

Northern Virginia Emergency Medical Services Council, Inc.
Board of Directors Meeting



Via Zoom

Meeting Minutes
Thursday, April 18, 2024

DIRECTORS PRESENT (Listed Alphabetically by First Name)

See the list at the end of the minutes.

GUESTS

Byron Andrews, Sterling Volunteer Rescue
Chris Vernovai, OEMS EMS Systems Planner

Call to Order

Council President Nate Strong welcomed all in attendance and called the meeting to order at 10:05 am.

- No representatives from the public were present to address the Board.

Approval of Minutes

The minutes from the NVEMSC Board of Directors meeting on February 15, 2024, were emailed for review.

- Frank Orefice made a motion to accept as written, seconded by Lee Warner.
- The minutes were **unanimously approved**.

Treasurer's Report

The financial reports for February and March were sent via email for review.

- Beth Adams made a motion to approve the financials as submitted, seconded by Nate Strong.
- The financials were **unanimously approved**.

President's Report

President Nate Strong had the following report:

- Welcome Estee Warring as the new Stroke Smart Coordinator
- We will discuss the potential merger of NVEMSC and NVERS under new business

Executive Director's Report

Interim Executive Director Laura Vandegrift submitted the following report:

- **OEMS Funding**
 - All outstanding quarterly contract payments have been received as of April 16, 2024.
 - The FY2024 Q3 quarterly report and invoice have been submitted to OEMS.
- **Stroke Smart Coordinator Position**
 - We had a successful interview on March 6th with Estee Warring and subsequently offered her the part-time Stroke Smart Coordinator and Data Analyst Position that week.
 - She started on Monday, March 11th, after completing her background check and drug screen successfully.

- Margaret Probst agreed to stay until the end of April to transition Estee to the position, and we are forever grateful for all the hard work and pathways she has created.
- Estee and Margaret co-taught at the City of Fredericksburg on April 2nd
- **Inova/NVEMS EMS Symposium**
 - We postponed the one-day continuing education event initially scheduled for Monday, March 4th, due to the Line of Duty Death Celebration of Life for Loudoun Firefighter Trevor Brown.
 - The event will now occur Monday, April 29, 2024, at the Inova Center for Personalized Health, 8100 Innovation Park Drive, Fairfax, VA 22031.
 - This free event will include breakfast, lunch, and parking provided by Inova.
 - Craig French can elaborate on further details
- **Regional EMS Awards**
 - The 2024 NVEMSC Regional EMS Awards nominations are open from now until Friday, May 31, 2024
 - Again, we hope to get nominations for all 12 categories and the EMS Student scholarship.
 - We will solicit volunteers for the Awards Committee, meeting in early June to determine the winners.
- **Whole Blood Program**
 - We met with IBDS and agency leadership on April 4th, and the MOU has not yet been finalized.
 - A change in the cost per unit was added after the last revision without notifying the Council or member agencies.
 - I have reached out to Nick Lilly to discuss the change, which exceeds the agreed-upon maximum 3% increase, but have not heard back yet.
 - The City of Manassas Fire & Rescue went live with its Whole Blood Program in February as planned, and the City of Fairfax Fire Department will likely be the next agency to deploy its program.
- **GW Paramedic Program Update**
 - The program started Monday 4/15/2024
- **Financial Assistance Review Committee Representative**
 - Byron Andrews was submitted as the NVEMSC representative on the FARC Committee for the upcoming term and has been accepted as our representative by the Committee.
- **Medication Kit Transition Update**
 - A position paper was written by the EMS leaders and medical directors of the Council member agencies before the March 28th Virginia Board of Pharmacy Meeting and given to the Board that day.
 - Dr. Morgan from Loudoun County was gracious enough to attend the meeting on behalf of the region to present the position during the public comment period.
 - There is another public comment period open for other comments that have not already been submitted or suggested language for the proposed emergency regulations to be considered at the upcoming Virginia Board of Pharmacy meeting on May 2, 2024.
 - To assist the board of pharmacy with all suggestions before releasing the revised draft regulations, you are invited to provide feedback

Northern Virginia EMS Council

Board of Directors Minutes – April 18,2024

to pharmbd@dhp.virginia.gov with the subject line: Public Comments on EMS Emergency Regulation.

- If you have previously submitted comments, there is no need to resubmit.
- We have created a Northern Virginia Medication Kit Transition Workgroup that will have its first meeting on Monday, April 22, 2024, at 10 am via Zoom to discuss any possible collaborative letter or comments before the May 2nd Board of Pharmacy meeting.
 - A Microsoft Form was sent to EMS leadership and OMDs to sign up on behalf of each agency, and we have about 30 members at this point.
 - If you would like to be added, please let Laura know.

STATE AND REGIONAL COMMITTEE REPORTS

Stroke Smart Update

Estee Warring provided the following update:

- Since the last council meeting, there have been three presentations for the Stroke Smart program.
 - Seventy-three students were trained, and 15 were provided with the train-the-trainer program.
 - Fairfax Medical Reserves Corp 14
 - Fredericksburg City Schools 15 – Train-the-Trainer
 - Sully Community Center 44
 - Stroke Smart material orders totaled 4,245 for English magnets, 850 for English wallet cards, and 750 for Spanish wallet cards.
- Estee is currently working with Sentara to partner with community organizations to share the Spanish Stroke Smart video to fulfill the requirements of our Sentara Cares Grant.

AHA Training Center

Michelle Ludeman provided the following written report:

- Please be patient as I learn the Atlas system. AHA switched to this system in June 2023, so it is still a new one for everyone. I will be sending out some recorded webinars to instructors to help them learn about Atlas.
 - An Instructor must claim an e-Card to be recorded as an Instructor in Atlas. Instructors also must remain current, or they will expire. If you have instructors coming up for expiration, please let me know.

State EMS Advisory Board

Beth Adams provided the following written report:

- The next Governor’s Advisory Board meeting will be 5/3/2024
- The OEMS Next Steps Workgroup met on 4/17/2024.
 - Key takeaway: change is coming!!
 - Fitch presentation + Med Kit transition/Regional Council workgroup reports (sent separately)
- The position announcement for the Director of OEMS is posted, and applications open to 4/30/24
 - There are 36 applicants as of 4/17

Northern Virginia EMS Council

Board of Directors Minutes – April 18, 2024

- I was recently added to the workgroup as an Advisory Board rep to the Regional Med Kit Transition Workgroup.
 - Highlights from the 5/8 meeting.
 - DEA rules are finalized & undergoing final administrative review before publishing.
 - BOP will be meeting on 5/2 [NVEMSC sent draft on 4/10/2024.]
 - I've attached the info shared re: hospital 1:1 exchange + April survey of hospital pharmacies continuance of 1:1 exchange after 11/27/2024. I've highlighted NoVA hospitals who have responded. NOTE: per Keith, the info in attachment re: HCA does not reflect RHC perspective. The attachment can be found at the end of the minutes.
 - Workgroup goal is to have tools/resources made available by early May, including but not limited to step-by-step instructions for CSR/DEA licensure, draft policies & procedures, group purchasing organizations, and financial assistance info.

Provider Health and Safety

No representation from the Committee

Medical PI Committee

Michelle Ludeman provided the following update:

- The Committee did not meet in April as planned. The next meeting is scheduled for July 10, 2024, and the topic is pediatrics.

Trauma PI Committee

Michelle Ludeman provided the following update:

- The last meeting was held on March 13, 2024, and the topic was limb salvage.
- Dr. Babak Sarani from GWU Hospital discussed the surgical strike team they use for limb salvage and extrication assistance in conjunction with DC FEMS through an MOU they signed.
- The next meeting is scheduled for June 12, 2024, and no topic has been decided yet.

Medevac Committee

Rick Cohen advised there was no update.

Patient Tracking Workgroup

Andrew Hopkins advised that there is no update on this workgroup.

Regional Medical Directors & State Medical Direction Committee

Dr. Morgan provided the following update:

- The state medical direction committee met on April 4th, and most of it was taken up with the Virginia Board of Pharmacy discussion
 - Caroline Juran, the Executive Director for the Virginia Board of Pharmacy, was in attendance and took candid feedback on the issue. Hopefully, the Board will take those concerns to heart when making the regulation changes on May 2, 2024, at their upcoming meeting.
 - We are also talking actively about this topic at the regional level.

Training and Certification Committee

Michelle Ludeman provided the following written report:

- The Committee last met on April 3, 2024
- VCCS Accredited Programs: AEMT minimum hours have been approved by medical & other committees.
- Fitch & Associates Report: Looking at the State EMS Plan for Review
- Debbie Akers: The Office of EMS announced that we will not be having a symposium this year; however, no further decision has been made regarding future symposium opportunities.
 - Accredited programs are continuing to make progress. Some programs have had some deficiencies, and OEMS is working with them. Programs will receive communication today regarding accreditation requirements and minimum staffing/student competencies.
 - The day-to-day operations at the office are continuing. NREMT recertification cycle was just completed.
- Chad Blosser:
 - The EC Institute just completed with 28 newly certified ECs. There are now 788 total ECs and over 800 educators, including the ALS Coordinators.
 - Scholarship - Regarding the MOU for scholarship payment will be deferred to Mr. Gresh. The last Payment was made in August of 2023.
 - September will be the last EC Institute of 2024. Chad will be working on future EC update dates as well.
- Apprenticeship Program:
 - The documentation provided to OEMS is for an individual who already has a certification and a job. Based on that information, it doesn't appear that this committee would be the best fit for this program. It was discussed, and the committee thought it should be moved to Workforce and Development.
- NREMT/OEMS CE Workgroup
 - Brian McIntosh presented a PowerPoint Presentation with a discussion.
 - A motion for approval was made and the Training & Certification committee voted unanimously to adopt these requirements.
 - There are significant changes in the allotted hours between categories.
 - OEMS will be shutting down the EMS Portal to update these changes. Yes, ours CES may look different and your students may have less hours in a category.
 - We now will be tracking CE processes for 7 years.
 - CentreLearn is already aware of the 2025 process and the other Third Party vendors are working on this.
 - I have attached the NREMT CE presentation that this workgroup presented and was approved by this committee.
 - NOTE: The new Continuing Education (CE) requirements were presented to the Medical Direction Committee (MDC) on 04 April 2024 and received a unanimous vote for adoption. This will now be forwarded to the Governor's EMS Advisory Board for a vote for adoption.
- Discussion continued regarding the value of the EMS Symposium.
 - Motion made and seconded (Bill Akers, Peppy Winchel) to commit our recommendation to make the EMS Symposium a priority in the restructuring of the Office of EMS.

Northern Virginia EMS Council

Board of Directors Minutes – April 18,2024

- Additional discussion
- The Chair commends the Regional Councils for stepping up and providing quality education in the absence of the Symposium. One of the missing components in local expos is track-based education models.
- The motion passed unanimously.

OLD BUSINESS

Bylaw Committee

- Brian Orndoff said that the changes and recommendations were presented at the last Board of Directors meeting and sent via email for final adjustments to present to the membership and vote on changes.
- Michelle Ludeman advised that the requested changes have been made, and since it was sent out for review in March, it has now been over 30 days, and we can vote on it now.
- Beth Adams advised that the only change after the last Board of Directors meeting was wording from “donation” to “fee” for hospitals.
- The Bylaw Committee has completed all requested changes and submits them to this Board for final approval.
- Beth Adams made a motion to accept the Bylaws as written, seconded by Lee Warner.
 - The NVEMSC Bylaws were **unanimously approved**.

JURISDICTIONAL REPORTS

City of Alexandria Fire Department: Kelsea Bonkoski advised there was nothing to report

Arlington County Fire Department: Kate Kramer reports

- They went live with their partnership with VHC ESO HDE, so they all can access HDE for real-time follow-up.
 - They conducted training in early April and went live yesterday
- Moving forward with upcoming pharmacy changes and anticipating that they will have their pharmacy, locations, etc. Initially, it may be taking a little bit of the apple to do a few stations first to be sure everything is in line before doing it for all stations
- A recruit class starts on May 6th with 23 in the class.
- They have eleven students in the GW program, which just started. Good things have been reported so far. Dr smith is teaching there on Fridays.

City of Fairfax Fire Department: Battalion Chief Brian Orndoff reports this is nothing new to report

- They are also navigating pharmacy changes and waiting for the updated release of guidelines.
- They recently hired FF paramedics.
- They are about to start training their paramedic-only staff to be firefighters.
- This is a pilot program they are about to start
- They are purchasing a new medic unit soon

Fairfax County Fire and Rescue Department: Deputy Chief Lee Warner reports

- Rocco Alvaro will take his place in June since Lee is retiring.
 - He’s being included in everything that Lee does at this point, will be promoted next month, and will have some overlap in meetings until then.

Northern Virginia EMS Council

Board of Directors Minutes – April 18,2024

- There will also be a transition in EMS Admin with Chief PJ Durham. She will be leaving the office in mid-July.
 - They don't know who her replacement is yet
- Beth Adams and the medical directors will remain in EMS admin
- They are still working on their whole blood program
 - The major hangup is the Department of IT and the County attorney.
 - They have dealt with them for about 6-8 months, and there is still a road ahead.

Fairfax County Police Helicopter Division: Paul DeHaven reports

- The police department and fire department are undergoing joint active violence training.
 - They do this on a 3-year rotation
- If you're interested in observing or participating, please let him know

Loudoun County Combined Fire and Rescue System: Andrew Hopkins provided the following update:

- They are also researching the pharmacy changes and the needs of their agency
- They are precepting nine paramedics and three AEMTs currently
- They have a daytime AEMT class with 11 students currently, and they are set to precept in May
- They just graduated from their EMS Supervisor school with six students
 - They are doing ride-along time with the incumbents currently

City of Manassas Fire & Rescue: Billy Barton advised there was nothing new to report

City of Manassas Park Fire Department: No representation

Metropolitan Washington Airports Authority: Rick Bonnett provided the following report

- They deployed a single EMS Supervisor between the two airports in March
- Thanks to Loudoun for letting our supervisors take part in their school, which gave them a ton of insight and experience and expanded their skill set

Prince William County Fire & Rescue: Frank Orefice reported

- They just completed a promotional process for the EMS Division Chief position, and promotions will likely be announced on Friday.
- They will roll out EMS Battalion Chiefs and Captains for each shift in the future.
- They are also navigating pharmacy changes but already have their Virginia Board of Pharmacy and DEA licenses.
- The OMD position announcement has not yet been posted, and they are still waiting on HR.

Northern Virginia Community College: Kathleen Deal reports

- The spring semester ends on May 8th, with graduation on May 12th.
- Summer school starts on May 20th, and the scheduled EMT class is full at this point.
- The fall semester starts on August 21st.
- The state notified them that tuition will go up for all state institutions this fall, but they do not know how much yet. The budget is in the planning session now.
- They completed their COAEMSP self-study, and it will be submitted by 5/1
 - They expect a spring visit

Northern Virginia EMS Council

Board of Directors Minutes – April 18, 2024

- The College Advisory Board met last on April 9th

OEMS Program Representative: Karen Owens provided the following report

- She has been named the Deputy Director of Operations and Planning
 - This is an acting position, and Tim Perkins and Chris Vernovai fall under her, as do the Councils
 - If you have any questions, she is here to help in any way needed.

PHI Aircare: No representation

Physicians Transport Service/AMR: Kate Passow reports

- They have had their own pharmacy for a long time, and she is happy to assist if anyone has questions that she or PTS may be able to answer.
- They are currently in the middle of an OEMS inspection now
- The EMS Memorial Bike Ride East Coast ride ends in northern Virginia on May 17th at the Spring Hill Suites in Alexandria on Eisenhower Avenue. It is coming from Baltimore, MD. If anyone wishes to ride and/or greet the participants, they are welcome to do so.
- The Weekend of Honor will be July 19th, coming out of the Hyatt Regency Crystal City, and will ride along the trail system to Loudoun County. They'll likely have lunch in Sterling.
 - Typically, they have received support from the Council for refreshments during the Weekend of Honor in July and would appreciate any consideration.
 - President Nate Strong suggested she email the Council about support for the Weekend of Honor.

Inova Fairfax Hospital: Craig French reported

- The free, one-day Northern Virginia Symposium will occur on Monday, April 29th.
 - There are around 180 registrations so far, and there is still some room before we reach capacity.
- Fairfax Hospital is undergoing internal construction on the trauma bays, but it shouldn't affect operations when bringing patients in.
- They also continue to have regular conversations regarding the upcoming pharmacy changes.

Reston Hospital: Keith Morrison reported

- They recently completed a disaster drill with NVERS and 12 other hospitals yesterday; he appreciates the participation from Fairfax County Fire & Rescue Department as it added good abilities to do a small test of what happens if they had a disaster and if they reached out to the county for assistance. Able to test things they hadn't before. Thank you for your help and participation
- They are working on their open heart program in the first or second quarter of next year.
- They also monitor the VA BOP issues and meet with the pharmacy director weekly to stay on top of that.
 - There is no desire to do anything different than what the region decides to do with that.

StoneSprings Hospital: John Wanamaker reported

- They have opened a new cath lab for non-emergency STEMI patients.

NVERS – No representation

EMERGILITY – No representation

VHC Health – Justin Nelson advised there is no update

NEW BUSINESS

- **VHC Health Membership**
 - Justin Nelson and VHC Health submitted a request for Council membership since they have been attending meetings for the last year.
 - Beth Adams motioned to accept VHC Health as a hospital member to the Board of Directors, seconded by Kate Kramer.
 - The motion was **unanimously approved.**

- **FY2025 Budget**
 - The proposed FY2025 budget was sent by email before the meeting for review
 - Beth Adams made a motion for the FY2025 proposed budget as written, and Brian Orndoff seconded
 - The motion was **unanimously approved.**

- **Discussion: Potential merger of Northern Virginia EMS Council and NVERS**

(Transcribed without grammatical corrections to capture the dialogue during the discussion)

 - President Strong stated that when OEMS started having issues, and subsequently our Executive Director resigned, the Executive Board decided to meet and decide how to improve/strengthen our sustainability and make the EMS Council stronger. They decided to look into avenues to merge with NVERS to make us a stronger entity in the Northern Virginia region. There is a PowerPoint to show about NVERS and then we'll have a discussion. There will be a recap sent out tomorrow with an email address so that everyone can send questions to us about it. Not seeking a vote today, just want everyone to be informed of what they have evaluated and how they want to move forward. Most likely, there will be a special Board meeting in May, potentially May 16th, the third Thursday of the month like our normal quarterly meetings, and it will be in person so we can address all concerns and share all the questions that were given to us about the merger. The reason why we are going so quick is because we have to fill an Executive Director spot by June 6, I believe, and that's required by our Bylaws, so we want to have a roadmap done before then.
 - Beth Adams advised they had a discussion in February for the E-Board with regard to all of the issues related to OEMS, and all of the money issues were very much in the air. "We talked about it in our meeting in February and subsequent to that, at the end of March, you got a letter from the Fire Chiefs of Northern Virginia giving us direction to make this move. So, we are continuing our exploration as a result of that."
 - President Strong advised that when the Fire Chiefs caught wind of us wanting to explore a merger with NVERS, they agreed with our decision and subsequently sent us a letter saying that we should merge with NVERS. So we started digging a little deeper, and in fact, it can be done with some rewriting MOUs. We have spoken to the state, and that is very doable.

(A presentation was shown to the group. A copy "NVERS 101" follows these minutes.)

- President Strong stated that after meeting with them, they felt that they were a perfect fit with their organization, and this isn't the Council dissolving, this is a merger to make us stronger.
- Rick Bonnett advised that this is not a new concept in that we have had these discussions before, specifically when he was the Council President. When Todd Lupton was the Council and he was the Vice President, the Council went through some financial challenges at times and we were openly looking for options to make sure the Council was sustainable, the Council had adequate funding to support it for the future and there was a lot of concerns. He would have pushed for a merger during his time as President if we had not signed the contract with the federal government which was lucrative and really put the Council in a better financial place for that time. The key is without state funding, if that were to be cut, if fire departments directly couldn't support the Council due to budget constraints, all of those other things could really affect the Council's stance in sustainability. So, when this came back up with the state, knowing that they have financial constraints that they are, this looked like a perfect opportunity and that is why I will be open and honest and say that I'm an advocate for it and I've been an advocate for it all along. He states he did not bring it up to the Fire Chiefs but once they caught wind of it, he became part of that process and discussion and that's why they are supportive of that endeavor because we want to make sure EMS retains its face and place at a higher level throughout the region and in his personal opinion will give the Council a stronger footprint for the future and that is why they are looking at the endeavor and why they looked at it in the past, it just got put on the backburner because we ended up doing some really good things. The ladies in the office and Craig, when he was there, did a fantastic job of managing the contract that made the Council a lot of money and provided a lot of financial stability at that time.
- President Strong stated that basically we want to take a proactive approach to improve EMS in Northern Virginia and this is a good way to strengthen it by joining with NVERS.
- VP Brian Orndoff added to echo the sentiment that President Strong and Chief Bonnett had, definitely, in the situation we were presented by the Office of EMS and their financial concerns, it was prudent to look at all options to look at how we can maintain sustainability. He stated that he is always very hesitant and skeptical and came into this very reserved but he learned a lot about NVERS in the process and hopefully some of what that slideshow demonstrated is that NVERS is much bigger than just the fire departments and fire chiefs and is a very robust organization. It has many elements of VDH already in it, and they have a collaborative working relationship and successful mergers in the past with the NVERS and the Northern Virginia Hospital Alliance and some of the Emergency Management groups, so they are in a good place to help us strengthen our influence in EMS. Most of the fire departments are engaged in EMS through NVERS and there are a lot of duplicated efforts and they have been very helpful with getting a lot of EMS initiative, even in this area, across the finish line through their pharmaceutical purchasing areas and grant. Just combining services would make us more efficient. Even though we are in a good spot financially currently, we really don't know what the future is going to be. Beth could possibly speak on that a little more but there are discussions being had at the state level about re-structuring EMS Councils and what that could be. To him, this move helps solidify us as a strong entity that is stable and not at risk, so if the state were to decrease the amount of EMS Councils, for example, or merge us with other EMS Councils, we would likely be the agency is more established and prepared to take on others. If you look at the NVERS map there, they

have done that with other areas. We had a lot of questions when they met with them about what about our employees and their status and we are doing everything we can to make sure that we treat them fairly and they are included, and that's all by contract and that will all transition over. The other question was, what about this group? These are the leaders of EMS in our region, so where do they fit in? And in their discussion, they said they would fit in as the EMS Advisory Board to direct EMS going forward and most of the committees would either be merged to not have duplicate committees but also sustained because we have those responsibilities that are in our contract. So the biggest takeaway is that EMS will not be any less of a focus in the region, hopefully it will be a bigger focus and the people that are the stakeholders and are engaged today, would still maintain to be engaged and serve on these committees, it would just be a collaborative approach and in his opinion, this helps open up avenues to have more direct representation. Many of the city managers' group and many of the hospital leadership is part of NVERS. They are much larger than just public safety and that puts us all under that collaborative envelope. Looking forward to hearing any of the question and comments that people have but for his own sentiment, he has learned more and has really seen the depth of what NVERS is engaged in statewide and it's much more than he previously knew and it opens up more avenues and options for us.

- Beth Adams added that at yesterday's EMS Next Steps Workgroup, the Fitch presentation included the question about what the future looks like for EMS Councils, and there was a lot of discussion around that. Do we need to look like we did 20 years ago when OEMS was small and the Councils were bigger, how do we compare to the other 48 states and how EMS is delivered to our citizens and the plan, as announced yesterday, is that Fitch & Associates will be visiting the region over the next three to four weeks to get input to what she believes is the final slide in the Fitch presentation to say "what should it look like? Help us answer these questions." There was discussion yesterday that Department of Fire Programs has regional districts smaller than us, the healthcare coalition has realigned and repositions, there was discussions that maybe we should be under the health districts. There is a lot to contemplate. Look at those slides and see what your answers are to those questions and you will have an opportunity to share them with the Fitch consultants and OEMS folks over the next months.
- President Strong added that when they went into this and started researching, they wanted to keep their employees in mind as well, so even with a move to NVERS, NVERS would take over the Executive Director position, of course, but that would create a Program Director position, we'd still have our Administrative Assistant position and we'll still have the Stroke Smart position, which we're even evaluating to see if we need one or more. We need to look at the workload of all of our employees and see if that is sufficient to move forward. We want to strengthen it, not weaken it. And that was one of our concerns going in, and it appears that this could be a very legitimate move for us.
- Keith Morrison added from a Hospital Alliance perspective, they went through this exactly the same way and it was seamless and has been nothing but a benefit from a hospital aspect. The collaboration with everyone, the steering committee, everything works much better that way and there is more support.
- President Strong added that this Board of Directors will become the Steering Committee for the Council and it creates a steering committee instead of a Board of Directors, so maybe just a name change.

- **QUESTIONS:**

- Lee Warner stated that he agrees with what everyone said. His question is, to the Treasurer, what happens to the money? When we just approved the budget, there was a fair amount of money sitting there, so what happens to that?
 - Rick Bonnett advised that the budget becomes part of NVERS's budget so that money goes into the coffers of the other \$4M or whatever financial money is of NVERS. He doesn't know the exact financial of all they have at NVERS but ours is a small percentage of what they have as a whole. He was told that the advisory Committee, anything that they have ever recommended, has never not been funded by NVERS financially. So that money would still be ours, but it's not limited to that. Once we spend all that money, we still have NVERS's money as a whole.
 - Chief Warner stated it's a considerable amount of money and with the needs that many agencies are going to have pharmacy wise, and most of them don't have money, it's probably worthy of discussion. Of course, as he approaches retirement it doesn't affect him. It would be good to have talks in the merger about the immediate needs of EMS in the region and they are critical and they're going to be expensive. Not that this will be resolved today, but just for discussion.
 - Chief Bonnett said that's a good point because of how expensive the pharmacy piece will be, it could be a greater expense than any of us have ever seen that we have no control over and are being forced to encumber. You're right and part of the Council's money could be used in that endeavor but he doesn't know why it wouldn't be because it's supporting EMS in the region and that makes sense to him
 - Beth Adams stated that based on their early predictions, back when Jason Jenkins was still there, the cost, despite how good our bank account looks, disbursed over 7 agencies, it won't go very far. It would help, but it won't solve anybody problem except maybe PTS because they already have a pharmacy .
- Tom Olander stated there are a lot of positives being discussed, are there any negatives or disadvantages of bailing out of the Council system with the Office of EMS and going to NVERS? There has to be one.
 - Chief Bonnett said there is one negative and that is that the Executive Board, as it sits today, is what gets dissolved because NVERS has an Executive Board. Right now the Executive Board and the Board as a whole control all aspects of what happens with the Council today. The Executive Board now becomes the Executive Board at the NVERS level which is a conglomerate of hospital, county administrators, and the fire chief may have one seat at the table. We won't have independent control in that Executive Board level. Is that a negative? He doesn't know. Could it be? Yes. Other than that, he can't find other negatives.
 - Beth Adams added that one negative is that we would no longer be known as the EMS Council. We would be an EMS program within NVERS, just like fire is a separate program, etc. Right now, for instance, Julie Gall is the public safety coordinator/director and there are programs under her which is where we would fall and in the Org Chart, we are the little red box in that chart
 - Tom said his next question is whether the Office of EMS has been contact and if they are in favor or against it?
 - Karen Owens, Deputy Director of Operations for the Office of EMS advised that they decision is wholly in our hands. Their only focus is that

if the name change impacts who their contract is with as well as the designation as a Council, which are currently with Northern Virginia EMS Council, so the discussion would have to be had on how that contract would need to read whether that branch could do business as the Northern Virginia EMS Council or how that process would be is their only concern.

- Laura Vandegrift added that the Council has the designation as Northern Virginia EMS Council, Inc. through June 2025, which says that Northern Virginia EMS Council, Inc. is designated by the Virginia Department of Health as the EMS Council for Northern Virginia and our Memorandum of Understanding with the Virginia Department of Health/OEMS says Northern Virginia EMS Council, Inc. so merging and becoming Northern Virginia Emergency Response System, Inc. is where the issue lies. It's going to depend on whether NVERS is willing to do a DBA (doing business as) Northern Virginia EMS Council, Inc., etc. Our contract with the state ends June 30, 2027, and the designation ends June 30, 2025, for everyone's reference.
- Brian Orndoff asked for clarification stating that even with our contract, we can choose to notify the state that we no longer intend to serve as the EMS Council for the northern Virginia region, which would, if needed, we could just establish a different MOU working agreement with the state and NVERS to fulfil that responsibility.
 - President Strong stated that they know they'll have to change some MOUs just to make it legitimate.
 - Karen Owen stated that her understanding is that for NVERS to become the designated EMS council, they would have to go the designation process, so they would have to meet those requirements.
 - Laura Vandegrift advised that Karen's statement is correct, Northern Virginia EMS Council Inc. can't just tell VDH/OEMS that we don't want to be the EMS Council and someone else can just be the designated Council. There is a lengthy designation process that takes place including site visits and documentation. In addition, you have to be able to provide information regarding the corporation, which we are sure they can provide, but admittedly, Karen and Laura could create the Karen and Laura Northern Virginia EMS Council, Inc. and submit through the designation process and once it is evaluated by the state, they could determine which company they decide to designate as the official EMS council representing northern Virginia. Is it Northern Virginia EMS Council, Inc., is it the Nate Strong EMS Council or is it the Karen and Laura EMS Council that they designate. We have been fortunate over the last thirty plus years that no one else has submitted a request to be designated as the Council for northern Virginia other than Northern Virginia EMS Council, Inc. so in the past there has never been a concern with that, we have been the only one who has submitted for designation. NVERS can submit all of the

paperwork during the designation process and they'd have to be selected by VDH over whoever else applied to be designated as the Council for northern Virginia. Our current designation ends June 2025.

- Brian stated that if we decide to move forward with this merger, there are definitely a lot of MOUs and background information that we would still need to iron out to get to the final state. But conceptually, it sounds as if this group feels that it's in the best interest for EMS in the region to move forward with pursuing a merger, then we just have to figure out those details but really, the main focus for this group is to figure out whether pursuing this and moving forward the best interest for EMS. They can figure out all of the legal components and MOUs behind the scene but it sounds like a possibility if that is what we think is best.
 - Beth Adams stated we wanted to make sure it wasn't illegal because it's in code and in fact, there is language that says you can designate and undesignate and we know it's not just going to be signature on a piece of paper and a handshake, there will be some work involved but it is allowable in code
- Kate Kramer stated that she hasn't given this a lot of brain power, but her immediate concern is the collaboration that happens at this level of Committee is so huge and she worries about us becoming a small cog in a big wheel that we won't have that collaboration or communication. She learns so much from the meetings and even just the camaraderie that the medical directors have in this region is a testament to having this smaller entity. She's been on NVERSs committees and it feels like we get a little lost and that is her immediate concern. She understands the greater structure, she wanted to voice her concern and doesn't know if there's any assuage in her concern with that particular topic.
 - President Strong stated his thought process on that is that this Board of Directors is going to get stronger because you won't have the Executive Board anymore, so this will be the "steering committee" will have more collaboration
 - Chief Bonnett stated that Council's meetings shouldn't go away. The Board meetings would become the Advisory Board meetings and there will be more focus on EMS topics with more support across NVERS. That's why EMS has to be a program within NVERS or he wouldn't support it. It has to be its own entity, it can't just fall into the bigger picture there because it will get lost.
 - Brian Orndoff echoed that comment stating that they have some NVERS meetings that meet on a more regular basis than these and he'd like to think that that EMS Advisory Board could determine how frequently they'd like to meet but that makeup should still be the same group. In some ways he hopes that by offloading the day-to-day operational concerns related to admin, payroll, finance, etc., to a third-party entity, we actually may be able to dedicate the resources that we have on staff toward furthering EMS initiatives and further administrative functions because some of the work that Laura and Michelle have had to do is about running the business portion of the Council where hopefully all of those efforts can be focused on EMS and improving services.

- President Strong stated that just removing the budget aspect would be huge
- Kelsea Bonkoski stated she had a concern about how Laura and Michelle still fit into this and how the Council can still continue to work our programs. Some of that was answered in Brian’s previous comment. She agrees with Kate Kramer because she doesn’t want it to become like we’ve had with other offers to merge with other organizations. Will Laura and Michelle move over and continue their work.
 - Brian Orndoff stated that they’re still in very early discussions on this but we have key metrics by the state that we have to maintain by contract so the reality is that many of the things we do, like the Trauma PI, the STEMI groups, it has to remain and we have to continue to conduct those. So all of those workgroups would remain established. Additionally, in the state contract we have those positions, Regional Coordinator, Administrative Professional, Executive Director and the large scale Executive Director would likely be the NVERS Board of Directors/Kristin Nickerson but they have requested that there would still be a program manger to specifically focus on EMS. We don’t think that we’d lose that position that is dedicated and focused on EMS and we’d probably be gaining a position overall in this merger consideration. Just know that we have to have those positions based on the contract and all of those people would move over with us, would be the intention and would continue doing their work. The biggest thing he sees that could have some restructuring, just for transparency, is that there is a NVERS pharmacy group that focused on CyanoKit and then there’s Council pharmacy group that talks about med kits, etc. Some of those workgroups there may be open conversation about combining those because it’s all the same people sitting at two different meetings. Sometimes it’s weird where the division is and where the responsibility is. He doesn’t think they’d look to disrupt any of the valuable programs and projects that we do. The goal would be, if we go forward with a merger, to look after our well-tenured employees and that they have fair and comparable pay, benefits, as much as can be done in a merger. To be respectful to those employees who have put so much effort in.
 - Kelsea asked about the structure, and ultimately if we decide as a steering committee or advisory Committee or whatever it’s called, they’re still making the decisions but ultimately, NVERS would make the decision or we’re just advising them?
 - Brian stated that going back to Tom Olander’s question about what the negative is, the reality is where the true big negative is that we’ll be giving up a little bit of autonomy and will be giving up executive power. Realistically we have to look at the people who sit on the board for NVERS, who are city managers and hospital executives, fire chiefs, it’s all of our emergency response system and they are the people that want the best for our communities so he doesn’t think there is a conflict of interest. Right now, this group could make a motion and make things happen, and in the future that would be us advising a different group of what we think the best practice is and what should be done and there is just another layer of bureaucracy. However, if you look at the historical components with the hospital alliance, they do rely on these groups to be their subject matter experts and as long as we continue to have good, sound judgement, and there is available funding, he can’t see why

Northern Virginia EMS Council

Board of Directors Minutes – April 18,2024

that would be a new challenge. We can't pretend that it's not there – we're going from a place of full autonomy to having someone over you to some degree

- President Strong said that if this merger were to go through we're strengthening, improving and supporting EMS more, as a whole, and decreasing the duplicity of our meetings overlapping. We have a progressive level of EMS in northern Virginia as of late, and we're starting to make strides forward in EMS and this is only going to strengthen that in his opinion
- Moving forward, we'll send out a recap of today to everyone on the Board with a copy of NVERS 101 PowerPoint, as well as the letter from the Fire Chiefs directing us to merge and an email address for everyone to send their concerns to. Reach out to your leadership, tell them what's coming and see if they have any input, questions or concerns and send them to that email. We are looking to have all of those emails in by May 8th.
- We'll answer those emails and reconvene on May 16th for a special board meeting at FS403 and we'll discuss all of the questions and potentially go for a vote to move forward.

MOTION TO ADJOURN

There was a motion to adjourn at 11:21 am.

Board meetings for 2024 are as follows.

- June 20, 2024
- September 19, 2024
- October 17, 2024
- December 19, 2024

CERTIFICATION OF BOARD OF DIRECTORS MEETING

Northern Virginia EMS Council
7250 Heritage Village Plaza, Ste. 102
Gainesville, VA 20155

I, Laura Vandegrift, Interim Executive Director of the Northern Virginia EMS Council, certify that the above minutes are a true and correct transcript of the minutes of a meeting of the Board of Directors of the Northern Virginia EMS Council held via Zoom on April 18, 2024, and that the meeting was duly called and held in all respects in accordance with the laws of the state of Virginia and bylaws of the corporation and that a quorum was present. The minutes were officially approved at the June 20, 2024, meeting of the Board of Directors of the Northern Virginia EMS Council.



06/20/2024

Laura Vandegrift
Northern Virginia EMS Council

Date



**Northern Virginia EMS Council, Inc.
Board of Directors Meeting Attendance**

Meeting Date:
4/18/2024

First Name	Last Name	Agency/Hospital Affiliation	Email Address	Attendance
Aaron	Schutt	City of Manassas Park Fire & Rescue	a.schutt@Manassasparkva.gov	Did Not Attend
Adam	Jones	City of Manassas Park Fire & Rescue	a.jones@manassasparkva.gov	Did Not Attend
Al	Pacifico, PA-C	Loudoun County Fire & Rescue	alfred.pacifico@loudoun.gov	Attended
Andrew	Duke	Alexandria Fire Department	andrew.duke@alexandriava.gov	Did Not Attend
Andrew	Hopkins	Loudoun County Fire & Rescue	andrew.hopkins@loudoun.gov	Attended
Andrew	Sanders	Prince William County Fire & Rescue	asanders@pwcgov.org	Did Not Attend
Beth	Adams	Fairfax County Fire & Rescue	beth.adams@fairfaxcounty.gov	Attended
Brian	Orndoff	City of Fairfax Fire Department	brian.orndoff@fairfaxva.gov	Attended
Chris	Vernovai	OEMS Systems Planner	chris.vernovai@vdh.virginia.gov	Attended
Craig	French	Inova Health System	craig.french@inova.org	Attended
Dan	Avstreich	Fairfax County Fire & Rescue	dan.avstreich@fairfaxcounty.gov	Attended
Danielle	Pesce, MD	City of Manassas Fire & Rescue	dpesce@manassasva.gov	Did Not Attend
Dave	Coullahan	Physicians Transport Service	dcoullahan@gmr.net	Did Not Attend
David	Arrington	City of Fairfax Fire Department	david.arrington@fairfaxva.gov	Did Not Attend
David	Wielgosz	Metropolitan Washington Airports Authority	david.wielgosz@mwa.com	Did Not Attend
E. Reed	Smith, MD	Arlington County Fire Department	rsmith@arlingtonva.us	Did Not Attend
Edward	Mills	City of Manassas Fire & Rescue	emills@manassasva.gov	Did Not Attend
Erin	Mustian	Alexandria Fire Department	erin.mustian@alexandriava.gov	Attended
Estee	Warring	Northern Virginia EMS Council	estee@vaems.org	Attended
Frank	Orefice	Prince William County Fire & Rescue	forefice@pwcgov.org	Attended
Gary	Hubble	Metropolitan Washington Airports Authority	gary.hubble@mwa.com	Did Not Attend
Gary	Riggan, Jr.	LifeCare Medical Transports	griggan@lifecare94.com	Did Not Attend
Ibrahim	Abdul-Jawad	Arlington County Fire Department	iabdul-jawad@arlingtonva.us	Did Not Attend
James	Soaper	City of Manassas Park Fire & Rescue	j.soaper@manassasparkva.gov	Did Not Attend
James	Tharp	City of Manassas Park Fire & Rescue	j.tharp@manassasparkva.gov	Did Not Attend
Jamie	Cooper	Loudoun County Fire & Rescue	jamie.cooper@loudoun.gov	Did Not Attend
Jason	Jenkins	Arlington County Fire Department	jjenkins3@arlingtonva.us	Attended
Jason	Knight	Prince William County Fire & Rescue	jwknight@pwcgov.org	Did Not Attend
John	Morgan, MD	Loudoun County Fire & Rescue	john.morgan@loudoun.gov	Attended
John	Wanamaker	StoneSprings Hospital Center	john.wanamaker@hcahealthcare.com	Attended
John	O'Neal	City of Fairfax Fire Department	john.o'neal@fairfaxva.gov	Did Not Attend
Joseph	Marfori, MD	Alexandria Fire Department	joseph.marfori@alexandriava.gov	Did Not Attend
Josh	Brandon	City of Manassas Park Fire & Rescue	j.brandon@manassasparkva.gov	Did Not Attend
Justin	Jenkins	City of Manassas Fire & Rescue	jjenkins@manassasva.gov	Did Not Attend
Justin	Nelson	VHC Health	jnelson@vhchealth.org	Attended
Karen	Owens	OEMS Deputy Director of Operations	karen.owens@vdh.virginia.gov	Attended
Kari	Scantlebury, MD	Fairfax County Police - Helicopter Division	karibury@gmail.com	Did Not Attend
Kate	Kramer, PA-C	Arlington County Fire Department	kkramer@arlingtonva.us	Attended
Kate	Passow	Physicians Transport Service	kate.passow@gmr.net	Attended
Kathleen	Harasek	Loudoun County Fire & Rescue	kharasek@sterlingrescue.org	Did Not Attend
Kathleen	Camp-Deal	Northern Virginia Community College	kcdrn@cox.net	Attended
Keith	Morrison	Reston Hospital Center	keith.morrison@hcahealthcare.com	Attended
Kelsea	Bonkoski	Alexandria Fire Department	Kelsea.bonkoski@alexandriava.gov	Attended
Ken	Lavelle, MD	Physicians Transport Service	ken.lavelle@gmr.net	Did Not Attend
Kevin	Troiano	Arlington County Fire Department	ktroiano@arlingtonva.us	Attended
Kevin	Campbell, MD	Prince William County Fire & Rescue		Did Not Attend
Kevin	Franzello	City of Manassas Fire & Rescue	kfranzello@manassasva.gov	Did Not Attend
Laura	Vandegrift	Northern Virginia EMS Council	laura@vaems.org	Attended
Laura	Diegelmann, MD	PHI Air Medical	ldiegelmann@phiairmedical.com	Did Not Attend
Lee	Warner	Fairfax County Fire & Rescue	david.warner@fairfaxcounty.gov	Attended
Mark	Franke, MD	Northern Virginia Community College	mfranke@nvcc.edu	Did Not Attend
Michael	Semchyshyn, MD	Metropolitan Washington Airports Authority	mikesem@hotmail.com	Did Not Attend
Michelle	Beatty	Loudoun County Fire & Rescue	michelle.beatty@loudoun.gov	Did Not Attend

Michelle	Ludeman	Northern Virginia EMS Council	michelle@vaems.org	Attended
Mike	Prailey	UVA Community Health	cnp4da@uvahealth.org	Did Not Attend
Nathan	Strong	Prince William County Fire & Rescue	nstrong@pwcgov.org	Attended
Nelson	Mascarenhas	Fairfax County Fire & Rescue	nelson.mascarenhas@fairfaxcounty.gov	Did Not Attend
Nicholas	Sutingco, MD	City of Fairfax Fire Department	nicholas.sutingco@inova.org	Did Not Attend
Paul	Corso	Fairfax County Fire & Rescue	paul.corso@fairfaxcounty.gov	Did Not Attend
Paul	DeHaven	Fairfax County Police - Helicopter Division	paul.dehaven@fairfaxcounty.gov	Attended
PJ	Durham	Fairfax County Fire & Rescue	philippa.durham@fairfaxcounty.gov	Attended
R. J.	Arft	Fauquier County DFREM	r.j.arft@fauquiercounty.gov	Did Not Attend
Rebecca	Wilson	City of Manassas Fire & Rescue	rwilson@manassasva.gov	Did Not Attend
Rich	Cluff	Fauquier County DFREM	rich.cluff@fauquiercounty.gov	Did Not Attend
Richard	Bonnett	Metropolitan Washington Airports Authority	richard.bonnett@mwaa.com	Attended
Richard	Menaik, MD	UVA Community Health	menaikr@usacs.com	Did Not Attend
Rick	Cohen	PHI Air Medical	rcohen@phiairmedical.com	Did Not Attend
Scott	Weir, MD	Fairfax County Fire & Rescue	scott.weir@fairfaxcounty.gov	Attended
Serdar	Serttas	PHI Air Medical	sserttas@phiairmedical.com	Did Not Attend
Steve	Kling	Inova Health System	steven.kling@inova.org	Did Not Attend
Tom	Olander	City of Fairfax Fire Department	olanderte@verizon.net	Attended
Tom	Oliver	City of Manassas Park Fire & Rescue	t.oliver@manassasparkva.gov	Did Not Attend
Tom	Arnoto	Prince William County Fire & Rescue	tarnoto@pwcgov.org	Attended
Tony	Barone	Emergility	Tony@emergility.com	Did Not Attend
Tracey	Taylor	Reston Hospital Center	tracey.taylor@hcahealthcare.com	Did Not Attend
William	Barton	City of Manassas Fire & Rescue	wbarton@manassasva.gov	Did Not Attend

Hospital 1:1 Exchange

- Both FDA and DEA will allow the practice of 1:1 replenishment of medications upon transport of a patient to a facility for emergency care.
 - Requires “transfer of ownership” to EMS agency so agency must have CSR/DEA
 - Hospitals must capture “track and trace” information, maintain for 6 years, and provide upon request within 2 working days.
 - Current DSCSA software tools were designed with the hospital as the final owner of the product and not for further transfer of ownership.
 - Current automated dispensing machines will not capture DSCSA required data: (lot/serial number)
 - If automated dispensing machines are not a compliant option, the product must be dispensed from the pharmacy with pharmacist sign-off.
 - Challenge for non-24-hour pharmacies, free standing ED without pharmacy services and for smaller facilities with limited pharmacist staffing.
 - FDA does allow for a waiver process, but unclear whether waivers will be granted.

Hospital 1:1 Exchange

- April Survey of Hospital Results on willingness to support 1:1 medication replenishment post 11/27/24 based on regulatory compliance concerns:
 - Augusta Medical Center: No (CSEMS, TJEMS)
 - Bon Secours: No (TEMS/PEMS), decision pending (ODEMA)
 - Carilion: No
 - Centra Health: No
 - Chesapeake Regional: No
 - CHKD: No
 - HCA: No
 - Innova: final decision pending
 - Mary Washington: Yes, as bridge to agencies supplying their own medications.
 - Riverside Health System: No (TEMS/PEMS with potential exception of Eastern Shore, Middle Peninsula), waiting on consensus decision for ODEMSA.
 - Sentara: No
 - UVA: no response
 - Valley Health: no response
 - VCU: no response

Virginia Regional EMS Medication Kit Transition Workgroup
Michael Player, Chair
April 17, 2024
EMS Next Steps Workgroup

March 28/May 2 BOP Meeting - During the latter part of March, members of the Virginia Regional EMS Medication Kit Transition Workgroup assisted the Board of Pharmacy's Executive Director develop draft EMS informed regulations which were presented along with additional comments at the March 28, 2024, BOP Meeting. The BOP's Executive Director, Caroline Juran, backed by an estimated 30 Fire and EMS representatives, argued a need to revise the current BOP regulations to assist EMS agencies. The BOP heard that argument, understood the time sensitivity caused by the enforcement date of the federal regulations and decided to act on them as emergency regulations at their May 2, meeting.

On behalf of the BOP, PEMS and the Regional EMS Medication Kit Workgroup is currently soliciting comments on the EMS informed Draft Regulations presented at the BOP Meeting March 28, 2024. Comments received will further inform the next iteration of the Draft Regulations to be presented at the May 2, 2024, BOP Meeting.

Some of the changes recommended:

- Exempt EMS from BOP Class VI medications regulations
- Allow All EMS agencies within a jurisdiction to be served by a single CSR.
- Allow All EMS agencies within a region to be served by the Regional Council with a single CSR.
- Allow anyone with Virginia EMS certification at any level to have access to medications under a supervising authority for the purposes of medication supply/resupply management.
- Conform BOP regulations to the minimum required by FDA and DEA for EMS.

New Members - At the April 8, meeting of the workgroup, an additional representative of the Virginia Association of Volunteer Rescue Squads was added along with representatives of this workgroup and the Virginia Ambulance Association.

VAVRS

- Kim Craig – VAVRS EMS Advisory Board Representative, Staunton-Augusta Rescue Squad

EMS Next Steps Workgroup

- Beth Adams Roemmelt – NVEMS EMS Advisory Board Representative
- Travis Pruitt – Ridgeway District Rescue Squad/Henry County Board of Supervisors
- Andrew Slater – Deputy Executive Director, Northern VA Emergency Response System

VAA

- Steve Higgins – VAA President
- Curtis Sheets – VAA Vice President

DEA - The BOD has been advised that the DEA's **Protecting Patient Access to Emergency Medications Act** revised regulations have been completed, but when they were asked about when they would be announced, they stated they could not say. Caroline Juran stated that they usually publish rule changes twice a year, April being one of the months. We are monitoring the Federal Register. We are concerned that if the DEA's regulations are announced this spring, their normal 30–60-day grace period before enforcement might create an additional time crunch.

FDA -Several groups have been in touch with the FDA regarding the **Drug Supply Chain Security Act**, presenting concerns for Virginians due to the limited timeframe available for transition and one Healthcare System has formally asked for a waiver.

Hospital 1:1 Exchange of Class VI medications - A large obstacle to Regional Transition Planning has been trying to pin down the healthcare systems on whether they would be willing to support 1:1 medication replenishment post 11/27/24 (the enforcement date for the FDA Drug Supply Chain Security Act).

While the workgroup recommended that each regional council work with their hospitals to develop a 1:1 exchange of Class VI medications when EMS transports patients to hospitals, that has been thwarted in most councils due to the obstacles the hospitals face in making such a system work.

Hospital Regulatory Compliance Concerns - While both FDA and DEA will allow the practice of 1:1 replenishment of medications upon transport of a patient to a facility for emergency care.

- Requires “transfer of ownership” to EMS agency so agency must have CSR/DEA
- Hospitals must capture “track and trace” information, maintain for 6 years, and provide upon request within 2 working days.
- Current DSCSA software tools were designed with the hospital as the final owner of the product and not for further transfer of ownership.
- Current automated dispensing machines will not capture DSCSA required data (lot/serial number)
- If automated dispensing machines are not a compliant option, the product must be dispensed from the pharmacy with pharmacist sign-off.
 - Challenge for non-24-hour pharmacies, free standing ED without pharmacy services and for smaller facilities with limited pharmacist staffing.
- FDA does allow for a waiver process, but unclear whether waivers will be granted.

April Survey of Hospital Results - At the Workgroup meeting we received a much-needed report on Virginia Hospitals willingness to support 1:1 medication replenishment post 11/27/24 based on regulatory compliance concerns finally laid this option to bed for most councils.

- Augusta Medical Center: No (CSEMS, TJEMS)
- Bon Secours: No (TEMS/PEMS), decision pending (ODEMSA)
- Carilion: No
- Centra Health: No
- Chesapeake Regional: No
- CHKD: No

- HCA: No
- Innova: final decision pending
- Mary Washington: Yes, as bridge to agencies supplying their own medications.
- Riverside Health System: No (TEMS/PEMS with potential exception of Eastern Shore, Middle Peninsula), waiting on consensus decision for ODEMSA.
- Sentara: No
- UVA: no response
- Valley Health: no response (Since reported No)
- VCU: no response

CSR/DEA Licensure Tool Team - Purpose: to develop detailed step-by-step instruction for how to obtain CSRC and DEA EMS Agency Licensure with an estimated timeline, and training on how to prepare for inspection, understanding of requirements for purchasing and management of medications, record keeping, etc.

Melissa Doak - Battalion Chief, York County Fire and Life Safety, VFCA

Brian Frankel – Deputy Chief Operations, Stafford County Fire and Rescue, VFCA

Beth O’Halloran - Deputy Executive Director, VA Board of Pharmacy

Caroline Juran - Executive Director, VA Board of Pharmacy

Ron Passmore - Division Director, Regulation and Compliance Enforcement, OEMS

Travis Veach - EMS Field Coordinator - Operations, PEMS Council, Reg Council

Cynthia Williams (Chair) - VP Chief Pharmacy Officer, Riverside Health System, VSHSP

- Tool Kits Developed/Downloaded for reference:
- Virginia Board of Pharmacy CSR application tool (ODEMSA) – will be modified based on any changes related to pending EMS emergency regulations.
- DEA Application tip sheet – final document may be modified pending DEA final rule.
- DEA Record Keeping tip sheet – based on 10/5/20 proposed language.
- DEA Power of Attorney template
- Multiple Board of Pharmacy/DEA documents

Policies and Procedures Tool Team - Purpose: to develop best practice model templates for small and large EMS agencies for the management of medications, to include purchasing, storage and inventory management, dispensing, operational resupply, security and accountability, record keeping, diversions and disposal.

Ryan Ashe (Chair) – Fire Chief, James City County Fire Department, VFCA

Bryan Kimberlin – Lead Field Coordinator, SW Virginia EMS Council, Reg Council

Jeffrey Meyer – EMS Division Chief, Virginia Beach EMS – VAGEMSA

Wayne Perry - Executive Director, Rappahannock EMS Council, Reg Council

Amy Shultz - Director of Pharmacy, Chesapeake Regional Healthcare – VSHSP

Natalie Nguyen - Medication Safety Mgr. Pharmacy Services, VCU HS - VSHSP

Guidance Documents

- Protecting Patient Access to Emergency Medication Act of 2017
- DEA Pharmacist’s Manual
- DEA Practitioner’s Manual

- Virginia Board of Pharmacy Regulations - Emergency Regulations expected May 2, 2024

Examples

- Prince George's County, MD
- Grady EMS, Atlanta, GA
- Palm Coast, Florida
- Rural agency in West Virginia

Policy and Procedure Template

- DEA Registration and CSR Requirements - OMD/DEA License until EMS Agency License available
- Purchasing Authority - May require Power of Attorney
- Storage, Security and Access Control - Central Storage vs Hub-Spoke Model
- Restocking - 1:1 exchange at agency, kit for kit, hybrid
- Disposal – waste and expired.
- Lost or Damaged
- Emergency Restock or Drug Shortage Procedures
- Transfer of controlled substances - DEA 222 Process
- Forms – paper, electronic or automated

Purchasing Tool Team - Purpose: to develop multiple options that will allow EMS Agencies in Virginia to benefit from larger contract pricing when purchasing medications, medication storage/dispensing/inventory hardware and software, and disposal services.

Brian Frankel (Chair) - Deputy Chief, Operations, Stafford County Fire and Rescue, VFCA
 Cynthia Williams - VP Chief Pharmacy Officer, Riverside Health System, VSHSP
 Gill Abernathy - Chair, EMS Pharm Committee, Northern VA EMS Council, Reg Council
 Andrew Slater - Deputy Executive Director, Northern Virginia Emerg Response System

Group Purchasing Organizations - All are free.

- Vizient - VHHA Solutions making available through the Regional Councils
- MMCAP Infuse - Available for any government or public safety agency that provides healthcare.
- NPPGov - National Purchasing Partners/Gov - Available to all government agencies

Purchasing Tools will include.

- Access to wholesale or discounted medications, expired medication disposal contracts, equipment (medication storage), automated dispensing cabinets, medication management software systems

Financial Assistance Tool Team - Purpose: to develop some funding options to assist EMS agencies with initial transition costs.

Ryan Ashe - Fire Chief, James City County Fire Department, VFCA

Michael Berg - Director, EMS Systems Funding, OEMS

Catherine Ford - Lobbyist, Commonwealth Strategy Group - VSHSP

Daniel Linkins - Executive Director, Central Shenandoah EMS Council, Reg Council

Brad McDaniel - Clinical Pharmacy Specialist, Carilion Clinic - VSHSP

Amy Shultz - Director of Pharmacy, Chesapeake Regional Healthcare – VSHSP

Gregory Woods (Chair) - Executive Director, Southwest Virginia EMS Council, Reg Council

Had not met - developing a meeting schedule.

OEMS /Regional Council Medication Kit Transition Websites - We announced that we had developed repositories for information, resources, regional council, and transition workgroup tool team products. We reported that OEMS had provided us with one and each of the regional EMS Councils would make a similar repository on their websites.

Next Steps - We talked about the timeline that the Workgroup had originally set May for its products so that EMS agencies would have at least six months for implementation.

The next meeting of the Workgroup is May 13, 2024, at 1pm. At which time we will have reports on the products from the tool teams as well as transition reports from each of the Regional EMS Councils.

We will also discuss the best use of the Workgroup and Tool Teams during Phase 2 - the transition implementation phase to support EMS agencies.

That is the end of my report. I will gladly try to answer any questions you may have.

REGIONAL EMS COUNCIL TASK FORCE REPORT

I. INVOICE PAYMENT TO REGIONAL EMS COUNCILS

ISSUES IDENTIFIED –

- Payments are not being made to the regional EMS councils on a timely basis.
- A clear and defined procedure for processing invoice payments does not exist.
- Different instructions are given to regional EMS councils regarding submissions of invoices.
- **Previous invoice submissions are routinely returned for some “additional” information (and/or changes) and then returned once again to change the invoice date to coincide with the resubmission date.**
- The current system lacks consistent communication within VDH, OEMS, and Office of Financial Management (OFM) for processing invoices.

DISCUSSION-

In the real world, late payments include penalties and interest. After 30 days, invoices should include reasonable interest. Payments to regional EMS councils **should be viewed as important as the central office’s payroll and electric bills.**

Regional EMS councils and offices submit invoices for payments but nothing is defined as to what happens after invoices are submitted. Clarification of how to process the payments at VDH is needed. Expectations need to be defined.

The current structure within VDH requires too many hands in the process to bring forth a payment. Some type of notification in changes in policies and practices must be established and communicated to all parties (i.e., recent changes of reimbursement forms).

The number of project codes allows erroneous charges to be charged against OEMS funding (i.e. Personnel working at other offices within VDH are being charged against OEMS funding.)

On November 11, 2023, the EMS Advisory Board unanimously voted to request that the Virginia Department of Health prioritize and facilitate the prompt release of past-due payments to the regional EMS councils for contractual obligations that have already been rendered and fulfilled. Once again, regional EMS councils are not prioritized for payment.

RECOMMENDATIONS

1. VDH should ensure immediate payments of the quarterly invoices from regional EMS councils and offices. Payments should comply with the provisions of Article 4 of the Virginia Public Procurement Act including payment dates and interest required.
 - a. Develop and implement a new fiscal system and ensure there are sufficient personnel to provide accountability and oversight.
 - b. Identify and correct errors and inefficiencies to ensure continual improvement.
 - c. Accurate accounting procedures should be developed, implemented, and audited to ensure that ONLY OEMS expenses are charged against OEMS funds.
 - d. Create a report detailing all outstanding invoices owed to regional EMS councils and offices. The report should be provided to OEMS personnel, regional EMS councils and offices, the EMS Advisory Board, and the public (upon request). The report should include at minimum: invoice number, payee, invoice submission date, current invoice status within the payment process, and the name of the person responsible for the current process status. The report should be updated and shared at least weekly.

2. OEMS should immediately create a written document outlining the invoice and payment process and distribute to OEMS personnel, regional EMS councils and offices, and the EMS Advisory Board. This document should include at a minimum: details of each steps of the process; any required forms to use; complete instructions detailing submission of invoices; forms to use; each step of processing invoices; identify each person responsible for every step of the process with contact information for each person; a defined process to submit inquiries about invoice problems; a defined process to allow review of invoice processing and payments by affected parties and how review will be incorporated into improvement of the process. Stakeholders should be notified each time there is a change in policies and practices. All changes to the document shall take into consideration needed time for implementation.

3. VDH should provide forthwith a report detailing all revenues and outstanding invoices & obligations pertaining to OEMS finances. The report should be

provided to OEMS, Regional EMS Councils, and the EMS Advisory Board. The document should also be made available to the public. The report should include, but not be limited to: OEMS revenues received, encumbered expenses, all outstanding obligations and invoices (with corresponding invoice numbers), payee of each invoice, invoice submission date, and a description of where each invoice is within the payment process listing the name of current person responsible for processing each invoice. The report should be updated and shared monthly, and presented to the state EMS Advisory Board at each quarterly meeting.

4. This task force should provide additional review and follow up on this item.

II. IT AND TECHNOLOGY ISSUES

ISSUES IDENTIFIED –

- The state needs to fund and pay for the IT services in regional EMS councils and offices.
- The abrupt notification of current contract termination needs to be avoided in the future.

DISCUSSION –

Currently, regional EMS offices utilize the IT infrastructure of the regional EMS councils. An apparent lack of understanding that each regional office is still a regional EMS council exists and decisions about providing and paying for IT services exist in a vacuum. Offices are being dictated as to what is to be charged to each party. No one should be able to hold another hostage.

The current contract for services needs to be reviewed by all parties involved.

Future contracts for provision of IT services should be reviewed by parties affected to determine adequacy & to determine if needs are being met; provide a copy of the contract to all affected to review the contractual obligations. Notice of contract expiration to be clearly defined with a no-interruption-of-service clause provided. The bill needs to be paid on time with the same priority as all other invoices.

The state needs to fund and pay for the IT services in regional EMS councils and offices. The contract for IT services needs to be evaluated for details of services provided; cost of services provided; and fulfillment of obligation of services provided.

RECOMMENDATIONS –

1. OEMS should continue to fund a regional EMS council/office IT system that meets the unique needs of each regional council/office to ensure effective operations and continuity of IT services. The MOU with each council should include funding for the costs to support the technology and necessary services. Evaluation and determination of needs, costs, and scope of services should be completed collaboratively by representatives from regional EMS councils, regional EMS offices, and OEMS.
 - a. Identify steps necessary to prevent interruption of services
 - b. Conduct periodic, but at least annual, review of services to determine adequacy of services and if needs are being met
 - c. Ensure IT service provider visits each office at least monthly
 - d. Clearly define IT services provided through the MOU

- e. Provide each regional EMS council/office a copy of current and proposed IT contracts
 - f. Notice of contract expiration clearly defined and include a no-interruption-of-service clause
2. An assessment of the current regional IT structure should be conducted to determine efficiencies, effectiveness, and compliance with law:
- a. Identify economies of scale and functional capabilities
 - b. A detailed list with services and costs should be developed and provided to regional EMS councils/offices and OEMS.
 - c. Evaluate cost for competitiveness/ effectiveness with other IT providers (such as VITA)
 - d. Develop measurement criteria for effectiveness and efficiency
3. This task force should provide additional review and follow up on this item.

III. REGIONAL AND STATE AWARDS

ISSUES IDENTIFIED –

- Elimination of regional and state awards due to the lack of funding.

DISCUSSION –

Outstanding accomplishments and achievements should be recognized.

Ending the regional and state awards would set a level of inequity from all other first responders. Even considering elimination of the awards program says a lot about management views of Emergency Medical Service Providers in Virginia; the EMS profession and providers should not be trivialized or minimized in importance. (Even the Virginia Department of Fire Programs has awards...) Regional and state awards are a small cost with a big impact, and should be continued with the appropriate funding.

Failing to recognize EMS providers makes a statement; eliminating EMS awards makes a bigger negative statement.

RECOMMENDATIONS –

1. **The Governor's EMS Awards program should be maintained and continued without interruptions. The folks with "boots on the ground" need to be recognized.**
2. The current EMS Awards program should be reviewed
 - a. A Committee comprised of individuals broadly representative of the Commonwealth who understand the impact of the awards to the EMS community should be established.
 - b. Evaluate the scope of and number of awards. Current categories should be reviewed and current categories evaluated. Award categories should be narrowed down and focused on awards related to EMS service provided to assure greater meaning of awards. This will provide ability to fulfill categories at local levels and control costs. A review of the current program should be conducted by a group who understands the impact of the awards to the EMS community.
 - c. Consider creation of other recognition, such as a lifetime achievement award, etc.
3. This task force should provide additional review and be included in follow up on this item.

IV. REGIONAL STRUCTURE AND ROLE

ISSUES IDENTIFIED –

- Clarification needs to be provided to assure understanding of inclusion at central office divisions/ departments that the regional EMS councils and offices are a part of OEMS and will included with any forward moving plan.
- Staffing and funding formulas need to be established and followed.
- Continual questioning of the number of regional EMS councils / offices is duplicative and disruptive
- VDH leadership lacks a clear understanding of the need for regional EMS councils and offices and integral services provided.

DISCUSSION –

Regional EMS councils and offices have to be a part of any plan forward to insure successfulness of statewide EMS.

EMS needs are being addressed and handled **at regional levels...not from the central office**. Regional EMS councils and offices are carrying out the mission/tasks of the EMS needs statewide.

The regional offices and councils are closer to EMS needs. They are part of the **solution for any successful plan forward. Creating “plans” in Richmond and** expecting such plans to fit all corners of the Commonwealth is unrealistic.

People question the hybrid councils having representation on the State EMS Advisory Board. However, these advisory board members represent each designated EMS region of the Commonwealth. To identify these individuals who are willing to serve on the advisory board, regional EMS councils are utilized. This ensures the entire Commonwealth is represented on the State EMS Advisory Board representing localities, agencies, and providers in their designated EMS region.

Views of the current regional EMS councils and offices vary, but some common thoughts exist.

- The current number of regional EMS **councils and offices work; don't break and fix what isn't broken.**
- Reduction of regional EMS councils or offices would be detrimental to EMS in Virginia. Once OEMS is stabilized, increasing the number of regional councils/offices should be explored.
- The current number of regional councils/offices should continue and be re-evaluated once OEMS has resolved all issues. Trying to decrease or increase the number of regional councils/ offices is premature at this time.

- Current number of regional EMS councils and offices is working and should not be reduced. If anything, evaluate if need exists for additional councils for **more effective coverage and service...** Any addition should only be considered after additional review once OEMS is reliable.

RECOMMENDATIONS –

1. A regionalized approach to assess needs and address needs of care has to be retained and grown. The current number of regional EMS councils/offices is correct to serve each region's geographic variations, capabilities, and resources. The regional level has the best understanding of the local and regional needs and is best positioned to develop and implement solutions. The system belongs to the agencies, providers, and localities; these parties must be involved in the planning process for establishing any effective and meaningful change, and to assure acceptance of any plan. Involvement of affected parties would create opportunity for effective and acceptance of any changes.
2. Efforts to evaluate regional EMS councils and offices should be considered after resolution of issues within OEMS. Area of evaluation should include areas of effectiveness in meeting the EMS needs of localities, agencies, and providers in each region, and to determine the correct number of regional EMS councils and offices only after OEMS is stabilized.
3. Funding levels and funding streams should be equitable to regional EMS councils and offices to meet regional service delivery needs.

V. OTHER RECOMMENDATIONS

1. **TRAINING** - Fund regional EMS councils/offices to provide training as needed in each region. Training funding needs to be reestablished to the regional EMS councils/offices to provide training locally addressing local needs with oversight of local OMDs. Once re-established, OEMS should provide an event including a day of training, networking, and state awards program. The state training & awards event should be rotated annually among each of the EMS regions.
 - a. With the loss of EMS symposium, we are relying on RCs, ROs, VAVRS, and hospitals to pick up the slack
 - b. Funding should be provided to support these training efforts.

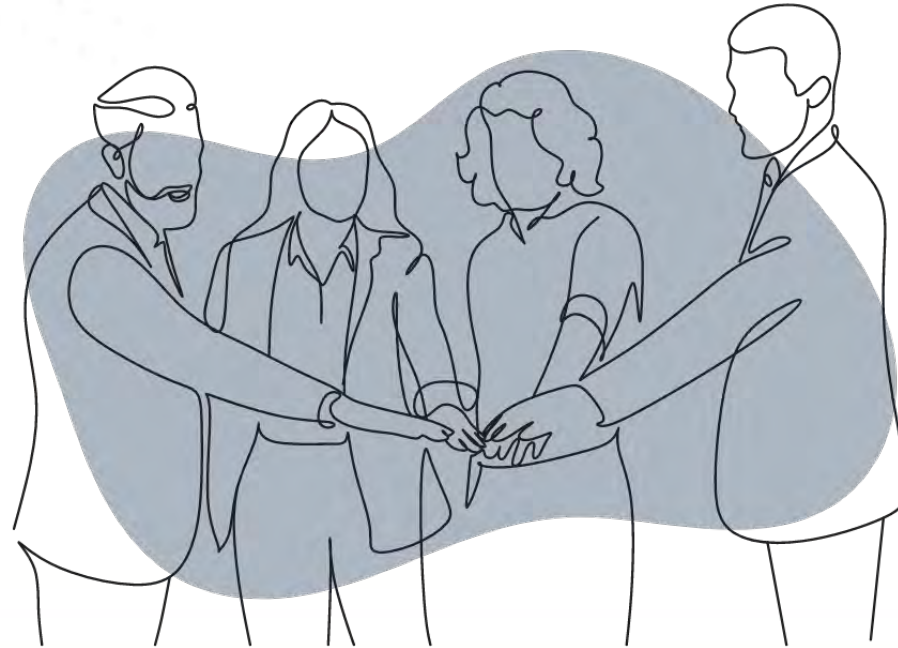
2. **STRUCTURE** – While a focus has been on reviewing regional EMS council structures, the structure of the state office should be reviewed.
 - a. The **central office appears to be in a mode of “preserving the central office” and letting everything else go without any consideration on the negative impact of regional EMS needs throughout the state**
 - b. Continuing to do business as usual without any basis for defining and addressing EMS system needs throughout the Commonwealth is not going to be successful
 - c. OEMS should take a leading role in supporting EMS agencies such as looking at ways to improve reimbursement rates and leveraging purchase power to contain rising costs for EMS supplies and equipment

3. **TRANSPARENCY** – Stakeholders should be engaged in decision-making efforts that impact the provision of EMS regionally and across the state. Presently, decisions are being made in a vacuum and without an educated understanding of the impact on regional needs and service delivery. Agencies and localities are bearing the brunt of the impacts of these decisions with no input into the decision making processes. Regional EMS councils provide operational insight into potential impacts of decisions.

4. **STATE DATA SYSTEM** – A need exists to review the statewide patient report system along with the data obtained from the reports. Said data would allow for review to assess if the system is addressing shortcomings or areas with need for improvement. Forward thinking is required to have improved capabilities going forward with potential for any future pandemics and/or any future health crisis. Regional EMS councils are positioned to utilize data to implement changes through the statewide PI workgroup.

Virginia Office EMS Next Steps Workgroup

April 17, 2024



Plan For The Session

- OEMS Structure Changes
- Initial FITCH Findings
- Vision of Working Group in the Future
- Next Steps
- Working Group Specific Open Forum

Welcome

Today's Goal

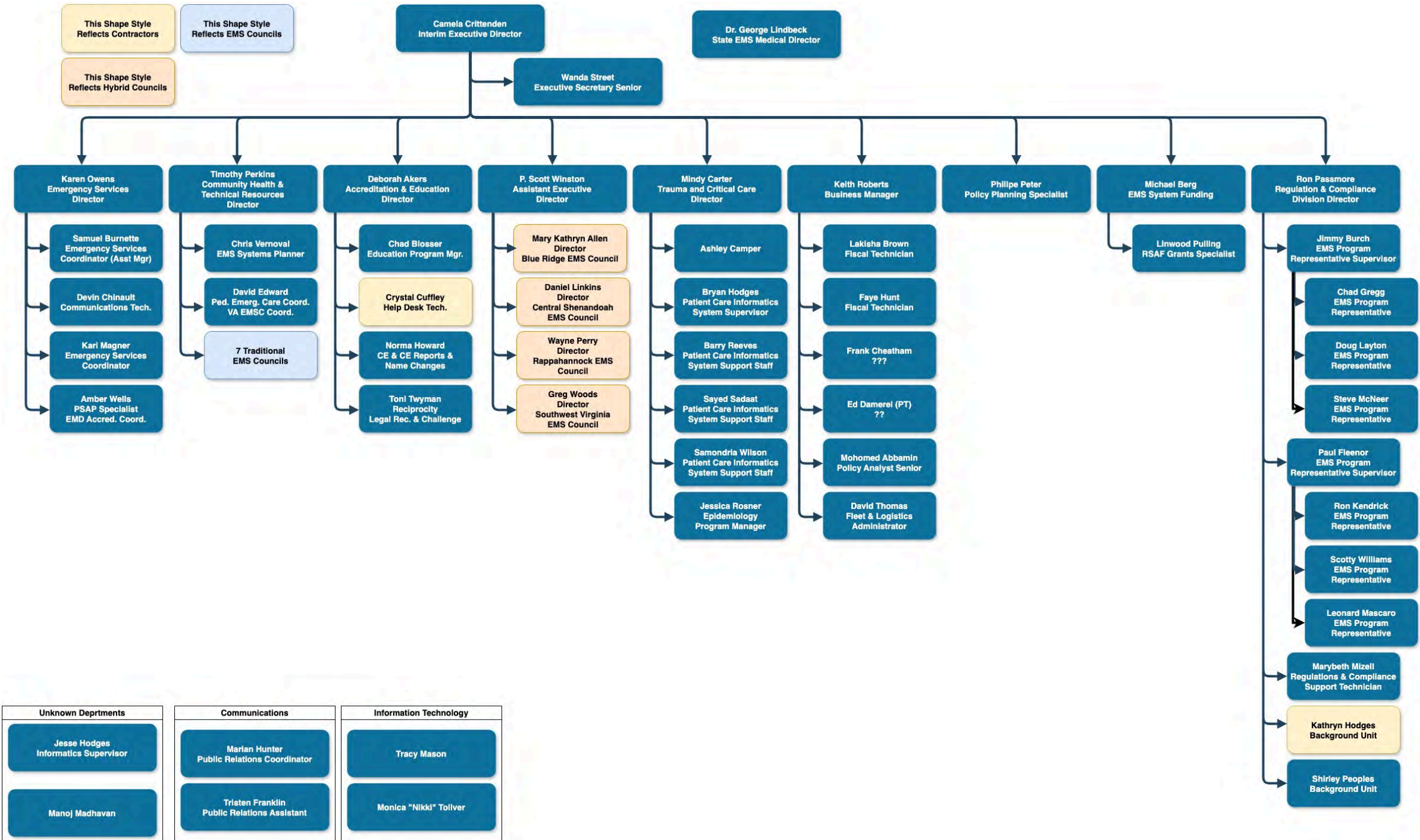
Work with the Next Step Workgroup to help advise on challenges and future opportunities, to help FITCH provide options to VDH to make future changes.



Organizational Structure

Prior to March 13, 2024

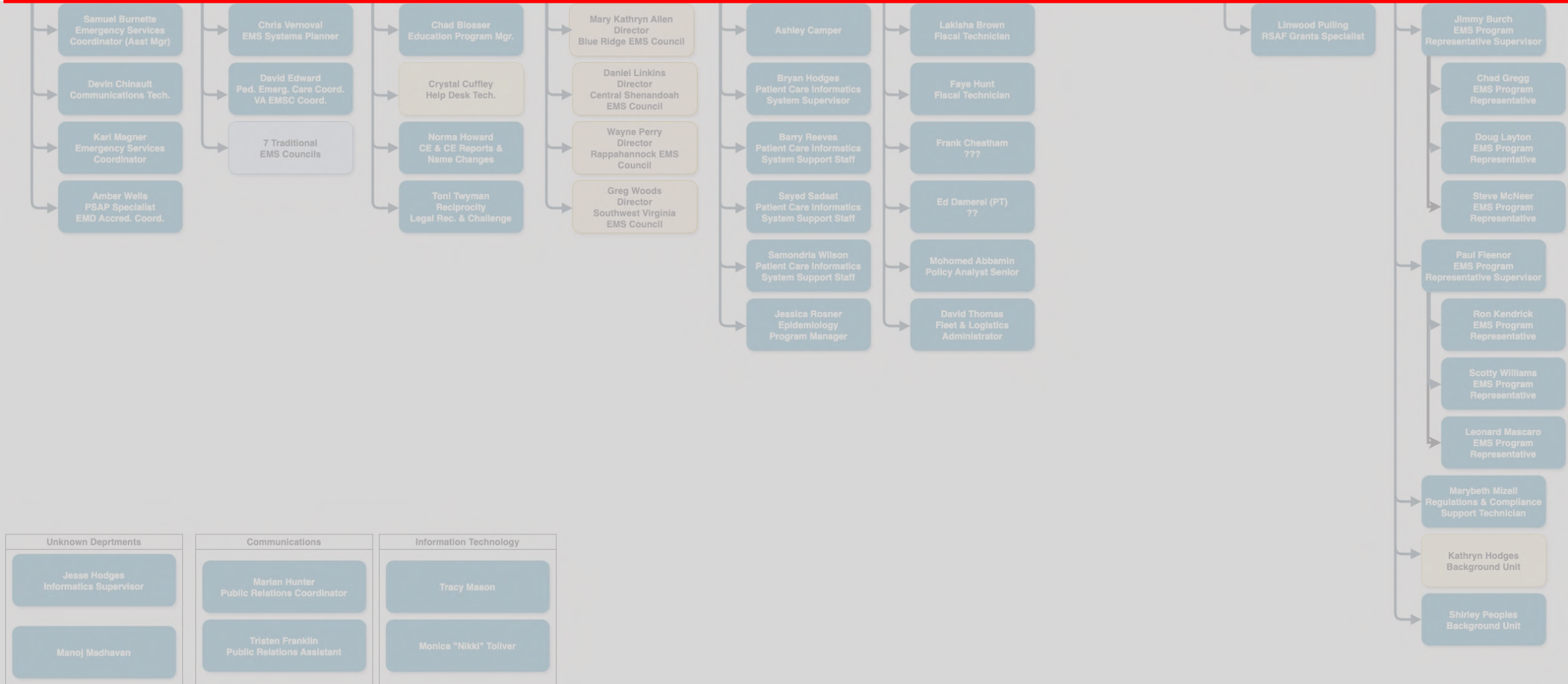
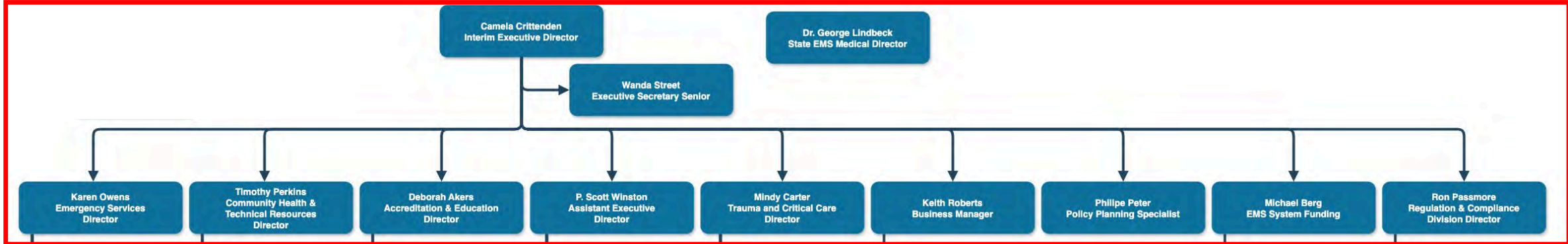


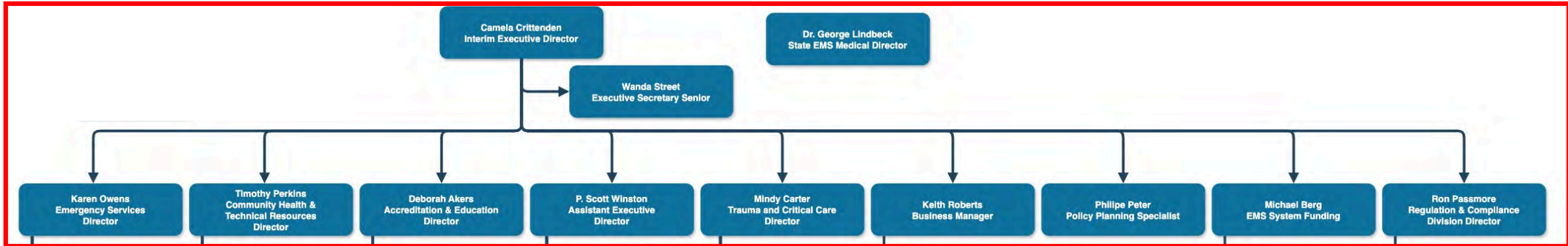


This Shape Style Reflects Contractors

This Shape Style Reflects Hybrid Councils

This Shape Style Reflects EMS Councils



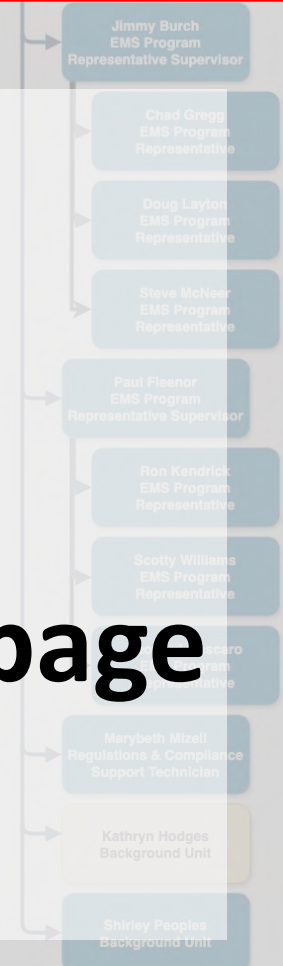
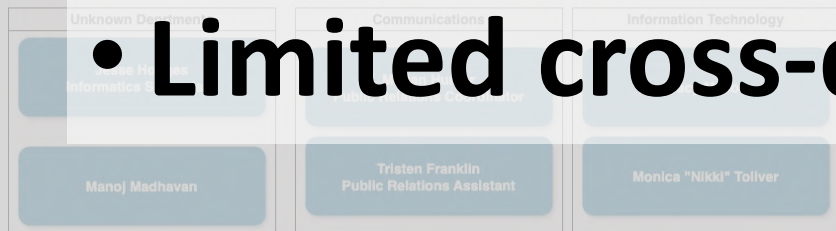


- **Span of control**

- **Opportunities for silos**

- **Difficult to have everyone on the same page**

- **Limited cross-division interactions**

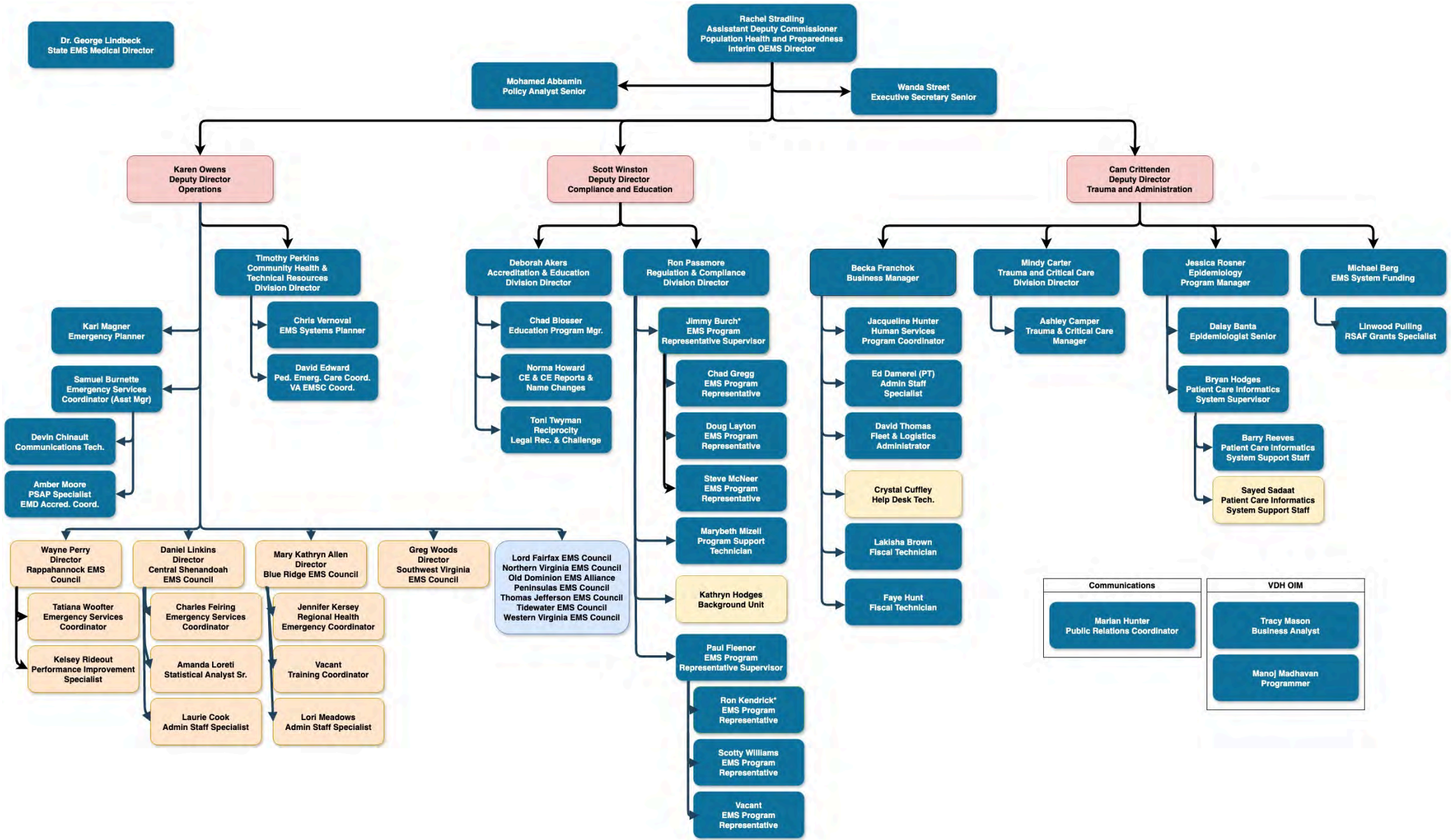


New Organizational Structure

Why create a new structure?

Is this what it will look like forever?





This Shape Style Reflects Contractors

Benefits Of The New Organizational Structure

- Significantly improved communication
 - Improved flow of communication
 - Improved opportunities for communication
- Improved cross-division interactions

Daily Senior Leadership Team Meetings

Decision Making

Accountability

Feedback

Needs



Fitch Work



Initial Findings - OEMS

- Detached from VDH for support and decision-making
- Disconnected from the EMS system and understanding its needs
- Intent vs. impact of OEMS decisions
- Amount of revenue not sufficient to fund the office in the current format
- Funding is flat and highly restricted

High Level Annual Budget

Average Revenue \approx \$56MM

Annual Passthroughs \approx \$50.6MM
(RSAF, RTL, Councils, NREMT, OIM,
MedFlight, General Fund \$12.5MM)

Annual Salaries \approx \$4.4MM
(Not Including Hybrid Staff)

Left To Run OEMS \approx \$1MM

Cost to Run OEMS \approx \$3.4MM
(Data System, Trauma Registry, Portal, Travel, etc.)

The Big Problem \approx **(\$2.4MM)**

Initial Findings - Councils

- Council cost – roughly \$5.5MM
- Disconnect between OEMS and Regional Councils
 - Especially prominent in Hybrid vs. Traditional
- Internal conflicts between the councils
- Dichotomy between what agencies need from the councils
 - Some areas/agencies struggle to find value in their councils
 - Some areas/agencies would struggle mightily without councils
- Hybrid vs. Traditional Councils
 - Inherent conflict for the executive director at hybrid councils

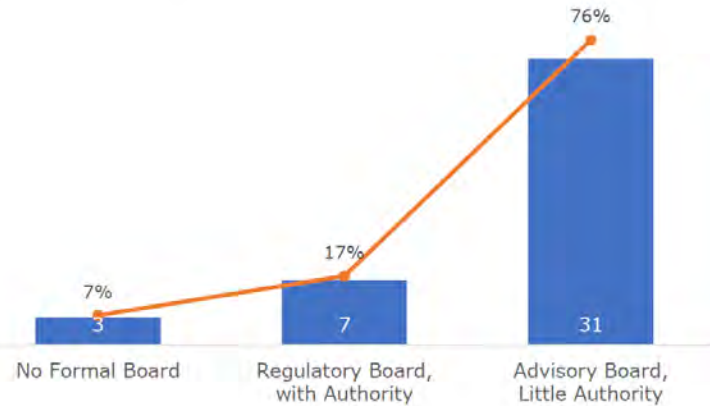
NASEMSO 2017 Survey

Principal Board or EMS Committee

Question:
Which of the following most closely describes your principal EMS board or committee?

- A regulatory board with appointing, budget or rule promulgation authority
- An advisory board with little formal authority
- No formally established board or committee

CHART 4
(n=41; 1 state did not respond)

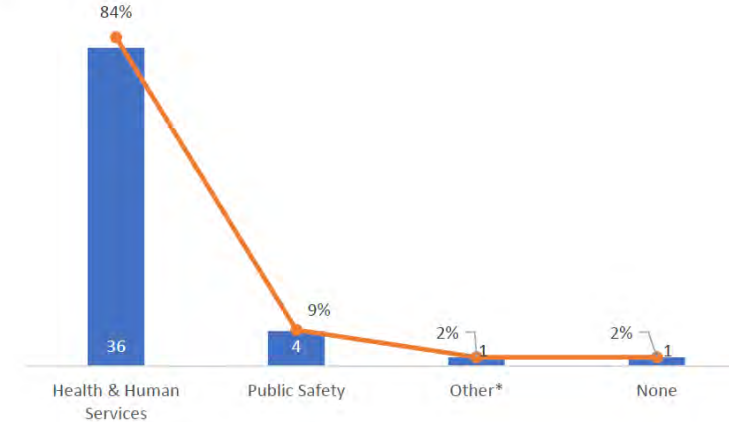


State Agency

Question:
In your state, which of the following most closely describes the state agency within which EMS is organized?

- Health and Human Services
- Public Safety
- Other (please specify)
- None (EMS is separately organized; not within another department or agency)

CHART 2



NAEMSO 2017 Survey

EMS OFFICE STAFF

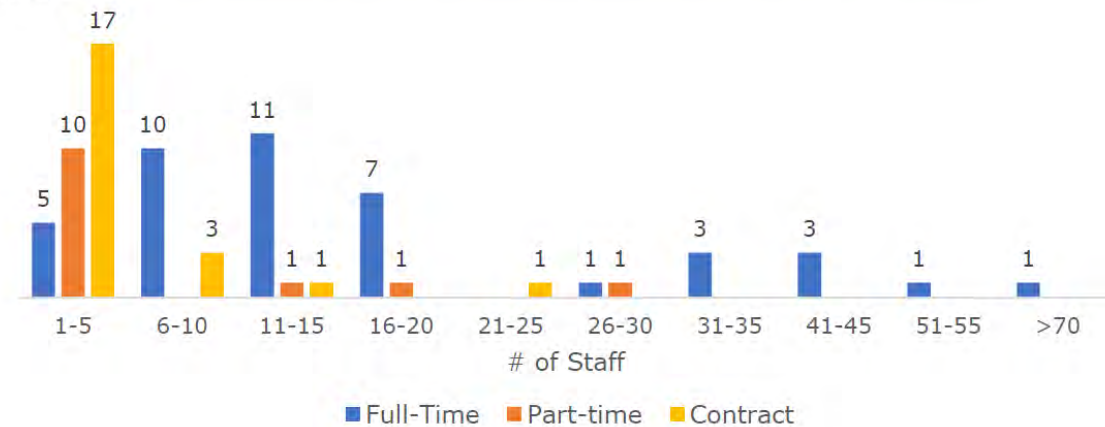
Total Staff (Current)

Questions:

Staffing of the EMS unit (including EMS director and all positions whether filled or vacant):

- Number of regular full time staff positions in the EMS unit?
- Number of regular part-time staff positions in the EMS unit?
- Number of contractual full or part-time staff positions in the EMS unit?

CHART 5



Full Time Staff (n=42)

Least = 1
Median = 13
Mean = 18
Most = 70

Part-Time Staff (n=13)

Least = 1
Median = 2
Mean = 6
Most = 26

Contract Staff (n=22)

Least = 1
Median = 2
Mean = 4
Most = 23

NAEMSO 2017 Survey

EMS OFFICE STAFF

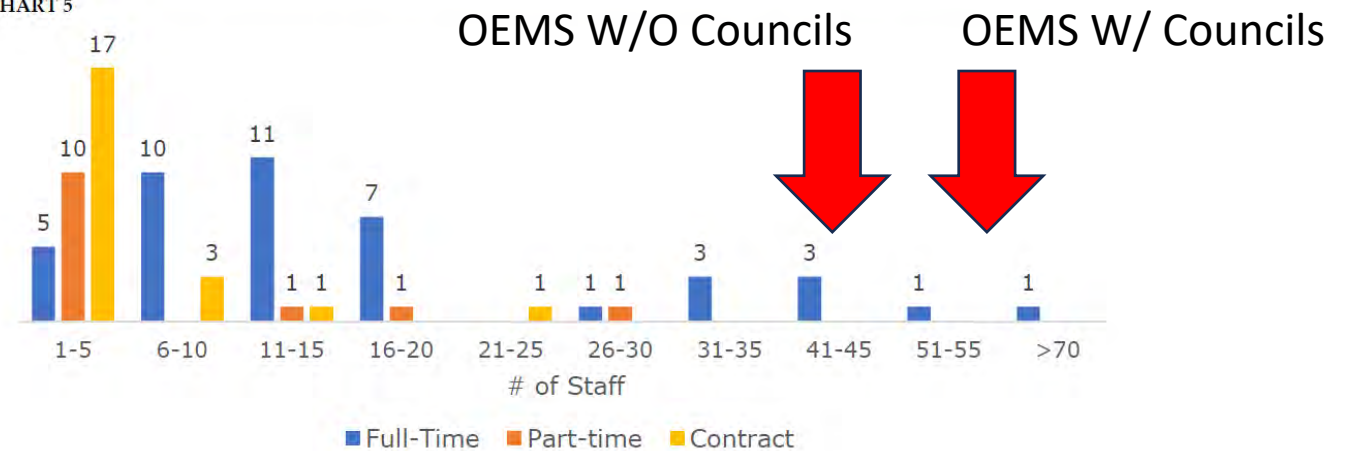
Total Staff (Current)

Questions:

Staffing of the EMS unit (including EMS director and all positions whether filled or vacant):

- Number of regular full time staff positions in the EMS unit?
- Number of regular part-time staff positions in the EMS unit?
- Number of contractual full or part-time staff positions in the EMS unit?

CHART 5



Full Time Staff (n=42)

Least = 1
Median = 13
Mean = 18
Most = 70

Part-Time Staff (n=13)

Least = 1
Median = 2
Mean = 6
Most = 26

Contract Staff (n=22)

Least = 1
Median = 2
Mean = 4
Most = 23

Next Steps

- Survey of people/agencies/councils
 - SWOT analysis
 - Top challenges, characteristics, & needs
- Strategic planning sessions/visits
- Office functional review
- Pathway forward review
 - Providing options to governance regarding future structure, operations, & funding



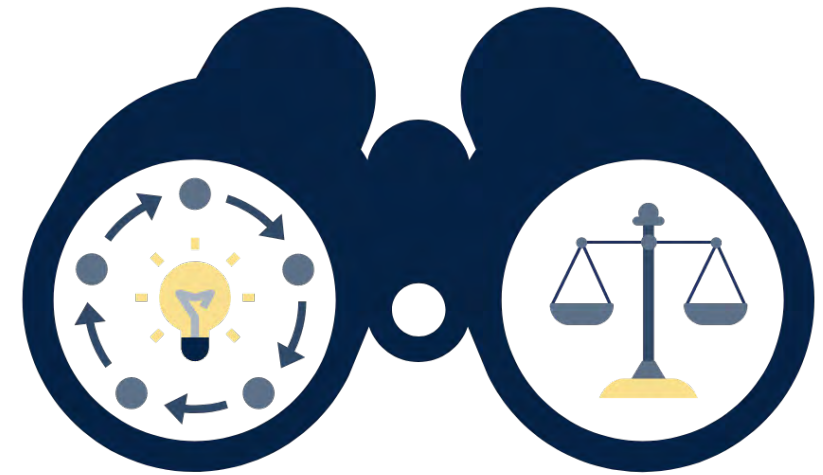
Timelines

- VDH needs solid pathway forward by the end of July
- Fitch day-to-day onsite ends June 30
- Strategic planning sessions in the first two weeks of May
- Next Steps Workgroup review of plan and options tentative May 30
- Fitch draft report June 20



Next Steps Workgroup Work

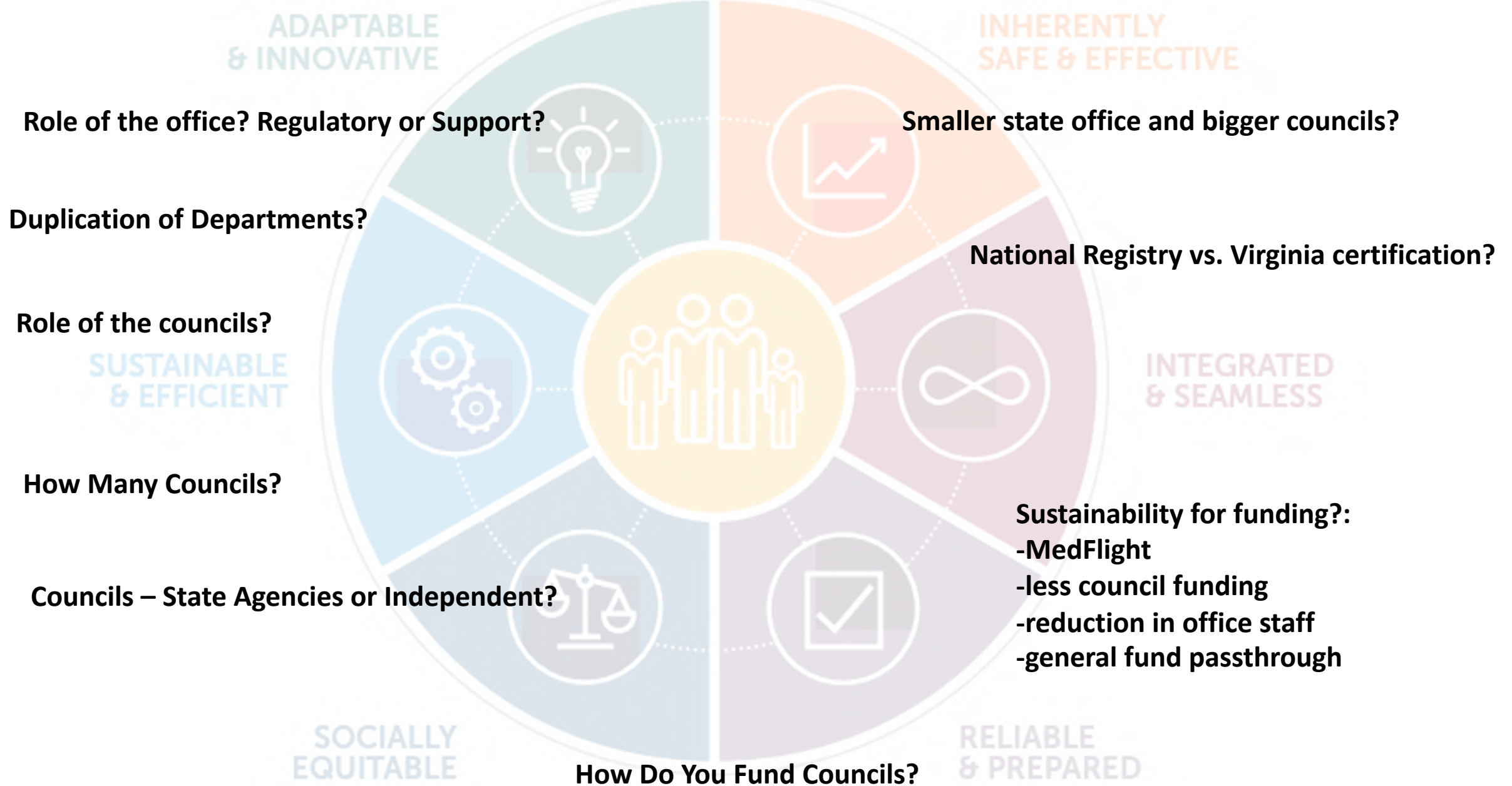
- Involved along the way with strategic planning sessions
- Talking to people, agencies, and organizations (outside of Fitch conversations) to increase bandwidth of input
- Become more engaged in the process (other than day of the meetings) to provide a wider perspective than their own
- Review, feedback, and support of recommendations



Open Forum



Is VDH The Right Place for OEMS?





Thank you.





Virginia Department of Health
Office of EMS
Training & Certification Committee

CONTINUING EDUCATION WORKGROUP

Current NREMT CE Requirements

(NCCP 2016)

National Component Requirement by Level	Airway	Cardiology	Trauma	Medical	Operations	Total National Component Credits
EMR	1	2.5	0.5	3	1	8
EMT	1.5	6	1.5	6	5	20
AEMT	2.5	7	3	7.5	5	25
Intermediate (VA Only)	3.5	7.5	3	7.5	6.5	28
Paramedic	3.5	8.5	3	8.5	6.5	30

New NREMT CE Requirements (NCCP 2025)

National Component Requirement by Level	Airway	Cardiology	Trauma	Medical	Operations	Total National Component Credits
EMR	1.5	2	1	2.5	1	8
EMT	4	5	3	6	2	20
AEMT	5	6	4	7	3	25
Intermediate (VA Only)	5.5	6.5	4.5	7.5	4	28
Paramedic	6	7	5	8	4	30

Changes – NREMT CE Requirements (NCCP 2025 versus 2016)

Certification Level	Total Hours	ARV	Cardio	Trauma	Medical	Ops	LCCR/ ICCR
EMR	16	1.5	2	1	2.5	1	8
2016	16	1	2.5	0.5	3	1	8
EMT	40	4	5	3	6	2	20
2016	40	1.5	6	1.5	6	5	20
AEMT	50	5	6	4	7	3	25
2016	50	2.5	7	3	7.5	5	25
Intermediate	55	5	7	5	7.5	3.5	27
2016	55	3.5	7.5	3	7.5	6.5	27
Paramedic	60	6	7	5	8	4	30
2016	60	3.5	8.5	3	8.5	6.5	30

Changes – NREMT CE Requirements

(NCCP 2025 Pediatric Content)

Certification Level	Total NCCR Hours	Peds Content (10%)
EMR	8	0.8
EMT	20	2
AEMT	25	2.5
Paramedic	30	3

Changes – NREMT CE Requirements

(NCCP 2025 Standardized Courses – Cardiology)

Acronym		Full Course Name of Standardize Course Equivalence					Course Max. Credit
Cardiology		Airway	Cardiology	Trauma	Medical	Operations	
CPR-HCP		CPR - Healthcare Professional					4
		1	1		0.5		
	Pediatric	0.5	0.5		0.5		
ACLS		Advanced Cardiac Life Support					10
		2	5	1	2		
	Pediatric	-	-	-	-		
ALS		Advanced Life Support					10
		2	5	1	2		
	Pediatric	-	-	-	-		

Changes – NREMT CE Requirements (NCCP 2025 Standardized Courses – Medical)

Medical	Airway	Cardiology	Trauma	Medical	Operations	Course Max. Credit	
AMLS	Advanced Medical Life Support						
		3.5	3	1.5	4.5	3.5	16
	Pediatric	-	-	-	-	-	
EMPACT	Emergency Medical Patients: Assessment, Care, and Transport						
							16
	Pediatric						
ABLS	Advanced Burn Life Support						
		1		2	1.5		7
	Pediatric	1		1	0.5		
ASLS	Advanced Stroke Life Support						
		1	2	1	4		8
	Pediatric	-	-	-	-		
ENLS	Emergency Neurological Life Support						
		2	4	4	5		15
	Pediatric	-	-	-	-		

Changes – NREMT CE Requirements

(NCCP 2025 Standardized Courses – Special Populations)

Special Populations		Airway	Cardiology	Trauma	Medical	Operations	Course Max. Credit
PALS		Pediatric Advanced Life Support					12
	Pediatric	-	-	-	-	-	
APLS		Advanced Pediatric Life Support					14
	Pediatric	2	5	2	5		
PEARS		Pediatric Emergency, Recognition and Stabilization					8
	Pediatric	2	3	1	2		
NRP		Neonatal Resuscitation Program					8
	Pediatric	3	2		3		
PEPP		Pediatric Education for Prehospital Professionals					16
	Pediatric	3	6	3	4		
EPC		Emergency Pediatric Course					8
	Pediatric	1.5	3	1.5	2		
GEMS		Geriatric Education for EMS					8
	Pediatric	1.5	1.5	1.5	3.5		
	Pediatric	-	-	-			

Changes – NREMT CE Requirements (NCCP 2025 Standardized Courses – Trauma)

Trauma	Airway	Cardiology	Trauma	Medical	Operations	Course Max. Credit
ITLS	International Trauma Life Support					
	3	1	3	2	4	16
Pediatric	1	-	1	-	1	
PHTLS	Prehospital Trauma Life Support					
	3	1	3	2	4	16
Pediatric	1	-	1	-	1	
TCCC	Tactical Casualty Combat Care					
	*Tactical Casualty Combat Care - MP (Military Personnel)					
						16
Pediatric						
	*Tactical Casualty Combat Care - CMC (Corpsman)					
						63
Pediatric						
	*Tactical Casualty Combat Care - CLS (Combat Lifesaver)					
						40
Pediatric						
	*Tactical Casualty Combat Care - ASM (All Service Members)					
	1	0.5	2	1	0.5	7
Pediatric	0.5	-	1	-	0.5	
TECC	Tactical Emergency Combat Care (Civilian)					
	2	2	5	2	2	16
Pediatric	1		1		1	
ATLS	Advanced Trauma Life Support					
	2	2	5	2	2	16
Pediatric	1		1		1	

Changes – NREMT CE Requirements (NCCP 2025 Standardized Courses – Operations)

Operations	Airway	Cardiology	Trauma	Medical	Operations	Course Max. Credit
EMS Safety	EMS Safety					
					6	8
Pediatric					2	
EVOG	Emergency Vehicle Operator Course/ Safety Course					
					8	8
Pediatric					-	
TIMS	Traffic Incident Management					
					4	4
Pediatric					-	
HAZMAT	HAZMAT					
	*Hazardous Materials Technician					
					4	20
	Pediatric				2	
	*Hazardous Materials Operations					
					4	20
	Pediatric				2	
	*Hazardous Materials Awareness					
					2	8
	Pediatric				2	
*All Hazards Disaster Life Support						
				2	8	
Pediatric				-		

Changes – NREMT CE Requirements

(NCCP 2025 Standardized Courses – Operations – Part 2)

Operations	Airway	Cardiology	Trauma	Medical	Operations	Course Max. Credit
BDLS	Basic Disaster Life Support					
			2	1	2.5	7.5
Pediatric			1	-	1	
ADLS	Advanced Disaster Life Support					
			4	2	5	15
Pediatric			2	-	2	
IS 100	An Introduction to the Incident Command System, ICS 100					
				0.5	1.5	2
Pediatric				-	-	
IS 200	An Introduction to the National Incident Management System					
				0.5	3.5	4
Pediatric				-	-	
IS 300	ICS 300: Intermediate Incident Command System for Expanding Incidents					
				3	16	21
Pediatric				1	1	
IS 400	ICS 400: Advanced Incident Command System for Command and General Staff - Complex Incident					
				3	8	15
Pediatric				1	1	
IS 700	IS-700.B: An Introduction to the National Incident Management System					
				0.5	3.5	4
Pediatric				-	-	
IS 800	IS-800.D: National Response Framework, An Introduction					
				0.5	2.5	3
Pediatric				-	-	



March 14, 2024

Nathan Strong
President
Northern Virginia EMS Council
4081 University Drive, Fairfax, VA 22030

Mr. Strong,

Recent events related to the budgetary shortfalls of the Office of Emergency Medical Services (EMS) have resulted in discussions about the long-term sustainability of the regional councils. To ensure the needs of EMS in Northern Virginia continue to be met, members of the Northern Virginia Fire Chiefs Committee proposed a merger between the Northern Virginia EMS Council and the Northern Virginia Emergency Response System (NVERS).

During the March 12, 2024, Northern Virginia Fire Chiefs Committee meeting, the chiefs unanimously approved the recommendation to merge the council with NVERS. As a result, the Northern Virginia Fire Chiefs Committee, representing the local political subdivisions in the Northern Virginia area, direct their designees on Northern Virginia EMS Council's Board of Directors to make an executive decision to merge with NVERS.

Should you have any questions regarding this direction, please do not hesitate to contact me (jcardello@staffordcountyva.gov).

Best regards,

A handwritten signature in blue ink that reads "J. Cardello".

Joseph A. Cardello, Chief, Stafford County Fire and Rescue Department and Chair, Fire Chiefs Committee

This letter through the NVERS 101 slides cover the NVEMSC/NVERS merger discussion



NVERS Orientation:

NVERS Overview for Northern Virginia EMS Council

NVERS Northern Virginia
Emergency Response System

*Inter*JURISDICTIONAL | *Inter*DISCIPLINARY | *Inter*OPERABLE



NVERS History

Founded in 2005:

- As a regional *Metropolitan Medical Response System* (MMRS).

Rebranded in 2007:

- As an *emergency response system* to reflect the organization's evolving commitment to whole-system preparedness.

Non-Profit Status in 2015:

- Jurisdictional CAO's decided to transition the organization to an independent 501(c)3 not-for-profit in 2015.

Healthcare Coalition designation in 2021:

- Merger with Northern Virginia Hospital Alliance; assumed role as the regional healthcare coalition through a single preparedness/response system.



The Pentagon, 9/11



NVERS Today

- NVERS is a high-performance emergency preparedness alliance of **public safety** and **healthcare delivery** systems.
- Supports **regional collaboration** and **capacity building** in all facets of emergency preparedness.
- Governed by a 14-member board of directors comprised of local government CAOs and health system executives.
- Professional staff of 16 team members



Regional Profile:

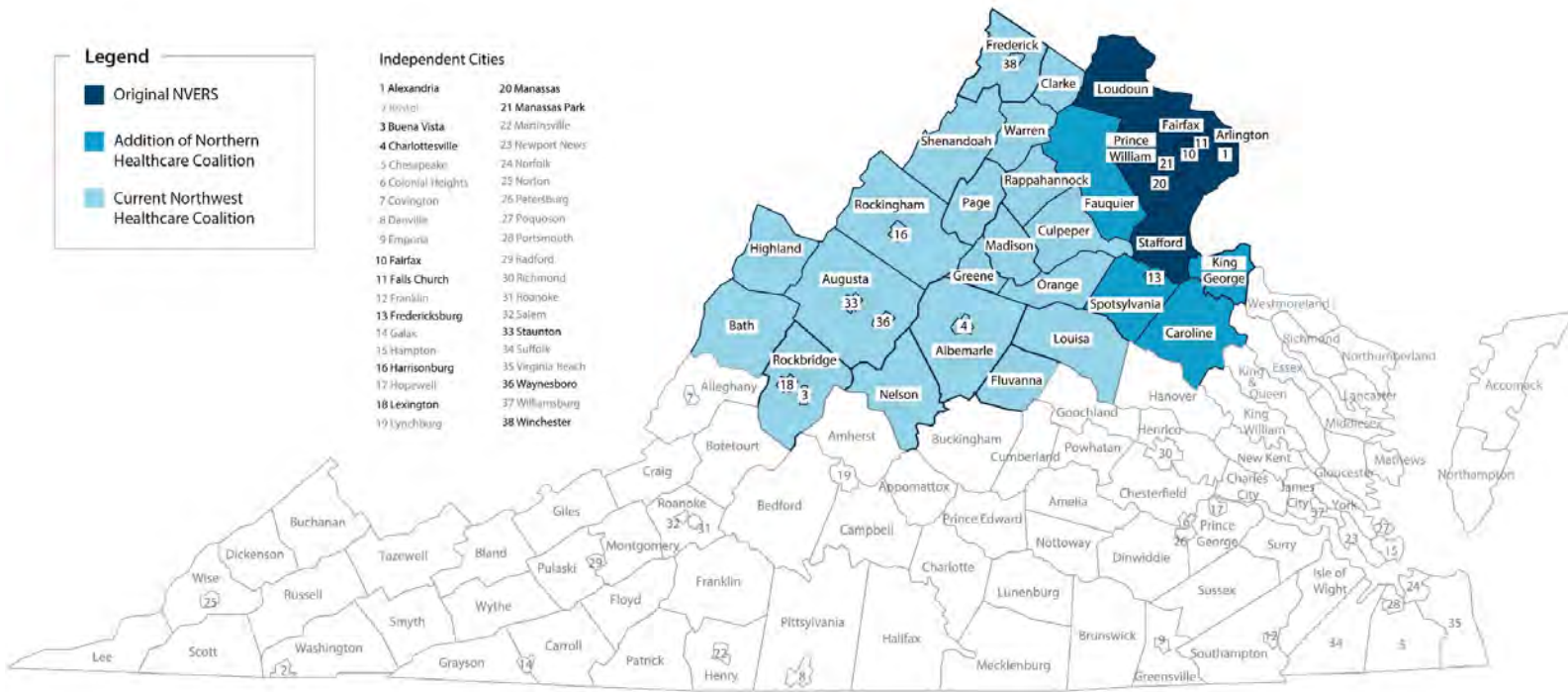
- 41 localities representing 45% of Virginia's population.
 - Fire/EMS
 - Emergency Management
 - Law Enforcement
 - 9-1-1/PSAPs
 - Public Health
 - Information Technology
- 32 hospitals
- 12 free-standing ERs
- 86 skilled nursing facilities
- 10 health districts
- 5 EMS Councils



NVERS



2023 Service Area Changes



Healthcare Coalition Service Area Expanded in 2023

- In July 2023, VDH and Governors Office consolidated the number of coalitions in VA from 6 to 4.
- NVERS assumed responsibility for the region formerly served by the Northwest Region Healthcare Coalition.
- Expanded region served by dedicated team of full time staff.

NVERS REGION

- Loudoun Health District
- Fairfax Health District
- Arlington Health District
- Alexandria Health District
- Prince William Health District
- Rappahannock Area Health District
- Lord Fairfax Health District
- Central Shenandoah Health District
- Blue Ridge Health District
- Rappahannock - Rapidan Health District



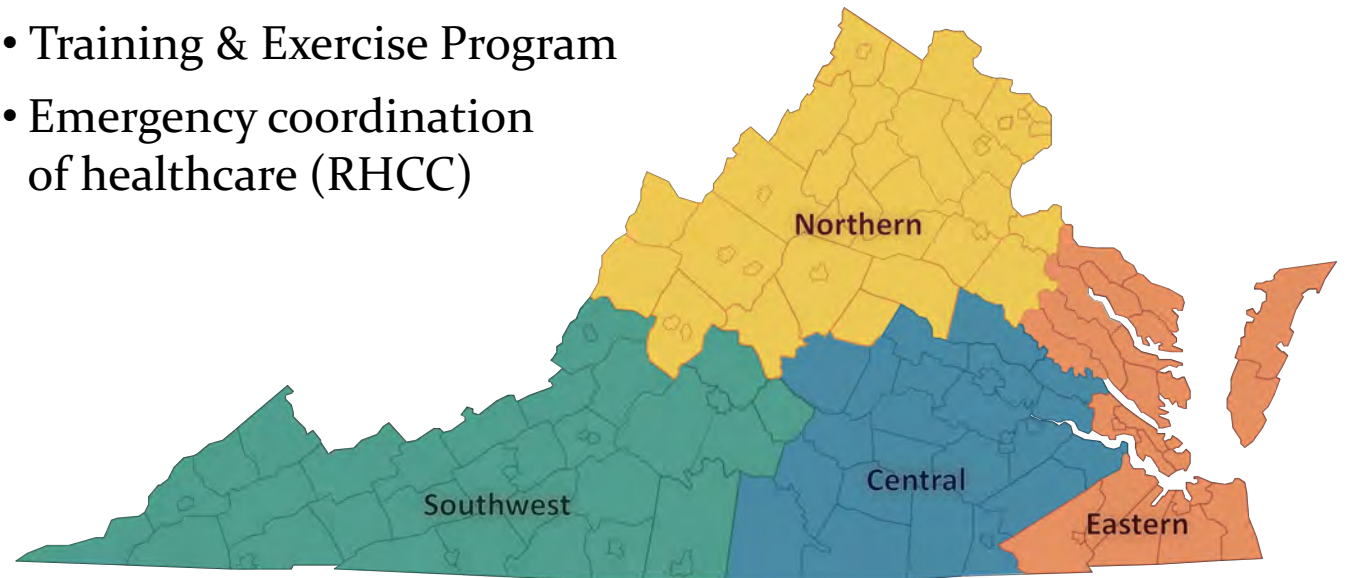
*Additional Towns in Loudoun County: Ashburn, Sterling, Purcellville, Middleburg, Lovettsville, Round Hill, Hamilton, Hillsboro, Lucketts, Waterford, Bluemont

*Additional Towns in Fairfax County: Town of Vienna, Herdon, Clifton

VDH Healthcare Emergency Planning Regions

As the regional healthcare coalition, NVERS prepares the community's healthcare delivery system to save lives, time, and economic resources during major emergencies and disasters.

- Contracted by VDH as the healthcare coalition for the Northern Healthcare Planning Region. 1 of 4 in the state.
 - Regional Planning
 - Training & Exercise Program
 - Emergency coordination of healthcare (RHCC)



Map outlined by: www.coopercenter.org/demographics

How We Do It

Emergency Response Forum

- NVERS provides a forum for partners to gather and plan for responses, train as a region, and de-conflict resources.

Capability Building

- NVERS builds standardized capabilities at the jurisdictional level to build regional capabilities.

Regional Committee Support

- NVERS provides staff support to **40+** regional committees to assist with discipline-specific projects and inter-disciplinary initiatives.

Project Management and Procurement

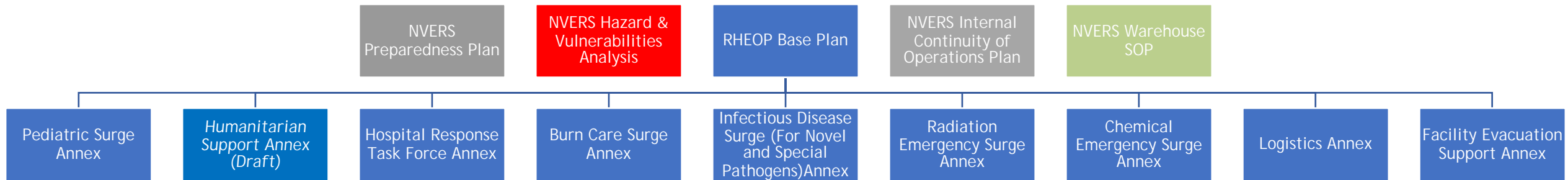
- NVERS projects are managed by staff to leverage economies of scale. Jurisdictions are not burdened with the procurement or management of projects.

Financial Administration and Support

- Northern Virginia Fire Chiefs Committee financials are administered by NVERS.
- Regional Contract Vehicles
- Clearinghouse for locally-funded projects

Regional Planning

- NVERS coordinates development and maintenance of the Regional Healthcare Emergency Operations Plan (RHEOP).
- The Healthcare Coalition Planning Committee provides guidance, SME input, and supports socialization and operationalization of plans. Representatives include EMS, hospitals, public health, EM, mental and behavioral health, and long-term care.



Regional Healthcare Coordination Center (RHCC)

- **1-888-987-7422**
- 24/7 Operational arm of NVERS
 - Comms Officer, Duty Officer, and IC
- Centralized POC for alerting and emergency coordination of healthcare facilities and partners in the region.
 - Mass casualty incidents
 - Healthcare facility evacuations/incidents
 - Healthcare disaster resource management
 - Healthcare intelligence/situational awareness



Committees Supported by NVERS Staff

- Steering Committee
- Northern Virginia Fire Chiefs Committee
- Fire Senior Operations Chiefs Committee
- Administrative Chiefs Committee
- Fire Operations Board
- Fire Training Committee
- EMS Operations Board
- Medical Supply & Pharmaceutical Workgroup
- Patient Tracking System Workgroup
- Fire/EMS Academy Subcommittee
- Situational Awareness Working Group
- MCI Manual Writing Group
- Fire/EMS Communications Subcommittee
- Regional Preparedness Advisory Committee - Interoperability
- Northern Virginia Emergency Managers Committee
- EM Training & Exercise Workgroup
- EM Planners Workgroup
- EM Family Assistance Working Group
- High Threat Response Committee
- Water & Wastewater Emergency Preparedness Workgroup
- Assisted Living Facility Working Group

Committees Supported by NVERS Staff, contd.

- Flammable Liquids Workgroup
- Rehab Manual Writing Group
- Tactical Emergency Casualty Care Workgroup
- HTR Emergency Communications Workgroup
- Leadership Development Institute Advisory Board
- Mass Casualty Incident Manual Writing Group
- Joint Action Guide Writing Group
- Rehabilitation Manual Writing Group
- Chief Information Officers Committee
- Cybersecurity Workgroup
- Uncrewed Aerial Systems (UAS) Working Group
- Emerging Technologies Workgroup
- Technical Writing Group
- Hospital Emergency Managers Committee
- Healthcare Coalition Planning Committee
- Healthcare System Preparedness Committee
- Infection Preventionists Working Group
- Hospital Pharmacy Committee

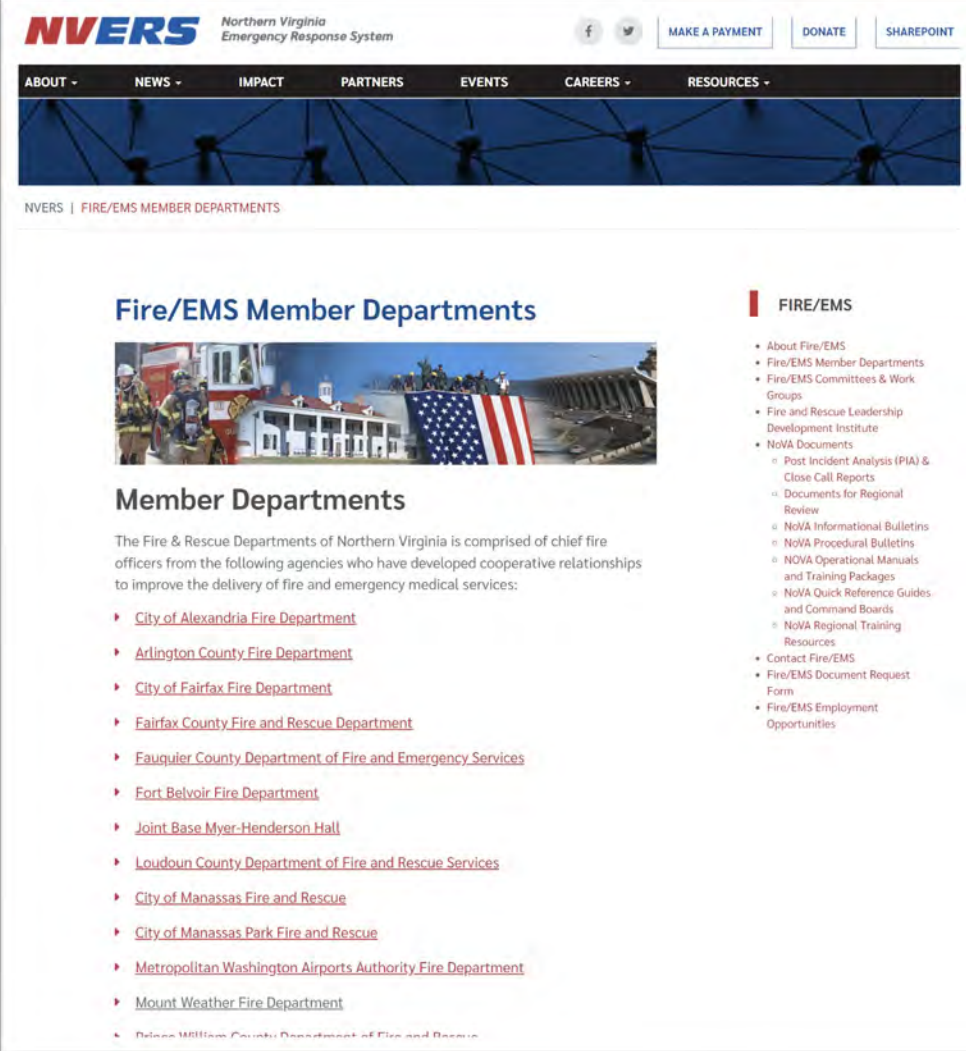


NVERS and EMS



Existing Support

- Already VDH-funded entity
- Robust regional program infrastructure
- Economies of scale
 - Consortium purchases
 - Efficient planning and committee structure
- Regional Training Program
- Pharmaceutical Programs
- Interdisciplinary forum for collaboration
- Project Management
- Extensive experience with pilot initiatives (TECC, JAG, PTS, Whole Blood)



The screenshot shows the NVERS website with the following content:

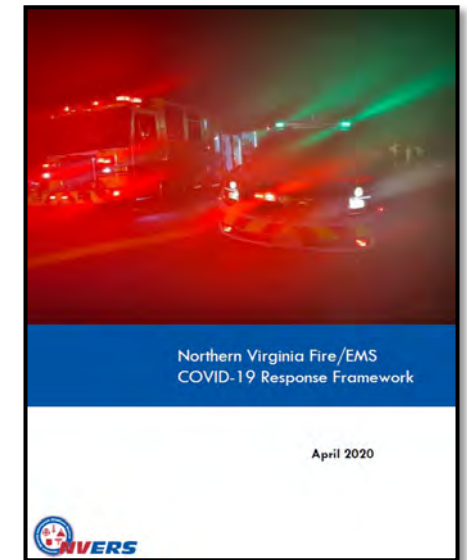
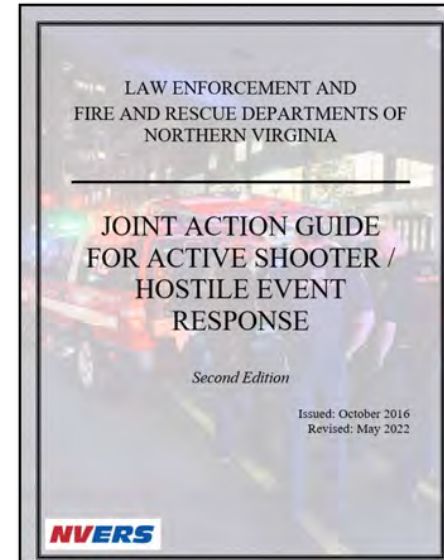
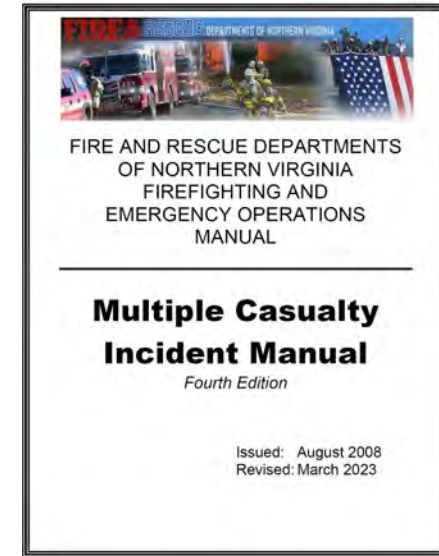
- Header:** NVERS Northern Virginia Emergency Response System. Navigation links: ABOUT, NEWS, IMPACT, PARTNERS, EVENTS, CAREERS, RESOURCES. Social media icons for Facebook and Twitter. Buttons for MAKE A PAYMENT, DONATE, and SHAREPOINT.
- Page Title:** NVERS | FIRE/EMS MEMBER DEPARTMENTS
- Main Content:**
 - Fire/EMS Member Departments** (Section Header)
 - Member Departments** (Section Header)
 - Description:** The Fire & Rescue Departments of Northern Virginia is comprised of chief fire officers from the following agencies who have developed cooperative relationships to improve the delivery of fire and emergency medical services:
 - List of Member Departments:**
 - ▶ [City of Alexandria Fire Department](#)
 - ▶ [Arlington County Fire Department](#)
 - ▶ [City of Fairfax Fire Department](#)
 - ▶ [Fairfax County Fire and Rescue Department](#)
 - ▶ [Fauquier County Department of Fire and Emergency Services](#)
 - ▶ [Fort Belvoir Fire Department](#)
 - ▶ [Joint Base Myer-Henderson Hall](#)
 - ▶ [Loudoun County Department of Fire and Rescue Services](#)
 - ▶ [City of Manassas Fire and Rescue](#)
 - ▶ [City of Manassas Park Fire and Rescue](#)
 - ▶ [Metropolitan Washington Airports Authority Fire Department](#)
 - ▶ [Mount Weather Fire Department](#)
 - ▶ [Prince William County Department of Fire and Rescue](#)
- Right Sidebar:**
 - FIRE/EMS** (Section Header)
 - About Fire/EMS
 - Fire/EMS Member Departments
 - Fire/EMS Committees & Work Groups
 - Fire and Rescue Leadership Development Institute
 - NoVA Documents
 - Post Incident Analysis (PIA) & Close Call Reports
 - Documents for Regional Review
 - NoVA Informational Bulletins
 - NOVA Procedural Bulletins
 - NOVA Operational Manuals and Training Packages
 - NoVA Quick Reference Guides and Command Boards
 - NoVA Regional Training Resources
 - Contact Fire/EMS
 - Fire/EMS Document Request Form
 - Fire/EMS Employment Opportunities

Relevant Examples

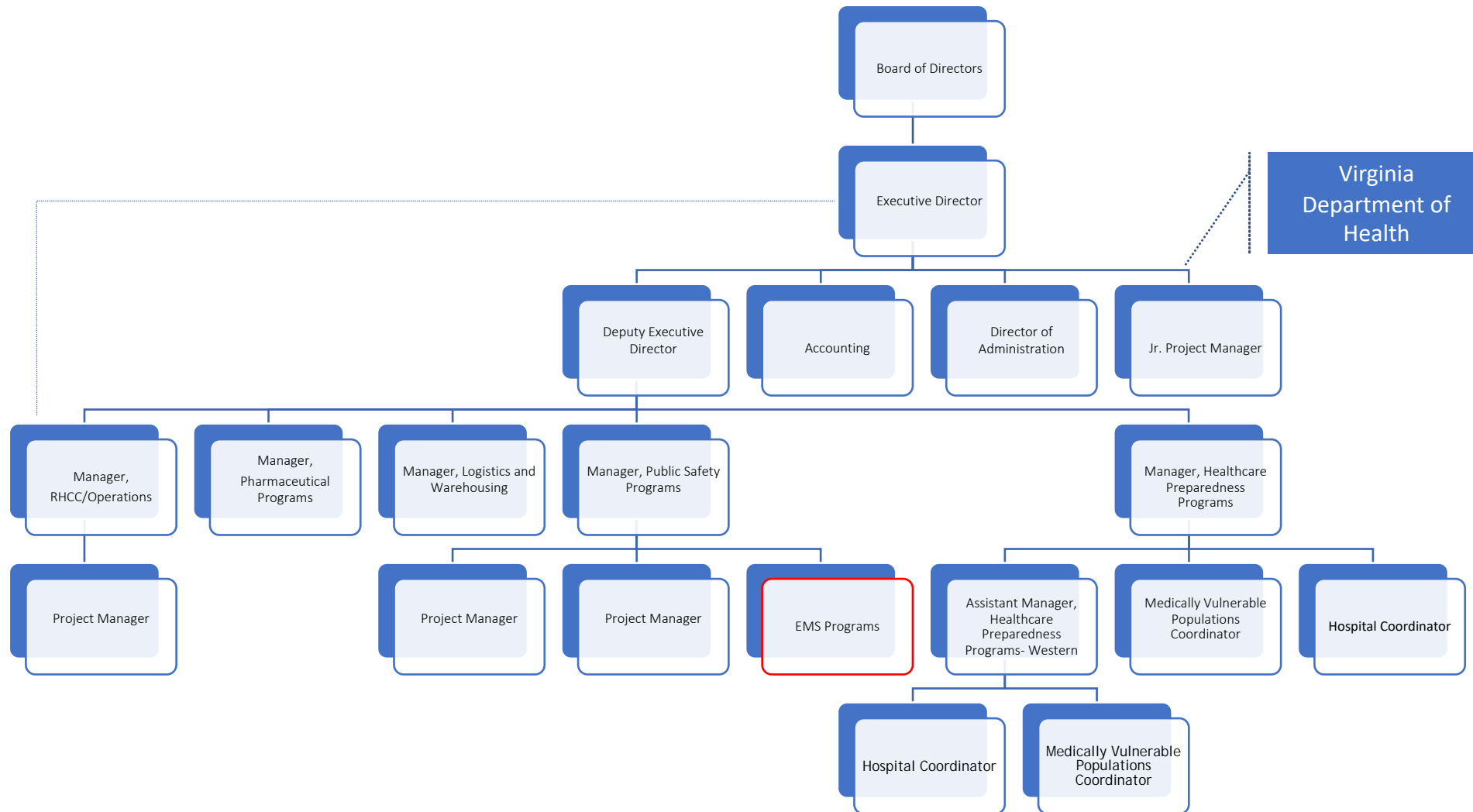
- MCI Manual Committee
- EMS Chiefs Committee
- Medical Supply & Pharmacy WG
- Fire/EMS Comms Committee
- Whole Blood Transfusion Program
- Joint Action Guide for Active Violence Incidents
- Tactical Emergency Casualty Care
- EMS Council Training Development & Support
- Handtevy Consortium Purchasing
- MCI Hospital Response Task Force
- CHAOS MCI Exercise Series
- Tactical Emergency Medical Services – Direct Support Training
- NVERS Radio System
- MCI Command Boards
- RHCC – MCI Support to EMS
- EMS CE Training Events
- Regional Plan Maintenance & Hosting
- Highly Infectious Disease (EVD) Regional Planning & Forward-deployed Equipment
- Disaster Pharmaceutical Cache for Fire/EMS
- PPE Consortium Purchasing

Benefits

- Increased opportunities for collaboration; eliminate silos
- NVERS is a gateway to cross-discipline coordination
- Regional response system model
- Reduced duplication of effort
- Risk Management
- Streamlined program and business administration



NVERS Organization Chart



Questions?

NVERS Northern Virginia
Emergency Response System

*Inter*JURISDICTIONAL | *Inter*DISCIPLINARY | *Inter*OPERABLE