



Regional EMS Council Quarterly Program Report
First Quarter, FY 2012
Western Virginia EMS Council, Inc.

I. BACKGROUND: In accordance with § 32.1-111.11 of the Code of Virginia, the Contractor must be designated by the Virginia Board of Health as a Regional Emergency Medical Services Council, which shall be authorized to receive and disburse public funds; develop and implement a regional emergency medical services delivery system; implement and revise, as needed, a regional emergency medical services plan in cooperation with the Virginia Board of Health; and required to match state funds with local funds obtained from private or public sources in the proportion designated by regulations of the Virginia Board of Health. The Contractor shall comply with all provisions of the Virginia Emergency Medical Services Regulations, referenced Guidelines and Procedures, Administrative Policy and Procedures, and related Health Laws of Virginia

II. SCOPE OF SERVICES:

A. *REGIONAL INFRASTRUCTURE*

1. Regional EMS Council Office: The Contractor shall maintain a business office within the service delivery area that is open and staffed during normal business hours, Monday through Friday, 9:00 a.m. through 5:00 p.m. Alternate office hours must be approved in writing by OEMS, prior to execution of this contract. Any such alternative office hour proposal shall describe in detail the hours and manner in which the office shall be staffed, as well as conspicuous posting to the Contractor website and office.

WVEMS operates three offices. Our main office in Roanoke is open Monday through Friday, from 8:30 AM until 5:00 PM. Field offices are located in Radford and Martinsville, and those offices are staffed intermittently by field coordinators. A central telephone system allows contact with staff at any office via one telephone number. All office and contact information may be found on our website: www.wvems.org

2. Continuity of Operations Plan: The Contractor will develop, following a standard planning template, a Continuity of Operations/Business Recovery (COOP) Plan that will address the following business issues:

- a. Essential Business Functions
- b. Order of Executive Succession
- c. Delegation of Authority
- d. Continuity of Facilities
- e. Continuity of Communications
- f. Vital Records Management
- g. Human Capital Management
- h. Devolution of Control and Direction

- i. Reconstruction of the Business after an Emergency
- j. Testing, training, and exercising of the plan

This plan will be reviewed and updated at least once a year by the Contractor and an updated copy of the plan with revisions sent to OEMS with the contractor's second quarter report, including proof of review and approval by the contractor's Board of Directors reflected in board meeting minutes submitted for that quarter.

Updates to the COOP are underway. The revised plan will be approved by our BOD at its December 2011 meeting. Our COOP planning committee consists of our leadership team (Executive Director, Business Manager, NSPA Executive Director and Regional Education Coordinator).

3. Employee Qualifications and Performance: For all positions which are funded in full or in part by the Office of EMS, a copy of the position descriptions shall be provided to OEMS in the first quarterly report, or within 30 days of any personnel or position description changes. Position Descriptions shall include:

- a. Position title
- b. Responsibilities/Duties
- c. Number of hours per week worked
- d. Percentage of work time allocated to the contract
- e. Line of Supervision
- f. Education/Training Requirements
- g. Work Experience/Qualifications

Position descriptions for each staff position at WVEMS have been posted to Lotus Notes. No changes to any position description have been made since last year, however a change to the Regional Education Coordinator position may be made in the second quarter.

4. Position Vacancy: The Contractor must notify OEMS within five (5) business days when a vacancy occurs in any position(s) funded in whole or in part by this contract, and when said vacancy (ies) is/are filled. If a position(s) remains vacant for more than 30 calendar days, funding for the position(s) will be prorated as liquidated damages and adjustments will be made to future payments under said contract. A position is not considered filled until the employee begins their first day of work.

WVEMS will experience a vacancy as of October 31 due to the resignation of Regional Education Coordinator Deborah Akers. Debbie will leave WVEMS to take on the job of ALS Coordinator for OEMS. The position description has been revised and advertised on www.vaemsjobs.com. The new position will be known as "Education Program Director."

5. Organizational Information: In the first quarter report, the Contractor shall provide OEMS with the following information:

- a. An agency wide organizational chart, including all staff employed by the organization, including staff not allocated to tasks related to this contract.
- b. Names of all the members of the organization board of directors.
- c. Provide a list of board members paid any salary or hourly pay, contractual, stipend or honorarium with contract expenses, for duties they may provide to the council,

i.e. a board member receiving a stipend for serving as treasurer for the Contractor Board of Directors.

d. Disclosure of board members, director, employees, or other staff relationships to any provider of service or entity regulated by OEMS.

The following documents have been uploaded to Lotus Notes: WVEMS organizational chart, WVEMS board roster. Except as explained below, no board members receive any type of compensation for duties to the council other than the executive director, who is a non-voting member of the board and its executive committee. (Some staff and board members may be paid for service as evaluators, site coordinators, educators, etc. As such they may be compensated either as contractors or employees specifically for these services.) A board/staff agency affiliation disclosure report has also been uploaded to LN.

6. Documentation and Reporting: The Contractor shall submit all documentation and reports to the OEMS through the contract administrator in the time frame and method specified.

a. The Contractor shall include the OEMS and the EMS Program Representative(s) within their designated service area in all major correspondence from the Contractor to EMS agencies, providers, hospitals or localities within the service area. Major correspondence is described to be any item that is critical to the mission of the Regional EMS Council or the contractual obligations of the Regional EMS Council, and/or essential to the policies, protocols, and/or training and education related to the provision of pre-hospital care in the region.

WVEMS continuously includes appropriate OEMS staff in all major correspondence to our regional stakeholders

b. The contractor shall provide a copy of the annual audited financial report for the previous fiscal year no later than December 31 of the contract year. Audited financial statements shall be prepared in accordance with generally accepted accounting principles.

The WVEMS annual audit is underway. All field work has been completed. This audit is performed by Dixon Hughes Goodman, CPAs, and will be presented to the WVEMS Board for approval at its December meeting.

c. Program reports shall be developed and provided to the Contractor's Board of Directors, and other interested parties on a quarterly basis, reflecting progress related to the Contractor's annual work plan. Reports shall be submitted to the OEMS utilizing the OEMS reporting template (or alternate format as approved in writing by OEMS), and utilizing the computer system "Lotus Notes" no later than 30 days after the last day of each quarter.

WVEMS has uploaded all relevant documents to Lotus Notes. All reports are included in board minutes. September 08, 2011 board minutes have been posted to LN.

d. The Contractor shall also submit a final annual report. The final annual report shall contain a concise narrative description of activities, achievements, completed objectives and explanations for failure to achieve any objectives, based on the Regional Strategic Plan submitted in the previous fiscal year. The final annual report shall also

include a report of all unexpended funds and documentation of satisfaction of matching funds requirement (25% match required for state monies, as stipulated in 12VAC5-31-2710(C) of Virginia EMS Regulations). The final report shall define the source and amount of matching funds. This report shall be submitted with the contractor's second quarterly report, with proof of review and approval by the contractor's Board of Directors reflected in board meeting minutes submitted for that quarter.

The WVEMS annual report is being compiled at this time. It will be completed and presented to the Board for approval at its December meeting.

e. The Contractor shall post the draft minutes from every meeting of the governing board and all committees to their respective web site within 30 days, and final minutes within 10 days of approval. The contractor will provide OEMS with meeting minutes by utilizing the OEMS computer system "Lotus Notes" in the appropriate quarterly report.

Agendas, Rosters, and minutes from the WVEMS September Board Meeting as well as other committee meeting minutes have been posted to Lotus Notes. These include quarterly PI and TPI meetings, Exec Committee, and Allied Resources Committee. Note: Executive Committee meets briefly prior to each board meeting to review the agenda. Unless actions are taken, separate minutes are not kept for these meetings.

f. The Contractor shall provide the OEMS a current roster of all committee/sub regional unit members. This information shall be updated yearly during the first quarter by utilizing the OEMS computer system "Lotus Notes", and updated quarterly with any changes in committee membership or structure.

Membership lists for all WVEMS standing committees have been posted to Lotus Notes.

g. The Contractor shall provide the OEMS with all current regional policies, by-laws, procedures and protocols. This information shall be updated annually and reported in the second quarterly report. The Contractor shall submit to the OEMS an updated copy in an electronic format of any changes or updates, and shall be submitted with the contractor's appropriate quarterly report, with proof of review and approval by the contractor's Board of Directors reflected in board minutes submitted for that quarter.

WVEMS policies are reviewed by its Board of Directors as required. Existing protocols were reviewed and adopted at its June meeting. No changes in other operational or fiscal policies have been made.

h. The Contractor shall identify all informational or educational materials developed in whole or in part with state funds to the OEMS in the appropriate quarterly report. OEMS reserves the right to request copies of these materials. Any materials produced in whole or in part with state funds, shall contain the following statement: "Funding for this project provided by the Virginia Department of Health, Office of Emergency Medical Services."

WVEMS remains compliant with this contractual obligation. The next plan to publish an informational piece for wide-spread distribution will be in conjunction with protocol roll-outs set for March 2012.

i. Provide quarterly financial statements of revenue and expenditures for all funds related to this contract.

Financial statements are included as part of the BOD minutes and have been posted to Lotus Notes.

Fees: The Contractor may charge fees commensurate with actual costs for the provision of specific projects required by the contract, i.e. workshops, etc.

WVEMS has not assessed any related fees this quarter other than CTS fees and tuition for courses.

7. State Committee Responsibilities: The Contractor shall have representation (executive director, board member, staff or other), unless excused by the Chairperson, at each of the scheduled meetings of the:

- a. Regional EMS Council Executive Directors Group
- b. State EMS Advisory Board.
- c. Assigned state committees, workgroups, and taskforces.

This information should be reported in the appropriate quarterly report.

In this quarter, the Executive Director attended the Regional Directors Group meeting, the State EMS Advisory Board meeting, and the Legislation & Planning committee meeting. Staff members attended other meetings including Medical Direction and training & Certification.

B. REGIONAL MEDICAL DIRECTION

1. Regional Medical Director

a. The council shall develop a Scope of Services for the Regional Medical Director (RMD) that is consistent with responsibilities listed under the Virginia EMS Regulations 12 VAC 5-31-1890.

b. The Contractor shall provide OEMS with a signed copy of the current RMD contract by July 1 of the contract year, and any future revised contracts within 30 calendar days of the change, with proof of review and approval by the contractor's Board of Directors reflected in board minutes submitted for the appropriate quarterly report.

The current RMD contract between WVEMS and Dr. Charles Lane renews automatically and remains unchanged from last year. You have a copy on file.

2. Regional Medical Protocols

a. The Contractor shall review on an annual basis, and revise triennially, or as necessary, the BLS and ALS Regional Medical Protocols for all levels of EMS Certification. This information shall be updated yearly in the fourth quarter report, with proof of review and approval by the contractor's Board of Directors reflected in board minutes submitted for that quarter. All regional protocols shall be posted on the contractor's Web site upon implementation.

A long-standing protocol project has been underway in the region for some time. Development of the new protocols is complete and the draft is undergoing final

formatting. Once finalized, a printing run will be made to produce 1000 pocket guides, and an electronic version will be produced. It will be distributed via the WVEMS website, plus a printed copy will be supplied for each agency, vehicle, OMD, and hospital.

b. The Contractor shall provide OEMS with an electronic copy of any revised BLS and ALS Regional Medical Protocols for all levels of EMS certifications. This information shall be updated in the fourth quarter report.

The current version of the WVEMS Protocols are posted on the WVEMS website. Also uploaded to LN.

c. The Contractor shall notify the EMS providers, EMS agencies, EMS physicians, local governments and hospitals located in the service delivery area that the regional protocols are posted on the contractor's Web site. This information shall be updated yearly in the fourth quarter report.

Notifications were made via the WVEMS e-mail listserv, and hard copies have been distributed to all providers, agencies, hospitals and OMDs.

d. The Contractor shall distribute the regional protocols as necessary to all EMS providers, EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area by using printed materials, disks, CD or other media. The Contractor will also send a copy of the printed materials, disks, CD or other media to OEMS. This information shall be updated yearly in the fourth quarter report.

A print version of the protocol handbook was distributed to each provider in the WVEMS region when it was first rolled out. Also, the protocols are available for download from the WVEMS website. The protocols were submitted to OEMS via LN. They are currently unchanged from last year.

3. Regional Medication and EMS Supplies Restocking Program

a. The Contractor shall update and revise as necessary and publish a regional medication and EMS supplies restocking program. The program must meet all current federal regulations and describe the region's restocking arrangement between the hospitals and EMS agencies located in the service delivery area. This information shall be updated yearly in the third quarter report.

The WVEMS Allied Resources Committee began making revisions to the regional medication and supplies restocking plan in September. The restocking and resupply agreement will be modified to allow changes to the "standard list of restocked items" by the committee without re-signing by all parties. The standard list is being revised pursuant to the upcoming protocol re-site, and also to consider adding three items.

b. The Contractor shall provide OEMS with a copy of the program guidelines, with proof of review and approval by the contractor's Board of Directors reflected in submitted board minutes. This information shall be updated yearly in the third quarter report.

The revised agreement and plan will be approved by the WVEMS BOD at its December 2011 meeting. A copy will be provided.

4. Regional Medication Kit Exchange Program

a. The Contractor shall review and revise as necessary and coordinate a regional medication kit exchange program for the hospitals and EMS agencies located in the service delivery area. This information shall be updated yearly in the third quarter report.

The same agreement addresses restocking of supplies and medication kit exchange. See above.

b. The Contractor shall provide OEMS with a copy of the program, or other records and proof of review and approval by the contractor's Board of Directors reflected in submitted board minutes. This information shall be updated yearly in the third quarter report.

The revised agreement and plan will be approved by the WVEMS BOD at its December 2011 meeting. A copy will be provided.

C. REGIONAL PLANNING

1. Regional EMS Plan

a. The Contractor shall review annually and revise triennially, or as needed, the Regional Strategic EMS Plan as necessary using the current edition of the Regional EMS Councils Strategic and Operational Planning Guides and Templates provided by OEMS. It is expected an integrated planning approach will be utilized that involves the use of the contractor's board of directors, committee(s), a small task force, and/or staff persons to develop the plan. The Contractor will develop and review, as necessary the Regional EMS Plan. This information shall be updated yearly in the second quarter report. The Contractor must demonstrate the plan includes, but is not limited to:

(1) Review of the mandates given the Regional EMS Councils in the *Code of Virginia*.

(2) Analysis of the strengths, weaknesses, opportunities and threats (SWOT) of the regional EMS system.

(3) Translate the work of the planning committee into a vision for the region.

(4) Create a mission statement that briefly describes why the Regional EMS Council exists.

(5) List at least four core strategies with strategic initiatives that will help accomplish the vision and mission.

(6) If no changes, a copy of contractor board of directors' minutes must reflect the review and approval of the plan.

The WVEMS staff and Board of Directors has begun review to revise the WVEMS Regional EMS Plan. It will be presented for final review and adoption at the Board's December meeting. The plan used templates provided by OEMS and added a fourth core strategy.

b. The Contractor shall provide OEMS with the revised Regional EMS Plan electronically, with the second quarterly report.

The revised plan will be submitted to OEMS via Lotus Notes after final adoption in December.

c. The Contractor shall notify the EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area and OEMS that the Regional EMS Plan is posted on the contractor's Web site; this should be accomplished upon completion of the Plan. This information shall be included in narrative form in the appropriate quarterly report.

WVEMS will notify regional stakeholders via its list-serv and by posting the plan on its website after adoption.

d. The Contractor will distribute the plan to all EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area by using printed materials, disks, CD or other media which may be web site. This information shall be included in narrative form in the appropriate quarterly report.

Please see items "b" and "c" above.

2. Regional Stroke Triage Plan

a. The contractor will develop a Regional Stroke Triage Plan

(1) Regional stroke triage committee shall be created, and shall represent participants from aspects of the EMS response. The active committee composition shall include, but not be limited to:

(a) A member of each designated stroke center program within the region, if there are no designated stroke centers within the region, a member of the region's primary designated stroke center shall be substituted.

(b) The committee shall also include representatives from the non-stroke designated hospitals from throughout the region.

(c) An operational medical director from an EMS agency that operates and is located within the regional service area.

(d) EMS providers from each of the following: an air medical agency, fire based service, career, and volunteer services from throughout the region.

Active membership is defined as 75% attendance by each committee member and/or their replacement at all quarterly meetings.

(v) Rosters, agendas, and minutes of regional stroke committee meetings shall be submitted in the appropriate quarterly report.

The WVEMS stroke plan has been referred to the Performance Improvement Committee, which will work with stroke system stakeholders in the region to begin monitoring compliance with the plan. That committee includes all of the representatives named above.

The Regional Stroke Triage Plan shall follow the instructions of the 2009 version of the Commonwealth's Pre-hospital and Inter-hospital State Stroke Triage Plan and include the following:

(e) A brief executive summary that includes, but is not limited to the statements made in the State Stroke Triage Plan executive summary.

(f) A "field triage decision scheme" based on the state field decision scheme that assists individual EMS providers with transport destination decision making guidance.

(g) the field triage decision scheme shall be included within the Regional Medical Protocols applicable to all levels of EMS certification

- (h) A definition of an acute stroke patient
- (i) Prehospital physiologic, anatomic, signs and symptoms of acute stroke and acute stroke patient transport considerations.
- (j) Consideration of medevac utilization for acute stroke patients.
- (k) Stroke center descriptions (names and location)

(2) The revised Regional Stroke Triage Plan shall be submitted to OEMS with the second quarter report. Approved plans and protocols will be required to be posted and notifications made as listed in item 4 below.

Please see above. The plan will be reviewed for possible updates and revisions annually, and reported in the third quarter.

(3) The Contractor shall notify all EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area that the stroke triage plan has been developed and post the stroke triage plan and any pertinent medical protocol(s) conspicuously on the regional council's web site. The Contractor will make a copy of either revised document available upon request in either printed, floppy disks, or CD forms.

The Regional Stroke Triage Plan is posted on the WVEMS website, and is available for download at any time.

3. Regional EMS MCI (Disaster/WMD) Plan - The contractor shall select one of the three options that most appropriately fits their level of involvement in designing or coordinating the Regional EMS MCI (Disaster/WMD) Plan. The contractor has selected the following option:

Option Three – Regular Attendance MCI Planner – The contractor regularly attends meetings to collect and/or share information, but has no primary responsibility for research design, implementation, coordination, distribution, and update/review.

a. The Contractor shall provide OEMS with copies of all meeting agendas, attendance records, minutes, and other documentation showing participation and accomplishments in reviewing, revising and updating Regional EMS MCI Plans with proof of review and approval by the contractor's Board of Directors reflected in submitted board minutes

b. The Contractor shall provide OEMS with the reviewed and/or revised Regional EMS MCI (Disaster/WMD) Plan, electronically, with the Third Quarter report.

c. The Contractor shall notify all EMS agencies, local governments, EMS physicians, regional medical control center(s) and hospitals within its service delivery area by in the Third Quarter that the Regional EMS MCI (Disaster/WMD) Plan is posted on the contractor's Web site.

d. The Contractor will distribute the plan to all EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area by using printed materials, disks, CD or other media in the third quarter. The Contractor will also send a copy of the printed materials, disks, CD or other media to OEMS with the Third Quarter report.

e. The Contractor will be required to provide evidence of development and execution of an exercise every two years that test at least one aspect of the plan. This will be reported to OEMS in the Third Quarter report of the year it is tested.

f. The contractor shall submit an after action report in a format provided by OEMS within thirty (30) days following an event that requires activation of the EMS MCI plan or the Regional Surge plan

Mike Garnett, WVEMS Field Coordinator, participates on several of the region's LEPCs (Local Emergency Planning Committees). The LEPCs meet periodically to discuss and plan for emergency preparedness in sub-units of the WVEMS region. WVEMS serves as a resource to these committees, and also serves as a bridge between the LEPCs that operate in the region.

Mike also participates in various drills and exercises throughout the region. Included are such drills as the recent one at the Radford Army Ammunitions Plant and the Roanoke Regional Airport, and he will serve as a Health & Medical evaluator at an upcoming VDEM/VDH multi-agency drill in the Roanoke area, involving Virginia Western Community College and the City and County of Roanoke.

Mike also teaches MCI classes upon request.

Plans, activity summaries and meeting notes are posted to Lotus Notes as available.

A regional MCI plan is developed and posted annually, but is unenforceable and is provided only as a resource document.

4. Hospital Diversion Plan - The contractor shall attend and actively participate in regional hospital diversion planning or similar meeting(s) and provide a copy of minutes and/or a written report as part of their quarterly reports as required by this contract.

a. The Contractor shall review annually and revise triennially, or as needed, the Regional EMS Hospital Diversion Plan, giving all EMS agencies, hospitals, and stakeholders the opportunity to participate in the review process.

b. The Contractor shall provide OEMS with the revised Regional EMS Hospital Diversion Plan electronically, with proof of review and approval by the contractor's Board of Directors reflected in board minutes submitted, in the fourth quarter report.

c. The Contractor shall notify the EMS agencies, local governments, EMS physicians, regional medical control center(s) and hospitals within its service delivery area that the plan is posted on the contractor's Web site in the fourth quarter

d. The Contractor will distribute the plan to all EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area by using printed materials, disks, CD or other media. The Contractor will also send an electronic copy of any revisions to the plan to OEMS with the fourth quarter report.

The WVEMS Executive Director (Rob Logan) is closely involved with the Near Southwest Preparedness Alliance (NSPA), which is the regional Hospital Preparedness Program (HPP) coordinating group covering the Western and Blue Ridge EMS regions. Each year, the WVEMS board affirms the NSPA/WVEMS/BREMS hospital diversion policy. The policy is posted on the WVEMS website, and is also posted on the VHHA's VHAAS document library.

5. Medical Surge Capacity Plan - The contractor shall select one of the three options that most appropriately fits their level of involvement in designing or coordinating the Regional Medical Surge Capacity Plan (MSCP). The contractor has selected the following option:

Option Three – Regular Attendance MSCP Planner – The contractor regularly attends meetings to collect and/or share information, but has no primary responsibility for research design, implementation, coordination, distribution, and update/review.

a. The Contractor shall provide OEMS with copies of all meeting agendas, attendance records, minutes, and other documentation showing participation and accomplishments in reviewing, revising and updating Regional Surge Capacity Plans with proof of review and approval by the contractor’s Board of Directors reflected in submitted board minutes

b. The Contractor shall provide OEMS with the reviewed and/or revised Regional Medical Surge Capacity Plan, electronically, with the Third Quarter report.

c. The Contractor shall notify all EMS agencies, local governments, EMS physicians, regional medical control center(s) and hospitals within its service delivery area by in the Third Quarter that the Regional Medical Surge Capacity Plan is posted on the contractor’s Web site.

d. The Contractor will distribute the plan to all EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area by using printed materials, disks, CD or other media in the third quarter. The Contractor will also send a copy of the printed materials, disks, CD or other media and a list of all other agencies or persons sent the plan to OEMS with the Third Quarter report.

e. The Contractor will be required to provide evidence of development and execution of an exercise every two years that test at least one aspect of the plan. This will be reported to OEMS in the Third Quarter report of the year it is tested.

f. The contractor shall submit an after action report in a format provided by OEMS within thirty (30) days following an event that requires activation of the EMS MCI plan or the Regional Surge plan.

Option Three Report: Mike Garnett, a WVEMS Field Coordinator, attends and participates in several LEPCs (Local Emergency Planning Committees) and with the Near Southwest Preparedness Alliance in the WVEMS region. An EMS Surge Annex was developed and included as part of the regional MCI plan, which is provided to localities and agencies as a resource document.

6. Pandemic and Continuity of Operations Planning - The Contractor shall encourage and assist EMS agencies within their region in the development of a plan of action for the H1N1 flu pandemic, and other pandemic events as declared by the Governor of Virginia. The Contractor shall serve as a conduit of information for the planning and response related to a pandemic event. Information must be consistent with CDC and VDH guidelines which will be disseminated by the Office of EMS. Further, the regions shall report information to OEMS and/or regional EP&R planner related to unmet needs, planning activities, or actual incidents and responses related to pandemic events. The Contractor shall encourage and assist those agencies in the development of a plan and procedure for the continuation of operations, in the event of a cessation or reduction of services by that EMS agency.

WVEMS remains prepared to assist agencies in planning for pandemic events in its region. The WVEMS and NSPA electronic mailing lists and websites are used to disseminate relevant information as it is received from VDH, CDC, etc. WVEMS continues to encourage and assist agencies in developing plans for continuation of services in the event of a pandemic emergency. WVEMS received no specific requests for assistance in the first quarter.

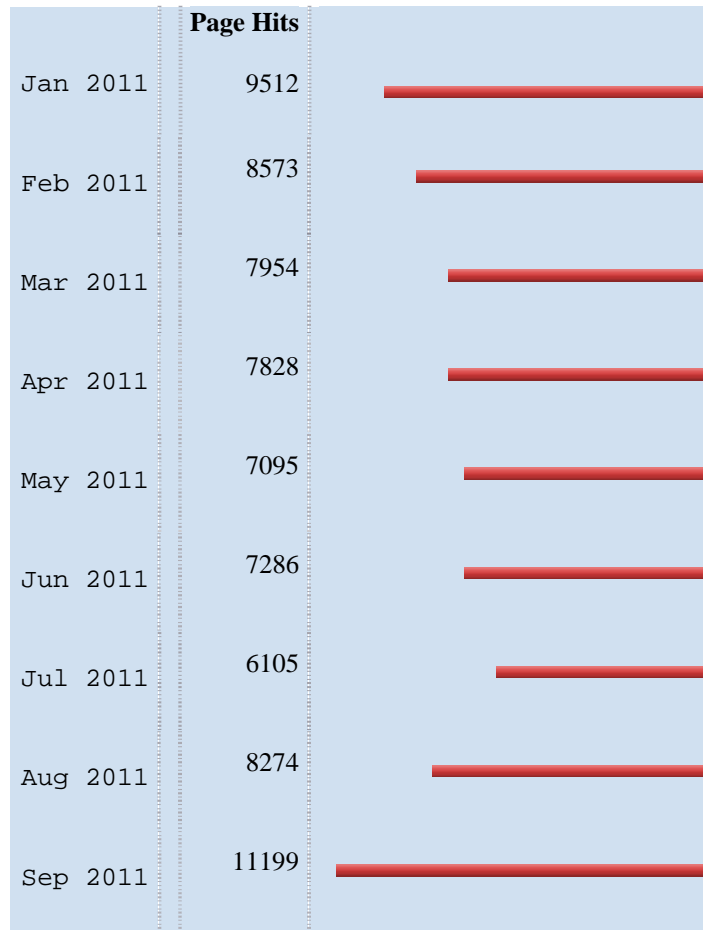
D. REGIONAL COORDINATION

1. Regional Information and Referral

a. The Contractor shall provide assistance regarding EMS issues to any EMS providers, EMS agencies, hospitals, other health care providers, public safety officials or the general public located in the service delivery area as necessary.

b. The Contractor shall maintain an interactive Web site and shall update the Web site within seven days of information changes. The contractor shall post on their Web site at a minimum all plans, protocols and other relevant documents as required in this contract.

The WVEMS staff provides assistance to our EMS constituents on a continual basis. Using its 2000+ member electronic mailing list, its website, phone, e-mail, fax, and office visits, WVEMS responds to thousands of contacts each month. The WVEMS website receives on average over 8,200 page hits per month. A report is shown below. WVEMS staff members post new or updated information to the website on a nearly daily basis. All appropriate documents are posted to the website in a timely fashion.



2. Regional General EMS Performance Improvement (PI) Program also referred to as Quality Assurance, Quality Improvement, and Quality Management.

a. The contractor shall maintain and revise as needed to reflect current practice, a region wide EMS Performance Improvement Plan (PIP) for general EMS responses. The plan shall be submitted to OEMS no later than October 31st of the contract year and be demonstrable of the PI process that is currently being used, and shall be used throughout the contract year, with proof of review and approval of the plan by the contractor's Board of Directors reflected in board minutes submitted.. . If revisions have been made to the plan being submitted to OEMS, the revisions that have been made shall be made clear by the contractor to the OEMS. The EMS PIP shall include, but not be limited to the following:

(1) An outline of an organized PI program to examine the care of pre-hospital patients. The plan shall include a demonstrable process that is capable of continuously:

(a) Monitoring/assessing adherence to regional patient care protocols

(b) Monitoring/assessing EMS system issues

(c) Identification of the educational needs of EMS providers in the region

(d) Identification of methods that shall be used to resolve issues identified through the PI process. (patient care and EMS system related)

(e) The contractor shall include in its quarterly report to OEMS how identified performance issues shall be, or have been, resolved or improved, i.e. protocol revision, educational opportunity, awareness campaign etc.

(2) The contractor shall provide a schedule and topics for quarterly, region wide, PI projects to be conducted by the contractor and individual EMS agencies.

(a) The contractor shall aggregate the findings of the individual EMS agencies for use by the region's committees and reporting to the OEMS. (i.e. 1st Qtr. 2008, PI will focus on compliance with chest pain protocol, a trauma related project and completion of documentation of patient refusals).

(b) Distribution of the schedule and topics shall occur no later than 14 days after the end of the 1st quarter of the state's fiscal year.

(c) The contractor shall submit a copy of the schedule and topics distributed to all EMS agencies in the Region with the contractor's 2nd quarterly report to the OEMS.

(d) Distribution shall be made by a mailing, directed to the appropriate contacts of the agencies to achieve maximum participation. The distribution list shall be submitted with the contractor's 2nd quarterly report. Personal contact by telephone, in person, or by direct e-mail is encouraged, but shall not replace the mailing. Posting on the regional council's web site without notification to each agency or solely via mass e-mail distribution shall not fulfill this requirement.

The contractor shall have a PI based method for EMS agencies and hospitals to report significant events (compliments or criticisms of EMS responses) and untoward outcomes of EMS responses.

The method developed by the contractor shall provide a regional, publicized process for EMS agencies and hospitals to report these events, and a method of developing an action plan and a method of resolving the event. The number of events and general description of issues reported shall be submitted as part of each of the contractor's quarterly report to the OEMS.

(3) The EMS PIP shall identify the membership of the regional PI committee, objectives of the committee, and rules for participation in the meetings. The PIP should allow for a representative of the OEMS to attend the PI meetings as

desired by OEMS. The committee composition shall include, but not be limited to:

(a) One active representative from each city and county in the region, should a region not have ten cities or counties within it, then the committee shall, at minimum, consist of ten active members that includes at least one representative from each city and county in the region.

(b) Attendance of the PI committee must constitute a quorum as defined in Robert's Rules.

(c) The committee composition shall contain equal representation of Operational Medical Directors, hospitals from varied areas of the region, and EMS providers from each of the following, air medical agency, fire based service, career, and volunteer services.

(i) To ensure equal representation reflective of the system the following shall apply:

(a) The Operational Medical Director must be current as an approved OMD by OEMS

(b) The hospital representative must be currently employed by a hospital in the region that serves in a role at the facility that can act on behalf of the facility and functions in a capacity that relates to the EMS system

(c) The air medical agency shall be an active member of a Virginia licensed air medical agency and may be either an administrator, registered nurse, or paramedic

(d) The fire based service member must be currently active with a fire based service that is licensed as an EMS agency by OEMS

(e) The career EMS member must be currently active with a paid Virginia licensed EMS agency and not affiliated with a fire based or air medical agency and not be an OMD.

(f) The volunteer EMS member must be currently active with a volunteer EMS agency and not be affiliated with a fire based or air medical agency and not be an OMD.

(ii) Items (c).i.(a) through (f) is intended to exclude members from serving in dual roles and allow true representation of each contributor to the EMS system i.e. an emergency department nurse manager who also volunteers as an EMS provider shall not represent volunteer EMS.

(iii) Active membership is defined as 75% attendance by each committee member and/or their replacement at all quarterly meetings (replacements shall be from the same locality and/or agency)

(4) The contractor shall hold, at a minimum, quarterly PI committee meetings to review the input from the EMS agencies and reported significant events. The committee shall identify needs based on review of PI information received by the contractor, plan a course of corrective action to resolve/improve the identified deficit and reassess the deficit to "close the loop" on issues. The items/deficits and the process used to correct them shall be reflected in the minutes of the meeting.

(a) The contractor shall submit to OEMS the agenda, minutes and attendance rosters for each meeting held. The agenda, minutes, and attendance rosters shall be submitted each quarter as part of the contractor's quarterly report to the OEMS.

(b) The attendance roster shall contain the name, affiliation and e-mail address of the attendee

(c) The minutes of these meetings shall not contain patient or provider identifiers, but should reflect a general statement of items worked on by the committee.

(d) The meeting dates for the EMS PI committee shall be submitted to the OEMS, in advance, as part of each quarterly report to OEMS.

The WVEMS General Performance Improvement (PI) Committee reviewed the Regional PI Plan for Fiscal Year 2012. This process was initiated at the committee's June 2011 meeting, and completed at its Meeting in September. Minor revisions were recommended to the WVEMS board, and the plan was adopted as revised at the board's meeting held on September 11. The revised, adopted plan was posted to LN and to the WVEMS website. The committee's agenda and minutes have also been posted to LN. PI projects are continuing according to the FY 2012 schedule previously posted.

b. The contractor shall provide technical assistance to EMS agencies to assist them in complying with State EMS Regulations related to quality management reporting (12 VAC 5-31-600). The names of agencies and the nature of assistance provided to those agencies shall be submitted by the contractor as part each quarterly report to the OEMS.

WVEMS staff and PI committee members remain available to assist agencies with quality management reporting issues. WVEMS Staff has been asked on numerous occasions to assist agencies with PPCR data reporting issues, but such assistance has been minimal due to the non-inclusion of regional councils in this program. Such requests have been forwarded to OEMS. WVEMS staff was able to assist two hospitals in gaining access to data thanks to information provided by Russ Stamm at OEMS.

c. The contractor shall actively encourage, not enforce, all EMS agencies within their region to meet state requirements for quality management reporting (12 VAC 5-31-600) and submission of pre-hospital patient care data on a quarterly basis (12 VAC 5-31-530). Each of the contractor's quarterly reports to the OEMS shall include language that describes how this contract item was achieved.

WVEMS is committed to encouraging the agencies in its region to participate in the PI/TPI projects put forth by the regional PI and trauma committees, or their own internal quality management processes. The PI plan encourages agency OMDs to require agencies to participate with WVEMS and its PI committees in various PI projects.

d. The contractor shall maintain, and revise as needed to reflect current practice, the PI template developed in FY07's contract, that EMS agencies can use to establish or maintain their own PI programs for general EMS responses and include a method of reporting aggregate information to the regional council, for use by the regional council, its committees, and submission to the OEMS. The contractor shall obtain approval from OEMS when completing the template. This shall occur within the 1st Quarter of the state fiscal year and shall be used for the following four quarters. The template should include at a minimum, but not be limited to:

(1) A schedule and topics for three concurrent PI projects each quarter. One topic shall address a general EMS patient care item, one topic shall address an EMS system related item, and one topic shall address a trauma patient care or trauma system related item and may be coordinated with the trauma PI committee. This schedule and topic shall be the same for all agencies participating in the regional PI process.

(2) A method for agencies to submit quarterly PI project results to the regional PI committee.

(3) A method of reporting significant events to the regional PI Committee.

(a) The contractor shall submit evidence of the PI templates distribution to all EMS agencies in the Region with the councils 2nd quarterly report to the OEMS. Distribution of the TPI plan shall occur after approval of the template by OEMS and no later than 14 days after the end of the 1st quarter of the state's fiscal year. Posting on the regional council's web site without notification to each agency or solely via mass e-mail distribution shall not fulfill this requirement.

(b) The contractor shall include in each of its quarterly reports to OEMS evidence of EMS agency involvement in the PI process, evidence in the process shall be aggregate numbers of the agencies actively involved in the PI process.

WVEMS has posted agendas, attendance rosters, and minutes for all Regional PI Committee meetings. Additionally, the WVEMS PI committee developed a PI template, which is available for download on its website. Attendance rosters, and regional PI reporting will demonstrate the involvement of EMS agencies in Plan development.

3. Regional Trauma Program – Regional Trauma Committee

(1) The regional trauma triage committee shall represent participants from aspects of the EMS response. The active committee composition shall include, but not be limited to:

(a) A member of each designated trauma center's trauma program within the region, if there are no designated trauma centers within the region then a member of the regions primary level I or II designated trauma center shall be substituted.

(b) The committee shall also include representatives from the non-trauma designated hospitals from throughout the region.

(c) An EMS operational medical director

(d) EMS providers from each of the following: an air medical agency, fire based service, career, and volunteer services from throughout the region.

Active membership is defined as 75% attendance by each committee member and/or their replacement at all quarterly meetings.

The WVEMS regional Trauma Performance Improvement Committee serves as its Trauma Triage Committee. It is made up of representatives from the designated Level I Trauma Center (Carilion Clinic's Roanoke Memorial Hospital), representatives from the two level II trauma centers (Carilion Clinic's New RIVER Valley Medical Center, and LewisGale Medical Center-New River), the other non-designated hospitals, representatives of the EMS agencies in each county in the region, as well as Operational Medical Directors, the Regional Medical Director, and WVEMS Staff.

2. Triennial Major Trauma Triage Plan Update –

All Regional Trauma Triage Plans underwent a triennial major update in 2010 fiscal year, and will undergo a major update in the 2013 fiscal year. Revising the Trauma Triage Plan shall not replace the requirement to perform trauma performance improvement. If the Regional Trauma Triage Plan was not updated in 2010, then the major update shall be completed in the 2011 fiscal year as follows:

- (a) The triennial major update shall result in a regional Trauma Triage Plan that follows the instructions of the 2009 version of the Commonwealth’s Pre-hospital and Inter-hospital State Trauma Triage Plan and include the following:
 - (b) A brief executive summary that includes, but is not limited to the statements made in the State Trauma Triage Plan executive summary
 - (c) A “field triage decision scheme” based on the state field decision scheme that assists individual EMS providers with transport destination decision making guidance.
 - (d) the field triage decision scheme shall be included within the trauma section of the Regional Medical Protocols applicable to all levels of EMS certification
 - (e) A definition of a trauma patient
 - (f) Prehospital physiologic, anatomic, mechanism of injury, and special consideration criteria (previously titled Trauma Patient Transport & Transfer Criteria)
 - (g) Medevac utilization for trauma
 - (h) Trauma center descriptions (names, location, level of designation.
 - (i) Description of each level of Virginia Trauma Center Designation
- b) The revised Trauma Triage Plan shall be submitted to OEMS with the second quarterly deliverables. Regional Trauma Triage Plans will be reviewed by OEMS and presented to the Trauma System Oversight and Management Committee at its March meeting for approval. Approved plans and protocols will be required to be posted and notifications made as listed in item 4 below.
 - (1) The Contractor shall notify all EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area that the trauma triage plan has been revised and post the revised triage plan and revised trauma medical protocol conspicuously on the regional council’s website. The Contractor will make a copy of either revised document available upon request in either printed, floppy disks, or CD forms.
 - c) Annual Review/Maintenance of Trauma Triage Plans - The contractor shall maintain and revise as needed to reflect current practice the Regional Trauma Triage Plan on an annual basis and provide OEMS with an updated Regional Trauma Triage Plan electronically in its second quarterly report.
 - (3) For the purposes of the Trauma Triage Plan, maintaining the Trauma Triage Plan is defined as posting the plan on the council’s web page, providing

copies on an as requested basis, providing educational assistance as requested and providing minor updates on an as needed basis. An example of minor changes includes demographic changes, such as a new hospital, closing of an EMS agency, or changes to services offered by agencies or facilities.

(4) The Contractor shall notify all EMS agencies, local governments, EMS physicians, the applicable regional medical control center(s), and hospitals within its service delivery area that the Regional Trauma Triage Plan update/revision is posted on the contractor's Web site. This information shall be included in narrative form in the second quarterly report.

The regional Trauma Triage Plan was updated in the 2011 contract year, and approved by OEMS. The WVEMS Trauma PI Committee, acting in its role as Trauma Triage Committee, continues to maintain and recommend revisions to the regional Trauma Triage Plan as needed. The plan will be presented to the WVEMS board for annual approval at its December 2011 meeting. The most recent edition of the regional TT plan is available for download on the WVEMS website and notification of its availability is provided to all constituents.

b. Trauma Performance Improvement Program - also referred to as Quality Assurance, Quality Improvement, and Quality Management. (QA/QI/QM).

(1) The contractor shall maintain and revise as needed to reflect current practice, a region wide Trauma Performance Improvement Plan (TPIP) in compliance with the "Pre-hospital and Inter-hospital State Trauma Triage Plan, September 2005" for trauma related EMS responses, as developed during the FY07 contract period. The plan/revised plan that will be used throughout the contract period and the first quarter of the next contract period shall be submitted to OEMS no later than October 31st of the contract year and be demonstrable of the PI process that is currently being used, and shall be used throughout the contract year, with proof of review and approval of the plan by the contractor's Board of Directors reflected in board minutes submitted.. If revisions have been made to the plan being submitted to OEMS, the revisions that have been made shall be made clear by the contractor to OEMS. The Trauma PIP shall include, but not be limited to the following:

(2) An outline of an organized TPI program to examine the care of pre-hospital patients. The plan shall include a demonstrable process that is capable of on continuously:

(a) Monitoring/assessing adherence to regional EMS trauma patient care protocols

(b) Monitoring/assessing (not enforcing) compliance with state and regional trauma triage plans

(c) Monitoring/assessing trauma system issues

(d) Identification of the educational needs of EMS providers in the region

(e) Identification of methods demonstrable of the trauma PI process that is currently being used, and shall be used throughout the contract year to resolve issues identified through the trauma PI process (trauma patient care and trauma system issues).

(f) The contractor shall include in each of its quarterly reports to OEMS how identified trauma performance issues shall be, or have been, resolved or

improved, i.e. protocol revision, educational opportunity, awareness campaign etc.

(3) The contractor shall provide a schedule and topic for a quarterly, region wide, trauma PI project to be conducted by the contractor and individual EMS agencies.

(a) The contractor shall aggregate the findings of the individual EMS agencies on a quarterly basis for use by the regions committees and reporting to the OEMS.

(b) Distribution of the schedule and topics shall occur no later than 14 days after the end of the 1st quarter of the state's fiscal year.

(c) The contractor shall submit a copy of the schedule and topic distributed to all EMS agencies in the Region with the contractor's 2nd quarterly report to the OEMS.

(d) Distribution shall be made by a mailing, directed to the appropriate contacts of the agencies to achieve maximum participation. The distribution list shall be submitted with the contractor's 2nd quarterly report. Personal contact by telephone, in person, or by direct e-mail is encouraged, but shall not be a substitute for the mailing. Posting on the regional council's web site without notification to each agency or solely via mass e-mail distribution shall not fulfill this requirement.

(4) The contractor shall have a PI based method for EMS agencies and hospitals to report significant events (compliments or criticisms of trauma cases) and untoward outcomes of trauma related EMS responses.

(a) The method actively being utilized by the contractor shall provide a well known process for EMS agencies and hospitals, to report these events, a method of developing an action plan, and a method of resolving the event.

(b) The number of events and general description of issues reported shall be submitted as part of each of the contractor's quarterly report to the OEMS.

(c) The TPIP shall identify the active membership of the regional TPI committee, objectives of the committee and rules for participation in the meetings. The TPIP should allow for representatives of the OEMS to attend the TPI meetings as desired by OEMS.

(d) Attendance of the trauma PI committee shall constitute a quorum as defined by Robert's Rules.

(5) The contractor shall hold, at a minimum, quarterly Trauma PI committee meetings to review the input from the EMS agencies and reported significant events. (separate and unique from the general EMS PI committee, individuals may sit on both committees as is appropriate) The committee shall identify needs based on review of trauma PI information received by the contractor, plan a course of corrective action to resolve/improve the identified deficit and reassess the deficit to "close the loop" on issues. The items/deficits and the process used to correct them shall be reflected in the minutes of the meeting.

(a) The contractor shall submit to the OEMS the agenda, minutes and attendance rosters for each TPI meeting held. The agenda, minutes, and attendance rosters shall be submitted on a quarterly basis as part of the contractor's quarterly report to the OEMS.

(b) The attendance roster shall contain the name, affiliation and e-mail address of the attendees

(c) The minutes of these meetings shall not contain patient or provider identifiers, but should reflect a general statement of items worked on by the committee.

(d) The meeting dates for the trauma PI committee shall be submitted to the OEMS, in advance, as part of each quarterly report to OEMS.

(e) The OEMS may perform random audits of agencies perception of the regions trauma PI process.

The WVEMS Trauma Performance Improvement (TPI) Committee reviewed the Regional TPI Plan for Fiscal Year 2012. This process was initiated at the committee's June 2011 meeting, and completed at its meeting in September. Minor revisions were recommended to the WVEMS board, and the plan was adopted as revised at the board's meeting held on September 11. The revised, adopted plan was posted to LN and to the WVEMS website. The committee's agenda and minutes have also been posted to LN. TPI projects are continuing according to the FY 2011 schedule previously posted. A schedule of new projects will be adopted by the PI committees in December.

b. The contractor shall provide technical assistance to EMS agencies to assist them with complying with State EMS regulations (12 VAC 5-31-600) and *Code of Virginia* requirements (§ 32.111.3) related to trauma triage and trauma performance improvement. The names of agencies and the nature of assistance provided to those agencies shall be submitted by the contractor as part of each quarterly report to the OEMS.

c. The contractor shall actively encourage, not enforce, all EMS agencies within their region to meet state requirements and submit pre-hospital patient care data on a quarterly basis as required by the *Code of Virginia* (§ 32.116.1) and EMS Regulations 12 VAC 5-31-560. Each of the contractor's quarterly reports to the OEMS shall include language that describes how this contract item was achieved.

WVEMS encourages all agencies within its region to remain in compliance with all reporting requirements. Discussions are held at many of the Council's peer review and instructor network meetings. Numerous offers have been made to OEMS to obtain training in order to assist agencies in improving compliance, but to date none have been accepted. Assistance is provided as much as possible, however assistance in reporting using the Field Bridge and Trauma Registry has been minimal due to the non-inclusion of regional councils in training for this program.

d. The contractor shall maintain and revise as needed to reflect current practice, the TPI template, developed through the FY07 contract, that EMS agencies can use to establish or maintain their own PI programs for general trauma responses and include a method of reporting aggregate information to the regional council, for use by the regional council and its committees, and submission to the OEMS. The contractor shall obtain approval from OEMS when completing the template. This shall occur within the 1st Quarter of the state fiscal year and shall be used for the following four quarters. The template should include at a minimum, but not be limited to:

(1) A schedule and topic for a trauma region wide PI project for each quarter. This schedule and topic shall be the same for all agencies participating in the regional PI process.

(2) A method for agencies to submit quarterly trauma PI project results to the regional trauma PI committee.

(3) A method for EMS Agencies and hospitals to report significant events to the regional PI Committee (The requirements of the trauma PI template may be coordinated with the requirements stated in the general EMS PI Program section of this contract. This shall not be interpreted as combining the two committees.)

e. The contractor shall submit a copy of the trauma PI template and a copy of the distribution list used to send the document to all EMS agencies in the Region with the councils 2nd quarterly report to the OEMS. Distribution of the TPI plan shall occur after approval of the template by OEMS and no later than 14 days after the end of the 1st quarter of the state's fiscal year. Posting on the regional council's web site without notification to each agency or solely via mass e-mail distribution shall not fulfill this requirement.

f. The contractor shall include in each of its quarterly reports to OEMS evidence of EMS agency involvement in the PI process, evidence in the process shall be aggregate numbers of the agencies actively involved in the PI process.

The WVEMS TPI Committee and staff provides assistance to all agencies and OMD's as requested in developing and providing a TPI process within the agencies. Most projects have involved agency subsets, as participation from all 105 agencies is difficult to obtain. Requests to OEMS to provide aggregate data have been refused, requiring the regional PI committees and staff to collect data on our own.

The Regional QA/QI Program shall be addressed by separate PI and TPI committees. A combined committee must be approved by OEMS at the beginning of the contract period.

4. Rescue Squad Assistance Fund (RSAF) Grant Program

a. The contractor shall promote grant writing and review assistance services to the EMS agencies one month prior to the grant submission deadline with electronic and/or hard copy notifications. These notifications (electronic and/or hard copy) must be sent to the OEMS Grants Manager. The contractor shall assist EMS agencies to review and write RSAF grant applications when requested and request assistance from the OEMS Grants Manager when appropriate.

WVEMS promotes the Virginia RSAF program at every opportunity. Pre-submission review of applications, and often assistance in preparing the applications is provided by WVEMS staff to some 10-15 agencies each cycle. A regional review meeting is held each cycle, where each applicant agency is invited to make a presentation to the regional review committee (the WVEMS executive committee). The committee then grades each requested item, and provides comments to OEMS/FARC using the CGAP Grader Program.

b. The contractor shall promote services to assist EMS agencies to submit grants electronically. The contractor shall send electronic and/or hard copy notifications to the EMS agencies one month prior to the grant submission deadline.

WVEMS assists agencies in completing electronic grant submission, and provides notice and encourages agencies to seek WVEMS staff assistance, via its website and electronic mailing lists.

c. The Contractor shall conduct regional reviews and grading of RSAF grants in accordance with the regulations and policies governing the RSAF Grant Program.

(1) The Contractor shall conduct two review and grading sessions during the contract period and submit the regional grades and recommendations electronically by the deadlines specified in the regulations and policies governing the RSAF Grant Program. The Contractor must notify the Grants Manager of the dates/times of each grant review and grading sessions during the contract period at least two weeks in advance.

(2) The Contractor shall notify each agency or organization that has submitted a RSAF grant application of the specific regional grant review meeting time and agenda.

(a) The meeting shall be open to the public.

(b) Minutes of the meeting shall be recorded and kept on file by the contractor for a period of five years.

(3) The Contractor shall ensure that each application is reviewed consistently by the Regional Council's grant review committee and assigned a numerical grade and a narrative of comments using OEMS approved grading criteria. If the Contractor submits a grant application for review, each council must grade their grant with a grade of zero (0), to prevent the appearance of a conflict of interest; however each contractor is strongly encouraged to submit comments.

(4) The Contractor shall rank no less than the top three grant applications in order of priority for each Regional Council area, and submit by e-mail to the Grants Manager or designated staff upon request.

WVEMS conducts review and grading sessions according to RSAF policies and procedures. WVEMS holds one grading session in a central location for each cycle, as specified. Each applicant receives a notification and reserves a time to make a brief presentation and answer questions for the review committee members. Each application is reviewed by the WVEMS Grant Review Committee (its executive committee), and is graded and comments are provided using the appropriate scoring criteria. The entire review meeting is held in open session. Results of the reviews (serving as minutes) are uploaded to OEMS using the CGAP Grader program. The top three applications are identified and submitted via email to the appropriate OEMS staff members.

5. Critical Incident Stress Management (CISM) Program

a. The Contractor shall maintain an OEMS Accredited Regional CISM Team, in accordance with the guidelines stipulated in the Virginia Accreditation of Regional CISM Teams Policy Manual, and shall comply with all OEMS policies and procedures regarding CISM. This information shall be included in the First Quarter report.

WVEMS maintains an accredited CISM Team, which remains compliant with all OEMS policies and procedures regarding CISM.

b. Using the OEMS approved template, the Contractor shall send their quarterly statistical reports electronically to the OEMS CISM Coordinator by:

(a) October 30 for the reporting period July 1 to September 30

(b) January 30 for the reporting period October 1 to December 31

(c) April 30 for the reporting period January 1 to March 31

(d) July 31 for the reporting period April 1 to June 30

WVEMS submits all quarterly statistical reports as prescribed.

c. The Contractor shall provide a written up-to-date CISM team operating policy as specified in the Virginia Accreditation of Regional CISM Teams policy in the first quarter report. The policy shall include required applicant qualifications, membership requirements, meeting requirements, training requirements and team activation/deployment guidelines. It shall also include a description of the team members' offices and their respective duties, travel reimbursement policies, general program administration and a list of team members. The policy must be written using the OEMS approved template.

The WVEMS CISM Team reviews its operating policy annually. This policy includes qualifications, membership criteria, meeting information, and training requirements, as well as activation/deployment guidelines. The CISM policies are unchanged from the prior year, and were posted previously to LN.

d. The Contractor shall provide a semi-annual report electronically to the OEMS CISM Coordinator with the following information on CISM teams within their region:

- (a) Locality team is based
- (b) Name of team coordinator
- (c) Phone number and e-mail address for team coordinator

These reports should be provided:

April 30 for the period of October 1 through March 30

October 31 for the period of April 1 to September 30

WVEMS CISM has submitted all semi-annual reports as prescribed.

e. CISM teams should meet quarterly but shall meet at least semi-annually. Meeting minutes shall be submitted in the appropriate quarterly report.

f.

The WVEMS CISM Team has met quarterly this contract year. Agendas, rosters, and minutes have been posted to Lotus Notes. A training program on suicide intervention skills was held on October 12-13, in the second quarter.

6. Regional EMS Awards Program

a. The Contractor shall conduct an OEMS approved Regional EMS Awards Program that is unique and separate to recognize all regional EMS award nominees and the \$1,000 Regional Scholarships for High School Seniors no later than September 30 of each contract year.

(1) The program shall be titled as the (insert name of Regional EMS Council) EMS Awards Program and cannot be referred to as the Governor's EMS Awards.

(2) The Regional EMS Awards program shall have the same 10 categories and criteria as those offered in the Governor's EMS Awards program, and include the Regional Scholarship Award. The contractor may offer other Regional EMS Awards; however, these cannot be entered in the Governor's EMS Awards program.

(3) The contractor shall use the Office of EMS approved form for the Regional EMS Awards program. This form shall not be changed, other than to add new regional categories. Any new regional categories must be listed after the

10 Governor's EMS Awards and the Regional Scholarship Award. Categories shall be listed in same order as on the approved form.

(4) The contractor shall schedule and publicize the Regional EMS Award Program and the \$1,000 Regional Scholarships for High School Seniors. This shall include, but not be limited to posting information on the Regional EMS Council Web page and targeted promotional mailings (electronic and/or hard copy) to every EMS agency, EMS instructor, EMS physician and hospital emergency department in the Regional Council's area.

(5) The contractor shall give each regional first place winner an award approved by the Regional EMS Directors Group.

b. The contractor shall assure that regional nominations are judged and forward the 10 regional first place winners' nomination forms, Regional Scholarship award and photos on a disc to the Office of EMS for entry into the Governor's EMS Awards program by the first Friday in August of the contract year.

(1) The contractor shall appoint a committee to select the regional winners.

(2) The contractor shall provide complete information on each Regional EMS Awards winner and the Regional Scholarship Award winner that will allow the State EMS Advisory Board Selection Committee to make an appropriate selection. If necessary, the contractor shall acquire and provide more information for the Regional EMS Awards or Regional Scholarship Award winner before submitting it to the Governor's EMS Awards Program or EMS Advisory Board Youth Scholarship Award Program.

(3) The contractor shall submit a news release with the names of Regional EMS Awards and Regional Scholarship winners to local news media and the Office of EMS within one week of the Regional EMS Awards ceremony using a format provided by the Office of EMS.

(4) All submissions must follow submission guidelines approved by the State EMS Advisory Board Selection Committee.

WVEMS begins publicity for its annual Regional EMS Awards program in January of each year. Such information is posted on the WVEMS website on a continual basis, using information and documents provided by OEMS as well as regional information and documents. WVEMS holds its annual awards event in June of each year. The names and biographic information on regional winner is submitted to OEMS as required.

7. Regional EMS Instructor Network

a. The contractor shall conduct a minimum of two meetings during the contract period for the purpose of discussing regional educational performance improvement, issues surrounding the educational component of EMS training, EMS instructor administrative requirements and Consolidated Test Site (CTS) concerns this process should be completed by, and reported in the third quarter report.

b. The contractor shall notify all EMT Instructors, ALS Coordinators, OEMS Division of Educational Development, OEMS Program Representatives, and Emergency Operations Instructors of the meetings. Meeting notices will be sent at least 30 days prior to each meeting date and include a prepared agenda.

c. The meeting should be set up for face-to-face EMS instructor networking, but shall be conducted in a format allowing for feedback by participants, such as teleconference.

d. Meeting notices, agendas, rosters of attendees and minutes shall be submitted to OEMS in the appropriate quarterly report.

WVEMS holds three network meetings during the contract year, with participation invited to all instructors, EMS educators/ALS Coordinators, Emergency Operations Instructors, and others, either in person or by teleconference. Meeting notices are sent out as specified in the contract, and notices, agendas, rosters, and minutes are posted to Lotus Notes

E. Basic Life Support Consolidated Test Site (BLS-CTS) Administration

1. The Contractor shall establish a minimum of one OEMS approved Consolidated Testing facility within its service delivery area in accordance with the guidelines stipulated in the *OEMS Practical Exam Users Guide*.
2. The Contractor shall submit to OEMS the Consolidated Testing schedule for the next Fiscal Year (July 1, 2009– June 30, 2010) by February 1, 2009.
3. The Contractor shall publish the OEMS approved Consolidated Testing schedule on their Web site by March 1, 2009.
4. The Contractor shall provide a copy of the OEMS approved Consolidated Testing schedule to each EMT – Instructor within its service delivery area by March 15, 2009.
5. The Contractor shall register testing candidates for each Consolidated Testing Site in accordance with the guidelines stipulated in the OEMS Consolidated Test Site Policies and Procedures Manual or as authorized by OEMS.
6. The Contractor shall ensure that all Consolidated Test Site Evaluators are in compliance with the OEMS Consolidated Test Site Policies and Procedures Manual
7. The Contractor shall maintain a list of current approved Consolidated Test Site Evaluators, and submit the list to OEMS with the Third Quarter report.
8. The Contractor shall charge a fee of \$50.00 for each candidate taking an initial practical certification examination at a Consolidated Test Site. This fee may be collected from the Instructor/Course Coordinator, candidates, the candidate’s sponsoring agency, or the educational facility sponsoring the course.
9. The Contractor shall charge a fee of \$25.00 to each candidate that must retake one or more practical examination stations at a Consolidated Test Site.
10. The Contractor shall not charge a fee to any candidate taking only a written certification examination at a Consolidated Test Site.
11. The Contractor shall adhere to all the guidelines stipulated in the OEMS Consolidated Test Site Policies and Procedures Manual.

WVEMS is compliant with all contractual obligations related to CTS. Test site have been established throughout the region, and are conducted in accordance with the CTS guidelines. The CTS schedule for this year was approved by the OEMS Program Representative, and was posted and distributed as specified. The statewide CTS registration is administered by WVEMS staff and is used in the region. All

evaluators in the region comply with the CTS P&P manual. A list of current approved evaluators was posted to Lotus Notes in the Third quarter of FY11. WVEMS charges fees to candidates as specified, and adheres to all guidelines specified in the CTS Manual.

F. Regional Category One Continuing Education Program

1. The Contractor shall promote the availability of BLS and ALS Continuing Education that satisfies category one requirements within each planning district during the contract period.
2. The Contractor shall post to the Web site address of the current schedule of CE programs available within the region for the contracted fiscal year no later than August 1 of the contract year. This information shall be reported in the first quarterly report.

WVEMS continues to maintain and update the regional CE schedule on a constant basis. The WVEMS website calendar issued for this purpose, along with the website's "Upcoming Education and Events" section. Providers have continual access to CE information through the WVEMS website and listserv.

G. Regional Council Information Technology (IT) Support

WVEMS manages a support contract with Coralogic Corporation to provide web hosting, email hosting, on-site and remote IT support, database hosting, the VAEMSJOBS website and application, the CTS registration system, data security, servers and server support, etc. In the first quarter,

H. Alliance for Emergency Medical Education and Research

WVEMS provided administrative support for AEMER throughout the quarter. A credit card merchant account was maintained. All payments were processed daily as received. All accounts were reconciled monthly and reports were provided to the AEMER Board of Directors, and to OEMS upon request. Annual audit field work has been completed (as of the date of this report), and a final report will be issued in November.