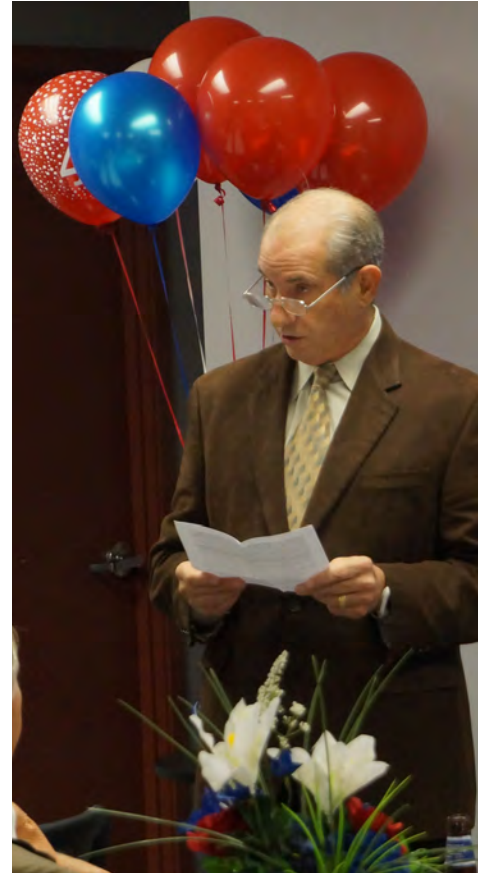


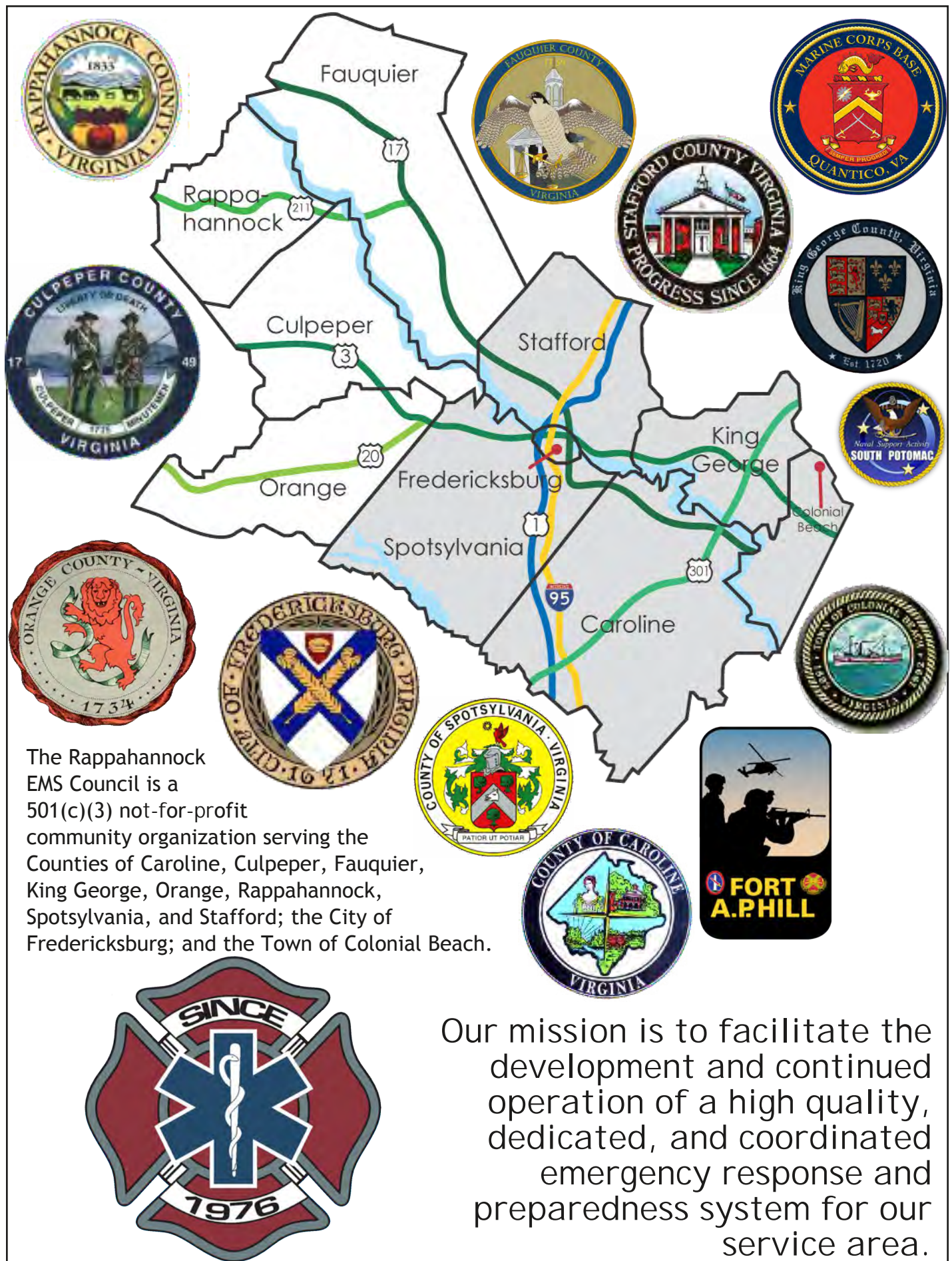
# Rappahannock EMS Council

## FY 2017 Annual Report



[remscouncil.org](http://remscouncil.org)  
540-373-0249 | [rem@vaems.org](mailto:rem@vaems.org)





# Inside the Annual Report:

## *July 1, 2016—June 30, 2017*

Organizational Background .....	1
<i>Designation</i> .....	1
<i>Mission, Vision, Staff and Faculty</i> .....	2
<i>Board Leadership</i> .....	3
<i>Regional EMS System</i> .....	4
<i>Organization History</i> .....	5
Regional Coordination and Planning .....	7
<i>Strategic Planning</i> .....	7
<i>Committee &amp; Advisory Board Representation</i> .....	7
Regional Services .....	9
<i>Protocol, Policies, and Procedures</i> .....	9
<i>Regional Medical Direction</i> .....	9
<i>Regional Medical Supplies and Restocking</i> .....	11
<i>EMS Performance Improvement</i> .....	12
<i>Mass Casualty Incident Support</i> .....	12
<i>Critical Incident Stress Management</i> .....	13
<i>Regional Awards Program</i> .....	14
<i>Rescue Squad Assistance Funds</i> .....	15
Regional Education .....	17
<i>Regional Training and Simulation Center</i> .....	17
<i>Continuing Education &amp; Instructor Services</i> .....	18
Regional Testing .....	19
Community Education & Awareness .....	19
Appendices .....	21
<i>Statement of Activities and Financial Position</i> .....	21

# Organizational Background

2016 marked the Council's fortieth year of service! Established in 1976, the Council is a 501(c) (3) not-for-profit organization, mandated by Virginia law, that assists in the planning and coordination of the region's emergency medical services to ensure that the best emergency care possible is available. In addition, we support the emergency providers themselves, providing opportunities for education, testing, and recognition. The Council coordinates all of the region's emergency medical services test sites; provides an EMS lending library for agencies, instructors, and hospitals free of charge in order to promote professional development and ongoing education; and coordinates the development of regional pre-hospital patient care protocols, patient transfer plans, and a regional performance improvement program. We also work with the local community supporting educational outreach, operating a Mobile Integrated Healthcare program, and identifying training needs.



The Council office is located in the City of Fredericksburg, where we lease a building from Mary Washington Healthcare in exchange for an annual in-kind donation. The council completed a major renovation of the building in 2007 which allowed for the creation of the first high-fidelity simulation lab in the region. We continue to maintain this extraordinary training resource, which we utilize for training and share with EMS agencies and providers in the region free of charge.

The Rappahannock EMS Council Board of Directors includes 26 representatives from the region's EMS agencies, jurisdictions, and citizen representation. All EMS agencies in the region are invited as participants on regional committees to offer input in the regional plans and policies produced by the EMS Council.

Our region interacts on a daily basis with the EMS systems in neighboring regions. We border 5 of the 10 other regional EMS Councils in Virginia. We also border Charles County, Maryland, responding into that state as requested.

In December 2016 the State Board of Health and the State Health Commissioner approved the Rappahannock EMS Council, Inc. as the designated EMS Council for a service area formed by the 10 localities of Planning District 9 and Planning District 16 per Virginia Code.

## ***Regional EMS Councils are mandated by Virginia Code § 32.1-111.4:2.***

The Board shall designate regional emergency medical services councils that shall be authorized to receive and disburse public funds. Each such council shall be charged with the development and implementation of an efficient and effective regional emergency medical services delivery system.

The Board shall review those agencies that were the designated regional emergency medical services councils. The Board shall [...] review [...] such designations every three years. In its discretion, the Board may establish conditions for renewal of such designations or may solicit applications for designation as a regional emergency medical services council.

Each regional emergency medical services council shall include, [...] representatives of the participating local governments, fire protection agencies, law-enforcement agencies, emergency medical services agencies, hospitals, licensed practicing physicians, emergency care nurses, mental health professionals, emergency medical services personnel, and other appropriate allied health professionals [...].

# Scope of Report:

This annual report provides operational and financial information concerning the Rappahannock Emergency Medical Services Council, Inc., for the time period of July 1, 2016 through June 30, 2017. Financial data is taken from the annual audit that is conducted by certified public accountant , Ashley Haire of Hendershot, Burkhardt, & Associates.

## Mission:

The Rappahannock EMS Council, Inc. exists to facilitate the development and continued operation of a high quality, dedicated, and coordinated emergency response and preparedness system for the Planning District 9 and 16 regions. Our not-for-profit 501 (c)(3) corporation is an integral part of Virginia's comprehensive EMS system.

## Vision:

The **Vision** of REMS is to be consistently recognized as one of the most effective EMS councils in Virginia.

## Staff

Wayne Perry  
*Executive Director*

Margot Moser  
*Office Manager*

Vivian Delts  
*Regional Field Coordinator*

Linda Harris  
*Regional Education Coordinator*

Carolyn Marsh  
*Regional Systems Coordinator*

## Faculty

### *Part-Time ALS Faculty*

Waverly Alley

Jarrold Batts

Kenneth Crist

Lisa Davis

Eric Lasky

Robert Usher

Brian Weston

### *Contract BLS Faculty*

Elizabeth Addington

Sue Connors

Wendi Shackelford





# Board of Directors

## Planning District 9

### **Culpeper County**

Phyllis Hurlock—Volunteer EMS

Warren Jenkins—Career EMS

### **Fauquier County**

Mary Hart—Career EMS

Joseph Williams—Volunteer EMS

### **Orange County**

John Harkness—Career EMS

Maurice “Bud” Moody—Volunteer EMS

### **Rappahannock County**

Jack Atkins—Volunteer EMS

Donald Gore—\* Vice President

## Planning District 16

### **Caroline County**

Susan Dietrich—Volunteer EMS

Mark Garnett—Career EMS

### **City of Fredericksburg**

Eddie Allen \*—Career EMS

Scott Davis—Volunteer EMS

### **King George County**

David Garvin—Volunteer EMS

David Moody—Career EMS

### **Spotsylvania County**

William Harrington—Citizen Representation

Joseph Sposa—Career EMS (resigned 3/17)

Greg Leitz—Career EMS (joined 3/17)

### **Stafford County**

Lori Knowles—Career EMS

Emmett Price—Volunteer EMS

## Planning District 17

### **Westmoreland County/Colonial Beach**

Patricia Fitzgerald—Volunteer EMS

## At-Large Representation

John Brandrup\*—Treasurer (Spotsylvania County Citizen)

Mark Crnarich\*—Secretary, (King George County Citizen)

Dr. Jordan Crovatin, Jr.—UVA Culpeper Hospital (Resigned 6/17)

Kevin Dillard \*—President (Spotsylvania County Citizen)

Fred Messing—Spotsylvania County Citizen

Louise Rollins—Stafford County Citizen (joined 6/17)

Dr. Tania White—Regional Medical Director



*\*Member of the Executive Committee*

# Regional EMS System

The Rappahannock EMS Council provides regional planning and technical support services to a geographic area encompassing planning districts 9 and 16 with a population of over 500,000. The region is diverse with civilian and military industry, including seven airports, the Marine Corps Base Quantico, the Naval Support Activity South Potomac shore command center at Dahlgren, Fort A.P. Hill, and endless highways and commuter routes. The region includes the counties of Caroline, Culpeper, Fauquier, Orange, Rappahannock, Spotsylvania, and Stafford; the city of Fredericksburg and the Town of Colonial Beach. This 2,700 square mile region extends from urban to very rural areas and includes major transportation arteries such as Interstate 95, Interstate 66, U.S. Route 301, U.S. Route 29, U.S. Route 17, and U.S. Route 1.

Serving this region are 5 acute-care hospitals, 1 free-standing emergency department, and numerous urgent care centers. Included in this is a Level II Trauma Center, two survey-reported Level 2 Stroke Centers, one Initial Entry Access Level 4 stroke center, over 50 EMS agencies (government, volunteer, federal, non-profit, commercial, and industrial), over 3,100 EMS providers, almost 220 licensed EMS vehicles, and one licensed aeromedical agency.

There are 51 EMS agencies in the Rappahannock EMS Council region which is 6% of the total agencies across the Commonwealth of Virginia. These local agencies are paired with 8 emergency physicians who provide operational medical control that is required by the Code of Virginia. There are 3,161 certified EMS providers in the REMS region which comprise almost 9% of the providers in Virginia. These providers answer nearly 50,000 calls annually and are practicing at the following levels in the REMS region:



◆ First Responder:	15
◆ EMT-Basic:	2,189
◆ AEMT:	88
◆ EMT-Intermediate:	228
◆ EMT-Paramedic:	641

# Celebrating the Council's 40th!

The Council turned 40 on September 15, 2016! In order to celebrate, Staff held a 40th Anniversary Gathering on September 29. The Council was honored to have Kevin Dillard, Board President, and Dr. Kravetz, long time medical director, speak, and to present attendees with 40 Year Challenge Coins.

“... Forty years ago ... there were only a few rescue squads in this area, and no one we would today call first responders... but there were rescuers, ...the source of your present success because, like you, they were willing to serve and lead. Like fire and police, you are a treasure of the community.” -Dr. Kravetz



## *Events in REMS History*

**1976** The Council was formed and the Squad Advisory (“Captains”) Committee began.

**1977** The council began its first Cardiac Technician course with Mary Washington Hospital. The class graduated in 1978, and shortly thereafter, we saw our region’s first successful field defibrillation.

**1978** The Council sponsored the first ACLS course, conducted EOA training, and sponsored the first First Responder course in VA.

**1980** In 1980, the REMS Council developed a poison control program – the first Mr. Yuk program in Virginia—and piloted the first Rescue College for non-instructors.

**1981** Advanced Trauma Life Support (ATLS) program given. The Council coordinated EMS activities for National Boy Scout Jamboree at Fort A.P. Hill in cooperation with Mary Washington Hospital. The Council presented the first combined Cardiac/Shock-Trauma program in Virginia.

**1983** Virginia “One-for-Life” program begins. Council proposes state ALS Test Committee, which is formed.

**1984** Council presents first area program in Emergency Medical Dispatch.

**1985** Mary Washington Hospital cosponsors ACLS program; Council coordinates EMS activities for 75th Boy Scout Jamboree, and begins MAST-instructor program; Patient Transfer Case – Review Board forms, which will lead to Mary Washington Hospital Patient Transport Service; Council buys \$50,000 microwave link, using state grant and Hospital Auxiliary contribution; Council and EMS parent Federation with Apple Computer Grant; State establishes Trauma Registry.

**1986** Mary Washington Hospital begins Patient Transport Service; Council begins CISD Team.

**1987** Council establishes principle of medicolegal liability coverage for EMS medical directors – first in Virginia; ACLS course opened to advanced rescuers as students and instructors; Council director chairs Stafford EMS Feasibility Study Group, forerunner of jurisdictional and regional EMS task forces.

**1988** Council develops and proposes Senate Bill 428, extending confidentiality to include rescuers involved in caring for a patient – bill becomes law; Council begins EMT-D program; Council members participate in



forming Stafford County EMS Task Force; Mary Washington Hospital-EMS Committee forms; Medical director appointed to Governor's EMS Advisory Board.

**1989** Emergency nurse "Ride-Along" program begins; Council and Mary Washington Hospital begin EMS Infection Control program; Council assists Mary Washington Hospital in first area PALS course; Medical director appointed to State Committee on Trauma

**1990** Council develops EMS Risk Management program; Council is first to present Shock-Trauma program in Virginia using new curriculum; Council wins first Chamber of Commerce "Reegie" award for regional cooperation in health and human services category; Council begins pre-hospital intubation program; Council assists in first Basic Trauma Life Support (BTLS) course. State "Two-for-Life" program begins; Council is first in state to discontinue ALS telemetry requirement.

**1991** Council begins EOA-Instructor and EMT-D Instructor programs; Council presents Risk Management program to Virginia EMS community; Council completes the first Shock Trauma course for our region; the council works with the first commercial ALS ambulance services in the area.

**1992** Council Board of Directors appoints a Guidelines and Training Committee to make recommendations to the Board for future training needs. This training committee pursued a program for prehospital instructors to teach in the Shock Trauma and Cardiac Bridge courses.

**1993** The Council hired an Advanced Life Support training coordinator for expanded ALS programs, future ACLS courses and the future EMS degree program and ALS Instructor Institute. Dr. Kravetz, OMD, worked on an EMS medical control program which would more directly utilize emergency department physicians. The REMS board approved the REMS helicopter protocol. On September 12, 1993, the Council assembled enough ambulances to move approximately 140 patients from the old hospital to the new facility. This involved a year of committee meetings with untold hours from the council and the Mary Washington Hospital Move Committee. Rappahannock EMS Council received its ACLS training center designation.

**1998** The Council sponsored its first Paramedic course at the Medical Arts Building.

**2002** The Council hosted a regional meeting to review the area's response to the 2001 Anthrax cases; The Council developed regional plans for Small Pox vaccinations and the National Pharmaceutical Stockpile; Dr. David Garth became the Council's medical director; The Regional Quality Improvement Committee developed a new Quality Improvement Plan and system.

**2003** The Council held its first annual Golf Tournament; The Council sponsored and facilitated the "9-1-1 for Kids" program.

**2004** The Council hosted the first Regional Awards program.

**2005** The Executive Director, Tina Skinner, began service as Chair of the Regional Director's Group (appointment lasted through 2007); The Regional Medication Accountability Program was adopted, and an RSAF Grant was awarded to implement Phase I-Narcotic Box Replacements.

**2006** The Council was awarded the 2006 Community Services Award by the Fredericksburg Regional Chamber of Commerce.

**2007** The Council renovated and moved into the Medicorp Building and out of the Medical Arts Building. The Regional Training and Simulation Center opened.

**2010** In partnership with VDEM and Mary Washington Healthcare, the Council secured funding for the installation of a new National Weather Service transmitter atop Mary Washington Hospital. This transmitter was installed, and 188 radios were distributed to REMS service area agencies. The installation of this transmitter helped to close a coverage gap in the weather radio network.

**2014** The Rappahannock EMS Council CISM Team combined with the Rapidan CISM Team.

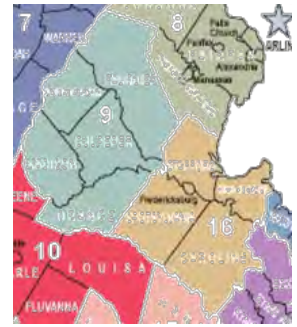
**2015** The Regional Pharmacy Committee finalized plans for and implemented the STAT Kit program to decrease the number of necessary med box exchanges at hospital pharmacies. The STAT kit consists of commonly used, non-narcotic drugs that is accessible to both ALS and BLS providers.

**2016** The Protocol Subcommittee of the Regional Guidelines and Training Committee finished a major revision of the Regional Patient Care Protocols which was approved by Council's Board of Directors and issued for use. The Council celebrated its 40th year of service in September. A reception was held for former board members and other significant contributors to the Council's history.

**2017** The Council is recognized by House Joint Resolution 687 commemorating 40 years of service. The Council is also presented with a Joint Resolution from the Town of Montross, Town of Colonial Beach, and Westmoreland County in recognition of its service to the area.

# Regional Coordination & Planning

The Council utilizes Regional Strategic EMS Plan with established strategies and initiatives to provide the Council and staff guidance in the continued development and improvement of the regional Emergency Medical Services System over time. This document is not a recipe for day-to-day management or oversight activities; it represents a broad-brush approach addressing the bigger picture surrounding the provision of services and coordination of interactions between stakeholders.

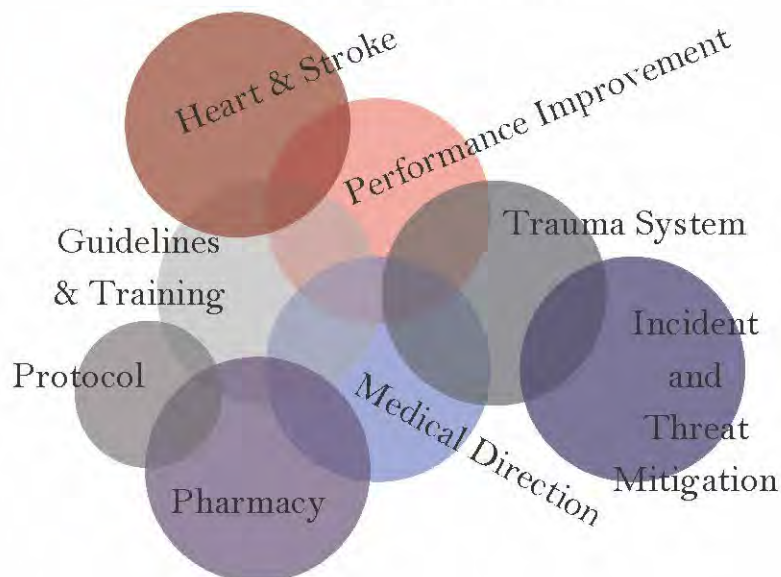


## *Core Council Strategies*

1. Develop and effectively utilize partnerships/relationships with healthcare/EMS providers, governments, and communities.
2. Help coordinate and assist in regional emergency and disaster planning.
3. Strengthen regional EMS provider supply, education and training.
4. Strengthen the REMS Council's resources and infrastructure.
5. Help coordinate and actively participate in improving community emergency preparedness and selected related health initiatives.

## *Committee & Advisory Board Representation*

### Regional Committee Structure



The Council facilitates 16 regional committees with a total of more than 200 members. Membership consists of area EMS providers, citizens, physicians, hospital staff, and representation from various other health organization such as the American Heart Association. These committees are guided by the Strategic EMS Plan, help integrate the operations of various agencies in our service area, and steer the development of regional plans and policies. The REMS Board of Directors has oversight over all committees.

As illustrated on the left, Council committees work collaboratively, with each committee focusing on a particular topic and regional plan.

# Regional Committee Leadership

Executive Committee .....	Kevin Dillard, President
By-Laws Committee.....	Donald Gore, Chairperson
CISM Committee .....	Patricia Copeland, Team Coordinator
Finance Committee. ....	John Brandrup, Treasurer
Grants Committee .....	Kevin Dillard, President
Guidelines and Training Committee .....	John Brandrup, Chairperson
Heart and Stroke Committee .....	Emmett Price, Chairperson
Incident & Threat Mitigation.....	Jake Marshall (until 5/17) & William Harrington, Chairperson
Medical Direction Committee .....	Dr. Tania White, Regional Medical Director
Nominating Committee.....	Kevin Dillard, Chairperson
Performance Improvement Committee.....	Mark Crnarich, Chairperson
Personnel Committee.....	David Moody, Chairperson
Pharmacy Committee.....	Joey King, Chairperson
Strategic Planning Committee.....	John Harkness, Chairperson
Trauma System Committee.....	Dr. Jordan Crovatin and Susan Dietrich, Co-Chairpersons



*Council staff represent our service area at meetings of the Regional Director's Group, Financial Assistance Review Committee (FARC), Virginia Association of Governmental EMS Administrators (VAGEMSA), National Highway Traffic Safety Administration—National EMS Advisory Council (NHTSA-NEMSAC), and Virginia Heart Attack Coalition (VHAC).*

*Staff also attends EMS on the Hill Day as well as the Mobile Integrated Healthcare Summit.*

The Rappahannock EMS Council also interacts extensively with the Virginia Office of Emergency Medical Services and state committees to provide an avenue for the sharing of information between and among said state bodies and regional committees, working towards statewide system improvement and enhancements.

# State Committee Representation

EMS Governor's Advisory Board .....	Lori Knowles, REMS Board of Directors
Regional Director's Group.....	Wayne Perry, REMS Council
Virginia Medical Direction Committee.....	Dr. Tania White, Regional OMD
Virginia Trauma Oversight Committee .....	Dr. Donald Kauder
Provider Health and Safety Committee .....	Wayne Perry, REMS Council
TSOMC Pre-Hospital Trauma Taskforce.....	Wayne Perry, REMS Council

# Regional Services

## *Protocol, Policies, and Procedures*



The Rappahannock EMS Council develops and provides the region with Advanced Life Support (ALS), Basic Life Support (BLS), Pediatric, and Weapons of Mass Destruction (WMD) patient care protocols, policies, and procedures for all local governments, EMS agencies, EMS providers, EMS physicians, and hospitals in the region. The Regional Patient Care Protocols are reviewed and adopted by the Regional Medical Direction committee as a regional template and guide to the provision of pre-hospital emergency medical care.

The Council maintains a Protocol Subcommittee under the Regional Medical Direction Committee that drafts new and revises existing protocols, policies, and procedures. Through their work, the Protocol Subcommittee ensures

that these regional protocols, policies, and procedures continue to meet national standards and reflect changing medical knowledge, effective therapeutic modalities, and continually improving provider knowledge and skill level. The committee maintains a Protocol Manual, a document that presents effective and accurate patient treatment in an organized manner. The Protocol Subcommittee finalized a triennial revision of the regional protocols in FY 2016.

## *Regional Medical Direction*

The REMS Council coordinates a Regional Medical Direction Committee which develops, implements, and improves programs of medical control and accountability. In addition to coordinating and developing regional patient care protocols, they provide medical oversight for education and testing for all levels of emergency medical service certification within the region. The policies and protocols for the region are the basis for the legal standard of care for the provision of pre-hospital emergency medical care within the geographic boundaries of the Rappahannock Region.

### In FY 2017, REMS:

- ◆ Coordinated the endorsement of several OMDs
- ◆ Maintained a Scope of Service and signed contract with the Regional Medical Director, Dr. Tania White
- ◆ Maintained and processed OMD agreements for EMS agencies throughout the region
- ◆ Maintained and updated the Regional Patient Care Protocols
- ◆ Held Regional Medical Direction Committee meetings quarterly, led by the Regional Medical Director. Topics included regional patient care; evidence-based medicine; QI and safety issues; drug shortages; and EMS physician updates



# *Operational Medical Directors*

## **Dr. Jeffrey Alberts** *Orange County*

- Lake of the Woods Volunteer Fire & Rescue Co.
- Orange County Dept. of Emergency Services

## **Dr. Jordan Crovatin** *Culpeper County*

- Amissville Volunteer Fire Department
- Brandy Station Volunteer Fire Department
- Castleton Community Vol. Fire Department
- Culpeper County Office of EMS
- Culpeper County Rescue Squad
- Rapidan Volunteer Fire Department

## **Dr. Robert Fines** *Stafford County*

- Aquia Harbour Volunteer Rescue Squad
- Brooke Fire Safety Association
- Hartwood Volunteer Fire Department
- Rockhill Volunteer Rescue Squad
- Rockhill Volunteer Fire Department
- Stafford County Fire and Rescue Dept.
- Stafford Volunteer Rescue Squad
- White Oak Volunteer Fire Department
- White Oak Volunteer Rescue Squad
- Widewater Volunteer Fire and Rescue

## **Dr. Douglas Johnson** *Caroline, King George, and Westmoreland Counties*

- Bowling Green Volunteer Rescue Squad
- Caroline County Dept. of Fire & Rescue
- Colonial Beach Volunteer Rescue Squad
- Colonial Beach Volunteer Fire Department
- King George Dept. of Fire, Rescue, & EMS
- King George Fire and Rescue
- Oak Grove Volunteer Fire Department
- Westmoreland County Dept. of Emergency Services
- Fort AP Hill
- Naval Support Activity South Potomac—Dahlgren

## **Dr. Michael Jenks** *Fauquier County*

- Amissville Volunteer Fire/Rescue Company
- Catlett Volunteer Fire/Rescue
- Fauquier County Fire/Rescue
- Goldvein Volunteer Fire/Rescue
- Little Fork Volunteer Fire/Rescue Company
- Lois Volunteer Fire Department
- Marshall Volunteer Rescue Squad
- New Baltimore Volunteer Fire Company
- Orlean Volunteer Fire Company
- Remington Volunteer Fire/Rescue Dept.
- Sperryville Volunteer Rescue Squad
- The Plains Volunteer Fire Company

## **Dr. Mark Pierce** *Rappahannock County*

- Chester Gap Fire Department
- Flint Hill Volunteer Fire Department

## **Dr. Andy Reese** *City of Fredericksburg*

- Fredericksburg Fire Department
- Fredericksburg Rescue Squad
- LifeCare Medical Transports, Inc.

## **Dr. Colleen Rickabaugh** *Spotsylvania County*

- Spotsylvania County Fire and Rescue
- Spotsylvania Volunteer Rescue Squad
- Chancellor Volunteer Fire and Rescue



# *Regional Medical and EMS Supplies Restocking*

The Rappahannock EMS Council provides a Regional Medication and EMS Supplies Restocking Agreement between all EMS agencies and the community hospitals with full-service emergency departments within the region. This agreement meets all current federal regulations and describes the region's restocking procedures between the REMS Council region hospitals and EMS agencies. The Agreement is maintained by the Council's full-time Regional Systems Coordinator, with annual approval by the REMS Board of Directors.

In FY 2017, REMS:

- Provided hospitals in PD 16 with single-use narcotic security bags for the Regional Medication Exchange Program
- Maintained and updated regional medication and #EMS supplies restocking agreements with each of the five hospitals in our service area
- Served as liaison between EMS agencies, medical directors, and emergency department nurse managers in the exchange of supplies and equipment
- Reviewed and maintained the Regional Medication Exchange Program
- Worked collaboratively with Pharmacy Committee members on the development and introduction of STAT Kits
- Assisted agencies by filing Controlled Substance Registrations with area hospitals
- Maintained EMS Medication Shortage list on website; distributed information regarding Regional Medical Director approved alternatives



## *Medication Kit Standardization and Exchange*

There are over 100 Medication Kits (also known as “drug boxes”) maintained by the Council and regional hospital pharmacies throughout the region in support of the standard of care identified in the Regional Patient Care Protocols.

While agencies may purchase alternative kits when operating under a one-for-one exchange, the Council provides the initial and replacement boxes as well as system oversight. The contents of the drug boxes are restocked after use and owned by the region's hospital pharmacies. The Regional Pharmacy and Medical Direction Committees develop the content lists for drug boxes, one-for-one exchange options, and the related protocols. All EMS agencies within the region participate in the Council's Regional Medication Kit Exchange Program. The Council's Regional Systems Coordinator is responsible for the contracts, inventory lists, and the process and distribution of the region's drug boxes as they are added to the system.

# *EMS Performance Improvement*

*In FY 2017, the Performance Improvement Committee reviewed agency data on the following topics:*

- Agency transitions to VPHIB V3
- Opioid medication administration
- TXA administration
- Data reporting quality
- Medication administration and advanced procedures
- Airway procedures

The Rappahannock EMS Council maintains an ongoing Performance Improvement Program that regularly assesses EMS system performance in order to provide the information needed for continuous quality improvement in pre-hospital emergency medical care and outcomes. The Council's EMS performance improvement work is led by its multi-disciplinary Performance Improvement (PI) Committee (a combination of providers across the care continuum) that is responsible for assuring and improving the quality of pre-hospital care provided within the region. The Committee is also responsible for assisting hospitals, the Medical Direction Committee, and citizens or EMS providers with medical case review, evaluating patient care and system performance data, and conducting studies and investigations.

## *Mass Casualty Incident Support*

The Rappahannock EMS Council provides coordination and assistance with mass casualty planning and training on local, regional, and state levels. In conjunction with the Virginia Office of EMS, the Virginia Department of Emergency Management, and local emergency preparedness leadership, the Council provides and updates a Regional Mass Casualty Incident (MCI) Plan and Guide for all EMS agencies, EMS providers, EMS physicians, and hospitals in the region. The Regional Plan and Guide incorporate the Virginia Triage Tag as well as the Simple Triage and Rapid Treatment (START) and JumpSTART (pediatric) patient triage processes adopted by the Commonwealth of Virginia. The Council provides MCI exercise planning and evaluation, and MCI training, upon request throughout the region. The Council also works with the Northern Virginia Hospital Alliance, the Regional Hospital Coordinating Center, and the Virginia Hospital and Healthcare Association to monitor the Regional Hospital Diversion Plan.

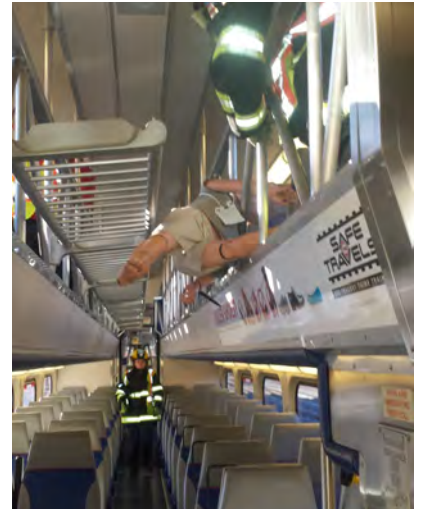
FY 2017 Accomplishments:

- Reviewed and revised the EMS Mass Casualty Incident Plan
- Maintained strategic partnership with Northern Virginia Hospital Alliance (NVHA), Mary Washington Healthcare, and Spotsylvania Regional Medical Center
- Updated resource listing of regional surge plan and mass casualty resources



Participants in the Mass Casualty Incident Drill simulating an Amtrak derailment

- Fostered working relationships between and among the Department of Health, Department of Emergency Management, American Red Cross, Medical Reserve Corps, Regional Hazardous Materials Team, law enforcement, emergency management coordinators, and other agencies in the region.
- Reviewed and maintained the regional Trauma Triage Plan.
- Reviewed and published Hospital Diversion Plan
- Maintained memorandum of agreement for a joint project between the National Weather Service/National Oceanic and Atmospheric Association with Mary Washington Healthcare to promote regional communications. This is based on an FY2010 RSAF grant for \$40,000 for a NOAA weather radio all-hazards transmitter site (total project, \$89,500).
- Provided resources and information in preparation and planning for pandemic events (Ebola Virus, Zika, Flu)
- Participated in Surge Planning for the region.



## *Critical Incident Stress Management*

The Rappahannock EMS Council supports and manages one of the fifteen Critical Incident Stress Management (CISM) Teams recognized by the Commonwealth of Virginia. The CISM teams provide critical support to the entire emergency services community, including police, fire, emergency medical services, emergency communications, or hospital emergency department personnel who experience psychologically traumatic events or suffer from the effects of cumulative events. The Rappahannock CISM Team also provides services to members of the community involved in similar events. Team members provide pre-incident education, on-site support and demobilization, post-incident defusing, psychological first aid, and peer-to-peer support and debriefing. The multi-faceted team includes representatives from not only the public safety sector, but also clergy, counselors, psychological professionals, and other members of the community at large. The Council coordinates a 24-hour dispatch center to provide coverage around-the-clock throughout the year.

*CISM Services may be requested by calling 540-752-5883*

In FY2017, REMS:

- Coordinated a state accredited regional CISM team consisting of more than 50 volunteer mental health and peer public safety debriefers
- Conducted 4 membership training sessions and 3 outreach training sessions
- The REMS CISM team responded to 26 calls for service during FY2017 and made contact with approximately 224 people.

In addition to CISM services, the Council has also begun offering Stress First Aid training to agencies within our service area and promoting the Code Green Campaign. For information about SFA training, please contact Wayne at [wperry@vaems.org](mailto:wperry@vaems.org). Additional information about the Code Green Campaign may be found at [codegreencampaign.org](http://codegreencampaign.org)



# *Regional Awards Program*

Each year the Rappahannock EMS Council conducts a Regional Awards Program. These awards recognize the unique and essential role EMS plays in the community, and honors the individuals and agencies that have made a significant contribution to EMS in the region. Regional award winners are nominated for the state's Governors EMS Awards. The 2017 Regional Awards were held at the National Museum of the Marine Corps on June 14 and organized by the Council's Regional Field Coordinator. Sponsors included Chancellor Volunteer Fire and Rescue, LifeCare Medical Transports, Spotsylvania Volunteer Rescue Squad, and Spotsylvania DFREM.

## 2017 Regional Award Winners

### **Excellence in EMS**

Jake Marshall, Fredericksburg Volunteer Rescue Squad



### **Outstanding Prehospital Provider**

Susan Dietrich, LifeCare Medical Transports

### **Outstanding EMS Administrator**

Sue Connors, LifeCare Medical Transports

### **Outstanding EMS Physician**

Dr. Tania White, Mary Washington Healthcare (Regional OMD)

### **Nurse with Outstanding Contribution to EMS**

Inez Robbins, Mary Washington Healthcare

### **Outstanding Contribution to EMS Health and Safety**

County of Orange Fire and EMS

### **Outstanding Contribution to EMS Emergency Preparedness and Response**

LifeCare Medical Transports

### **Outstanding Telecommunications Dispatcher**

Leslie Thode, Spotsylvania Sheriff's Office Emergency Communications Center

### **Outstanding Pre-hospital Educator**

Raymond Velasquez, Associates in Emergency Care / Spotsylvania County DFREM

### **Outstanding EMS Agency**

Sperryville Volunteer Rescue Squad

### **Outstanding Contribution to EMS for Children**

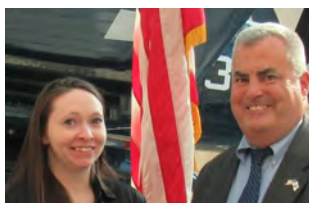
Colonial Beach Volunteer Rescue Squad

### **Outstanding Contribution to EMS by a High School Senior, Runner-Up**

Bailey Birks, Brooke Fire Safety Association

### **Outstanding Contribution to EMS by a High School Senior, Winner**

Jacob Wellerman, Chancellor Volunteer Fire and Rescue



# Rescue Squad Assistance Funds

The Council promote the Rescue Squad Assistance Fund grant program. In FY 2017, the Council provided technical support to all applicants in the region; provided to OEMS standardized grading for regional RSAF grant applications; and attended the Financial Assistance Review Committee meetings to support regional RSAF applicants.

## *Fiscal Year 2017 Awards*

Amissville Volunteer Fire and Rescue	\$56,204.00
<ul style="list-style-type: none"><li>• 1 AED</li><li>• 2 LifePak 15s</li></ul>	
Caroline County Department of Fire and Rescue	\$73,345.60
<ul style="list-style-type: none"><li>• 13 Rugged Laptops</li><li>• 4 12-lead monitors</li></ul>	
Chester Gap Fire Department	\$171,190.40
<ul style="list-style-type: none"><li>• Horton Type 1 Ambulance</li></ul>	
Flint Hill Volunteer Fire and Rescue Company	\$98,845.00
<ul style="list-style-type: none"><li>• 5 Stretchers</li></ul>	
Fredericksburg Volunteer Rescue Squad	\$118,638.50
<ul style="list-style-type: none"><li>• Type 1 4x4 Ambulance</li></ul>	
King George County Fire and Rescue	\$36,918.00
<ul style="list-style-type: none"><li>• 7 Stryker Performance Load</li></ul>	
Little Fork Volunteer Fire and Rescue Company	\$52,334.40
<ul style="list-style-type: none"><li>• 2 Monitor Defibrillator</li></ul>	
Orange County Department of Fire and EMS	\$105,606.50
<ul style="list-style-type: none"><li>• 5 Stretchers</li><li>• 1 BLS Equipment</li></ul>	

Richardsville Volunteer Fire Department and Rescue Squad	\$53,225.60
• 2 LifePak 15s	
Sperryville Volunteer Rescue Squad	\$26,612.80
• 1 LifePak 15 AED	
Spotsylvania County Dept of Fire, Rescue, & Emergency Services	\$53,825.13
• 4 Stryker Power Load	
• 5 Video Laryngoscope	
Spotsylvania County Sheriff's Department	\$9,433.00
• 8 LifePak 1000 AEDs	
Spotsylvania Volunteer Rescue Squad	\$24,677.81
• 3 LifePak 15 SPCO	
• 1 Stryker Power Cot System	
Washington Volunteer Fire and Rescue	\$26,612.80
• 1 LifePak 15	

## Planning District 9 Totals

RSAF Cycle #1: \$340,607.10

RSAF Cycle #2: \$152,958.14

## Planning District 16 Totals

RSAF Cycle #1: \$196,509.77

RSAF Cycle #2: \$120,328.27

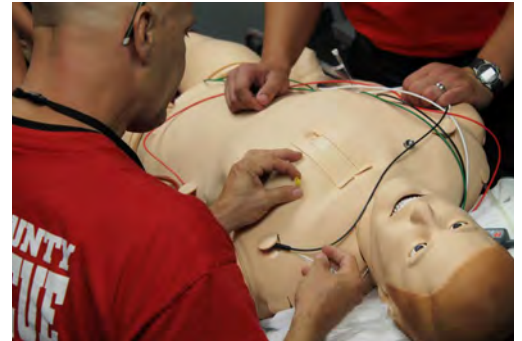
**REMS Service Area Total: \$810,403.28**

# Regional Education

## *Regional Training and Simulation Center*

The REMS Council manages and maintains a Regional Training and Simulation Center. This Center is equipped with more than one-quarter million dollars in equipment for basic and advanced training.

This equipment includes high-fidelity human patient simulators: two adult “Sim-Man”; one pediatric “SimBaby”; one pediatric “SimNewB”; one Sim Junior; one MegaCode Kid; one obstetric “Noelle”; and one adult “AirMan”. The Training Center also includes five advanced training labs, three of which have audio/visual recording capabilities.



The REMS Council has its own training program, through which we trained or retrained providers, offering initial entry-level BLS training as well as Continuing Education for providers up to the National Registry Paramedic level. REMS maintains professional liability insurance for all students enrolled in council-sponsored training programs, saving students roughly \$9,600 annually.

In FY 2017, REMS:

- Renewed or established clinical affiliation agreements at six facilities, which are utilized by REMS students as well as EMS agencies throughout the region.
- Maintained 45 field affiliation agreements, which are also utilized by REMS students as well as EMS agencies throughout the region.
- Provided 330 hours of entry-level certification courses.





# *Continuing Education*

The Council helps providers maintain up-to-date training and certifications. Each year, Council staff assists agency training officers with course announcements and continuing education requirements; maintains a regional web-based training calendar; processes continuing education hours for individuals completing training and courses at other training sites; serves as a clearinghouse for regional and state EMS information, posters, calendars, and other public relation and recruitment materials; sends out updates regarding legislation; publishes and distributes various flyers for courses, service offerings, and training events; and assists EMS providers with their National Registry ALS and state EMT CEU re-certification and testing questions.



In FY 2017, REMS:

- Supported Advanced Cardiac Life Support, Pediatric Advanced Life Support, and Basic Life Support/CPR classes in partnership with the Mary Washington Hospital AHA Training Center.
- Offered 390 hours of ALS and BLS continuing education
- Offered a High-Performance Resuscitation Team Workshop in partnership with Laerdal Medical
- Participated in the planning and coordination of the Symposium which has over 1,800 attendees per year.

## *Instructor Services*

In FY2017, the Rappahannock EMS Council endorsed ALS coordinators for recertification. The Council also electronically provided updated material to EMS instructors and coordinators across our service area. Two instructor meetings were held, one in Planning District 9 and one in Planning District 16. The agenda for these meetings consisted of discussion of changes to OEMS regulations concerning training and certification.

The Council also maintains and continually expands an EMS library, which includes EMSAT videos, textbooks, and other educational resources for free use by area agencies.

# Regional Testing

The Council coordinates the testing of EMS providers for initial certification at both the basic and advanced life support levels. The Council developed and distributed a yearly testing schedule; registered all test candidates; and coordinated all technical aspects of testing events, including the procurement of a facility, resource provision, and staffing. The Council also maintains inventories, and stocks adequate equipment and supplies to administer all regional test sites.

In FY2017:

- Developed and posted a testing schedule of times, dates, and locations.
- Provided staff support as evaluators, managers, and fill-in examiners
- Assisted candidates with the registration process
- Utilized a web-based test site registration system to coordinate provider testing
- Conducted 14 CTS, serving 484 candidates
- Conducted 5 ALS NR exams, serving 126 candidates



# Community Education & Awareness



*Council Staff and Volunteers on the RUW 2016 Day of Action*

The Council is an active member of the Rappahannock United Way and participates in CFC and CVC events, interacting with the public and educating them about the Council and EMS in general. As a member agency, the Council also participates in the annual "Day of Action," during which United Way sends volunteers to complete tasks for its member agencies.

## *Youth Outreach*



Steve Dove teaches at Summer Safety Camp 2017.

The Council held its first Summer Safety Day Camp in FY 2017. Participants learned about what constitutes an emergency, what to do if you have to call 9-1-1, and hands-only CPR. In addition to this day of youth outreach held in partnership with Stafford Junction, the Council also facilitated the annual 9-1-1 for Kids Program in Stafford County. "9-1-1 for Kids" educates second-grade students about how and when to call 9-1-1. The program served 1,147 second-grade students in FY 2017.

## *Caroline County Mobile Integrated Healthcare*

Mobile Integrated Healthcare-Community Paramedicine is defined as "the provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment." This may include increasing access to healthcare in underserved areas, providing telephone advice to 9-1-1 callers instead of resource dispatch, using EMS practitioners for management of high healthcare system utilizers, and transport or referral of patients to appropriate care. Mobile Integrated Healthcare programs are intended to decrease strain on the healthcare system by preventing hospital readmissions and overuse of Emergency Departments.



In June of 2016, the Council implemented its Caroline County Pilot Mobile Integrated Healthcare Program. This program is funded by a grant from the Virginia Department of Health, Office of Minority Health and Health Equity. Services include patient transport to and from regular appointments, referrals to patient assistance programs, a community garden, and education about leading a healthy lifestyle. Thus far, the Council has served twelve patients and plans to expand services in the future.



# *REMS Council Statement of Financial Position*

## *As of June 30, 2017*

### **ASSETS**

#### Current Assets

Cash	\$42,729
Accounts Receivable	\$67,678
Total Current Assets	\$110,407

#### Furniture and Equipment

Furniture and Equipment	\$912,709
Accumulated Depreciation	(\$758,039)
Total Furniture and Equipment	\$154,670

Total Assets	\$265,077
--------------	-----------

### **LIABILITIES AND NET ASSETS**

#### Liabilities

#### Current Liabilities

Accounts Payable and Accrued Expenses	\$7,029
Payroll Liabilities	\$34,843
Current Portion of Notes Payable	\$27,221
Deferred Revenue	\$22,418
Total Current Liabilities	\$91,511

#### Long Term Liabilities

Notes Payable	\$18,555
Total Long Term Liabilities	\$18,555

Total Liabilities	\$110,066
-------------------	-----------

#### Net Assets

Unrestricted Net Assets	\$155,011
Total Net Assets	\$155,011

Total Liabilities & Net Assets	\$265,077
--------------------------------	-----------



# *REMS Council Statement of Activities*

## *Year Ended June 30, 2017*

### **Revenue**

State Contributions	\$257,057
Donated Rent	\$110,865
Local Government Contributions	\$76,358
Consolidated Testing and Training Fees	\$72,020
Non Government Grants and Contributions	\$3,549
Miscellaneous	\$2,517
Total Revenue	\$537,556

### **Expenses**

Program	\$373,907
Administrative	\$161,105
Fundraising	\$62,585
Total Expenses	\$597,597

Change in Net Assets	(\$60,041)
----------------------	------------

Unrestricted Net Assets, <i>Beginning of Year</i>	\$215,052
Unrestricted Net Assets, <i>End of Year</i>	\$155,011

# *REMS Council Statement of Functional Expenses*

## *Year Ended June 30, 2017*

	<u>Program</u>	<u>Management &amp;</u>	<u>Fundraising</u>	<u>Total</u>
Salary	\$143,892	\$72,545	\$23,969	\$240,406
Rent	\$69,367	\$29,888	\$11,611	\$110,866
Depreciation	\$37,285	\$16,065	\$6,241	\$59,591
Employee Benefits	\$28,188	\$12,145	\$4,718	\$45,051
Consolidated Testing	\$30,599	-	-	\$30,599
Training	\$18,552	-	-	\$18,552
Payroll Taxes	\$11,185	\$4,819	\$1,872	\$17,876
Repairs & Maintenance	\$9,867	\$4,251	\$1,652	\$15,770
Fundraising	-	-	\$9,987	\$9,987
Insurance	\$3,180	\$5,476	\$478	\$9,134
Utilities	\$5,484	\$2,363	\$918	\$8,765
Miscellaneous	\$4,961	\$3,355	\$370	\$8,686
Travel, Conferences, and Meetings	\$6,751	-	-	\$6,751
Professional Fees	-	\$6,178	-	\$6,178
Office Expense	\$2,392	\$1,030	\$400	\$3,822
Communications	\$2,204	\$950	\$369	\$3,523
Interest Expense	-	\$2,040	-	\$2,040
	<u>\$373,907</u>	<u>\$161,105</u>	<u>\$62,585</u>	<u>\$597,597</u>

# *REMS Council Statement of Cash Flows*

## *Year Ended June 30, 2017*

### **CASH FLOWS FROM OPERATING ACTIVITIES**

Change in Net Assets	\$(60,041)
Adjustments to reconcile change in net assets to net cash provided by operating activities	
Depreciation	\$59,591
Changes in assets and liabilities	
Increase in accounts receivable	\$(2,742)
Decrease in accounts payable	\$(4,346)
Decrease in payroll liabilities	\$(1,364)
Decrease in deferred revenues	\$10,136

**NET CASH PROVIDED BY OPERATING ACTIVITIES** **\$1,234**

**CASH FLOWS FROM INVESTING ACTIVITIES** **-**

### **CASH FLOWS FROM FINANCING ACTIVITIES**

Payments on note payable	\$(26,245)
<b>NET CASH USED BY FINANCING ACTIVITIES</b>	<b>\$(26,245)</b>

Decrease in cash	\$(25,011)
Cash at beginning of year	\$67,740
 <b>CASH AT END OF YEAR</b>	 <b>\$42,729</b>



## EMS COUNCIL INC.

435 Hunter Street | Fredericksburg, VA | 22401

540-373-0249 | 540-373-0536 (fax) | [remscouncil.org](http://remscouncil.org)

The Rappahannock EMS Council was chartered in 1976 under the laws of the Commonwealth of Virginia and is a private, not-for-profit, tax-exempt organization as described in section 501(c)3 of the Federal IRS code.

Donations to the Council are tax deductible.

Federal Employer ID Number: 54-1038962 | Duns and Bradstreet 014540796  
Guidestar—"Rappahannock EMS" or EIN