

**Western Virginia EMS Council**

**Regional EMS Plan**

**2014-2017**

**DRAFT**

**This plan was developed as part of the effort to standardize long-range planning across the eleven EMS regions in Virginia, along with the long-range statewide EMS plan developed by the Virginia Office of EMS.**

**You will notice that the plan is very broad in scope. It is not intended to address ongoing and day-to-day work and initiatives.**

**The plan is intended to be reviewed and updated annually.**

**Please feel free to address any questions or comments to:**

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# Core Strategy 1: Develop Partnerships

## Key Strategic Initiatives

### 1.1 Promote collaborative approaches.

- 1.1.1 Develop and foster relationships with federal, state, and local partners, educational institutions and other Regional EMS Councils.
- 1.1.2 Continue definitive discussions with the Blue Ridge EMS Council and others relevant to developing service area concepts.
- 1.1.3 Strengthen on-going relationships with Virginia Department of Health, other state departments, public safety, public health and medical facilities.
- 1.1.4 Foster regional legislative involvement for EMS initiatives.
- 1.1.5 Cultivate grass roots support for Strategic Initiatives.
- 1.1.6 Continue to develop extensive and meaningful collaborations with the Blue Ridge and Southwest Virginia EMS Councils, to include work toward unified protocols, drug boxes, policies and plans.
- 1.1.7 Collaborate with hospitals and other health care institutions within the service area to foster and sustain cooperative programs, including supply and drug box exchange agreements.

### 1.2 Attract and support outstanding health care providers.

- 1.2.1 Cultivate partnerships with universities, colleges, accredited training programs, and others to attract and educate EMS providers.
- 1.2.2 Recruit and assist in retaining EMS physicians.

### 1.3 Further community based prevention.

- 1.3.1 Encourage illness and injury prevention programs through collaboration with other agencies and organizations.

### 1.4 Identify resources for responses to emergencies both natural and man-made.

- 1.4.1 Enhance relationships with local Emergency Managers and other federal, state, and local agencies.
- 1.4.2 Support ongoing training, evaluation and develop resources for emergency preparedness and response.
- 1.4.3 Participate in and support [planning](#) activities relating to MCI planning and preparedness [activities and projects](#) within the region.

## **Core Strategy 2: Utilize Tools and Resources**

### **Key Strategic Initiatives**

#### **2.1. Facilitate EMS performance improvement and related research.**

- 2.1.1. Support and encourage research and other projects utilizing collected EMS data.
- 2.1.2. Promote quality assurance and performance improvement in EMS service and trauma triage, stroke triage and STEMI compliance, along with other identified critical care initiatives.
- 2.1.3 Support development of, and encourage the best use of the electronic Virginia EMS Registry to support meaningful data collection and research to promote evidenced-based decision-making affecting the EMS system.

#### **2.2. Support quality education and evaluation of EMS personnel.**

- 2.2.1 Expand availability of ALS Training. Support existing accredited training programs and develop new programs and sites as needed.
- 2.2.2. Promote leadership and management training.
- 2.2.3. Support and improve processes for evaluation of ALS and BLS candidates.
- 2.2.4 Provide technical assistance to educational institutions desiring to provide EMS education.

#### **2.3. Foster appropriate use of system-wide EMS resources.**

- 2.3.1. Support education, legislation and programs to promote appropriate use of EMS resources.

#### **2.4. Provide resources to support the EMS system**

- 2.4.1. Provide tools to assist in recruitment and retention events across the region.
- 2.4.2. Provide resources and information to instructor network.
- 2.4.3. Promote and provide enhanced resources for quality EMS education.
- 2.4.4. Provide loaner bank of training equipment and publications.
- 2.4.5. Facilitate referrals and reporting of information to the operational medical directors using the Medical Incident Review process and the regional Performance Improvement Committees.

#### **2.5. Provide guidance documents to promote unified response**

- 2.5.1. Develop and revise, and promote compliance with regional plans addressing response to specific medical situations, such as a Trauma Triage Plan and Stroke Triage Plan.

## **Core Strategy 3: Develop Infrastructure**

### **Key Strategic Initiatives**

#### **3.1 Develop and strengthen board of directors.**

- 3.1.1 Review and revise board governance documents.
- 3.1.2 Cultivate further board member participation.
- 3.1.3 Utilize a meaningful board member orientation program to optimize board member familiarity with WVEMS and its programs and operations

#### **3.2 Adequately staff the Western Virginia EMS Council.**

- 3.2.1 Ensure adequate staffing and procedures to support the variable nature of the EMS system requirements and challenges within the region.
- 3.2.2 Assess and adapt the Council's role in ensuring appropriate EMS provider training.
- 3.2.3 Provide ongoing workforce development and supporting resources to maintain a proficient and productive staff.
- 3.2.4 In response to increased audit standards for non-profits, continually monitor and improve fiscal management and accountability standards.
- 3.2.5 Cultivate and support efforts to work within identified regional service areas in concert with OEMS to best benefit all stakeholders.
- 3.2.6 Apply for, obtain, and maintain VDH designation according to the policies, regulations and directives put forth by the Virginia Department of Health.

#### **3.3 Focus recruitment and retention efforts.**

- 3.3.1. Support and promote recruitment and retention campaigns within the region.
- 3.3.2 Promote and conduct annual EMS awards program.
- 3.3.3 Identify and promote opportunities for financial assistance for EMS education throughout the region.
- 3.3.4 Support regional crisis intervention initiatives.

#### **3.4 Upgrade technology and communication systems.**

- 3.4.1. Promote improved EMS communications systems and information sharing.
- 3.4.2 Promote the use of technology in EMS reporting and quality assurance.
- 3.4.3 Improve IT security and redundancy for all EMS regions.
- 3.4.4 Plan and implement information-sharing and electronic communications enhancements to benefit WVEMS and other regions.

### **3.5 EMS funding.**

- 3.5.1. Encourage pursuit of alternative funding sources including revenue recovery and increasing operating efficiencies.
- 3.5.2. Provide assistance to eligible applicants in applying for Rescue Squad Assistance Fund and other grants.
- 3.5.3 Assist in maximizing the effectiveness of the RSAF by providing meaningful information in the grading and review process.
- 3.5.4. Ensure appropriate stewardship of EMS council funds.
- 3.5.5. Support and advocate for a stable funding stream for state and regional infrastructure to include effective use of Four-for-Life funds by OEMS and the regional councils.

## **Core Strategy 4: Promote Other Regional and Statewide Initiatives**

### **Key Strategic Initiatives**

#### **4.1. Further Projects in Conjunction with NSPA**

- 4.1.1. Collaborate and support activities of the Near Southwest Preparedness Alliance in preparing hospitals, alternate care sites, [long-term care facilities](#), medical reserve corps, etc. as part of the Commonwealth's healthcare preparedness initiatives.
- 4.1.3. Assist in staffing and operating Regional Healthcare Coordinating Centers (RHCCs) and other NSPA resources.
- 4.1.4. Provide other contractual services as needed.

#### **4.2. Supplemental Support, Contracts and Projects**

- 4.2.1. Support projects and initiatives of the Alliance for Emergency Medical Education and Research (AEMER). [Provide fiscal management and administrative support for AEMER.](#)
- 4.2.2. Provide technological support for statewide resources such as the VA EMS Jobs database and the multi-regional CTS Registration System.
- 4.2.3. Maintain availability to assist other regions, OEMS, other agencies and organizations to enhance EMS and healthcare delivery in Virginia.
- 4.2.4. Through NSPA, and as requested, develop and support Medical Reserve Corps (MRCs) for various health districts within the service area through contracts or agreements with the Virginia Department of Health and the involved health districts. Provide other assistance to VDH related to MRCs as agreed upon by VDH and OEMS.
- [4.2.5 Facilitate information technology support for all regional EMS councils as provided for and funded by contract between OWMS and WVEMS.](#)

## Appendix 1

### Mission

The mission of the Western Virginia EMS Council: As an integral part of Virginia's comprehensive EMS system, WVEMS serves to assess, identify, coordinate, plan and implement efficient and effective regional EMS delivery systems in partnership with Virginia's Office of Emergency Medical Services and EMS Advisory Board.

## Appendix 2

### Planning Committee and Process

The WVEMS Staff Leadership Group served as the planning committee for the [2014](#) update to this plan. The Leadership Group consists of the Executive Director, Regional Education Coordinator, ~~Business Manager~~ and the Executive Director of the Near Southwest Preparedness Alliance.

The process to revise and update this plan included a review of the mandates set forth in the Code of Virginia and the WVEMS Contract with OEMS. Then, at its December 201[3](#)<sup>2</sup> and March 201[4](#)<sup>3</sup> meetings, the WVEMS board of directors discussed the plan's components, and encouraged board members to consider the strengths and weaknesses of, and opportunities and threats affecting the EMS system in Virginia and the WVEMS region. Directors were asked to send comments to the executive director for inclusion in the final draft.

In March 201[4](#)<sup>3</sup>, public comment was invited. Then at the March 1[3](#)<sup>4</sup>, 201[4](#)<sup>3</sup> board of directors meeting, final review and discussion took place, and the resulting document was presented for adoption.