Rappahannock EMS Council FY2018 Annual Report









remscouncil.org 540-373-0249 | rems@vaems.org



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July 1, 2017—June 30, 2018

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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 proto-



cols, 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, 2017 through June 30, 2018. Financial data is taken from the annual audit that was conducted by certified public accountant Patrick Marek of Marek CPA & 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*

Faculty

Part-Time ALS Faculty Contract BLS Faculty

Waverly Alley Elizabeth Addington

Jarrod Batts Sue Connors

Kenneth Crist Wendi Shackleford

Lisa Davis

Eric Lasky

Robert Usher

Brian Weston



Board of Directors

Planning District 9

Culpeper County

Phyllis Hurlock—Volunteer EMS
William Ooten—Career EMS

Fauquier County

Mary Hart—Career EMS

Joseph Williams—Volunteer EMS

Orange County

Maurice "Bud" Moody—Volunteer EMS
Nathaniel Mort—Career EMS

Rappahannock County

Jack Atkins—Volunteer EMS

Donald Gore—* Vice President

Planning District 17

Westmoreland County/Colonial Beach

Patricia Fitzgerald—Volunteer EMS

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 Greg Leitz—Career EMS

Stafford County

Lori Knowles—Career EMS

Jeff McClure—Volunteer EMS

At-Large Representation

John Brandrup*—Treasurer (Spotsylvania County Citizen)
Mark Crnarich*—Secretary, (King George County Citizen)
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 3,200 EMS providers, almost 220 licensed EMS vehicles, and one licensed aeromedical agency.

There are 46 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:



•	mat nesponder.	10
•	EMT-Basic:	2,224
•	AEMT:	88
•	EMT-Intermediate:	207
•	EMT-Paramedic:	701

16

First Responder:

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	Lori Knowles, Chairperson
Incident & Threat Mitigation	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	Fred Messing, Chairperson



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.

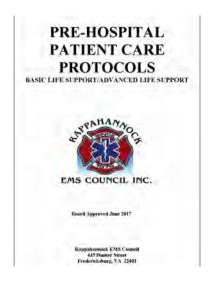
The Rappahannock EMS Council also interacts extensively with the Virginia Office of Emergency Medical Services and state committees to provide an avenue for the sharing of information between and among said state bodies and regional committees, working towards statewide system improvement and enhancements.

State Committee Representation

Financial Assistance Review Committee	. Kevin Dillard, REMS Board of Directors
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
Virginia State Stroke Taskforce	Greg Leitz, REMS Council
Virginia State Stroke Performance Improvement Committee	Greg Leitz, 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 2018, 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

Orange County Dept. of Emergency Services

Dr. Todd Bennett

Rappahannock County

Chester Gap Volunteer Fire Department

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. 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 2018, 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 2018, the Performance Improvement Committee reviewed agency data on the following topics:

- Agency transitions to VPHIB V3
- Medical Record Number recording
- Advanced Skills Tracking
- Narcan Administration
- Stroke Patient Assessments
- Trauma Patient Assessments

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



Participants in a Mass Casualty Incident Drill simulating an Amtrak derailment

Northern Virginia Hospital Alliance, the Regional Hospital Coordinating Center, and the Virginia Hospital and Healthcare Association to monitor the Regional Hospital Diversion Plan.

FY 2018 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

- 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
- 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 FY2018, REMS:

- Coordinated a state accredited regional CISM team consisting of more than 50 volunteer mental health and peer public safety debriefers
- Conducted 5 membership training sessions and 9 outreach training sessions
- The REMS CISM team responded to 37 calls for service during FY2018 and made contact with approximately 181 people.

Stress First Aid Training

In addition to CISM services, the Council offers Stress First Aid training to agencies within our service area and promotes the Code Green Campaign.

In FY2018, REMS:

Held seven SFA training sessions, serving 63 individuals and the entire staff of Orange County Department of Fire and EMS

For information about SFA training, please contact Wayne at wperry@vaems.org. Additional information about the Code Green Campaign may be found at 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 2018 Regional Awards were held at the National Museum of the Marine Corps on June 12 and organized by the Council's Regional Field Coordinator. Community sponsors included Costco and Wegmans.



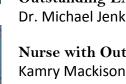
2018 Regional Award Winners

Excellence in EMS Scott Chamberlain, Fauquier County Fire and Rescue



Outstanding Prehospital Provider Laura Baxter, LifeCare Medical Transports

Outstanding EMS Administrator Kaytlin Cockerill, Culpeper County Rescue Squad



Outstanding EMS Physician Dr. Michael Jenks, Fauguier Hospital

Nurse with Outstanding Contribution to EMS Kamry Mackison, Fauquier Hospital



Outstanding Contribution to EMS Health and Safety

Spotsylvania County Department of Fire, Rescue, and Emergency Management Outstanding Contribution to EMS Emergency Preparedness and Response



LifeCare Medical Transports



Outstanding Telecommunications Dispatcher Tammy Tolson, Stafford County

Outstanding Pre-hospital Educator Kim Madison, Spotsylvania Volunteer Rescue Squad



Outstanding EMS Agency Quantico Fire and Emergency Services



Outstanding Contribution to EMS for Children Sandy Holland, Fredericksburg Rescue Squad



Outstanding Contribution to EMS by a High School Senior Mikayla Cunney, Fredericksburg Rescue Squad

Rescue Squad Assistance Funds

The Council promote the Rescue Squad Assistance Fund grant program. In FY 2018, 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 2018 Awards

Caroline County Department of Fire and Rescue	\$28,203.27
13 Rugged Laptops8 AED Plus Trainer24 Stryker Stair-PRO	
Castleton Community Volunteer Fire Company	\$5,295.59
1 Panasonic Laptop1 Physio-Control Lifepak 1000	
Flint Hill Volunteer Fire and Rescue Company 2 Toughbooks	\$1,778.74
Fredericksburg Fire Department	\$4,331.88
3 McGrath Video Laryngoscopes	
King George County Fire and Rescue7 Stryker Performance Load95 TDMA radio upgrades	\$61,523.00
Little Fork Volunteer Fire and Rescue Company	\$52,334.40
2 Monitor Defibrillator	
Orange County Department of Fire and EMS • 5 Stretchers	\$98,845.05

Spotsylvania County Dept of Fire, Rescue, & Emergency Services\$96,458.04

• 8 Stryker Power Load

Spotsylvania Volunteer Rescue Squad

\$3,389.00

• 2 GETAC V11G2 Computers

Planning District 9 Totals

RSAF Cycle #1: \$152,958.19

RSAF Cycle #2: \$ 5,295.59

Planning District 16 Totals

RSAF Cycle #1: \$107,471.49

RSAF Cycle #2: \$ 86,433.70

REMS Service Area Total: \$352,158.97



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 2018, 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 180 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 re-



gional 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 2018, 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.
- Partnered with Mary Washington Health Care's Stroke Center and EMS agencies to provide training on stroke and the new LVO screening tool protocol for 407 EMS providers from the region.

Instructor Services

In FY2018, 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 FY2018:

- 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 426 candidates
- Conducted 2 ALS NR exams, serving 25 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



The Council facilitated the annual 9-1-1 for Kids Program in Stafford and Culpeper Counties. "9-1-1 for Kids" educates second-grade students about how and when to call 9-1-1. The program served 1,299 second-grade students in FY 2018.

To the left, an illustration from our 9-1-1 For Kids Art Contest.

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, 2018

ASSETS

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Cash	\$44,932
Accounts Receivable	\$64,911
Prepaid expenses	\$3,338
Total Current Assets	\$113,181

Furniture and Equipment

Furniture and Equipment (less accumulated depreciation) \$105,515

Total Assets \$218,696

LIABILITIES AND NET ASSETS

Liabilities

Current Liabilities

Accounts Payable	\$4,600
Payroll Liabilities	\$20,667
Deferred Revenue	\$320
Current maturities of long-term obligations	\$18,674

Total Liabilities \$44,261

Net Assets

Unrestricted Net Assets	\$174,435
Total Net Assets	\$174,435

Total Liabilities & Net Assets \$218,696

REMS Council Statement of Activities Year Ended June 30, 2017

Revenue

State Contributions	\$273,802
Donated Rent	\$155,865
Local Government Contributions	\$112,617
Consolidated Testing and Training Fees	\$46,073
Non Government Grants and Contributions	\$25,434
Miscellaneous	\$899
Total Revenue	\$629,028

Expenses

Program	\$376,117
	, ,
Administrative	\$174,888
Fundraising	\$63,966
Total Expenses	\$614,971
Change in Net Assets	\$14,057
Unrestricted Net Assets, Beginning of Year	\$160,378
Unrestricted Net Assets, End of Year	\$174,435

REMS Council Statement of Functional Expenses Year Ended June 30, 2017

Management &					
	<u>Program</u>	<u>General</u>	Fundraising	<u>Total</u>	
Salary	\$144,626	\$72,916	\$24,092	`\$241,637	
Rent	\$97,363	\$41,950	\$16,297	\$155,610	
Depreciation	\$33,213	\$14,311	\$5,559	\$53,083	
Employee Benefits	\$17,983	\$7,748	\$3,010	\$28,741	
Consolidated Testing	\$18,161	-	-	\$18,161	
Training	\$12,883	-	-	\$12,833	
Payroll Taxes	\$11,353	\$4,892	\$1,900	\$18,145	
Repairs & Maintenance	\$6,997	\$3,015	\$1,172	\$11,184	
Fundraising	-	-	\$8,879	\$8,879	
Insurance	\$3,185	\$5,486	\$479	\$9,150	
Utilities	\$5,414	\$2,333	\$906	\$8,653	
Miscellaneous	\$8,368	\$5,659	\$624	\$14,651	
Travel, Conferences, and Meetings	\$10,302	-	-	\$10,302	
Professional Fees	-	\$12,750	-	\$12,750	
Office Expense	\$3,933	\$1,693	\$658	\$6,284	
Communications	\$2,333	\$1,005	\$390	\$3,728	
Interest Expense	-	\$1,130	-	\$1,130	
_	<u>\$376,117</u>	<u>\$174,888</u>	<u>\$63,966</u>	<u>\$614,971</u>	

REMS Council Statement of Cash Flows Year Ended June 30, 2017

CASH FLOWS FROM OPERATING ACTIVITIES

Change in Net Assets	\$14,057
Adjustments to reconcile change in net assets to net cash used by operating activities	
Depreciation	\$53,083
Bad debt expense on accounts receivable	\$4,435
Net decrease in:	
Accounts Payable	\$(2,429)
Payroll Liabilities	\$(14,177)
Deferred Revenues	\$(22,098)
Net increase in:	
Accounts Receivable	\$(228)
Prepaid Expenses	\$(3,338)
NET CASH PROVIDED BY OPERATING ACTIVITIES CASH USED IN FINANCING ACTIVITIES	\$29,305
	\$29,305 \$(27,102) \$(27,102)
CASH USED IN FINANCING ACTIVITIES Payments on long-term debt	\$(27,102) \$(27,102)
CASH USED IN FINANCING ACTIVITIES Payments on long-term debt NET CASH USED IN FINANCING ACTIVITIES	\$(27,102)
CASH USED IN FINANCING ACTIVITIES Payments on long-term debt NET CASH USED IN FINANCING ACTIVITIES Net increase in cash	\$(27,102) \$(27,102) \$2,203



EMS COUNCIL INC.

435 Hunter Street | Fredericksburg, VA | 22401 540-373-0249 | 540-373-0536 (fax) | 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