WVEMS BOARD OF DIRECTORS
Thursday, March 8, 2012
Salem Civic Center, Parlor A
Executive Committee - 1:30 PM
Full Board - 2:00 PM

1. Call to Order
2. Introduction of Guests
3. Secretary's Report - Minutes
4. Treasurer's Report
    a. Periodic Financial Report
    b. FY 2013 Budget
    c. Revisions to Fiscal Policies
5. Standing Committees
    a. Executive Committee
        1. Regional EMS Awards – Naming EMS Physician Award
    b. Medical Direction
    c. Allied Resources
        1. Restocking Agreements
    d. Communications
        1. Replacement Radios - Alleghany
    e. Performance Improvement Projects
        1. Stroke Triage Plan - Reaffirm
        2. Projects for 2013
    f. Near Southwest Preparedness Alliance (NSPA)
    g. State EMS Advisory Board
6. EMS Financial Assistance

7. New Business
    a. MCI Committee
    b. Quarterly Report to OEMS
8. President’s Report
9. Staff Reports
10. Hearing of Public
11. Adjourn

WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL
BOARD OF DIRECTORS

DRAFT MEETING MINUTES

DATE: March 8, 2012

LOCATION: Salem Civic Center – Parlor A

Directors Present
Billy Altman
John Beach
Steve Davis
Tim Dick
Tim Duffer
Steven Eanes
Carey Harveycutter
Daryl Hatcher
Rickey Hodge
Mike Jefferson
Robert Logan
Morris Reece
Kris Shrader
Stephen Simon
Lee Simpkins
Joe Trigg
Dale Wagoner
Ford Wirt

Staff Present:
Charles Berger
Mary Christian
Cathy Cockrell
Gene Dalton

Guests Present
None

TO ORDER

President Ford Wirt called this regular meeting of the Board of Directors to order at 2:00 PM. Ford thanked the Salem Civic Center for providing the meeting space for our meeting.

The President called for a moment of silence in remembrance of two long-time EMS system contributors who recently passed away: Pug Wells, who served as chief of the Elliston Fire Department, and Dr. Cheryl B. Haas, former WVEMS Regional Medical Director.

President Wirt asked for a moment of silence in remembrance of Dr. Cheryl Hass, former Regional Medical Director, who recently died from complications of uterine cancer.

SECRETARY'S REPORT

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

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

TREASURER'S REPORT

Treasurer Carey Harveycutter presented the unaudited treasurer's report for FY 12 year to-date, (February 29). He noted that all accounts were within expectations. He noted that the reserve accounts were sound and that other revenue and expense accounts were within expectations.

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

Treasurer Harveycutter then presented the budget for FY 2013. Rob Logan explained that the Program, NSPA and MRC accounts will be moved into the regular periodic financial report to simplify interpretation of the report.

Some directors expressed concern that, since many localities had not yet decided on what compensation increases to award employees, that it would be best to wait and adopt the budget at the June meeting. After additional discussion, a motion was made and duly seconded to approve the budget on FIRST READING and to present for final adoption at the June meeting. **Motion CARRIED.**

Business Manager Mary Christian presented the WVEMS/NSPA Financial Control Policies, and pointed out several proposed minor revisions. After discussion, it was moved and duly seconded to approve the revisions to include a provision that any purchase between $5,000 and $9,999 require three price quotes, and any purchase of $10,000 and above require competitive bidding. **Motion CARRIED.**

EXECUTIVE COMMITTEE

The Executive Committee met prior to this meeting to review and discuss the agenda items.

The Executive Committee recommends that the WVEMS Regional EMS Physician award be named for Dr. Cheryl B. Hass. Motion was made and duly seconded to name the WVEMS Regional EMS Physician award "The Dr. Cheryl B. Haas Award for Outstanding EMS Physician" for the coming seven years (until 2018). **Motion CARRIED.**

MEDICAL DIRECTION COMMITTEE

Cathy Cockrell reported on progress toward roll-out of the new Operational Guidelines. Meetings of the protocol workgroup are scheduled, with work on track for rollout as soon as possible.

Plans to seek EMT-P program accreditation were discussed. A workgroup met on February 17 with Chad Blosser from the Virginia Office of EMS to discuss plans. It was decided by the group, which included stakeholders and leaders from the Franklin County, New River and Botetourt EMT-I programs, to proceed with seeking EMT-P accreditation, and to re-accredit the Franklin and New River Valley programs at the Intermediate level.

Rob and Cathy reported on discussions that are underway at the staff level to explore the possibility of WVEMS regaining its accreditation as an AHA Training Center. Motion was made and duly seconded to authorize staff to continue the process to gain accreditation as an AHA Training Center. **Motion CARRIED.**

Dr. Lane was not present, and no report was available for the state or regional Medical Direction Committees.

ALLIED RESOURCES

Morris Reece reported that the Allied Resources Committee met twice recently and minutes were posted on the board agenda web page. The revised restocking agreement was also posted.

Morris explained the revisions, which included some minor language amendments and a revision to the list of restocked items.

The revisions were unanimously adopted by the Allied Resources Committee. The Committee moves for affirmation of the new agreements by the board.

The committee moved to affirm the revised restocking agreements. No second is required. **MOTION CARRIED.**

NSPA

Morris Reece reported for NSPA. He mentioned upcoming staffing changes as he transitions to the State coordinator's role. The process is underway to hire a new coordinator for the NSPA region. Interviews were held yesterday (March 7) and a candidate was selected. An

announcement will be made once the offer and acceptance have been formalized. The new NSPA executive director and Morris will maintain offices collocated with the WVEMS offices in Roanoke.

COMMUNICATIONS COMMITTEE

Rob Logan reported for the Communications Committee for Chairman Cady. All licenses have been submitted for narrowbanding. A RSAF grant has been prepared to fund part of repeater replacement for Alleghany.

PERFORMANCE IMPROVEMENT COMMITTEES

Charles Berger reported for the General and Trauma Performance Improvement Committees. Both met today.

The PI Committee reviewed the Stroke Triage Plan. No changes were recommended.

Upon motion of the committee, the Stoke Triage Plan was **reaffirmed.**

Charles Berger reported on PI projects set for the coming year. A listing of those projects has been posted on the WVEMS website. Steve Eanes recommended an additional project to look at medevac utilization.

EMS ADVISORY BOARD

Dale Wagoner provided a written report for the Advisory Board. He reported on some related legislation currently before the General Assembly. He also reported that the Transportation Committee is tracking pending revisions to the NFPA 1970 ambulance standards. He called for volunteers to serve on various Advisory Board committees, calling attention to the new Provider Health and Safety Committee.

Steve Simon inquired about the status of the new EMS regulations. Dale advised that there are still on the Governor’s desk awaiting his signature.

The next meeting is set for May 18, 2012 in Richmond.

EMS FINANCIAL ASSISTANCE

Board members were reminded of the March 15 deadline to submit applications. Staff has assisted several agencies and entities with grant preparation.

NEW BUSINESS

Rob Logan reported on a newly-formed MCI planning committee. The committee met on February 16. Minutes were posted on the board's agenda web page.

The Executive Director reported on the appointment of Joe Coyle to represent Montgomery County on our board.

The executive director called the board's attention to the most recent quarterly report to OEMS. It is posted on the Board's agenda website.

PRESIDENT'S REPORT

None

STAFF REPORTS

Rob Logan reminded all those in attendance of the upcoming regional EMSA awards, and he encouraged everyone to make nominations soon.

Cathy Cockrell – none

Charles Berger – none

Gene Dalton - none

Mary Christian reported that Brown, Edwards and Co. has been selected as our new audit firm. An RFP was widely distributed, and several proposals were received. A workgroup consisting of the Executive Director, Business Manager, Treasurer, and Secretary reviewed the proposals and selected Brown, Edwards.

OTHER BUSINESS

None

HEARING OF THE PUBLIC

None

Being no further business, the meeting was adjourned at 3:09 PM.

/s Robert Logan, Executive Director

WESTERN VA EMS COUNCIL
UNAUDITED TREASURER'S REPORT
AS OF 2/29/2012

REVENUES	BUDGET	TOTAL	% YTD
STATE GOVERNMENT (OEMS CONTRACT)	416,190	211,895	50.91%
LOCAL GOVERNMENT	104,500	130,054	124.45%
UNITED WAYS	2,000	2,412	120.61%
CONTRIBUTIONS	2,000		0.00%
SPECIAL GRANTS / HOSPITAL FOUNDATIONS	122,000	100,502	82.38%
DIRECT PROGRAM INCOME (Tuitions, grants, VDH/OEMS)	235,000	91,871	39.09%
DIRECT MRC INCOME		34,145	
CISM REVENUE		830	
NSPA OFFSET REVENUE (Contract for services)	7,000	11,900	170.00%
RENT INCOME (NSPA)	18,000	12,000	66.67%
INTEREST / INVESTMENT	4,000	1,553	38.83%
MISCELLANEOUS/SPECIAL FUNDS			
TOTAL REVENUES	910,690	597,162	65.57%
EXPENDITURES	**BUDGET**	**TOTAL**	**% YTD**
SALARIES / WAGES (WVEMS)	342,330	246,685	72.06%
PAYROLL TAXES (FICA)	33,914	18,765	55.33%
VEC	550	127	23.09%
403(b) / RETIREMENT	30,810	11,664	37.86%
HOSPITAL / MEDICAL INSURANCE	46,000	30,547	66.41%
LIFE INSURANCE/DISABILITY	10,600	6,715	63.35%
DENTAL INSURANCE	3,400	1,833	53.91%
PROFESSIONAL SERVICES/FEES	12,000	13,235	110.29%
MEDICAL DIRECTION ASSISTANCE	1,000		0.00%
MAINTENANCE / REPAIRS / SERVICE CONTRACTS	2,500		0.00%
OCCUPANCY (Utilities, repairs, NRV rent etc.)	16,000	11,664	72.90%
POSTAL / SHIPPING	3,500	614	17.53%
TELECOMMUNICATIONS	10,500	7,289	69.41%
SUPPLIES (ADMIN)	6,286	5,029	80.00%
EQUIPMENT	5,200	2,970	57.11%
INSURANCE	7,500	5,157	68.76%
DIRECT NSPA EXPENSE	101,000	91,923	91.01%
DIRECT PROGRAM EXPENSES	220,000	70,824	32.19%
DIRECT MRC EXPENSES		29,835	
PRINTING / PUBLICATIONS	4,000	2,795	69.87%
TRAVEL / LODGING	7,500	4,056	54.08%
FUEL/VEHICLE MAINTENANCE	12,000	5,531	46.09%
MEETING SUPPORT	2,000	664	33.21%
DUES / MEMBERSHIP FEES	1,200	855	71.25%
STAFF DEVELOPMENT	9,000	6,082	67.58%
CISM PROGRAM COSTS	2,000	1,946	97.30%
COMMUNICATION SITE RENTAL	8,100	5,400	66.67%
COMMUNICATIONS WIRELINES	6,000	5,188	86.47%
COMMUNICATIONS MAINTENANCE	2,000	325	16.25%
COMMUNICATIONS UTILITIES	800	302	37.78%
COMMUNICATIONS INSURANCE	3,000	3,000	100.00%
COMMUNICATIONS EQUIPMENT			
TOTAL EXPENDITURES	910,690	591,019	64.90%

NSPA

REVENUES (NSPA ACCOUNTS)	TOTAL
SPECIAL GRANTS / HOSPITAL FOUNDATIONS	82,865
TOTAL REVENUES	82,865
EXPENDITURES (NSPA ACCOUNTS)	**TOTAL**
SALARIES -NSPA	65,490
PAYROLL TAXES (FICA) - NSPA	4,973
BENEFITS - NSPA	3,956
TOTAL EXPENDITURES	74,419

REVENUES (VHHA ACCOUNTS)	TOTAL
VHHA FUNDING	17,637
TOTAL REVENUES	17,637
EXPENDITURES (VHHA ACCOUNTS)	**TOTAL**
SALARIES - VHHA	13,393
PAYROLL TAXES (FICA) - VHHA	1,025
MISC. - VHHA	3,086
TOTAL EXPENDITURES	17,504

PROGRAM

REVENUE (PROGRAM ACCOUNTS)	TOTAL
OEMS FUNDS - INTERMEDIATE	1,714
OEMS FUNDS - ENHANCED	1,326
OEMS FUNDS - ADJUNCT	
OEMS FUNDS - CARDIAC	
OEMS FUNDS - CT TRANSITION	
OEMS FUNDS - SHOCK TRANSITION	
OEMS FUNDS - ALS CE	
PROGRAM SERVICE FEES	2,783
PROTOCOL, ETC. SALES	491
TEXTBOOK SALES	6,962
CONSOLIDATED TESTING	19,970
DRUG BOX ENTRANCE FEES	1,335
GRANTS & SPECIAL PROJECTS	4,086
SALES - CONSUMER GOODS	
WEB DATABASE	
PROCESSING FEES	
PROGRAM TUITION - INTERMEDIATE	422
PROGRAM TUITION - ENHANCED	4,125
PROGRAM TUITION - ADJUNCT	480
PROGRAM TUITION - CARDIC	
PROGRAM TUITION - NRVTC	17,500
ID CARD SALES	260
TUITION CREDIT REIMBURSEMENT	
OMD PROJECT	
COMMUNITY COLLEGE COURSE REVENUE	30,418
TRAVEL/TOWING CONTRACT REVENUE	
TOTAL REVENUES	91,871

EXPENSES (PROGRAM ACCOUNTS)	TOTAL
CONTRACTS FOR SERVICES (INTERMEDIATE)	460
CONTRACTS FOR SERVICES (ENHANCED)	4,125
CONTRACTS FOR SERVICES (ADJUNCT)	
CONTRACTS FOR SERVICES (CARDIAC)	
CONTRACTS FOR SERVICES (SPEC. PROJ.)	
CONTRACTS FOR SERVICES (ALS TEST)	320
CONTRACTS FOR SERVICES (CTS)	11,659
CONTRACTS FOR SERVICES (CE WEEKENDS)	463
CONTRACTS FOR SERVICES (DRUG TESTING)	1,520
PAYROLL TAXES (FICA)	1,291
VEC	32
POSTAGE (NRVTC)	38
SUPPLIES (Programs)	638
SUPPLIES (CTS)	573
SUPPLIES (ALS TESTING)	210
SUPPLIES (EDUCATION)	546
SUPPLIES (NRVTC)	1,618
TEXTBOOKS (ALS)	712
TEXTBOOKS (BLS)	
TEXTBOOKS (NRVTC)	4,520
EQUIPMENT (BLS)	
EQUIPMENT(BLS TESTING)	
EQUIPMENT (ALS TESTING)	
EQUIPMENT (EDUCATION)	90
INSURANCE	1,928
PRINTING / PUBLICATIONS (EDUCATION)	398
PRINTING / PUBLICATIONS (NRVTC)	158
GRANTS & SPECIAL PROJECTS	4,521
DRUG BOX EXCHANGE	1,038
CREDIT CARD DISCOUNT	3,521
MERCHANDISE FOR RESALE	
ID CARD PROGRAM	28
RETENTION PROJECT	
COMMUNITY COLLEGE FEES	30,418
TUITION REIMBURSEMENT - ENHANCED	
TUITION REIMBURSEMENT - INTERMEDIATE	
TRAVEL/TOWING CONTRACT EXPENSE	
OMD PROJECT	
SWVEMS CONTRACT	
TOTAL EXPENDITURES	70,824

MRC

REVENUE (MRC ACCOUNTS)	TOTAL
PROGRAM MANAGEMENT - MRC	32,000
COST REIMBURSEMENT - MRC	2,145
TOTAL REVENUES	34,145
EXPENSES (MRC ACCOUNTS)	**TOTAL**
SALARIES AND WAGES - MRC	23,048
FICA EXPENSE - MRC	1,763
HOSPITAL MEDICAL - MRC	2,498
DENTAL INSURANCE - MRC	267
POSTAGE - MRC	52
TELECOMMUNICATIONS - MRC	713
SUPPLIES - MRC	49
PROMOTIONAL - MRC	294
TRAINING SUPPLIES - MRC	6
EQUIP-MRC	
TRAVEL/LODGING - MRC	975
DUES & MEMBERSHIPS - MRC	106
MEETING SUPPORT - MRC	64
TOTAL EXPENDITURES	29,835

WESTERN VIRGINIA EMS COUNCIL, INC.
Balance Sheet
February 29, 2012

ASSETS

Current Assets			
PETTY CASH	$ 69.59		
FSA CASH	2,098.02		
MUTUAL BOARD DESIGNATED	5,921.09		
SUNTRUST CHECKING	189,805.24		
SUNTRUST PAYROLL	22,272.73		
VALLEY BANK MONEY MARKET	190,017.93		
PREPAID EXPENSES	8.69		
ACCOUNTS RECEIVABLE	21,494.65		
Total Current Assets			431,687.94
Property and Equipment			
Total Property and Equipment			0.00
Other Assets			
COMMUNICATIONS EQUIPMENT	151,377.13		
MISCELLANEOUS EQUIPMENT	191,509.50		
OFFICE EQUIPMENT	50,881.41		
BUILDING	175,223.00		
LAND	201,600.00		
BLDG. IMPROVEMENTS	64,232.94		
GENERATOR BUILDING & EQUIPME	11,402.25		
ACCUMULATED DEPRECIATION	(396,361.72)		
Total Other Assets			449,864.51
Total Assets		$	881,552.45

LIABILITIES AND CAPITAL

Current Liabilities			
ACCOUNTS PAYABLE	$ 592.53		
CLEARING ACCT (UNCASHED CHEC	290.00		
ACCRUED SALARIES	26,153.16		
SALES TAX PAYABLE	1.99		
FLEX SPENDING ACCOUNT	1,209.66		
AFLAC	244.56		
Total Current Liabilities			28,491.90
Long-Term Liabilities			
Total Long-Term Liabilities			0.00
Total Liabilities			28,491.90
Capital			
FUND BAL. UNRESTRICTED	707,162.00		
FUND BAL. UNRESTRICTED DES.	55,036.00		
RETAINED EARNINGS	111,893.70		
FUND BALANCE TEMP. RESTR.	20,374.00		
Net Income	(41,405.15)		
Total Capital			853,060.55
Total Liabilities & Capital		$	881,552.45

Western Virginia EMS Council
Report from the Governor's EMS Advisory Board

The most recent meeting was held February 10, 2012 in Richmond, Virginia.

There several pieces of legislation and budget bills that has the potential to impact EMS. I am currently tracking these pieces of legislation and will provide an update at the meeting:

HB74/SB239 - **Mandatory report of suspected child abuse; time limit.** Reduces the time limit for reporting suspected child abuse or neglect by mandated reporters from 72 hours to "as soon as possible, but no longer than 24 hours. Also sets penalties. EMS Providers are mandatory reporters. (Senate amendments has been approved by the House and likely to pass).

HB177 - **Health records privacy; disclosure to emergency medical services councils.** Provides that health care providers shall disclose health information to a regional emergency medical services council when the health information and data will be used for purposes limited to monitoring and improving the quality of emergency medical services. (Passed both House and Senate).

HB490 – EMS Advisory Board Composition. Better staggers appointment to the EMS Advisory Board to improve continuity. (Passed both House and Senate).

HB533 – Efforts to protect the $4 for Life funds for the purpose outline in the Code. (Bill has been layed on the table (failed in committee).

HB856/SB - **Critical incident stress management teams; privileged information.** Provides that information communicated to critical incident stress management team members by public safety personnel who are the subjects of peer support services shall not be disclosed. The bill allows the public safety personnel to waive the privilege(Passed both House and Senate).

Numerous Bills (and amendments) related to Virginia Retirement System.

Budget Bills – Governor's proposal include reallocation of $500,000 annually from $4-for-Life to Poison Control Centers. (Will discuss status at meeting).

Other amendments –

- 290 #1h, #1s – give VAVRS an additional $80,000. This has been pulled.
- 290 #3h, #5h, #1h, #7h, – returns the $500,000 back to $4-for-Life
- 290 #4h – Use a portion of $4-for-Life for training to cover National Registry Test Fees.

Congratulations to WVEMS for its success with RSAF grant funding. In the most recent cycle 18 WVEMS agencies received $916,728. Next grant cycle is March 15, 2012. Changes in this cycle required:

- For multi-agency requests, a memorandum of agreement is required from each participating agency.
- All communications equipment must be P25 Compliant.

It is anticipated that NFPA1917 (ambulance construction standards) will go into effect in 2013. When this goes into effect, it will replace the k-k-k standards that are in place now. These standards will likely increase the costs of an ambulance. We are working on scheduling a few informational sessions during the 2012 EMS Symposium.

There is a new committee of the Advisory Board called "Provider Health and Safety." In May, twenty deceased EMS providers will be recognized at the National EMS memorial. Of them, twelve died from cardiac arrest and four died from a Medevac crash. Two Virginia EMS providers have died in the line of duty in the last couple of months. If anyone is interested in serving on this committee, please let me know.

Thank you for your confidence in me to represent the Council on the Advisory Board. Should you have any questions, comments or concerns, please do not hesitate to contact me.

Respectfully submitted,
Dale Wagoner

WVEMS PERFORMANCE IMPROVEMENT PROJECTS FY-2013

1st Quarter Projects

- Evaluate usage of field application of tourniquets
- Evaluate usage of adult Intraosseous
- Evaluate usage of CPAP

2nd Quarter Projects

- Collect and analyze data of patients receiving spinal immobilization clearance per new protocol
- Continuation of Intraosseous and CPAP evaluation
- Evaluate door to balloon time with STEMI patients.

3rd Quarter Projects

- Evaluate effectiveness of Trauma Triage plan and Over/Under triage
- Evaluation of door to 12 Lead acquisition of STEMI patients
- Evaluate usage of nasal medication administration

4th Quarter Projects

- Evaluate on-scene time for trauma patients
- Evaluate Stroke destination decision
- Evaluate STEMI Alert determination

Western Virginia EMS Council – Blue Ridge EMS Council

AMBULANCE RESTOCKING AGREEMENT – EMS AGENCY

WHEREAS, pursuant to Section 32.1-111.3 of the Code of Virginia, it is the express public policy of the Commonwealth of Virginia to have a statewide, comprehensive, coordinated emergency medical care system in order to increase the accessibility and uniformity of quality care for all citizens; and

WHEREAS, as part of its comprehensive emergency medical services plan the Commonwealth of Virginia is required to implement, by July 1, 1999, a statewide Trauma Triage Plan to promote rapid access for trauma patients to appropriate care centers; and

WHEREAS, pursuant to Section 32.1-111.11 of the Code of Virginia, regional emergency medical services councils (hereinafter "Regional EMS Councils") are charged with the "development and implementation of an efficient and effective regional emergency medical services delivery system" and, pursuant to Section 32.1-111.3, Regional EMS Councils must develop regional trauma triage plans; and

WHEREAS, each Regional EMS Council includes, *inter alia*, representatives of participating local governments, hospitals, physicians, nurses, mental health professionals, emergency medical technicians and other allied health professionals; and

WHEREAS, for purposes of this agreement, the following definitions are accepted:

"Emergency call" shall mean any call for assistance initiated by the general public requesting response by a licensed EMS agency, made by any means of communication, and shall specifically not include calls for pre-arranged routine transportation initiated by a physician, patient, hospital or other medical facility.

"EMS Agency" also refers to "ambulance service" in this document and in the attached policies, and in the Federal restocking regulations. These terms are used interchangeably.

WHEREAS, for many years, Virginia's Regional EMS Councils have supported cooperative arrangements by which licensed EMS agencies have restocked their ambulances or EMS vehicles, upon delivery of a patient to a medical facility, by exchanging used supplies and opened drug boxes for new supplies and sealed drug boxes provided by the medical facility's licensed pharmacy; and

WHEREAS, the Western Virginia EMS Council, Inc. and the and Blue Ridge EMS Council, Inc. (hereinafter referred to as "the Council") and ***Insert agency name*** desire to participate in the continued development and maintenance of a coordinated emergency medical services system providing quality care;

NOW, THEREFORE, in consideration of the mutual covenants and promises stated herein, the undersigned agree as follows:

1. The Council and the EMS agency hereby acknowledge their participation in the development of a protocol for the restocking of supplies and pharmaceuticals carried in approved EMS vehicles (the Policies attached as Exhibit A to this Agreement), and agree to conduct themselves in accordance with the Restocking Protocol.

2. The Council agrees to monitor compliance with the Policies by each EMS agency within the Council's jurisdiction and report non-compliance to the Virginia Office of EMS and to participating hospitals as deemed appropriate.

3. The Hospital agrees to provide to licensed EMS agencies supplies and pharmaceuticals as specified in the "Policies Relating to Ambulance Restocking by Hospitals", but only when such provision of supplies and pharmaceuticals results from response to an emergency call. No EMS agency will charge the patient for the exchanged supplies or drugs owned and purchased by the hospitals. These items may be charged as appropriate to the patient by the receiving hospital that provides them.

4. EMS agencies agree to indemnify and hold harmless the Hospital from any and all liability arising out of such agencies administering supplies and pharmaceuticals during the transport of any patient to the Hospital.

5. Participation by the Hospital in the Restocking Protocol is not in any manner based upon or conditioned upon the volume or types of patients transported to the Hospital.

6. EMS agencies agree to abide by documentation policies of each Hospital. These policies may vary among hospitals, and may include the provision of a printed PPCR, and completion of drug box exchange forms.

7. The Hospital participates in the Restocking Protocol by providing supplies and pharmaceuticals AS IS and WITHOUT WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED.

8. In no event shall patient destination be selected based upon the participation or non-participation of the hospital or the ambulance service in the Council's Ambulance Restocking Program.

9. EMS agencies shall cooperate with the Hospital in providing the Hospital with information reasonably necessary to account for supplies and pharmaceuticals, and the Hospital shall cooperate with EMS agencies by providing an appropriate Emergency Department Supply Replacement Form. Copies of such replacement forms shall be provided to both the EMS agency and the Hospital

10. Until the expiration of five (5) years after the furnishing of any services pursuant to this Agreement and to the extent, if any, required by applicable law or regulation, the Council and EMS agencies shall make available upon written request to the Secretary of Health and Human Services, or upon request to the Comptroller General, or any of their duly authorized representatives, this Agreement and books, documents, and records of the Council and EMS agencies that are necessary to certify the nature and extent of costs. If the Council or EMS agencies enter into any subcontract with a related organization as may be permitted by the Agreement, the Council or EMS agencies, as the case may be, shall require in such subcontract that the subcontractor also agree to these same requirements.

11. The Council, participating hospitals, and EMS agency agree to monitor the Policies, to report and address variance or non-compliance, and to periodically consider revisions thereto, to provide a means of maintaining essential emergency medical supplies on EMS ambulances operating within the region in a consistent fashion through a one-for-one exchange system with area hospital emergency departments and pharmacies without consideration of the volume of value of the patients brought to the hospital. The Western Virginia EMS Council/Blue Ridge EMS Council Boards of Directors, in consultation with the regions' Operational Medical Directors and the Council's Allied Resources (Hospital) Committee, may, from time to time, revise the Policies or other policies referred to by this Agreement. The Council agrees to provide advance written notice of any such changes to all EMS agencies.

12. This agreement shall remain in effect until December 31, 2016. Either party may terminate this agreement upon ninety (90) days written notice to the other party and written notice to the Virginia Department of Health, Office of Emergency Medical Services.

13. This Agreement with Appendix 1 (the Policies) and Appendix 2 (Standard List of Restocked Items) sets forth the entire understanding of the parties and supersedes all other agreements and understandings between the parties with respect to the matters covered by this Agreement. Any changes to this Agreement (not including Appendices) must be made in writing and signed by the parties. Appendices may be revised by the Allied Resources Committee (Hospital Committee).

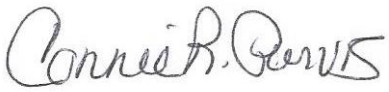
ENTERED INTO THIS _____ DAY OF _____, 2012 BY AND BETWEEN:

The Council

by:

_____

Robert H. Logan III
Executive Director-WVEMS



_____

Connie R. Purvis
Executive Director-BREMS

Attachments: Appendix 1
Appendix 2

Insert agency name

by:

_____

Signature

Printed name and title:

_____

_____

Western Virginia EMS Council – Blue Ridge EMS Council
AMBULANCE RESTOCKING AGREEMENT - HOSPITAL

WHEREAS, pursuant to Section 32.1-111.3 of the Code of Virginia, it is the express public policy of the Commonwealth of Virginia to have a statewide, comprehensive, coordinated emergency medical care system in order to increase the accessibility and uniformity of quality care for all citizens; and

WHEREAS, as part of its comprehensive emergency medical services plan the Commonwealth of Virginia is required to implement, by July 1, 1999, a statewide Trauma Triage Plan to promote rapid access for trauma patients to appropriate care centers; and

WHEREAS, pursuant to Section 32.1-111.11 of the Code of Virginia, regional emergency medical services councils (hereinafter "Regional EMS Councils") are charged with the "development and implementation of an efficient and effective regional emergency medical services delivery system" and, pursuant to Section 32.1-111.3, Regional EMS Councils must develop regional trauma triage plans; and

WHEREAS, each Regional EMS Council includes, *inter alia*, representatives of participating local governments, hospitals, physicians, nurses, mental health professionals, emergency medical technicians and other allied health professionals; and

WHEREAS, for purposes of this agreement, the following definitions are accepted:

"**Participating**," when referring to a hospital, shall mean such hospital that is party to this agreement; or, when referring to an EMS agency, shall mean an EMS agency that is party to the AMBULANCE RESTOCKING AGREEMENT – EMS AGENCY.

"**Emergency call**" shall mean any call for assistance initiated by the general public requesting response by a licensed EMS agency, made by any means of communication, and shall specifically not include calls for pre-arranged routine transportation initiated by a physician, patient, hospital or other medical facility.

WHEREAS, for many years, Virginia's Regional EMS Councils have supported cooperative arrangements by which licensed EMS agencies have restocked their ambulances or EMS vehicles, upon delivery of a patient to a medical facility, by exchanging used supplies and opened drug boxes for new supplies and sealed drug boxes provided by the medical facility's licensed pharmacy; and

WHEREAS, the Western Virginia EMS Council, Inc. and the and Blue Ridge EMS Council, Inc. (hereinafter referred to as "the Council") and **LewisGale Regional Health System (which incorporates LewisGale Medical Center, LewisGale Hospital Montgomery, LewisGale Hospital Pulaski, and LewisGale Hospital Alleghany)** (hereinafter referred to as "the Hospital") desire to participate in the continued development and maintenance of a coordinated emergency medical services system providing quality care;

NOW, THEREFORE, in consideration of the mutual covenants and promises stated herein, the undersigned agree as follows:

1. The Council and the Hospital hereby acknowledge their participation in the development of policies for the restocking of supplies and pharmaceuticals carried in approved EMS vehicles ("Policies Relating to Ambulance Restocking by Hospitals" attached as Appendix 1 to this Agreement, and hereinafter referred to as "the Policies"), and agree to conduct themselves in accordance with the Restocking Protocol.

2. The Council agrees to monitor compliance with the Policies by each EMS agency within the Council's jurisdiction and report non-compliance to the Office of EMS.

3. The Hospital agrees to provide to participating licensed EMS agencies supplies and pharmaceuticals as specified in the "the Policies Relating to Ambulance Restocking by Hospitals," but only when such provision of supplies and pharmaceuticals results from response to an emergency call. No EMS agency will charge the patient for the exchanged supplies or drugs owned and purchased by the hospitals. These items may be charged as appropriate to the patient by the receiving hospital that provides them.

4. EMS agencies agree to indemnify and hold harmless the Hospital from any and all liability arising out of such agencies administering supplies and pharmaceuticals during the transport of any patient to the Hospital.

5. Participation by the Hospital in the Policies is not in any manner based upon or conditioned upon the volume or types of patients transported to the Hospital.

6. EMS agencies agree to abide by documentation policies of each Hospital. These policies may vary among hospitals, and may include the provision of a printed PPCR, and completion of drug box exchange forms.

7. The Hospital participates in the Policies by providing supplies and pharmaceuticals AS IS and WITHOUT WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED.

8. In no event shall patient destination be selected based upon the participation or non-participation of the hospital or the ambulance service in the Council's Ambulance Restocking Program.

9. EMS agencies shall cooperate with the Hospital in providing the Hospital with information reasonably necessary to account for supplies and pharmaceuticals, and the Hospital shall cooperate with EMS agencies by providing an appropriate Emergency Department Supply Replacement Form. Copies of such replacement forms shall be provided to both the EMS agency and the Hospital.

10. Until the expiration of five (5) years after the furnishing of any services pursuant to this Agreement and to the extent, if any, required by applicable law or regulation, the Council and EMS agencies shall make available upon written request to the Secretary of Health and Human Services, or upon request to the Comptroller General, or any of their duly authorized representatives, this Agreement and books, documents, and records of the Council and EMS agencies that are necessary to certify the nature and extent of costs. If the Council or EMS agencies enter into any subcontract with a related organization as may be permitted by the Agreement, the Council or EMS agencies, as the case may be, shall require in such subcontract that the subcontractor also AGREE TO THESE SAME REQUIREMENTS.

14. The Council, participating hospitals, and EMS agency agree to monitor the Policies, to report and address variance or non-compliance, and to periodically consider revisions thereto, to provide a means of maintaining essential emergency medical supplies on EMS ambulances operating within the region in a consistent fashion through a one-for-one exchange system with area hospital emergency departments and pharmacies without consideration of the volume of value of the patients brought to the hospital. The Western Virginia EMS Council/Blue Ridge EMS Council Boards of Directors, in consultation with the regions' Operational Medical Directors and the Council's Allied Resources (Hospital) Committee, may, from time to time, revise the Policies or other policies referred to by this Agreement. The Council agrees to provide advance written notice of any such changes to all EMS agencies.

11. This agreement shall remain in effect until December 31, 2016. Either party may terminate this agreement upon ninety (90) days written notice to the other party and notice to the Virginia Department of Health, Office of Emergency Medical Services.

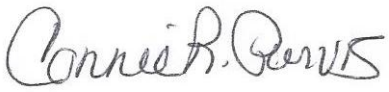
15. This Agreement with Appendix 1 (the Policies) and Appendix 2 (Standard List of Restocked Items) sets forth the entire understanding of the parties and supersedes all other agreements and understandings between the parties with respect to the matters covered by this Agreement. Any changes to this Agreement (not including Appendices) must be made in writing and signed by the parties. Appendices may be revised by the Allied Resources Committee (Hospital Committee).

ENTERED INTO THIS _____ DAY OF _____, 2012 BY AND BETWEEN:

The Council

by:

Robert H. Logan III
Executive Director-WVEMS



Connie R. Purvis
Executive Director-BREMS

Attachments: Appendix 1
Appendix 2

LewisGale Regional Health System

by:

Signature

Printed name and title:

Western Virginia Emergency Medical Services Council, Inc.

Appendix 1. Policy for Ambulance Restocking by Hospitals

SCOPE: This policy pertains to all participating licensed EMS agencies and all licensed EMS vehicles operated by these agencies, and all participating hospitals within the Western Virginia EMS Region.

PURPOSE: To provide a means of maintaining essential emergency medical supplies on regional EMS ambulances through a one-for-one exchange system with area hospital emergency departments and hospital pharmacies.

POLICY ELEMENTS:

1. Hospitals will exchange, on a one-for-one basis, certain supplies and pharmaceuticals used by participating licensed EMS agency ambulances when such exchange results from response to an emergency call.

   a. Supplies are listed on the attached *"Standard List of Restocked Items."*
   b. Pharmaceuticals are listed in the Western Virginia EMS Council "*Standard Drug Box Inventory"* and are published in the Council's *"Operational Protocols,"* current edition.

   Because this policy applies only to the provision of care for emergency calls, and for patients requiring emergent care, it is specifically noted that no differentiation is made between participating non-for-profit and for-profit EMS agencies. This policy is strictly intended to promote and maintain standardized emergency patient care throughout the region, consistent with regional *"Operational Protocols,"* and to provide for patient safety and appropriate control and inventory of pharmaceuticals and supplies.

   It is further specifically noted that this one-for-one exchange policy applies to "Community Assist" and "Helicopter Assist" calls where an agency might expend exchangeable supplies and/or pharmaceuticals on emergency calls not resulting in patient transport by that agency. In such cases, the hospitals have agreed to exchange in the same manner as when a patient is delivered by the agency, and the agency agrees to provide appropriate patient identifier information.

2. Ambulance personnel will utilize an *Emergency Department Supply Replacement Form* in order to document and facilitate the exchange of supplies. Ambulance personnel will utilize the *Prehospital Patient Care Report* (or its equivalent) in order to document the exchange of drugs. Other locally required inventory control forms are also permitted. In keeping with recordkeeping requirements of the Centers for Medicare and Medicaid Services regulation, the hospitals and EMS agencies shall maintain these exchange records for a period of at least FIVE YEARS .

3. It is understood by all parties that this agreement provides for a **ONE-FOR-ONE exchange only**. Any abuses, such as exceeding a one-for-one exchange, will be treated as theft, and as a serious violation of WVEMS/BREMS policy.

4. Only the hospitals, and not the EMS agencies will bill for any of the replenished items.

5. Problem solving and evaluation of the exchange system by hospital E.D. managers, local agency EMS managers and Western Virginia/Blue Ridge EMS Council staff and the Councils' joint Allied Resources Committee will be conducted periodically. Reported non-compliance will be reviewed

by EMS Council staff and the Allied Resources Committee, and appropriate corrective action will be taken.

6. Program revisions and updates by E.D. managers, agency EMS managers, Operational Medical Directors and Councils' Allied Resources Committee will be implemented as indicated and as approved by participants.

Appendix 2. STANDARD LIST OF RESTOCKED ITEMS

WESTERN VIRGINIA EMS – BLUE RIDGE EMS

REGIONAL STANDARD SUPPLY EXCHANGE FORM

MUST BE COMPLETED IN DUPLICATE: ORIGINAL TO HOSPITAL ~ DUPLICATE TO EMS AGENCY

	Item	Indicate Quantity and Size Exchanged					
1.	Normal Saline	1000 cc bag	Saline flush				
2.	IV Admin Devices	Saline Lock	10 gtt macro	*(or other macro set)*			
3.	IV Prep Kit *(tape, alcohol preps, etc.)*	Quantity	*(indicate 1 quantity per IV started)*				
4.	Protective IV Catheters *Assorted Sizes 14-24 ga*	Size(s)	Quantity				
5.	Blood Draw Kit	Quantity					
6.	Misc. IV Supplies	10 cc Syringe	3 cc Syringe	Saline Lock			
7.	Non-Rebreather Masks	Adult	Ped	Infant			
8.	Nasal Cannulae	Adult	Ped	Infant			
9.	Disp. BVM	Adult	Child	Infant			
10.	ET Tubes – Cuffed *Assorted sizes*	Size	Quantity				
11.	ET Tubes – Uncuffed *Assorted Sizes*	Size	Quantity				
12.	Malleable Stylets	Ped	Adult				
13.	Oral Airways *Assorted SIzes*	Size	Quantity				
14.	King Airway LTSD EMS Kit	3	4	5			
15.	Lubricating Jelly *Packet or Tube*	Quantity					
16.	Nasal Airways *Assorted sizes*	Size	Quantity				
17.	EKG Electrode Pads	Ped	Adult				
18.	Extrication Collars *Assorted or Adjustable*	Size	Quantity				
19.	Suction Catheters *Assorted sizes*	Size	Quantity				
20.	Suction Supplies	Yankeur	Tubing	Canister 800 ml			
21.	*EZ IO Needles*	Proposed					
22.	*CPAP Device*	Proposed					
23.	*CO2 Detector*	Proposed					
24.	Linens (Form required only when other supplies are exchanged, or as requested by hospital)	Sheets	Pillow Cases	Blankets	Towels		

Date	**/ /**	**Call Report #**	
EMS Provider's Name ***(Please Print Legibly)***			
EMS Agency			
Hospital			
Patient ID ***(Hospital stamp / label)***			

February 16th, 2012

Regional MCI plan Meeting Notes

Stakeholders in attendance:

Billy Ferguson, FCDPS Bobby Baker, LGMC Charles Coffelt, CCPT Chris Garrett, VDH Dale Wagoner, HCDPS David Linkous, VDH Jason Campbell, LFD Jason Ferguson, BCES Joey Stump, RCFRD Joey Trigg, REMSI	Keith Dowler, VDH Lee Simpkins, Radford Fire Marci Stone, Bedford Co Mike Guzo, Roanoke City Neal Turner, Montgomery Co Roger Glick, Carilion Clinic Stan Crigger, VDEM Steve Allen, Patrick Co Steve Davis, VDH Tammy Turpin, Carilion Clinic	Etthan Miller, LGH-P Joe Coyle, Chairperson Rob Logan, WVEMS Connie Purvis, BREMS Krista Henderson, CCPT Mike Garnett, WVEMS Jeff Echternach, NSPA Winnie Pennington, VDH-OEMS

Meeting Called at 09:30 by Chairperson Joe Coyle

Project Presentation and around the room introductions.

Capture of feedback to the question "*What need(s) would a regional MCI plan fulfill for your agency / organization*?"

- What we need to do, is what we are doing right now, Regular Meetings among responders. Hospitals are doing this now, and have been for some time
- Provide a Resource in the 'toolbox' that could add to the current resources that EMS Responders call upon
- A plan that offers preparedness to fill the gaps that were identified from the VT Shooting. Looking to identify gaps as a region and address them
- Look at resources, Assemble a tool that can be used throuought the region
- Standardization from one locality to another, Regonal plan that allows everyone to be on the same page, and prevents everyone from doing a five minute plan training when a large scale event kicks off. Eg "This is how WE do it"
- Development and maturity of the Alternate Care Site, to alleviate surge of emergency rooms
- A plan that everyone can work off of, understanding that plans can be the same, function without x
- Multi-casualty incident response document that can draw together resources and provide a common framework for response
- A document that can help responders who may not 'own' a initial response or have jurisdictional authority: How their resources can be plugged into the event and address the various needs therein
- Standardization of practices, coordination among all agencies and in one, functional document
- A good plan, one that goes beyond "Take all the patients to the closest hospital"

February 16th, 2012

Regional MCI plan Meeting Notes

- A regional plan that can serve as a model for southwest Virginia
- Communications procedures that go from scene to receiving points, and address gaps at each point therein
- Collaboration, resources and sharing, and what happens when patients arrive at the hospital
- Ability to address unique situations, counties who are in two ems councils, a plan that offers standards, and does not forget about the needs of the end user
- A field resource guide for front line users, in addition to previous comments.
- A plan that is a grass roots effort, and is not necessarily, created from a template someone else handed us, one that is not confided to the 'definition' of any one form, such as resource document, field guide, or plan. A plan that addresses the regional needs and is accessible (in it's use, and implementation)
- Address patient movement outside of the region, differences in protocols and standards of management of an MCI, Develop something were "I" don't have to think about where "I'm" going to drop my patient off at (with respect to how I'll treat my patient, or manage my incident).
- A plan that addresses how we are going to move patients. Every local plan speaks to patient movement, but to tackle how and with what resources.

Discussion of Definitions, and 'Resource Document' vs. 'Comprehensive Plan'

The basic differences between a Resource Document and a comprehensive plan were discussed. These differences are highlighted below:

Resource Document	Comprehensive Plan

• Identifies Resources
  – Methods to activate
  – Stipulations
  – Contact Information
• Capabilities
• Common Triggers
  – For activation and use
• Does not address Liability
• Education Component
	• Prescriptive
	• Identifies methods of command and control
	• Demonstrates Ownership
	• Guides response
	• *Has a liability component*
	• Framework for Response
	• Education Component

Points of discussion / Comment:

- What may be an MCI to a small rescue squad would not be the same to a large EMS agency. This group may be able to assemble a plan that addresses the needs from a small locality to a larger agency
- Would like to see a smaller field guide (component) within a larger, parent document

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Regional MCI plan Meeting Notes

- Resource Documents often mature out of a well developed plan. Many agencies have a plan, with a resource guide
- Definitions are going to be important. There is a difference between an MCI and a Surge event. What can be an MCI event in a small community differs in the capacity of a large hospital
- Address communication to hospitals, The Earlier… the better
- EMS sometimes feels a struggle to assemble a clear communication quickly, Feels like htat, on occasion, there is a rush to produce information, when information is not verified or confirmed
- This plan could clarify what the hospital will accept as a statement of information. The field guide may be a good starting point. There may not be a perfect solution, but we can get pretty close.
- A point of caution on resources: How do we know that those resources are available each, and every time.

Discussion of the RHCC as a singular call to disperse information

The RHCC has the capability to receive a notification from EMS and distribute that message to affected hospitals.

- There needs to be clarity on the use of a "one call" solution. The RHCC may be able to be notified for the initial incident, but when the time comes to make transports to facilities, such as "red-yellow-and green tag" patients, the Hospital needs to receive that phone call.
- The RHCC has a lot of capabilities, but needs the input of the EMS Community to help model what it needs to do as a standard, to support EMS and its communication with Hospitals.
- There needs to be a benchmark or measure to clarify what the RHCC is able to do
    - What it can do Now,
    - What it can do after some training and process mapping,
    - What it is unable to fulfill
- This discussion would benefit in a workgroup for this committee, a group that could better define the role the RHCC needs to play in assisting in managing communication for large-scale events
- RHCC offers a lot of technology resources, such as Web EOC Connectivity, Integration with the FAC and Patient Identification model
- Suggestion that the MCI Committee address some operational expectations and desires in a workgroup

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Follow Up: RHCC POC requested to review capabilities, and address the feedback above

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Regional MCI plan Meeting Notes

Discussion of the plans Scope

- A Well defined scope is essential. Will this be a plan that addresses up to one operational period, or more?
- Watch for 'Scope Creep'
- A Plan, that is a cohesive document, with annex that accounts for / functions as a field guide as well as a resource document sounds like the general direction to follow
- EMS Surge and Hospital Surge are two different things, Definitions will be important

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Discussion of Training

- This needs to be exercised and trained on. Exercising does not necessarily mean full scale events that consume time and resources. Drills may be small and more attainable
- Given financial times, budgets do not allow for off duty staff drilling and our on-duty resources are taxed as it is
- Funding streams exist to support backfilling stations for drills. This is something we can explore later as the plan matures
- Training may be imbedded in a workgroup or may be decided after the plan is created. This group should identify the education plan

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Discussion of State Guidance for planning

- Some of the guidance is already addressed in local plans, It's more of a federal and state requirement than an actionable item. It's been addressed already
- The remaining guidance seems to be where we need to focus
- This plan should look at the difference between choosing to send patients to neighboring hospitals vs. being forced to

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Workgroups

A concept of workgroups and task breakdown was presented to the group. Workgroups were proposed as EMS, Hospital, Communications, RHCC, other. For persons not currently at the table, the group was asked who else needs to be involved. Involvement may be active committee participation and development, or it could be a 'reach back'.

To start discussion, workgroups arranged by Discipline were proposed. Workgroups by discipline with subgroups were discussed. An alternative to organize groups by task to avoid silos and bring cohesive discussion together. A discussion of the workgroups and their structure is contained below.

- Need to include in discussion / deliberation 911 Dispatchers, Involvement
- Fire should be included, Involvement
- Law Enforcement, Reach back

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- MRC, Reach back
- Address the workgroups by assigned tasks, maybe we look at the state guidance to form the components of the plan.
- Coordination will be important here.
- In order to start the workgroup discussion, we need to establish what the scope will be.

Closing comments and future meetings

Next steps for group will include confirmation of the scope. A Scope will be drafted based on comments captured thru meeting. From there, the next meeting will affirm the scope, and establish workgroups. Coordinators for the group will distribute meeting notes, collect any additional feedback from stakeholders or any reach back feedback from their municipal contacts, and coordinate the next meeting.