

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



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

**August 4, 2023**

# **Executive Management, Administration & Finance**

# Office of Emergency Medical Services

## Report to The

### State EMS Advisory Board

### August 4, 2023

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#### **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 August 4, 2023**

At the time of finishing this report the following action item is before the Board on August 4, 2023 for a vote.

##### **Action Item #1:**

Please see Appendix A – Motion from the EMS Emergency Management Committee.

Triage tags purchased by EMS agencies to meet licensing requirements must contain a minimum data set, as approved by the EMS Emergency Management Committee, instead of a state approved tag design. See **Appendix A**.

##### **B) State/Regional (Hybrid) EMS Council Reports**

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) House Bill 2175 - Statewide Fire and EMS Funding Study**

During the 2023 General Assembly session, legislation was coordinated that requires the Secretary of Public Safety and Homeland Security to conduct a fire and EMS funding study. The goal of the study is to evaluate the existing fire and EMS needs and funding across the Commonwealth, analyze the sustainability of current funding, and to review alternative funding models from other states. The study will serve as a first step toward ensuring more sustainable resources for the delivery of fire and EMS services to communities across the Commonwealth. The bill requires the formation of a workgroup to guide the study and report findings along with any recommendations to the General Assembly by October 1, 2023. Learn more about HB 2175: <https://lis.virginia.gov/cgi-bin/legp604.exe?231+sum+HB2175>.

The Virginia Department of Fire Programs is leading this study and the Virginia Office of EMS is working in collaboration with them and other organizations to provide assistance. We are sending this email to let EMS agencies know that they may be contacted by their city or county governments to provide service information for the survey. Only one survey should be submitted for each locality (city, town or county). **Please note: The Deadline for the Fire and EMS Study was extended to July 24, 2023.**

FOR MORE INFORMATION, contact Michael Berg, division director of EMS Systems Funding, at [michael.berg@vdh.virginia.gov](mailto:michael.berg@vdh.virginia.gov) or (804) 888-9106.

### **D) The Virginia Office of EMS observed National EMS Week in Virginia on May 21 – 27, 2023.**

National EMS Week was May 21 – 27, 2023. EMS for Children Day is observed on May 24, and it focuses on the pediatric patient and the specialized care required when providing treatment to them.

Here is the Media Release from the Virginia Department of Health:

 <p><b>VDH</b> VIRGINIA DEPARTMENT OF HEALTH <i>To protect the health and promote the well-being of all people in Virginia.</i></p>	<p>News Release</p>
<p>109 Governor Street, Richmond, Virginia 23219 • <a href="http://www.vdh.virginia.gov">www.vdh.virginia.gov</a></p>	

**FOR IMMEDIATE RELEASE**

**May 22, 2023**

**For More Information Contact**

Marian Hunter, public relations coordinator, 804-888-9116

[Marian.Hunter@vdh.virginia.gov](mailto:Marian.Hunter@vdh.virginia.gov)

**Emergency Medical Services Week Recognizes the Determination and Commitment of Virginia's EMS Providers to Deliver Quality Prehospital Care and Save Lives**

***May 21–27 is National EMS Week; May 24 is EMS for Children Day***

(**RICHMOND, Va.**) – Virginia's EMS providers respond to emergencies during our citizens greatest hour of need. The critical moments from the time a 911 call is received to the arrival at the hospital is where emergency care begins. Last year, EMS providers responded to more than 1.65 million calls for help in Virginia, which represents approximately 4,520 incidents per day.

As proclaimed by Governor Glenn Youngkin, May 21-27 is EMS Week in Virginia. This special week honors EMS responders' commitment to respond to emergencies and provide critical care. EMS for Children Day, May 24, emphasizes the pediatric patient and their required specialized treatment. This year's EMS Week theme is, "Where Emergency Care Begins," and it highlights the importance of our first responders who assure quality prehospital care.

"The finest hospital facilities in the world don't help if you can't get to them," said **State Health Commissioner**. "Emergency Medical Service providers bring that access to all, through their dedication, courage and selfless service to their communities. We owe them recognition not just this week, but every week."

"Virginia's EMS providers are among the best in the nation due to their elevated focus on providing exceptional prehospital emergency care and maintaining their skills with continuing education," said **Gary Brown, director of the Virginia Department of Health Office of EMS**. "Their ability to remain calm, treat injuries and save lives during harrowing incidents is truly remarkable. It is my honor to recognize and thank our EMS providers for their heroic efforts, dedication and determination to protecting the health and well-being of all people in Virginia, each and every day."

During EMS Week, Virginia EMS agencies may host community activities, including first aid classes, health and safety fairs, open houses and more. These family-friendly events encourage citizens to meet and greet the first responders in their neighborhoods. Please check their websites or social media pages for additional information.

In recognition of Virginia's fallen fire and EMS personnel, the Virginia Fallen Firefighters and EMS Memorial Service honors fire and EMS responders who died in the line of duty and those who risk their lives daily to serve and protect Virginians. The Annual Fallen Firefighters and EMS Memorial Service will be held June 3 at noon at the Richmond International Raceway.

To learn more about the Virginia Department of Health Office of EMS, visit [www.vdh.virginia.gov/emergency-medical-services/](http://www.vdh.virginia.gov/emergency-medical-services/).

Learn more about [EMS Week in Virginia](#). Read the [Governor's proclamation](#).

### **E) OEMS and Central Shenandoah EMS Office Launch Early Access to Resuscitation by Laypersons and Law Enforcement Program**

On May 9, Central Shenandoah EMS Office (CSEMS) Director Daniel Linkins and Technical Resource Assistant James Larrick presented 11 Automated External Defibrillators (AEDs) devices to the Bath County Sheriff's Department at the County Board of Supervisors meeting.

In 2022, CSEMS launched *Project E.A.R.L.L.E.* (Early Access to Resuscitation by Laypersons and Law Enforcement). Recognizing the inequity in response capabilities in rural communities due to resource limitations and geographic barriers, the Central Shenandoah region will partner with community organizations and the Virginia Office of EMS to improve survival of sudden cardiac arrest.

CSEMS is working to provide AEDs on law enforcement vehicles in the most rural communities, where traditional public access placement of AEDs is unavailable or impractical. In October 2022, the Titmus Foundation awarded a \$20,000 grant to provide 11 devices for Bath County Sheriff's Office vehicles. The Physio Control CR2 device is a state-of-the-art AED with wi-fi capabilities that will upload status updates to the CSEMS office every morning when the vehicle arrives at the Sheriff's Department. In addition to any maintenance needs, the device will transmit any use data that the council can combine with electronic health records (EHR) from EMS agencies to track the patient's status through the continuum of care. Integrating with the Health Data Exchange (HDE), outcomes data from participating Virginia hospitals will enable the EMS system to continuously improve systems of care to increase survival of these events. Additional grant applications have been submitted to provide more units for Bath and Highland County law enforcement vehicles.

### **F) OEMS and Central Shenandoah EMS Office Implement PulsePoint Mobile App to Record Public Access to AEDs During Cardiac Emergencies**

Through a workplan initiative with the Virginia Office of EMS and contributions from the PulsePoint Foundation, Central Shenandoah EMS Office (CSEMS) allocated \$115,000 to implement the PulsePoint Mobile Application to all public safety answering point (PSAP) centers in the region.

This mobile app records public access to Automated External Defibrillator (AED) placement and integrates with PSAP centers to notify trained bystanders nearby of a sudden out-of-hospital cardiac arrest. This advanced technology provides the location of any cardiac arrest in a public area to trained responders and identifies the location of any nearby AEDs. Nationally, 80% of cardiac arrests occur outside of the hospital. In the CSEMS region, approximately 81% of cardiac arrests do not have an AED applied before EMS arrives.

### **G) OEMS Associate Director Presents at National Training Academy in Texas**

On April 11 – 14, Adam Harrell, associate director of the Office of Emergency Medical Services presented at the Wave 2023 conference, featuring the ESO Training Academy in Austin, Texas. His presentation covered the utilization of EMS data to improve public health. This national conference brings together the best in thought leadership, data analysis and clinical experience to share how to leverage data to drive performance and quality improvement. A unique educational experience, Wave

2023 offered invaluable networking opportunities with peers who are using data to drive a better standard of care. Learn more: <https://www.eso.com/wave-conference/>.

## **H) OEMS Staff Attend Federal Communications Commission's Regional Planning Meeting**

On April 26, 2023, Sam Burnette, emergency services coordinator and Devin Chinault, communications specialist of the Office of Emergency Medical Services attended the Federal Communications Commission's Region 20 Regional Planning Meeting in Crownsville, Maryland. Topics discussed at the meeting included frequency allocations for public safety agencies in the region and standardization of deployable radio trunking systems. Deployable radio trunking systems temporarily provide additional system capacity to support large events, provide radio infrastructure in areas without coverage, or provide supplemental radio coverage at an event. Representatives from Verizon, FirstNet and T-Mobile demonstrated their emergency response capabilities to assist public safety agencies following a disaster. In the afternoon, Sam and Devin completed a pilot delivery of a Department of Homeland Security Primary, Alternate, Contingency and Emergency (PACE) Communications Planning course. PACE is a methodology used to build a communications plan by determining stakeholders and who they need to communicate with, and, if possible, determine four communication methods between those stakeholders.

## **I) EMS Systems Funding**

- 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: 56 of 133 jurisdictions reporting (49% reporting) (04/11/2023)  
89 of 133 jurisdictions reporting (67% reporting) (07/19/2023)

FY21 Annual Reports: 109 of 133 jurisdictions reporting (82% reporting) (04/11/2023)

121 of 133 jurisdictions reporting (91% reporting) (07/19/2023)

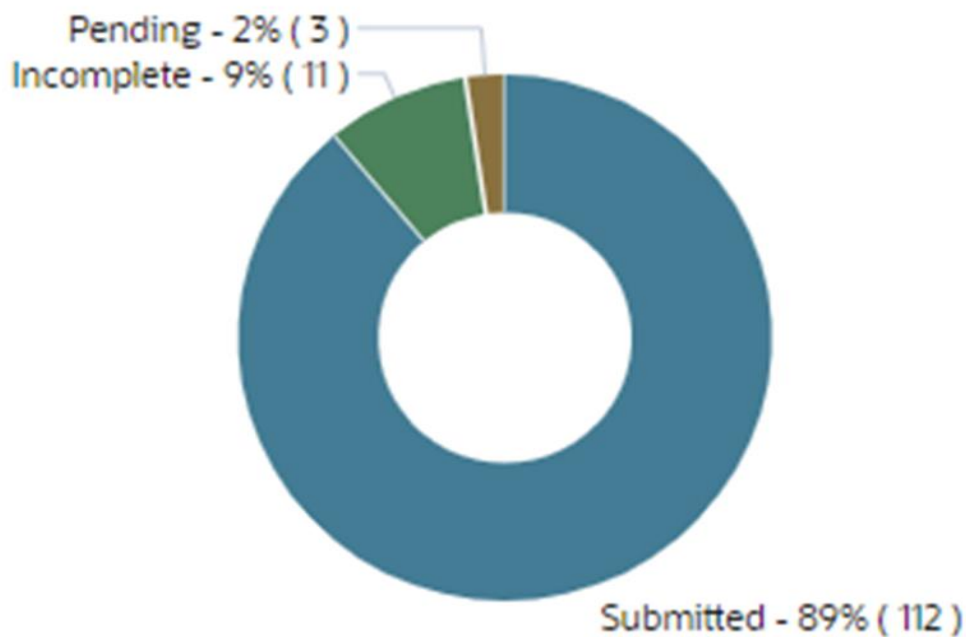
FY20 Annual Reports: 121 of 133 jurisdictions reporting (91% reporting) (04/11/2023)

129 of 133 jurisdictions reporting (97% reporting) (07/19/2023)

The FY23 monies have been released and all available funds for those jurisdictions who have submitted their FY22 reports have been approved for payment.

- Financial Assistance for Emergency Medical Services 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 Spring 2023 RSAF cycle. The application period for the Spring RSAF cycle closed on March 15, 2023. The Office of EMS (OEMS) received 112 applications for 215 items totaling \$19,066,437.96 in funding which can be broken down to \$12,169,306.69 in state and \$6,897,131.27 in local matches.

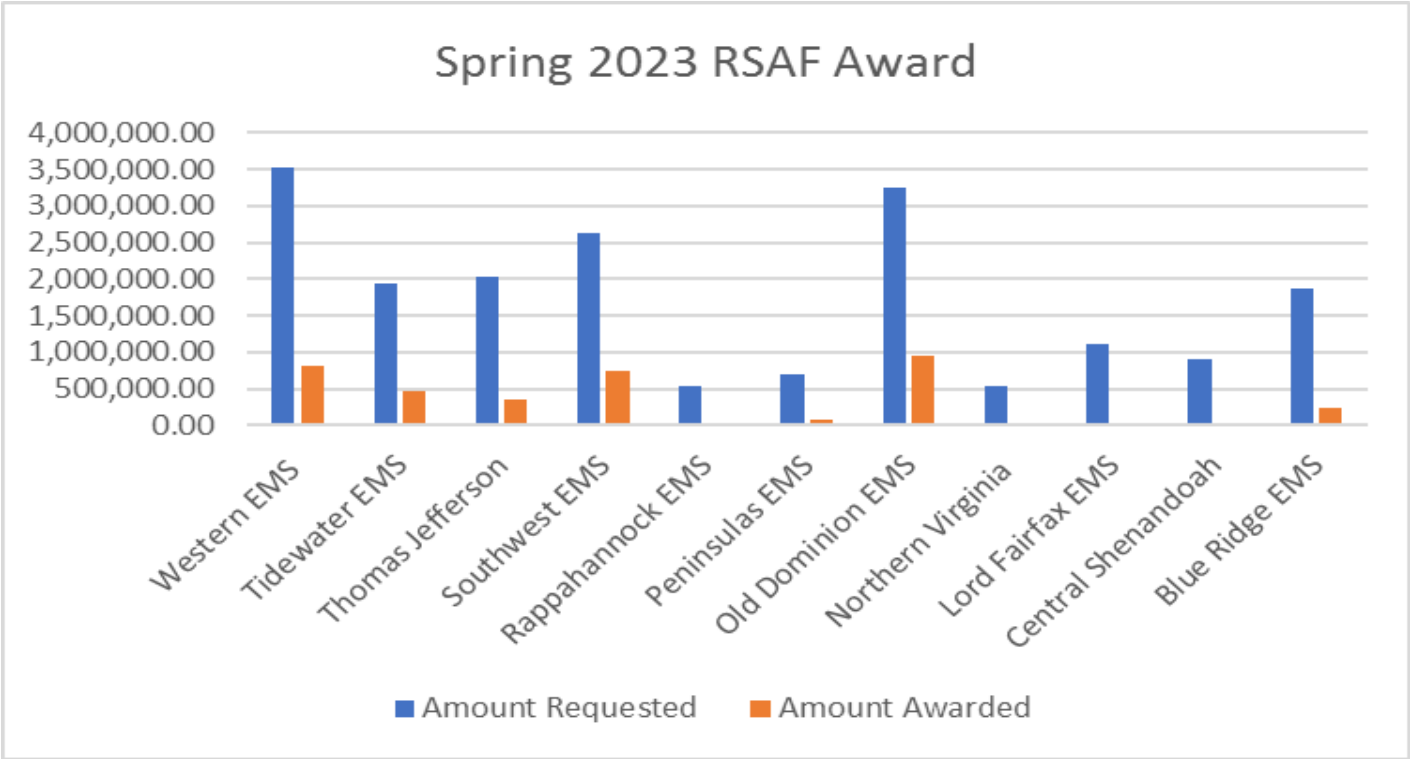
- 14 Non-EMS Agencies
- 98 EMS Agencies

Incomplete applications: 10 agency, 1 non-agency

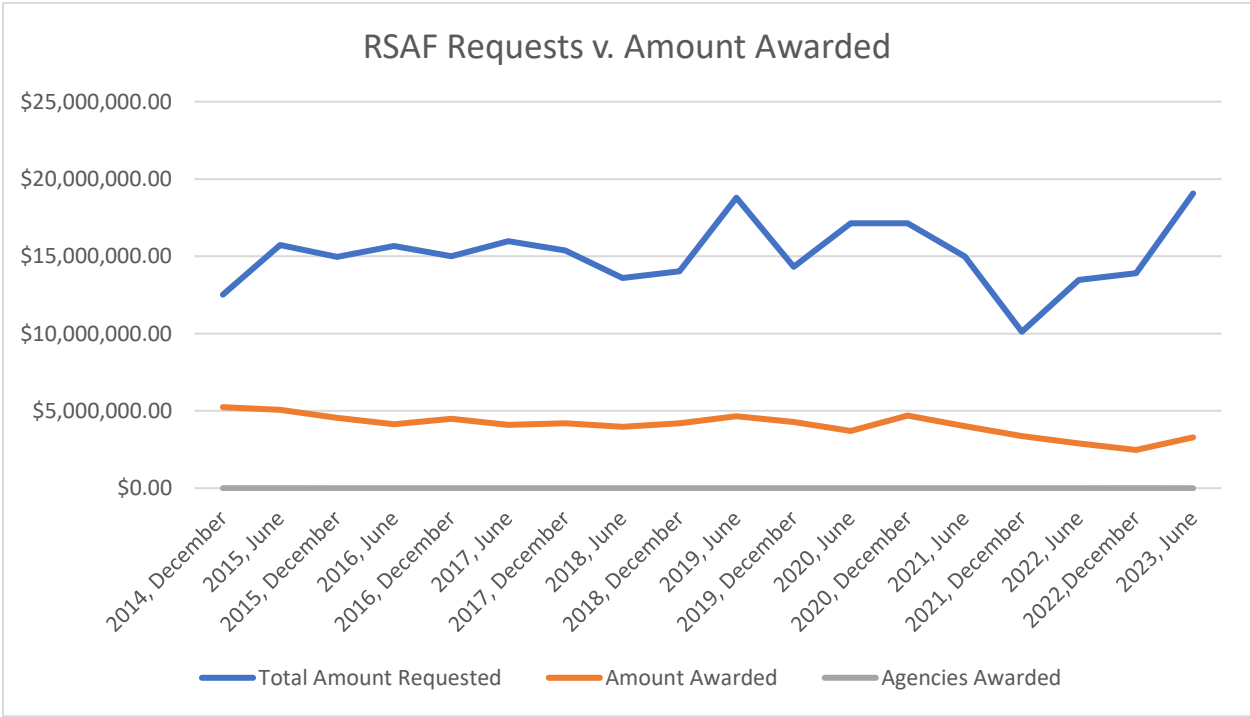
Pending applications (missing signatures): 2 agency, 1 non-agency

The number of applications increased by approximately 42 percent compared to the Fall 2022 Cycle of RSAF. OEMS received applications from each of Virginia's 11 EMS Region as shown in Figure 1. The total funding requests/award amounts can be broken down by region as follows:

Regional Council	Requested Amount	State Amount
• Blue Ridge:	\$1,870,455.38	\$230,902.00
• Central Shenandoah:	\$906,661.69	\$22,796.35
• Lord Fairfax:	\$1,118,370.13	\$33,857.52
• Northern Virginia:	\$535,525.73	\$0
• Old Dominion:	\$3,237,881.03	\$951,695.90
• Peninsulas:	\$705,362.52	\$79,779.14
• Rappahannock:	\$540,033.47	\$0
• Southwest Virginia:	\$2,631,183.57	\$745,064.95
• Thomas Jefferson:	\$2,038,679.26	\$347,000.00
• Tidewater:	\$1,938,692.48	\$458,007.82
• Western Virginia	\$3,526,922.72	\$820,361.04



- RSAF Trends



- Program Events

- IV Pumps

The following email was directed to the for-profit non-hospital-based ground EMS agencies in Virginia:

*“The Virginia Office of Emergency Medical Services (OEMS) recognizes the important role and contributions by for-profit ground EMS agencies as part of the Virginia EMS system. It is for this reason OEMS has embarked on a campaign to offer to these EMS agencies long term loaning of specific patient care devices. The first such piece of equipment are transport IV infusion pumps.*

*We are reaching out to your agency to understand the number of such IV pumps your agency would need to assist in your delivery of EMS in Virginia. The cost of replacement supplies/circuits and on-going maintenance/testing is not part of this campaign.”*

- Loaner Ambulances

There is an emergency grant program which covers the replacement of critical infra-structure because of manmade or natural disasters (12VAC5-31- 2850, Virginia Emergency Medical Services Regulations, <https://law.lis.virginia.gov/admincode/title12/agency5/chapter31/section2850/>). With the pandemic and the resulting delays in availability and supply chain issues, agencies are stymied in providing services when vehicles are out of service but do not meet the emergency grant criteria. OEMS is embarking on a program to purchase Type I ambulances specifically as loaner units for use by non-profit EMS agencies providing primary 911 services who have been impacted and do not qualify for emergency grants. These units will be outfitted with loading systems, power stretchers, oxygen bottle lifting systems, programmable radios, and monitor/defibrillator SAE approved mounts. The units will be lettered as Office of EMS vehicles and plainly identified as “Loaner Units”. Finalization of necessary paperwork (loaner agreements, insurance, etc.) is currently underway and OEMS anticipates this program active within the next 30-45 days (depending on availability of items).

- Additional Activities

- Meetings/Conferences

- Met with New Virginia Zoll Rep – May 8

- RSAF Grants Conditions work session – May 15

- HB2175 – May 15, May 18, June 5, June 29, July 31

- Bound Tree meeting (medication vending devices) – May 18

- Sentara Halifax Meeting – May 22

- American Ambulance Association Executive Director– May 30

- Stryker New Regional Director – May 31

- FARC Spring 2023 Grading – June 1

- NASEMSO Pediatric Work Group – June 5, June 6, June 7, July 6, July 19, July 20

NASEMSO Annual Conference (Reno) – June 11-16  
RSAF Workshop, REMS – June 22  
RAA Drone Program presentation – June 26  
NAPSICO Board meeting – June 27  
FICEMS Webinar – June 28  
FARC Site visit meeting – July 20  
Bristol for Communications work session – July 26  
COOP Exercise – July 31

## **J) OEMS Patient Care Informatics Team**

- **Support**

For this quarter, the Informatics Team responded to 175+ support tickets, phone calls, and general emails. These inquiries and questions covered a variety of topics including but not limited to:

- Questions on Data Quality reports
- Validations issues (including failed submission questions)
- Electronic record documentation
- User account issues
- Updating facility information
- Working with ESO and ImageTrend on open vendor tickets to support EMS agencies and facilities with issues or questions.
- Access inquiries regarding:
  - Hospital Hub
  - EMS Data Repository
  - Historical Repository

Other tasks performed by the team included:

- Completing Data Quality Reports
- Reviewing agency information within the system for accuracy
- Following up with agencies on data issues.
- Working with the support system to determine the feasibility of loading support tickets into the Monday.com system.

- **Virginia Elite System – Historical**

The Informatics team's activities regarding the historical repository remain unchanged since the last quarter. The team continues to provide access to the historical site when needed. We also are directing agencies to the new repository to access historical records. To date, no agency has reported any issues retrieving older records. We continue monitoring this in case any issues occur.

- **ImageTrend Elite system**

Since the transition to ESO in 2021, an ImageTrend system has been provided through the Western

Region for use by Virginia EMS agencies. Agencies using this system were ones that were previously using the OEMS provided ImageTrend system prior to the ESO transition and have selected to continue using this EMS software platform.

The basic stats for the utilization of this system for the quarter was:

Number of agencies documenting one or more records	45
Records submitted under this Elite system	12,352
Percentage of records submitted for this quarter from this Elite system (Percentage is based on total records submitted for the quarter)	2.87%

Number of agencies that submitted less than 100 records	25
Number of agencies that submitted between 100 to 999 records	18
Number of agencies that submitted 1000 records or more	2

Please note all above data is based on the information provided by the EMS agencies.

- **ESO system**

For this quarter, the Informatics team continues to assist ESO with supporting the Virginia EMS agencies and hospital facilities with ESO related questions. Most questions the Informatics team received are related to data validation questions of which 95% of those can be addressed by our team. When agencies reach out with questions concerning ESO functionality, those are forwarded over to ESO support. Forwarded issues are tracked to ensure they are resolved and escalated when needed.

- **EMS Data Submission and Data Quality (Virginia EMS (ESO) Data Repository)**

Data quality statistics for the quarter:

<b>April 2023 stats</b>	
Number of agencies reporting	555
Number of agencies with data quality scores 98% or higher	351
Number of agencies with data quality scores between 95% and 97.99%	56
Number of agencies with data quality scores below 95%	89
Number of agencies that failed to report	69
Total number of records reported	134,026
Total number of failed records	4,579
Total number of passed records	129,477

<b>May 2023 stats</b>	
Number of agencies reporting	562

Number of agencies with data quality scores 98% or higher	374
Number of agencies with data quality scores between 95% and 97.99%	58
Number of agencies with data quality scores below 95%	86
Number of agencies that failed to report	46
Total number of records reported	145,684
Total number of failed records	3,932
Total number of passed records	141,752
<b>June 2023 stats</b>	
Number of agencies reporting	562
Number of agencies with data quality scores 98% or higher	374
Number of agencies with data quality scores between 95% and 97.99%	52
Number of agencies with data quality scores below 95%	76
Number of agencies that failed to report	59
Total number of records reported	139,501
Total number of failed records	4,090
Total number of passed records	135,411

Our goal is to continue to work with agencies and their EMS software vendor of choice to improve the quality of the data received.

- **NEMSIS version 3.5 transition**

During this quarter, the Informatics team finalized the materials for publication to the NEMSIS website related to the transition from the NEMSIS 3.4 data standard to NEMSIS 3.5. This included the following 3.5 items:

- Virginia Data Dictionary (3.5.0.1)
- State Data Set
- Demographic Data Schematron
- Patient Care Report Schematron (validation rules)
- Plain Language summary of validation rules
- Recommended Cause of Injury list
- Recommended Incident Location Type list
- Recommended Procedure list
- Medication list (researchers' reference)

The repository vendor also announced their 3.5 repository development has been completed. With the necessary materials posted and the repository ready, we announced a testing phase with 3.5 and another EMS software vendor for the month of July. Assuming all testing goes well, the notice stated the repository will be open to receiving 3.5 demographics data and EMS data beginning on August 1, 2023. The timeline published to close out receiving data under the NEMSIS 3.4 standard is December

31, 2023. While no issues are anticipated, should any come up during the testing phase, the timeline will be adjusted accordingly.

- **Trauma Registry/Biospatial**

It's been a great Q2 with some challenges and finished projects. The trauma registry experienced issues with the 2023 submissions from outside facilities due to file design changes the American College of Surgeons (ACS) released for 2023. On three different occasions issues were discovered that prevented ESO from completing development using the 2023 standard. After countless meetings and discovering that the found issues may not be resolved by ACS until mid to late 2023, it was decided to continue using the 2022 standard. New data elements adopted by NTDB for 2023 would be unavailable but OEMS is still able to receive required data from the trauma centers bases on Virginia reporting standards.

The 2023 trauma data dictionary has been completed and sent to ESO on June 23<sup>rd</sup>, 2023. We would like to thank the Trauma and Critical care team for all the meetings, reviews and feedback received from them on this project. This dictionary is now slated to be released Jan 1, 2024, because of the issues with ACS and the time ESO requires to implement the document. Updates for 2024 will be added to the dictionary before it is released to the facilities in Virginia. The Informatics team will work closely with the ESO trauma registry team for any updates needed and release of the data dictionary.

To help increase foot traffic to the Biospatial platform, the team started sending out monthly emails to all EMS agency super users. These emails promote different dashboards and magnify aspects of the agency's day to day operations they can use to track performance and identify areas they may need to improve in. Since the distribution of these emails in May 2023 we have increased the user count by 16 and believe this will continue to tread upward. We will also be sending Biospatial the trauma data for Q1 2023, since that data is now available. We are hoping to introduce Biospatial to the hospitals and trauma centers next quarter.

We still attend weekly meetings about the stroke registry, HDE rollout to the hospitals and a standup meeting that's held twice a week. During the standup meeting we review and receive updates about all the outstanding issues and current projects. This helps keep everyone informed and presents the opportunity to aid individuals where needed.

- **Ad Hoc Reports:**

The OEMS Epidemiology Team received 12 data requests in the second quarter of 2023. Three specific requests are discussed below.

- Requests were made for the number of traumatic brain injuries reported to the Virginia Statewide Trauma Registry (VSTR) between April and May 2023. During this timeframe, 1,338 brain injury incidents were documented in VSTR among patients who did not expire from their injuries.
- A request was made for the number of naloxone administrations resulting in patient improvement occurring in Virginia between January 1 and December 31, 2021. During this timeframe, there were 7,607 naloxone administrations with a positive response to medication

reported by Virginia EMS providers for 6,344 patients. The total doses of naloxone administered is more than the number of patients who received naloxone, as the same patient can receive multiple doses.

- A request was made for the number of EMS crew member IDs that were documented on 10 or more calls between January 1 and December 31, 2022. During this timeframe, 26,755 EMS crew member IDs were documented during at least one EMS response. A total of 21,350 (79.8%) EMS crew member IDs were documented on 10 or more calls.

- **Meeting Attendance and Training Participation:**

During the second quarter of 2023, the OEMS Epidemiology Program Manager and OEMS Epidemiologist Senior participated in several meetings and training opportunities, including:

- Overdose Surveillance Workgroup meetings,
- Overdose Prevention Workgroup meetings,
- OD2A grant strategy meetings,
- EMS Advisory Board committee meetings,
- Council for Public Health Informatics Advisory Council meetings,
- VDH Data Learning Collective and SQL workgroup meetings,
- OEMS-Qlarion-ESO working sessions,
- VDH Epidemiology Advisory Committee meetings,
- OEMS-Biospatial meetings,
- Stroke Registry meetings,
- Virginia Stroke Systems Taskforce meeting,
- VDH All-Epidemiology meeting,
- Biospatial training for Virginia agencies,
- APOT facilitators meeting,
- AACT training,
- ArcGIS support training,
- Tableau Desktop Level 1 training,
- Council for State and Territorial Epidemiologists' annual conference,
- ESO WAVE annual conference,
- Tableau annual conference,
- 2023 Virginia Firearm Injury Symposium,
- 2023 Healthcare NLP Summit,
- Prehospital Care Research Forum Journal Clubs, and
- VDH Coffee Chats.

## **K) What's New in ESO Products for the Commonwealth of Virginia**



ESO is proud to support the Virginia Office of EMS (VAOEMS) in achieving its mission of reducing death and disability resulting from sudden or serious injury and illness in the Commonwealth and providing the highest quality emergency medical care possible to those in need. We both acknowledge the importance of data in providing the best care possible to the communities you serve. ESO is committed to providing software that empowers all EMS agencies to capture, interpret, and act on their data.

VAOEMS is a strategic partner to us, as well as a source of input that influences the EMS product enhancements and features we implement nationally. With that, we are sharing several exciting product updates so you know what to expect with your ESO software now and in the future.

- **ESO EMS Products**

We are constantly optimizing and updating ESO EHR to ensure your data is secure and you have access to the most current information that will help your day-to-day work. We have recently added the American College of Surgeons (ACS) 2021 Trauma Triage Guidelines to help you determine the best transport option. The addition of the Richmond Agitation Sedation Scale helps you assess the level of consciousness (LOC) of patients who are receiving sedatives or document why they were administered. And as always, we are deploying security enhancements like multi-factor authentication (MFA) to ensure our products uphold the highest standards in security and keep your data safe.

We have an exciting new custom rule builder addition coming soon to ESO EHR. This feature will allow your agency to create a set number of custom rules in your environment so you can collect the data you want to collect. The feature is currently in beta testing, but we expect it to be available to you in 2023.

Finally, [ESO Checklists](#) is now available! Part of the [Logistics Management module](#), ESO Checklists keeps your agency response ready by eliminating manual processes with dynamic daily checklists, automated follow-ups, and reporting. [Schedule a demo](#) to learn more about Logistics Management today.

- **ESO Insights**

ESO Insights is now available for all ESO EHR users. It provides a single reporting experience that allows users to explore, analyze, and build custom dashboards to uncover actionable data insights. We have recently improved the search function on dashboards so you can access data insights faster.

Want to know more? Check out the [training portal on esosuite.net](#) for details and how-to articles.

- **ESO State EMS Repository**

The new ESO EMS Repository will launch in the coming weeks, and we could not be more excited to enable VAOEMS to unlock the full potential of state EMS data.

You can [download our product brochure](#) for more information on the product highlights we're most excited about. Here are the latest product updates:

- *Patient Care Report (PCR) Details (including XML download):* Access details about data submission and validation issues and better understand the root cause of issues with this new

feature for both agencies and state data managers. This is a much-requested update from our Commonwealth partners that we are happy to deliver.

- *Demographic (DEM) Search and Details Screen (including XML download)*: This feature reduces the turnaround time for agencies to make successful PCR submissions by enabling state data managers to search DEM files without assistance from ESO Support.

- **NEMSIS 3.5 Transition**

The Commonwealth of Virginia will transition to National Emergency Medical Services Information System (NEMSIS) 3.5 in the coming weeks. ESO is working on updates to ensure your software will be compliant with NEMSIS 3.5 standards.

*What to expect in your ESO software with NEMSIS 3.5:*

- ESO EHR will maintain the same look and feel and will include the new NEMSIS 3.5 Disposition workflow.
- ESO will automatically enable all fields and rules required for submitting records to your state.
- All records in progress or records created and locked by the transition date should be completed and submitted in the older version. All new web records started after the transition date will be in the new NEMSIS 3.5 format.
- You will receive an email from ESO soon with more details.

We look forward to providing you with more exciting product updates in the future. And remember, ESO is here to help you. Whether you have a general support question, need technical assistance, are looking for training, have billing questions, or would like additional help with your ESO product, you can submit a ticket to [ESO Support](#), and we will be in touch.

# **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) State EMS Leaders Attend Annual NASEMSO Meeting in Nevada and Serve on National Committees**

On June 11-15, Virginia Office of Emergency Medical Services (OEMS) staff attended the National Association of State EMS Officials (NASEMSO) Annual Meeting in Reno, Nevada. Virginia OEMS continues to be revered as a leader in coordinating an effective and efficient statewide EMS system, and as such, many OEMS leadership and Division Directors were selected to serve on these national level committees as chairpersons or members representing Virginia. Staff participated in various committee meetings on topics including health and preparedness, education, trauma, EMS for Children, data, medical directors, paramedicine, agency/vehicle licensure, etc. Learn more at: <https://nasemso.org/news-events/events/event/nasemso-annual-meeting-june-11-15-2023/>.

**Debbie Akers**, OEMS division director of Accreditation, Certification and Education attended the inaugural meeting of the NASEMSO [Education Council](#) on June 13 and June 14. Representatives from federal partners with the National Highway Traffic Safety Association (NHTSA), National Registry, Committee on Accreditation for the EMS Professions, National Association of EMTs (NAEMT) - NAEMT and the International Board of Specialty Certifications, provided updated reports to the Council. Significant work was accomplished, including the final review of the Advanced EMT (AEMT) Student Minimum Competency document that will be used as a resource for all state offices in establishing the guidelines for determining entry level competency for AEMT students, which will allow these individuals to move forward with the National Registry cognitive examination. This will eliminate the need to conduct AEMT psychomotor examinations. NHTSA provided information about a senate bill that is being proposed to allow the formation of the Paramedic Professional, which will allow Paramedics with master's degrees to be recognized at the same level as a Physician Assistant and Nurse Practitioner.

**Michael Berg**, OEMS division director of EMS Systems Funding, lead the NASEMSO [Agency, Vehicle and Licensure Committee](#) in the absence of the designated chair who was unable to attend. The primary focus of the meeting covered ambulance chassis availability and how states were addressing exceptions to the various published standards for ambulances in their states. He also attended the South Regional session and the state Health and Preparedness Council, which is chaired by Karen Owens with OEMS.

**Adam Harrell**, OEMS associate director, presented research regarding the statewide evaluation of validated EMS patient safety clinical trigger tool criteria in the Commonwealth of Virginia. Adam shared this research during the [Data Managers Council](#) meeting, which he also serves on as a member. The Data Managers Council formulates recommendations on policies and positions specific to EMS data systems. This council serves as a national leader in developing and maintaining a fully integrated and functioning National EMS Information System in all states and territories.

**Karen Owens**, OEMS division director of Emergency Operations, participated in various meetings during the annual meeting. On Sunday, she presented information to new state EMS officials regarding the purpose of the NASEMSO [Health and Medical Preparedness Council](#), which she also serves on as chair. On Tuesday, she conducted the Health and Medical Preparedness Council meeting, which brings together EMS preparedness staff members from various states and territories. Conversations were held regarding patient tracking and support technology, the desire to seek a separate Emergency Support Functions for EMS providers, and other relevant topics. Karen also participated in the membership meeting, providing updates on the Health and Medical Preparedness Council and the focus for the next year.

**Tim Perkins**, OEMS division director of Community Health and Technical Resources lead the NASEMSO [Rural EMS Committee](#), which he serves on as chair. Discussion involved creating a mission statement, in addition to issues facing staffing, technology, costs assessment and sustainability. This committee focuses on the needs facing EMS systems in rural and frontier areas, such as inaccessibility, aging infrastructure, communications technology, etc. Tim also assists the chair of the NASEMSO [Community Paramedicine-Mobile Integrated Health Committee](#) (CP-MIH). The CP-MIH meeting centered around the best way for providers to document patient interactions, and if they should be treated like a regular EMS run report. Many states are trying to determine the best approach from the perspective of documenting the interaction and providing useful data.

Additional OEMS staff who participated in this annual meeting and attended various sessions, included **Gary Brown**, OEMS director and treasurer of NASEMSO; **Scott Winston**, OEMS assistant director; **George Lindbeck**, M.D., Virginia State EMS and Trauma Systems Medical Director and member of the NASEMSO [Medical Directors Council](#); **Melinda Carter**, OEMS division director of Trauma and Critical Care and member of the NASEMSO [Trauma Managers Council](#); **David Edwards**, Virginia EMS for Children coordinator and member of the NASEMSO [Pediatric Emergency Care Council](#).

NASEMSO is the permanent national leadership organization that supports, equips and advocates for state, territorial and tribal EMS officials in their work to improve systems of care and the professionals operating in them. The NASEMSO Annual Meeting is designed for its primary members who are key personnel in state offices of EMS to share ideas and provide a forum for the exchange of information

and the discussion of common concerns among state, territorial and tribal EMS officials. It is also an ideal venue for federal, association and business partners whose mission relates to emergency medical services, specialty systems of care (trauma, stroke, STEMI, overdose), disaster preparedness and related matters. Learn more about [NASEMSO's Annual Meeting](#).

## **B) Notice of Termination of the Emergency Triage, Treat, and Transport Model**

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard,  
Baltimore, Maryland 21244

June 28, 2023

**TO:** ET3 Model Participants

**SUBJECT:** Notice of Termination of the Emergency Triage, Treat, and Transport Model

Thank you for your continued efforts and commitment to the Emergency Triage, Treat, and Transport (ET3) Model.

After careful consideration, the Centers for Medicare & Medicaid Services (CMS) has decided to end the ET3 Model (the “Model”) early, on December 31, 2023, which is two years prior to the ET3 Model Participation Agreement’s (the “Agreement”) original Performance Period end date.

Article 19.3(b) of the Agreement provides that CMS may immediately or with advance notice terminate the Agreement by promptly notifying the Participant, in writing, of the effective date of the termination and the reason for such termination. CMS may terminate the Agreement if CMS determines in its sole discretion that CMS no longer has the funds to support the Model or that continuing the Model is no longer in the public interest.

CMS has determined that it is in the public interest to end the ET3 Model. CMS made this determination based on a number of factors, including the current number of interventions. Current and projected number of interventions are lower than the number anticipated when the Model was designed. This affects the cost of operating the Model relative to its expected benefits, the ability of CMS to conduct a robust quantitative evaluation of the Model’s impact, and the Model’s ability to achieve the estimated Medicare savings in the Model’s design. For these reasons, CMS has determined that it is not in the public interest to test the Model in Performance Year 4 (i.e., Calendar Year 2024) through Performance Year 5 (i.e., Calendar Year 2025) and has good cause to unilaterally amend the Agreement to modify its Performance Period.

As a result of this decision, CMS intends to release an amendment to the Agreement within 30 days of this notice to modify the Model performance period. Article 21.4 of the Agreement provides that CMS may unilaterally amend the Agreement or any Appendix thereto as specified in the Agreement, including its Appendices, or for good cause or as necessary to comply with applicable federal or State law, regulatory requirements, accreditation standards or licensing guidelines or rules.

This decision does not affect Model Participants’ participation in the Model through December 31, 2023, the ability to bill for ET3 interventions with a date of service through December 31, 2023, or the ability to

receive performance-based payments. In addition, this does not impact Participants' ability to apply for any subsequent or future models. If you have any questions, please email [ET3Model@cms.hhs.gov](mailto:ET3Model@cms.hhs.gov).

Thank you for your participation in the ET3 Model.

Sincerely,

Arrah Tabe-Bedward, Deputy Director  
Center for Medicare and Medicaid Innovation  
Centers for Medicare & Medicaid Serv

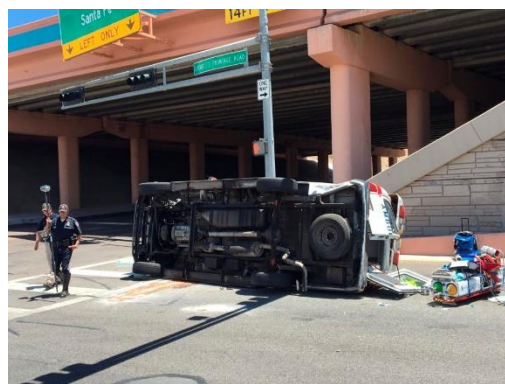
### C) Testing Child Restraint Devices for Ambulances

On March 9, 2023, NASEMSO began a 15-month project (Method for Testing Child Restraint Devices in Ground Ambulances), funded by the National Traffic Highway Safety Administration (NHTSA) Office of Emergency Medical Services (OEMS), which will take the critical, initial steps to improve the safety of children transported by ambulance.

- **Method for Testing Child Restraint Devices in Ground Ambulances Project Overview**

This 15-month project (March 2023-June 2024) will focus on drafting crash test methodology intended to evaluate the safety of commercially available devices used to secure children in the back of an ambulance. Test methods will be drafted for three unique transport situations:

1. supine pediatric patients (i.e., laying on their back on an adult sized cot);
2. seated pediatric patients or child passengers; and
3. supine neonatal patients.



*2016 ambulance crash in Albuquerque, NM, involving an infant ejected from an incubator. NHTSA's crash investigation report is [available here](#).*

This project is the **first phase** of a three-step process to develop, validate, and publish these three new child restraint test methods. This project will be completed collaboratively with industry experts (product manufacturers and ambulance builders), emergency medical service (EMS) clinicians, crash test laboratories, and federal and state partners. Three workgroups are being formed to draft the test methods for each of the above transport situations. Once the test methods have been drafted,



NASEMSO hopes to support the next phase of the project: crash testing of pediatric restraint devices currently available in the U.S. market. When funded, the crash testing phase will be used to both validate the draft test methods and evaluate existing and newly designed pediatric transport products.

The Technical Project Lead is Jim Green, who recently retired from his role on a related multi-year research project at the National Institute for Occupational Safety and Health (NIOSH). The NIOSH-led collaborative project drove dramatic improvements in EMS clinician and adult patient ambulance crash safety. Green will utilize a similar approach in the effort to improve child safety in ground ambulances. NASEMSO support is provided by Rachael Alter (Project Manager) and Adrienne Wilson (Project Coordinator).

For more information, contact NASEMSO Program Manager Rachael Alter at [alter@nasemso.org](mailto:alter@nasemso.org).

- **Background and Importance**

With ambulance crash rates at least 2.5 times greater than that of an automobile <sup>1</sup>, and an average of 841,000 children transported in ambulances annually in the United States, development and testing of crashworthy pediatric restraint devices for ambulances is long overdue.

From 2003 – 2017, federal research led to dramatic improvements in EMS clinician and adult patient safety when involved in an ambulance crash. These efforts resulted in the publication of [ten new standards](#) covering key components such as EMS clinician seating, patient cot and cot retention system, cabinets, equipment mounts, and the ambulance body structure. These documents have been embraced by national standard setting bodies and state EMS regulators. Unfortunately, the safe transport of children (neonates, infants, toddlers, pre-teens) has not been addressed by any of these [standards](#).

***Without standards, state regulators and purchasers have no way to distinguish high-quality, safe, pediatric transport devices from those that are inadequate or even dangerous.***

Just as there are specific standards for both child car and booster seats in a personal vehicle, standards are necessary to ensure the safety of devices used to transport children in ambulances, as children simply cannot be secured safely on an adult cot. Due to the unique transport needs of the pediatric population, NASEMSO, along with national experts, recommends the creation of pediatric transport standards, which would address three ambulance transport scenarios based on patient size, illness and/or injury.

- **What can be done?**

Thanks to the support from NHTSA OEMS, the **Method for Testing Child Restraint Devices in Ground Ambulances** project is the first step of a three-phase process to develop (phase 1), validate (phase 2), and publish (phase 3) child restraint test methods. We expect the active participation of ambulance manufacturers and their suppliers, pediatric transport device manufacturers, pediatric transport experts, EMS clinicians, and key government officials throughout this first phase.

**Completion of all three phases of this project is expected to last approximately 5 years.**





# 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 Training & Certification Committee meeting scheduled for July 12, 2023 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 July 13, 2023 was held at the Embassy Suites in Richmond, VA.

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, 2023.

- A. EMS accreditation program.

1. Emergency Medical Technician (EMT)

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
- (8) Albemarle Co Dept of Fire
- (9) Roanoke Valley Regional Fire/EMS Training

## 2. Advanced Emergency Medical Technician (AEMT)

The following AEMT programs are under Letter of Review:

- (1) Fauquier County
- (2) Hampton Roads Regional EMS Academy
- (3) Augusta County
- (4) Accomack 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
- (9) Richmond Ambulance Authority

## 3. Paramedic – Initial

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

- a) Chesterfield Fire and EMS is completing their first Paramedic cohort.
- b) Hanover Fire/EMS has named Michael Biamonte as their new Program Director.
- c) Newport News Fire has been issued a Letter of Review for their initial cohort class.

### Paramedic Reaccreditation

- a) The site visit for J Sargeant Reynolds was conducted on June 12 & 13.
- b) The virtual site visit for VCU is scheduled for October 26 & 27.

National accreditation occurs through the *Committee on Accreditation of Educational Programs for the EMS Professions* (CoAEMSP – [www.coaemsp.org](http://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

The National Registry has announced the sunset dates for ALS (AEMT & Paramedic) Psychomotor Testing. Any psychomotor testing that has not been attempted prior to July 1, 2024 will be marked for terminal competency by their Program Director. Any testing candidate who begins their psychomotor testing prior to July 1, 2024 will be required to complete the psychomotor testing process. All ALS psychomotor testing will end as of June 30, 2025.

### **National Registry Adopts Scaled Score Reporting for Examinations**

The National Registry of Emergency Medical Technicians is introducing a new score report this summer. The new scaled score report launches June 1, 2023, and is specifically for candidates who were unsuccessful in their National Registry examination attempt. The report will deliver accurate, transparent, and standardized information to aid candidates to prepare for their next examination.

The new report provides a unique score that will allow candidates to see exactly how they performed in comparison to what it will take to be successful on their next attempt. A benefit of scaled score is that it is standardized, meaning it is statistically adjusted to account for variations in the difficulty level of different versions of the test.

The introduction of the scale score is aligned with the industry standards and NCCA accreditation requirements and also benefits candidates, states and educators by comparing the performance of test-takers with a uniform metric, making it easier to evaluate and contrast individual performances.

During the transition period, through September 1, 2023, unsuccessful candidates will continue to receive Domain-Level feedback, the current feedback model, that outlines if they were “below, near or above passing” in addition to the new scaled score based on overall test performance.

Scaled Scoring is used across testing organizations because of precise and accurate results when comparing test performances.

## General Updates

### **2021 NEMSES Adoption Reminders**

- All initial certification courses with a start date on or after January 1, 2023 **MUST** be using the 2021 National EMS Education Standards as the curricular basis for the program.
- All EMR and EMT courses are required to use the Virginia Student Minimum Competencies Matrix v1.2.2023. This is a new version that goes into effect for new courses with a start date of April 1, 2023 and forward.

- All EMR and EMT courses are required to conduct a Terminal Competency Psychomotor Exam (TCPE) the requirements of which are the responsibility of the EC and EMS Physician.
- All NEMSES related materials, guidance documents and forms can be easily located in Blackboard under Organizations>Education Coordinator Village. If you need assistance with Blackboard, please reach out to Jasper Williams at [jasper.williams@vdh.virginia.gov](mailto:jasper.williams@vdh.virginia.gov).
- Adoption of the 2021 NESMES--at its core--includes a vision of improving the involvement of EMS Physicians in the EMS educational programs they endorse. This includes review and approval of the course structure and curricular sequencing, the review and sanctioning of major milestone exams, psychomotor skills competency numbers and authorization of the form and structure of the Terminal Competency Psychomotor Exam (TCPE).
  - The Office of EMS does not dictate the manner in which the psychomotor competency of your students is accomplished.
  - While you may use the Scenario Toolkit in Blackboard for your TCPE, it is not required by OEMS. The form and structure of the Terminal Competency Psychomotor Exam is to be determined by the Education Coordinator together with their EMS Physician.

### **QA/QI Site Visits at Accredited Programs**

Beginning in June, we added the accredited sites to our site visit calendar. These QA/QI Site Visits will not take the place of programmatic accreditation site visits that are required by your LOR or grant of accreditation. The QA/QI Team will be using the same Site Visit Rubric that is used for all other BLS programs. This rubric is posted on Blackboard in the Education Coordinator Village.

### **Changes to the Course Student Disposition Report**

The Course Student Disposition Report (CSDR) screens in the EMS Portal have transitioned to the 2021 NESMES and we have made several additional enhancements to this process as well as squashing some bugs. Please take a few minutes to review this Quick Guide so you are aware of what these screens will look like and how they will function within the overall EMS Portal system. [Click here for the Quick Guide.](#)

### **EMS Physician Changes to the Course Student Disposition Report**

The 2021 NEMSES has--at its core--a vision of improving the involvement of EMS Physicians in the EMS educational programs they endorse. In Virginia, this means many new opportunities for involvement in EMS education. From review and approval of the course structure and curricular sequencing to the review and sanctioning of major milestone exams, psychomotor skills competency numbers and authorization of the form and structure of the Terminal Competency Psychomotor Exam (TCPE) just to name a few.

As a part of the TCPE, EMS Physicians will be required to electronically sign off on the competency of students in the programs they endorse and they will complete this task in the Virginia EMS Portal.

We have created a short video specifically for EMS Physicians on YouTube for your EMS Physician should you find they are having difficulty with this process. [Click here for the video.](#)

## Education Program

### Education Coordinator Institute

The Division held an Education Coordinator Institute in late June with 26 providers completing the program. This brings the total certified Education Coordinators to 737.

### Education Coordinator Updates

The full schedule for EC Updates for the year is posted on the OEMS website.

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/>

New dates and locations for 2024 are being added as they are confirmed.

## EMS Training Funds

<b>Table. 1 – Virginia EMS Scholarship Program – FY23</b>				
<b>Certification Level</b>	<b>Q1</b>	<b>Q2 (cum)</b>	<b>Q3 (cum)</b>	<b>Q4 (cum)</b>
EMR	0.00	0.00	0.00	0.00
EMT	\$207,374.00	\$259,790.00	\$437,732.00	\$534,091.00
AEMT	\$22010.00	\$22,101.00	\$56,138.00	\$75,869.00
Paramedic	\$642,874.00	\$887,628.00	\$1,220,169.00	\$1,361,709.00
<b>Grand Total</b>	<b>\$872,258.00</b>	<b>\$1,169,428.00</b>	<b>\$1,714,039.00</b>	<b>\$1,971,668.00</b>

## Psychomotor Test Site Activity

- A. BLS Psychomotor Testing (CTS) has been replaced effective January 1, 2023 with the new program based Terminal Psychomotor Competency Exam. Details can be found here: <https://www.vdh.virginia.gov/emergency-medical-services/education-certification/educator-resources/terminal-competency-psychomotor-exam-date-request-nemses/terminal-competency-psychomotor-exam-defined/>

- 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
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- 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 is serving on the Governor's Right Help Right Now workgroup as the EMS representative.





## **IV. 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...and extended for development of the next version of the MOU. The Regional Councils submitted their Third Quarter reports throughout the month of April and are under review. OEMS continues to utilize the web based reporting application for the Regional EMS Councils to submit quarterly deliverables.

OEMS and the traditional regional councils have established fully executed MOUs through 30 June 2027. OEMS continues to meet with Regional Council Executive Directors on a frequent basis to discuss work plans, and other associated items. A meeting with the Regional Council executive directors took place on August 2, 2023.

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.

The most recent round of the Regional Council designation process was completed in 2022.

### **Medevac Program**

The Medevac Committee met on August 3, 2023. 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 366 entries into the Helicopter EMS system in Q2 of the 2023 calendar year. 74% of those entries (274 entries) were for interfacility transports, which is a slight increase from information from previous quarters. The total number of turndowns is a small decrease from 396 entries in Q2 of 2022. This data continues to demonstrate a commitment to the program and 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 developed a form intended for health care providers 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 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 CHaTR Division Director participates on the NASEMSO Air Medical Committee. OEMS and Medevac stakeholders monitor developments regarding legislation and other documents related to Medevac safety, regulation, and 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.

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, and approved by the Advisory Board on November 18, 2022. The State Board of Health will be presented with the Plan for approval in September of 2023.

The current version (2020-2022) of the State EMS Plan is available on the OEMS website:

<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>

CHaTR staff have been working with the Virginia Telehealth Network (VTN) throughout 2023 to develop the next steps in the integration of telehealth into all aspects of healthcare in Virginia.

## State Rural Health Plan

CHaTR staff continue the excellent collaboration with the State Office of Rural Health, including in assisting with the development of the State Rural Health Plan.

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](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 August 3, 2023. Previous WDC minutes are available on the OEMS website:

<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 (EMSO) Program:**



EMSO1 courses were held in 2023 at the following locations with the number of graduates noted for each offering below:

- 2023 Virginia Fire Chiefs Conference, 9 Graduates
- Loudoun County, 10 Graduates
- Central Virginia EMS Expo, 11 Graduates
- Caroline County Regional Fire-Rescue Spring School, 13 Graduates
- Tidewater Healthcare Education Expo, May 16-17, 12 Graduates
- VAVRS Rescue College, June 9-10, 14 Graduates

The next scheduled course offerings are at:

- Tri-City Regional Fire-EMS School, September 16-17
- Southwestern Virginia, September 20-21
- Loudoun County, TBD
- Rockingham County, October 14-15
- Virginia EMS Symposium, November 2023

Due to high demand, EMSO1 was offered as two concurrent classes at the 2022 Virginia EMS Symposium with 47 successfully completing the program. With the success of 2022, EMSO1 will be offered again at Symposium with 2 concurrent classes in 2023.

In all, twelve (12) to fourteen (14) course offerings are being planned for 2023. During the EMSO1 classes, additional instructors are regularly 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. Furthermore, the expansion of additional roleplay activities were introduced into the in-class portion of the programs at the Central Virginia EMS Expo and the Caroline County Regional Fire-Rescue Spring School with very positive feedback provided.

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 continues to provide technical assistance to agencies wishing to become Agencies of Excellence. City of Fairfax Fire Department is the newest Agency of Excellence, effective December 16, 2022. There are two agencies that are due for SoE site visits in the fall.

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. CHaTR staff participated in the network's recent meeting and training session held in February in conjunction with the Virginia Fire Chiefs Conference at the Virginia Beach EMS station.

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 Assessments**

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.

OEMS has reengaged with the PMG to do a complete assessment of the financial costs of the entire EMS system in Virginia. It is anticipated that a portion of the assessment will be completed before the end of 2023.

### **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 Sussex County on February 27-28, 2023, and is scheduled to be presented to the Fire Service Board for approval in September. The final report of the Sussex County study will then be released by the VDFP. The next scheduled studies are Amherst County on August 9, 2023, and Alleghany County on October 4-6, 2023.

Completed studies can be found on the VDFP website linked 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](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 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 State Office of Rural Health to perform assessments of EMS systems that have Critical Access Hospitals (CAH) in their service areas.

The CHaTR Division Director participates with the CAMTS MIH Program Standards workgroup, the NASEMSO CP-MIH workgroup, the National Association of Mobile Integrated Healthcare Providers (NAMIHP), the Joint Committee on Rural Emergency Care (JCREC), and is a member of the Virginia Rural Health Association (VRHA) Board of Directors. In July of 2022, Tim Perkins was appointed as



the chair of the NASEMSO Rural EMS Committee, and appointed as the co-chair of the JCREC in January of 2023.

## EMS For Children (EMSC) Program

### EMSC Registration Awards Again Available for 2023 Symposium

The Virginia EMSC Program will award up to fifty (50) EMSC Symposium Registration Awards for the 20232 Virginia EMS Symposium being held November 8-12, 2023, in Norfolk. To be eligible for the \$125 registration award, one must sign up for at least three pediatric-related classes and complete the information below:

#### EMSC Registration Award Application:

- 1) Name:
- 2) Certification Level:
- 3) Certification Number #:
- 4) Affiliation:
- 5) Home Address:
- 6) Email Address:
- 7) Phone Number:
- 8) Symposium Registration Invoice #:
- 9) Short Statement (*why you deserve an EMSC registration award*):



Submit the information to David P. Edwards, MBA (Virginia EMSC Coordinator) at [david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov). (Come see us at the EMSC Booth in the Hilton vendor hall.)

### New Four-Year EMSC State Partnership Grant Approved

The new EMSC State Partnership Grant from the Health Resources and Services Administration (IHRSA) began in April and will run through March 31, 2027 (with the possibility of a one-year extension). Extensive reporting requirements related to wrapping up the old grant and beginning the new one is ongoing. Every state in the United States was eligible to receive one EMSC State Partnership Grant, as well as nine U.S. protectorates. Virginia's grant was funded in its first year at a level \$190,650; future funding levels will depend upon annual congressional authorizations. Here is a short list of plans for the new grant period:

- Recruit and train EMS agency Pediatric Champions.
- Support increased offerings of regional pediatric training courses (NRP, PEPP, ENPC, Handtevy, pediatric emergencies CE, etc.).
- Facilitate EMS agency acquisitions of ambulance child restraints and as funds allow purchase and disseminate child restraints to volunteer EMS agencies.



- Support expansion of mobile continuing education in Virginia by purchasing advanced pediatric simulation manikins for more realistic scenario training.
- Facilitate regular EMS provider pediatric skills checking.
- Develop a voluntary hospital facility recognition program (EDs).
- Develop an EMS agency voluntary 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 continued pediatric disaster planning with hospitals and EMS agencies.
- Upon request, provide free on-site evaluations of Emergency Department basic pediatric readiness capabilities to req.
- Fund the designated Pediatric Track at the annual Virginia EMS Symposiums.

The grant is administered by the Division of Community Health and Technical Resources (CHaTR), with Tim Perkins as the Principal Investigator and David Edwards as the Program Manager. The EMS for Children Committee of the State EMS Advisory Board serves as an advisor to the EMSC program in its mission to make progress toward national EMSC Performance Measures goals.

### **Pediatric Emergency Care (PEC) Council**

Recently the Pediatric Emergency Care (PEC) Council, a standing council of the National Association of State EMS Officials (NASEMSO), assembled during the annual meeting in Nevada. 41 EMSC officials from 36 states and territories attended to discuss current EMS for Children initiatives, such as:

- Child restraints initiative (to develop pediatric ambulance crash testing standards to guide equipment manufacturers)
- National Pediatric Readiness Project (hospital emergency departments)
- Prehospital Pediatric Readiness Project (for EMS agencies/providers)
- National Roadway Safety Strategy (to decrease crash injuries/fatalities)
- Current national surveys of hospitals and EMS agencies being done by the EMSC program (to assess pediatric readiness through quality improvement strategies)
- Disaster preparedness toolkits (for prehospital and hospital use)
- Pediatric education toolkit (for EMS agencies)
- Community paramedicine programs
- Family Advisory Network (FAN) programs and initiatives in support of EMSC

Each participant brought examples of best practices used in improving pediatric emergency care in their states and territories, and Council work groups presented their developing work projects. Virginia contributes actively to the work of the Pediatric Emergency Care Council as part of its mission to improve quality pediatric emergency care in Virginia.

## EMSC Supports Regional Pediatric Training

The EMSC program supports pediatric focused training around the Commonwealth as funds allow. If your area needs help paying for or accessing a course, contact these members of the EMS for Children Committee and explain your need:

- PEPP (Pediatric Education for Prehospital Providers) -- Contact Jeremy Wampler ([jswampler5@gmail.com](mailto:jswampler5@gmail.com)).
- NRP (Neonatal Resuscitation Provider) with prehospital focus – Contact Dusty Lynn ([dustyllynnpedsrn@gmail.com](mailto:dustyllynnpedsrn@gmail.com)).
- Pediatric Emergencies continuing education topics – Contact Dusty Lynn ([dustyllynnpedsrn@gmail.com](mailto:dustyllynnpedsrn@gmail.com)), or Bob Page ([robert.page@vdh.virginia.gov](mailto:robert.page@vdh.virginia.gov)).
- ENPC (Emergency Nurse Pediatric Care) – Contact David Edwards ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)).

As part of this initiative, we are developing a pediatric training newsletter, with the first edition slated for distribution in mid-August.

## Pediatric Champions Recruitment Ramps Up

The EMSC program is collecting resources for EMS agency pediatric champion recruitment and education. See the information below:

### Pediatric Champion defined:

A Pediatric Champion or Pediatric Emergency Care Coordinator (PECC) is an individual(s) who is responsible for coordinating pediatric specific activities. A designated individual(s) who coordinates pediatric emergency care need not be dedicated solely to this role; it can be an individual(s) already in place who assumes this role as part of their existing duties. The individual(s) may be a member of the Emergency Department (ED) staff, EMS agency, *or work at a county or regional level and serve more than one agency.*

### Purpose:

The intent of designating and developing the role of a Pediatric Champion/PECC is to ensure that there is a dedicated individual(s) identified in the Emergency Department *or local EMS agency* that represents pediatric interests and performs some of the roles listed below. An Emergency Department or EMS agency *does not have to have a single person performing the functions of a Pediatric Champion/PECC.* The responsibilities can be fulfilled by two or more people.

### Who can fill this role?

Some **certifications** of the individual(s) who might fulfill the PECC role include, but are not limited to:

#### EMS Agencies

- Emergency Medical Technician (EMT) or Paramedic
- Registered Nurse (RN) or Advanced Practice Nurse (APN)
- Operational Medical Director (OMD) or Physician Assistant (PA)
- EMS Chief or Training Officer
- Other Prehospital professionals

- Additionally, there could be a region wide individual(s) that performs the responsibilities as a PECC for EMS agencies within a region

#### Emergency Departments

- Registered Nurse (RN) or Advanced Practice Nurse (APN)
- ED Physician or Physician Assistant (PA)
- Trauma Coordinator or ED Clinicians
- ED Manager

#### Responsibilities:

Some **responsibilities** of the individual(s) who might fulfill the PECC role could include, but are not limited to:

#### EMS Agency

- Ensure that the pediatric perspective is included in the development of EMS protocols.
- Ensure that fellow EMS providers follow pediatric clinical practice guidelines.
- Promote pediatric continuing-education opportunities.
- Oversee the pediatric-process improvement. Ensure the availability of pediatric medications, equipment, and supplies.
- Promote agency participation in pediatric-prevention programs.
- Promote agency participation in pediatric-research efforts.
- Liaise with the emergency department pediatric emergency care coordinator.
- Promote family-centered care at the agency.

#### Emergency Department

- Ensure that the pediatric perspective is included in the development of ED protocols.
- Ensure that fellow ED providers follow pediatric clinical practice guidelines.
- Promote pediatric continuing-education opportunities.
- Oversee the pediatric-process improvement.
- Ensure the availability of pediatric medications, equipment, and supplies.
- Promote ED participation in pediatric-prevention programs.
- Promote ED participation in pediatric-research efforts.
- Liaise with local EMS agency pediatric emergency care coordinators.
- Promote family-centered care in the ED.

In coming months there will be information on the EMSC program website in the Division of Community Health and Technical Resources (CHaTR). For more information about Pediatric Champions (or Pediatric Emergency Care Coordinators—PECCs), contact David Edwards ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)) or Lara Traylor ([ltraylor@vaems.org](mailto:ltraylor@vaems.org))

## Emergency Child Restraints

There is still a small number 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 ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)) 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.

The EMSC Committee is now exploring several alternative child restraint systems and devices to allow for reasonable best practices as the industry evolves.

*(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.)*

## EMS for Children's *Continuing* Request of Virginia Hospital EDs:

- 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 vital signs).

## Results Just Released -- 2023 EMS Agency Assessment

The results of the 2023 EMS Agency Assessment were just released. They were scheduled to be shared with the EMSC Committee on August 3, 2023, at their quarterly meeting. An excerpt of these results will be available in the next Quarterly Report in November, and at the 2023 Virginia EMS Symposium.

## Handtevy Project Update

The Office of EMS launched the partnership with Handtevy in January of 2022. The project offers the Handtevy Classic technology (with licenses for each ALS provider) and one length-based pediatric tape for each permitted EMS vehicle at no cost to Virginia ALS agencies. Additionally, Virginia has negotiated discount pricing on Handtevy durable equipment components. Since the January 2022 launch, 253 agencies have signed on for the Handtevy technology. For additional information on the Handtevy project, please contact Tim Perkins.

## Suggestions/Questions

Please submit suggestions or questions related to the Virginia EMSC Program to David P. Edwards via email ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)), or by calling 804-888-9100. 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](mailto: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 <a href="mailto:karen.owens@vdh.virginia.gov">karen.owens@vdh.virginia.gov</a>
Sam Burnette	Emergency Services Coordinator Staff Support – Communications Committee <a href="mailto:samuel.burnette@vdh.virginia.gov">samuel.burnette@vdh.virginia.gov</a>
Kari Magner	Emergency Operations Planner Staff Support – Emergency Management Committee <a href="mailto:kari.magner@vdh.virginia.gov">kari.magner@vdh.virginia.gov</a>
Devin Chinault	Emergency Operations - Communications Specialist Staff Support – Communications Committee <a href="mailto:devin.chinault@vdh.virginia.gov">devin.chinault@vdh.virginia.gov</a>
Amber Wells	Emergency Operations - PSAP Specialist / EMD Accreditation Coordinator Staff Support – Communications Committee <a href="mailto:amber.wells@vdh.virginia.gov">amber.wells@vdh.virginia.gov</a>

### **TRAINING AND EXERCISES**

#### **• ICS 300 - Virginia Office of EMS**

The Virginia Office of EMS hosted an *ICS 300 Intermediate Incident Command for Expanding Incidents* course on May 2-4, 2023, at its Glen Allen, Virginia headquarters. Sam Burnette served as co-instructor for this VDEM-sponsored delivery in coordination with the VDH Office of Emergency Preparedness. Students included representatives from local VDH health districts, area fire departments, and OEMS staff member Kari Magner. ICS 300 is designed to provide training on and resources for overall incident management skills for personnel who require intermediate application of ICS.

- **VESTEX 2023**

On May 9, 2023, Kari Manger participated in the annual VESTEX (VEST Exercise) at the Virginia Emergency Operations Center (VEOC). This exercise tested the ability of Emergency Support Function (ESF-8) Public Health and Emergency Medical to meet health and EMS needs during a hurricane event impacting the Commonwealth. Lessons learned from this event have been gathered to strengthen VDH and OEMS's response to critical incidents.

- **2023 Virginia Behavioral Health Summit**

Kari Magner and Amber Wells attended the annual Virginia Behavioral Health Summit hosted by the Virginia Hospital and Healthcare Association on June 22, 2023. While attending the event, Kari and Amber gained knowledge on the behavioral health updates and evolving projects the healthcare system, how hospitals and EMS agencies need to work together for provided the most appropriate care to patients and their families. Kari and Amber were able to network with community partners and stakeholders to ensure EMS is included in studies and remain an available resource for partnering in information output and gathering.

- **ICS 400 - Virginia Office of EMS**

The Virginia Office of EMS hosted an ICS 400 *Advanced Incident Command System for Complex Incidents* course on July 11-12, 2023, at its Glen Allen, Virginia headquarters. Sam Burnette served as co-instructor for this VDEM-sponsored delivery in coordination with the VDH Office of Emergency Preparedness. Students included representatives from local VDH health districts, area fire departments, and OEMS staff members Kari Magner and Amber Wells. ICS 400 is designed for personnel who may perform in a management capacity for major or complex incidents.

- **Ebola Virus Disease/Highly Infectious Disease Decedent Management Webinar Meeting**

On July 20, 2023, Kari Magner virtually represented the Office of EMS on the VD/HID Decedent Management Webinar Meeting on behalf of Karen Owens. The purpose of the meeting is to focus on decedent management protocols and practices for Treatment and Assessment hospitals.

<b>PSAP / 9-1-1 CENTERS</b>
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- **Communications Directory Project**

Karen Owens, Sam Burnette, Devin Chinault, and Amber Wells continue to work on updating the OEMS online communications directory with the VDH Office of Information Management (OIM). Progress has been made to customize the directory to provide a method for 9-1-1 centers to update their information via an online portal. The beta testing phase of the portal has begun and scheduled to be completed in August of 2023.



- **Emergency Medical Dispatch Accreditation (EMDA) Guidelines and Accreditation Status**

Amber Wells continues to review and refine the EMD Accreditation Guidelines for best practice and efficiency. Amber continues to work on record maintenance and accreditation outreach for new accreditations and re-accrediting PSAP centers.

- **Emergency Medical Dispatch Accreditation Program**

The Office of EMS (OEMS) approved the three (3) applications for EMD reaccreditation. These agencies were Eastern Shore 911, Hanover County Public Safety Emergency Communications Center, and the City of Alexandria Emergency & Customer Communications.

OEMS also received two (2) applications for reaccreditation. Six (6) PSAPs were notified of their expired or expiring EMD Accreditation.

- **Rescue Squad Assistance Fund (RSAF) – Emergency Medical Dispatch Grant Awards**

OEMS awarded five (5) Rescue Squad Assistance Fund (RSAF) grants for emergency medical dispatch (EMD) implementation on July 1, 2023. The jurisdictions receiving these awards were City of Covington, Floyd County, Giles County, King William County, and the City of Petersburg.

- **Emergency Medical Dispatch (EMD) Regulation**

Karen Owens, Sam Burnette, and Amber Wells continue to work with Rules and Regulations to begin the Notice of Intended Regulatory Action (NOIRA) process, regulation development and minimum training standards. The Code of Virginia requires PSAP centers to implement Emergency Medical Dispatch (EMD) by July 1, 2024 and delegates develop of these regulations to the Office of EMS and the State Board of Health.

- **9-1-1 Center visits**

Amber Wells and Kari Magner conducted three (3) PSAP visits. These visits provide Amber and Kari the opportunity to learn about the unique procedures and operations each PSAP provides. Each visit provides an opportunity to network with the center's leadership and their EMD staff. Kari was able to provide Continuity of Operations Plan assistance and guidance to PSAP centers that are currently developing or revitalizing their current plans.

- **July 2023 State of 911 Webinar**

On July 18, 2023, Sam Burnette and Amber Wells participated in the July 2023 911.gov State of 911 webinar. This virtual event provided information on the Pennsylvania Emergency Management Agency (PEMA) online PSAP data gathering portal. OEMS is currently exploring a similar project.

## COMMUNICATIONS AND TECHNOLOGY

- **2023 Virginia Association of Volunteer Rescue Squads (VAVRS) Rescue College**

Devin Chinault and Sam Burnette attended the VAVRS Rescue College event hosted at Virginia Tech between June 9-18, 2023. OEMS provided communications support for the event. In addition to this support, staff members testing push-to-talk (PTT) and land mobile radio (LMR) integration utilizing the L3Harris BeOn platform. This platform integrates PTT features on a cellular device to communicate on an LMR network.

Staff members also used OEMS' PCTel Public Safety Network Testing Solution to conduct cellular coverage testing on the campus of Virginia Tech and the surrounding area of Blacksburg, Virginia. The carrier-agnostic test provided data on the strongest signal strength regardless of carrier which was able to be plotted visually on an aerial map.

- **Communications Package Standardization**

Devin is working with communications vendors to create a standardized vehicle upfit package for all new OEMS purchased and leased vehicles that require communications equipment.

- **Radio Programming Course – L3Harris - Lynchburg**

Devin Chinault attended the L3 Harris XL-Series radio programming class that was hosted at the L3 Harris Corporation office in Lynchburg on June 20-21, 2023. During this two-day course, Devin received instruction on how to program conventional and trunked radio systems, how to create programming templates for deployments of radios, and basic end-user troubleshooting for these radios.

## PLANNING

- **OEMS Continuity of Operations Planning Committee Meeting**

Kari Magner conducted a review of the Continuity of Operations Plan with the COOP Committee members to discuss each section and who needed to review and provide input. Following the meeting, Kari Manger shared the document and provided everyone with the pages and sections they needed to update. This information was given back to Kari by all participants so an updated COOP can be compiled and shared with all staff.

- **National Weather Service Briefing on the 2023 Hurricane Season**

Kari Magner virtually attended this webinar presented by the NWS to understand what predictions are in place for the 2023 Hurricane Season and what impacts this may have on the Commonwealth. This information is being used to plan for impacts on EMS agencies.

- **Blue Ridge EMS Council Regional MCI Planning Meetings**

Kari Magner has virtually attended several MCI planning meetings for the Blue Ridge EMS Council as they prepare to conduct an MCI tabletop exercise later this year. She represents the Office of EMS and provides subject matter expertise and experience to the committee as the planning process begins.

- **9-1-1 Center/Public Safety Answering Point (PSAP) Visits**

Kari Magner has traveled with Amber Wells to several PSAPs across the state to meet their planners and see what the Office of EMS can offer in the way of COOP planning and ensuring PSAPs are included in the planning process for EMS agencies.

- **2023 Virginia Healthcare Emergency Preparedness Summit**

On April 19, 2023, Kari Magner attended the Virginia Healthcare Emergency Preparedness Summit covering a case review of leadership in crisis from the October 1 Las Vegas Mass Casualty Incident. The Summit included breakout sessions on incident response, waivers and executive orders in disaster, and lessons learned from COVID-19.

- **Rappahannock EMS Council (REMS) Planning Meeting**

On July 6, 2023, Kari Magner met with staff from the REMS Council to discuss and update their COOP and other emergency plans. A 2-year plan was developed on how to get EMS agencies on board with developing and implementing Continuity Plans.

- **Southwest Virginia EMS Council**

On July 26-27, 2023, Kari Magner met with staff from the Southwest Virginia EMS Council to discuss their Continuity of Operations Plans and any additional Emergency Plans they have in place or wish to implement. The goal is also to develop plans like those in REMS to help EMS agencies develop and implement continuity plans for their agencies.

<b>HEALTH AND SAFETY</b>
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- **Hurricane Preparedness Infographic**

Kari Magner created a Hurricane Preparedness document to be shared on social media for the beginning of the 2023 Hurricane Season.

# **Division of Public Information and Education**

## **VI. Division of Public Information and Education**

### **Public Relations**

#### **Public Outreach via Marketing Mediums**

##### *Via Virginia EMS Blog*

The OEMS continues to share important updates and information via the Virginia EMS Blog on the OEMS homepage. (*This blog replaced the EMS Bulletin, which was an online newsletter that went out twice a year.*) This blog allows OEMS to share information in a timely, concise and web-friendly format.

##### *Via Virginia EMS Listserv (April – June)*

- **4/11/23** - EMS Training Opportunity - Tidewater Healthcare Education Expo, May 16-21, 2023
- **5/22/23** - Emergency Medical Services Week 2023: Where Emergency Care Begins
- **5/23/23** - Emergency Medical Services Week Recognizes the Determination and Commitment of Virginia's EMS Providers to Deliver Quality Prehospital Care and Save Lives – News Release
- **6/20/23** - House Bill 2175 - Statewide Fire and EMS Funding Study
- **6/28/23** - New Symposium Hotel Reservation System

##### *Via Social Media Outlets*

We continue to keep OEMS' Twitter and Facebook pages active, educational and relevant by posting regular 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 **April - June** are as follows:

- **April** – EMS Officer I training opportunity, National Public Safety Telecommunicators Week, measles awareness, VDH ICS 300 Intermediate ICS for Expanding Incidents training opportunity, severe weather safety bulletin, DEA National Drug Takeback, disaster financial preparedness infographic, Traffic Incident Management award nominations and Virginia EMS portal scheduled maintenance.
- **May** – National Hurricane Preparedness Week, National Fentanyl Awareness Day, EMS Officer I training opportunity, National Nurses Week, Virginia EMS Portal scheduled maintenance, EMS week daily shareables, EMS Week proclamation, EMS Week news release, EMS Week news article, National EMS Memorial Bike Ride and holiday office closure.

- **June** – Atlantic Hurricane Season, first responder appreciation day, Virginia EMS Portal scheduled maintenance, new interactive Trauma Triage Data Dashboard, air quality health alert, annual Virginia Fallen Firefighters and EMS Memorial Service, holiday office closure, Virginia EMS Symposium sponsorship opportunities, VDH ICS 400-Advanced Incident Command Systems training opportunity and Virginia EMS Symposium new hotel reservation system.

### 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

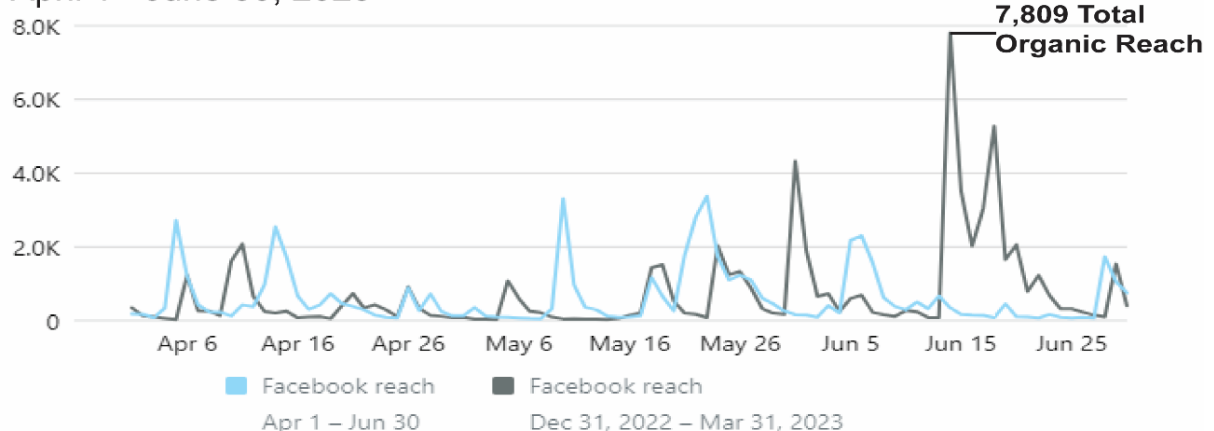
As of July 22, 2023, the OEMS Facebook page had 9,340 likes, which is an increase of 40 new likes April 25, 2023. As of July 22, 2023, the OEMS Twitter page had 5,195 followers, which is a decrease of 32 followers since April 25, 2023.

**Figure 1:** This graph shows the total organic reach\* of users who saw content from the OEMS Facebook page, April - June. 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 May 21, 2023. This post garnered 7,149 people reached and 152 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*

### Facebook Page Reach Activity

April 1 - June 30, 2023



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.

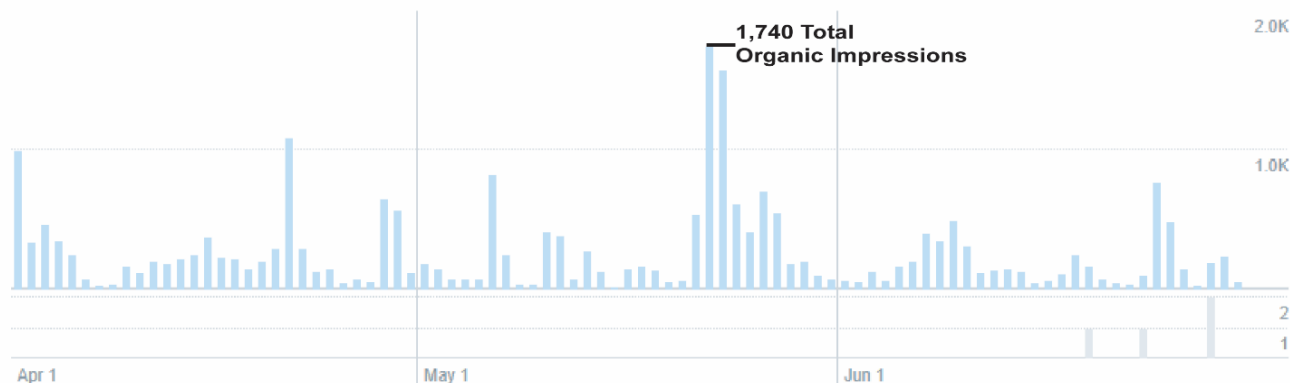
**Figure 2:** This graph shows the total organic impressions\* over a 91-day period on the OEMS Twitter page, April - June. **During this 91-day period, we earned 261 impressions per day. The most popular tweet received 2,710 organic impressions.**

\*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

April 1 - June 30, 2023

Your Tweets earned **23.8K impressions** over this **91 day** period



**Figure 3:** This table represents the top five most downloaded items on the OEMS website from April - June.

April	<ol style="list-style-type: none"> <li>1. Authorized DDNR form (456)</li> <li>2. Regulation and Compliance February Data Quality Report (265)</li> <li>3. Scope of Practice Procedures (174)</li> <li>4. Scope of Practice Formulary (171)</li> <li>5. Regulation and Compliance January Data Quality Report (158)</li> </ol>
May	<ol style="list-style-type: none"> <li>1. Authorized DDNR form (423)</li> <li>2. Scope of Practice Procedures (212)</li> <li>3. Scope of Practice Formulary (191)</li> <li>4. TPAM Manual (147)</li> <li>5. EMS Scholarship Quick Guide (141)</li> </ol>
June	<ol style="list-style-type: none"> <li>1. Authorized DDNR form (423)</li> <li>2. Regulation and Compliance May Data Quality Report (265)</li> <li>3. Scope of Practice Formulary (218)</li> <li>4. Scope of Practice Procedures (200)</li> <li>5. EMS Scholarship Quick Guide (172)</li> </ol>

**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 April - June.

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
April	5,268	00:50	27.03%
May	6,887	00:49	27.37%
June	6,553	00:51	27.16%

### 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
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#### EMS Week

- On May 22, 2023, the PR Assistant sent the EMS Week in Virginia email to all statewide EMS agencies. This included information about EMS Week and an electronic guide.
- On May 23, 2023, the PR Coordinator sent a statewide press release announcing EMS Week in Virginia.
- The PR Coordinator updated the EMS Week webpage and provided information that was posted on the main VDH homepage.
- The PR Coordinator posted EMS Week shareables on the website and shared them to social media. These EMS Week shareables coordinated with each day's theme. We had



two EMS Week posts that received a large organic reach on Facebook, including one post that reached 7,161 people and one post that reached 3,131 people.

### **Governor's EMS Awards**

- On May 20, 2023, the PR Assistant attended the Peninsulas EMS Council Regional Awards Presentation on behalf of the Office of EMS.

<b>Media Coverage</b>
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The PR Coordinator and PR Assistant are responsible for fielding the following OEMS media inquiries April - June, and submitting media alerts for the following requests:

- **April 11** – Reporter from the Virginia Mercury inquired about data pertaining to emergency responses to public schools requiring a defibrillator. Worked with SME to provide a response.

<b>OEMS Communications</b>
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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 with 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:

- **April to June** – 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 logging/sending VDH media alerts, replying to website feedback via the VDH website, providing back-up assistance for 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, provides backup assistance to upload 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 bi-weekly 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 second quarter, 2023:

<b>EMS Agency/Provider Compliance Enforcement Activity</b>							
<b>Enforcement</b>	<b>2023 1st Quarter</b>	<b>2023 2nd Quarter</b>	<b>2023 3rd Quarter</b>	<b>2023 4th Quarter</b>	<b>2023 YTD Totals</b>	<b>2022 Totals</b>	<b>2021 Totals</b>
<b>Citations</b>	<b>4</b>	<b>3</b>			<b>7</b>	<b>21</b>	<b>19</b>
EMS Agency	2	3			5	7	5
EMS Provider	2	0			2	14	14
<b>Verbal Warning</b>	<b>4</b>	<b>4</b>			<b>8</b>	<b>2</b>	<b>7</b>
EMS Agency	4	4			8	0	2
EMS Provider	0	0			0	2	5
<b>Correction Order</b>	<b>1</b>	<b>5</b>			<b>6</b>	<b>14</b>	<b>18</b>

EMS Agency	1	4			5	9	7
EMS Provider	0	1			1	5	11
<b>Suspension</b>	<b>22</b>	<b>14</b>			<b>36</b>	<b>52</b>	<b>28</b>
EMS Agency	0	1			1	5	3
EMS Provider	22	13			35	47	25
<b>Revocation</b>	<b>0</b>	<b>0</b>			<b>0</b>	<b>1</b>	<b>6</b>
EMS Agency	0	0			0	1	0
EMS Provider	0	0			0	0	6
<b>Compliance Cases</b>							
Investigations Opened	75	68			143	263	196
Investigations Closed	60	50			110	268	173
<b>Drug Diversions</b>	<b>5</b>	<b>2</b>			<b>7</b>	<b>13</b>	<b>11</b>
<b>Variances</b>	<b>29</b>	<b>28</b>			<b>57</b>	<b>158</b>	<b>96</b>
Approved	12	15			27	83	50
Denied	15	13			28	73	44
<b>RSAF Grant Verifications</b>	<b>43</b>	<b>28</b>			<b>71</b>	<b>194</b>	<b>195</b>

### Quarterly EMS Agency & Vehicle Inspection/Licensure Activity

Licensure	2023 1st Quarter	2023 2nd Quarter	2023 3rd Quarter	2023 4th Quarter	2022 Total	2021 Total
<b>Total Agencies</b>	556	549			558	566
New Agency	2	3			13	7
New Vehicles	110	106			442	295
<b>Total Quarterly Inspections</b>	801	1088			3345	3121

Existing Agencies Inspected	81	93			244	321
Existing Vehicles Inspected	456	803			2080	2429
Unscheduled “Spot” Inspections	152	83			566	308

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

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There were 5 Administrative Processes Act - Informal Fact-Finding Conferences (hearings) held during this quarter, 2 on April 12<sup>th</sup> and 3 on May 17<sup>th</sup>, 2023, at the Office of EMS in Glen Allen, VA.

Ms. Cam Crittenden presided as the hearing officer for all 5 cases. Two cases were represented by legal counsel appealing enforcement action(s) against EMS providers.

#### Outcomes Report

All 5 cases were sustained, and all related enforcement actions remains in effect as issued.

<b>Background Investigation Unit</b>
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Background Checks	2023 1st Quarter	2023 2nd Quarter	2023 3rd Quarter	2023 4th Quarter	2022 Total	2021 Total
OEMS Processed	2,519	2,452			9,420	9,813
Eligible	2,299	2,332			8,466	9,249
Non-Eligible	13	8			38	34
Manual Review Criminal history	379	392			981	1,225
Pending Review	110	35			Not Cumulative	Not Cumulative

Rejected Fingerprint cards	4	4			58	51
Jurisdictional Ordinance Processed	93	120			584	530

#### EMS Physician Endorsement

Operational Medical Directors	2023 1st Quarter	2023 2nd Quarter	2023 3rd Quarter	2023 4th Quarter	2022 Total	2021 Total
Active & Endorsed	223	222			221	228
OMD Applications processed	21	14			68	66
OMD Applications approved	19	13			47	57
OMD Applications denied	0	1			18	9
OMD Endorsement Expired	2	3			19	12

The 2023 OMD Workshop schedule started 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. [EMS Medical Director CE Workshops - Emergency Medical Services \(virginia.gov\)](#)

OMD Workshops held during the second quarter of 2023 were as follows:

- April 13, 2023 – Thomas Jefferson Regional EMS Council – Charlottesville, VA
- April 18, 2023 – Western and Southwestern Virginia Regional EMS Council – Fairlawn, VA
- April 27, 2023 – Lord Fairfax Regional EMS Council – Winchester, VA
- May 11, 2023 – Old Dominion Regional EMS Council – Richmond, VA



## 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.
- The Final Draft of “Proposed” EMS Regulations (Chapter 32) was approved by the State EMS Advisory Board at their May 05, 2023, meeting.
- Final Draft and related RIS Documents scheduled to be presented to the Virginia Board of Health for approval at the December 15, 2023 meeting.
  - The required Town Hall (TH-02) form is currently being completed to be submitted with the Final Draft to the Board of Health. This form details all changes in regulatory language from Chapter 31 to 32 by comparison. This form must be submitted to the Regulatory Information System prior to approval of the Final Draft of Chapter 32 by the Board of Health in December 2023.
- **Stage 2** – Board of Health approval of the final draft (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 post for a 60 day public comment period on the Virginia Regulatory Town Hall *\*(Target Goal for this phase is spring to summer 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.

- (Chapter 66) DDNR Regulations Periodic Review and chapter rewrite for updated style and formatting has been completed and submitted for approval by the Virginia Board of Health during the September 14, 2023 meeting. Chapter was re-written to comply with current style and formatting guidelines. No substantive changes were made to this chapter.

### **Additional Regulation & Compliance Enforcement Division Work Activity**

- ❖ The Regulation and Compliance Enforcement Division held a division staff meeting April 19<sup>th</sup> through 21<sup>st</sup> in Lynchburg, VA, and June 7<sup>th</sup> through 9<sup>th</sup> at the Office of EMS in Glen Allen, VA
- ❖ Division Task Team(s) met on April 19<sup>th</sup> in Lynchburg and June 7<sup>th</sup>, 2023, at the Office of EMS.
- ❖ Division Leadership Team (Division Director & Field Supervisors) met on April 19<sup>th</sup> in Lynchburg and June 7<sup>th</sup>, 2023, at the Office of EMS.
- ❖ Division Director attended the following 47 meetings this quarter:
  - Apr 3<sup>rd</sup> – Russell County Board of Supervisor Meeting – Lebanon, VA
  - Apr 4<sup>th</sup> – Chapter 66 & Guidance Document Workday Meeting
  - Apr 5<sup>th</sup> – Training & Certification Committee Meeting
  - Apr 6<sup>th</sup> – Medical Direction Committee Meeting
  - Apr 7<sup>th</sup> – Office of Attorney General Meeting – IFFC pre-planning
  - Apr 7<sup>th</sup> – Diversion Guidelines Meeting
  - Apr 10<sup>th</sup> – Meeting with USDA Special Agent Patrick Conner
  - Apr 12<sup>th</sup> – IFFC Hearings X2
  - Apr 13<sup>th</sup> – OMD Workshop – Thomas Jefferson Regional EMS Council
  - Apr 17<sup>th</sup> – RSAF Conditions Workgroup Meeting
  - Apr 17<sup>th</sup> – Symposium Meeting w/ Division Directors
  - Apr 18<sup>th</sup> – OMD Workshop – Western/Southwestern Regional EMS Councils
  - Apr 19<sup>th</sup> – Division Staff Meeting – Lynchburg, VA
  - Apr 20<sup>th</sup> – Division Staff Meeting – Lynchburg, VA
  - Apr 21<sup>st</sup> – Division Staff Meeting – Lynchburg, VA
  - Apr 26<sup>th</sup> – Regional EMS Office Exchange Program-CSEMS & Division Shadow
  - Apr 26<sup>th</sup> – Chapter 66 Work Session with Policy Analyst to complete re-write.
  - Apr 27<sup>th</sup> – OMD Workshop – Lord Fairfax Regional EMS Council
  - Apr 28<sup>th</sup> – MCI Triage System & Tag Meeting

- May 1<sup>st</sup> – Symposium Programs Course Selection Meeting
- May 1<sup>st</sup> – Russell County Board of Supervisors Meeting, Lebanon, VA
- May 3<sup>rd</sup> – Regional EMS Council Directors Meeting
- May 4<sup>th</sup> – State Medevac Committee Meeting
- May 4<sup>th</sup> – Virginia Ambulance Association Meeting
- May 4<sup>th</sup> – Rules & Regulations Committee Meeting
- May 4<sup>th</sup> – State Advisory Board - Executive Committee Meeting
- May 5<sup>th</sup> – State EMS Advisory Board Meeting
- May 8<sup>th</sup> – Meeting with OMD and Program Rep for new applicant agency
- May 11<sup>th</sup> – OMD Workshop – ODEMSA Regional Council
- May 11<sup>th</sup> – Pittsylvania County EMS Agency/OMD issue – Danville, VA
- May 15<sup>th</sup> – OEMS Guidance Document Meeting w/ Policy Analysts
- May 16<sup>th</sup> – Presenter/Lecturer at TEMS Council Expo – Chesapeake, VA
- May 17<sup>th</sup> – IFFC Appeals hearings (3 total cases)
- May 30<sup>th</sup> – VDH Emergency/911 Permit Process workgroup meeting
- May 31<sup>st</sup> – Meeting with Augusta County Fire Rescue & OEMS – BOP Reg's
- Jun 6<sup>th</sup> – ADA Meeting regarding requirements in healthcare settings
- Jun 7<sup>th</sup> – Division Staff Meeting
- Jun 7<sup>th</sup> – Meeting w/ Tracy Mason (IT) and Division Leadership – Defect reviews
- Jun 8<sup>th</sup> – Division Staff Meeting
- Jun 9<sup>th</sup> – Division Staff Meeting
- Jun 14<sup>th</sup> – Meeting w/ Amber Wells developing PSAP Regulations
- Jun 26<sup>th</sup> – Meeting w/ Mecklenburg County regarding EMS coverage from NC
- Jun 29<sup>th</sup> – Central Shenandoah Regional (Hybrid) Council BOD & BOP meeting

❖ 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](mailto:pharmbd@dhp.virginia.gov) – email address for EMS Agency specific questions regarding CSRC's to send Board of Pharmacy.
- Currently planning VA EMS Symposium Leadership tract classes specific to EMS Agency leadership on how to create and manage compliant BOP drug box programs.

❖ Division Staffing Updates:

- Northern Virginia Program Representative/Investigator, Len Mascaro has tenured his resignation effective August 16, 2023. This position will be posted ASAP.
- Retired Program Representative/Investigator Wayne Berry has been hired as a part-time contract staff member to assist Division as the primary Investigator for Education related compliance cases.

❖ **Regulation & Compliance Enforcement Division website *updates are in red*:**

- Division Section of OEMS website has been updated and reorganized as follows:
  - Regulation & Compliance Enforcement Division Home page
    - *New Chapter 32 Progress Report & Documents Included by Reference (DIBR) section added.*
  - There are **11** division subtabs as follows:
    - Agency Licensure
    - Regulation
    - Guidance Documents and Memo's
    - 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
    - *Regulatory Enforcement Action Search – has been relocated here.*

<b>Regulation and Compliance Enforcement Division Structure Profile</b>
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**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](mailto:Jimmy.Burch@vdh.virginia.gov)) – *Virginia - East*

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

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

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

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

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

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

**Len Mascaro, NRP** ([Leonard.Mascaro@vdh.virginia.gov](mailto: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**

### **Trauma Site Reviews YTD**

- 7 site reviews have been conducted as of submission of this report
- 2 of the 7 were for designation as Level II trauma centers (and both were successful in their effort)
- 3 of these reviews resulted in the need for a follow-up review by our division
- There are a number of other facilities that are in process of developing programs (hired a trauma program manager and/or additional programmatic employees in preparation to apply)

### **Stroke Care**

- Collaboration with the Office of Family Health, the OEMS data team, and ESO to develop a state stroke registry
- Participation in quarterly meetings of Virginia Stroke Systems Task Force and Virginia Stroke Coordinators' Consortium
- Current Deliverable: State Stroke Triage Plan

### **Other Division Related-Activities**

- Field trip for numerous agency personnel to VCU Medical Center on 7/21/2023. Many participants had never worked in a trauma or burn center. The new Childrens' Hospital of Richmond was toured, as well as adult and burn facilities. Thanks to the leaders of the adult and pediatric programs for hosting the group for the morning.
- OEMS participated in a CDC grant program that afforded a nursing intern for 10 weeks. Her project during her internship was to assist the division with a new draft of the Virginia Trauma Designation Manual and associated application/reverification documents. This will require ongoing work to finish revisions and assembly prior to presenting a product for review. Her internship ended the last week of July 2023.
- Following an extended period of court-reported "transcripts only", we have worked diligently to produce actual "minutes" for the 7 trauma-related quarterly committees for the past 2 quarters
- Communication to trauma centers regarding recent trauma fund disbursements
- Collaboration with Adam Harrell and Dr. Ferrada to revise the Trauma Grant Fund Distribution Policy to reflect current language
- Attendance of the National Association of Emergency Medical Services Officials (NASEMSO) annual conference in Reno, Nevada (June 2023). Representation on the State Trauma System Trauma Managers group.
- Representation of the State Trauma System Managers on the National Highway Traffic Safety Administration's (NHTSA) Advisory Committee on Undercrash Prevention (Mindy Carter)



## **Division Personnel**

- Continue to pursue a “travel agent” position to be shared amongst various divisions of the agency to facilitate timely travel arrangements, reimbursements, and any associated honoraria.
- Due to ongoing and projected growth of the trauma system and a number of projects that are “overdue” emerging from the pandemic, we are seeking a second position for Trauma/Critical Care Manager

# **Central Shenandoah EMS Council**



## **IX. Central Shenandoah EMS (CSEMSC) Regional Office**

### **A. Scope of Services**

1. The Central Shenandoah EMS Council (CSEMSC) maintains a business office at 2312 W Beverley St., Staunton, VA. The office is regularly open and staffed from 8:00 am until 6:00 pm, Monday through Thursday.
2. Organizational Information
  - i. CSEMSC is governed by a [Board of Directors](#) as established in the organization's Bylaws. Appointed members of the board are currently due to reappointment, following a three-year term. In April 2023, reappointment letters were sent to localities and other represented stakeholders. New members' appointments for expiring terms will begin October 1, 2023.
    1. Meeting Minutes and related documents for the official Board of Directors Meetings are below:
      - a. [Board of Directors Meeting Agenda 04.25.2023](#)
      - b. [Board of Directors Meeting Minutes 04.25.2023](#)
      - c. [Special Board of Directors Meeting Minutes 06.29.2023](#)
  - ii. CSEMSC maintains one primary standing committee, the Medical Control Review Committee (MCRC), which oversees clinical practice and performance improvement activities. Minutes for meetings of the MCRC and the Pharmacy Subcommittee are below:
    1. [Pharmacy Meeting Agenda 04.13.2023](#)
    2. [Pharmacy Meeting Minutes 04.13.2023](#)
    3. [MCRC Meeting Agenda 06.15.2023](#)
    4. [MCRC Meeting Minutes 06.15.2023](#)

iii. CSEMSC Staff

1. CSEMSC maintains [staffing](#) provided by the Virginia Office of EMS (OEMS), including a Director, Administrative Staff Specialist, Performance Improvement Specialist, and Technical Resource Specialist. Additionally, contract staff through the VDH Contingent Labor contract provide supplemental staffing for a part-time Education Coordinator, part-time Administrative Assistant, and a Technical Resource Assistant.
2. Additional positions currently in recruitment include a contracted part-time Clinical Coordinator for the Critical Incident Provider Support (CIPS) Team, which will fulfill requirements for accreditation, along with a full-time contractor to staff the office's front desk.
3. CSEMSC also maintains instructors for the Community Training Center on a part-time and contractual basis.

iv. Transportation

1. CSEMSC currently maintains one vehicle under ownership of the EMS Council, which provides for operations of the Community Training Center. Additionally, OEMS has provided a Ford F150 (fleet vehicle through the Department of General Services) and a Chevy Malibu (Agency-owned) to support administrative functions for the office. A 2003 ambulance was donated by Millboro Area Rescue Squad in 2022, which was converted to a simulation lab. OEMS provided funding for re-lettering and correcting mechanical issues. CSEMSC staff are currently working with OEMS to outfit the vehicle with training equipment to support local EMS agencies. Additionally, a towable Simulation Lab was provided by OEMS, and is currently awaiting equipment to support training for local EMS agencies. A cargo trailer was also provided by OEMS to provide a mechanism for moving equipment and supplies around the region, as needed. All provided vehicles are below mileage limits and are maintained in excellent operating condition. There are no current unmet vehicle needs at this time.

## B. State Committee Responsibilities

1. CSEMSC recommends members to various committees of the state EMS Advisory Board. Appointed individuals are listed below:
  - i. Matt Lawler - Governor's EMS Advisory Board, Training and Certification Committee

- ii. Gary Critzer - Governor's EMS Advisory Board (representing Virginia Board of Health), EMS AB Executive Committee, Rules and Regulations Committee
- iii. Donna Hurst - Financial Assistance Review Committee (term ending), State Medevac Committee
- iv. Asher Brand - Medical Direction Committee
- v. Daniel Linkins - HB2175 Workgroup on Funding for Fire/EMS
- vi. Daniel Linkins - Regional Council Director's Group
- vii. Amanda Loreti - Performance Improvement Forum

### C. Regional Medical Direction

1. [Regional Medical Director](#)- CSEMESC continues to maintain a contract with Dr. Asher Brand, valid until [June 30, 2024](#).
2. [Regional Protocols](#) - Strategic Objective 5.1 Using feedback loops based on performance improvement metrics, protocols will be changed/added/removed based on these data driven models. Strategic Objective 5.3 Ensure all protocols are in compliance with OEMS Regulations and the Virginia Scope of Practice.
  - i. Edits to the [Regional Medical protocols](#) were recently approved at the June MCRC Meeting.
  - ii. The regional protocol training is available on [Google Classroom](#). Updates and new additions to the training are being worked on now. Agency Training Officers and Medical Directors are responsible for releasing new providers when they have completed the training and meet any further agency requirements, such as skills verification, etc.
  - iii. Strategic Objective 5.4 - Provide technical assistance with implementation of protocols, policies, regulatory changes, technical systems. - CSEMS staff are still working with agencies to comply with the new "red dot" scope of practice changes. Technical support has been provided through this process. CSEMESC provided authorization to practice [document templates](#), in collaboration with the Division of Regulation and Compliance and made them available to all agencies via the CSEMESC website. Forms can be customized to meet agency-specific needs.
3. Regional EMS Supply and Medication Restocking Guidelines
  - i. [Restocking Best Practices](#) - Currently, hospitals throughout the region are providing recommended supplies to EMS agencies on a one-for-one

exchange basis in the emergency departments. This process will become more standardized as the UCapIT machines are deployed, which will provide a vending-machine style exchange for used supplies. The Best Practices documentation will be updated as the machines are deployed.

ii. Medication Restocking

1. CSEMSC Regional Drug Box Exchange Program remains unchanged since the previous quarter with 123 new pattern boxes in the field. ST and CT boxes remain in service primarily in the Augusta County area with some still in service in Harrisonburg and Rockingham County.
2. In this quarter there were 5 drug box incidents with 2 that are still pending investigation.
  - a. Pharmacy personnel have shared concern with errors in stocking boxes due to the variation of boxes throughout the region, as a result of halting the transition to a box process based on feedback from select agencies.

iii. Whole Blood Program - Strategic Objective 12.3 Create infrastructure and initiate a pilot whole blood program with strategic sites in the region, and measure to determine impact on mortality in a region with no trauma centers.

1. Dr. Asher Brand and Daniel Linkins have been leading this project. A proposal is being developed from Blood Connections in South Carolina. Blood Connections has agreed to provide this service for the region. Staff are also working with partners to secure blood from INOVA Health Services Blood Bank, which will provide blood, only charging for products used, while allowing return of unused blood within a specific window. If CSEMSC can provide sufficient blood donors twice annually, INOVA will provide blood products to the region.
2. Equipment has been arriving, with a projected launch date of Fall 2023. Waynesboro was designated as a test site for the freezer to monitor temperature changes. Sites have been identified in Waynesboro, Staunton, Harrisonburg, and Lexington to house the whole blood program. Additionally, staff are working with other regions that are implementing similar programs to explore cost-saving opportunities through economies of scale by combining equipment and supply orders.
3. An initial meeting to develop training practices for regional blood administration occurred on June 22, 2023. Next meeting is

scheduled for Friday, July 7, 2023, to continue development of training practices and protocol implementation.

4. After initial discussions with the Virginia Board of Pharmacy indicating that EMS agencies storing blood would require a Controlled Substance Registration Certificate (CSRC), more recent guidance clarified that agencies only stocking blood products will not be required to obtain one. This will reduce the infrastructure cost associated with program implementation. CSEMSC Technical Resource staff are continuing to work on deployment of equipment and testing monitoring systems to ensure safe storage and transportation of whole blood.

iv. UCapIT Vending Machine Pilot

1. UCapIT system is in place at Augusta Health but has encountered significant difficulties with accurately stocking the system by hospital supply chain staff. The system was stocked with the assistance of ED staff and has a projected go live date of July 17, 2023.



2. Bath County Community Hospital, Carilion Rockbridge Community Hospital, and Sentara Rockingham Memorial Hospital staff have been contacted for planning of the remaining UCapIT systems. All the hospitals have designated a location and are in the

process of adjusting infrastructure to allow for the systems to be placed. The manufacturer has been contacted for each of these remaining machines and they have begun the delivery process with estimated delivery in early August 2023.

## D. Regional Planning

### 1. Regional EMS Plan

- i. Regional EMS Plan was updated to change/update the new regional healthcare coalition status.
  1. The Northwest Healthcare coalition ceased operations on 30 June 2023, 2359 hrs.
  2. The CSEMISC region is now a member of the Northern Virginia Emergency Response System (NVERS)
  3. The new Regional Healthcare Coordination Center (RHCC) activation number, 888-987-7422.

### 2. Annual Work Plan

#### i. [Trauma Triage Plan](#)

1. The Trauma Triage plan was updated in April 2021 and includes resources specific to the CSEMISC area. The CSEMISC Board reviewed and approved the trauma triage plan in January of 2022 with no recommended changes. The ACS updated the Field Triage Guidelines in 2021 and this was brought before the Medical Direction Committee. Several changes were recommended by MDC and approved at the GAB. Currently the new field guidelines are in waiting for the software companies to enable a way to document this. Work is underway to update the CSEMISC Trauma Triage Plan.

#### ii. [Stroke Plan](#)

1. The stroke plan was developed and updated in 2020. Work is under way to update and revise the plan for 2023.

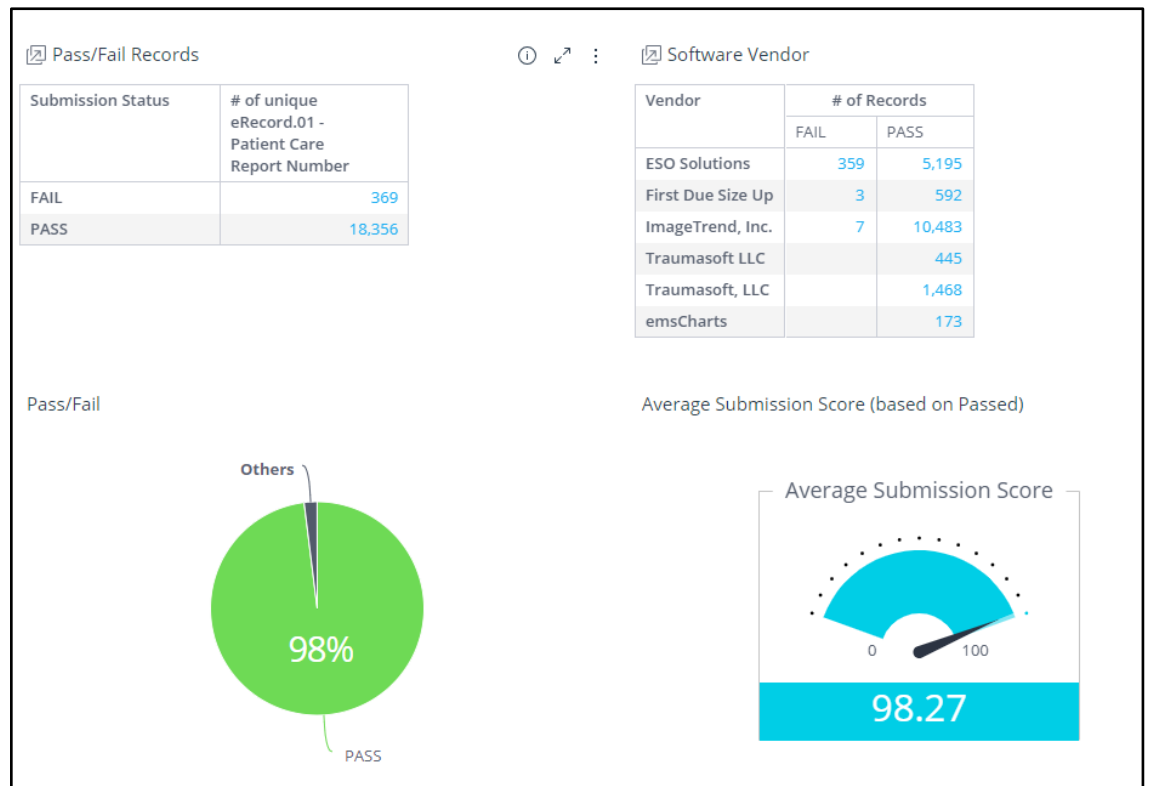
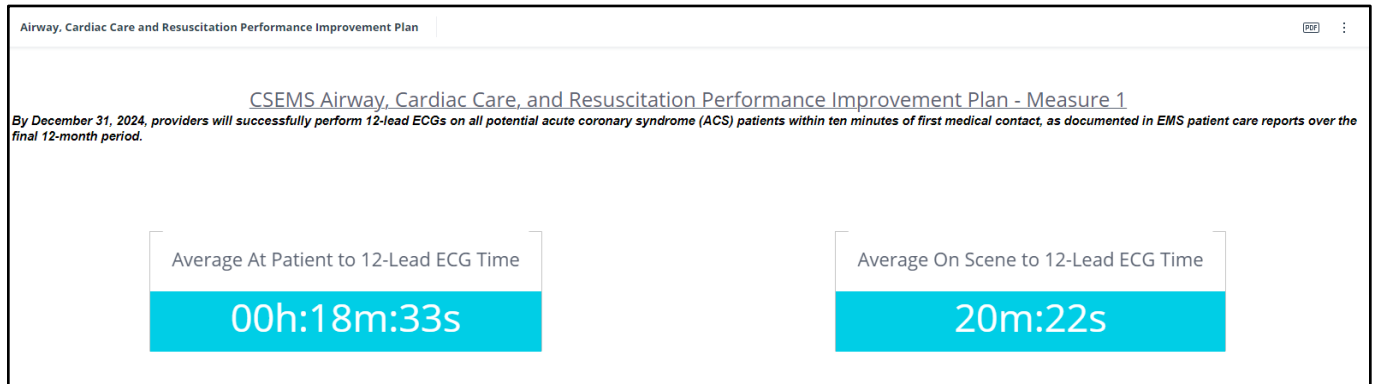
#### iii. Performance Improvement - Strategic Objective 3.1 Develop a Quarterly Performance Improvement Report based on established Performance Improvement Plans approved by the Board of Directors.

1. Efforts to assist EMS agencies with their record submission and record validity has been a mainstay. Individual support is still being offered to agencies and Charles and James have started to assist with this as well. Amanda has been working with the other



PI specialists across the state to pull information for Regional PI plans and to learn, use, and troubleshoot ESO Insights. Work is in progress to revise the regional PI plans to be more in line with what is available in the state repository.

2. Preparation for the transition to NEMSIS 3.5 is also underway. Below are some examples of the dashboards that have been developed to monitor EMS system performance within the region.



- iv. Provider Health and Safety - Strategic Objective 1.8 - Maintain a team of peers and mental health clinicians in the **Critical Incident Provider Support (CIPS) Team.**

1. The Central Shenandoah EMS Council has an active CIPS team available 24 hours 365 days per year. CSEMSC continues to support EMS agencies when requested. There have been two activations in 2023 so far. At the last CIPS meeting, Carolyn Marion, one of the clinicians on the team provided some training on PTSD and how to recognize it.
  2. The CIPS Team meets quarterly to provide training and operational coordination. Minutes and supporting documentation are provided below.
    - a. [CIPS Meeting Agenda 04.11.2023](#)
    - b. [CIPS Meeting Minutes 04.11.2023](#)
- v. Promotion of EMS Continuing Education
1. FY2023 Work Plan 11.1
    - a. 05/24/2023 - CE Dinner @ Waynesboro First Aid Crew.  
Topic: “Emerging Threats in Substance Use/Misuse” with Dr. Christopher Holstege, MD, Chief of the Division of Medical Toxicology and Director of the Blue Ridge Poison Control Center at UVA Hospital. 26 Attendees
    - b. 06/29/2023 - CE Dinner @ Stuarts Draft Rescue Squad.  
Topic: “Burn Care for Emergency Personnel” with Dr. Jeffrey Litt, D.O., Burn surgeon and Burn Center Director at Chippenham Hospital in Richmond, VA. 20 Attendees
- vi. Rescue Squad Assistance Fund
1. The 2023 Spring RSAF Grant awards were announced on July 01, 2023. Thirty-nine (39) different agencies in the state were awarded funding during this grant cycle for a total of \$3,287,692.89. The Central Shenandoah EMS Region had two (2) area agencies awarded grants.
    - a. Buena Vista Firefighters Inc.
      - i. Two (2) Zoll AED Pro (80/20) State/Agency grant
        1. Total state funding - \$8482.05
    - b. Singers Glen Volunteer Rescue Squad Inc.
      - i. Stryker MTS Power Load (50/50) State/Agency grant
        1. Total state funding -\$14,314.30

- c. **Total state funds awarded for the CSEMSC region are \$22,796.35.**

2. [The entire Spring 2023 RSAF Grant results are here](#)

vii. Regional EMS Awards

1. Regional EMS Awards Ceremony was held Wednesday, July 12, 2023, at 1800. The ceremony was held at Rockingham Park at the Crossroads.

viii. Emergency Disaster/Pandemic Planning

1. Gathering information from regional and statewide stakeholders so that CSEMSC Regional plan(s) will be in alignment with the other regional and state plans currently in place.

ix. Patient Navigation and Surge Planning

1. The CSEMSC region is now a member of the Northern Virginia Emergency Response System (NVERS)
  - a. CSEMSC will be coordinating plan development with NVERS and other regional stakeholders.

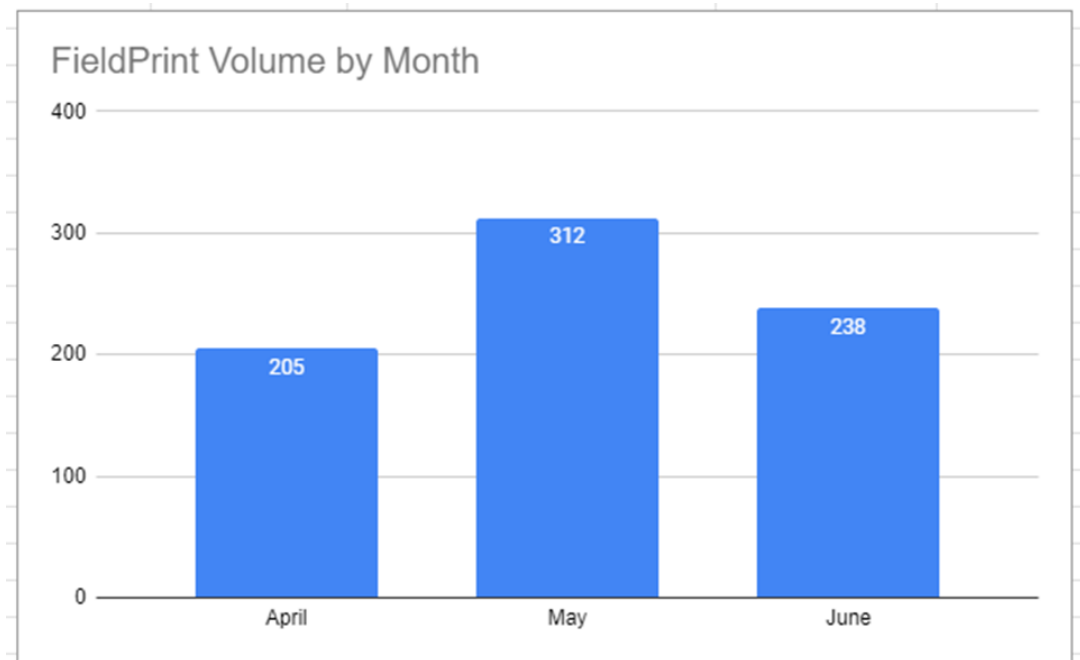
x. Identification of Regional Strategic Priorities

1. Strategic priorities are defined in the CSEMSC [Regional EMS Strategic Plan](#) approved by the Board of Directors
  - a. Specific priorities include improved collaboration in EMS system development, coordination of large-scale events, enhanced performance improvement and research, recruitment and retention, technology enhancements, sustainable funding, education quality, and advanced clinical practices for trauma and resuscitation.
    - i. In the fourth quarter, CSEMSC staff and stakeholders:
      1. began the infrastructure development for a whole blood program, which will support all EMS agencies in the region,
      2. Provided equipment from external grant sources to equip law enforcement vehicles with AEDs in both county,

3. Strengthened MCI and Diversion plans, and updated continuity of operations plans and equipment,
4. Implemented technology solutions for deployment of bystanders and public access AEDs region-wide,
5. Developed performance improvement dashboards to monitor strategic clinical objectives,
6. Developed an educator network process to provide enhanced resources and accountability to the region's EMS instructors.

### 3. Technical Assistance

- i. The Fieldprint site continues to grow in the average number of daily appointments as the regional community becomes aware of our site. Frequently, customers offer thanks for our site being available to the greater community. The month of May was the busiest month to date, with an average of twenty (20) appointments daily. The CSEMSC FieldPrint site has contributed to improved access to this critical resource for EMS agencies. The CSEMSC Fieldprint site also is drawing customers from the Charlottesville and Harrisonburg areas as an overload relief for those sites, as well as the Central Shenandoah Region.



- ii. Currently working with the Virginia School for the Deaf and Blind to develop an instrument for regional field providers to communicate with hearing potentially visually impaired patients. A formal planning meeting is in development.

E. Community Training Center

1. American Heart Association Community Training Center

- i. The CSEMSC American Heart Association (AHA) Community Training Center teaches classes at the CSEMSC Community Training Center and at local businesses in and around the region. Courses provided by the AHA training center allow for upkeep or expansion of basic and advanced lifesaving skills by regional medical personnel and lay persons. CSEMSC Community Training Center staff continued to provide 10 different AHA approved courses throughout the quarter. This quarter's course enrollment increased by 40% from fourth quarter FY22. This increase brought the total number of students for this quarter to 2225. The constant influx of students allows for increased visibility of the council and VDH while also allowing for CSEMSC associated instructors to have a direct impact on the health and training of the region's population. CSEMSC AHA Staff taught Friends and Family CPR to Vesuvius Baptist Church. In FY24, CSEMSC will offer community CPR and Revive Training for the community, as PulsePoint Respond and PulsePoint AED apps are released promoted across the region.

<b>FY 2022 3rd Quarter Course Description</b>		<b>FY 2023 3rd Quarter Course Description</b>	
ACLS Provider Course	120	ACLS Provider Course	150
BLS for HealthCare Providers	715	BLS for HealthCare Providers	856
BLS Instructor	10	BLS Instructor	10
Heartsaver Instructor	7	Heartsaver Instructor	7
Heartsaver CPR AED	52	Heartsaver CPR AED	186
Heartsaver in Schools	49	Heartsaver in Schools	86
Heartsaver First Aid	56	Heartsaver First Aid	70
Heartsaver First Aid CPR	540	Heartsaver First Aid CPR	787

AED		AED	
Heartsaver Pediatric First Aid CPR AED	4	Heartsaver Pediatric First Aid CPR AED	3
PALS Provider	56	PALS Provider	70
<b>Total</b>	1609	<b>Total</b>	2225

## 2. NAEMT Training Center

- i. To maintain staff credentials, CSEMESC staff who are credentialed to teach classes have continued to work with the Rappahannock EMS Council in their NAEMT Course offerings, as a site under the CSEMESC NAEMT Training Center.
- ii. Staff are planning to offer additional NAEMT classes in FY24 as staffing allows.

# **Blue Ridge EMS Council**



## **X. Blue Ridge EMS (BREMS) Regional Office**

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**DATE:** July 2023

**RE:** Fourth Quarterly Report FY 23 (April – June 2023)

**OBJECTIVE:** To provide information to the Office of EMS on the BREMS Activities

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### **PROJECTS/PROGRAMS:**

#### **HDE (Health Data Exchange)**

Centra Health gave BREMS an update on March 8<sup>th</sup>. Centra has been working on their Zoll platform to talk to Cerner and ESO. They hope to have this finished by the end of Summer/Early Fall. Next, working with ESO to move forward with the integration of HDE to work directly with Cerner for patient care reports, etc. BREMS will update the Board more, once Centra reaches back out.

#### **Lifeline- Regional Communication System.**

BREMS was provided an update in April from Sam Burnette, OEMS. Long Mountain- still pending IAT (Inter-Agency Transfer) to be completed to conduct the structural analysis for the additional equipment. Leigh Mountain- waiting on negotiations with Lunenburg County.

#### **Regional Office Update:**

- BREMS is currently working with OEMS on installing the appropriate security system for our office.
- BREMS is currently working with OEMS and Daly on providing the necessary equipment for our training room.
- BREMS is currently working with OEMS and Lundquist on the door locking system for the office.
- We are working with the Council IT Committee (this is a committee through the



Regional EMS Council Group contracted by OEMS to help support the EMS Council IT needs) to determine the needs for our training room.

- Work Plans FY 24- BREMS has been approved and we are moving forward.
  - Regional Blood Program
  - Immersive Simulation Room
  - Regional Recruitment Video
  - Regional MCI Drill
  - Regional Wellness Program to include contracting with Impact Living Services for a regional CISM team.
  - Regional Training equipment needs.
- The Full Time Education Training Position- The position has been reclassified and revised and was placed out for recruitment. Interviews did not yield a candidate, and we are working with Human Resources on the job description for the position for recruitment again.
- The Regional Director continues to meet weekly with the Regional Hybrid Group and Scott Winston, Assistant Director of the OEMS as needed.
- BREMS staff continue to attend the State Quarterly Meetings, and the Regional Director group meetings.
- We continue to encourage providers to follow us on our [Facebook](#) and [Twitter](#) page.

### **Advanced Paramedic Program**

BREMS finished its spring Advanced Paramedic Course the end of April. 15 applied for the class and 14 were accepted, 13 finished the program, and currently 11 of the 13 have completed the class and preceptorship and are practicing APs. The Training Coordinator is working to contact the other current APs in the region to get their perspective on what is needed in the program, how they are doing, and what they may need.

### **Coverdell CDC Stroke Grant**

BREMS finished Year 2 of the CDC Coverdell Stroke Grant. Saylor Hardin has worked with BREMS over the last two years. The Coverdell Stroke Program has made significant progress in improving the quality of stroke care and reducing the burden of stroke on individuals and communities. However, there are still challenges that need to be addressed regarding onboarding patients to the platform. It is important to stay connected with the paramedicine group to improve quality care for patients. By prioritizing these areas, the program can continue to make a significant impact on stroke care and outcomes for these areas. BREMS has signed Year 3 contract and will continue to work on the following areas:

- CDC Strategy C4.3.: Disseminate annual EMS inventory / quality improvement survey to all VA EMS agencies to identify efficiency and quality of care gaps and compare with data through VDH Stroke Registry (C.2.1.) to validate and identify additional areas of improvement. This survey was created by VSSTF and EMS Regional Councils based on the CDC Paul Coverdell National Acute Stroke Program's hospital survey examples from previous state awardees.

- o Deliverable: Completion of EMS inventory survey by all EMS agencies in region.
  - o Metric 1: # and % of hospitals implementing improvements in stroke care practices or patient care protocols as a result of quality improvement activities (of those participating in the cohort).
  - o Metric 2: # and % of hospitals reporting an improvement in a selected performance measure of care based on identified performance gaps and quality improvement activities).
- CDC Strategy C6: Develop and implement patient care practices/patient care protocols within EMS and hospital systems to coordinate patient handoff and transitions in care throughout the stroke systems of care.
  - CDC Strategy C.6.2.: Test and implement a PDSA among EMS agencies and hospital systems using the VDH Stroke Hospital Locator tool on the VDH Stroke Website created in C.6.1. and made accessible in C.2.3. Using the hospital locator, EMS will be able to determine the closest hospital and determine their level of stroke certification and services. EMS and the hospitals will collaborate on creating stroke triage protocols that enhance patient handoff and transitions in care utilizing this tool. Analyze and use the Unite Us Insights tool to help develop and enhance the post-discharge pathway for Centra Lynchburg General Hospital in alignment with the grant from the Association of State and Territorial Health Officials.
    - o Deliverable: A collection of data on the use of the web locator tool by EMS agencies.
    - o Metric: C.6.i. # and % of EMS agencies and hospitals with established processes (e.g. patient care protocols, feedback loops) for coordination of transitions of care for those at highest risk for stroke events and stroke patients across systems of care
- CDC Strategy C7: Establish and strengthen partnerships with relevant state or local stroke coalitions, initiatives, professional organizations, providers, and health systems that provide resource support for stroke patients, as well as those at highest risk for stroke events.
  - C.7.1.: In the defined coverage areas of the 8 CSC and PSC+ hospitals and EMS regions, identify clinical and community resources and integrate them into the Unite Us referral system network as part of the Unite VA, an initiative to form an integrated network of medical and social care providers.
    - o Deliverable: List of EMS agencies integrated into the Unite Us network.
    - o Metric: C.7.i. # of partnerships established with community organizations and resources for the purposes of providing resource

support for stroke patients and those at highest risk for stroke events

- CDC Strategy C9: Coordinate and/or promote stroke messaging/education within communities and clinical settings around the importance of addressing the needs of those at highest risk for stroke events and the appropriate response during a stroke event, including utilizing EMS for stroke transport.
  - C.9.2.: Scale the Stroke Smart Virginia campaign to clinical and community organizations throughout Lynchburg and surrounding counties.
    - o Deliverable: Onboarding of at least 1 Stroke Smart faith-based organization, pharmacy, medical practice, health system, school or business.
    - o Metric: C.9.i. # of individuals within communities and/or clinical settings reached through stroke messaging and education, including populations at high risk for stroke events

### **ASTHO Stroke Grant**

The ASTHO (Association of State and Territorial Health Officials) grant gives BREMS the opportunity to work with many community partners. BREMS is working closely with the Centra Community Paramedicine Program, VDH, Unite Us, BEATStroke, Virginia Cooperative Extension, Lynchburg Social Services, and the Lynchburg Community Market. BREMS, Centra, and VDH worked hard to develop the year-end report. [Year End Report](#)

### **Regional Blood Program**

BREMS has met several times with Centra, Centra Lab, Centra One, and the Centra Blood Bank. All administrative stakeholders are reviewing the draft policies for the programs. We have received quotes for the equipment. Estimated cost is \$42K. This will buy equipment for each locality and BREMS for training purposes.

This program will be under the skills of the Advanced Paramedic group. While waiting on policies to be approved we are working on a draft for training and education for the program. The training will also include dry runs of the equipment and with the Centra Lab. We hope to have this program ready via September 1st for those localities ready. This date could change based on the training exercise dates with the lab and hospital.

### **Immersive Simulation Room**

During quarter 4, BREMS secured the contract with Echo Health System for construction of the BREMS Immersive Simulation Room. Construction for the BREMS office will begin the first week of August and we look for completion of the Immersive Room by mid-October to include training for staff.

### **Impact Living Services**

BREMS is working with Impact Living Services (ILS) to assist BREMS in the formulation of a regional peer support team consisting of members from each of the counties under the jurisdiction of the Council. ILS will provide education and training to the members of the support team as well as mental health support when necessary. Counseling will also be available to all eligible providers operating in the Blue Ridge EMS region (Amherst, Appomattox, Bedford, and Campbell counties, and the City of Lynchburg). ILS intends to utilize the CISM model to respond to critical incidents as needed. People eligible for this program include individuals working as first responders and civilian staff working for the agencies/departments in the jurisdictions of the BREMS region including EMS, Fire, Sheriff's Dept., and Telecommunications.

The contract also includes:

- Peer Team development: Recruitment, selection, and training
- Peer Team maintenance: Ongoing consultation including quarterly meetings and updated training as well as phone consultations for any questions that may arise
- Critical Incident response:
  - Training for peer team response in the moment
  - CISM debriefings within 48-72 hours of a critical incident
  - Licensed mental health support
  - Development and maintenance of protocol within the agency Consultation for incident-specific issues
- Counseling at no cost to the provider (6 sessions per person per fiscal year) - this cost is absorbed by Impact Living Services
- Additional services offered by ILS include:
  - Tactical Resiliency Workshop (3-4 hours) - \$250 per workshop
  - Leadership Resiliency and Psychological Safety training (1-2 hours) - \$150 per training
  - Resilient Families Workshop (1-2 hours) - \$150 per workshop

### **Regional Medical Direction**

Dr. Long has been working diligently with the Performance Improvement Committee on revision/review of the EMS patient treatment protocols. This includes a new format, protocol updates, and KPIs (Key Performance Indicators).

Submitted by

Mary Kathryn Allen  
BREMS Regional Director

# **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

Linda Harris, Regional Education Coordinator  
Rappahannock EMS Council

Nana Noi, Regional Systems Coordinator  
Rappahannock EMS Council

Tatiana Pedroza, Technical Resource Specialist  
Virginia Office of EMS

Lara Traylor, Office Manager  
Rappahannock EMS Council

The Rappahannock EMS (REMS) Council exists to facilitate the development and continued operation of a high-quality, dedicated, and coordinated emergency response and preparedness system for Planning Districts 9 and 16.

In November 2022, the REMS Council Board of Directors (BOD) approved the final piece of a restructuring plan intended to support the [Regional Strategic EMS Plan for 2022-2025](#). With this final adjustment, the previous committee structure was replaced with something that better fits the needs of this updated vision. The REMS Board of Directors identified five flagship committees that would each have one of the region's strategic goals in their charge. After a stakeholder survey, an assessment of the regional EMS system, and a review of other vision documents such as the [EMS Agenda for the Future 2050](#), the [Virginia OEMS State Strategic and Operational Plan](#), and the [VDH Strategic Plan](#), the BOD approved a complete revision of the strategic EMS plan.

**Strategic Goal #1: Expert Clinical Care** is going to be monitored and administered by the Regional Medical Review Committee and will support the goal of VDH to be a trusted source of public health service.

**Strategic Goal #2: Health and Wellness** is to be addressed through the Regional Incident and Threat Mitigation Committee and will serve to foster healthy, connected, and resilient communities, another goal of the VDH strategic plan.

**Strategic Goal #3: Cultivate Talent** which is aligned with the VDH Goal to “Maintain a competent and valued workforce,” will be managed under the Regional Guidelines and Training Committee.

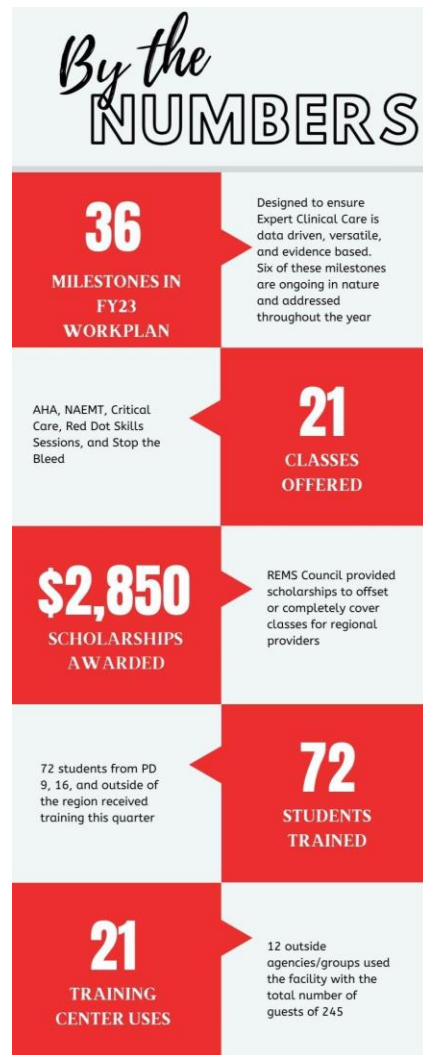
**Strategic Goal #4: Drive Innovation** aims to lead in the region's EMS system and the Executive Committee will be fostering those activities.

**Strategic Goal #5: Healthcare Collaboration** seeks to weave EMS into the broader healthcare system. Activities related to this goal, which will serve another VDH Goal to “Assure the conditions that improve health opportunity” will be led by the Regional Strategic Planning Committee.

## Strategic Goal #1: Expert Clinical Care

*Expert Clinical Care is provided widely throughout the Regional EMS System*

Monitored and administered by the Regional Medical Review Committee to support the goal of VDH to be a trusted source of public health service.





## Ongoing Milestones

- Provide technical support to agencies, advocating for compliance with BoP and DEA requirements for medication storage.
  - The DEA has made no progress in revising the Controlled Substances Act, but the Virginia Board of Pharmacy has indicated that they will move forward in revising the process of Schedule VI items used by EMS. The concept will eliminate medication kits being distributed from hospital pharmacies and transfer responsibility to the EMS agencies.
  - REMS staff attended the Virginia Board of Pharmacy meeting on June 13; no updates yet on discontinuing the practice of hospital supplied medications. Staff will provide an update to the Pharmacy WG at their next meeting.
- Review regional capabilities and call volumes.
  - ESO data access and quality remain insufficient to address and complete this milestone. The PIS has multiple open tickets with ESO Support to address several reporting issues.
- Report and publish time-critical/sensitive conditions.
  - ESO data access and quality remain insufficient to address and complete this milestone.
- Receive and address shared concerns received from stakeholders regarding EMS operations and patient care provision.
  - The Council received one Shared Concern Inquiry during this quarter, and it is currently being reviewed, awaiting documentation from the agency.

## FY23 4th Quarter Milestones

- Medical Review Committee meets quarterly. Heart and Stroke, Performance Improvement, Pharmacy, and Protocol Workgroups (WG) meet as needed to respond to PI data, plan objectives, or proposed changes.
  - Medical Review Committee met April 24th.
  - Heart and Stroke WG met on April 19th.
  - Performance Improvement WG met May 11th.
  - Pharmacy WG met April 13th.
  - Protocol WG met May 18th.

- Provide and maintain a regional medication restocking agreement that supports EMS agencies and aligns with patient care protocols.
  - The document was revised, and updates were approved by the Pharmacy WG at their October 13th meeting and was approved by the BOD at their May 17th meeting.
- Measure and report scene times compared with the previous quarter.
  - ESO data access and quality remain insufficient to address and complete this milestone.
- Measure/report PI Plan metrics
  - PIS has attended multiple work sessions and is collaborating with ESO and other Regional PIS' to design specialized dashboards to evaluate regional performance metrics.
- Maintain evidence-based patient care protocols, compliant with state scope of practice and formulary, to support the regional EMS system. Ongoing updates with quarterly reports of any updates/changes.
  - The Protocol WG made several proposed updates to the protocols at their May meeting; the drafts are currently awaiting review/vote at the next MRC meeting.
- Based on a needs assessment, plan and coordinate a critical care training offering.
  - The PIS continues to offer monthly Critical Care CE classes.
    - April: Trauma Assessment and Emergencies
    - May: OB/GYN Emergencies
    - June: Airway Emergencies, part I
- Provide an annual report of FY23 education program. Submit training plan schedule for FY24.
  - REMS offered the following classes in FY2023:
    - AHA: 14 classes
    - NAEMT: 12 classes
    - MCI I/II: 2 classes at REMS, plus 1 agency class
    - Stop the Bleed: 4 classes
    - Red Dot Skills Sessions: 3 classes

- Critical Care: 8 classes
  - Neonatal Resuscitation: 1 class
- The PIS has developed a FY2024 training plan and releases training announcements quarterly.
- The REMS Council has been requested by local Boy Scout troops to create a bespoke emergency preparedness and safety training program that would be offered in the region to Eagle Scouts and others to meet training requirements. The scouts will also be an available resource for MCI drill planning and development and potentially working on health and wellness construction projects at the REMS Council.
- Provide at least one workshop on EMS agency data quality improvement.
  - The REMS, CSEMS, and ODEMSA PIS' are collaborating to develop a joint documentation and data quality improvement training program that will be offered in all three regions. They have had several work sessions thus far, and the next one is scheduled for July 24. They anticipate the class will be ready for scheduling in fall 2023.
- Create a dashboard with priority measures in Tableau/ESO
  - The PIS continues to encounter technical issues with designing dashboards in ESO. Multiple tickets have been submitted and we are awaiting responses/resolutions.
- Monitor/report data quality information and reporting compliance.
  - Work is ongoing to increase ESO data access and quality. As such, this milestone cannot be adequately completed. Data Quality Reports are being shared with EMS agencies and assistance is provided at the regional office to improve overall compliance standards.
- Engage regional hospitals in data sharing agreements / HDE.
  - All of our regional hospitals continue to move forward, at varying stages, with acquiring HDE.
- Measure and report OHCA survival rates.
  - ESO data access and quality remain insufficient to address and complete this milestone.
- Develop/report metrics for ongoing programs, recalibrate annually.

- The PIS and Chair of the Performance Improvement WG have six specialized PI reports under development; when completed, they will go before the PI WG and MRC for their review, and then the BOD for a vote.
  - Airway and Respiratory
  - Cardiac Care and Resuscitation
  - Neonatal and Pediatric
  - Trauma
  - Stroke
  - Regional System
- The Regional Training and Simulation Center hosted 21 training events at the facility and offsite at community events.
  - REMS offered the following AHA/NAEMT education:
    - 04/11/2023 BLS Provider
    - 04/27/2023 Heartsaver CPR/First Aid
    - 06/06/2023 Hands Only CPR - (Offsite community event)
    - 06/7-8/2023 PHTLS Provider
    - 06/24/2023 Heartsaver CPR/First Aid
  - Critical Care:
    - 04/01/2023 PHI Air Medical PACES Conference
    - 04/19/2023 Trauma Assessment and Emergencies
    - 05/10/2023 OB/GYN Emergencies
    - 06/14/2023 Airway Emergencies, part I
  - Stop the Bleed:
    - 04/04/2023 (Offsite community event)
    - 04/08/2023 (Two full sessions)
    - 05/24/2023
  - Red Dot Skills Session
    - 05/15/2023

## Strategic Goal #2: Health and Wellness

*Provider and Community Health, Safety, and Wellness are monitored and improved.*

Health and Wellness is addressed through the Regional Incident and Threat Mitigation Committee and fosters healthy, connected, and resilient communities, another goal of the VDH strategic plan.



### Ongoing Milestones

- Engage the EMS system to identify areas of improvement regarding unintentional injury, illness, and violence prevention and/or active shooter and hostile environment operations.

- This milestone was addressed by providing a survey to all EMS agencies in the Rappahannock Region via online link. The Survey included 30 questions related to: **Safety, Health and Wellness, Mental Health, Retention, Grants/Funding, Signaling, Community alert system, technical assistance, MCI, Pediatric injuries.** The response rate from the providers was not a representative sample of the total population reached. Nevertheless, the information collected is valuable to initiate the process of moving forward to increase participation and improve the assessment tool. Based on the responses provided the areas of improvement for this milestone will be:
  - Making providers' safety a priority
  - Making providers' mental health a priority
  - Improve safety at the workplace by
    - Providing training to learn how to avoid violent situations/ de-escalation, and safety on the road.
    - Use of technology drones, body-worn camera/body armor
    - Creating positions dedicated to the providers health and safety.
  - Address provider's compassion fatigue, Work-Life balance, and Financial Strain
- Encourage EMS agencies to identify/address high-volume utilizers.
  - At the April Flagship Committee planning meeting in the ITM breakout session, leadership from **Spotsylvania** coordinated with members from **RAHD** to discuss a pilot implementation of the **HEAL program**. A follow up meeting occurred in early June. Spotsylvania is going to review data and find a geographic pocket of need near an appropriate facility for program delivery. RAHD will present the multi-week program and Spotsylvania will track recidivism.
  - REMS TRS contacted representatives from agencies in our region on June 29th, seeking information about the efforts they are making to identify/address high-volume utilizers.
- Continue efficient operations of a regional public safety CISM team.
  - CISM Team met 04/10/2023.
  - Two new members joined during this reporting period.
- Coordinate and promote provider health and safety. Maintain a team of peers and mental health clinicians available to assist stakeholders.

- The REMS CISM Team currently has 39 members representing the fire, EMS, law enforcement, dispatch, mental health, and chaplain disciplines. The team also utilizes three therapy dogs. It is available to respond 24/7/365.
- When requested, provide technical assistance and resources to EMS agencies providing MCI or threat-mitigation training.
  - REMS Technology, Innovation and Leadership Expo was held on April 19th, 2023. Participants in attendance represented the following agencies and organizations: Chesterfield Fire & EMS, County of Culpeper, King George County Fire & Rescue, Fredericksburg Fire Department, Caroline County Fire Rescue, Lake of the Woods Vol Rescue Squad, Fauquier County Fire, Caroline County Fire Rescue, Spotsylvania Co. Fire/Rescue, Culpeper Office of E. Services, Germanna Community College.
  - The vendors participating were: Skydio with drone technology, Twiage with pre-hospital communications, ESGI with patient tracking systems, Lexipol with Leadership in EMS lecture by Mike Taigman, REMS with Anatomage and immerse room presentations.
  - The vendors met after the event for networking and explored the possibility to collaborate with REMS during community events. The vendors participation in these events will test the interoperability and effectiveness of their technology tools for operations in our region. The vendors manifested interest in collaborating with REMS during community events soon.
  - The REMS Council received and processed a request for inflatable manikins that could be utilized as patients during an MCI drill. This topic has been added to meeting agendas and research will be done as to the need in the region, potentially providing an opportunity for regional collaboration.
- Measure/report community engagement numbers for COPE/outreach
  - See data in milestone below.
- Publish effective provider/community health/safety social media alerts.
  - Included in FY23 Q4 Media Report in Strategic Goal #5
- Encourage providers to access EAP and MH resources.
  - The CISM team utilizes word of mouth and its own Facebook page to encourage providers to access services as needed. CISM services may also be requested by calling 540-752-5883.
- Support full-scale in-person exercises in both PD 9 and PD 16

- On April 12th, 2023, REMS' Regional Field Coordinator attended Culpeper's High Treat Exercise. The exercise was executed with a collaborative approach led by Culpeper Law enforcement agency and with the participation of career and volunteer fire and rescue organizations. Director Ooten shared that the REMS MCI plan was taken under consideration as a guideline during the exercise planning stages. He also shared that they have found it beneficial to cross train paramedics with the SWAT team to improve response times and improve outcomes for the patients. REMS Regional field coordinator had the opportunity to witness drone operations during the exercise which were led by law enforcement. The invitation to the Innovation and Leadership Expo was provided to all attendants.
- The lessons learned showed that we need to focus on improving communications, implementing training and technology to improve our operational response.
- Provide life-safety education at regional community events.
  - See data in milestone below.
- Engage with PSAP to ensure VHASS access, PAI and EMD use, and identify gaps and needs.
  - REMS TRS attended Marcus Alert meetings for PD 16 on April 20th, and May 16th. TRS also attended the Marcus Alert Meeting for PD9 on June 16th. Several agencies are expressing their concern about the launching time approaching and the fact that clear guidance for operational procedures is not being provided by the state.
  - REMS TRS attended two workshops and one webinar organized by MCP workforce during the months of May and June. This was done with the intention of learning more about the challenges and solutions that other PSAP's in Virginia and the East coast have identified. MCP provided useful tools and guidance for participants to create an assessment tool addressing items as recruitment and retention. During the webinar useful resources to support 911 operations with technology implementation were provided.

### **FY23 4nd Quarter Milestones**

- Incident and Threat Mitigation Committee will meet quarterly. The CISM team and other ad-hoc workgroups will assist as needed.
  - ITM met as part of the Flagship Committee planning meeting in April. A quorum was not able to be reached but multiple milestones were discussed in the breakout sessions and will be addressed at the next meeting in July.
- *Update to Q3 Milestone:* Review, update as necessary, exercise the Continuity of Operations Plan.
  - While wrapping up the virtual exercise of the new COOP which included OEMS players, REMS Council experienced a break-in and an extended full exercise of



the COOP. This event happened when the primary contact, our Regional Director, was out of the country. The break-in was discovered at 0645 on Saturday, May 20th by the Office Manager. After an exhaustive inventory, nothing was taken by the intruder but there was considerable damage to the interior of the building and both an exterior door and exterior window were compromised. By 1400 the two breaches to the building were repaired, initial clean-up completed, and Order of Succession was followed to ensure event information was disseminated to OEMS, Hybrid offices, staff, and Board of Directors.

- Prepare / deliver seminar/tabletop/functional MCI drill in the region.
  - Part of the preparation for a functional drill in the region includes engaging with localities to learn about how they are preparing for MCI, how REMS council can support their efforts, and what common barriers the localities (within the region) are encountering to implement MCI plans and training. The information collected will feed the preparation for a regional MCI drill.
- Submit quarterly report of CISM training and callout activities.
  - Quarterly report was submitted to the May Board of Directors meeting.
- Identify and propose options for FY24 regarding a safe place for health, wellness, and mental health issues (i.e., provider retreat and potential recovery/relaxation tools)
  - During the ITM breakout session of the Flagship Committee meeting, the wellness app, Cordico, <https://www.cordico.com/fire/> was suggested as a possible tool for the region's responders. This tool is being used in Spotsylvania and the reports are positive from providers.
  - REMS staff has reviewed other programs, such as [Dress Blue](#), seeking to identify best-practices for recognizing first responders, possibly importing new programs and services to the REMS region.
- Survey to evaluate needs for provider health/safety issues (topics such as burnout, compassion fatigue, substance use/abuse, financial fitness, depression, anxiety, impulsivity, loss of confidence, harassment, empathy, resilience, decision-making)
  - This milestone was addressed by providing a survey to all EMS agencies in the Rappahannock Region via online link. The Survey included 30 questions related to: **Safety, Health and Wellness, Mental Health, Retention, Grants/Funding, Signaling, Community alert system, technical assistance, MCI, Pediatric injuries.** The response rate from the providers was not a representative sample of the total population reached. Nevertheless, the information collected is valuable to initiate

the process of moving forward to increase participation and improve the assessment tool.

- Increase PulsePoint implementation to another locality.
  - During the breakout session of the April Flagship Committee meeting, ITM members expressed their intention to bring PulsePoint to the entirety of the region. REMS is working with PulsePoint to explore previous funding approaches other localities have used to bring the program to their area. PulsePoint is able to provide a \$2,500 Rural Community Support Implementation Grant for each new CAD integration point that goes live before December 2024.
- Survey and evaluate current use of PulsePoint in the region and PSAP. Provide a report on the findings and potential goals for expanded use.
  - Currently Stafford and Spotsylvania counties have PulsePoint in use. There is a total of 392 AEDs registered between the two areas. These include businesses, houses of worship and government buildings. ITM expressed interest in expanding the number of AEDs that are registered in the localities with PulsePoint. With an approximate combined population of 305,000, there is room for increasing the registered AEDs.
  - Three other localities have already expressed an interest in PulsePoint and have received quotes - City of Fredericksburg and the town of Colonial Beach and Fauquier County.
- Decrease pediatric head trauma from bike riding/skateboarding by 10%
  - You cannot improve what you cannot measure. Earlier in the year, ESO data was insufficient to record trends, additionally not all staff were trained in pulling reports for review. REMS gathered data from local trauma center and the numbers of preventable pediatric injury trend more to MVC, burns, and animal bites (rather than bicycling/skateboarding). During the ITM breakout session, members expressed a desire to put prevention efforts into categories with higher impact. Future milestones will include increasing child car seat checks in the regions, and animal (dog) bite prevention education.
  - The OM, REC, and TRS are currently undergoing ESO training with the PIS in order to be able to use this data for future milestones.
- Measure/report community engagement numbers for Community Outreach and Patient Engagement (COPE) Outreach
  - COPE broke their record of patron attendances to date this quarter. In April COPE served over 270 patrons, for the month of May there was a 10% increase to 297 and for June attendance numbers were 331, demonstrating a 15% increase.

- COPE continues to distribute educational materials and on occasion invite speakers each month on various topics related to health and wellness. There was a focus on alcohol and stress awareness in April and COPE provided patrons with information on how to recognize and manage stress and how to identify problematic drinking behaviors. May was Mental Health month and COPE invited a speaker to talk about mental health, an important aspect of overall well-being. Patrons learned about the importance of seeking help when needed and how to access mental health resources.
- For the month of June COPE provided presentations and materials on diabetes and financial literacy. The diabetes information distributed provided information on the importance of behavioral health as a foundation for diabetes care, and how social determinants of health can impact diabetes outcomes. The financial literacy week provided attendees with information on how to manage their finances and make informed financial decisions. We thank our Community Partners – non-profit agencies in the community - who attend, participate, and give information and best-practices information to the patrons.
- In addition to the above COPE had REMS staff provide demonstrations on Stop the Bleed and Hands Only CPR. This has led to community organizations requesting training on First Aid skills. Community Partners continue to support with free glucose and blood pressure screenings and provide general health advice and resources through the local free health clinic.
- Overall, outreach events throughout the quarter provided a valuable opportunity for patrons to learn about a variety of important wellness topics that impact population health.
- Increase visibility of EMS in the community
  - **Stroke Smart Fredericksburg Initiative**
    - COPE had a table at the MWH Stroke and Trauma Awareness event in May. COPE handed out stroke information and recruited over 100 Stroke Smart Champions who signed certificates that required them to spread the message of how to spot a stroke, stop a stroke and save a life.
    - In June COPE partnered with Mary Washington and attended the Art of Aging Expo to educate attendees about stroke awareness. The Expo attracted over 2,500 attendees. COPE networked with vendors and recruited an additional 140 Stroke Champion certificates. At the Aging Expo, different organizations had tables set up to hand out their own information; COPE addressed the Stroke Smart Initiative. REMS staff was on hand giving out pamphlets and information on how to be stroke smart. COPE provided pamphlets and magnets in English and Spanish that people could keep on their fridge so they can recall the signs of a stroke. When attendees took two or more of the pamphlets or magnets, with the agreement to share information with other,

they had the option to get a certificate recognizing their efforts to become Stroke Smart.

- **Community Health and Wellness Campaign**
  - COPE was invited by Jubilation, a local over 55 community, to deliver a presentation on emergency preparedness and provide basic training on Stop the Bleed and Hands Only CPR.
  - REMS Staff highlighted the importance of creating a plan with the help of friends, family, and neighbors, choosing a contact person to check on you during a disaster, and keeping an emergency supply kit as essential steps in being prepared. The attendees were also given packets to fill out for emergency preparedness.
  - During the presentation two different training segments were provided by REMS on Stop the Bleed and Hands Only CPR.
- Host or participate in at least one monthly meeting addressing healthcare gaps and underserved populations in the community.
  - Our Community Partners monthly meetings aim to discuss and address pertinent community health issues and develop strategies to support the well-being of individuals in our community. The meetings are attended by representatives from various community organizations, including healthcare providers, nonprofit organizations, local government, and community members.
  - April meeting: Topic: **Diabetes Disease**. During the April meeting, the focus was on raising awareness about diabetes disease and promoting prevention and management strategies within the community. The following key points were discussed:
    - Prevalence and Impact: The attendees discussed the increasing prevalence of diabetes disease in our community and its significant impact on individuals' health and quality of life. Statistics and data were shared to emphasize the urgency of addressing this issue.
    - Education and Outreach: It was recognized that education and awareness are vital in preventing diabetes and managing the condition effectively. The community partners discussed collaborative initiatives to conduct educational workshops, awareness campaigns, and provide resources to individuals at risk or living with diabetes.
    - Healthy Lifestyles: The importance of promoting healthy lifestyles, including regular physical activity, balanced nutrition, and weight management, was highlighted. Strategies were developed to encourage healthier choices and support individuals in adopting sustainable lifestyle changes.

- **Access to Care:** The meeting attendees addressed the challenges faced by individuals with diabetes in accessing affordable and comprehensive healthcare services. The partners committed to advocating for improved healthcare access and supporting initiatives that enhance diabetes management resources.
- In May, the discussion topic shifted to **Youth Mental Health**, recognizing the critical need to address this growing concern within our community. The following topics were discussed:
  - **Mental Health Awareness:** The community partners emphasized the importance of increasing awareness about youth mental health issues, reducing stigma, and promoting early intervention. They explored various platforms and strategies for disseminating information and resources.
  - **Mental Health Support in Schools:** Recognizing that schools play a significant role in supporting students' mental well-being, the partners discussed the implementation of mental health programs in schools. Collaborative efforts were planned to provide training for teachers, promote mental health literacy, and establish support systems for students.
  - **Crisis Intervention and Referral Services:** The meeting attendees acknowledged the need for accessible crisis intervention and referral services for young people experiencing mental health emergencies. They explored ways to strengthen existing resources and develop new ones to ensure immediate support.
  - **Collaboration with Mental Health Professionals:** The community partners emphasized the importance of collaborating with mental health professionals and organizations specializing in youth mental health. Plans were made to establish partnerships, coordinate efforts, and ensure comprehensive and coordinated care for young individuals.
- The aging population was the topic in June, with a focus was on **Promoting Healthy Aging** and addressing the unique challenges faced by older adults in our community. The following key areas were discussed:
  - **Physical Health and Mobility:** The community partners discussed the importance of physical health and mobility in healthy aging. Strategies were explored to provide opportunities for exercise, ensure accessibility, and promote preventive healthcare measures among older adults.
  - **Mental Well-being:** Recognizing the impact of mental health on the overall well-being of older adults, the partners discussed initiatives to support emotional well-being, address loneliness, and promote social connections among seniors.

- **Healthcare Access and Support:** The meeting attendees identified the barriers faced by older adults in accessing healthcare services and discussed potential solutions to improve accessibility and ensure appropriate support for aging individuals.
  - **Community Engagement and Inclusion:** The community partners emphasized the need for community engagement and social inclusion of older adults. They explored ways to create age-friendly environments, foster intergenerational connections, and enhance the quality of life for seniors in our community.
- The monthly meetings of the community partners have proven to be an effective platform for addressing important health issues within our community. The collaborative efforts and strategies developed during these meetings will help create a healthier, more supportive community for all its members. The community partners committed to continuing their work in addressing these critical health concerns and implementing the discussed initiatives.
- Increase contacts with citizens by 10% from the previous year.
  - Goal was met, see details above.
- Arrange for and attend a quarterly meeting with RAHD and RRAHD to discuss public health priorities and engage with discussion of community risk reduction, population health, emerging public health issues, and EMS operations.
  - The REMS Staff has arranged quarterly meetings with the RAHD and RRAHD Health Director to share project information and collaborate on issues of public health.
  - The REMS Council has partnered with the RAHD to share a written and audio healthcare services resource guide, available in English, Spanish, and Dari.
- Increase community CPR provided PTA of EMS by 10%
  - ESO data access and quality remain insufficient to address and complete this milestone. However, REMS Instructors utilize community outreach and educational opportunities to increase training and awareness of the importance of CPR in an out of hospital cardiac arrest scenario.
- Provide five stop-the-bleed presentations to the community.
  - On June 15<sup>th</sup> an awareness presentation including topics as Stop the bleed, Hands only CPR, the help until the help arrives, and emergency preparedness was provided by TRS at Jubilation in Fredericksburg.
  - Stop the bleed community awareness session was provided by TRS on May 9<sup>th</sup>, at the square during The Table event. Information was provided in English as well as in Spanish to approximately 40 community members (adults). The focus of this awareness event was teaching how to apply a tourniquet.

- April 8<sup>th</sup> two groups of firearm instructors from Izaak Walton League attended STB classes taught by OM. A total of 13 participants were trained. REMS and IWL will work together to train the entire firearm cadre, numbering 80 individuals.
- Stop the bleed community education session was provided by TRS on April 4<sup>th</sup> at the square during the Table event. Information was provided in English as well as in Spanish to approximately 30 community members. Ages ranged between eight years old and seventy years old. The focus of this awareness event was to teach how to pack a wound. Pictures from the event were posted at REMS and COPE's social media venues.
- Additional training offerings from the previous quarter helped to achieve and exceed this goal.
- Provide five hands-only CPR presentations to the community.
  - On June 15th an awareness presentation including topics as Stop the bleed, Hands only CPR, the help until the help arrives, and emergency preparedness was provided by TRS at Jubilation in Fredericksburg.
  - June 6, 2023, REMS OM gave Hands Only CPR instruction to community members as well as providing hands-on practice with the infant mannequins for foreign body airway obstruction training. Pictures from the event were posted at REMS and COPE's social media venues to increase community awareness along with a week-long campaign on National CPR/AED use.
  - Additional training offerings from the previous quarters helped to achieve and exceed this goal.

### **Strategic Goal #3: Cultivate Talent**

#### ***Leadership and Education Supports a Well-trained, Competent Workforce***

Aligned with the VDH Goal to “Maintain a competent and valued workforce” and managed under the Regional Guidelines and Training Committee.

# By the NUMBERS

**29**

**MILESTONES IN  
FY23  
WORKPLAN**

Designed to provide leadership and education that supports a well-trained and competent workforce

New ALS Providers must complete the ALS Release Program including meeting with the REMS Council Education Coordinator, passing the REMS Protocol Test and receiving endorsement from their agency officer and EMS Medical Director.

**1**

**ALS RELEASES  
THIS QUARTER**





## Ongoing Milestones

- Plan, coordinate, conduct NREMT Advanced Psychomotor Testing Sites
  - The 2023 NREMT Test Site schedule has been finalized, and REMS will be hosting sites on:
    - June 10, 2023 (canceled because of extended COOP activation)
    - July 8, 2023
    - September 9, 2023
    - December 2, 2023
- Support ALS and BLS release in the region with the BOD-approved ALS Release Program. Provide ID badges to providers.
  - This quarter we received paperwork from 5 providers that are starting their preceptorship and one who started the testing process.
- Support regional education, promote and assist with scholarship program. Provide CEU to providers.
  - The REMS Staff offered a total of 21 classes this quarter including Red Dot, Critical Care, NAEMT, AHA, and Stop the Bleed. Continuing education and advanced certification hours are offered to EMS providers for all applicable classes.
  - A total of \$2,850 in scholarship monies were awarded to REMS providers in this quarter. Locality funding provided by the jurisdictions allows students to take unlimited certification and CEU training through the regional council.
  - REMS partnered with the RACSB Prevention Team to bring Virginia Revive! Opioid training the trainer class held June 28th. A total of 9 participants were trained including the Regional Director, OM, and TRS. Students were issued Naloxone for use in the community and will now be able to host training at outreach.
- Maintain status as an AHA and NAEMT training site.
  - The REMS Council continues to be a site for AHA and NAEMT training programs.
- Monitor emerging threats and industry news regarding the need for tactical EMS, MCIM, and other specialty training issues.
  - The OM and TRS completed ICS-800 through FEMA.

- The TRS attended: MCI I & II on April 29th, Hurricane Season Briefing on May 24th, Cybersecurity training on May 26th, and Emergency Response on May 30th, Terrorism Awareness Training on May 30th, VDH's role IS-235.C Emergency planning on June 6th.
- The PIS taught MCIM I/II training on April 29th at the request of one of our regional agencies.
- Monitor training needs in the region and support recruitment and retention needs, providing technical assistance as needed.
  - The PIS offered two customized training sessions to two different EMS agencies at their request.
  - The PIS conducted a third-party evaluation of an EMS provider at the request of a REMS Council EMS agency.
- Create an annual training plan for public education programs.
  - Completed in 2Q and distributed through social media and pamphlets at COPE events.

### **FY23 4Q Milestones**

Guidelines and Training Committee will meet quarterly. The ALS Release, ALS Preceptor, and Cultural Diversity workgroups will assist.

- Guidelines and Training Committee met on April 24, 2023
- Offer scholarship slots to regional EMS providers for AHA and NAEMT programs based off FY23 training schedule.
  - A total of 19 students received scholarships in the amount of \$2,850. This does not include the training and CE opportunities that are offered free of charge to local providers.
- Monitor and provide technical assistance for FISDAP scheduling.
  - As EMS education classes begin, the Program Director reaches out to both local hospitals and REMS to enable their students to schedule clinical rotation at local participating hospitals. The REMS Council maintains a shared FISDAP clinical schedule and facilitates hospital staff who can create and edit individual unit's schedules.
- Offer five NREMT advanced psychomotor testing sites.
  - The 2023 NREMT Test Site schedule has been finalized, and REMS will be hosting sites on:

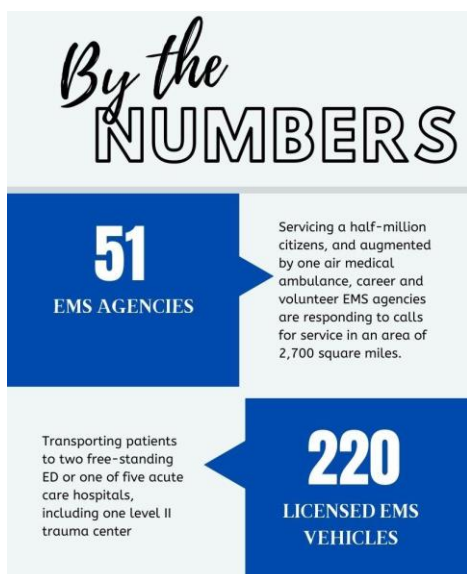
- June 10, 2023 (canceled because of extended COOP activation)
  - July 8, 2023
  - September 9, 2023
  - December 2, 2023
- Develop/administer instructor education/training that is needs-based on instructor feedback and PI data.
  - In addition to the monthly CC CE classes, the PIS developed and received approval for a 24-hour review class for Advanced Providers which will be offered 1Q FY24. There is only one other vendor who offers such a course to the public in the Commonwealth of Virginia; it is usually taught once per year at EMS Symposium and is limited to less than thirty students. Taking an approved Advanced Provider review class is a requirement to renew the Advanced Certifications. It is being offered at a significantly discounted rate for REMS providers, supported through scholarship funding from the localities.
- Evaluate the current program's efficacy, review public health data, and create an FY24 plan for community risk reduction programs and activities.
  - As per a milestone above, ITM will be addressing preventable injury reduction in pediatrics via targeted education and activities focusing on the highest injury pockets in the area.
- Survey to evaluate interest for mobile integrated healthcare and community paramedic training. Submit a report and proposal based on feedback.
  - At the Flagship Committee planning meeting, leaders indicated an interest in pursuing mobile integrated healthcare and community paramedic training.
- Identify recruitment options for workforce development.
  - As part of workforce recruitment and community EMS awareness, REMS will be hosting an Anatomage Tournament in February 2024 for local high school students. This event will expand networking with our educators and the use of the interactive Anatomage technology will provide students with an insight into the opportunities available to them in EMS.
  - TRS previously provided information as part of past reports to address this item. During this reporting period, TRS attended a series of workshops provided by Mission Critical Partners. In one of the workshops, the North Carolina 911 system presented their solution for their retention problem; a regional collaboration effort to launch a media campaign to increase applicants for their vacancies. This model could be used to address the same issue in our Region.

- Provide four instructor development offerings on topics such as andragogy, classroom technology, moulage, item analysis, etc.
  - On September 26 a class on Andragogy of Simulation in EMS will be held at REMS Council.
- Attend JEMS, EMS World, other national EMS conference.
  - Staff from the REMS Council attended the National ESO conference in Austin TX in April and are scheduled to attend EMS World training later this year.
- Host at least one documentation training course
  - The REMS, CSEMS, and ODEMSA PIS' are collaborating to develop a joint documentation and data quality improvement training program that will be offered in all three regions. They have had several work sessions thus far, and the next one is scheduled for July 24. They anticipate the class will be ready for scheduling in fall 2023.

#### Strategic Goal #4: Drive Innovation

##### *Drive EMS Innovation Throughout the Region*

Aims to lead in the region's EMS system under the direction of the Executive Committee.



## Ongoing Milestones

- Create / Participate in EMS data working group.
  - The PIS has been participating in recurring meetings and webinars focused on data review and improving data quality since spring 2022. Through this collaboration, the PIS also assisted in the development of the Regional PI Forum, where the PI reps from each Regional EMS Council meet regularly to collaborate on projects and share lessons learned.
- Attend periodic professional development offerings, such as Anatomage monthly training, or EMS CEU offerings such as EMS night out.
  - The OM continually attends virtual updates on Monday.com and is currently undertaking Traffic Cloud and Xibo signage training.
  - The OM and the TRS participated in PHI Flight SIM scenario training.
  - The OM, TRS and REC are currently in ESO training with PIS.
  - The OM and TRS successfully completed a hybrid EMT class in May 2023 including psychomotor skills testing.
  - The OM successfully completed the cognitive test and is an NREMT.
  - The OM and TRS were both trained to be Stop the Bleed Instructors.
  - The RD completed a multi-week project management course through VCU.
- Share lessons learned from incidents and events (local, regional, national)
  - No events in the region required lessons learned during this quarter.
- Encourage agencies to develop and exercise a COOP.
  - The REMS Council remains available to provide technical assistance to agencies who are developing, updating, or exercising their COOP.

## FY23 4Q Milestones

Executive Committee will meet quarterly. Grant, Regional Awards, and Personnel Workgroups meet as needed to respond to changing needs, plan objectives, or proposed changes.

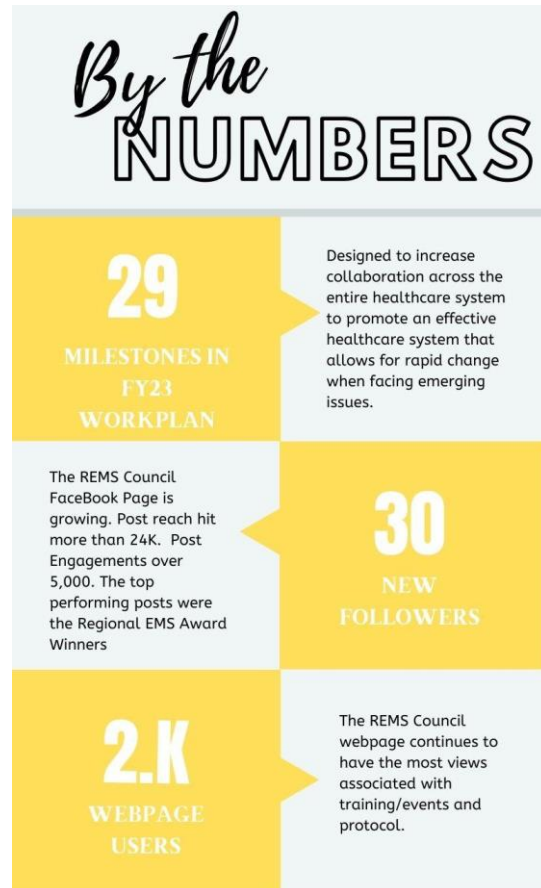
- Grant Workgroup met April 16, 2023
- Awards Workgroup met on May 18, 2023
- Executive Committee met with the other Flagship Committees on April 24.
- Submit a report to OEMS and the REMS BOD regarding the quarterly activity of the REMS Council.

- Quarterly report submitted to OEMS and will be presented to the REMS BOD August 16, 2023.
- Provide technical support for non-RSAF grant applications and encourage agencies seeking funding, recruitment, retention, or leadership training.
  - No agencies requested support during the reporting period. However, during the REMS Flagship Committee Planning meeting, there were proposals which may involve outside funding. Once FY24 goals are finalized, REMS will research appropriate avenues.
  - Federal grant opportunities, such as “[Safe Streets and Roads for All](#)” was shared with agencies in the REMS Council region.
  - A virtual [Workforce Workshop](#), sponsored by Mission Critical Partners, was shared with agencies in the region to provide strategies for coping with staffing shortages.
- Coordinate grant workgroup review and grading of RSAF application
  - Grant workgroup met April 6<sup>th</sup> and reviewed 9 grant applications from 6 agencies with a project funding amount requested of \$540,033.47.
  - Michael Berg conducted an RSAF grant writing workshop at REMS in June. Both in-person and online attendance was offered and representatives from agencies in both planning districts attended.
- Prepare/conduct a regional award ceremony to recognize the region’s award winners.
  - The REMS Regional Awards Selection Workgroup met on May 18, 2023, to review the submitted nominations and select the Council Award Winners.
  - The REMS Regional Award Ceremony was held on Wednesday, June 7, 2023. There were approximately 50 in attendance to include Scott Winston, Assistant Director for the Virginia Office of EMS.
  - We received 21 nominations in 11 categories for the REMS Regional Governors Awards. The winners of each category will be submitted to the Virginia Office of EMS for consideration in the Virginia Governors Awards which will be announced in November at the awards banquet during EMS Symposium.

## Strategic Goal #5: Healthcare Collaboration

### *Support Collaboration Across the Healthcare System and Integrate EMS*

The Regional Strategic Planning Committee weaves EMS into the broader healthcare system by conducting activities aligned with VDH Goal to “Assure the conditions that improve health opportunity”.



## Ongoing Milestones

- Maintain a business office with the necessary staffing levels.
  - The part-time RFC transferred into the full-time TRS position bringing the office to 4 full time and 3 part time staff.
  - A candidate was interviewed for a contract position in support of the training center.
  - The second round of applications for the second TRS position closed, and interviews are scheduled for early next quarter.
  - The REMS Council has accepted an intern for the summer from VCU who will be working with COPE on public health topics.
- Monitor/report data quality information and reporting compliance.
  - ESO data access and quality remain insufficient to address and complete this milestone. OEMS has retracted the December through May monthly data quality reports due to multiple known errors and is working on correcting them before reposting them to the OEMS website for agency distribution. The June report has not been released yet.
- Develop/report metrics for ongoing programs, recalibrate annually.
  - The PIS and Chair of the Performance Improvement WG have six specialized PI reports under development; when completed, they will go before the PI WG and MRC for their review, and then the BOD for a vote.
    - Airway and Respiratory
    - Cardiac Care and Resuscitation
    - Neonatal and Pediatric
    - Trauma
    - Stroke
    - Regional System
- Enroll and participate in Data Camp
  - REMS Council staff have enrolled in data camp and are taking professional development related to data analysis and review.
- Engage regional hospitals in data sharing agreements/HDE.



- All of our regional hospitals continue to move forward, at varying stages, with acquiring HDE.
- Maintain an interactive website and social media campaign to engage stakeholders. Post committee meeting minutes and recordings, as well as updates to regional plans and policies, to the website.
  - REMS shared stories and examples from various PSAPs during National Public Safety Telecommunicators Week.
  - The TRS attended a PIO Roundtable event on June 8, 2023, to network with local PIO and receive training from the PIO Deputy Communications Director Virginia Department of Emergency Management.
  - **Facebook Summary:** 1,192 followers, Post reach (number of unique views) 24,301, Post Engagement (reactions, comments, and shares) 5,292. The increase in reach and engagement came from the very popular series of high lighting our Regional Award winners. The Top-performing post had a reach of 10,359 and Engagement of 1,173. Post topics in addition to the regional winners included community outreach during CPR and AED Awareness Week, class advertisement, program updates, EMS week, Marine Corps Half Marathon and more.
  - **Twitter:**

The REMS Twitter account is a mirror for FB posting. Engagement rate is slowly increasing (10.7%, increase of 7.6) primarily resulting from local agencies retweeting training announcements.
  - **YouTube:**

The YouTube channel was created to showcase photo montages, educational videos (future development) and event videos. The QR codes in this report link to the channel.
  - **Website Google Site Kit Metrics:**

Users: 2.K, 17.1% decrease compared to previous 90 days. Access points continue to remain similar quarter to quarter - future reports will not include this data.

Access points – 37.5% direct, 53.4% organic search, 7.3% referral and 1.8% social media (up 633.33%)

Total Impressions: 73K (decrease of 17.6%), Total Clicks 1.5K (decrease 17.2%), 1.4 unique visitors from search (decrease of 19.1%)

The most popular pages were associated with training / events and protocols. Because of the growth in our social media presence and engagement of training/event posts, consumers are more likely to utilize social media vs our webpage for this information.
  - **LinkedIn:**

- Late in 4Q2023, REMS began utilizing the LinkedIn profile to announce upcoming training events. This platform will not be utilized to echo partners but will focus solely on educational content. No metrics to report this quarter.
- Liaison, attend planning and EMS meetings for regional, state, and national activities as required and available. Seek information to achieve strategic goals and report updates quarterly.
  - REMS continues to participate in a regional staff exchange program to support continuity of operations, share best practices, and collaborate on projects.
    - The CSEMS Regional Director cross-covered to the REMS Council during a vacation in May and June.
    - The REMS Regional Director will cross-cover to the CSEMS Council during a vacation in July.
  - REMS Staff attended the following EMS Advisory Board state committee meetings:
    - 05/04/2023    Emergency Preparedness Committee Meeting
    - 05/04/2023    Medevac Committee Meeting
    - 05/04/2023    Trauma Systems Improvement Committee Meeting
    - 05/04/2023    Workforce Development Committee Meeting
    - 05/04/2023    Post-Acute Care Committee Meeting
    - 05/04/2023    Trauma Prehospital Care Committee Meeting
    - 05/04/2023    EMS for Children Committee Meeting
    - 05/04/2023    Trauma Acute Care Committee Meeting
    - 05/04/2023    Injury and Violence Prevention Committee Meeting
    - 05/04/2023    Executive Committee Meeting
    - 05/04/2023    Trauma Advisory Group Committee Meeting
    - 05/04/2023    Legislative and Planning Committee Meeting
    - 05/05/2023    Provider Health and Safety Committee Meeting
    - 05/05/2023    State EMS Advisory Board

- The REMS Staff also attended / participated in the following state/national meetings:
  - 04/13/2023 EMS Interoperability Task Force Call
  - Monthly Northwest Regional Meeting
  - 04/19/2023 MIH Stakeholders Meeting
  - Monthly Data Learning Collective Webinar
  - 04/25/2023 Regional PI Forum
  - 05/03/2023 Regional PI Collaboration Meeting
  - 05/03/2023 Regional Director's Group
  - 05/10/2023 NEMSAC and FICEMS Meeting
  - 05/10/2023 NEMSIS v3 Implementation call
  - Weekly VDH Agency Forum Meetings
  - 05/23/2023 Regional PI Forum
  - 06/06/2023 NEMSIS: Research and Statistics Webinar
  - 06/08/2023 PIO Roundtable at LOW VRS
  - 06/13/2023 VA Board of Pharmacy Meeting
  - 06/21/2023 Safe Kids Meeting (Virtual) Harrisonburg
  - 06/22/2023 ESO Insights State Repo Intermediate Webinar
  - 06/27/2023 Regional PI Training on ESO
- Monitor/respond to requests for equipment loan and instructor resources.
  - There was one request for equipment loan during this quarter.

#### **FY23 4Q Milestones**

- The Strategic Planning Committee will meet quarterly. By-laws, nominating, and finance workgroups will assist and meet as needed.
  - The Strategic Planning Committee met April 24th with no quorum.

- Review FY23 activity and update the Strategic EMS Plan as needed.
  - Now that the FY23 timeline has passed, a final review of the FY23 work plan and accomplishments will be conducted. No updates are recommended to the 3-year strategic EMS plan based on the Flagship Meeting in April.
- Update annual work plans and submit updates for FY24.
  - Staff has created a draft of the FY24 work plan, based on feedback and guidance from the five flagship committees, which is now being finalized for submission to OEMS and presentation to the REMS Council BOD.
- Evaluate/report potential uses of drones for regional system.
  - REMS has received information on a tethered UAV high-intensity LED light designed to provide 8,000 square feet of usable light at a scene. We are reviewing the technology to determine potential applications for EMS operations.  
<https://www.bluevigil.com/>
- Identify intersections in PD16 that would benefit from response signaling.
  - This milestone was addressed by providing a survey to all EMS agencies in the Rappahannock Region via online link.
    - The response rate from the providers was not a representative sample of the total population reached. Nevertheless, the information collected is valuable to initiate the process of increasing participation and improve our assessing tool/process.
    - Based on the responses provided the areas of improvement for this milestone will be to contact the agencies about which intersections have been identified and determine which resources the agencies need to be able to install response signaling.
    - The percentages for the question of has your agency identified intersections in need of response signaling was 71% yes and 14%; 15% didn't answer the question.
- Provide technical support/engage EMS agencies with OEMS Special Projects
  - After the EMSC Survey in 3Q, REMS OM continued to engage with VAEMS EMSC Coordinator and is working on an initiative to track Pediatric Champions across the entire state of Virginia. The OM is managing the database and working with key stakeholders to improve pediatric emergency care.
- Communicate change in policies/procedures/plans to stakeholders.

- The COOP activation initially required daily and then weekly updates to REMS Council status and change in MEF capabilities. As a result of the implementation of increased communication and after analyzing feedback from stakeholders, REMS staff began a weekly DISPATCH email which not only addresses COOP updates, but activities and upcoming events at the Council.

# **Southwest Virginia EMS Council**



## **XII. Southwest Virginia Regional EMS Office**

### **Regional EMS Council Operations**

#### **State Regional EMS Office Transition**

The Southwest Virginia EMS Council entered a memorandum of understanding with the Virginia Office of Emergency Medical Services in 2022 to serve as a Regional Emergency Medical Services (REMS) Office. Gregory Woods was hired as the SWEMS Regional Director in November 2022. The EMS Council Board of Directors and OEMS work collaboratively to define the regional work plan and to determine the appropriate staffing model for the region. Additional staff positions will be recruited in the coming months.

#### **General Operations**

The SWEMS maintains an office in Bristol, VA. The Council has contracted with WDP & Associates to conduct a building envelope and water infiltration investigation study as the beginning phase of facility renovation. On site building inspection was conducted May 22-24 by WDP & Associates, and we are awaiting a report from the engineering firm. The Council also completed several repairs to light fixtures, including external lighting.

#### **Professional Development**

The Council supports ongoing professional development. Staff members are encouraged to participate in related educational programs both in person and virtually. A summary of professional development activities by staff is provided below:

- Field Coordinator and Education Program Director Josh Wilkinson completed several college courses as prerequisites for graduate program enrollment. He is enrolled in an M.H.A. degree program through LSU.

### **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. Approved plans are posted on the Council's website.

### **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 southwest region and across Virginia. 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 since the last report:

- May 9—Fieldprint Background Check Training
- May 16—Mountain Public Health Emergency Coordination Council
- May 18—Emerging Pathogens Preparedness & Response Conference
- May 20—Peninsulas EMS Awards Picnic
- May 31—Ambulance Pt. Offload Time (APOT) Facilitators Meeting
- June 5—HB2175 Workgroup
- June 8—Far Southwest Healthcare Coalition Meeting
- June 16—Meeting with VDH Emergency Planner
- June 22—CISM Accreditation Meeting
- June 23—Stroke Committee\*
- June 23—Trauma/PI Committee\*
- June 29—Regional Medical Direction Committee\*
- Weekly Hybrid EMS Office Director Info Sharing Meeting
- Weekly VDH Agency Forum
- Monthly Regional Director Group Meeting
- Monthly Regional PI Forum

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

Staff assisted the Division of Community Health and Technical Resources with the annual EMS For Children (EMSC) survey. Staff contacted agencies who had not



completed the survey to encourage participation in order to ensure that Virginia met response benchmarks. Staff also provided support for the Communication Committee Meeting and Informational Event held July 26, 2023, in Bristol.

## **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. In addition to supporting members of our regional EMS community, our training center supports two hospitals, three colleges, numerous law enforcement agencies, numerous primary care clinics and dental offices, and another regional EMS Council. During this quarter, the Council issued AHA cards in the following disciplines:

- Heartsaver (lay rescuer)—251
- BLS (professional)—793
- Advanced Cardiac Life Support (ACLS)—231
- Pediatric Advanced Life Support (PALS)—170

In addition, the Council conducted 12 instructor update sessions in order to recertify AHA instructors. A total of 113 BLS, 54 ACLS, 49 PALS, and 2 ASLS instructor were certified/recertified during this quarter.

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 EMS agencies throughout the region. Staff are also working with Washington County and the Mount Rogers Health District on a regional program to support response to chemical nerve agent and radiological emergencies.

### **EMS Training and Support**

SWEMS operates an accredited training program for EMT and EMT-Advanced. Our accredited program added an additional training site in Carroll County. Preparation for the first AEMT course at this site began January 2023, with the course beginning on April 21 with 16 initial enrollments. The Council also supports other regional training programs. The Council Director serves on the Southwest Virginia Paramedic Program Advisory Committee. In addition, the Council serves as the fiscal agent for the program to support auxiliary training and testing programs for the college program. The Board of Directors directed the program to explore paramedic accreditation as an expansion of the current course offerings.

### **CDC Coverdell Stroke Grant**

SWEMS continues working with VDH on the Paul Coverdell Stroke Grant. SWEMS has entered the second year of the CDC 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. The Council has completed requirements to add Advanced Stroke Life Support (ASLS) to its AHA course offerings. ASLS courses are being offered within the region. The Council is also working with local high schools to implement stroke awareness training within the public school systems.

### **FieldPrint Background Screening Site**

Over the last quarter, the office has been in the process of being approved as a FieldPrint Background Check Site at the request of one of our localities. Equipment was installed on May 9, and the office began conducting background checks on May 15, 2023.

### **CISM**

SWEMS provides administrative support for the Southwest Virginia CISM Team. A workgroup of the CISM team continues 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.

### **Regional Workforce Trends**

Director Woods reviewed historic and current EMS workforce data as part of a regional workforce analysis. Data related to EMS workforce trends is provided below for informational purposes.

Locality	2000 Population	Total EMS Providers 2004	Population Per Provider	Total Paramedics	2020 Population	Total EMS Providers 2023	Population Per Provider	Total Paramedics	Total ALS	Population change	Provider Change	Paramedic Change
Bland	6871	38	181	2	6274	26	241	4	13	▼9%	▼32%	▲100%
Bristol	17367	170	102	31	17218	70	246	19	25	▼1%	▼59%	▼39%
Buchanan	26978	90	300	4	20348	65	313	13	20	▼25%	▼28%	▲225%
Carroll	29245	192	152	12	29154	119	245	33	40	▼0%	▼38%	▲175%
Dickenson	16395	114	144	3	14129	43	329	7	10	▼14%	▼62%	▲133%
Galax	6837	24	285	3	6725	39	172	14	14	▼2%	▲63%	▲367%
Grayson	17917	145	124	4	15335	81	189	19	27	▼14%	▼44%	▲375%
Lee	23589	68	347	1	22173	53	418	6	8	▼6%	▼22%	▲500%
Norton	3904	29	135	5	3696	21	176	5	7	▼5%	▼28%	▲0%
Russell	30308	204	149	29	25786	114	226	16	37	▼15%	▼44%	▼45%
Scott	23403	98	239	5	21568	77	280	8	24	▼8%	▼21%	▲60%
Smyth	33081	170	195	9	29800	182	164	39	66	▼10%	▲7%	▲333%
Tazewell	44598	252	177	7	40439	148	273	24	40	▼9%	▼41%	▲243%
Washington	51103	259	197	17	53934	289	187	82	120	▲6%	▲12%	▲382%
Wise	40123	204	197	7	36118	166	218	27	52	▼10%	▼19%	▲286%
Wythe	27599	131	211	6	28285	100	283	26	34	▲2%	▼24%	▲333%
Totals	399318	2188	195.9375	145	370982	1593	248	342	537	▼7%	▼27%	▲136%

# Respectfully Submitted

## By

## OEMS Staff

# Appendix A

# State EMS Advisory Board

## Motion Submission Form

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☒

Committee Motion

Name: EMS Emergency Management

☐

Individual Motion

Name: \_\_\_\_\_

**Motion:** Triage tags purchased by EMS agencies to meet licensing requirements must contain a minimum data set, as approved by the EMS Emergency Management Committee, instead of a state approved tag design.

**EMS Plan Reference (include Section Number):**

Strategic Initiative 1.2

Objective - 1.2.3 Assist EMS agencies to prepare and respond to natural and man-made emergencies (including pandemic diseases) by incorporating strategies to develop emergency response plans (the plan) that address the four phases of an emergency (preparedness, mitigation, response, and recovery) and to exercise the plan.

Objective - 1.2.4 Assist hospitals & health systems, hospital regions, and local governments to increase their ability to care for medically vulnerable populations, (pediatric, geriatric, etc.) during disasters and multiple-patient emergency events.

**Committee Minority Opinion (as needed):** N/A

For Board's Secretary Use Only: \_\_\_\_\_

Motion Seconded By: \_\_\_\_\_

Vote: By Acclamation: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

By Count: Yea \_\_\_\_\_ Nay: \_\_\_\_\_ Abstain \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Board Minority Opinion: