

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



**Quarterly Report to the  
State EMS Advisory Board  
February 2, 2024**

# **Executive Management, Administration & Finance**

**Office of Emergency Medical Services**  
**Report to The**  
**State EMS Advisory Board**  
**February 2, 2024**

---

**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) Appendix A – Development of EMD Training Standards**

Appendix A is a motion form from the Communications Committee. The motion is related to the requirement for OEMS to develop EMD training standards for PSAPs by July 1. The form references the standards, which will be more specifically available on the day of the board meeting.

**B) Appendix B – Minimum Hour Requirements for Initial AEMT**

The Training & Certification Committee made a motion to approve hour requirements for initial AEMT programs of 24 hours in the hospital clinical setting a minimum hour requirement of 12 hours in the field internship setting.

**C) 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.

## **D) 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.

FY23 Annual Reports:	37 of 133 jurisdictions reporting (28% reporting)	1/02/2024
FY22 Annual Reports:	106 of 133 jurisdictions reporting (80% reporting)	1/02/2024
FY21 Annual Reports:	124 of 133 jurisdictions reporting (93% reporting)	01/02/2024
FY20 Annual Reports:	130 of 133 jurisdictions reporting (98% reporting)	10/04/2023

The FY24 monies are scheduled to be released during the months of May, June, and July of 2024 providing the FY23 annual reports have been submitted and approved.

### **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.

Funding for the RSAF program comes from a percentage of the vehicle registration fees collected by the Department of Motor Vehicles. This fund is referred to as the EMS Fund or "\$4 for Life." Unfortunately, an audit identified financial irregularities in the Virginia Office of Emergency Medical Services' (OEMS) budget resulting in a deficit that has impacted all administrative, operational, and financial functions of the office.

On Friday November 17, 2023, State Health Commissioner Karen Shelton, M.D., announced several steps to create a budget for the OEMS that is in line with available funding from the EMS Fund. The Virginia Department of Health has made a commitment to honor previous RSAF grants that have been awarded. Payment of these awards will be made when all criteria for award of these grants have been made and sufficient funds to cover these obligations exist in the OEMS budget.

## Other Grant Opportunities

<https://www.fema.gov/grants/preparedness/firefighters>

[https://www.vdh.virginia.gov/content/uploads/sites/23/2023/12/funding-alternatives-for-emergency-medical-and-fire-services\\_120623.pdf](https://www.vdh.virginia.gov/content/uploads/sites/23/2023/12/funding-alternatives-for-emergency-medical-and-fire-services_120623.pdf)

<https://www.grants.gov/search-results-detail/342881> (Applications due by March 20, 2024).

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

### • **Support**

For this quarter, the Informatics Team responded to 250+ support tickets, phone calls, and general emails. As with each report, 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)
- Data submission issues
- 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:

- Working on Data Quality Reports
- Following up with agencies on data issues.
- Ensuring data request items are routed to the Epidemiology group when appropriate.
- Attending team meetings, office staff meetings, various state and national meetings when needed.

We're currently planning on expanding the duties of the Informatics team and will begin handling some support tasks for the ACE division. Currently, they support users when they have questions or issues accessing the portal. Training efforts will begin in January 2024.

- **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	42
Records submitted under this Elite system	11,821
Percentage of records submitted for this quarter from this Elite system (Percentage is based on total records submitted for the quarter)	2.75%

Number of agencies that submitted less than 100 records	21
Number of agencies that submitted between 100 to 999 records	19
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 EMS 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:

October 2023 stats	
Number of agencies reporting	571
Number of agencies with data quality scores 98% or higher	377
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	50

Total number of records reported	145,608
Total number of failed records	5,170
Total number of passed records	140,438

November 2023 stats	
Number of agencies reporting	569
Number of agencies with data quality scores 98% or higher	375
Number of agencies with data quality scores between 95% and 97.99%	45
Number of agencies with data quality scores below 95%	82
Number of agencies that failed to report	67
Total number of records reported	136,414
Total number of failed records	4,657
Total number of passed records	131,757
December 2023 stats	
Number of agencies reporting	581
Number of agencies with data quality scores 98% or higher	372
Number of agencies with data quality scores between 95% and 97.99%	58
Number of agencies with data quality scores below 95%	92
Number of agencies that failed to report	59
Total number of records reported	147,836
Total number of failed records	9,966
Total number of passed records	137,870

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, additional EMS agencies have migrated over to NEMSIS 3.5 data. As of the end of this quarter, 44 agencies are now successfully sending 3.5 EMS data. There are still some agencies and their vendors running into issues and the Informatics team continues to work with all vendors on any issues they encounter.

Work is continuing on keeping the 3.5 documents updated. The newest version of the Virginia 3.5 Data Dictionary (3.4.0.4) is in progress and should be posted to the NEMSIS website sometime during the first quarter of 2024.

- **Trauma Registry/Biospatial**

There were concerns surrounding the 2024 trauma data dictionary since it was finalized with ESO in October 2023. The team met with trauma program managers and registrars to discuss these concerns with ESO. The conclusion was to postpone the release of the 2024 data dictionary and create a workgroup to handle changes needed within the dictionary. This postponement is due to changes with the various systems that ESO

supports and its ability to integrate them into the new data dictionary. This issue only determined at the OEMS workgroup meeting, which was held on 11/19/2023. The new findings would impair data integrity and negatively influence data quality. Our new goal is to produce a 2025 dictionary from our OEMS workgroup that any software system would support.

The team continues working on increasing users within Biospatial. The emails to promote the systems are still being sent monthly to talk about the benefits of utilizing the platform. We received a brief overview of the new trauma repository during our December 2023 Biospatial meeting. It's scheduled to be released at the end of Q1 2024 or beginning of Q2 2024. The repository is geared towards state systems over individual facilities according to the contacts we meet with at Biospatial. They received feedback from numerous states about the issues involved with getting support from vendors, system capabilities/restrictions, and pricing. So, their goal is to develop a product that exceeds what the competition is offering. During the meetings we also discuss the data Biospatial receives from the agencies and hospitals. We review the record counts/missing dataset points and investigate these issues to correct them.

#### **D) OEMS Epidemiology Team:**

##### **Ad Hoc Reports:**

The OEMS Epidemiology Team received six data requests in the fourth 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 September and November 2023. During this timeframe, 5,688 brain injury incidents were documented in VSTR among patients who did not expire from their injuries.
- A request was made for the number of EMS incidents involving naloxone administration between July 1, 2022, and June 30, 2023. Summaries of EMS naloxone administration counts can be found in Table 1.
- A request was made for the number of 911 calls received with a patient/incident disposition of "Patient Treated, Transported by This EMS Unit" between January 1, 2023, and June 30, 2023. During this timeframe, 366,811 calls were documented in the Virginia Prehospital Information Bridge. Summaries of 911 calls by county can be found in Table 2.

**Table 1. EMS Naloxone Administration Counts, July 2022 through June 2023 (FY23), Virginia**

Measure	Count
Total count of overdose (OD) records with naloxone administration (any form) documented	8,088
Total count of OD records with naloxone administration (any form) documented and patient disposition documented as Dead at Scene-No Resuscitation Attempted	1
Total count of OD records with >1 naloxone administration (any form) documented	3,017
Total count of OD records with 3 or more naloxone administrations (any form) documented	730



Total count of OD records with an Improved response to naloxone administration documented	7,032*
Total count of OD records with an Unchanged or Worse response to naloxone administration documented	1,664*
Total count of OD records with only Unchanged or Worse response to naloxone documented (not including records with a patient disposition documented as Dead at Scene)	480*

\*Count may include OD records with more than one response to naloxone administration documented (e.g., record may note both unchanged response to one dose of naloxone and improved response to a second dose of naloxone)

**Table 2. Counts of 911 Calls with a Patient/Incident Disposition of “Patient Treated, Transported by This EMS Unit” by Agency County, January – June 2023**

FIPS Code	Agency County	Count
<b>51001</b>	Accomack County	2,323
51003	Albemarle County	632
51510	Alexandria (city)	5,001
51005	Alleghany County	627
51007	Amelia County	452
51009	Amherst County	1,983
51011	Appomattox County	1,025
51013	Arlington County	5,533
51015	Augusta County	2,958
51017	Bath County	157
51019	Bedford County	3,170
51021	Bland County	429
51023	Botetourt County	1,683
51520	Bristol (city)	1,390
51025	Brunswick County	367
51027	Buchanan County	686
51029	Buckingham County	675
51530	Buena Vista (city)	484
51031	Campbell County	2,819
51033	Caroline County	1,336
<b>51035</b>	Carroll County	1,185
51036	Charles City County	116
51037	Charlotte County	484
51540	Charlottesville (city)	6,640
51550	Chesapeake (city)	10,420
51041	Chesterfield County	11,245

51043	Clarke County	644
51570	Colonial Heights (city)	1,240
51580	Covington (city)	434
51045	Craig County	215
51047	Culpeper County	1,861
51049	Cumberland County	315
51590	Danville (city)	4,888
51051	Dickenson County	480
51053	Dinwiddie County	1,133
51595	Emporia (city)	1,157
51057	Essex County	365

**Table 2. Counts of 911 Calls with a Patient/Incident Disposition of “Patient Treated, Transported by This EMS Unit” by Agency County, January – June 2023 (continued)**

<b>FIPS Code</b>	<b>Agency County</b>	<b>Count</b>
51600	Fairfax (city)	2,728
51059	Fairfax County	31,250
51061	Fauquier County	2,646
51063	Floyd County	463
51065	Fluvanna County	875
51620	Franklin (city)	695
51067	Franklin County	2,028
51069	Frederick County	3,761
51630	Fredericksburg (city)	1,915
51640	Galax (city)	1,014
51071	Giles County	248
51073	Gloucester County	1,613
51075	Goochland County	1,080
51077	Grayson County	345
51079	Greene County	851
51083	Halifax County	1,724
51650	Hampton (city)	7,950
51085	Hanover County	4,935
51660	Harrisonburg (city)	5,304
51087	Henrico County	24,551
51089	Henry County	589
51091	Highland County	84
51670	Hopewell (city)	1,606
51093	Isle of Wight County	1,541
51095	James City County	3,250

51097	King and Queen County	302
51099	King George County	1,159
51101	King William County	568
51103	Lancaster County	344
51105	Lee County	662
51678	Lexington (city)	469
51107	Loudoun County	9,067
51109	Louisa County	2,017
51111	Lunenburg County	442
51680	Lynchburg (city)	5,600
51113	Madison County	573
51683	Manassas (city)	11,199
51690	Martinsville (city)	2,642

**Table 2. Counts of 911 Calls with a Patient/Incident Disposition of “Patient Treated, Transported by This EMS Unit” by Agency County, January – June 2023 (continued)**

<b>FIPS Code</b>	<b>Agency County</b>	<b>Count</b>
51115	Mathews County	4
51117	Mecklenburg County	1,288
51119	Middlesex County	554
51121	Montgomery County	2,855
51125	Nelson County	927
51127	New Kent County	773
51700	Newport News (city)	9,403
51710	Norfolk (city)	14,795
51131	Northampton County	1,027
51133	Northumberland County	378
51720	Norton (city)	478
51135	Nottoway County	959
51137	Orange County	1,818
51139	Page County	979
51141	Patrick County	810
51730	Petersburg (city)	3,414
51143	Pittsylvania County	2,009
51735	Poquoson (city)	523
51740	Portsmouth (city)	5,897
51145	Powhatan County	7
51147	Prince Edward County	799
51149	Prince George County	1,227
51153	Prince William County	2,239

51155	Pulaski County	1,926
51750	Radford (city)	723
51157	Rappahannock County	271
51760	Richmond (city)	15,408
51159	Richmond County	483
51770	Roanoke (city)	9,073
51161	Roanoke County	4,498
51163	Rockbridge County	489
51165	Rockingham County	712
51167	Russell County	1,430
51775	Salem (city)	1,415
51169	Scott County	1,185
51171	Shenandoah County	2,595
51173	Smyth County	1,826

**Table 2. Counts of 911 Calls with a Patient/Incident Disposition of “Patient Treated, Transported by This EMS Unit” by Agency County, January – June 2023 (continued)**

<b>FIPS Code</b>	<b>Agency County</b>	<b>Count</b>
51175	Southampton County	626
51177	Spotsylvania County	5,889
51179	Stafford County	5,020
51790	Staunton (city)	2,494
51800	Suffolk (city)	5,161
51183	Sussex County	295
51185	Tazewell County	2,165
51810	Virginia Beach (city)	18,584
51187	Warren County	2,043
51191	Washington County	2,637
51820	Waynesboro (city)	1,737
51193	Westmoreland County	1,011
51830	Williamsburg (city)	883
51840	Winchester (city)	1,930
51195	Wise County	1,613
51197	Wythe County	1,738
51199	York County	2,856
51124	Out of State	290
<b>Total</b>		<b>366,811</b>

**Meeting Attendance and Training Participation:**

During the fourth quarter of 2023, the OEMS Epidemiology Program Manager presented a summary of 2022 EMS patient care data and EMS clinician mental health survey data to attendees of the November VCU Epidemiology Seminar Series. Additionally, the OEMS Epidemiology Program Manager and OEMS Epidemiologist Senior participated in several meetings and training opportunities, including:

- Virginia State Agency Tableau Day,
- EMS Advisory Board committee meetings,
- Overdose Prevention Workgroup meetings,
- Overdose Surveillance Workgroup meetings,
- Overdose Prevention Learning Collaborative meeting,
- Council for Public Health Informatics Advisory Council meetings,
- OEMS-GCOM-ESO working sessions,
- OEMS-Biospatial meetings,
- OEMS-VDH Office of Information Management working sessions,
- Virginia Stroke Systems Taskforce meeting,
- VDH Epidemiology Advisory Committee meetings,
- Annual VDH Field Epidemiology Seminar,
- VDH Data Suppression/Data Release Policy Workgroup meetings,
- ESO/OEMS 2024 VSTR Data Dictionary Town Hall,
- DataCamp courses on Python and Natural Language Processing,
- Data Learning Collective training sessions, and
- VDH Coffee Chats.



# Division of Accreditation, Certification & Education

Virginia Office of Emergency Medical Services

## **II. Accreditation, Certification and Education**

### **COMMITTEES**

A. The Training and Certification Committee (TCC): The Training & Certification Committee meeting scheduled for January 3, 2024, was held at the Perimeter Center in Glen Allen, 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 was held January 4, 2024, at the Perimeter Center in Glen Allen, 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 need 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, 2024.

A. EMS accreditation program.

1. Emergency Medical Technician (EMT)

- a) The following EMT programs are under Letter of Review:
  - i. Arlington County Fire Department
  - ii. Fauquier County
  - iii. Hampton Roads Regional EMS Academy
  - iv. Augusta County
  - v. Rockingham County Dept. of Fire and Rescue
  - vi. Gloucester Volunteer Fire and Rescue
  - vii. Fairfax County Fire and Rescue
  - viii. Albemarle Co Dept of Fire
  - ix. Roanoke Valley Regional Fire/EMS Training
  - x. Spotsylvania County Fire & Rescue

2. Advanced Emergency Medical Technician (AEMT)

- a) The following AEMT programs are under Letter of Review:
  - i. Fauquier County
  - ii. Hampton Roads Regional EMS Academy
  - iii. Augusta County
  - iv. Accomack County
  - v. Rockingham County Dept. of Fire and Rescue
  - vi. King George Fire, Rescue and Emergency Services
  - vii. City of Virginia Beach Division of EMS
  - viii. Germanna Community College
  - ix. 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)).

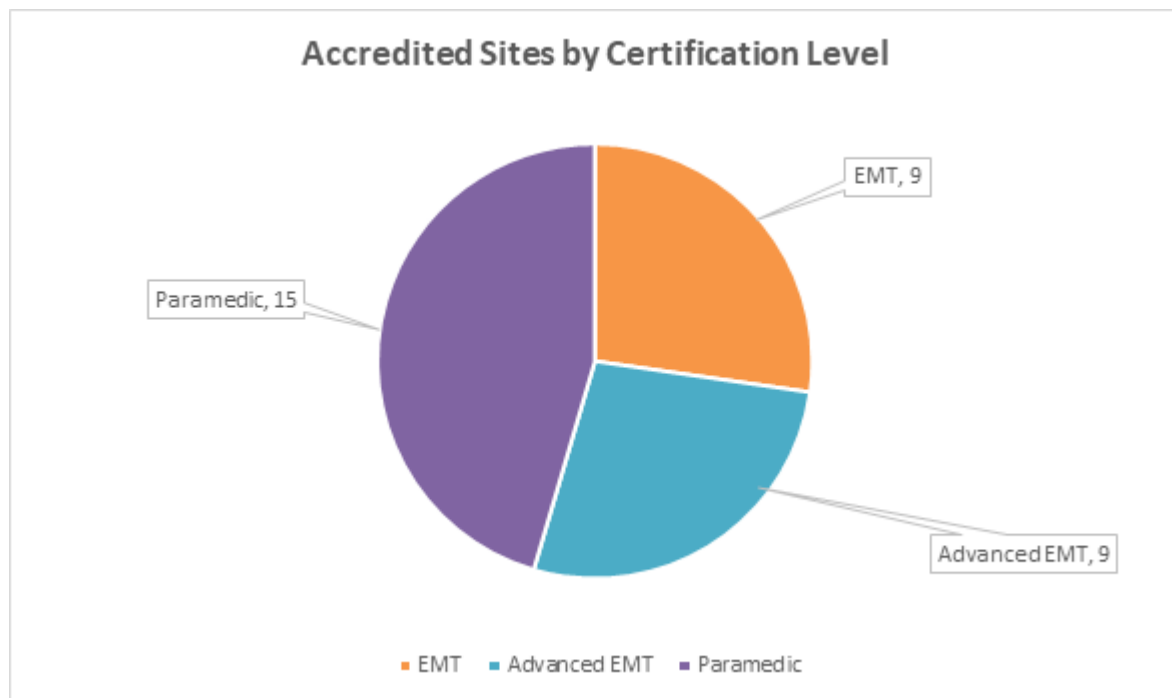
- a) Chesterfield Fire and EMS is preparing to submit their Initial-Accreditation Self Study Report (ISSR) to CoAEMSP and will then be hosting the site visit when scheduled.
- b) Hanover Fire/EMS is preparing their ISSR for submission to CoAEMSP.
- c) Newport News Fire is completing their first cohort class and will begin work on the submission of their ISSR.

### Paramedic Reaccreditation

- a) The site visit for J Sargeant Reynolds was conducted on June 12 & 13. They are now awaiting their findings report.
- b) The virtual site visit for Blue Ridge Community College was conducted on October 9 & 10. They are now awaiting their findings report.
- c) The virtual site visit for VCU was conducted on October 26 & 27. They will be awaiting their findings report.
- d) The virtual site visit for Radford University Carilion is scheduled for February 8 & 9, 2024.
- e) The in-person site visit for Rappahannock Community College will be conducted on April 4 & 5, 2024.

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

### Certification Exam Changes

The National Registry has announced the sunset date for ALS (AEMT & Paramedic) Psychomotor Testing. Any testing candidate who has not passed their National Registry cognitive examination by June 30, 2024, will be transitioned to the new cognitive examination and psychomotor competency verification will be completed through the National Registry Program Director account. All ALS psychomotor testing will end on June 30, 2024.

### National Registry Certification Fees


On July 1, 2024, the National Registry will be increasing the fees it charges for AEMT and Paramedic cognitive exams.

- AEMT - \$159.00
- Paramedic - \$175.00

## NCCP Evidence-based Guidelines

New NCCP and Evidence-based Guidelines These changes from the National Registry scheduled to go into effect April 1, 2024, for all National Registered EMS providers expiring in 2026. Many state officials (including Virginia) have expressed concern on the changes to the CE requirements without prior notification having been provided since the recertification cycle for those expiring in 2024 has already begun.

Additionally, states that mirror the National Registry recertification requirements need time to implement these changes. For Virginia, the Training and Certification Committee and Medical Direction committee will need to review these new requirements and consider if any additional required content might be added to the National Continued Competencies Program (NCCP) requirements.



## NCCP and Evidence-based Guidelines

+ Effective in 2024 (nationally certified EMS clinicians with a certification expiration date of 03/31/2026), the number of continuing education required by content is listed below under proposed credits based on test specifications:

CURRENT HOURS FOR NATIONAL COMPONENT				
Content	EMR	EMT	AEMT	NRP
ARV	1	1.5	2.5	3.5
Cardio	2.5	6	7	8.5
Trauma	0.5	1.5	3	3
Medical	3	6	7.5	8.5
Ops	1	5	5	6.5
<b>Total</b>	<b>8</b>	<b>20</b>	<b>25</b>	<b>30</b>

*Continuing education must address topics and sub-topics in each of the identified content areas*

PROPOSED CREDITS BASED ON TEST SPECIFICATIONS				
Content	EMR	EMT	AEMT	NRP
ARV	↑ 1.5	4	5	6
Cardio	↓ 2	5	6	7
Trauma	↑ 1	3	4	5
Medical	↓ 2.5	6	7	8
Ops	↓ 1	2	3	4
<b>Total</b>	<b>8</b>	<b>20</b>	<b>25</b>	<b>30</b>

*Continuing education should incorporate but not mandate EBGs and their related key articles  
**10% of the National Content must be Pediatrics***



# NCCP and Evidence-based Guidelines

- + 2025 NCCP Model:
  - + At least 10% of the National content must be pediatric focused.

National Component Topic Areas (50%)		EMR	EMT	AEMT	NRP
*At least 10% of the National content must be pediatric focused		1	2	2.5	3
Airway	Total ARV Credits	1.5	4	5	6
Cardiology	Total Cardiology Credits	2	5	6	7
Medical	Total Medical Credits	1	3	4	5
Trauma	Total Trauma Credits	2.5	6	7	8
Operations	Total Operations Credits	1	2	3	4
TOTAL Local / State Component Credits (25%)		4	10	12.5	15
TOTAL Individual Component Credits (25%)		4	10	12.5	15
TOTAL Required Credits		16	40	50	80

Notes: Complete the total number of credits in each National Component Topic Area. Complete the total required credits based on the National, Local/State, and Individual Component. Local and Individual credits must relate to Emergency Medical Services or EMS patient care. At least 10% of the National Component credits must be pediatric focused content.

THE NATION'S EMS CERTIFICATION™

## National Registry Psychomotor Testing

National Registry psychomotor testing will end on June 30, 2024. The National Registry will be allowing the reschedule of psychomotor testing in an abbreviated time period rather than the requirement to wait until the first testing attempts have been posted to the testing candidates account. Please make sure your AEMT and Paramedic students are aware of this date and what procedure they must follow beginning July 1, 2024. For questions, please reach out to Debbie Akers by e-mail at: [deborah.t.akers@vdh.virginia.gov](mailto:deborah.t.akers@vdh.virginia.gov).

## 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/>

## GENERAL UPDATES

### Continuing Education One Stop Shop

The Office of EMS is proud to provide complimentary online education and support to Virginia Fire and EMS agencies and providers with content spanning all aspects of pre-hospital care. Whether improving your skills or looking for specific EMS education topics for re-certification, we have a one-stop shop for your needs.

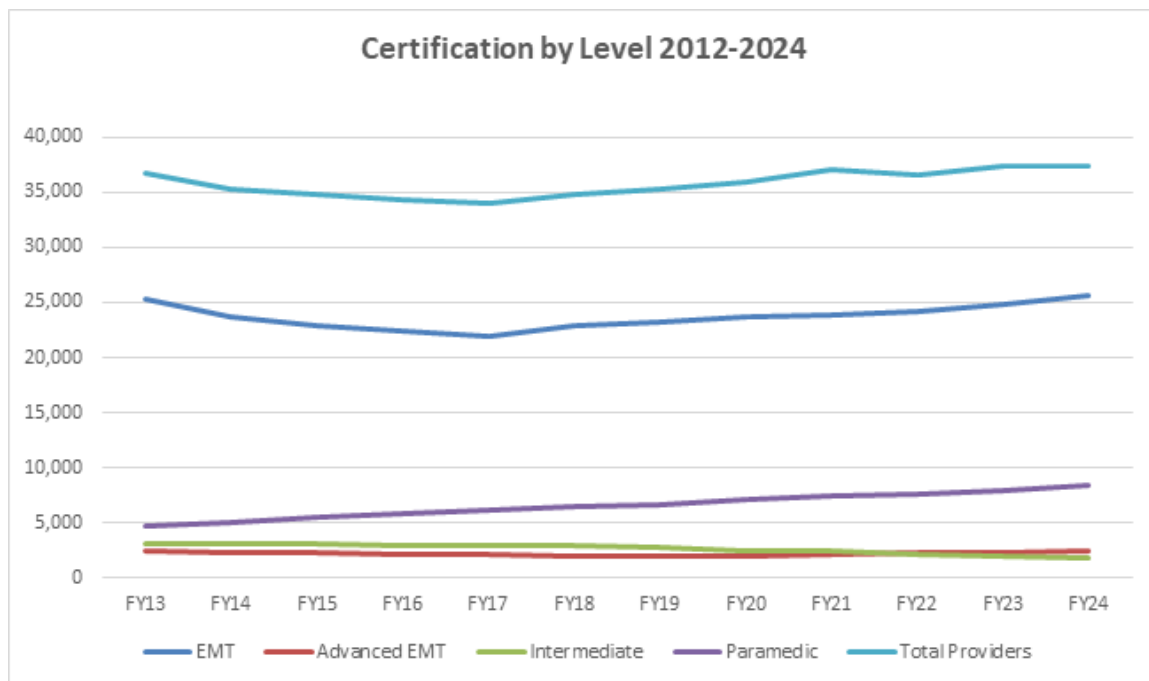
We are dedicated to providing all EMS providers with quality online continuing education in a variety of formats. This one stop shop for CE opportunities in Virginia can be found on our website at: <https://www.vdh.virginia.gov/emergency-medical-services/education-certification/educatorresources/continuing-education-program-guidance/continuing-education-resources/>

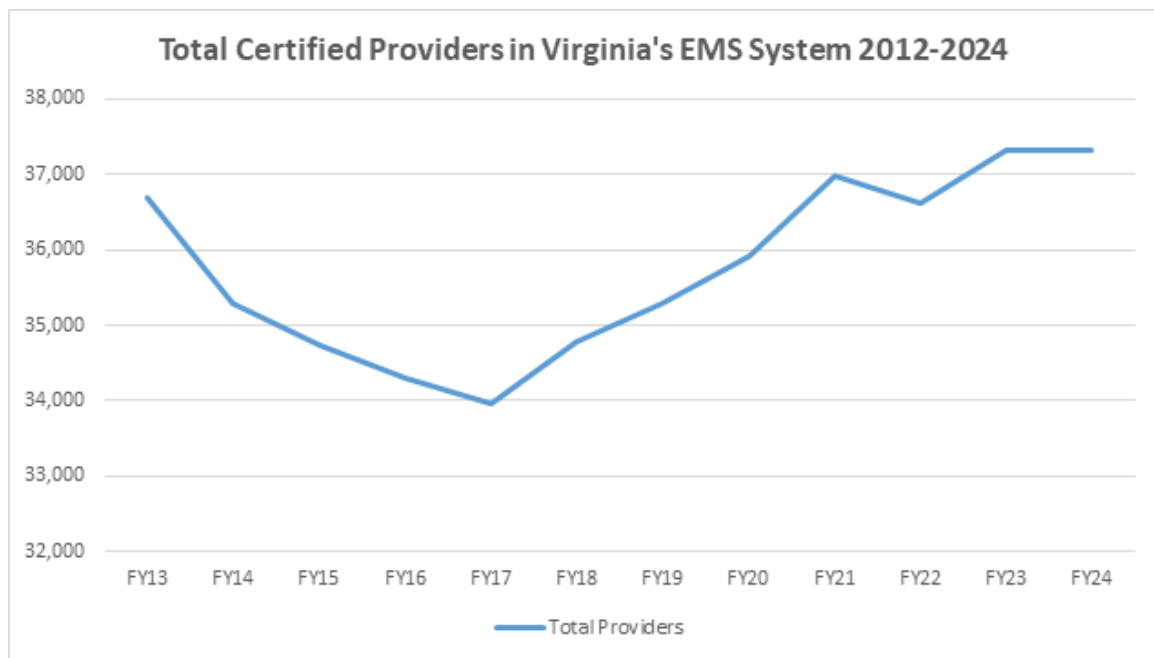
### Virginia EMS Scholarship Program

The funding allocated for the scholarship program for FY24 is \$1.3 million from the \$0.05 portion of \$6.25 that is collected by DMV for the EMS Fund. This will be re-evaluated in the coming months to determine the next allocation.

### EMS System Data

The following data is being provided to show historical trends of certifications in Virginia.





## EDUCATION PROGRAM

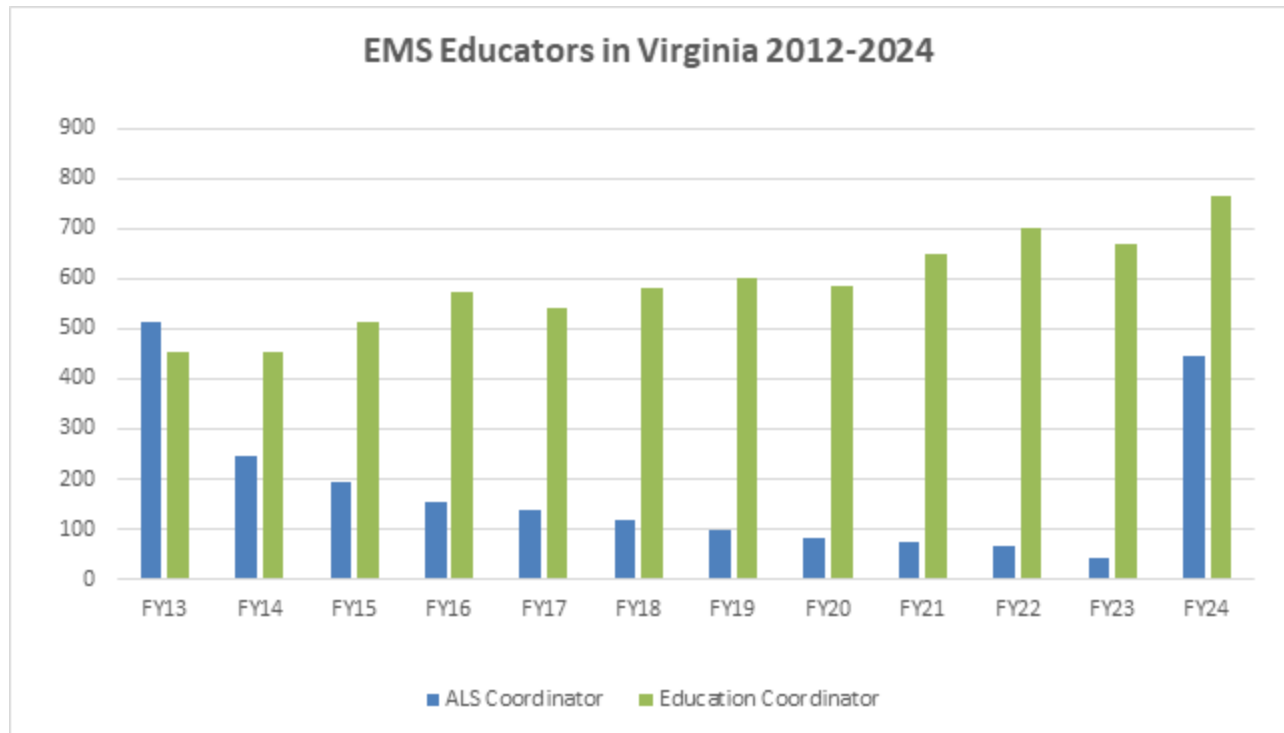
### **Education Coordinator Institute**

The Division held an Education Coordinator Institute in late January with 30 providers enrolled in the program. This will bring the total certified Education Coordinators to 794.

### **Education Coordinator Updates**

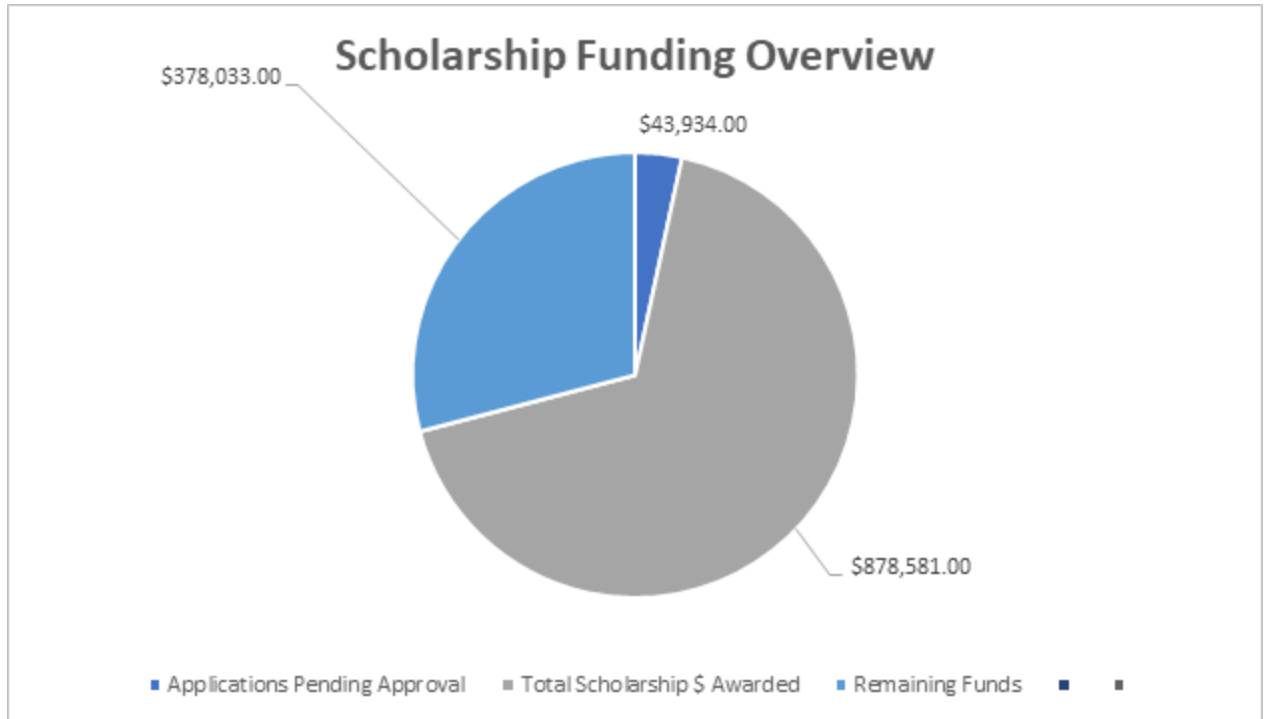
The full schedule for EC Updates for the year is posted on the OEMS website.

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/>



## EMS TRAINING FUNDS

Table. 1 – Virginia EMS Scholarship Program – FY24				
Certification Level	Q1	Q2 (cum)	Q3 (cum)	Q4 (cum)
EMR	0.00	0.00		
EMT	\$176,070.00	\$287,829.00		
AEMT	\$13,613.00	\$22,324.00		
Paramedic	\$408,988.00	\$568,427.00		
<b>Grand Total</b>	<b>\$598,671.00</b>	<b>\$878,580.00</b>		



## OTHER ACTIVITIES

- A. Debbie Akers continues to serve on the National Registry continued competency workgroups reviewing the future requirements of recertification for the National Registry.





### **III. Community Health and Technical Resources**

## **Planning and Regional Coordination**

### **CHaTR Website and Division Information**

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

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

### **Regional EMS Councils**

The OEMS maintains a Memorandum of Understanding (MOU) with the Regional EMS Councils for the current fiscal year. The Regional Councils submitted their Second Quarter reports throughout the month of January via the EMS Portal and are under review. OEMS and the traditional regional EMS councils have established fully executed MOUs through 30 June 2027. OEMS met with the Regional Council Executive Directors on January 31 at the OEMS Office.

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 requested.

CHaTR staff 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.

### **Air Medical Program**

The Air Medical Committee met on February 1, 2024. The minutes of previous Air Medical 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 353 entries into the Helicopter EMS system in Q4 of the 2023 calendar year. 69% of those entries (264) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is down from 354 entries in Q4 of 2022. For the 2023 calendar year, there were 1,549 entries into the system, which was an increase from the 1,445 entries for the 2022 calendar year. This data continues to demonstrate a commitment to the program and maintaining the safety of medevac personnel and equipment.

## **Air Medical Program (Continued)**

In recent committee meetings, there was some attention paid to the discussion that has taken place over several committee meetings related to interoperability, including air/air, air/first responder, and air to hospital communications. Information was recently released by FirstNet on a case study on air and maritime use, including frequencies available for use below 5,000 feet, that can transmit with 5 times more power than normal cellular devices. It has also been tested for field operations, and addressing the interoperability that the committee has been discussion. A workgroup has been created to explore the possibilities this may create for comms in Virginia, and the communications rep on the committee is the conduit between the medevac committee and the communications committee for this workgroup.

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>

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 state EMS Advisory Board on November 18, 2022. The State Board of Health will be reviewing and approving the Plan at an upcoming meeting.

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

The language for both bills can be found below:

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

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

OEMS staff have been working with the Virginia Telehealth Network (VTN) throughout 2023 and into 2024 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)

## **Technical Assistance**

### **EMS Workforce Development Committee**

The EMS Workforce Development Committee (WDC) met on February 2, 2024. Previous WDC minutes are available on the OEMS website:

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

During the November meeting, past chair Valerie Quick was recognized for her time and efforts as committee chair.

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

#### **EMS Officer Program:**



In 2023, the OEMS held a total of seven EMS Officer 1 (EMSO1) courses with 77 students completing the program successfully. A total of 2,136 hours of category 2 continuing education hours were awarded to EMT through Paramedic level providers for the successful completion of the program in the following course offerings:

- 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, 12 Graduates
- VAVRS Rescue College, 12 Graduates
- Tri-City Regional Fire-EMS School, 10 Graduates

Since launch of the EMSO1 program in 2016, 382 students have completed the program through the 23 course offerings with over 9,000 hours of continuing education hours awarded. During classes, additional instructors have been on-boarded to add to the program's instructor cadre.

The 2024 schedule is currently under development, but EMSO1 is confirmed to be offered at:

- Central Virginia EMS Expo, March 2-3, 2024
- Shenandoah Valley EMS Expo, March 14-15, 2024
- VAVRS Rescue College, June 2024

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 continues to be utilized to make changes to future course offerings.

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

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

### **Standards of Excellence (SoE) Program:**



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

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

CHaTR staff continues to provide technical assistance to EMS agencies wishing to become Agencies of Excellence. City of Hampton Division of Fire Rescue has renewed their recognition as an Agency of Excellence, effective October 10, 2023.

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's website offers resources for EMS agencies as well as contact points for individuals interested in Fire and EMS. The network continues to add additional content including obtaining member information. CHaTR staff participated in the network's meetings and other activities.

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.

### **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 studies were held in in Amherst County on August 9, 2023, and Alleghany County on October 4-5, 2023.

The final report of the Alleghany County study has not been released by the VDFP, but final report of the Amherst County has been released by the VDFP.

Evaluation reports from previously conducted studies can be found via the link below:

<https://www.vafire.com/about-virginia-department-of-fire-programs/virginia-fire-services-board/virginia-fire-services-board-studies/>

### **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 EMS agencies to begin advertising to the public that they are providing MIH or CP service to the public began on August 1, 2022, with several EMS agencies across Virginia completing the recognition process.

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 as requested.

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 in December 2023 completed a term on the Virginia Rural Health Association (VRHA) Board of Directors. In July of 2022, the CHaTR Division Director 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**

### **Pediatric Champions**

The Virginia Pediatric Champions newsletter distributed its first issue last month. Lara Taylor (Rappahannock EMS Council) is the point person for assembling the newsletter content and is being assisted by Dusty Lynn, Jen Farmer, and David Edwards. The newsletter can be found at the weblink below: <https://www.vdh.virginia.gov/content/uploads/2023/12/PC-Newsletter-Vol-1-12-final-12423.pdf>.

### **Final Distribution of Available Child Restraints**

The last of the Virginia EMS Program's current stock of child restraint systems for ground ambulances are being placed this month. These restraints were purchased with federal EMSC funding. Virginia EMS agencies that would like to be considered in the future for receiving child restraint systems should have their leadership contact the EMSC Manager ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)) to be placed on a waiting list in the event additional funds can be identified to continue this program.

### **EMSC Program Initiatives (2023-2027 HRSA EMSC State Partnership Grant)**

Projects and initiatives underway (or in planning) for the EMSC Program during the current EMSC State Partnership Grant funded by the Health Resources and Services Administration (HRSA) include:

- Recruiting, training, and supporting EMS agency Pediatric Champions.
- Facilitating pediatric disaster planning with hospitals coalitions and EMS agencies.
- Supporting increased regional pediatric training courses (i.e., NRP, PEPP, ENPC, Handtevy, etc.) as funding allows.
- Supporting regular pediatric skills checking at the EMS agency level, where skills have been shown to degrade quickly.
- Facilitating EMS agency access to appropriate ambulance child restraints—purchasing and disseminating child restraints (as funds allow) to volunteer EMS agencies.
- Developing model child restraint policies and procedures for EMS agencies to consider.
- Purchasing specialized pediatric manikins for pediatric education/simulation.
- Developing a voluntary recognition program for hospital ED pediatric readiness.



- Developing a voluntary EMS agency pediatric readiness recognition program.
- Expanding the role of EMSC Family Advisory Network (FAN) representative and recruiting an additional FAN representative(s).
- Funding a designated Pediatric Track at future Virginia EMS Symposiums.
- On-site assessments of small and rural hospital EDs (of their current level of pediatric readiness).

## **EIIC National Collaboratives**

The mission of the EMSC Innovation and Improvement Center (EIIC) is to optimize outcomes for children across the emergency care continuum by leveraging quality improvement science and multidisciplinary, multisystem collaboration. The Virginia EMSC Program Manager is currently participating in two of these national collaboratives:

- Pediatric Readiness Recognition Programs Collaborative (PRRPC). This collaborative intends to prepare states to establish both hospital and prehospital voluntary programs to recognize pediatric readiness. Best practices are identified and shared to assist states in their efforts to improve pediatric care and to recognize facilities and agencies that meet consensus criteria.
- Pediatric Readiness Quality Collaborative. The Pediatric Readiness Quality Improvement Collaborative (PRQC) focuses on harnessing the work of the [National Pediatric Readiness Project](#) (NPRP) to help participating teams take the next step in addressing gaps identified by NPRP assessment. The current PRQC cohort kicked off in June 2023 and will end in June 2024. It is a free, 18-month opportunity for emergency department (ED)-based teams to accelerate their pediatric readiness.

## **Current EMSC Program Work Groups**

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

- Pediatric Champions Work Group to support developing EMS Agency Pediatric Champions (also sometimes referred to as Pediatric Emergency Care Coordinators—PECCs).
- Child Transport Policies & Procedures Work Group to develop template(s) for suggested EMS agency policies and procedures appropriate for restraining children during ground ambulance transport.
- Facility Recognition Work Group to explore creating a voluntary recognition program for hospital EDs that can demonstrate a specified basic readiness level in caring for children (medical).
- EMS Agency Recognition Work Group to explore creating a voluntary recognition program for EMS Agencies that meet pediatric readiness criteria.



## EMS for Children Program's Continued Request of Virginia Hospital Emergency Departments:

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

## Suggestions/Questions

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



## **IV. 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>

## **OPERATIONS**

- **Civil Air Patrol Coordination**

On August 1, 2023, Karen Owens met with leaders of the Virginia Civil Air Patrol and the Department of Fire Programs to discuss issues related to recruitment of volunteers across the Commonwealth and discuss strategies for increase recruitment and improving retention.

- **National Association of State EMS Officials (NASEMSO) Board Meetings**

Karen Owens continued to participate in the monthly NASEMSO Board meetings as the chair of the Health and Medical Preparedness Council.

- **Health and Medical Preparedness Council**

Karen Owens continued to serve as the Health and Medical Preparedness Council Chair for the National Association of State EMS Officials. The Council focuses on the review and development of resources related to EMS response to large-scale emergency events.

## TRAINING AND EXERCISES

- **Crisis Care Education**

Karen Owens participated in the development of education materials and a filmed training video related to the delivery of care in crisis situations to patients that suffer from traumatic and non-traumatic brain injuries (i.e., stroke, TBI, behavioral issues, etc.). The education is designed to assist EMS providers in better understanding strategies and concerns when dealing with this populations.

- **Homeland Security Exercise and Evaluation Planning (HSEEP)**

Devin Chinault attended HSEEP, hosted by the Virginia Department of Emergency Management (VDEM) and the Virginia Department of Fire Programs (VD FP) at VDEM headquarters in Chesterfield. Information gained from this course assists with planning and evaluating exercises to the standard established by the Department of Homeland Security. This information will be used for exercises and evaluations for OEMS and EMS agencies across the Commonwealth.

- **Foundations of Emergency Management**

Devin Chinault attended the Federal Emergency Management Agency (FEMA) Foundations of Emergency Management course, hosted by VDEM, in Lynchburg, VA. This course includes topics in emergency management, such as: history; legal issues; intergovernmental and interagency context; influencing and organizing; social vulnerability issues; managing stress; collaboration, preparedness, and team building; mitigation, response, prevention, and protection; ethical decision-making; recovery; technology; administration; and the future. Knowledge gained through this course will assist in providing support and guidance to agencies and stakeholders in the EMS system in the commonwealth.

- **Virginia Office of EMS – Great ShakeOut Drill**

Kari Magner coordinated an office wide earthquake drill on October 19, 2023, on International Great ShakeOut Day. To enhance the drill, several exits were inaccessible due to damage from the earthquake. This tested the staff’s knowledge of their evacuation options. This drill also allowed staff to test our updated OEMS Emergency Evacuation Plan.

- **ICS 400 – Prince George, Virginia**

Sam Burnette served as co-instructor for an VDEM delivered ICS 400 class in Prince George, Virginia, on October 5-6, 2023. In addition to representatives from Prince George County Fire and EMS, attendees included several county executives to include a Deputy County Administrator, the County Attorney, the Director of Human Resources, and the Economic Development Director.

- **ICS/EOC Interface Course - VDEM**

Sam Burnette completed the updated FEMA ICS/EOC Interface course at VDEM Headquarters on August 17, 2023. The course shows how to build an effective interface between on-scene incident command and emergency operations center by

applying key NIMS principles. As part of its ongoing emergency operations training programs, OEMS may consider sponsoring additional classes in the future.

## PSAP/911 CENTERS

- **Statewide Interoperability Executive Committee (SIEC)**

Sam Burnette represented the Virginia Office of EMS at the October 24, 2023 meeting of the Statewide Interoperability Executive Committee (SIEC). The meeting, held in Roanoke, Virginia, coincided with the 2023 APCO/NENA Statewide Interoperability Conference.

- **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). The beta testing was completed in August and the phase was released into production in September. Amber Wells has completed the development of education for PSAP operators on creating Superuser accounts.

- **Emergency Medical Dispatch Accreditation Application and Information**

Amber Wells submitted the form used for EMD Accreditation application to the Public Information Officer for a branding revitalization. Upon completion, the new form was uploaded to the OEMS website. Additionally, an infographic page on the EMD Accreditation process was created and uploaded to the website as well.

- **Emergency Medical Dispatch Accreditation Program**

The Office of EMS (OEMS) approved ten (10) applications for EMD accreditation. These agencies were Brunswick County Sheriff's Office, Danville Fire Department Emergency Communications, Fairfax County Department of Public Safety Communications, Fauquier County Sheriff's Office Communications Division, Franklin County 9-1-1 Communications Center, Martinsville-Henry County 911, Orange County Emergency Communications Center, City of Portsmouth Emergency Communications Center, Powhatan County Public Safety Communications Department, and Richmond Ambulance Authority Communications Center.

OEMS also received two (2) applications for initial accreditation which are currently being reviewed. No PSAPs have expiring accreditation within the upcoming quarter.

- **Emergency Medical Dispatch (EMD) Training Standards**

Karen Owens, Sam Burnette, and Amber Wells continue to develop minimum training standards for EMD programs. This is being completed to meet the legislative requirements set forward in 2020. The first draft standard was presented at the November 2023 EMS Advisory Board Communications Committee meeting.

- **Public Safety Answering Point (PSAP) Visits**

During this quarter, Amber Wells and Kari Magner visited the Fairfax 911 Center and

Devin Chinault and Amber Wells visited the Charles City County 911 Center this quarter.

These visits provide the opportunity to learn about the unique operations and characteristics of the various PSAPs across the Commonwealth. They also provide an opportunity for OEMS staff to meet with key PSAP personnel to provide information on TCPR, EMD, and other OEMS related projects and services to include review of continuity of operations plans (COOP) and review of quality assurance processes.

## COMMUNICATIONS AND TECHNOLOGY

- **Information Technology Service Leader (ITSL)**

Sam Burnette and Devin Chinault attended an Information Technology Service Unit Leader (ITSL) course in Henrico, VA, August 1-4, 2023. This course gives students the basic knowledge necessary to staff the newly created ITSL position within the ICS Communications Unit. The ITSL is responsible for supporting and coordinating information technology assets and needs in support of the communications unit within the incident command system.

- **Communications Technician (COMT)**

Devin Chinault attended the Communications Unit Technician (COMT) course hosted in Smyth County, VA, September 25-29, 2023. In this course, students are taught the basic skills needed to design, implement, and maintain communications systems including terrestrial, radio frequency (RF), and wireless networking. The COMT position serves in the communications unit of the incident command system and functions under the direction of the Communications Unit Leader (COML).

- **FEMA Region 3 RECCWG Meeting**

Devin Chinault and Sam Burnette virtually attended the FEMA Region 3 Regional Emergency Communications Coordination Workgroup meeting (10/31/23-11/1/23), which was hosted in Harrisburg, Pennsylvania. Topics covered during the R3 RECCWG included regional updates from each participating Statewide Interoperability Coordinators (SWIC) (DE, MD, VA, DC, PA, WV), a technical presentation about datacasting, and a workgroup discussing a regional talk path.

## PLANNING

- **Virginia Ebola Virus Disease (EVD) Coordination Meetings**

Karen Owens continues to participate in the bi-monthly Virginia EVD Coordination meetings to discuss the concerns and planning considerations for future outbreaks of the Ebola virus. These meetings bring together partners across all of Virginia including evaluation and treatment hospitals, as well as other VDH partners.

- **Blue Ridge EMS Regional MCI Tabletop Exercise**

Kari Magner participated in planning meetings conducted by the Blue Ridge EMS

Council in preparation for a tabletop exercise in December 2023. This included touring Liberty University who hosted the exercise. Kari was the lead evaluator for the exercise. Kari worked with other VDH personnel, including Aaron Kesecker to assist in planning the exercise.

- **Central Virginia Healthcare Coalition (CVHC)**

During this quarter, Karen Owens participated in the monthly CVHC calls.

- **Emergency Management Alliance of Central Virginia**

During this quarter, Kari Magner attended several EMACV committee meetings, virtually, regarding the discussion of planning projects taking place across the Commonwealth.

- **Long-term Care Collaboration Meeting**

On September 12, 2023, Karen Owens participated in the VDH Long-term Care Collaboration Meeting. This meeting brought together representatives from VDH and other long-term care facility partners to discuss ongoing issues and concerns related to LTC facilities. It provided an opportunity to share ideas and discuss lessons learned from past events.

- **VDH – Special Pathogens Exercise Planning Meeting**

On September 14, 2023, Karen Owens and Kari Magner participated in the VDH – Special Pathogens Exercise Planning Meeting to initiate discussions on the implementation of this exercise.

- **Health and Medical Integrated Preparedness Planning Workshop**

Karen Owens participated in the Preparedness Planning Workshop hosted by the Virginia Department of Health, Office of Emergency Preparedness. The meeting provided an opportunity for health and medical stakeholders to discuss training and exercise needs and develop planning strategies for the next three years.

- **FEMA Region 3 Special Pathogens Planning Meeting**

During this quarter, Kari Magner and Karen Owens participated in FEMA Region 3's Special Pathogens Planning Meetings where they discussed updating the roles and expectations for the different level hospitals when faced with a person under investigation of having a special pathogen.

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

Karen Owens continues to represent the Office of EMS on statewide THIRA meetings. The meetings provide an opportunity to review past planning documents and provide updates and information based on changes in capabilities and hazards.

HEALTH AND SAFETY
-------------------

- **Preparedness Month**

A weekly infographic was released during the month of September focusing on the

importance of planning and preparedness for the household. These infographics were shared on OEMS's social media to encourage the public to prepare for any natural or manmade emergency.

- **Suicide Awareness**

Kari Magner created an infographic that was released on September 10, 2023, through OEMS's social media in recognition of World Suicide Prevention Day. The focus was on resources available to EMS providers to help them work through their crisis in hopes of preventing suicide.

- **Preventing Roadside Deaths**

On October 3, 2023, Karen Owens participated in an online meeting with the Department of Motor Vehicles, State Police and the Department of Transportation to discuss grant funding opportunities to assist in education and outreach focused on preventing roadside deaths.



# **Division of Public Information and Education**

## **V. 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 (October – December 2023)*

- 11/21/23 – Handtevy Update
- 12/05/23 – Virginia EMS for Children Pediatric Champions Newsletter

##### *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 **October - December** are as follows:

- **October** – The Great Shake Out drill, PulsePoint app and Virginia Sales Tax Holiday.
- **November** – Crash Responder Safety Week infographics (educate travelers on ways to keep themselves and first responders safe during roadway traffic incidents, free TIM training, Move Over, It's the Law) and Public Safety Answering Points accreditation program and Virginia EMS Portal maintenance.
- **December** – Winter weather safety tips for EMS providers – planning, preparing, and responding in winter weather, Virginia EMS for Children Pediatric Champions newsletter, preventing house heating fires tips, preparing for power outages tips, remaining safe during winter travel and winter weather safety tips for specific needs.

#### **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**

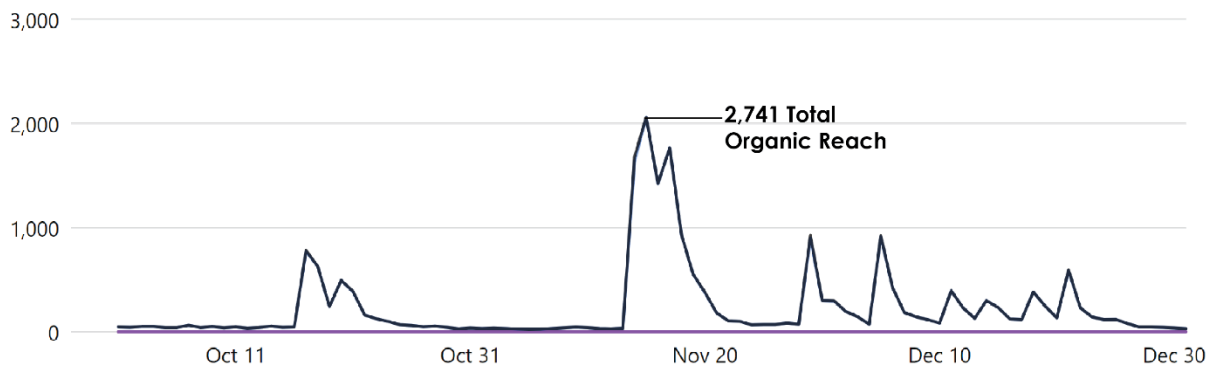
As of January 11, 2024, the OEMS Facebook page had 9,443 likes, which is a decrease of 3 likes since October 25, 2023. As of January 11, 2024, the OEMS X (formerly Twitter) page had 5,163 followers, which is a decrease of 5 followers since October 25, 2023.

**Figure 1:** This graph shows the total organic reach\* of users who saw content from the OEMS Facebook page, **October - December**. 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 November 14, 2023. This post garnered 4,588 people reached and 49 engagements (including post likes, reactions, comments, shares and post clicks.)**

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

### Facebook Reach Activity

October 1 - December 31, 2023



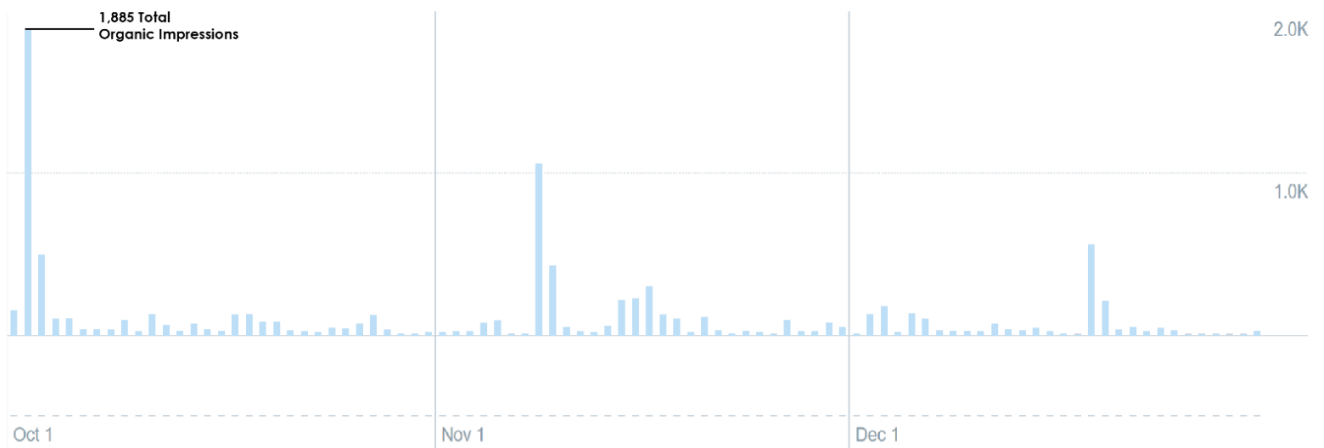
**Figure 2:** This graph shows the total organic impressions\* over a 91-day period on the OEMS X (formerly Twitter) page, **October - December**. **During this 91-day period, we earned 105 impressions per day. The most popular post received 812 organic impressions.**

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

### X (formerly Tweet) Activity

October 1 - December 30, 2023

Your posts earned 9.5K impressions over this 91-day period.



**Figure 3:** This table represents the top five most downloaded items on the OEMS website from October – December.

October	<ol style="list-style-type: none"> <li>1. Authorized DDNR form (523)</li> <li>2. Data Compliance Report - August 2023 (238)</li> <li>3. Scope of Practice Procedures (210)</li> <li>4. Scope of Practice Formulary (202)</li> <li>5. NREMT Recert Quick Guide (182)</li> </ol>
November	<ol style="list-style-type: none"> <li>1. Authorized DDNR form (519)</li> <li>2. Scope of Practice Procedures (170)</li> <li>3. Data Compliance Report – October 2023 (168)</li> <li>4. NREMT Recert Quick Guide (153)</li> <li>5. Scope of Practice Formulary (145)</li> </ol>
December	<ol style="list-style-type: none"> <li>1. Authorized DDNR form (438)</li> <li>2. Data Compliance Report -November 2023 (237)</li> <li>3. Scope of Practice Procedures (169)</li> <li>4. Scope of Practice Formulary (158)</li> <li>5. TR-57 Recertification of Virginia Credentials (155)</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 October - December.

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
October	7,198	1:43	11.38%
November	5,794	1:43	13.84%
December	5575	1:37	13.76%

#### 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.

## OEMS Communications

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

- On a daily basis, the PR Assistant monitors and provides assistance to the emails received through the EMS Tech Assist account and forwards messages to their respective divisions.
- The PR Assistant is the CommonHealth Coordinator at OEMS, and as such, she sends out weekly CommonHealth Wellnotes to the OEMS staff and coordinates events within the office.
- The PR Coordinator and PR Assistant design certificates of recognition and resolutions for designated EMS personnel on behalf of the Office of EMS and State EMS Advisory Board.
- Upon request, the PR Coordinator and PR Assistant 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.
- The PR Assistant and PR Coordinator coordinate FOIA requests for OEMS.

## VDH Communications Office

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

- **October - December** – The PR Coordinator is responsible for working with the Communications Office to assist with coverage for staff leave, entering media alerts, submissions to the Commissioner's message, media assistance 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. Attends monthly Gov Delivery-Newsletter Workgroup meeting. Serves as Clinical Liaison to field inquiries from clinicians and coordinate information from subject matter experts.
  - VDH: Clinician Letters
    - November 28, 2023 – Updated Syphilis Guidelines
    - December 11, 2023 – Mpox Updates for Virginia

**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 and website; and serves as a primary for OEMS social media and website.
- The PR Assistant logs media inquiries into the VDH Media Alert Generator, serves as backup 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)** - PR Coordinator and PR Assistant attend communications check-in meetings. PR Coordinator and PR Assistant participate in the Agencywide Communications Workgroup.

# Division of Regulation & Compliance



## **VI. Division of 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 fingerprint based criminal histories)
  - Determine eligibility for EMS affiliation, certification, and Education 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
- Represent VDH-OEMS during Virginia General Assembly legislative session
  - 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 fourth quarter, 2023:

### EMS Agency/Provider Compliance Enforcement Activity

Enforcement	2023 1st Quarter	2023 2nd Quarter	2023 3rd Quarter	2023 4th Quarter	2023 Totals	2022 Totals	2021 Totals
<b>Citations</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>10</b>	<b>21</b>	<b>19</b>
EMS Agency	2	3	1	1	7	7	5
EMS Provider	2	0	0	1	3	14	14
<b>Verbal Warning</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>7</b>
EMS Agency	4	4	0	0	8	0	2
EMS Provider	0	0	0	0	0	2	5
<b>Correction Order</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>14</b>	<b>18</b>
EMS Agency	1	4	0	0	5	9	7
EMS Provider	0	1	1	0	2	5	11
<b>Suspension</b>	<b>22</b>	<b>14</b>	<b>12</b>	<b>14</b>	<b>62</b>	<b>52</b>	<b>28</b>
EMS Agency	0	1	1	0	2	5	3
EMS Provider	22	13	11	14	60	47	25
<b>Revocation</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>6</b>
EMS Agency	0	0	0	0	0	1	0
EMS Provider	0	0	0	0	0	0	6
<b>Compliance Cases</b>							
Investigations Opened	75	68	66	55	264	263	196
Investigations Closed	60	50	71	49	230	268	173
<b>Drug Diversions</b>	<b>5</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>15</b>	<b>13</b>	<b>11</b>
<b>Variances</b>	<b>29</b>	<b>28</b>	<b>19</b>	<b>33</b>	<b>109</b>	<b>158</b>	<b>96</b>
Approved	12	15	9	22	58	83	50
Denied	15	13	10	10	48	73	44
<b>RSAF Grant Verifications</b>	<b>43</b>	<b>28</b>	<b>12</b>	<b>18</b>	<b>101</b>	<b>194</b>	<b>195</b>

## Quarterly EMS Agency & Vehicle Inspection/License Activity

Licensure	2023 1st Quarter	2023 2nd Quarter	2023 3rd Quarter	2023 4th Quarter	2023 Total	2022 Total	2021 Total
<b>Total Agencies</b>	556	549	547	551	551	558	566
New Agency	2	3	4	3	12	13	7
New Vehicles	110	106	113	91	420	442	295
<b>Total Quarterly Inspections</b>	801	1,088	561	553	3,003	3,345	3,121
Existing Agencies Inspected	81	93	63	59	296	244	321
Existing Vehicles Inspected	456	803	350	374	1,983	2,080	2,429
Unscheduled "Spot" Inspections	152	83	31	26	292	566	308

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

There was 1 Administrative Processes Act - Informal Fact-Finding Conferences (hearings) held during this quarter on October 25<sup>th</sup>, 2023, at the Office of EMS in Glen Allen, VA.

Ms. Cam Crittenden presided as the hearing officer for this case. This case was held in absentia without representation.

### Outcomes Report

This case is still pending a ruling.

## Background Investigation Unit

Background Checks	2023 1st Quarter	2023 2nd Quarter	2023 3rd Quarter	2023 4th Quarter	2023 Total	2022 Total	2021 Total
OEMS Processed	2,519	2,452	2,457	2,129	9,557	9,420	9,813
Eligible	2,299	2,332	2,354	2,002	8,987	8,466	9,249
Non-Eligible	13	8	4	4	29	38	34
Manual Review Criminal history	379	392	296	219	1,286	981	1,225
Pending Review	110	35	89	49		Not Cumulative	Not Cumulative
Rejected Fingerprint cards	4	4	3	5	16	58	51
Jurisdictional Ordinance Processed	93	120	103	127	443	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	226	221	228
OMD Applications processed	21	14	16	15	68	66
OMD Applications approved	19	13	10	8	47	57
OMD Applications denied	0	1	3	3	18	9
OMD Endorsement Expired	2	3	5	3	19	12

The 2024 OMD Workshop schedule started on November 9, 2023, and was held at the Office of EMS in Glen Allen, VA. The TEMS/PEMS OMD Workshop was held on December 5<sup>th</sup> at the TEMS Council office.

The 2024 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 2023 – 2024.

## 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 in 2024.
  - 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 2024.

- **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 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 will be submitted for approval by the Virginia Board of Health in 2024. 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 virtual division staff meeting October 2, 2023.
- ❖ The Regulation and Compliance Enforcement Division held an in-person meeting at the BREMS Council Office on November 6<sup>th</sup>.
- ❖ Division Leadership Team (Division Director & Field Supervisors) met as follows:
  - October 30<sup>th</sup> at the Office of EMS
  - November 1<sup>st</sup> at the BREMS Council Office
  - December 4<sup>th</sup> virtual
- ❖ Division Director attended the following meetings this quarter:
  - Oct 2<sup>nd</sup> – Online Meeting with OEMS Field Rep's
  - Oct 2<sup>nd</sup> – OEMS Senior Leadership and Division Leadership Meeting
  - Oct 4<sup>th</sup> – Training and Certification Committee Meeting
  - Oct 5<sup>th</sup> – Virginia Beach General Hospital Trauma Site Survey Team member
  - Oct 25<sup>th</sup> – OEMS orientation meeting with new AG Attorney Adam Hade
  - Oct 25<sup>th</sup> – IFFC (1 hearing)
  - Oct 30<sup>th</sup> – Division leadership team meeting
  - Nov 1<sup>st</sup> – Division Compliance Case Review Meeting
  - Nov 1<sup>st</sup> – OEMS Staff meeting

- Nov 6<sup>th</sup> – Division Staff Meeting
- Nov 6<sup>th</sup> – OEMS Staff Meeting
- Nov 8<sup>th</sup> – DDNR Update presentation at VMI
- Nov 9<sup>th</sup> – OMD Workshop kick-off at the Office of EMS
- Nov 16<sup>th</sup> – Medevac Committee Meeting
- Nov 16<sup>th</sup> – Rules & Regulations Committee Meeting
- Nov 17<sup>th</sup> – Legislative and Planning Committee Meeting
- Nov 17<sup>th</sup> – State EMS Advisory Board Meeting
- Nov 27<sup>th</sup> – OEMS Executive Leadership/Division Directors meeting
- Nov 29<sup>th</sup> – Chesapeake Regional Drug Box Meeting
- Nov 29<sup>th</sup> – Meeting w/ Commissioner Shelton regarding Chesapeake Regional
- Dec 4<sup>th</sup> – OEMS Executive Leadership/Division Directors meeting
- Dec 4<sup>th</sup> – Division leadership team meeting
- Dec 5<sup>th</sup> – PEMS/TEMS OMD Workshop
- Dec 7<sup>th</sup> – OEMS/Board of Pharmacy (BoP) Presentation to NOVA EMS Council
- Dec 11<sup>th</sup> – Kickoff Meeting for Regional Medication Kit Transition Workgroup
- Dec 12<sup>th</sup> – NextRequest User Training for FOIA requests
- Dec 13<sup>th</sup> – OEMS Executive Leadership/Division Director Meeting
- Dec 13<sup>th</sup> – OEMS/BoP Presentation for TJEMS Council
- Dec 14<sup>th</sup> – Virginia POST Collaborative Executive Committee 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.

- [pharmbd@dhp.virginia.gov](mailto:pharmbd@dhp.virginia.gov) – email address for EMS Agency specific questions regarding Controlled Substances Registration Certificate (CSRC)’s to send Board of Pharmacy (BoP).
- BoP presented at the OMD workshop on November 9<sup>th</sup>, 2023, and also at the NOVA and TJEMS Council meetings this quarter.

❖ Division Staffing Updates:

- Due to the Northern Virginia EMS Program Representative/Investigator vacancy the Commonwealth division map has been redrawn into 7 territories and reassigned to remaining Field Staff, increasing each staff members workload by 15% each.
- Supervisor Jimmy Burch has announced his retirement plan from OEMS effective September 30, 2024.
- Investigator Ron Kendrick has announced his retirement plan from OEMS effective September 30, 2024.

❖ **Regulation & Compliance Enforcement Division website:**

- Division Section of OEMS website has been updated and reorganized as follows:
  - Regulation & Compliance Enforcement Division Home page
    - New Chapter 32 Progress Report & DIBR's 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
    - 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>
---

**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 (EMS 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 and 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  
**Wayne Berry, NRP** ([Wayne.Berry@vdh.virginia.gov](mailto:Wayne.Berry@vdh.virginia.gov)) – Education Programs (part-time)

**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  
**Vacant** – 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**

## **VII. Division of Trauma and Critical Care**

### Designation and Verification Review Visits

No report this quarter.

### Other Ongoing Projects

No report this quarter.

Division Staff:      Mindy Carter, Director  
                             Ashley Camper, Manager

# Central Shenandoah EMS Council



## **VIII. Central Shenandoah EMS - Hybrid Regional Office**

### A. Scope of Services

1. Business Office
2. Organizational Information

### B. State Committee Responsibilities

1. Board Appointments

### C. Regional Medical Direction

1. Regional Medical Director
2. Regional Protocols
3. Regional EMS Supply and Medication Restocking Guidelines

### D. Regional Planning

1. Regional EMS Plan
2. Annual Work Plan to Date
3. Promotion of Continuing Education
4. Identification of Regional Strategic Priorities
5. Technical Assistance

### E. FieldPrint Report

### F. Community Training Center

### CSEMS Council Mission Statement

## A. Scope of Services

### 1. Business Office

- i. 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. Facilities are also made available to other state agencies and to the local health district for public outreach and regional meetings, including evenings and weekends.

### 2. Organizational Information

- i. CSEMSC is governed by a [Board of Directors](#) as established in the organization's Bylaws. New board orientation was held before the Board of Directors meeting in October, and was attended by two of the three new appointees, Nicholas Fialo and Adam Nulty. The Board of Directors is composed of one appointed representative from each political jurisdiction, two EMS providers appointed by the Board of Directors, one hospital representative, appointed by the VHHA Northwest Hospital Region from the CSEMS service area, one consumer representative, Immediate Past President, and the Regional Medical Director. Meeting Minutes and related documents for the official Board of Directors Meetings are below:
  - a. [2023.10.31 Board Meeting Agenda](#)
  - b. [2023.10.31 Board Meeting Minutes](#)
- ii. CSEMSC maintains standing committees, the Medical Control Review Committee (MCRC), which oversees clinical practice and performance improvement activities. The Board of Directors took action to recreate the Performance Improvement Committee. Each locality representative will appoint a member to serve on this committee at the Board of Directors Meeting in October to restart the Performance Improvement Committee (PI) to work on quality data for the CSEMS region. Minutes for meetings of the MCRC, PI, and the Pharmacy Subcommittee are below:
  1. [2023.10.11 Pharmacy Meeting Agenda](#)
  2. [2023.10.11 Pharmacy Meeting Minutes](#)
  3. [2023.11.30 PI Meeting Agenda](#)
  4. [2023.11.30 PI Meeting Minutes](#)
  5. [2023.12.21 MCRC Meeting Agenda](#)
  6. [2023.12.21 MCRC Meeting Minutes](#)
- 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 and a Technical Resource Assistant.

2. CSEMSC also maintains a pool of instructors for the Community Training Center on a part-time and contractual basis.
- iv. Transportation
  1. CSEMS maintains a vehicle to provide off-site classes for the local community in CPR, First Aid and AED.
  2. The Virginia Office of EMS provides vehicles to ensure appropriate support for local agencies, transportation of equipment, and support response as needed.

## B. State Committee Responsibilities

1. Board Appointments
  - i. CSEMSC recommends members to various committees of the state EMS Advisory Board. Appointed individuals are listed below:
    1. Matt Lawler - State EMS Advisory Board, Training and Certification Committee
    2. Gary Critzer - State EMS Advisory Board (representing Virginia Board of Health), Executive Committee, Rules and Regulations Committee
  - ii. Committee and Workgroup Appointments
    1. Asher Brand - Medical Direction Committee
    2. Daniel Linkins - Regional EMS Council Director's Group, ADA Healthcare Peer Group (Leadership team), Virginia State Stroke Task Force - EMS Destination Workgroup (Lead), NREMT CE Changes Workgroup
    3. Amanda Loreti - Performance Improvement Forum, Virginia Heart Attack Coalition
    4. Donna Hurst - Trauma Acute Care Committee

## C. Regional Medical Direction

1. [Regional Medical Director](#)
  - i. CSEMSC continues to maintain a contract with Dr. Asher Brand, valid until [June 30, 2024](#).
2. [Regional Protocols](#)
  - i. Dilaudid and Morphine, alternate analgesics, were expanded to the AEMT scope of practice at the December MCRC Meeting. The MCRC also discussed what triage model (START vs. SALT) the region wanted to support, however after some discussion it was decided that the council would wait for the state committees to finish redesigning the triage tags and determining the requirements. There was a discussion about the CHEMPACK Protocol and adding it to CSEMS protocols, however after some discussion Asher Brand is going to have it added to the January

MDC meeting to discuss scope of practice questions and then bring it back to the next MCRC. A workgroup was created to design the protocol. Changes to the regional protocols can be found on the [Protocol Modification Guide](#).

- ii. Work on the blood program protocols and education continues.
  - iii. The 2021 ACS Trauma Triage Guidelines were reviewed and amended to suit the needs and limitations of the CSEMS region. Work on protocol changes/implementations for this are ongoing.
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. Three of the four hospitals have received the new UCapIT machines and are distributing supplies with them. The UCapIT system tracks agency utilization and will provide data for potential implementation in other regions as a best practice model for regional exchange. The Best Practices Document for medication kit exchange to be reviewed and updated by the Pharmacy Committee at the beginning of next quarter.
  - ii. Medication Restocking
    - 1. CSEMESC Regional Drug Box Exchange Program currently operates with 206 boxes in circulation (121 Flambeau-2272, 85 Pelican-1460). James Larrick has continued to work to bring all agencies over to new configuration by the end of 2nd quarter. The last agency operating on the CT/ST drug box system was exchanged on November 30, 2023.
    - 2. In this quarter there were 2 reported drug box incidents.
      - a. One incident involved an agency-specific Stat Box and was referred to the agency. Second incident involved a stocking error with a CT box. Since the completion of the transition to new drug box patterns, there have been no reported pharmacy incidents. Incidents were mentioned in a local hospital meeting, and agency leaders and hospital staff were reminded that the council can only act and track properly reported incidents. QR codes have been placed on each box linking to the Incident Report form.
  - iii. Whole Blood Program - Strategic Initiative 4.3 of the [CSEMS FY24 Work Plan](#) includes the pilot of a regional Whole Blood program.
    - 1. Initial Planning meeting with JMU ROTC occurred on November 9th to discuss options and assistance that can be provided for a blood drive.
    - 2. A sample MOU with INOVA Blood Services has been received and is being reviewed.

3. Augusta County Fire-Rescue has offered to provide funding for blood products used by their sites. This will enable the project to move forward with a single location, until additional funding is secured.
- iv. UCapIT Vending Machine Pilot
  1. UCapIT systems are in place at Augusta Health, Carilion Rockbridge Community Hospital, and Sentara Rockingham Memorial Hospital (RMH). Hospital supply chain staff at regional hospitals have been working to learn and improve stocking accuracy and sufficiency as usage data is gathered. James Larrick and Charles Feiring have been working with hospital staff to find ways to improve the system and reduce strain on both hospitals and EMS agencies.
  2. Bath Community Hospital is the last location for the UCapIT systems. The machine that has been allocated requires a hardware update to the current system standard and the purchase/delivery of the proper dispensing coils. James Larrick is working on converting the machine that is designated for Bath Community to a functional status using spare parts from the other systems currently in operation. Once this conversion is completed, delivery and final setup will be arranged with the hospital staff and the system vendor (IDS).
  3. All regional EMS agencies that have requested access to the system have been supplied with access badges. Requests for badges from EMS agencies outside the CSEMS region have been received as hospitals have moved their full restocking process over to the vending machines. Outside agencies can submit requests through the CSEMS Helpdesk System to improve tracking and communications. Processes are being developed to ensure all participating EMS agencies are included. Throughout the quarter, there were 37 reported incidents involving the UCapIT vending machines. Of those incidents, 59% were stocking errors, 27% were caused by a system malfunction, and 11% were caused by a programming error. The remaining 3% are providers using the reporting system to request changes. The vending machine at Sentara RMH is currently active but has not been advertised as available due to negotiations with the supply team at the hospital. Once there is an active plan to routinely stock the machine, notice will be sent out to EMS agencies and providers that it is available. The soft-launch contributes to the low number of incidents at Sentara RMH, compared to other facilities of similar EMS volume.





I.

## D. Regional Planning

### 1. [Regional EMS Plan](#)

- i. Regional EMS Plan was developed and approved in 2022 by the CSEMS Board of Directors. Beginning in 2024, the board will develop and approve a new strategic plan for 2025-2028, incorporating elements of the 2050 EMS Agenda for the Future.

### 2. [Annual Work Plan to Date](#)

- i. Initiative 1.1 - Promote Collaborative Approaches

#### 1. Performance Improvement

- a. At the September 2023 Medical Control Review Committee (MCRC) Meeting the group reconvened the PI committee. The PI Committee had its first meeting in the early part of December to discuss the PI capabilities that currently exist and some of the barriers as well. The [PI metrics](#) were reduced to a manageable amount and include the key topics of airway, cardiac, stroke, and trauma.
- b. These metrics will be compiled in a quarterly PI report to be discussed and presented at both committee meetings.
- c. A preliminary [Q2 2023 PI Report](#) was presented at the December MCRC meeting.
- d. CSEMS staff continues to work with local hospitals as well as Roanoke Memorial Hospital and UVA to address and identify areas of improvement for patient care in the region.
- e. The Regional PI Forum meets once a month virtually and includes the PI coordinators from each region. This group works together to identify areas of improvement statewide

- and to share knowledge with one another about software, reporting, and other aspects of PI work.
- 2. Fully Implement Clinical Scheduling Program
  - a. Clinical sites have been built in Platinum Planner and are ready for use.
    - Site supervisors have been provided with training on the use and implementation of Platinum Planner scheduling software.
    - Schedule calendars are in operation.
- 3. Maintain Critical Incident Provider Support Team
  - a. [2023.10.10 CIPS Team Meeting Agenda](#)
  - b. [2023.10.10 CIPS Team Meeting Minutes](#)
- ii. Initiative 1.2 - Coordinate Response to Natural, Man-made, and Public Health Emergencies.
  - 1. [Mass Casualty Incident Planning](#)
    - a. Document was approved in the October 2023 Board of Directors Meeting.
  - 2. Continuity of Operations Planning
    - a. COOP Plan was updated, and the Board of Directors approved the draft document in their October meeting.
- iii. Initiative 2.1 - Sponsor EMS Related Research and Education
  - 1. CSEMS Staff and the epidemiology team from OEMS have been working together to verify and find areas of improvement for the state trauma data, particularly related to the new [OEMS Trauma Dashboard](#).
    - a. In working with the OEMS epidemiologists it was noted that CSEMS trauma patients that are directly transferred to a trauma center are reported under another regional EMS council. For example, in Q1 2023 there were eight CSEMS patients documented in Western Virginia's region and fifteen patients in Northern Virginia's region. Work continues with the State Trauma Committees to address these areas of improvement for the reports.
    - b. As part of an educational opportunity Becky Anhold and Amanda Loreti put together a Trauma CE class that included a 30-minute presentation on documenting trauma patients and how the region and the state use that data.
    - c. Amanda Loreti has been working with Kelsey Rideout ([REMS](#)) and Tarsha Robinson ([ODEMSA](#)) to create an in-depth Documentation Class to offer at various conferences and CE events around the state in an effort to improve the knowledge and application of good patient care

documentation. Amanda tried a shorter trial version of this class twice this quarter, once with an EMT class and then at the Waynesboro First Aid Crew. The classes were received well and had good student feedback. A formal evaluation process will be utilized in future course offerings.

iv. Initiative 2.2 - Supply Quality Education and Certification of EMS

Personnel

1. Offer nationally recognized continuing education courses that promote consistent use of evidence-based clinical practice.
  - a. CSEMS Staff offered the NAEMT's [Advanced Medical Life Support](#) on November 8-9, 2023, while credentialing new instructors to expand course offerings in the region.

v. Initiative 3.1 - EMS Regulations, Protocols, Policies and Standards

1. [Regional Protocol App](#)
  - a. The CSEMS regional protocol app remains available for all providers in the region and is updated in accordance with approved protocol changes at the MCRC meetings.
  - b. Pedi-STAT now has a CSEMS branded app that has CSEMS specific pediatric dosing with adult dosing to follow in Q3. This app will be integrated into the existing protocol app soon.

vi. Initiative 3.2 - Focus Recruitment and Retention Efforts

1. Engaging high schools to offer EMS programs - this is an ongoing effort, and staff are monitoring updates with the Department of Education discussions with OEMS and state committees.
  - a. EMS Testing and Platinum Planner products have been made available to area educators.
2. Develop recruitment/retention toolkits for EMS agencies.
  - a. Developed a basic recruiting tri-fold pamphlet that can be modified by the individual EMS agencies as desired.
    - Draft copies were sent to various area agencies. Currently awaiting feedback/corrections to send final copies for printing.
    - Resources will be made available via VistaPrint Pro shop for agencies to print with custom logos.
3. Facilitate a diversity workgroup to promote cultural and ethnic diversity in the EMS workforce.
  - a. Working on building a panel of members of the community to work on improving various diverse members of the community to gain an interest in joining the Fire/EMS community. Potential groups of interest include faith-based

communities, civic organizations, and high-school-age-oriented recreational organizations.

vii. Initiative 3.3 - Promote Upgraded Technology and Communications Systems

1. PulsePoint - All communications centers in the CSEMS region have initiated the process with signed scope of work agreements.
  - a. Harrisonburg/Rockingham, Staunton, Waynesboro, and Augusta have implemented the program and are operating live. Marketing efforts are currently underway in these areas.
    - PulsePoint's deployment in the Staunton, Augusta, and Waynesboro area was featured on WHSV on October 17, 2023 ([www.whsv.com](http://www.whsv.com))
    - CSEMS partnered with Augusta County Fire-Rescue to distribute postcards to all businesses in Augusta County.
    - CSEMS Staff and area EMS agencies continue working with area businesses to identify, register, and verify AEDs in the community.
  - b. Rockbridge County is delayed due to a CAD upgrade process. PulsePoint engineers are working to develop an interim solution until the transition is complete.
  - c. Bath and Highland Counties are working with PulsePoint implementation teams to finalize dates and resources needed for implementation.
2. Pilot Registry App for Rare and Underserved Children - the [Kids of VaLR](#)
  - a. Administrative roles are being developed and assigned in the app admin portal to allow for progression of deployment.
  - b. All Rockingham Co Public Schools nurses have been added into the system. School nurses will allow for better identification of potential users and targeted approach to patient onboarding.
  - c. Work has begun on bringing the local health department on to the project to manage the patient QA/QI process and screen for potential Unite Us candidates.
3. [Pulsara Evaluation](#)
  - a. Pulsara Testing Platform has been established for CSEMS to test with various agencies soon.

- b. Technical issues that make the operation and use of Pulsara in the areas with limited internet and or cell phone coverage also present challenges to adoption currently.
  - Highland County Volunteer Rescue Squad had concerns about utilization in areas without cell phone or mobile internet connection but was not interested in piloting the free software to explore options.
  - Sentara RMH is interested in exploring options and is supportive of working with local agencies in their service area.

viii. Initiative 3.4 - EMS Funding

1. Maintain [Foundation Center](#) Account - Foundation Center Account was renewed in December, 2023 to ensure access to funding sources for the Council and EMS agencies in the region.
2. Provide technical assistance to EMS agencies in pursuit of grant opportunities
  - a. RSAF Workshops
    - Only one organization requested assistance during the Fall 2023 Grant Cycle, this was a walk-in request for help.
    - No organizations requested appointments or attended any of the advertised workshops for this current cycle.
  - b. Bath County Communications Project.
    - Additional funding is still needed to complete the Bath County Communications project, which received a \$2M grant from the Department of Homeland Security. CSEMS will be working with EMS agency leadership to apply for funds under the Safe Streets 4 All and Assistance to Firefighters Grant programs, while seeking additional sources to complete the full system upgrade.
3. Review and organize committee review of RSAF applications.
  - a. The Regional Technical Review Committee completed their tasks on October 12, 2023. The committee did not feel a meeting was required once the review process was completed.
  - b. The completed reviews were collected, and the data was anonymized and prepared for submission to the state FARC committee for review. The total value of requested items from the region for this grant cycle was \$961,948.45.

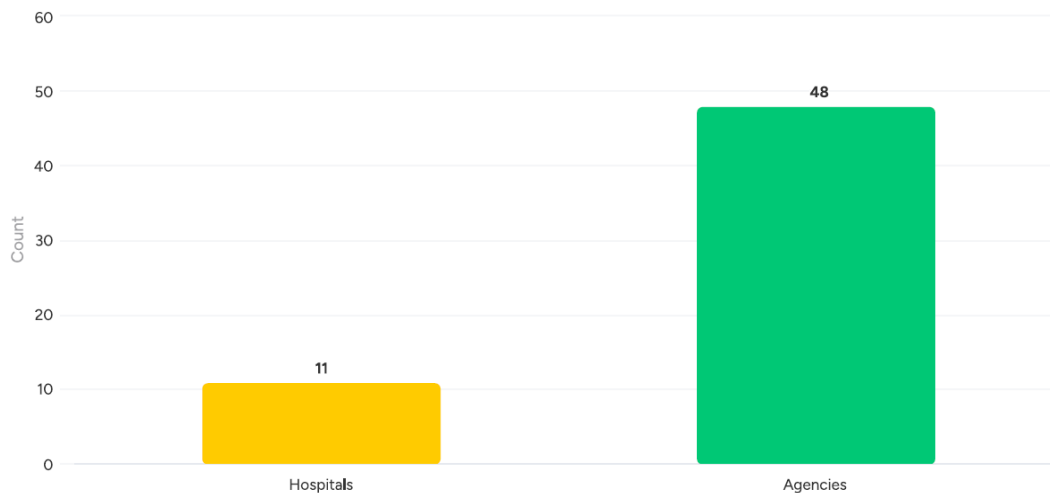
- c. The list below includes an overview of the funding and types of equipment requested in the Fall 2023 Cycle..

Item Description	QTY	Total Cost	Requested State Funds
Ambulances	2	\$ 664,270.00	\$ 332,135.00
Patient Movement Devices	2	\$ 66,500.00	\$ 33,250.00
Emergency Response Unit (non-transport )	1	\$ 46,856.00	\$ 37,484.80
Alternate Response Units (in large groupings)	2	\$ 8,285.68	\$ 4,142.84
Manual Cardiac Monitor-Defibrillator	2	\$ 85,440.77	\$ 73,241.70
Communications Center EMD Software	1	\$ 90,596.00	\$ 72,476.80
<b>Totals for Requested Items</b>	<b>10</b>	<b>\$ 961,948.45</b>	<b>\$ 552,731.14</b>

4. Maintain [SAM Registration](#) - CSEMS Council maintains up-to-date registration in the Federal System for Award Management (SAM), making the Council eligible to receive federal grants.
5. Write grants where appropriate and eligible to support regional impact
  - a. [Grants.gov](#) - CSEMS maintains an account with Grants.gov to identify federal grant opportunities that can be applied for through VDH, CSEMSC, or local agencies, depending on eligibility.
  - b. [Foundation Center](#) - CSEMS maintains a Foundation Center account through Candid, enabling identification of private funding sources through non-profits, as well as governmental sources.
  - c. Grant applications were submitted to the Norfolk Southern Railroad, Rockbridge Community Foundation, and Dominion, but were unsuccessful. No response has been received from the Rockbridge community Foundation. Efforts are ongoing to fund the Whole Blood program through community support.
- ix. Initiative 3.5 - Enhance Regional and Local EMS Efficiencies
  1. CSEMS continues to utilize monday.com to improve efficiencies and communications through integration and automation. CSEMS currently uses this system for the following purposes:
    - a. Tracking and assigning workload to staff
    - b. Maintaining a helpdesk ticketing system for constituent interactions
    - c. Vehicle and building maintenance.
    - d. Project management
    - e. Committee structure and communications

- f. Information sharing across project areas and staff within the office.
  - g. Tracking meeting attendance and sharing stakeholder feedback.
  - h. Continuity of operations automation
  - i. Purchasing and Procurement processing and approval and monitoring of financial transactions
  - j. Asset management and inventory
  - k. Medication Kit inventory
- 2. G Suite - The Regional EMS Councils IT program shares a G Suite for Nonprofits through Google. This system provides management of files, meeting minutes, and shared content for public or private sharing.
  - a. Communications is automated through various tools in this system, permitting effective and efficient interaction with stakeholders, while ensuring a personalized touch.
  - b. These tools are also used in the RSAF grading system, and the CSEMS process has been duplicated by other EMS Councils. Using technology solutions, staff can exponentially increase work product with minimal time input, while replicating systems for other regions to maximize efficiency of the statewide EMS system.
  - c. The system also includes a Learning Management System, used for protocol education, which also maintains a robust tracking system, and is used for components of the EMS Expo registration.
  - d. Proficiency with G Suite for Nonprofits enables staff to provide education and support to EMS agencies using these tools to streamline operations and administrative processes and ensure effective and safe communications within their organizations.
  - e. Google Groups and Shared Drives provide committee work and communications and can ensure that those items happen in accordance with regulatory requirements.
- x. Initiative 4.1 - Assess Compliance with EMS Performance-Driven Standards
  - 1. Provide EMS agency-specific feedback.
    - a. CSEMS continues to work with EMS agencies to ensure data compliance and address areas of improvement as needed. See image below of the data compliance for the quarter. EMS agencies that are missing from the list or that have blank submissions did not submit reports. Currently

agencies that have [No Incidents to Report](#) for any given month must email that information to the OEMS Helpdesk to be recorded and then it is published on the [OEMS website](#). Performance improvement staff support agencies and hospitals in ensuring data is compliant and meaningful. Staff also provide education and guidance on system improvement at both the regional and EMS agency level by benchmarking agency metrics against regional goals. The graph below summarizes the direct support projects over the 2nd quarter specific to Performance Improvement.



- b. In working with the regional data for PI projects documentation glitches have been identified and the appropriate agencies notified. Examples of these include trauma triage fields, cardiac arrest fields, accidental procedure documentation, and incorrect dispositions being used. While assisting the EMS agencies with these items, staff also identified a software “bug” in ESO pertaining to the time sequencing when the disposition *Patient Treated, Transferred Care to Another EMS Unit* was being used. A support ticket was submitted, and the engineering team is



Data pulled from State Repository on 01/10/2024

EMS Agency Number	EMS Agency Name	October 2023			November 2023			December 2023		
		FAIL	PASS		FAIL	PASS		FAIL	PASS	
		Total Incidents	Total Incidents	Average Submission Score	Total Incidents	Total Incidents	Average Submission Score	Total Incidents	Total Incidents	Average Submission Score
00632	Augusta County Fire-Rescue		786	99		773	99		899	99
01037	Augusta Health Transportation Services		144	100		120	100		140	100
01215	Bath Community Ambulance Service		16	100		23	99		18	100
01198	Bath Highland Volunteer Fire Department		4	100					1	100
50529	Bolar Volunteer Rescue Squad		1	100				1		
00247	Bridgewater Volunteer Rescue Squad		46	96		45	96		42	96
00049	Broadway Emergency Squad		35	99	1	36	97		27	99
01302	Buena Vista Firefighters Inc.		24	97		8	100		10	100
00363	Churchville Fire And Rescue		76	100		74	100		83	100
00620	City Of Waynesboro Fire Department		17	100		104	100		52	100
00588	Clover Hill Volunteer Fire and Rescue		4	100		2	95		5	100
00628	Dooms Fire Department		20	100		18	100		18	100
00032	Fairfield Volunteer Rescue Squad		70	100		55	100	3	54	100
00737	G & W Ambulance		216	90		186	100		211	100
00051	Glasgow Life Saving & First Aid Crew Inc	4	79	99	1	70	99	27	50	99
00052	Goshen First Aid Crew	15	8	100	7	3	100	12	6	100
00050	Grottoes Rescue Squad		55	98		55	100		77	98
00629	Grottoes Volunteer Fire Company		16	100		9	94		12	95
00621	Harrisonburg Fire Department		350	100		322	100		356	100
00245	Harrisonburg Rescue Squad	2	754	98	2	711	98	1	769	98
50490	Highland County Department of EMS		19	98		23	99		18	100
00237	Highland County Volunteer Rescue Squad		7	96		8	100		5	100
00239	Hot Springs Volunteer Fire and Rescue Association Inc.		26	100		22	99		28	99
00623	Kerr's Creek Volunteer Fire Department	1	39	100	2	32	100		28	100
50586	Kiwi Emergency Medical Services	14	166	100	17	153	99	28	157	99
01264	Lexington Fire Department	28	177	100	11	169	100	3	187	100
01011	Millboro Area Rescue Squad		3	100				3	2	100
00541	Molson /Coors Beverage Company					1	70			
00636	Mount Solon Fire and Rescue		21	100		25	100		35	100
00817	Natural Bridge Volunteer Fire Department		6	99		9	99		5	100
00633	New Hope Volunteer Fire Department Inc.		2	100		7	99		5	100
01262	Priority Patient Transport		575	99		581	99		594	99
00758	Raphine Volunteer Fire Company Inc	1	23	100		21	100		18	100
01306	Riverheads Volunteer Fire Department, Inc.		11	100		8	100		6	100
00761	Rockbridge Baths Volunteer Fire Department	1	7	99		9	99		6	97
01314	Rockbridge County Fire & Rescue		33	100		27	100	1	52	99
00601	Rockingham County Fire/Rescue		827	98	1	829	99	1	899	98
00816	Singers Glen Volunteer Rescue Squad, Inc		3	97		8	98		7	96
01010	South River District Volunteer Fire Department		13	100	5	6	100	6	14	100
00423	Staunton-Augusta Rescue Squad	1	625	100		624	100		674	100
00364	Stuarts Draft Rescue Squad		154	100		197	99		214	99
01268	Swoope Fire Department		9	100		6	100		4	100
50469	The Lycra Company LLC					1	100	1		
00831	Verona Fire Department		34	100		34	100		32	99
01358	Virginia Military Institute Emergency Medical Services		8	100		9	100		6	100
00244	Waynesboro First Aid Crew	7	410	100		455	100		484	100
00634	Weyers Cave Fire Department		6	100		5	99		8	100
	<b>CSEMS Regional Totals</b>	<b>74</b>	<b>5925</b>	<b>99.06%</b>	<b>47</b>	<b>5883</b>	<b>98.49%</b>	<b>87</b>	<b>6318</b>	<b>99.22%</b>

working on a fix for this issue. A timeline is unknown at this time.

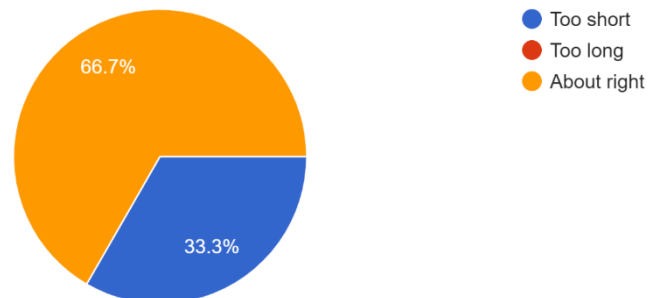
2. Provide PI Template for EMS agencies on CSEMS Website
  - a. Currently the regional PI plans are on the website and available for agency use. CSEMS staff are working towards a live dashboard for EMS agencies to utilize for the regional PI metrics. An updated PI Plan for 2024 is forthcoming after the December PI Committee meeting and MCRC meeting.

- xi. Initiative 4.2 - Assess and Enhance Quality of EMS Education for EMS Providers

1. Access to [EMS Testing](#) and Clinical Scheduling Technology - Accounts have been purchased for educators and students to launch a regional clinical scheduling system, and to provide testing and assessment tools for educators participating in the Regional Educator Network. An [agreement](#) is required for access, and participating educators must meet specific requirements to obtain physician endorsement. To date, only one instructor has participated. This program's success will depend upon EMS Physicians to enforce.
3. Promotion of Continuing Education
  - i. 2023.11.20 CE Course at Fairfield RS - Trauma Triathlon, 12 attendees
    1. The course, entitled "Trauma Triathlon" a short trauma documentation lecture by Amanda Loreti followed by 2 trauma stations:
      - a. Bleeding control station using TruClot simulation products
      - b. Jenga Trauma Review Game.
    2. Student evaluations of the class were positive, and instructors will utilize this feedback to continuously improve future offerings.

How appropriate was the length of the class?

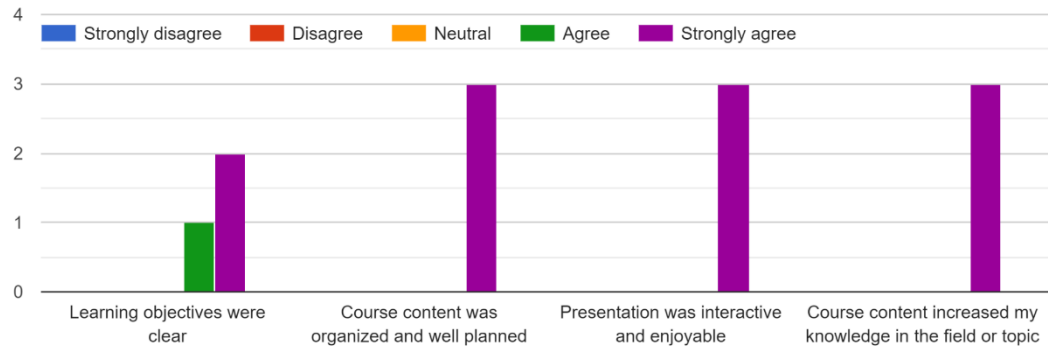
3 responses



- a. What aspects of this course did you find most useful, valuable, or enjoyable?
  - "Having clear instruction followed by practical application."
  - "Packing the wounds with gauze."

- “Great topic, I wish more students came to the class. The students that did come were highly engaged.”

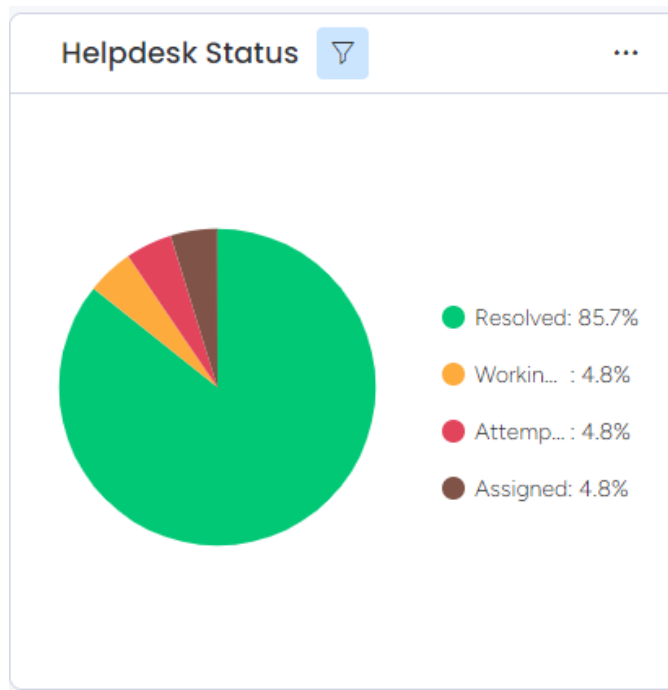
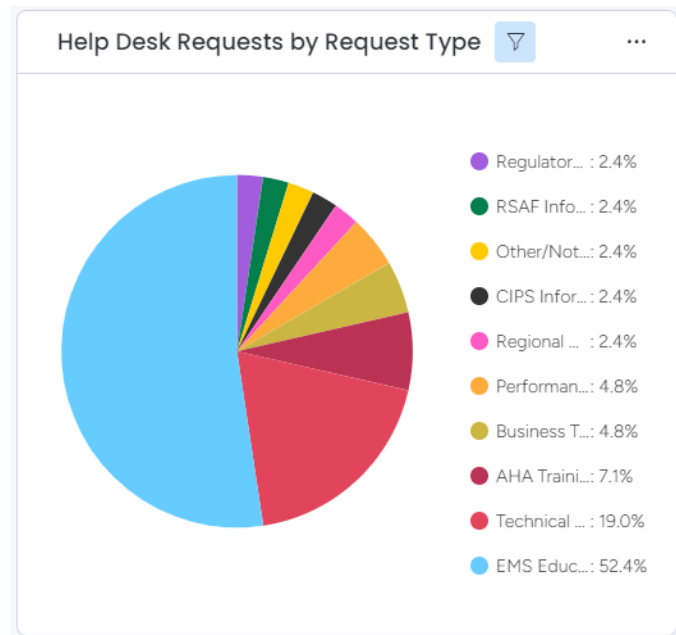
Course content



- ii. Becky Anhold and Amanda Loreti are developing a catalog of CE offerings that can be offered for EMS agencies in the region.
- 4. Identification of Regional Strategic Priorities
  - i. Previous attempts to identify strategic funding priorities have not gained support from stakeholders. In FY2024, staff will work with regional committees to recommend strategic priorities based on the approved [Regional EMS Plan](#) focusing on prioritization of funding goals throughout the region, and a more cohesive approach to system implementation. The Performance Improvement Committee has expressed interest in using their findings to initiate these recommendations.

## 5. Technical Assistance

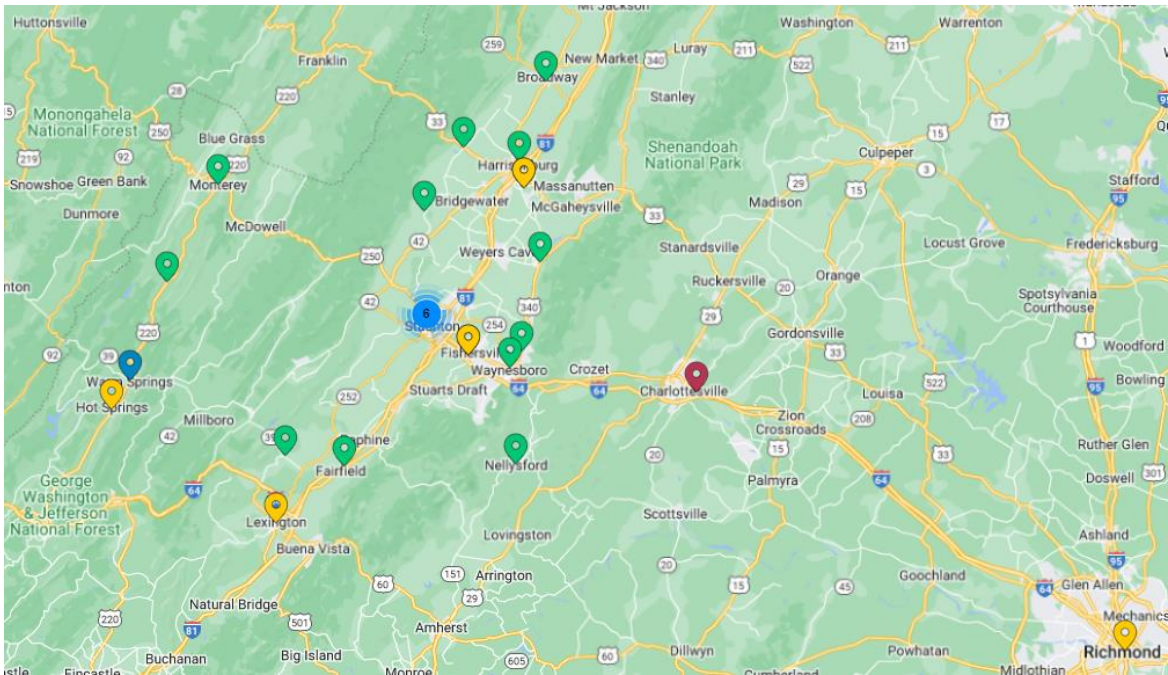
- i. CSEMS remains the first point of contact for many providers, educators, and EMS agency leaders throughout the region. CSEMS staff respond to a myriad of aid requests and progress initiatives throughout the region.



- ii. CSEMS staff continue to focus on excellent customer service by sharing information across the office. Staff share a goal of quickly and accurately answering all questions. Any questions that cannot be answered by CSEMS staff are forwarded to the appropriate division. Staff maintain

records of EMS agency contacts using a Customer Relations Manager to measure the impact of services provided. While the primary focus of the regional office is within the geographical region, staff provide support to other regional EMS councils and central office staff regularly based on the expertise of staff. Developing cross-functional teams is a primary goal of VDH and an embraced vision of CSEMS staff. The map below highlights the support provided by CSEMS staff.

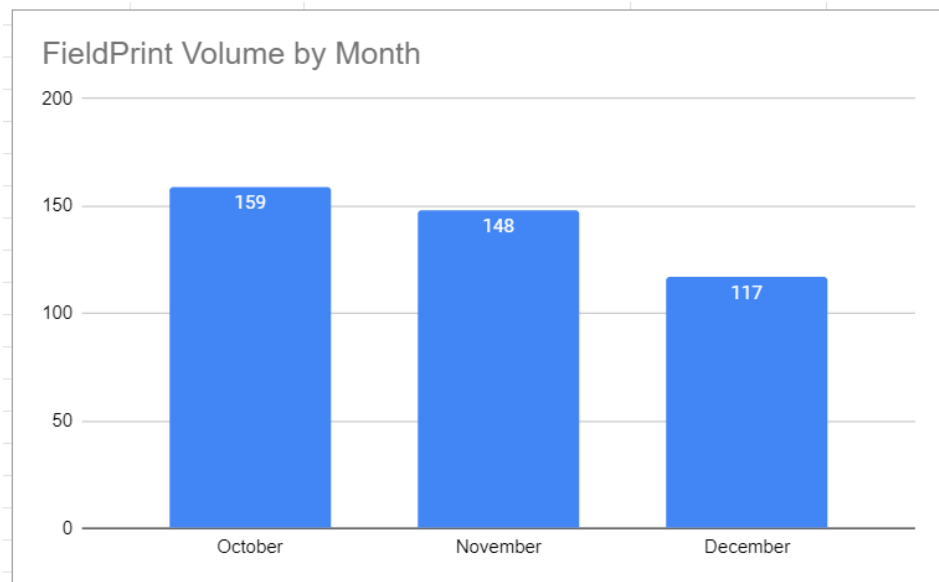
- iii. CSEMS continues to generate high responses to customer surveys, with 63.6%, 66.67% of statewide responses for October and November,



respectively. Customers frequently reference positive experiences with support from staff and instructors.

## E. FieldPrint Report

1. CSEMS staff continues to provide EMS agency personnel and the local community with local background check services, provided through FieldPrint.
2. Quarterly Report - FieldPrint Activity



## F. Community Training Center

### 1. American Heart Association Training Center

- a. The CSEMISC American Heart Association (AHA) Community Training Center continues to teach classes at the CSEMISC Community Training Center and at local businesses in and around the region. Courses provided by the AHA training center allows for renewal or expansion of basic and advanced lifesaving skills by regional medical personnel and lay persons. CSEMISC AHA Staff taught numerous Friends and Family CPR to individual churches and attended a Community Health Fair. CSEMISC Staff continues to promote the PulsePoint App for businesses to register their AED's.

### 2. National Association of EMTs Training Center

- i. CSEMS staff provided an AMLS Provider Full Course on November 8-9, 2023 at CSEMS Community Training Center for three participants.
- ii. CSEMS staff are currently planning to offer the NAEMT Community Paramedicine Series: Motivational Interviewing course at the 2024 [Shenandoah Valley EMS Expo](#).
- iii. [CSEMS Council Financial Reports](#)
  1. CSEMS has been able to adjust spending to maintain positive cash flow in the last quarter, ensuring financial stability for the future. Staff continue to steward the resources of the EMS system with a long-term future in mind for stability, growth, and system support.

### **CSEMS Council Mission Statement**

***“To provide regional planning and support services that will help reduce death and disability resulting from sudden or serious injury and illness in the communities we serve through planning and development of a comprehensive, coordinated regional EMS system and the provision of high-quality educational resources to enable the EMS community to provide the highest quality emergency medical care possible to those in need.”***

# Blue Ridge EMS Council





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

---

**DATE:** January 2024

**RE:** Second Quarterly Report FY 24 (October – December 2023)

**OBJECTIVE:** Provide information to the Office of EMS and the State EMS Advisory Board

---

### **| PROJECTS/PROGRAMS:**

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

Centra is still working on this project and hopes to have information back to us during the third quarter of FY 24.

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

December 2023 – BREMS sent a list of equipment and drawings for the structural analysis on Long Mountain. Still waiting on an update from the state on Leigh Mountain. The last discussion regarding Leigh Mountain was moving the radio system to the STARS tower (as originally planned).

#### **Regional EMS Office Update**

- The locality accounts have been set for the Immersive Simulation Room. During the third quarter, BREMS will begin setting up and downloading scenarios in our account and develop an “Immersive Room Hands on Training Day” for all the trainers in the region who have accounts.
- BREMS bylaws committee meeting has met three (3) times since our last board meeting. A draft was presented at the December 2023 board meeting. During the March 2024 BoD meeting, the board will discuss the draft and recommend the draft be reviewed by the full council. We hope to have the entire bylaws approved, after a 60-day comment period, during our June 2024 meeting.
- Please encourage EMS providers to follow up BREMS on [Facebook](#) and [Twitter](#) page.

#### **Regional Wellness Program**

BREMS & ILS (Impact Living Services) hosted its first CISM training for this team September 18<sup>th</sup>-20<sup>th</sup>. ILS provided our peer support training for this group on November 14<sup>th</sup>. BREMS & ILS will begin setting up 2024 training dates for the peer support team and wellness training for all EMS providers in the region. The wellness training will be offered around the region.

### **Advanced Paramedic (AP) Program**

Dr. Kayla Long, BREMS Regional Medical Director, is working on the AP guidelines. The draft guidelines should be completed by 1/31/2024. FoamFrat has been set up and the AP providers have been assigned their quarterly training.

### **Collaboration**

The EMS rooms at Lynchburg General Hospital and Bedford Memorial Hospital are being upgraded. There is a QR code displayed in the EMS room. Scan the code and send an email to the BREMS office with comments and suggestions.

### **DART (Data to Action Resource Team)**

BREMS continues to collaborate with community partners to better understand how societal factors impact substance use and mental illness in Central Virginia. Meetings will begin again in January 2024.

### **Recruitment Video with First Arriving**

The recruitment video shoots took place across the region November 1<sup>st</sup> – 3<sup>rd</sup>. First Arriving is still compiling all the pictures and videos for BREMS to review by the second week in January 2024. Thanks to each EMS agency/locality who participated. A regional recruitment video that can be tailored for local use is scheduled to be ready by the beginning of February 2024.

### **Regional Blood Program**

Centra and BREMS met again on December 4, 2023. Centra provided BREMS with information regarding the ability of being able to exchange blood. The hospital is also exploring whole blood, but no decisions have been made. BREMS will discuss the topic with the Board of Directors to see what options they want within the region.

### **CSR- Controlled Substance Registration**

Please continue to send your questions to [pharmbd@dhp.virginia.gov](mailto:pharmbd@dhp.virginia.gov). BREMS provides assistance to localities to navigate the new path ahead and are looking for ways to support the EMS agencies in this process. Please contact BREMS if you need assistance.

### **Trainings**

- Second Quarter Trainings:
  - November 28<sup>th</sup>- Obesity in Emergency Care. Training was done at the BREMS office, by Dr. Kayla Long that was well attended.
  - Jeffrey Reynolds, EMS Education Coordinator and Dr. Long are working on a training schedule for 2024. The first 3 months of 2024 monthly training will be out by 1/31/2024.
- Third Quarter Trainings schedules:
  - January 18, 2024- ECMO Training
  - January 31, 2024- Peer Team Activation Training
  - February 6, 2024- Regional Peer Team Training
  - February 29, 2024- Impact Living Services Tactical Resiliency Regional Training

**Regional Medical Direction & Protocols**

Tentative date for the second wave of protocol updates and corrections should be ready for release & training of EMS providers by mid-March 2024 with a go live date of April 1, 2024.

Submitted by,

*Mary Kathryn Allen*

BREMS Regional Director

# Rappahannock EMS Council



## **X. Rappahannock EMS (REMS) Regional Office**

### **Fiscal Year 2024 Second Quarter Report October 1, 2023 – December 31, 2023**

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

Kelsey Rideout, Performance Improvement Specialist  
Virginia Department of Health, Office of EMS

Tatiana Pedroza, Technical Resource Specialist  
Virginia Department of Health, Office of EMS

Andrea Prokop, Office Manager  
Rappahannock EMS Council

Nana Noi, Regional Systems Coordinator  
Rappahannock EMS Council

Lara Traylor, Regional Field Coordinator  
Rappahannock EMS Council

## Rappahannock EMS Council, FY24 Q2

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 designated **five flagship committees**, each assigned to oversee one of the region's strategic goals. 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 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**.

### Technical Assistance

Offering an annual **EMS Physician re-endorsement class** to fulfill the requirement for two updates during their recertification period, the REMS Council provides technical assistance to agencies and EMS Physicians. The next session is scheduled for February 8, 2024. Additionally, the Council maintains a regional OMD agreement with Dr. Tania White, valid through June 30, 2025.

In tandem with ongoing technical assistance to agencies, the Council addresses various topics, emphasizing advocacy for agency compliance with BOP and DEA requirements for **medication storage**. Monitoring updates from the VA Board of Pharmacy (BoP), REMS staff, and the Pharmacy Workgroup (WG) stay informed about the transition away from hospital-supplied medications. To facilitate communication, representatives from the **Virginia BoP and OEMS Regulations and Compliance** office will be present at the January 11, 2024 Pharmacy WG meeting, offering updates and responding to agency and provider questions.

The REMS Council offers technical assistance to EMS agencies and providers regarding their **electronic healthcare records** management through the state contract holder, ESO, or their agency's individually purchased software. Staff attends biweekly NEMSIS v3 Implementation calls for updates on the national transition from NEMSIS 3.4 to 3.5. Currently 44 Virginia agencies have transitioned, but per VAOEMS, **the final closeout deadline for all agencies to begin submitting 3.5 data is March 31, 2024**. Monthly Data Quality and Validation Reports are

currently on hold during this transition period. Please be aware that a new (and annual) NEMSIS 3.5 Agency Demographic package (DEM file) will be required by the software vendors and VAOEMS before any 3.5 data will be accepted. REMS also attended Tableau Training for Government Employees on December 5, 2023, in Richmond. This training will likely occur quarterly and is intended to provide training on how to utilize Tableau to display data externally on more platforms than ESO currently allows.

## Best Practices

The REMS Council maintains several [regional plans and policies](#) that support the clinical care provided in the region. Workgroups and committees make updates based on evidence and best practices.

The regional Hybrid Offices participate in a **staff exchange program** which ensures continuity of operations during staffing gaps and provides an opportunity to collaborate. From that process, the eleven Regional PI Specialists for each EMS Council now attend a monthly forum to discuss work projects and share ideas. The regional PI forum met on October 24th and November 15th.

The REMS Performance Improvement Specialist (PIS) is participating in a year-long **Quality Improvement and Safety program** offered by the National Association of EMS Physicians. Participants complete monthly homework assignments and a yearlong capstone project, as well as meeting monthly as a group and individually with their mentors. The goal of the program is to provide the knowledge and skills necessary to lead quality improvement and patient safety initiatives in their region. The REMS PIS attended meetings for this program three times in October, twice in November, and once in December.

## Regional Infrastructure and Process Improvement

The REMS Council, through the Regional [Performance Improvement Plan](#), receives and processes shared concerns from stakeholders regarding EMS operations and patient care provision in the region. The REMS Council received and reviewed seven **shared concerns** during this quarter.

Additional staff at the REMS Council received training to create reports and utilize dashboards to obtain data from ESO. Ongoing guidance and mentoring are provided for all staff members as they continue to learn the ESO software and pull data for their specific areas of responsibility.

The Medical Review Committee (MRC) meets quarterly to respond to proposed changes in the [Regional Patient Care Protocols](#) or other patient care topics. REMS met with the **Regional Medical Director** to discuss pending protocol changes along with the STEMI and STROKE plans. The MRC met on October 26th and many updates were approved for the Regional Patient Care Protocols, STEMI Plan, and Stroke Plan. These Protocol changes went into effect January 1, 2024.



The **Performance Improvement WG** meets to respond to PI data, plan objectives, or proposed changes. This quarter, the WG met on October 19th and reviewed quarterly reports and the status of area hospitals' progress on **ESO HDE** implementation. The creation of additional regional reports is currently on hold pending assistance from ESO staff.

The **REMS Council's Pharmacy WG** had its regular quarterly meeting on October 12th. They discussed a recent poll regarding agency-specific medication accountability practices, medication shortages, an upcoming meeting with the **VA BoP and OEMS Regulations and Compliance** staff at the **January 11 Pharmacy WG Meeting**, possible collaboration between EMS agencies and MWH Blood Bank for resupplying their pre-hospital blood products, and future work plan items.

The **Protocol WG** meets to respond to PI data, plan objectives, or proposed changes. The Protocol WG met on October 16th to discuss future protocol regions and potential edits to the Integrated Surge Plan and Hospital Diversion Policy.

The **Heart and Stroke Workgroup** meets to respond to PI data, plan objectives, or proposed changes. The Workgroup met on October 18. A smaller task group was formed to work on **Stroke Education in Schools**. This task group met on Nov 16 and again in December 13. Step-by-step plans for expanding the program in two of the regional districts were discussed. Meetings with the task group will continue monthly. In tandem with developing this program, REMS staff was invited to join the Virginia State Stroke Task Force (**VSSTF**) workgroup on **Stroke Smart Communities**.

## 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.



### Technical Assistance

The REMS Council provides technical assistance for resource identification, planning, and selection of tools related to **MCI management** or threat mitigation for the community and the regional EMS system. In addition, the REMS Council offers technical assistance providing moulage, equipment, and tools or education for agencies and providers to enhance MCI preparedness.

The REMS Council supports MCI drills and exercises in PD 9 and PD 16 upon request. At the **Virginia Hospital & Healthcare Association's** December 22, 2023, monthly forum, VCU presented its updated MCI plan. These documents were shared with REMS Council leadership and regional emergency managers to ensure all agencies have current information on Regional MCI plans, aligning with VDH's goal of consistent and responsive support through internal systems.

The REMS Council shares lessons learned from MCI and out-of-the-norm events involving EMS response from local, regional, and national sources. In addition, we serve as an **information channel for provider/community health/safety alerts**.

REMS relies heavily on **social media** for communication. In the current reporting quarter, a strategic shift was made to refrain from directly sharing posts from other agencies due to a decrease in reach and engagement observed in the previous quarter. Instead, external agency content was reworked and amplified. Notably, REMS-branded posts consistently outperformed

external agency posts with a 3:1 ratio in both reach and engagement. To further enhance social media effectiveness, REMS sought guidance from **Government Social Media** mentors, received a critique for its Facebook page, and plans to incorporate their suggestions in the upcoming quarter's content.

The REMS Council actively supports the region's **accredited Critical Incident Stress Management (CISM) Team**, offering staff assistance at their quarterly meeting. During the October 16th session, REMS support staff for the CISM workgroup initiated a discussion on mental health apps, understanding provider preferences, and access barriers. **Technical support was provided** for revising and updating the CISM Standard Operating Procedures (SOPs), with the aim of final approval during the November 15th, 2023 REMS board meeting.

In the second quarter, REMS staff focused on **evaluating and recommending options for behavioral health resources**. A comparison trial of **Cordico** to the more widely used **Mindbase** wellness app was conducted. Feedback was positive for both applications although a majority of localities favor and use Mindbase due to affordability.

Collaborative efforts were identified during a virtual meeting with **VFRR** and **Orange County Health Wellness Coordinator**, and active participation in the **JEM Stressors and Mental Health for Emergency Managers** forum. A virtual meeting with **Boulder Crest** representatives focused on reactivating communications and coordinating mental health training in the region, with a site visit scheduled for February 2024.

Facility visits were conducted to gather insights into local in-person mental health resources. The **Spotsylvania Regional Medical Center Behavioral Health** unit was visited to learn about their first responders' direct admission program, with information subsequently shared with CISM and peer support teams. **Tucker Pavilion at Chippenham Hospital** was visited to understand their mental health resources, particularly for first responders. A visit to **Horse and Soul Counseling** resulted in accelerated scheduling processes and aligning counselors with military backgrounds for REMS-referred providers.

## Community Outreach and Patient Engagement (COPE)

The focus at COPE is to ensure individuals receive the right and accessible care tailored to their specific needs. The commitment to delivering quality healthcare to the community remains steadfast. **Ongoing collaboration with community partners** is integral to leading, expanding, and transforming healthcare delivery. Efforts persist in enhancing health literacy through education, facilitating navigation of the healthcare system, and providing access to health screenings and other resources.

The REMS Council regularly attends a community food pantry event, **The Table**, and the number of visitors to the REMS Council COPE table has increased 220% since the beginning of 2023. **During this reporting quarter, the REMS Council has served a more diverse clientele**

from various socio-economic backgrounds due to inflationary pressures on household income and migration. The REMS Council is a regular participant in this event, and patrons are now depending on the council to provide helpful information about community health resources.

The REMS Council's COPE program prioritizes preventive healthcare through collaboration with community partners. In Stafford, the four-day **Community Health and Life-Saving Initiative**, part of the **Community Health and Wellness Roadshow**, focused on empowering citizens with the "You Are The Help Until Help Arrives" campaign. COPE facilitated the event, offering residents valuable information on health concerns, preventive measures, and access to available health resources. The initiative featured health screenings, informative sessions, and demonstrations covering a variety of topics including mental health, substance abuse, and basic first aid skills.

REMS is working with a local coordinator to host the **Region's first Hybrid NHTSA Child Passenger Safety (CPS) technician class**. The class, which will use a mix of online and in-person sessions, is expected to occur in April.

The REMS Council provided a full **Stop the Bleed** class to 11 **Medical Reserve Corp** volunteers in collaboration with the **RAHD**. The MRC program used the REMS training center space for more of its in-house training, conducted a volunteer recognition award ceremony, as well as receiving the Stop the Bleed training from REMS Instructors.

Additionally, **Stop the Bleed** awareness and **Hands-Only CPR** sessions were conducted with 26 area **high school students** from two separate school groups who toured and participated in scenario training during this reporting quarter. REMS staff implemented interactive and tailored activities via site tours, scenarios, and simulations at the training center to demonstrate how the council facilitates the development and continued operation of a high-quality and dedicated emergency response and preparedness system. These work-based learning opportunities focused on **communication and collaboration** (C5W) and the professional competencies of efficiency and productivity and job-specific tools and technology, as defined and outlined in the **21<sup>st</sup> Century Workplace Readiness Skills of the Commonwealth**.

## Regional Infrastructure and Process Improvement

The REMS Council's **Incident and Threat Mitigation (ITM) Committee** convened on October 19th. During this period, the committee submitted a revised COOP plan reflecting the new REMS location and aligning with OEMS and VDH guidance. Before being presented to the Board of Directors for approval, the plan underwent a virtual exercise with input from state and local partners. Additionally, it was tested earlier in the year with a real-world break-in, leading to updates based on lessons learned and subsequent board approval. An **offsite COOP kit** has been deployed and is positioned at a partner agency for remote use if necessary. In collaboration with OEMS, the **ITM Committee** and REMS Council devised a one-year **Continuity of Operations (COOP)** training plan for agencies. A survey revealed that 22% of regional agencies either engaged in or recently completed COOP plan revisions, with almost all planners having completed FEMA IS1300 before revisions. Unfortunately, due to other

demands, the project is on hold. In the interim, REMS staff is collaborating with a larger local agency to overhaul its COOP plan, aiming to extract lessons learned for future training sessions.

The **ITM Committee** is actively working to **boost AED Registration** on Pulse Point for enhanced pre-arrival CPR and AED utilization. Currently active in two localities, the effort is specifically concentrated in a targeted geographic location where REMS collaborates with the RAHD on synchronized opioid education and AED registration due to observed correlations between overdoses and cardiac arrests. Plans for a door-to-door campaign with the MRC are in progress. In another locality, AED registration will integrate with the spring "Sound the Alarm" campaign. REMS staff is undergoing Pulse Point administration training to effectively disseminate educational materials, engaging with community leaders from businesses and places of worship.

The REMS Council is committed to increasing the **visibility of EMS** in the community and addressing healthcare gaps and underserved populations in the community.

- As part of this campaign, REMS Council took the Anatomage Table to the **Stafford County Public School's Chart Your Future** event for 1,600 district seniors. Approximately 200 seniors and teachers directly interacted with the Anatomage Table and learned more about EMS and the work of the Council. The Anatomage Table will be used in an upcoming Anatomy Tournament to be held in February 2024.
- REMS partnered with **YMCA Falmouth** and participated in their Wellness Rocks event. Staff provided educational literature on stroke, conducted Stop the Bleed Demonstrations, and distributed information about community health resources.

## 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, the REMS Council works to ensure a competent and trained workforce is available in the regional EMS System.



## Technical Assistance

The REMS Council provides a coordinated digital scheduling system for educational programs to utilize clinical sites in the REMS Council service area. Staff monitor and provide technical assistance for **FISDAP scheduling** as needed.

The REMS Council monitors **emerging threats and industry news** regarding issues related to tactical EMS, MCIM, and other specialty training issues. Relevant training opportunities and information are shared with stakeholders, internally, and with agencies. Weekly DISPATCH updates and social media posts are used for communication.



REMS Council was a founding member of the newly formed **Virginia EMS-C Pediatric Champion Partnership**. The mission is to facilitate connections among EMS and Emergency Department personnel who share a passion for providing exceptional care to children. Through this partnership, the aim is to foster a supportive network that offers education, references, and discussions on pediatric care throughout the state. REMS Council developed a database of interested providers and was instrumental in inputting and editing the first edition of the **Pediatric Champions Newsletter**. (Click on the picture for link)

## Training and Education



The REMS Council offers **instructor development** education/training that is needs-based from instructor feedback and PI data. Education Coordinators and ALS Coordinators can utilize resources from the REMS Council including training materials and equipment to support the needs of the EMS system. REMS staff are active participants in the **OEMS Training and Certification Committee**.

During this reporting period, 717 persons utilized the regional training and simulation center, which is available to both EMS and other healthcare agencies in the region, for 37 events and meetings.

The REMS Council monitors **training needs** in the region and also supports EMS recruitment and retention efforts. The REMS Council responded to several requests for training from EMS agencies during the reporting period. One such request was customized airway training for a medic and engine crew to assist with preceptor training. REMS Staff also developed a customized RSI/surgical airway training program for Culpeper Office of Emergency Services personnel. Sample policies, technical resources, and subject matter expertise were also provided in support of drafting agency-specific policies for this program. REMS is also collaborating with Stafford County to develop an agency-wide airway training program.

The REMS Council provides in-house instructors and can engage instructors from the surrounding region for training purposes. Throughout the reporting period, 31 training events and classes were conducted in collaboration with internal and external instructors and students using the training center. REMS also remains an **AHA Training Site** and **NAEMT Training Center**. The REMS Council offered a total of 48 student seats or training opportunities which also earned CEUs during the quarter. In addition, several agencies attended customized training sessions for which CEUs were awarded. Providers active in the region were provided free training through our **scholarship program**, incurring no out-of-pocket or agency expenses.

The REMS Council provided **ACLS Provider**, **BLS Provider**, and **AMLS Provider** classes during this quarter. A total of 15 students were trained. Additionally, Heartsaver CPR/First Aid, Stop the Bleed, PALS Provider, and GEMS classes were offered but had to be canceled for low enrollment.

The REMS Council offered monthly **Critical Care CE** classes. Topics included Medical Emergencies, Neurologic Emergencies, and Neonatal/Pediatric Emergencies. In addition to didactic presentation, testing review preparation and in-depth case studies were explored. A total of 33 students attended.

The REMS Council supports the regional **ALS release** program with the BOD-approved process. One ALS provider was released this quarter, and there is currently one more in progress acquiring final signatures. Five more providers are currently precepting and obtaining their calls before testing.



The REMS Council continues to plan, coordinate, and conduct **NREMT Advanced Psychomotor Testing Sites** for EMS providers. The December test site that was offered was canceled because of low registration numbers. The REMS Council will host two final NREMT Test Sites on May 4th and June 8th before psychomotor testing is sunsetted by NREMT. The REMS Council fielded three initial requests for **CTS 2.0**, for providers who are either in Reentry, Reciprocity, or Legal Recognition; these requests will be fulfilled in the first quarter of CY2024.

## Regional Infrastructure and Process Improvement

The **Guidelines and Training Committee** met on October 24 and approved one ALS Coordinator renewal application. The **Cultural Diversity WG** did not need to meet but will meet next on February 8th.

## 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.

## Technical Assistance

The REMS Council staff regularly participates in professional development sessions. This commitment ensures that they are equipped with up-to-date knowledge, enabling them to offer contemporary and accurate technical assistance when supporting providers and agencies in the region.



The REMS Council is a liaison for the regional EMS system, with staff attending planning and EMS meetings for **regional, state, and national activities** as required and available. During this reporting period, REMS Council staff attended Virginia EMS Advisory Board Committee Meetings. Staff also participated in additional meetings including the Virginia State Stroke Task Force meeting, Virginia Heart Attack Coalition meeting, monthly Marcus alert meetings on the 8-1-1 system, monthly Regional PI forums, monthly meetings with the

Regional Director's Group, monthly VHHA Hospital Emergency Preparedness meetings, and weekly VDH Agency Forums.



## Funding and Resources for Innovation

The REMS Council actively assists eligible agencies with **RSAF Grant** applications, offering support during the grant cycles. During this reporting period REMS facilitated conferences between OEMS staff and a grant writer to improve application quality. A dedicated workgroup oversaw the comprehensive review and grading of RSAF applications.



REMS Council secures and executes relevant grant opportunities. A community and youth disaster preparedness grant application were successful, awarded by **Youth in Philanthropy** through the **Community Foundation of the Rappahannock**. The grant, starting in January 2024, is accepting youth applications, fostering collaboration with RAHD, RACSB, MRC, Red Cross, and CERT for comprehensive training and exposure.

REMS also offers technical assistance for non-RSAF grant applications, emphasizing **recruitment, retention, or leadership training**. No requests for support were received in this reporting period.

## Regional Infrastructure and Process Improvement

The REMS Council is a staunch supporter of the **EMS Governor's Award** program. Due to the current uncertainty surrounding the status of the 2024 awards (as of the report date, the 2023 Governor's Awards are pending), REMS has chosen to establish an internal application/nomination program. This approach guarantees the acknowledgment of talent and accomplishments within our region. A social media campaign is scheduled to launch in January to introduce the new award period. The REMS **Regional Awards WG** did not convene during this reporting period.

The **REMS Council Executive Committee** met on October 20th to respond to changing needs and proposed changes. An **annual report** for the CY23 activities will be presented at the February 2024 BOD meeting.

## 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”.



### Technical Assistance

The REMS Council interacts frequently with EMS stakeholders at every level. We maintain and update an email distribution list for agency super-users and also provide weekly updates to interested stakeholders. The weekly DISPATCH continues to be disseminated to all BOD members, leadership at OEMS, and interested providers and community members in the region. A link to sign up to receive DISPATCH is here: <https://wkf.ms/3NLeVg7>

The REMS Council collaborates with other healthcare entities as well as community partners as needed. REMS Staff supported the **2023 Rock the Rescue** community outreach and EMS training program hosted by MWHC. A video highlight is here: <https://youtu.be/RlhecuWxc1w>

**Rappahannock Area Health District** provided **fit test training to two REMS Staff to become fit testers for N95 fittings**. These trained staff may now assist RAHD as needed for fit testing, as well as provide train-the-trainer for agencies in need of an in-house fit tester. Additionally, RAHD will be collaborating with REMS Council on the 2024 YIP Youth Emergency Preparedness Program and discussions are underway regarding a potential partnership with cross-sharing IT infrastructure and regional moulage team.

REMS is collaborating with **RACSB** on two initiatives. For the YIP Grant Program, RACSB will deliver **REVIVE!** Training to participants, offering an optional session with various training options for students to choose from. Concurrently, as part of the Heart and Stroke Workgroup milestone, REMS is leveraging empirical data to target a high-incident cardiac arrest area in the region, using metrics to increase AED Registration on Pulse Point. Given the correlation with narcotic use, REMS will also share RACSB resources during community visits, aligning with RACSB's project targeting the same corridor with Naloxone training.

### Regional Infrastructure and Process Improvement

The REMS Council, which sustains a business office in the City of Fredericksburg to provide regional EMS system support, has grappled with persistent understaffing for several years.

To address staffing needs, the REMS Council recently brought on a part-time Office Manager with a robust background in team and office management. Simultaneously, the Regional Field Coordinator position underwent a conversion to part-time, and the former Office Manager now

fills it. The office's current configuration comprises three full-time positions (VDH employees) and three part-time positions (Council employees).

The REMS Council accepts **volunteers** and **interns** from a variety of sources. During the reporting period, two volunteers from Re-employability provided **348 volunteer hours** dedicated to outreach programs, training center logistic support, and facility operations. The volunteers were instrumental in executing the weeklong Health and Wellness event.

The REMS Council maintains an **interactive website** to engage stakeholders. Committee meeting minutes as well as updates to regional plans and policies, are published on the website and shared with stakeholders. Five significant web page updates were executed during this quarter including a website reset after a hacking incident. REMS Council's website foundational structures are outdated and no longer supported. The website continues to experience the most visits and engagement on the training and protocol pages.

Starting in FY24, the REMS Council rolled out an **external communication plan** to improve the exchange of information with agencies and PSAPs and streamline information from the regional council. The REMS Council also continues to engage EMS providers, community stakeholders, and other healthcare organizations to improve participation in regional committee meetings.

The **Strategic Planning Committee** achieved a quorum during its meeting on October 19th, 2023. Agency reports were presented, and members received a copy of the COOP plan for revision. The pending item is the committee's charter revision, with the next meeting scheduled for January 18th. During the same meeting, collaborative initiatives with the Rappahannock Area Health District were discussed. Additionally, RRAHD committed to scheduling a meeting with REMS, representing the Rapidan Rappahannock Area Health Department.



REMS Staff attended a **Virginia VOAD** meeting held in Culpeper to identify opportunities for EMS agencies who are providing disaster services in our region. REMS Staff also participates on the Virginia **Pre-hospital Trauma** and the **Acute Care Trauma** Committee, which met November 16, and the **Provider Health and Safety** Committee which met November 17.

REMS Staff attended the **VHHA Hospital Emergency Preparedness Forum** on October 20th, December 6th and December 15th to maintain open lines of communication and identify partnership opportunities between EMS and regional hospitals and health systems.

REMS met and has partnered with the Spotsylvania Emergency Management Coordinator to work together providing **Emergency Preparedness instruction** for St. Patrick School during their middle school elective session scheduled for January-February 2024.

# **Southwest Virginia EMS Council**

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

### **I. Regional EMS Council Operations**

#### **A. 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. No additional staff have been hired by OEMS. Current staffing levels are being maintained through the nonprofit.

#### **B. 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. No work has begun on this project.

#### **C. 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 is enrolled in an M.H.A. degree program through LSU with expected completion in May 2024.

#### **D. 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 acts on proposed changes. Approved plans are posted on the Council's website.

### **II. 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:

- November 1—Lenowisco Executive Planning Committee

- November 15—Regional PI Workgroup
- December 6 and January 3—Coverdell Stroke Grant meetings
- December 28—Johnston Memorial Hospital (JMH) Joint Commission Stroke Survey
- January 9—JMH Stroke Committee
- January 9—Bristol LEPC Meeting
- January 4—VDH/VDEM/Coalition/Partner Update Meeting
- January 10—Norton Community Hospital Meeting regarding Acute Stroke Ready certification
- January 11—Washington County LEPC Meeting
- January 11-- Communicable Disease OB Response Meeting (Lenowisco Health District)
- Weekly Hybrid Office Director Info Sharing Meetings
- Weekly VDH Agency Forum Meeting
- Weekly OEMS Division Director Meetings
- Monthly Regional PI Forum

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

### III. **Education & Projects**

#### A. **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)—84
- BLS (professional)—144
- Advanced Cardiac Life Support (ACLS)—107
- Pediatric Advanced Life Support (PALS)—152
- PEARS—18

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 Combat Casualty Care (TCCC) throughout the year in various areas of our service region. In addition, SWEMS maintains a regional lending library of CPR videos and equipment for use by educators and agencies throughout the region. 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.

#### B. **EMS Training and Support**

SWEMS operates an accredited training program for EMT and EMT-Advanced. The Council completed an EMT certification course in December, with 12 students completing course requirements. An AEMT course began December. 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 Council has scheduled three continuing education sessions throughout the region. These were announced and posted.

**C. 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.

**D. FieldPrint Background Screening Site**

The Council is approved as a FieldPrint Background Check site. The program supports access needs for EMS providers in our region as well as other industries. 236 screenings were conducted by our office from October 1-December 31.

**E. CISM**

SWEMS provides administrative support for the Southwest Virginia CISM Team. A workgroup of the CISM team continues working toward team accreditation. The team has responded to numerous incidents this quarter.

**F. 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. The award cycle for FY2024 is open, with awards expected to be presented in Summer 2024.

**Respectfully Submitted**

**By**

**OEMS Staff**



# Appendix A

State EMS Advisory Board  
Motion Submission Form

☒ Committee Motion: Name: EMS Communications

☐ Individual Motion: Name: \_\_\_\_\_

Motion:

Any Emergency Medical Dispatch (EMD) training program utilized by a Public Safety Answering Point (PSAP) must meet the minimum training standards, as developed by the Communications Committee, regardless of whether they are offered by an approved third party vendor or developed internally with EMS Physician Oversight

EMS Plan Reference (include section number):

Strategic Initiative 3.3

Objective - 3.3.2 Promote emergency medical dispatch standards and accreditation among 911 Public Safety Answering Points (PSAPs) in Virginia.

Code of Virginia, § 56-484.16:1. PSAP dispatchers; training requirements.

G. By January 1, 2024, each operator of a PSAP shall implement a requirement that each of its dispatchers shall by July 1, 2024, have completed an Emergency Medical Dispatch education program that complies with minimum standards established by the Office of Emergency Medical Services.

Committee Minority Opinion (as needed):

For Board's secretary use only:

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

Vote: By Acclamation: ☐ Approved ☐ Not Approved

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

Board Minority Opinion:

Meeting Date:

# Appendix B

State EMS Advisory Board  
Motion Submission Form

☒ Committee Motion:     Name: Training & Certification Committee

☐ Individual Motion:     Name: \_\_\_\_\_

**Motion:**

The Training & Certification Committee makes a motion to approve minimum hour requirements for initial AEMT programs of 24 hours in the hospital clinical setting a minimum hour requirement of 12 hours in the field internship setting.

**EMS Plan Reference (include section number):**

2.2 – Supply quality education and certification of EMS personnel

**Committee Minority Opinion (as needed):**

None. There was no opposition or abstentions.

**For Board's secretary use only:**

Motion Seconded

By: \_\_\_\_\_

Vote: By Acclamation:    ☐ Approved                      ☐ Not Approved

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

Board Minority Opinion:

Meeting

Date: