

**WVEMS BOARD OF DIRECTORS**  
**Thursday, December 10, 2015**

**Salem Civic Center**  
**Parlor C**

**Executive Committee - 1:30 PM**  
**Full Board - 2:00 PM**

1. Call to Order
2. Introduction of Guests
3. Secretary's Report
  - a. Minutes - September 10, 2015 meeting [Sept 2015 Minutes Complete](#)
4. Treasurer's Report
  - i. FY 2015 Year End Financial Statements and Audit (John Hash, Brown Edwards & Co) [06 15 RPT WVEMSC Draft](#)
  - ii. FY 2016 Year-to-Date Financial Report - Unaudited [TREASURER'S REPORT Dec 2015](#)
5. Reports and Action Items
  - . Executive Committee
    - i. FY2015 Annual Report [2015 Annual Report](#)
    - ii. Continuity of Operations Plan - Reaffirmation
    - iii. Revisions to Fiscal Controls
    - iv. Regional EMS Plan - Reminder to review [Regional EMS Plan 2015](#)
  - a. Medical Direction
    - i. Allied Resources and Pharmacy Workgroups
    - ii. Education Workgroup - Proposal and Action item (Steve Simon)
  - b. EMS Operations
  - c. Performance Improvement Committees (meets same day as Board) (Charles Berger)
    - i. Revision to Trauma Triage Plan
  - d. Near Southwest Preparedness Alliance (NSPA) - Year in Review (J.T. Clark)
6. State EMS Advisory Board Report (Jason Ferguson) [ACS Virginia TSC Report 2015 pdf \(587 KB\) AB Report November 2015 pdf \(587 KB\)](#)
7. EMS Financial Assistance
8. New Business
  - . Nominating Committee - Election of At-large Directors [Nom Comm Report Dec 2015](#)
9. President's Report
10. Staff Reports
11. Public comments
12. Adjourn

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL  
BOARD OF DIRECTORS**

**DRAFT MEETING MINUTES**

**DATE:** December 10, 2015

**LOCATION:** Salem Civic Center, Parlor C

**Directors Present**

Steve Allen  
Billy Altman  
Jim Cady, Sr.  
Joe Coyle  
Steve Davis  
Jason Ferguson  
Charles Lane, MD  
Robert Logan  
Ryan Muterspaugh  
Kris Shrader  
Steve Simon  
Eric Stanley, DO  
Dallas Taylor, RN MSN  
Joe Trigg  
Dale Wagoner  
Ford Wirt

**Staff Present**

Mary Christian  
Sandi Short  
Cathy Cockrell  
Mike Garnett  
Gene Dalton  
Charles Berger

**Guests Present**

John Hash, Partner, Brown Edwards & Co.  
J.T. Clark, Executive Director, NSPA  
JB Broughman, City Manager, City of  
Covington

**TO ORDER**

President Ford Wirt called this regular meeting of the Board of Directors to order at 2:10 PM.

He introduced guests:

John Hash, partner with Brown, Edwards & Co., our auditors.  
J.B. Broughman, City Manager, City of Covington  
J.T. Clark, Executive Director, Near SA

**SECRETARY'S REPORT**

Ford presented minutes of the last meeting as distributed. He called for any corrections or additions.

Motion was made and duly seconded to approve. **Motion CARRIED.**

**TREASURER'S REPORT**

John Hash, partner with Brown, Edwards & Co, our auditors and accountants, presented the audit findings and annual financial report. He discussed the report, and noted that there were no deficiencies. He commended the staff for another clean audit, which received the highest level of assurance.

Motion was made and duly seconded to approve and adopt the annual financial report.

**Motion CARRIED.**

Rob Logan then presented the year-to-date report for the current fiscal year. All accounts are within normal expectations, and the balance sheet is in order.

Motion was made and duly seconded to receive the report and enter it into the minutes.

**Motion CARRIED.**

## **EXECUTIVE COMMITTEE**

The executive committee met prior to the regular meeting.

The executive director presented the WVEMS Annual Report, and distributed printed copies to the board.

Motion was made and duly seconded to approve the report. **Motion CARRIED.**

The executive director reported that there were no substantive changes to the WVEMS Continuity of Operations Plan. Our contract with VDH/OEMS requires that the plan be reviewed and reaffirmed each year. No changes were recommended other than general updates to the IT security component.

Motion was made and duly seconded to reaffirm the report to include the current IT section updates. **Motion CARRIED.**

Because the Alliance for Emergency Medical Education and Research was dissolved, and WVEMS entered into a contract with VDH/OEMS to provide fiscal administration for the Virginia EMS Symposium, it is necessary to update the Fiscal Control Policies. Updates will remove reference to AEMER, and will amend the approval process to allow payment of symposium-related expenditures of any amount with one signature, but only after written authorization from a designated official at OEMS. The revision will also allow electronic review and approval by the WVEMS treasurer for disbursements requiring dual signatures.

Motion was made and duly seconded to approve the revisions. **Motion CARRIED.**

The executive director reminded the directors to begin reviewing the WVEMS Regional EMS Plan for annual updates, to be discussed and acted upon at the March board meeting.

## **MEDICAL DIRECTION COMMITTEE**

### **Allied Resources and Pharmacy Workgroups**

The executive director reported that the Allied Resources workgroup met along with with representatives of the Pharmacy Workgroup on December 2. It was decided that no substantive changes would be made to the supply exchange agreement to be renewed in December 2016. It was also suggested that WVEMS facilitate a workshop on hospital billing for supplies.

At this time, the meeting was adjourned for a 10 minute break to enjoy holiday refreshments provided by staff members Sandi Short and Chris Christensen.

The meeting reconvened 10 minutes later.

### **Education Workgroup**

Steve Simon reported on a plan to enter into a partnership with Jefferson College of Health Sciences to allow WVEMS to offer certification courses. After discussion, a motion was put forth by the education workgroup: The Education Workgroup moved that the board authorize

staff to move forward with the program to partner and enter into an agreement with Jefferson College of Health Sciences to offer certification courses, to include the hiring of a full-time or part-time employee to manage logistics for the program with costs to be covered by revenue generated by the program.

Steve Eanes inquired as to the duration of the agreement with Jefferson College of Health Sciences. Rob Logan responded that the initial agreement would extend until the completion of the first round of courses.

There was discussion concerning the importance of surveying the needs of the stakeholders when scheduling courses, and the potential to offer programs in various areas of the region. The potential to offer hybrid courses was also discussed. The executive director assured the board that adequate consideration would be given to hybrid courses after the first round of classroom courses.

The motion of the committee was considered. **Motion CARRIED.**

## **EMS OPERATIONS**

### **Communications Workgroup**

The executive director announced that it was likely that the UHF repeaters for the Christiansburg area would be funded by the requested RSAF grant.

## **PERFORMANCE IMPROVEMENT COMMITTEE**

### **Trauma and General Performance Improvement Subcommittees**

Charles Berger reported for the General and Trauma Performance Improvement Committees. Both met today. He reported that a schedule of research projects had been developed.

The Trauma Triage Plan is currently being reviewed, and updates and revisions will be presented for consideration at the March 2016 board meeting. However one error in the plan was discovered and requires immediate attention. The Field Decision Scheme in the WVEMS Trauma Triage Plan was updated several years ago to match the CDC 2011 scheme. Actually our contract with VHD/OEMS requires us to use the current scheme from the Virginia Trauma Triage Plan, which contains two modifications relating to levels of trauma centers. This alignment is positive, and staff recommends that the WVEMS plan and accompanying protocol be revised immediately to align with the decision scheme shown in the state Trauma Triage Plan.

It was moved and duly seconded to amend the WVEMS Trauma Triage Plan and accompanying section of the WVEMS operational protocols to align with the field decision scheme from the state Trauma Triage Plan. **Motion CARRIED.**

## **NSPA**

J. T. Clark, executive director of the Near Southwest Preparedness Alliance, reported for NSPA. He noted that a number of the board members present were involved with NSPA in one way or another, and challenged everyone present to become involved. He presented a "Year in Review" video.

## **EMS Advisory Board**

Jason Ferguson reported for the EMS Advisory Board. He provided a written report which is attached to these minutes. He also reported on the report from the recent study on the

Virginia trauma system by the American College of Surgeons. A copy of that report is attached to these minutes. The executive director noted that Virginia EMS Councils Regional Directors Group is preparing a written response to this report. Mr. Ferguson also reported that the REPLICA bill will be reintroduced, this time with the support of Delegate Orrock, who will sponsor the bill. He also reported on recent changes to continuing education requirements.

#### **EMS Financial Assistance**

FARC met in Richmond on December 3. The meeting scheduled for December 4 to make final recommendations on grant awards was not held due to a server failure in the state IT system. Final award recommendations will be announced at a later time.

#### **NEW BUSINESS**

##### **Nominating Committee**

The nominating committee met on November 24. Two elected board seats are up for consideration. The committee nominates the following:

At-large Fourth PD                      Ms. Valerie L. Tweedie, CPA, CFE, CGFM

ED Physician at-large                  Eric Stanley, DO

The floor was opened for other nominations. There were none. Voice vote was taken and the nominees were **ELECTED**. President Wirt thanked Bill Brown for his service as the Fourth Planning District at-large director for the past three years.

#### **PRESIDENT'S REPORT**

President Wirt thanked the board members for attending and participating, and he reported 66 percent of directors in attendance.

#### **STAFF REPORTS**

Rob Logan - none  
Cathy Cockrell - none  
Charles Berger - none  
Mike Garnett - none  
Gene Dalton - none  
Sandi Short - none

#### **OTHER BUSINESS**

None

#### **HEARING OF THE PUBLIC**

Being no further business, the meeting was adjourned at 3:40 PM.

/s Robert Logan, Executive Director



**AUDITOR'S REPORT  
AND  
FINANCIAL STATEMENTS**

**JUNE 30, 2015**



**WESTERN VIRGINIA EMERGENCY MEDICAL  
SERVICES COUNCIL, INC.**

**AUDITOR'S REPORT  
AND  
FINANCIAL STATEMENTS**

**June 30, 2015**

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
Western Virginia Emergency Medical Services Council, Inc.  
Roanoke, Virginia

We have audited the accompanying statements of financial position of Western Virginia Emergency Medical Services Council, Inc. (the "Council") as of June 30, 2015 and 2014, and the related statements of activities and cash flows for the years then ended and the related notes to the financial statement.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or presentation of financial statements that are free from material misstatements.

### Auditor's Responsibilities

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatements.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control relevant to the Council's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not the purpose of expressing an opinion on the effectiveness of the Council's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Western Virginia Emergency Medical Services Council, Inc. and Subsidiary as of June 30, 2015, and its changes in net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

CERTIFIED PUBLIC ACCOUNTANTS

Roanoke, Virginia  
October \_\_, 2015

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*Your Success is Our Focus*

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**STATEMENTS OF FINANCIAL POSITION**

**June 30, 2015 and June 30, 2014**

	<b>2015</b>	<b>2014</b>
<b>ASSETS</b>		
Cash and cash equivalents	\$ 163,945	\$ 149,888
Restricted cash	10,951	54,994
Accounts receivable	295,172	241,205
Prepaid expenses	10,784	7,825
Investments (Note 2)	133,306	133,299
Custodial funds	21,786	22,295
Total current assets	635,944	609,506
Property and equipment, net (Note 3)	580,804	556,698
Total assets	<u>\$ 1,216,748</u>	<u>\$ 1,166,204</u>
<b>LIABILITIES AND NET ASSETS</b>		
Accounts payable	31,292	24,150
Accrued expenses	30,747	34,661
Deferred revenue	4,589	7,252
Custodial funds liability	21,786	22,295
Total liabilities	88,414	88,358
<b>NET ASSETS</b>		
Unrestricted	1,052,411	1,077,846
Temporarily restricted (Note 5)	75,923	-
Total net assets	1,128,334	1,077,846
Total liabilities and net assets	<u>\$ 1,216,748</u>	<u>\$ 1,166,204</u>

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**STATEMENTS OF ACTIVITIES**

**Year Ended June 30, 2015**

	<b>2015</b>		
	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Total</b>
<b>Revenues, gains, and other support:</b>		\$ 149,888	
State government	\$ 500,650	-	\$ 500,650
Federal grant revenue	-	746,686	746,686
Local government (Note 5)	132,525	-	132,525
Other support and income	208,580	-	208,580
United Way organizations	2,103	-	2,103
Unrealized and realized gains	(9,169)	-	(9,169)
Investment income	9,688	-	9,688
Net assets released from restrictions and reclassifications	670,763	(670,763)	-
<b>Total revenues</b>	<b>1,515,140</b>	<b>75,923</b>	<b>1,591,063</b>
<b>Expenses (Note 6)</b>			
Program services	1,253,379	-	1,253,379
Management and general	287,196	-	287,196
<b>Total expenses</b>	<b>1,540,575</b>	<b>-</b>	<b>1,540,575</b>
<b>Change in net assets</b>	<b>(25,435)</b>	<b>75,923</b>	<b>50,488</b>
<b>NET ASSETS</b>			
Beginning	1,077,846	-	1,077,846
Ending	<u>\$ 1,052,411</u>	<u>\$ 75,923</u>	<u>\$ 1,128,334</u>

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**STATEMENTS OF ACTIVITIES**

**Year Ended June 30, 2014**

	<b>2014</b>		
	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Total</b>
<b>Revenues, gains, and other support:</b>			
State government	\$ 492,650	\$ -	\$ 492,650
Federal grant revenue	-	587,818	587,818
Local government (Note 5)	133,337	-	133,337
Other support and income	198,169	-	198,169
United Way organizations	3,008	-	3,008
Unrealized and realized gains	12,224	-	12,224
Investment income	8,088	-	8,088
Net assets released from restrictions and reclassifications	587,818	(587,818)	-
<b>Total revenues</b>	<b>1,435,294</b>	<b>-</b>	<b>1,435,294</b>
<b>Expenses (Note 6)</b>			
Program services	1,175,921	-	1,175,921
Management and general	260,387	-	260,387
<b>Total expenses</b>	<b>1,436,308</b>	<b>-</b>	<b>1,436,308</b>
<b>Change in net assets</b>	<b>(1,015)</b>	<b>-</b>	<b>(1,015)</b>
<b>NET ASSETS</b>			
Beginning	1,078,861	-	1,078,861
Ending	<u>\$ 1,077,846</u>	<u>\$ -</u>	<u>\$ 1,077,846</u>

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**STATEMENTS OF CASH FLOWS**  
**For the Years Ended June 30, 2015 and 2014**

	<u>2015</u>	<u>2014</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ 50,488	\$ 149,888
Adjustments to reconcile the change in net assets to net cash provided by operating activities:		
Depreciation expense	29,026	34,600
Unrealized and realized gains on investments	9,169	(12,224)
Change in certain operating assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	(53,967)	61,597
Prepaid expense	(2,959)	3,656
Increase (decrease) in:		
Accounts payable	7,142	(5,842)
Accrued expenses and other liabilities	(3,914)	2,746
Deferred revenue	(2,663)	3,050
<b>Net cash provided by operating activities</b>	<u>32,322</u>	<u>237,471</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of property and equipment	(53,132)	(15,830)
Change in deferred revenue for equipment purchase	-	-
Change in investments, net of proceeds from sales	<u>(9,176)</u>	<u>(13,681)</u>
<b>Net cash used in investing activities</b>	<u>(62,308)</u>	<u>(29,511)</u>
<b>Increase (decrease) in cash and cash equivalents and restricted cash</b>	(29,986)	207,960
<b>TOTAL CASH AND CASH EQUIVALENTS AND RESTRICTED CASH</b>		
Beginning	<u>204,882</u>	<u>147,825</u>
Ending	<u><u>\$ 174,896</u></u>	<u><u>\$ 355,785</u></u>

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2015**

**Note 1. Nature of Operations and Significant Accounting Policies**

Nature of operations:

Western Virginia Emergency Medical Services Council, Inc. (the “Council”) was organized in September 1975 as a not-for-profit, non-stock corporation under the applicable laws of the Commonwealth of Virginia. The purpose of the Council is to plan and implement a system for the arrangement of personnel, facilities, equipment, and supplies for the provision and delivery of health care services under emergency conditions. The Council serves the counties of Alleghany, Botetourt, Craig, Floyd, Franklin, Giles, Henry, Montgomery, Patrick, Pittsylvania, Pulaski, and Roanoke and the cities of Covington, Danville, Martinsville, Radford, Roanoke, and Salem.

Basis of financial statement presentation and accounting:

The financial statements of the Council have been prepared in accordance with accounting principles generally accepted in the United States of America. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

The accompanying financial statements present information regarding the Council’s financial position and activities according to three classes of net assets: unrestricted, temporarily restricted, and permanently restricted. The three classes are differentiated based on the existence or absence of donor-imposed restrictions, as described below:

**Unrestricted** net assets are free of donor-imposed restrictions. Unrestricted net assets may be designated for specific purposes by action of the Board of Directors or may otherwise be limited by contractual agreements with outside parties. Revenues that are not temporarily or permanently restricted by donors are included in this classification. Expenses are reported as decreases in this classification.

**Temporarily restricted** net assets are limited in use by donor-imposed stipulations that expire either by the passage of time or that can be fulfilled by action of the Council pursuant to those stipulations.

**Permanently restricted** net assets are amounts required by donors to be held in perpetuity; however, generally, the income on these assets is available to meet various restricted and other operating needs. There are currently no permanently restricted net assets.

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2015**

**Note 1. Nature of Operations and Significant Accounting Policies (Continued)**

Cash and cash equivalents:

The Council considers cash, money market accounts, and highly liquid investments with a maturity of three months or less when purchased to be cash and cash equivalents. Cash equivalents are stated at cost, which approximates fair value. Cash held for long-term investment is classified as investments.

Restricted cash:

Restricted cash includes funds received by the Near Southwest Preparedness Alliance for the Bioterrorism Hospital Preparedness Program and not yet expended at year-end. This grant is further described in Note 5.

Accounts receivable:

Accounts receivable are stated at the amount management expects to collect from balances outstanding at year-end. Based on management's assessment of the credit history with customers and agencies having outstanding balances and current relationships with them, it has concluded that realization losses on balances outstanding at year-end will be immaterial.

Investments:

Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values, as determined by quoted market prices, in the statements of financial position. Net unrealized and realized gains or losses are reflected in the statements of activities. The carrying value of the organizations investments will fluctuate with the financial markets. As a result, the value of such investments as of the date of this report may be materially different than year-end values.

Custodial funds:

Custodial funds consist of funds and equipment held in a custodial capacity on behalf of a state task force.

Income and realized and unrealized net gains on investments are reported as increases in unrestricted net assets.

Property and equipment:

Property and equipment is stated at cost or, if donated, at fair market value at the date of donation, less accumulated depreciation. Depreciation is recorded using the straight-line method over estimated useful lives of the assets.

Equipment is removed from the records and any gain or loss is recognized at the time of disposal. Expenditures for acquisition, renewals, and replacements exceeding \$5,000 are capitalized. Maintenance and repair costs are charged to expense as incurred.

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2015**

**Note 1. Nature of Operations and Significant Accounting Policies (Continued)**

Deferred revenue:

Deferred revenue principally represents grant proceeds received but not yet expended.

Functional allocation of expenses:

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs, such as salaries, benefits, utilities, supplies, and other generic operating expenses, have been allocated among the programs and supporting services benefited.

Fair value measurements:

The Council carries investments at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, a market-based approach is used which establishes that fair value is based on the “highest and best use”. The Council categorizes its financial instruments, based on the priority of the inputs to the valuation technique, into a three-level fair value hierarchy as reflected below. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets (Level 1) and the lowest priority to unobservable inputs (Level 3).

**Level 1** – Fair values are based on unadjusted quoted prices in active markets for identical assets or liabilities that management has the ability to access at the measurement date.

**Level 2** – Fair values are based on inputs other than quoted prices in Level 1 that are either for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that were observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**Level 3** – Fair values are based on unobservable inputs for the asset or liability where there is little, if any, market activity for the asset or liability at the measurement date.

Income taxes:

The Council is classified as an exempt organization for federal income tax purposes under Section 501(c)(3) of the *Internal Revenue Code*.

Credit risk concentrations:

Financial instruments which potentially subject the Council to concentrations of credit risk consist principally of cash and cash equivalents, accounts receivable, and investments. The Council places its cash with high-credit, quality financial institutions. A portion of the Council’s bank deposits are in excess of federally insured limits. Concentrations of credit risk with respect to accounts receivables occur due to the limited number of governmental and commercial accounts. Approximately 91% of accounts receivable at June 30, 2015 were from the Council’s two largest funding sources.



**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2015**

**Note 1. Nature of Operations and Significant Accounting Policies (Continued)**

Approximately 86% of accounts receivable at June 30, 2014 were from the Council's two largest funding sources.

**Note 2. Investments**

The Council's investments are reported at fair value in the accompanying statement of financial position. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Council believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

		<b>Fair Value Measurements at Reporting Date Using:</b>	
		<b>Fair Value</b>	<b>Level 1</b>
<b><u>June 30, 2014</u></b>			
Mutual funds			
Balanced funds	\$	43,118	\$ 43,118
Mid-cap growth funds		22,205	22,205
International funds		20,829	20,829
Income funds		47,154	47,154
		<hr/>	<hr/>
Total	\$	133,306	\$ 133,306
		<hr/>	<hr/>
<b><u>June 30, 2013</u></b>			
Mutual funds			
Balanced funds	\$	43,410	\$ 43,410
Mid-cap growth funds		20,223	20,223
International funds		20,510	20,510
Income funds		49,156	49,156
		<hr/>	<hr/>
Total	\$	133,299	\$ 133,299
		<hr/>	<hr/>

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2015**

**Note 3. Land, Buildings, and Equipment**

Land, buildings, and equipment consist of the following as of December 31:

	<u>Estimated Useful Life</u>	<u>2015</u>	<u>2014</u>
Land		\$ 201,600	\$ 201,600
Building	39 years	175,223	175,223
Building improvements	39 years	74,793	74,793
Communications equipment	5-10 years	121,361	68,229
Office equipment	5-10 years	34,392	41,232
Miscellaneous equipment	5-10 years	321,714	321,714
Generator building and equipment	15-20 years	16,672	16,672
		945,755	899,463
Less accumulated depreciation		(364,951)	(342,765)
		<u>\$ 580,804</u>	<u>\$ 556,698</u>

**Note 4. Designated Net Assets**

A designation of net assets is made to indicate plans for financial resource utilization in a future period. In accordance with policies established by resolution of the Board of Directors of the Council, a reserve fund was established to serve as a future source of operating funds and to support special projects. Transfers from an operating account to this reserve fund, as well as any expenditure from this fund require board action. Unrestricted net assets have been designated for future use in the amounts of \$77,167 and \$0- for 2015 and 2014, respectively.

**Note 5. Federal Grants**

The Near Southwest Preparedness Alliance (NSPA) is a division within the Council. NSPA has received a grant passed through the Virginia Department of Health from the Department of Health and Human Services. This grant is cooperative agreement entitled The Bioterrorism Hospital Preparedness Program. Under this grant, NSPA is to establish a regional emergency preparedness infrastructure for health care institutions in Southwest Virginia. They are also to purchase equipment and pharmaceuticals, which remain the property of the health care institutions, and to provide training on the proper use of this equipment. At June 30, 2015 and 2014, the amount due from the grantor was \$47,535 and \$72,493 representing 36% and 30% of accounts receivable at June 30, 2015 and 2014, respectively. Net asset temporarily restricted under the grant were \$75,923 as of June 30, 2015.

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2015**

**Note 6. Local Government Support**

Local government support received by the Council is as follows:

	<u><b>2015</b></u>	<u><b>2014</b></u>
City of Roanoke	\$ 14,105	\$ 14,105
County of Roanoke	13,922	13,922
County of Montgomery	13,111	13,111
County of Pittsylvania	10,792	10,792
County of Franklin	10,362	9,800
City of Danville	8,528	9,060
County of Henry	7,518	7,518
County of Pulaski	7,352	7,352
County of Botetourt	6,722	6,722
City of Salem	5,972	5,973
County of Patrick	5,089	5,278
County of Giles	4,958	4,958
City of Radford	4,816	4,816
County of Alleghany	4,775	4,992
City of Martinsville	4,435	4,758
County of Floyd	3,506	3,506
City of Covington	3,335	3,571
County of Craig	3,227	3,103
	<u><u>\$ 132,525</u></u>	<u><u>\$ 133,337</u></u>

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2015**

**Note 7. Functional Allocation of Expenses**

Expenses incurred were:

	<b>2015</b>		
	<b>Program Services</b>	<b>Management and General</b>	<b>Total</b>
Salaries	\$ 202,863	\$ 188,426	\$ 391,289
NSPA Expenses	439,655	-	439,655
VHHA Expenses	212,962	-	212,962
Contracts for services	129,592	-	129,592
Payroll tax and employee benefits	80,566	31,694	112,260
Salaries – education and testing	44,754	-	44,754
MRC expenses	16,294	-	16,294
BREMS – MRC support expenses	536	-	536
CBA expenses	676	-	676
Special projects	8,830	-	8,830
Supplies and equipment	10,142	17,377	27,519
Depreciation	-	29,026	29,026
Utilities	21,378	-	21,378
Maintenance and repairs	13,087	-	13,087
Travel, mileage, and lodging	7,421	153	7,574
Professional fees	11,080	-	11,080
Insurance	4,386	10,540	14,926
Telecommunications	7,513	4,688	12,201
Textbooks	25,435	-	25,435
Equipment rental	8,100	-	8,100
Staff development	5,798	807	6,605
Rent	6,047	-	6,047
Miscellaneous	11,715	-	11,715
Postage	665	1,133	1,798
Printing and publications	-	2,416	2,416
CISM conference and miscellaneous	1,484	-	1,484
Dues and membership	400	936	1,336
Inter-divisional rent	(18,000)	-	(18,000)
	<u>\$ 1,253,379</u>	<u>\$ 287,196</u>	<u>\$ 1,540,575</u>

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2015**

**Note 7. Functional Allocation of Expenses (Continued)**

Expenses incurred were:

	<b>2014</b>		
	<b>Program Services</b>	<b>Management and General</b>	<b>Total</b>
Salaries	\$ 209,082	\$ 142,316	\$ 351,398
NSPA Expenses	371,025	-	371,025
VHHA Expenses	160,574	-	160,574
Contracts for services	87,851	-	87,851
Payroll tax and employee benefits	75,863	40,648	116,511
Salaries – education and testing	59,829	-	59,829
MRC expenses	51,767	-	51,767
BREMS – MRC support expenses	1,496	-	1,496
CBA expenses	2,955	-	2,955
Special projects	30,923	-	30,923
Supplies and equipment	10,837	20,610	31,447
Depreciation	-	34,600	34,600
Utilities	24,159	-	24,159
Maintenance and repairs	14,609	70	14,679
Travel, mileage, and lodging	6,576	1,219	7,795
Professional fees	9,311	-	9,311
Insurance	5,242	8,926	14,168
Telecommunications	6,562	4,908	11,470
Textbooks	24,987	-	24,987
Equipment rental	8,100	-	8,100
Staff development	5,701	3,813	9,514
Rent	6,015	-	6,015
Miscellaneous	15,055	-	15,055
Postage	887	1,050	1,937
Printing and publications	2,808	649	3,457
CISM conference and miscellaneous	1,287	-	1,287
Dues and membership	420	1,578	1,998
Inter-divisional rent	(18,000)	-	(18,000)
	<u>\$ 1,175,921</u>	<u>\$ 260,387</u>	<u>\$ 1,436,308</u>

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2015**

**Note 8. Retirement Plan**

The Council has a Simplified Employee Pension Plan covering all salaried employees who are at least 21 years of age, have received at least \$300 in compensation during the current year, and have completed one year of employment. This one year of employment is defined as having any portion of the year prior to the January 1 enrollment date. The Council contributes a 5% match of the employees' eligible contributions. The Council contributed \$29,647 and \$39,129 to the plan in 2015 and 2014, respectively.

**Note 9. Compensated Absences**

Each employee earns paid time off (PTO) in accordance with the Council's policies. At the end of each fiscal year, balances of PTO up to 200 hours are carried forward. At June 30, 2015 and 2014, the accrual for compensated balances was \$30,747 and \$30,796, respectively, and is included in accrued expenses on the statement of financial position.

**Note 10. Arrangement with the Alliance for Emergency Medical Education and Research**

The Council provides all labor, including office support, and management and fiscal oversight to Alliance for Emergency Medical Education and Research (AEMER), a separate 501(c) organization, to manage an annual education symposium for emergency medical services providers.

**Note 11. Subsequent Events**

Subsequent events were considered through October \_\_, 2015, the date the financial statements were available to be issued. Subsequent to year-end, Alliance for Emergency Medical Education and Research (AEMER) was dissolved by its governance, and WVEMS has assumed all net assets and liabilities of the organization.

[www.wvems.org](http://www.wvems.org)



# Annual Report

July 1, 2014–June 30, 2015



## Directory

### Contact Information

#### Main Office

1944 Peters Creek Road, Roanoke VA 24017  
 Telephone (all offices): 540.562.3482  
 Toll-free (all offices): 800.972.4367  
 Facsimile: 540.562.3488  
 E-mail: [western@vaems.org](mailto:western@vaems.org)  
 Web: [www.wvems.org](http://www.wvems.org)

#### New River Valley Field Office

6580 Valley Center Drive, Radford VA 24141  
 Facsimile: 206.202.1190

#### Piedmont Field Office

1024 DuPont Road, Martinsville VA 24115  
 Facsimile: 206.984.3120

### Staff Directory\*

Executive Director:	Robert H. Logan, PhD	( <a href="mailto:logan@vaems.org">logan@vaems.org</a> )
Education Program Director:	Cathy Cockrell, CICP, CCEMT-P, NRP	( <a href="mailto:ccockrell@vaems.org">ccockrell@vaems.org</a> )
Business Manager:	Mary H. Christian	( <a href="mailto:mchristian@vaems.org">mchristian@vaems.org</a> )
Office Manager:	Sandi Short	( <a href="mailto:sshort@vaems.org">sshort@vaems.org</a> )
Administrative Assistant:	Chris Christensen	( <a href="mailto:cchristensen@vaems.org">cchristensen@vaems.org</a> )
Senior Field Coordinator:	Charles W. Berger, NRP	( <a href="mailto:cberger@vaems.org">cberger@vaems.org</a> )
Field Coordinator:	Michael L. Garnett, NRP	( <a href="mailto:mgarnett@vaems.org">mgarnett@vaems.org</a> )
Field Coordinator:	Gene Dalton, NRP	( <a href="mailto:gdalton@vaems.org">gdalton@vaems.org</a> )
NSPA Executive Director:	John T. Clark, MHA	( <a href="mailto:jtclark@vaems.org">jtclark@vaems.org</a> )
NSPA RHCC Manager:	Michael Pruitt, MPA	( <a href="mailto:mapruitt@vaems.org">mapruitt@vaems.org</a> )
NSPA RHCC On-call Staff:	Jeff Echternach and Michael Nallen	
NSPA Coalition Development Specialist:	Craig Camidge	( <a href="mailto:ccamidge@vaems.org">ccamidge@vaems.org</a> )
NSPA Continuity Specialist:	Monica McCullough	( <a href="mailto:mmcullough@vaems.org">mmcullough@vaems.org</a> )
NSPA Materials Manager:	Philip Belcher	( <a href="mailto:pbelcher@vaems.org">pbelcher@vaems.org</a> )
Medical Reserve Corps Coordinator:	Adam LaChappelle	( <a href="mailto:alachappelle@vaems.org">alachappelle@vaems.org</a> )
Regional Medical Director:	Charles J. Lane, MD, FACEP	( <a href="mailto:clane@vaems.org">clane@vaems.org</a> )

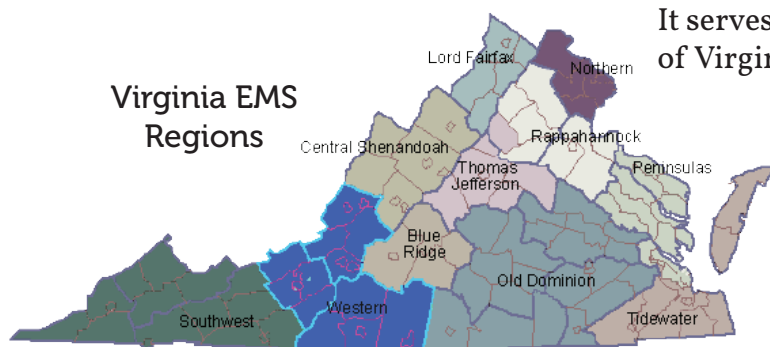
\*(as of 10-01-2015)



## Mission

The mission of the Western Virginia EMS Council is to facilitate regional cooperation, planning and implementation of an integrated emergency medical services delivery system.

WVEMS is one of 11 regional EMS councils in Virginia. It serves the fourth, fifth and twelfth planning districts of Virginia, encompassing the following localities:



*(Western Virginia EMS region shown in blue.)*

- Alleghany County
- Botetourt County
- Craig County
- Floyd County
- Giles County
- Franklin County
- Henry County
- Montgomery County
- Patrick County
- Pittsylvania County
- Pulaski County
- Roanoke County
- City of Covington
- City of Danville
- City of Martinsville
- City of Radford
- City of Roanoke
- City of Salem

### Regional EMS Councils in the Code of Virginia

§ 32.1-III.11

#### Regional emergency medical services councils

The Board [of Health] shall designate regional emergency medical services councils which shall be authorized to receive and disburse public funds. Each council shall be charged with the development and implementation of an efficient and effective regional emergency medical services delivery system.

The Board shall review those agencies that were the designated regional emergency medical services councils. The Board shall, in accordance with the standards established in its regulations, review and may renew or deny applications for such designations every three years. In its discretion, the Board may establish conditions for renewal of such designations or may solicit applications for designation as a regional emergency medical services council.

Each council shall include, if available, representatives of the participating local governments, fire protection agencies, law-enforcement agencies, emergency medical services agencies, hospitals, licensed practicing physicians, emergency care nurses, mental health professionals, emergency medical technicians and other appropriate allied health professionals.

Each council shall adopt and revise as necessary a regional emergency medical services plan in cooperation with the Board.

The designated councils shall be required to match state funds with local funds obtained from private or public sources in the proportion specified in the regulations of the Board. Moneys received directly or indirectly from the Commonwealth shall not be used as matching funds. A local governing body may choose to appropriate funds for the purpose of providing matching grant funds for any council. However, this section shall not be construed to place any obligation on any local governing body to appropriate funds to any council.

The Board shall promulgate, in cooperation with the State Emergency Medical Services Advisory Board, regulations to implement this section, which shall include, but not be limited to, requirements to ensure accountability for public funds, criteria for matching funds, and performance standards.



## Our Vision

The EMS system in the Western Virginia region will . . .

- \* provide access for victims for injury and sudden illness via a **universally available enhanced 9-1-1** emergency telephone system.
- \* provide for **dispatcher-provided telephone assistance** (pre-arrival instructions) to callers with life-threatening emergencies.
- \* provide for **timely response** of first responder and transportation, personnel and vehicles through a system of predetermined minimum response intervals, monitoring and quality assurance-performance improvement.
- \* provide for **high-quality, prehospital treatment** of patients as a result of standardized basic life support training programs, accredited advanced life support educational and mentoring programs, standardized testing programs, frequent and timely continuing education programs, and quality assurance-performance improvement programs.
- \* provide **triage and transport**, and transfer if necessary, of patients to the most appropriate facility based on predetermined universally accepted transport guidelines and protocols.
- \* provide **timely emergency department care** with emergency physicians, emergency nurses and other support personnel and **trauma care**, when necessary, with personnel and resources associated with a designated trauma center.
- \* provide **communications system** capabilities that enable EMS personnel to communicate with all other EMS personnel throughout the region, their dispatchers, all hospital emergency departments and other public safety personnel.
- \* provide resources and capabilities in order to appropriately respond to and manage large disasters and **mass casualty** situations.
- \* ensure EMS system **viability and excellence** through the effective use of state, local and private funding.

*For more information, visit our website at [www.wvems.org](http://www.wvems.org).*

## Leadership and Oversight

### BOARD OF DIRECTORS

Ford S. Wirt, President \*

Steven D. Eanes, Vice President \*

Stephen G. Simon, MS, Secretary \*

R. Carey Harvey, Treasurer \*

Steve Allen

William O. Altman

John E. Beach

Bill Brown

James L. Cady, Sr. \*

Joe Coyle

W. Steven Davis

Timothy Dick

Tim Duffer

Jason Ferguson

Michael Jefferson

Daryl Hatcher

Rodney Haywood

Rickey Hodge

Charles J. Lane, MD, FACEP

David Linkous, MS

Robert H. Logan, PhD \* (non-voting)

Ryan Muterspaugh

Kristopher Shrader

Eric K. Stanley, DO

Dallas Taylor, MSN, RN

L. Joseph Trigg \*

J. Dale Wagoner, MPA \*

\*Executive committee members

### REPRESENTING

Floyd County

Henry County

Roanoke County

5th Planning District At-Large

Patrick County

City of Roanoke

City of Salem

4th Planning District At-Large

Craig County

Montgomery County

Giles County

City of Covington

Pittsylvania County

Botetourt County

City of Danville

Franklin County

City of Radford

Va. Assoc. of Vol. Rescue Squads

Regional Medical Director

Hospital System Representative

Executive Director

Alleghany County

City of Martinsville

Emergency Physician At-Large

Emergency Nurses Association

Pulaski County

12th Planning District At-Large





## Committee and Program Leaders

Executive Committee — Ford Wirt, *Chair*

**Medical Direction** — Charles Lane, MD, *Regional Medical Director/Chair*

Pharmacy Workgroup — Nadine Gilmore, RPh, *Co-Chair* and Larry Mullins, RPh, MBA, *Co-Chair*

Allied Resources Workgroup — Darrell Van Ness, MSN, *Chair*

Education Workgroup — Steve Simon, *Chair*

**Performance Improvement** — Charles J. Lane, MD, *Chair*

General/Medical Subcommittee — Charles Lane, MD, *Chair*

Trauma and Trauma Triage Subcommittee — Charles Lane, MD, *Chair*

Stroke and Stroke Triage Subcommittee — Charles Lane, MD, *Chair*

**Near Southwest Preparedness Alliance Board of Directors** — Tammy Turpin, *Chair*

**Near Southwest Preparedness Alliance Healthcare Coalition** — Bobbi Grogan, *Chair*

**Critical Incident Stress Management Team (CISM)** — Mary Jones, *Team Administrator*

### EMS Operations:

Communications Workgroup — Jim Cady, Sr., *Chair*

MCI Planning Workgroup — Joe Coyle, *Chair*

## Significant Accomplishments

### Provider Services and Recognition

- \* Provided volunteer and career referrals and training course information in response to daily telephone and electronic inquiries.
- \* Conducted an annual EMS awards program at the Vinton War Memorial. Recognized providers and agencies in nine categories of regional EMS awards. Submitted regional award recipients as statewide EMS award nominees. Also presented NSPA Healthcare Preparedness awards in four categories.
- \* Coordinated and provided a point of contact for an accredited (VOEMS) regional critical incident stress management (CISM) Team consisting of 36 volunteer mental health and peer public safety debriefers. Quarterly team meetings were conducted, along with several special events including a certification CISM training program. Completed final draft of new CISM operating and policy manual.
- \* Responded to 44 requests for CISM team interventions, and provided various educational sessions for CISM team members.
- \* Maintained statewide “Virginia EMS Jobs” ([www.vaemsjobs.com](http://www.vaemsjobs.com)) online database for the Virginia Office of EMS.
- \* Managed multi-regional Consolidated Test Site (CTS) registration system. (WVEMS staff coordinated development of this system.)
- \* Served as EMS infrastructure point of contact for all EMS agencies, providers, hospitals, and local governments in the region and beyond.



Clarence C. Monday as he receives the Benny Summerlin Award for Public Service.

## EMS Education and Advocacy

- \* Provided standardized testing of enhanced and intermediate students exiting from initial certification courses.
- \* Coordinated 20 OEMS consolidated test sites throughout the region, registering 806 students for testing.
- \* Conducted three Regional EMS Instructor Network meetings, including ALS Coordinators, Education Coordinators, Emergency Operations Instructors and EMT Instructors.
- \* Provided a loaner library of EMS educational videos and training equipment.
- \* Offered one EMT course in Pittsylvania County with 22 students enrolled. Assisted in other courses.
- \* Offered one EMT-Intermediate course enrolling 24 students.
- \* Served as partner agency in accredited EMT-Intermediate programs at the Roanoke Valley Regional Fire-EMS Training Center and New River Valley Training Center.
- \* Offered 288 hours of ALS and BLS continuing education, in three planning districts.
- \* Provided support to Roanoke Valley Regional Fire-EMS Training Center, New River Valley Training Center and Carilion Clinic to offer and facilitate AMLS and PHTLS classes throughout the region.
- \* Actively participated in numerous State-level committees and work groups.
- \* Served on advisory boards for local college and university programs.
- \* Participated in pre-hospital care committees for hospitals in the region.
- \* Conducted six peer review committee meetings.
- \* Promoted and co-sponsored numerous educational events across the region.
- \* Participated in disaster exercises in six localities, including multi-jurisdictional drills.
- \* Participated in statewide committee charged with writing guidelines for VA EMS providers.
- \* Staff members attended NAEMSE instructor workshop.
- \* Maintained professional liability insurance on all students enrolled in council-sponsored ALS training programs, saving students some \$15,000.
- \* Field training staff maintained certification as instructors in ACLS, AMLS, BLS, PALS, TECC, PHTLS, ITLS, ADLS, BDLS and TCCC.
- \* Maintained regional web-based training calendar.
- \* Staff serves as state chair for The American Heart Association and AMLS.
- \* Staff serves as Affiliate Faculty for BLS, ACLS and PALS.
- \* Staff appointed to Affiliate Faculty for the launch of GEMS (Geriatric Emergencies, NAEMT).
- \* Staff obtained instructor certifications in ACLS- EP (Experienced Provider).
- \* Coordinated efforts with Lewis Gale Montgomery to plan and facilitate annual Trauma Conference.
- \* Coordinated efforts with Carilion Clinic Life Guard for Star Points, 2015.
- \* Active participation in regional Heart Alert committees.
- \* Maintained staff responsibility for BLS test site coordination to ensure uniformity and provide better customer service at BLS test sites.
- \* Offered annual Operational Medical Director “Currents” educational workshop hosted by the Danville Area Training Center.
- \* Conducted AMLS, BLS, ACLS, PALS, and ITLS courses throughout the region.
- \* In conjunction with NSPA, offered ADLS and BDLS courses.



*CPR training in Christiansburg.*

## Medical Direction and Performance Improvement

- \* Maintained a regional ambulance diversion policy.
- \* Maintained a regional ambulance supply exchange and drug restocking policy.
- \* Continued projects for regional EMS performance improvement.
- \* Updated and published Regional Operational Guidelines (Protocols).
- \* Provided suggested guidelines for quality improvement programs in agencies.
- \* Endorsed 6 ALS Coordinators for recertification according to regional guidelines.
- \* Reestablished and established new clinical education agreements at 9 hospitals and other medical entities across the region.
- \* Continued and expanded the role of regional Performance Improvement Committees.
- \* Maintained a Regional Stroke Triage Plan.
- \* Maintained a Regional Trauma Triage Plan.
- \* Maintained Regional General and Trauma Performance Improvement Plans.
- \* Offered continuing education workshop for Operational Medical Directors.

## Communications, Facilities

- \* Coordinated a region-wide system of drug and IV box exchange, incident reporting and follow-up, and provision of inventory control.
- \* Maintained a regional waiver exempting EMS agencies from registration for testing of blood with portable glucometry equipment, saving EMS agencies some \$17,500 every two years.
- \* Maintained a regional Controlled Substances Registration Permit to allow EMS agencies to carry IV fluids and other controlled substances as “restock items” saving individual agencies some \$11,500 every year.
- \* Provided continuing liaison between EMS agencies, operational medical directors and emergency department nurse managers related to the exchange of supplies and equipment.
- \* Provided technical assistance and regional administration for VHASS and Web-EOC, web-based ambulance diversion and mass casualty incident management software.
- \* Supported statewide “WeatherSafe” program for sharing air medical turn-down information.
- \* Continued ownership and operation of various regional EMS communication systems.
- \* Received grant funding, purchased and installed a CarePoint communications system at a free-standing ED in Pittsylvania County.

## Public Information and Referral

- \* Maintained an electronic mailing list with some 2,000 subscribers to provide frequent notices of training events and other timely EMS news.
- \* Served as a clearinghouse for regional and state EMS pamphlets, posters, displays and other public relations and recruitment materials.
- \* Regularly updated the council’s Internet web site [www.wvems.org](http://www.wvems.org) with current EMS news and events, education, recruitment, CISM information, committee minutes and council reports, trauma triage information, mass casualty information, General Assembly information and relevant EMS links.
- \* Published various flyers, for courses, service offerings, etc. throughout the year.
- \* Participated in various workshops and public events throughout the year.
- \* Displayed at annual “Starpoints” educational event.

## Other Planning and Coordinating Activities

- \* Published periodic financial reports, quarterly program reports, an annual report, frequent committee minutes and other training and event announcements.
- \* Provided a consistent point of contact for EMS providers, agencies and local governments.
- \* Provided representation on a number of local, regional and statewide committees and boards.
- \* Provided technical assistance to applicants for Virginia EMS Financial Assistance (RSAF) grants and provided standardized grading for all EMS grants submitted to OEMS from agencies within the WVEMS region.
- \* Gained approval for \$1,203,304 in RSAF grant awards to agencies within the region.
- \* Revised regional EMS strategic plan and other regional planning documents.
- \* Provided fiscal and administrative support for the Alliance for Emergency Medical Education and Research, co-sponsor of the Virginia EMS Symposium and other events.
- \* Facilitated the dissolution of AEMER and contracted directly with VOEMS to provide fiscal management for the Virginia EMS Symposium beginning in 2015.
- \* Provided fiscal and administrative support to the Near Southwest Preparedness Alliance (NSPA) to manage some \$1 million in federal hospital preparedness program (HPP) funds.
- \* Continued coordination of the Medical Reserve Corps (MRC) in five health districts for the Virginia Department of Health (VDH).
- \* Employed a statewide HPP technical advisor and interim VDH HPP coordinator through contract with the Virginia Hospital and Healthcare Association.
- \* Provided Information Technology Support for all 11 regional EMS councils by employing an IT support specialist and contracting various other services.

## Other Planning and Coordinating Activities

### \$4.25 for Life

In 2006, the full funding generated by the “\$4-for-Life” vehicle registration add-on was allocated in its entirety to EMS. For several years, a portion of this fund has been diverted to other areas, but beginning July 1, 2006, the full amount came back to EMS. Of this amount, 26% is returned directly to the localities. The allocation is based on DMV collections, determined by the number of eligible vehicles registered in each jurisdiction. In the 2009-2010 session, this funding stream was increased to \$6.25 per eligible vehicle registration, but the additional revenue does not go to benefit EMS at this time.

In the past 11 years, the total amount returned to localities in the WVEMS region has grown from \$303,363 in FY 2004 to \$621,485 in FY 2015. The high during that period was \$654,178 in FY 2011.

### State Trauma Center Fund

This funding comes from the reinstatement of driver’s licenses in Virginia. If a Virginia resident loses his or her driver’s license for any reason, he or she must pay a fee to reinstate it. Part of the money from this fee goes to support Virginia’s Trauma Centers and defray the cost of providing trauma care. These Trauma Centers must meet strict criteria for designation which includes facilities, on-site physicians and other medical specialists.

There are three designated trauma centers in the WVEMS region. Carilion Clinic’s Roanoke Memorial Hospital, a Level I trauma center, has received \$10,916,545 since the fund’s inception FY 2006. The two Level III trauma centers in the WVEMS region, Carilion New River Valley Medical Center and Lewis Gale Hospital Montgomery have collectively received \$891,972 since FY 2006. (The October 2015 quarterly distribution is not included.)



## 2015 Regional EMS Awards

### Excellence in EMS

Richard L. Arnold, *Cave Spring First Aid & Rescue Squad*

### Outstanding Administrator

Althea McDaniel, *LifeCare Medical Transport*

### Outstanding EMS Provider

Nicholas Coalson, Sr., *Riner Volunteer Rescue Squad*

### Outstanding Contribution to EMS by a Nurse

Susan Smith, *Carilion Clinic Life Guard*

### Scholarship for Outstanding Contribution to EMS by a High School Senior

Emma Duff, *Cave Spring First Aid & Rescue Squad*

### Outstanding EMS Agency

Riner Volunteer Rescue Squad

### Outstanding EMS Educator

Elliot Carhart, EdD, *Jefferson College of Health Sciences*

### Outstanding EMS Physician

Eric Stanley, DO, *Montgomery County OMD*

### Outstanding Contribution to EMS by a Telecommunication Officer

Travis Pruitt, *Martinsville-Henry Co. 911*

## Financial Statement

### Financial Position

#### ASSETS

Cash and Cash Equivalents

	2015	2014
Cash and Cash Equivalents	\$ 163,945	\$ 149,888

Restricted Cash

10,951 54,994

Accounts Receivable

295,172 241,205

Prepaid Expenses

10,784 7,825

Investments

133,306 133,299

Custodial Funds

21,786 22,295

#### Total Current Assests

635,944 609,506

Property and Equipment, net

580,804 556,698

#### Total Assets

\$ 1,216,748 \$ 1,166,204

#### LIABILITIES AND NET ASSETS

#### Liabilities

Accounts Payable

31,292 24,150

Accrued Expenses

30,747 34,661

Deferred Revenue

4,589 7,252

Custodial Funds Liability

21,786 22,295

#### Total Liabilities

88,414 88,358

#### Net Assets

Unrestricted

1,052,411 1,077,846

Temporarily Restricted

75,923 -

#### Total Net Assets

1,128,334 1,077,846

#### Total Liabilities and Net Asset

\$ 1,216,748 \$ 1,166,204



## Statement of Activities

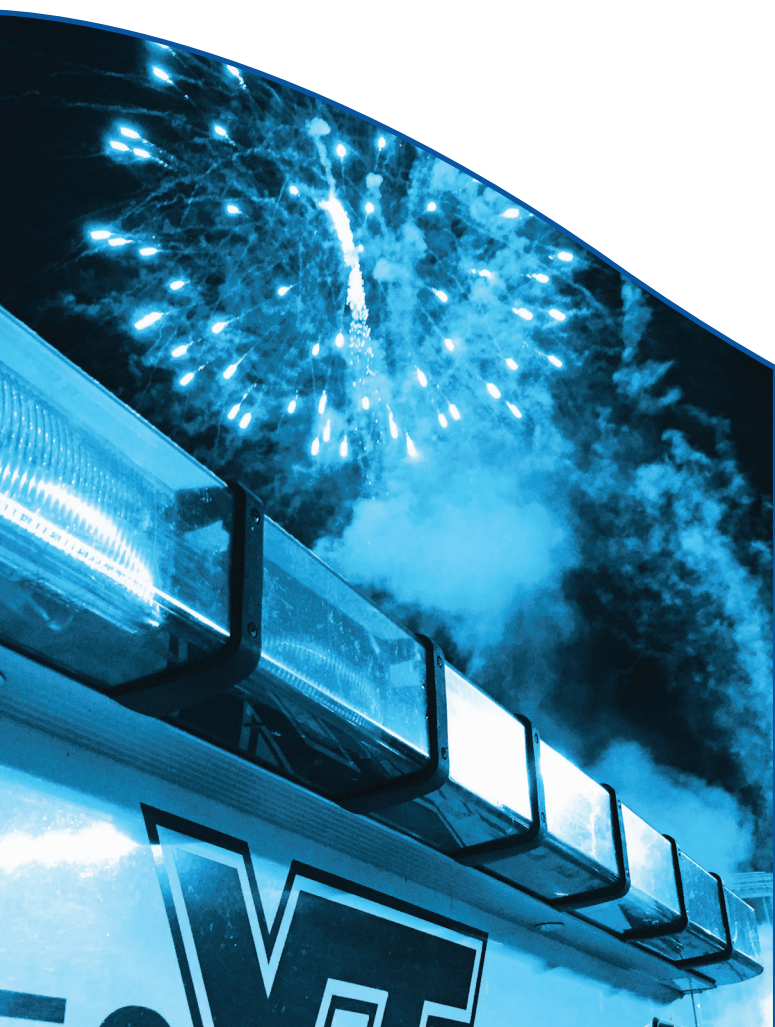
	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Total</b>
<b>Revenues, gains, and other support:</b>		\$ 149,888	
State government	\$ 500,650	–	\$ 500,650
Federal grant revenue	–	746,686	746,686
Local government	132,525	–	132,525
Other Support & Income	208,580	–	208,580
United Way organizations	2,103	–	2,103
Unrealized and realized gains	(9,169)	–	(9,169)
Investment income	9,688	–	9,688
Net assets released from restrictions and reclassifications	670,763	(670,763)	–
<b>Total revenues</b>	<b>1,515,140</b>	<b>75,923</b>	<b>1,591,063</b>
<b>Expenses</b>			
Program services	1,253,379	–	1,253,379
Management and general	287,196	–	287,196
<b>Total expenses</b>	<b>1,540,575</b>	<b>–</b>	<b>1,540,575</b>
<b>Change in net assets</b>	<b>(125,435)</b>	<b>75,923</b>	<b>50,488</b>
<b>Net Assets</b>			
<b>Beginning</b>	<b>1,077,846</b>	<b>–</b>	<b>1,077,846</b>
<b>Ending</b>	<b>\$ 1,052,411</b>	<b>\$ 75,923</b>	<b>\$ 1,128,334</b>

## Our Supporters

These generous supporters and partners have contributed funds or in-kind services, or have allowed us to contract to provide services throughout the year.

Commonwealth of Virginia  
 Virginia Hospital and Healthcare Association  
 Virginia Medical Reserve Corps  
 Near Southwest Preparedness Alliance  
 United Way Roanoke Valley  
 Greater Alleghany United Fund  
  
 Carilion Clinic  
 LewisGale Medical Center  
 LewisGale Hospital Alleghany  
 LewisGale Hospital Montgomery  
 LewisGale Hospital Pulaski  
 Pioneer Community Hospital of Patrick  
 Memorial Hospital of Martinsville and Henry County  
 Danville Regional Hospital  
 Veterans Affairs Medical Center – Salem  
 Centra Health

Alleghany County  
 Botetourt County  
 Craig County  
 Floyd County  
 Giles County  
 Franklin County  
 Henry County  
 Montgomery County  
 Patrick County  
 Pittsylvania County  
 Pulaski County  
 Roanoke County  
 City of Covington  
 City of Danville  
 City of Martinsville  
 City of Radford  
 City of Roanoke  
 City of Salem



WESTERN VA EMS COUNCIL  
UNAUDITED TREASURER'S REPORT  
AS OF NOVEMBER 30, 2015

REVENUES	BUDGET	TOTAL	% YTD
STATE GOVERNMENT (OEMS CONTRACT)	433,450	118,993	27.45%
LOCAL GOVERNMENT	133,000	133,568	100.43%
UNITED WAYS	3,000	833	27.78%
CONTRIBUTIONS	1,000		0.00%
NSPA/VHHA PROGRAM REVENUE	425,000	228,624	53.79%
MRC	94,000		0.00%
DIRECT PROGRAM INCOME (Tuitions, grants, VDH/OEMS)	200,000	32,906	16.45%
VA EMS SYMPOSIUM		6,000	0.00%
NSPA OFFSET REVENUE (Contract for services)	10,000	11,735	117.35%
RENT INCOME (NSPA)	18,000	7,500	41.67%
OTHER INCOME - SALE OF ASSET	0		0.00%
CREDIT CARD HOSTING FEE		219	
ROLLOVER FROM FY13 SURPLUS (BOARD APPROVED)	0		0.00%
INVESTMENT / GAINS/LOSSES	15,000	845	5.63%
<b>TOTAL REVENUES</b>	<b>1,332,450</b>	<b>541,222</b>	<b>40.62%</b>
EXPENDITURES	BUDGET	TOTAL	% YTD
SALARIES / WAGES (WVEMS)	410,000	195,502	47.68%
PAYROLL TAXES (FICA)	31,365	14,622	46.62%
VEC	1,200	574	47.83%
403(b) / RETIREMENT	20,500	7,045	34.37%
HOSPITAL / MEDICAL INSURANCE	55,000	20,388	37.07%
LIFE INSURANCE/DISABILITY	10,000	5,230	52.30%
DENTAL INSURANCE	3,600	1,239	34.42%
PROFESSIONAL SERVICES/FEES	8,500	6,440	75.76%
MEDICAL DIRECTION ASSISTANCE	1,000		0.00%
MAINTENANCE / REPAIRS / SERVICE CONTRACTS	2,000	1,455	72.74%
OCCUPANCY (Utilities, repairs, NRV rent etc.)	20,000	8,168	40.84%
POSTAL / SHIPPING	2,000	771	38.56%
TELECOMMUNICATIONS	14,000	3,674	26.24%
SUPPLIES (ADMIN)	9,485	2,109	22.24%
EQUIPMENT	8,000	216	2.70%
INSURANCE	8,000	5,255	65.69%
DIRECT PROGRAM EXPENSES	160,000	38,021	23.76%
NSPA/VHHA PROGRAM EXPENSES	410,000	264,585	64.53%
MRC EXPENSES	89,000		
PRINTING / PUBLICATIONS	3,500	535	15.29%
TRAVEL / LODGING	7,000	759	10.85%
FUEL/VEHICLE MAINTENANCE	16,000	4,292	26.82%
MEETING SUPPORT	1,200		0.00%
DUES / MEMBERSHIP FEES	1,200	1,113	92.71%
STAFF DEVELOPMENT	12,500	1,830	14.64%
CISM PROGRAM COSTS	2,000	164	8.21%
COMMUNICATION SITE RENTAL	8,100	2,850	35.19%
COMMUNICATIONS WIRELINES	7,500	2,827	37.69%
COMMUNICATIONS MAINTENANCE	4,000	580	14.49%
COMMUNICATIONS UTILITIES	800	177	22.19%
COMMUNICATIONS INSURANCE	3,000	1,250	41.67%
COMMUNICATIONS EQUIPMENT	2,000		0.00%
<b>TOTAL EXPENDITURES</b>	<b>1,332,450</b>	<b>591,671</b>	<b>44.40%</b>

## PROGRAM

REVENUE (PROGRAM ACCOUNTS)	TOTAL
OEMS FUNDS - INTERMEDIATE	3,616
OEMS FUNDS - ENHANCED	
OEMS FUNDS - ADJUNCT	
OEMS FUNDS - CARDIAC	
OEMS FUNDS - CT TRANSITION	
OEMS FUNDS - SHOCK TRANSITION	
OEMS FUNDS - ALS CE	
OEMS FUNDS - BLS	
OEMS FUNDS - EMT	
PROGRAM SERVICE FEES	5,835
PROTOCOL, ETC. SALES	746
TEXTBOOK SALES	
CONSOLIDATED TESTING	10,855
DRUG BOX ENTRANCE FEES	2,691
GRANTS & SPECIAL PROJECTS	
SALES - CONSUMER GOODS	
WEB DATABASE	
PROCESSING FEES	
PROGRAM FEES - MONROE HEALTH CENTER	
PROGRAM TUITION - INTERMEDIATE	
PROGRAM TUITION - ENHANCED	
PROGRAM TUITION - ADJUNCT	
PROGRAM TUITION - CARDIC	
PROGRAM TUITION - OTHER	
PROGRAM TUITION -	
PROGRAM TUITION - NRVTC	
ID CARD SALES	145
COMMUNITY COLLEGE COURSE REVENUE	9,017
<b>TOTAL REVENUES</b>	<b>32,906</b>

EXPENSES (PROGRAM ACCOUNTS)	TOTAL
CONTRACTS FOR SERVICES (INTERMEDIATE)	6,275
CONTRACTS FOR SERVICES (ENHANCED)	
CONTRACTS FOR SERVICES (ADJUNCT)	
CONTRACTS FOR SERVICES (CARDIAC)	
CONTRACTS FOR SERVICES (SPEC. PROJ.)	
CONTRACTS FOR SERVICES (ALS TEST)	5,099
CONTRACTS FOR SERVICES (CTS)	7,772
CONTRACTS FOR SERVICES (CE WEEKENDS)	
CONTRACTS FOR SERVICES (DRUG TESTING)	
CONTRACTS FOR SERVICES (EMT)	
CONTRACT FOR SERVICES (MONROE HEALTH CENTER)	
PAYROLL TAXES (FICA)	1,465
VEC	404
RENT - NRV TRAINING CENTER	285
POSTAGE (NRVTC)	
SUPPLIES (Programs)	999
SUPPLIES (CTS)	99
SUPPLIES (ALS TESTING)	446
SUPPLIES (EDUCATION)	
SUPPLIES (NRVTC)	
TEXTBOOKS (EMT-I)	
EQUIPMENT (ALS TESTING)	
ITLS CERTIFICATES	
EQUIPMENT (EDUCATION)	
EQUIPMENT (NRVTC)	
INSURANCE	550
TRAVEL (MONROE HEALTH CENTER)	
PRINTING / PUBLICATIONS (EDUCATION)	
PRINTING / PUBLICATIONS (NRVTC)	
AMLS CERTIFICATES AND CARDS	
GRANTS & SPECIAL PROJECTS	1,408
DRUG BOX EXCHANGE	2,976
CREDIT CARD DISCOUNT	773
MERCHANDISE FOR RESALE	452
ID CARD PROGRAM	
COMMUNITY COLLEGE FEES	9,017
TUITION REIMBURSEMENT - ENHANCED	
TUITION REIMBURSEMENT - INTERMEDIATE	
<b>TOTAL EXPENDITURES</b>	<b>38,021</b>

## WESTERN VIRGINIA EMS COUNCIL, INC.

Balance Sheet  
November 30, 2015

## ASSETS

## Current Assets

FSA CASH	\$	1,333.35
SUNTRUST CHECKING		158,582.95
SUNTRUST PAYROLL		39,997.98
VALLEY BANK MONEY MARKET		65,707.91
ACCOUNTS RECEIVABLE		68,691.00
TUITION RECEIVABLE		11,056.72

Total Current Assets		345,369.91
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## Property and Equipment

Total Property and Equipment		0.00
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## Other Assets

FRANKLIN TEMPLETON-AMERIPRISE	134,033.53
COMMUNICATIONS EQUIPMENT	121,360.59
MISCELLANEOUS EQUIPMENT	321,713.64
OFFICE EQUIPMENT	34,391.84
BUILDING	175,223.00
LAND	201,600.00
BLDG. IMPROVEMENTS	74,792.94
GENERATOR BUILDING & EQUIPMENT	16,672.25
ACCUMULATED DEPRECIATION	(342,721.36)

Total Other Assets		737,066.43
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Total Assets	\$	1,082,436.34
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## LIABILITIES AND CAPITAL

## Current Liabilities

ACCOUNTS PAYABLE	\$	586.55
ACCRUED SALARIES		30,746.68
SALES TAX PAYABLE		1.73
DUE TO CC HOSTING		125.00
FLEX SPENDING ACCOUNT-MEDICAL		1,562.39
DEFERRED REVENUE		4,589.14

Total Current Liabilities		37,611.49
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## Long-Term Liabilities

Total Long-Term Liabilities		0.00
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Total Liabilities		37,611.49
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## Capital

FUND BAL. UNRESTRICTED	707,162.00
FUND BAL. UNRESTRICTED DES.	55,036.00
RETAINED EARNINGS	340,470.05
FUND BALANCE TEMP. RESTR.	20,374.00
Net Income	(78,217.20)

Total Capital		1,044,824.85
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WESTERN VIRGINIA EMS COUNCIL, INC.

Balance Sheet  
November 30, 2015

Total Liabilities & Capital	\$	<u>1,082,436.34</u>
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Virginia EMS Advisory Board  
August 8, 2014  
Meeting Summary

Chairman's Report:

- Attended ACS Review and encourages everyone to go to the OEMS website to watch the video on the initial closing remarks.
- Attended a meeting with OEMS staff and Delegate Orrock. REPLICA bill now has potential sponsors including Delegate Orrock who was heavily opposed during last session.

OEMS Report:

- Quarterly Report is posted ([Click Here](#))
- Welcomed everyone to Symposium
- Chip Decker raised concerns over the amount of access time hospitals have to patient care records, indicating the window was too small. Also noted that while there is a regulation for EMS to report to hospitals, there is no requirement for the hospitals to do anything with the report.
- Presentation from Robyn Pearce on the ACS Site review. Final report should be received by the end of the year.
- Presentation from Alexandria Fire Dept. on accuracy of patient triage.
- Presentation from Dr. McNally on CARES program (Cardiac Arrest Registry to Enhance Survival)

Committee Reports:

- FARC-
  - Currently reviewing applications.
- Rules & Regulations-
  - Periodic review of DDNR has concluded and a fast-track packet for DDNR will be developed.
  - Affiliation packet still in the Governor's Office
  - FARC packet has been signed and will become effective 1/1/16.
  - Review of Regulations begins 2016.
- Legislative & Planning-
  - Discussed REPLICA
  - Discussed means of potential funding for cot/stretchers retention systems.
  - There will be a legislative summit for Fire & EMS on 12/4 at the VAVRS offices in Oilville at 10AM.
- Transportation-
  - Reviewing NFPA and CAAS proposed standards to determine best specifications for Virginia.
  - Grant request for 36 vehicles reviewed.
- Communications-



- Will begin review of the Communications regulations for next EMS reg. update soon.
- Emergency Operations-
  - Received presentation on electronic triage from NOVA.
  - Establishing workgroup to look at how to incorporate electronic triage into regulations.
- Medical Directions-
  - Moved to adopt for continuing education model effective 7/1/16. Motion passed 23 to 1.
- Medevac-
  - Committee has formed a workgroup to look at drones and the safety implications to HEMS programs.
- Trauma-
  - No report/
- EMSC-
  - Committee is looking at doing a pediatric medication error study.
  - Pediatric readiness portal has been posted online to examine how ready emergency departments are for pediatric emergencies.
- Professional Development-
  - No Report
- Training & Certification-
  - EMS definition has been updated to include emergency and non-emergency care in the regulations.
  - I99 Workgroup is working on scheduling meetings.
  - Training Regulations Review committee has met.
  - Two new workgroup established in October
    - Cognitive versus Psychomotor testing options
    - Consideration of accredited program in-house practical testing
  - Motion to accept new CE Area Proposal- Motion passed 23 to 1, 1 Abstention.
- Workforce Development-
  - Standards of Excellence program has been launched.
    - Lifecare Medical Transport, Goochland County Dept. of Fire-Rescue and Emergency Services, Forest View Volunteer Rescue Squad, City of Manassas Fire and Rescue, Virginia Beach Department of EMS, and Galax-Grayson EMS recognized.
  - Officer I- Continuing to meet to develop program and pilot it.

Respectfully Submitted,

Jason Ferguson  
WVEMS Advisory Board Representative