









WVEMS BOARD OF DIRECTORS
Thursday, June 12, 2014

Vinton War Memorial
814 Washington Ave.
Vinton VA 24179

Executive Committee - 5:00 PM
Full Board - 5:30 PM

1. Call to Order
2. Introduction of Guests
3. Secretary's Report
 - a. Minutes - March 13, 2014 meeting  [March 13 2014 Minutes Complete](#)
4. Treasurer's Report
 - a. Periodic Financial Report  [Treasurer's Report as of May 30, 2014](#)
 - b. FY 2015 Budget REVISED  [FY 2015 Budget \(revised\)](#)
5. Reports and Action Items
 - a. Executive Committee
 - i. Status Report on Office Improvements
 - ii. Conference Room Naming
 - iii. Status Report - Letter from WVEMS to OEMS on VPHIB Issues
 - iv. Capital Improvement Policy
 - v. Advisory Board appointments - status
 - b. Medical Direction
 - i. Pharmacy and Allied Resources Workgroups - Upcoming Meeting - Charles Berger
 - ii. Re-Affirmation of Restocking and Med Kit Exchange Agreement  [Restocking Agreement Sample - rev. Jan 2012](#)
 - iii. Protocol Revisions - Adoption  [Protocol Change Log - June 2014](#)  [DRAFT - WVEMS EMS Protocols - May 2014](#)

- c. EMS Operations
 - i. Communications Workgroup - Tinker Mountain Site Maintenance
 - ii. MCI Workgroup
- d. Performance Improvement Committees (meet same day as Board) - Charles Berger
- e. Near Southwest Preparedness Alliance (NSPA) - Bobby Baker
 - i. Hospital Diversion Plan  [Hospital Diversion Plan 2011 Revised](#)
- f. State EMS Advisory Board Report - Dale Wagoner  [AB Report - May 2014](#)
- 6. EMS Financial Assistance - Proposed Current Cycle Awards
- 7. New Business
- 8. President's Report
- 9. Staff Reports
- 10. Adjourn

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL
BOARD OF DIRECTORS**

DRAFT MEETING MINUTES

DATE: June 12, 2014

LOCATION: Vinton War Memorial

Directors Present

Bobby Baker
Jim Cady, Sr.
Joe Coyle
Steve Davis
Jason Ferguson
Carey Harveycutter
Mike Jefferson
Rob Logan
Steve Simon
Joe Trigg
Ford Wirt

Staff Present

Cathy Cockrell
Charles Berger
Mike Garnett

Guests Present

Scott Winston, Virginia OEMS

TO ORDER

President Ford Wirt called this regular meeting of the Board of Directors to order at 5:00 PM.

He introduced guests: Scott Winston from the Virginia Office of EMS.

SECRETARY'S REPORT

Ford presented minutes of the last meeting as distributed. He called for any corrections or additions.

Motion was made and duly seconded to approve. **Motion CARRIED.**

TREASURER'S REPORT

Treasurer Harveycutter presented the year-to-date unaudited FY 14 report.

Motion was made and duly seconded to approve. **Motion CARRIED.**

Treasurer Harveycutter presented the revised 2015 budget. He explained the variations from the budget adopted at the last meeting, primarily due to lowered cost of health insurance and correction to administrative salary accounts.

Motion was made and duly seconded to adopt the revised budget. **Motion CARRIED.**

EXECUTIVE COMMITTEE

The executive director reported that the office improvements previously approved by the board had been completed on-budget.

The executive committee has considered, and recommends naming the two conference rooms in the Roanoke offices for Benny Summerlin and Cheryl Haas. The executive director displayed plaques and name plates.

Motion was made and duly seconded to name the Benny Summerlin Conference Room and the Cheryl Haas Conference Room. **Motion CARRIED.**

The executive director reported on the board's communication to OEMS director Gary Brown as directed at the last meeting, concerning the VPHIB program. He referenced Gary Brown's response, and reported that communication seems to have improved. He recommended no further action at this time.

The Executive Committee, at its April meeting held in conjunction with the RSAF application reviews, instructed the executive director to draft a capital improvement and reserve plan. That plan was drafted and distributed to the Executive Committee. Copies were distributed to the board members. The Executive Committee recommends adopting the plan as presented.

Motion was made by the committee to adopt the plan as presented. **Motion CARRIED.**

The Executive Committee solicited interest for appointment to the EMS Advisory Board. The following three names were submitted:

Joe Trigg
Steve Simon
Jason Ferguson

Scott Winston advised that some appointments could be made by the end of June.

MEDICAL DIRECTION COMMITTEE

Allied Resources and Pharmacy Workgroups

Charles Berger reported for these workgroups. These workgroups have not met since the last board meeting, but a meeting is scheduled for June 26, 2014.

Our contract with OEMS calls for us to reconsider our restocking and medication kit exchange program annually. We are in the third year of a five-year agreement. The executive director explained some recent interpretations concerning billing.

It was moved and seconded to reaffirm our current restocking agreements. **Motion CARRIED.**

In Dr. Lane's absence, Cathy Cockrell reported for the regional medical direction committee. The revised protocol manual is complete. Work is underway for printing and updating to the smart-phone apps.

Steve Simon asked about how the revised protocols would be rolled out. Rob Logan and Cathy Cockrell responded. A personal contact will be made with the training official at every agency, and a listing of all changes will be distributed. Page updates will be provided in a printable format, and will be available for purchase as stick-on pages.

It was moved and seconded to adopt the revised protocols. **Motion CARRIED.**

Charles Berger reported on the recent OMD training that was held in our region, and also on an OEMS instructor update that was held in Blacksburg.

EMS OPERATIONS

Communications Workgroup

Rob Logan reported for the Communications Workgroup. The workgroup has not met since the last meeting.

Funding for a Care Point system for the free-standing emergency department in Gretna was recently approved and recommended for funding by FARC.

MCI Workgroup

Mike Garnett reported for the MCI Workgroup. The group met on May 16, 2014 to continue work on the WVEMS/BREMS regional MCI plan. More work will follow.

PERFORMANCE IMPROVEMENT COMMITTEE

Trauma and General Performance Improvement Subcommittees

Charles Berger reported for the General and Trauma Performance Improvement Committees. Both met today. He noted that some training was in development using data extracted from VPHIB.

NSPA

Bobby Baker reported for NSPA. The regional Hospital Diversion Plan is under review by NSPA. Bobby Baker asked the board to reaffirm the current plan for now.

Motion was made and seconded to reaffirm the hospital diversion plan. **Motion CARRIED.**

He reported on several initiatives that are underway. He requested that the board allow NSPA to present its annual awards in conjunction with the annual WVEMS regional EMS awards ceremony beginning in 2015.

Motion was made and seconded to include NSPA in the WVEMS annual regional EMS awards beginning in 2015. **Motion CARRIED.**

EMS Advisory Board

Dale Wagoner provided a written report for the Advisory Board which is attached to these minutes.

EMS Financial Assistance

Rob Logan presented some statistical data on the recent recommended awards. The report is attached to these minutes.

NEW BUSINESS

None

PRESIDENT'S REPORT

The President reported 41 percent of directors in attendance.

STAFF REPORTS

Rob Logan – No report

Cathy Cockrell – No report

Charles Berger – No report
Mike Garnett – No report

OTHER BUSINESS

None

HEARING OF THE PUBLIC

None

Being no further business, the meeting was adjourned at 6:10 PM.

/s Robert Logan, Executive Director

WESTERN VA EMS COUNCIL
 UNAUDITED TREASURER'S REPORT
 AS OF MAY 31, 2014

REVENUES	BUDGET	TOTAL	% YTD
STATE GOVERNMENT (OEMS CONTRACT)	433,450	325,088	75.00%
LOCAL GOVERNMENT	130,000	133,337	102.57%
UNITED WAYS	2,000	2,841	142.07%
CONTRIBUTIONS	1,000		0.00%
NSPA/VHHA REVENUE	325,000	289,255	89.00%
DIRECT PROGRAM INCOME (Tuitions, grants, VDH/OEMS)	170,000	140,339	82.55%
DIRECT MRC INCOME	55,000	52,349	95.18%
CISM REVENUE			
NSPA OFFSET REVENUE (Contract for services)	8,000	30,174	377.17%
RENT INCOME (NSPA)	18,000	16,500	91.67%
OTHER INCOME - SALE OF ASSET	6,194	6,494	104.84%
ROLLOVER FROM FY13 SURPLUS (BOARD APPROVED)	3,500		0.00%
INVESTMENT / GAINS/LOSSES	15,000	15,864	105.76%
MISCELLANEOUS/SPECIAL FUNDS		474	
TOTAL REVENUES	1,167,144	1,012,714	86.77%
EXPENDITURES	BUDGET	TOTAL	% YTD
SALARIES / WAGES (WVEMS)	387,000	385,936	99.72%
PAYROLL TAXES (FICA)	29,606	29,200	98.63%
VEC	750	136	18.11%
403(b) / RETIREMENT	19,350	15,465	79.92%
HOSPITAL / MEDICAL INSURANCE	51,300	44,296	86.35%
LIFE INSURANCE/DISABILITY	10,000	10,186	101.86%
DENTAL INSURANCE	3,600	1,589	44.13%
PROFESSIONAL SERVICES/FEES	8,500	9,311	109.54%
MEDICAL DIRECTION ASSISTANCE	1,000	495	49.49%
MAINTENANCE / REPAIRS / SERVICE CONTRACTS	2,000	240	12.00%
OCCUPANCY (Utilities, repairs, NRV rent etc.)	18,500	12,310	66.54%
POSTAL / SHIPPING	2,000	1,641	82.05%
TELECOMMUNICATIONS	12,500	10,337	82.69%
SUPPLIES (ADMIN)	7,044	655	9.30%
EQUIPMENT	4,000	2,797	69.92%
INSURANCE	8,000	5,926	74.07%
DIRECT NSPA/VHHA EXPENSE	325,000	275,422	84.75%
DIRECT PROGRAM EXPENSES	150,000	138,992	92.66%
DIRECT MRC EXPENSES	55,000	53,604	97.46%
PRINTING / PUBLICATIONS	4,000	3,457	86.43%
TRAVEL / LODGING	7,000	758	10.83%
FUEL/VEHICLE MAINTENANCE	15,194	12,171	80.10%
MEETING SUPPORT	1,200	780	64.99%
DUES / MEMBERSHIP FEES	1,200	1,053	87.76%
STAFF DEVELOPMENT	12,500	9,174	73.39%
CISM PROGRAM COSTS	2,000	1,252	62.62%
COMMUNICATION SITE RENTAL	8,100	8,100	100.00%
COMMUNICATIONS WIRELINES	7,500	7,866	104.88%
COMMUNICATIONS MAINTENANCE	7,000	3,666	52.37%
COMMUNICATIONS UTILITIES	800	538	67.23%
COMMUNICATIONS INSURANCE	3,000	3,000	100.00%
COMMUNICATIONS EQUIPMENT	2,500		0.00%
TOTAL EXPENDITURES	1,167,144	1,050,351	89.99%

NSPA-VHHA

REVENUES (NSPA ACCOUNTS)	TOTAL
SPECIAL GRANTS / HOSPITAL FOUNDATIONS	140,447
TOTAL REVENUES	140,447
EXPENDITURES (NSPA ACCOUNTS)	TOTAL
SALARIES -NSPA	114,800
PAYROLL TAXES (FICA) - NSPA	7,737
BENEFITS - NSPA	8,434
VEC - NSPA	295
TOTAL EXPENDITURES	131,266

REVENUES (VHHA ACCOUNTS)	TOTAL
VHHA FUNDING	148,808
TOTAL REVENUES	148,808
EXPENDITURES (VHHA ACCOUNTS)	TOTAL
SALARIES - VHHA	111,010
PAYROLL TAXES (FICA) - VHHA	8,201
BENEFITS - VHHA	4,713
VEC - VHHA	
MISC. - VHHA	20,232
TOTAL EXPENDITURES	144,156

PROGRAM

REVENUE (PROGRAM ACCOUNTS)	TOTAL
OEMS FUNDS - INTERMEDIATE	5,100
OEMS FUNDS - ENHANCED	1,020
OEMS FUNDS - ADJUNCT	1,200
OEMS FUNDS - CARDIAC	
OEMS FUNDS - CT TRANSITION	
OEMS FUNDS - SHOCK TRANSITION	
OEMS FUNDS - ALS CE	
PROGRAM SERVICE FEES	15,495
PROTOCOL, ETC. SALES	2,396
TEXTBOOK SALES	5,315
CONSOLIDATED TESTING	32,665
DRUG BOX ENTRANCE FEES	7,147
GRANTS & SPECIAL PROJECTS	22,389
SALES - CONSUMER GOODS	6,624
WEB DATABASE	
PROCESSING FEES	
PROGRAM FEES - MONROE HEALTH CENTER	
PROGRAM TUITION - INTERMEDIATE	11,950
PROGRAM TUITION - ENHANCED	2,275
PROGRAM TUITION - ADJUNCT	1,350
PROGRAM TUITION - CARDIC	
PROGRAM TUITION - OTHER	
PROGRAM TUITION - NRVTC	1,050
ID CARD SALES	225
COMMUNITY COLLEGE COURSE REVENUE	24,137
TOTAL REVENUES	140,339

EXPENSES (PROGRAM ACCOUNTS)	TOTAL
CONTRACTS FOR SERVICES (INTERMEDIATE)	8,498
CONTRACTS FOR SERVICES (ENHANCED)	14,440
CONTRACTS FOR SERVICES (ADJUNCT)	1,330
CONTRACTS FOR SERVICES (CARDIAC)	
CONTRACTS FOR SERVICES (SPEC. PROJ.)	
CONTRACTS FOR SERVICES (ALS TEST)	4,622
CONTRACTS FOR SERVICES (CTS)	23,800
CONTRACTS FOR SERVICES (CE WEEKENDS)	150
CONTRACTS FOR SERVICES (DRUG TESTING)	1,905
CONTRACT FOR SERVICES (MONROE HEALTH CENTER)	
PAYROLL TAXES (FICA)	4,042
VEC	1,388
RENT - NRV TRAINING CENTER	
POSTAGE (NRVTC)	
SUPPLIES (Programs)	1,523
SUPPLIES (CTS)	866
SUPPLIES (ALS TESTING)	
SUPPLIES (EDUCATION)	1,005
SUPPLIES (NRVTC)	632
SUPPLIES (MONROE HEALTH CENTER)	
TEXTBOOKS (EMT-I)	3,956
TEXTBOOKS (ALS)	2,007
TEXTBOOKS (BLS)	96
TEXTBOOKS (ITLS)	
TEXTBOOKS (AMLS)	890
TEXTBOOKS (NRVTC)	
TEXTBOOKS (MONROE HEALTH CENTER)	
EQUIPMENT (BLS)	
EQUIPMENT (BLS TESTING)	
EQUIPMENT (ALS TESTING)	
EQUIPMENT (EDUCATION)	
EQUIPMENT (NRVTC)	3,112
INSURANCE	2,242
TRAVEL (MONROE HEALTH CENTER)	
PRINTING / PUBLICATIONS (EDUCATION)	
PRINTING / PUBLICATIONS (NRVTC)	
AMLS CERTIFICATES AND CARDS	420
ITLS CERTIFICATES	
GRANTS & SPECIAL PROJECTS	25,140
DRUG BOX EXCHANGE	9,815
CREDIT CARD DISCOUNT	1,717
MERCHANDISE FOR RESALE	1,260
ID CARD PROGRAM	
COMMUNITY COLLEGE FEES	24,137
TUITION REIMBURSEMENT - ENHANCED	
TUITION REIMBURSEMENT - INTERMEDIATE	
TOTAL EXPENDITURES	138,992

MRC

REVENUE (MRC ACCOUNTS)	TOTAL
PROGRAM MANAGEMENT - MRC	44,000
COST REIMBURSEMENT - MRC	8,349
TOTAL REVENUES	52,349
EXPENSES (MRC ACCOUNTS)	TOTAL
SALARIES AND WAGES - MRC	38,299
FICA EXPENSE - MRC	2,897
VEC - MRC	20
HOSPITAL MEDICAL - MRC	3,698
DENTAL INSURANCE - MRC	341
POSTAGE - MRC	
TELECOMMUNICATIONS - MRC	1,014
SUPPLIES - MRC	53
PROMOTIONAL - MRC	264
TRAINING SUPPLIES - MRC	
EQUIP-MRC	
TRAVEL/LODGING - MRC	6,189
DUES & MEMBERSHIPS - MRC	
STAFF DEVELOPMENT	700
PROFESSIONAL SERVICES	
MEETING SUPPORT - MRC	128
TOTAL EXPENDITURES	53,604

WESTERN VIRGINIA EMS COUNCIL, INC.

Balance Sheet

May 31, 2014

ASSETS

Current Assets

PETTY CASH	\$	69.59	
FSA CASH		2,399.28	
SUNTRUST CHECKING		139,039.38	
SUNTRUST PAYROLL		165.95	
VALLEY BANK MONEY MARKET		65,593.68	
PREPAID EXPENSES		4,378.69	
ACCOUNTS RECEIVABLE		41,811.56	
DUE FROM NSPA		22,019.92	
TUITION RECEIVABLE		5,692.45	
INCOME TRANSFER		1,327.85	
Total Current Assets			282,498.35

Property and Equipment

Total Property and Equipment			0.00
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Other Assets

FRANKLIN TEMPLETON		128,864.64	
COMMUNICATIONS EQUIPMENT		68,229.26	
MISCELLANEOUS EQUIPMENT		321,713.64	
OFFICE EQUIPMENT		41,231.94	
BUILDING		175,223.00	
LAND		201,600.00	
BLDG. IMPROVEMENTS		69,027.94	
GENERATOR BUILDING & EQUIPMENT		16,672.25	
LEASEHOLD IMPROVEMENTS		5,765.00	
ACCUMULATED DEPRECIATION		(293,667.90)	
Total Other Assets			734,659.77

Total Assets	\$		<u>1,017,158.12</u>
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LIABILITIES AND CAPITAL

Current Liabilities

ACCRUED SALARIES	\$	29,699.24	
SALES TAX PAYABLE		785.65	
FLEX SPENDING ACCOUNT-MEDICAL		(461.11)	
DEFERRED REVENUE		5,265.62	
DEFERRED REVENUE-BREMS CBA		2,120.42	
Total Current Liabilities			37,409.82

Long-Term Liabilities

Total Long-Term Liabilities			0.00
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Total Liabilities			37,409.82
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Capital

FUND BAL. UNRESTRICTED		707,162.00	
FUND BAL. UNRESTRICTED DES.		55,036.00	
RETAINED EARNINGS		287,717.67	
FUND BALANCE TEMP. RESTR.		20,374.00	

Unaudited - For Management Purposes Only

WESTERN VIRGINIA EMS COUNCIL, INC.

Balance Sheet

May 31, 2014

Net Income	<u>(90,541.37)</u>	
Total Capital		<u>979,748.30</u>
Total Liabilities & Capital	\$	<u><u>1,017,158.12</u></u>

Western Virginia EMS Council, Inc.

Policy for Operating Reserve, Capital Improvement and Replacement Reserves

Effective July 1, 2014

Purpose of this policy:

1. Establish an operating reserve
2. Establish a reserve for capital improvements - building
3. Establish a reserve for vehicle and equipment acquisition and replacement

1. Operating Reserve

Various organizations that recommend policy for non-profit organizations suggest that an operating reserve equal to 25% of the organization's annual operating budget be reserved to continue operations in the event of a temporary significant loss of funding. In the case of WVEMS, our annual operating budget (excluding programs which are self-sufficient) is approximately \$650,000. Twenty-five percent of that amount is \$162,500. At the time that this document was established, WVEMS holds approximately \$280,000 in unobligated reserves.

On June 12, 2014, the WVEMS Board of Directors designated \$150,000 of unobligated reserves as its Operating Reserve Fund. The funds will be held in a separate investment fund according to the Council's investment policy. Proceeds will be reinvested into the fund.

The Board may, at its discretion, designate additional funds into this reserve.

2. Reserve for Capital Improvements – Building

WVEMS owns real estate at 1944 Peters Creek Road in Roanoke, and may, from time to time, acquire other real estate assets. While major infrastructure improvements (roof, HVAC, interior improvements) were made to the Peters Creek Road property and fully funded in the past three years, the Council should plan for future improvements.

On June 12, 2014, the WVEMS Board of Directors designated that \$50,000 of the funds currently held in the Valley Bank Money Market account (approx. \$68,000 total) as its Building Capital Improvement Fund. The Board directed that those funds be moved to a separate investment fund according to the Council's investment policy. Proceeds will be reinvested into the fund.

Further, the Board directed that one-third of any actual year-end surplus be transferred to this fund.

The Board may, at its discretion, designate additional funds into this reserve.

3. Reserve for Vehicle and Equipment Acquisition and Replacement

WVEMS owns several vehicles that must be replaced when no longer economically functional. Also, WVEMS may own radio equipment, computer equipment, etc. that meets its definition of depreciable capital equipment*. WVEMS will first seek grant funding and donations to assist in the replacement of such capital assets. But grant match and outright purchase of such assets should be funded from its Capital Improvements Fund designated for replacement of vehicles and equipment. On June 12, 2014, the WVEMS Board of Directors designated \$30,000 from its Franklin Templeton investment fund and the balance of its Valley Bank Money Market (approx. \$18,000) to establish its Vehicle and Equipment Replacement Fund. The funds will be held in a separate investment fund according to the Council's investment policy. Proceeds will be reinvested into the fund.

Further, the Board directed that one-third of any actual year-end surplus be transferred to this fund.

The Board may, at its discretion, designate additional funds into this reserve.

4. Expenditures and Modification

Any expenditures from these reserve funds require Board or Executive Committee approval. This policy may be modified only by action of the Board of Directors at any regular or special called meeting.

ADOPTED: WVEMS Board of Directors
June 12, 2014

Stephen G. Simon, Secretary

*Depreciable capital asset: Any individual capital asset with an acquisition cost exceeding \$5,000 and with a life expectancy exceeding five years.

WVEMS ADOPTED BUDGET FY 2014 and PROPOSED 2015

	Budget 13-14	Budget 14-15 Proposed	Difference FY 15 vs FY14	% Difference FY 15 vs 14
REVENUES				
State Government (OEMS Contract)	433,450	433,450	0	0.00%
Local Government	130,000	136,000	6,000	4.62%
United Ways	2,000	2,000	0	0.00%
Contributions	1,000	1,000	0	0.00%
NSPA/VHHA Program Revenue	325,000	325,000	0	0.00%
MRC	55,000	48,000	-7,000	-12.73%
Direct Program Income (tuitions, grants, VDH/OEMS)	170,000	195,000	25,000	14.71%
NSPA Offset Revenue (Contract for services)	8,000	10,000	2,000	25.00%
Rent income (NSPA)	18,000	18,000	0	0.00%
Other Income (Sale of Assets - Insurance claim)	6,194	0	-6,194	-100.00%
Rollover from FY 13 Surplus (Board Approved)	3,500	0	-3,500	-100.00%
Interest/Investment	15,000	18,000	3,000	20.00%
TOTAL REVENUES	1,167,144	1,186,450	19,306	1.65%
EXPENSES				
Personnel				
Salaries/Wages (WVEMS)	387,000	393,000	6,000	1.55%
Payroll Taxes (FICA)	29,606	30,065	459	1.55%
VEC	750	1,200	450	60.00%
403(b) Thrift	19,350	19,650	300	1.55%
Hospital/Medical Insurance	51,300	55,000	3,700	7.21%
Life/ADD/Disability	10,000	10,000	0	0.00%
Dental Insurance	3,600	3,600	0	0.00%
Staff Services Total	501,606	512,515	10,909	2.17%
Non-Personnel				
Professional Services/Fees	8,500	8,500	0	0.00%
Medical Direction Assistance	1,000	1,000	0	0.00%
Maintenance/Repairs/Service Contracts	2,000	2,000	0	0.00%
Occupancy (Utils, cleaning, maint, etc.)	18,500	20,000	1,500	8.11%
Postal/Shipping	2,000	2,000	0	0.00%
Telecommunications	12,500	14,000	1,500	12.00%
Supplies (Admin)	7,044	8,635	1,591	22.59%
Equipment	4,000	8,000	4,000	100.00%
Insurance	8,000	8,000	0	0.00%
Direct Program Expenses	150,000	160,000	10,000	6.67%
NSPA/VHHA Program Expenses	325,000	325,000	0	0.00%
MRC Expenses	55,000	48,000	-7,000	-12.73%
Printing/Publications	4,000	3,500	-500	-12.50%
Travel/Lodging	7,000	7,000	0	0.00%
Vehicle Fuel/Maintenance	15,194	16,000	806	5.30%
Meeting Support	1,200	1,200	0	0.00%
Dues/Membership Fees	1,200	1,200	0	0.00%
Staff Development	12,500	12,500	0	0.00%
CISM Program Costs	2,000	2,000	0	0.00%
Radio Systems				
Site Rental	8,100	8,100	0	0.00%
Telephone Wirelines	7,500	7,500	0	0.00%
Maintenance	7,000	4,000	-3,000	-42.86%
Utilities	800	800	0	0.00%
Insurance	3,000	3,000	0	0.00%
Equipment	2,500	2,000	-500	-20.00%
Reserve for Capital (Bldg Maint, Grant match for Communications & Training Equip)				
TOTAL EXPENSES	1,167,144	1,186,450	19,306	1.65%

Western Virginia EMS Council
Report from the State EMS Advisory Board

The most recent meeting was held May 9, 2014 in Richmond, Virginia.

The Office of EMS has issued guidance in regards to Mobile Integrated Healthcare and Community Paramedicine. The document is available on OEMS website at <http://www.vdh.virginia.gov/OEMS/NewsFeatures/GuidanceDocument-MobileIntegratedHealthcare.pdf>. It is likely that EMS agencies interested in providing MIH/CP programs will have to be licensed as home care organizations by the Virginia Department of Health, Office of Licensure and Certification, in order to comply with current Virginia law. The executive committee has created an ad-hoc committee to address this issue. The committee will consist of representatives (1) a medical director; (2) ED physician; (3) an EMS Administrator; (4) a home health care representative; (5) a representative from VDH Licensure & Certification; (6) a primary care physician; (7) an EMS provider; (8) a regional EMS council representative; (9) a hospital representative for the Affordable Care Act; and (9) a representative from VHHA.

Work continues on the Model Interstate Compact for EMS Personnel Licensure that will recognize EMS personnel working across state lines. Legislation is likely to be introduced in the 2015 General Assembly session to adopt the EMS Personnel Licensure Compact.

At the national level, it is likely that the ambulance standards will change to incorporate safety initiatives related to ambulance cots. Once these standards are in place, it will likely increase the cost of an ambulance by \$25,000 to \$40,000. Because of the changes safety related, it is not likely that they will “go away.” The Advisory Board voted to ask that the implementation of these standards be delayed at least one year to allow agencies to better preparation for the price increases.

The next meeting of the EMS Advisory Board is scheduled for August 8, 2014 in Glen Allen, Virginia. Thank you for your confidence in me to represent the Council on the Advisory Board. Should you have any questions, comments or concerns, please do not hesitate to contact me.

Respectfully submitted,
Dale Wagoner

Western Virginia EMS Council – Blue Ridge EMS Council

AMBULANCE RESTOCKING AGREEMENT – EMS AGENCY

WHEREAS, pursuant to Section 32.1-111.3 of the Code of Virginia, it is the express public policy of the Commonwealth of Virginia to have a statewide, comprehensive, coordinated emergency medical care system in order to increase the accessibility and uniformity of quality care for all citizens; and

WHEREAS, as part of its comprehensive emergency medical services plan the Commonwealth of Virginia is required to implement, by July 1, 1999, a statewide Trauma Triage Plan to promote rapid access for trauma patients to appropriate care centers; and

WHEREAS, pursuant to Section 32.1-111.11 of the Code of Virginia, regional emergency medical services councils (hereinafter “Regional EMS Councils”) are charged with the “development and implementation of an efficient and effective regional emergency medical services delivery system” and, pursuant to Section 32.1-111.3, Regional EMS Councils must develop regional trauma triage plans; and

WHEREAS, each Regional EMS Council includes, *inter alia*, representatives of participating local governments, hospitals, physicians, nurses, mental health professionals, emergency medical technicians and other allied health professionals; and

WHEREAS, for purposes of this agreement, the following definitions are accepted:

“**Emergency call**” shall mean any call for assistance initiated by the general public requesting response by a licensed EMS agency, made by any means of communication, and shall specifically not include calls for pre-arranged routine transportation initiated by a physician, patient, hospital or other medical facility.

“**EMS Agency**” also refers to “ambulance service” in this document and in the attached policies, and in the Federal restocking regulations. These terms are used interchangeably.

WHEREAS, for many years, Virginia’s Regional EMS Councils have supported cooperative arrangements by which licensed EMS agencies have restocked their ambulances or EMS vehicles, upon delivery of a patient to a medical facility, by exchanging used supplies and opened drug boxes for new supplies and sealed drug boxes provided by the medical facility’s licensed pharmacy; and

WHEREAS, the Western Virginia EMS Council, Inc. and the and Blue Ridge EMS Council, Inc. (hereinafter referred to as “the Council”) and Insert agency name desire to participate in the continued development and maintenance of a coordinated emergency medical services system providing quality care;

NOW, THEREFORE, in consideration of the mutual covenants and promises stated herein, the undersigned agree as follows:

1. The Council and the EMS agency hereby acknowledge their participation in the development of a protocol for the restocking of supplies and pharmaceuticals carried in approved EMS vehicles (the Policies attached as Exhibit A to this Agreement), and agree to conduct themselves in accordance with the Restocking Protocol.
2. The Council agrees to monitor compliance with the Policies by each EMS agency within the Council’s jurisdiction and report non-compliance to the Virginia Office of EMS and to participating hospitals as deemed appropriate.

3. The Hospital agrees to provide to licensed EMS agencies supplies and pharmaceuticals as specified in the "Policies Relating to Ambulance Restocking by Hospitals", but only when such provision of supplies and pharmaceuticals results from response to an emergency call. No EMS agency will charge the patient for the exchanged supplies or drugs owned and purchased by the hospitals. These items may be charged as appropriate to the patient by the receiving hospital that provides them.
4. EMS agencies agree to indemnify and hold harmless the Hospital from any and all liability arising out of such agencies administering supplies and pharmaceuticals during the transport of any patient to the Hospital.
5. Participation by the Hospital in the Restocking Protocol is not in any manner based upon or conditioned upon the volume or types of patients transported to the Hospital.
6. EMS agencies agree to abide by documentation policies of each Hospital. These policies may vary among hospitals, and may include the provision of a printed PPCR, and completion of drug box exchange forms.
7. The Hospital participates in the Restocking Protocol by providing supplies and pharmaceuticals AS IS and WITHOUT WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED.
8. In no event shall patient destination be selected based upon the participation or non-participation of the hospital or the ambulance service in the Council's Ambulance Restocking Program.
9. EMS agencies shall cooperate with the Hospital in providing the Hospital with information reasonably necessary to account for supplies and pharmaceuticals, and the Hospital shall cooperate with EMS agencies by providing an appropriate Emergency Department Supply Replacement Form. Copies of such replacement forms shall be provided to both the EMS agency and the Hospital
10. Until the expiration of five (5) years after the furnishing of any services pursuant to this Agreement and to the extent, if any, required by applicable law or regulation, the Council and EMS agencies shall make available upon written request to the Secretary of Health and Human Services, or upon request to the Comptroller General, or any of their duly authorized representatives, this Agreement and books, documents, and records of the Council and EMS agencies that are necessary to certify the nature and extent of costs. If the Council or EMS agencies enter into any subcontract with a related organization as may be permitted by the Agreement, the Council or EMS agencies, as the case may be, shall require in such subcontract that the subcontractor also agree to these same requirements.
11. The Council, participating hospitals, and EMS agency agree to monitor the Policies, to report and address variance or non-compliance, and to periodically consider revisions thereto, to provide a means of maintaining essential emergency medical supplies on EMS ambulances operating within the region in a consistent fashion through a one-for-one exchange system with area hospital emergency departments and pharmacies without consideration of the volume of value of the patients brought to the hospital. The Western Virginia EMS Council/Blue Ridge EMS Council Boards of Directors, in consultation with the regions' Operational Medical Directors and the Council's Allied Resources (Hospital) Committee, may, from time to time, revise the Policies or other policies referred to by this Agreement. The Council agrees to provide advance written notice of any such changes to all EMS agencies.
12. This agreement shall remain in effect until December 31, 2016. Either party may terminate this agreement upon ninety (90) days written notice to the other party and written notice to the Virginia Department of Health, Office of Emergency Medical Services.

13. This Agreement with Appendix 1 (the Policies) and Appendix 2 (Standard List of Restocked Items) sets forth the entire understanding of the parties and supersedes all other agreements and understandings between the parties with respect to the matters covered by this Agreement. Any changes to this Agreement (not including Appendices) must be made in writing and signed by the parties. Appendices may be revised by the Allied Resources Committee (Hospital Committee).

ENTERED INTO THIS ____ DAY OF _____, 2012 BY AND BETWEEN:

The Council

Insert agency name

by:

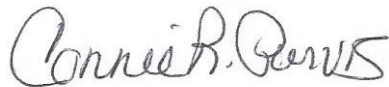
by:



Robert H. Logan III
Executive Director-WVEMS

Signature

Printed name and title:



Connie R. Purvis
Executive Director-BREMS

Attachments: Appendix 1
Appendix 2

**Western Virginia EMS Council – Blue Ridge EMS Council
AMBULANCE RESTOCKING AGREEMENT - HOSPITAL**

WHEREAS, pursuant to Section 32.1-111.3 of the Code of Virginia, it is the express public policy of the Commonwealth of Virginia to have a statewide, comprehensive, coordinated emergency medical care system in order to increase the accessibility and uniformity of quality care for all citizens; and

WHEREAS, as part of its comprehensive emergency medical services plan the Commonwealth of Virginia is required to implement, by July 1, 1999, a statewide Trauma Triage Plan to promote rapid access for trauma patients to appropriate care centers; and

WHEREAS, pursuant to Section 32.1-111.11 of the Code of Virginia, regional emergency medical services councils (hereinafter “Regional EMS Councils”) are charged with the “development and implementation of an efficient and effective regional emergency medical services delivery system” and, pursuant to Section 32.1-111.3, Regional EMS Councils must develop regional trauma triage plans; and

WHEREAS, each Regional EMS Council includes, *inter alia*, representatives of participating local governments, hospitals, physicians, nurses, mental health professionals, emergency medical technicians and other allied health professionals; and

WHEREAS, for purposes of this agreement, the following definitions are accepted:

“**Participating,**” when referring to a hospital, shall mean such hospital that is party to this agreement; or, when referring to an EMS agency, shall mean an EMS agency that is party to the AMBULANCE RESTOCKING AGREEMENT – EMS AGENCY.

“**Emergency call**” shall mean any call for assistance initiated by the general public requesting response by a licensed EMS agency, made by any means of communication, and shall specifically not include calls for pre-arranged routine transportation initiated by a physician, patient, hospital or other medical facility.

WHEREAS, for many years, Virginia’s Regional EMS Councils have supported cooperative arrangements by which licensed EMS agencies have restocked their ambulances or EMS vehicles, upon delivery of a patient to a medical facility, by exchanging used supplies and opened drug boxes for new supplies and sealed drug boxes provided by the medical facility’s licensed pharmacy; and

WHEREAS, the Western Virginia EMS Council, Inc. and the and Blue Ridge EMS Council, Inc. (hereinafter referred to as “the Council”) and **LewisGale Regional Health System (which incorporates LewisGale Medical Center, LewisGale Hospital Montgomery, LewisGale Hospital Pulaski, and LewisGale Hospital Alleghany)** (hereinafter referred to as “the Hospital”) desire to participate in the continued development and maintenance of a coordinated emergency medical services system providing quality care;

NOW, THEREFORE, in consideration of the mutual covenants and promises stated herein, the undersigned agree as follows:

1. The Council and the Hospital hereby acknowledge their participation in the development of policies for the restocking of supplies and pharmaceuticals carried in approved EMS vehicles (“Policies Relating to Ambulance Restocking by Hospitals” attached as Appendix 1 to this Agreement, and hereinafter referred to as “the Policies”), and agree to conduct themselves in accordance with the Restocking Protocol.
2. The Council agrees to monitor compliance with the Policies by each EMS agency within the Council’s jurisdiction and report non-compliance to the Office of EMS.

3. The Hospital agrees to provide to participating licensed EMS agencies supplies and pharmaceuticals as specified in the “the Policies Relating to Ambulance Restocking by Hospitals,” but only when such provision of supplies and pharmaceuticals results from response to an emergency call. No EMS agency will charge the patient for the exchanged supplies or drugs owned and purchased by the hospitals. These items may be charged as appropriate to the patient by the receiving hospital that provides them.
4. EMS agencies agree to indemnify and hold harmless the Hospital from any and all liability arising out of such agencies administering supplies and pharmaceuticals during the transport of any patient to the Hospital.
5. Participation by the Hospital in the Policies is not in any manner based upon or conditioned upon the volume or types of patients transported to the Hospital.
6. EMS agencies agree to abide by documentation policies of each Hospital. These policies may vary among hospitals, and may include the provision of a printed PPCR, and completion of drug box exchange forms.
7. The Hospital participates in the Policies by providing supplies and pharmaceuticals AS IS and WITHOUT WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED.
8. In no event shall patient destination be selected based upon the participation or non-participation of the hospital or the ambulance service in the Council’s Ambulance Restocking Program.
9. EMS agencies shall cooperate with the Hospital in providing the Hospital with information reasonably necessary to account for supplies and pharmaceuticals, and the Hospital shall cooperate with EMS agencies by providing an appropriate Emergency Department Supply Replacement Form. Copies of such replacement forms shall be provided to both the EMS agency and the Hospital.
10. Until the expiration of five (5) years after the furnishing of any services pursuant to this Agreement and to the extent, if any, required by applicable law or regulation, the Council and EMS agencies shall make available upon written request to the Secretary of Health and Human Services, or upon request to the Comptroller General, or any of their duly authorized representatives, this Agreement and books, documents, and records of the Council and EMS agencies that are necessary to certify the nature and extent of costs. If the Council or EMS agencies enter into any subcontract with a related organization as may be permitted by the Agreement, the Council or EMS agencies, as the case may be, shall require in such subcontract that the subcontractor also AGREE TO THESE SAME REQUIREMENTS.
14. The Council, participating hospitals, and EMS agency agree to monitor the Policies, to report and address variance or non-compliance, and to periodically consider revisions thereto, to provide a means of maintaining essential emergency medical supplies on EMS ambulances operating within the region in a consistent fashion through a one-for-one exchange system with area hospital emergency departments and pharmacies without consideration of the volume or value of the patients brought to the hospital. The Western Virginia EMS Council/Blue Ridge EMS Council Boards of Directors, in consultation with the regions’ Operational Medical Directors and the Council’s Allied Resources (Hospital) Committee, may, from time to time, revise the Policies or other policies referred to by this Agreement. The Council agrees to provide advance written notice of any such changes to all EMS agencies.

11. This agreement shall remain in effect until December 31, 2016. Either party may terminate this agreement upon ninety (90) days written notice to the other party and notice to the Virginia Department of Health, Office of Emergency Medical Services.

15. This Agreement with Appendix 1 (the Policies) and Appendix 2 (Standard List of Restocked Items) sets forth the entire understanding of the parties and supersedes all other agreements and understandings between the parties with respect to the matters covered by this Agreement. Any changes to this Agreement (not including Appendices) must be made in writing and signed by the parties. Appendices may be revised by the Allied Resources Committee (Hospital Committee).

ENTERED INTO THIS ____ DAY OF _____, 2012 BY AND BETWEEN:

The Council

LewisGale Regional Health System

by:

by:



Robert H. Logan III
Executive Director-WVEMS

Signature

Printed name and title:



Connie R. Purvis
Executive Director-BREMS

Attachments: Appendix 1
Appendix 2

Western Virginia Emergency Medical Services Council, Inc.

Appendix 1. Policy for Ambulance Restocking by Hospitals

SCOPE: This policy pertains to all participating licensed EMS agencies and all licensed EMS vehicles operated by these agencies, and all participating hospitals within the Western Virginia EMS Region.

PURPOSE: To provide a means of maintaining essential emergency medical supplies on regional EMS ambulances through a one-for-one exchange system with area hospital emergency departments and hospital pharmacies.

POLICY ELEMENTS:

1. Hospitals will exchange, on a one-for-one basis, certain supplies and pharmaceuticals used by participating licensed EMS agency ambulances when such exchange results from response to an emergency call.
 - a. Supplies are listed on the attached “*Standard List of Restocked Items.*”
 - b. Pharmaceuticals are listed in the Western Virginia EMS Council “*Standard Drug Box Inventory*” and are published in the Council’s “*Operational Protocols,*” current edition.

Because this policy applies only to the provision of care for emergency calls, and for patients requiring emergent care, it is specifically noted that no differentiation is made between participating non-for-profit and for-profit EMS agencies. This policy is strictly intended to promote and maintain standardized emergency patient care throughout the region, consistent with regional “*Operational Protocols,*” and to provide for patient safety and appropriate control and inventory of pharmaceuticals and supplies.

It is further specifically noted that this one-for-one exchange policy applies to “Community Assist” and “Helicopter Assist” calls where an agency might expend exchangeable supplies and/or pharmaceuticals on emergency calls not resulting in patient transport by that agency. In such cases, the hospitals have agreed to exchange in the same manner as when a patient is delivered by the agency, and the agency agrees to provide appropriate patient identifier information.

2. Ambulance personnel will utilize an *Emergency Department Supply Replacement Form* in order to document and facilitate the exchange of supplies. Ambulance personnel will utilize the *Prehospital Patient Care Report* (or its equivalent) in order to document the exchange of drugs. Other locally required inventory control forms are also permitted. In keeping with recordkeeping requirements of the Centers for Medicare and Medicaid Services regulation, the hospitals and EMS agencies shall maintain these exchange records for a period of at least FIVE YEARS .
3. It is understood by all parties that this agreement provides for a **ONE-FOR-ONE exchange only**. Any abuses, such as exceeding a one-for-one exchange, will be treated as theft, and as a serious violation of WVEMS/BREMS policy.
4. Only the hospitals, and not the EMS agencies will bill for any of the replenished items.
5. Problem solving and evaluation of the exchange system by hospital E.D. managers, local agency EMS managers and Western Virginia/Blue Ridge EMS Council staff and the Councils’ joint Allied Resources Committee will be conducted periodically. Reported non-compliance will be reviewed

by EMS Council staff and the Allied Resources Committee, and appropriate corrective action will be taken.

6. Program revisions and updates by E.D. managers, agency EMS managers, Operational Medical Directors and Councils' Allied Resources Committee will be implemented as indicated and as approved by participants.

Appendix 2. STANDARD LIST OF RESTOCKED ITEMS

WESTERN VIRGINIA EMS – BLUE RIDGE EMS

REGIONAL STANDARD SUPPLY EXCHANGE FORM

MUST BE COMPLETED IN DUPLICATE: ORIGINAL TO HOSPITAL ~ DUPLICATE TO EMS AGENCY

☠	Item	Indicate Quantity and Size Exchanged				
		1.	Normal Saline	1000 cc bag	Saline flush	
2.	IV Admin Devices	Saline Lock	10 gtt macro	<i>(or other macro set)</i>		
3.	IV Prep Kit <i>(tape, alcohol preps, etc.)</i>	Quantity	<i>(indicate 1 quantity per IV started)</i>			
4.	Protective IV Catheters <i>Assorted Sizes 14-24 ga</i>	Size(s)	Quantity			
5.	Blood Draw Kit	Quantity				
6.	Misc. IV Supplies	10 cc Syringe	3 cc Syringe	Saline Lock		
7.	Non-Rebreather Masks	Adult	Ped	Infant		
8.	Nasal Cannulae	Adult	Ped	Infant		
9.	Disp. BVM	Adult	Child	Infant		
10.	ET Tubes – Cuffed <i>Assorted sizes</i>	Size	Quantity			
11.	ET Tubes – <u>Uncuffed</u> <i>Assorted Sizes</i>	Size	Quantity			
12.	Malleable Stylets	Ped	Adult			
13.	Oral Airways <i>Assorted Sizes</i>	Size	Quantity			
14.	King Airway LTSD EMS Kit	3	4	5		
15.	Lubricating Jelly <i>Packet or Tube</i>	Quantity				
16.	Nasal Airways <i>Assorted sizes</i>	Size	Quantity			
17.	EKG Electrode Pads	Ped	Adult			
18.	Extrication Collars <i>Assorted or Adjustable</i>	Size	Quantity			
19.	Suction Catheters <i>Assorted sizes</i>	Size	Quantity			
20.	Suction Supplies	Yankeur	Tubing	Canister 800 ml		
21.	<u>EZ IO Needles</u>	Proposed				
22.	<u>CPAP Device</u>	Proposed				
23.	<u>CO2 Detector</u>	Proposed				
24.	Linens (Form required only when other supplies are exchanged, or as requested by hospital)	Sheets	Pillow Cases	Blankets	Towels	

Date	/ /	Call Report #	
EMS Provider's Name <i>(Please Print Legibly)</i>			
EMS Agency			
Hospital			
Patient ID <i>(Hospital stamp / label)</i>			

May 2014

Protocol 2 – General – Behavioral/Patient Restraint

- Changed haloperidol from Paramedic to Intermediate level
- Reorganized decision box to clarify that “threat to self or others” is a required component to begin chemical restraint

Protocol 3 – General – Cardiac Arrest (Adult)

- Clarified first rhythm analysis/defibrillation should be attempted as soon as it becomes available
- Added standard CPR information

Protocol 7 – Pain Control

- Enlarged the “OR” to emphasize while either fentanyl or morphine may be used, providers may only administer one of them, not both

Protocol 8 – General – Pepper Spray/Taser® Removal

- Corrected arrow labels

Protocol 9 – General – Rehabilitation (Responder)

- Updated heart rates, vital sign standards, and times to more closely reflect NFPA 1584 rehab standards

Protocol 10 – General – Spinal Immobilization/Clearance

- Clarified language – entire spine should be palpated, not just c-spine

Protocol 16 – Cardiac Arrest – Post Resuscitation Care (Pediatric)

- Clarified fluid bolus language

Protocol 17 – Cardiac Arrest – Ventricular Fibrillation/Ventricular Tachycardia (Adult)

- Added link to new protocol (17A)

Protocol 17A – Cardiac Arrest – Intractable V-Fib/V-Tach (Adult)

- New protocol

Protocol 22/22A – Injury – Burns

- Clarified language to stop the burning process
- Typo corrected

Protocol 29 – Medical – Allergic Reaction/Anaphylaxis (Adult)

- Epinephrine – 1:100,000 IV Push has been replaced by Epinephrine – Continuous Infusion/IV Drip

Protocol 30 – Medical – Allergic Reaction/Anaphylaxis (Pediatric)

- Epinephrine – 1:100,000 IV Push has been replaced by Epinephrine – Continuous Infusion/IV Drip

Protocol 34/34A – Medical – Cardiac Chest Pain

- Updated STEMI section to emphasize time sensitivity, adequate notification, and transport to PCI facilities
- Added language regarding nitroglycerin in inferior wall & right ventricular MIs

Protocol 37 – Medical – Hypoglycemia/Diabetic Emergency

- Added glucagon IN for the EMT level

Protocol 43 – Medical – Overdose/Poisoning/Toxic Ingestion (Adult)

- Added naloxone IN for the EMT level

Protocol 46 – Medical – Respiratory Distress (Adult)

- Added epinephrine IV/IO to the end of the algorithms

Protocol 47 – Medical – Respiratory Distress (Pediatric)

- Changed solumedrol to Enhanced level

Protocol 48 – Seizure

- Reworded to ensure midazolam is only administered to patients experiencing active tonic/clonic seizures

Protocol 50 – Medical – Tachycardia (Adult)

- Reorganized to better reflex treatment for torsades de pointes

Protocol 53 – OB/GYN – Pregnancy Related Emergencies

- Added IN to routes for midazolam
- Corrected terminology regarding online medical control

Procedure 5 – Airway – CPAP

- Updated to reflect state scope of practice change – EMT & Enhanced now use fixed PEEP setting

Procedure 22A – Defibrillation – Manual, Dual Sequential

- New procedure for Dual Sequential External Defibrillation for intractable ventricular fibrillation/ventricular tachycardia

Procedure 38 – Venous Access – Intravenous Access

- Modified to show saline locks should be used rather than full tubing and bag, unless clinical indicators for fluid exist

Procedure 39 – Venous Access – Intraosseous Access

- Added language to #5 EZIO to clarify approved sites, and site preference

Policy 3 – Criteria for Death

- Added link to referenced policy
- Added web link to OEMS DNR information

Policy 5 – Discontinuation of Prehospital Resuscitation

- Updated policy to reflect OEMS guidance. Online order from medical control is needed to discontinue EMS resuscitation.

Policy 7 – Medical Emergency Custody Orders

- Clarified language in #6 regarding change in patient mental capacity

Policy 8 – Refusal of Treatment/Transport

- Corrected terminology regarding online medical control

Medication Reference

- Formatting update – Contraindications/Warnings, etc now appear in red/italics
- Links updated for new protocol (17A)

Medication Reference – diphenhydramine

- Added acceptable use for dystonic reaction to haloperidol

Medication Reference – epinephrine

- Updated to reflect changes from protocols 29 & 30, replacing epinephrine 1:100,000 with a continuous infusion.

Medication Reference – haloperidol

- Added use of diphenhydramine for dystonic reaction

Medication Reference – morphine

- Added missing “kg” to pediatric dosage
- Change administration frequency to every 5 minutes

References – WVEMS Regional Hospitals

- Added Stroke Center Designations

References – Epinephrine Drip Rates

- Added new reference for drip rates when giving epinephrine via continuous infusion



HOSPITAL DIVERSION POLICY

For hospitals and other VHAAS users within the

NEAR SOUTHWEST

PREPAREDNESS ALLIANCE

REGION

June 2013

**HOSPITAL DIVERSION POLICY AND INFORMATION
*NEAR SOUTHWEST PREPAREDNESS ALLIANCE AREA***

encompassing the
WESTERN & BLUE RIDGE EMS REGIONS

In the Western and Blue Ridge EMS Council areas (The Near Southwest Preparedness Alliance area), there are 13 public access hospitals that operate emergency departments, plus one Veterans Affairs Medical Center that operates an ED for the specific veteran population. In all areas except the Roanoke Valley, only one primary care hospital operates in a given community. (In Lynchburg, Centra Health's Virginia Baptist Hospital does not operate an emergency department.)

For this reason, general hospital diversion is not an issue. However, hospitals may divert patients for specific reasons, such as physical limitations within a facility (such as a full CCU, inoperable CT scanners, etc).

In the Roanoke Valley, there are currently two public access hospitals that operate emergency departments. These two facilities (Carilion Clinic Roanoke Memorial and Lewis-Gale Medical Center) monitor their ED load and communicate with each other directly via telephone and radio to ensure adequate coverage. Carilion Clinic Roanoke Memorial is the only trauma center (Level 1) in the Roanoke area, so it is always open to receive trauma patients unless compromised by a physical plant failure.

Diversion status throughout the region is monitored on VHAAS (the Virginia Hospital Advanced Alerting System), a web-based hospital communication and diversion status board system owned and operated by the Virginia Hospital and Healthcare Association and the Virginia Department of Health as part of the Hospital Preparedness Program (HPP). Every hospital in the region participates and may view the diversion status of all other hospitals in the region. VHAAS is also available to all public safety dispatch

centers in the region to assist in directing each ambulance patient to the appropriate hospital able to accept that patient. Web-EOC is part of the VHAAS system, and this allows direct communication between all of the hospitals, the region's RHCCs (Regional Healthcare Coordinating Centers), and VDH.

The Veterans Affairs Medical Center in Salem diverts ambulance traffic on a frequent basis, and updates the VHAAS diversion status board throughout the day to alert ambulance dispatchers of its diversion status.

Roanoke Area Diversion

In the Roanoke Valley, two public access critical care hospitals receive the majority of ambulance traffic. Lewis-Gale Medical Center in Salem operates a 24-hour emergency department capable of handling most emergencies other than major trauma. Carilion Clinic Roanoke Memorial Hospital, a Level I Trauma Center, handles major trauma as well as all other types of emergencies.

Carilion MedCom is the communications center that receives all communications from ambulances transporting patients to Carilion Clinic Roanoke Memorial. In the event that Carilion Clinic Roanoke Memorial is at or near capacity, Carilion MedCom may divert ambulance traffic to other facilities. As a Level I Trauma Center, Carilion Clinic Roanoke Memorial will never divert trauma patients that are triaged to the Level I center. In May 2011, Carilion Medcom updated its UHF radio capability to monitor and communicate on Med 9 and 10 (Call 1 and 2).

Lynchburg Area Diversion

In the Lynchburg area, one public access critical care hospitals (Centra Health's Lynchburg General Hospital, a Level 2 Trauma Center) receives all ambulance traffic. This facility does not divert trauma patients. Centra's Virginia Baptist Hospital (also in Lynchburg) is a specialty facility and does not routinely receive ambulance traffic.

Special Diversion

In the event that any Roanoke area hospital goes on any type of diversion status, the following steps are taken:

- Note Diversion Status on VHAAS Status Board
- Alert Roanoke City and Roanoke County Communications by radio or telephone
- Notify the other primary Roanoke Valley ED by radio or telephone

Other Hospital Diversion

Other hospitals within the region do not go on **full ambulance diversion** (Closed Status) unless a catastrophic event has occurred that completely closes the emergency department. However, these facilities might go on special diversion due to equipment or staffing limitations or to limitations in specific critical care areas or a full census limiting admissions.

When this occurs, the facility will note the special diversion on the VHAAS status board and will keep the status updated on a frequent periodic basis.

VHAAS Diversion Status Policy Summary

FULL indicates that the facility's ED is at capacity and cannot accept additional ambulance patients.

Open indicates that the ED is functioning normally. This status is updated daily in the morning.

Special Diversion indicates that the hospital is diverting some or all patients due to special circumstances such as no monitored beds, no CT scan, no psych service available, etc. This status is updated as needed. A descriptive comment is required to go on any special diversion.

Closed indicates that the facility or the ED is completely closed due to some catastrophic event such as a fire, water main break, etc. This status requires a descriptive comment, and is updated as needed.

Sample Status Board

VHHA-MCI - Windows Internet Explorer
 https://www.vhha-mci.org/index.cfm?fuseaction=integratedStatus.board&reset=1&boardTypeID=3

VHHA-MCI **Diversion Status – Emergency Operations**

Update Near Southwest RHCC - Roanoke's Status [Click to Update Status](#)

Current Status

Status Board: Region: [Refresh Status](#) [View My Organization's History](#)

Organization Name	Diversion Status	History	Comments	Last Update
Carilion New River Valley Medical Center	Open	History	Have a great day!	06/05/2009 11:49 AM
Catawba Hospital	Open	History	Catchment area psychiatric admissions only	06/04/2009 12:09 PM
Danville Regional Medical Center	Open	History	Have a blessed day!	06/10/2009 05:24 AM
Lewis-Gale Medical Center	Open	History	N/A	06/10/2009 07:18 AM
Lynchburg General Hospital	Open	History	and Peanut is ready for all EMS traffic!	06/10/2009 09:13 AM
Memorial Hospital of Martinsville	Open	History	N/A	06/10/2009 08:43 AM
Montgomery Regional Hospital	Open	History	Open to all EMS	06/09/2009 11:25 PM
Pulaski Community Hospital	Open	History	N/A	06/09/2009 09:45 AM
RJ Reynolds-Patrick County Memorial Hosp	Open	History	N/A	06/08/2009 04:38 PM
Veterans Affairs Medical Center -- Salem	Full	History	NO MONITOR BEDS	06/07/2009 09:10 PM
Virginia Baptist Hospital	Special Diversion	History	No Emergency Department	06/10/2009 07:30 AM

PARTICIPATING HOSPITALS

Carilion Clinic:

Roanoke Memorial Hospital (Level 1 Trauma Center), Roanoke

Franklin Memorial Hospital, Rocky Mount

Giles Memorial Hospital (Critical Access Hospital), Pearisburg

New River Valley Medical Center (Level 3 Trauma Center), Radford

Centra Health:

Lynchburg General Hospital (Level 2 Trauma Center), Lynchburg

Virginia Baptist Hospital, Lynchburg

Centra Health/Carilion Clinic Partnership:

Bedford Memorial Hospital, Bedford

HCA:

LewisGale Medical Center, Salem

LewisGale Alleghany, Low Moor

LewisGale Pulaski (Pulaski)

LewisGale Montgomery, Blacksburg (Level 3 Trauma Center)

US Department of Veterans Affairs:

VA Medical Center, Salem

Pioneer Health Services:

Pioneer Memorial Hospital, Stuart

Lifepoint Hospitals, Inc.:

Memorial Hospital of Martinsville and Henry County, Martinsville

Danville Regional Medical Center, Danville

		WVEMS				
		Exec	FARC	Amount	Amount Awarded	
AGENCY	ITEM	Cmtte	Score	Requested	(SUGGESTED)	Comments
		Score	Score			
Roanoke Fire-EMS Dept	Chevrolet Type III Ambulance	1	1.4	\$ 77,438.00	\$ 77,438.00	
	2 - Stryker Power Load System	3	1.8	\$ 23,631.27	\$ 23,631.27	
	2 - Lucas 2 Chest Compression System	1	1.4	\$ 13,114.31	\$ 13,114.31	
	Safe Sleep for Baby Education	1	2	\$ 10,000.00	\$ 10,000.00	
Botetourt County Emergency Services	New 4x4 Ambulance	2	3.17	\$ 87,500.00		Awards Stopped at 2.67
	Lucas 2 Chest Compression System	3	2.5	\$ 6,557.15	\$ 6,557.15	
	7 - Mobile Computer Aided Dispatch	5	4	\$ 7,903.50		Awards Stopped at 2.67
	Vehicle Extrication Equipment	3	3.67	\$ 15,675.50		Awards Stopped at 2.67
Alleghany County	6 - Phillips Heart Start MRx Monitors	3	2	\$ 113,377.68	\$ 56,688.84	Requested 6, Awarded for 3
JEB Stuart Volunteer Rescue Squad	2014 Type I Ambulance Dodge	1	3.17	\$ 143,093.60		Awards Stopped at 2.67
	Stryker Power Pro XT Cot	3	2.5	\$ 11,143.20	\$ 6,964.38	Review Graded on Regular, and Awarded on Regular
	Stryker Power Load System	4	2.67	\$ 19,976.00	\$ 11,983.50	Review Graded on Regular, and Awarded on Regular
Danville Area Training Center	2 - Megacode Kelly Basic	1	2.5	\$ 4,672.47	\$ 4,672.47	
	2 - ECG Kid	1	2.5	\$ 3,065.03	\$ 3,065.03	
	2 - ALS Baby	1	2.5	\$ 1,723.85	\$ 1,723.85	
	2 - Simpad System	1	2.5	\$ 3,780.00	\$ 3,780.00	
Roanoke County Fire & Rescue Dept	7 - EKG Monitor/Defibrillator	1	1	\$ 120,664.07	\$ 105,238.00	Awarded at Standard Pricing
Floyd County Life Saving & First Aid Squad	Ford F450 4x4 Type I Ambulance	1	3.5	\$ 118,228.80		Awards Stopped at 2.67
Shawsville Vol Rescue Squad	8 - Toughbooks for VPHIB VAv3	2	2.33	\$ 25,682.00	\$ 12,841.00	Awarded for Quantity of 5 at Hardship
	2 - Lucas 2 Chest Compression System	3	3.33	\$ 20,982.88		Awards Stopped at 2.67
Bachelors Hall Vol Fire Department	2014 Ford F450 4x4 Type I Ambulance	1	1	\$ 133,792.80	\$ 133,792.80	
Tunstall Volunteer Fire Dept	2 - Lucas 2 Chest Compression System	2	1.5	\$ 13,114.31	\$ 6,557.16	Review Graded for Quantity of 1 and Awarded 1
Mount Hermon Volunteer Fire Department	Lucas 2 Chest Compression System	1	1	\$ 10,491.45	\$ 6,557.50	Review Graded on Regular, and Awarded on Regular
Fieldale-Collinsville Vol Rescue Squad	2 - Power Lift System	N/A	3.83	\$ 62,209.60		Application withdrawn at Regional Review
Covington Rescue Squad	Type III Ambulance Chevy	2	3.17	\$ 120,000.00		Awards Stopped at 2.67
	Stryker Power Pro XT Cot	2	1.83	\$ 6,750.00	\$ 6,750.00	
	Chair Stair	3	2	\$ 1,500.00	\$ 1,500.00	
Henry County Dept of Public Safety	Dodge 4500 4x4 Type I Ambulance	3	2.33	\$ 138,744.80	\$ 86,715.15	Requested Hardship and Awarded on Regular
	CarePoint Package System	4	3.5	\$ 93,627.20		Awards Stopped at 2.67
	ALS Intercept Large QRV - 4x4	2	4.17	\$ 24,777.50		Awards Stopped at 2.67
	Defensive Tactics for EMS	2	3.67	\$ 5,460.69		Awards Stopped at 2.67
Salem Fire-EMS Department	Ford F250 Supercrew 4x4	1	3.17	\$ 22,400.00		Awards Stopped at 2.67
Dunlap Vol Fire & Rescue Dept	Ford F450 4x4 Type I Ambulance	3	2.83	\$ 94,000.00		Awards Stopped at 2.67
	Type III Ambulance	3	3.67	\$ 132,116.00		Awards Stopped at 2.67
Franklin County Public Safety	2 - Physio Control LikePak 15	2	1.83	\$ 28,879.54	\$ 28,879.54	
	Stryker Power Load System	3	2.33	\$ 11,433.00	\$ 11,433.00	
	2 - Physio Control LikePak 15	1	1.5	\$ 46,521.76	\$ 23,250.88	Review Graded for Quantity of 1 and Awarded 1
Ararat Volunteer Rescue Squad	4 - Ropes Rappelling Gear	3	4	\$ 3,333.22		Awards Stopped at 2.67
	2 - Stryker Power Load System	2	1.83	\$ 42,373.76	\$ 11,983.50	Review Graded for Quantity of 1 on Regular and Awarded as such
CCDF Vol Fire Dept & Rescue Squad	Physio Control LifePak 15	5	2.67	\$ 23,953.63	\$ 23,953.63	
Western Virginia EMS Council	CarePoint System	N/A	2.5	\$ 53,131.33	\$ 42,505.56	Requested Full and Awarded on Hardship
WVEMS Council Region Totals				\$ 1,896,819.90	\$ 721,576.52	
State Totals				\$ 9,490,820.75	\$ 3,022,000.00	
WVEMS Council Region's Share of State				19.99%	23.88%	

DIRECTORS:	2012				2013				2014			
	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
Allen, Steve	O	O	X	O	O	X	O	X	O	O		
Allredge, Karen					X	O	O	X	X	O		
Altman, Billy	X	X	O	X	X	O	X	O	O	O		
Baker, Bobby										X		
Beach, John	X	O	O	X	X	O	X	X	O	O		
Brown, Bill					X	O	O	X	O	O		
Cady Sr., Jim	O	X	O	X	X	X	O	X	X	X		
Coyle, Joe	O	X	X	X	O	X	X	X	O	X		
Davis, Steve	X	O	X	X	O	O	X	X	X	X		
Dick, Tim	X	O	O	X	O	O	O	X	O	O		
Duffer, Tim	X	O	O	O	O	O	O	X	O	O		
Eanes, Steven	X	X	X	X	X	X	O	X	X	O		
Ferguson, Jason	O	X	X	X	X	X	X	X	O	X		
Guests	0	2	1	2	0	0	1	X	4	1		
Harveycutter, Carey	X	X	X	X	O	X	X	X	X	X		
Hatcher, Daryl	X	O	X	X	X	X	X	X	O	O		
Hodge, Rickey	X	O	O	X	X	v	X	O	O	O		
Jefferson, Mike	X	X	O	X	X	X	X	X	O	X		
Lane, Charles	O	X	O	X	X	O	X	O	O	O		
Lissberger, Danielle	O	X	X	X	O	O						
Logan, Robert	X	X	X	X	X	X	X	X	X	X		
Muterspaugh, Ryan	O	O	O	X	X	O	X	X	O	O		
Shrader, Kris	X	X	O	X	X	O	O	X	O	O		
Simon, Stephen	X	X	X	O	X	X	O	X	X	X		
Simpkins, Lee	X	O	X	X	O	O	X	O	O	O		
Taylor, Dallas					X	X	X	X	X	O		
Trigg, Joe	X	O	X	X	X	O	X	X	X	X		
Wagoner, J. Dale	X	X	X	X	X	X	X	X	X	O		
Wirt, Ford	X	X	X	X	X	X	X	X	X	X		
STAFF PRESENT:	2012				2013				2014			
	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
Berger, Charles	X	X	X	X	X	X	X	X	X	X		
Christian, Mary	X	O	X	X	X	O	X	X	O	O		
Cathy Cockrell	X	X	X	O	X	X	O	X	X	X		
Dalton, Gene	X	X	X	X	X	X	X	X	X	O		
Garnett, Mike	O	X	X	O	X	X	O	X	X	X		
Short, Sandi	O	O	O	O	O	O	O	O	X	O		

DID NOT ATTEND = O
NO LONGER INVOLVED

June 2012 Guests: Billy Duff RCFRD, Mike Berg OEMS
September 2012 Guest: Jeff Echternach, RHCC, CCPT
December 2012 Guests: Dallas Taylor/Hash
June 2013 Guest: Jason Gifford Radford EMS
December 2013 Guests: John Aldridge, Auditor; Bobby Baker
Notes: December 2012, Steve Ausband replaced by Karen Allredge, MD; Andrew Galvin replaced by Dallas Taylor
Bill Brown added to represent 4th Planning District At-Large
March Guests: Joey Trigg Jr, Matt Chupp, Tim Perkins OEMS
June Guests: Scott Winston