

WV EMS

Western Virginia Emergency Medical Services Council, Inc.



ANNUAL REPORT

July 1, 2021 - June 30, 2022



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STAFF DIRECTORY

(as of 11-01-2022)

WVEMS

Executive Director

Stephen G. Simon, MS, EFO, NRP
(ssimon@vaems.org)

Finance Director

Sandra D. McGrath
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Compliance Officer

Mary H. Christian
(mchristian@vaems.org)

Senior Field Coordinator

Chris Christensen, NRP
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Senior Field Coordinator

Michael Garnett, NRP
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Senior Field Coordinator

William E. (Gene) Dalton, NRP
(gdalton@vaems.org)

Director of Information Technology for Regional Councils (RCTS)

Jim Huffman
(jhuffman@vaems.org)

WVEMS Regional Medical Director

Charles Lane, MD, FACEP
(clane@vaems.org)

NSPA

NSPA Executive Director

Robert Hawkins
(rhawkins@vaems.org)

NSPA RHCC Manager

Mark Cromer, Ph. D.
(mcromer@vaems.org)

NSPA Medically Vulnerable Populations Coordinator

Mary Kathryn Alley
(mkalley@vaems.org)

NSPA Training and Exercise Coordinator

Monica McCullough
(mmccullough@vaems.org)

NSPA Physician Advisors

Charles J. Lane, MD
Thomas Martin, MD



A MESSAGE FROM THE PRESIDENT

On behalf of the Western Virginia EMS Council Board of Directors, I am pleased to provide you with our annual update. As we slowly return to normal from the pandemic of last fiscal year, the EMS Council has been working hard to provide needed support to our EMS Agencies. To meet the needs of our region, the EMS Council has provided a multitude of educational offerings. These include initial certification courses such as Advanced EMT and Paramedic, to continuing education programs that include both in-person and virtual (VILT) settings. Additionally, the EMS Council provided consulting and planning services that included recruitment/retention training, hospital diversion coordination, shift scheduling related to Fair Labor Standards Act (FLSA), provider mental health awareness and school safety reviews to name just a few of the activities, all the while still dealing with the remnants of the pandemic.

The EMS Council can meet the needs of our region because of the support provided by our various stakeholders and especially from our 18 cities/counties whom we serve.

Respectfully,

L. Joseph Trigg
President, WVEMS Council



MISSION

The mission of the Western Virginia EMS Council is to facilitate regional cooperation, planning and implementation of an integrated emergency medical services delivery system.

Regional EMS Councils in the Code of Virginia § 32.1-111.11

Regional emergency medical services councils

The Board [of Health] shall designate regional emergency medical services councils which shall be authorized to receive and disburse public funds. Each council shall be charged with the development and implementation of an efficient and effective regional emergency medical services delivery system...

Office Information

Main Office

1944 Peters Creek Road
Roanoke VA 24017

New River Valley Office:

6580 Valley Center Drive
Radford VA 24141

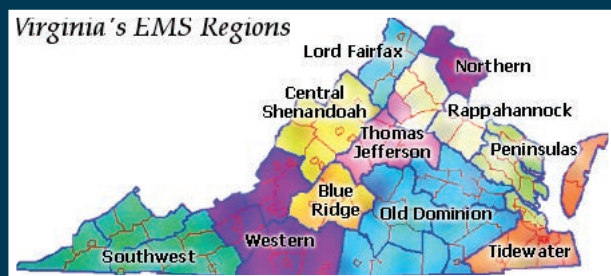
(located in the Pulaski County Innovation Center)

Piedmont Office

1024 DuPont Road
Martinsville VA 24112

(located in the Henry County Public
Safety Training Center)

Virginia's EMS Councils



WVEMS is one of 11 regional EMS councils in Virginia. It serves the fourth, fifth and twelfth planning districts of Virginia, encompassing the following localities:

- Alleghany County
- Botetourt County
- Craig County
- Floyd County
- Giles County
- Franklin County
- Henry County
- Montgomery County
- Patrick County
- Pittsylvania County
- Pulaski County
- Roanoke County
- City of Covington
- City of Danville
- City of Martinsville
- City of Radford
- City of Roanoke
- City of Salem

LEADERSHIP AND OVERSIGHT

BOARD OF DIRECTORS

(As of 11-1-2022)

Joe Trigg, President*
Marlon (Matt) Rickman, Vice President*
Jason Ferguson, Secretary*
Carey Harveycutter, Treasurer*
Scottie Cassell
David Coffey
David English
William Ferguson
Jonathon Fitch
Richard Flora
Andy Foley
Robert Hawkins
Rodney Haywood
Darryl Humphreys
Larry Lafon
Charles J. Lane, MD
Kayla Long, MD
Gary Meadows, MHA, BS, RN
Dwaine Paxton*
Charles Rucker IV
Kristopher Shrader*
Stephen G. Simon* (non-voting)
Christopher Slemp
Christopher Stafford*
Marcus Stone
Matthew Tatum
Vacant

Representing

Pulaski County
City of Salem
Botetourt County
Va. Assoc. of Vol. Rescue Squads
Patrick County
City of Danville
Montgomery County
Franklin County
Alleghany County
5th Planning District At-Large
City of Roanoke
NSPA/Hospital System Representative
City of Radford
Craig County
Giles County
Regional Medical Director
Emergency Physician At-large
Emergency Nurses Association
City of Covington
Roanoke County
City of Martinsville
Executive Director
Pittsylvania County
4th Planning District At-Large
12th Planning District At-large
Henry County
Floyd County

**Executive Committee*

COMMITTEE, SUBCOMMITTEE AND PROGRAM LEADERS

Executive Committee – Joe Trigg, Chair
Medical Direction - Charles J. Lane, MD, Regional Medical Director/Chair
Pharmacy Workgroup - Larry Mullins, R.Ph., MBA, Chair
Allied Resources Workgroup - Vacant
Education Subcommittee – Marlon (Matt) Rickman, Chair
Performance Improvement/Trauma Triage Committee - Charles Lane, MD, Chair
Stroke Triage Workgroup - Charles Lane, MD, Chair
Regional Critical Incident Stress Management Team (CISM) - Dwayne Cromer, Team Administrator
Communications Workgroup - Vacant

SIGNIFICANT ACCOMPLISHMENTS

PROVIDER SERVICES AND RECOGNITION

Provided support to EMS Agencies as it related to COVID-19 testing through-out our region with testing solutions provided by Council staff and distribution of testing kits directly to EMS Agencies.

Implemented a Virtual Instructor Lead Training program (VILT) to provide CE hours to all providers in the region.

Coordinated with Near Southwest Preparedness Alliance (NSPA) a regional discussion and media event with all hospital systems and local governments on hospital diversion issues and overflow at hospital emergency rooms.

Provided EMS system consulting and planning to local governments on staffing options, Fair Labor Standards Act (FLSA) management, EMS Recovery processes, HIPAA compliance, recruitment/retention, and EMS Agency management.

Successfully completed re-designation as a Regional Council through the Virginia Department of Health (3-year renewal term).

Revised protocols to assist EMS Agencies in responding to COVID-19 emergencies to include specialized medical protocols for call screening and patient treatment.

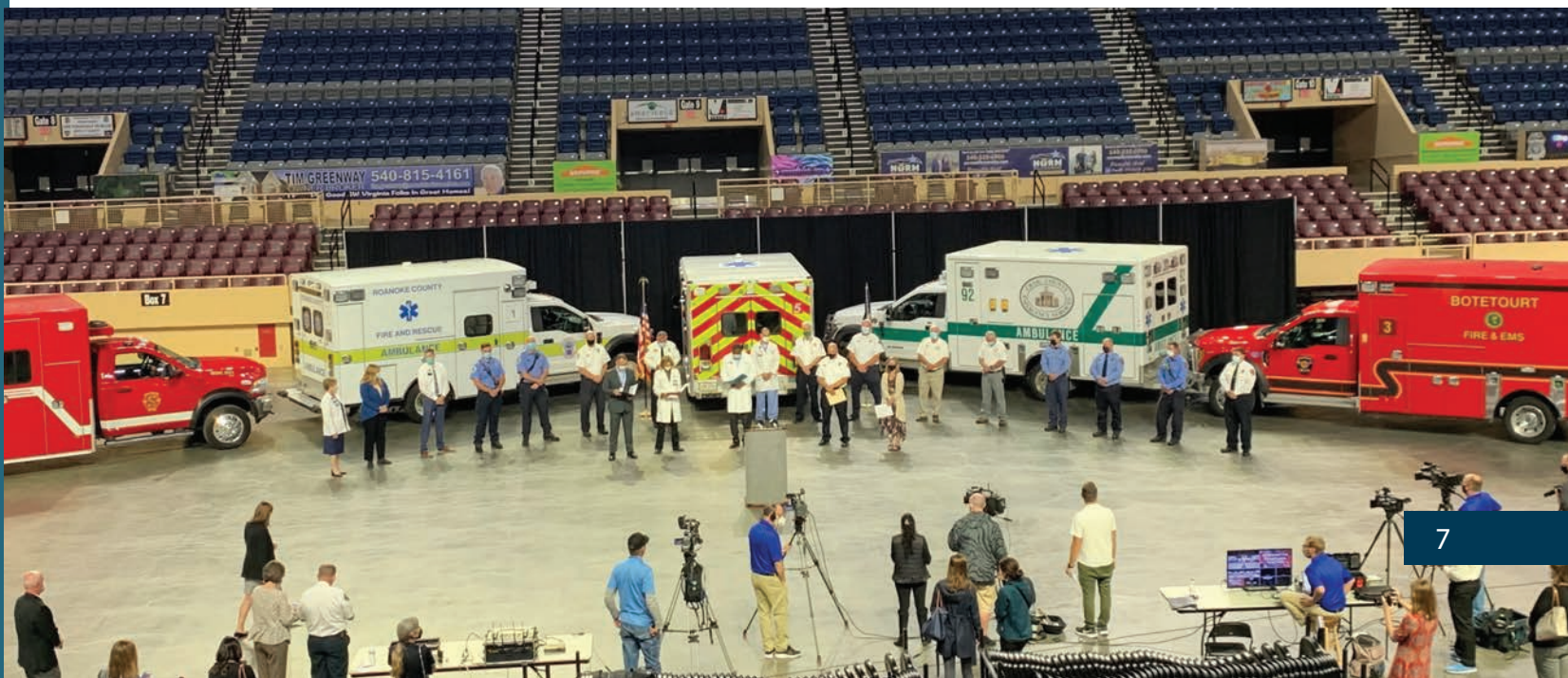
Provided multiple training programs in-person and hybrid models to meet the educational needs of the region.

Provided financial coordination for the State EMS Symposium and the ESO data management project.

Recognized providers and agencies in 12 categories of Regional EMS awards, plus a scholarship to an outstanding EMS provider who was a high school senior.

Maintained a dedicated Critical Incident Stress Management (CISM) team consisting of 36 volunteer mental health and peer public safety debriefers.

Maintained and updated statewide "Virginia EMS Jobs" (www.vaemsjobs.com) on-line database for the Virginia Office of EMS.



EMS EDUCATION AND ADVOCACY

Continues a collaborative EMS Education Program with Carilion Radford University to provide Paramedic Certification courses:

- 2021 – 2022 – EMT/P Completed in May 2022.
- 2022 – 2023 – EMT/P projected to complete in June 2023.

Continues to maintain an accredited AEMT Training Center at our New River Valley location with satellite locations available as needed through-out the region.

AEMT Certification Courses provided:

- 2022 – AEMT completed in June 2022.
- 2023 – AEMT projected to complete in June 2023.

Partnership with Roanoke Heart Alert to develop an American Heart Association Training Site.

Established Virtual Instructor Lead Training (VILT) program to provide CE hours on-line.

Offered numerous ALS and BLS continuing education programs across the region.

Maintain Clinical Agreements and Agency Field Training Agreements with a multitude of regional medical facilities and EMS Agencies to provide clinical and field training for our accredited programs.

Provided a loaner library of EMS educational videos, training equipment and books.

Provided support to Roanoke Valley Regional Fire-EMS Training Center, WVEMS New River Valley Training Center, Central Shenandoah EMS Council, LewisGale Medical Center, and Carilion Clinic to offer and facilitate AMLS, PHTLS, TECC, GEMS, ACLS, PALS and BLS classes throughout the region.

Provided regional coordination for a “Stop the Bleed” campaign for civilians and EMS providers.



Actively participated in numerous State-level committees and work groups.

Served on advisory boards for local college and university programs.

Participated in pre-hospital care committees for hospitals in the region.

Conducted and participated in numerous meetings related to training programs throughout the region.

Promoted and co-sponsored numerous educational events across the region.

Participated in disaster exercises in several localities, including multi-jurisdictional drills.

Maintained professional liability insurance on all students enrolled in council-sponsored ALS training programs, saving students some \$15,000.

Field training staff-maintained certification as instructors in ACLS, AMLS, BLS, PALS, TECC, PHTLS, ADLS, BDLS, TCCC, GEMS, ACLS-EP.

In conjunction with NSPA, offered ADLS and BDLS courses. Provided EMS Continuing Education credits for various NSPA-sponsored courses.



MEDICAL DIRECTION AND PERFORMANCE IMPROVEMENT

Maintained a regional ambulance supply exchange and drug restocking policy with all hospitals and EMS agencies in the region participating.

Specialized COVID-19 Medical Protocols developed for patient care and provider safety.

Continually supporting workgroups through-out the year to review and revise our region's EMS Protocols with annual updates. Updated and maintained a regional ambulance diversion policy in conjunction with the Near Southwest Preparedness Alliance.

Continued projects for regional EMS performance improvement.

Provided suggested guidelines for quality improvement programs in agencies.

Maintained clinical education agreements at all hospitals and other medical entities across the region.

Continued and expanded the role of regional Performance Improvement Committees.

Revised and maintained a Regional Stroke Triage Plan.

Revised and maintained a Regional Trauma Triage Plan.

Maintained Regional General and Trauma Performance Improvement Plans.

Maintained and published a regional Performance Improvement Plan.

COMMUNICATIONS, FACILITIES

Maintain a regional Controlled Substances Registration Permit to allow EMS agencies to carry IV fluids and other controlled substances as "restock items" saving individual agencies some \$11,500 every year.

In conjunction with Near Southwest Preparedness Alliance (NSPA), maintain various support items such as ventilators to standby generators to support healthcare facilities.

Provided continuing liaison between EMS agencies, operational medical directors and emergency department nurse managers related to the exchange of supplies and equipment.

Maintained a regional waiver exempting EMS agencies from registration for testing of blood with portable glucometry equipment, saving EMS agencies some \$17,500 every two years.

Provided technical assistance and regional administration for VHASS, a web-based ambulance diversion and mass casualty incident management communications system.

Coordinated a region-wide system of drug and IV box exchange, incident reporting and follow-up, and provision of inventory control.

Created COVID-19 testing sites at all three Council's Offices to provide Agencies another option for testing their staff.

Continued ownership and operation of various regional EMS communication systems.

PUBLIC INFORMATION AND REFERRAL

Maintained an electronic newsletter with some 1,200 subscribers to provide frequent notices of training events and other timely EMS news.

Served as a clearinghouse for regional and state EMS pamphlets, posters, displays and other public relations and recruitment materials.

Regularly updated the council's Internet web site www.wvems.org with current EMS news and events, education, recruitment, CISM information, committee minutes and council reports, trauma triage information, mass casualty information, General Assembly information and relevant EMS links.

Maintained WVEMS presence on various social media platforms.

OTHER PLANNING AND COORDINATING ACTIVITIES

Provides fiscal and administrative support for the Statewide EMS Data Project with the implementation of ESO reporting software and maintaining Image Trend reporting software.

Provides Statewide Information Technology Specialists which support all 11 Regional EMS Councils as well as the Office of EMS in the implementation of software and hardware upgrades, as well as maintenance and 24-hour support.

Provides fiscal coordination in partnership with the Virginia Office of EMS in all aspects of the annual Virginia EMS Symposium held in Norfolk, Virginia each year.

Provide technical assistance to local governments on EMS system management.

Provided technical assistance to applicants for Virginia EMS Financial Assistance (RSAF) grants and provided standardized grading for all EMS grants submitted to OEMS from agencies within the WVEMS region.

Provided fiscal and administrative support to the Near Southwest Preparedness Alliance (NSPA) to manage some \$1 million in federal hospital preparedness program (HPP) funds.

Provided a consistent point of contact for EMS providers, agencies, and local governments.

Provided representation on several local, regional, and statewide committees and boards.

Revised regional EMS strategic plan and other regional planning documents.



ABOUT THE NEAR SOUTHWEST PREPAREDNESS ALLIANCE

The Near Southwest Preparedness Alliance is one of six healthcare coalitions in Virginia. It is supported by funds from the US Department of Health and Human Services, through the Assistant Secretary for Preparedness and Response. It was founded in 2002 as the Near Southwest Hospital Preparedness Task Force, and became the Near Southwest Preparedness Alliance in 2004.



NSPA exists for one simple reason: to support the healthcare infrastructure of Southwestern Virginia with disaster preparedness, response, recovery and mitigation resources. We do this by:

- Providing comprehensive disaster resource management
- Delivering world-class training, education and exercises
- Supporting response through incident coordination
- Improving healthcare intelligence with real-time situational awareness before, during and after disaster

The Near Southwest Preparedness Alliance region encompasses the counties of Alleghany, Amherst, Appomattox, Bedford, Botetourt, Campbell, Craig, Floyd, Franklin, Giles, Henry, Montgomery, Patrick, Pittsylvania, Pulaski, Roanoke, and the cities of Covington, Danville, Lynchburg, Martinsville, Radford, Roanoke and Salem.

NSPA STAFFING AND LEADERSHIP

(As of 11-1-2022)

FULL TIME

Executive Director: Robert Hawkins

RHCC Manager: Mark Cromer

Training and Exercise Coordinator: Monica McCullough

Medically Vulnerable

Populations Coordinator: Mary Kathryn Alley

PHYSICIAN ADVISORS

Thomas Martin, MD

Charles J. Lane, MD

RHCC ON-CALL DUTY OFFICERS

Ashley Briggs

Adam LaChappelle

Derek Rogers

Jeff McKinney

Richard Christ

INVENTORY SPECIALISTS

Phillip Belcher

Lucian Belcher

BOARD OF DIRECTORS

Chair: Daryl Hatcher

SOVAH Health

Vice-Chair: Craig Bryant

Carilion Clinic

Kim Cromer

HCA LewisGale

Mary Morton

Centra Health

Jason Deese

Virginia Department of Health

Chad Isabelle

Sabre Health

Teddy Crowe

City of Salem Fire/EMS

Jonathan Simmons

Virginia Department of Emergency Management

Thomas Martin, MD

NSPA Physician Advisor

Charles Lane, MD

NSPA Physician Advisor

Steve Simon

WVEMS Council

REGIONAL HEALTHCARE COORDINATION CENTER

The Near Southwest Preparedness Alliance maintains the Regional Healthcare Coordination Center (RHCC), 1 of 6 in the Commonwealth of Virginia, designed to coordinate a multi-agency response to a disaster focused on Emergency Support Function (ESF) 8 for Health and Medical related issues.

The RHCC should be activated when an agency has reached (or anticipates reaching) its capabilities limit and needs assistance from regional-level health and medical support. The RHCC coordinates with Hospitals, Public Health, EMS, Long Term Care, the Office of the Chief Medical Examiner, Mental / Behavioral Health, Medical Volunteers, Offices of Emergency Management, and other healthcare-related agencies. The RHCC also maintains relationships with vendors of critical medical supplies and facility equipment. The RHCC can be reached at 1-866-679-7422.

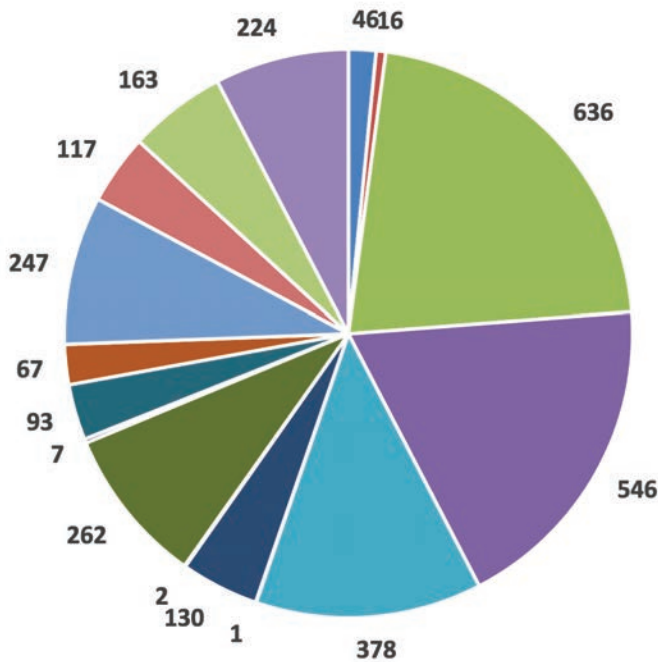
NSPA maintains an 11,000-square-foot warehouse that serves as a resource cache for our partners. The warehouse location is generously provided by LewisGale Medical Center. The Coalition assets in this location include 20 ventilators, decontamination tents and equipment, and personal protective equipment (PPE), including N95, surgical masks, face shields, gloves, etc. It also houses trailers that include a 24-person Mortuary Enhanced Remains Cooling System (MERC) system, a large 20x30 air inflatable tent, and cots for mass casualty and surge events. PPE is also available for emergency resource development and preparedness purposes.

The RHCC continues to work with local healthcare organizations to establish relationships and letters of support with local emergency management and emergency medical services (EMS). The Administration for Strategic Preparedness and Response (ASPR), formerly the Assistant Secretary for Preparedness and Response, has always focused on EMS but, during this FY, has a more directed effort to get EMS involved in regional healthcare initiatives. NSPA and the RHCC strongly back this effort and continue to work with WVEMS and its partners in getting these groups involved in training, exercises, and the Virginia Healthcare Alerting and Status System (VHASS).

In FY22, there were 2935 special or full diversion alerts through NSPA VHASS alerting system. This corresponds to an average of approximately eight (8) hospitals or free-standing emergency departments on diversion daily. The following graphic shows hospital diversion status without actual hospital names. Note: every hospital in the region was on diversion at one point in time.



Diversions Status Per Hospital Facility FY2022



MEMBERSHIP

HOSPITAL COALITION MEMBERS

- Carilion Franklin Memorial Hospital
- Carilion Giles Community Hospital
- Carilion New River Valley Medical Center
- Carilion Medical Center
- Catawba Hospital
- Centra Bedford Memorial Hospital
- Centra Virginia Baptist Hospital
- Centra Lynchburg General Hospital
- Centra Gretna Emergency Department
- LewisGale Medical Center
- LewisGale Pulaski Hospital
- LewisGale Alleghany Hospital
- LewisGale Montgomery Regional Hospital
- LewisGale Cave Spring Emergency Department
- LewisGale Blue Hills Emergency Department
- SOVAH Health Martinsville
- SOVAH Health Danville
- Southern Virginia Mental Health Institute
- Salem Veterans Affairs Medical Center

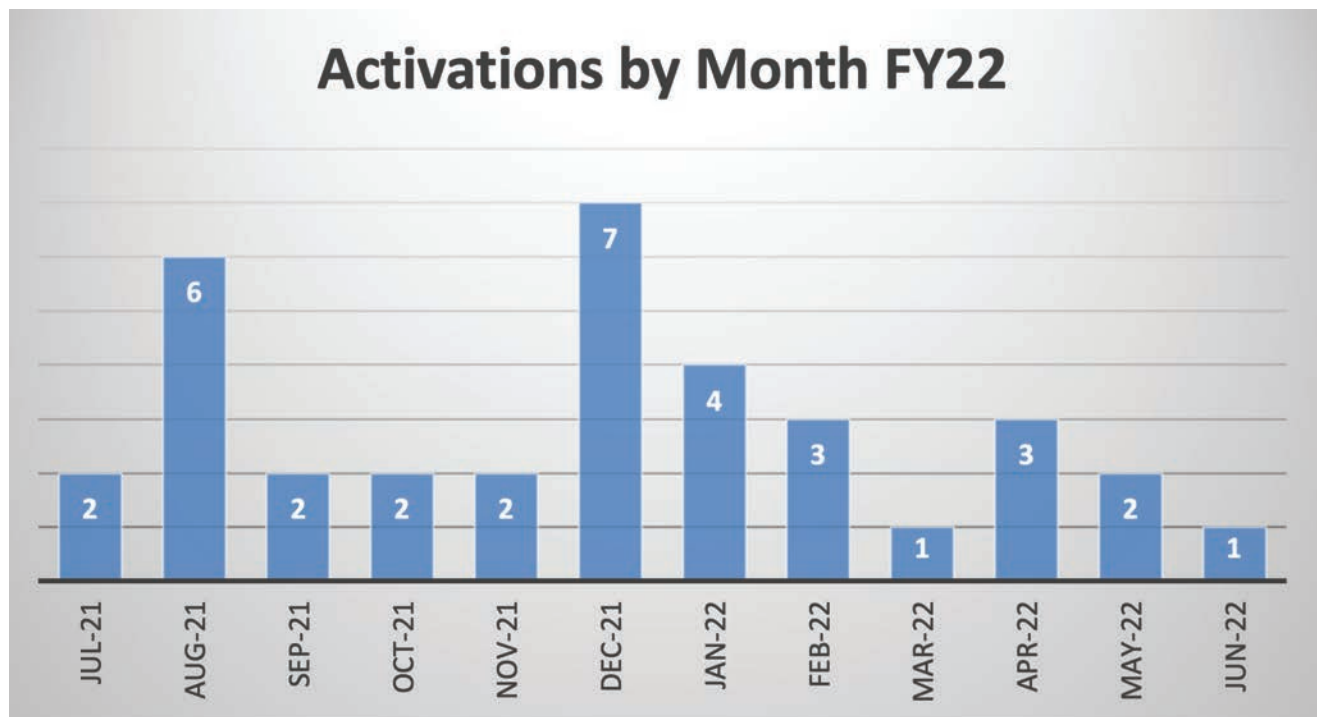
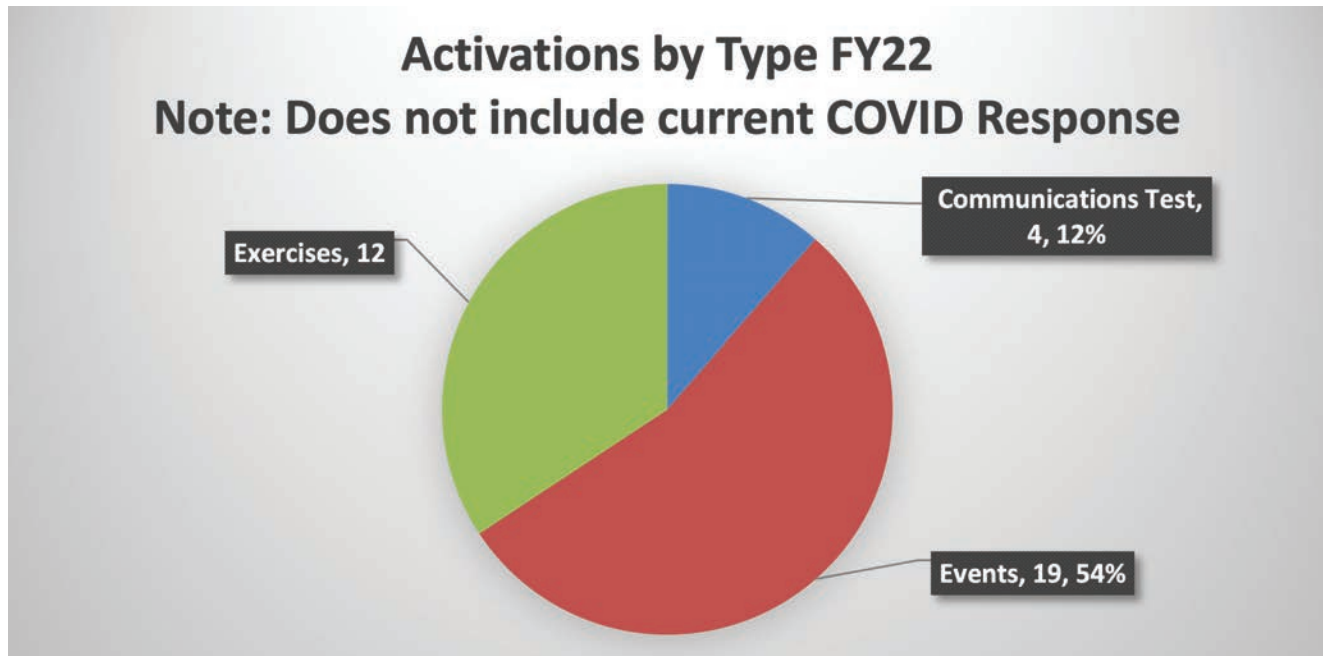
NSPA PARTNERS

- Public Health: 5 Public Health Districts
- Virginia Dept. of Emergency Management
- Regions: 3
- EMS Councils: 2
- EMS Agencies: 40
- Emergency Management Organizations: 23
- Long-Term Care: 61
- Home Care: 29
- Dialysis: 29
- Outpatient Care: 26
- Support Agencies: 10
- Community Behavioral Health: 14



ACTIVATIONS/DEPLOYMENTS

The Near Southwest Preparedness Alliance Staff had 35 RHCC activations and deployments fiscal year 2021-2022.



TRAINING AND EXERCISE JULY 1, 2021 THROUGH JUNE 30, 2022

The Near Southwest Preparedness Alliance (NSPA) is committed to delivering world-class disaster response training for healthcare professionals of all levels. To accomplish this mission, we have sought to partner with the most preeminent disaster training organizations in the country to bring the highest level of training to our members. As an officially designated Comprehensive Regional Training Center under the National Disaster Life Support Foundation (NDLSF), NSPA can provide Basic and Advanced Disaster Life Support courses, as well as both the Basic and Advanced Certified Hospital Emergency Coordinator three-day course series to those in need of this important curriculum.

NSPA also provides and/or facilitates training from other recognized course providers to ensure healthcare professionals and emergency management personnel in our region have access to crucial emergency preparedness training and to fill any gaps that have been identified. In conjunction with coordinating a wide variety of training programs, NSPA also provides exercise support and/or facilitation across the region, upon request. Additionally, NSPA routinely loans items such as inflatable mannequins, bleeding-control simulation training aids, mask fit-test kits, testing solutions, and many other assets to partner agencies. NSPA staff members also often serve as Evaluators, Observers, and Players for regional exercise activities.

In a review of the fiscal year, beginning in July of 2021, NSPA hosted a two-day Pediatric Disaster Response and Emergency Preparedness course delivered by Texas A&M Engineering Extension Service (TEEX,) a preeminent National Emergency Response and Recovery Training Center, which is well-respected in the field of disaster response across the nation. This course was held at the Vinton War Memorial and was attended by a wide variety of healthcare providers and response stakeholders across the region.

Also, in July 2021, NSPA conducted a Basic Disaster Life Support (BDLS) course followed directly by the two-day Advanced Disaster Life Support (ADLS) course. This training series was held at the Vinton War Memorial. This multi-discipline training was attended by emergency managers, regional first responders, and other key disaster response stakeholders. This training provides both classroom presentations and hands-on scenario-based training for a variety of disaster management principles and best practices.

Every fall, NSPA facilitates an annual Centers for Medicare/Medicaid Services (CMS) Workshop/Exercise Series, which assists CMS-regulated facilities in the region to meet their annual emergency preparedness requirements. Beginning in September of 2021, the series was kicked off with NSPA offering a Hazard Vulnerability Assessment (HVA) Webinar to Coalition members/partner organizations needing assistance with completing that process, which is required under CMS guidelines and regulations.



As part of the Annual CMS Workshop/Exercise Series, NSPA also conducted 3 consecutive tabletop exercises in October 2021, with the theme being “Evacuation.” The series culminated in November 2021, with each participating facility conducting a Full-Scale Exercise, assisting them through the After-Action Review and Improvement Plan process, and helping them with compiling their appropriate documentation for CMS regulatory compliance.

In December 2021, NSPA held its Board of Directors Annual Retreat. During this gathering, NSPA Staff and Board Members reviewed regional projects for the Fiscal Year 2022, the regional Strategic Plan, and other important documents such as the Regional Emergency Operations Plan, Diversion Plan, Stabilization Treatment in Place (STIP) Annex to the EOP, as well as reviewed the Coalition By-Laws.

In February of 2022, NSPA delivered three Tactical Emergency Casualty Care (TECC) for Fire and EMS Responders and 1 TECC for Law Enforcement Course, all hosted by the Danville Fire/EMS Training Center. This collaborative training effort between Fire/EMS and Law Enforcement from the same jurisdictional area is considered a best practice for strengthening response capabilities for active threats across these disciplines and is a foundational building block for the Rescue Task Force model.

In April of 2022, NSPA delivered a Hospital Incident Command System (HICS) Overview Course to Lewis Gale Hospital- Montgomery. This course serves to familiarize members of the hospital’s Incident Management Team (IMT) to better understand the

principles of incident command and control, and puts into a working context the various roles and responsibilities team members may be assigned during an emergency event/incident at their facility.

In May of 2022, NSPA assisted Carilion New River Valley Medical Center and Giles hospital with the deployment of their decontamination tent and equipment. The training was provided to hospital staff from both facilities to give them hands-on practice with the deployment of the tent and ensure they are ready to provide basic decontamination of patients and staff should there be a need.

Also, in May of 2022, NSPA conducted a full-scale exercise to test the State’s Long-Term Care Mutual Aid Plan. This exercise was a coordinated cross-regional collaboration with our neighboring coalition in the Far Southwest Region. The exercise demonstrated the ability to provide evacuation support across regions, in the event of an emergency.

Additionally, in May of 2022, NSPA held a Burn Surge Tabletop Exercise to test the newly created Regional Burn Surge Annex developed by a workgroup made up of representatives from multiple disciplines across the region to ensure all stakeholders had input in the planning process. NSPA is committed to the continued development and testing of our burn surge capabilities moving forward.

In June of 2022, NSPA delivered a Hospital Incident Command System (HICS) Overview Course to Lewis Gale Hospital- Pulaski. This course serves to familiarize members of the hospital’s Incident Management Team



(IMT) to better understand the principles of incident command and control, and puts into a working context the various roles and responsibilities team members may be assigned during an emergency event/incident at their facility.

To close out the fiscal year, in June of 2022, NSPA Staff conducted four sessions of MedSled evacuation equipment training for hospital staff at SOVAH Health in Danville. This training provided hands-on practice deploying the MedSleds, simulating the evacuation of patients from one floor to another during an emergency. NSPA has a cache of MedSleds available to regional partners who have a need for patient/resident movement during an evacuation.

In addition to the above activities for this fiscal year, NSPA staff members routinely participate in several workgroups, as well as attend all Local Emergency Planning Committee (LEPC) Meetings within the region, whenever possible. NSPA is committed

to ensuring that regional partners have ample opportunities throughout the year to engage with NSPA Staff and provide input in relation to any identified training gaps that can be addressed at the coalition level. These meetings also allow for face-to-face networking opportunities and community engagement, which is an important aspect of coalition development and relationship building with our regional stakeholders and partnering agencies.

NSPA continues to seek out appropriate opportunities to provide high-quality training and exercise support to enhance our preparedness capabilities across the region. NSPA's training center also provides disaster training such as CHEC and BDLS/ADLS courses to the other Regional Healthcare Coalitions, strengthening the readiness of the entire Commonwealth, as a whole. These cross-regional training initiatives have proven instrumental in enhancing Virginia's preparedness capabilities.



FINANCIAL POSITION

STATEMENTS OF FINANCIAL POSITION - June 30, 2022 and 2021

ASSETS	2022	2021
Cash and cash equivalents	\$607,408	\$236,823
Restricted cash	\$1,034,75	\$633,552
Accounts receivable	\$242,701	\$363,664
Prepaid expenses	\$29,535	\$72,513
Investments (Note 3)	\$284,253	\$379,533
Total current assets	\$2,198,648	\$1,686,085
Land, buildings, and equipment, net (Note 4)	\$500,048	\$552,008
Total assets	\$2,698,696	\$2,238,093

LIABILITIES AND NET ASSETS

Accounts payable	\$619,665	\$110,020
Accrued expenses (Note 10)	\$58,962	\$49,749
Deferred revenue	\$49,076	\$156,000
Custodial funds liability	\$497,988	\$527,583
Total liabilities	\$1,225,691	\$843,352

NET ASSETS

Without Donor Restrictions	\$964,703	\$940,947
With Donor Restrictions (Note 5)	\$508,302	\$453,794
Total net assets	\$1,473,005	\$1,394,741
Total liabilities and net assets	\$2,698,696	\$2,238,093

The Notes to Financial Statements are an integral part of these statements.
Complete financial report available online at www.wvems.org



REVENUES, GAINS, AND OTHER SUPPORT:

	<u>2022</u>		
	<u>WITHOUT DONOR RESTRICTIONS</u>	<u>WITH DONOR RESTRICTIONS</u>	<u>TOTAL</u>
State government	\$705,682	-	\$705,682
Federal grant revenue	-	\$593,453	\$593,453
Local government (Note 7)	\$140,352	-	\$140,352
Symposium revenue (Note 11)	\$645,863	-	\$645,863
Other support and income	\$302,414	-	\$302,414
United Way organizations	-	-	-
Unrealized and realized gains	(\$47,450)	-	(\$47,450)
Investment income	\$6,352	-	\$6,352
Net assets released from restrictions (Note 6)	\$538,945	(\$538,945)	-
Total revenues	\$2,292,158	\$54,508	\$2,346,666

EXPENSES (NOTE 8)

Program services	\$1,918,308	-	\$1,918,308
Management and general	\$350,094	-	\$350,094
Total expenses	\$2,268,402	-	\$2,268,402

Change in net assets	\$23,756	\$54,508	\$78,264
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NET ASSETS

Beginning	\$940,947	\$453,794	\$1,394,741
Ending	\$964,703	\$508,302	\$1,473,005

The Notes to Financial Statements are an integral part of these statements.
Complete financial report available online at www.wvems.org



OUR SUPPORTERS



These generous supporters and partners have contributed funds or in-kind services, or have allowed us to contract to provide services throughout the year.

Virginia Department of Health, Office of EMS

Virginia EMS Symposium

Alleghany County

Botetourt County

Craig County

Floyd County

Giles County

Franklin County

Henry County

Montgomery County

Patrick County

Pittsylvania County

Pulaski County

Roanoke County

City of Covington

City of Danville

City of Martinsville

City of Radford

City of Roanoke

City of Salem

Virginia Hospital and Healthcare Association

Near Southwest Preparedness Alliance

Carilion Clinic

LewisGale Medical Center

LewisGale Hospital Alleghany

LewisGale Hospital Montgomery

LewisGale Hospital Pulaski

Sovah Health - Martinsville

Sovah Health - Danville

Veterans Affairs Medical Center – Salem

Centra Health



2022 REGIONAL EMS AWARDS

Outstanding EMS Telecommunications Dispatcher

Adrianna Caldwell, NRV Emergency Communications Regional Authority

Outstanding EMS Provider

Diana Foley, Martinsville Fire-EMS Department

Outstanding EMS Leadership

Kristopher Shrader, Martinsville Fire-EMS Department

Nurse with Outstanding Contribution to EMS

Dan Thompson, SOVAH Health - Martinsville

Outstanding Prehospital Educator

Adam Amburgey, Roanoke County Fire and Rescue Department

Outstanding EMS Agency

Cascade Volunteer Fire Department

Dr. Cheryl B. Haas Award for Outstanding EMS Physician

Brian Ekey DO, Blacksburg Volunteer Rescue Squad

Outstanding Contribution to EMS Emergency Preparedness and Response

New River Valley COVID-19 Task Force

Award for Outstanding Contribution to EMS Health and Safety

Lisa Uherick, MD, Carilion Clinic

Award for Excellence in EMS

Romney Smith, Newport Volunteer Rescue Squad

Benny Summerlin Award for Service to Local Government

Joseph Coyle, Christiansburg Rescue (retired) & Carilion Clinic

Outstanding Contribution to EMS by a High School Senior

Keighley Tunstall, Riner Volunteer Rescue Squad

RESCUE SQUAD ASSISTANCE FUND (RSAF)

Western Virginia EMS Council (WVEMS) plays a critical role in helping EMS agencies obtain Rescue Squad Assistance Funds (RSAF) for needed equipment such as ambulances, cardiac monitors, and extrication equipment. The RSAF grants are awarded January and July 1st of each year with a grant deadline for the July cycle typically on March 15th and September 15th for the January cycle. EMS agencies are strongly urged to have WVEMS staff review their proposed grant prior to submission which ensures the grant is completed correctly. Very often EMS agencies do not submit an accurate or full accounting of their needed request and suffer a poor grading score which results in the grant not being funded. If your EMS agency is considering applying for a RSAF in the future please have them contact their Field Coordinator or the Executive Director for assistance.

OUR VISION

The EMS system in the Western Virginia region will . . .

Provide access for victims for injury and sudden illness via a **universally available enhanced 9-1-1** emergency telephone system.

Provide for **dispatcher-provided telephone assistance** (pre-arrival instructions) to callers with life-threatening emergencies.

Provide **communications system** capabilities that enable EMS personnel to communicate with all other EMS personnel throughout the region, their dispatchers, all hospital emergency departments, and other public safety personnel.

Provide for **timely response** of first responders.

Provide for **high-quality, prehospital treatment** of patients as a result of standardized basic life support training programs, accredited advanced life support educational and mentoring programs, standardized testing programs, frequent and timely continuing education programs, and quality assurance-performance improvement programs.

Provide **triage and transport**, and transfer, if necessary, of patients to the most appropriate facility based on predetermined universally accepted transport guidelines and protocols.

Provide **timely emergency department care** with emergency physicians, emergency nurses and other support personnel and **trauma care**, when necessary, with personnel and resources associated with designated trauma centers.

Provide resources and capabilities to appropriately respond to and manage large disasters and **mass casualty** situations.

Ensure EMS system **viability and excellence** through the effective use of state, local and private funding.

Provide **mental health support** for the region's EMS providers.





WVEMS

Western Virginia Emergency Medical Services Council, Inc.



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WVEMS New River Valley Field Office

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(Located in the Pulaski County Innovation Center)

WVEMS Piedmont Field Office

1024 DuPont Road, Martinsville VA 24112
(Located in the Henry County Department of Public Safety Complex)