Rappahannock EMS Council Strategic Planning Committee Meeting

August 17, 2011

Attendees: Acting Chief Mark Garnett, Caroline County; Chief Jim Hill, Stafford County; Mr. Fred Messing, Committee Member; Dr. Joe Saitta, Stafford County, Committee Chair

Old Business:

None

New Business:

Dr. Saitta distributed additional copies of an EMS environmental scanning document. After discussion this document was used to review the Council's Strategic Plan.

Changes were made to the substantive portion of the Strategic Plan (pages 4 through 7). The changes are in red in the attached document to increase visibility for REMSC BOD's later review.

Next Meeting

No meeting was scheduled at this time.

Submitted by Dr. Joseph V. Saitta Committee Chair

Attachment: REMSC Strategic Plan with revisions

RAPPAHANNOCK EMERGENCY MEDICAL SERVICES COUNCIL CORE STRATEGY 1: DEVELOP PARTNERSHIPS

FINAL DRAFT VERSION

Key Strategic Initiatives

1.1 Promote collaborative approaches

- 1.1.1. Develop and foster relationships with Federal, state and local partners, educational institutions and other Regional EMS Councils
- 1.1.2. Strengthen on-going relationships with the Virginia Department of Health, other state departments, public safety, public health and medical facilities
- 1.1.3. Foster regional legislative involvement for EMS initiatives
- 1.1.4. Cultivate grass roots support for Strategic Initiatives
- 1.1.5. Establish and foster partnerships with fire, law enforcement, and emergency management agencies
- 1.1.6. Increase collaboration with other council regions to include Federation Councils as well as jurisdictional EMS systems, EMS training agencies, etc.
- 1.1.7 Reach out to other organizations that are involved in EMS (for example, VAVRS, VGAEMS, VOAD, etc.)

1.2 Attract and support outstanding health care providers

- 1.2.1 Cultivate partnerships with high schools, universities, colleges, accredited training programs, and others to attract and educate EMS providers
- 1.2.2 Improve EMS career and volunteer opportunities for recruitment and retention
- 1.2.3 Recruit and assist in retaining physicians to serve as Operational Medical Directors

1.3 Identify resources for responses to emergencies both natural and man-made

- 1.3.1 Facilitate a cooperative, regionalized approach and response to major disasters
- 1.3.2 Enhance relationships with local Emergency Managers and other Federal, state and local agencies
- 1.3.3 Support ongoing training, evaluation and develop resources for emergency preparedness and response
- 1.4 Promote relationships with existing regional hospitals and new medical facilities planned for the district to include Mary Washington Hospital and Freestanding Emergency Department, Culpeper Regional Hospital, Fauquier Hospital, Stafford Hospital, and Spotsylvania Regional Medical Center.
- 1.4.1 Support EMS transition to new facilities in region
- 1.4.2 Develop and support collaborative agreements with all area hospitals that support regional EMS system and agencies
- 1.4.3 Support region's Designated Trauma Center and provide more EMS education on Regional Trauma Triage Plan and Trauma Services for the region.

RAPPAHANNOCK EMERGENCY MEDICAL SERVICES COUNCIL CORE STRATEGY 2: STRENGTHEN INFRASTRUCTURE

Key Strategic Initiatives

2.1 Develop and strengthen Board of Directors

- 2.1.1 Review and revise board governing documents (Policies and By-laws)
- 2.1.2 Review and revise committee structure
- 2.1.3 Cultivate further board member participation

2.2 Adequately staff the Rappahannock EMS Council

- 2.2.1 Ensure adequate staffing and procedures to support council programs and region's needs
- 2.2.2 Provide adequate personnel policies and benefits package to recruit and retain staff
- 2.2.3 Provide ongoing workforce development and supporting resources to recruit and train proficient staff
- 2.2.4 Evaluate and staff key programs such as the Advanced Life Support (ALS) Paramedic Certification Course
- 2.2.5 Expand the use of volunteers as REMSC administrative support staff (for example, assisting with completion of grant applications and other office tasks)

2.3 Expand the use of technology and information systems

- 2.3.1 Promote improved EMS communications systems and information sharing
- 2.3.2 Promote the use of technology in EMS reporting, grants program and quality assurance to include State Patient Care Reporting System (VPHIB)
- 2.3.3 Develop resources or points of contact to share information on technology use to enhance regional interoperability and integration

2.4 EMS and Council Funding

- 2.4.1 Encourage pursuit of alternative funding sources to include public/private partnerships for program funding
- 2.4.2 Ensure continuing funding from existing sources
- 2.4.3 Provide greater assistance to eligible applicants in applying for Rescue Squad Assistance Fund and other grants
- 2.4.4 Assist in maximizing the effectiveness of the RSAF by providing meaningful information in the grading and review process
- 2.4.5 Support and advocate stable funding stream for state and regional infrastructure (\$6.25 for Life, Assistance for Firefighter Grants, SAFER)
- 2.4.6 Continuously monitor financial situation and funding streams in relation to possible effects of economic climate
- 2.4.7 Increase periodic communication with jurisdictional Boards of Supervisors and County Administrators, so that they have a better understanding of the vital role that REMSC plays in the region. This should be accomplished with and through the local Fire/EMS Chief

RAPPAHANNOCK EMERGENCY MEDICAL SERVICES COUNCIL CORE STRATEGY 3: STRENGTHEN EDUCATION AND TRAINING

Key Strategic Initiatives

3.1 Sponsor community prevention education programs

- 3.1.1 Encourage and develop illness and injury prevention programs through available resources and collaborative efforts with other agencies and health care partners
- 3.1.2 Strengthen community awareness and proper use of regional emergency health care system through public education programs

3.2 Support quality education and evaluation of EMS personnel

- 3.2.1 Promote and provide enhanced resources for quality EMS education to include use of Regional Training Center and community colleges
- 3.2.2 Expand availability of BLS Training
- 3.2.3 Expand availability of ALS Training and National Accreditation for Intermediate and Paramedic Programs
- 3.2.4 Promote and develop leadership and management training
- 3.2.5 Support and improve processes for evaluation and testing of ALS and BLS candidates
- 3.2.6 Establish accredited Advanced Life Support (ALS) training sites in each of the two planning districts. Consideration should also be given to satellite facilities.
- 3.2.7 Promote and develop recruitment and retention programs that include diversity strategies
- 3.2.8 Develop partnerships with the Virginia Community College System, colleges, and universities to enhance the delivery of emergency medical services
- 3.2.9 Evaluate and implement innovative training opportunities through the Regional Training Center to include the use of simulation training.
- 3.2.10 Re-evaluate Regional Training Policies to ensure effectiveness
- 3.2.11 Develop and promote multi-lingual training programs for first responders
- 3.2.12 Promote shared local training resources among the Council's participating agencies

RAPPAHANNOCK EMERGENCY MEDICAL SERVICES COUNCIL CORE STRATEGY 4: PROMOTE OTHER REGIONAL INITIATIVES

Key Strategic Initiatives

- 4.1 Develop and implement regional drug box standardization project and actively research the ultimate development of a one-for-one drug box exchange program
- 4.2 Strengthen Regional Medical Direction and Quality Improvement
- 4.3 Promote EMD use, accreditation and training
- 4.4 Support regional coordination and implementation of EMS coverage for the National Boy Scout Jamboree and other (delete) large scale events in the region
- 4.5 Develop Regional Hospital Diversion policy
- 4.6 Initiate an EMS public education program which explains how EMS services function and are accessed to populations such as special needs, elderly caregivers, newly-arrived immigrants, and non-English speakers
- 4.7 Research the presentation of opportunities for under-served, minority populations that are interested in serving in EMS career and/or volunteer positions
- 4.8 Develop a catastrophic event medical facility evacuation and mitigation plan in coordination with regional medical facilities

Rappahannock EMS Council Strategic Planning Committee

February 15, 2012

Attendees: Chief Mark Garnett, Caroline County; Dr. Joe Saitta, Stafford County, Committee Chair; Kevin Dillard, REMSC (Guest); Wayne Perry (Guest) **Old Business** None **New Business** A discussion about the Committee's focus for the coming year produced the following: ☐ The Weldon Cooper Center's data on age distribution and language distribution for the REMSC's area will be researched to determine what future impacts, if any, may occur. \square The role and need for social media will be examined. ☐ Specific recommendations will be made about what REMSC should be considering as changes/improvements for the next few years. Members will come to the next meeting prepared to discuss the above. The Committee Chair, prior to the meeting, will collate the data on age distribution and language distribution for the REMSC's area. There was no further new business. **Next Meeting** The next meeting will be held at **6:15 p.m. on April 18, 2012** at the REMSC offices. Submitted by

Dr. Joseph V. Saitta Committee Chair

Rappahannock EMS Council Strategic Planning Committee

April 18, 2012

Attendees: Deputy Chief Mark Garnett, Caroline County; Mr. Fred Messing, Spotsylvania; Dr. Joe Saitta, Stafford, Committee Chair

Old Business:

The Committee discussed Old Business from the previous meeting (held on February 15, 2012): The Weldon Cooper Center's population data:

- Drawn from the 2000 and 2010 U.S. Census, it was determined that the two planning districts various jurisdictions served by the Council had growth rates ranging from 30% to 40% for that ten year period (or approximately 3% to 4% per year).
- The Center extrapolated from the Census data that the population increases for the same two planning districts various jurisdictions had slowed from 2010 to 2011 to approximately 0% to 1%.
- The implication is primarily financial at this stage in that slower population growth means
 fewer home building starts and new mortgages. Since our jurisdictions obtain the bulk of
 their funding through ad valorum taxes on homes this growth slowdown will probably mean
 fewer tax dollars.
- As yet it is unclear if there will be a concomitant slowdown in response call volumes.

The role and need for social media:

- The role and need for social media will continue to increase.
- There may be implications for responder agencies.
- The Committee will request that the Council's member agencies and organizations be polled to obtain any existing social media policies.
- The collected policies will be reviewed by the committee with the intention of drafting a model social media policy.

Diverse languages in the Council's service area:

- The Committee's members were unable to find any data on the Weldon Cooper Center's site about foreign language distributions in the Council's service area.
- Chief Garnett will research language diversity data that may be available through the local school systems.
- F. Messing will research language diversity data through Mary Washington Healthcare.

New Business

There were two New Business items discussed:

Financial Savings:

 The Committee thought that Council's staff members should be requested to provide costsavings ideas for the Council's internal administrative and operational needs. The Committee also requests that these staffers contact their respective counterparts at other EMS Councils for additional ideas. • The Committee members will present the staff recommendations to the BOD meeting in August.

Public Visibility of REMSC:

- The Committee thought that as part of the Council's strategic planning the organization should consider ways to increase its public visibility through more public information, public education, and public relation.
- Committee members will come to the August meeting with specific suggestions for how to increase said visibility.

There was no further New Business.

Next Meeting

Although there is a REMSC BOD meeting in June, the Committee will not meet again until **August 16, 2012, at 6:00 p.m.** at the REMSC's offices.

Submitted by Dr. Joseph V. Saitta, Committee Chair