantsHelp.com, <https://www.emsgrantshelp.com/grants-search/VA/>

Additional Activities

Staff attended the EMS Expo held in Orlando, Florida (October 11-14), sponsored by the National Association of EMT. Significant time was spent networking with many vendors including international companies who was present for their first US conference to share their products. Here are a few examples:

SHIFTEEZ - Ambulance stretcher manufacturer (India): contact@lifelinepharma.in

Power stretchers with focus on transfer capability at the receiving facility

FR Conversions - Type II ambulances - (Maryland): www.frconversions.com

Type II ambulances in stock

PROMEBA, S.L - Ambulance stretcher manufacturer (Spain): www.promeba.com

Power stretchers – major manufacturer for European ambulances

SPENCER - Patient moving devices (Italy): www.emspencer.com

Patient moving devices – stair chairs and mobility devices

Testimonials

“Annually, thousands of lives are affected by the Virginia RSAF Grants. Communities are impacted by the tremendous support to EMS and Fire Agencies throughout the Commonwealth. In turn, organizations can further their mission of providing much needed Emergency Medical Services. Our members are humbled at your generosity. Our agency is beyond thankful for everything these grants have done for our community!”

Deborah Osborne -Mecklenburg County Life Saving and Rescue Squad

D) OEMS Patient Care Informatics Team

- **Support**

For the 3rd quarter of 2022, the Informatics team addressed just over 250 general support tickets, emails, and phone calls. The types of tickets received which remain consistent included request for system access, data quality questions, data submission and validation issues along with other items such as general software questions. The Informatics team continues working closely with ESO on all repository questions posed by EMS agencies and hospitals related to both data submission and data quality. When items are reported to the Informatics team, we work with ESO to ensure request are addressed as timely as possible. To that end, ESO is working on a process where they will provide reports showing any outstanding support items reported directly to ESO. With this list, the Informatics team will be able to assist ESO with prioritization and ensure items are escalated when necessary.

During the quarter, the Informatics team also began the process of overhauling the Zendesk knowledgebase. When Zendesk was implemented during the 2nd quarter of 2021, it was done very quickly. This was because we discovered the previous helpdesk system was going to be discontinued by that vendor within 30 days. Now that the processes with the repository transitions are better defined, the team is going back and reviewing the knowledgebase. The goal will be to ensure everything posted is relevant and up to date. We expect this process to be completed sometime during the next 3 months.

Virginia Elite System/ImageTrend Elite system

As was the case in previous quarters, the Informatics team continued assisting multiple agencies with read-only access to the historical Elite (Virginia Elite System) to allow agencies to retrieve records for any legal necessity. This process is an on-going effort and will continue until all historical data has been migrated over to the ESO repository. ImageTrend should have all of the data sent over to ESO by the beginning of the 4th quarter of 2022. Once that process is complete, then ESO will begin the process of uploading this historical data to the current repository.

The number of agencies using this system as their sole source for EMS documentation during the 2nd quarter now stands at just over 60. This is a slight increase from last quarter but that is due to some of the lower volume EMS agencies utilizing the system for EMS documentation very infrequently. The number of records documented was just over 16,000 incidents. This accounts for just over 4 % of the total number of records submitted to the repository for the same period.

- **Virginia EMS (ESO) Data Repository**

The Informatics team continues working with ESO on items related to support, data quality, implementations, as well as future improvements. The team is constantly using the repository to identify data reporting challenges and then work with ESO to determine the proper courses of action. The primary focus is on data quality and data submissions.

- **EMS Data Submission and Data Quality**

In the last quarter, the Informatics team started providing data quality reports to the Regulation and Compliance, Enforcement Division for publication. All of the reports that were published were intended to provide agencies with data quality feedback so they could begin reviewing any issues. Since the process and the available reports were different, the adherence to the data quality standards were on hold until July.

As agencies began reviewing these reports and working with both the Informatics team and ESO, issues were uncovered in the various reports. While these issues did not affect the data quality level significantly, the decision was made to stop publishing these reports until they are 100% accurate. Since this is the case, the hold on the data quality standards has been extended until Jan 2023 and there are no numbers available for this quarter.

Even with this hold, the items related to validation issues are accurate. ESO along with support from OEMS has been providing guidance to EMS agencies to help resolve those issues. Some issues are related to documentation, others related to system setup, and others related to submission errors. But all issues are documented and discussed to see what system changes may be put in place to assist all agencies going forward.

- **ImageTrend Trauma Registry**

As in past quarters, the main work done in the ImageTrend registry system was to ensure the system was available for historical purposes. We have started preliminary work with ESO and ImageTrend on the data migration process to move the trauma data over to the new repository. We should have more to report on this in the 4th quarter.

- **Virginia (ESO) Trauma Registry (Gen6)**

The final draft of the new Trauma data dictionary is complete. The next step is to have the division review it and make changes based on their suggestions (if any). This would include spell checking the document, additional information needed for each element and the document format.

The team resumed sending trauma data submission reminder emails to the trauma and non-trauma centers. Since these have been on hold since mid-2021, the team will be able to use the responses and update our contact information and create a watchdog affect. There are now established compliance reports with ESO that gives us the tools to monitor submissions in a timely manner and assist hospital with data quality questions. This also allows us the ability to ensure the Division Director of Trauma and Critical Care has the information needed when conducting trauma center site visits.

We worked with ESO to get access to registry anywhere for our Epidemiologist. Registry anywhere is the report writer tool for the trauma registry. While there were some technical issues with this new reporting system regarding passwords/SMA client access on state computers, most of those have been resolved. ESO is also working on granting the team access to an admin module where we can maintain the system at OEMS without having to submit support tickets to ESO. The team along with the Epidemiology group set up training classes with ESO for the system that will take place on Weds via zoom every week until the end of Dec 2022. The training classes are being recorded and will be available to anyone at OEMs looking for additional help.

- **Biospatial**

The team attended monthly Biospatial meetings to go over updates and system issues. Identified issues were worked on and corrected. Biospatial completed the export setup to start receiving trauma data. The team will be working with ESO to start sending the trauma data from Virginia. We have also secured a spot for Biospatial at the 2022 Virginia EMS Symposium scheduled for November. They will have a booth to explain what Biospatial is and show EMS providers how the system works.

OEMS is providing you only the Health and Human Resources proposed legislation being supported by the Virginia Association of Counties for the upcoming 2023 Virginia General Assembly. OEMS included this because there are several positions that directly impact Emergency Medical Services.

E) 2023 Draft Legislative Program - Virginia Association of Counties

Priority

- **Health and Human Resources Funding**

VACo supports transparent state policies and funding to ensure the Commonwealth's at-risk families have access to high quality and appropriate services. The Commonwealth should provide full funding to localities and their state administrative entities for state-mandated human services and provide the necessary program flexibility to enable localities to provide comprehensive and case-tailored services. VACo supports resources necessary for behavioral health and mental health facilities to ensure the protection of residents' and staff health and safety, such as appropriate staff qualifications, training, compensation, and condition of the facilities.

Positions

- **Aging/Long-Term Care**

VACo supports efforts that allow seniors to remain at home in a safe and secure environment. VACo urges the General Assembly to provide sufficient funding for companion services, in-home services, and home-delivered meals. Due to the increasing number of older adults in Virginia and the rise of Adult Protective Services (APS) cases, VACo supports additional state resources to ensure adequate training for APS workers on topics such as financial exploitation.

- **Behavioral Healthcare**

VACo supports continued funding by the Commonwealth sufficient to allow Community Services Boards (CSBs) (or equivalent county agencies) to meet adequately the charge of providing services through a community-based system of care. State support must adequately enable CSBs to provide the services mandated by the General Assembly as part of the STEP-VA initiative, as well as any additional requirements that may be added. Funding must be sufficient to ensure adequate staffing in a competitive market. Any changes to CSB funding should involve meaningful consultation with localities as key funding partners in the behavioral health system. In addition to local contributions to CSBs, localities make significant commitments to behavioral health through support for services funded through the Children's Services Act and local spending on behavioral health care in local and regional jails, among other funding commitments. Proposed changes to the funding structure, such as the creation of new funding formulae, should apply only to new funding. As an alternative, the term "Community Services Boards" is used here to encompass the operating or administrative policy Community Services Boards, behavioral health authority, and local government departments with policy-advisory

- **Emergency Medical Transportation**

VACo supports policies to protect consumers who require air ambulance services. VACo opposes proposals that would add additional legal and administrative burdens on local first responders regarding decisions about methods of transportation in emergency situations.

- **Healthcare**

VACo supports continued state funding for dental care, school nurses and preventive services and maternal and child health programs offered through local health departments and local school systems. VACo encourages the state to prepare for emergency health services access to care and to develop and fund incentives that would alleviate the nursing shortages felt in many communities.

- **Human Trafficking**

VACo supports treating survivors of human trafficking as victims, not criminals, and supports their access to services available to other trauma victims, such as job placement services, housing assistance, access to education, legal services, and mental health services.

- **Implementation of Medicaid Expansion**

VACo supports continued state funding for the local costs associated with Medicaid expansion, such as local eligibility workers, as well as state assistance with reviewing the Medicaid eligibility of the more than 2 million individuals currently on the Medicaid rolls as required after the termination of the federal public health emergency (which has barred disenrollment of individuals during the emergency period as a condition of the state's receipt of the enhanced federal match rate).

- **Local EMS Involvement**

VACo supports increased local involvement in state EMS planning to ensure statewide needs are met and to avoid imposing unnecessary barriers to volunteerism.

- **Prevention Services**

VACo supports increased state general funding for community-based service programs. VACo recognizes programs such as Healthy Families, Comprehensive Health Investment Project (CHIP) of Virginia, Smart Beginnings, and Resource Mothers as important models and requests that the General Assembly provide additional funding for these home- and community-based activities. Investments in programs that ensure a strong start for children can help reduce the need for costlier interventions later in life.

- **Substance Abuse**

Efforts to address substance dependency must be comprehensive and coordinated with localities. The state should develop and support evidence-based prevention initiatives and should continue to improve access to treatment.

- **Telehealth**

VACo supports the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Flexibility in the delivery of these services is essential in meeting the needs of residents.

EMS on the National Scene

II. EMS On the National Scene

National Association of State EMS Officials (NASEMSO)

Note: The Virginia Office of EMS is an active participant in the NASEMSO and has leadership roles on the Board of Directors and in each NASEMSO Council. The National Association of State EMS Officials is the lead national organization for EMS, a respected voice for national EMS policy with comprehensive concern and commitment for the development of effective, integrated, community-based, universal and consistent EMS systems. Its members are the leaders of their state and territory EMS systems.

A) National Registry Board of Directors Rescinds Expanded Eligibility Resolution

AUGUST 18, 2022

The National Registry Board of Directors voted to rescind 22-Resolution-13 (the resolution on extending eligibility requirements) during its special meeting on August 17, 2022 and will continue conversation with national partners and key stakeholders to progress towards more inclusive solutions.

This decision came after an informative 60-day comment period, during which the National Registry received over 1,000 different perspectives, questions and concerns. We realize the magnitude of this decision and its impact on the national EMS System.

While we regret the magnitude of the disruption from the draft resolution, we are confident that the nation's EMS system has emerged with a collaborative and common purpose. We witnessed the passion behind the 'systems approach', a concept forged years ago to unite all parts of our profession. This resolution started conversations that many have signaled were needed. We are excited to continue that discussion and pursue solutions that best serve the needs of the local to national EMS communities, while preserving the tenets of the *EMS Education Agenda for the Future: A Systems Approach*.

That conversation will continue with a national taskforce comprised of representatives from 10 national organizations. This taskforce will work collaboratively, with transparency, and with the vested interest to our broader national EMS community, to further the conversation and explore solutions for the challenges facing our "EMS education systems."

We will provide updates from this taskforce and share public notes summarizing the discussions, so you remain informed and involved in this conversation.

While the public comment period for this resolution is closed, our channel for feedback remains open. We encourage you to reach out to us and ask the crucial questions you have and to participate in improving our profession and moving it forward.

-Kevin Mackey

B) White House Request for Release of NEMSIS Overdose Data

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY

Washington, D.C. 20503

June 9, 2022

Re: Request for ZIP Code Level Emergency Medical Services Data to be Made Public in
Order to Support the Response to the Overdose Epidemic

Dear State Emergency Medical Services Director:

The overdose epidemic affects all Americans. For the first time in our Nation's history, we have passed the tragic milestone of 107,000 deaths resulting from drug overdose in a 12-month period. Since 1999, overdoses have killed approximately 1 million Americans. These are sons and daughters, parents and grandparents, neighbors and friends, and classmates and coworkers. In 2021, every five minutes around the clock, it's predicted that one American died and three more were treated by EMS clinicians for an opioid overdose. This burden is devastating and heartbreaking, and we stand together as a Nation at an inflection point where we must commit ourselves to doing all we can to triumph over this epidemic.

As a physician I, like you, have seen the overdose epidemic up close. I've reversed numerous overdoses and treated hundreds of patients with substance use disorder in rural and urban areas. Also like you, my patients and the communities I've served look to me as a leader. They rely on us to keep them healthy and come to us for advice and guidance on some of the most important decisions they'll ever make. The prehospital healthcare setting is a critical "front-line" source of data for the identification, response, and treatment of persons with substance use disorder and those who experience an overdose.

The National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services (EMS) has been an important partner of the Office of National Drug Control Policy (ONDCP) in our commitment to responding to overdose promptly and targeting where and how an emergency response is needed most to reverse the rising wave in fatal and nonfatal drug overdoses. Your National EMS Information System (NEMSIS) data have been critical to our ability to monitor EMS activations for overdose, surveil for outbreaks, and inform our understanding of the use, need, community saturation, and effectiveness of important public health interventions like naloxone.

Our ability to coordinate our nation's response to the overdose epidemic and support local leaders' abilities to use their resources in the most impactful way possible would be greatly enhanced by data available at the subnational level. The COVID-19 pandemic has reinforced the importance of timely, geographically specific, and clinically rigorous data in mounting an effective national surveillance effort and response. We believe your NEMSIS data are an essential cornerstone of such a mechanism for drug overdose.

With this purpose in mind, I ask that you support the release of a narrowly tailored subset of NEMSIS data to track overdose incidents at the ZIP Code level. This data subset would include de-identified elements aggregated (and/or mapped) to preserve the anonymity of patients, providers, and institutions. Also, I commend ongoing efforts to further reduce the time-lag from patient contact to record submission to the National EMS Database. Your state NEMSIS data are of paramount importance to ONDCP, as we attempt to support State and National efforts to bring an end to needless deaths due to substance use.

For questions regarding this request, please contact either Mr. Eric Chaney (NHTSA) eric.chaney@dot.gov, (202) 891 – 8825 or Dr. Clay Mann (NEMSIS TAC) clay.mann@hsc.utah.edu, (801) 585 – 9161.

Please submit your approval of this request to the Office of EMS within NHTSA (using Mr. Chaney or Dr. Mann's email). Specifically, we ask your concurrence of the following:

1. Define and release a national subset of NEMSIS data, for public use, including anonymous identification of EMS activations with substance use involvement, to be mapped at the incident ZIP Code level.
2. Continue efforts to support policies that require EMS agencies to submit completed patient records within 24 hours of closing the call.

As we hope to move forward on this work expeditiously, and given its centrality to the President's National Drug Control Strategy, I ask you to please respond within three weeks if at all possible.

On behalf of ONDCP and the Biden-Harris Administration, I want to extend our sincere appreciation for all that you do to care for your communities, support public health, and respond to the drug overdose epidemic.

Sincerely,

Dr. Rahul Gupta, MD, MPH, MBA

Director

C) First States Go Live With NEMSIS V3.5 Data Submissions

LAKEVILLE, MN—ImageTrend Inc. announced Oct. 14, 2022, that the first three states have successfully submitted National EMS Information System (NEMSIS) version 3.5 records to the National EMS Repository through the company’s electronic patient care reporting (ePCR) system, ImageTrend Elite™.

Through the collaborative efforts of the ImageTrend team and local, state, industry and national partners, the states of Colorado, Kansas and South Dakota achieved this latest public health data standard to ultimately lead improvements in patient care quality and outcomes.

As EMS and health care science continue to evolve, new data standards are essential to the surveillance of public health at the state and federal levels. Since receiving complete NEMSIS v3.5 compliance for Collect Data and Receive and Process Data designations in December 2021, the ImageTrend Team has worked hand in hand with the first states to “go green” on the [NEMSIS v3.5 map](#) to reach this milestone through collaborative testing and analysis.

Part of this process involved reviewing validation and schematron rules, determining which data elements are essential to the states and identifying the appropriate values for those critical fields.

NEMSIS Technical Assistance Center Principal Investigator Clay Mann said, “Migrating to NEMSIS v3.5 is a notable achievement that should reduce the data collection burden placed on clinicians and improve the quality of the resulting data.”

With an emphasis on innovation and ease of use, ImageTrend’s engineering team developed easy-to-use tools within Elite to utilize existing NEMSIS v3.4 data configurations and port them over to ensure a smooth transition for individual agencies to the new NEMSIS v3.5 data standard. ImageTrend also used this transition to NEMSIS v3.5 as an opportunity to form a foundation in Elite that will streamline future updates to NEMSIS data standards without having to fully recreate state or agency workflows.

For more information on the NEMSIS v3.5 transition, visit [NEMSIS.org](#) or [visit here](#) to get in touch with a ImageTrend representative.

D) No Surprises Act (NSA) Federal Independent Dispute Resolution (IDR) Process Live Demonstration of NEW Notice of Offer Form for Disputing Parties – Offered by the Centers for Medicare and Medicaid Services (CMS)

Beginning January 1, 2022, consumers have new billing protections when receiving emergency care, non-emergency care from out-of-network providers at in-network facilities, and air ambulance services from out-of-network providers.

CMS offered a webinar session on November 1, 2022 that provided Issuers with program and operational guidance for the No Surprises Act and Independent Dispute Resolution. Various Subject Matter Experts (SMEs) from the Centers for Medicare & Medicaid Services (CMS), Center for Consumer Information and Insurance Oversight (CCIIO) presented information and answered questions during the session.

E) Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Supported by the **Bureau of Justice Assistance** ([BJA](#)) as part of the **Comprehensive Opioid, Stimulant, and Substance Abuse Program** ([COSSAP](#)), the ***Catching Up With COSSAP*** newsletter collects articles (many original to this publication), **resources**, and **training announcements** with the express goal of informing and engaging those dedicated to reversing the tide of America's substance misuse crisis.

Community by community, block by block, COSSAP grantees are laying down the foundations of an effective and sustainable response to substance misuse. Their work spans the country—we profile programs in Boulder County, Colorado, South Carolina, and South Los Angeles, California, in this edition—but bears common characteristics: programs that utilize evidence-based treatment, alternatives to incarceration, and preventive responses to overdose, and that engage peer recovery specialists as primary agents of support for individuals with substance use disorders (SUDs). And they work because they are implemented through partnerships of public health and public safety providers who are on the front lines of community battles against addiction.

Project Readiness, Engagement, Navigation, Treatment, and Recovery (RENTRE) in Boulder County, for example, reaches out to individuals before they are sentenced to jail, as well as to those who are reentering the community; it goes beyond the primary goal of connecting them to treatment by helping clients identify protective factors and work toward client-identified goals. Similarly, The Arming Minorities Against Addiction & Disease (AMAAD) Institute in South Los Angeles leverages the expertise of peer specialists to facilitate personalized access to recovery services that foster healthy environments for its clients. And the Community Outreach Paramedic

Education (COPE) program in South Carolina visits overdose survivors during the critical window for intervention following an overdose event, as well as families or friends of the survivors to help connect them to support.

For the communities involved, this is important, ennobling work, on multiple levels. To see how it is manifested in the actual lives of individuals who have journeyed away from isolation and shame and stigma and toward support, purpose, and reintegration into their communities, have a look at the COSSAP Champions of Recovery in the feature article.

We invite you to make a difference by adding your voice at COSSAP@iir.com. You are also encouraged to pass along this resource, share the [subscription link](#), and [request training and technical assistance](#) at any time.

“That’s the Way Recovery Works: One Person in Recovery Helping Another”—Champions Share Journeys From Isolation to Connection and Far Beyond

Over the course of Recovery Month in September, COSSAP posted more than 50 original pieces of content to a dedicated [web page](#) on the COSSAP Resource Center website. None of them, however, better captured what recovery *means* than the COSSAP *Champions of Recovery* video messages. Viewed together, the 27 Champions messages turn the abstract concept of recovery into something tangible: a story that is told 27 different ways but ultimately describes its subjects’ common journey away from isolation and shame and stigma and toward support, purpose, and reintegration into their communities. View all 27 Champions and read about 6 in particular in **[“That’s the Way Recovery Works: One Person in Recovery Helping Another”—Champions Share Journeys From Isolation to Connection and Far Beyond.](#)**

The Evolution of Boulder County, Colorado’s Project Readiness, Engagement, Navigation, Treatment, and Recovery (RENTR)

Both resolute and realistic, Community Justice Services (CJS) in Boulder County, Colorado, draws on persistence and partnerships to get the job done: creating a safer community by supporting the recovery and reentry process, ending the cycle of incarceration, and reducing crime and recidivism. To learn how funding from COSSAP and its predecessor program enabled CJS to enhance collaborations with a host of partners to provide evidence-based treatment services, peer recovery support services, and pre- and post-booking treatment alternatives to incarceration, read **[The Evolution of Boulder County, Colorado’s Project Readiness, Engagement, Navigation,](#)**

Treatment, and Recovery (RENTR).

The AMAAD Institute Shines as Peer Mentor Site in South Los Angeles

Altarum, COSSAP's training and technical assistance provider for peer recovery support services, highlights one of its 2022–2023 mentor sites for the Peer Recovery Support Services Mentoring Initiative (PRSSMI), The Arming Minorities Against Addiction & Disease (AMAAD) Institute in South Los Angeles, California. PRSSMI supports program-to-program learning among organizations that are implementing peer recovery support services (PRSS) for justice-involved populations. To get the full story about AMAAD's stellar work in support of PRSS, read **[The AMAAD Institute Shines as Peer Mentor Site in South Los Angeles.](#)**

More Than Naloxone: Emergency Medical Services (EMS) Combats Substance Use Disorder in South Carolina

The South Carolina Bureau of EMS and Trauma (EMS Bureau) has been actively engaged in combatting the opioid epidemic for years. Following earlier naloxone-related initiatives such as Law Enforcement Officer Narcan (LEON) and the Reducing Opioid Loss of Life (ROLL) program for firefighters, the EMS Bureau developed the Community Outreach Paramedic Education (COPE) program in 2019. COPE's goal is to visit an overdose survivor during the critical window for intervention following an overdose event; COPE teams also meet with family or friends of the overdose survivor to help connect them to support. The goal is to promote recovery by providing harm reduction strategies and getting individuals with substance use disorders into treatment. Read more in **[More Than Naloxone: Emergency Medical Services \(EMS\) Combats Substance Use Disorder in South Carolina.](#)**

Podcast on Future of Prescription Drug Monitoring Programs, Best Practice Updates Lead PDMP Highlights

The Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP TTAC) released its latest podcast, *Future of PDMPs*, in September. In it, PDMP administrators from Kentucky and Nebraska discussed innovation within PDMPs, expanding the scope of drug information being collected, data quality and standards adoption, and much more. The previous month,

the *Recommendations for Best Practices on Dispenser Compliance and Data Integrity* guide was updated to address techniques and policies that PDMPs may wish to consider as they strive to provide quality prescription information to their authorized users. For the full story on both resources, read [**Podcast on Future of Prescription Drug Monitoring Programs, Best Practice Updates Lead PDMP Highlights.**](#)

2023 National Forum on Overdose Fatality Review

Between January 19 and 20, 2023, join your peers for the **2023 National Forum on Overdose Fatality Review (OFR)** in Washington, DC, to learn how to enhance your OFR teams. This 1½-day in-person convening will highlight how OFRs are identifying and implementing recommendations to prevent substance-related deaths in communities across the country. The forum will offer a mix of general-interest plenary sessions, moderated panel discussions, breakout sessions, and informal networking opportunities. Individuals and jurisdictions at any level of experience are invited to attend.

Click [**here**](#) for more information.

Painting the Current Picture: A National Report on Treatment Courts in the United States – Highlights & Insights

This BJA-sponsored monograph continues a long-standing tradition of providing a detailed profile of the treatment court field within the United States. It also provides a summary of the most recent scholarly literature on treatment courts. Summaries include an overview of the history and structure, best practice standards, guiding principles, effectiveness and cost-benefit findings, and directions for future research.

Click [**here**](#) for links to the report.

F) Now Available AHRQ Final Report on Infection Prevention and Control for the Emergency Medical Services and 911 Workforce

November 02, 2022

Dear State EMS Director,

Good Afternoon. The Evidence-based Practice Center (EPC) Program at the Agency for Healthcare Research and Quality (AHRQ) has completed an evidence review on **Infection Prevention and Control for the Emergency Medical Services and 911 Workforce**. The final report is available at [the Effective Healthcare Web site](#).

Thank you for your feedback during the process of this review.

Key findings include:

- Emergency medical service (EMS) workers appear to be at higher risk of infection when compared to firefighters and other frontline emergency personnel.
- Little research exists on infectious diseases in 911 dispatchers and telecommunicators.
- Research studies on infectious diseases in the EMS and 911 workforce have increased significantly since the beginning of the coronavirus disease 2019 (COVID-19) pandemic.
- Most research since 2006 has concentrated on the epidemiology of infections and infection risk.
- Research into the field effectiveness of N95 respirator and surgical face mask personal protective equipment (PPE) is limited, especially in the arena of airborne diseases.
- Regular hand hygiene decreases the spread of methicillin-resistant *Staphylococcus aureus* (MRSA).
- Standard precautions, such as gloves, decrease the chance of needlestick exposures.
- Vaccine uptake increases with the application of on-site directed clinics in the workforce, especially when combined with an active, targeted educational program with supervisor and peer support.
- Mandatory influenza vaccine programs increase the likelihood of vaccine uptake.
- Research into EMS and 911 infectious disease issues would be strengthened by a national research agenda including improved data uniformity, use of appropriate comparison groups, and comparable outcome measures.

AHRQ is a government agency tasked with producing evidence to improve the quality of healthcare while working with partners to ensure that the evidence is understood and used. Below are links that provide more information on the EPC Program.

Thank you.

Best regards,

Jenae J. Benns

For more information on **The Evidence-based Practice Center**

Program: <https://www.effectivehealthcare.ahrq.gov/about/epc/>

To **suggest a topic for a Systematic Review:** <https://effectivehealthcare.ahrq.gov/get-involved/suggest-topic>

Join our Email List: <https://effectivehealthcare.ahrq.gov/email-updates/>

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Division of Accreditation,
Certification & Education
Virginia Office of Emergency Medical Services

III. Accreditation, Certification and Education

Committees

- A. The Training and Certification Committee (TCC): The October Training & Certification Committee meeting scheduled for October 5, 2022 was held at the Embassy Suites in Richmond, VA

Copies of past minutes are available on the Office of EMS Web page here:

<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/training-certification-committee-standing/>.

- B. The Medical Direction Committee (MDC): The Medical Direction Committee meeting scheduled for October 6, 2022 was held at the Embassy Suites in Richmond, VA. There is one action item – please refer to Section A of the Executive Management, Administration and Finance section of this Quarterly Report.

Copies of past minutes are available from the Office of EMS web page at:

<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/medical-direction-committee-standing/>

Accreditation

All EMS programs that are in need of a site visit having gained accreditation either through Letter of Review or through full accreditation have been granted an extension of expiration until December 31, 2022 due to Omicron wave of COVID-19. No accreditation visits will be scheduled until such time as it is deemed safe due to COVID-19.

- A. EMS accreditation program.

1. Emergency Medical Technician (EMT)

- a) The following EMT programs are under Letter of Review:

- (1) Arlington County Fire Department
- (2) Fauquier County
- (3) Hampton Roads Regional EMS Academy
- (4) Augusta County
- (5) Rockingham County Dept. of Fire and Rescue
- (6) Gloucester Volunteer Fire and Rescue
- (7) Fairfax County Fire and Rescue

2. Advanced Emergency Medical Technician (AEMT)

- a) The following AEMT programs are under Letter of Review:
 - (1) Newport News Fire Training
 - (2) Fauquier County
 - (3) Hampton Roads Regional EMS Academy
 - (4) Augusta County
 - (5) Rockingham County Dept. of Fire and Rescue
 - (6) King George Fire, Rescue and Emergency Services
 - (7) City of Virginia Beach Division of EMS
 - (8) Germanna Community College

3. Paramedic – Initial

Brightpoint Community College (formerly known as John Tyler Community College) has named Damien Coy as their new Program Director.

Thomas Nelson Community College has been renamed to Virginia Peninsula Community College.

Patrick Henry Community College has been renamed to Patrick and Henry Community College.

Lord Fairfax Community College has been renamed to Laurel Ridge Community College.

National accreditation occurs through the *Committee on Accreditation of Educational Programs for the EMS Professions* (CoAEMSP – www.coaemsp.org).

- a) Blue Ridge Community College has completed their first cohort. They are now working on submission of their initial report to CoAEMSP.
- b) Virginia Peninsula Community College will have their accreditation site visit on December 5th and 6th.
- c) Henrico County Division of Fire will have their accreditation site visit on February 16 & 17, 2023.
- d) Chesterfield Fire and EMS has completed their first cohort class. Based on the date the Letter of Review was issued for Chesterfield Fire, the next class will be considered their first cohort by CoAEMSP. They have named Hunter Elliott as the new Program Director.

e) Hanover Fire/EMS is completing their first cohort class and the students will be testing in the next few weeks.

f) Newport News Fire has submitted the paperwork to obtain a Letter of Review. The initial virtual letter of review site visit was scheduled for October 21, 2022 but was postponed.

4. Paramedic – Reaccreditation

National accreditation occurs through the *Committee on Accreditation of Educational Programs for the EMS Professions* (CoAEMSP – www.coaemsp.org).

B. For more detailed information, please view the Accredited Site Directory found on the OEMS web site at:

<https://vdhems.vdh.virginia.gov/emsapps/f?p=200:1>

National Registry

National Registry Fee Increase

The fees for National Registry cognitive exams effective January 1, 2023:

- EMR: \$88
- EMT: \$104
- AEMT: \$144
- Paramedic: \$160

Resolution (22-Resolution-13)

The National Registry Board of Directors voted to rescind 22-Resolution-13 (the resolution on extending eligibility requirements) during its special meeting on August 17, 2022 and will continue conversation with national partners and key stakeholders to progress towards more inclusive solutions.

This decision came after an informative 60-day comment period, during which the National Registry received over 1,000 different perspectives, questions and concerns. We realize the magnitude of this decision and its impact on the national EMS System.

While we regret the magnitude of the disruption from the draft resolution, we are confident that the nation's EMS system has emerged with a collaborative and common purpose. We witnessed the passion behind the 'systems approach', a concept forged years ago to unite all parts of our profession. This resolution started conversations that many have signaled were needed. We are excited to continue that discussion and pursue solutions that best serve the needs of the local to national EMS

communities, while preserving the tenets of the *EMS Education Agenda for the Future: A Systems Approach*.

That conversation will continue with a national taskforce comprised of representatives from 10 national organizations. This taskforce will work collaboratively, with transparency, and with the vested interest to our broader national EMS community, to further the conversation and explore solutions for the challenges facing our “EMS education systems.”

We will provide updates from this taskforce and share public notes summarizing the discussions, so you remain informed and involved in this conversation.

While the public comment period for this resolution is closed, our channel for feedback remains open. We encourage you to reach out to us and ask the crucial questions you have and to participate in improving our profession and moving it forward.

-Kevin Mackey

General Updates

2021 National EMS Education Standards Rollout

The Office of EMS has worked closely with Training & Certification (TCC) and Medical Direction Committees (MDC) to plan for the statewide rollout of the new 2021 National EMS Education Standards (NEMSES). These state Committees and a number of your fellow educators have worked tirelessly over the past 6 months to develop policies, procedures and guidance documents to help ensure this transition is a smooth one. Registration is required to attend.

The State EMS Advisory Board approved TCC’s recommendations for how to move forward at its meeting on May 6, 2022. With this approval, ACE Division staff are working on the final policies and procedures and prepping for a Commonwealth wide rollout this fall.

All educators conducting initial certification courses in Virginia will continue to teach to the Virginia EMS Education Standards (VEMSES) until further notice. The VEMSES is the basis for EMS education at all levels in Virginia. * NEMSES Rollouts will not count as an Education Coordinator Update; CAT 2 CE will be awarded for attendance.

More information on the rollout of the 2021 National EMS Education Standards can be found at the link below:

- <https://www.vdh.virginia.gov/emergency-medical-services/education-certification/educator-resources/2021-national-ems-education-standards-rollout/>

** NEMSES Rollouts will not count as an Education Coordinator Update; CAT 2 CE will be awarded for attendance.*

Education Program

Education Coordinator Certification Program

As of October 5, 2022, there are 210 candidates in the pipeline to become Education Coordinators in Virginia. Of these 210 candidates, there are:

- 9 candidates are fully eligible to attend the next EC Institute.
- 65 candidates have not completed any of the requirements of the program
- 175 candidates who have not completed their required NREMT testing.

Education Coordinator Institutes

The ACE Division just completed an institute in Fredericksburg in late September. 26 new educators added to the system. Candidate preparation was excellent and it appears as though the EC Mentorship process is beginning to meet its original intention.

The next institute is scheduled for late January in SWVA at the Southwest Virginia Higher Education Center.

We are currently in the planning stages for Institutes for the remainder of the 2023.

<https://www.vdh.virginia.gov/emergency-medical-services/education-certification/educator-resources/ems-instructor-resources/ems-education-coordinator-requirements/>

Education Coordinator Updates

Due to the COVID extension of EC certification expirations in June 2022, 98% of EC's all recertified at the same time and in the same year. We will only hold 4 EC Updates in 2023 due to this:

- January – Southwest Virginia
- February – Virginia Beach
- Spring 2023 in the Shenandoah Valley
- June in Blacksburg
- Southside or metro Richmond

Registration is required to attend all EC/ALS-Coordinator updates and can be found online at: <https://www.vdh.virginia.gov/emergency-medical-services/ems-educator-update-schedule/>

Virginia Scope of Practice

On August 5, 2022, the EMS Advisory Board approved changes to the Virginia Scope of Practice Procedures & Formulary. These documents are now available on the OEMS website at the following link:

<https://www.vdh.virginia.gov/emergency-medical-services/education-certification/medical-direction-committee-standing/scope-of-practice/>

Agency leadership, educators and EMS Physicians should review these documents for any changes that may pertain to your agency or educational programs. While no skills or medications were removed from a provider's scope of practice, there has been a change to the color of dots utilized to denote if a procedure (skill) or formulary (medication) is within that provider's scope.

- **Black Dot** = procedure or formulary is included in that certification levels standard scope of practice.
- **Red Dot** = procedure or formulary is **NOT** included in that certification levels standard scope of practice.

Enforcement of compliance with red dot Scope of Practice requirements began on July 1, 2022. Please note the attached memo from the Division of Regulation and Compliance issued in March of this year.

Virginia Psychomotor Competency Verification

Virginia Psychomotor Competency Verification for EMS providers who are certified through legal recognition, are in reentry or are candidates for challenge shall be conducted.

The Process

- Candidates in legal recognition or reentry and all candidates for challenge seeking verification shall complete form **TR-21 – Application for BLS Psychomotor Competency Verification**.
- Bring form to an Education Coordinator willing to conduct verification.
- EC shall make use of the OEMS form **TR-20 - Virginia Competency-Based Psychomotor Scenario Evaluation** when conducting psychomotor skills evaluations.
- EC shall forward TR-21 and TR-20's to Debbie Akers via e-mail.
- OEMS will grade and communicate with candidate.

Required Personnel & Equipment

- **Equipment** - Requisite equipment for selected scenario, decoy equipment is encouraged.
- **An Evaluator** – this individual is responsible *for completing the Virginia Terminal Psychomotor Scenario Evaluation* for each candidate.
- **A patient** – moulaged, if necessary patient actor

- **A Professional EMT Partner** – an individual who is an EMT. This individual can perform any tasks needed by the testing candidate.

Description of Psychomotor Skills Verification

- The Virginia Psychomotor Skills Verification shall consist of the following:
 - One (1), fifteen (15) minute scenario comprising of a medical topic.
 - One (1), fifteen (15) minute scenario comprising of a trauma topic.
- The Educator shall select one (1) medical and one (1) trauma scenario from the pool of OEMS authorized scenarios to conduct psychomotor skill verification.
 - The pool of OEMS approved scenarios is located on **Blackboard** in the *Education Coordinator Village*.

Evaluation Methodology & Requirements

- The Educator shall prepare the patient, Professional EMT Partner and the evaluator (if not the Educator themselves) with the instructions provided in Appendices C-F of this document.
- At all times, the evaluation must be as objective as possible.
- The evaluator shall use form **TR20 - Virginia Competency-Based Psychomotor Scenario Evaluation** to appraise the candidate's performance.
- At the completion of the two (2) required scenarios, the Educator must complete and sign form **TR-21 - BLS Psychomotor Competency Verification Form** and ensure that forms TR-20 have been completed.

Permitted Test Attempts

- **First Attempt**
 - If both scenarios are **PASSED** on the first attempt, then the candidate passes and will be permitted to sit for the National Registry cognitive exam. The candidate will be notified of this by e-mail from the Office of EMS.
 - If one or both scenarios are **FAILED** on the first attempt, then the candidate will then move to their second attempt. The second attempt will consist of two (2) scenarios, however the candidate is not guaranteed the same scenarios on their second attempt. The candidate will be notified of this by e-mail from the Office of EMS.
- **Second Attempt**
 - If both scenarios are **PASSED** on the second attempt, then the candidate passes and will be permitted to sit for the National Registry cognitive exam. The candidate will be notified of this by e-mail from the Office of EMS.
 - If one or both scenarios are **FAILED** on the second attempt, then the candidate will then be permitted a third and final attempt at the exam. The third attempt will consist of two (2) scenarios, however the candidate is not guaranteed the same scenarios on their first or second

attempt. The candidate will be notified of this by e-mail from the Office of EMS.

- **Third Attempt**

- If both scenarios are **PASSED** on the third attempt, then the candidate passes and will be permitted to sit for the National Registry cognitive exam. The candidate will be notified of this by e-mail from the Office of EMS.
- If one or both scenarios are **FAILED** on the third attempt, then the candidate will be considered as **FAILING** and will be required to retake an EMR or EMT program in order to regain certification in Virginia.

EMS Training Funds

Table. 1 – Virginia EMS Scholarship Program – FY23					
Certification Level	Q1	Q2 (cum)	Q3 (cum)	Q4 (cum)	Amount Awarded (cum)
EMR	0.00				0.00
EMT	207,374.00				207,374.00
AEMT	22010.00				22010.00
Paramedic	642,874.00				642,874.00
Grand Total	872,258.00				872,258.00

Psychomotor Test Site Activity

- A. BLS Psychomotor Testing has been suspended until December 31, 2022. A replacement process for the BLS psychomotor testing with competency-based verification by the Program Director and Medical Director proposed by the Training & Certification Committee has been approved by Medical Direction Committee and will be implemented beginning January 1, 2023.
- B. ALS psychomotor test sites can be found on the OEMS website at:
<https://www.vdh.virginia.gov/emergency-medical-services/psychomotor-testing/als-certification-testing/>

Other Activities

- A. Debbie Akers continues to serve on the Competency Based Education workgroup and the Competency Based Education Steering Committee with the National Registry.
- B. Debbie Akers continues to serve on the Advanced EMT Psychomotor Competency workgroup with the National Registry.
- C. Debbie Akers has been invited to participate in the Performance Examination Review Panel that will held in Hurst, Texas on December 13 – 15, 2022.



IV. Community Health and Technical Resources

Planning and Regional Coordination

CHaTR Website and Division Information

The CHaTR division has its own section on the Virginia OEMS website at the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/chatr/>

Regional EMS Councils

The OEMS continues to maintain a Memorandum of Understanding (MOU) with the Regional EMS Councils for the current fiscal year...which was extended for development of the next version of the MOU. The Regional Councils submitted their First Quarter reports throughout the month of October, and are under review. OEMS continues to utilize the web based reporting application for the Regional EMS Councils to submit quarterly deliverables.

OEMS staff and the Regional Council Executive Directors have held numerous meetings in 2022 to discuss various aspects of the regional council programs including council updates, discussion of the current MOUs in place and the next round of Regional EMS Council designation. Work sessions were held on May 4, 2022, June 2, 2022, August 3, 2022 and October 18, 2022. Council directors have submitted their work plans for OEMS review as part of the process for developing the 5 year MOU.

CHaTR staff continue to assist in the coordination of Personal Protective Equipment (PPE), distribution of COVID test kits, and associated COVID activities with the Regional EMS Councils as it is requested.

CHaTR staff have attended Board meetings and committee meetings for the Tidewater, Old Dominion, Northern Virginia, Peninsulas, Western, Lord Fairfax and Thomas Jefferson councils. CHaTR staff assisted in the interview process for the Executive Director of the Northern Virginia EMS Council in July following the resignation of Craig Evans. Ray Whatley was hired as the new Executive Director for Northern Virginia EMS Council.

The Regional Council re-designation process for 2022 is complete. In October 2021, the councils submitted their applications and supporting documents to the Regional Council Portal for review. Site reviews have been conducted from March 16 through April 20, 2022. Following the site reviews, the review teams reported their findings, OEMS compiled those findings into a final report recommending the re-designation of all eleven Regional EMS Councils. The final report was presented and unanimously approved by the EMS Advisory Board at the May 6, 2022 meeting. The State Board of Health unanimously approved the re-designation at their meeting on June 23, 2022.

Medevac Program

The Medevac Committee will meet on November 17, 2022. The minutes of previous Medevac Committee meetings are available on the OEMS website linked below:

<http://www.vdh.virginia.gov/emergency-medical-services/advisory-board-committees/medevac-committee/>

The amount of data submitted to the Medevac Helicopter EMS application (formerly known as WeatherSafe) continues to be robust. In terms of weather turndowns, there were 358 entries into the Helicopter EMS system in Q3 of the 2022 calendar year. 69% of those entries (250 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is an increase from 363 entries in Q3 of 2021. This data continues to demonstrate a commitment to the program and to maintaining the safety of medevac personnel and equipment.

The Committee continues to evaluate the increased use of unmanned aircraft (drones), and the increased presence in the airspace of Virginia. A workgroup continues work to raise awareness among landing zone (LZ) commanders and helipad security personnel.

The Office of EMS has developed a form intended for a health care provider to notify a patient or his/her authorized representative that the health care provider is requesting air medical transport for the patient who may not have an emergency medical condition.

The form can be found via the link below:

<http://www.vdh.virginia.gov/content/uploads/sites/23/2019/03/Air-Medical-Transport-Authorization-Form.pdf>

A workgroup has been created to look at better communications integration - especially across state lines - in a similar fashion to the VIPER system that exists in North Carolina, and involves all air medical entities in that state.

The medevac committee met on July 3, 2022 to review the Virginia Office of EMS Strategic and Operational Plan. It was decided that components of the plan would be regular discussion topics at future State Medevac Committee meetings.

The CHaTR Division Director participates on the NASEMSO Air Medical Committee, and attended the meeting held during the NASEMSO Annual Meeting on June 22, 2022. OEMS and Medevac stakeholders continue to monitor many developments regarding federal legislation and other documents related to Medevac safety, regulation, and the cost of providing air medical services.

State EMS Plan

The Virginia Office of EMS Strategic and Operational Plan (The Plan) is mandated through *The Code of Virginia* to be reviewed and revised on a triennial basis. The Plan is in the final stages of revision in 2022. The draft of the Plan is included as **Attachment X**

Review and revision of the State EMS Plan began in spring of 2022. Committee chairs, OEMS staff, and Regional EMS Council staff received the plan and guidance documents for the review and revision of the plan.

Reports from committees for edits were compiled into the draft of the 2023-2025 State EMS Plan. This draft was reviewed, edited and approved by the Legislative and Planning Committee on September 23, 2022. Upon approval of the Plan by the Advisory Board, the State Board of Health will be presented with the Plan for approval in December of 2022 or March of 2023.

The current version (2020-2022) of the State EMS Plan is available for download via the OEMS website at the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/state-strategic-and-operational-ems-plan/>

State Telehealth Plan

During the 2020 session, the Virginia General Assembly passed House Bill 1332, which directs the Board of Health to complete a State Telehealth Plan by January 1, 2021.

The Virginia Department of Health (VDH) created several workgroups to address the specific provisions of the bill language. The Office of EMS (OEMS) worked with the Office of Health Equity (OHE) and leadership from the Injury and Violence Prevention Program to coordinate stakeholders to participate in the development of the State Telehealth Plan. Stakeholder workgroup meetings were held virtually in August and September.

The VDH workgroup delivered the plan to VDH leadership in early February 2021, and was submitted to the General Assembly in March of 2021.

At the direction of the Health Commissioner, the internal VDH Telehealth Plan Workgroup has begun preparations to create the Telehealth Advisory Workgroup.

During the 2022 Virginia General Assembly Session, House Bill 81, and its Senate companion, Senate Bill 436 were entered for consideration. The language of both bills *“Requires the Board of Health to consult with the Virginia Telehealth Network in amending and maintaining the Statewide Telehealth Plan. The bill requires the Board of Health to contract with the Virginia Telehealth Network, or another Virginia-based nongovernmental organization focused on telehealth if the Virginia Telehealth Network is no longer in existence, to (i) provide direct consultation to any advisory groups and groups tasked by the Board with implementation and data collection, (ii) track implementation of the Statewide Telehealth Plan, and (iii) facilitate changes to the Statewide Telehealth Plan as accepted medical practices and technologies evolve.”*

The language for both bills can be found below:

<https://lis.virginia.gov/cgi-bin/legp604.exe?ses=221&typ=bil&val=HB81>

<https://lis.virginia.gov/cgi-bin/legp604.exe?221+sum+SB436>

OEMS staff have been working with the Virginia Telehealth Network (VTN) to create an MOU for this project.

State Rural Health Plan

For several months, the Office of Rural Health worked to develop the first State Rural Health Plan released since 2013. Members from the Office of Rural Health, the Office of Health Equity, and the Office of Emergency Medical Services collaborated on the document on a weekly basis since early May of 2020.

In early 2022, the Office of Health Equity received the final version of the plan. The plan is posted to the Office of Health Equity's webpage and was mailed to selected stakeholders. It is available for the public to view and can be found at the following weblink:

https://www.vdh.virginia.gov/content/uploads/sites/76/2022/01/Virginia-Rural-Health-Plan_Book_POST_1-24-22_LR.pdf

IV. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee (WDC) meets on November 17, 2022. Previous WDC minutes are available on the OEMS website, at the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/advisory-board-committees/workforce-development-committee/>

The goals of the WDC include: the EMS Officer program, the Standards of Excellence (SoE) program, the introduction of military personnel and veterans into the Virginia EMS workforce, and supporting the recruitment and retention of the EMS workforce in Virginia.

EMS Officer Program:



CHaTR staff resumed instruction of EMSO1 (post pandemic) at the 2021 Virginia EMS Symposium. An EMSO1 course was held at the 2022 VAVRS Rescue College with 10 students completing the course. Due to high demand, EMSO1 is being offered as two concurrent classes at the 2022 Virginia EMS Symposium. An additional twelve (12) course offerings are being planned for 2023. During the EMSO1 classes, an additional instructor is on-boarded to the program's instructor cadre.

The EMSO workgroup continues development of a Train-the-Trainer program, as well as the development of the EMS Officer II program.

The EMSO1 online education modules were formatted to a Learning Management System (LMS). The input from the students and instructors was extremely positive and is being utilized to make changes to future course offerings.

The EMS Officer section of the VDH/OEMS webpage has been updated to reflect the recent progress with the program, at the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/agency-leadership-resources/ems-officer-i/>

Standards of Excellence (SoE) Program:



The SoE Assessment program is a voluntary self-evaluation process for EMS agencies in Virginia based on eight areas of excellence - areas of critical importance to successful EMS agency management, above the requirements of the *Virginia EMS Regulations*.

Each area is reviewed using an assessment document that details optimal tasks, procedures, guidelines and best practices necessary to maintain the business of managing a strong, viable and resilient EMS agency.

CHaTR staff is providing technical assistance to agencies wishing to become Agencies of Excellence, and is working with applicant agencies to schedule site visits in the remainder of 2022.

All documents related to the SoE program can be found on the OEMS website at the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/virginia-standards-of-excellence-program/>

EMS Recruitment and Retention

CHaTR continues to be a statewide resource to assist with recruitment and retention throughout the Virginia EMS system.

The Virginia Fire & EMS Recruitment Network (<https://www.varecruitretain.com/>) is composed of membership from Virginia, Maryland and West Virginia with over 300 members. The mission of the Virginia Recruitment and Retention Network is “to foster an open and unselfish exchange of information and ideas aimed at improving staffing” for volunteer and career fire and EMS agencies and organizations.

The network revamped their website, which offers resources for agencies as well as contact points for individuals interested in Fire and EMS. The network is continuing to add additional content including obtaining member information.

The link to the website can be found on the CHaTR Recruitment and Retention page at the link below:

<https://www.vdh.virginia.gov/emergency-medical-services/chatr/recruitment-retention/>

Several changes have been made to the Recruitment and Retention page on the OEMS website to give it a more streamlined appearance. The network continues to be strongly encouraged to work with OEMS to provide updated information and resources through the website and social media for recruitment and retention across Virginia. In addition, CHaTR staff have been working with staff from WVEMS to restore the VAEMSJobs website.

EMS Needs Assessment

OEMS partnered with Virginia Commonwealth University's Performance Management Group (PMG) to conduct an updated needs assessment in 2021. EMS agencies across the commonwealth were notified to expect correspondence from PMG and encouraged to submit a response to the assessment.

The online survey was deployed from early August until late September 2021, with some agencies opting to complete a hard copy of the assessment. All responses have been collected and the data has been analyzed.

The final report was generated and the results of the needs assessment was presented to the EMS Advisory Board on March 11, 2022.

A Tableau dashboard is being created from the responses to the 2012 and 2021 assessments and will be updated with data from subsequent assessments. Users will be able to identify trends in the EMS system and utilize regional data. The sizable dataset must undergo a data cleansing process before it can be visualized for the public.

System Assessments/Miscellaneous Technical Assistance

CHaTR staff assists the Virginia Department of Fire Programs (VDFP) with evaluations of the Fire and EMS systems in localities in Virginia.

The most recent study was held in Charlotte County on September 27 and 28, 2022. The final report of the Charlotte County study has not been released by the VDFP.

Evaluation reports from previously conducted studies can be found via the link below:
<https://www.vafire.com/about-virginia-department-of-fire-programs/virginia-fire-services-board/virginia-fire-services-board-studies/>

On March 30, 2020, Center for Medicare and Medicaid Services (CMS) released notification to allow for an expansion of the list of allowable destinations for ambulance transports, including any destination that is able to provide treatment to the patient in a manner consistent with state and local Emergency Medical Services (EMS) protocols in use where the services are being furnished.

On April 9, 2020, the Virginia Office of Emergency Medical Services (OEMS) distributed guidance in the form of a white paper to both EMS agencies and facilities considered to be allowable destinations for ambulance transports under the CMS guidance.

The white paper includes guidelines for agencies transporting patients to alternative sites, the protocols that outline the transportation options, funding for transportation to an alternate site, as well as further considerations for transportation to an alternate site.

The white paper can be found at the link below:

http://www.vdh.virginia.gov/content/uploads/sites/23/2020/04/EMS-Transport-to-Alternate-Sites-White-Paper.FINAL_.pdf

Mobile Integrated Healthcare/Community Paramedicine (MIH/CP) and Rural EMS

The MIH/CP workgroup that was created in 2015 reconvened on September 19, 2018, with Dr. Allen Yee again serving as chair.

Previous meeting minutes may be viewed at the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/community-paramedicine-mobile-integrated-healthcare/>

The workgroup has created a MIH-CP white paper and a letter of intent for agencies that are performing system evaluations to determine the feasibility of providing MIH-CP service. These documents were unanimously approved by the Medical Direction Committee at their meeting on January 16, 2020.

The white paper and letter of intent were approved by the State EMS Advisory Board at their meeting on February 7, 2020. The process for agencies to begin advertising to the public that they are providing MIH or CP service to the public will begin August 1, 2022.

CHaTR staff is also working with the VDH Office of Health Equity (OHE) to perform assessments of EMS systems that have Critical Access Hospitals (CAH) in their service areas.

November 17, 2022 is National Rural Health Day (NRHD). National Rural Health Day is an opportunity to “Celebrate the Power of Rural” by honoring the selfless, community-minded spirit that prevails in rural America. NRHD showcases the efforts of rural healthcare providers, State Offices of Rural Health and other rural stakeholders to address the unique healthcare challenges that rural citizens face today and into the future.



For more information on National Rural Health Day, please visit the following links:

[Virginia State Office of Rural Health](#)

[National Organization of State Offices of Rural Health](#)

The CHaTR Division Director participates with the CAMTS MIH Program Standards workgroup, the NASEMSO CP-MIH workgroup, the Joint Committee on Rural Emergency Care (JCREC), and is a member of the Virginia Rural Health Association (VRHA) Board of Directors. In July, Tim Perkins was appointed as the chair of the NASEMSO Rural EMS Committee.

IV. EMS for Children (EMSC) Program

EMSC Booth at Symposium Successful

The EMSC booth in the vendor hall at the Virginia EMS Symposium was an excellent forum for conversation about children's issues in EMS and for dissemination of information about the EMS for Children program in general. Some of the topics discussed were:

- Designating Pediatric Champions for EMS agencies (or groups of EMS agencies).
- The use of ambulance child restraints and safe transport in ground ambulances..
- Skills checking of EMS providers (pediatric equipment).
- Incorporating children into pediatric disaster plans and exercises..
- The annual EMS agency survey (January-March), and how to use its data.
- Pediatric policies, procedures and readiness for EMS agencies.
- Volunteering for EMSC program work groups.

Emergency Child Restraints Ready for Placement

OEMS-EMSC still has a small inventory of grant-funded Emergency Child Restraints (patient range 4-110 lbs.) available. EMS agency leaders with a legitimate need for these should contact the EMS for Children program Dave Edwards with requests. For larger numbers of child restraint systems, we recommend applying for restraints through the Rescue Squad Assistance Fund (RSAF), and remind you that the appropriate restraint of children being transported by ground ambulance in Virginia is a priority issue. Also, EMS agencies are strongly encouraged to adopt safety policies and procedures requiring the use of child restraints by their providers, and the Virginia EMSC program is available to



assist in this.

(Funding for the child restraint systems was through the EMSC State Partnership Grant [H33MC07871] via the Health Resources & Services Administration [HRSA] and administered by the Maternal and Child Health Bureau [MCHB] Division of Child, Adolescent and Family Health.)

EMSC Program Supported Attendance at Symposium

The EMSC Program covered basic registration costs for eighteen EMS providers to the 2022 Virginia EMS Symposium in early November. To be eligible for a registration award, these participants had to sign up for at least three pediatric-related classes.

EMSC 2023 Annual EMS Agency Survey (*Begins January 3*)

The annual national EMSC EMS Agency Survey will be conducted during the first three months of 2023 (January-March) in conjunction with the EMSC Data Center (EDC). The goal of the annual survey is to improve understanding of EMS agencies' ability to care for children by collecting data on two specific EMSC performance measures:

- EMSC Performance Measure 02 (assesses if an agency has access to a pediatric emergency care coordinator (PECC))
- EMSC Performance Measure 03 (focuses on an agency's process for skill-checking on pediatric equipment)

Last year over seven thousand EMS agencies responded to the [EMS for Children Survey](#), which was sent to agencies across 58 states and territories. Results of the 2023 assessment will be shared with EMS agencies, the state EMS Advisory Board and the EMSC Committee once the data has been processed.

New EMSC State Partnership Grant Submission by OEMS

An application for a continuing continuation of the EMSC State Partnership Grant was submitted to the Health Resources and Services Administration (HHS) in early November. If successful, this grant will be for four years (2023-2027) with a possibility of a one-year extension at the end. Every state in the US is eligible to receive one EMS for Children grant, as well as six U.S. protectorates. It is anticipated that the grant will be funded at a level of \$205,000 per year (an increase of more than 36% over previous years funding). Some of the grant activities proposed are below:

- Fund the designated Pediatric Track at the annual Virginia EMS Symposiums.
- Support increased regional pediatric training courses (NRP, PEPP, ENPC, Handtevy, etc.).
- Provide training for EMS agency Pediatric Champions.
- Facilitate EMS agency acquisitions of ambulance child restraints—purchase and disseminate child restraints as funds allow to volunteer EMS agencies.
- Purchase of pediatric manikins, support pediatric skills checking
- Develop voluntary hospital facility recognition program (EDs)
- Develop EMS agency pediatric readiness recognition program
- Support travel of OEMS leadership to NASEMSO meetings (and Pediatric Council)
- Expand role of Family Advisory Network (FAN) representative(s)

- Facilitate pediatric disaster planning with hospitals and EMS agencies
- Assess hospital EDs for current level of pediatric readiness (upon request and free)

Join an EMSC Program Work Group!

The EMSC Program is always seeking volunteers to help with EMSC work groups. If you have passion and/or expertise concerning pediatric emergency care issues, and can donate some time, the Virginia EMSC Program can use your assistance. Please contact Dave Edwards if you interested in helping with any of the following topics:

- Pediatric Champions Work Group to support developing EMS Agency Pediatric Champions (also sometimes referred to as Pediatric Emergency Care Coordinators—PECCs).
- Child Transport Policies & Procedures Work Group to develop template(s) for suggested EMS agency policies and procedures appropriate for restraining children during ground ambulance transport.
- Facility Recognition Work Group to explore creating a voluntary recognition program for hospital EDs that can demonstrate a specified basic readiness level in caring for children (medical).
- Emergency Transfer Guidelines and Agreements Work Group to develop templates for written *hospital emergency transfer guidelines and agreements* that specifically refer to pediatric patients. These would be intended as a technical resource available to Virginia hospitals.

EMS for Children Request of Virginia Hospital Emergency Departments:

- Please weigh and record children in kilograms (to help prevent medication errors).
- Please Include children specifically in hospital disaster/emergency plans.
- Please designate a Pediatric Champion (Pediatric Emergency Care Coordinator--PECC). *(This is the single most important item a hospital can implement to ensure pediatric readiness, including patient safety.)*
- Please ensure pediatric patients are included in the quality improvement process.
- Please review and adopt pediatric safety policies (radiation/medication dosages, abnormal VS).

Suggestions/Questions

Please submit suggestions or questions related to the Virginia EMSC Program to David P. Edwards via email (david.edwards@vdh.virginia.gov), or by calling 804-888-9144 (direct line). The EMS for Children (EMSC) Program is a part of the Division of Community Health and Technical Resources (CHaTR), within the Virginia Office of Emergency Medical Services (OEMS). If you have any difficulty connecting with David Edwards, please contact Tim Perkins via email (tim.perkins@vdh.virginia.gov) or by phone (804-888-9100).

The Virginia EMSC Program receives significant funding for programmatic support through the EMSC State Partnership Grant (H33MC07871) awarded by the U.S. Department of Health and Human Services (HHS) via the Health Resources & Services Administration (HRSA), and administered by the Maternal and Child Health Bureau (MCHB) Division of Child, Adolescent and Family Health.



Division of EMS Emergency Operations



V. Division of Emergency Operations

Division of Emergency Operations

Staff Members

Office Number for Staff Members 804-888-9100

Karen Owens	Division Director Staff Support – Provider Health and Safety Committee karen.owens@vdh.virginia.gov
Sam Burnette	Emergency Services Coordinator Staff Support – Communications Committee samuel.burnette@vdh.virginia.gov
Kari Magner	Emergency Services Planner Staff Support – Emergency Management Committee kari.magner@vdh.virginia.gov
Devin Chinault	Emergency Services Communications Specialist devin.chinault@vdh.virginia.gov

Operations

• Division Staff Changes

The Division of Emergency Operations is excited to welcome Devin Chinault in the position of Emergency Services Communications Specialist. Devin holds certification as a Paramedic and has experience as a telecommunicator, as well as knowledge and skills in radio programming and amateur radio. In his role, Devin will focus on communications and related technology in the prehospital EMS setting.

The Division of Emergency Operations said goodbye to Vincent Valeriano during this quarter. Vincent served as the primary point of contact for provider health and safety topics. He conducted the provider mental health surveys and provided updates based on those surveys.

The Division of Emergency Operations is also currently recruiting for a position that will be responsible for oversight and management of the EMD implementation and compliance program.

- **Marcus Alert Coordination**

Kari Magner participated in the August 22, 2022, meeting of the Marcus Alert Coordination group. The members of this group represent various state and regional organizations responsible for the implementation of the Marcus Alert program according to legislative requirements.

- **Hurricane Ian**

The Division of Emergency Operations personnel actively participated in the Virginia Emergency Support Team (VEST) response to Hurricane Ian September 2022. Division staff members responded to the state Emergency Operations Center (EOC) to represent the Emergency Support Function 8 (Health and Medical). During the response there were no immediate needs for Virginia agencies.

- **Ebola Outbreak – 2022**

Karen Owens and Kari Magner are actively participating in the planning and VDH response activities to the ongoing Ebola outbreak in Uganda. They participate in weekly and bi-weekly conference calls coordinating hospital and prehospital planning for transport, assessment, and treatment of potential EVD patients. Information on the current outbreak and updated CDC guidance can be found at: <https://www.vdh.virginia.gov/emergency-medical-services/ebola/>

- **National Preparedness Month Infographics and Information Release**

During this quarter, Kari Magner released an infographic once a week during the month of September in participation of National Preparedness Month. These infographics were placed on social media to be shared with EMS providers across the Commonwealth. The infographics were also placed on the OEMS planning page along with additional links to assist with preparedness concepts.

<https://www.vdh.virginia.gov/emergency-medical-services/national-preparedness-month/>

Training and Exercises

- **Medical Preparedness and Response for Bombing Incidents**

Kari Magner attended this two-day course on October 4-5, 2022, to gain knowledge of updated medical response in bombing/explosive incidents offered through TEEX. It allowed an open conversation between EMS and Law Enforcement on response and expectations on these incidents.

- **First Responder Virginia Conference**

Sam Burnette attended the 2022 First Responder Virginia Conference held in Hampton, Virginia on August 10-12, 2022. He provided several presentations related to mass casualty

incident management and on suspicious activity reporting for first responders.

- **Public Health Preparedness Conference**

Karen Owens and Kari Magner participated in the Public Health Preparedness Conference held in Hampton, Virginia September 27 and 28. The conference, which brings together public health preparedness representatives from across the Commonwealth provided an opportunity to hear an update on various topics (such as monkeypox and COVID) as well as updates on public health grants and other presentations on a variety of public health preparedness topics.

- **Virginia Fusion Liaison Officer Training**

Sam Burnette presented at a Virginia Fusion Liaison Officer (FLO) training program course held in Richmond, Virginia on August 17, 2022. He delivered a presentation on suspicious activity reporting for first responders and an overview of the Virginia Dept. of Health. The event was attended by over 40 people and included representatives from law enforcement, fire, EMS, public health, and emergency management from local, state, and federal stakeholders. Kari Magner attended the training class.

Communications / 911 Centers

- **9-1-1 Services Board Regional Advisory Committee (RAC)**

During this quarter, Sam Burnette continued to participate in monthly meetings of the 9-1-1 Services Board Regional Advisory Committee. The meetings provide an opportunity for public safety representatives to discuss pertinent communications issues or actions related to public safety communications in the Commonwealth.

- **Virginia APCO/NENA and Interoperability Conference**

Devin and Sam attended the 2022 Virginia APCO/NENA and Interoperability Conference held in Roanoke, Virginia on October 25-28, 2022. The EMS Advisory Board Communications Committee was held at the event. Sam attended the Statewide Interoperability Executive Committee meeting as well. Devin and Sam attended multiple communications seminars and presentations related to EMS communications.

- **2022 District of Columbia Interoperability Summit**

Kari Magner participated virtually in the 2022 District of Columbia Interoperability Summit on September 7-8, 2022. The event focused on D.C and the National Capital Regions' interoperable emergency communications ecosystem. The goal is to continue to improve capabilities and build connection between stakeholders during an incident or event.

Planning

- **Central Virginia Healthcare Coalition**

Kari Magner continues to the Virginia Office of EMS on the Central Virginia Health Care Coalition during their monthly meetings. Also participated in the CVHCC's Integrated Preparedness Planning Workshop to identify preparedness priorities on September 16, 2022, and a meeting to develop a multiyear training and exercise schedule on October 6, 2022.

- **Threat and Hazard Identification and Risk Assessment (THIRA)**

Karen Owens continues to participate in meetings conducted by the Virginia Department of Emergency Management designed to assist in updating the state's threat and hazard identification and risk assessment based response plans.

Health and Safety

- **2022 Virginia EMS Provider Mental Health Survey Results**

The results of the 2022 EMS Provider Mental Health Survey are officially posted on the VDH website! To view the results, visit bit.ly/EMSMHSurvey22. This survey is a follow-up to the 2019 Virginia EMS Provider Mental Health Survey. The goal of the survey was to assess the mental health status of Virginia's EMS providers, as well as the perceived mental health culture and services within the providers' agencies. Additionally, providers were asked questions regarding substance use as well as the impact of job satisfaction, the COVID-19 pandemic, and workplace violence on provider mental health. Approximately 70% of EMS providers believed they experienced EMS related burnout, traumatic stress, PTSD, depression, suicidal thoughts or actions, or emotional or psychological harm from verbal abuse or physical assault at some point during the past 12 months. Our hope is to use this data to raise awareness and drive further action aimed at improving EMS provider mental health resources.

- **Health and Safety Infographics**

During this quarter, Vincent Valeriano released two new infographics surrounding provider health and safety that were shared on the OEMS webpage and social media:

- Aug – 988 Suicide & Crisis Hotline
 - <https://www.vdh.virginia.gov/content/uploads/sites/23/2022/07/988.pdf>
- Sep – 2022 Virginia EMS Provider Mental Health Survey Results
 - <https://www.vdh.virginia.gov/content/uploads/sites/23/2022/09/2022-VA-EMS-MH-Survey-Flyer.pdf>

- **Health and Safety Webinars**

Vincent Valeriano attended multiple webinars related to provider health and safety. They include:

- *Journal of Emergency Medical Services: COVID-19 and Monkeypox Update – Keeping EMS Personnel Safe*

EMS personnel have been working for over two years to manage the consequences of the COVID-19 pandemic. Now the monkeypox virus is making people ill in numerous countries where it is not typically seen, including the United States. Implementation of a hierarchy of controls is important for the safety of EMS personnel managing patients ill with either of these viruses. Speakers provided a COVID-19 update, and then reviewed what is known about the current monkeypox outbreak. The webinar discussed how to use the familiar identify, isolate and inform strategy to recognize a case of monkeypox, take appropriate infection prevention measures and engage public health and health systems for follow-up management.

- *Shift Wellness: Advanced Mental Health Performance*

This course provided an in depth look at mental health performance and tactical coping skills. Speakers discussed trauma and the neurobiological responses, and grounding and somatic regulation techniques for on-scene and post incident challenges, progressive debrief with regulation strategies, how to identify when to seek further assistance, the trifecta approaches to trauma treatment, an overview of EMDR and ART, and how resilient responders implement mindful living.

- *JEMS: The Impact of Recent Developments in Cognitive Neuroscience on Resilience and PTSD Recovery for First Responders*

This webcast summarized research and scientific progress made in the field of cognitive neuroscience with emphasis on the many complex brain functions associated with behavioral response to trauma and other stressful aspects of firefighting and emergency response. The speaker discussed cognitive psychology principles related to emergency response, vulnerabilities to stress and trauma responders face which may contribute to operational shortfalls in chaotic and unpredictable situations, and the latest developments trends in the fields of artificial intelligence and robotics that provide an optimistic outlook for human resilience in the face of future calamity and disaster response.

- **Monkeypox Briefing for Virginia Healthcare Professionals**

Kari Magner attended this briefing on August 10, 2022 in an attempt to gain knowledge to provide EMS providers in the field on Monkeypox impacts in the Commonwealth.

- **What Healthcare Professionals Need to Know About Monkeypox: Update**

Karen Owens and Kari Magner attended this webinar on September 9, 2022 to gather additional updates on Monkeypox in the Commonwealth and what EMS may need to know.

- **Ebola Virus Disease Briefing for Virginia Hospitals**

Karen Owens and Kari Magner participated in this briefing on October 7, 2022 in order to understand the potential impacts of Ebola Virus Disease on EMS in Virginia with the outbreak in Uganda.

- **2022 Flu Outlook for Virginia Healthcare Professionals**

Karen Owens and Kari Magner attended this briefing on October 7, 2022 in an effort to prepare office staff and EMS awareness for the Flu season.

- **Flu Season Infographic**

Kari Magner created and released a bulletin for Office staff regarding the upcoming Flu season, reminding staff of symptoms to look for, when to stay home, and proper cleaning and hygiene.

Division of Public Information and Education

VI. Division of Public Information and Education

Public Relations

Beginning in January 2020, Public Relations staff, along with VDH/OEMS staff began assisting with COVID-19 pandemic response efforts. This emergency response effort is ongoing and is now occurring in tandem with events planned for 2022.

Public Outreach via Marketing Mediums

Via Virginia EMS Blog

The OEMS continues to share important updates and information via the Virginia EMS Blog. This blog replaces the EMS Bulletin, which was an online newsletter that went out twice a year. This blog allows OEMS shares information in a more timely, concise and in a web-friendly format. It also offers more interactive features so readers can comment or ask questions through the blog.

Via Virginia EMS Listserv (July – September)

- 8/1/22 - Registration Now Open for the 2022 Annual Virginia EMS Symposium
- 8/26/22 – Registration closing soon for the 2022 Annual Virginia EMS Symposium
- 9/28/22 – Last Chance to Register for the 2022 Virginia EMS Symposium – Registration closes Friday, Oct. 7

Via Social Media Outlets

We continue to keep OEMS' Twitter and Facebook pages active, educational and relevant by posting daily and/or weekly updates that provide important announcements and health-related topics to increase awareness and promote the mission of OEMS and VDH. Some of the subjects that were featured from July - September are as follows:

- **July** – Free training opportunity - Virginia Fire Chiefs Association and DRONERESPONDERS, National Suicide Prevention Lifeline's 988, heat-related illnesses health and safety infographic, Fall 2022 cycle for the Rescue Squads Assistance Fund grant cycle, heat-related illness for providers and civilians infographic and Back to the 90s reduced symposium registration.
- **August** – Virginia EMS Symposium registration promo, Virginia EMS Portal database maintenance, Virginia's Sales Tax Holiday, Training Opportunity - Sign up for the EMSO1 class at the Tri-City Regional Fire & EMS School, 2022 Traffic Incident Management (TIM) Award, Training Opportunity - Recruiting and retaining new providers is critical to strengthening the EMS system, Virginia EMS for Children

(EMSC) Program offered 50 awards to cover basic symposium registration and Blue Ridge EMS Council CE Weekend 2022.

- **September** – National Preparedness Month (NPM) – How to plan for the unexpected infographic, symposium registration promo, NPM Week 1 - How to make an emergency plan, 9/11 tribute, NPM Week 2 – How to build an emergency kit, 2022 EMS Provider Mental Health Survey, NPM Week 3 – How to stay informed, Virginia EMS Portal system maintenance, reminder for responding to impacted areas during an emergency, NPM Week 4 – How to test your plan, State of Emergency declared in advance of Hurricane Ian and final reminders to registration for symposium and EMSC symposium registration award.

Customer Service Feedback Form (Ongoing)

- PR Assistant provides monthly reports to EMS management regarding OEMS Customer Service Feedback Form.
- PR Assistant also provides biweekly attention notices (when necessary) to OEMS Director and Assistant Director concerning responses that may require immediate attention.

Social Media and Website Statistics

As of November 2, 2022, the OEMS Facebook page had 9,067 likes, which is an increase of 641 new likes July 20, 2022. As of November 2, 2022, the OEMS Twitter page had 5,292 followers, which is a decrease of 33 followers since July 20, 2022.

Figure 1: This graph shows the total organic reach* of users who saw content from the OEMS Facebook page, July - September. Each point represents the total reach of organic users in the 7-day period ending with that day. **Our most popular Facebook post was posted on July 11, 2022. This post garnered 8,510 people reached and 228 engagements (including post likes, reactions, comments, shares and post clicks.)**

**Total Reach activity is the number of people who had any content from our Facebook Page or about our Facebook Page enter their screen. Organic reach is the number of unique people who saw our post in the newsfeed or on our page, including people who saw it from a story shared by a friend when they liked it, commented on it, shared our post, answered a question or responded to an event. Also includes page mentions and check-ins. Viral reach is counted as part of organic reach. Organic reach is not paid for advertising.*

Facebook Reach Activity
July 1 - Sept. 30, 2022

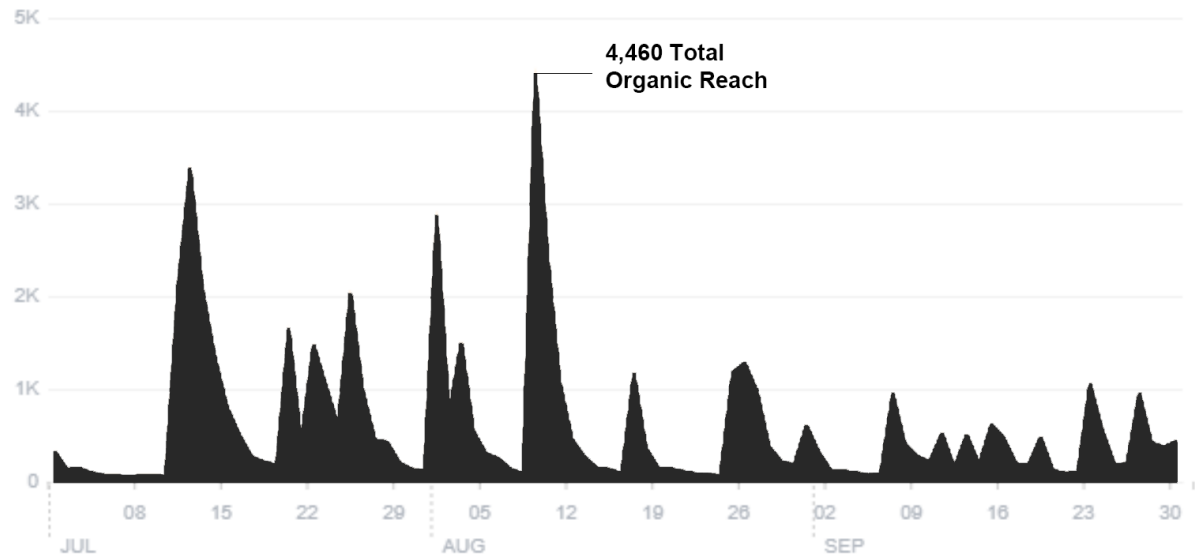


Figure 2: This graph shows the total organic impressions* over a 91-day period on the OEMS Twitter page, July - September. **During this 91 day period, we earned 181 impressions per day. The most popular tweet received 1,002 organic impressions.**

**Impressions are defined as the number of times a user saw a tweet on Twitter. Organic impressions refer to impressions that are not promoted through paid advertising.*

Tweet Activity

July 1 - Sept. 29, 2022

Your Tweets earned 16.4K impressions over this 91 day period

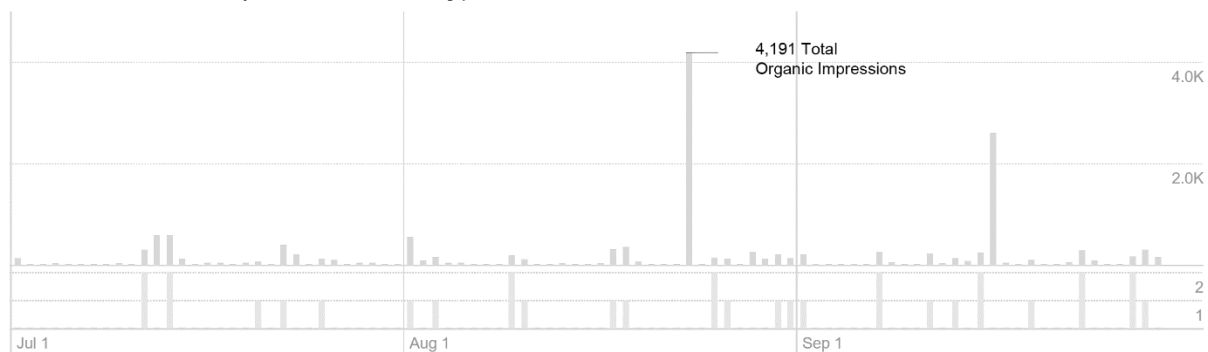


Figure 3: This table represents the top five most downloaded items on the OEMS website from July - September.

July	<ol style="list-style-type: none"> 1. Authorized Durable Do Not Resuscitate Form (318) 2. RSAF June 2022 Awards (156) 3. 988 Suicide Crisis Lifeline (149) 4. Scope of Practice Procedures (144) 5. How to affiliate as non-EMS Certified Personnel (143)
August	<ol style="list-style-type: none"> 1. 2022 Symposium Catalog (481)

	<ol style="list-style-type: none"> 2. Authorized Durable Do Not Resuscitate Form (396) 3. How to Apply for the Virginia EMS Scholarship Quick Guide (232) 4. Scope of Practice Procedures (216) 5. TR-57 Virginia Recertification Requirements (202)
September	<ol style="list-style-type: none"> 1. Scope of Practice Formulary (715) 2. Scope of Practice Procedures (696) 3. Authorized Durable Do Not Resuscitate Form (390) 4. Data Quality Report May 2022 (239) 5. How to Apply for the Virginia EMS Scholarship Quick Guide (206)

Figure 4: This table identifies the total number of unique pageviews, the average time on the homepage and the average bounce rate for the OEMS website from July - September.

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
July	9,395	00:48	26.32%
August	9,720	00:51	24.50%
September	8,131	00:49	24.41%

Google Analytics Terms:

A **unique pageview** aggregates pageviews that are generated by the same user during the same session. A *unique pageview* represents the number of sessions during which that page was viewed one or more times.

The **average time on page** is a type of visitor report that provides data on the average amount of time that visitors spend on a webpage. This analytic pertains to the OEMS homepage.

A **bounce rate** is the percentage/number of visitors or single page web sessions. It is the number of visits in which a person leaves the website from the landing page without browsing any further. This data gives better insight into how visitors are interacting with a website.

If the success of a site depends on users viewing more than one page, then a high bounce rate is undesirable. For example, if your homepage is the gateway to the rest of your site (e.g., news articles, additional information, etc.) and a high percentage of users are viewing only your home page, then a high bounce rate is undesirable.

The OEMS website is setup in this way; our homepage is a gateway to the rest of our information, so ideally users should spend a short amount of time on the homepage before bouncing to other OEMS webpages for additional information. Generally speaking, a bounce rate in the range of 26 to 40 percent is excellent and anything under 60 percent is good.

Events

EMS Symposium

- PR Coordinator submitted ads for the fall edition of the Commonwealth Chiefs Magazine.
- PR Coordinator finished the design and layout of the Symposium Catalog and sent to printer July 29, 2022. Posted PDF version on the OEMS Symposium webpage.
- PR Coordinator updated the Symposium webpages on the OEMS website.
- PR Assistant finished editing Symposium course content for online registration.
- PR Assistant coordinated the shipping of the symposium catalogs to all Virginia EMS agencies and Regional EMS Councils.
- PR Coordinator worked with symposium sponsorship coordinator on sponsored items, inserts for symposium packets, signage requirements, etc.
- PR Coordinator updated symposium webpage, to include all symposium forms, worksheets, catalog, flyers, sponsor info, etc.
- PR Coordinator started working on signage needs for the Virginia EMS Symposium.
- PR Assistant started coordinating supply order items that would be needed for symposium registration packets and placed supply order for such items.
- PR Coordinator starting drafting the Symposium On-Site Guide.
- PR Coordinator ordered symposium giveaway items.
- PR Coordinator to begin working on Symposium App once registration is closed.

Governor's EMS Awards Program

- PR Assistant prepared the Governor's EMS Award Nomination digital packet for the Governor's EMS Awards Nomination Committee members for review and grading.
- PR Assistant organized the Governor's EMS Awards Nomination Committee meeting, held August 19 at 10 a.m. at the Virginia Office of EMS.
- PR Assistant placed order for the Governor's EMS Award pyramids.
- PR Assistant developed the Governor's EMS Awards Presentation Book.
- PR Assistant prepared the content for the Governor's EMS Awards Presentation.
- PR Coordinator prepared the Decision Memo for awards certificates to be printed by the Governor's Office.
- PR Coordinator prepared the Decision Memo for the awards ceremony and the Governor's invitation.

Media Coverage

The PR Coordinator and PR Assistant are responsible for fielding the following OEMS media inquiries July - September, and submitting media alerts for the following requests:

- **July 28** – Reporter from USA Today requested info regarding OEMS case file.

OEMS Communications

The PR Coordinator and PR Assistant are responsible for the following internal and external communications at OEMS:

- On a daily basis, the PR Assistant monitors and provides assistance to the emails received through the EMS Tech Assist account and forwards messages to their respective divisions.
- The PR Assistant is the CommonHealth Coordinator at OEMS, and as such, she sends out weekly CommonHealth Wellnotes to the OEMS staff and coordinates events within the office.
- The PR Coordinator and PR Assistant design certificates of recognition and resolutions for designated EMS personnel on behalf of the Office of EMS and State EMS Advisory Board.
- Upon request, the PR Coordinator and PR Assistant create certificates for free Symposium registrations to be used at designated events.
- Upon request, the PR Coordinator and PR Assistant provide assistance for the preparation of responses to constituent requests.
- The PR Coordinator and PR Assistant respond to community requests by sending out letters, additional information, EMS items, etc.
- The PR Coordinator and PR Assistant provide reviews and edits of internal/external documents as requested.
- The PR Coordinator and PR Assistant update OEMS website with content and documents upon request from office Division Directors and Program Managers.
- The PR Coordinator is responsible for monitoring social media activity and requests received from the public. She forwards questions to respective OEMS division managers and provides responses to the inquiries through social media. The PR Assistant provides back-up to all social media for OEMS and VDH.
- The PR Coordinator is responsible for coordinating and submitting weekly OEMS reports to be used in the report to the Secretary of Health and Human Resources. The PR Assistant provides back-up assistance.
- When applicable, the PR Assistant submits new OEMS hire bios and pictures to be included on the New Employees webpage on the VDH intranet.
- The PR Assistant is the designated FOIA Officer for the OEMS and the PR Coordinator provides back-up assistance as needed.

VDH Communications Office

VDH Communications Tasks – The PR Coordinator and PR Assistant are responsible for covering the following VDH Communications Office tasks:

- **July - September** – The PR Coordinator is responsible for working with the Communications Office to assist with coverage for media alerts, VDH in the News, weekly Commissioner’s message, media assistance, team editor, VDH social media and other duties upon request.
- The PR Assistant is responsible for sending VDH media alerts, updating the VDH new employees’ photos for the VDH intranet, replying to website feedback via the VDH website, coordinating and sending the Commissioner’s clinician letters and assisting the Communications Director with entering Media Alerts.

Ongoing communications duties:

- The PR Coordinator assists with sending statewide press releases and posting on the VDH website, serves as a backup for VDH social media posts (and primary for OEMS) social media and website, submits RAPs, assists marketing contractors with access to VDH social media advertising sites, uploads videos to VDH YouTube page.
- The PR Assistant logs media inquiries into the VDH Media Alert Generator, serves as back to monitoring the VDH web feedback submissions, assists with posting and sharing OEMS information and updates and sends statewide press releases and posts them on the VDH website. The PR Assistant also serves as secondary backup for VDH social media, listserv emails.
- **VDH Communications Conference Calls (Ongoing)** - The PR Coordinator participates in conference calls and polycoms for the VDH Communications team.
 - PR Coordinator and PR Assistant attend the bi-monthly communications check-in meetings.
 - PR Coordinator and PR Assistant participate in bi-monthly Agencywide Communications Workgroup.

Division of Regulation & Compliance



VII. Regulation and Compliance

The Division of Regulation and Compliance Enforcement performs the following tasks:

- Licensure & Permitting
 - EMS Agencies and vehicles
- Regulatory Compliance Enforcement of:
 - EMS Agencies
 - EMS Vehicles
 - EMS Personnel
 - EMS Physicians
 - RSAF Grant Verification
 - Regional EMS Councils
 - Virginia EMS Education
 - Complaint\Compliance Investigations
 - Drug Diversion Investigations
 - LCR Database Portal Management
- Endorsement of EMS Physician (Operational Medical Director)
- Background Investigations (review finger-print based criminal histories)
 - Determine eligibility for EMS certification and/or affiliation in Virginia
- Litigate on behalf of the OEMS in appeal hearings to defend enforcement actions
- EMS Regulation Variance/Exemption application determinations
- EMS Psychomotor Examination Accommodation Request determinations
- Creation and/or Revision of EMS Regulation(s)
 - Utilizing the Virginia Division of Legislative Services, Regulatory Information System, and Department of Planning and Budget as required

- Provide Virginia General Assembly legislative session OEMS representation
 - Provide written and verbal consultation regarding proposed legislation being debated or considered, that involves or impacts the delivery of EMS in the Commonwealth of Virginia
- Virginia EMS Regulation & Compliance Enforcement Educational Resource
 - Educational programs provided on request and during most EMS conferences throughout the Commonwealth of Virginia
- Provide support to all Committees of and for the State EMS Advisory Board
- Provide EMS regulatory and compliance consultation services for EMS agencies and localities within the Commonwealth of Virginia
- Represent the Virginia Office of EMS, Regulation & Compliance Enforcement Division on national boards and/or committees

We perform these tasks to protect the health, safety, and welfare of the public when accessing or utilizing the EMS System in the Commonwealth of Virginia.

The following is a summary of the Division's activities for the third quarter, 2022:

EMS Agency/Provider Compliance Enforcement Activity							
Enforcement	2022 1st Quarter	2022 2nd Quarter	2022 3rd Quarter	2022 4th Quarter	2022 YTD Totals	2021 Totals	2020 Totals
Citations	6	3	4		13	19	29
EMS Agency	1	3	3		7	5	10
EMS Provider	5	0	1		6	14	19
Verbal Warning	1	0	0		1	7	7
EMS Agency	0	0	0		0	2	1
EMS Provider	1	0	0		1	5	6
Correction Order	4	4	5		13	18	6

EMS Agency	2	3	3		8	7	0
EMS Provider	2	1	2		5	11	6
Suspension	9	17	12		38	28	34
EMS Agency	3	1	0		4	3	0
EMS Provider	6	16	12		34	25	34
Revocation	0	1	0		1	6	0
EMS Agency	0	1	0		1	0	0
EMS Provider	0	0	0		0	6	0
Compliance Cases							
Investigations Opened	63	75	73		211	196	180
Investigations Closed	62	63	84		209	173	168
Drug Diversions	6	2	2		10	11	10
Variances	26	86	27		139	96	87
Approved	5	54	16		75	50	49
Denied	21	32	11		64	44	38
RSAF Grant Verifications	61	34	55		150	195	258

Quarterly EMS Agency & Vehicle Inspection/Licensure Activity

Licensure	2022 1st Quarter	2022 2nd Quarter	2022 3rd Quarter	2022 4th Quarter	2021 Total	2020 Total
Total Agencies	563	560	557		566	573
New Agency	2	3	1		7	10
New Vehicles	112	133	120		295	232
Total Quarterly Inspections	631	1070	928		3121	3082

Existing Agencies Inspected	76	69	52		321	250
Existing Vehicles Inspected	270	702	607		2429	2683
Unscheduled “Spot” Inspections	171	163	148		308	149

Quarterly IFFC = Informal Fact Finding Conferences (APA) appeal hearing update

There were no Administrative Processes Act - Informal Fact Finding Conferences (hearings) held during this quarter.

Both Cam Crittenden, R.N., and Ron Passmore, NRP, have completed courses at the National Judicial College on a tract to obtain non-attorney, Administrative Law Judge (hearing officer) credentials. Ms. Crittenden is the primary hearing officer for all Regulation & Compliance Enforcement Division cases.

Background Investigation Unit						
Background Checks	2022 1st Quarter	2022 2nd Quarter	2022 3rd Quarter	2022 4th Quarter	2021 Total	2020 Total
OEMS Processed	2,215	2,558	2,426		9,813	6,410
Eligible	1,986	2,359	2,094		9,249	6,310
Non-Eligible	6	22	6		34	54
Manual Review Criminal history	304	125	324		1,225	430
Pending Review	121	62	29		Not Cumulative	Not Cumulative

Rejected Fingerprint cards	6	37	10		51	56
Jurisdictional Ordinance Processed	96	78	287		530	1,119

EMS Physician Endorsement

Operational Medical Directors	2022 1st Quarter	2022 2nd Quarter	2022 3rd Quarter	2022 4th Quarter	2021 Total	2020 Total
Active & Endorsed	229	221	221		228	208
OMD Applications processed	14	18	15		66	39
OMD Applications approved	13	12	7		57	34
OMD Applications denied	1	6	7		9	5
OMD Endorsement Expired	5	5	3		12	8

The 2023 OMD Workshop will start at the EMS Symposium in Norfolk on November 10, 2022.

The 2023 OMD Workshop schedule is available and can be found on the OEMS website, under Regulation & Compliance Enforcement tab, then click EMS Medical Director sub-tab, then click the link titled EMS Medical Director Workshops 2022 – 2023.

Regulatory Process (Chapter 32) Update

OEMS Regulation & Compliance Enforcement Division continues to work with key EMS stakeholder groups to review suggested revisions to all sections of the current EMS Regulations (Chapter 31).

- **Stage 1** - A Notice of Intended Regulatory Action (NOIRA) posted in the Virginia Register of Regulations (Vol. 33 Issue 19) on May 15, 2017. The

deadline for public comment was June 14, 2017. No public comments were submitted. OEMS Staff is working to complete the required documentation for the next step for the “Proposed” EMS Regulations.

- Once the final draft of “Proposed” EMS Regulations (Chapter 32) is approved by the Rules & Regulations Committee it will be manually entered into the RIS as project 5100. (anticipated approval at the January 2023 committee meeting)
- The required Town Hall (TH-02) form will also be completed following committee approval. This form details all changes in regulatory language from Chapter 31 to 32 by comparison. This form must be submitted to the Regulatory Town Hall following approval of the Final Draft of Chapter 32 by the Board of Health in September 2023.
- Final Draft of Chapter 32 was presented to the Rules & Regulations Committee during their scheduled meeting on October 5, 2022, for their 90 day final review.
- Rules & Regulations Committee to approve final draft of Chapter 32 at the January 4, 2023 meeting. Ultimately submitting the final draft as an action item for approval by the State EMS Advisory Board meeting scheduled on May 5, 2023.
- Office of EMS will then submit the approved final draft of Chapter 32 to the State Board of Health (Sept 2021) for approval to enter into Stage 2 of Regulatory Process (Executive Branch Review and Public Comment period)
- **Stage 2** - Submission of the completed TH-02 document for project 5100 (Chapter 32) will initiate the Executive Branch Review process which requires the Office of Attorney General, Department of Planning and Budget including an Economic Impact Analysis, Cabinet Secretary, and Governor of Virginia to review; then posted for a 60 day public comment period on the Virginia Regulatory Town Hall **(Target Goal for this phase is Spring of 2024)*
- Following the 60 day comment period, all comments will be considered (adopted) and final regulatory language will be revised

- **Stage 3** – Submission of the completed (TH-03) document for project 5100 as the final regulatory package via the Town Hall to again receive a repeat Executive Branch review and final public comment period before adoption into law.

Additional Regulation & Compliance Enforcement Division Work Activity

- ❖ The Regulation and Compliance Enforcement Division bi-monthly staff meeting(s) were held on August 24th through 26th in South Hill, VA.
- ❖ Division Task Team(s) met on August 24th to work on Regulation & Compliance Enforcement Division specific work projects and templates.
- ❖ Division Leadership Team (Division Director & Field Supervisors) met on July 7th, and August 17th to review, plan, and monitor the 2022 Division deliverable goals.
- ❖ Coordinated monthly meetings at OEMS for Division Directors with Assistant Attorney General Krista Samuels Esq. who represents the Office of EMS.
- ❖ OEMS Assistant Attorney General, Krista Samuels has resigned from the A.G.'s office. Currently the OAG has not assigned an attorney to OEMS.
- ❖ Attended the following meetings this quarter:
 - July 7th – Medical Direction Committee Meeting
 - July 12th – New OEMS employee (Daisy) orientation to R&CE Division
 - July 19th – EMS Association Committee – Chesterfield OEMS Portal changes
 - July 21st – Reg & Compliance Enforcement Case review team meeting
 - July 22nd – Virginia Beach EMS & EVMS Duty Physician planning meeting
 - July 25th – Reg & Compliance Enforcement Division case related interview
 - July 27th – Wythe County Administration Meeting – EMS Staffing
 - August 4th – Medivac Committee Meeting
 - August 4th – Workforce Development Committee Meeting
 - August 4th – TAG – Prehospital Committee Meeting
 - August 4th – EMS for Children Committee Meeting
 - August 4th – State Advisory Board Executive Committee Meeting
 - August 5th – Legislative Planning Committee Meeting
 - August 5th - State EMS Advisory Board Meeting
 - August 5th – Meeting with Commissioner of Health

- August 8th – LCR beta testing meeting with Super's
 - August 10th – Reg & Compliance Enforcement Division case related interview
 - August 17th – Reg & Compliance Enforcement Division Super Meeting
 - September 7th – Regional EMS Council Directors Meeting
 - September 12th – Reg & Compliance Enforcement Division case related interview
 - September 15th – OEMS Division Directors Meeting
 - September 19th – Required Vehicle Equipment List (RVEL) Workgroup Committee Meeting
 - September 20th – Trauma Center Site Review – Virginia Beach General Hospital
 - September 21st – Compliance Case review meeting
 - September 28th – OCOM Governmental & Regulatory Affairs Meeting
 - September 29th – Fall Fire/EMS Stakeholders Legislative Summit meeting
- ❖ Meeting(s) with OIM on development of EMS portal updates (bug-fixes).
- July 29th – Defects specific to special status related issues
- ❖ DEA/BOP/OEMS Task Force continued meeting schedule to work collaboratively in developing manageable pathway for EMS agencies to comply with BOP regulations and upcoming new DEA rules once they are posted. More on this to come in the future.
- pharmbd@dhp.virginia.gov – email address to send Board of Pharmacy any EMS Agency specific questions regarding CSRC's.
 - No new updates as of the time of this report.
- ❖ **Regulation & Compliance Enforcement Division website updates:**
- Division Section of OEMS website has been updated and reorganized as follows:
 - Regulation & Compliance Enforcement Division Home page
 - Quick links for most common forms
 - There are 10 division subtabs as follows:
 - EMS Agency Licensure
 - Regulation
 - Guidance Documents and Memo's
 - *EVOC Equivalents Listing – (UPDATED)*
 - Criminal History Record

- Fingerprint Submission
- EMS Interstate Compact (REPLICA)
- Data Compliance Report
 - *Updated information regarding agency data compliance posted*
- Durable Do Not Resuscitate (DDNR)
- EMS Medical Directors
- Sample Policies and Agreements

Regulation and Compliance Enforcement Division Structure Profile

Ronald D. Passmore, NRP, TS-C

Division Director, Regulation and Compliance Enforcement
Phone: (804) 888-9131

Oversees the Division of Regulation and Compliance Enforcement, focus is on the following broad areas:

- EMS Physician initial and re-endorsement
- EMS agency initial and re-licensure
- EMS vehicles permitting and renewal
- EMS regulations development and enforcement
- Variances and Exemptions processing for provider, agencies and entities
- OEMS policy advisor to Executive Management
- Provide technical assistance & guidance to all committees of and the state EMS Advisory Board
- OEMS Staff Liaison to the Rules and Regulations Committee
- Manages Operations Education Track for Virginia EMS Symposium
- Technical assistance to local governments, EMS agencies and providers
- Background investigations on EMS certified personnel and EMS students

- Regulatory enforcement, complaint processing
- National issues involving licensure and regulations

Marybeth Mizell

Senior Administrative Assistant,
Physician Endorsement & Background Investigation Unit
Phone: (804) 888-9130

- Provides direct administrative support to the Division Director and staff while managing all Virginia endorsed EMS physicians, to include all applications for OMD endorsement and re-endorsement, and provides technical support assistance to field team administrative assistants.
- Update and maintain listing of all Virginia endorsed EMS Physicians
- Provides staff support to the Rules and Regulations and Transportation committees

Kathryn “Katie” Hodges

Administrative Assistant,
Background Investigations
Phone: (804) 888-9133

Provides support to field team and coordinates background investigation activities to include:

- Receiving and processing results of all fingerprint based background investigations
- Notification to agencies regarding member eligibility status per background investigations
- Assist Field Investigators (Program Representatives) with all administrative tasks
- Assist customers by navigating requests to the appropriate resource for resolution

OEMS Program Representatives (Field Investigators)

Provides field support to EMS agencies, local government, facilities and interested parties in the development of EMS to include the following:

- EMS agency initial and renewal licensure by inspections
- EMS vehicle initial and renewal permits and spot inspections
- EMS regulation development and compliance enforcement
- EMS complaint investigations
- Verify awarded EMS grants to eligible recipients from RSAF program

- Liaison and OEMS representative at various local and regional meetings with organizations to include but not limited to local governments (county, city, town), regional EMS Councils, VDEM, VDFP, OCME, federal/state/local law enforcement agencies, etc...
- Subject matter experts on the delivery of EMS within the Commonwealth
- Facilitator for matters related to OEMS through the various Office of EMS programs

Sr. Supervisor, Jimmy Burch, NRP (Jimmy.Burch@vdh.virginia.gov) – *Virginia - East*

Chad Gregg, EMT-I (Chad.Gregg@vdh.virginia.gov) – *Coastal*

Steve McNeer, EMT-I (Stephen.McNeer@vdh.virginia.gov) – *Central*

Doug Layton, EMT-P (Douglas.Layton@vdh.virginia.gov) – *Shenandoah*

Supervisor, Paul Fleenor, NRP (Paul.Fleenor@vdh.virginia.gov) – *Virginia - West*

Ron Kendrick, EMT-I (Ron.Kendrick@vdh.virginia.gov) – *Appalachia*

Scotty Williams, EMT-P (Scotty.Williams@vdh.virginia.gov) – *Highlands*

Len Mascaro, NRP (Leonard.Mascaro@vdh.virginia.gov) – *Northern Virginia*

The Regulation and Compliance Team of professionals provide the Commonwealth of Virginia with more than 142 years of combined experience specific to EMS regulations and compliance enforcement; in addition, this team of twelve has more than 292 years of combined experience with the delivery of Emergency Medical Services as clinical providers and EMS administrators.

Division of Trauma and Critical Care

VIII. Division of Trauma and Critical Care

1. Quarterly Activities

- Collaboration with our data team and registry vendor (ESO) to develop or revise trauma and stroke data dictionaries
- Consultations with facilities seeking new trauma center designation

2. Number of Trauma/Burn Center Site Surveys

- 3 Trauma/Burn Site Reviews in 3rdQuarter
- 14 Trauma/Burn Site Reviews YTD 2022
- Continued development of new trauma/burn site reviewers

Central Shenandoah EMS Council



IX. Central Shenandoah EMS (CSEMSC) Regional Office

This document contains hyperlinks to supporting documentation publicly available and submitted for approval to the Central Shenandoah EMS Council (CSEMSC) Board of Directors. The items outlined are in accordance with the Regional Council MOU's required deliverables.

A. Employee qualifications

1. The Central Shenandoah Regional Office maintains the following positions:
 - [CSEMS Regional Director \(EM030\)](#)
 - [CSEMS Technical Resource Specialist \(EM031\)](#)
 - [CSEMS Performance Improvement Specialist \(EM032\)](#)
 - [CSEMS Administrative Staff Specialist \(EM033\)](#)
 - [CSEMS Technical Resource Assistant \(Contract\)](#)
 - [CSEMS Administrative Assistant \(Contract\)](#)
 - [CSEMS Education Coordinator \(Contract\)](#)
2. There are no employment vacancies at this time.

B. Organizational Information

1. [Organizational Chart](#)
2. [Board of Directors](#)
3. [Disclosure Forms](#)

C. Staffing

1. CSEMS Staff are the core of the operation. Staff work diligently with the region's stakeholders to ensure an effective and efficient regional EMS system. Regional office staff are introduced below:
 - Daniel Linkins serves as the CSEMS Regional Director. Daniel has worked closely with regional staff and regional leadership to move forward with initiatives outlined by the Board of Directors, and to secure resources for EMS agencies where needed. As the Blue Ridge and Rappahannock EMS Councils transition as Hybrid Regional EMS Offices, Daniel has worked closely with the other directors to share ideas and learn from each other, including the launching of a staff exchange program. These opportunities have been mutually beneficial in streamlining processes and creating new visions. Daniel ensures that regional deliverables are met, and that agencies receive the most up-to-date information, while leading the incredible team at CSEMS through regular staff meetings, annual performance reviews, professional development and strategic planning.



- Amanda Loreti is the Region's Performance Improvement Specialist. She has been working with Dr. Brand to develop Performance Improvement plans, evaluate regional protocols and related data, and coordinate educational objectives to improve patient outcomes. Amanda has also recently obtained her Education Coordinator certification. Amanda led the rebranding effort for the region's Critical Incident Stress Management/Peer Support team (now Critical Incident Provider Support). Amanda is in the process of completing a Nationally Recognized Quality Improvement program, and has led the region's efforts with data compliance with ESO. She is currently working to coordinate a state-wide

collaborative with the central office and all Regional EMS Council performance improvement personnel.



James (Mark) Larrick is a contractor through the Commonwealth's Contingent Labor contract as the region's Technical Resource Assistant. James has been the "Jack of all trades" for many CSEMS projects, including drug boxes, EMS week planning, equipment maintenance, and education technology. Most recently, he has been working with the regional pharmacies to transition from the current two-box system to a single box system, pending final regulatory changes from the DEA. He has been instrumental in development of the UCapIt Supply Vending Machines which will be launched in the near future.



Laurie Cook serves as the Administrative Staff Specialist and AHA Training Center Coordinator, and has been instrumental in creating a smooth transition to the new hybrid model. Laurie is the newest member of the OEMS team, as

she transitioned to state employment in January of this year. Laurie continues to draw consistently excellent customer service ratings for the region and the Office of EMS.



- Becky Anhold serves as an Education Coordinator for the region through the Commonwealth's Contingent Labor contract, and has been instrumental in the coordination of the Regional Patient Care Protocol rollout, as well as specialized training with Certe-Dose Epinephrine and other topics. She has helped with future planning for education in the region, particularly focusing on BLS education and volunteer EMS agencies. Becky manages the protocol orientation, and provides updates and learning management system oversight for the region's providers. She has also taken the lead on coordinating the Regional Instructor Network.



- Vicky Anderson is the primary instructor for the CSEMS AHA Community Training Center, and provides administrative support to the Regional Office of EMS through the Commonwealth's contingent labor contract. Vicky supports many administrative functions to support Laurie with accounting, transactions, and excellent customer service.

Vicky is a retired RN with extensive experience in nursing management, infection control, and clinical education.



- Charles Feiring serves as the Technical Resource Specialist, joining the CSEMS Office in January, 2022. Charles is a Paramedic, Education Coordinator, and has a degree in Computer Systems Engineering. He most recently completed a Master's degree from Arizona State University focusing on Community Paramedicine program administration. Charles coordinates emergency plans, continuity of operations, Rescue Squad Assistance Fund support, Regional EMS Awards, and provides direct technical assistance to EMS agency leaders.



2. CSEMSC also employs multiple part-time instructors who all play a vital role in the operational mission of CSEMSC. CSEMSC values the many staff, instructors, contractors, volunteers, committee members, and board members who dedicate countless hours to serving the community.
3. As an effort to strengthen communications and team dynamics, CSEMS staff participated in the first quarterly Team Building Outing. The team spent a Friday morning Kayaking and enjoyed a picnic at Sherando Lake on 8/26/22. During this time, staff focused on getting to know one another on a personal level. This low-stress environment aided in breaking down barriers, learning how staff can better support the individual needs of coworkers, and appreciate the diverse backgrounds of each member of

the team. There was even one exercise in working together to upright a capsized boat and rescue the “survivors.”



D. [Board of Directors and Subcommittee Members](#)

1. The Central Shenandoah EMS Council’s board of directors consists of one appointed representative from each political jurisdiction. In addition, membership of the Council shall include two EMS providers appointed by the Board of Directors, one hospital representative appointed by the VHHA Northwest Hospital Region from the CSEMS service area, one Consumer representative, Immediate Past President, and the Regional Medical Director.

Name	Role	Representation
Matt Lawler	Board Member	Augusta County
Jeff Grimm	Board Member	Bath County
Ronnie Slough	Board Member	Buena Vista City
Travis Karicofe	Board Member	Harrisonburg City
Vacant	Board Member	Highland County
Ty Dickerson	Board Member	Lexington City
Nathan Ramsey	Board Member	Rockbridge County
Jeremy Holloway	Board Member	Rockingham County
Scott Garber	Board Member	Staunton City

Gary Critzer	President	Waynesboro City
Donna Hurst	Treasurer	VHHA Northwest Region
Taylor Rhodes	Board Member	EMS Provider
Gregory Cassis	Board Member	VAVRS District 1 (CSEMS)
J. Robin Root	Board Member	Consumer Representative
VACANT	Board Member	Immediate Past President
Asher Brand	Operational Medical Director	CSEMS

2. Carl Williams has resigned his position with Highland County and a replacement is TBD.

E. [Regional Medical Director](#)

1. CSEMSC continues to maintain a contract with Dr. Asher Brand, valid until June 30, 2024.

F. Regional Performance Improvement Program

1. The [General Performance Improvement Plan](#) was updated to coincide with current MCRC performance improvement goals and outlined the committee and workgroups.
2. The MCRC has identified target areas for performance improvement as follows:
 - Airway Management, Cardiac Arrest and Post-Arrest
 - Pediatric and Neonatal Cardiac Arrest
 - Sepsis Management
 - Stroke Triage & Management
 - Trauma Triage & Management
3. Workgroups were assembled, and the following plans have been approved:
 - [Airway, Cardiac Care, and Resuscitation Performance Improvement Plan](#)
 - [Pediatric and Neonatal Performance Improvement Plan](#)

- [Sepsis Performance Improvement Plan](#)
 - [Stroke Performance Improvement Plan](#)
 - [Trauma Performance Improvement Plan](#)
 - [Trauma Triage Plan](#)
4. The above plans are included in the General PI plan. The state data transition and new data reporting software deployed by the state vendor have slowed efforts to collect accurate and timely data. Recommendations will be submitted to the Board of Directors to adjust the target dates accordingly.

G. RSAF Awards Information

1. The Spring 2022 Rescue Squad Assistance Fund included eight EMS agency applications for a total of 13 different items in the amount of \$1,326,658.74. Of these applications, 92.31% of the requests were hardship (80/20) requests, for a total state funding request of \$966,753.19. Final grant awards were announced in early July, with 30.77% of applications being granted funding. CSEMS staff continue to offer technical assistance and guidance in grant applications, but attendance to scheduled sessions continues to be low. CSEMS Staff provide a [RSAF Cycle Award Summary](#) of the award applications following announcements of awards.

H. Regional CE Schedule

1. The Education Coordinators work cooperatively to provide continuing education training as requested by agencies. This quarter, we have assisted several EMS agencies with Regional Protocol Skills and Scope of Practice Skills training. Please find below links to the rosters from our first quarter training.
 - [2022.07.18 Highland County CE - Preventing Cranial Necrosis](#)
 - [2022.08.18 Fairfield Protocol Skills CE](#)
 - [2022.08.22 Highland County CE - Cardiology](#)
 - [2022.08.24 Mt. Solon Fire Rescue Protocol Skills CE](#)
 - [2022.09.12 Bridgewater Rescue CE - OB Emergencies](#)
 - [2022.09.19 Highland County CE - Immobilization skills](#)

I. Regional EMS Awards

1. On July 13, 2022, the Central Shenandoah EMS Council President Gary Critzer, Director Daniel Linkins, members of the Board of Directors and staff presented awards to outstanding contributors to EMS. A [full press release](#) is available at the CSEMSC website.



Pictured left to right: Jamie Henderson, Gary Mullis, Kim Craig, Morgan Dellinger, Rod Pierce

- **–Excellence in EMS** – Kim Craig, Staunton-Augusta Rescue Squad
- **–Outstanding EMS Leadership** – Jamie Henderson, Stuarts Draft Rescue Squad/Augusta Health Transportation
- **–Outstanding Prehospital EMS Educator** – Gary Mullis, Stuarts Draft Rescue Squad/Augusta Health/ CVCC
- **–Outstanding EMS Prehospital Provider** – Rod Pierce, Augusta County Fire-Rescue
- **–Outstanding EMS Agency** – Stuarts Draft Rescue Squad, Stuarts Draft, VA
- **–Outstanding Contributions to EMS by a High School Senior** – Morgan Dellinger, Bridgewater Volunteer Rescue Squad
- **–Kevin Sperka Memorial Award** – Morgan Dellinger, Bridgewater Volunteer Rescue Squad

J. Quarterly Meeting Agendas and Minutes

1. [CIPS Meeting Agenda](#)
2. [CIPS Meeting Minutes](#) (7/12)
3. [Pharmacy Committee Meeting Agenda](#)
4. [Pharmacy Committee Meeting Minutes](#) (7/14)
5. [BOD Meeting Agenda](#)
6. [BOD Meeting Minutes](#) (7/26)
7. [MCRC Meeting Agenda](#)
8. [MCRC Meeting Minutes](#) (9/15)

K. EMS Education Coordinator Activities

1. Regional Instructor Network members have been contacted to schedule the first quarterly meeting. Future meetings will consist of regional and state updates with discussion, followed by a group development activity.

The first meeting of the CSEMS Regional Instructor Network is scheduled for October 4, 2022.

L. Quarterly Financial Reports

1. The Central Shenandoah EMS Council continues to operate under budget, and has been able to build a contingency fund for future operations and projects. The Board of Directors voted in July 2022 to move funds to the Community Foundation of the Blue Ridge, which will provide a long-term funding strategy for the council and for project funding the region.
2. Each quarter, staff provide a [Profit and Loss Statement](#) to the Board of Directors. FY23 Quarter 1 shows a net income of \$61,137.75.
3. Each quarter, staff provide a [Budget vs. Actual Report](#) to the Board of Directors, indicating progress against the annual budget.
4. Each year, staff provide a full audit report and [Annual Financial Report](#) to the Board of Directors.

M. [Critical Incident Provider Support \(CIPS\)](#)

1. The CIPS team had no activations this last quarter. We currently have twenty-five members on the CIPS team, five of which are clinicians. The CSEMS Lighthouse app was launched and is available for all EMS providers. This app provides a list of mental health resources that are available in the region and current information on key topics related to mental health and wellness. CSEMS partnered with Ride with Pride in Staunton, VA to offer services to First Responders. A link to the [CIPS Guidelines is here](#).
2. The Central Shenandoah Regional Office partnered with Augusta County Fire-Rescue and other community partners to sponsor a Travis Howze presentation, [Post Traumatic Purpose](#) on September 17, 2022. This presentation aims to help first responders find purpose following trauma, building leadership, mental wellness and resiliency skills. The event was well-attended by members of the EMS community.

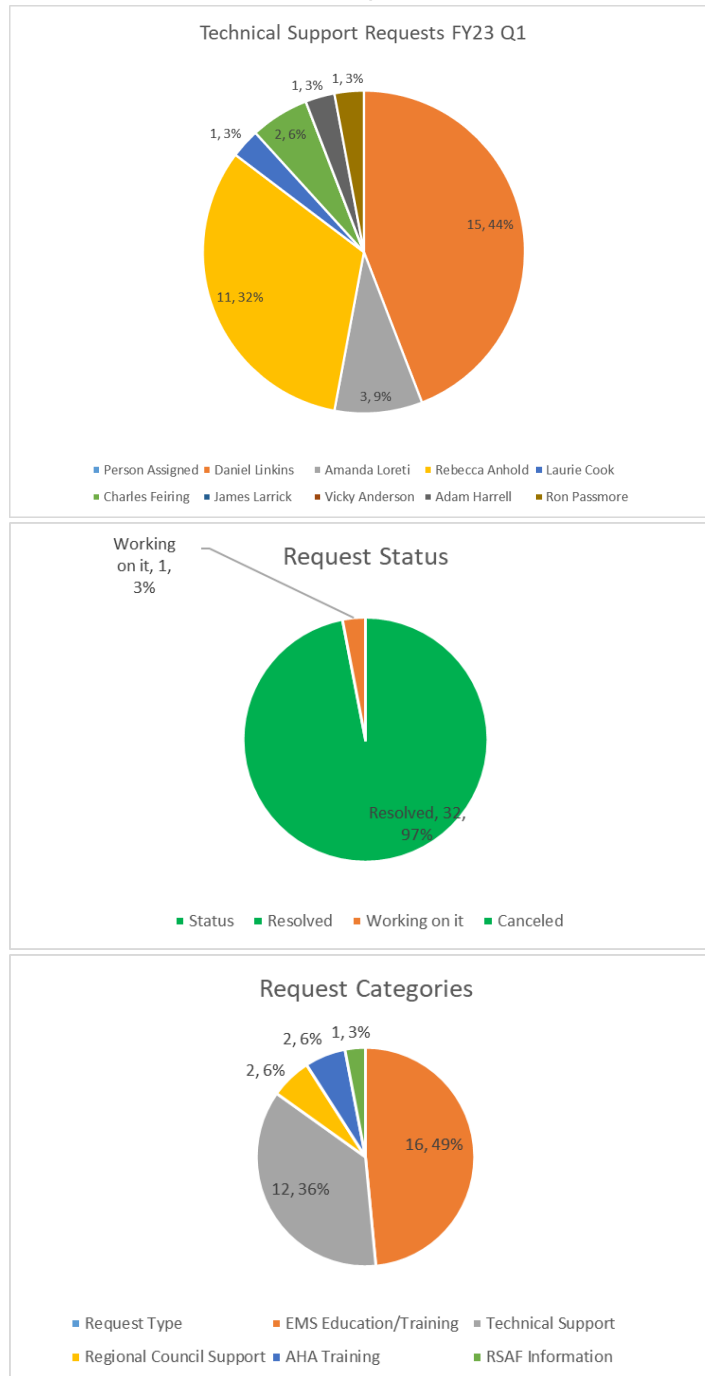
N. Community Training Center Activities

1. [American Heart Association](#)
 - We offered both a BLS & Heartsaver Instructor Courses in September.
 - We continue to teach classes at the Training Center and local businesses.
2. National Association of EMTs
 - No NAEMT courses were offered in the first quarter at the CSEMS Site. One Advanced Medical Life Support (AMLS) was scheduled, but canceled due to low enrollment.

- The Rappahannock EMS Council's NAEMT site under CSEMS hosted one EMS Safety Course on September 7, 2022.

O. Technical Assistance

1. CSEMS maintains a Helpdesk Ticket process through Monday.com, to coordinate customer service interactions. A summary of the requests for assistance is listed below. These requests may not reflect requests for assistance received via telephone or email.



2. CSEMS staff continue to provide excellent customer service, with a large percentage of surveys from the Office of EMS generated from CSEMS constituents:
 - a. July 2022 45.5% of statewide responses
 - b. August 2022 52.6% of statewide responses
 - c. September 2022 50% of statewide responses
 - d. Sample Customer comments:
 - i. “Becky Anhold, EC [extraordinaire]”
 - ii. “Amanda Loreti is amazing!!!!!!”
 - iii. “The entire staff at the CSEMS Council always go above and beyond to assist me with all of my questions and requests.”
 - iv. “My representative, Laurie Cook, answered my inquiries promptly, professionally and efficiently. I got the response I needed to hear to move on with my plans for registering for a CPR licensure course.”
 - v. “Amanda Loreti was great. She was very knowledgeable and helpful to our needs.”
 - vi. “Amanda was easy to work with and had all the right information for me to assist her. Great customer service skills and pleasant to work with and professional.”
 - vii. “Amanda is always extremely responsive and is customer service [oriented]. Amanda takes any issue head on and [assists] with solving the issue. She is a true asset to the CSEMS and OEMS team.”
 - viii. “Amanda has been instrumental in assisting agencies with getting their data compliance where it needs to be.”
 - ix. “Becky Anhold makes me feel welcome and a part of OEMS”

P. State Committee Participation

1. CSEMS appoints members to various committees of the state EMS Advisory Board. Appointed individuals are listed below:
 - Matt Lawler - State EMS Advisory Board, Training and Certification Committee
 - Gary Critzer - State EMS Advisory Board (representing Virginia Board of Health), state EMS Advisory Board Executive Committee, Rules and Regulations Committee
 - Donna Hurst - Financial Assistance Review Committee, State Medevac Committee
 - Asher Brand - Medical Direction Committee

2. Staff attended state committee meetings as listed below:

Association Meetings	Person	Status	Meeting Date
VAGEMSA Meeting 8.5.2022	Daniel Linkins	Attended	2022-08-05
Communications Committee Meeting 8.5.2022	Charles Feiring	Attended	2022-08-05
Emergency Management Committee - 8.4.2022	Charles Feiring	Attended	2022-08-04
EMS for Children Committee 8.4.2022	Charles Feiring	Attended	2022-08-04
State EMS Advisory Board Meetings	Person	Status	Meeting Date
EMS Advisory Board Meeting 8.5.2022	Daniel Linkins, Charles Feiring, Amanda Loreti	Attended	2022-08-05
EMS Advisory Board Executive Committee Meeting	Daniel Linkins	Attended	2022-08-04
Injury and Violence Prevention Committee	Person	Status	Meeting Date
Injury and Violence Prevention Committee	Daniel Linkins	Attended	2022-08-04
Legislative and Planning Committee	Person	Status	Meeting Date

L&P Meeting 8.5.22	Daniel Linkins	Attended	2022-08-05
L&P Meeting Special for EMS Plan - 9.23.2022		Unable to Attend	2022-09-23
Medical Direction Committee Meetings	Person	Status	Meeting Date
MDC	Amanda Loreti	Attended	2022-07-07
Provider Health and Safety	Person	Status	Meeting Date
Provider Health and Safety Committee 8.5.2022	Amanda Loreti	Attended	2022-08-05
Regional EMS Council Director's Group Meetings	Person	Status	Meeting Date
Regional EMS Council Director Group	Daniel Linkins	Attended	2022-08-03
State Medevac Committee Meetings	Person	Status	Meeting Date
State Medevac Committee 8.4.2022	Daniel Linkins	Attended	2022-08-04
Transportation Committee	Person	Status	Meeting Date
Transportation Committee 7.25.22	Charles Feiring	Canceled	2022-07-25
Trauma Administrative and Governance (TAG)	Person	Status	Meeting Date

Committee Meetings			
EP&R Committee 8.4.22	Charles Feiring	Attended	2022-08-04
System Improvement Committee 8.4.2022	Amanda Loreti	Attended	2022-08-04
Post-Acute Care Committee 8.4.2022	Charles Feiring	Attended	2022-08-04
Acute Care Committee 8.4.2022	Amanda Loreti	Attended	2022-08-04
Trauma Administration and Governance Committee 8.5.2022	Amanda Loreti	Attended	2022-08-05
Prehospital Care Committee 8.4.2022	Amanda Loreti	Attended	2022-08-04
EMS Workforce Development Committee Meetings	Person	Status	Meeting Date
Workforce Development Committee	Charles Feiring	Attended	2022-08-04

Q. Other Regular meetings for regional support in which CSEMS Staff participated:

Augusta County	Person	Status	Meeting Date
Augusta County Emergency Services	Charles Feiring	Attended	2022-08-23

Officers Assoc. (ACESOA) Meeting			
ACESOA Meeting	Amanda Loreti	Attended	2022-09-27
Harrisonburg- Rockingham Emerg. Management Task Force Meeting	Charles Feiring	Attended	2022-08-11
Rockbridge County	Person	Status	Meeting Date
Rockbridge VFESA Meeting	Amanda Loreti	Attended	2022-07-19
Rockbridge VFESA Meeting	Amanda Loreti	Attended	2022-08-16
Rockbridge VFESA Meeting	Charles Feiring	Attended	2022-09-20
Staunton	Person	Status	Meeting Date
Staunton City Council Meeting - Presentation of CSEMS Awards	Daniel Linkins	Attended	2022-07-28
VDH Agency Forum	Person	Status	Meeting Date
VDH Agency Forum	Daniel Linkins, Charles Feiring, Laurie Cook, Amanda Loreti	Attended	2022-07-13, 07-20, 07-27
VDH Agency Forum	Daniel Linkins, Charles Feiring, Laurie Cook, Amanda Loreti	Attended	2022-08-03, 08-10, 08- 17, 08-24, 08-31

VDH Agency Forum	Daniel Linkins, Charles Feiring, Laurie Cook, Amanda Loreti	Attended	2022-09-07, 09-14, 09- 21,
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R. Other Regional Engagement Activities by Staff

1. [Daniel Linkins](#)

- Monthly meetings for Rare & Under Served Healthcare for Children (R.U.S.H)
- VAOEMS Regional Insights Training on 6/30/2022
- Monthly Regional EMS Staff Exchange Program
- Weekly Collaboration meeting with OEMS Regional Office Directors
- Monthly meetings with Regional EMS Council Directors
- Monthly meetings with Staunton West End Business Association (SWEBA)
- Presentation of Regional EMS Awards to government leaders
 - July 28, 2022 - Staunton City Council
- Regional Protocol and Red Dot Skills MSVFR on 8/24/22
- NEMSIS Rollout on September 9, 2022
- Tech support for SWEBA Staunton City Council Candidate Forum

2. Amanda Loreti

- Biweekly collaboration with Clarion on the ESO Transition Project
- VAOEMS Regional Insights Training on 6/30/2022
- CSEMS Insights Training on 7/1/22
- Lights and Sirens Workgroup Meeting on 7/18/22
- NAEMSP QI Course on 7/27/22
- Data + Diversity: An Inclusive Approach to Mental Health Webinar on 7/28/22
- Pediatric Workgroup Survey to region in July
- ESO Help for Natural Bridge Volunteer Fire on 8/10/22
- REMS PI Meeting on 8/11/22
- ESO Help for South River District Volunteer Fire on 8/16/22
- ESO Help for Kiwi EMS on 8/17/22
- ESO Help for Millboro Area Rescue Squad (MARS) on 8/17/22
- Red Dot help for Stuarts Draft Rescue Squad on 8/23/22
- NAEMSP QI Course on 8/24/22
- Regional Protocol and Red Dot Skills MSVFR on 8/24/22
- Data Compliance Workshop at CSEMS on 8/25/22

- ESO Help - Highland EMS on 8/30/22
- Regional PI Meeting on 8/30/22
- ESO Help for Raphine Volunteer Fire on 8/30/22
- CIPS Meeting with Ride with Pride on 8/31/22
- Data Compliance Workshop on 8/31/22
- ESO Help for Goshen First Aid Crew on 9/6/22
- NEMSES Rollout Update on 9/9/22
- ESO Training for Goshen First Aid Crew on 9/14/22
- The Impact of Recent Developments in Cognitive Neuroscience on Resilience and PTSD Recovery for First Responders Webinar on 9/15/22
- Fairfield Volunteer Rescue Squad Red Dot Skills check off on 9/15/22
- ESO Training for Millboro Area Rescue Squad on 9/19/22
- Modern EMS Recruitment and Retention Webinar on 9/22/22
- Tracking and Reporting Nebulized Ketamine Use Webinar on 9/22/22
- Resuscitation Pharmacology: What's Hot and What's Effective Webinar on 9/28/22
- NAEMSP QI Course on 9/28/22

3. Becky Anhold

- Regional Protocol and Red Dot Skills MSVFR on 8/24/22
- Fairfield Volunteer Rescue Squad Red Dot Skills check off on 9/15/22

4. [Charles Feiring](#)

- Regional Protocol and Red Dot Skills MSVFR on 8/24/22

Blue Ridge EMS Council



X. Blue Ridge EMS (BREMS) Regional Office

DATE: October 2022

RE: Q1 Board of Director's Report FY 23 (July – September 2022)

OBJECTIVE: To provide information to the Office of EMS and state EMS Advisory Board on the BREMS Quarterly Activities

PROJECTS/PROGRAMS:

DART

BREMS is continuing to work with DART (Data to Action Resource Team) on the data captured. BREMS partnered with Horizon and Centra to be a part of The International Overdose Awareness Day panel on August 31, 2022. We continue to meet quarterly to review overdose data and to work on collecting qualitative data from local organizations that will provide more evidence, understanding, and support of the initial DART report findings.

ESO

BREMS continues to work with local EMS agencies and the hospital for Programs with ESO. BREMS continues to meet with Qlarion for our regular transition meetings. The meetings have gone well and BREMS continues to work with EMS agencies in the region on the ESO transition. ESO was one of the BREMS sponsor's for our EMS CEU Educational Conference held September 9th – 11th, 2022.

Lifeline-Communications Towers

Update as of October 17, 2022: Virginia State Police have received the quote for the structural analysis at Long Mountain. The structural analysis was completed in order for BREMS to place additional equipment needed for the Farmville extension at Leigh Mountain.

In August 2022, BREMS was able to reach out to Verizon and discuss the monthly billing of the lifeline. The continual increase was based on circuits no longer used by the Lifeline because of the updated technology in place, and this has saved BREMS over \$12,000 a year.

Strategic Plan

The Strategic Plan was approved by the BREMS Board of Directors during their June 2022 meeting. The BREMS' work plans are referencing back to the strategic plan. The BREMS Board of Directors are looking to start reviewing the strategic plan again beginning in the spring of 2023.

Regional Office Update:

- As of September 6, 2022- BREMS is able to move items into the office. As of October 4, 2022- BREMS is able to officially move in to the new office location at 2412 Langhorne Road. However, office furniture is not set to arrive until the end of October. BREMS is looking to be completely in the new office and out of the Tate Springs office by November 30th. Below are the items are currently working through:
 - A large roof leak was identified on October 7th and 13th. The owner had a roofing company fix the roof. Contractor is fixing the interior damage caused by the roof leak. Should be completed by October 31st.
 - "Move-in" clean of the building from construction completed.
 - Daly installed the low voltage wiring on October 13th and 14th.
 - BREMS is currently waiting on office and training room furniture to be delivered. Delivery is slated for the end of October/beginning of November.
- BREMS and the OEMS are continuing our efforts on review of the work plans. Currently our main work plans are the Wellness Program (CISM), Regional Training, and Recruitment and Retention.
- The Full Time Education Training Position- Interviews for this position are scheduled on November 3rd.
- BREMS continues to pack and go through the office and the storage shed. BREMS has older equipment we are unable to use for CPR and training. BREMS will work with the Board of Directors on how best to proceed with the equipment we are no longer able to use.

Protocols/COI

BREMS is working on the draft list of protocols for the next protocol revisions in winter of 2022. BREMS has held two (2) virtual protocol meetings with providers twice in September and twice in October. All have been well attended.

Advanced Paramedic Program

BREMS Training Coordinator is working to contact APs in the region to get their perspective on what is needed in the program, how they are doing, and what they may need. Regional Medical Director and the Training Coordinator have set a date in January for the next AP academy, and they will test in April after completion of their clinical hours. In January the current AP group will begin meeting again in person to build a more robust QA program and is also working on a mentorship program.

Coverdell Stroke Grant

BREMS has entered the second year of the CDC Coverdell Stroke Grant. Saylor Hardin still continues to work with BREMS on the grant. Saylor is currently in graduate school and attends our staff meetings regularly and meets with the Regional Director as we continue to work on the Coverdell Grant. We have made great strides in the FY 23 Q1 with Unite Us platform Insights for patient referral. We are hoping as Centra refers these patients we will be able to follow them in the Insights platform. As we learn and grow in our use of ESO Insights, we are all able to begin using ESO and begin building dashboards for stroke data, etc.

- **Virginia Stroke Registry:** We are waiting to hear from OEMS on the plan for the Regional EMS Councils to have access to the data in the Virginia Stroke Registry.
- **EMS Survey:** The EMS stroke inventory survey has been completed by the state. We are waiting on data from this survey to begin review and analyzing the survey results from across our region and the entire state of Virginia.
- In year 2 of the Coverdell grant, BREMS will have a larger involvement in the stroke registry, unite us insights, and using the EMS survey data to build our PI/QI reports. BREMS will work with our Stroke partners at Centra on Stroke Prehospital Education, and data analysis.

ASTHO Stroke Grant

The ASTHO (Association of State and Territorial Health Officials) grant gives BREMS the opportunity to work with many community partners. BREMS will work closely with the Centra Community Paramedicine Program, VDH, Unite Us, BEATStroke, Virginia Cooperative Extension, Lynchburg Social Services, and the Lynchburg Community Market. The grant deadline has been extended to June 30, 2023.

The Centra Paramedicine group has completed the assessment tool and has begun meeting with the patients identified. BREMS, Centra Stroke Staff, and the Centra Paramedicine group have attended all ASTHO group calls to give updates and attended training for the Unite Us insights licenses. We have a great group working together. BREMS, Centra Stroke staff, and the Centra Paramedicine program are working together to ensure this grant is a success for the patients, in hopes of continuing this outreach and support in the future. The BREMS Regional Director, Mandi Zemaiduk with Centra

Stroke Team, and Jimmy Mitchell with the Centra Paramedicine group meets weekly for a conference call update.

Over the last few months, the first list of individuals is now down to 11 active participants. Centra has had some hurdles to overcome to provide a new list of patients but the new list was received the week of September 26th, and the Paramedicine program will begin reaching out to see who may be interested in participating. BREMS continues to work on securing food storage containers, measuring cups/spoons, and food scales for participating individuals. The individuals are monitored and referred to lifestyle change programs through the new deadline of June 2023.

Regional Wellness Committee

BREMS is working with providers across our region to help develop a Regional Wellness Program. During this first quarter, BREMS met with Christina Ferrell, with Go with That Consulting, LLC, and with Kristen Sharrett, with Impact Living Services. BREMS is working with OEMS to determine the right path for the CISM/Peer Support Regional Team and how to address the gap in our region for these services, including resilience training. BREMS is also working on suggestions for a BREMS CISM Team to support our providers across the region. BREMS continues to work with Karen Owens with OEMS. More to come on this program next quarter in hopes of having a completed plan to present.

- BREMS is working on our website to include information for peer support, education, trainings, and mental health resources.
- BREMS is updating the work plan to include prices and ideas for the CISM/Peer Support Regional Team and training. Once this work plan is completed, and approval is received, BREMS will move forward. We would like to have this team in place by the end of spring 2023.
- Working with OEMS on a clinical coordinator contract position for the BREMS office.

The end goal of the committee is to help develop a regional support system for overall wellness in the BREMS region.

Pharmacy Paperwork

BREMS works very closely with Julie Flint, and the pharmacy. Please continue to remind EMS providers to fill out the PAR (Pharmacy Administration Record) completely, including the new and old box numbers, make sure the EMS provider signs the PAR, and if required, a wastage signature. Make sure to leave a copy of the PPCR. Ensure the medication administered matches on the PAR, the PPCR narrative, and the PPCR medication administration section. These are all issues we seem to require our attention.

Trainings

- First Quarter Trainings:
 - August 9th- STEMI- EMS Case Reviews webcast with Dr. Peter O'Brien. This was a VILT training.
 - September 9th – 11th- The BREMS CEU Education Weekend was a success. We received great feedback. We wish to do this every other year, and looking to February/March of 2024 for our next offering. A huge thank you to all of those who worked hard to make this weekend a success. Campbell County Public Safety and Central Virginia Community College (CVCC) was a huge part of the weekend success and we want to make sure to thank them for all of their hard work and dedication.
 - September 26th- ECO/TDO and Medical Liabilities class was held for Regional EMS Leadership. This training is looking to be offered again in the spring of 2023 and opening it to other EMS provider.
- Second Quarter Upcoming Trainings:
 - October 18th- BREMS and the Trauma Team were co-host to the Trauma Team meeting to include hands-on trauma assessment training as well.
 - November 8th – 13th is the Annual EMS Symposium in Norfolk. Registration is \$100 this year and is still offering the same caliber of education. This is a great opportunity for everyone to receive outstanding EMS Education.
 - December 7th 6pm – 7:30pm- VILT Stroke Training. Education is offered by the Centra Stroke Team and Dr. John Gaughen. This is a great educational opportunity and training information will be forth coming.

Regional Medical Direction Activities/Projects (July – September 2022)

OEMS

1. Participated in quarterly MDC meetings, held in Richmond and facilitated by OEMS.
2. Participated in ongoing discussions with other OMDs/RMDs related to patient care/CQI
3. and system improvement

BREMS/Agencies

1. Continued work with BREMS staff to develop a CQI dashboard based on protocol benchmarks, including rebuilding new program requirements related to ESO.
2. Worked with individual EMS agencies/OMDs to develop agency-level CQI programs.
3. Worked with both regional and agency level projects to initiate ESO programs.
4. Continued work on regional protocol development and revision with substantial formatting and educational changes for rollout Winter 2022-2023

5. Participated in BREMS Board of Directors meetings
6. Participated in BREMS Council Staff Meetings
7. Scheduled/ planned a Regional OMD Committee meeting (cancelled due to illness)
8. Provided personal oversight and CQI review of the Advanced Practice Paramedic (APP) program.
9. Served as EMS agency operational medical director to two career and two volunteer EMS departments, an educational program, a student-based first response program, an industrial program and two PSAPS in the absence of other physician availability
10. Developed recruitment advertising for local physicians related to EMS involvement, and the role of OMDs
11. Met with and successfully recruited a local Peds/Critical Care physician to assist with BREMS Peds education and CQI efforts
12. Met with and reviewed role of BREMS/Structure of EMS system with new local ED Attending Physicians
13. Worked with EMS agencies and APP program to expand regional ultrasound access.
14. Developed educational resources for / participated in the BREMS Fall 2022 Education Weekend
15. Continued development /implementation of a region-wide competency project, which will involve monthly CEU offerings in both in person and VILT formats.
16. Supported agencies' transition to new scope of practice documents, including new "Red Dot" designation of some procedures/medications
17. Participated in development of a Paramedic Task Book, a best-practice written document to track and guide new paramedic assessment and orientation, which will be part of resources available to local agencies on the BREMS website.

Stakeholders/Outreach

1. Participated in state and regional discussions regarding current education needs, available resources, and potential mismatches and synergies.
2. Met with local and regional Virginia Heart Attack Coalition (VHAC) representatives to review STEMI care standards and achievements
3. Met with Adult Services Supervisor to address situational knowledge gaps in adult patients' care; connected them to Centra resources

4. Participated in regional educational programs thru the CVCC.
5. Continued work with Centra Stroke program representatives to expand opportunities to collaborate and improve patient care
6. Met with Centra Emergency Services service line leadership to discuss state of EMS locally, BREMS strengths and opportunities for synergy.
7. Met with Centra Trauma team representatives for CQI reviews as well as discussions of upcoming training opportunities.
8. Participated in /presented at Centra Trauma Team meetings, an EMS focused case review led by Centra's Trauma Program.
9. Participated in Centra Trauma Core meetings, service line team meetings designed to improve efficiency and outcomes
10. Participated in ongoing individual discussions with/served as a resource for regional partners including Centra Health, local public safety agencies and the regional Department of Health regarding COVID-19, including topics such as PPE availability, patient volumes, vaccination planning and distribution, and provider safety and infection rates.
11. Participated in ongoing individual discussions with/served as a resource for regional partners including Centra Health, local public safety agencies and the regional Department of Health regarding Monkey Pox, including topics such as PPE requirements, patient volumes, and provider safety.
12. Met with Lynchburg City representatives in support of certification of the Lynchburg PSAP.
13. Met with localities' leadership to identify new strategies to attract and retain employees, as well as identify new sources for potential personnel.
14. Participated in regional meeting/presentation with District Magistrate and local legal experts, provided to local EMS leadership/providers to clarify ECO/TDO roles and process.

Rappahannock EMS Council



XI. Rappahannock EMS (REMS) Regional Office

Submitted by: Wayne Perry, REMS Regional Director
Virginia Office of EMS

Kelsey Rideout, Performance Improvement Specialist
Virginia Office of EMS

Lara Traylor, Office Manager
Rappahannock EMS Council

Linda Harris, Regional Education Coordinator
Rappahannock EMS Council

Tatiana Pedroza, Regional Field Coordinator
Rappahannock EMS Council

Nana Noi, Regional Systems Coordinator
Rappahannock EMS Council

Participation in Regional Activities

REMS/OEMS staff participates in various regional meetings and activities in support of agency operations as a regional system. Participation in jurisdictional and/or hospital and system meetings enables the regional office to stay informed about issues experienced by agencies, in order to better align regional goals and objectives with the needs of the agencies. These meetings also provide an opportunity for REMS/OEMS staff to provide important informational updates to agency leadership and other healthcare providers. The REMS region, which includes Planning Districts 9 and 16, comprises an engaged community of both EMS providers and agency leaders. REMS/OEMS has ongoing meetings for the EMS Advisory Committee at Germanna Community College's EMS program and the Citizens Advisory Committee for the EMS Degree Program at the Rappahannock Community College

The following regional meetings/activities were supported by REMS/OEMS staff (Regional Training and Simulation Center use annotated with *) during this reporting period:

- 07/16/2022 * NREMT Test Site for ALS Providers
- 07/18/2022 * PHI Air Medical Training Center Use
- 07/18/2022 * LifeCare EMT Class Practical Skills/Scenarios (five days)
- 07/20/2022 Mary Washington Hospital (MWH) EMS Night Out: Stop the Bleed Event
- 07/27/2022 King George NREMT Test Site
- 07/28/2022 * Fredericksburg Fire Department Promotional Testing
- 08/15/2022 ESO Transition Session
- 08/16/2022 * PHI Air Medical Training Center Use
- 08/18/2022 MWH EMS Night Out
- 08/31/2022 * Enhanced Scope of Practice "Red Dot" Skills Training
- 09/07/2022 * NAEMT EMS Safety Class
- 09/10/2022 * Bob page Stethoscope & Capnography classes
- 09/14/2022 * MWH Emergency Nursing Pediatric Course
- 09/17/2022 * NREMT Test Site for ALS Providers
- 09/19/2022 Culpeper County VA Fire & Rescue Association Meeting
- 09/21/2022 MWH EMS Night Out
- 09/25/2022 * OEMS Education Coordinator Institute (four days)
- 09/30/2022 * OEMS EC Update

The REMS Council is integrated with the Northern Virginia Healthcare Coalition (NVHCC) as well as the Northwest Regional Healthcare Coalition (NWRHC) and attended several meetings during this reporting period. The REMS Council continues to provide updates and information from other meetings to ensure timely and accurate distribution of information to the end-user agency-level operations.

Regional EMS Council Meetings and EMS Operations

The REMS Council continues to hold bi-weekly staff meetings to promote prompt sharing of staff projects and needs.

In addition, in order to meet OEMS work plans and work toward the REMS Council Strategic EMS Plan goals, the following meetings were conducted in this reporting period:

- 07/11/2022 CISM Team Meeting
- 07/14/2022 Regional Pharmacy Committee Meeting
- 07/15/2022 Cultural Diversity Workgroup Meeting
- 07/19/2022 Performance Improvement Workgroup Meeting
- 07/19/2022 Performance Improvement Committee Meeting
- 07/20/2022 Regional Heart and Stroke Committee Meeting
- 07/26/2022 Regional Guidelines and Training Committee Meeting
- 07/27/2022 Regional EMS Award Ceremony
- 07/28/2022 Medical Direction Committee Meeting
- 08/05/2022 Cultural Diversity Workgroup Meeting
- 08/11/2022 Performance Improvement Committee Meeting
- 08/17/2022 Board of Directors Meeting
- 09/08/2022 Performance Improvement Workgroup Meeting
- 09/09/2022 Cultural Diversity Workgroup Meeting
- 09/15/2022 Cultural Diversity Workgroup Meeting
- 09/21/2022 Cultural Diversity Workgroup Meeting
- 09/28/2022 Performance Improvement Workgroup Meeting

The Regional Grant Committee met and graded submissions for the Fall 2022 RSAF session. Three grants totaling requests of \$98,022.39 were evaluated. The Grant Committee adopted a new and streamlined methodology to the rating process utilizing objective measurements of items listed in the VDH RSAF Scoring Criteria guidelines.

The Incident & Threat Mitigation (ITM) Committee met as scheduled but did not meet quorum requirements. The next scheduled meeting is set for January 19th, 2023 at 1:30 PM at REMS Council. On the agenda is taking the lead on developing a non-transport policy as part of the regional surge plan that would be similar to temporary plans that were utilized during COVID. The distinction being that this plan would be universal (i.e. not just for infectious disease) and more easily based on predetermined regional resource status.

The REMS/OEMS staff remains available to respond to requests for PPE from area EMS providers and has small amounts of items from the SNS and OEMS PPE deliveries. The requests have dwindled down to a virtual stop, but surgical face masks remain available at the council office.

The Regional Guidelines and Training Committee continues planning, through the cultural diversity workgroup, to identify and address gaps in cultural understanding and the interaction with the EMS system. There is a cultural diversity roundtable, featuring a panel discussion with several ethnic, religious and cultural leaders, to answer questions about how interactions with EMS can be improved. The goal is to bring awareness and education to the regional EMS system. The panel will focus on what is appropriate/not appropriate when dealing with certain populations on the specific topics of death, communication, patient interaction and treatment modalities. The roundtable is scheduled for January 21, 2023 in Fredericksburg, VA.

King George County is currently conducting a pilot program for prehospital whole blood administration. The pilot program was approved by the BOD in February 2021 and the council staff assisted with obtaining grant funding and all necessary equipment. Due to a national shortage of O negative blood and other logistical issues, the start of the pilot program was delayed to July 1, 2022. Depending on the results of the pilot program, a proposal will be made to the Board of Directors on what next steps may be appropriate.

The REMS Council staff provides regular assistance to EMS providers in the region answering questions on recertification requirements and providing instructor resources, affiliation troubleshooting, information on EMS recertification, and educational offerings. Additional specific assistance was provided by scanning and submitting validated CEU for providers. The REMS/OEMS staff fielded requests for technical support from the City of Fredericksburg, Caroline County, and Orange County for assistance.

The REMS Council is tasked with reviewing and processing the release documentation for ALS providers seeking to practice in the region. Once the documentation packet is approved the Regional Education Coordinator (REC) schedules an in-person meeting with the candidate to administer a written test, provide an ID badge, obtain EMS Physician validation, and finalize the documentation. The REC conducted the following ALS release meetings:

- 07/16/2022 for Quantico
- 08/04/2022 for Fredericksburg Rescue Squad

Critical Incident Stress Management

The Rappahannock EMS Council has an active state-accredited public safety peer support team (multidisciplinary 36-member team). It is available 24-hours per day, 365-days per year to provide on-going support of the region's EMS operations through pre-incident education, on-scene support, defusing, one-on-one services, crisis management briefings, and referral services. For the first quarter of FY2023, the CISM team was activated 19 times to provide both individual and group interventions, station outreach, community service, support for funeral services, and education for regional providers.

The REMS Council was also proactive in providing mental health awareness, chronic fatigue management, and other educational offerings through social media. Awareness level training is offered to recruit schools and initial certification courses. Quarterly Team training/meetings have returned to in-person after being virtual during the pandemic.

Community Outreach and Patient Engagement (COPE)

Our aim is to "be the convener, collaborator and champion of community-focused patient care coordination"

The FY23 first quarter has been filled with a great deal of economic uncertainty and the COPE programs have been able to make a difference and provide value to our patrons. Strong connections with community partners has demonstrated time and time again that the REMS Council is building a strong and resilient network of partners.

At present COPE has over 65 Community Partners on board including the regional health department, private sector businesses, and others. Through COPE, the REMS Council is striving to drive innovative services into the community in direct alignment with one of the core strategic EMS goals for the region. The REMS Council COPE network has come together to provide health and social wellness checks to nearly 1000 people in the spring/summer 2022. By year end 2022, the expectation is that COPE will double last year's contact numbers. A goal will also be to double it again in 2023.

Food and income insecurity is an issue of heightened concern for some patrons in our service area. Thankfully, we were able to rely on the support of partners at The Table who continue to provide fresh produce to the increasingly long lines of patrons seeking help to feed their families. Another Community Partner, through our efforts for healthcare collaboration, also graciously stepped forward to provide the Director of Nutrition from a local rehabilitation hospital to provide food demonstrations and recipes based on the vegetables being distributed. This has been a roaring success as the recipes are simple to prepare, as well as healthy and delicious.

The REMS Council also continues to improve healthcare literacy, providing a platform to community partners to provide education and deliver topics focused on preventative health care and other current events. In July, due to the intense heat and focus on taking care of the elderly, our presentations were on Heat Stroke and Elder Care. Subsequent training topics were provided on transportation for medical care and mental health. The format for the presentation is a brief 15-minute verbal message that is educational and fun. The COPE table then provides informative leaflets and giveaways to support the training. In September the training topic was suicide prevention and overdose awareness. The typical audience at The Table events is between 50-100 and the REMS Council/COPE participates twice per month.

Monthly meetings with community partners of COPE is well established and panelists, who are subject-matter experts and specialists, participate in a Q&A session to help fill gaps in healthcare. These monthly meetings have become interactive and include exchanging and

sharing information about our partners' programs and ways to support one another in like missions.

Panelists for this reporting period include:

July – Topic of Emergency Preparedness: Karen Owens, Emergency Operations Division Director, Virginia Office of EMS, Victor Podbielski, MBA, BS, NRP, Deputy Chief, Fredericksburg Fire Department, Robert Mauskapf, Virginia COVID-19 Task Force Coordinator, Director, Office of Emergency Preparedness, Virginia Department of Health

August – Topic of Opioid Use Disorder/Substance Use Disorder - Teresa Quick (RACSB), Dana Brown (Zoe Freedom Center Center), Makayla West (BrightView), Alexander Adler (Groups Recover Together)

September – Topic of Suicide Prevention: Nicole Gore, Director, Office for Behavioral Health Wellness, Virginia Department of Behavioral Health and Developmental Services; Michelle Wagaman, Prevention Services Director, Rappahannock Area Community Services Board, Anne-Tillery Melson, Suicide Prevention Education Coordinator, Mental Health America of Fredericksburg

The COPE program has embraced the Digital Age and expanded our connectedness to the internet. The COPE website www.copewellnessva.org is now live and we are pleased to have social media handles on Facebook and Instagram @copewellnessva.org.

A huge barrier when engaging patrons is trust. Due to regular COPE outreach events, we are breaking down this barrier and becoming established. Several patrons, who see the staff at regular intervals, is becoming comfortable that they can rely on COPE for assistance. This is enabling us better identify needs to address social, emotional and physical health support.

Regional EMS Council Operations

The REMS Council welcomed two new part-time employees to replace the outgoing Office Manager, Margot Moser and Regional Field Coordinator, Vivian Delts.

The new **Office Manager** is Lara Traylor. Lara comes to the Council with a background in EMS, Search and Rescue, AHA instructor, marketing, and grant writing. She formerly was a National Registry provider at the EMT-I level and was an EMS instructor in Louisiana. She was a NASAR SAR Tech II and K9 Tech III. She is currently an AHA Instructor aligned with our training site and has conducted community CPR/FA classes at the REMS facility.

The new **Regional Field Coordinator** is Tatiana Pedroza. Tatiana's professional background includes mental health and first responder services. Tatiana was a volunteer at Lake of the Woods Rescue Squad for several years and was an EVOC driver for the agency. Tatiana also supported operations as the Personnel Officer, Public Relations Officer, and Grievance Committee member. She was promoted to Captain while serving. Tatiana was born in Colombia and has been in the United States for twenty years. Tatiana dedicated her professional career in Colombia and the United States to providing prevention and crisis intervention services

to at-risk populations and individuals who have experienced trauma. Tatiana encourages collaboration and supports innovation at the work environment.

The REMS Council was selected as a scientific sample of business across the United States and submits monthly payroll and performance data to the US Department of Labor Bureau of Labor Statistics. This reporting continues.

The REMS Council continues to work on a project for validating the **regional medication boxes** that are provided by the hospitals.

During this reporting period the Regional Field Coordinator worked towards the new FY23 work plan goals, which were to create a plan/timeline for an exercise of the **Regional MCI and Surge Plans**, create a campaign encouraging residents to prepare/maintain an emergency kit, and to create an annual training plan for public education programs such as stop the bleed. Ongoing efforts are underway to engage the EMS system and identify area of improvement regarding unintentional injury, illness, and violence prevention. The REMS Council continues to encourage EMS agencies to identify/address high-volume utilizers and prepare for active shooter and hostile environment calls. The REMS Council staff also works with 9-1-1 centers to engage the PSAP, identify gaps and needs, and to ensure access to Virginia Healthcare Alerting and Status System (VHASS) and the appropriate use of PAI and EMS.

During the current reporting period an action plan for each of the **FY23 goals** was created. After developing the action plans, priority items that are linked to several goals were identified. The need to create a database was identified as a need and the staff has utilized Monday.com to develop a tool to manage customer interactions and relationships. The database will include contact information for EMS agencies, as well as organizations in the community with whom we collaborate. The main objective is to facilitate effective communication with all stakeholders that the REMS Council interacts with, while also providing useful tools to address mass communications needs such as surveys, announcements for training, and calls for meetings.

REMS Council Board of Director meetings occur quarterly. During this reporting period the BOD met on August 17, 2022 at the Caroline County EOC in Caroline County.

The BOD was provided with updated reports of local hospital shortage of Ketamine, ESO Beta version of Insights reporting release, and updates on the evolving Monkeypox situation.

Five action items and a proposed by-law change were on the agenda as well. The BOD ratified the new Board members. The Regional Performance Improvement Plan, updates to Personnel Policies, the FY23 Work Plans, and the 2022-2025 Strategic EMS Plan was approved.

Four new members joined the Board of Directors. Representing Caroline County - Ed Bonham; Fauquier County - Jordan Coleman; Stafford County - Patricia Copeland; and Culpeper County - Michael Pearson. Two members of the Board were reappointed; representing Spotsylvania County - William Harrington and King George County - David Garvin.

The approval of the **Strategic EMS Plan** also required a change in the Council By-Laws. A first reading of the proposed changes was held at the August meeting with the second reading to be held in November and subsequently voted on for potential adoption.

The Strategic EMS Plan was completely revamped, with a design focused on flexibility and future planning as well as clear milestone indicators to measure progress and guide direction as needed. This plan builds on previous strategic documents and reflects both the Virginia Strategic EMS Plan and the Virginia Department of Health Strategic Plan.

The Plan is organized around five Strategic Goals which call into play a collaborative stance among EMS Providers, Partners, and the Community. The five Strategic Goals are:

Strategic Goal #1: Expert Clinical Care

The regional EMS system receives and uses feedback and outcome data from throughout the healthcare continuum for continuous quality improvement. Timely changes are evidence-based and follow best-practices. Outcomes are measured and shared inside and outside the EMS system. Real-time information on patterns of disease, injury, and illness inform operational decisions. Public health, specifically illness and injury prevention, is a priority with targeted interventions through a versatile, mobile, community healthcare resource based on social determinants of health. Guiding the way for this goal is the Regional Medical Review Committee. Supporting this goal are various groups, such as heart and stroke, performance improvement, pharmacy, and protocol workgroups.

Strategic Goal #2: Health and Wellness

Due to the high potential for natural disaster and threat-based incidents, the REMS Council will work with EMS system partners to prepare the Regional EMS system to effectively respond to large multi-casualty incidents, including simultaneous MCI's or a single mass casualty incident. System preparedness for all-hazards, including pandemic response and emerging infectious disease should be evaluated. A robust community engagement in education, preparedness, and prevention is important. This goal is managed through the work of the Incident and Threat Mitigation Committee, which includes sub-groups such as the Critical Incident Stress Management Team.

Strategic Goal #3: Cultivate Talent

A regional EMS system, composed of people working for disparate organizations, but functioning together for a common purpose requires strong education and leadership. EMS providers understand their roles and responsibilities in the EMS system, receive appropriate quality training and evaluation, and have opportunities for advanced learning. Leadership is strong, forward-thinking, and provides the necessary resources that are clear, unambiguous, and easy to interpret. Providers are offered an environment that is safe and intended for success. The Guidelines and Training Committee is charged with achieving this goal and they are supported through the ALS Release, ALS Preceptor, and Cultural Diversity workgroups.

Strategic Goal #4: Drive Innovation

The REMS Council and regional EMS system must adapt to unprecedented changes that will occur

in EMS systems throughout Virginia and nationwide in the next 10 years. Changes are anticipated in areas such as system financing and reimbursement, clinical practice based on research and outcome data, and increasing call volumes. The REMS Council supports the Triple Aim, a framework developed by the Institute for Health Improvement that describes that health systems must simultaneously pursue three goals, which include: improving the quality of healthcare and the health of populations, reducing the cost of health care, and improving patient satisfaction. The optimal EMS system provides service tailored to meet stakeholder need. Stakeholders should be able to easily access EMS system information, including policies and procedures, performance/compliance information, and program information. Additionally, the best EMS systems recognize the excellent work of partner organizations and their employees. Led by the Executive Committee, meeting the goals of innovation is supported by the Grant, Regional Awards, and Personnel workgroups.

Strategic Goal #5: Healthcare Collaboration

The REMS Council recognizes that environments steeped in high-performance culture and employing continuous clinical and operational quality improvement support high quality operations. Collaboration and a constant orientation towards process improvement and excellence develops the aim for achieving goals and provides an effective system that allows for rapid change when facing emerging issues. Therefore, collaboration across the entire healthcare system is an important goal. The Strategic Planning Committee, supported by the by-laws, nominating, and finance workgroups, steers the goal of healthcare collaboration.

The REMS Council is continuing the transition to a cloud environment and had been utilizing **Google-suite for digital file management**. The regional director's group IT has provided NextCloud as an option for a transition from a physical server on the ground to the cloud environment. The office also continues to use the GoToMeeting platform for virtual meetings.

The REMS Council attends weekly meetings of the **VDH Agency Forum**.

The Regional Council has successfully earned the designation of **American Heart Association Training Site and National Association of EMT's Training Site**, under the auspices of the Central Shenandoah EMS Council Training Center. This designation will allow the council to offer the below classes on a quarterly basis to our regional providers for free and any costs associated with the classes will be covered by locality funding; out-of-region providers will also be welcome to attend the classes, but for a fee.

- AHA Basic Life Support (BLS)
- AHA Heartsaver CPR AED (HS)
- AHA First Aid
- AHA Advanced Cardiac Life Support (ACLS)
- AHA Pediatric Advanced Life Support (PALS)
- NAEMT Pre-Hospital Trauma Life Support (PHTLS)
- NAEMT Advanced Medical Life Support (AMLS)
- NAEMT EMS Safety
- NAEMT Geriatric Education for EMS (GEMS)
- NAEMT All Hazards Disaster Response (AHDR)

- NAEMT Psychological Trauma in the EMS Patient (PTEP)

REMS/OEMS Hybrid Office Restructuring Update

The REMS Regional EMS Director position was filled at the end of May 2020. The REMS Council submitted two different employee work profiles for additional positions through the regional office of EMS. They have been approved and are titled “Performance Improvement Specialist” and “Technical Resource Specialist”. The Performance Improvement Position was hired and on-boarded on January 25, 2022. The two Technical Resource Specialist positions are pending additional information in order to advertise and fill these positions. The remaining staff at the council remain council employees and continue to be supervised by the Regional Director.

Fiscal and general operations continue with the Regional EMS Director administering the budget, processing bills and invoices, and performing payroll and HR duties for the REMS Council staff. Updates and meetings are held with the BOD President and Treasurer as needed.

The REMS Council formally moved to their new location November 29, 2021 and the previous location was turned back over to MWH in February 2022. Staff has sent out change of address notifications to localities, suppliers, agencies, vendors, local governments and hospitals. An open house commemorating the new site occurred on May 25th.

The OEMS staff from the Blue Ridge, Central Shenandoah, Southwest, and Rappahannock Regional Offices participate in a monthly exchange where staff visit other councils to understand procedures and identify best practices.

State, National, and International Activity

REMS/OEMS staff participated in the following statewide events:

- 07/07/2022 OEMS Medical Direction Meeting
- 08/04/2022 OEMS Trauma and Emergency Preparedness Committee Meeting
- 08/04/2022 OEMS Medevac Committee Meeting
- 08/04/2022 OEMS Trauma Systems Improvement Committee Meeting
- 08/04/2022 OEMS Trauma Pre-Hospital Care Committee Meeting
- 08/04/2022 OEMS Trauma Acute-Care Committee Meeting
- 08/04/2022 OEMS Workforce Development Committee Meeting
- 08/05/2022 OEMS Trauma Administrative and Governance Committee Meeting
- 08/05/2022 OEMS Provider Health and Safety Committee Meeting
- 08/05/2022 State EMS Advisory Board Meeting
- 08/30/2022 Performance Improvement Specialist Workgroup Meeting
- 09/08/2022 CSEMS visit to REMS Regional Hybrid Staff Exchange Program

REMS Leadership joined regular division manager meetings with OEMS staff to provide updates on progress and share information between the regional office and central office operations.

REMS Leadership also shared bi-weekly updates on programs and services in meetings with the regional director's group; conversations were had on various topics related to regional EMS operations occurring in the other ten council regions. As a Regional Office of EMS (ROEMS) entity, the REMS Leadership also connected with the Regional EMS Directors from the other two ROEMS in weekly meetings to identify strategic planning needs, establish operational goals, and review best practices. Two of the regional hybrid office directors met with the OEMS Attorney General representative for a Q&A on operations.

Participation by REMS/OEMS Staff also occurred in the following National and International Meetings:

- 07/20/2022 ESO Meeting
- 08/10/2022 National EMS Advisory Council (NEMSAC) Meeting
- 08/11/2022 National EMS Advisory Council (NEMSAC) Meeting
- 09/14/2022 NEMSIS v3 Implementation Meeting

Southwest Virginia EMS Council



XII. Southwest Virginia Regional EMS Office

Participation in Local, Regional, State EMS Activities

SWEMS staff members attend and participate in local and regional activities related to the delivery of emergency medical services in the southwest region. Meetings primarily relate to EMS agency operations, emergency planning and preparedness, and education; however, council staff participate in a wide range of meetings that might not directly fall into one of these categories. Regional meetings also include meetings to foster coordination and collaboration of operational/planning activities with other stakeholders. Staff routinely attend and participate in related state-level meetings as well. The following list outlines meetings supported by Council staff:

A. Local

- Johnston Memorial Hospital 911 Calls from Facility—September 21
- Bristol Local Emergency Planning Committee (LEPC)—October 11
- Ballad Health Trauma Conference—October 21

B. Regional

- EMS Awards Banquet—August 20
- Cumberland Plateau Health District Executive Planning Meeting—September 22

C. State and Other Meetings

- EMS Advisory Board Composition Workgroup—August 4
- EMS Advisory Board Executive Committee—August 4
- State EMS Advisory Board—August 5
- Legislative and Planning Committee—August 5
- OEMS Division Directors Meeting—September 15
- Rules and Regulations Committee—October 5

- State Medical Direction Committee—October 6
- EVD Briefing Webinar—October 7
- RDG Work Plan Meeting—October 18
- Weekly Hybrid Office Director Info Sharing Meeting
- Monthly Regional Director Group Meeting

D. Council Meetings (to fulfill regional contract responsibilities) *

- Board of Directors—September 15
- Emergency Planning & Preparedness Committee—September 22
- RSAF Grant Review/Grading Meeting—October 5
- Executive Committee—October 24

* Meeting minutes are maintained on the Council's website for these meetings.

Regional EMS Council Operations

State Regional EMS Office Transition

The Southwest Virginia EMS Council signed a memorandum of understanding with the Virginia Department of Health Office of Emergency Medical Services in March 2022 to provide services as a regional office of emergency medical services (ROEMS). The council is working with OEMS on the hybrid regional EMS office transition. The Regional Director position was posted on September 9 and closed on September 23. Applicants were screened, and interviews were conducted. Recruitment for this position is proceeding. The SWEMS Executive Director participates in weekly information sharing meetings with the other hybrid regional EMS office directors and other OEMS division meetings as requested. The Executive Director continues managing all operational, fiscal, and human resources functions for the nonprofit while the recruitment process continues.

Professional Development

The Council supports ongoing professional development. Staff members are encouraged to participate in related educational programs both in person and virtually. Staff members attended various virtual webinars including: EVD Disease, CDC (Monkeypox), Ballad Health (air medical utilization). In addition, staff members completed various professional and continuing education programs (in-person and remotely). Two staff members are currently completing graduate coursework while another is completing undergraduate coursework.

Regional Planning

The Code of Virginia (32.1-111.3) mandates regional EMS council involvement in EMS system planning activities. SWEMS facilitates regional EMS planning activities and

promotes collaborative approaches to support EMS system planning and preparedness efforts. Plan review and development is accomplished through representative committees who review plans annually. The Board of Directors reviews regional plans annually and takes action on proposed changes. Planning activities this quarter included:

- Regional PI Plan

Plan updates are posted to the Council's website and mobile app. Staff participated in a number of regional planning and preparedness meetings. The Executive Director attended the Cumberland Plateau Health District Executive Planning meeting on September 22. In addition, the Executive Director attended the Bristol Virginia Local Emergency Planning Committee meeting on October 11.

Education & Projects

Community Training Center

SWEMS operates a community training center to support emergency cardiovascular care within southwest Virginia and adjoining areas. The center supports approximately 200 instructors. During the first quarter, the center conducted 183 courses (including BLS and Heartsaver CPR, ACLS, and PALS). We issued nearly 1,100 completion cards. Two BLS instructor courses were also held, adding an additional 10 instructors to our instructor pool.

Staff attended Advanced Stroke Life Support (ASLS) instructor and training center coordinator trainings. On September 6, a contract request was completed to add ASLS as a fourth discipline under our community training center. The contract was approved by AHA on September 19, adding approval to offer ASLS.

In addition to supporting members of our regional EMS community, our training center supports two hospitals, three colleges, numerous law enforcement agencies, and numerous primary care clinics and dental offices. On September 30, staff traveled to Thomas Jefferson EMS Council (TJESM) and conducted a BLS instructor course for staff to enable TJEMS to conduct BLS training for their region. TJEMS is now teaching BLS provider courses within their region.

SWEMS also serves as an NAEMT training site and offers courses in Prehospital Trauma Life Support (PHTLS), Community Paramedic (CP), Emergency Pediatric Care (EPC), and Tactical Casualty Combat Care (TCCC) throughout the year in various areas of our service region. In addition, SWEMS maintains a regional lending library of CPR videos and equipment for use by educators and agencies throughout the region. Two PHTLS courses were conducted in the region to support EMS agencies/providers.

EMS Certification Training

SWEMS operates an accredited training program for EMT and EMT-Advanced. An EMT Course began in August 2022. Fifteen students are enrolled in the course. An AEMT course is scheduled to begin in January 2023. SWEMS continues exploring the possibility of establishing an alternative site to support EMS educational needs in the Carroll/Grayson area. The Executive Director also serves on the Southwest Virginia Paramedic Program Advisory Committee to support other certification training initiatives in the region.

CDC Coverdell Stroke Grant

SWEMS continues working with VDH on the Paul Coverdell Stroke Grant. This multi-year grant program focuses on improving stroke care in Virginia. Funding was allocated to develop promotional materials for use statewide. In addition, funding was provided to expand prehospital stroke education in the region.

CISM

SWEMS provides administrative support for the Southwest Virginia CISM Team. The CISM team provided one debriefing during this reporting period. A workgroup of the CISM Team is currently working toward team accreditation.

Regional EMS Awards

SWEMS coordinates a regional EMS awards program to recognize the outstanding contributions of individual and/or agencies to the local, regional, and state EMS system. Applications are screened, and nominations were submitted for consideration in the Governor's EMS Awards program in eight categories. The regional EMS awards banquet was held on August 20 in Bristol, VA.

Respectfully Submitted

By

OEMS Staff