

STRATEGIC EMS PLAN

for:

Rappahannock Emergency Medical Services Council, Inc.
(REMS)

(3 YEAR)

July 1, 2019 – June 30, 2022

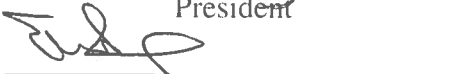
Rappahannock EMS Council, Inc.
435 Hunter Street
Fredericksburg, VA 22401
540-373-0249
(Fax) 540-373-0536
www.remscouncil.org

This Strategic EMS Plan has been reviewed and approved by the Rappahannock EMS Council Board of Directors.

Approved: 

President

Date: 04-04-2019

Approved 

Executive Director

Date: 04/04/19

TABLE OF CONTENTS

I. MISSION.....	2
II. VISION.....	2
III. ENVIRONMENTAL ANALYSIS.....	3
IV. STRENGTHS & WEAKNESSES.....	5
V. GOALS (Key Strategic Initiatives).....	6
VI. APPRAISAL & EVALUATION.....	10

I. MISSION

The **Mission** of the Rappahannock Emergency Medical Services Council, Inc. (REMS) is to facilitate the development and continued operation of a high quality, dedicated, and coordinated emergency response and Emergency Preparedness System for Planning Districts 9 and 16 in accordance with Code of Virginia.

II. VISION

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

KEY STRATEGIES

1. Develop and effectively utilize partnerships/relationships with healthcare/EMS providers, government(s), and communities.
2. Help coordinate and assist in regional emergency and disaster planning
3. Strengthen regional EMS provider education, training, and supply.
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.

III. ENVIRONMENTAL ANALYSIS

REMS is an integral part of Virginia's comprehensive EMS system as required by Code of Virginia § 32.1-111.11 and requires that the state EMS Board designate regional emergency medical services councils.

The State Board of Health and the State Health Commissioner has approved REMS (established in 1976) as the designated EMS Council for a service area formed by the 10 localities of Planning District 9 and Planning District 16. All communities within jurisdiction of REMS Planning Districts 9 and 16 use various forms of services.

The REMS Council mission facilitates the development and continued operation of a high-quality, dedicated, and coordinated emergency response/preparedness systems to the communities within its region. It is a voluntary service made available to each community within its jurisdiction; however, each community has the opportunity to use other means to achieve its training, equipment, and service needs to its community. Each community's EMS jurisdiction is responsible for its citizens; further, it must answer directly to the state regarding services it provides.

REMS is authorized to receive and disburse public funds. REMS is charged with the development and implementation of an efficient and effective regional emergency medical services delivery system. The Board also establishes conditions for renewal of such designations, and is designated to revise as necessary a regional emergency medical services plan in cooperation with the state Board. The regional EMS plan is reviewed annually by the BOD, and updated every 3 years for relevance.

REMS (as designated by the Virginia Code) provides regional planning and technical support services to a geographic area encompassing planning districts 9 and 16 with a population of nearly 500,000. Its jurisdiction includes counties of Caroline, Culpeper, Fauquier, Orange, Rappahannock, Spotsylvania, King George, Stafford, the City of Fredericksburg, and the Town of Colonial Beach. The region is diverse with civilian and military industry, including seven airports, the Marine Corps Base Quantico, the Naval Surface Warfare Center at Dahlgren, Fort A.P. Hill Army post, and endless highways and commuter routes.

The Demographics are vast, serving all types of people in rural, suburban, and city environments that have both paid and volunteer personnel. 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 a licensed aeromedical agency.

There are more than 50 EMS agencies in the REMS region, nearly 10% of the total 670 agencies across the Commonwealth of Virginia. The local agencies are paired with 9 emergency physicians who provide operational medical control that as required by Code of Virginia § 32.1-111.11. There are more than 3,200 certified EMS providers in the REMS region which comprise approximately 9% of the providers in Virginia and they answer more than 48,000 calls annually and are practicing at the following levels in the REMS region:

- EMR: 16
- EMT-B: 2,224
- AEMT: 88
- EMT-I: 207
- EMT-P: 701

The 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, and provide emergency response into that state as requested. All EMS agencies in the region are invited as participants on regional committees; they share input in the regional plans and policies produced by the EMS Council.

Funding is the foremost challenge as funds are required to support the REMS mission. REMS operates on an annual budget of more than \$600,000. Predominant funding for all EMS councils throughout the state is provided through a contract with the Virginia Office of EMS. The second funding source comes from financial support requested from each county served by REMS. This funding source fluctuates each year as some counties diminish their contribution from year to year (for a variety of reasons). A third funding source comes from training fees, which balances the offering of classes and continuing education by the council. A fourth funding source offering small revenue to the REMS budget comes from fundraising, sponsors and grants.

REMS provides regional coordination and planning by interacting extensively with the Virginia Office of Emergency Medical Services and state committees to provide avenues for two-way information sharing and statewide system improvements and enhancements. These State committees include:

- State EMS Advisory Board
- State Medical Direction Committee
- Patient Care Guidelines Workgroup
- State Transportation Committee
- Virginia EMS Symposium Committee
- State Trauma Oversight Committee
- State Critical Incident Stress Management Committee
- State Financial Audit Review Committee
- EMS Governor's Advisory Committee
- Virginia Association of Governmental EMS Administrators

REMS consists of a staff of 4 FTE and several part-time faculty, which is led by an

Executive Director and Board of Directors including 26 representatives from the region's EMS agencies, jurisdictions, regional OMD, and citizen representatives.

REMS is a not-for-profit 501(c)(3) corporation.

IV. STRENGTHS & WEAKNESSES

STRENGTHS

REMS has quality leadership, formal goals, and an agenda by which they can accomplish their mission. The council's strategic goals are managed simultaneously, coordinated by staff and facilitated by many volunteer committees.

REMS is well organized with a personnel structure poised to provide continued quality services. The staff has extensive experience and offers agencies and personnel technical assistance at the regional level. Equipment, training, and manpower are adequately available to serve the entire region.

CHALLENGE

The predominant challenge for REMS is financial resources, as funds (the foremost requirement) are required to accomplish the REMS mission. This remains a constant challenge. The funding source coming from financial support offered by each county fluctuates each year as some counties diminish their contribution from year to year (for a variety of reasons). This variable introduces substantive budgeting and expense challenges (tens of thousands) and has become a pattern over the past several years. This is a challenge that adversely impacts REMS performance.

V. GOALS (Key Strategic Initiatives)

CORE GOAL 1: Develop and effectively utilize partnerships/relationships with healthcare/EMS providers, government(s), and communities.

KEY INITIATIVES:

- Maintain a local, regional, state, and national presence.
- Collaborate with other EMS agencies, partners, and stakeholders.
- Monitor and report/relay trends and issues that affect EMS in other areas of the state and country.
- Position the council in a manner to appropriately to address emerging needs and issues; encouraging regional, state, and national cooperation.

STRATEGIES:

- 1.1 Enhance relationships with existing hospitals (Mary Washington Hospital and Free Standing Emergency Department, Novant Health UVA Culpeper Medical Center, Fauquier Hospital, Stafford Hospital, and Spotsylvania Regional Medical Center)
- 1.2 Create relationships with new medical facilities and health access points that provide service to the region.
- 1.3 Develop/support collaborative agreements with all area hospitals that support the regional EMS system and agencies.
- 1.4 Identify partnership opportunities for shared grant applications and other areas of collaboration with healthcare facilities.
- 1.5 Support the region's designated Trauma Center and provide EMS education on Regional Trauma Triage Plan and Trauma Services.

CORE GOAL 2: Help coordinate and assist in regional emergency and disaster planning.

KEY INITIATIVES:

- Networking and information sharing among the regional EMS councils
- Coordination and information sharing among the regional committees
- Participation and information sharing among the state committee

STRATEGIES:

- 2.1 Seek or provide opportunities for training and education to strengthen the statewide network of regional EMS Councils
- 2.2 Enhance communication to front-line EMS personnel through a strong network of

interagency and interdepartmental communication that is supported through the regional committee system network.

2.3 Participate and attend state-level committee meetings and ensure that the regional EMS needs are identified and communicated.

2.4 Identify resources for responses to disasters, both natural and man-made

- a. Facilitate a cooperative, regionalized approach and response to major disasters
- b. Enhance relationships with local Emergency Managers and other federal/state/local agencies
- c. Support ongoing training, evaluation and develop resources for emergency preparedness and response throughout the region

CORE GOAL 3: Strengthen regional EMS provider education, training, and supply.

KEY INITIATIVES:

- Monitor and report changes to national and state education requirements
- Provide state and national testing access for regional EMS providers
- Promote and provide cost-effective and necessary EMS education opportunities
- Encourage data analytics, EMS research, and evidence-based patient care.
- Validate effective patient care practices through ongoing data-driven quality metrics.

3.1 Recruit and develop a strong cadre of EMS instructors to provide training to the regional EMS providers

3.2 Promote and support quality education and evaluation of EMS personnel

- a. Provide resources for quality EMS education to include use of Regional Training Center and community resources
- b. Ensure the availability of BLS Training to meet recertification requirements
- c. Expand availability of ALS Training for regional EMS providers
- d. Monitor the need for ALS training at the regional level and support as needed
- e. Promote/develop leadership and management training for EMS providers and agencies
- f. Support evaluation and testing of ALS and BLS candidates through local access points
- g. Promote/develop materials and programs that support recruitment and retention of EMS providers in the region, including diversity strategies
- h. Evaluate/implement innovative training opportunities through the Regional Training Center to include simulation training.
- i. Develop and promote multi-lingual training programs for first responders
- j. Promote shared local training resources among participating agencies

CORE GOAL 4: Strengthen the REMS Council's resources and infrastructure.

KEY INITIATIVES:

- Review and amend the financial support structure to promote long-term fiscal success
- Identify and seek additional funding opportunities through grants, donors, and new service lines and programs.

STRATEGIES:

4.1 Create a fundraising sub-committee under the finance committee that can identify and pursue alternative funding opportunities

4.2 Develop strong and informed Board of Directors

- a. Review/revise board governing documents (Policies and By-laws)
- b. Cultivate board member participation and provide education on regional EMS issues
- c. Identify key stakeholders in the community and create an active and diverse advisory council which can provide timely and appropriate feedback about community issues and concerns.
- d. Review/revise committee structure and seek additional active committee membership

4.3 Adequately staff the REMS council

- a. Ensure adequate staffing and procedures to support council programs and the regional needs; fill vacant positions and seek funding and grant opportunities that support the mission of the council
- b. Maintain adequate personnel policies/benefits package to recruit and retain staff
- c. Provide workforce development and supporting resources to recruit and train staff
- d. Expand use of volunteers as REMSC administrative support staff (i.e., grant applications) and routine administrative tasks

4.4 Expand the use of technology and information systems

- a. Promote social media and improve communication with EMS providers throughout the region.
- b. Digitize training and administrative record-keeping at the council to enhance access and improve archiving of records
- c. Create and implement a digital inventory and tracking system to provide rapid access to information about equipment and resources.
- d. Promote use of technology in EMS reporting, grants programs, and quality assurance to include State Patient Care Reporting System (VPHIB)
- e. Develop resources/points of contact for information sharing regional interoperability and integration

4.5 EMS and Council Funding

- a. Pursue alternative program funding sources to include public/private partnerships
- b. Work with counties to ensure continued and consistent funding obligations; considering alternative structure and implementation of budget-line inclusion in place of outside agency funding
- c. Ensure continued and consistent funding from existing sources
- d. Provide technical assistance for Rescue Squad Assistance funds grants for eligible applicants
- e. Maximize efficiency and effectiveness of RSAF grading and review process
- f. Support and advocate stable funding stream for state and regional infrastructure (\$6.25 for Life, Assistance for Firefighter Grants, SAFER)
- g. Continuously monitor financial situation/funding streams in relation to the economic climate
- h. Increase periodic communication with jurisdictional Boards of Supervisors/County Administrators, so that they have a better understanding of the vital role that REMSC plays in the region (accomplished via local Fire/EMS Chief)

CORE GOAL 5: Help coordinate and actively participate in improving community emergency preparedness and selected related health initiatives.

KEY INITIATIVES:

- Identify and pursue opportunities related to the changing healthcare environment such as integrated and mobile healthcare.
- Identify and address educational needs of the community to strengthen knowledge of self-health
- Identify and address education needs of the community to strengthen the awareness of EMS and their role in the health of the community
- Identify and pursue new partners for synergistic and collaborative education and information sharing opportunities.
- Encourage provider health and safety, especially with stress management and mental health awareness/training.

STRATEGIES:

- 5.1 Research and develop programs that enhance the health and safety of the community through integrated mobile healthcare and align with the Triple Aim – a simultaneous pursuit of improving patient experience of care, improving the health of populations, and reducing the per-capita cost of healthcare.
- 5.2 Research and identify programs that will improve the health and safety of the community including, but not limited to:

- a. Smoking cessation
- b. Healthy eating
- c. Exercise and wellness programs
- d. Community CPR training
- e. HeartSafe community certification
- f. AED access and awareness
- g. Stop the Bleed campaign

5.3 Sponsor community prevention education programs

- a. Encourage/develop illness and injury prevention programs through resources/collaborative efforts with other agencies/health care partners
- b. Strengthen proper use of regional emergency health care system through public education programs

VI. APPRAISAL & EVALUATION

The council leadership will plan activities and assign projects to staff that support this strategic plan. Ongoing and periodic evaluations of progress towards strategies and goals will be reported to the BOD through a staff report. The BOD will provide feedback on priority goals and initiatives based on their perspective which will help to focus the work of the council on the wide variety of goals and programs.

Each core goal and strategy shall be pursued by the respective committee that has primary and support roles for the identified strategy (see attached responsibility matrix). The specific goals for each fiscal year will be identified in the various committee charters, and reviewed by the chair of the committee periodically. Goals and strategies may need to be prioritized, with immediate focus on strategies based on current events and conditions.

REMS remains committed to a collaborative approach that provides an organized and successful identification and resolution of dynamic needs in the community. REMS is managed and administrated by a very small paid staff and is guided by BOD representatives who represent each locality. The lens through which decisions are made by staff and volunteers is to improve the quality of service provided to its citizens.