



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

Fourth Quarter Updates are in PURPLE.

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

II. SCOPE OF SERVICES:

A. REGIONAL INFRASTRUCTURE

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

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

Second Q – Same as above

Third Q – Same as above

Fourth Q – Same as above

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

- a. Essential Business Functions
- b. Order of Executive Succession

- c. Delegation of Authority
- d. Continuity of Facilities
- e. Continuity of Communications
- f. Vital Records Management
- g. Human Capital Management
- h. Devolution of Control and Direction
- i. Reconstruction of the Business after an Emergency
- j. Testing, training, and exercising of the plan

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

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

The Plan was completely revised in the second Q and was submitted to Tim Perkins to forward to Winnie Pennington for review. As of 1-23-2012, no feedback has been received. The revised plan was approved and adopted by the WVEMS BOD at its regular meeting on December 8, 2011. It has been posted on LN.

No change for Third Q – No feedback from Winnie.

No change for Fourth Q. Still no feedback from Winnie, so we assume that the document was accepted as presented.

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

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

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

In the second Q, the position description for the Regional Education Coordinator was changed, and approved by the WVEMS executive committee. The position is now titled "Education Program Director." A copy of the revised description was posted to LN.

Charles Berger was promoted to Senior Field Coordinator. The position description for this position was revised and a copy was posted to LN.

Although not directly related to this contract, WVEMS is pleased to announce that Danielle Lissberger has been hired as the Near Southwest Preparedness Alliance's Executive Director, and Regional Hospital Preparedness Coordinator. Danielle comes to us from a similar position in Texas, where she served as Executive Director of a regional trauma council, and help responsibilities for coordinating the ASPR Hospital Preparedness Program in that region. She began work on April 16.

No changes to staffing for Fourth Q.

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

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

The WVEMS Regional Education Coordinator, Deborah Akers, resigned effective October 31 to assume a position with OEMS. WVEMS was notified on the day that her resignation was received. Her compensation continued through December 2, as she was paid for 200 hours accumulated PTO, as allowed by Policy 3.15 of the WVEMS Employee Policy Manual. Recruitment had begun prior to her departure. Interviews were held on November 21. The interview panel consisted of Rob Logan, Chad Blosser (OEMS), Charles Lane (WVEMS Regional Medical Director), Steve Simon (WVEMS board and Roanoke County F&R), Tommy Pruett (Danville Life Saving Crew), Shawn Hite (Regional EMS, Inc. and WVEMS-NRV Training Center) The position was subsequently offered to Cathy Cockrell, NREMT-P. Cathy accepted and began work on December 26.

No other vacancies occurred during the quarter.

No vacancies occurred during the third quarter.

No vacancies occurred during the fourth quarter.

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

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

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

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

No changes in the second Q.

Joe Coyle was appointed to the WVEMS board by the Montgomery County Board of Supervisors, to represent that county. WVEMS discloses that Joe is a career captain for the Christiansburg Rescue Squad, and might work on occasion as a CTS evaluator or instructor in WVEMS programs.

Jason Ferguson was appointed by the Botetourt County Board of Supervisors to represent that county on the WVEMS board. Jason discloses that he is an employee of Botetourt County Emergency Services.

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

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

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

No changes in the second Q.

No change in the third Q.

No change in the fourth Q.

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

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

Annual financial statements, audit and IRS Form 990 were completed during the second quarter. Statements were emailed to Tim Perkins, posted on the WVEMS website, and posted to LN. Form 990 also posted to LN. They were presented to the WVEMS BOD by Kathryn Overacker of Dixon Hughes Goodman on Dec 8, 2011, and adopted.

No change in the third Q.

No change in the fourth Q. Audit field work for FY 12 will begin on August 13.

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

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

December 8 board minutes have been posted to LN. Other relevant documents have also been posted.

March 8 board minutes have been posted to LN. Other relevant documents including financial reports are included.

June 21 board minutes have been posted to LN. Other relevant documents, including financial reports and adopted budget for FY13 also posted.

d. The Contractor shall also submit a final annual report. The final annual report shall contain a concise narrative description of activities, achievements, completed objectives and explanations for failure to achieve any objectives, based on the Regional Strategic Plan submitted in the previous fiscal year. The final annual report shall also include a report of all unexpended funds and documentation of satisfaction of matching funds requirement (25% match required for state monies, as stipulated in 12VAC5-31-2710(C) of Virginia EMS Regulations). The final report shall define the source and amount of matching funds. This report shall be submitted with the contractor's second quarterly report, with proof of review and approval by the contractor's Board of Directors reflected in board meeting minutes submitted for that quarter.

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

The 2011 Annual Report was adopted by the WVEMS BOD on December 8. It has been posted to the WVEMS website and to LN. Copies were mailed to all localities, to Tim Perkins, Commissioner Remley, Deputy Commissioner Levine, and others.

Preliminary work on the FY12 Annual Report has begun.

e. The Contractor shall post the draft minutes from every meeting of the governing board and all committees to their respective web site within 30 days, and final

minutes within 10 days of approval. The contractor will provide OEMS with meeting minutes by utilizing the OEMS computer system "Lotus Notes" in the appropriate quarterly report.

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

As in the prior quarter, minutes and other supporting documents have been posted to LN and to the WVEMS website as appropriate. Information provided above applies to this quarter as well.

Minutes and other supporting documents have been posted to LN and to the WVEMS website as appropriate. Information provided above for the first quarter applies to this quarter as well.

Minutes and other supporting documents have been posted to LN and to the WVEMS website as appropriate. Information provided above for the first quarter applies to this quarter as well.

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

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

No changes in the second Q.

No change in the third Q other than the elevation of Nadine Gilmore, PIC at Lynchburg General Hospital to co-chair of the combined WVEMS-BREMS Pharmacy Committee. The committee will meet in late April to begin planning logistics for drug box upgrades relating to new protocols.

During the fourth quarter, Joe Coyle, chair of the WVEMS/BREMS MCI Planning Workgroup, advised WVEMS that workload required him to seek an active co-chair for this work group. Contacts have been made and a new chair will be appointed soon.

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

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

There have been no significant changes to any policies (other than a change to drug box exchange reporting) since the end of the last quarter.

At the March 8 BOD meeting, fiscal control policies were revised. A copy has been posted to LN.

No changes to any policies in the fourth Q.

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

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

No changes in the second Q.

No change in the third Q.

No change in the fourth Q.

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

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

Same as above. Quarterly financials were provided to the BOD on December 8, adopted, and posted to LN along with board minutes.

Same as above. Quarterly financials were provided to the BOD prior to its March 8, adopted, and posted to LN as an inclusion to the board minutes.

Same as above. Quarterly financials were provided to the BOD prior to its June 21 meeting, adopted, and posted to LN as an inclusion to the board minutes.

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

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

No changes in the second Q.

No change in the third Q.

No change in the fourth Q.

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

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

This information should be reported in the appropriate quarterly report.

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

The ED attended the AB meeting held in November in conjunction with the annual EMS Symposium. He was unable to attend the RDG meeting held in December, but sent Senior Field Coordinator Charles Berger in his stead. The ED is assigned to the Legislation and Policy Committee. That committee did not meet in the second quarter.

The ED attended the RDG and AB meetings held in Richmond on February 9 & 10. The ED is assigned to the Legislation and Policy Committee and attended its meeting in Richmond on February 10.

The ED and Regional Education Program Director attended the RDG and AB meetings, and the ED attended the Legislation and Planning Committee meeting, and VAGEMSA held in Richmond on May 17 & 18. He also attended a work session of a subset of the L&P committee developing a statewide needs assessment held in Richmond on June 26.

B. REGIONAL MEDICAL DIRECTION

1. Regional Medical Director

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

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

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

No changes in the second Q.

No change in the third Q.

No change in the fourth Q.

2. Regional Medical Protocols

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

A long-standing protocol project has been underway in the region for some time. Development of the new protocols is complete and the draft is undergoing final formatting. Once finalized, a printing run will be made to produce 1000 pocket guides, and an electronic version will be produced. It will be distributed via the WVEMS website, plus a printed copy will be supplied for each agency, vehicle, OMD, and hospital.

No changes in the second Q. Rollout training will begin in February with an anticipated March implementation.

Weekly meetings of the protocol task force began in March to wrap up the protocol project. The project will take longer than expected, but all protocols have been developed and are now undergoing final formatting and assignment of practice levels. A PDF version of the protocols has been posted to LN.

The protocol task force continues to meet. The draft of the new protocols is complete. Roll-out planning is underway. A video will be produced, and a smart-phone app is being developed. See board minutes for additional information.

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

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

No changes in the second Q.

No change in the third Q.

No change in the fourth Q.

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

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

No changes in the second Q.

No change in the third Q.

No change in the fourth Q.

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

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

No changes in the second Q.

No change in the third Q.

No change in the fourth Q.

3. Regional Medication and EMS Supplies Restocking Program

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

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

A revised restocking agreement was completed in December. It has been distributed to the WVEMS Allied Resources (hospital) committee for final approval. A copy has been posted to LN.

The revised Regional Medication and Supply Restocking Agreements for hospitals and agencies was approved by the Allied Resources Committee and the WVEMS BOD. It has been distributed to all hospitals and agencies. Signed agreements have been returned by all hospitals in the region, and by 89 of 104 agencies. Efforts are underway to collect signed agreements from the remaining 15 agencies. A copy of the adopted, revised agreement has been posted to LN.

Please note that this is a Combined WVEMS-BREMS agreement.

There are still 12 agencies that have not returned executed restocking agreements. If not returned by July 30, these agencies will be excluded from the supply and drug box exchange program. Hospitals will be notified accordingly.

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

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

The new (revised) restocking agreements (including the program guidelines and policies) will be adopted by all hospitals and agencies early in the third quarter. Changes include:

- List of restocked items and policies may be revised at will by the committee.
- Several items were removed from the list. Three additions are being considered.
- Destination policy was removed, but statement referencing no connection between selection of destination and the policy was added to the body of the agreement.
- Requirement to abide with hospital documentation policies was added.
- Emphasis on “one-for-one” exchange, and consequences for abuse were added.

Please see 3rd Q information above. The revisions noted above were included in the adopted agreements.

No other change in the fourth Q.

4. Regional Medication Kit Exchange Program

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

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

See above.

Please see 3rd Q information above.

Please see 3rd Q information above.

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

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

Please see 3rd Q information above. A sample of the adopted agreement (hospital and agency) has been posted to LN.

No other change in the fourth Q.

C. REGIONAL PLANNING

1. Regional EMS Plan

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

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

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

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

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

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

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

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

The updated plan was reviewed and discussed, and was adopted by the WVEMS BOD at its meeting on December 8. The updated plan was emailed to Tim Perkins, and posted on the WVEMS website and LN. Among other updates, the education component was revised to reference all accredited programs, not just EMT-I. This will put us in compliance with statewide program revisions, and will allow WVEMS to seek paramedic program accreditation.

No change in the third Q.

No change in the fourth Q.

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

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

The revised plan has been posted to LN.

No change in the third Q.

No change in the fourth Q.

c. The Contractor shall notify the EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area and OEMS that the Regional EMS Plan is posted on the contractor's Web site; this should be accomplished upon

completion of the Plan. This information shall be included in narrative form in the appropriate quarterly report.

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

The plan has been posted on the Council's website. Notification of the availability of the regional EMS plan and the Annual Report will go out on the WVEMS list-serv in January.

Notification to all stakeholders was provided by list-serv posting (noting availability of all plans, templates, etc.) and by website posting in January.

No change in the fourth Q.

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

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

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2. Regional Stroke Triage Plan

a. The contractor will develop a Regional Stroke Triage Plan

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

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

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

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

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

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

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

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

No changes in the second Q.

Maintenance of the Stroke Triage Plan was assumed by the WVEMS Regional Performance Improvement Committee (as described above), necessary to review and maintain that plan. The committee reviewed the Stroke Triage Plan at its meeting on March 8, and did not recommend any changes to the plan. The WVEMS BOD reaffirmed the adopted plan at its March 8 meeting. Since the plan is unchanged, it was not re-posted to LN.

No changes in the fourth Q.

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

- (e) A brief executive summary that includes, but is not limited to the statements made in the State Stroke Triage Plan executive summary.
- (f) A "field triage decision scheme" based on the state field decision scheme that assists individual EMS providers with transport destination decision making guidance.
- (g) the field triage decision scheme shall be included within the Regional Medical Protocols applicable to all levels of EMS certification
- (h) A definition of an acute stroke patient
- (i) Prehospital physiologic, anatomic, signs and symptoms of acute stroke and acute stroke patient transport considerations.
- (j) Consideration of medevac utilization for acute stroke patients.
- (k) Stroke center descriptions (names and location)

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

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

No changes in the second Q.

Please see information posted above for 3rd Q. The plan was reviewed by the PI Committee and the Board, and reaffirmed for the coming year.

No changes in the fourth Q.

- (3) The Contractor shall notify all EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area that the stroke triage plan has been developed and post the stroke triage plan and any pertinent medical protocol(s) conspicuously on the regional council's web site. The Contractor will make a copy of

either revised document available upon request in either printed, floppy disks, or CD forms.

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

No changes in the second Q.

No changes for 3rd Q.

No changes in the fourth Q.

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

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

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

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

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

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

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

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

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

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

involving Virginia Western Community College and the City and County of Roanoke.

Mike also teaches MCI classes upon request.

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

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

A renewed interest in developing a regional MCI resource guide has surfaced. A work group consisting of local government emergency managers, hospital representatives, VDEM, VDH, WVEMS, and others is being formed. WVEMS will coordinate this effort. The group will meet in January to begin work. This will include BREMS and WVEMS, and the result will be a joint document. Joe Coyle, formerly with VDEM and now career captain/administrator of the Christiansburg Rescue Squad will chair the effort.

A combined BREMS-WVEMS MCI task force met on February 16 at the Roanoke Regional Fire-EMS Training Center. Minutes are posted to LN, and also provided to the WVEMS BOD. Several follow-up planning sessions have been held with staff and the committee leadership. The initial meeting was attended by 28 stakeholders, including local emergency managers, hospitals, VDEM, VDH, WVEMS, BREMS, OEMS, prehospital providers and others. A consensus was reached that a valid MCI plan or guidance document would be helpful and is the desired outcome of the group. All participants were provided working papers resulting from the initial meeting, with comments due in to staff by April 11.

The leadership of the MCI task force (WVEMS and BREMS) has meet several times over the quarter. A full meeting was scheduled for July 3, but was postponed due to storm and death of one of the key leader's father. Work continues and more will be available in the first quarter of FY 13.

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

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

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

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

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

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

No changes in the second Q.

No change in the 3rd Q.

Plan was reviewed and re-affirmed by the BOD at its June 21 meeting. Posted to LN. Because the plan is unchanged from last year, it was not reposted to LN. It is available on the June 21 Board Agenda web page on www.wvems.org.

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

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

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

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

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

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

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

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

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

See discussion on MCI planning above. One of the major components of the new effort will address medical surge planning.

Same as above. New MCI planning will address medical surge as a major integrated component.

No changes in the fourth Q.

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

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

No changes in the second Q.

No change in the 3rd Q.

No changes in the fourth Q.

D. REGIONAL COORDINATION

1. Regional Information and Referral

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

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

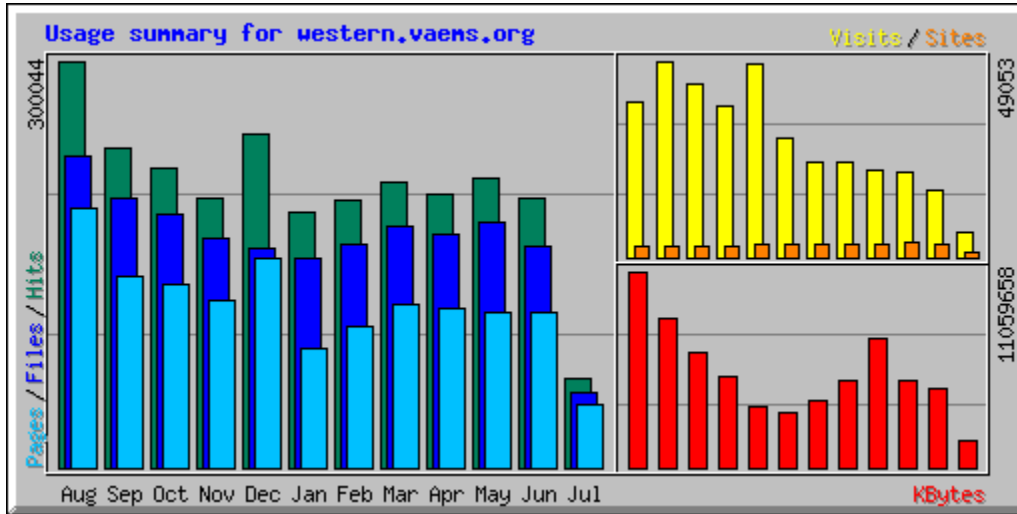
The WVEMS staff provides assistance to our EMS constituents on a continual basis. Using its 2000+ member electronic mailing list, its website, phone, e-mail, fax, and office visits, WVEMS responds to thousands of contacts each month. The WVEMS website receives on average over 3000 visits per month. A report is shown below. WVEMS staff members post new or updated information to the website on a nearly daily basis. All appropriate documents are posted to the website in a timely fashion.

Information updated to include the 3rd Q.

Information updated to reflect fourth Q data.

Usage Statistics for western.vaems.org

Summary Period: Last 12 Months
Generated 10-Jul-2012 08:13 EDT



Summary by Month										
Month	Daily Avg				Monthly Totals					
	Hits	Files	Pages	Visits	Sites	KBytes	Visits	Pages	Files	Hits
Jul 2012	6623	5602	4610	649	1333	1551968	6495	46108	56025	66231
Jun 2012	6623	5444	3810	551	3154	4491057	16539	114317	163329	198691
May 2012	6900	5821	3710	681	3589	4940527	21123	115025	180481	213920
Apr 2012	6746	5753	3910	727	3280	7264404	21832	117323	172598	202405
Mar 2012	6771	5722	3874	773	3250	4879213	23983	120123	177384	209902
Feb 2012	6808	5692	3592	822	3087	3786658	23864	104178	165079	197460
Jan 2012	6074	4986	2837	960	3131	3059180	29760	87952	154585	188305
Dec 2011	7915	5219	4960	1551	3089	3398564	48090	153789	161796	245370
Nov 2011	6636	5647	4121	1257	2758	5188028	37729	123658	169423	199107
Oct 2011	7122	6052	4360	1391	2808	6530768	43121	135187	187616	220785
Sep 2011	7879	6613	4703	1635	2628	8368123	49053	141115	198397	236376
Aug 2011	9678	7424	6189	1257	2829	11059658	38994	191872	230165	300044
Totals						64518148	360583	1450647	2016878	2478596

Generated by [Webalizer Version 2.01](#)

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

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

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

- (a) Monitoring/assessing adherence to regional patient care protocols
- (b) Monitoring/assessing EMS system issues
- (c) Identification of the educational needs of EMS providers in the region
- (d) Identification of methods that shall be used to resolve issues identified through the PI process. (patient care and EMS system related)
- (e) The contractor shall include in its quarterly report to OEMS how identified performance issues shall be, or have been, resolved or improved, i.e. protocol revision, educational opportunity, awareness campaign etc.

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

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

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

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

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

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

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

(3) The EMS PIP shall identify the membership of the regional PI committee, objectives of the committee, and rules for participation in the meetings. The PIP

should allow for a representative of the OEMS to attend the PI meetings as desired by OEMS. The committee composition shall include, but not be limited to:

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) The contractor shall submit to OEMS the agenda, minutes and attendance rosters for each meeting held. The agenda, minutes, and attendance

rosters shall be submitted each quarter as part of the contractor's quarterly report to the OEMS.

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

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

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

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

The committee met on December 8. Minutes have been posted to LN. Otherwise, no changes since first quarter. PI Project list of topics for the coming fiscal year has been posted on the PI section of the WVEMS website.

The committee met on March 8. Minutes have been posted to LN. Otherwise, no changes since first quarter. PI Project list of topics for the coming fiscal year has been posted on the PI section of the WVEMS website.

The committee met on June 28. Minutes have been posted to LN. Otherwise, no changes since first quarter. PI Project list of topics for the coming fiscal year has been posted on the PI section of the WVEMS website.

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

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

Several requests for PI assistance were received during the quarter, and were handled according to the PI plan's stated policies.

The committee met on December 8. Minutes have been posted to LN. Otherwise, no changes since first quarter. PI Project list of topics for the coming fiscal year has been posted on the PI section of the WVEMS website.

Over five Medical Incident Review requests for PI assistance were received during the quarter, and were handled according to the PI plan's stated policies.

The committee met on June 21 Minutes have been posted to LN. Otherwise, no changes since first quarter.

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

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

No changes in the second Q.

No changes in 3rd Q

No changes in the fourth Q.

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

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

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

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

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

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

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

No changes in the second Q.

No changes in 3rd Q.

No changes in the fourth Q.

3. Regional Trauma Program – Regional Trauma Committee

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

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

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

(c) An EMS operational medical director

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

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

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

2. Triennial Major Trauma Triage Plan Update –

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

(a) The triennial major update shall result in a regional Trauma Triage Plan that follows the instructions of the 2009 version of the Commonwealth's Pre-hospital and Inter-hospital State Trauma Triage Plan and include the following:

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

- (c) A “field triage decision scheme” based on the state field decision scheme that assists individual EMS providers with transport destination decision making guidance.
 - (d) the field triage decision scheme shall be included within the trauma section of the Regional Medical Protocols applicable to all levels of EMS certification
 - (e) A definition of a trauma patient
 - (f) Prehospital physiologic, anatomic, mechanism of injury, and special consideration criteria (previously titled Trauma Patient Transport & Transfer Criteria)
 - (g) Medevac utilization for trauma
 - (h) Trauma center descriptions (names, location, level of designation.
 - (i) Description of each level of Virginia Trauma Center Designation
- b) The revised Trauma Triage Plan shall be submitted to OEMS with the second quarterly deliverables. Regional Trauma Triage Plans will be reviewed by OEMS and presented to the Trauma System Oversight and Management Committee at its March meeting for approval. Approved plans and protocols will be required to be posted and notifications made as listed in item 4 below.

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

c) Annual Review/Maintenance of Trauma Triage Plans - The contractor shall maintain and revise as needed to reflect current practice the Regional Trauma Triage Plan on an annual basis and provide OEMS with an updated Regional Trauma Triage Plan electronically in its second quarterly report.

(3) For the purposes of the Trauma Triage Plan, maintaining the Trauma Triage Plan is defined as posting the plan on the council’s web page, providing copies on an as requested basis, providing educational assistance as requested and providing minor updates on an as needed basis. An example of minor changes includes demographic changes, such as a new hospital, closing of an EMS agency, or changes to services offered by agencies or facilities.

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

The regional Trauma Triage Plan was updated in the 2011 contract year, and approved by OEMS. The WVEMS Trauma PI Committee, acting in its role as Trauma Triage Committee, continues to maintain and recommend revisions to the regional Trauma Triage Plan as needed. The plan will be

presented to the WVEMS board for annual approval at its December 2011 meeting. The most recent edition of the regional TT plan is available for download on the WVEMS website and notification of its availability is provided to all constituents.

The TT Plan was slightly revised by the Trauma PI Committee during the third quarter. The revised plan was adopted by the WVEMS BOD at its December 8 meeting. The plan has been posted to LN and agencies and hospitals have been advised of its availability by posting on the WVEMS list-serv.

No changes in 3rd Q.

No changes in fourth Q.

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

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

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

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

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

(c) Monitoring/assessing trauma system issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The TPI Committee met on December 8. Minutes were posted to LN. Otherwise, there were no changes in the second Q.

The committee met on March 8. Minutes have been posted to LN. Otherwise, no changes since first quarter. PI Project list of topics for the coming fiscal year has been posted on the PI section of the WVEMS website.

The committee met on June 28. Minutes have been posted to LN. Otherwise, no changes since first quarter.

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

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

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

No changes in the second Q.

No changes in 3rd Q.

No changes in the fourth Q.

d. The contractor shall maintain and revise as needed to reflect current practice, the TPI template, developed through the FY07 contract, that EMS agencies can use to establish or maintain their own PI programs for general trauma responses and include a method of reporting aggregate information to the regional council, for use by the regional council and its committees, and submission to the OEMS. The contractor shall obtain

approval from OEMS when completing the template. This shall occur within the 1st Quarter of the state fiscal year and shall be used for the following four quarters. The template should include at a minimum, but not be limited to:

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

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

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

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

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

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

No changes in 3rd Q.

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

4. Rescue Squad Assistance Fund (RSAF) Grant Program

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

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

No changes in the second Q.

Availability of RSAF funds, and the new guidelines were heavily promoted using the WVEMS website and list-serv. A review meeting was held on April 11 at the Franklin Center in Rocky Mount, VA.

During the fourth Q, a RSAF review meeting was held (see above) at the Franklin Center where all applicants made presentations to the regional review committee. Each request was scored and graded. Grades and comments were posted to CGAP and the resulting file was submitted to OEMS. Also, the top three regional priority grants were identified. The ED attended the FARC meetings held at OEMS on June 7 and 8.

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

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

No changes in the second Q.

The availability of assistance was advertised several times on the WVEMS website and via the WVEMS list-serv. During the 3rd quarter, RSAF grant application assistance was provided by WVEMS staff members to over 12 agencies seeking funds.

No changes in the fourth Q.

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

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

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

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

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

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

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

WVEMS conducts review and grading sessions according to RSAF policies and procedures. WVEMS holds one grading session in a central

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

Review and grading for the fall RSAF cycle was conducted on October 18 at The Franklin Center in Rocky Mount. Results were reported to OEMS using the GRADER program. WVEMS staff was present at the December review meetings in Richmond.

A regional review meeting has was held on April 11 at the Franklin Center in Rocky Mount. As of the writing of this report, all agencies were scheduled and presented to the review committee. The meeting was attended by Billy Altman (chair of FARC) and PJ Flenor, OEMS Program Rep.

During the fourth Q, a RSAF review meeting was held (see above) at the Franklin Center where all applicants made presentations to the regional review committee. Each request was scored and graded. Grades and comments were posted to CGAP and the resulting file was submitted to OEMS. Also, the top three regional priority grants were identified. The ED attended the FARC meetings held at OEMS on June 7 and 8.

5. Critical Incident Stress Management (CISM) Program

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

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

Meeting minutes were posted to LN. A suicide prevention program was offered. Otherwise, no changes in the second Q.

The WVEMS CISM met on March 22. Agenda and minutes have been posted to LN. Also, an updated team roster was posted to LN. The team also held an ASIST suicide prevention training program on February 25 and 26 in Roanoke.

The WVEMS CISM team met on May 24. Minutes and agenda have been posted to LN. The standard CISM report has been transmitted to Karen Owens at OEMS. Several training programs were offered, and a new team application was developed using state guidelines. The CISM team applied for, and received a RSAF grant to conduct several education programs, outreach, and family integration events.

- b. Using the OEMS approved template, the Contractor shall send their quarterly statistical reports electronically to the OEMS CISM Coordinator by:
- (a) October 30 for the reporting period July 1 to September 30
 - (b) January 30 for the reporting period October 1 to December 31
 - (c) April 30 for the reporting period January 1 to March 31
 - (d) July 31 for the reporting period April 1 to June 30

WVEMS submits all quarterly statistical reports as prescribed.

Second quarter report was emailed to Karen Owens.

The third quarter report was submitted to Karen Owens.

The fourth quarter report was submitted to Karen Owens.

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

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

No changes in the second Q.

No changes in the 3rd Q.

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

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

These reports should be provided:

April 30 for the period of October 1 through March 30

October 31 for the period of April 1 to September 30

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

No changes in the 3rd Q.

No changes in the fourth Q.

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

f.

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

A second suicide prevention skills session will be held on Feb. 25. Meeting minutes posted to LN.

No changes in the 3rd Q. See above. Team met on March 22. Minutes posted to LN. ASIST course was held in February. WVEMS submitted, on the CISM team's behalf, a RSAF grant request to fund various training and team development activities.

No changes in the fourth Q. See above. Team met on May 24. Grant request mentioned above was funded and those programs will be offered throughout FY13.

6. Regional EMS Awards Program

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

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

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

(3) The contractor shall use the Office of EMS approved form for the Regional EMS Awards program. This form shall not be changed, other than to add new regional categories. Any new regional categories must be listed after the 10 Governor's EMS Awards and the Regional Scholarship Award. Categories shall be listed in same order as on the approved form.

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

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

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

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

(2) The contractor shall provide complete information on each Regional EMS Awards winner and the Regional Scholarship Award winner that will allow the State EMS Advisory Board Selection Committee to make an appropriate selection. If necessary, the contractor shall acquire and provide more information

for the Regional EMS Awards or Regional Scholarship Award winner before submitting it to the Governor's EMS Awards Program or EMS Advisory Board Youth Scholarship Award Program.

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

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

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

No changes in the second Q.

The 2012 awards program was publicized heavily during the quarter, using the WVEMS website, list-serv, and public appeals at every opportunity. The awards presentation banquet will be held on June 21. Location to be announced.

The 2012 Awards Program was completed in the fourth quarter. A committee consisting of prior year winners selected the 2012 winners. An awards banquet was held at the Vinton War Memorial on June 21. Mike Berg from OEMS attended.

7. Regional EMS Instructor Network

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

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

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

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

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

No changes in the second Q.

No changes in the 3rd Q.

Two instructor network meetings were held during the fourth quarter. A third one is scheduled to be held in July. Minutes and agendas have been posted to LN.

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

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

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

approved evaluators was posted to Lotus Notes in the Third quarter of FY11. WVEMS charges fees to candidates as specified, and adheres to all guidelines specified in the CTS Manual.

Significant upgrades to the administrative interface of the statewide CTS registration system were completed in the second quarter. Otherwise, no changes in the second Q.

The CTS program continues. Test dates for FY 13 have been established and publicized. Approved by Peter Brown at OEMS.

All 11 regions are now committed to participate in the statewide CTS registration system. Ten regions are using the system exclusively, and TJ is in the process of posting its test sites now.

WVEMS supports the CTS system for all regions. Functionality was added to allow OEMS examiners to utilize the system to pull reports for sites.

No changes in the fourth Q. During July 2012, WVEMS will begin offering same-day retests at its sites per recent changes to VDH/OEMS CTS policies.

F. Regional Category One Continuing Education Program

1. The Contractor shall promote the availability of BLS and ALS Continuing Education that satisfies category one requirements within each planning district during the contract period.

2. The Contractor shall post to the Web site address of the current schedule of CE programs available within the region for the contracted fiscal year no later than August 1 of the contract year. This information shall be reported in the first quarterly report.

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

No changes in the second Q.

No changes in the 3rd Q.

No changes in the fourth Q.

Regional Council Information Technology (IT) Support

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

No changes in the second Q.

No changes in the 3rd Q.

No changes in the fourth Q.

G. Alliance for Emergency Medical Education and Research

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

All work relating to the 2011 Virginia EMS Symposium was completed in the second quarter. Reports have been provided to the AEMER board of directors.

The annual audit and financial statements for AEMER were completed and adopted by the AEMER board of directors. A copy of both were posted to LN.

No changes in the 3rd Q.

No changes in the fourth Q. The AEMER board of directors met in Richmond on June 8. The FY 13 budget was developed and adopted, and various policies and plans relating to the 2012 EMS Symposium were discussed and approved. The AEMER Board reaffirmed the alliance with EPEC, the Emergency Preparedness Education Consortium, as its fiscal agent, and was briefed on the rollout of an on-line BDLs program.