

**Training and Certification Committee**  
**OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia**  
**April 10, 2013**  
**10:30 am**

Members Present:	Members Absent:	Staff:	Others:
Larry Oliver – Chair Kathy Eubank William Ferguson Dr. Robin Foster Mike Garnett Dr. Charles Lane Rick McClure Stephen Rea	Holly Frost Tom Nevetral	Warren Short Greg Neiman Debbie Akers	Cathy Cockrell Jason Ambrose Marcia Pescitani

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>I. Welcome</b>	The meeting was called to order at 10:30 am.	
<b>II. Introductions</b>	Committee Members and Guests introduced themselves	
<b>III. Approval of Agenda</b>	The Committee reviewed the Agenda for today's meeting. <b>(Attached)</b>	<b>Motion By Rick Second by Steve</b>
<b>IV. Approval of Minutes</b>	The Committee reviewed the minutes of the July 11, 2012 Quarterly Meeting <b>(Attachment: A)</b>	<b>Motion by: Rick McClure To approve the July 11, 2012 Minutes f the TCC Seconded by: Kathy Eubank Unanimously Approved.</b>
<b>V. Review of Discussions from January 9, 2013</b>	The Committee reviewed the discussion from the January 9, 2013. <b>(Attachment: B)</b>	
<b>VI. Reports of Committee Members</b>	<ul style="list-style-type: none"> <li>A. Officer Reports</li> <li>B. Reports of Committee Members               <ul style="list-style-type: none"> <li>1. Chair Report – a number of issues to address today. Have struggled in the past with the representative groups to this committee so will be addressing today.</li> <li>2. Medical Direction: Dr. Charles Lane – no report</li> <li>3. Rick McClure – ALS Competency Sub Committee. Have met once and two webinar work sessions. Will be sending out a Survey to accredited programs in and outside the state.</li> </ul> </li> </ul>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Kathy Eubank – hearing concerns about the pass rates on National Registry Stephen Rea</p> <p>C. Office of EMS</p> <ol style="list-style-type: none"> <li>1. BLS Training Specialist – Greg Neiman <ol style="list-style-type: none"> <li>a. Institute <ol style="list-style-type: none"> <li>i. January 2013 - Certified 8 new EC's and 5 new ALS-C's <ol style="list-style-type: none"> <li>1. We are finishing up all of the ALS-C applications we received prior to the regulations being promulgated in October. Have a few more folks in the pipeline</li> </ol> </li> <li>ii. Next EC Psychomotor Exam is scheduled for early May</li> <li>iii. June Institute will be held in conjunction with the VAVRS Rescue College in Balcksburg, June 8-12, 2013</li> </ol> </li> <li>b. Updates <ol style="list-style-type: none"> <li>i. The DED Division has gone back on the road for 2013. See the latest schedule on our Webpage: <a href="http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm">http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm</a></li> </ol> </li> <li>c. VEMSES testing <ol style="list-style-type: none"> <li>i. Proceeding along. No real change in pass rates. Multiple-guess EMT questions continue to be the weakest area.</li> <li>ii. Still planning to roll out new essay sets soon.</li> </ol> </li> </ol> </li> <li>2. ALS Training Specialist – Debbie Akers <ol style="list-style-type: none"> <li>a. ALS-C Candidates</li> <li>b. National Registry <ol style="list-style-type: none"> <li>i. Students are floundering, Instructors are not providing guidance on the National</li> <li>ii. Registry Testing process.</li> <li>iii. Warren will cover current test stats</li> </ol> </li> </ol> </li> <li>3. Accreditation – Debbie Akers (<b>Attachment: C</b>) <ol style="list-style-type: none"> <li>a. Have 1 stand-alone BLS Accredited Program</li> <li>b. 9 Paramedic Programs have added BLS</li> <li>c. 1 Intermediate has added BLS</li> <li>d. 1 new applicant for Intermediate</li> <li>e. Funding (<b>Attachment: D</b>)</li> </ol> </li> <li>4. Certification Testing – Warren Short/Peter Brown <ol style="list-style-type: none"> <li>a. PEG has been posted</li> <li>b. Test sites still being conducted and are going well</li> <li>c. Will be posting 3 videos,</li> <li>d. revision of KED and Bleeding Wounds and Shock. In addition will be posting the EMSAT on the Testing process</li> </ol> </li> <li>5. Division of Educational Development – Warren Short</li> </ol>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> <li>a. NR Stats (<b>Attachment: E</b>) (<a href="http://www.vdh.virginia.gov/OEMS/Files_Page/Training/EMTTestStats04-01-2013.pdf">http://www.vdh.virginia.gov/OEMS/Files_Page/Training/EMTTestStats04-01-2013.pdf</a>)</li> <li>b. National Registry Test Sites. Pearson Vue (<b>Attachment: F</b>) (<a href="http://www.vdh.virginia.gov/OEMS/Files_Page/Training/PearsonVUESites.pdf">http://www.vdh.virginia.gov/OEMS/Files_Page/Training/PearsonVUESites.pdf</a>) <ul style="list-style-type: none"> <li>i. Dr Lane asked about feedback to the OMD/PCD's. Warren advised that the OMD Portal is still in development.</li> </ul> </li> <li>c. Recertification by CE has been approved through legislative change. <ul style="list-style-type: none"> <li>i. Will go into effect on July 1, 2013.</li> <li>ii. April, May, June expirees must submit waivers or test</li> <li>iii. CE MUST be received by the last business day of the month or the provider will be in reentry.</li> <li>iv. Once you meet your CE will have a button to recert early (manual process) if nothing is done new card will be issued automatically at the beginning of expiration month.</li> <li>v. Coming up shortly, will have web-based enrollment. <ul style="list-style-type: none"> <li>1. A course pin will be generated to the Instructor. They will give the pin to the students and have them register</li> </ul> </li> <li>vi. CTS <ul style="list-style-type: none"> <li>1. Office is working with the councils to see if we can assist with the process</li> </ul> </li> </ul> </li> <li>6. Regulation &amp; Compliance – Michael Berg – not present</li> <li>7. Other Office Staff <ul style="list-style-type: none"> <li>a. Gary Brown – No Report</li> </ul> </li> </ul>	
<b>VII. Previous Business</b>	None	
<b>VII. New Business</b>	<ul style="list-style-type: none"> <li>A. State EMS Plan (<b>Attachment: G</b>) <ul style="list-style-type: none"> <li>a. The Committee reviewed the changes that had been discussed during the workgroup session</li> </ul> </li> <li>B. HB 1856 – (<b>Attachment: H</b>) <ul style="list-style-type: none"> <li>a. Training Disparities, Delivery and Availability of Training (<a href="http://lis.virginia.gov/cgi-bin/legp604.exe?131+sum+HB1856">http://lis.virginia.gov/cgi-bin/legp604.exe?131+sum+HB1856</a>) <ul style="list-style-type: none"> <li>i. Warren Short discussed the House Bill as introduced by Delegate Orrock</li> </ul> </li> </ul> </li> </ul>	<p><b>Motion by: Rick McClure To: Endorse the Strategic Plan as relates to TCC's role with the changes as noted. Second by Dr Lane Unanimously Approved</b></p> <p><b>TCC will form a workgroup comprised of Kathy Eubank, Mike Garnett, and Dr. Charles Lane, to report back in July.</b></p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> <li>b. Development of BLS Template               <ul style="list-style-type: none"> <li>i. This issue is part of HB 1856 as well. Warren Short discussed this issue. This is already on MDC's radar with the Patient Care Guidelines Workgroup. There is an issue with communication.</li> </ul> </li> <li>c. OMD Appeals Process               <ul style="list-style-type: none"> <li>i. Warren discussed this component of HB 1856</li> </ul> </li> <li>C. 2014 TCC composition (<b>Attachment: D</b>)               <ul style="list-style-type: none"> <li>a. Larry Oliver discussed the history behind the committee representative groups.</li> </ul> </li> </ul>	<p><b>Depending on MDC's need, Steve Rasmussen has volunteered to be a TCC representative.</b></p> <p><b>This issue is being addressed by MDC. Dr. Lane is the MDC representative. Stephen Rea has volunteered to assist as needed.</b></p> <p><b>The Committee was given a proposed structure for they review and consideration.</b></p>
<b>VIII. Public Comment</b>	None	
<b>IX. Dates for 2013 Meetings</b>	January 9, April 10, July 10, October 9	
<b>X. Adjourn</b>	Meeting adjourned at 1:07pm	

Training & Certification Committee  
Wednesday, April 10, 2013  
OEMS Office – 1041 Technology Park Dr, Glen Allen, VA 23059  
10:30 AM  
Meeting Agenda

- I. Welcome**
- II. Introductions**
- III. Approval of Agenda**
- IV. Approval of Minutes from July 11, 2012**
- V. Review of discussions from January 9, 2013 meeting**
- VI. Reports of Committee Members**
  - a. Officer Reports
  - b. Reports of Committee Members
    - i. Chairman Report
    - ii. Medical Direction Committee - Dr. Charles Lane
    - iii. Others
  - c. Office of EMS
    - i. BLS Training Specialist - Greg Neiman, OEMS
    - ii. ALS Training Specialist - Debbie Akers, OEMS
    - iii. Funding and Accreditation – Debbie Akers, OEMS
    - iv. Certification Testing Coordinator – Peter Brown, OEMS
    - v. Division of Educational Development (DED) - Warren Short, OEMS
    - vi. Regulation & Compliance – Michael Berg, OEMS
    - vii. Other Office Staff
- VII. Previous Business-none**
- VIII. New Business**
  - a. State EMS Plan
  - b. HB1856 – Training Disparities, Delivery and Availability of Training
  - c. Development of BLS Template
  - d. OMD Appeals Process
  - e. 2014 TCC composition
- IX. Public Comment**
- X. Dates for 2013 Quarterly Meetings**
- XI. Adjourn**

**Attachment: A to the  
April 10, 2013 TCC Minutes**

**Approved  
July 11, 2012  
Minutes of the TCC**

**Training and Certification Committee**  
**OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia**  
**January 9, 2013**  
**10:30 am**

Members Present:	Members Absent:	Staff:	Others:
Larry Oliver – Chair	Kathy Eubank - Excused	Gary Brown	Marcia Pescitani
Dave Cullen	Dr. Hasan	Scott Winston	Tom Nevetral
Holly Frost	Donna Hurst – Excused	Michael Berg	Bill Akers
Nick Klimenko	Tom Jarman –Excused	Warren Short	
Rick McClure	Jeffrey Reynolds	Greg Neiman	
Stephen Rea		Chad Blosser	
		Debbie Akers	
		Peter Brown	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>I. Welcome</b>	The meeting was called to order at 11:02 am	
<b>II. Introductions</b>	Introductions were not needed.	
<b>III. Approval of Agenda</b>	The Committee reviewed the Agenda for today’s meeting. ( <b>Attached</b> )	<b>Motion by: Dave Cullen</b> <b>To: Approve the Agenda</b> <b>Seconded by: Stephen Rea</b>  <b>Unanimously Approved</b>
<b>IV. Approval of Minutes</b>	The Committee reviewed the minutes of the April 4, 2012 quarterly meeting ( <b>ATTACHMENT: A</b> )	<b>Motion by: Dave Cullen</b> <b>To: Approve the April 4, 2012 minutes as corrected.</b> <b>Seconded by: Stephen Rea</b>  <b>Unanimously Approved</b>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>V. Reports of Committee Members</b>	<ul style="list-style-type: none"> <li>a. Officer Reports – <ul style="list-style-type: none"> <li>i. Larry Oliver – <ul style="list-style-type: none"> <li>a. NREMT Proposal was approved by the EMS Advisory Board (EAB) and the Board of Health. They passed unanimously.</li> <li>b. At the EAB meeting spoke with Dr. McLeod regarding the Medical Direction Committee representation on TCC. <ul style="list-style-type: none"> <li>i. OEMS is beginning the process to reappoint members to TCC next year</li> </ul> </li> </ul> </li> </ul> </li> <li>b. Reports of Committee Members <ul style="list-style-type: none"> <li>i. Medical Direction Committee (MDC) – Dr. Hasan <ul style="list-style-type: none"> <li>a. Dr. Hasan is not present, their next meeting is tomorrow Thursday July 12, 2012</li> </ul> </li> </ul> </li> <li>c. Office of EMS <ul style="list-style-type: none"> <li>i. Certification Testing Coordinator – Peter Brown <ul style="list-style-type: none"> <li>a. First VEMSES Test was last night with 13 FR/EMR Candidates <ul style="list-style-type: none"> <li>1. Larry Oliver discussed the CTS site. All went well. Some Areas of improvement were identified and they are being forwarded to OEMS.</li> </ul> </li> <li>b. New CTS Harassment Policy was presented. <ul style="list-style-type: none"> <li>1. Discussion about adding language that the responsibility lies with the employer of the person involved</li> <li>2. Also, can evaluators dismissed for misconduct lose their Evaluator status?</li> </ul> </li> </ul> </li> <li>ii. BLS Training Specialist – Greg Neiman <ul style="list-style-type: none"> <li>a. VEMSES <ul style="list-style-type: none"> <li>1. Current Statistics: <ul style="list-style-type: none"> <li>1<sup>st</sup> Time Pass Rate: 54.68% (216/395)</li> <li>2<sup>nd</sup> Time Pass rate: 59.80% (61/102)</li> <li>3<sup>rd</sup> Time Pass Rate: 36.80% (7/12)</li> <li>4<sup>th</sup> Time Pass Rate: 100% (4/4)</li> </ul> </li> <li>b. EMT Instructor Institute <ul style="list-style-type: none"> <li>1. A total of 21 Candidates, 15 Instructors, 6 ALS-Coordinators, attended the June Institute in Blacksburg. 19 Candidates passed, two (2) candidates are incomplete as they had to leave for a minor medical issue and missed ½ a day. They will be making up the missed material soon..</li> <li>2. Next Institute is scheduled for September 2012 and will be held in the Richmond area. <ul style="list-style-type: none"> <li>a) The deadline for the written is July 15, 2012.</li> <li>b) The Practical is scheduled for August 18, 2012 in the Richmond Area.</li> </ul> </li> </ul> </li> <li>c. Instructor Updates <ul style="list-style-type: none"> <li>1. Schedule for 2012 is posted on the web. Have gone to the second Thursday of the</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li></ul>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>month, every other month. We no longer require pre-registration for the Update; information is posted on the web. Remember, Instructor/Coordinators only need to attend one update every two years</p> <ul style="list-style-type: none"> <li>a) Next Online update is Thursday, July 12, 2012</li> <li>b) Next in-person update is scheduled for VAVRS</li> </ul> <p>iii. Funding and Accreditation – Chad Blosser</p> <ul style="list-style-type: none"> <li>a. Accreditation and EMSTF reports were distributed. (<b>ATTACHMENT: B</b>)</li> <li>b. EMSTF report speaks for itself. <ul style="list-style-type: none"> <li>1. FY 2013 Contracts have been released and we have already received new contracts.</li> <li>2. Have a specific contract for VCCS Programs which is different from the regular contract.</li> </ul> </li> <li>c. Accreditation – No real changes <ul style="list-style-type: none"> <li>1. Came back from an 1-year follow-up with the Intermediate program at Rappahannock Community College. The visit went well.</li> </ul> </li> </ul> <p>iv. ALS Training Specialist – Debbie Akers</p> <ul style="list-style-type: none"> <li>a. Next Friday – July 20<sup>th</sup> will be in Roanoke for the ALS-C meeting</li> <li>b. ALS-Coordinators have had issues with Recert. Just like with EMT-Instructor, the process to recertify has not changed; Attend 1 update in the 2-year certification period and submit a new endorsement application.</li> </ul> <p>v. Division of Educational Development-Warren Short</p> <ul style="list-style-type: none"> <li>a. Enhanced to AEMT Transition Timeline (<b>ATTACHMENT: C</b>) <ul style="list-style-type: none"> <li>1. This time-line has been prepared to help explain the process for transitioning from Virginia EMT-Enhanced to NR-AEMT. We cannot make this move until the new regulations are promulgated, but we wanted to provide the outline of the process. The time-line has no dates until the Regulation implementation date is known, but does establish the expected time-periods of the transition.</li> </ul> </li> </ul>	<p><b>Motion by: Stephen Rea To: Endorse the Transition Plan as presented. Seconded by: Rick McClure</b></p> <p><b>Unanimously Approved</b></p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>b. New TPAM Policies (<b>ATTACHMENT: D</b>)</p> <ol style="list-style-type: none"> <li>1. The Office has updated and released new policies in the Training Program Administration Manual (TPAM) That became effective July 1, 2012. All Instructors/ALS Coordinators/Program Directors should download and familiarize themselves with the changes. A summary of the major changes can be found online here:  <a href="http://www.vdh.virginia.gov/OEMS/Training/TPAM/ReleaseNotes.htm#July2012">http://www.vdh.virginia.gov/OEMS/Training/TPAM/ReleaseNotes.htm#July2012</a>  The latest version of the TPAM can be downloaded from our website here:  <a href="http://www.vdh.virginia.gov/OEMS/Training/TPAM/home.htm">http://www.vdh.virginia.gov/OEMS/Training/TPAM/home.htm</a></li> <li>2. Three (3) of the new policies contain DRAFT pieces to them  T-234 Certification through Reciprocity  T-236 Legal Recognition EMT Certification  T-238 Equivalency Challenge Certification <ol style="list-style-type: none"> <li>a. Providers who are trained outside of Virginia who are requesting Reciprocity/Legal Recognition/Challenges/Equivalency will be required to submit an individual report (self-query) from the National Practitioner Data Bank (NPDB) electronically to Virginia along with their application. <ol style="list-style-type: none"> <li>i. The Data Bank, consisting of the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB), is a confidential information clearinghouse created by Congress to improve health care quality, protect the public, and reduce health care fraud and abuse in the U.S. See Table 1 for information on who can query and report to the Data Bank. (<a href="http://www.npdb-hipdb.hrsa.gov/index.jsp">http://www.npdb-hipdb.hrsa.gov/index.jsp</a>)</li> </ol> </li> <li>b. Providers with actions against previous certifications could be denied certification in Virginia.</li> </ol> </li> </ol>	<p><b>Motion by: Rick McClure</b>  <b>To: Endorse the requirement that providers trauned outside Virginia submit a report from the National Practitioner Data Bank to gain certification in Virginia.</b>  <b>Seconded by: Stephen Rea</b></p> <p><b>Unanimously Approved</b></p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> <li>c. Transition process with Registry               <ul style="list-style-type: none"> <li>1. Went into effect July 6<sup>th</sup> with a couple of headaches but they have been resolved.</li> <li>2. First VEMSES class tested last night, so tomorrow we will have our first upload to Registry which will generate the ATT letter for the written exam. We will be closely monitoring the processing.</li> </ul> </li> <li>d. NREMT-P to NRP Virginia Transition – Virginia has created the documentation required by Registry for the transition to NRP. Anyone who becomes eligible to recertify their Paramedic after April 1, 2012 will be able to download the letter from their portal to submit for their NR recertification for March 31, 2013</li> <li>e. Recent Communication               <ul style="list-style-type: none"> <li>1. Letters were sent to Instructors and ALS-Cs reminding them that students cannot be marked as passed until they have completed all course requirements, competencies, etc.</li> </ul> </li> <li>vi. Regulation and Compliance – Michael Berg               <ul style="list-style-type: none"> <li>a. Status Quo - No movement on the Regulations at this time. They have been in the Governor’s Office for 332 days. The Health Department considers approval of them a priority and has notified the Governor’s Office of this.</li> </ul> </li> <li>vii. Other Office Staff – none.</li> </ul>	
<b>VI. Previous Business</b>	None	
<b>VII. New Business</b>	<p>A. Proposal for Changes to Competencies Requirements for ALS Certification (<b>ATTACHMENT: E</b>) – Holly Frost</p> <p>Bill Akers – Program Director for Southwest Virginia Community College, presented a proposal from the Virginia Community Colleges’ EMS Peer Group regarding proposed changes to the ALS Program Competencies</p> <p>Discussion was held on the documents. Concerns were expressed about the extent of the changes and the need for more data.</p> <p>A sub-committee will be appointed to review the information and put together a new proposal.</p>	<p><b>Motion by: Dave Cullen</b>  <b>To: Accept the proposal as presented.</b>  <b>Seconded by: Nick Klimenko</b></p> <p><b>Discussion</b></p> <p><b>Motion withdrawn by Dave Cullen</b></p>
<b>VIII. Public Comment</b>	None	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>IX. Dates for 2012 Meetings</b>	January 4, April 4, July 11, October 3	
<b>X. Adjourn</b>	Meeting adjourned at 1:40pm	

Training & Certification Committee  
Wednesday, July 11, 2012  
OEMS Office – 1041 Technology Park Dr, Glen Allen, VA 23059  
10:30 AM  
Meeting Agenda

- I. Welcome**
- II. Introductions**
- III. Approval of Agenda**
- IV. Approval of Minutes from April 4, 2012**
- V. Reports of Committee Members**
  - a. Officer Reports
  - b. Reports of Committee Members
    - i. Chairman Report
    - ii. Medical Direction Committee - Dr. Nael Hasan
    - iii. Others
  - c. Office of EMS
    - i. Certification Testing Coordinator – Peter Brown, OEMS
      - 1. NEW CTS Policies
    - ii. BLS Training Specialist - Greg Neiman, OEMS
    - iii. Funding and Accreditation - Chad Blosser, OEMS
    - iv. ALS Training Specialist - Debbie Akers, OEMS
    - v. Division of Educational Development (DED) - Warren Short, OEMS
      - 1. New TPAM Policies
      - 2. New Enhanced to AEMT Transition Timeline
    - vi. Regulation & Compliance – Michael Berg, OEMS
    - vii. Other Office Staff
- VI. Previous Business-none**
- VII. New Business**
  - a. Proposal – ALS Competency Requirements Changes
- VIII. Public Comment**
- IX. Dates for 2012 Meetings**
  - a. ~~January 4, 2012, April 4, 2012, July 11, 2012, October 3, 2012~~
- X. Adjourn**

**Attachment: B to the  
April 10, 2013 TCC Minutes**

**Discussions from January 9, 2013  
meeting of TCC with no Quorum**

**Training and Certification Committee**  
**OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia**  
**January 9, 2013**  
**10:30 am**

Members Present:	Members Absent:	Staff:	Others:
Larry Oliver – Chair	Kathy Eubank - Excused	Michael Berg	Heidi Hooker
Holly Frost	Dr. Nael Hasan	Warren Short	
Nick Klimenko	Donna Hurst	Greg Neiman	
	Tom Jarman	Peter Brown	
	Rick McClure – Excused		
	Stephen Rea		
	Jeffrey Reynolds		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>I. Welcome</b>	The meeting was called to order at 11:00 am. No Quorum was present, so no action could be taken.	
<b>II. Introductions</b>	Introductions were not needed.	
<b>III. Approval of Agenda</b>	The Committee reviewed the Agenda for today’s meeting. ( <b>Attached</b> )	
<b>IV. Approval of Minutes</b>	This was skipped, due to no quorum.	
<b>V. Reports of Committee Members</b>	Discussion was held regarding: <ul style="list-style-type: none"> <li>1. The pending legislation related to criminal background checks and the recertification waivers.</li> <li>2. Are the correct stakeholders being represented on TCC? The Committee will be reviewing the TCC makeup and will make recommendations to the Advisory Board by the end of the year.</li> <li>3. The Competency Sub-committee will begin meeting soon</li> <li>4. National Registry EMT pass rates. Currently, first-time pass rate is 70% and pass by third attempt was 73%.</li> </ul>	
<b>VI. Previous Business</b>	None	
<b>VII. New Business</b>	None	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>VIII. Public Comment</b>	None	
<b>IX. Dates for 2013 Meetings</b>	January 9, April 10, July 10, October 9	
<b>X. Adjourn</b>	Meeting adjourned at 11:45am	

Training & Certification Committee  
Wednesday, January 9, 2013  
OEMS Office – 1041 Technology Park Dr, Glen Allen, VA 23059  
10:30 AM  
Meeting Agenda

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  - a. Officer Reports
  - b. Reports of Committee Members
    - i. Chairman Report
    - ii. Medical Direction Committee - Dr. Nael Hasan
    - iii. Others
  - c. Office of EMS
    - i. Certification Testing Coordinator – Peter Brown, OEMS
    - ii. BLS Training Specialist - Greg Neiman, OEMS
    - iii. Funding and Accreditation – Warren Short, OEMS
    - iv. ALS Training Specialist - Debbie Akers, OEMS
    - v. Division of Educational Development (DED) - Warren Short, OEMS
    - vi. Regulation & Compliance – Michael Berg, OEMS
    - vii. Other Office Staff
- VI. Previous Business-none**
- VII. New Business**
  - a. Stakeholder Groups**
- VIII. Public Comment**
- IX. Dates for 2013 Quarterly Meetings**
  - a. January 9, 2013
  - b. April 10, 2013
  - c. July 10, 2013
  - d. October 9, 2013
- X. Adjourn**

**Attachment: C to the  
April 10, 2013 TCC Minutes**

**Accreditation Report**

# Accredited Training Site Directory

As of April 9, 2013



**Accredited Paramedic<sup>1</sup> Training Programs in the Commonwealth**

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Associates in Emergency Care	15319	4	National – Probation	CoAEMSP
Center for EMS Training	74015	1	CoAEMSP - LOR	
Central Virginia Community College	68006	--	National – Initial	CoAEMSP
Historic Triangle EMS Institute	83009	1	CoAEMSP – Initial	CoAEMSP
J. Sargeant Reynolds Community College	08709	5	National – Initial	CoAEMSP
Jefferson College of Health Sciences	77007	--	National – Continuing	CoAEMSP
Lord Fairfax Community College	06903	--	CoAEMSP - LOR	
Loudoun County Fire & Rescue	10704	--	National – Continuing	CoAEMSP
National College of Business & Technology	77512	--	National – Initial	CoAEMSP
Northern Virginia Community College	05906	1	National – Continuing	CoAEMSP
Patrick Henry Community College	08908	1	State – Full	July 31, 2013
Piedmont Virginia Community College	54006	--	National – Continuing	CoAEMSP
Prince William County Dept of Fire and Rescue	15312	-	CoAEMSP - LOR	
Rappahannock EMS Council Program	63007	--	CoAEMSP - LOR	
Southwest Virginia Community College	11709	4	National – Continuing	CoAEMSP
Southside Virginia Community College	18507	1	National – initial	CoAEMSP
Tidewater Community College	81016	3	National – Continuing	CoAEMSP
VCU School of Medicine Paramedic Program	76011	4	National – Continuing	CoAEMSP

1. Programs accredited at the Paramedic level may also offer instruction at EMT- I, AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.
  - The Center for EMS site visit was conducted in December, 2012. Awaiting results from CAAHEP Board meeting.
  - Lord Fairfax Community College, Rappahannock EMS Council and Prince William County have received their CoAEMSP Letter of Reviews and will have their accreditation visits scheduled within the next two years. One (1) state program is still in need of obtaining their CoAEMSP Letter of Review and can enroll no new students in programs to gain National Registry certification at this time: Patrick Henry Community College.
  - Central Shenandoah EMS Council is in the process for accreditation at the paramedic level in Virginia which is described on the OEMS web page at: <http://www.vdh.virginia.gov/OEMS/Training/Paramedic.htm>

**Accredited Intermediate<sup>1</sup> Training Programs in the Commonwealth**

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Central Shenandoah EMS Council	79001	--	State – Full	May 31, 2015
Danville Area Training Center	69009	--	State – Full	October 31, 2013
Dabney S. Lancaster Community College	00502	--	State – Provisional	July 31, 2013
Hampton Fire & EMS	83002	--	State – Full	February 28, 2017
James City County Fire Rescue	83002	--	State – Full	February 28, 2014
John Tyler Community College	04115	--	State – Full	April 30, 2013
Nicholas Klimenko and Associates	83008	--	State – Full	July 31, 2015
Norfolk Fire Department	71008	--	State – Full	July 31, 2016
Roanoke Regional Fire-EMS Training Center	77505	--	State – Full	January 31, 2015
UVA Prehospital Program	54008	--	State – Full	July 31, 2014
WVEMS – New River Valley Training Center	75004	--	State – Full	June 30, 2017

1. Programs accredited at the Intermediate level may also offer instruction at AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.

DRAFT

**Accredited EMT Training Programs in the Commonwealth**

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
<b>Navy Region Mid-Atlantic Fire EMS</b>		--	State – Provisional	March 13, 2014

1. Programs accredited at the Intermediate level may also offer instruction at EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

\* Self studies have been received from: City of Virginia Beach Department of EMS, Physicians Transport Service and Rowanty Technical Center. These are being assigned to site reviewers and will have a site visit scheduled in the near future.

DRAFT

**Attachment: D to the  
April 10, 2013 TCC Minutes**

**EMSTF Reports**

# Emergency Medical Services Training Funds Summary

As of April 9, 2013





**EMS Training Funds Summary of Expenditures**

<b>Fiscal Year 2011</b>	<b>Obligated \$</b>	<b>Disbursed \$</b>
40 BLS Initial Course Funding	\$787,116.00	\$480,515.69
43 BLS CE Course Funding	\$84,000.00	\$39,042.50
44 ALS CE Course Funding	\$235,200.00	\$103,687.50
45 BLS Auxiliary Program	\$98,000.00	\$12,920.00
46 ALS Auxiliary Program	\$391,680.00	\$128,200.00
49 ALS Initial Course Funding	\$1,057,536.00	\$538,731.77
<b>Total</b>	<b>\$2,653,532.00</b>	<b>\$1,303,097.46</b>

<b>Fiscal Year 2012</b>	<b>Obligated \$</b>	<b>Disbursed \$</b>
40 BLS Initial Course Funding	\$784,836.00	\$379,505.68
43 BLS CE Course Funding	\$122,640.00	\$43,898.75
44 ALS CE Course Funding	\$273,840.00	\$85,776.25
45 BLS Auxiliary Program	\$94,000.00	\$15,200.00
46 ALS Auxiliary Program	\$332,000.00	\$180,710.00
49 ALS Initial Course Funding	\$1,342,350.00	\$620,148.28
<b>Total</b>	<b>\$2,949,666.00</b>	<b>\$1,325,238.96</b>

<b>Fiscal Year 2013</b>	<b>Obligated \$</b>	<b>Disbursed \$</b>
19 Emergency Ops	\$1,320.00	\$275.00
40 BLS Initial Course Funding	\$658,128.00	\$190,916.96
43 BLS CE Course Funding	\$112,560.00	\$26,967.46
44 ALS CE Course Funding	\$272,160.00	\$52,727.50
45 BLS Auxiliary Program	\$68,000.00	\$5,800.00
46 ALS Auxiliary Program	\$324,000.00	\$96,640.00
49 ALS Initial Course Funding	\$1,059,828.00	\$303,992.56
<b>Total</b>	<b>\$2,495,996.00</b>	<b>\$680,325.98</b>

**Attachment: E to the  
April 10, 2013 TCC Minutes**

**Virginia National Registry Test  
Statistics**

# National Registry of EMT's

## Pass/Fail Report – EMT

**Report Date:** 4/3/2013 9:41:49 AM  
**Registration Level:** EMT-Basic / EMT  
**Course Completion Date:** 3rd Quarter 2012 to 2nd Quarter 2013

### National Report Pass/Fail Report

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
33739	74% (25131 / 33739)	82% (27566 / 33739)	82% (27599 / 33739)	0% (0 / 33739)	18% (6140 / 33739)	0% (0 / 33739)

### Virginia Pass/Fail Report

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
995	69% (682 / 995)	75% (750 / 995)	75% (751 / 995)	0% (0 / 995)	25% (244 / 995)	0% (0 / 995)

## Virginia Pass/Fail Report by Program

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
		4	75% (3 / 4)	75% (3 / 4)	75% (3 / 4)	0% (0 / 4)	25% (1 / 4)	0% (0 / 4)
		3	33% (1 / 3)	33% (1 / 3)	33% (1 / 3)	0% (0 / 3)	67% (2 / 3)	0% (0 / 3)
		15	93% (14 / 15)	93% (14 / 15)	93% (14 / 15)	0% (0 / 15)	7% (1 / 15)	0% (0 / 15)
		5	80% (4 / 5)	80% (4 / 5)	80% (4 / 5)	0% (0 / 5)	20% (1 / 5)	0% (0 / 5)
		4	75% (3 / 4)	75% (3 / 4)	75% (3 / 4)	0% (0 / 4)	25% (1 / 4)	0% (0 / 4)
		28	68% (19 / 28)	75% (21 / 28)	75% (21 / 28)	0% (0 / 28)	25% (7 / 28)	0% (0 / 28)
		22	59% (13 / 22)	64% (14 / 22)	64% (14 / 22)	0% (0 / 22)	36% (8 / 22)	0% (0 / 22)
		12	83% (10 / 12)	83% (10 / 12)	83% (10 / 12)	0% (0 / 12)	17% (2 / 12)	0% (0 / 12)
		11	45% (5 / 11)	64% (7 / 11)	64% (7 / 11)	0% (0 / 11)	36% (4 / 11)	0% (0 / 11)
		6	33% (2 / 6)	33% (2 / 6)	33% (2 / 6)	0% (0 / 6)	67% (4 / 6)	0% (0 / 6)

		9	78% (7 / 9)	89% (8 / 9)	89% (8 / 9)	0% (0 / 9)	11% (1 / 9)	0% (0 / 9)
		5	100% (5 / 5)	100% (5 / 5)	100% (5 / 5)	0% (0 / 5)	0% (0 / 5)	0% (0 / 5)
		13	69% (9 / 13)	77% (10 / 13)	77% (10 / 13)	0% (0 / 13)	23% (3 / 13)	0% (0 / 13)
		6	33% (2 / 6)	33% (2 / 6)	33% (2 / 6)	0% (0 / 6)	67% (4 / 6)	0% (0 / 6)
		24	88% (21 / 24)	88% (21 / 24)	88% (21 / 24)	0% (0 / 24)	13% (3 / 24)	0% (0 / 24)
		1	100% (1 / 1)	100% (1 / 1)	100% (1 / 1)	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)
		2	50% (1 / 2)	50% (1 / 2)	50% (1 / 2)	0% (0 / 2)	50% (1 / 2)	0% (0 / 2)
		14	93% (13 / 14)	93% (13 / 14)	93% (13 / 14)	0% (0 / 14)	7% (1 / 14)	0% (0 / 14)
		3	67% (2 / 3)	67% (2 / 3)	67% (2 / 3)	0% (0 / 3)	33% (1 / 3)	0% (0 / 3)
		8	100% (8 / 8)	100% (8 / 8)	100% (8 / 8)	0% (0 / 8)	0% (0 / 8)	0% (0 / 8)
		5	80% (4 / 5)	100% (5 / 5)	100% (5 / 5)	0% (0 / 5)	0% (0 / 5)	0% (0 / 5)
		11	55% (6 / 11)	73% (8 / 11)	73% (8 / 11)	0% (0 / 11)	27% (3 / 11)	0% (0 / 11)
		10	60% (6 / 10)	70% (7 / 10)	70% (7 / 10)	0% (0 / 10)	30% (3 / 10)	0% (0 / 10)
		3	33% (1 / 3)	33% (1 / 3)	33% (1 / 3)	0% (0 / 3)	67% (2 / 3)	0% (0 / 3)

		2	100% (2 / 2)	100% (2 / 2)	100% (2 / 2)	0% (0 / 2)	0% (0 / 2)	0% (0 / 2)
		17	65% (11 / 17)	71% (12 / 17)	71% (12 / 17)	0% (0 / 17)	29% (5 / 17)	0% (0 / 17)
		6	83% (5 / 6)	83% (5 / 6)	83% (5 / 6)	0% (0 / 6)	17% (1 / 6)	0% (0 / 6)
		8	50% (4 / 8)	50% (4 / 8)	50% (4 / 8)	0% (0 / 8)	50% (4 / 8)	0% (0 / 8)
		3	100% (3 / 3)	100% (3 / 3)	100% (3 / 3)	0% (0 / 3)	0% (0 / 3)	0% (0 / 3)
		28	64% (18 / 28)	79% (22 / 28)	79% (22 / 28)	0% (0 / 28)	21% (6 / 28)	0% (0 / 28)
		11	82% (9 / 11)	91% (10 / 11)	91% (10 / 11)	0% (0 / 11)	9% (1 / 11)	0% (0 / 11)
		10	50% (5 / 10)	50% (5 / 10)	50% (5 / 10)	0% (0 / 10)	50% (5 / 10)	0% (0 / 10)
		12	42% (5 / 12)	50% (6 / 12)	50% (6 / 12)	0% (0 / 12)	50% (6 / 12)	0% (0 / 12)
		7	86% (6 / 7)	86% (6 / 7)	86% (6 / 7)	0% (0 / 7)	14% (1 / 7)	0% (0 / 7)
		15	60% (9 / 15)	67% (10 / 15)	67% (10 / 15)	0% (0 / 15)	33% (5 / 15)	0% (0 / 15)
		2	100% (2 / 2)	100% (2 / 2)	100% (2 / 2)	0% (0 / 2)	0% (0 / 2)	0% (0 / 2)
		3	0% (0 / 3)	0% (0 / 3)	0% (0 / 3)	0% (0 / 3)	100% (3 / 3)	0% (0 / 3)
		46	78% (36 / 46)	83% (38 / 46)	83% (38 / 46)	0% (0 / 46)	17% (8 / 46)	0% (0 / 46)

		8	63% (5 / 8)	63% (5 / 8)	63% (5 / 8)	0% (0 / 8)	38% (3 / 8)	0% (0 / 8)
		5	80% (4 / 5)	80% (4 / 5)	80% (4 / 5)	0% (0 / 5)	20% (1 / 5)	0% (0 / 5)
		14	93% (13 / 14)	93% (13 / 14)	93% (13 / 14)	0% (0 / 14)	7% (1 / 14)	0% (0 / 14)
		19	68% (13 / 19)	79% (15 / 19)	79% (15 / 19)	0% (0 / 19)	21% (4 / 19)	0% (0 / 19)
		2	50% (1 / 2)	50% (1 / 2)	50% (1 / 2)	0% (0 / 2)	50% (1 / 2)	0% (0 / 2)
		9	44% (4 / 9)	67% (6 / 9)	67% (6 / 9)	0% (0 / 9)	33% (3 / 9)	0% (0 / 9)
		4	100% (4 / 4)	100% (4 / 4)	100% (4 / 4)	0% (0 / 4)	0% (0 / 4)	0% (0 / 4)
		11	55% (6 / 11)	55% (6 / 11)	55% (6 / 11)	0% (0 / 11)	45% (5 / 11)	0% (0 / 11)
		14	71% (10 / 14)	100% (14 / 14)	100% (14 / 14)	0% (0 / 14)	0% (0 / 14)	0% (0 / 14)
		4	25% (1 / 4)	50% (2 / 4)	50% (2 / 4)	0% (0 / 4)	50% (2 / 4)	0% (0 / 4)
		3	33% (1 / 3)	33% (1 / 3)	33% (1 / 3)	0% (0 / 3)	67% (2 / 3)	0% (0 / 3)
		22	68% (15 / 22)	77% (17 / 22)	77% (17 / 22)	0% (0 / 22)	23% (5 / 22)	0% (0 / 22)
		7	57% (4 / 7)	57% (4 / 7)	57% (4 / 7)	0% (0 / 7)	43% (3 / 7)	0% (0 / 7)
		89	72% (64 / 89)	84% (75 / 89)	85% (76 / 89)	0% (0 / 89)	15% (13 / 89)	0% (0 / 89)

		119	68% (81 / 119)	73% (87 / 119)	73% (87 / 119)	0% (0 / 119)	27% (32 / 119)	0% (0 / 119)
		1	100% (1 / 1)	100% (1 / 1)	100% (1 / 1)	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)
		6	67% (4 / 6)	83% (5 / 6)	83% (5 / 6)	0% (0 / 6)	17% (1 / 6)	0% (0 / 6)
		4	50% (2 / 4)	50% (2 / 4)	50% (2 / 4)	0% (0 / 4)	50% (2 / 4)	0% (0 / 4)
		4	50% (2 / 4)	75% (3 / 4)	75% (3 / 4)	0% (0 / 4)	25% (1 / 4)	0% (0 / 4)
		11	64% (7 / 11)	73% (8 / 11)	73% (8 / 11)	0% (0 / 11)	27% (3 / 11)	0% (0 / 11)
		6	83% (5 / 6)	83% (5 / 6)	83% (5 / 6)	0% (0 / 6)	17% (1 / 6)	0% (0 / 6)
		3	33% (1 / 3)	33% (1 / 3)	33% (1 / 3)	0% (0 / 3)	67% (2 / 3)	0% (0 / 3)
		8	50% (4 / 8)	50% (4 / 8)	50% (4 / 8)	0% (0 / 8)	50% (4 / 8)	0% (0 / 8)
		13	62% (8 / 13)	69% (9 / 13)	69% (9 / 13)	0% (0 / 13)	31% (4 / 13)	0% (0 / 13)
		7	43% (3 / 7)	57% (4 / 7)	57% (4 / 7)	0% (0 / 7)	43% (3 / 7)	0% (0 / 7)
		7	43% (3 / 7)	43% (3 / 7)	43% (3 / 7)	0% (0 / 7)	57% (4 / 7)	0% (0 / 7)
		8	75% (6 / 8)	75% (6 / 8)	75% (6 / 8)	0% (0 / 8)	25% (2 / 8)	0% (0 / 8)
		12	75% (9 / 12)	75% (9 / 12)	75% (9 / 12)	0% (0 / 12)	25% (3 / 12)	0% (0 / 12)

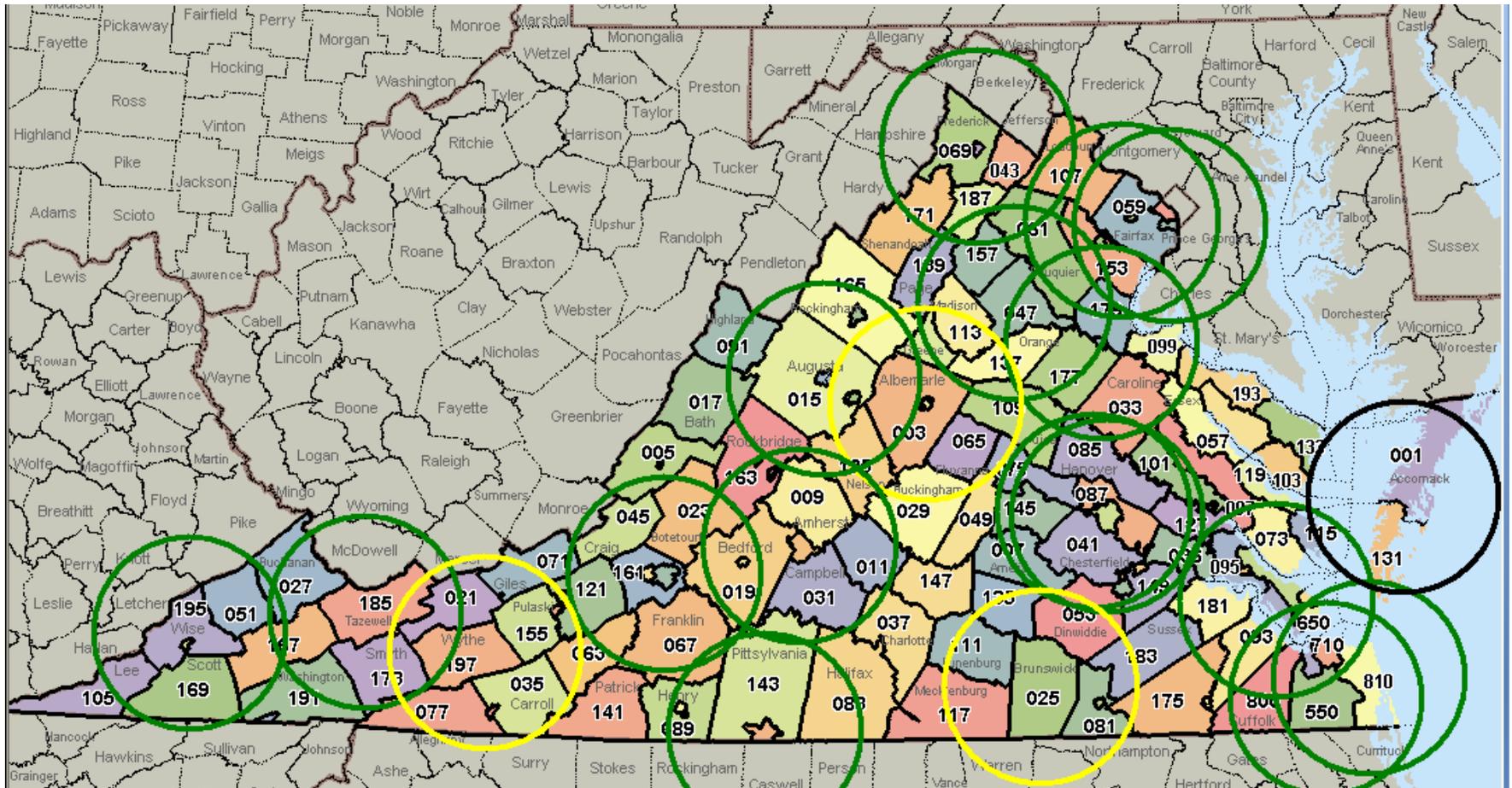
		115	70% (80 / 115)	80% (92 / 115)	80% (92 / 115)	0% (0 / 115)	20% (23 / 115)	0% (0 / 115)
		3	33% (1 / 3)	33% (1 / 3)	33% (1 / 3)	0% (0 / 3)	67% (2 / 3)	0% (0 / 3)
		11	100% (11 / 11)	100% (11 / 11)	100% (11 / 11)	0% (0 / 11)	0% (0 / 11)	0% (0 / 11)
		4	25% (1 / 4)	25% (1 / 4)	25% (1 / 4)	0% (0 / 4)	75% (3 / 4)	0% (0 / 4)
		9	44% (4 / 9)	44% (4 / 9)	44% (4 / 9)	0% (0 / 9)	56% (5 / 9)	0% (0 / 9)
		4	75% (3 / 4)	100% (4 / 4)	100% (4 / 4)	0% (0 / 4)	0% (0 / 4)	0% (0 / 4)
		12	50% (6 / 12)	58% (7 / 12)	58% (7 / 12)	0% (0 / 12)	42% (5 / 12)	0% (0 / 12)
		2	100% (2 / 2)	100% (2 / 2)	100% (2 / 2)	0% (0 / 2)	0% (0 / 2)	0% (0 / 2)
		12	92% (11 / 12)	92% (11 / 12)	92% (11 / 12)	0% (0 / 12)	8% (1 / 12)	0% (0 / 12)
		5	80% (4 / 5)	80% (4 / 5)	80% (4 / 5)	0% (0 / 5)	20% (1 / 5)	0% (0 / 5)
		4	75% (3 / 4)	75% (3 / 4)	75% (3 / 4)	0% (0 / 4)	25% (1 / 4)	0% (0 / 4)

**Attachment: F to the  
April 10, 2013 TCC Minutes**

**Pearson Vue test Locations in  
Virginia**

# Pearson VUE Test Centers

Current Sites - Green  
Pending Sites - Yellow



**Attachment: G to the  
April 10, 2013 TCC Minutes**

**State EMS Plan**

# **VIRGINIA OFFICE OF EMERGENCY MEDICAL SERVICES STATE STRATEGIC AND OPERATIONAL PLAN**



**2010-2013**

**2012-13 Updates to State Plan – OEMS Staff**

# OEMS STATE STRATEGIC AND OPERATIONAL PLAN

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# OEMS STATE STRATEGIC AND OPERATIONAL PLAN

## INTRODUCTION

§32.1-111.3 of the Code of Virginia requires the development of a comprehensive, coordinated, statewide emergency medical services plan by the Virginia Office of EMS (OEMS). The Board of Health must review, update, and publish the plan triennially, making such revisions as may be necessary to improve the effectiveness and efficiency of the Commonwealth's emergency care system. The objectives of the plan shall include, but not be limited to the nineteen objectives outlined in §32.1-111.3.

Over the past few years, much attention has been paid to the development of the plan. Some of this is due to review reports, namely the Joint Legislative Audit and Review Commission (JLARC), and the Institute of Medicine (IOM) Report "EMS at the Crossroads". These recommendations made in these documents have assisted in driving the planning process forward.

As the Code of Virginia mandates, this plan must be reviewed, updated, and published triennially by the Board of Health. The Office of EMS appreciates the opportunity to present this document to the Board, and values any input that the Board provides, as well as the input of any other stakeholder, or interested party. Additionally, OEMS is prepared to report on the progress of the plan to the Board of Health or other interested parties upon request, and through the OEMS Annual Reports, and Service Area Plans as required by VDH, and the Code of Virginia.

This operational plan identifies the specific initiatives required of the OEMS staff in executing the 2010 – 2013 Strategic Plan. Each objective and action step is intended to accomplish those items most critical to the Strategic Plan in the given fiscal year. The Strategic Plan is designed to improve priority areas of performance and initiate new programs. Therefore, much of the routine, but important work of the OEMS staff is not included in the Operational Plan.

No later than 3 months prior to the end of a particular fiscal year the OEMS staff will evaluate progress on the plan and begin the process of creating the Operational Plan for the next fiscal year.

In most cases "accountability" should be the name of a person, division, or entity that has the lead responsibility for the implementation of the objective or action step. The plan will be reviewed quarterly, and only those objectives and items relevant to the time frame will be a part of the review. Any changes in the objective or action steps should be noted in writing on the form at that time.

## **OEMS STATE STRATEGIC AND OPERATIONAL PLAN**

### **Virginia Office of Emergency Medical Services 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 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.

### **Virginia Office of Emergency Medical Services Vision Statement**

To establish a unified, comprehensive and effective EMS system for the Commonwealth of Virginia that provides for the health and safety of its citizens and visitors.

### **What is the Emergency Medical Services system in Virginia?**

The Virginia Emergency Medical Services (EMS) system is very large and complex, involving a wide variety of EMS agencies and personnel, including volunteer and career providers functioning in volunteer rescue squads, municipal fire departments, commercial ambulance services, hospitals, and a number of other settings to enable the EMS community to provide the highest quality emergency medical care possible to those in need. Every person living in or traveling through the state is a potential recipient of emergency medical care.

The Virginia Department of Health, Office of Emergency Medical Service (OEMS) is responsible for development of an efficient and effective statewide EMS system. The EMS System in Virginia is designed to respond to any and all situations where emergency medical care is necessary. This is accomplished through a coordinated system of over 36,000 trained, prepared and certified providers, over 4,200 permitted EMS vehicles, and over 650 licensed EMS agencies, to provide ground and air emergency medical care to all citizens of the Commonwealth of Virginia.

**OEMS STATE STRATEGIC AND OPERATIONAL PLAN**

**Appendix A – Planning Strategy Matrix**

<b>Strategic Initiative 1.1- Promote Collaborative Approaches</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 1: Develop Partnerships</b>	1.1.1 Use technology to provide accurate and timely communication within the Virginia EMS System	OEMS, Regional EMS Councils	1.1.1.1 Track and report on amount, and general content of material posted to OEMS websites and social media on a monthly and quarterly basis.
	1.1.2 Promote collaborative activities between local government, EMS agencies, hospitals, and increase recruitment and retention of certified EMS providers.	OEMS, System stakeholders	1.1.2.1. Determine amount of new EMS providers recruited via recruitment and retention programs and activities. 1.1.2.2. Continue to schedule “Keeping The Best!” programs. 1.1.2.3. Maintain informational items regarding benefits and incentives for local governments to provide to volunteer fire and EMS providers.  1.1.2.4. Educate and familiarize local government officials on the importance in taking a greater role in EMS planning and coordination.
	1.1.3 Provide a platform for clear, accurate, and concise information sharing and improved interagency communications between the Office of EMS, state agencies and EMS system stakeholders in Virginia.	OEMS, State Agencies (VDEM, OCP, VSP, VDFP), Regional EMS Councils, System Stakeholders.	1.1.3.1. Encourage agencies and providers to visit OEMS web page regularly, subscribe to OEMS e-mail list, and social media. 1.1.3.2. Encourage providers to utilize OEMS Provider Portal.
	1.1.4 Identify resources and/or opportunities to work collaboratively with other state agencies, organizations, and associations to improve processes and patient outcomes.	OEMS	1.1.4.1. Attend meetings of, and exchange knowledge with the National Association of State EMS Officials. 1.1.4.2. Encourage appropriate state agencies and organizations to participate in meetings and activities hosted or sponsored by OEMS.
	<b>1.1.5 Promote data sharing projects which benefit internal and external projects</b>	<b>OEMS</b>	<b>1.1.5.1. Further data sharing efforts with the highway safety community.</b> <b>1.1.5.2 Establish data use agreements with bordering states to share EMS data on a regional level utilizing the national EMS database.</b> <b>1.1.5.3 Provide a means for VDH bio-surveillance programs to utilize VPHIB data.</b>

**OEMS STATE STRATEGIC AND OPERATIONAL PLAN**

<b>Strategic Initiative 1.2 – Coordinate responses to emergencies both natural and man-made.</b>			
<b>Objectives</b>		<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 1: Develop Partnerships</b>	1.2.1 Support, coordinate and maintain deployable emergency response resources.	OEMS, VDEM	1.2.1.1. Create recruiting and selection process for resource management team. 1.2.1.2 Work to recruit single resource components to the HMERT system
	1.2.2 Increase knowledge of Emergency Operations capabilities with Emergency Managers, leaders, and supervisors on a local, regional, and state level.	OEMS	1.2.2.1. Continue to promote Emergency Operations resources, training courses, and abilities to localities across the Commonwealth.
	1.2.3 Assist EMS agencies to prepare and respond to natural and man-made emergencies by incorporating strategies to develop emergency response plans (the plan) that address the four phases of an emergency (preparedness, mitigation, response, and recovery) and to exercise the plan.	OEMS, VDEM	1.2.3.1. Create and promote planning templates aimed at EMS agencies, specifically related to COOP, Emergency Preparedness, and response concerns (MCI, Surge Planning, etc.)

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TCCC Changes

**OEMS STATE STRATEGIC AND OPERATIONAL PLAN**

<b>Strategic Initiative 2.1 - Sponsor EMS related research and education.</b>		
<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 2: Create Tools and Resources</b>	2.1.1 Sponsor research and other projects that contribute to high quality EMS and improve patient outcomes utilizing data collected by the EMS Registries.	OEMS,  2.1.1.1. Revive “Trends in Trauma and Emergency Medicine” as a web based product <ul style="list-style-type: none"> <li>• Begin with Statewide summaries from VSTR and VPHIB for 2007 – 2011 by end of CY 2013</li> <li>• Add Regional EMS Council level summaries by end of FY 2014</li> </ul> 2.1.1.2. Expand “Trends in Trauma and Emergency Medicine” to include <ul style="list-style-type: none"> <li>• Measures based on combined VSTR and VPHIB data to be available to the public by the November EMS Advisory Board meeting annual beginning in CY 2014.</li> </ul> 2.1.1.3. Develop VSTR and VPHIB research data set to be available for entities upon request and that have obtained an institutional review board approval by the end of 2015.
	2.1.2 Determine quality of EMS service and conduct analysis of trauma triage effectiveness.	OEMS, Designated Trauma Centers, TSO & MC, Regional EMS Councils  2.1.2.1. Trauma Performance Improvement Committee and/or EMS staffs will provide quarterly reports to the regional trauma committees via their representative on the TSO&MC that identify over and under triage events due on the established schedule that OMS staff submits its contribution to the EMS Quarterly Report to the EMS Advisory Board. The statewide version of this quarterly report shall be included in the quarterly report and posted on the OEMS Web site. 2.1.2.2. Develop and implement OEMS component of VDH Data Warehouse (DW) by end of CY 2014 <ul style="list-style-type: none"> <li>• Use DW to integrate VPHIB and VSTR data by the end of 2015.</li> <li>• Use DW to access and integrate VHI and Vital Statistics data OEMS databases.</li> <li>• Provide agency-wide access to EMS data to be used in other public health efforts.</li> </ul> 2.1.2.3. Use the DW to support bio-surveillance projects being performed within the VDH.
	2.1.3 Establish scholarships for EMS provider education and EMS specific research.	OEMS, FARC, Regional EMS Councils. Other EMS Stakeholders  2.1.3.1. Establish scholarship program for EMS education. 2.1.3.2. Establish funding program for EMS research.
	2.1.4 Evaluate the impact of an aging workforce on service provision around the State.	OEMS, Workforce Development Committee, VAGEMSA, VAVRS  2.1.4.1. Assess demographic and profile characteristics of EMS Providers in Virginia through EMS Provider Portal. 2.1.4.2. Utilize EMS database to evaluate information related to impact of aging workforce on provision of EMS service.

OEMS STATE STRATEGIC AND OPERATIONAL PLAN

<b>Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel.</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 2: Create Tools and Resources</b>	2.2.1 Ensure adequate, accessible, and quality EMS provider training and continuing education exists in Virginia.	OEMS, Training and Certification Committee,	2.2.1.1. Ensure regional training plans are submitted by the Regional EMS Councils to OEMS on an annual basis. <b>2.2.1.2. Review on a bi-annual basis student disposition, identifying areas of concern for TCC input and possible corrective actions.</b>
	2.2.2 Enhance competency based EMS training programs.	OEMS, Training and Certification Committee, MDC	<b>2.2.2.1. Compare and contrast traditional versus competency based programs.</b> <b>2.2.2.2. Collect aspects from competency based programs that directors feel enhance their programs as compared to the traditional approach.</b>
	2.2.3 Develop, implement and promote leadership and management standards for EMS agency leaders.	OEMS, Workforce Development Committee	2.2.3.1. Development of EMS Officer standards based on duties of Attendant in Charge position, supervisor, and director. 2.2.3.2. Test efficacy of standards through pilot program.
	2.2.4 Align all initial EMS education programs to that of other allied health professions to promote professionalism of EMS.	OEMS, Training and Certification Committee, MDC, Board of Health Professions	<b>2.2.4.1. Investigate the need to promote Advanced Level EMT Training</b>  <span style="border: 1px solid red; padding: 2px;">remove "Investigate the need" Add "Proactively"</span>
	2.2.5 Increase the amount and quality of pediatric training and educational resources for EMS providers, emergency department staff and primary care providers in Virginia.	OEMS, EMSC Committee, VHHA  <span style="border: 1px solid red; padding: 2px;">TCC</span>	2.2.5.1. Purchase pediatric training equipment for EMS agencies. 2.2.5.2. Sponsor pediatric training related instructor courses. 2.2.5.3. Provide support for speakers and topics at the VA EMS Symposium annually.
	2.2.6 Provide an increased number of training opportunities for EMS personnel in Emergency Operations methods and activities.	OEMS, VDEM	2.2.6.1. Creation of yearly training calendar for OEMS sponsored Em. Ops. Training offerings. 2.2.6.2. Review and update MCI management modules.
	<b>2.2.7. Assure an adequate amount and quality of geriatric training and educational resources for EMS providers, emergency department staff and primary care providers in Virginia.</b>	<b>OEMS, TCC</b>	<b>2.2.7.1. Sponsor geriatric training related instructor courses.</b> <b>2.2.7.2. Provide support for speakers and topics at the VA EMS Symposium annually.</b>

2.2.5.4 With TCC, promote EMS-C programs to EC's and EMS programs

**OEMS STATE STRATEGIC AND OPERATIONAL PLAN**

<b>Strategic Initiative 3.1 - EMS Regulations, Protocols, Policies, and Standards</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3: Develop Infrastructure</b>	3.1.1 Review and assess state and federal legislation related to the EMS system.	OEMS, Rules and Regulations Committee, Legislation and Planning Committee	3.1.1.1. Legislation review, determination of impact of legislation on VA EMS system. 3.1.1.2. Gather legislative news and interest items from NASEMSO, and EMS Advocates.
	3.1.2 Establish standards for the utilization of Air Medical Services (AMS).	OEMS, State Medevac Committee	3.1.2.1. Development of AMS guidelines for proper resource utilization. 3.1.2.2. Establish statewide AMS triage guidelines.
	3.1.3 Establish statewide Air/Ground Safety Standards.	OEMS, State Medevac Committee	3.1.3.1. Identify and adopt universal safety standards. 3.1.3.2. Implement and maintain weather turn down system. 3.1.3.3. Establish standard safety protocols and training based on protocols. 3.1.3.4. Standardize air/ground safety standards. 3.1.3.5. Standardize LZ procedures. 3.1.3.6. Develop process for consistent use of air to air communication.

**OEMS STATE STRATEGIC AND OPERATIONAL PLAN**

<b>Strategic Initiative 3.1 - EMS Regulations, Protocols, Policies, and Standards (Continued)</b>			
<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>	
<b>Core Strategy 3: Develop Infrastructure</b>	3.1.4 Develop criteria for a voluntary Virginia Standards of Excellence Accreditation Program for EMS Agencies.	OEMS, Workforce Development Committee	3.1.4.1. Approval of first stage of voluntary accreditation standards by state EMS Advisory Board. 3.1.4.2. Implement program and market to interested agencies. 3.1.4.3. Evaluate efficacy of program based on feedback of EMS agency officials and Technical Assistance Teams.
	3.1.5 Maintain and enhance the Trauma Center designation process.	OEMS, Trauma System Oversight & Management Committee	3.1.5.1. Revise the trauma designation criteria to include burn criteria, pediatric criteria, nursing education requirements and infrastructure needs. 3.1.5.2. Conduct an analysis to determine the benefits of adding Level IV designation to our trauma care system.
	3.1.6 Maintain and enhance the Regional EMS Council designation process.	OEMS	3.1.6.1. Evaluate pros/cons of initial designation process. 3.1.6.2. Incorporate input of applicants and evaluators into next round of designations. 3.1.6.3. Conduct re-designation of councils on staggered basis in 2013 and 2014.
	3.1.7 Establish standardized methods and procedures for the inspection and licensing and/or permitting of all EMS agencies and vehicles, including equipment and supply requirements.	OEMS, Transportation Committee	3.1.7.1. Development of standard inspection checklist, to include all aspects of agency and EMS vehicle inspection.
	3.1.8 Through a consensus process, develop a standard set of evidence-based patient care guidelines and standard formulary.	OEMS, State EMS Medical Director, Medical Direction Committee, Patient Care Guidelines Committee, Drug Formulary Workgroup, Board of Pharmacy.	3.1.8.1. Resource document being developed to assist regional medical directors, agency medical director and agency personnel as patient care guidelines and protocols are produced.

**OEMS STATE STRATEGIC AND OPERATIONAL PLAN**

<b>Strategic Initiative 3.2 - Focus recruitment and retention efforts</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3: Develop Infrastructure</b>	3.2.1 Develop, implement, and promote a comprehensive recruitment and retention campaign for EMS personnel and physicians, supporting the needs of the EMS system.	OEMS, State EMS Medical Director, Medical Direction Committee, Workforce Development Committee, FARC, Regional EMS Councils	3.2.1.1. Continue to support “EMS Jobs” website. 3.2.1.2. Develop and implement voluntary “Standards of Excellence” for EMS agencies. 3.2.1.3. Maintain Leadership & Management Track at the VA EMS Symposium, and recommend topics and presenters. 3.2.1.4. Continue to promote and support special RSAF applications related to recruitment and retention of EMS providers.
	3.2.2 Support and expand the Virginia Recruitment and Retention Network.	OEMS, Workforce Development Committee	3.2.2.1. Continue to support information and education for distribution. 3.2.2.2. Seek new avenues for EMS recruitment outreach. 3.2.2.3. Recommend strategies to expand existing programs and distribute to EMS stakeholders.
	3.2.3 Develop, implement, and promote the EMS Leadership and Management standards program.	OEMS, Workforce Development Committee	3.2.3.1. Provide Virginia’s EMS agencies with the highest quality of leadership. 3.2.3.2. Develop and/or review leadership criteria and qualifications for managing an EMS agency. 3.2.3.3. Develop model job descriptions for EMS Officers. 3.2.3.4. Maintain Leadership & Management Track at the VA EMS Symposium, and recommend topics and presenters.

**OEMS STATE STRATEGIC AND OPERATIONAL PLAN**

<b>Strategic Initiative 3.3 – Upgrade technology and communication systems</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3: Develop Infrastructure</b>	3.3.1 Assist with, and promote, the compliance of all emergency medical radio systems with state and federal regulations for narrow banding and interoperability.	OEMS, Communications Committee	3.3.1.1. Continue to ensure that all emergency medical radio systems meet FCC mandated narrow banding regulation. 3.3.1.2. Prior to 2015, ensure that all emergency medical radio systems meet state interoperability requirements.
	3.3.2 Promote emergency medical dispatch standards and accreditation among 911 Public Safety Answering Points (PSAPs) in Virginia.	OEMS, Communications Committee	3.3.2.1. Support concept of accredited PSAPs, operating with emergency medical dispatch (EMD) standards, and assist agencies in achieving accreditation, and/or adopting EMD as standard operating procedure.
	3.3.3 Provide technical assistance on wireless communication products available for use in the emergency medical community.	OEMS, Communications Committee	3.3.3.1. Continue to stay informed and up to date on new products and technologies, and serve as information conduit to communications entities.

**OEMS STATE STRATEGIC AND OPERATIONAL PLAN**

<b>Strategic Initiative 3.4 – Stable support for EMS funding</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3: Develop Infrastructure</b>	3.4.1 Standardize EMS grant review and grading process by graders at regional and state level.	OEMS, FARC	3.4.1.1. Revise RSAF grant review sheet developed by FARC and OEMS Staff, and continue to evaluate for efficacy. 3.4.1.2. Solicit concerns/comments of regional EMS councils/stakeholders regarding the grant process.
	3.4.2 Explore feasibility of creating EMS consortium for purchase of EMS equipment and supplies.	OEMS, FARC, Transportation Committee	3.4.2.2. Collaborate with DGS in developing resource guide, and distribute to grant applicants.
	3.4.3 Develop uniform pricing schedule for state funded items.	OEMS, FARC	3.4.3.1. Determine items that can be standardized. 3.4.3.2. Distribute schedule to grant applicants.
	3.4.4 Develop standard specifications for state grant funded equipment awarded to eligible non-profit EMS agencies.	OEMS, FARC, VDH Office of Purchasing and General Services	3.4.4.1. Standardize list of eligible equipment and vehicles that agencies are eligible for. 3.4.4.2. Utilize standard equipment and vehicle lists for future grant applications and cycles.
	3.4.5 Assist EMS agencies to identify grant programs and funding sources for EMS equipment, training, and supplies.	OEMS, FARC	3.4.5.1. Continue to promote RSAF program through Regional EMS Councils. 3.4.5.2. Identify grant opportunities that EMS agencies may be eligible for, distribute information to EMS system.
	3.4.6 Integrate state grant funding programs with other related grant funding programs.	OEMS, FARC	3.4.6.1. Continue to seek federal grant funds for items intended to improve the statewide EMS system .
	3.4.7 Develop guidance documents to assist EMS agencies account for the use of state grant funds and develop internal audit processes.	OEMS, FARC	3.4.7.1. Work with contracted audit firms and Office of Internal Audit to create reference documents to assist agencies to account for grant funds, and ensure sound auditing practices.

**OEMS STATE STRATEGIC AND OPERATIONAL PLAN**

<b>Strategic Initiative 3.5 – Enhance regional and local EMS efficiencies</b>		
<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3: Develop Infrastructure</b>	3.5.1 Standardize performance and outcomes based service contracts with designated Regional EMS Councils and other qualified entities.	OEMS, Regional EMS Councils  3.5.1.1. Maintain annual service contracts with Regional EMS Councils. 3.5.1.2. Provide standard contracts, plan templates, and other reference documents to Regional EMS Councils in each fiscal year. 3.5.1.3. Provide input on contract deliverables to Regional EMS Councils on a quarterly basis.
	3.5.2 Improve regulation and oversight of air medical services (AMS) statewide.	OEMS, State Medevac Committee, Rules & Regulations Committee  3.5.2.1. Revise/implement state AMS regulations. More clearly define licensure requirements for AMS agencies. 3.5.2.2. Develop a system for application as a new AMS service in Virginia. 3.5.2.3. Establish response areas for AMS agencies. 3.5.2.4. Develop standard process to address AMS issues. 3.5.2.5. Develop criteria for ongoing AMS performance improvement program.
	3.5.3 Educate local government officials and communities about the value of a high quality EMS system to promote development in economically depressed communities and the importance of assuming a greater responsibility in the planning, development, implementation, and evaluation of it's emergency medical services system.	OEMS, <b>Training and Certification Committee</b> , Workforce Development Committee, OMHHE  3.5.3.1. Give presentations at Virginia Association of Counties (VACO) and Virginia Municipal League (VML) meetings, to educate local government officials about EMS. 3.5.3.2. Contribute EMS related articles and news items to monthly and quarterly publications of VACO and VML.

**OEMS STATE STRATEGIC AND OPERATIONAL PLAN**

<b>Strategic Initiative 4.1 – Assess compliance with EMS performance driven standards.</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 4: Assure Quality and Evaluation</b>	4.1.1 Maintain statewide data-driven performance improvement process.	OEMS	4.1.1.1. Utilize epidemiology trained OEMS staff to conduct risk adjusted data analysis of trauma patients in cooperation with our stakeholders. 4.1.1.2. Develop an EMS performance improvement program.
	4.1.2 Maintain statewide pre-hospital and inter-hospital trauma triage plan.	OEMS, Trauma System Oversight & Management Committee, State EMS Medical Director	4.1.2.1. Maintain statewide trauma triage plan to support regional plan development and maintenance by regional trauma committees. 4.1.2.2. Supply state level data to assist with monitoring individual regional performance compared to state and national benchmarks.
	4.1.3 Maintain statewide pre-hospital and inter-hospital stroke triage plan.	OEMS, State Stroke Task Force	4.1.3.1. Actively participate on the Virginia Heart Attack Coalition and develop and maintain a Statewide Stroke Triage Plan. 4.1.3.2. If available, provide funds for the development of regional stroke triage plans to ensure implementation is performed based on local resources.
	4.1.5 Review and evaluate data collection and submission efforts.	OEMS,	4.1.5.1. Develop standard reports within VPHIB that will allow individual EMS agencies to view the quality of data being submitted. 4.1.5.2. OEMS will provide quality “dashboards” where education can improve data quality and update validity rules within the application when education alone cannot correct poor data. 4.1.5.3. Provide quarterly compliance reports to the OEMS, Division of Regulation and Compliance and Executive Management.
	4.1.6 Review functional adequacy and design features of EMS vehicles utilized in Virginia and recommend changes to improve EMS provider safety, unit efficiency and quality of patient care.	OEMS, Rules & Regulations Committee, Transportation Committee	4.1.6.1. Evaluation of national/international documents and information related to vehicle and provider safety, with potential incorporation into EMS regulation and inspection procedure.
	4.1.7 Measure EMS system compliance utilizing national EMS for Children (EMSC) performance measures.	OEMS, EMSC Committee	4.1.7.1. Assist in assessing the pediatric emergency care readiness of Virginia CAH facilities.

**OEMS STATE STRATEGIC AND OPERATIONAL PLAN**

<b>Strategic Initiative 4.2 – Assess and enhance quality of education for EMS providers.</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 4: Assure Quality and Evaluation</b>	4.2.1 Update the certification process to assure certification examinations continue to be valid, psychometrically sound, and legally defensible.	OEMS, Training and Certification Committee	<b>4.2.1.1. Review and revise psychomotor examination as indicated by TCC.</b> <b>4.2.1.2. Review statistical data and make recommendations for the EC recertification exam.</b>
	<b>4.2.2 Assure adequate and appropriate education of EMS students.</b>	OEMS, Training and Certification Committee , Atlantic EMS Council (AEMS)	<b>4.2.2.1. Review state statistics for certification rates and assist in determining avenues to improve outcomes and implement new processes.</b> <b>4.2.2.2. Improve instructor compliance with student registration process.</b>
	4.2.3 Explore substitution of practical examination with successful completion of a recognized competency based training program conducted by accredited training sites and using computer based technology for written examinations.	OEMS, Training and Certification Committee	<del>4.2.3.1. Identify tasks for Information Technology to perform to produce effective programming for online examination for written examinations.</del> 4.2.3.1. Explore possibility of administering a program summative practical exam in lieu of state practical exam.

<b>Strategic Initiative 4.3 – Pursue new initiatives that support EMS</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 4: Assure Quality and Evaluation</b>	4.3.1 Engage the EMS system in unintentional injury, illness, and violence prevention efforts.	OEMS, Health & Safety Committee, VDH – Div. of Injury and Violence Prevention	4.3.1.1. Participate in intentional and unintentional injury and illness prevention initiatives, and facilitate involvement for EMS agencies and providers.
	4.3.2 Develop, implement, and promote programs that emphasize safety, wellness, and the physical health of fire and EMS personnel.	OEMS, Health & Safety Committee, State EMS Medical Director	4.3.2.1. Maintain Health and Safety Committee of the state EMS Advisory Board, with quarterly meetings. 4.3.2.2. Maintain Health and Safety track at the VA EMS Symposium, and recommend topics and presenters. 4.3.2.3. Maintain Governor’s EMS Award category for contribution to the EMS system related to the health and safety of EMS providers.

**OEMS STATE STRATEGIC AND OPERATIONAL PLAN**

**Appendix B – Sample Planning Matrix**

<b>Strategic Initiative</b>			
<i>Objectives</i>		<i>Accountability</i>	<i>Action Steps</i>
<b>Core Strategy</b>			

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TCC Changes

## OEMS STATE STRATEGIC AND OPERATIONAL PLAN

### Appendix C

#### Glossary of Terms

**SWOT Analysis:** An assessment of the internal strengths and weaknesses of the organization and the organization's external opportunities and threats.

**Core Strategy:** A main thrust or action that will move the organization towards accomplishing your vision and mission.

**Strategic Initiative:** An action that will address areas needing improvement or set forth new initiatives under the core strategy. This is the planning part of strategy that when combined with the vision, the mission and core strategies complete the strategic effort.

**Operational Plan:** This is the plan that implements the strategic intent of the organization on an annual basis.

**Objective:** A specific, realistic and measurable statement under a strategic initiative.

**Action Step:** A specific action required to carry out an objective.

**Template:** A guide and/or format that assists the user in accomplishing a task efficiently in a uniform and consistent manner.

## OEMS STATE STRATEGIC AND OPERATIONAL PLAN

### Appendix C (Continued)

#### Glossary of Commonly Used Acronyms

<b>VDH</b>	Virginia Department of Health
<b>OEMS</b>	Virginia Office of EMS
<b>VDEM</b>	Virginia Department of Emergency Management
<b>OCP</b>	Virginia Office of Commonwealth Preparedness
<b>VSP</b>	Virginia State Police
<b>VDFP</b>	Virginia Department of Fire Programs
<b>AEMER</b>	Alliance for Emergency Medical Education and Research
<b>TSO&amp;MC</b>	Trauma System Oversight and Management Committee (Subcommittee of state EMS Advisory Board)
<b>FARC</b>	Financial Assistance Review Committee (Subcommittee of state EMS Advisory Board)
<b>VAGEMSA</b>	Virginia Association of Governmental EMS Administrators
<b>PDC</b>	Professional Development Committee (Subcommittee of state EMS Advisory Board)
<b>MDC</b>	Medical Direction Committee (Subcommittee of state EMS Advisory Board)
<b>WDC</b>	Workforce Development Committee (Subcommittee of state EMS Advisory Board)
<b>VHHA</b>	Virginia Hospital and Healthcare Association
<b>OMHHE</b>	Virginia Office of Minority Health and Health Equity
<b>AHA</b>	American Heart Association
<b>VHAC</b>	Virginia Heart Attack Coalition
<b>CAH</b>	Critical Access Hospital
<b>VPHIB</b>	Virginia Pre Hospital Information Bridge
<b>COOP</b>	Continuity Of Operations Plan
<b>MCI</b>	Mass Casualty Incident
<b>HMERT</b>	Health and Medical Emergency Response Team
<b>NASEMSO</b>	National Association of State EMS Officials
<b>LZ</b>	Landing Zone
<b>RSAF</b>	Rescue Squad Assistance Fund
<b>DHS</b>	Department of Homeland Security
<b>FCC</b>	Federal Communications Commission
<b>AEMS</b>	Atlantic EMS Council (PA, WV, NJ, DE, MD, VA, DC, NC, SC)

# OEMS STATE STRATEGIC AND OPERATIONAL PLAN

## Appendix D

### Resources

In developing this plan several resources were used in addition to meetings and interviews with the Director and Assistant Director of OEMS.

- Code of Virginia: § 32.1-111.3. Statewide emergency medical care system. Requires a comprehensive, coordinated EMS system in the Commonwealth and identifies specific objectives that must be addressed.
- EMS Agenda for the Future: A document created by the National Highway Traffic and Safety Administration (NHTSA) that outlines a vision and objectives for the future of EMS. August 1996
- OEMS 5-Year Plan: July 1, 2007-June 30, 2010
- Service Area Strategic Plan State Office of Emergency Medical Services (601 402 04) which describes the statutory authority and expectations for OEMS and identifies the growing EMS needs of the citizens and visitors of Virginia.
- Service Area Strategic Plan Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (601 402 03) This service area includes Virginia Rescue Squads Assistance Fund grants program, Financial Assistance to Localities to support Non Profit Emergency Medical Service (EMS) agencies, and funding provided to support Virginia Association of Volunteer Rescue Squads (VAVRS).
- State Emergency Medical Services Systems: A Model: National Association of State EMS Officials – July 2008
- EMS at the Crossroads: Institute of Medicine - 2006
- Agency Planning Handbook: A Guide for Strategic Planning and Service Area Planning Linking to Performance-Based Budgeting: Department of Planning and Budget 2006-2008 Biennium, May 1, 2005
- Joint Legislative Action Review Commission (JLARC) Report – House Document 37, Review of Emergency Medical Services in Virginia. 2004.
- EMS Advisory Board Committee Planning Templates – Developed May-August 2009
- Regional EMS Council Process Action Team (PAT) Retreat Report - November 2008.

**Attachment: H to the  
April 10, 2013 TCC Minutes**

**HB 1856**

**2013 SESSION****HB 1856 Emergency medical services; Board of Health to develop policies related to statewide providers.**Introduced by: [Robert D. Orrock, Sr.](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)**SUMMARY AS PASSED HOUSE:** (all summaries)

**Emergency medical services; procedures and practice.** Requires the Board of Health to direct the State Emergency Medical Services Advisory Board to develop and facilitate implementation of (i) a process for informing an emergency medical services provider who has received an adverse decision relating to his authority to provide emergency medical care on behalf of an agency of the process for appealing that decision and (ii) a standard operating procedure template to be used in the development of local protocols for emergency medical services personnel for basic life support services. The bill also requires the Board, in cooperation with the State Emergency Medical Services Advisory Board, to review training for emergency medical services personnel and address disparities in the delivery of training to and availability of training for emergency medical services personnel. The Board shall report on its progress no later than December 1, 2013.

**FULL TEXT**[01/08/13 House: Prefiled and ordered printed; offered 01/09/13 13100939D](#) pdf | [impact statement](#)[01/24/13 House: Committee substitute printed 13104296D-H1](#) pdf[01/28/13 House: Printed as engrossed 13104296D-EH1](#) pdf | [impact statement](#)[02/21/13 House: Bill text as passed House and Senate \(HB1856ER\)](#) pdf | [impact statement](#)[03/16/13 Governor: Acts of Assembly Chapter text \(CHAP0429\)](#) pdf**AMENDMENTS****House amendments****HISTORY**[01/08/13 House: Prefiled and ordered printed; offered 01/09/13 13100939D](#)[01/08/13 House: Referred to Committee on Health, Welfare and Institutions](#)[01/15/13 House: Assigned HWI sub: #1](#)[01/21/13 House: Subcommittee recommends reporting with amendment\(s\) \(5-Y 2-N\)](#)[01/24/13 House: Reported from Health, Welfare and Institutions with substitute \(22-Y 0-N\)](#)[01/24/13 House: Committee substitute printed 13104296D-H1](#)[01/25/13 House: Read first time](#)[01/28/13 House: Read second time](#)[01/28/13 House: Committee substitute agreed to 13104296D-H1](#)[01/28/13 House: Amendment by Delegate Orrock agreed to](#)[01/28/13 House: Engrossed by House - committee substitute with amendment HB1856EH1](#)[01/28/13 House: Printed as engrossed 13104296D-EH1](#)[01/29/13 House: Read third time and passed House \(96-Y 3-N\)](#)[01/29/13 House: VOTE: PASSAGE \(96-Y 3-N\)](#)[01/30/13 Senate: Constitutional reading dispensed](#)[01/30/13 Senate: Referred to Committee on Education and Health](#)[02/04/13 Senate: Assigned Education sub: Health Professions](#)[02/14/13 Senate: Reported from Education and Health \(14-Y 0-N\)](#)

**02/15/13 Senate: Constitutional reading dispensed (40-Y 0-N)**

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02/18/13 Senate: Read third time

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**02/18/13 Senate: Passed Senate (40-Y 0-N)**

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02/21/13 House: Enrolled

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02/21/13 House: Bill text as passed House and Senate (HB1856ER)

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02/21/13 House: Signed by Speaker

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02/22/13 Senate: Signed by President

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03/16/13 Governor: Approved by Governor-Chapter 429 (effective 7/1/13)

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03/16/13 Governor: Acts of Assembly Chapter text (CHAP0429)

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**Attachment: I to the  
April 10, 2013 TCC Minutes**

**TCC Composition for 2014**

Proposed Restructuring of the Training and Certification Committee for 2014

<b>Organization Represented</b>
1. EMS Advisory Board/Chair
2. EMS for Children
3. VAGEMSA
4. VAVRS
5. Regional EMS Council Executive Directors Group
6. <del>EMS Educational Institutions</del> Accredited Institutions
7. <del>ALS Coordinator Work Group</del> Education Coordinator
8. <del>VENA</del> Education Coordinator
9. <del>Commercial Training Facilities</del> Education Coordinator
10. EMS Physician (MDC)
Member-at-large- Advisory Board appointments

Members are appointed on an annual basis.

^ ~~Two members at large to be selected as necessary to insure the committee has at least one certified EMT Instructor, one ALS coordinator, and one Endorsed EMS Physician.~~