

Virginia Department of Health  
Office of Emergency Medical Services



Quarterly Report to the  
State EMS Advisory Board  
February 5, 2021

# **Executive Management, Administration & Finance**

**Office of Emergency Medical Services  
Report to The  
State EMS Advisory Board**

**February 5, 2021**

**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) 2021 Session - Budget Bill - HB1800 (Introduced)**

Item 296		
Emergency Medical Services (40200)	\$46,280,757	<del>\$46,280,757</del> \$49,751,484
Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (40203)	\$33,397,814	<del>\$33,397,814</del> \$33,437,814
State Office of Emergency Medical Services (40204)	\$12,882,943	<del>\$12,882,943</del> \$16,313,670
Fund Sources:		
Special	\$19,881,111	\$20,351,838
Dedicated Special Revenue	\$25,992,505	\$28,992,505
Federal Trust	\$407,141	\$407,141

Authority: §§ 32.1-111.1 through 32.1-111.16, 32.1-116.1 through 32.1-116.3, and 46.2-694 A 13, Code of Virginia.

A. Out of this appropriation, \$25,000 the first year and \$25,000 the second year from special funds shall be provided to the Department of State Police for administration of criminal history

record information for local volunteer fire and rescue squad personnel (pursuant to § 19.2-389 A 11, Code of Virginia).

B. Distributions made under § 46.2-694 A 13 b (iii), Code of Virginia, shall be made only to nonprofit emergency medical services organizations.

C. Out of this appropriation, \$1,045,375 the first year and \$1,045,375 the second year from the Virginia Rescue Squad Assistance Fund and \$2,052,723 the first year and \$2,052,723 the second year from the special emergency medical services fund shall be provided to the Department of State Police for aviation (med-flight) operations.

D. The State Health Commissioner shall review current funding provided to trauma centers to offset uncompensated care losses, report on feasible long-term financing mechanisms, and examine and identify potential funding sources on the federal, state and local level that may be available to Virginia's trauma centers to support the system's capacity to provide quality trauma services to Virginia citizens. As sources are identified, the commissioner shall work with any federal and state agencies and the Trauma System Oversight and Management Committee to assist in securing additional funding for the trauma system.

E. Notwithstanding any other provision of law or regulation, the Board of Health shall not modify the geographic or designated service areas of designated regional emergency medical services councils in effect on January 1, 2008, or make such modifications a criterion in approving or renewing applications for such designation or receiving and disbursing state funds.

F. Notwithstanding any other provision of law or regulation, funds from the \$0.25 of the \$4.25 for Life fee shall be provided for the payment of the initial basic level emergency medical services certification examination provided by the National Registry of Emergency Medical Technicians (NREMT). The Board of Health shall determine an allocation methodology upon recommendation by the State EMS Advisory Board to ensure that funds are available for the payment of initial NREMT testing and distributed to those individuals seeking certification as an Emergency Medical Services provider in the Commonwealth of Virginia.

G. Out of this appropriation, \$190,000 the first year and \$190,000 the second year from the Virginia Rescue Squad Assistance Fund shall be provided for national background checks on persons applying to serve as a certified or non-certified provider in a licensed emergency medical services agency. The Office of Emergency Medical Services may transfer funding to the Office of State Police for national background checks as necessary. The Virginia Department of Health shall continue to allow local EMS agencies to submit fingerprint cards for background checks on volunteers applying to be a member of local EMS agencies. The cost of the criminal background shall be paid from funds available to the Office of Emergency Medical Services.

## **Part 3: Miscellaneous**

### **Transfers**

#### § 3-1.01 INTERFUND TRANSFERS

W. On or before June 30 each year, the State Comptroller shall transfer \$12,518,587 the first year and \$12,518,587 the second year to the general fund from the \$2.00 increase in the annual vehicle registration fee from the special emergency medical services fund contained in the Department of Health's Emergency Medical Services Program (40200).

DD. On or before June 30, of each fiscal year, the State Comptroller shall transfer to the Line of Duty Death and Health Benefits Trust Fund (Fund 07420) at the Administration of Health Insurance the balance from the Administration of Health Benefits Payment - LODA Fund (Fund 07422) at the Department of Human Resource Management.

## **Part 4: General Provisions**

### **Adjustments and Modifications to Fees**

#### § 3-6.02 ANNUAL VEHICLE REGISTRATION FEE (\$4.25 FOR LIFE)

Notwithstanding § 46.2-694 paragraph 13 of the Code of Virginia, the additional fee that shall be charged and collected at the time of registration of each pickup or panel truck and each motor vehicle shall be \$6.25.

#### § 3-6.03 DRIVERS LICENSE REINSTATEMENT FEE

A. Notwithstanding § 46.2-411 of the Code of Virginia, the drivers license reinstatement fee payable to the Trauma Center Fund shall be \$100.

B. Notwithstanding the provisions of § 46.2-395 of the Code of Virginia, no court shall suspend any person's privilege to drive a motor vehicle solely for failure to pay any fines, court costs, forfeitures, restitution, or penalties assessed against such person. The Commissioner of the Department of Motor Vehicles shall reinstate a person's privilege to drive a motor vehicle that was suspended prior to July 1, 2019, solely pursuant to § 46.2-395 of the Code of Virginia and shall waive all fees relating to reinstating such person's driving privileges including those paid to the Trauma Center Fund. Nothing herein shall require the Commissioner to reinstate a person's driving privileges if such privileges have been otherwise lawfully suspended or revoked or if such person is otherwise ineligible for a driver's license.

## **Budget Amendments**

### **Chief Patron: Reid**

#### **Add Positions in the VDH Office of Emergency Medical Services (language only)**

Health and Human Resources  
Department of Health

#### **Explanation**

(This amendment adds 30 full-time positions funded through nongeneral funds in the Virginia Department of Health's Office of Emergency Medical Services (OEMS). These positions would backfill the loss of positions based on implementation of the agency's shared business services. However, the positions are needed to enable the Office to work directly with the Regional Emergency Medical Services (EMS) Councils. Each Council maintains a Board of Directors but they are staffed by OEMS. In addition, the OEMS will have responsibility for directly managing two regional EMS councils (Shenandoah and Rappahannock). Funding will be shifted within the Office to cover the cost of the added positions.)

### **Chief Patron: Sickles**

#### **Add GF for Trauma Center Fund**

Item 296 #2h	First Year - FY2021	Second Year - FY2022	
Health and Human Resources			
Department of Health	\$0	\$12,000,000	GF

#### **Language**

Page 326, line 54, strike "\$49,751,484" and insert "\$61,751,484".

#### **Explanation**

(This amendment adds \$12.0 million the second year from the general fund to the Trauma Center Fund. The Fund has been greatly reduced due to statutory changes related to the reinstatement of motor vehicle licenses. This additional funding will help in defraying the costs of providing emergency medical care to victims of trauma and to offset uncompensated care losses, including readiness costs. Trauma patients are those with severe, multisystem injuries that require complex critical care resulting in additional costs for coordinated care and trauma center readiness. These additional costs are not reimbursed by public or private payers.)

## **Chief Patron: McGuire**

### **VA Assoc. of Volunteer Rescue Squads Fund Disbursement (language only)**

Item 296 #3h

Health and Human Resources

Department of Health

#### **Language**

Page 327. line 20, after "organizations.", insert:

"The Virginia Department of Health shall develop and implement a plan to ensure timely quarterly distributions of Four for Life funding to the Virginia Association of Volunteer Rescue Squads beginning in May 2021, September 2021, January 2022 and May 2022."

#### **Explanation**

(This amendment adds language ensuring the timely distribution of Four for Life funding to the Virginia Association of Volunteer Rescue Squads (VAVRS) for the remainder of fiscal year 2021 and through fiscal year 2022. This past year, receipt of these funds has been inconsistent due to the adoption of the new Shared Business Services at the Department of Health, resulting in difficulties with cash flow for the VAVRS.)

## **Chief Patron: Senator Hanger**

### **Staffing for Office of Emergency Medical Services (language only) Department of Health**

Item 296 #1s

Health and Human Resources

Department of Health

#### **Explanation**

(This amendment adds 30 full-time positions funded through non-general funds in the Virginia Department of Health's Office of Emergency Medical Services (OEMS). These positions would backfill the loss of positions based on implementation of the agency's shared business services. However, the positions are needed to enable OEMS to work directly with the Regional Emergency Medical Services (EMS) Councils. Each council maintains a Board of Directors but they are staffed by OEMS. In addition, the OEMS will have responsibility for directly managing two regional EMS councils (Shenandoah and Rappahannock). Funding will be shifted within OEMS to cover the cost of the added positions.)

## **Chief Patron: Senator Barker**

### **Fully Fund the Trauma Center Fund**

Item 296 #2s  
Health and Human Resources  
Department of Health

#### **Language**

Page 326, line 54, strike "\$49,751,484" and insert "\$61,751,484".

Page 327, after line 54, insert:

"H. The Department of Planning and Budget shall transfer \$12,000,000 from the general fund in the second year to the Trauma Fund."

#### **Explanation**

(This amendment adds \$12.0 million the second year from the general fund to the Trauma Center Fund. The Fund has been greatly reduced due to statutory changes related to the reinstatement of motor vehicle licenses. This additional funding will help in defraying the costs of providing emergency medical care to victims of trauma and to offset uncompensated care losses, including readiness costs. Trauma patients are those with severe, multisystem injuries that require complex critical care resulting in additional costs for coordinated care and trauma center readiness. These additional costs are not reimbursed by public or private payers.)

### **b) VA-1 DMAT Team Members Honored**

The Assistant Secretary of Preparedness and Response announced on behalf of the Secretary of Health and Human Services, and the Government of the United States, that the COVID-19 Civilian Response Medal has been awarded to the following VA-1 DMAT personnel for their work on behalf of the nation's response to the COVID-19 Pandemic.

Those honored are:

Shamera Boone, Information Technology Specialist  
Alexander Greene, Logistics Coordinator  
Daniel Lawrence, Paramedic  
Mary McKendree, Nurse Practitioner  
Kitrian Meagher, Pharmacist  
Sabina Newton, Mental Health Specialist  
Paula Swartz, Administrative Officer  
Marty Tomasek, Safety Officer  
Mary Frayser, Registered Nurse  
Paul Goulart, Paramedic  
Timothy Jeter, Registered Nurse  
David Long, Deputy Team Commander



Jeffrey Meyer, Paramedic  
Christina Michener, Paramedic  
Ira Swartz, Telecommunications Specialist  
Phillip Thompson, Paramedic  
Thomas Calogrides, Jr, Supply Management Officer  
Kathleen Colantuono, Deputy Team Commander  
Thomas Schwalenberg, Deputy Team Commander  
Kathy Henley, Administrative Officer

Please join us in congratulating these men and women for stepping up to the task, sometimes more than once. They are heroes and have represented VA-1 well. We are proud of them.

NOTE: Information provided by Michael B. Player, MPA, NRP, Executive Director of the Peninsulas EMS Council and Team Commander, Virginia-1 DMAT

### **c) New Emergency Medical Response Vehicles for Hampton Roads**

Used primarily for medical evacuation of mass casualty incidents, the Hampton Roads area has recently obtained six new Mass Casualty Incident (MCI) buses which have the capacity to transport and treat multiple patients. These new buses were paid for with grants from the Urban Areas Securities Initiative that were coordinated by the Hampton Roads Metropolitan Medical Response System (HRMMRS), a TEMS program.

The new MCI buses are smaller, which allows them to get in and out of areas easier and they will replace the older buses that have been used throughout the region since 2008. They also have a lift that can accommodate a wheelchair or stretcher that the previous buses did not, which is extremely important when conducting evacuations of long term care facilities.

The buses are set up and ready for scheduled support for large events like air shows or big races. They will also be dispatched through 911 operators should the first responders on a scene feel they are needed as was the case in December 2019 when three of the MCI transport buses were used to help out with a multi car crash on Interstate 64. These buses may be used not only to evacuate people, but also as a place for firefighters to rest and rehab while working in extreme heat or cold.

Currently, MCI buses are housed at fire and rescue stations throughout the region (Chesapeake, Hampton, Virginia Beach, York County, Suffolk and Isle of Wight). Norfolk and Newport News will be getting buses in 2021. See the link below for a brief video overview of the new buses:

<https://www.youtube.com/watch?v=NqkD8tHzIM4>

## **d) Garrett Dyer, Acting Executive Director of the Virginia Department of Fire Programs**

Garrett Dyer has been appointed Acting Executive Director of the Virginia Department of Fire Programs (VDFP). He was previously announced as the State Fire Marshal by Governor Northam in November 2019 and is the first African American to serve in that role. Dyer has previously served as chief of the Virginia Fire Marshal Academy, VDFP's training branch specifically for fire services personnel who want to pursue careers in law and fire code enforcement. He joined VDFP in 2018 with over 30 years of public safety experience. Dyer previously worked with the Fairfax County Fire and Rescue Department and was a member of Virginia Task Force 1 Urban Search and Rescue Team. As part of that team, he responded to several notable missions, including the Oklahoma City bombing, the U.S. Embassy bombing in Nairobi, Kenya, the Pentagon during 9/11, and Hurricane Katrina. Dyer holds a bachelor's degree in Fire Science from the University of Maryland, and is a graduate of the paramedic program from George Washington University and the Senior Executive Institute at the Weldon Cooper Center for Public Service at the University of Virginia.

## **e) Nathan Dowdy, Policy Advisor for the Secretary of Public Safety and Homeland Security**

Nathan Dowdy has been appointed Policy Advisor for the Secretary of Public Safety and Homeland Security. Prior to this appointment he served as Special Assistant to the Secretary of Finance since August 2019. Previously, he worked for the Virginia Criminal Sentencing Commission and interned for Senator Janet Howell. A native of Henrico County, Nathan received a Bachelor of Arts degree in Political Science and Homeland Security and Emergency Preparedness from Virginia Commonwealth University.

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

As previously stated, the Office of Emergency Medical Services committed to providing updates on the progress of the collaborative partnership(s) and the transition and conversion of applicable Regional EMS Councils that have requested to be a hybrid State/Regional EMS model. We began with a summary of progress and status of the Central Shenandoah EMS Council/State Regional Office. Since that time, two more Regional EMS Council Boards of Directors have unanimously voted and requested to adopt this model in collaboration with the Office of EMS. As such we have a report from each of those Councils as follows:

Central Shenandoah EMS Council     Please see **Appendix A**

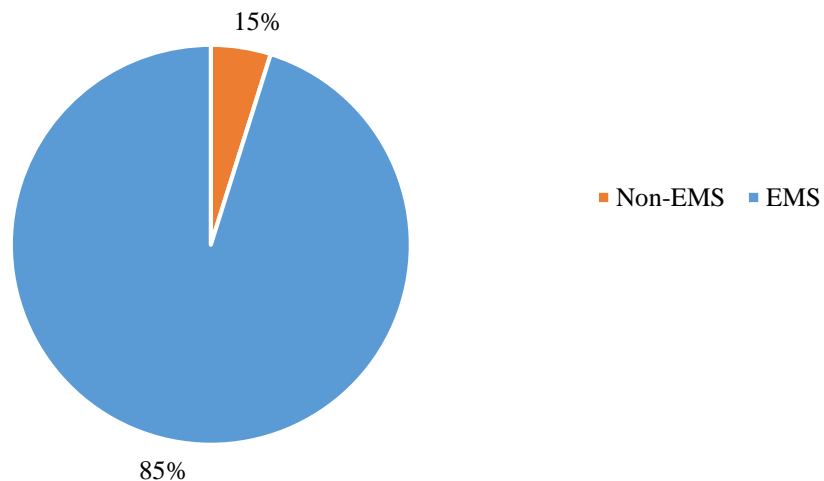
Blue Ridge EMS Council                 Please see **Appendix B**

Rappahannock EMS Council             Please see **Appendix C**

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

Luke Parker, Grants Manager  
Linwood Pulling, Grants Specialist

Figure 1: Total Request by Agency Type

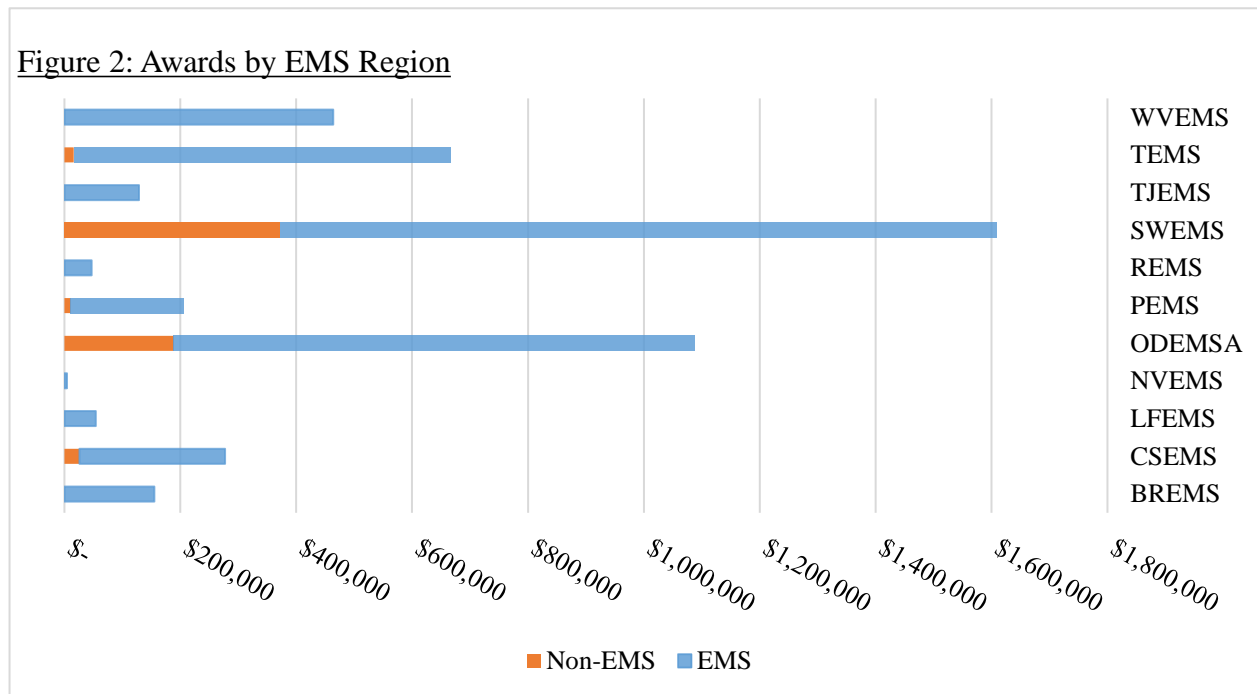


The Fall 2020 Rescue Squad Assistance Fund (RSAF) deadline was September 16, 2020. 119 agencies submitted applications, requesting \$17,145,178.39. OEMS awarded \$4,698,799.12 to 76 agencies – of which, 66 were EMS and 10 were non-EMS as shown in Figure 1. Awards are in the following amounts by agency type:

- 66 EMS Agencies requesting \$4,084,752.01
- 10 Non-EMS requesting \$614,047.11

The number of applications and total requests increased by approximately 6% and 20%, respectively, compared to the Fall 2019 cycle of RSAF. Approximately 64% of RSAF applicants received grant awards, representing each of the 11 EMS regions as shown in Figure 2. Agencies received the following amounts by EMS region:

- Blue Ridge (BREMS): \$154,966.19
- Central Shenandoah (CSEMS): \$277,372.05
- Lord Fairfax (LFEMS): \$53,900.00
- Northern Virginia (NVEMS): \$4,497.50
- Old Dominion (ODEMSA): \$1,088,532.62
- Peninsulas (PEMS): \$205,898.28
- Rappahannock (REMS): \$47,149.40
- Southwestern Virginia (SWEMS): \$1,608,273.40
- Thomas Jefferson (TJEMS): \$128,521.04
- Tidewater (TEMS): \$665,855.53
- Western Virginia (WVEMS): \$463,833.11



The grants awarded this cycle represent 113 individual items and projects. Heart monitors and defibrillators make up approximately half of the funded equipment, followed by ambulances at 34%, and all other equipment and projects making up the remaining 16%. These grants can be broken down into the following item type categories:

- Automatic External Defibrillators: \$4,250.00
- ALS Equipment<sup>1</sup>: \$33,600.06

- BLS Equipment<sup>2</sup>: \$6,340.13
- Chest Compression Devices: \$55,637.00
- Communications Equipment – Mobiles: \$6,016.85
- Computer Hardware<sup>3</sup>: \$42,895.36
- Computer Software<sup>4</sup>: \$54,877.20
- Load Systems, Cots, and Stretchers: \$266,694.51
- Monitor/Defibrillator: \$2,392,686.57
- Other<sup>5</sup>: \$18,615.28
- Rescue Equipment – Extrication: \$67,057.20
- Rescue Equipment – Miscellaneous<sup>6</sup>: \$5,526.00
- Stair Chairs - \$9,495.82
- Training Equipment: \$60,056.14
- Vehicle - Quick Response Vehicle: \$23,235.00
- Vehicle - Rechassis: \$65,500.00
- Vehicle - Type I Ambulance: \$1,305,316.00
- Vehicle - Type II Ambulance: \$47,000.00
- Vehicle - Type III Ambulance: \$234,000.00

The Spring 2021 RSAF Cycle began on February 1, and the deadline to submit an application is March 15, 2021. OEMS will be hosting a pre-award technical assistance webinar on February 17, 2021, at 1 p.m. Eastern Standard Time (EST) to explain the application process, review criteria, and how to navigate the EMS – Grant Information Funding Tool (E-GIFT). The registration link for the webinar is located on the RSAF web page.

Please contact Luke Parker, OEMS Grants Manager, at [luke.parker@vdh.virginia.gov](mailto:luke.parker@vdh.virginia.gov) with any questions or concerns about this report.

<sup>1</sup>The “ALS Equipment” category includes temperature control systems.

<sup>2</sup>The “BLS Equipment” category includes patient transport and data transmit devices.

<sup>3</sup>The “Computer Hardware” category includes a logging recorder, ruggedized laptops, and Wi-Fi devices.

<sup>4</sup>The “Computer Software” category includes emergency data reporting software, and emergency medical dispatch software.

<sup>5</sup>The “Other” Category includes climate-control devices, and a truck cap, lighting, and lettering for a quick response vehicle.

<sup>6</sup>The “Rescue Equipment – Miscellaneous” category includes air bags.

# **EMS on the National Scene**

## **II. EMS On the National Scene**

### **National Association of State EMS Officials (NASEMSO)**

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

#### **a) NASEMSO Congratulates the Newest State Senator for New Hampshire**

Suzanne Prentiss, former State EMS Director, has won her election bid to participate in the New Hampshire State Senate. Sue continues to provide staff support to NASEMSO's Agency and Vehicle Licensure Committee along with her primary responsibilities as Executive Director for the American Trauma Society. Sue's relentless support for public health and public safety was key to her win and makes her the first paramedic to serve in the NH legislature! We are proud of your accomplishments and wish you much success, Senator Prentiss!!

### **Air Medical**

#### **b) USDOJ Announces \$825,000 Penalty to Settle Helicopter Violations**

United States Attorney Jason R. Dunn announced that Air Methods Corporation has agreed to pay \$825,000 to settle a civil case alleging that the company violated Federal Aviation Administration ("FAA") regulations by operating an emergency-services helicopter with severely corroded pitot tubes. On November 4, 2019, the United States filed a civil action, *United States v. Air Methods Corp.*, 19-cv-03130-RM-NRN (D. Colo.), seeking to recover civil penalties from Air Methods. The United States contended that, by operating an air-ambulance helicopter with severely corroded pitot tubes, Air Methods violated FAA "airworthiness" regulations, which require aircraft to be in a condition for safe operation. Air Methods, headquartered in Greenwood Village, Colorado, is the country's largest air medical transport services provider. The claims against Air Methods are allegations, and in agreeing to settle this matter, Air Methods did not admit to any liability. Read more at: <https://www.justice.gov/usao-co/pr/air-ambulance-company-agrees-pay-825000-settle-claims-operating-helicopter-severely>.

## Communications

### **c) FirstNet Roadmap Updated to Expand Focus Areas**

The [FirstNet Authority Roadmap](#) is designed to guide the growth, evolution, and advancement of FirstNet. Developed with input from public safety, industry, government, and our network contractor, AT&T, the Roadmap provides a view of public safety’s operational needs and technology trends for mobile broadband communications over the next five years. *The First Responder Network Authority recently hosted two Roadmap Update webinars with FirstNet Authority staff and leadership that outlined the data-driven approach to the Roadmap update and discuss updates to the Roadmap priorities.*

## Health and Medical Preparedness

### **d) Disasters and Religion App Available for First Responders**

The Disasters & Religion App helps disaster responders better serve America’s diverse religious communities and build partnerships with religious leaders, with easily accessible religious literacy and competency information on 27 unique religions. It was created by the National Disaster Interfaiths Network (NDIN), New York Disaster Interfaith Services (NYDIS), and the University of Southern California Center for Religion and Civic Culture (CRCC). It is also a useful tool for building partnerships with faith communities before a crisis. It also offers Tip Sheets on Mass Care considerations for different faith communities; 16 Tip Sheets on partnering with faith communities in disasters; and 26 Tip Sheets on equipping religious leaders about disaster preparedness through the Be a Ready Congregation program. Learn more at:

<https://www.disastersandreligionsapp.org>.

### **e) START Seeks to Collect Pandemic Effect Data on First Responder Communities Including EMS**

The National Consortium for the Study of Terrorism and Responses to Terrorism—better known as START—is a university-based research and education center comprised of an international network of scholars committed to the scientific study of the causes and human consequences of terrorism in the United States and around the world. The ongoing COVID-19 pandemic has imposed costs on the country’s police, fire, and emergency medical services. First responders risk exposure in their jobs, yet must maintain operations in order to ensure the safety of the communities they serve. START seeks to collect data on COVID-19 impacts on first responder communities and provide evidence-based best practices. First responders who want to participate in the study can fill out the [questionnaire here](#). It is designed to be answered by someone involved in planning, reviewing, implementing, or evaluating the organizational response to COVID-19 of law enforcement, emergency medical services, or fire departments. Read more at: <https://start.umd.edu/research-projects/monitor-and-mitigate-impact-covid-19-public-safety>.



## HITS

### **f) NCSL Reports Pandemic Appears to Exacerbate Risky Driving Behaviors**

According to the National Conference of State Legislatures (NCSL), “The National Highway Traffic Safety Administration’s (NHTSA) early estimates of traffic fatalities for the first six months of 2020 indicate that the number of traffic deaths decreased 2% as compared to the same period in 2019. However, the fatality rate—number of fatalities per 100 million vehicle miles traveled—increased from 1.06 in the first half of 2019 to 1.25 in 2020. Excessive speeds and increased average speed but also lower seat belt use started appearing as possible culprits. Additionally, measures of cellphone motion—an indicator of smartphone distraction—increased roughly 15% between March and April 2020. These novel approaches to distracted driving data collection suggest that while mobile device use by drivers was already a concerning issue prior to COVID-19, ‘phone distraction per mile driven became even more frequent during the lockdown’.” Read more at: <https://www.ncsl.org/blog/2020/11/19/covid-19-appears-to-exacerbate-risky-driving-behaviors.aspx>.

## Trauma

### **g) Fall Prevention Focus of New AHRQ Funded Study**

Falls are the leading cause of preventable injury, and while many strategies have been developed to try to stop them and their resultant injuries, they remain a persistent problem. Research by Brigham and Women's Hospital has been driven by the question: Why, after more than 30 years of research, do patients continue to fall? The answers that the team uncovered resulted in the creation of a toolkit that includes low-tech solutions, such as a laminated poster to display by patients' beds, tailored prevention plans that can be added to patients' electronic health records and printed out or displayed on a computer screensaver, and other interventions that engaged patients and their families in strategies to prevent falls. The investigators found that their program, which focused on tools that engage patients and families in the fall prevention process throughout hospitalization, was associated with significantly reduced falls and fall-related injuries at three different hospitals. The team's results are now published in *JAMA Network Open*

## Industry News

### **h) New Free EMS Advocacy Tool from NAEMT**

The mission of the National Association of Emergency Medical Technicians (NAEMT) is to represent and serve emergency and mobile healthcare practitioners including emergency medical technicians, advanced emergency medical technicians, emergency medical responders, paramedics, advanced practice paramedics, critical care paramedics, flight paramedics, community paramedics, and mobile integrated healthcare practitioners.

The NAEMT is pleased to provide the latest version of its very useful “What is EMS?” brochure. This brochure is a resource to help communicate with local, state and national

government leaders and leaders in the healthcare sector about EMS, including the range of services provided and the challenges faced in serving patients and communities. Please feel free to download this brochure and distribute it widely within your EMS agency, organization and with colleagues. Read more at: [https://www.naemt.org/docs/default-source/about-ems/what-is-ems-2020-10-14-2020-final.pdf?Status=Temp&sfvrsn=cb0fe593\\_2](https://www.naemt.org/docs/default-source/about-ems/what-is-ems-2020-10-14-2020-final.pdf?Status=Temp&sfvrsn=cb0fe593_2)

### **i) NEMSIS TAC Offers Multiple Resources to Assist ET3 Implementation**

The Center for Medicare and Medicaid Innovation’s (Innovation Center) Emergency Triage, Treat, and Transport (ET3) Model is a voluntary, five-year payment model that will provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare beneficiaries following a 911 call. The National EMS Information Systems Technical Assistance Center (NEMSIS TAC) based at the University of Utah is working directly with NHTSA’s Office of EMS and the CMMI to assist states and EMS agencies implement the Model. Several ET3 resources are now available on the NEMSIS website at <https://nemsis.org/using-ems-data/cms-et3-project/>. Interested parties can also join the TAC’s Google Group at <https://nemsis.org/join-our-google-group/> to stay up to date on the latest news from the NEMSIS TAC.

In related news, during a recent training session for Collect Data Software Developers, the NEMSIS TAC demonstrated how to use State Data Set data in an automated way to ease the system configuration work for developers of “Collect Data” systems so that their customers can improve consistency with state resources and requirements. The presentation is designed for developers of Collect Data software, but any interested stakeholders are welcome to join. <https://www.youtube.com/watch?v=UL9ELRg0Azw>

### **j) FirstNet Catalog Offers Range of System Compatible Apps**

The FirstNet mission is to deploy, operate, maintain, and improve the first high-speed, nationwide wireless broadband network dedicated to public safety. Before choosing or promoting a mobile device application to serve first responder needs, all applications listed in the FirstNet catalog have been scanned for malware and severe security vulnerabilities to better protect the public safety community. Certified apps have passed more stringent security assessment. If it is in the FirstNet Catalog, it is relevant to public safety and the unique needs of first responders. All apps listed in the catalog have been evaluated to ensure sensitive data or important enterprise info will not be compromised. Apps are continuously being added-- readers can view the FirstNet catalog of compatible apps at: <https://apps.firstnet.att.com/?auth=false>.

### **k) Louisiana Becomes 21<sup>st</sup> State in EMS Compact**

Governor Don Bel Edwards signed Louisiana’s legislation to join the Emergency Medical Services Compact into law. Louisiana will formally enter the Compact after the law becomes effective on July 1, 2021 and the state is formally accepted by the EMS Compact Commission.

# Division of Accreditation, Certification and Education (ACE)



## Division of Accreditation, Certification & Education

Virginia Office of Emergency Medical Services

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

#### **Committees**

- A. The Training and Certification Committee (TCC): The Training and Certification Committee meeting scheduled for January 6, 2021 was cancelled due to Executive Order 72 pertaining to COVID-19.

Copies of past minutes are available on the Office of EMS Web page here:  
<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/training-certification-committee-standing/>.

- B. The Medical Direction Committee (MDC): The Medical Direction Committee meeting scheduled for January 7, 2021 was cancelled due to Executive Order 72 pertaining to COVID-19.

Copies of past minutes are available from the Office of EMS web page at:  
<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/medical-direction-committee-standing/>

#### **Accreditation**

All EMS programs that are in need of a site visit having gained accreditation either through Letter of Review or through full accreditation have been granted an extension of expiration until December 31, 2021. No accreditation visits will be scheduled until such time as it is deemed safe due to COVID-19.

- A. EMS accreditation program.
1. Emergency Medical Technician (EMT)
    - a) The following EMT programs are under Letter of Review:
      - (1) Arlington County Fire Department
      - (2) Fauquier County
      - (3) Hampton Roads Regional EMS Academy
      - (4) Augusta County
      - (5) Rockingham County Dept. of Fire and Rescue
      - (6) Gloucester Volunteer Fire and Rescue
      - (7) Fairfax County Fire and Rescue

2. Advanced Emergency Medical Technician (AEMT)

- a) The following AEMT programs are under Letter of Review:
  - (1) Newport News Fire Training
  - (2) Fauquier County
  - (3) Hampton Roads Regional EMS Academy
  - (4) Augusta County
  - (5) Rockingham County Dept. of Fire and Rescue

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) Blue Ridge Community College has been issued their LOR from CoAEMSP and is enrolling students for their first cohort class.
- b) Thomas Nelson Community College has completed their first cohort class and are working on submission of their initial report to CoAEMSP.
- c) Henrico County Division of Fire has been issued a LOR from CoAEMSP and will be enrolling students for their first cohort class

4. Paramedic – Reaccreditation

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

- a) Prince William County Fire & Rescue CoAEMSP site visit will be virtual on May 10 and 11.

C. 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>

## **Executive Order 72 - Common Sense Surge Restrictions Certain Temporary Restrictions Due To Novel Coronavirus**

This announcement has caused a number of you to reach out for further guidance. A full reading of the Executive Order 72 Section B1 – Other Restrictions explicitly indicates “...*the presence of more than 10 individuals performing functions of their employment or assembled in an educational instructional setting is not a “gathering.”*”

Based upon a full reading of the Executive Order 72, the Office has determined that there is no reason to change the number of students who can be present for EMS education programs to include initial and continuing education courses, however the **following guidance is now MANDATORY** for all classes being held from December 14, 2020 through January 31, 2021 unless and until other changes are adopted by the Governor.

- Everyone shall wear a face covering or face mask at all times while indoors.
- Everyone shall maintain 6ft social distancing at all times and throughout the class:
  - This means no small group gatherings to “catch up”
  - Please do not permit “gathering” or “hanging around” in main travel corridors in order to limit exposure.
- No handshaking, hugging or other physical contact.
- All Educators shall conduct Health Screenings at the start of your class in order to assist with Contact Tracing, should it be necessary. The use of forms [TR-900-INST – Student Screening Guidance Instructions](#) and [TR-900 – Student Screening Log](#) is required.

## **Prodigy Refresh 2021**

Refresh 2021 is an opportunity to do something nice for the EMS profession during what has otherwise been a distressing and disorienting year for our profession.

Refresh 2021 will provide 30 hours of CAPCE accredited education that will be accepted by NREMT. Because of the waiver on limits to Distributive Education (DE) during the pandemic the course can be used to satisfy the National hours for EMT or Paramedic recertification. Any additional hours can be used to satisfy the Individual training hour requirements.

There is no catch, the NCCR is completely free. After you complete all of the modules you will receive 30 CAPCE F3 (distributive) hours for you to use towards your recertification. This training is designed to meet the entire NCCR for all level of providers. For EMRs, EMTs, and AEMTs you can use the remaining hours towards your local or individual.

The Virginia Office of EMS is working with Prodigy to have continuing education completions for Virginia EMS providers submitted to the Office for processing and application to CE Reports.

The transfer of data will be manual, so CE credits will not immediately show up on your CE Report.

Refresh 2021 Launches December 15<sup>th</sup>! Click here for more information: <https://www.prodigyems.com/refresh2021>

### **16th Percentile Peer-to-Peer Benchmarking**

The Office just published the *16th Percentile Peer-to-Peer Benchmarking* for January 2021. The *16th Percentile Peer-to-Peer Benchmark* is used by the Office of EMS to compare Education Coordinators conducting like programs in contrast to one another.

This tool is used to by the Office of EMS to determine which programs are eligible for funding through the Virginia EMS Scholarship Program and to determine which Education Coordinators in the Commonwealth can serve as mentors for the Education Coordinator certification program.

Note: We did not update the *16th Percentile Peer-to-Peer Benchmark* data last July due to issues with courses that were delayed in finishing due to the declared COVID-19 pandemic.

More information can be found at: <https://www.vdh.virginia.gov/emergency-medical-services/education-certification/program-rankings-based-on-16th-percentile-peer-to-peer-benchmarking/>

### **REGULATORY REMINDER: 12VAC5-31-1439. Verification of student course completion.**

This is a reminder to educators that **all students must be provided a disposition upon course end date** having been reached.

- BLS students must complete all requirements within 180 days of the announced course end date or they will forfeit their opportunity to test from that program.
- ALS students have 180 days or must be enrolled in a new course to continue their path toward certification.

## **Training & Certification Committee Elections for the 2021-2023 Term**

Elections were held earlier this month for the three open spots on the Training & Certification Committee. Results were sent to TCC Chairperson Dr. Jason Ferguson and he has confirmed the election results. Appointments are as follows:

- Reappointment of **Brian McIntosh** as the representative of all Virginia Education Coordinators – Term Expires 2023
- Reappointment of **Bill Akers** as the representative of Virginia Community College EMS Programs – Term Expires 2023
- Reappointment of **Craig Evans** as the representative of the Regional Council Directors Group – Term Expires 2023.

Congrats to each of these individuals!

## **WASP CE Scanner Pickup**

In early December 2020, ACE Division staff toured the Commonwealth meeting educators in their communities to distribute the new WASP CE Barcode scanners. Requirements to be eligible to receive a scanner are:

1. You must be a certified Education Coordinator or endorsed ALS Coordinator with a current card. If you are in reentry, you will not be able to obtain a scanner.

Now that the bulk of the distribution is completed, we are making three different options available to those who were unable to meet us in person. Please click the link below to see how you can obtain your scanner.

<https://www.vdh.virginia.gov/emergency-medical-services/wasp-ce-scanner-distribution-for-education-coordinators/>

## **ACE Division Website Update**

We have been slowly updating the ACE Division website to make it more user friendly and to try and ensure users are being directed to the information they are seeking.

If you have any feedback or suggestions, please forward them to Chad Blosser ([chad.blosser@vdh.virginia.gov](mailto:chad.blosser@vdh.virginia.gov)). Please note, we do have restrictions placed on us by the Virginia Department of Health, so not all suggestions will be able to be incorporated.



## National Registry

### National Registry Certification Applications

Educators **should not be approving** a second application for students who failed their first attempt at the NREMT Cognitive Exam. Students who failed their first attempt need to click “Express Application” to continue their testing attempts.

By approving new applications for certification testing, Educators are authorizing the Virginia Office of EMS to pay for a second, third, etc. attempt at the exam, which is a violation of established policy.

### National Registry Website

The National Registry just updated their website. It looks and functions very differently from the past version. If you had bookmarks to various pages on [www.nremt.org](http://www.nremt.org), you may want to take some time to familiarize yourself with the new site and update those book marks so you are not struggling to locate information you need at the last minute.

### NREMT Provisional Certifications

Provisional certifications extended to June 30, 2021 by the National Registry but all provisional certificates will expire on December 31, 2021.

#### *Important Information*

- National Registry Provisional Certifications will continue to be issued until June 30, 2021.
- Provisional Certification will be automatically assigned to any candidate that;
  - Completes an educational program at the EMR, EMT, AEMT or Paramedic level, and
  - Successfully passes the National Registry’s cognitive (computer-based) examination.
- Provisional certification is a National Registry certification but is not the same as being fully Nationally Registered.
- The path to convert a provisional certification to full Nationally Registry certification only requires successful completion of the psychomotor examination.
- Provisional Certifications will remain valid through the end of next year – December 31, 2021; or until an EMS provider passes the psychomotor examination before the expiration date.

- Please check with your State EMS Office for state rules on using provisional certifications for licensure or authorization to practice.

### VERY Important Information

- All National Registry provisionally certified candidates have until December 31, 2021; or until an EMS provider passes the psychomotor examination before the expiration date.
- ANY PROVIDER with a National Registry and Virginia provisional certification should begin planning now to schedule and complete their NREMT psychomotor examination in order to convert their provisional certification to a full certification.
- Any Virginia EMS provider with a provisional certification as of January 1, 2023 will be reported to the Division of Regulation & Compliance and their provisional certification will be revoked immediately for failing to follow through with established NREMT and OEMS policies.

### **National Registry & OEMS Data Exchange**

The National Registry is currently experiencing an issue with the processing of the BLS psychomotor results forwarded to them by Virginia after the students have been marked as passed in the CSDR. Their IT team is working on a resolution but testing candidates will likely receive a provisional certification from the National Registry.

***PLEASE NOTE:** Virginia does not issue provisional certifications for EMR and EMT candidates. Full certification will be issued by Virginia and their full NR certification will be issued when the current IT situation is resolved.*

### **National Registry Recert 2.0 for 2021**

As a reminder, please have providers use the [Guide to Completing National Registry Recertification 2.0 Application](#) when completing their NR recertification and to choose the 'Recertify Me' option in their Virginia EMS Portal after being notified of their NR recertification in order to keep their Virginia and National Registry certifications in sync.

### **National Registry Audits**

The National Registry will be contacting Debbie Akers for any provider who has been selected for audit. If the CE reports are not aligned, Debbie will not be able to verify their recertification eligibility and they will need to be prepared to produce the documentation for National Registry.

This is one of the key benefits to making use of the [Guide to Completing National Registry Recertification 2.0 Application](#) which has been developed by OEMS and approved by National Registry to assist Virginia providers who are certified with National Registry to

complete their recertification application based on the National Continued Competency Program (NCCP).

### **National Registry Cognitive Examinations**

- NREMT currently offers two different options for taking the cognitive exams: face-to-face exams at a Pearson VUE Testing Center and remotely proctored exams making use of Pearson OnVUE.
  - Candidates, when applying for their cognitive exam have the opportunity to select whether they would like to take their exam face-to-face exams at a Pearson VUE Testing Center or a remotely proctored exam on Pearson OnVUE.
    - [Sample face-to-face exam ATT Letter](#)
    - [Sample Pearson OnVUE ATT Letter](#).
  - *If a candidate decides to change their method of testing from face-to-face to Pearson OnVUE or vice versa, they can do so, however the issuance of a new ATT letter will take at least 24 hours to generate before they can then schedule the examination through the process they have chosen.*
    - [Click here for screenshots](#) of how to change your testing method from face-to-face testing to Pearson OnVUE.

## General Updates

### **Virginia Course Approval Requests**

Another long promised enhancement to the Virginia EMS Portal is finally here. Today we are introducing online submission of EMS Course Requests through the Virginia EMS Portal. Beginning Tuesday, October 27, 2020, the Office of EMS no longer accepts electronic or paper submissions of form TR-01 – Course Approval Request. Any paper or electronic forms received from October 27, 2020 forward will be returned to the Education Coordinator / ALS-Coordinator and they will be asked to login to the Virginia EMS Portal to complete their submissions.

### **Digital Certification Cards**

The Office of EMS introduce digital certification cards to EMS providers, EMS Physicians and EMS Agency Leadership in late October.

Digital certificates make keeping your certification with you easier than ever. The certificates are easy to pull up from a cell phone or computer. Digital certificates also make it a snap for an employer or organization to check and verify your certification levels.

Accessing a digital version of your certification card is as easy as logging into the Virginia EMS Portal. A fact sheet on digital certification cards is attached to this message. Providers can now download their certification card directly to their devices and keep it with them in digital format wherever they go!

#### Why transition to digital certification?

1. EMS providers lose their certification cards, frequently. With digital certification cards providers never have to worry about replacement cards because providers will always have access to the digital certification for the duration of their certification period.
2. Saving taxpayer money! Certification card stock, the cost of envelopes and postage, manpower to print, fold and stuff cards all cost money! Money which could be better spent on new technology resources, increased funding for the Rescue Squad Assistance Fund, and other benefits to the EMS system as a whole.
3. Instead of faxing or mailing copies of your certification card to your employer or anyone requesting proof of your training, just e-mail them your Virginia EMS Certification card. It's fast and easy!
4. Be on the cutting edge and go green! Save our valuable natural resources whenever possible.

#### Concerned about Safety and Security?

Verify any Virginia EMS certification quickly on the Office of EMS website. This website allows for a search by a certificate number, first and last name and/or agency. If you are an employer and your employee has given you his or her Virginia EMS certification, or even just the certification number, you can use it to search for the certificate to validate that it's valid as well as see when it expires.

This tool makes compliance and HR record keeping a breeze. Just go to the Virginia Office of EMS Digital Certification Verification web page and search for the certificate number you are trying to verify.

- <https://vdhems.vdh.virginia.gov/emsapps/f?p=200:3>

Once you've had a digital certification card, you'll have a hard time going back to "the way we used to do it."

Please see the online training for this new module for how to access digital certification cards.

- <https://www.vdh.virginia.gov/emergency-medical-services/virginia-ems-portal-training-videos/>

## Education Program

### Education Coordinator and ALS Coordinator Certification Extensions

- Due to Executive Order 72 et seq., the Virginia Office of EMS will be extending the expiration dates for Education Coordinators and ALS Coordinators with an expiration date of June 30, 2021 through December 31, 2021 until June 30, 2022.
- The Education Coordinator Update schedule can be found online at: <http://www.vdh.virginia.gov/emergency-medical-services/ems-educator-update-schedule/>

### Education Coordinator Candidate Program

Due to Executive Order 72 et seq., the Virginia Office of EMS, the Office was not able to conduct the winter Education Coordinator Institute in late January:

- More information can be found at: <http://www.vdh.virginia.gov/emergency-medical-services/ems-education-coordinator-requirements/>

### Education Coordinator Updates

Due to Executive Order 72 et seq., the Office has not scheduled any EC Updates for 2021 to date. We will wait until later this spring to determine if we can offer EC Updates later in the summer/fall of this year.

The schedule of updates and links to register to attend an update can be found on the OEMS web page at: <https://www.vdh.virginia.gov/emergency-medical-services/ems-educator-update-schedule/>

## EMS Training Funds

<b>Table. 1 – Virginia EMS Scholarship Program – FY21 (Q1 &amp; Q2)</b>			
<b>Certification Level</b>	<b>Q1</b>	<b>Q2 (cum)</b>	<b>Amount Awarded (cum)</b>
EMR	0	5	\$580.00
EMT	154	231	\$189,010.00
AEMT	28	41	\$47,639.00
Paramedic	114	138	\$665,920.00
<b>Grand Total</b>	<b>296</b>	<b>415</b>	<b>\$903,148.00</b>

## Psychomotor Test Site Activity

- A. BLS Psychomotor Testing has been suspended for the remainder of 2020. A workgroup of the Training and Certification Committee will continue their work, when safe to do so, on changes to the BLS testing through a more comprehensive critical thinking scenario based evaluation rather than the memorization of skill sheets.

## Other Activities

- Debbie Akers is serving on the committee to rewrite the Education Standards and Instructional Guidelines. The completion of this project has been delayed and the anticipated release date of the new Education Standards will be March, 2021.
- Debbie Akers is serving on the workgroup who will be looking at Competency Based Education with the National Registry.

# Community Health and Technical Resources (CHaTR)



## **IV. Planning and Regional Coordination**

### **CHaTR Website**

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

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

### **Regional EMS Councils**

The OEMS continues to maintain a Memorandum of Understanding (MOU) with the Regional EMS Councils for the 2021 Fiscal Year. The Regional Councils submitted their FY21 Second Quarter reports throughout the month of January, and are under review. OEMS transitioned to a web based reporting application to replace Lotus Notes for the Regional EMS Councils to submit quarterly deliverables.

The OEMS, Dr. Jaber and the Regional Council Executive Directors met on December 6, 2019 to discuss various aspects of the regional council programs including a planning session to evaluate the current MOUs in place and any possible modifications to future MOUs. A meeting originally scheduled for April of 2020 will be held upon the relaxation of the COVID-19 meeting/gathering limitation policies.

OEMS staff has been holding COVID-19 updates via webinar with regional council staff and board members on a weekly basis since March 13, 2020. These webinars transitioned to biweekly basis on June 26, 2020. In addition, CHaTR staff have assisted in the coordination of Personal Protective Equipment (PPE) distribution to the Regional EMS Councils.

The Blue Ridge and Rappahannock EMS Councils have entered into MOU agreements to become OEMS Regional Offices. OEMS staff has worked with the Board of Directors of those respective councils for implementation throughout 2020. Hiring processes for the Program Managers of both offices took place throughout March and April. The OEMS Program Managers for these Regional Offices are Mary Kathryn Allen at BREMS and Wayne Perry at REMS.

CHaTR staff have attended Board meetings and/or award programs for the Blue Ridge, Central Shenandoah, Lord Fairfax, Northern Virginia, Peninsulas, Southwest Virginia, Thomas Jefferson, Tidewater, and Western Virginia Councils.



## Medevac Program

The Medevac Committee meetings scheduled for August 6, November 11, 2020 and February 4, 2021 were cancelled due to the COVID-19 pandemic. The minutes of previous Medevac Committee meetings are available on the OEMS website linked below:

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

The amount of data submitted to the Medevac Helicopter EMS application (formerly known as WeatherSafe) continues to grow. In terms of weather turndowns, there were 458 entries into the Helicopter EMS system in Q4 of the 2020 calendar year. 64% of those entries (295 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is a small decrease from 441 entries in Q4 of 2019. For the 2020 calendar year, there were 1,967 entries into the system, which was a slight decrease from the 2,081 entries for the 2019 calendar year. This data continues to demonstrate a commitment to the program and to maintaining the safety of medevac personnel and equipment.

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

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

The form can be found via the link below:

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

The CHaTR division manager participates on the NASEMSO Air Medical Committee. OEMS and Medevac stakeholders continue to monitor many developments regarding federal legislation and other documents related to Medevac safety, regulation, and the cost of providing air medical services.

## State EMS Plan

The Virginia Office of EMS Strategic and Operational Plan 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 early 2019. Committee chairs, OEMS staff, and Regional EMS Council staff have received the current 2016-2019 plan and the guidance documents for the triennial review and revision period. Reports from committees for edits, additions and deletions have been compiled into a draft of the 2020 State EMS Plan. On October 16, 2019, the Legislative and Planning Committee met during a special called planning session. During this meeting the committee reviewed and made final edits to the plan and subsequently voted unanimously to approve the draft 2020-2022 State EMS Plan.

The State EMS Plan was unanimously approved by the State EMS Advisory Board at their November 6, 2019 meeting. The Board of Health is required to adopt the plan, however the March 26, 2020 Board meeting was cancelled due to the COVID-19 pandemic. On June 4, 2020, the State Board of Health met and approved the State EMS Plan in a unanimous vote.

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

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

## **State Telehealth Plan**

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

House Bill 1332 expresses the plan must address six provisions summarized as Delivery, Remote Patient Monitoring, Criteria for Use, Integration, Sustainability, and Data Collection. More detailed information regarding the bill language can be found at the links below:

<https://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+HB1332ER+pdf>

<https://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0729+pdf>

The Virginia Department of Health (VDH) has created several workgroups to address the specific provisions of the bill language. The Office of EMS (OEMS) has 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 Board of Health was granted a three month extension for the State Telehealth Plan on September 23, 2020, changing the deadline for completion to March 1, 2021. The VDH workgroup carefully crafted a framework for the State Telehealth Plan and released a draft to the stakeholders on January 20, 2021.

The VDH workgroup incorporated stakeholders' final comments into the framework and submitted the State Telehealth Plan to the project lead, Dr. Carole Pratt, who will deliver the plan to VDH leadership in early February 2021.

## **State Rural Health Plan**

For several months, the Office of Rural Health has been developing the first State Rural Health Plan released in over five years. Members from the Office of Rural Health, the Office of Health Equity, and the Office of Emergency Medical Services have collaborated on the document on a weekly basis since May 2020.

As of February 2021, the Office of Health Equity is still making progress on the State Rural Health Plan, with a target completion date of June 2021. The newest version of the State Rural Health Plan will be available for download after it is completed.

## **VII. Technical Assistance**

### **EMS Workforce Development Committee**

The Workforce Development Committee (WDC) meetings scheduled for August 6, November 11, 2020 and February 4, 2021 were cancelled due to the COVID-19 pandemic. The minutes of previous WDC meetings are available on the OEMS website linked below:

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

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

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



Since the initial release of the EMSO1 pilot in 2016, nine (9) courses have been completed. In 2020, plans were in place to hold 8-10 offerings throughout Virginia. In addition, each of these course offerings were opportunities to onboard new instructors to the EMSO1 instructor pool. Due to the COVID-19 pandemic, all course offerings after March 13, 2020 were cancelled. CHaTR staff will be making plans to resume instruction in the future.

The committee is currently finalizing some adjustments to the overall program and are instituting a Train-the-Trainer program. The development of the EMS Officer II program has begun, while the committee also finalizes the full release of EMS Officer 1.

The EMSO1 online education format was formatted to a Learning Management System (LMS) and was first utilized at the 40th Virginia EMS Symposium. The input from the students and instructors was extremely positive and is being utilized to make changes to future course offerings.

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

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

## EMS Workforce Development Committee (Continued)

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



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

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

CHaTR staff is providing technical assistance to agencies wishing to become Agencies of Excellence, however site visits are not currently possible due to the pandemic.

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

The network is comprised 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 Virginia Recruitment and Retention Network met virtually on July 22, 2020, with CHaTR staff participating. The network announced their new website, which offers resources for agencies as well as contact points for individuals interested in Fire and EMS. The network is continuing to add additional content including obtaining member information. The link to the website can be found on the CHaTR Recruitment and Retention page at the link below:  
<https://www.vdh.virginia.gov/emergency-medical-services/chatr/recruitment-retention/>

Several changes have been made to the Recruitment and Retention page on the OEMS website to give it a more streamlined appearance. Links to pertinent reference documents are expected to be added to the page in the coming months. The network is strongly encouraged to work with OEMS to provide updated information and resources through the website and social media for recruitment and retention across Virginia.

## **System Assessments/Miscellaneous Technical Assistance**

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

The most recent studies were held in Southampton County, September 25-27, 2019, and in Greene County on January 27, 2020. The final reports of those studies have not been released.

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

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

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

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

The white paper can be found at the link below:  
[http://www.vdh.virginia.gov/content/uploads/sites/23/2020/04/EMS-Transport-to-Alternate-Sites-White-Paper.FINAL\\_.pdf](http://www.vdh.virginia.gov/content/uploads/sites/23/2020/04/EMS-Transport-to-Alternate-Sites-White-Paper.FINAL_.pdf)

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

The MIH/CP workgroup that was created in 2015 reconvened on September 19, 2018, with Dr. Allen Yee again serving as chair. The workgroup last met on February 12, 2020. Future meetings have not been scheduled due to the pandemic.

Previous meeting minutes may be viewed at the link below:  
<http://www.vdh.virginia.gov/emergency-medical-services/community-paramedicine-mobile-integrated-healthcare/>

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

The white paper and letter of intent were approved by the State EMS Advisory Board at the last meeting on February 7, 2020, but the process has been postponed due to the pandemic.

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

The CHaTR division manager participates on the NASEMSO CP-MIH workgroup, the Joint Committee on Rural Emergency Care (JCREC), and is a member of the Virginia Rural Health Association (VRHA) Board of Directors.

# **Division of EMS Emergency Operations**

## **V. Division of Emergency Operations**

### **Division of Emergency Operations Staff Members**

Office Number for Staff Members 804-888-9100

Karen Owens	Emergency Operations Manager, Staff Support – Provider Health and Safety Committee karen.owens@vdh.virginia.gov
Sam Burnette	Emergency Services Coordinator, Staff Support – Trauma System Emergency Preparedness and Response Committee samuel.burnette@vdh.virginia.gov
Rich Troshak	Emergency Operations Specialist, Staff Support - Communications Committee richard.troshak@vdh.virginia.gov
Caron Nazario	Emergency Planner, Staff Support - Emergency Management Committee caron.nazario@vdh.virginia.gov
Vincent Valeriano	Epidemiologist vincent.valeriano@vdh.virginia.gov

## **Operations**

- **VEST Staffing**

*Civil Unrest and Inauguration*

Members of the Office of EMS, including Division of Emergency Operations staff, assisted in staffing of the Virginia Emergency Operations the week of January 18, 2021

- **COVID-19 Response**

The Division of Emergency Operations continues to work closely with other OEMS staff, VDH partners, and other local, regional, and state partners to coordinate response, develop and share plans, update information, and provide guidance to the EMS agencies across the



state in conjunction with the response to the Coronavirus (COVID-19) outbreak.

The following is a list of activities that the division staff have conducted in support of COVID-19 response:

- **Virginia Department of Health Partner Calls**

Division of Emergency Operations staff have been participating in weekly VDH Partner teleconferences held by the Virginia Department of Health Office of Emergency Preparedness (OEP) held each Friday morning. This weekly call brings VDH partners and stakeholders together to discuss how VDH is responding to and assisting with the COVID 19 crisis in Virginia.

- **Healthcare Committee**

Karen Owens continues to represent the Office of EMS and the EMS community on teleconferences of the Healthcare Committee for COVID response planning. In her position as EMS Subcommittee Chair, Karen continues to assist in developing the role for EMS in the ongoing response.

- **ODEMS COVID Meetings**

Karen Owens continues to participate in the Old Dominion EMS Alliance weekly conference calls to discuss the access to vaccine and other issues facing EMS agencies within the region.

- **Ongoing Meetings**

Karen Owens, and other members of the Office of EMS staff continue to work with other VDH partners, and stakeholders to answer questions, gather information, and provide resources for response and recovery planning related to COVID response. This includes, but is not limited to, antigen testing, PPE availability, and testing resources.

- **VEST ESF/Regional Sync Meetings**

Karen Owens continues to participate in weekly meetings with members of the VEST and Virginia Department of Emergency Management staff. These

- **After Action Review – EOC Activations**

On January 27, 2021, Division of Emergency Operations staff participated in a VDEM hosted virtual after-action review of the EOC activation for the civil unrest events leading up to and following the presidential inauguration.

- **Advisory Board Orientation and Executive Committee**

Karen Owens attended the December Advisory Board Orientation and Executive Committee meeting on December 10, 2020. This meeting provided an opportunity to share an overview of the Division of Emergency Operations activities to new members, and discuss upcoming actions and issues with the executive board.

<b>Training</b>
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- **Virginia Hospital Alerting & Status System (VHASS)**

Sam Burnette continues participating in monthly virtual training on the Virginia Hospital and Healthcare Association's (VHHA) Virginia Hospital Alerting and Status System hosted by the Central Virginia Healthcare Coalition (CVHC). This recurring event provides refresher training and update information on the system that provides information on hospital bed availability to incident commanders to transport patients to the appropriate medical facility during large-scale events or mass casualty incidents.

- **Blackboard Training**

Division of Emergency Operations and other OEMS staff participated in several virtual meetings with Blackboard. The Office of EMS will be utilizing Blackboard to deliver and track various online training programs for EMS providers in the state.

- **Virginia Emergency Operations Center/Virginia Emergency Support Team (VEST) Training**

On December 2, Sam Burnette participated in a virtual meeting sponsored by the Virginia Emergency Support Team to discuss changes, challenges, and improving coordination with the Human Services Branch during Virginia Emergency Operations Center activations.

Division of Emergency Operations participated in Health Equity Training with the VEST on November 20, 2020 and January 8, 2021.

- **National Incident Management System (NIMS)**

On January 25, 2021, Sam Burnette participated in a FEMA hosted webinar on the NIMS Incident Complexity Guide: Planning, Preparedness, and Training. The guide provides a framework for the concept of incident complexity and gives responders a common understanding of incident complexity types and allows them to build a shared foundation to address their specific needs across all hazards and jurisdictions. It is not intended as a decision-making tool, but rather for planning, preparedness, and training activities. FEMA is presently receiving public comments and feedback on the guide.

[Incident Complexity Guide | FEMA.gov](#)

## Communications/Emergency Medical Dispatch

- **State of 9-1-1 Webinar**

On November 10, 2020, Sam Burnette participated in a quarterly online webinar hosted by 911.gov. These webinars discuss a variety of issues dealing with 911 centers across the United States. This webinar covered two topics – the NG911 Roadmap and Virtual Training Tips. As technology continues to advance across the country, including Virginia, are transitioning their 911 centers towards the next generation of 911 technology. The second topic covered tips and advice for delivering online training to 911 personnel. The Division of Emergency Operations is exploring the use of online platforms to deliver and/or track emergency medical dispatch training in the state.

- **International Public Safety Association (IPSA) Presentation**

On November 12, 2020, Sam Burnette attended a virtual presentation entitled “*Use Your Smartphone to Improve Situational Awareness and Team Coordination with ATAK – It’s Powerful and Free to Public Safety*”. ATAK is a mobile application providing real-time display of team member locations and sharing of text, photos, and videos among first responders.

- **International Wireless Communications Expo (IWCE) In-Building Forum**

On November 18-19, 2020, Sam Burnette participated in the IWCE In-Building Forum, which is the first-ever virtual conference that delves in the most pertinent topics surrounding the public safety issues of in-building connectivity. Sessions included “*Public Safety and the Safety of the Public: Ensuring that First Responders Can Communicate Inside Buildings*”, “*Can First Responders Communicate in Buildings? Best Practices for Measuring Voice Performance*”, and “*Blurring the Lines: How New Wireless Technologies are Transforming Public Safety*”.

- **National Emergency Communications Program (NECP) Presentations**

On December 9, 2020, Sam Burnette attended a Cybersecurity & Infrastructure Security Agency (CISA) Emergency Communications Division (ECD) virtual presentation entitled “*5G is Here! How Will This Impact Emergency Communications?*” The presentation provided information on 5G capabilities and impacts on public safety communications and CISA’s 5G strategy and other resources for emerging technologies. According to the results of the 2018 SAFECOM Nationwide survey, public safety organizations are using cellular (60%) more than land mobile radios (57%) and that in-building coverage is one of biggest challenges facing public safety.

Following the presentation, Sam contacted ECD to learn more about the 2018 SAFECOM survey. ECD reached out to arrange a virtual meeting on January 15, 2021. They have offered to extract the Virginia specific data related to EMS and fire. OEMS will use this data explore solutions for the communications challenges faced by Virginia EMS agencies.

## Planning

- **Central Virginia Emergency Management Alliance (CVEMA) Monthly Meeting**

Members of the Division of Emergency Operations staff, including Karen Owens, Sam Burnette, and Caron Nazario, attended the CVEMA Monthly meetings via a virtual platform throughout the quarter. Discussions include training and mitigation grants for the region as well as training program delivery in the COVID environment.

- **Project ECHO (Extension for Community Health Outcomes)**

Sam Burnette has routinely participated in weekly Project ECHO - EMS Response to COVID 19 webinars hosted by the University of New Mexico. Each week presenters from various EMS agencies from across the United States share valuable lessons learned information from their COVID 19 response. These webinars began to include response to civil unrest as events began occurring throughout the nation.

- **Mass Casualty Incident Committee and Diversion Committee Meetings – Old Dominion EMS Alliance**

On January 21, 2021, Sam Burnette participated in virtual meetings of the Old Dominion EMS Alliance (ODEMSA) Mass Casualty Incident (MCI) Committee and Diversion Committee. The purpose of the MCI Committee is the establishment of mass casualty incident guidelines, oversight, and emergency planning for EMS agencies and providers within the region. The Diversion Committee consists of hospital and pre-hospital agencies who meet to discuss issues and challenges associated with hospital diversions in the ODEMSA region.

## Health and Safety

- **Public Safety Exposure Workgroup**

Karen Owens conducted a meeting of the Public Safety Exposure workgroup on January 20, 2021. The group continues to work on putting together guidance and processes for specimen collection and testing for exposure to decedent body substances. The group is also working on training and education resources for public safety agencies to prevent and respond to exposure incidents.

- **Poison Control Center – PSAP Opioid Response**

On November 2, 2020, Karen Owens conducted a meeting of the Opioid Response Workgroup,

which is focused on determining additional roles poison control centers and 9-1-1 centers can have to assist in acute and non-acute opioid events.

- **Health and Safety Infographics**

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

- November – Achieving & Maintaining Your Healthy Weight
  - <https://www.vdh.virginia.gov/content/uploads/sites/23/2020/11/Health-Weight-Management.pdf>
- December – Thriving Under Stress
  - <https://www.vdh.virginia.gov/content/uploads/sites/23/2020/12/December-2020-Thriving-Under-Stress-.pdf>

- **EMS Providers’ Reception and Hesitations of COVID Vaccine Survey**

With the impending approval of the COVID-19 vaccine, OEMS conducted a survey to gauge EMS providers' willingness to receive an FDA approved COVID-19 vaccine and investigate what may be causing any hesitations.

Approximately 720 EMS providers across all regional councils completed the survey with the following results:

- Will receive the vaccine – 56.2% (404)
- Will not receive the vaccine – 43.8% (315)
  - For those who will not
    - Want to confirm it is safe 41.9% (132)
    - Concerned about the rushed timeline 34% (107)

- **COVID-19 Vaccine Information for EMS Providers Webpage**

With the FDA issuing an Emergency Use Authorization for the Pfizer-Biontech and Moderna Covid-19 vaccines, OEMS has created a centralized webpage for relevant information about the COVID-19 vaccines. The webpage contains information from VDH, CDC, and FDA about vaccine safety and efficacy, development, eligibility, frequently asked questions, and more. The page will receive regular updates as more information becomes available. To view the webpage, visit: <https://www.vdh.virginia.gov/emergency-medical-services/covid-19-vaccine-info/>.

- **Health and Safety Webinars**

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

- *CDC COVID-19 Partner Update: Resilience and Mental Health for the Holidays*  
Dr. McDonald shared updates on CDC's COVID-19 response, including the latest scientific information and what everyone should know about protecting themselves and others. Dr. Ethier discussed strategies for building resilience and mental health during the COVID-19 pandemic and the holiday season.

- *The International Public Safety Association Peer-to-peer presentation: First responder mental health and wellness issues*

Mark DiBona discussed his personal struggles as a first responder for 33 years related to mental health. The webinar covered the causes and challenges of mental and physical health issues in the careers of first responders, what is being done to assist first responders, and how we can assist first responders that are in crisis and make their work environment better.

- *The National Association of State EMS Officials (NASEMSO) EMS Fatigue Risk Management and Project Research - What's New?*

NASEMSO has partnered with a team led by University of Pittsburgh School of Medicine scientists to develop new fatigue guidelines published early online in the journal *Prehospital Emergency Care*. The aim of the guidelines is to mitigate the effects of fatigue with recommendations based on a comprehensive evaluation of the best available evidence related to numerous fatigue mitigation strategies. Dr. Daniel Patterson discussed the effort behind NASEMSO's Fatigue Risk Management Guidelines for EMS and provided an update on the progress of the experimental study.

# **Division of Public Information and Education**

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

### **Public Relations**

**Beginning in January 2020, Public Relations staff, along with VDH/OEMS staff began assisting with COVID-19 pandemic response efforts. Due to these emergency response efforts, the marketing and promotion of regularly scheduled events was postponed or cancelled in order to focus on the Governor’s emergency declaration for this pandemic. This emergency response effort is ongoing.**

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

##### *Via Virginia EMS Blog*

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

##### *Via Social Media Outlets*

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

- **October** – Web portal maintenance, state holiday office closures, network outage, International ShakeOut Day, Operational Medical Director CE Workshops, COVID-19 Transmission Risks, Infection Prevention & Control guidance and new digital certification cards.
- **November** – When 12 Leads Are Not Enough class, state holiday office closures, Health and Safety Bulletin: Maintaining a healthy weight, Turn Around Don’t Drive safety info, Governor’s new mitigation measures to contain COVID-19, “Community Star” award, vaccine hesitancy survey, EMS portal maintenance and Seminar Opportunity: “Self-care for Responders During COVID-19”.
- **December** – ACE Division traveling across the commonwealth to deliver new scanners to educators, Virginia EMS Portal and VPHIB maintenance, Health and Safety Bulletin: Thriving Under Stress, Virginia Department of Fire Programs decommissioning its Fire Service Training Records System, COVID-19 Vaccination Educational Opportunities for Healthcare Providers, VDH Vaccinate Virginia Town Hall and state holiday office closures.



### 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

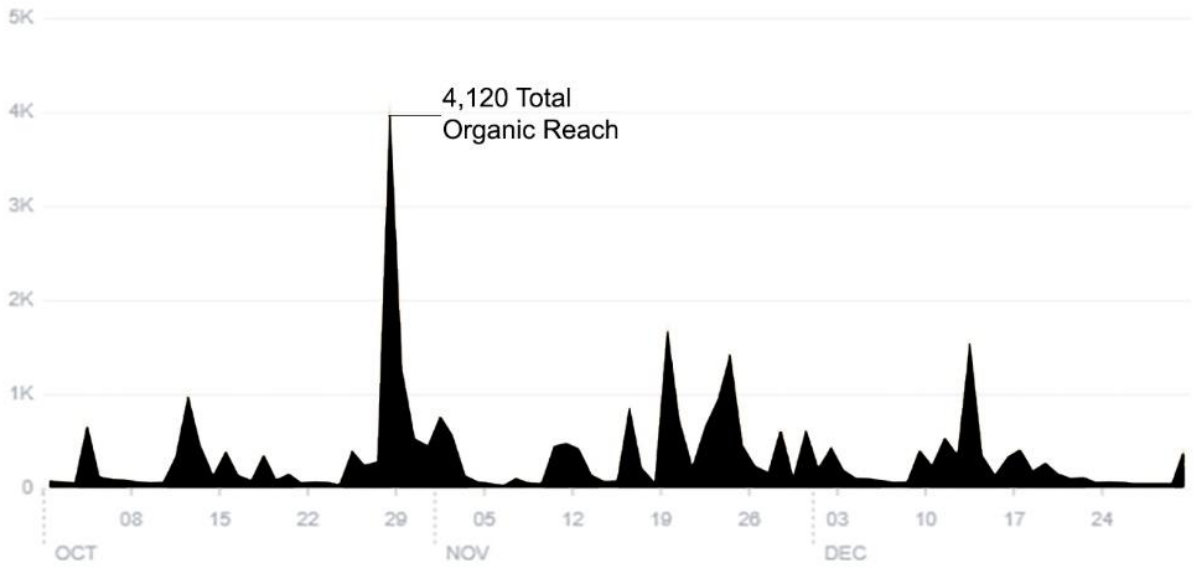
As of February 8, 2021, the OEMS Facebook page had 8,301 likes, which is an increase of 101 new likes since November 10, 2020. As of February 8, 2021, the OEMS Twitter page had 5300 followers, which is an increase of 16 followers since November 10, 2020.

**Figure 1 (next page):** 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 October 29, 2020. This post garnered 6,436 people reached and 530 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*

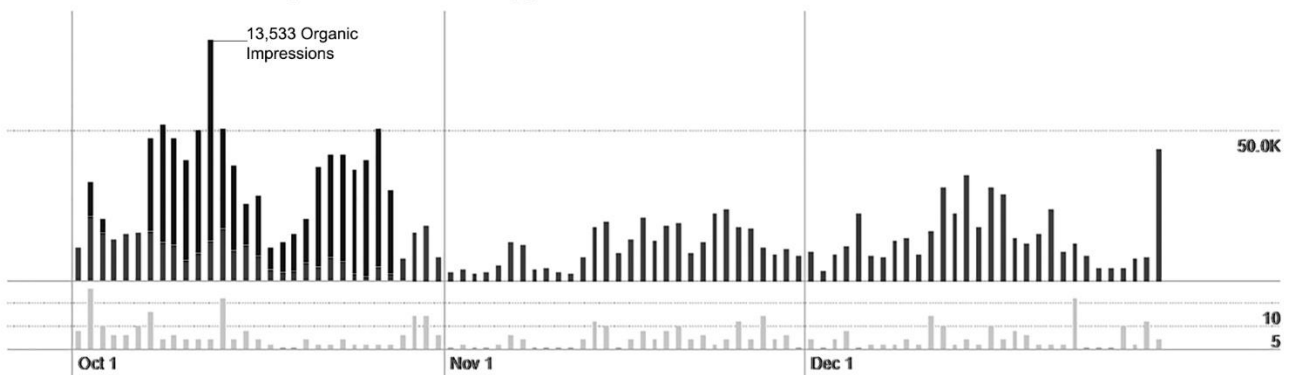
reach. Organic reach is not paid for advertising.

### Facebook Reach Activity Oct. 1 - Dec. 31, 2020



**Figure 2:** This graph shows the total organic impressions\* over a 91-day period on the OEMS Twitter page, October - December. **During this 91 day period, you earned 19.5K organic impressions per day. The most popular tweet received 69,705 organic impressions.**  
*\*Impressions are defined as the number of times a user saw a tweet on Twitter. Organic impressions refer to impressions that are not promoted through paid advertising.*

### Tweet Activity October 1- December 31, 2020 Your Tweets earned 1.8M 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 Durable DNR Form and Instructions (144)</li> <li>2. Creating an Account on CentreLearn for EMSAT (100)</li> <li>3. DDNR FACT SHEET (Revised 12- 2017) (44)</li> <li>4. TR-06 – Course Roster (44)</li> <li>5. Transport Vehicle Checklist (42)</li> </ol>
November	<ol style="list-style-type: none"> <li>1. Creating an Account on CentreLearn for EMSAT (88)</li> <li>2. TR-06 – Course Roster (78)</li> <li>3. Authorized Durable DNR Form and Instructions (72)</li> <li>4. BLS &amp; ALS Certification Levels (63)</li> <li>5. Emergency Medical Technician Performance (EMT) (53)</li> </ol>
December	<ol style="list-style-type: none"> <li>1. Authorized Durable DNR Form and Instructions (127)</li> <li>2. BLS &amp; ALS Certification Levels (89)</li> <li>3. Nomination Letter (86)</li> <li>4. Emergency Medical Technician Performance (EMT) (67)</li> <li>5. Guide to Completing National Registry Recertification 2.0 Application (48)</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 2020.

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
October	7,564	00:38	26.77%
November	6,827	00:40	27.93%
December	6,731	00:49	27.71%

**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.

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

- PR Coordinator and PR Assistant began working with the production company on the formal virtual presentation of the 2020 Governor's EMS Awards, which will be held in March 2021.
- Received Governor's EMS Awards certificates and pyramids.
- PR Assistant starting working on updating the 2021 Governor's EMS Awards nomination forms.

### **Media Coverage**

The PR Coordinator and PR Assistant are responsible for fielding the following OEMS media inquiries October – December, and submitting media alerts for the following requests:

- **November 4** – Request for Virginia Trauma System "EMS Trauma Activation Criteria"

### **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 designs 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 creates certificates for free Symposium registrations to be used at designated events.
- Upon request, the PR Coordinator and PR Assistant provide assistance for the preparation of responses to constituent requests.
- The PR Coordinator and PR Assistant respond to community requests by sending out letters, additional information, EMS items, etc.
- The PR Coordinator and PR Assistant provide reviews and edits of internal/external documents as requested.
- The PR Coordinator and PR Assistant update OEMS website with content and documents upon request from office Division Directors and Program Managers.
- The PR Coordinator is responsible for monitoring social media activity and requests received from the public. She forwards questions to respective OEMS division managers and provides responses to the inquiries through social media. The PR Assistant provides back-up to all social media for OEMS and VDH.
- The PR Coordinator is responsible for coordinating and submitting weekly OEMS reports to be used in the report to the Secretary of Health and Human Resources. The PR Assistant provides back-up assistance.
- The PR Coordinator assists with FOIA requests as needed.
- When applicable, the PR Assistant submits new OEMS hire bios and pictures to be included on the New Employees webpage on the VDH intranet.

## VDH Communications Office

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

- **October – December** – The PR Coordinator is responsible for working with the Communications Office to assist with coverage for media alerts, VDH in the News, weekly Commissioner’s message, media assistance, team editor, VDH social media, Shutterstock agency-wide image requests and other duties upon request.
  - In response to the COVID-19 pandemic, the PR Coordinator was temporarily reassigned to the role of Assistant Director for the Office of Communications. This role will last March-March 2020. As such, in this role she is responsible for approving time off requests, monthly financial approvals (sign-off on employee

leave/pay forms), assisting with the Joint Information Center (JIC) duties and weekend/afterhours JIC coverage, leading VDH Communications team meetings, creating daily VDH communications report, media response, writing/sending/posting press releases, coordinating press conferences, attending leadership meetings, assisting with VDH COVID-19 website updates and social media posts, assisting as lead PIO on VDH ICS Vaccine Unit and registration sub-unit, submitting RAPs, assisting marketing contractors with access to VDH social media advertising sites, etc.

- In response to the COVID-19 pandemic, the PR Assistant has been helping with the following tasks: Logging media inquiries into the VDH Media Alert Generator, monitoring the VDH web feedback submissions, assisting the VDH testing team with sending notices out to local physicians regarding area COVID-19 test sites and replying to general inquiries, assisting with posting and sharing OEMS COVID-19 information and updates and sending statewide press releases and posting them on the VDH website.
- The PR Assistant is responsible for sending VDH media alerts, updating the VDH New Employees photos for the VDH intranet, replying to website feedback via the VDH website, coordinating and sending the Commissioner's clinician letters. The following Clinician Letters were sent from October - December:
  - October 2 - COVID-19 Vaccine Provider Intent
  - November 6 - COVID-19 Update for Virginia
  - December 7 - COVID-19 Update for Virginia
  - December 11 - Urgent: Volunteers Needed for COVID-19 Vaccination Campaign
  - December 21 - COVID-19 Update for Virginia
  - December 30 - COVID-19 Update for Virginia
- The PR Assistant also serves as secondary backup for VDH social media, listserv emails and assisting with website feedback.
- The PR Assistant recently joined the FOIA team and is training as FOIA Officer. This role includes assigning FOIA requests, updating FOIA logs, attending FOIA check-in meetings twice weekly, following-up on FOIA assignments.
- **VDH Communications Conference Calls (Ongoing)** - The PR Coordinator and PR Assistant participate in bi-weekly conference calls and polycoms for the VDH Communications team.
  - PR Coordinator and PR Assistant participate in monthly Agencywide Communications Workgroup. The PR Assistant serves on the Policies and Procedures Workgroup sub-committee and the PR Coordinator serves on the Social Media sub-committee.

# Regulation and Compliance Division



*While a declared state of emergency does provide for the commonsense relaxation of regulatory enforcement; it does not indicate a complete abandonment of the ideal of regulatory compliance.*

## **VII. Regulation and Compliance**

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

- Licensure & Permitting
  - EMS Agencies and vehicles
- Regulatory Compliance enforcement of:
  - EMS Agencies
  - EMS Vehicles
  - EMS Personnel
  - EMS Physicians
  - RSAF Grant Verification
  - Regional EMS Councils
  - Virginia EMS Education
  - Complaint\Compliance Investigations
  - Drug Diversion Investigations
  - LCR Database Portal Management
- EMS Physician (Operational Medical Director) Endorsements
- Background Investigation Unit
  - Determine eligibility for EMS certification and/or affiliation in Virginia
- 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 Town Hall, and Department of Planning and Budget as required
- Provide Virginia General Assembly legislative session representation for the Office of EMS



- 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

**The following (starting on the next page) is a summary of the Division's activities for the fourth quarter, 2020:**

## EMS Agency/Provider Compliance

Enforcement	2020	2020	2020	2020	2020 Totals	2019 Totals	2018 Totals
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter			
<b>Citations</b>	<b>9</b>	<b>8</b>	<b>3</b>	<b>9</b>	<b>29</b>	<b>33</b>	<b>14</b>
EMS Agency	2	2	2	4	10	13	9
EMS Provider	7	6	1	5	19	20	5
<b>Verbal Warning</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>7</b>	<b>8</b>	<b>10</b>
EMS Agency	0	0	0	1	1	4	8
EMS Provider	1	1	2	2	6	4	2
<b>Correction Order</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>5</b>	<b>5</b>
EMS Agency	0	0	0	0	0	1	4
EMS Provider	1	0	3	2	6	4	1
<b>Suspension</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>15</b>	<b>34</b>	<b>24</b>	<b>40</b>
EMS Agency	0	0	0	0	0	0	0
EMS Provider	4	6	9	15	34	24	40
<b>Revocation</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>
EMS Agency	0	0	0	0	0	0	0
EMS Provider	0	0	0	0	0	2	0
<b>Compliance Cases</b>							
Investigations Opened	26	37	26	16	105	203	160
Investigations Closed	31	46	18	23	118	*	91
<b>Drug Diversions</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>10</b>	<b>6</b>	<b>12</b>
<b>Variances</b>	<b>18</b>	<b>17</b>	<b>14</b>	<b>38</b>	<b>87</b>	<b>110</b>	<b>54</b>
Approved	9	10	4	26	49	56	33
Denied	9	7	9	12	37	54	20

**Note:** Not all investigations reveal regulatory non-compliance or result in enforcement action(s). Therefore, the number of enforcement actions will not equal the total number of compliance cases. Complaints could be unfounded or resolved utilizing guided compliance.

**Quarterly IFFC = Informal Fact Finding Conferences appeal hearing update**

Currently the Regulation & Compliance Enforcement Division has 2 IFFC hearings pending and scheduled for February 17, 2021 to be held at the Office of EMS in Glen Allen, VA.

There were 5 Administrative Processes Act - Informal Fact Finding Conferences (hearings) this quarter, held on November 10<sup>th</sup> & 12<sup>th</sup> at the Office of EMS in Glen Allen, VA. Two hearings were attended by pro se (*self-represented*) regulants, and 3 hearings were held in absentia as required by regulation.

Both Cam Crittenden, R.N., and Ron Passmore, NRP, have completed courses at the National Judicial College on a tract to obtain non-attorney, Administrative Law Judge (hearing officer) credentials and will begin hearing IFFC’s for the Office of EMS. Ms. Crittenden will be the sole hearing officer for all Regulation & Compliance Enforcement Division cases.

<b>Licensure</b>	<b>2020</b>	<b>2020</b>	<b>2020</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
	<b>1st Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarter</b>	<b>4th Quarter</b>	<b>Total</b>	<b>Total</b>
<b>Quarterly EMS Agency &amp; Vehicle Licensure Activity</b>						
<b>Total Agencies</b>	584	578	578	573	587	607
New Agency	5	0	2	3	7	6
New Vehicles	90	62	17	63	239	4,243*
<b>Inspections</b>	657	141	1017	1267	2819	3,729*
Agencies Inspected	43	0	95	112	330	288
Vehicles Inspected	532	135	904	1112	2153	3,097
Unscheduled “Spot” Inspections	82	6	18	43	336	389

**\*Note: Statistical data unavailable or incomplete at the time of this report. Data will be included as it becomes available.**

## Background Investigation Unit

The Office of EMS began conducting criminal history background checks utilizing the FBI fingerprinting process through the Central Criminal Record Exchange (CCRE) of the Virginia State Police on July 1, 2014. A dedicated section with relevant information about this process is on the OEMS web site at: <http://www.vdh.virginia.gov/emergency-medical-services/regulations-compliance/criminal-history-record/>.

Background Checks	2020 1st Quarter	2020 2nd Quarter	2020 3rd Quarter	2020 4th Quarter	2020 Total	2019 Total	2018 Total
OEMS Processed	1,602	728	1977	2,103	6,410	7,613	7,318
Eligible	1,558	706	1954	2,092	6,310	6,973	6,578
Non-Eligible	15	17	11	11	54	47	48
Review Criminal history	29	103	12	232	430	Not Available	Not Available
Outstanding Waiting for results	9	0	0	26	Not Cumulative	Not Cumulative	Not Cumulative
Rejected Fingerprint cards	20	5	12	19	56	391	Not Available
Jurisdictional Ordinance Processed	424	346	227	122	1,119	2,432	1,344

## EMS Physician Endorsement

Operational Medical Directors	2020 1st Quarter	2020 2nd Quarter	2020 3rd Quarter	2020 4th Quarter	2020 Year End # of OMD's	2019 Total	2018 Total
Endorsed	221	225	211	208	208	220	*
New OMD's	5	3	6	4	18	>3	*
Re-Endorsed (5yr)	5	0	6	9	20	41	*
Conditional (1yr)	3	0	6	5	14	23	*
Expired Endorsement	1	0	0	7	8	19	*

The 2020 OMD workshops schedule resumed on October 30, 2020 and was the first virtually held workshops. Three virtual workshops were held during this quarter, one per month for October, November, and December.

Please register by clicking on the link under EMS Medical Director Course Info on the EMS Medical Director subtab under the Regulation & Compliance Enforcement Division section, of the OEMS website.

The OMD Workshop schedule for the first half of 2021 is now available for registration on the OEMS website.

Dr. Lindbeck is currently updating the on-line OMD training program that is utilized as a pre-requisite for new physicians interested in becoming an endorsed EMS Physician in Virginia.

One Portal login for all OMD roles is finally here! All EMS Physician OEMS processes are paperless and in real time online now! Apply for initial and re-endorsement, approve EMS courses, variances, agency affiliations, symposium submissions, and print your own state card via your online OEMS portal account.

Tutorial videos are available on the EMS Medical Directors subtab under Regulation & Compliance Enforcement Division section of the OEMS website.

## **Regulatory Process Update**

OEMS Regulation & Compliance Division continue 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 approved first draft of “Proposed” EMS Regulations (Chapter 32) has been manually entered into the RIS as project 5100
- The required Town Hall (TH-02) form is complete which details all changes in regulatory language from Chapter 31 to 32 by comparison. This form was submitted to the Regulatory Town Hall on January 25, 2019.
- The decision was made to hold this draft (Chapter 32) and include regulatory language of what will be required for agencies to become licensed as a Mobile Integrated Healthcare-Community Paramedicine and/or Critical Care Transport

agency. Chapter 32 language must also be consistent and compliant with REPLICA language.

- **Stage 2** - Submission of the completed TH-02 document for project 5100 (Chapter 32) will be presented to the VDH – Board of Health once final edits are complete; to initiate the Executive Branch Review process which requires the Office of Attorney General, Department of Planning and Budget including an Economic Impact Analysis, Cabinet Secretary, and Governor of Virginia to review; then posted for a 60 day public comment period on the Virginia Regulatory Town Hall
- Following the 60 day comment period, all comments will be considered (adopted) and final regulatory language will be revised
- **Stage 3** – Submission of the completed (TH-03) document for project 5100 as the final regulatory package via the Town Hall to again receive a repeat Executive Branch review and final public comment period before adoption into law.

### Additional Regulation & Compliance Enforcement Division Work Activity

- ❖ The Regulation and Compliance Enforcement Division bi-monthly staff meeting(s) were held on October 14<sup>th</sup> through 16<sup>th</sup> and December 2<sup>nd</sup> through 4<sup>th</sup> both in Glen Allen, VA at the Office of EMS. Social distancing and masks were required during these meetings.
- ❖ Division staff were successful during the last 5 months of 2020 with inspecting all EMS agencies and vehicles that expiration dates had been extended due to the Covid-19 pandemic requiring stay a home orders enforced from March through July of last year.
  - Since returning to the field on August 1, 2020 for the remaining 5 months of 2020; Field Representatives completed 10 months' worth of agency & vehicle inspections within a 5 month time frame.
    - 228 EMS Agencies have been inspected
    - 2,377 EMS vehicles have been inspected
    - All EMS Agencies and Vehicles have been returned to their routine bi-annual inspection cycles
    - Verified 120 RSAF grant awards
  - Field Investigators are currently conducting 41 compliance investigations
  - Field Investigators currently have 96 pending new vehicle's to inspect.
- ❖ Division Field Investigators have assisted the OEMS Grants Manager and the RSAF program by performing reviews of submitted grant requests. Field Investigators currently have 80 RSAF grant awards to inspect for purchase compliance verification.

❖ **EMS Agency Data Compliance Initiative Launched on January 1, 2020**

- Per 12VAC5-31-560-C All licensed EMS agencies are required to submit Patient Care Records with the required minimum data set on a schedule established by the Office of EMS as authorized in §32.1-116.1 of the Code of Virginia.
- Field Investigators continue to work with their agencies regarding data compliance during this quarter, in support of Trauma & Critical Care Divisions data compliance mission.
- The most current compliance report as well as contact information for resources to assist each agency in becoming compliant are provided on the OEMS website under Regulation & Compliance Enforcement tab then click the Data Compliance Report sub-tab.

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

- Division Section of OEMS website has been updated and reorganized as follows:
  - Regulation & Compliance Enforcement Division Home page
    - Quick links for most common forms
      - Complaint Form
      - Drug Diversion Form
      - Variance/Exemption request form
      - Find your Program Rep Guide
      - Contact information for all Division Staff
    - There are 10 division subtabs as follows:
      - Agency Licensure
        - New Agency License Application
        - Renewing Agency License Instructions
        - Temporary EMS Vehicle Permit Application
        - Inspection Documents (checklists & signature page)
      - Regulation
        - Link to current EMS Regulation
        - Link to current DDNR Regulation
        - Link to Board of Pharmacy Regulation
        - Link to Board of Medicine Regulation
        - Information on the Regulatory Review Process
      - Guidance Documents
        - Compliance Memorandums
        - EVOC Equivalents
        - Mandated Reporting documents
        - Vaccine Administration Policies
        - HIPAA Documents
        - Search enforcement actions against agencies/providers
      - Criminal History Record

- Guidance documents regarding regulatory required fingerprint based background checks
    - Instructions for submitting fingerprints for background investigation
    - Information regarding locality ordinances to perform background investigations on behalf of OEMS.
  - Fingerprint Submission
    - Online process for fingerprint submission
  - EMS Interstate Compact (REPLICA)
    - Online EMS Interstate Compact (REPLICA) Application
    - Information on EMS Interstate Compact (REPLICA)
    - Link to The EMS Compact National Website
  - Data Compliance Report
    - Monthly report showing previous 6 months of data compliance per EMS Agency
    - Contact information for OEMS contacts to correct data submissions
  - Durable Do Not Resuscitate (DDNR)
    - Official Virginia DDNR Form
    - How to purchase Official Virginia DDNR Jewelry
    - DDNR Fact Sheet
  - EMS Medical Directors
    - Links and Documents
    - Current Scope of Practice Documents (formulary & procedure)
    - Sample OMD/Agency agreement form
    - EMS Physician Portal Users Guide
    - OMD Workshops Schedule & Registration
    - EMS Physician Handbook
    - On-line EMS Physician Course (new OMD's only)
    - Other Physician related links
  - Sample Policies and Agreements
    - OMD agreement
    - Mutual Aid forms
    - Sample Agency policies
- **Relaxation of EMS Regulations during declared State of Emergency (SOE).**
- *While a declared SOE does provide for the commonsense relaxation of regulatory enforcement; it does not indicate a complete abandonment of the ideal of regulatory compliance.*



- Covid-19 related requests for EMS Agency regulatory variances are being tracked by the Regulation & Compliance Division.
  - All agencies that requested and were granted Covid-19 variances have concluded their requested period of variance and have returned to standard regulatory compliance.

<h2 style="margin: 0;">Regulation and Compliance Enforcement Division Structure Profile</h2>
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**Ronald D. Passmore, NRP**

Division Director, Regulation and Compliance Enforcement

Phone: (804) 888-9131

Fax: (804) 371-3108

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  
Fax: (804) 371-3108

Provides direct administrative support to the Division Manager 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  
Fax: (804) 371-3409

**Shirley Peoples**

Administrative Assistant,  
Regulation & Compliance Team Support  
Phone: (804) 888-9125  
Fax: (804) 371-3409

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

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

**OEMS Program Representatives (Field Investigators)**

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

- EMS agency initial and renewal licensure by inspections
- EMS vehicle initial and renewal permits and spot inspections
- EMS regulation development and compliance enforcement
- EMS complaint investigations
- Verify awarded EMS grants to eligible recipients from RSAF program
- Liaison and OEMS representative at various local and regional meetings with organizations to include but not limited to local governments (county, city, town),

regional EMS Councils, VDEM, VDFP, OCME, federal/state 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*

**Wayne Berry, NRP** ([Wayne.Berry@vdh.virginia.gov](mailto:Wayne.Berry@vdh.virginia.gov)) – *Coastal*

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

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

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

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

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

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

The Regulation and Compliance Team of professionals provide the Commonwealth of Virginia with more than 153 years of combined experience specific to EMS regulations and compliance enforcement; in addition, this team of twelve has more than 322 years of combined experience with the delivery of Emergency Medical Services as clinical providers and EMS administrators.

# **Division of Trauma and Critical Care**

## VIII. Division of Trauma and Critical Care

- **Patient Care Informatics**

- **Support**

- During this quarter, the Informatics team addressed just under 400 general support tickets, emails, and phone calls.
- The ongoing zip code cleanup project is about 75% complete.
- We continue monitoring the data import and export processes to ensure information is sent and received properly.
- Support continues to monitor the reporting database (Report Writer) each day. In this quarter, we were able to proactively address several Report Writer issues. By doing this level of monitoring, our goal is to ensure most system users never experience issues when running reports.
- As in previous quarters, the majority of reported issues continue to be general user account issues such as locked accounts or forgotten credentials. To try to reduce the number of items regarding this, we are in the process of developing a document to send to all agency super users in 2021 on how to address the most common user account issues. Those issues include recommendations on proper account setup, requesting account reactivation, password resets, forgot password functionality, unlocking accounts, as well as how to request granting of access to providers with accounts under other agencies.

- **Virginia Elite Updates**

- During this quarter, working with our vendor and several agencies, issues discovered earlier this year where CAD (Computer Aided Dispatch) systems were importing incorrect FIPS codes have been corrected. The agency data was resubmitted with the correct FIPS code which updated the records in the Virginia Elite system accordingly.
- The informatics team conducted several training sessions working with individuals on how best to utilize the Report Writer module in the Virginia Elite system. We also provided training/guidance to users on how to utilize the incident list view functionally and view records in Elite using different screen configurations. This allows users to view records quickly based on specific criteria without having to run reports.

- During this quarter, the Virginia Elite system was migrated by OIM to updated 2016 servers. One issue discovered was that our exports to NEMESIS stopped working. The Informatics Team is working with our vendor, Virginia IT personnel, and NEMESIS technical support to resolve this (Update – as of 01/07/2021, records began exporting successfully to NEMESIS).
- We continue to receive monthly updates to the Virginia Elite system. As with the last quarter, the updates for this quarter were all related to software fixes. As a result, no new functionality was added that OEMS could take advantage of.

- **EMS Data Submission and Data Quality**

- Overall data quality continues to average just over 98% during this quarter. During the last quarter, we began to monitor the incorrect documentation of the primary role of the unit and destination code 102. That process continued into the 4th quarter. Based on this and other review processes, we have identified approximately 10 items where validation rules will be implemented to prevent the submission or posting of records that have previously identified data issues. New validation rules will be going out during the 1st quarter of 2021. Our hope is these new validation rules will push the average up even higher.
- In November, OEMS established a consistent timeline for all agencies to have data submitted for quality evaluation and sent notifications regarding this to agency super users. Beginning with the December 2020 Data Quality Report and beyond, OEMS will begin the process of data quality evaluation on the first business day after the 7th day of the month after the month to be evaluated. This standard is being set to establish a consistent reporting timeline for both agencies and OEMS personnel. Additional guidance was provided on how to notify OEMS support when corrections are made or if data is submitted late. The next version of the Virginia Data Dictionary includes this process.
- Another project we began this quarter was reviewing all data received based on ICD-10, RxNorm, and SnoMed codes since the Virginia Elite system went live in 2015. The goal of this project is to evaluate the number of times specific codes are used and determine if new codes need to be added, or if existing codes need to be retired due to non-use, or if additional guidance should be given on when to use (or not use) specific codes. Once this project is completed, which may go well into the 2nd quarter of 2021, updated code listings will be posted to the OEMS knowledgebase and provided to NEMESIS for publication.

- Division staff participated in the RSAF process by contributing data submission and data quality reports to the reviewers through the E-Gift system. We have also updated the data related Grant Conditions.
- Division staff participated in the NHTSA Virginia 2021 Traffic Records Assessment by answering 42 in-depth questions about our EMS patient care system and our trauma registry. Questions ranged from compliance processes to data quality checks and processes to data utilization and performance improvement activities. The NHTSA staff are doing a preliminary review of our program and will provide feedback to us in March that will indicate which programs do not meet or only partially meet the current standards. We will have the opportunity to further explain our current program and resubmit answers to those questions. Once the assessment is completed and has been reviewed, we can use the results as a planning tool to improve compliance and quality efforts.
- The latest Data Quality Report and Data Submission Compliance Reports are on the Knowledgebase: [Knowledgebase - Data Submission Report](#)

Table 1: Number of Virginia EMS Agencies Classified by Average Incident Validity Score, October 2020 – December 2020

Validity Score Scale	October	November	December
Excellent (98-100)	447	440	440
Good (95-97.99)	45	45	41
Poor (< 95)	34	31	29
Failed to Submit	59	77	83

- **Virginia Trauma Registry**

- The non-trauma center's data quality reports for October and November have been completed and sent to the contacts we have on file. We have continued sending email submission reminders and following up with the facilities that failed to submit. The third quarter quality report for Trauma centers was also distributed to trauma facilities. Both reports were posted on the Knowledgebase for future reference: [Knowledgebase – Data Quality Report](#).
- A validation report was created to help facilities identify missing information after submissions. This report will be sent out along with the quality report. Also, a submission

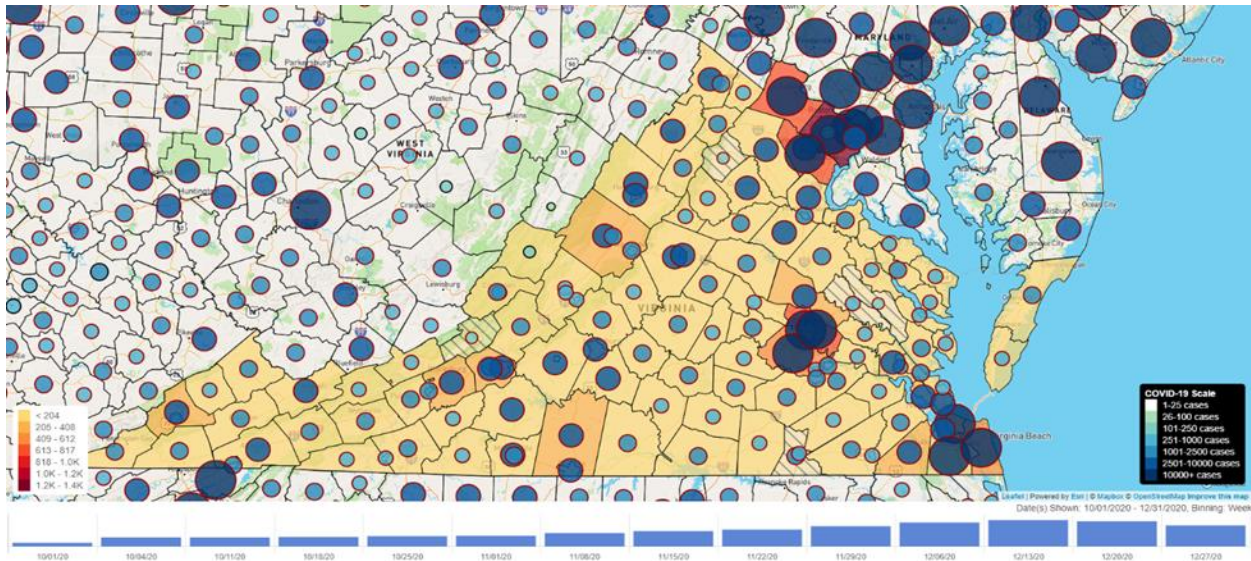
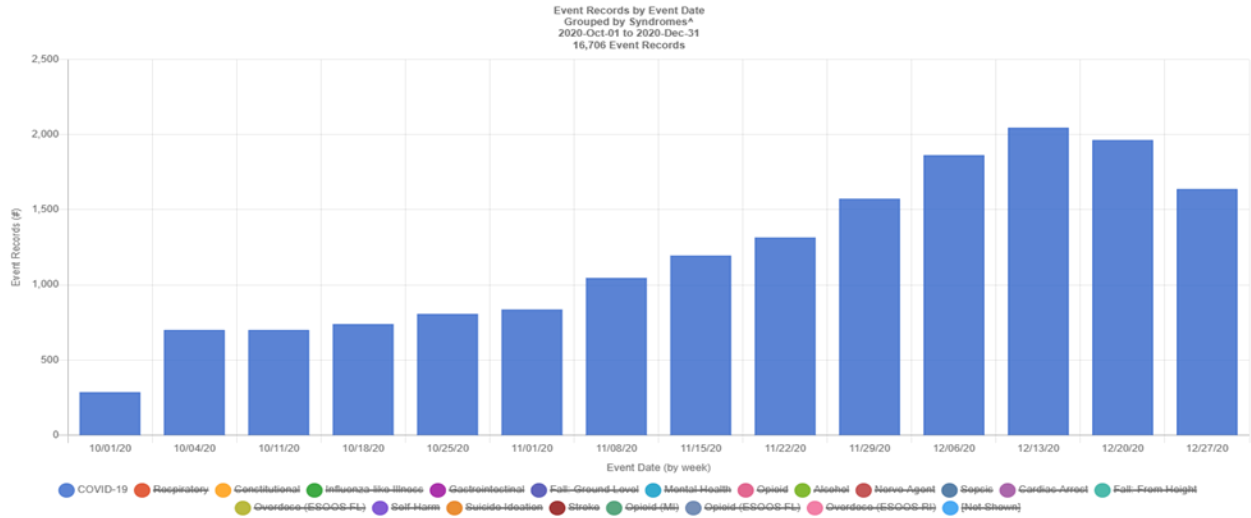
report was created to help leadership view the submission timeline for facilities they oversee. A few changes were made to the VSTR Administrative Procedure document, which posted in the Knowledgebase for facilities to download when needed and available for reference. The team also worked with ImageTrend and other Registry vendors to correct any ongoing submission issues.

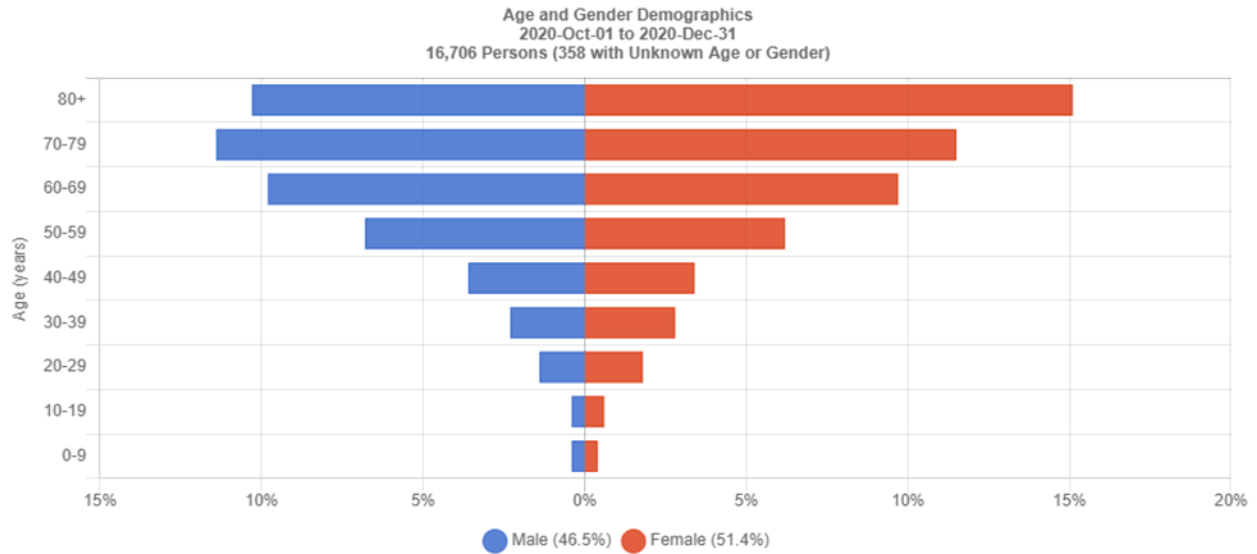
- The hospital names in the registry were updated to include their Health system to improve our reporting capabilities. This list, which is updated when needed, is available for reference in the Knowledgebase under Updated Hospital List.

- **Biospatial Implementation**

- During this quarter, we continue to rollout Biospatial and are receiving and completing more Organization Modification Request Forms (or OMRFs) to grant access to users. Biospatial training sessions were held where the Informatics team assisted. Emails and information about Biospatial were sent to agency users communicating the capabilities of the platform. To illustrate these capabilities, we used the COVID dashboard to review data of the coronavirus and shared this information with our regional councils. The team continues to monitor the export of data to Biospatial ensuring the most up to date information is available.
- Division staff has worked with the Commonwealth's Chief Data Officer and Biospatial staff to send EMS Opioid related data electronically to the Virginia Open Data Portal. The portal has been populated and we have been working on permission levels, access rights, visibility rules and use agreements. We are approaching the pilot phase of the project and will keep the Board updated. Current plans are to expand the data to include all EMS calls and trauma registry data. This will enable us to link data across the two systems in a secure site.
- The use of various Biospatial dashboards has greatly improved the efficiency of performance evaluation for agencies throughout the Commonwealth. Below is the COVID-19 Dashboard for Q4 2020. Multiple views and layers can be customized in this interactive program.







- **EMS Epidemiology**

- **Team Updates:**

During the fourth quarter of 2020, the OEMS Epidemiologists participated in several meetings and training opportunities, including:

- Virginia Stroke Safety Taskforce meeting,
- Injury and Violence Prevention Quarterly Collaborative Network Meeting,
- TQIP Annual Scientific Meeting and Training,
- Tableau training sessions,
- COVID response-related meetings, conference calls, and webinars,
- Traffic Records Coordinating Committee (TRCC) meeting,
- Monday.com training,
- VDH - Overdose Surveillance and Prevention Workgroup meeting, and
- National Association of State Emergency Medical Services Officials (NASEMSO) trauma data meeting.

**Other Activities**

- Throughout the fourth quarter of 2020, the OEMS Epidemiology Program Manager continued to collaborate with the Department of Labor and Industry on the draft of the “Virginia Final Permanent Standard for Infectious Disease Prevention of the SARS-CoV-2 Virus That Causes COVID-19.”
- In November 2020, the OEMS Epidemiology team updated the National EMS-C Data Analysis Resource Center contact list for Virginia EMS agencies

responding to 911 calls. This information is used to perform a nationwide survey on the status of EMS for children.

- **EMS Calls Summary:**

- Virginia EMS agencies received/responded to **396,001** transport calls in the fourth quarter of 2020 (reported as of 01/13/2021). Summaries of the calls by incident disposition, sex, age, and EMS council regions are tabulated below (Tables 1-4).

Table 1: EMS Calls by Incident Disposition, Fourth Quarter 2020, Virginia

Incident Disposition	EMS Calls
Patient Treated, Transported by this EMS Unit	266,456
Canceled	45,145
Assist	28,063
Patient Refused Evaluation/Care (Without Transport)	20,351
Patient Treated, Released (AMA)	12,847
Patient Evaluated, No Treatment/Transport Required	5,550
Standby	5,441
Patient Treated, Transferred Care to Another Unit	4,929
Patient Dead at Scene	4,037
Patient Treated, Released (per protocol)	1,367
Patient Refused Evaluation/Care (With Transport)	1,021
Patient Treated, Transported by Law Enforcement	402
Patient Treated, Transported by Private Vehicle	244
Transport Non-Patient, Organ, etc.	143
Blank	5
<b>Total</b>	<b>396,001</b>

Table 2: EMS Calls by Patient Sex, Fourth Quarter 2020, Virginia

Patient Sex	EMS Calls
Female	170,981
Male	150,525
Not Recorded	13,502
Not Applicable	7,295
Blank	2,725
Unknown (Unable to Determine)	244
<b>Total*</b>	<b>345,272</b>

\*Note: Total does not include canceled EMS calls, standbys, or transport of non-patients, organs, etc.

Table 3: EMS Calls by Patient Age Group, Fourth Quarter 2020, Virginia

Patient Age Group (Years)	EMS Calls
Under 15	9,862
15 – 29	29,673
30 – 44	36,393
45 – 59	55,688
60 – 74	91,595
75 and Above	98,380
<b>Blank</b>	<b>23,681</b>
<b>Total*</b>	<b>345,272</b>

\*Note: Total does not include canceled EMS calls, standbys, or transports of non-patients, organs, etc.

Table 4: EMS Calls by EMS Council Region, Fourth Quarter 2020, Virginia

EMS Council Region	EMS Calls
Blue Ridge	14,532
Central Shenandoah	16,313
Lord Fairfax	11,049
Northern	72,308
Old Dominion	80,932
Out of State/Other	391
Peninsulas	37,935
Rappahannock	18,960
Southwest	28,587
Thomas Jefferson	11,546
Tidewater	61,494
Western	41,954
<b>Total</b>	<b>396,001</b>

- **Opioid Usage and Naloxone Administration:**

- Virginia EMS providers administer Naloxone (Narcan) to patients with opioid overdoses. A total of 3,338 Naloxone administrations for 2,458 incident overdose cases were reported from October - December 2020. Of the Naloxone doses administered, an improved response was documented for 1,768 of the doses; the 1,768 doses were provided for 1,492 incident overdose cases. Comparing the

number of incident overdose cases (N=2,458) and the incidents with improved responses (n=1,492), 60.7% of the overdose cases had a positive response to Naloxone administration documented.

Figure 1: Naloxone Administrations by Patient Sex, Fourth Quarter 2020, Virginia

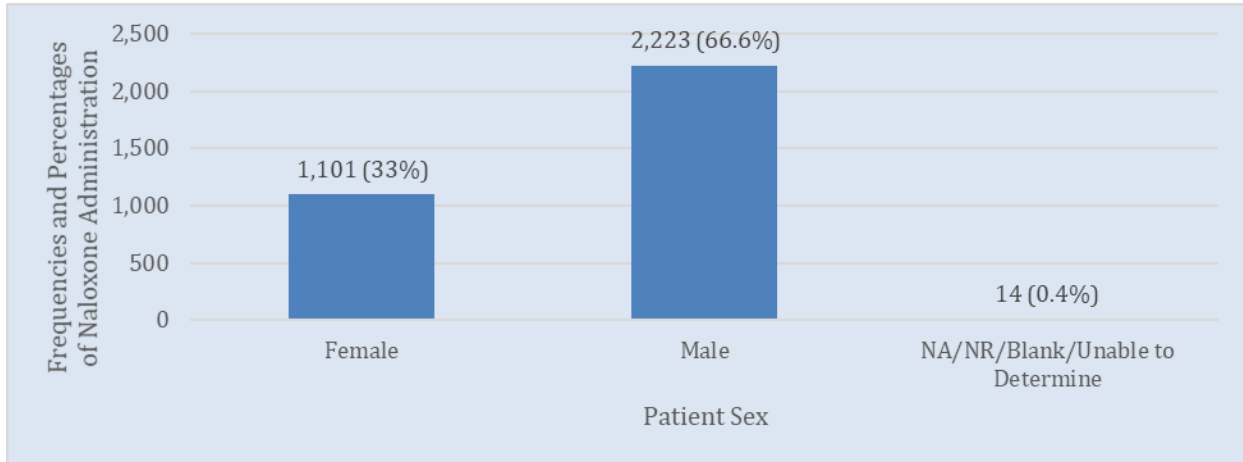


Figure 2: Naloxone Administrations by Patient Age Group, Fourth Quarter 2020, Virginia

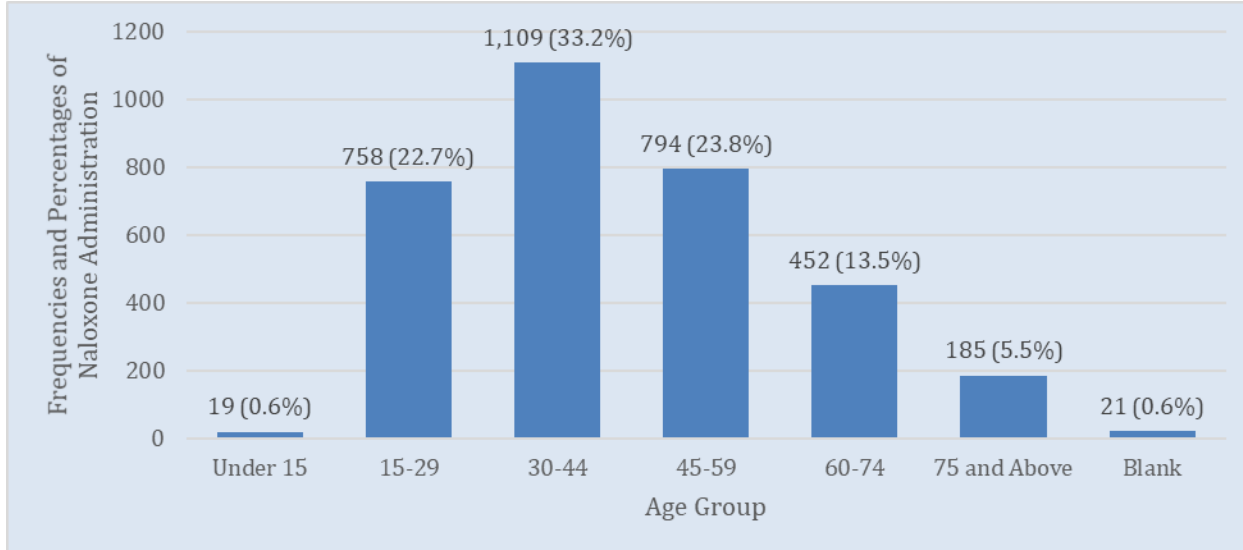


Table 5: Naloxone Administrations by EMS Council Region, Fourth Quarter 2020, Virginia

EMS Council Region	Naloxone Administrations
Blue Ridge	71
Central Shenandoah	44
Lord Fairfax	105
Northern	456
Old Dominion	909
Out of State/Other	0
Peninsulas	345
Rappahannock	229
Southwest	149
Thomas Jefferson	55
Tidewater	626
Western	349
<b>Total</b>	<b>3,338</b>

- **Trauma Incidents**

- Of the total EMS calls (396,001) reported in the fourth quarter of 2020, 22,260 calls were trauma-related (5.6% of the EMS call volume).

Table 6: Injury Types by Abbreviated Injury Scale Body Region, Fourth Quarter 2020, Virginia

Injury Types	Counts of Incidents
Injury – Lower Extremities	5,359
Injury – Unspecified	4,427
Injury – Head	4,143
Injury – Upper Extremities	3,274
Injury – Face	1,613
Injury – Spine	1,441
Injury – Neck	896
Injury – Thorax	549
Injury – Abdomen	520
Multiple Injuries	38

Table 7: Top Ten Hospital Destinations for Injury Calls, Fourth Quarter 2020, Virginia

Destination Hospital For Trauma Incidents	Counts of Incidents
Fairfax Hospital	1,190
Roanoke Memorial Hospital	920
Norfolk General Hospital	820
VCU Health Systems	790
Chippenham Hospital	748

Riverside Regional Medical Center	719
UVA Health System	659
Northern Virginia Medical Center	613
Virginia Beach General Hospital	525
Mary Washington Hospital	498

Table 8: Causes of Injury, Fourth Quarter 2020, Virginia

Causes of Injury	Counts of Incidents
Falls, Slips/trips	8,979
Unspecified	6276
MVC-related	4,524
Blunt force trauma	907
Penetrating trauma	539
Firearm	313
Non-motorized transport	212
Animal-related	134
Machine-related	106
Self-harm	78
Burn, smoke inhalation, electrocution, explosion	73
Abuse	29
Toxic substances	26
Recreational	25
Asphyxiation	16
Human bite	12
Aircraft	4
Environmental/weather-related	4
Overexertion/strain	2
Drowning	1

- **Ad Hoc Reports:**

- OEMS completed a total of 11 data and/or data analysis requests in the fourth quarter of 2020. Three specific requests are below.
  - Report on Virginia trauma incidents and trauma mortality from 2017-2019:
    - A total of 296,213 trauma incidents were reported in the Virginia Pre-Hospital Information Bridge (VPHIB); among those, 958 were recorded as dead on arrival.

Table 9. Number of Pre-hospital Trauma Incidents and Yearly Mortality Rate Per 1,000 Trauma Cases, 2017-2019, Virginia

	2017	2018	2019
Deceased	331	337	290
Total Trauma	93,449	99,133	103,631
Mortality Rate	3.5	3.4	2.8

- There were a total of 112,130 trauma incidents reported in the Virginia State Trauma Registry (VSTR); among those 4,270 were reported as deceased.

Table 10. Number of Trauma Incidents in VSTR and Yearly Mortality Rate Per 1,000 Trauma Cases, 2017-2019, Virginia

	2017	2018	2019
Deceased	1,389	1,544	1,337
Total Trauma	36,747	37,862	37,521
Mortality Rate	37.8	40.8	35.6

- The higher mortality rates calculated from VSTR data compared to VPHIB data may be partly attributed to the following factors:
  - Patients reported in the VPHIB as trauma patients do not always meet the [trauma criteria requirements](#) to be included in the VSTR.
  - EMS agencies are not always summoned for trauma fatalities. Fatalities that occur outside of an EMS response are not reported in the VPHIB system and are therefore not represented in Table 9 (above).
- Report on ODEMSA offload times:
  - Data on patients treated and transported to hospitals within the ODEMSA region and types of turnaround delays experienced during these transports were analyzed.
    - A total of 496,555 patients were treated and transported to an ODEMSA hospital between January 1, 2017, and September 30, 2020.
    - The largest delay between destination arrival and transfer of care was attributed to records reporting an ED overcrowding/transfer of care delay.
    - The largest delay between destination arrival and EMS unit back in service was attributed to records reporting vehicle failure of the EMS unit.
    -



- Pediatric (patients below 18 years of age) EMS transports, fourth quarter 2020:
  - There were a total of 9,762 pediatric patients transported by Virginia EMS agencies.
    - Among those, 1,087 (11.1%) patients received at least one medication other than normal saline and oxygen.
      - Of the 1,087 patients who received medication, weight was documented for 800 (73.6%) patients.

## Trauma and Critical Care

### ● Trauma System Status

On March 12, 2020, Governor Ralph Northam declared a [state of emergency](#) in the Commonwealth of Virginia in response to the continued spread of the novel Coronavirus Disease known as COVID-19. The White House also declared COVID-19 a [national emergency](#).

Under these emergency declarations, the ongoing COVID-19 pandemic and at the direction of State Health Commissioner Dr. M. Norman Oliver, MD, MA, the Virginia Office of Emergency Medical Services (OEMS) suspended all triennial trauma center verification visits scheduled to take place during 2020 (provisional trauma centers were excluded from the one-year extension.)

- There were no trauma center verification visits conducted in the fourth quarter. Beginning 2021, we are reverting to the normal visit schedule.
  - Sentara Northern Virginia Medical Center will undergo its one year provisional Level III verification visit on February 19, 2021.
  - Virginia Hospital Center is seeking Level II trauma center designation and will undergo its provisional site review on February 24, 2021.
- We have modified the visit to limit team member’s exposure to COVID-19. As all site reviewers are practicing members of various trauma centers in Virginia, they are vaccinated. Unfortunately, OEMS staff will not have received vaccination at the time of these visits so we are taking as many reasonable precautions as able to prevent exposure.
  - Modified Site Review Process as of first quarter 2021:

Level \_\_\_ Trauma Center Verification Agenda

Date

Hospitals that have received a one-year provisional trauma designation from the State Health Commissioner are required to undergo a verification visit at the end of one year. The

verification process is similar to an initial trauma center designation and is used to confirm that the provisionally designated center is maintaining the resources and ability to meet the trauma center designation criteria as outlined in the Virginia Trauma Center Designation Manual.

In the setting of the COVID-19 pandemic, the Virginia Office of EMS (OEMS) is modifying the typical one-year verification process slightly to decrease the risk of exposure to all parties involved in a site visit. The modified site review will adhere to CDC guidelines and all efforts will be made to limit face-to-face contact. The site review team will also comply with any facility-specific screening processes you have implemented. In the event, one of the site reviewers fails the hospital mandated screening the site review will be rescheduled.

If Virginia mandated COVID-19 guidelines change between the receipt of this agenda and the date of the scheduled visit OEMS staff will work with the facility to ensure a safe and compliant site review.

The site review team will practice social distancing, therefore OEMS is eliminating the opening and closing conference, the facility tour, and the face to face frontline staff interview portion that typically occurs during the facility tour.

We do ask that you have an ED physician, an ED nurse manager, and a STICU nurse manager (or the nurse manager of the unit designated to care for admitted trauma patients) available on an as-needed basis in case the team has any specific questions for them (this is in addition to your entire trauma program staff who should be readily available to the team).

To meet social distancing requirements OEMS requires the facility to provide the following at a minimum:

- A large, central meeting room
  - The meeting room should be located as near to the entrance of the facility as possible to reduce exposure of the site review team and patients and staff of the facility
  - The meeting room should accommodate up to six individuals while allowing for 6 feet of space between those individuals at any point in time
  - The room should be large enough to contain all of the documents required for a site review to reduce unnecessary staff interaction: [Document-Resource-Guide-All-v5.1.pdf](#)
  - Hand sanitizer, gloves, face masks, and access to a nearby restroom
  - The room should be able to accommodate a "seating" area in one corner for the use of the review team for any one-on-one interviews with a staff member
  - Please make arrangements for breakfast and lunch to be provided to the team in the meeting room. There should also be refreshments available throughout the day

As with other one-year provisional visits conducted since 2015, the focus of the visit will remain on an in-depth review of the PI process, medical record review, and adherence to trauma program policy and trauma center designation criteria.

**9:00-10:00 am      Pre-Planning Meeting**

- The site review team will meet privately in the designated conference room. The meeting can last up to an hour; however, trauma team staff should be available nearby to answer site reviewer questions if needed.
- Trauma Surgeon Team Leader
- Emergency Medicine Physician
- RN, Critical Care Nurse
- Administrator
- Ms. Cam Crittenden, RN, Office of EMS
- Mrs. Wanda Street, Office of EMS

**10:00-10:30 am      Trauma Program Opening Presentation**

- Trauma program staff will provide a presentation demonstrating their performance improvement process, changes to their program since the initial site review and should include PI cases that have resulted in operational and clinical/protocol changes.

- Trauma Program Medical Director
- Trauma Program Manager
- Hospital Administrator overseeing Trauma Service Line
- Trauma Site Review Team

**10:30-11:00 am      Open Discussion**

- Trauma Program Medical Director
- Trauma Program Manager
- Hospital Administrator overseeing Trauma Service Line
- Trauma Site Review Team

**11:00-3:00 pm      Medical Record and Policy/Process Review**

- Trauma Site Review Team

**3:30 pm              Closing Meeting**

- Trauma Program Medical Director
- Trauma Program Manager
- Hospital Administrator overseeing Trauma Service Line
- Trauma Site Review Team

- **Trauma Portal**

- The Division continues to work with the Office of Information Management (OIM) to create a trauma center portal (similar to the EMS portal) which will allow a secure electronic platform to upload trauma center designation application documents, and to store previous triennial visit application documents for quick review and reference. There will be a section that will house and maintain site reviewer documents (such as CV's and W9's) and a central site review scheduling document for the reviewers. The portal will include automatic notices to centers and will be tied directly to the current trauma designation criteria and the application checklist. We are still in the early phases, however, are hoping to pilot it with a center by the end of the first quarter of 2021.

- **Trauma Fund**

- The annual [\*\*FY2020 Trauma Fund Report to the General Assembly\*\*](#) has been posted to the OEMS website. As feared, and predicted, FY 2021 revenues have declined drastically as a result of the last General Assembly's removal of driver's license suspension for non-driving-related offenses (*2019 Budget Bill included Amendment No. 33 Item 3-6.03 – Adjustments and Modifications to Fees Driver's License Reinstatement Fee. This amendment eliminates the driver's license reinstatement fee transfer to the Trauma Fund and eliminates the loss of driving privileges for individuals who have only failed to pay fines, court costs, forfeitures, restitution, or penalties assessed against them*).

If collections continue at the same rate as of today, the fund is predicted to contain approximately four million dollars at next year's payout. OEMS and Division leaders have met with the VHHA to share out concerns and to offer advice and guidance on alternate sources of revenue. The Trauma Fund is in jeopardy--this is a system issue and will be an ongoing topic of communication throughout the year.

- Through the work of the VHHA and hospital stakeholders, a one-time budget amendment was proposed by Delegate Sickles and Senator Barker to fully fund the Trauma Fund. Item 296 directs the Department of Planning and Budget to transfer \$12,000,000 from the general fund in the second year to the Trauma Fund.

- **Division of Trauma and Critical Care Staffing**

- The Trauma and Critical Care Program Manager Position was open for recruitment until 11/13/2020. Out of the eight applicants, there were not enough that met the minimum requirements of the role to assure an adequate interview process. The position was reopened and reposted with a closing date at the end of February. The qualified applicants from the first posting will be incorporated into the next round of interviews.
- We reported out in the second-quarter report that OEMS received preliminary approval to create a statewide performance improvement specialist position to work with our Epidemiologists, Regional Council partners, Trauma, and Stroke system stakeholders to design programs to improve health outcomes for our citizens. Unfortunately, it appears that we not be allocated an FTE for this role. We will continue to work with our VDH leadership in the hopes we will receive the FTE in the future.

## **VIRGINIA EMS for CHILDREN (EMSC) PROGRAM**



### **EMSC Survey of Virginia EMS Agencies Is Now in Progress**



All 56 state and territorial EMS for Children Programs are participating in the annual **EMSC Survey of EMS Agencies**. The survey opened on January 6<sup>th</sup> and will remain open online through March 16, 2021. Invitations were sent to EMS agency leadership/contacts by NEDARC (National EMSC Data Analysis Resource Center), and two reminder emails will eventually be sent to agencies that have not yet responded. Only one survey is accepted per agency—once it has been completed and submitted online, the agency name will no longer show in the county list of agencies remaining as non-respondents.

The online survey collates information relating to two of the nine National EMS for Children Performance Measures:

- *PM EMSC 02* - The percentage of EMS agencies in the state or territory that have a designated individual who coordinates pediatric emergency care.

- *PM EMSC 03* - The percentage of EMS agencies in the state or territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.

I encourage EMS agency leaders to go to [emscsurveys.org](https://emscsurveys.org) and take this short (5-10 minutes) survey. Again, if you cannot find your agency name in the county drop-down box, that will mean that someone has already taken the survey on your behalf. Collecting this data makes it much more likely we can provide Virginia EMS agencies with additional items of pediatric equipment, increased access to pediatric training and a mounting abundance of resources to help you provide emergency care for kids.

### February EMS for Children Committee—**CANCELLED**

Due to safety reasons and circumstances surrounding the COVID-19 pandemic, the EMS for Children Committee of the EMS Advisory Board had to cancel their scheduled February 2020 meeting. We anticipate being able to announce a virtual method of conducting these important meetings very soon.

### Volunteers Are Responding to Request for EMSC Workgroups

Several EMS providers have volunteered to help with needed EMS for Children program workgroups. 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 David Edwards ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)) if you can help us with the following topics:



- Workgroup to develop recommended EMS agency policies and procedures for *restraining children during ambulance transport*.
- Workgroup to support developing EMS Agency Pediatric Champions.
- Workgroup to develop recommended evidence-based *pediatric guidelines* to share with EMS Medical Directors.
- Best practices in creating a *recognition program* for hospital ED's who demonstrate a specific readiness level in caring for children (medical).
- *Pediatric medication dosing safety*.
- Templates for and examples of *written hospital emergency transfer guidelines and agreements* (that specifically refer to pediatric patients).
- Advocating the inclusion of children in hospital disaster *plans and practices*.
- Local *family reunification* strategies and resources.

## Regional Pediatric Disaster Preparedness:

The Virginia EMSC program is prepared to provide technical support and “toolkits” developed by national organizations to assist in improving hospital pediatric disaster readiness and surge capabilities.

The EMSC program continues as a partner in projects with several regional hospital coalitions in developing Pediatric Annexes to augment existing regional disaster and mass casualty plans, as encouraged by the Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR).

## EMSC Receiving Requests for Ambulance Child Restraint Systems

The EMSC program is open to new requests from EMS agency leaders for grant-funded child restraint systems to protect children while being transported by ambulance. Please contact the EMSC Coordinator (David Edwards) at [david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov) or (804) 888-9144 to discuss this if your agency is not currently using a pediatric restraint system or device. We are building a waiting list in advance of our next child restraint system procurement.

Agencies should adopt safety policies and procedures requiring the use of child restraints by their providers. A Virginia EMSC program workgroup is developing a model set of recommended policies and procedures that can be offered to Virginia providers. If you have interest in serving on this group, please contact David Edwards at [david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov) or (800) 888-9144. ***Every child transported by ambulance in Virginia should be appropriately restrained.***



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

## Back on Track—the National Pediatric Readiness Assessment (for hospital ED’s)

The National Pediatric Readiness (NPRP) Assessment, originally set to begin last summer, will now launch May 1<sup>st</sup> and close on July 31, 2021. EMSC encourages hospital leaders to **print a copy of the online assessment** for review with the ED Nurse Manager or Medical Director. This will familiarize them with the questions that will be asked when the assessment becomes available online on May 1, 2021



Emergency departments may also benefit from exploring the links below to access tools and resources to improve the ED’s level of pediatric readiness in preparation for the assessment.



- To download a printed version of the Pediatric Readiness Assessment in advance (pdf), go to <https://www.pedsready.org/docs/PedsReadyAssessment.pdf>.
- Pediatric Readiness in the Emergency Department (AAP, ACEP, ENA policy statement) ([https://www.annemergmed.com/article/S0196-0644\(18\)31167-3/pdf](https://www.annemergmed.com/article/S0196-0644(18)31167-3/pdf)).
- National Pediatric Readiness Project Toolkit (7 domains of readiness, and includes the 2020 ED Checklist) (<https://emscimprovement.center/domains/hospital-based-care/pediatric-readiness-project/readiness-toolkit/>).
- PedsReady Facebook Page (<https://www.facebook.com/PedsReady/>).
- To stay up on assessment details, visit ([www.pedsready.org](http://www.pedsready.org)).

## PEPP and ENPC Course Funding Assistance

The Virginia EMSC Program continues to offer support for Pediatric Education for Prehospital Professionals (PEPP) and/or Emergency Nurses Pediatric Course (ENPC) courses in regions that have difficulty in accessing pediatric training. Please let us know if you are trying to set up a course(s) and need some form of support for instructors, fees, or materials to get these courses out there. We need to provide more of these courses in Virginia—ask us for help, please.

## Suggestions/Questions

Please submit suggestions or questions related to the Virginia EMSC Program to David P. Edwards via email ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)), or by calling 804-888-9144 (direct line). The EMS for Children (EMSC) Program is a part of the Division of Trauma and Critical Care, within the Virginia Office of Emergency Medical Services (OEMS). *If you have any difficulty connecting with David Edwards, please contact Cam Crittenden via email ([camela.crittenden@vdh.virginia.gov](mailto:camela.crittenden@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.*





**Respectfully  
Submitted**

**OEMS Staff**

# Appendix

## A



## Central Shenandoah EMS (CSEMS) Regional Office

*The Appendices referenced in this report refer (and are hyperlinked) to items included in Central Shenandoah EMS Council's (CSEMSC) Quarterly Report. This report was provided to the CSEMSC Board of Directors and is posted on the CSEMSC website at [www.csems.org](http://www.csems.org).*

### I. Regional Infrastructure

#### A. Staffing as of 12/31/2020:

- Three full-time positions remain vacant and in recruitment for the CSEMS Office. These positions are Office of EMS positions, funded by the Virginia Department of Health.
  - **Technical Resource Specialist (Program Coordinator)** - Position has been offered to, and accepted by **Larry Bird** with a start date of 1/25/2020. Larry's biography and welcome announcement may be found at the [CSEMS website](#).
  - **Performance Improvement Specialist (Regional Health Emergency Coordinator)- Amanda Loreti** has been selected for the position with a start date of 02/10/2021. She was also in the recruitment process as a part-time contractor for a similar role, and may be able to begin in a limited capacity prior to the full-time start date.
  - **Administrative Coordinator** (Administrative and Office Specialist II) - Pending VDH Recruitment, on hold waiting for increase in Maximum Employment Level at VDH. This position will replace the current Office Manager and Administrative Coordinator roles employed by CSEMS. The description for this position is provided in [Appendix G](#) of the [CSEMS Quarterly Report](#).

- Additionally, three contract positions have been requested under the VDH Contingent Labor Contract with Twenty-Second Century Technologies, Inc. Two of these positions will provide temporary assistance in areas of Performance Improvement and Technical Assistance while office staff work to catch up on backlogged projects, including the development of performance improvement plans, revision of MCI and Diversion plans, protocol revision and education, and revisions to the regional medication kit exchange program. The third position will provide administrative support and coverage (generally 10 hours/week) to allow for dedicated time for the Administrative Coordinator to work on CSEMISC books, payments, deposits, and AHA Training Center management and to cover for absences as needed.
- CSEMISC employs part-time instructors for the American Heart Association Community Training Center, which funds the non-profit organization and provides community outreach to support improved health and emergency response.

#### B. Committee Meetings

- During the second quarter, CSEMS conducted the following meetings:
  - [October 13, 2020 - RSAF Grading](#)
  - [October 14, 2020 - CISM Team](#)
  - [October 15, 2020 - Regional Pharmacy Committee](#)
  - [October 27, 2020 - Board of Directors](#)
  - [December 17, 2020 - Medical Control Review Committee](#)
  - [December 17, 2020 - Instructor Network Meeting](#)
  - Minutes for all regional meetings under OEMS contract are included in [Appendix F](#) of the [CSEMS Quarterly Report](#).

#### C. State Committee Responsibilities

- Due to the COVID-19 Pandemic, state committee meetings have been canceled. However, the regional director has participated in bi-weekly virtual meetings with the Medical Direction Committee to discuss pandemic response and pressing issues that may impact Virginia's EMS system. OEMS division staff present a bi-weekly update for Regional EMS Council Directors on Fridays (recordings posted on the [OEMS website](#)). A separate meeting is held bi-weekly on Wednesdays with Regional EMS Council Executive Directors to collaborate and unify processes across the state. On December 10, 2020, CSEMS Regional Director, Daniel Linkins,

attended the state EMS Advisory Board's Executive Committee Meeting and New Member Orientation, presenting an overview of the Regional Hybrid Office Structure in place for Central Shenandoah, Blue Ridge, and Rappahannock regions. Minutes are available for this meeting on the [Virginia Office of EMS website](#).

#### D. Continuation of Operations

- CSEMS staff have been working toward revising the Continuity of Operation Plan for the regional office, conforming to the VDH Template. However, due to staffing limitations and implementation of emergency plans during the COVID-19 pandemic, this project has not been completed as of the end of the fiscal year. Discussions have occurred with the Central Shenandoah Health District regarding collaboration for continuity of operation plans. Currently, the network infrastructure of CSEMS is under transition, so the plans will be revised as the transition is completed. The current plan, however, has been reviewed without change, save updating of personnel in line with current staffing status. A copy of the 2020 COOP is provided in [Appendix B](#) of the [CSEMS Quarterly Report](#). Additional training has not occurred due to lack of staffing (only two personnel have been regularly working in operations since October, 2020). Due to the COVID-19 Pandemic, some elements of the COOP have been active since March, 2020.

#### E. Regional Policies and Bylaws

- OEMS employees follow Human Resources policies of the Virginia Department of Health, Office of EMS. There is only one full-time CSEMSC employee as of December 31, 2020. Two additional positions will begin work within the first 45 days of the New Year. However, as the transition to a Regional Office is completed, the policy manual will be revised to account for part-time instructors and reporting structure with OEMS employees. The most recent policy manual was produced under previous leadership, but is included for reference in [Appendix C](#) of the [CSEMS Quarterly Report](#).
- CSEMS Corporate Bylaws were updated in October, 2020 to implement virtual meetings, permit designated representatives for board members, establish term limits, and reduce duplication of

published reports. The updated Corporate Bylaws are included in [Appendix D](#) of the [CSEMS Quarterly Report](#).

#### F. CSEMSC Financial Reports

- Financial records were independently audited by Kathryn C Warren, CPA from Advantage Accounting & Tax Solutions, Inc. Findings from the audit indicate that the attachments included in the Annual Report ([Appendix A](#)) appropriately represent the financial status of the Central Shenandoah EMS Council, Inc. Each year, as a 501(c)3 organization, the Central Shenandoah publishes an annual report. This report is included in [Appendix A](#) of the [CSEMS Quarterly Report](#).

## II. Regional Medical Direction

A. CSEMSC maintains a contract with Dr. Asher Brand, an experienced Emergency Medicine physician who began his career as an EMS provider. Dr. Brand is very active in the EMS system, and is available to EMS providers, agency leaders, and regional staff 24 hours a day. He participates in regional and agency meetings, hosts provider briefings as needed, and assures that protocols and practices are current with the latest science. He chairs the Medical Control Review committee, and actively participates in regular workgroup meetings. Information on current workgroups is available at <https://www.csems.org/agencies/performance-improvement/>

- CSEMS Performance Improvement topics are developed and monitored by the Medical Control Review Committee's (MCRC) Performance Improvement Subcommittee. The MCRC identified the following topics for performance improvement during the current designation cycle:
  - Airway management, Cardiac care and Post Arrest
  - Trauma Triage and Management
  - Opioid Overdose Management
  - Pediatric and Neonatal Cardiac Arrest
  - Sepsis Management
  - Stroke Management
- Specific schedules are still in development, pending full staffing. Under the current CSEMS structure as a Regional Office of EMS, staffing

will be provided by the Virginia Department of Health. Staffing delays have prevented further development of specific plans and schedules, but will resume upon onboarding of the new Performance Improvement Specialist in February, 2021.

#### B. Regional Protocols

- Beginning in October, 2019, a regional protocol workgroup completed a rewrite of the [regional protocols](#). To make the document flexible for real-time updates, a new digital format has been utilized. The protocols were finalized in June, 2020, and education is being developed for a rollout with implementation originally scheduled in late Fall 2020. The release of the [2020 AHA guidelines](#) required revisions to the resuscitation protocols. 2020 AHA revisions have been completed, and the education program is in progress, with a new anticipated formal release of the new [CSEMS Patient Care Protocols](#) at the end of February, 2021.

### III. Regional Planning

#### A. Participation in agency planning

- CSEMS regional staff attend meetings across the region in support of EMS operations. In these meetings, CSEMS is able to provide regular updates to EMS agencies regarding state and regional initiatives. Staff are also kept informed on local protocols, practices, and projects in order to improve coordination of regional resources. Staff attended the following meetings during the second quarter of FY21.
  - Augusta LEPC Meeting 10/14/2020
  - Rockbridge Officers Association 10/20/2020, 11/17/2020, 11/15/2020
  - Augusta County Emergency Services Officers Association 10/27/2020, 11/24/2020
  - Northwest Regional Health Care Coalition 11/12/2020
  - Harrisonburg/Rockingham Task Force 11/12/2020
  - VCU - Educator Summit (ODEMSA Region) 11/13/2020
  - CSEMS Regional Protocol Workgroup 11/17/2020
  - Highland County EMS Planning Meeting 11/23/2020
  - Staunton-Augusta-Waynesboro EMS Surge Operation Meeting 11/25/2020, 12/2/2020, 12/16/2020, 12/23/2020

#### IV. Regional Coordination

##### A. Education

- CSEMSC is an authorized training center for the American Heart Association (AHA) under the direction of Laurie Cook and, most recently, the National Association of EMTs (NAEMT) under the direction of Daniel Linkins. Class capacity has been reduced to provide more than six feet of physical distance between students. Students are provided their own manikins (1:1 ratio) for all classes, and masks are required during classes. Enhanced disinfecting and sanitation practices have been implemented in accordance with AHA and CDC guidelines. Courses have not yet initiated for the NAEMT Training Center due to resource limitations during the pandemic. AHA Training Center Activity has been included in [Appendix I](#) of the [CSEMS Quarterly Report](#).
- CSEMS has partnered with the Thomas Jefferson EMS Council as a webcast site for a new Virtual Learning Continuing Education program. The initial program launched on 11/30/2020, with a cardiology presentation by Dr. Briana Tully.

#### V. Special Projects

- A. Regional Office Directors for CSEMS, BREMS, and REMS continue to meet regularly to collaborate on regional operations and transition planning. A *Best Practices* document for transitioning a Regional Council to a Regional Hybrid Office of EMS was submitted for review to the Executive Leadership Team in early January, 2021.
- B. Network installation is in progress for the CSEMS regional office, along with audio/visual enhancements to improve virtual meeting coordination, educational programs, and workflow management.

#### VI. Conclusion

The Central Shenandoah EMS Regional Office continues to work with regional stakeholders to improve systems of care throughout the region. The CSEMSC Board of Directors and the Virginia Office of EMS staff remain committed to the success of the Regional Hybrid model, working through challenges, both anticipated and unanticipated, to provide citizens in the Central Shenandoah EMS region quality emergency care. Through coordinated emergency response, the region will reduce death and disability by improving access to care, promoting quality provider education, and distributing resources as needed. Future plans will embrace the Virginia Department of Health's vision *to become the healthiest state in the nation* through community prevention initiatives.



# Appendix

## B



## Blue Ridge EMS (BREMS) Regional Office

### I. Participation in Local, Regional and State EMS Activities

BREMS/OEMS Staff participate in local/regional activities in support of agency operations as a regional system. Our regular monthly and quarterly meetings have been conducted as conference calls. BREMS coordinated efforts with the Centra hospital system to continue emergency management conference calls. Our Regional Medical Director, Dr. Wendy Wilcoxson, provided information updates for EMS. The bi-weekly, monthly, and quarterly calls help to identify goals and objectives necessary to meet regional needs. The BREMS region encompasses a committed and engaged group of EMS Leadership, EMS providers, EMS agencies, and physician medical directors.

The following activities were attended by BREMS leadership:

- A. Numerous local and regional virtual conference calls during the 2<sup>nd</sup> quarter FY 2021:
  - Regional EMS Council Director's Group Weekly conference calls during the quarter:
    - Virginia Heart Attack Coalition (VHAC)
    - COVID-19
    - Medical Direction
    - Staff Meetings
    - RSAF Grant Reviews
    - Continuous Quality and Performance Improvement (CQI)
    - Accelerated Paramedic Program (APP)
    - 12/30/2020- Director's Call
    - 12/30/2020- BREMS Staff Meeting
  - Hospital System (Centra) and BREMS conference calls during the quarter:
    - Centra A-Fib Meeting
    - 11/5/2020- Chest Pain Council Meeting
    - 12/4/2020- DDNR Meeting with Centra
- B. State Virtual conference calls during the 2<sup>nd</sup> quarter:
  - Division Manager Meeting conference calls
  - OEMS & Regional EMS Council Update conference calls

## **II. Consolidated Testing Services**

- A. Due to COVID-19, all CTS practical exams were canceled for October, November, and December of 2020.

## **III. Regional EMS Council Meetings, Operations and State Regional Office Transition Progress**

- A. To fulfill regional responsibilities of the BREMS Council, the following meetings were conducted in the 2<sup>nd</sup> quarter of FY 21:

- October 13<sup>th</sup>- BREMS Board of Director's Grant Review (first in person meeting). Met in person November 12<sup>th</sup> and December 15<sup>th</sup> (offered virtual for members as well).
- Multiple meetings between BREMS staff and Regional Medical Director on protocol review for CQI benchmarks and the Advanced Paramedic Program. These meetings included communication on COVID-19 regional protocols and policies. The CQI Plan to be updated and approved by the Regional CQI meeting on October 13, 2020.

B. BREMS/OEMS State Regional Office Transition Update

- The Department of General Services (DGS) Division of Real Estate Services (DRES) has forwarded the request for proposals (RFP) to their real estate broker (Divaris) to secure a new location for the BREMS office.
- October 30<sup>th</sup>- VDH/OEMS Lynchburg Tour of office space.
- November 12<sup>th</sup>- BREMS Board of Directors met to discuss potential office space from the tour on October 30<sup>th</sup>. The Board of Directors decided to reach out to CVCC for possible office space.
- December 9<sup>th</sup>- Zoom meeting with CVCC, VDH, DRES, and BREMS for potential office space.
- Held interviews on December 18<sup>th</sup> for the Performance Improvement Specialist position. Position was offered and accepted by the top candidate, Jennifer Kersey. Ms. Kersey begins work at the BREMS Regional Office on Monday, January 25, 2021.
- OEMS and BREMS staff have been working collaboratively on the following:
  - Vehicles and their maintenance.
  - Worked together to fill the Regional Medical Director position- filled on August 17<sup>th</sup>, 2020 by Dr. Wendy Wilcoxson.
  - New Employee Training for the Regional Medical Director.
  - Equipment distribution for the Regional Medical Director (laptop, and cell phone).
  - RFP status of the BREMS office.
  - BREMS Strategic Planning

- Ann Wilson, Administrative Assistant, staffs the front desk and takes care of all daily office logistics for BREMS. She continues to manage all equipment check outs, financial records for the BREMS Council, payroll, and is the primary point of contact for office supplies, Council equipment inventory, equipment rental scheduling, Council purchasing, and vendor relations.
- Jennifer Kersey, BREMS Field Coordinator communicates, in conjunction with the Program Director, with EMS agencies, hospital administration, EMS regional leadership, EMS providers, and other regional stakeholders. The Field Coordinator updates the website information, manages customer relations, and CTS testing. The Performance Improvement Program (CQI- Continuous Quality Improvement) is the largest portion of the Field Coordinator's job. She works with the Regional OMDs and the CQI Committee on protocol development, PI policies, and benchmarks.
- Sean Regan, Part Time Training Coordinator for BREMS, works with the Advanced Paramedic Program, Handtevy Program, Regional Heartcode Recertification Program, and all educational trainings offered in the BREMS region.
- Mary Kathryn Allen, Program Director, manages office operations, coordinates with OEMS leadership, handles interactions with other regional EMS councils, coordinates all regional drug box developments/issues and paperwork, and provides program support for all committee meetings. Mary Kathryn also works directly with EMS regional leadership, hospital leadership, and other regional stakeholders.
- Dr. Wendy Wilcoxson, Regional Operational Medical Director, coordinates and continues to work with Centra Health, Central Virginia Health District, and the EMS leadership on a regional vaccination plan, antigen testing, PCR testing, and PPE distributions and staffing issues. She is providing weekly COVID updates to all, protocol and CQI weekly review, and attends many conference calls across the region in support of EMS.

C. Professional Development

- Mary Kathryn and Dr. Wilcoxson continue to work on VDH trainings offered during the second quarter.

#### IV. Education & Projects

- A. BREMS coordinates regional education training and is a resource for other EMS Programs and Educators in the region. This quarter presented some challenges because of COVID-19 for education in the BREMS region.
  - All APP candidates have completed a 40-hour internship with our current APP providers. We have worked on an APP CQI program and will begin this process in January 2021.

- B. Under the direction of Dr. Wendy Wilcoxson, BREMS is working on the following education/training projects;
- Ultrasound- currently working on protocols for the implementation of POCUS in cardiac arrest patients and lung trauma patients.
  - Handtevy- the app and handbooks are complete. All EMS agencies have been contacted to set up teaching dates for their agencies.
  - Meeting with Peter O'Brien, MD and Christian Butcher, MD to consider how to broaden the ECMO program to the counties; currently successful in Lynchburg.
  - BREMS has reached out to the local health department in regards to the vaccination plan from VDH. BREMS is working with Central Virginia Health District, Centra, and the local EMS leadership to determine how EMS can support vaccinating and potentially testing for COVID. Dr. Wilcoxson and Dr. Gately are the Regional Information Command for the COVID Penny is a 25-year EMS veteran and very excited to work with BREMS.
  - BREMS is working with LFD on a project for BiPaP. On track to begin trainer education in January, and provider rollout in February.
  - BREMS has begun a new Regional CQI program based on protocol-driven benchmarks and related data points.
  - Still continuing to work on the Monday.com platform.

## V. COVID-19 Operations

- A. Operation Change Dates due to COVID-19:
- BREMS participates in hospital Emergency Management Meetings related to COVID operations.
  - BREMS worked with Centra to provide COVID positive patient information to EMS agencies. This has allowed EMS to be notified sooner of positive patients to help identify needs in agency employee/provider health guidance and exposure mitigation during COVID.
  - BREMS continues to work with EMS agencies, the hospitals, and the local health department in regards to COVID positive patient notifications, and PPE distribution.
  - We are continuing with ongoing COVID support to region; including development of the BREMS Vaccination protocol- January 2021.
  - BREMS COVID Treat & Release Order - reinstated for the region by Dr. Wilcoxson and the order will expire on 3/31/2021.
  - BREMS is completing the weekly COVID activity reports for Karen Owens.
  - Staffing across the region is at critical levels for every agency/locality. Many EMS agencies were short staffed before COVID and with illness now, we are having to put trucks out of service every day. Future issues

we are trying to address include everything from vaccination and faster testing short term, to a faster pipeline for education and new recruitment sites long term.

- BREMS continues to work on vaccination planning. For EMS providers we are working on sharing information to support safety and personnel discussion. For the community we are looking at large scale vaccination events planned with Lynchburg City and working on similar smaller events in the surrounding localities.
- Coordinating Antigen testing now for regional EMS agencies.
- Discussing PCR testing thru the state LabCorp contract as a backup and BREMS is interested in developing and coordinating this as a regional support to the localities. BREMS is currently waiting on more information from OEMS.
- PPE distributions continue from the BREMS office to the localities. Some agencies are experiencing PPE backorders from 2-6 weeks.

**B. BREMS Office**

- Currently all staff is teleworking 75% of the time.
- Staffing maximum of 2 personnel in the building, operating only for PPE distribution and other essential services.
- Staffing the office 3-4 times a week and those hours are given to the EMS agencies weekly allowing appointments to be made for drop offs, PPE pickups, etc.

**C. BREMS participates in the Regional EMS Council Executive Director's Group (REDG) bi-weekly conference calls.**

**D. BREMS participates in the OEMS/Regional EMS Council bi-weekly conference calls.**

**E. Most of the regional EMS council meetings/quarterly meetings were held via conference calls. The Board of Directors met in person in November and December and Performance Improvement committee meeting held in person while adhering to social distancing guidelines. We offer virtual meeting option for members as well.**

# Appendix

## C



## Rappahannock EMS (REMS) Regional Office

### I. Participation in Regional Activities

REMS/OEMS staff participates in various regional meetings and activities in support of agency operations as a regional system. Participation in jurisdictional and/or hospital and system meetings enables the regional office to stay informed about issues experienced by agencies, in order to better align regional goals and objectives with the needs of the agencies. These meetings also provide an opportunity for REMS/OEMS staff to provide important informational updates to agency leadership and other healthcare providers. The REMS region, which includes Planning Districts 9 and 16, is comprised of an engaged community of both EMS providers and agency leaders.

- A. The following regional meetings/activities were supported by REMS/OEMS staff during this reporting period:
- 10/17/2020 EVT testing hosted at Reg. Training & Simulation Center
  - 10/26/2020 RAHD Meeting on COVID-19 testing
  - 11/09/2020 EMS Agency Training Center Use: PHI Air Medical
  - 11/18/2020 BeWell Rappahannock Meeting
  - 12/02/2020 Hospital Staff Training Center Use: TNCC
  - 12/11/2020 Community Paramedic Discussion with MWH
  - 12/16/2020 OEMS Training Center Use: Program Rep. Meeting
- B. The REMS is integrated with the Northwest Regional Healthcare Coalition (NWRHC) and attended several meetings during this reporting period.
- 10/27/2020 NW Regional Healthcare Coalition Meeting
  - 11/12/2020 NW Regional Healthcare Coalition Meeting
- C. The REMS Council also participated in conference calls with agency leadership and management related to COVID-19 operations; REMS provides updates and information from other meetings to ensure timely and accurate distribution of information to the end-user agency-level operations.



## II. Regional Council Meetings and EMS Operations

- A. The REMS Council has held weekly staff meetings since the declaration of the pandemic and the activation of the COOP in order to ensure understanding of changing procedures and to promote prompt sharing of staff projects and needs.
- B. In addition, in order to fulfill contract and regional EMS Plan responsibilities of the REMS Council, a number of meetings were conducted in FY21 Q2 related to:
- 2020 Protocol Update: Train the Trainer
  - Regional Pharmacy Committee Meeting
  - Regional Blood Product Workgroup Meeting
  - Regional Performance Improvement Committee Meeting
  - Regional Grant Committee Meeting
  - Regional DEA and Pharmacy Workgroup Meeting
  - Strategic Planning Committee Meeting
  - Regional Heart and Stroke Committee Meeting
  - Regional Guidelines and Training Committee Meeting
- 
- The REMS/OEMS staff continued to respond to requests for PPE from area EMS providers and distributed items from the remaining SNS and OEMS deliveries.
  
  - The REMS/OEMS staff fielded a request from Orange County for assistance with their BLS/EMT release process; technical support was provided.
  
  - The REMS Council is tasked with reviewing and processing the release documentation for ALS providers seeking to practice in the region. Once the documentation packet is approved the Regional Education Coordinator (REC) schedules an in-person meeting with the candidate to administer a written test, provide an ID badge, obtain OMD validation, and finalize the documentation.
    - On October 7, the REC conducted an ALS Release for the City of Fredericksburg
    - On October 21, the REC conducted an ALS Release for the City of Fredericksburg
    - On November 6, the REC met with the OMD for Colonial Beach for paperwork processing.

- On November 18, the REC conducted an ALS Release for the City of Fredericksburg.
  - On November 23, the REC met with the OMD for the City of Fredericksburg for paperwork processing.
  - On December 16, the REC conducted an ALS Release for Caroline County
  - On December 17, the REC met with the OMD for Caroline County for paperwork processing.
- The REMS Council is partnered with the Virginia Center on Aging, Geriatric Education Center at VCU. There are plans to provide EMS providers throughout the region with education on POST, DDNR, and end-of-life decision-making.
  - The REMS Council signed an agreement to have the Regional Training and Simulation Center designated as a webcast site for Virtual Instructor Led Training (VILT). The REMS Council has partnered with the Thomas Jefferson EMS Council to provide additional EMS education to providers in the region.
  - The REMS Council also started building out resources to share information and data related to human trafficking in an effort to improve awareness in the EMS community.
  - EMS agencies and providers were encouraged to participate in the Ashes2Art program which was sponsoring a Gingerbread House building contest.
  - There was a discussion at the regional committee level regarding a new push to have EMS providers perform legal blood draws as hospitals and other entities are pushing back against participating.
  - The regional Heart and Stroke Committee is gathering information on Pulsara to determine the cost and benefits of implantation in the region.
  - The protocol sub-committee reviewed the 2020 AHA Guidelines and made recommendations on protocol updates to remain current.
  - There was a safety alert routed through the EMS community regarding contaminated marijuana which had been discovered in patients at several nearby hospitals.

### **C. Critical Incident Street Management / Mental and Psychological Health**

- The REMS Council maintains an active state accredited CISM team (multi-disciplinary 39-member team) and provides on-going support of the region's EMS operations through education, defusing, debriefing, psychological 1<sup>st</sup> aid and Stress First Aid.
  - For this quarter, the CISM team was activated two times and provided defusing and debriefing services to both individuals and groups related to prolonged/complicated incidents, public-safety-

incidents such a provider fatality or suicide, child/infant deaths, and fatal fires.

- The REMS Council was also proactive in providing mental health awareness, chronic fatigue management, and other educational offerings through direct offerings and social media. Free seminars on topics such as cumulative trauma and psychological first aid are made available to the regional EMS system, training is offered to recruit schools and initial EMS certification courses, and support is provided at funerals for grieving EMS providers, etc.
- Monthly training and meetings remain virtual/online given the complications with the pandemic. The International Critical Incident Stress Foundation (ICISF) is also conducting training and instructor courses in a virtual environment.

#### **D. Mobile Integrated Health / Community Paramedic (MIH-CP)**

- The REMS Council, at the request of EMS agencies, has been working on the infrastructure for a MIH-CP program for many months. The stakeholders group met on October 14 and November 18.
- The MIH-CP project continues to move forward. Under a partnership with a healthcare software organization, Heudia, there were several focus group meetings to design a digital platform and app for sharing community health resources. Weekly updates on the project were provided during meetings with staff and Heudia to discuss AccessMeCare.
- During this reporting cycle the Regional Systems Coordinator (RSC) continued to align the program structure with identified statewide initiatives from the Governor's office as well as elements from the VDH Strategic Plan to promote public health initiatives in Virginia. There was also a meeting with the REMS Council BOD President on November 30 to discuss options for moving forward with additional program components.

#### **E. Consolidated Testing Services**

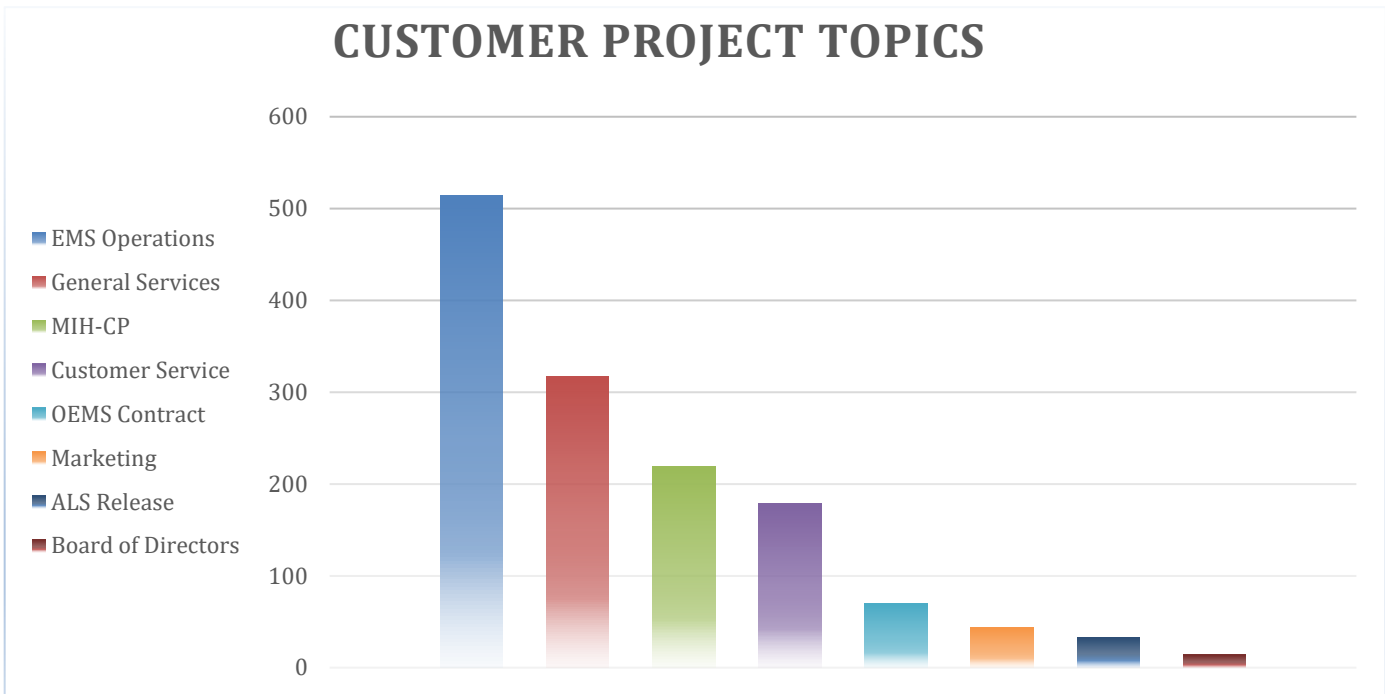
- Due to COVID-19, all CTS practical exams were previously canceled for the balance of 2020.

#### **F. Regional EMS Council Operations**

- The REMS Council was selected as a scientific sample of business across the United States and submits monthly payroll and performance data to the US Department of Labor Bureau of Labor Statistics.
- The REMS Council staff participated in various training and professional development events for streamlining operations including a Regional Director's Group Meeting on 10/07/20, GoToMeeting training on 10/13/20, Monday.com training on 10/18/20 and 11/05/20, VPHIB training on 11/05/20, Google Suite training on 12/03/20

- REMS Council Board of Director meetings occur bi-monthly. During this reporting period the BOD met at the Catlett Fire/Rescue Department in Fauquier County on October 21 and virtually on December 9. The BOD was provided with information from recent reports of heroin and opioid use data, a graph of advanced procedures performed in the field, as well as the National Report on Violence against EMS Practitioners. Some additional topics on the agenda for discussion included:
  - There was a COVID-19 response and vaccination discussion by the Regional OMD and the Rappahannock Area Health District.
  - A brief summary of the legislative actions that had occurred since the last meeting was provided, including updates on the special session of the General Assembly. Legislative reports and grids from OEMS were provided to the BOD.
  - Several action items were on the agenda as well:
    - The BOD took up and approved the FY2020 Annual Report, the REMS Council Continuity of Operations Plan, the regional Strategic EMS Plan, the Performance Improvement Schedule and Topics, as well as updates to the Regional ALS Release Preceptor Handbook.
  
- The REMS Council is continuing the transition to a cloud environment and is utilizing Google-suite for digital file management; the office also continues to use GoToMeeting platform for virtual meetings.
- The REMS Council staff provides regular assistance to providers in the region answering questions on re-certification requirements and providing information on educational offerings. Additional specific assistance was provided by scanning and submitting validated CEU for providers.
- The Regional EMS Director was appointed as a member of the Germanna Community College Board Emergency Medical Services Citizens' Advisory Committee for the 2020-21 academic year.
- The REMS Council staff tracks their work time electronically. This allows leadership to track certain projects' time allocation in an online platform and see where work time is spent. The staff spends a large amount of their time providing customer service to individuals and EMS agencies in the regional EMS system. Although predominantly serving EMS providers, approximately 25% of their time goes to non-EMS individuals. These examples of time spent are for 2Q FY21.

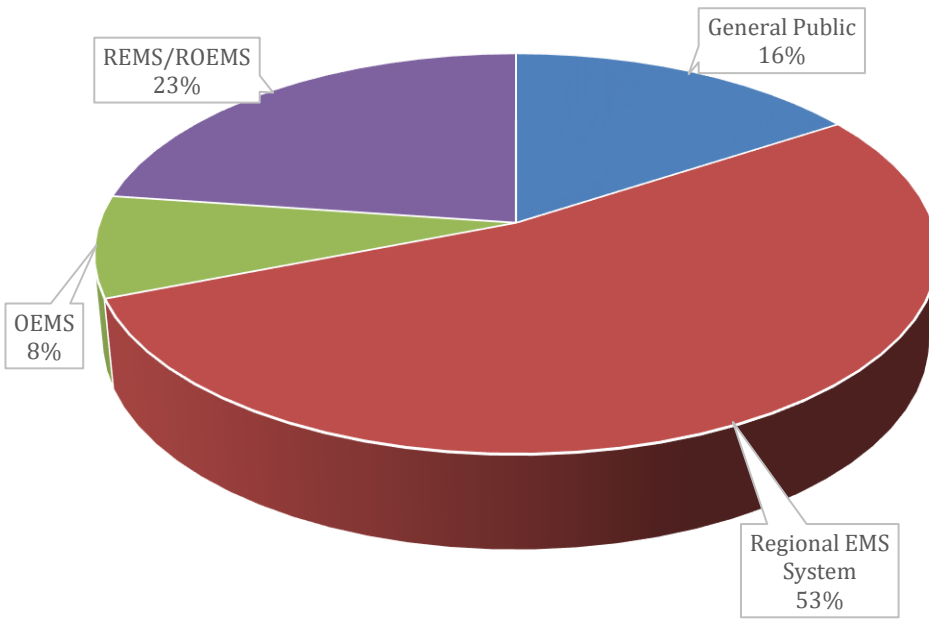
## CUSTOMER PROJECT TOPICS



This chart depicts the time allocations for various projects that staff support. General Services includes projects such as distributing health and safety information on social media, promoting community health and safety, public education on seasonal topics such as heat or cold exposure, Stop the Bleed, or drug overdose awareness. Some projects, such as MIH-CP are broken out and tracked specifically.

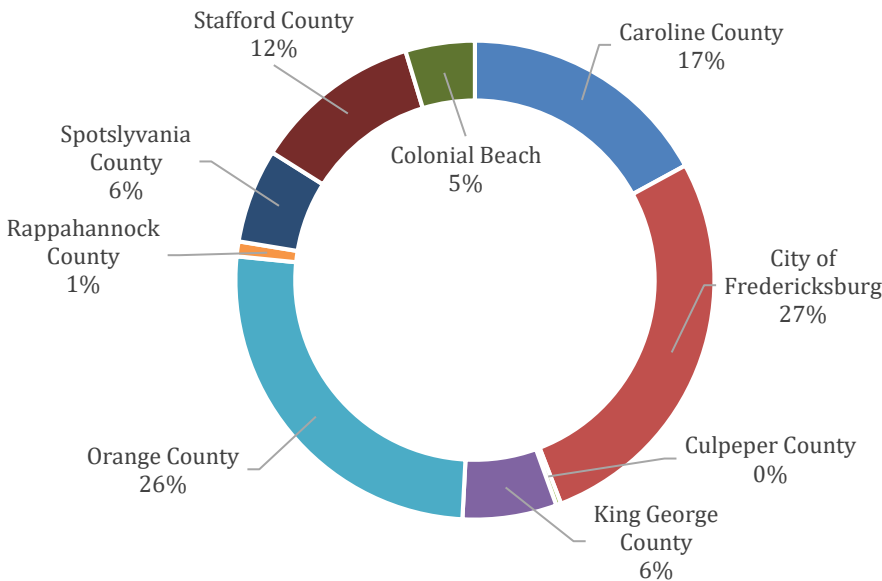
EMS Operations include projects specific to EMS operations such as regional contracts for medication restocking, regional planning for response to MCI and pandemics, or work on CLIA waivers or OMD contracts. Some specific projects, such as the regional release of ALS providers, is broken out and specifically tracked.

### Staff Work Product Origin



The REMS Council provides work products to various different customers, whether it be a request from a locality or EMS agency, a need identified for the general public health and welfare, or something related to the operations of the Regional OEMS. One major component of work time allocation is for contract deliverable items through the OEMS Contract.

### Locality Customer Allocation



This chart depicts a breakdown of the time spent working with a specific locality rather than the general regional EMS system. This allocation changes throughout the year as needs of agencies and jurisdictions ebb and flow.

### G. REMS/OEMS Hybrid Office Restructuring Update

- The REMS Regional EMS Director position was filled at the end of May 2020. The conversation continues regarding the other positions and when they may be available for advertising and filling. The remaining staff at the council continued to be supervised by the Regional Director.

- Fiscal and general operations continue with the Regional EMS Director administering the budget, processing bills and invoices, and performing payroll and HR duties for the REMS Council staff. Updates and meetings are held with the BOD President and Treasurer as needed.
- Until a new building is located, the REMS Council continues to occupy property belonging to MWH. However, the obligation for maintenance on the building and grounds remains the responsibility of the occupants. The staff works to maintain the grounds and provides most of the building maintenance, including painting, replacing damaged ceiling tiles, replacing used bulbs, carpet cleaning, maintenance of landscape and grounds such as removal of leaves and debris, removal of overgrowth, and maintaining the signage and markings of the parking lot.
- The building – more than 8,500 square feet – also includes a very large training and simulation center. Organization and maintenance of training center facilities and equipment also remains a responsibility of the staff.
- The staff maintains a website to provide updated information and resources; the office manager currently posts and manages the site until there can be a transition to the VDH website
- The REMS Council continues to use the regional director’s group IT infrastructure and will likely transition to VDH network once the new building site is located.
- The Regional Office of EMS Transition Workgroup met on November 3 and reviewed the RFP submissions for a potential building location.
- The ROEMS received two vehicles from OEMS on December 7.

## **H. COVID-19 Operations**

- REMS activated the COOP in April of 2020 and implemented modified staffing, moving each employee to telework. Staff organized rotating schedules to minimize the number of personnel in the office while still meeting needs of the customer.
- REMS Council leadership has been actively engaged with agency leadership from Stafford County, Prince William County, Fauquier County, MCB Quantico, City of Fredericksburg, Caroline County, King George County, and Spotsylvania County regarding the specific needs and alternative operations plans during weekly and monthly conference calls.
- The 9-1-1 for Kids Program remains on hold due to closure and/or alternative schedules of the schools. Stop the Bleed and Hands-Only CPR programs have also come to a halt due to COVID-19 pandemic.
- The REMS Council announced to the region a process as well as the testing guidelines from OEMS to utilize the Abbott BinaxNOW COVID-19 Antigen Cards (“BinaxNOW”). EMS Physicians, Agencies and

leadership were provided with information on how to access the testing materials.

- Various updates and alerts from the Virginia Fusion Center and other state and national agencies related to public safety, cyber threats, and schemes or fraudulent activities ties to COVID-19 were provided to EMS agency leadership in the region.
- The REMS Council forwarded information from the Northwest Healthcare Coalition provided on the 3M TR-300 (Versaflo) hood with the Breathe Easy PAPR.
- The revised CMS Repayment Terms for Medicare Loans for Providers announced under the Accelerated and Advance Payment (AAP) program was shared with EMS agencies and leadership in the region.
- The BOD was made aware of the Statewide Forensic Epidemiology report from the Office of Chief Medical Examiner regarding the 70% increase in fatal drug overdose compared to the previous year, as well as other impacts of the COVID-19 pandemic.
- On August 27 Congresswoman Abigail Spanberger hosted a roundtable with maternal and community health professionals to discuss challenges and federal relief needs related to COVID-19.
- The National Highway Traffic Safety Administration (NHTSA) in partnership with the NEMSIS Technical Assistance Center released a dataset including 20 million EMS activations. There is significant interest in reviewing EMS response to COVID-19 and the regional EMS system and BOD was provided with access to the dataset.
- The NHTSA resource reporting tool for organizations to report personnel shortages and PPE supply status to state and federal officials was also shared throughout the region.
- Additional N95 Fit Test Train the Trainers Sessions offered through Virginia National Guard were announced and promoted to EMS agencies in the region.
- EMS Agencies were encouraged to provide public comment and feedback on the 2021 Field Triage Guidelines revision by way of the American College of Surgeons.
- The BOD was provided with the NHTSA Office of EMS Annual Report and also updated on the NAEMT position supporting FirstNet and the PSAC as well as the concerns surrounding the licensing and frequency issue related to the 4.9 GHz public safety ban.
- With the various Executive Orders limiting gatherings and functions, the REMS Council office is closed to the public. Operations are handled remotely when possible.
  - Visitors are accepted by appointment only.
  - Staff works in the building individually and responds as needed to requests for PPE distribution and other essential services.



- All council and committee meetings occurred virtually, using GoToMeeting software platform.

### III. State, National, and International Activity

- A. Committee and group activity related to the state EMS Advisory Board meeting in Norfolk for November was cancelled. However, REMS/OEMS staff participated in the following statewide meetings and discussions:
  - 12/10/2020 EMS GAB Executive Committee Meeting / Orientation
  - 12/14/2020 Health and Human Resources Subpanel Meeting
- B. REMS Leadership joined weekly division manager meetings with OEMS staff to provide updates on progress and share information between the regional office and central office operations.
- C. REMS Leadership participated in weekly VDH partner’s meetings to follow updates and information pertinent to EMS operations in the region.
- D. REMS Leadership also shared weekly updates on programs and services in meetings with the regional director’s group; conversations were held on various topics related to regional EMS operations and COVID-19 issues occurring in the other ten council regions.
- E. As a fairly new Regional Office of EMS (ROEMS) entity, the REMS Leadership also connected with the Regional EMS Directors from the other two ROEMS in weekly meetings to identify strategic planning needs, establish operational goals, and review best practices.
- F. Participation by REMS/OEMS Staff also occurred in the following National and International Meetings:
  - 10/27/2020 Trends in Management of Sepsis Patients
  - 10/29/2020 NAEMT Military Relations Committee Meeting
  - 10/29/2020 NHTSA Agency Wellness Programs Best Practices
  - 11/10/2020 HeartSafe Community Champion National Conference Call
  - 11/24/2020 EMS Grand Rounds – Performance under Pressure
  - 12/07/2020 COVID-19 clinical rounds presentation
  - 12/08/2020 COVID-19 clinical rounds presentation
  - 12/08/2020 NAEMT Committee Meeting
  - 12/08/2020 HeartSafe Community Champion National Conference Call
  - 12/09/2020 HHS/ASPR COVID-19 Outpatient Management
  - 12/10/2020 National COVID-19 Grand Rounds
  - 12/21/2020 CDC – COVID-19 Partner Update

- G. Council staff shared information published through the National Institute for Occupational Safety and Health (NIOSH) regarding the federal notice on National Elastomeric Half Mask Respirator strategy.
- H. Information from ASPR TRACIE Updates, the NEMSAC and FICEMS meetings, the 2020 National EMS Assessment, as well as information on the EMS Sleep Health Study was shared throughout the EMS community.