WVEMS BOARD OF DIRECTORS
Thursday, September 11, 2014

Salem Civic Center
1001 Roanoke Blvd.
Salem VA 24153

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

1. Call to Order
2. Introduction of Guests
3. Secretary's Report
    a. Minutes - June 12, 2014 meeting June 12, 2014 BOD Minutes Complete
4. Treasurer's Report
    a. FY 2014 End-of-Year Financial Report - Unaudited Treasurer's Repoprt Year End FY 2014 Unaudited
    b. FY 2015 Year-to-Date Financial Report - Unaudited Treasurer's Report YTD Aug 30, 2014 Unaudited
5. Reports and Action Items
    a. Executive Committee
        i. Committee and Work Group Appointments
        ii. State EMS Advisory Board Appointment
    b. Medical Direction
        i. Pharmacy and Allied Resources Workgroups - Upcoming Meeting Rescheduled - Charles Berger
    c. EMS Operations
        i. MCI Planning Work Group - Mike Garnett
    d. Performance Improvement Committees (meets same day as Board) - Charles Berger
        i. Affirmation of General Performance Improvement Plan
        ii. Affirmation of Trauma Performance Improvement Plan

e. Near Southwest Preparedness Alliance (NSPA) - Bobby Baker

f. State EMS Advisory Board Report - Jason Ferguson AB Report Aug 2014

6. EMS Financial Assistance - Upcoming Cycle Deadline and E-Gift

7. New Business

   a. Nominating Committee Appointment

8. President's Report

   a. Special Presentation

1. Staff Reports

2. Adjourn

WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL
BOARD OF DIRECTORS

MEETING MINUTES

DATE: September 11, 2014

LOCATION: Salem Civic Center – Parlor A

Directors Present
Steve Allen
Karen Alldredge
Billy Altman
Bill Brown
Jim Cady Sr.
Joe Coyle
Steve Davis
Daryl Hatcher
Robert Logan
Ryan Mutterspaugh
Lee Simpkins
Joe Trigg

Staff Present
Charles Berger
Gene Dalton
Mike Garnett
Sandi Short

Guests Present
Eric Stanley, DO
Jim Huffman, IT Support

TO ORDER
In the absence of the president and vice president, the executive director called this regular meeting of the Board of Directors to order at 2:00 PM.

He introduced guests:
Eric Stanley, D.O. and Jim Huffman, IT Support Specialist for the eleven regional EMS councils

SECRETARY'S REPORT
The executive director presented minutes of the last meeting as distributed. He called for any corrections or additions.

Being none, a motion was made and seconded to approve. **Motion CARRIED.**

TREASURER'S REPORT

In the treasurer's absence, the executive director presented the FY 2014 year-end unaudited treasurer's report.
Motion was made and seconded to receive. **Motion CARRIED.**

He then presented the year-to-date unaudited FY 15 report.

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

EXECUTIVE COMMITTEE
The executive director reported for the Executive Committee. The Committee met prior to the full board meeting. The committee recommends appointment to various committees and work groups according to the list which was distributed, and to allow the president to make additional appointments as needed.

Motion was made and seconded to approve. **Motion CARRIED.**
A report detailing the appointments will be attached to and made a part of these minutes.

The executive director reported that Governor McAuliffe had appointed Jason Ferguson to the state EMS Advisory Board representing WVEMS.

He also reported that he had been appointed by the Governor to a citizen seat on the Board of Health Professions.

MEDICAL DIRECTION COMMITTEE
Allied Resources and Pharmacy Workgroups
Charles Berger reported for these workgroups. These workgroups have not met since the last board meeting, but a meeting is scheduled for early to mid October.

Due to the retirement of Joe Ciezkowski, a new co-chairman of the Pharmacy Work Group has been named. Larry Mullins, PIC for Carilion Roanoke Memorial will co-chair this Work group along with Nadine Gilmore of Centra Lynchburg General.

A RSAF grant application to fund a loose-leaf version of the 2014 protocol handbook has been submitted. If funded, one copy will be given to each active, affiliated provider in the region.

The executive director asked for approval to expend up to $5,500 of reserve funds to purchase manuals for each truck, emergency department, and OMD in the region, contingent upon successful RSAF funding for the large-scale printing. If the grant is reduced to 80%, then this funding will be used to match the grant.

Motion was made and seconded to approve the request. **Motion CARRIED.**

EMS OPERATIONS
MCI Workgroup
Mike Garnett reported for the MCI Workgroup. He reported on upcoming activity toward finalizing the MCI plan, including the completion of a communications annex.

PERFORMANCE IMPROVEMENT COMMITTEE
Trauma and General Performance Improvement Subcommittees
Charles Berger reported for the General and Trauma Performance Improvement Committees. Both met today.

The General Performance Improvement Plan has been reviewed by the PI Subcommittee. The only revision recommended was to update the subcommittee membership to comply with the WVEMS-VDH/OEMS contract and more broadly represent the region.

Motion was made and seconded to reaffirm the plan with the recommended change to update the subcommittee membership. **Motion CARRIED.**

The Trauma Performance Improvement Plan has been reviewed by the TPI Subcommittee. No changes were recommended.

Motion was made and seconded to reaffirm the plan. **Motion CARRIED.**

NSPA
In the absence of its representative, Rob Logan reported for NSPA. He reported on several initiatives that are underway. The budget for FY 2015 had been approved. Several other initiatives are underway or in the planning stages, including the hiring of a Continuity Specialist.

EMS Advisory Board
Jason Ferguson provided a written report for the Advisory Board which is attached to these minutes. He reported on several current issues, including the response to last year's proposed House Bill 1010, The executive director reported on the current work including seeking public comment on the comprehensive EMS code language clean-up bill.

EMS Financial Assistance
The deadline for the current cycle is Monday, September 15. The new E-Gift program was discussed. WVEMS staff has provided assistance to at least 12 agencies in preparing their grant submissions.

NEW BUSINESS
The executive director reported that WVEMS officers will be elected for two year terms beginning January 1, 2015. He noted that President Wirt would appoint a nominating committee to report at the next meeting.

Dr. Karen Alldredge has accepted a position to lead the emergency department at a VA Medical Center in Oregon.

The executive director reported that Dr. Eric Stanley had enthusiastically agreed to accept election to fill the unexpired term vacated by Dr. Alldredge.

It was moved and seconded to elect Dr. Stanley to the "ED Physician at-large" seat on the WVEMS board of directors, filling the unexpired term vacated by Dr. Karen Alldredge, running through December 31, 2015. **Motion CARRIED.**

PRESIDENT'S REPORT
On behalf of President Wirt, the executive director expressed the Board's appreciation for Dr. Alldredge's service to WVEMS, and presented her with a small gift.

STAFF REPORTS
Rob Logan
Funding for a Care Point system for the free-standing emergency department in Gretna was recently approved and recommended for funding by FARC. The equipment has been ordered and Centra Health has agreed in writing to fund the match and sustainment.

Charles Berger – No report

Gene Dalton – No report

Mike Garnett – No report

Sandi Short – No report

OTHER BUSINESS
Joe Coyle advised the board of an issue that might require some educational outreach for hospital personnel. He expressed concern that some hospital personnel have a misunderstanding of the requirements of the Ryan White Act concerning how to handle infectious disease exposures.

The executive director suggested that this be referred to the General Performance Improvement Subcommittee to develop a plan to educate the hospitals in this matter.

HEARING OF THE PUBLIC
None

Being no further business, the meeting was adjourned at 3:05 PM.

/s Robert Logan, Executive Director

WESTERN VA EMS COUNCIL
UNAUDITED TREASURER'S REPORT
AS OF
JUNE 30, 2014

REVENUES	BUDGET	TOTAL	% YTD
STATE GOVERNMENT (OEMS CONTRACT)	433,450	433,450	100.00%
LOCAL GOVERNMENT	130,000	133,337	102.57%
UNITED WAYS	2,000	3,008	150.40%
CONTRIBUTIONS	1,000		0.00%
NSPA/VHHA REVENUE	325,000	338,213	104.07%
DIRECT PROGRAM INCOME (Tuitions, grants, VDH/OEMS)	170,000	181,676	106.87%
DIRECT MRC INCOME	55,000	53,818	97.85%
CISM REVENUE			
NSPA OFFSET REVENUE (Contract for services)	8,000	38,171	477.14%
RENT INCOME (NSPA)	18,000	18,000	100.00%
OTHER INCOME - SALE OF ASSET	6,194		0.00%
ROLLOVER FROM FY13 SURPLUS (BOARD APPROVED)	3,500	19,500	557.14%
GAIN/LOSS FROM DISPOSAL OF ASSET		6,494	0.00%
INVESTMENT / GAINS/LOSSES	15,000	14,312	95.41%
MISCELLANEOUS/SPECIAL FUNDS		65	0.00%
TOTAL REVENUES	1,167,144	1,240,045	106.25%
EXPENDITURES	**BUDGET**	**TOTAL**	**% YTD**
SALARIES / WAGES (WVEMS)	387,000	426,425	110.19%
PAYROLL TAXES (FICA)	29,606	30,700	103.70%
VEC	750	719	95.87%
403(b) / RETIREMENT	19,350	16,655	86.07%
HOSPITAL / MEDICAL INSURANCE	51,300	46,143	89.95%
LIFE INSURANCE/DISABILITY	10,000	10,852	108.52%
DENTAL INSURANCE	3,600	2,412	67.00%
PROFESSIONAL SERVICES/FEES	8,500	9,311	109.54%
MEDICAL DIRECTION ASSISTANCE	1,000		0.00%
MAINTENANCE / REPAIRS / SERVICE CONTRACTS	2,000	471	23.54%
BUILDING IMPROVEMENTS (BOARD APPROVED)		18,884	0.00%
OCCUPANCY (Utilities, repairs, NRV rent etc.)	18,500	10,653	57.58%
POSTAL / SHIPPING	2,000	1,936	96.82%
TELECOMMUNICATIONS	12,500	11,470	91.76%
SUPPLIES (ADMIN)	7,044	10,528	149.46%
EQUIPMENT	4,000	9,609	240.21%
INSURANCE	8,000	5,926	74.07%
DIRECT NSPA/VHHA EXPENSE	325,000	301,811	92.87%
DIRECT PROGRAM EXPENSES	150,000	189,255	126.17%
DIRECT MRC EXPENSES	55,000	57,851	105.18%
PRINTING / PUBLICATIONS	4,000	3,457	86.43%
TRAVEL / LODGING	7,000	958	13.69%
FUEL/VEHICLE MAINTENANCE	15,194	14,238	93.71%
MEETING SUPPORT	1,200	780	64.99%
DUES / MEMBERSHIP FEES	1,200	1,053	87.76%
STAFF DEVELOPMENT	12,500	9,513	76.11%
CISM PROGRAM COSTS	2,000	1,287	64.36%
COMMUNICATION SITE RENTAL	8,100	8,100	100.00%
COMMUNICATIONS WIRELINES	7,500	8,522	113.63%
COMMUNICATIONS MAINTENANCE	7,000	4,180	59.71%
COMMUNICATIONS UTILITIES	800	572	71.52%
COMMUNICATIONS INSURANCE	3,000	3,000	100.00%
COMMUNICATIONS EQUIPMENT	2,500		0.00%
TOTAL EXPENDITURES	1,167,144	1,217,272	104.29%

NSPA-VHHA

REVENUES (NSPA ACCOUNTS)	TOTAL
SPECIAL GRANTS / HOSPITAL FOUNDATIONS	180,996
TOTAL REVENUES	180,996
EXPENDITURES (NSPA ACCOUNTS)	**TOTAL**
SALARIES -NSPA	126,307
PAYROLL TAXES (FICA) - NSPA	8,515
BENEFITS - NSPA	9,477
VEC - NSPA	295
TOTAL EXPENDITURES	144,594

REVENUES (VHHA ACCOUNTS)	TOTAL
VHHA FUNDING	160,574
TOTAL REVENUES	160,574
EXPENDITURES (VHHA ACCOUNTS)	**TOTAL**
SALARIES - VHHA	120,125
PAYROLL TAXES (FICA) - VHHA	8,898
BENEFITS - VHHA	5,131
VEC - VHHA	23,063
MISC. - VHHA	
TOTAL EXPENDITURES	157,217

PROGRAM

REVENUE (PROGRAM ACCOUNTS)	TOTAL
OEMS FUNDS - INTERMEDIATE	5,100
OEMS FUNDS - ENHANCED	1,020
OEMS FUNDS - ADJUNCT	2,080
PROGRAM SERVICE FEES	15,495
PROTOCOL, ETC. SALES	
TEXTBOOK SALES	19,818
CONSOLIDATED TESTING	34,680
DRUG BOX ENTRANCE FEES	7,726
GRANTS & SPECIAL PROJECTS	37,325
SALES - CONSUMER GOODS	2,669
WEB DATABASE	
PROCESSING FEES	
PROGRAM FEES - MONROE HEALTH CENTER	
MEETING SUPPORT	454
PROGRAM TUITION - INTERMEDIATE	11,950
PROGRAM TUITION - ENHANCED	2,275
PROGRAM TUITION - ADJUNCT	1,620
PROGRAM TUITION - CARDIC	
PROGRAM TUITION - OTHER	
PROGRAM TUITION - EMT	7,300
COST REIMBURSEMENT - ENHANCED	6,624
PROGRAM TUITION - NRVTC	1,140
ID CARD SALES	264
COMMUNITY COLLEGE COURSE REVENUE	24,137
TOTAL REVENUES	181,676

EXPENSES (PROGRAM ACCOUNTS)	TOTAL
CONTRACTS FOR SERVICES (INTERMEDIATE)	8,698
CONTRACTS FOR SERVICES (ENHANCED)	14,440
CONTRACTS FOR SERVICES (ADJUNCT)	1,330
CONTRACTS FOR SERVICES (CARDIAC)	
CONTRACTS FOR SERVICES (SPEC. PROJ.)	
CONTRACTS FOR SERVICES (ALS TEST)	14,879
CONTRACTS FOR SERVICES (CTS)	23,441
CONTRACTS FOR SERVICES (CE WEEKENDS)	150
CONTRACTS FOR SERVICES (DRUG TESTING)	1,905
CONTRACT FOR SERVICES (MONROE HEALTH CENTER)	
PAYROLL TAXES (FICA)	4,815
VEC	3,523
PROGRAM EXPENSE (BDLS-NSPA)	5,452
RENT - NRV TRAINING CENTER	676
POSTAGE (NRVTC)	11,523
SUPPLIES (Programs)	
SUPPLIES (CTS)	866
SUPPLIES (ALS TESTING)	
SUPPLIES (EDUCATION)	1,005
SUPPLIES (NRVTC)	632
SUPPLIES (MONROE HEALTH CENTER)	
TEXTBOOKS (EMT-I)	3,956
TEXTBOOKS (ALS)	2,007
TEXTBOOKS (BLS)	1,468
TEXTBOOKS (BLS-NSPA)	14,252
TEXTBOOKS (AMLS)	890
TEXTBOOKS (NRVTC)	
ITLS CERTIFICATES	315
EQUIPMENT (EDUCATION)	
EQUIPMENT (NRVTC)	
INSURANCE	2,242
TRAVEL (MONROE HEALTH CENTER)	
PRINTING / PUBLICATIONS (EDUCATION)	
PRINTING / PUBLICATIONS (NRVTC)	
AMLS CERTIFICATES AND CARDS	630
GRANTS & SPECIAL PROJECTS	30,923
DRUG BOX EXCHANGE	9,843
REG. MEDICAL DIRECTOR	410
CREDIT CARD DISCOUNT	2,969
MERCHANDISE FOR RESALE	1,793
ID CARD PROGRAM	85
COMMUNITY COLLEGE FEES	24,137
TUITION REIMBURSEMENT - ENHANCED	
TUITION REIMBURSEMENT - INTERMEDIATE	
TOTAL EXPENDITURES	189,255

MRC

REVENUE (MRC ACCOUNTS)	TOTAL
PROGRAM MANAGEMENT - MRC	45,600
COST REIMBURSEMENT - MRC	8,218
TOTAL REVENUES	53,818
EXPENSES (MRC ACCOUNTS)	**TOTAL**
SALARIES AND WAGES - MRC	41,523
FICA EXPENSE - MRC	3,138
VEC - MRC	200
HOSPITAL MEDICAL - MRC	3,698
DENTAL INSURANCE - MRC	341
POSTAGE - MRC	
TELECOMMUNICATIONS - MRC	1,107
SUPPLIES - MRC	335
PROMOTIONAL - MRC	
TRAINING SUPPLIES - MRC	
EQUIP-MRC	
TRAVEL/LODGING - MRC	6,682
DUES & MEMBERSHIPS - MRC	
STAFF DEVELOPMENT	700
PROFESSIONAL SERVICES	
MEETING SUPPORT - MRC	128
TOTAL EXPENDITURES	57,851

WESTERN VA EMS COUNCIL
UNAUDITED TREASURER'S REPORT
AS OF
AUGUST 31, 2014

REVENUES	BUDGET	TOTAL	% YTD
STATE GOVERNMENT (OEMS CONTRACT)	433,450		0.00%
LOCAL GOVERNMENT	136,000	11,806	8.68%
UNITED WAYS	2,000	385	19.25%
CONTRIBUTIONS	1,000		0.00%
NSPA/VHHA REVENUE	325,000	69,347	21.34%
MRC	48,000	10,118	
DIRECT PROGRAM INCOME (Tuitions, grants, VDH/OEMS)	195,000	21,983	11.27%
NSPA OFFSET REVENUE (Contract for services)	10,000	2,730	27.30%
RENT INCOME (NSPA)	18,000	3,000	16.67%
OTHER INCOME - SALE OF ASSET	0		0.00%
ROLLOVER FROM FY13 SURPLUS (BOARD APPROVED)	0		0.00%
INVESTMENT / GAINS/LOSSES	18,000	(1,727)	-9.59%
TOTAL REVENUES	1,186,450	117,641	9.92%
EXPENDITURES	**BUDGET**	**TOTAL**	**% YTD**
SALARIES / WAGES (WVEMS)	393,000	84,946	21.61%
PAYROLL TAXES (FICA)	30,065	6,123	20.36%
VEC	1,200	551	45.89%
403(b) / RETIREMENT	19,650	2,912	14.82%
HOSPITAL / MEDICAL INSURANCE	55,000	8,455	15.37%
LIFE INSURANCE/DISABILITY	10,000	1,909	19.09%
DENTAL INSURANCE	3,600	595	16.52%
PROFESSIONAL SERVICES/FEES	8,500	120	1.41%
MEDICAL DIRECTION ASSISTANCE	1,000		0.00%
MAINTENANCE / REPAIRS / SERVICE CONTRACTS	2,000		0.00%
OCCUPANCY (Utilities, repairs, NRV rent etc.)	20,000	3,093	15.47%
POSTAL / SHIPPING	2,000	158	7.92%
TELECOMMUNICATIONS	14,000	1,706	12.19%
SUPPLIES (ADMIN)	8,635	685	7.94%
EQUIPMENT	8,000	1,549	19.36%
INSURANCE	8,000	1,630	20.37%
DIRECT PROGRAM EXPENSES	160,000	19,990	12.49%
DIRECT NSPA/VHHA EXPENSE	325,000	68,406	21.05%
DIRECT MRC EXPENSES	48,000	10,661	22.21%
PRINTING / PUBLICATIONS	3,500	715	20.42%
TRAVEL / LODGING	7,000	775	11.08%
FUEL/VEHICLE MAINTENANCE	16,000	2,062	12.89%
MEETING SUPPORT	1,200		0.00%
DUES / MEMBERSHIP FEES	1,200	600	50.00%
STAFF DEVELOPMENT	12,500	4,388	35.10%
CISM PROGRAM COSTS	2,000		0.00%
COMMUNICATION SITE RENTAL	8,100	1,350	16.67%
COMMUNICATIONS WIRELINES	7,500	1,498	18.49%
COMMUNICATIONS MAINTENANCE	4,000		0.00%
COMMUNICATIONS UTILITIES	800	66	1.65%
COMMUNICATIONS INSURANCE	3,000	500	16.67%
COMMUNICATIONS EQUIPMENT	2,000		0.00%
TOTAL EXPENDITURES	1,186,450	225,441	19.00%

NSPA-VHHA

REVENUES (NSPA ACCOUNTS)	TOTAL
SPECIAL GRANTS / HOSPITAL FOUNDATIONS	33,558
TOTAL REVENUES	33,558
EXPENDITURES (NSPA ACCOUNTS)	**TOTAL**
SALARIES -NSPA	28,768
PAYROLL TAXES (FICA) - NSPA	1,989
BENEFITS - NSPA	4,126
VEC - NSPA	
TOTAL EXPENDITURES	34,884

REVENUES (VHHA ACCOUNTS)	TOTAL
VHHA FUNDING	35,789
TOTAL REVENUES	35,789
EXPENDITURES (VHHA ACCOUNTS)	**TOTAL**
SALARIES - VHHA	26,343
PAYROLL TAXES (FICA) - VHHA	1,825
BENEFITS - VHHA	950
VEC - VHHA	
MISC. - VHHA	4,404
TOTAL EXPENDITURES	33,523

PROGRAM

REVENUE (PROGRAM ACCOUNTS)	TOTAL
OEMS FUNDS - INTERMEDIATE	
OEMS FUNDS - ENHANCED	
OEMS FUNDS - ADJUNCT	880
OEMS FUNDS - CARDIAC	
OEMS FUNDS - CT TRANSITION	
OEMS FUNDS - SHOCK TRANSITION	
OEMS FUNDS - ALS CE	
OEMS FUNDS - BLS	840
OEMS FUNDS - EMT	2,142
PROGRAM SERVICE FEES	
PROTOCOL, ETC. SALES	1,684
TEXTBOOK SALES	
CONSOLIDATED TESTING	4,020
DRUG BOX ENTRANCE FEES	1,500
GRANTS & SPECIAL PROJECTS	
SALES - CONSUMER GOODS	
WEB DATABASE	
PROCESSING FEES	
PROGRAM FEES - MONROE HEALTH CENTER	
PROGRAM TUITION - INTERMEDIATE	
PROGRAM TUITION - ENHANCED	
PROGRAM TUITION - ADJUNCT	325
PROGRAM TUITION - CARDIC	
PROGRAM TUITION - OTHER	
PROGRAM TUITION -	1,535
PROGRAM TUITION - NRVTC	
ID CARD SALES	241
COMMUNITY COLLEGE COURSE REVENUE	8,815
TOTAL REVENUES	21,983

EXPENSES (PROGRAM ACCOUNTS)	TOTAL
CONTRACTS FOR SERVICES (INTERMEDIATE)	1,200
CONTRACTS FOR SERVICES (ENHANCED)	
CONTRACTS FOR SERVICES (ADJUNCT)	700
CONTRACTS FOR SERVICES (CARDIAC)	
CONTRACTS FOR SERVICES (SPEC. PROJ.)	
CONTRACTS FOR SERVICES (ALS TEST)	100
CONTRACTS FOR SERVICES (CTS)	2,596
CONTRACTS FOR SERVICES (CE WEEKENDS)	585
CONTRACTS FOR SERVICES (DRUG TESTING)	
CONTRACTS FOR SERVICES (EMT)	2,292
CONTRACT FOR SERVICES (MONROE HEALTH CENTER)	
PAYROLL TAXES (FICA)	572
VEC	224
RENT - NRV TRAINING CENTER	169
POSTAGE (NRVTC)	
SUPPLIES (Programs)	
SUPPLIES (CTS)	536
SUPPLIES (ALS TESTING)	
SUPPLIES (EDUCATION)	305
SUPPLIES (NRVTC)	
SUPPLIES (MONROE HEALTH CENTER)	
INSURANCE	
TRAVEL (MONROE HEALTH CENTER)	
PRINTING / PUBLICATIONS (EDUCATION)	
PRINTING / PUBLICATIONS (NRVTC)	
AMLS CERTIFICATES AND CARDS	
GRANTS & SPECIAL PROJECTS	
DRUG BOX EXCHANGE	378
CREDIT CARD DISCOUNT	324
MERCHANDISE FOR RESALE	1,193
ID CARD PROGRAM	
COMMUNITY COLLEGE FEES	8,815
TUITION REIMBURSEMENT - ENHANCED	
TUITION REIMBURSEMENT - INTERMEDIATE	
TOTAL EXPENDITURES	19,990

MRC

REVENUE (MRC ACCOUNTS)	TOTAL
PROGRAM MANAGEMENT - MRC	9,600
COST REIMBURSEMENT - MRC	518
TOTAL REVENUES	10,118
EXPENSES (MRC ACCOUNTS)	**TOTAL**
SALARIES AND WAGES - MRC	7,996
FICA EXPENSE - MRC	604
VEC - MRC	
TDA- MRC	400
HOSPITAL MEDICAL - MRC	752
DENTAL INSURANCE - MRC	85
POSTAGE - MRC	
TELECOMMUNICATIONS - MRC	
SUPPLIES - MRC	
PROMOTIONAL - MRC	
TRAINING SUPPLIES - MRC	
EQUIP-MRC	
TRAVEL/LODGING - MRC	824
DUES & MEMBERSHIPS - MRC	
STAFF DEVELOPMENT	
PROFESSIONAL SERVICES	
MEETING SUPPORT - MRC	
TOTAL EXPENDITURES	10,661

WESTERN VIRGINIA EMS COUNCIL, INC.
Balance Sheet
August 31, 2014

ASSETS

Current Assets			
PETTY CASH	$ 69.59		
FSA CASH	1,283.03		
SUNTRUST CHECKING	62,452.29		
SUNTRUST PAYROLL	200.00		
VALLEY BANK MONEY MARKET	65,613.53		
ACCOUNTS RECEIVABLE	54,090.64		
DUE FROM NSPA	19,801.04		
TUITION RECEIVABLE	7,792.45		
INCOME TRANSFER	0.41		
Total Current Assets		211,302.98	
Property and Equipment			
Total Property and Equipment		0.00	
Other Assets			
FRANKLIN TEMPLETON	130,824.19		
COMMUNICATIONS EQUIPMENT	92,138.36		
MISCELLANEOUS EQUIPMENT	321,713.64		
OFFICE EQUIPMENT	41,231.94		
BUILDING	175,223.00		
LAND	201,600.00		
BLDG. IMPROVEMENTS	74,792.94		
GENERATOR BUILDING & EQUIPMENT	16,672.25		
ACCUMULATED DEPRECIATION	(324,401.71)		
Total Other Assets		729,794.61	
Total Assets		$ 941,097.59	

LIABILITIES AND CAPITAL

Current Liabilities			
FICA WITHHELD AND ACCRUED	$ 0.02		
ACCRUED SALARIES	30,796.06		
SALES TAX PAYABLE	51.86		
FLEX SPENDING ACCOUNT-MEDICAL	(284.92)		
DEFERRED REVENUE	4,930.74		
DEFERRED REVENUE-BREMS CBA	1,849.38		
Total Current Liabilities		37,343.14	
Long-Term Liabilities			
Total Long-Term Liabilities		0.00	
Total Liabilities		37,343.14	
Capital			
FUND BAL. UNRESTRICTED	707,162.00		
FUND BAL. UNRESTRICTED DES.	55,036.00		
RETAINED EARNINGS	282,912.19		
FUND BALANCE TEMP. RESTR.	20,374.00		
Net Income	(161,729.74)		

WESTERN VIRGINIA EMS COUNCIL, INC.
Balance Sheet
August 31, 2014

Total Capital		903,754.45
Total Liabilities & Capital	$	941,097.59

State EMS Advisory Board
August 8, 2014
Meeting Summary

16 New Advisory Board Members were introduced and sat for their first meeting.

OEMS Report:

- Quarterly Report is posted (Click Here)
- Ambulance Standards- Change Order #6 from KKK has been issued without language requiring new cot restraint systems. SAE has recently completed a study on cot restraint systems, so the potential requirement may still become a reality.
  NFPA 1917- Version 2 is on schedule for a tentative release date of January 2016.
  CAAS GVS2015- A tentative release date for CAAS ambulance standard publication is October 2015.
- State EMS Plan and Fast-track regulatory technical changes were approval by the BOH.

Committee Reports:

- FARC-
  - New E-Gift program is available on-line. Grant period is now open.
- Rules & Regulations-
  - Background Checks- There was discussion during the Thursday committee meeting and in the VAGEMSA meeting about who the information OEMS receives can be shared with. At this time, nothing other than “eligible” or “ineligible” can be released. Addition concern of duplication of efforts on the part of local governments was expressed. OEMS is looking for ways to help streamline and refine the process, but it will not happen overnight.
- Legislative & Planning-
  - A code language bill is being introduced into this year’s legislative session to help clean up code related to EMS. Of important note is that this is only a technical bill, NOT policy. Personnel are strongly encourage NOT to attempt to add policy related items to this bill.
  - HB1010- This bill was tabled during the 2014 legislative session, but is expected to be readdressed in the 2015 session. All committees were charged with being proactive in coming up with alternative options or solutions. The intent is to be proactive to the readdress of this bill.
- Transportation-
  - Videos of ambulance crash tests from NIST and NIOSH will be on the OEMS website for review.
- Communications-

    - Accreditation and reaccreditation timetables for EMD has been changed to 3-years.
- Emergency Operations-
    - Triage tag RFP is being issued. Selected vendor will print 187,000 triage tags. Tags will be distributed to agencies and some to regional councils. Future orders may be available, but only after an agreed upon minimum order is reached with the vendor.
    - Exploring a web-based solution for emergency management resource monitoring and allocations. Mutualaid.net from IAFC has been reviewed in conjunction with VDEM and VDFP.
- Medical Directions-
    - Upcoming agenda will address HB1010
- Medevac-
    - Working on review of information on ground versus air transport times.
    - Beginning to track helicopter shopping that continues to occur throughout the Commonwealth
- Trauma-
    - Changing the committee structure (Appendix F of Quarterly Report)
- Professional Development-
    - Committee motions (Appendix A-D of Quarterly Report)

Respectfully Submitted,

Jason Ferguson
WVEMS Advisory Board Representative

Committee Assignments for Fiscal Year 2015

Executive (Lead Staff – Rob Logan)
Meets quarterly.
(This committee consists of the officers of the board of directors, the executive director who serves without vote, and three at-large members, one from each planning district. (Subject to change after December 2014 elections.) This committee is responsible for: Nominations, Budget & Finance, Human Resources, Strategic Planning, Audit, Bylaws & Policies.

Ford Wirt, President, Chair
Steve Eanes, Vice President
Steve Simon, Secretary
Carey Harveycutter, Treasurer
Dale Wagoner, At-large, 12th PD
Jim Cady, At-large, 5th PD
Joe Trigg, At-large, 4th PD
Rob Logan, Executive Director *(non-voting)*

Medical Direction Committee (Lead Staff – Cathy Cockrell)
This committee consists of all active EMS physicians (Operational Medical Directors and Course Medical Directors) in the region. It is also responsible for three work groups: Education, Allied Resources (hospitals), Pharmacy.
Charles Lane, MD, Regional Medical Director, Chair

Education Work Group (Lead Staff – Cathy Cockrell)
Meets as needed.
Steve Simon, Chair, Roanoke County
Charles Lane, MD
Jason Ferguson, Botetourt County
Mike Hopson, Danville
Jane Lindsay, Salem
Eric Stanley, D.O., Montgomery County
Suzie Helbert, Henry County

Allied Resources Work Group – Hospital (Lead Staff – Rob Logan and Cathy Cockrell)
Meets as needed.
Joyce Yearout, RN, (Carilion Clinic New River Valley Med Center) Chair
Membership consists of an administrative-level representative from each hospital within the region. Normally this will be a nurse manager, pharmacist, materials manager, physician, or administrator. Appointed by the hospitals. Additional members are:
Stephen Simon, PD 5 EMS provider
Shawn Hite, PD 4 EMS provider

Matt Tatum, PD12 EMS provider
Charles Lane, MD, Regional Medical Director
Connie Purvis, BREMS
President may appoint other members in consultation with Chair.

Pharmacy Work Group (Lead Staff – Cathy Cockrell and Rob Logan)
Meets as needed.
Nadine Gilmore (Centra Lynchburg General Pharmacy Director) Co-chair
Larry Mullins (Carilion Roanoke Memorial Pharmacy Director) Co-Chair
Members: A pharmacist from each hospital in the WVEMS and BREMS regions, plus two EMS provider liaison members (One from WVEMS, one from BREMS.)
Steve Simon, Roanoke County Fire & Rescue
Sean Reagan, Lynchburg Fire & EMS

Performance Improvement Committee – Consists of the Collective Membership of the three subcommittees named below. This Committee does not meet as a whole.
Charles Lane, MD, Chair

Performance Improvement – General Subcommittee (Lead Staff – Charles Berger)
Meets quarterly.
(The organizations and localities to be represented on this committee are dictated by OEMS in our annual contract. Membership may be altered during the year as positions and responsibilities within hospitals and agencies are changed.)
Charles Lane, MD, Chair (Franklin Co)
David Bishop (City of Roanoke) Governmental Fire-EMS Agency
Bill Duff (Roanoke County) Governmental Fire-EMS Agency
Jane Lindsay (City of Salem) Volunteer EMS Provider
Tim Dick (City of Covington) Volunteer EMS Provider
John Steely (Floyd County) Governmental EMS Agency
Andy Seabolt (Alleghany County) Volunteer EMS Provider
Jason Gifford (City of Radford) Career EMS Agency
Mike Jefferson (City of Danville) Governmental Fire-EMS Agency
Kris Shrader (City of Martinsville) Governmental Fire-EMS Agency
Jason Ferguson (Botetourt County) Career EMS Agency
Scott Davis (Giles County) Volunteer and Career EMS Provider
Steve Allen (Patrick County) Governmental Emergency Services, Volunteer EMS Provider
Shawn Hite (Pulaski County) Career EMS Agency
Jim Cady (Craig County) Governmental Emergency Services, Volunteer EMS Provider
Tim Duffer (Pittsylvania County), Volunteer EMS Provider, Career EMS Agency
Matt Tatum (Henry County) Governmental Public Safety, Volunteer EMS Provider
James Powers, MD (Montgomery County) Hospital representative

Performance Improvement – Trauma Subcommittee (Lead Staff – Charles Berger) (Also serves as Trauma Triage Committee)
Meets quarterly.
(The organizations and localities to be represented on this committee are dictated by OEMS in our annual contract. Membership may be altered during the year as positions and responsibilities within hospitals and agencies are changed.)
Charles Lane, MD, Chair
Dallas Taylor, RN, Level 1 TC, Carilion Clinic - CMC
Emory Altizer, RN, Level 3 TC, LewisGale Montgomery
Jane Gilley, Level 3 TC, CNRVMC
John Dallara, MD, Non-designated Hospital, Danville Regional
Bobby Baker, Non-designated Hospital, Lewis-Gale
Susan Smith, Air Medical, Carilion Clinic Transport-Life Guard
Kris Shrader, Fire-based Agency, Martinsville FD
Shawn Hite, Career EMS Agency, REMSI (Pulaski County)
Jane Lindsay, Volunteer EMS Provider
Dan Freeman, RN, Trauma Outreach Coordinator, Carilion Clinic-CMC, Level 1 TC

Performance Improvement – Stroke Planning Subcommittee (Lead Staff – Charles Berger)
Will be appointed at a later date.

EMS Operations

MCI Planning Work Group (Lead Staff – Mike Garnett)
Meets as needed.
Joe Coyle, Chair. This workgroup consists of staff and volunteers familiar with MCI planning and exists to offer assistance to localities and Local Emergency Planning Committees in the region, and to participate in the MCI planning process across the region. This committee operates jointly with WVEMS and BREMS, and has representation from each locality (appointed by the localities), hospitals, VDH, VDEM, NSPA, WVEMS and BREMS.

Communications Work Group
Meets as needed.
Jim Cady, Sr., Chair (Craig County)
Bob Bruch (Botetourt County)
John Hudson (City of Covington)
Jeff Echternach (NSPA)
Andy Seabolt (Alleghany County)
Chris Akers (Pulaski County)
Jim Davis (Pittsylvania County)
President may appoint other members in consultation with Chair.

Western Virginia Emergency Medical Services Council, Inc.

PERFORMANCE IMPROVEMENT PLAN (GENERAL)

Originally Adopted June 2008

Revised by PI Committee September 2009

Adopted by WVEMS Board of Directors October 15, 2009

Reaffirmed by WVEMS Board of Directors September 9, 2010

Revised by PI Committee September 8, 2011

Adopted by WVEMS Board of Directors September 8, 2011

Reviewed by PI Committee and Reaffirmed by Board of Directors Sept. 8, 2012

Reviewed by PI Committee and Reaffirmed by Board of Directors Sept. 12, 2013

Reviewed by PI Subcommittee and Adopted by WVEMS Board of Directors with Recommended Revision Sept. 11, 2014

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Purpose

The Western Virginia Emergency Medical Services Council 's General Performance Improvement Subcommittee (PI), under the direction of its Medical Direction Subcommittee, is responsible for assuring and improving the quality of pre-hospital medical care within WVEMS region, and for monitoring compliance with the region's Patient Destination Policy for field-to-hospital transfer of patients.

Definitions

1. Quality Assurance **(QA)** is the retrospective review or inspection of services or processes that is intended to identify problems.
2. Quality Improvement ***(QI)*** is the continuous study and improvement of a process, system or organization
3. Performance Improvement ***(PI)*** is the collective term used to refer to the entire QA/QI process in place in the Western Virginia EMS region.

Primary Objectives

Collect and analyze patient care statistics to evaluate system effectiveness and identify trends (QI)

1. Publish and distribute reports and recommendations resulting from #2(QI)
2. Conduct Medical Incident Reviews (QA)
3. Provide constructive feed back on quality improvement to all EMS professionals and Operational Medical Directors within the WVEMS Region.

PI Subcommittee Composition

The WVEMS PI Subcommittee shall fairly and broadly represent each of the planning districts that comprise the WVEMS region. The Subcommittee shall, at least, consist of members as specified in by current contract or other agreement with the Virginia Department of Health, Office of EMS:

Member Guidelines

1. Members of the PI Subcommittee are charged with the responsibility of assuring that reasonable standards of care and professionalism are met.
2. It is recommended that members participate in an ongoing PI Program including patient care and patient transfer audits (for hospitals) and data collection within their respective EMS agency or hospital. Members will assist in the development of a PI Program when requested by an agency in the area they represent.
3. Members must maintain strict confidentiality of patient information, personnel and all case review information discussed or reviewed in the QA/QI process..

Subcommittee Guidelines

The Subcommittee will be chaired by the WVEMS Regional Medical Director or another member of the Medical Direction Subcommittee appointed by the RMD. The chair shall:

1. Uphold decisions and actions of the PI Subcommittee.
2. Approve all letters of recommendations to local EMS agencies, Operating Medical Directors or hospitals.
3. Approve all proposals for changes to PI policies and guidelines.
4. Serve as liaison to local EMS agencies, OMD's and other physicians involved in emergency care.
5. Serve as liaison to the WVEMS Medical Direction Subcommittee
6. Conduct projects/studies at least in minimum number and topics as required by the WVEMS contract with the Virginia Office of EMS. Such projects and studiesmay focus on criteria determined by the PI Subcommittee and/or Medical Director

A pre-hospital EMS provider shall be elected by the Subcommittee to serve as co-chair. The co-chair shall act in the absence of the Chair, and shall serve as liaison to all local EMS agencies.

Confidentiality

In order to maintain the integrity of the PI Subcommittee and protect patient and provider privacy, each member at all times will maintain strict confidentiality. However, communication with other entities of the system is essential. Specifically, when an issue is identified within the system involving such matters as skill performance, critical thinking, documentation, equipment, protocol deviation or other general issues, it is the responsibility of this Subcommittee to inform the appropriate agency leader and the agency's OMD, and elicit input for possible solutions. All reasonable efforts will be taken to maintain patient anonymity.

PCR Reviews (QA)

1. Patient Care Reports (PPCR's) may be reviewed by the PI Subcommittee. These reviews may be random or specific.
2. Data extracted from PPCR may be evaluated and used for various PI projects and studies. Data may be provided by the Virginia Office of EMS, or collected locally.

Medical Incident Review (MIR)

Effective identification, analysis, and correction of deficiencies requires an objective review by qualified, appropriate representatives of EMS and hospitals within the WVEMS region, and must be protected by a process which ensures confidentiality.

1. EMS agencies, providers, and hospitals may refer any incidents for Medical Incident Review (MIR). This may include incidents with either positive or negative outcomes.
2. The PI Subcommittee may, at its discretion and after review of the documentation provided, conduct a formal Medical Incident Review (MIR).
3. Submission of a Medical Incident Review
    - Only one MIR report is required to trigger a MIR. Such request may be made by any EMS agency, provider, or hospital.
    - A Medical Incident Review form and copy of the related PPCR(s) should be submitted to WVEMS. The form is available on the WVEMS website. The PPCR may be faxed, mailed, delivered, or scanned and emailed.
4. The agencies and/or facilities involved in the MIR will be notified of any incident that has been accepted for

review. The appropriate personnel will be notified by their respective agency/facility of the initiation of the MIR process. The agency representative will discuss the MIR with the agency's OMD. In 10 days, WVEMS PI staff will contact the OMD to determine what actions have taken place. The OMD may request a formal review, including referral of the event to the PI Subcommittee.

5. The MIR process **may** include:

   - A review of pertinent medical records including the PPCR, Any radio or telephonic communications relating to the incident, and patient outcome data.
   - A formal interview with involved personnel to review the pertinent facts of the incident

6. If escalated to the PI Subcommittee, the Subcommittee shall review all facts found during the review process, to identify and address the root cause and to recommend solutions. Examples may include knowledge or skill proficiency, limitation of resources, inadequate communications, personal conduct, etc.)

7. The PI Subcommittee shall provide the results of the MIR and recommendations or constructive feedback to the affected OMD or hospital officials.

   Recommendations may include, but are not limited to, any of the following:

   - Revisions to policy, produce, or protocols
   - Revisions to operational procedures or equipment.
   - System-wide retraining, individual counseling, individual knowledge and skills evaluation/refresher, and/or clinical monitoring

   For EMS agency and/or provider issues, all recommendations will be sent to the involved agency's leader, to the individual(s) involved, and to the OMD. For hospital issues, the letter shall be directed to the appropriate hospital personnel to include the hospital's quality assurance staff. Such letters will be approved by the PI Subcommittee's chair.

8. The PI Subcommittee shall track all MIRs and respond to trends and patterns, and shall develop recommendations to resolve any identified issues or deficiencies.

9. The PI Subcommittee will report to the Virginia Office of EMS any findings that are or could be in violation of Virginia Emergency Medical Services Regulations 12 VAC 5-31.

Regional EMS System Data Analysis

Performance improvement is critical to the evaluation of the EMS system in the WVEMS Region. A broad look at the contribution of the EMS system to community health must include evaluation of data from hospitals and EMS agencies. Accurate data from the region can provide specific information about the health of our EMS System and individual communities, facilities, and about prehospital services.

While WVEMS and its PI Subcommittee have no statutory or regulatory authority to compel agencies and hospitals to participate in data submission, the Subcommittee encourages all EMS agency OMD's and hospitals to participate and comply with data submission specific to PI projects undertaken by the Subcommittee.

The Performance Improvement process in the WVEMS region should also take full advantage of data collected by the statewide VPHIB electronic data collection system.

APPENDIX A

Authority

EMS Agency Requirement to Conduct Quality Management

Virginia Emergency Medical Services Regulations – Virginia Administrative Code

12 VAC 5-31-600: “An EMS agency shall have an ongoing Quality Management (QM) Program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care provided by the agency. The QM Program shall be integrated and include activities related to patient care, communications, and all aspects of transport operations and equipment maintenance pertinent to the agency’s mission. The agency shall maintain a QM report that documents quarterly PPCR reviews, supervised by the operational medical director.”

Regional EMS Council Protection from Discovery

Code of Virginia - § 8.01-581.17. Privileged communications of certain Subcommittees and entities.

A. For the purposes of this section:

"Centralized credentialing service" means (i) gathering information relating to applications for professional staff privileges at any public or licensed private hospital or for participation as a provider in any health maintenance organization, preferred provider organization or any similar organization and (ii) providing such information to those hospitals and organizations that utilize the service.

"Patient safety data" means reports made to patient safety organizations together with all health care data, interviews, memoranda, analyses, root cause analyses, products of quality assurance or quality improvement processes, corrective action plans or information collected or created by a health care provider as a result of an occurrence related to the provision of health care services.

"Patient safety organization" means any organization, group, or other entity that collects and analyzes patient safety data for the purpose of improving patient safety and health care outcomes and that is independent and not under the control of the entity that reports patient safety data.

B. The proceedings, minutes, records, and reports of any (i) medical staff Subcommittee, utilization review Subcommittee, or other Subcommittee, board, group, commission or other entity as specified in § 8.01-581.16; (ii) nonprofit entity that provides a centralized credentialing service; or (iii) quality assurance, quality of care, or peer review Subcommittee established pursuant to guidelines approved or adopted by (a) a national or state peer review entity, (b) a national or state accreditation entity, (c) a national professional association of health care providers or Virginia chapter of a national professional association of health care providers, (d) a licensee of a managed care health insurance plan (MCHIP) as defined in § 38.2-5800, (e) the Office of Emergency Medical Services or any regional emergency medical services council, or (f) a statewide or local association representing health care providers licensed in the Commonwealth, together with all communications, both oral and written, originating in or provided to such Subcommittees or entities, are privileged communications which may not be disclosed or obtained by legal discovery proceedings unless a circuit court, after a hearing and for good cause arising from extraordinary circumstances being shown, orders the disclosure of such proceedings, minutes, records, reports, or communications. Additionally, for the purposes of this section, accreditation and peer review records of the American College of Radiology and the Medical Society of Virginia are considered privileged communications. Oral communications regarding a specific medical incident involving patient care, made to a quality assurance, quality of care, or peer review Subcommittee established pursuant to clause (iii), shall be privileged only to the extent made more than 24 hours after the occurrence of the medical incident.

C. Nothing in this section shall be construed as providing any privilege to health care provider, emergency medical services agency, community services board, or behavioral health authority medical records kept with

respect to any patient in the ordinary course of business of operating a hospital, emergency medical services agency, community services board, or behavioral health authority nor to any facts or information contained in such records nor shall this section preclude or affect discovery of or production of evidence relating to hospitalization or treatment of any patient in the ordinary course of hospitalization of such patient.

D. Notwithstanding any other provision of this section, reports or patient safety data in possession of a patient safety organization, together with the identity of the reporter and all related correspondence, documentation, analysis, results or recommendations, shall be privileged and confidential and shall not be subject to a civil, criminal, or administrative subpoena or admitted as evidence in any civil, criminal, or administrative proceeding. Nothing in this subsection shall affect the discoverability or admissibility of facts, information or records referenced in subsection C as related to patient care from a source other than a patient safety organization.

E. Any patient safety organization shall promptly remove all patient-identifying information after receipt of a complete patient safety data report unless such organization is otherwise permitted by state or federal law to maintain such information. Patient safety organizations shall maintain the confidentiality of all patient-identifying information and shall not disseminate such information except as permitted by state or federal law.

F. Exchange of patient safety data among health care providers or patient safety organizations that does not identify any patient shall not constitute a waiver of any privilege established in this section.

G. Reports of patient safety data to patient safety organizations shall not abrogate obligations to make reports to health regulatory boards or other agencies as required by state or federal law.

H. No employer shall take retaliatory action against an employee who in good faith makes a report of patient safety data to a patient safety organization.

I. Reports produced solely for purposes of self-assessment of compliance with requirements or standards of the Joint Commission on Accreditation of Healthcare Organizations shall be privileged and confidential and shall not be subject to subpoena or admitted as evidence in a civil or administrative proceeding. Nothing in this subsection shall affect the discoverability or admissibility of facts, information, or records referenced in subsection C as related to patient care from a source other than such accreditation body. A health care provider's release of such reports to such accreditation body shall not constitute a waiver of any privilege provided under this section.

Code of Virginia - § 8.01-581.16. Civil immunity for members of or consultants to certain boards or Subcommittees.

Every member of, or health care professional consultant to, any Subcommittee, board, group, commission or other entity shall be immune from civil liability for any act, decision, omission, or utterance done or made in performance of his duties while serving as a member of or consultant to such Subcommittee, board, group, commission or other entity, which functions primarily to review, evaluate, or make recommendations on (i) the duration of patient stays in health care facilities, (ii) the professional services furnished with respect to the medical, dental, psychological, podiatric, chiropractic, veterinary or optometric necessity for such services, (iii) the purpose of promoting the most efficient use or monitoring the quality of care of available health care facilities and services, or of emergency medical services agencies and services, (iv) the adequacy or quality of professional services, (v) the competency and qualifications for professional staff privileges, (vi) the reasonableness or appropriateness of charges made by or on behalf of health care facilities or (vii) patient safety, including entering into contracts with patient safety organizations; provided that such Subcommittee, board, group, commission or other entity has been established pursuant to federal or state law or regulation, or pursuant to Joint Commission on Accreditation of Healthcare Organizations requirements, or established and duly constituted by one or more public or licensed private hospitals, community services boards, or behavioral health authorities, or with a governmental agency and provided further that such act, decision, omission, or utterance is not done or made in bad faith or with malicious intent.

www.wvems.org

Western Virginia Emergency Medical Services Council, Inc.

TRAUMA PERFORMANCE IMPROVEMENT PLAN

Adopted June 2008

Reviewed by TPI Committee – September 30, 2009
Adopted by WVEMS Board of Directors October 15, 2009
Revised by TPI Committee September 8, 2011
Adopted by WVEMS Board of Directors September 8, 2011
Reviewed by TPI Committee and Reaffirmed by Board of Directors Sept. 8, 2012
Reviewed by TPI Committee and Reaffirmed by Board of Directors Sept. 12, 2013
Reviewed by TPI Subcommittee and Reaffirmed by Board of Directors Sept. 11, 2014

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Purpose

The Western Virginia Emergency Medical Services Council 's Trauma Performance Improvement Subcommittee (PI), under direction of its Medical Direction Subcommittee, is responsible for assuring and improving the quality of pre-hospital medical care within WVEMS region, as it specifically relates to trauma, and for monitoring compliance with the region's Trauma Triage Plan for both field-to-hospital and inter-hospital transfer of trauma patients.

Definitions

1. Quality Assurance **(QA)** is the retrospective review or inspection of services or processes that is intended to identify problems.
2. Quality Improvement ***(QI)*** is the continuous study and improvement of a process, system or organization
3. Performance Improvement ***(PI)*** is the collective term used to refer to the entire QA/QI process in place in the Western Virginia EMS region.

Primary Objectives

Collect and analyze patient care statistics to evaluate system effectiveness and identify trends (QI

1. Publish and distribute reports and recommendations resulting from #1(QI)
2. Conduct Medical Incident Reviews (QA) relating to trauma cases.
3. Provide constructive feed back on quality improvement to all EMS professionals, Operational Medical Directors, trauma centers and other hospitals within the WVEMS Region.

TPI Subcommittee Composition

The WVEMS PI Subcommittee shall fairly represent each of the three planning districts that comprise the WVEMS region. The Subcommittee shall, at least, consist of the following representatives, each of whom shall serve in only one role on the Subcommittee:

- WVEMS Regional Medical Director (RMD)
- Two representatives from hospitals that are not designated trauma centers
- One trauma service-specific representative from each designated trauma center in the region
- One representative from an air medical agency (paramedic, nurse, or administrator)
- One representative from a fire-based EMS agency (combination agency)
- One career EMS provider
- One volunteer EMS provider

Member Guidelines

1. Members of the TPI Subcommittee are charged with the responsibility of assuring that reasonable standards of care and professionalism relating to trauma care are met.
2. It is recommended that members participate in an ongoing PI Program that includes trauma care, including patient care and patient transfer audits and data collection within their respective EMS agency or hospital. Members will assist in the development of a PI Program when requested by an agency in the area they represent.
3. Members must maintain strict confidentiality of patient information, personnel and all case review information discussed or reviewed in the QA/QI process..

Subcommittee Guidelines

The Subcommittee will be chaired by the WVEMS Regional Medical Director or another member of the Medical Direction Subcommittee appointed by the RMD. The chair shall:

1. Uphold decisions and actions of the TPI Subcommittee.
2. Approve all letters of recommendations to local EMS agencies, Operating Medical Directors or hospitals.
3. Approve all proposals for changes to TPI policies and guidelines.
4. Serve as liaison to local EMS agencies, OMD's and other physicians involved in trauma care.
5. Serve as liaison to the WVEMS Medical Direction Subcommittee
6. Conduct projects/studies at least in minimum number and topics, as required in the WVEMS contract with the Virginia Office of EMS. Such projects and studies may focus on criteria determined by the TPI Subcommittee and/or Medical Direction Subcommittee

A pre-hospital EMS provider shall be elected by the Subcommittee to serve as co-chair. The co-chair shall act in the absence of the Chair, and shall:

1. Serve as liaison to all local EMS agencies.

Confidentiality

In order to maintain the integrity of the TPI Subcommittee and protect patient and provider privacy, each member at all times will maintain strict confidentiality. However, communication with other entities of the system is essential. Specifically, when an issue is identified within the system involving such matters as skill performance, critical thinking, documentation, equipment, protocol deviation or other general issues, it is the responsibility of this Subcommittee to inform the appropriate agency leader and the agency's OMD, and elicit input for possible solutions. All reasonable efforts will be taken to maintain patient anonymity.

PCR Reviews (QA)

1. Patient Care Reports (PPCR's) for trauma calls may be reviewed by the PI Subcommittee. These reviews may be random or specific.
2. Data extracted from PPCR may be evaluated and used for various TPI projects and studies. Data may be provided by the Virginia Office of EMS, or collected locally.

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Medical Incident Review (QA)

Effective identification, analysis, and correction of deficiencies requires an objective review by qualified, appropriate representatives of EMS and hospitals within the WVEMS region, and must be protected by a process which ensures confidentiality.

1. EMS agencies, providers, and hospitals may refer any incidents for Medical Incident Review (MIR). This may include incidents with either positive or negative outcomes.
2. The TPI Subcommittee may, at its discretion and after review of the documentation provided, conduct a formal Medical Incident Review (MIR).

3. Submission of a Medical Incident Review

    - Only one MIR report is required to trigger a MIR. Such request may be made by any EMS agency, provider, or hospital.
    - A Medical Incident Review form and copy of the related PPCR(s) should be submitted to WVEMS. The form is available on the WVEMS website. The PPCR may be faxed, mailed, delivered, or scanned and emailed.

4. The agencies and/or facilities involved in the MIR will be notified of any incident that has been accepted for review. The appropriate personnel will be notified by their respective agency/facility of the initiation of the MIR process. The agency representative will discuss the MIR with the agency's OMD (or medical director/trauma service director in the case of a MIR involving a trauma center or other hospital). In 10 days, WVEMS Performance Improvement staff will contact the OMD or medical/trauma service director to determine what actions have taken place. The OMD or medical/trauma service director may request a formal review, including referral of the event to the TPI Subcommittee.

5. The MIR process **may** include:

    - A review of pertinent medical records including the PPCR, Any radio or telephonic communications relating to the incident, and patient outcome data.
    - A formal interview with involved personnel to review the pertinent facts of the incident

6. If escalated to the TPI Subcommittee, the Subcommittee shall review all facts found during the review process, to identify and address the root cause and to recommend solutions. Examples may include knowledge or skill proficiency, limitation of resources, inadequate communications, personal conduct, etc.

7. The PI Subcommittee shall provide the results of the MIR and recommendations or constructive feedback to the affected OMD or hospital officials.

   Recommendations may include, but are not limited to, any of the following:

    - Revisions to policy, produce, or protocols
    - Revisions to operational procedures or equipment.
    - System-wide retraining, individual counseling, individual knowledge and skills evaluation/refresher, and/or clinical monitoring

   For EMS agency and/or provider issues, all recommendations will be sent to the involved agency's leader, to the individual(s) involved, and to the OMD. For hospital issues, the letter shall be directed to the appropriate hospital personnel to include the hospital's quality assurance staff. Such letters will be approved by the TPI Subcommittee's chair.

8. The TPI Subcommittee shall track all MIRs and respond to trends and patterns, and shall develop recommendations to resolve any identified issues or deficiencies.

9. The TPI Subcommittee will report to the Virginia Office of EMS any findings that are or could be in violation of Virginia Emergency Medical Services Regulations 12 VAC 5-31.

Regional EMS System Data Analysis (QI)

Quality Improvement is critical to the evaluation of the EMS and trauma systems in the WVEMS Region. A broad look at the contribution of the EMS and trauma systems to community health must include evaluation of data from hospitals and EMS agencies. Accurate data from the region can provide specific information about the health of our EMS & Trauma System and individual communities, facilities, and about prehospital services.

While WVEMS and its TPI Subcommittee have no statutory or regulatory authority to compel agencies and hospitals to participate in data submission, the Subcommittee encourages all EMS agency OMD's and hospitals to participate and comply with data submission specific to TPI projects undertaken by the Subcommittee.

The Performance Improvement process in the WVEMS region should also take full advantage of data collected by the statewide VPHIB electronic data collection system

APPENDIX A

Authority

EMS Agency Requirement to Conduct Quality Management

Virginia Emergency Medical Services Regulations

12 VAC 5-31-600: “An EMS agency shall have an ongoing Quality Management (QM) Program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care provided by the agency. The QM Program shall be integrated and include activities related to patient care, communications, and all aspects of transport operations and equipment maintenance pertinent to the agency’s mission. The agency shall maintain a QM report that documents quarterly PPCR reviews, supervised by the operational medical director.”

Regional EMS Council Protection from Discovery

§ 8.01-581.17. Privileged communications of certain Subcommittees and entities.

A. For the purposes of this section:

"Centralized credentialing service" means (i) gathering information relating to applications for professional staff privileges at any public or licensed private hospital or for participation as a provider in any health maintenance organization, preferred provider organization or any similar organization and (ii) providing such information to those hospitals and organizations that utilize the service.

"Patient safety data" means reports made to patient safety organizations together with all health care data, interviews, memoranda, analyses, root cause analyses, products of quality assurance or quality improvement processes, corrective action plans or information collected or created by a health care provider as a result of an occurrence related to the provision of health care services.

"Patient safety organization" means any organization, group, or other entity that collects and analyzes patient safety data for the purpose of improving patient safety and health care outcomes and that is independent and not under the control of the entity that reports patient safety data.

B. The proceedings, minutes, records, and reports of any (i) medical staff Subcommittee, utilization review Subcommittee, or other Subcommittee, board, group, commission or other entity as specified in § 8.01-581.16; (ii) nonprofit entity that provides a centralized credentialing service; or (iii) quality assurance, quality of care, or peer review Subcommittee established pursuant to guidelines approved or adopted by (a) a national or state peer review entity, (b) a national or state accreditation entity, (c) a national professional association of health care providers or Virginia chapter of a national professional association of health care providers, (d) a licensee of a managed care health insurance plan (MCHIP) as defined in § 38.2-5800, (e) the Office of Emergency Medical Services or any regional emergency medical services council, or (f) a statewide or local association representing health care providers licensed in the Commonwealth, together with all communications, both oral and written, originating in or provided to such Subcommittees or entities, are privileged communications which may not be disclosed or obtained by legal discovery proceedings unless a circuit court, after a hearing and for good cause arising from extraordinary circumstances being shown, orders the disclosure of such proceedings, minutes, records, reports, or communications. Additionally, for the purposes of this section, accreditation and peer review records of the American College of Radiology and the Medical Society of Virginia are considered privileged communications. Oral communications regarding a specific medical incident involving patient care, made to a quality assurance, quality of care, or peer review Subcommittee established pursuant to clause (iii), shall be privileged only to the extent made more than 24 hours after the occurrence of the medical incident.

C. Nothing in this section shall be construed as providing any privilege to health care provider, emergency medical services agency, community services board, or behavioral health authority medical records kept with

respect to any patient in the ordinary course of business of operating a hospital, emergency medical services agency, community services board, or behavioral health authority nor to any facts or information contained in such records nor shall this section preclude or affect discovery of or production of evidence relating to hospitalization or treatment of any patient in the ordinary course of hospitalization of such patient.

D. Notwithstanding any other provision of this section, reports or patient safety data in possession of a patient safety organization, together with the identity of the reporter and all related correspondence, documentation, analysis, results or recommendations, shall be privileged and confidential and shall not be subject to a civil, criminal, or administrative subpoena or admitted as evidence in any civil, criminal, or administrative proceeding. Nothing in this subsection shall affect the discoverability or admissibility of facts, information or records referenced in subsection C as related to patient care from a source other than a patient safety organization.

E. Any patient safety organization shall promptly remove all patient-identifying information after receipt of a complete patient safety data report unless such organization is otherwise permitted by state or federal law to maintain such information. Patient safety organizations shall maintain the confidentiality of all patient-identifying information and shall not disseminate such information except as permitted by state or federal law.

F. Exchange of patient safety data among health care providers or patient safety organizations that does not identify any patient shall not constitute a waiver of any privilege established in this section.

G. Reports of patient safety data to patient safety organizations shall not abrogate obligations to make reports to health regulatory boards or other agencies as required by state or federal law.

H. No employer shall take retaliatory action against an employee who in good faith makes a report of patient safety data to a patient safety organization.

I. Reports produced solely for purposes of self-assessment of compliance with requirements or standards of the Joint Commission on Accreditation of Healthcare Organizations shall be privileged and confidential and shall not be subject to subpoena or admitted as evidence in a civil or administrative proceeding. Nothing in this subsection shall affect the discoverability or admissibility of facts, information, or records referenced in subsection C as related to patient care from a source other than such accreditation body. A health care provider's release of such reports to such accreditation body shall not constitute a waiver of any privilege provided under this section.

§ 8.01-581.16. Civil immunity for members of or consultants to certain boards or Subcommittees.

Every member of, or health care professional consultant to, any Subcommittee, board, group, commission or other entity shall be immune from civil liability for any act, decision, omission, or utterance done or made in performance of his duties while serving as a member of or consultant to such Subcommittee, board, group, commission or other entity, which functions primarily to review, evaluate, or make recommendations on (i) the duration of patient stays in health care facilities, (ii) the professional services furnished with respect to the medical, dental, psychological, podiatric, chiropractic, veterinary or optometric necessity for such services, (iii) the purpose of promoting the most efficient use or monitoring the quality of care of available health care facilities and services, or of emergency medical services agencies and services, (iv) the adequacy or quality of professional services, (v) the competency and qualifications for professional staff privileges, (vi) the reasonableness or appropriateness of charges made by or on behalf of health care facilities or (vii) patient safety, including entering into contracts with patient safety organizations; provided that such Subcommittee, board, group, commission or other entity has been established pursuant to federal or state law or regulation, or pursuant to Joint Commission on Accreditation of Healthcare Organizations requirements, or established and duly constituted by one or more public or licensed private hospitals, community services boards, or behavioral health authorities, or with a governmental agency and provided further that such act, decision, omission, or utterance is not done or made in bad faith or with malicious intent.

DIRECTORS:	2012				2013				2014			
	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
Allen, Steve	O	O	X	O	O	X	O	X	O	O	X	
Alldredge, Karen					X	O	O	X	X	O	X	
Altman, Billy	X	X	O	X	X	O	X	O	O	O	X	
Baker, Bobby										X		
Beach, John	X	O	O	X	X	O	X	X	O	O	O	
Brown, Bill					X	O	O	X	O	O	X	
Cady Sr., Jim	O	X	O	X	X	X	O	X	X	X	X	
Coyle, Joe	O	X	X	X	O	X	X	X	O	X	X	
Davis, Steve	X	O	X	X	O	O	X	X	X	X	X	
Dick, Tim	X	O	O	X	O	O	O	X	O	O	O	
Duffer, Tim	X	O	O	O	O	O	O	X	O	O	O	
Eanes, Steven	X	X	X	X	X	X	O	X	X	O	O	
Ferguson, Jason	O	X	X	X	X	X	X	X	O	X		
Guests	0	2	1	2	0	0	1	X	4	1	2	
Harveycutter, Carey	X	X	X	X	O	X	X	X	X	X	O	
Hatcher, Daryl	X	O	X	X	X	X	X	X	O	O	X	
Hodge, Rickey	X	O	O	X	X	v	X	O	O	O	O	
Jefferson, Mike	X	X	O	X	X	X	X	X	O	X	O	
Lane, Charles	O	X	O	X	X	O	X	O	O	O	O	
Lissberger, Danielle	O	X	X	X	O	O						
Logan, Robert	X	X	X	X	X	X	X	X	X	X	X	
Muterspaugh, Ryan	O	O	O	X	X	O	X	X	O	O	X	
Shrader, Kris	X	X	O	X	X	O	O	X	O	O	O	
Simon, Stephen	X	X	X	O	X	X	O	X	X	X	O	
Simpkins, Lee	X	O	X	X	O	O	X	O	O	O	X	
Taylor, Dallas					X	X	X	X	X	O	O	
Trigg, Joe	X	O	X	X	X	O	X	X	X	X	X	
Wagoner, J. Dale	X	X	X	X	X	X	X	X	X	O	O	
Wirt, Ford	X	X	X	X	X	X	X	X	X	X	O	
STAFF PRESENT:	**2012**				**2013**				**2014**			
	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
Berger, Charles	X	X	X	X	X	X	X	X	X	X	X	
Christian, Mary	X	O	X	X	X	O	X	X	O	O	O	
Cathy Cockrell	X	X	X	O	X	X	O	X	X	X	O	
Dalton, Gene	X	X	X	X	X	X	X	X	X	O	X	
Garnett, Mike	O	X	X	O	X	X	O	X	X	X	X	
Short, Sandi	O	O	O	O	O	O	O	O	X	O	X	

DID NOT ATTEND = O
NO LONGER INVOLVED

June2012 Guests: Billy Duff RCFRD, Mike Berg OEMS
September 2012 Guest: Jeff Echternach, RHCC, CCPT
December 2012Guests: Dallas Taylor/Hash
June 2013 Guest: Jason Gifford Radford EMS
December 2013 Guests: John Aldridge, Auditor; Bobby Baker
Notes: December 2012,Steve Ausband replaced by Karen Alldredge, MD; Andrew Galvin replaced by Dallas Ta
Bill Brown added to represent 4th Planning District At-Large
March Guests: Joey Trigg Jr, Matt Chupp, Tim Perkins OEMS
June Guests: Scott Winston
September 2014 Guests: Jim Huffman, Eric Stanley D.O.