

**WVEMS BOARD OF DIRECTORS**  
**Thursday, December 14, 2017**  
**Salem Civic Center**  
**Parlor C**  
**Executive Committee - 1:30 PM**  
**Full Board - 2:00 PM**

## **AGENDA**

1. Call to Order
2. Introduction of Guests
3. Secretary's Report
  - i. Minutes - June 08, 2017 meeting [Sept 2017 MINUTES COMPLETE](#)
4. Treasurer's Report
  - i. FY 2017 Financial Report - John Hash, Brown, Edwards & Co. [FY 2017 FINANCIAL REPORT-AUDIT Draft](#)
  - ii. FY 2017 Year-to-Date Financial Report - Unaudited [TREASURER'S REPORT YTD Through November 2017](#)
5. Reports and Action Items
  - i. Executive Committee
    - a. Continuity of Operations Plan - Revisions
    - b. FY 2017 Annual Report [WVEMS 2017 Annual Report](#)
  - ii. Medical Direction
    - a. Protocol Revisions - Progress Report (Charles Lane, MD/Cathy Cockrell)
  - iii. EMS Operations
    - a. Status - NRV Repeater Project
  - iv. Performance Improvement Committee (meet same day as Board) (Cathy Cockrell)
  - v. Near Southwest Preparedness Alliance (NSPA) - (David Linkous)
  - vi. Education Workgroup
    - a. Funding Contract for CE and Auxiliary Courses - Progress Report (Cathy Cockrell)
6. State EMS Advisory Board Report (Jason Ferguson)
7. EMS Financial Assistance (Rob Logan) - FARC Meetings Held on Dec. 7-8
8. New Business
  - i. Election of Directors [NOMINATING COMMITTEE REPORT Dec 2017](#)
9. President's Report
10. Staff Reports
11. Public comments
12. Adjourn

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

**MEETING MINUTES**

**DATE:** December 14, 2017

**LOCATION:** Salem Civic Center, Parlor C

**Directors Present**

Stephen Simon  
Joseph Trigg  
Robert Logan  
Dale Wagoner  
Steve Eanes  
Steve Allen  
Michael Jefferson  
Matt Rickman  
Tim Duffer  
Rodney Haywood  
William Ferguson  
Kristopher Shrader  
Jim Cady, Sr.  
Dallas Taylor  
Eric Stanley  
Valerie Tweedie  
Ford Wirt  
David Linkous

**Staff Present**

Sandi McGrath  
George Merix  
Chris Christensen  
Mike Garnett  
Gene Dalton

**Guests Present**

John (JC) Cook, Jefferson College of Health Sciences  
Craig Camidge, Near SW Preparedness Alliance  
John Hash, Brown, Edwards & Co., LLP  
Katelyn Matherly, Brown, Edwards & Co., LLP

**TO ORDER**

President Steve Simon called this regular meeting of the Board of Directors to order at 2:00 PM.

He introduced guests:

JC Cook, EMS Program Director, Jefferson College of Health Sciences, and Craig Camidge, Executive Director of the Near Southwest Preparedness Alliance.

**SECRETARY'S REPORT**

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

Being none, a motion was made and seconded to approve. **Motion CARRIED.**

**TREASURER'S REPORT**

Treasurer Coyle and Compliance Manager Mary Christian introduced John Hash, partner with Brown, Edwards & Co., LLP and Katelyn Matherly, Auditor with Brown, Edwards & Co., LLP who presented the financial statements and audit for fiscal 2017.

John Hash noted that the audit was clean. He pointed out some changes that were evident from the prior year's report. There were no management letter recommendations or findings.

Motion was made and seconded to adopt the report. **Motion CARRIED.**

Treasurer Coyle then presented the FY 2018 year-to-date treasurer's report. All accounts are in order.

Motion was made and seconded to receive the year-to-date report. **Motion CARRIED.**

### **EXECUTIVE COMMITTEE**

The executive committee met prior to the regular meeting.

Each year, the board must reaffirm the Continuity of Operations Plan with updates, if any. This year, the only updates included additional language describing the use of the generator connect that was added to our Roanoke office, and general housekeeping amendments. Copies were circulated for review

Motion was made and seconded to reaffirm the COOP. **Motion CARRIED.**

The FY 2017 Annual Report was distributed to be considered for adoption. It is also available on the WVEMS.org website.

Motion was made and seconded to adopt the 2017 Annual Report. **Motion CARRIED.**

### **MEDICAL DIRECTION COMMITTEE**

#### **Protocol Updates**

Cathy Cockrell and Dr. Eric Stanley reported on the status of protocol updates. The new protocols have been distributed to all of the OMDs in the region for comments, and to peer reviewers. There will be one more peer meeting, and then they will be finalized for publication.

### **EMS OPERATIONS - COMMUNICATIONS**

The executive director reported the NRV repeater replacement (Peak's Knob) had been included in our FY 2018 contract with VDH/OEMS. The job has been ordered from ProComm, the approved sole-source vendor. Work is underway. Completion is expected in January, 2018.

### **PERFORMANCE IMPROVEMENT COMMITTEE**

Cathy Cockrell reported for the Performance Improvement /Trauma Triage Committee. The Committee met earlier today. One research project was changed due to difficulty obtaining meaningful communications data. There were no medical incident reviews this quarter.

### **NSPA**

David Linkous, board member representing the Near Southwest Preparedness Alliance, asked NSPA Executive Director Craig Camidge to report for NSPA. Craig noted the following:

- NSPA conducted a region-wide tabletop exercise series in October and November which included a tabletop and functional exercise based on a winter storm scenario. Several local emergency managers participated as moderators. In total, 246 participants from 71 healthcare facilities attended the tabletop. Facilities included LTC, Home Health, Hospice, Dialysis, Behavior Health, Hospitals and more. 70 facilities completed the functional exercise on 10/31 utilizing the Virginia Healthcare Alerting and Status System platform.
- NSPA was represented at the National Healthcare Coalition Preparedness Conference in San Diego by Paige Bordwine (Regional Epidemiologist for VDH), Rob Logan and Craig Camidge). Craig gave a presentation about the future of healthcare coalitions and their sustainability.
- The NSPA Board of Directors just completed a strategic planning session on December 5<sup>th</sup> – the results of which will guide the coalition’s focus for the next two years.

Rob Logan reported that there was much discussion on the integration of EMS, and on community paramedicine/mobile integrated healthcare at this conference.

### **EDUCATION SUBCOMMITTEE**

The executive director reported on the status of the CE/Auxiliary course MOU. A report of utilization of the funding was distributed.

Cathy Cockrell reported on the status of current and upcoming certification courses sponsored by WVEMS in the region. Advanced EMT courses scheduled to complete in February are underway in the NRV and in Roanoke. Advanced-to-Paramedic programs will begin in January in the same two locations. WVEMS is recruiting to fill an Advanced EMT course in Henry County in January.

### **EMS ADVISORY BOARD**

Jason Ferguson provided a written report which is attached to and made a part of these minutes.

### **EMS FINANCIAL ASSISTANCE**

The current cycle award recommendations were made to the Commissioner last week.

111 agencies requested 227 items for a total of \$10.8 Million  
There was \$3.9 Million to award.

Total recommended awards for the WVEMS region totaled \$486,618, or 46.9% of the total requested in the region. (Regional total requests: \$1,038,011)

WVEMS recommended awards were 12% of the total awarded statewide.

### **NEW BUSINESS**

Election of Directors:

The nominating committee distributed its report to consider two at-large director seats.

The committee nominated the following:

Fifth PD at-large      Richard Flora  
Twelfth PD at-large   Dale Wagoner

The floor was opened for additional nominations. There were none.  
The motion of the committee to elect the slate as presented by the nominating committee was offered for a vote. Motion **CARRIED** and the directors were elected.

**PRESIDENT'S REPORT**

President Simon made a special presentation to Steve Eanes for his service to the Council, as a board member and officer for many years. He was first elected to the board in January 1997. He joined the Executive Committee in January of 2005, and then he was elected Vice President in January 2009, serving until December 2016. This is Steve's last meeting as a member of the board, and the board expressed its appreciation for his service. Steve was presented with a small gift.

The President reported 64 percent of directors in attendance.

**STAFF REPORTS**

Rob Logan - none

Cathy Cockrell - none

Chris Christensen – none

Mike Garnett – none

Sandi McGrath – none

**HEARING OF THE PUBLIC**

None

Being no further business, the meeting was adjourned at 2:49 PM.

/s Robert Logan, Executive Director



**AUDITOR'S REPORT  
AND  
FINANCIAL STATEMENTS**

**JUNE 30, 2017**

**WESTERN VIRGINIA EMERGENCY MEDICAL  
SERVICES COUNCIL, INC.**

**FINANCIAL REPORT  
(In Accordance with the Requirements of Uniform Guidance)**

**June 30, 2017**

**EIN#: 54-1010118**

CONTENTS

	Page
INDEPENDENT AUDITOR’S REPORT.....	3
FINANCIAL STATEMENTS	
Statements of Financial Position.....	5
Statements of Activities .....	6
Statements of Cash Flows.....	8
Notes to Financial Statements.....	9
SUPPLEMENTAL INFORMATION	
Schedule of Expenditures of Federal Awards.....	19
COMPLIANCE SECTION	
Independent Auditor’s Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government</i> <i>Auditing Standards</i> .....	20
Independent Auditor’s Report on Compliance for Each Major Program and on Internal Control over Compliance Required by the Uniform Guidance .....	22
Schedule of Findings and Questioned Costs.....	24



## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
Western Virginia Emergency Medical Services Council, Inc.  
Roanoke, Virginia

We have audited the accompanying financial statements of Western Virginia Emergency Medical Services Council, Inc. (the "Council") which comprise the statements of financial position as of June 30, 2017 and 2016, and the related statements of activities and cash flows for the years then ended and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibilities*

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatements.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control relevant to the Council's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not the purpose of expressing an opinion on the effectiveness of the Council's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### *Opinion*

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Western Virginia Emergency Medical Services Council, Inc. as of June 30, 2017 and 2016, and its changes in net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

***Other Matters***

***Other Information***

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated November \_\_, 2017, on our consideration of the Council’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Council’s internal control over financial reporting and compliance.

CERTIFIED PUBLIC ACCOUNTANTS

Roanoke, Virginia  
November \_\_, 2017

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**STATEMENTS OF FINANCIAL POSITION**

**June 30, 2017**

	<b>2017</b>	<b>2016</b>
<b>ASSETS</b>		
Cash and cash equivalents	\$ 178,110	\$ 276,898
Restricted cash	8,812	40,140
Accounts receivable	257,959	261,779
Prepaid expenses	24,174	9,923
Investments (Note 2)	426,428	475,951
Custodial funds	-	21,234
	895,483	1,085,925
 Land, buildings, and equipment, net (Note 3)	 575,762	 582,094
 Total assets	 \$ 1,471,245	 \$ 1,668,019
<b>LIABILITIES AND NET ASSETS</b>		
Accounts payable	\$ 30,496	\$ 30,737
Accrued expenses (Note 8)	43,693	36,702
Deferred revenue	64,490	104,431
Custodial funds liability	-	21,234
	138,679	193,104
<b>NET ASSETS</b>		
Unrestricted	1,164,794	1,336,888
Temporarily restricted (Note 4)	167,772	138,027
	1,332,566	1,474,915
 Total liabilities and net assets	 \$ 1,471,245	 \$ 1,668,019

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**STATEMENTS OF ACTIVITIES  
Year Ended June 30, 2017**

	<b>2017</b>		
	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Total</b>
<b>Revenues, gains, and other support:</b>			
State government	\$ 507,150	\$ -	\$ 507,150
Federal grant revenue	-	770,300	770,300
Local government (Note 5)	137,033	-	137,033
Symposium revenue (Note 9)	349,015	-	349,015
Other support and income	238,672	-	238,672
United Way organizations	900	-	900
Unrealized and realized gains	11,131	-	11,131
Investment income	11,573	-	11,573
Contributions	20,523	-	20,523
Net assets released from restrictions and reclassifications	740,555	(740,555)	-
<b>Total revenues</b>	<b>2,016,552</b>	<b>29,745</b>	<b>2,046,297</b>
<b>Expenses (Note 6)</b>			
Program services	1,883,438	-	1,883,438
Management and general	305,208	-	305,208
<b>Total expenses</b>	<b>2,188,646</b>	<b>-</b>	<b>2,188,646</b>
<b>Change in net assets</b>	<b>(172,094)</b>	<b>29,745</b>	<b>(142,349)</b>
<b>NET ASSETS</b>			
Beginning	1,336,888	138,027	1,474,915
Ending	<u>\$ 1,164,794</u>	<u>\$ 167,772</u>	<u>\$ 1,332,566</u>

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**STATEMENTS OF ACTIVITIES**

**Year Ended June 30, 2016**

	<b>2016</b>		
	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Total</b>
<b>Revenues, gains, and other support:</b>			
State government	\$ 480,150	\$ -	\$ 480,150
Federal grant revenue	-	819,016	819,016
Local government (Note 5)	137,560	-	137,560
Symposium revenue (Note 9)	350,270	-	350,270
Other support and income	235,887	-	235,887
United Way organizations	1,994	-	1,994
Unrealized and realized losses	14,296	-	14,296
Investment income	5,891	-	5,891
Contributions	412,453	-	-
Net assets released from restrictions and reclassifications	756,912	(756,912)	-
<b>Total revenues</b>	<b>2,395,413</b>	<b>62,104</b>	<b>2,457,517</b>
<b>Expenses (Note 6)</b>			
Program services	1,804,920	-	1,804,920
Management and general	306,016	-	306,016
<b>Total expenses</b>	<b>2,110,936</b>	<b>-</b>	<b>2,110,936</b>
<b>Change in net assets</b>	<b>284,477</b>	<b>62,104</b>	<b>346,581</b>
<b>NET ASSETS</b>			
Beginning	1,052,411	75,923	1,128,334
Ending	<u>\$ 1,336,888</u>	<u>\$ 138,027</u>	<u>\$ 1,474,915</u>

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**STATEMENTS OF CASH FLOWS  
For the Years Ended June 30, 2017 and 2016**

	<b>2017</b>	<b>2016</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ (142,349)	\$ 346,581
Adjustments to reconcile the change in net assets to net cash provided by (used in) operating activities:		
Depreciation expense	31,586	25,110
Unrealized and realized gains on investments	(11,131)	(14,296)
Change in certain operating assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	3,820	33,393
Prepaid expense	(14,251)	861
Increase (decrease) in:		
Accounts payable	(241)	(555)
Accrued expenses	6,991	5,955
Deferred revenue	(39,941)	99,842
	<b>(165,516)</b>	<b>496,891</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of property and equipment	(25,254)	(26,400)
Change in investments, net of proceeds from sales	60,654	(328,349)
	<b>35,400</b>	<b>(354,749)</b>
<b>Increase (decrease) in cash and cash equivalents and restricted cash</b>	<b>(130,116)</b>	<b>142,142</b>
<b>TOTAL CASH AND CASH EQUIVALENTS AND RESTRICTED CASH</b>		
Beginning	317,038	174,896
Ending	\$ 186,922	\$ 317,038

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS  
June 30, 2017**

**Note 1. Nature of Operations and Significant Accounting Policies**

Nature of operations:

Western Virginia Emergency Medical Services Council, Inc. (the “Council”) was organized in September 1975 as a not-for-profit, non-stock corporation under the applicable laws of the Commonwealth of Virginia. The purpose of the Council is to plan and implement a system for the arrangement of personnel, facilities, equipment, and supplies for the provision and delivery of health care services under emergency conditions. The Council serves the counties of Alleghany, Botetourt, Craig, Floyd, Franklin, Giles, Henry, Montgomery, Patrick, Pittsylvania, Pulaski, and Roanoke and the cities of Covington, Danville, Martinsville, Radford, Roanoke, and Salem.

Basis of financial statement presentation and accounting:

The financial statements of the Council have been prepared in accordance with accounting principles generally accepted in the United States of America. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

The accompanying financial statements present information regarding the Council’s financial position and activities according to three classes of net assets: unrestricted, temporarily restricted, and permanently restricted. The three classes are differentiated based on the existence or absence of donor-imposed restrictions, as described below:

**Unrestricted** net assets are free of donor-imposed restrictions. Unrestricted net assets may be designated for specific purposes by action of the Board of Directors or may otherwise be limited by contractual agreements with outside parties. Revenues that are not temporarily or permanently restricted by donors are included in this classification. Expenses are reported as decreases in this classification.

**Temporarily restricted** net assets are limited in use by donor-imposed stipulations that expire either by the passage of time or that can be fulfilled by action of the Council pursuant to those stipulations.

**Permanently restricted** net assets are amounts required by donors to be held in perpetuity; however, generally, the income on these assets is available to meet various restricted and other operating needs. There are currently no permanently restricted net assets.

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2017**

**Note 1. Nature of Operations and Significant Accounting Policies (Continued)**

Cash and cash equivalents:

The Council considers cash, money market accounts, and highly liquid investments with a maturity of three months or less when purchased to be cash and cash equivalents. Cash equivalents are stated at cost, which approximates fair value. Cash held for long-term investment is classified as investments.

Restricted cash:

Restricted cash includes funds received by the Near Southwest Preparedness Alliance for the Bioterrorism Hospital Preparedness Program and not yet expended at year-end. This grant is further described in Note 4.

Accounts receivable:

Accounts receivable are stated at the amount management expects to collect from balances outstanding at year-end. Based on management's assessment of the credit history with customers and agencies having outstanding balances and current relationships with them, it has concluded that realization losses on balances outstanding at year-end will be immaterial.

Investments:

Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values, as determined by quoted market prices, in the statements of financial position. Net unrealized and realized gains or losses are reflected in the statements of activities. The carrying value of the Council's investments will fluctuate with the financial markets. As a result, the value of such investments as of the date of this report may be materially different than year-end values.

Custodial funds:

Custodial funds consist of funds and equipment held in a custodial capacity on behalf of a state task force.

Property and equipment:

Property and equipment is stated at cost or, if donated, at fair value at the date of donation, less accumulated depreciation. Depreciation is recorded using the straight-line method over estimated useful lives of the assets.

Equipment is removed from the records and any gain or loss is recognized at the time of disposal. Expenditures for acquisition, renewals, and replacements exceeding \$5,000 are capitalized. Maintenance and repair costs are charged to expense as incurred.

Deferred revenue:

Deferred revenue principally represents grant proceeds received but not yet expended.

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2017**

**Note 1. Nature of Operations and Significant Accounting Policies (Continued)**

Functional allocation of expenses:

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs, such as salaries, benefits, utilities, supplies, and other generic operating expenses, have been allocated among the programs and supporting services benefited.

Fair value measurements:

The Council carries investments at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, a market-based approach is used which establishes that fair value is based on the “highest and best use”. The Council categorizes its financial instruments, based on the priority of the inputs to the valuation technique, into a three-level fair value hierarchy as reflected below. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets (Level 1) and the lowest priority to unobservable inputs (Level 3).

**Level 1** – Fair values are based on unadjusted quoted prices in active markets for identical assets or liabilities that management has the ability to access at the measurement date.

**Level 2** – Fair values are based on inputs other than quoted prices in Level 1 that are either for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that were observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**Level 3** – Fair values are based on unobservable inputs for the asset or liability where there is little, if any, market activity for the asset or liability at the measurement date.

Income taxes:

The Council is classified as an exempt organization for federal income tax purposes under Section 501(c)(3) of the *Internal Revenue Code*.

Credit risk concentrations:

Financial instruments which potentially subject the Council to concentrations of credit risk consist principally of cash and cash equivalents, accounts receivable, and investments. The Council places its cash with high-credit, quality financial institutions. A portion of the Council’s bank deposits are in excess of federally insured limits. Concentrations of credit risk with respect to accounts receivables occur due to the limited number of governmental and commercial accounts. Approximately 97% and 87% of accounts receivable at June 30, 2017 and 2016, respectively, were from the Council’s two largest funding sources.

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS  
June 30, 2017**

**Note 2. Investments**

The Council’s investments are reported at fair value in the accompanying statement of financial position.

	<b>Fair Value Measurements at Reporting Date Using:</b>	
	<b>Fair Value</b>	<b>Level 1</b>
 <b><u>June 30, 2017</u></b>		
Equities	\$ 256,284	\$ 256,284
Fixed Income	170,144	170,144
	\$ 426,428	\$ 426,428
Total	\$ 426,428	\$ 426,428
 <b><u>June 30, 2016</u></b>		
Equities	\$ 275,622	\$ 275,622
Fixed Income	200,329	200,329
	\$ 475,951	\$ 475,951
Total	\$ 475,951	\$ 475,951

The investments are comprised of two general components as follows:

	<b>2017</b>	<b>2016</b>
Controlled by and allocated at the discretion of the WVEMS Board of Directors	\$ 137,062	\$ 129,781
Dedicated to the Virginia EMS Symposium subject to oversight by the Virginia Department of Health Office of EMS	289,366	346,170
	\$ 426,428	\$ 475,951
	\$ 426,428	\$ 475,951

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2017**

**Note 3. Land, Buildings, and Equipment**

Land, buildings, and equipment consist of the following as of June 30:

	<b>Estimated Useful Life</b>	<b>2017</b>	<b>2016</b>
Land		\$ 201,600	\$ 201,600
Building	39 years	175,223	175,223
Building improvements	39 years	74,793	74,793
Communications equipment	5-10 years	147,761	147,761
Office equipment	5-10 years	52,920	52,167
Software	3 years	38,759	38,759
Miscellaneous equipment	5-10 years	341,043	321,714
Generator building and equipment	15-20 years	16,672	16,672
		1,048,771	1,028,689
Less accumulated depreciation		(473,009)	(446,595)
		\$ 575,762	\$ 582,094

**Note 4. Federal Grants**

The Near Southwest Preparedness Alliance (NSPA) is a division within the Council. NSPA has received a grant passed through the Virginia Department of Health from the Department of Health and Human Services. This grant is a cooperative agreement entitled The Bioterrorism Hospital Preparedness Program. Under this grant, NSPA is to establish a regional emergency preparedness infrastructure for health care institutions in Southwest Virginia. They are also to purchase equipment and pharmaceuticals, which remain the property of the health care institutions, and to provide training on the proper use of this equipment. At June 30, 2017 and 2016, the amount due from the grantor was \$15,403 and \$11,504 representing 10% and 7% of accounts receivable at June 30, 2017 and 2016, respectively. Net assets temporarily restricted under the grant were \$167,772 and \$138,027 as of June 30, 2017 and 2016, respectively.

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2017**

**Note 5. Local Government Support**

Local government support received by the Council is as follows:

	<u>2017</u>	<u>2016</u>
City of Roanoke	\$ 16,084	\$ 16,084
County of Roanoke	15,433	15,433
County of Montgomery	13,111	13,111
County of Pittsylvania	11,391	11,391
County of Franklin	10,362	10,362
City of Danville	8,528	9,055
County of Henry	7,518	7,518
County of Pulaski	7,352	7,352
County of Botetourt	7,141	7,141
City of Salem	5,972	5,972
County of Patrick	5,089	5,089
County of Giles	4,958	4,958
City of Radford	4,816	4,816
County of Alleghany	4,775	4,775
City of Martinsville	4,435	4,435
County of Floyd	3,506	3,506
City of Covington	3,335	3,335
County of Craig	3,227	3,227
	<u>\$ 137,033</u>	<u>\$ 137,560</u>

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS  
June 30, 2017**

**Note 6. Functional Allocation of Expenses**

Expenses incurred were:

	<b>2017</b>		
	<b>Program Services</b>	<b>Management and General</b>	<b>Total</b>
Salaries	\$ 212,141	\$ 177,495	\$ 419,380
NSPA expenses	513,023	-	513,023
VHHA expenses	248,408	-	248,408
Contracts for services	139,751	-	139,751
Symposium (Note 9)	418,344	19,900	438,244
Payroll tax and employee benefits	82,436	41,842	124,278
Salaries – education and testing	50,036	-	50,036
MRC expenses	278	-	278
CBA expenses	3,856	-	3,856
Special projects	7,724	-	7,724
Supplies and equipment	28,740	11,418	40,158
Depreciation	-	31,586	31,586
Utilities	22,279	-	22,279
Maintenance and repair	18,036	287	18,323
Travel, mileage, and lodging	5,921	1,616	7,537
Professional fees	9,014	-	9,014
Insurance	4,121	10,494	14,615
Telecommunications	7,827	5,121	12,948
Textbooks	84,894	-	84,894
Equipment rental	8,100	-	8,100
Staff development	2,913	1,078	3,991
Rent	6,778	-	6,778
Miscellaneous	17,225	-	17,225
Postage	595	1,959	2,554
Printing and publications	381	1,151	1,532
CISM conference and miscellaneous	8,497	-	8,497
Dues and membership	120	1,261	1,381
Inter-divisional rent	(18,000)	-	(18,000)
	<b>\$ 1,883,438</b>	<b>\$ 305,208</b>	<b>\$ 2,188,646</b>

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2017**

**Note 6. Functional Allocation of Expenses (Continued)**

Expenses incurred were:

	<b>2016</b>		
	<b>Program Services</b>	<b>Management and General</b>	<b>Total</b>
Salaries	\$ 219,524	\$ 191,796	\$ 411,320
NSPA expenses	489,690	-	489,690
VHHA expenses	266,627	-	266,627
Contracts for services	115,935	-	115,935
Symposium (Note 9)	424,009	23,627	447,636
Payroll tax and employee benefits	78,092	33,636	111,728
Salaries – education and testing	37,971	-	37,971
CBA expenses	1,534	-	1,534
Special projects	15,312	-	15,312
Supplies and equipment	10,113	9,867	19,980
Depreciation	-	25,110	25,110
Utilities	21,260	-	21,260
Maintenance and repair	10,632	459	11,091
Travel, mileage, and lodging	6,350	1,309	7,659
Professional fees	11,430	-	11,430
Insurance	5,247	8,889	14,136
Telecommunications	7,395	5,919	13,314
Textbooks	63,300	-	63,300
Equipment rental	5,700	-	5,700
Staff development	13,410	857	14,267
Rent	6,492	-	6,492
Miscellaneous	10,847	-	10,847
Postage	285	1,419	1,705
Printing and publications	-	1,500	1,500
CISM conference and miscellaneous	1,585	-	1,585
Dues and membership	180	1,628	1,808
Inter-divisional rent	(18,000)	-	(18,000)
	<u>\$ 1,804,920</u>	<u>\$ 306,016</u>	<u>\$ 2,110,936</u>

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2017**

**Note 7. Retirement Plan**

The Council has a Simplified Employee Pension Plan covering all salaried employees who are at least 21 years of age, have received at least \$300 in compensation during the current year, and have completed one year of employment. This one year of employment is defined as having any portion of the year prior to the January 1 enrollment date. The Council contributes a 5% match of the employees' eligible contributions. The Council contributed \$30,128 and \$27,094 to the plan in 2017 and 2016, respectively.

**Note 8. Compensated Absences**

Each employee earns paid time off (PTO) in accordance with the Council's policies. At the end of each fiscal year, balances of PTO up to 200 hours are carried forward. At June 30, 2017 and 2016, the accrual for compensated balances was \$41,789 and \$36,702, respectively, and is included in accrued expenses on the statement of financial position.

**Note 9. Symposium**

During the year ended June 30, 2016, WVEMS assumed all assets and liabilities of Alliance for Emergency Medical Education and Research (AEMER). WVEMS is now responsible for the primary purpose of AEMER, the sponsorship of an annual education symposium for emergency medical providers in Virginia and elsewhere, and in particular for Virginia statewide emergency medical services.

Total revenues from the symposium for the year ended June 30, 2017 were \$349,015. Expenses incurred were:

	<b>2017</b>		
	<b>Program Services</b>	<b>Management and General</b>	<b>Total</b>
Conference center	\$ 258,412	\$ -	\$ 258,412
Symposium event manager	26,594	-	26,594
Supplies	10,173	-	10,173
Discounts	10,575	-	10,575
Professional services	-	19,900	19,900
Printing and publications	11,460	-	11,460
Participant material	10,267	-	10,267
Contract labor	22,196	-	22,196
Symposium entertainment	12,653	-	12,653
Symposium scholarship	5,000	-	5,000
Planning	2,007	-	2,007
Travel	49,007	-	49,007
	\$ 418,344	\$ 19,900	\$ 438,244

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**NOTES TO FINANCIAL STATEMENTS  
June 30, 2017**

**Note 9. Symposium (Continued)**

Total revenues from the symposium for the year ended June 30, 2016 were \$350,270. Expenses incurred were:

	<b>2016</b>		
	<b>Program Services</b>	<b>Management and General</b>	<b>Total</b>
Conference center	\$ 265,685	\$ -	\$ 265,685
Symposium event manager	26,546	-	26,546
Supplies	8,989	-	8,989
Discounts	10,160	-	10,160
Professional services	-	23,553	23,553
Printing and publications	9,082	-	9,082
Participant material	6,259	-	6,259
Contract labor	18,174	-	18,174
Symposium entertainment	8,598	-	8,598
Symposium scholarship	10,000	-	10,000
Planning	13,235	-	13,235
Miscellaneous	-	74	74
Travel	47,281	-	47,281
	<u>\$ 424,009</u>	<u>\$ 23,627</u>	<u>\$ 447,281</u>

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
Year Ended June 30, 2017**

<b>Federal Grantor/Program Title</b>	<b>Federal CFDA/ Grant Number</b>	<b>Total Federal Financial Assistance</b>
<b>Pass Through from Virginia Department of Health</b>		
National Bioterrorism Hospital Preparedness Program	93.889	\$ <u>770,300</u>
<b>Total Federal Awards</b>		\$ <u><u>770,300</u></u>

**Note:** This schedule of expenditures was prepared on the accrual basis of accounting.



**INDEPENDENT AUDITOR’S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

To the Board of Directors  
Western Virginia Emergency Medical Services Council, Inc.  
Roanoke, Virginia

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Western Virginia Emergency Medical Services Council, Inc. (the “Council”), which comprise the statement of financial position as of June 30, 2017, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November \_\_, 2017.

**Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Council’s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Council’s internal control. Accordingly, we do not express an opinion on the effectiveness of the Council’s internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity’s financial statements will not be prevented or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. **Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.**

**Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Council’s financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. **The results of our tests disclosed no instances of noncompliance that are required to be reported under *Government Auditing Standards*.**

**Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Council’s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Council’s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

CERTIFIED PUBLIC ACCOUNTANTS

Roanoke, Virginia  
November \_\_, 2017



**INDEPENDENT AUDITOR’S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

To the Board of Directors  
Western Virginia Emergency Medical Services Council, Inc.  
Roanoke, Virginia

**Report on Compliance for Each Major Federal Program**

We have audited Western Virginia Emergency Medical Services Council, Inc.’s (the “Council”) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Council’s major federal programs for the year ended June 30, 2017. The Council’s major federal program is identified in the summary of auditor’s results section of the accompanying schedule of findings and questioned costs.

***Management’s Responsibility***

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

***Auditor’s Responsibility***

Our responsibility is to express an opinion on compliance for each of the Council’s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 *U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Council’s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Council’s compliance.

***Opinion on Each Major Federal Program***

In our opinion, the Council complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2017.

## Report on Internal Control over Compliance

Management of the Council is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Council's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Council's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. **We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.**

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

CERTIFIED PUBLIC ACCOUNTANTS

Roanoke, Virginia  
November \_\_, 2017

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
Year Ended June 30, 2017**

**A. SUMMARY OF AUDITOR’S RESULTS**

1. The auditor’s report expresses an **unmodified opinion** on the financial statements of Western Virginia Emergency Medical Services Council, Inc. (the “Council”).
2. **No significant deficiencies** relating to the audit of the financial statements are reported in the Independent Auditor’s Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*.
3. **No instances of noncompliance material** to the financial statements of the Council were disclosed during the audit.
4. **No significant deficiencies** relating to the audit of the major federal award program are reported in the Independent Auditor’s Report on Compliance with Requirements for Each Major Program and on Internal Control over Compliance Required by the Uniform Guidance.
5. The auditor’s report on compliance for the major federal award program for the Council expresses an **unmodified opinion**.
6. The audit disclosed **no audit findings relating to the major program**.
7. The following program was tested as a major program:

National Bioterrorism Hospital Preparedness Program	93.889
---	--------
8. The **threshold** for distinguishing Types A and B programs was **\$750,000**.
9. **The Council was determined not to be a low-risk auditee.**

**B. FINDINGS – FINANCIAL STATEMENT AUDIT**

None.

**C. FINDINGS – MAJOR FEDERAL AWARD PROGRAM AUDIT**

None.

WESTERN VA EMS COUNCIL  
UNAUDITED TREASURER'S REPORT  
AS OF NOVEMBER 30, 2017

<b>REVENUES</b>	<b>BUDGET</b>	<b>TOTAL</b>	<b>% YTD</b>
STATE GOVERNMENT (OEMS CONTRACT)	451,450	108,363	24.00%
LOCAL GOVERNMENT	133,000	118,405	89.03%
UNITED WAYS	3,000	28	0.94%
CONTRIBUTIONS	1,000		0.00%
NSPA/VHHA PROGRAM REVENUE	440,000	188,526	42.85%
DIRECT PROGRAM INCOME (Tuitions, grants, VDH/OEMS)	235,000	101,248	43.08%
VA EMS SYMPOSIUM		8,877	0.00%
NSPA OFFSET REVENUE (Contract for services)	12,000	5,350	44.58%
RENT INCOME (NSPA)	18,000	7,500	41.67%
OTHER INCOME - SALE OF ASSET	0		0.00%
CISM GRANT		3,759	0.00%
CISM CONFERENCE		500	0.00%
CISM CONTRIBUTIONS		350	0.00%
CREDIT CARD HOSTING FEE		521	0.00%
ROLLOVER FROM FY13 SURPLUS (BOARD APPROVED)	0		0.00%
INVESTMENT / GAINS/LOSSES	10,000	5,763	57.63%
<b>TOTAL REVENUES</b>	<b>1,303,450</b>	<b>549,189</b>	<b>42.13%</b>
<b>EXPENDITURES</b>	<b>BUDGET</b>	<b>TOTAL</b>	<b>% YTD</b>
SALARIES / WAGES (WVEMS)	445,000	196,627	44.19%
PAYROLL TAXES (FICA)	34,043	14,758	43.35%
VEC	1,200		0.00%
403(b) / RETIREMENT	22,250	8,004	35.97%
HOSPITAL / MEDICAL INSURANCE	46,000	26,983	58.66%
LIFE INSURANCE/DISABILITY	10,000	5,237	52.37%
DENTAL INSURANCE	3,600	1,204	33.43%
PROFESSIONAL SERVICES/FEES	12,000	6,640	55.33%
MEDICAL DIRECTION ASSISTANCE	1,000		0.00%
MAINTENANCE / REPAIRS / SERVICE CONTRACTS	2,500	1,478	59.10%
OCCUPANCY (Utilities, repairs, NRV rent etc.)	22,000	16,623	75.56%
POSTAL / SHIPPING	2,000	234	11.72%
TELECOMMUNICATIONS	14,000	5,421	38.72%
SUPPLIES (ADMIN)	7,957	2,223	27.94%
EQUIPMENT	8,000	1,749	21.87%
INSURANCE	12,000	5,223	43.53%
DIRECT PROGRAM EXPENSES	160,000	73,139	45.71%
NSPA/VHHA/MRC PROGRAM EXPENSES	440,000	188,526	42.85%
PRINTING / PUBLICATIONS	2,500	922	36.89%
TRAVEL / LODGING	5,000	506	10.12%
FUEL/VEHICLE MAINTENANCE	12,000	4,433	36.95%
MEETING SUPPORT	1,000	61	6.06%
DUES / MEMBERSHIP FEES	1,600	1,100	68.75%
STAFF DEVELOPMENT	15,000	3,473	23.15%
CISM PROGRAM COSTS	2,000	4,609	230.46%
COMMUNICATION SITE RENTAL	6,000	3,375	56.25%
COMMUNICATIONS WIRELINES	9,000	3,957	43.96%
COMMUNICATIONS MAINTENANCE	2,000	1,248	62.39%
COMMUNICATIONS UTILITIES	800	179	22.43%
COMMUNICATIONS INSURANCE	3,000	1,250	41.67%
COMMUNICATIONS EQUIPMENT	0		
<b>TOTAL EXPENDITURES</b>	<b>1,303,450</b>	<b>579,182</b>	<b>44.43%</b>

PROGRAM

<b>REVENUE (PROGRAM ACCOUNTS)</b>	<b>TOTAL</b>
OEMS FUNDS - INTERMEDIATE	255
OEMS FUNDS - ENHANCED	2,142
OEMS FUNDS - ADJUNCT	
OEMS FUNDS - CARDIAC	
OEMS FUNDS - CT TRANSITION	
OEMS FUNDS - SHOCK TRANSITION	
OEMS FUNDS - ALS CE	
OEMS FUNDS - BLS	
CONSOLIDATED TESTING	16,620
DRUG BOX ENTRANCE FEES	4,871
GRANTS & SPECIAL PROJECTS	
SALES - CONSUMER GOODS	
WEB DATABASE	
PROCESSING FEES	
PROGRAM FEES - MONROE HEALTH CENTER	
PROGRAM TUITION - INTERMEDIATE	
PROGRAM TUITION - ENHANCED	72,600
PROGRAM TUITION - ADJUNCT	1,160
PROGRAM TUITION - CARDIC	
PROGRAM TUITION - OTHER	
PROGRAM TUITION -	3,600
PROGRAM TUITION - NRVTC	
ID CARD SALES	
COMMUNITY COLLEGE COURSE REVENUE	
<b>TOTAL REVENUES</b>	<b>101,248</b>
<b>EXPENSES (PROGRAM ACCOUNTS)</b>	
<b>TOTAL</b>	<b>TOTAL</b>
CONTRACTS FOR SERVICES (INTERMEDIATE)	14,693
CONTRACTS FOR SERVICES (ENHANCED)	6,003
CONTRACTS FOR SERVICES (ADJUNCT)	
CONTRACTS FOR SERVICES (CARDIAC)	
CONTRACTS FOR SERVICES (SPEC. PROJ.)	
CONTRACTS FOR SERVICES (ALS TEST)	3,320
CONTRACTS FOR SERVICES (CTS)	10,164
CONTRACTS FOR SERVICES (CE WEEKENDS)	
CONTRACTS FOR SERVICES (DRUG TESTING)	2,954
CONTRACTS FOR SERVICES (OEMS CE)	403
CONTRACTS FOR SERVICES (OEMS AUX)	8,640
PAYROLL TAXES (FICA)	
VEC	
SUPPLIES (Programs)	17,420
SUPPLIES (CTS)	794
SUPPLIES (ALS TESTING)	
SUPPLIES (EDUCATION)	
SUPPLIES (NRVTC)	
TEXTBOOKS (EMT-I)	
TEXTBOOKS (ALS)	4,002
TEXTBOOKS (ITLS)	
TEXTBOOKS (AMLS)	
TEXTBOOKS (NRV)	
EQUIPMENT (EDUCATION)	
EQUIPMENT (NRVTC)	
INSURANCE	550
PRINTING / PUBLICATIONS (EDUCATION)	
PRINTING / PUBLICATIONS (NRVTC)	
AMLS CERTIFICATES AND CARDS	
GRANTS & SPECIAL PROJECTS	
DRUG BOX EXCHANGE	2,781
CREDIT CARD DISCOUNT	1,418
MERCHANDISE FOR RESALE	
ID CARD PROGRAM	
COMMUNITY COLLEGE FEES	
TUITION REIMBURSEMENT - ENHANCED	
TUITION REIMBURSEMENT - INTERMEDIATE	
<b>TOTAL EXPENDITURES</b>	<b>73,139</b>

## WESTERN VIRGINIA EMS COUNCIL, INC.

## Balance Sheet

November 30, 2017

## ASSETS

## Current Assets

FSA CASH	\$	837.48	
SUNTRUST CHECKING		206,191.16	
SUNTRUST PAYROLL		44,664.18	
BNC MONEY MARKET		902.66	
Western 14 Task Force		1,904.17	
ACCOUNTS RECEIVABLE		57,656.28	
DUE FROM NSPA		33,890.92	
TUITION RECEIVABLE		2,000.00	

Total Current Assets			348,046.85
----------------------	--	--	------------

## Property and Equipment

Total Property and Equipment			0.00
------------------------------	--	--	------

## Other Assets

FRANKLIN TEMPLETON-AMERIPRISE		146,116.46	
COMMUNICATIONS EQUIPMENT		147,760.59	
MISCELLANEOUS EQUIPMENT		341,043.53	
OFFICE EQUIPMENT		35,144.59	
BUILDING		175,223.00	
LAND		201,600.00	
BLDG. IMPROVEMENTS		86,142.54	
GENERATOR BUILDING & EQUIPMENT		16,672.25	
ACCUMULATED DEPRECIATION		(416,474.69)	

Total Other Assets			733,228.27
--------------------	--	--	------------

Total Assets	\$		1,081,275.12
--------------	----	--	--------------

## LIABILITIES AND CAPITAL

## Current Liabilities

ACCOUNTS PAYABLE	\$	138.58	
ACCRUED SALARIES		41,788.99	
W14 CUSTODIAL LIABILITY		1,904.17	
FLEX SPENDING ACCOUNT-MEDICAL		1,461.94	
DEFERRED REVENUE		6,692.72	

Total Current Liabilities			51,986.40
---------------------------	--	--	-----------

## Long-Term Liabilities

Total Long-Term Liabilities			0.00
-----------------------------	--	--	------

Total Liabilities			51,986.40
-------------------	--	--	-----------

## Capital

FUND BAL. UNRESTRICTED		707,162.00	
FUND BAL. UNRESTRICTED DES.		55,036.00	
RETAINED EARNINGS		249,652.89	
FUND BALANCE TEMP. RESTR.		20,374.00	
Net Income		(2,936.17)	

Total Capital			1,029,288.72
---------------	--	--	--------------

Unaudited - For Management Purposes Only

WESTERN VIRGINIA EMS COUNCIL, INC.

Balance Sheet

November 30, 2017

Total Liabilities & Capital

\$ 1,081,275.12



Western Virginia Emergency Medical Services Council, Inc.

# ANNUAL REPORT

July 1, 2016 - June 30, 2017



[www.WVEMS.org](http://www.WVEMS.org)



# TABLE OF CONTENTS

Staff Directory	4
Office Information	5
Mission	6
Regional EMS Councils in the Code of Virginia	6
Virginia's EMS Regions	6
Leadership and Oversight	7
Significant Accomplishments	8
Provider Services and Recognition	8
Regional EMS Awards	9
EMS Education and Advocacy	10
Medical Direction and Performance Improvement	12
Communications, Facilities	13
Public Information and Referral	13
Other Planning and Coordinating Activities	14
State Funding to Localities	15
Financial Statement - Financial Position	16
Financial Statement - Revenues and Expenses	17
Our Supporters	18
Our Vision	19
Contact Information	20

# STAFF DIRECTORY

(as of 10-01-2016)

## **Executive Director**

Robert H. Logan, Ph.D.  
(logan@vaems.org)

## **Education Program Director**

Cathy Cockrell, CICP, CCEMT-P, NRP  
(ccockrell@vaems.org)

## **Business Manager**

Sandra D. Short  
(sshort@vaems.org)

## **Compliance Officer**

Mary H. Christian  
(mchristian@vaems.org)

## **Administrative Assistant**

George Merix  
(gmerix@vaems.org)

## **Field Coordinator**

Chris Christensen, NRP  
(christensen@vaems.org)

## **Field Coordinator**

Michael L. Garnett, NRP  
(mgarnett@vaems.org)

## **Field Coordinator**

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

## **Statewide Information Technology Support Specialist**

Jim Huffman  
(jhuffman@vaems.org)

## **VHHA Unique Pathogens Grant Manager**

Morris D. Reece  
(mreece@vaems.org)

## **NSPA Executive Director**

Craig Camidge  
(ccamidge@vaems.org)

## **NSPA RHCC On-call Staff**

Jeff Echernach and  
Michael Nallen

## **NSPA Medically Vulnerable Populations Coordinator**

Matthew Marry  
(mmarry@vaems.org)

## **NSPA Continuity Specialist**

Monica McCullough  
(mmcullough@vaems.org)

## **NSPA Materials Managers**

Tom Firebaugh  
(tfirebaugh@vaems.org)  
Bryan Keith  
(bkeith@vaems.org)

## **NSW Medical Reserve Corps Coordinator**

Adam LaChappelle, NRP  
(alachappelle@vaems.org)

## **Regional Medical Director**

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



## 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 New River Valley Business Center)

### Piedmont Office

1024 DuPont Road, Martinsville VA 24115  
(located in the Henry County Public Safety Training Center)

# MISSION

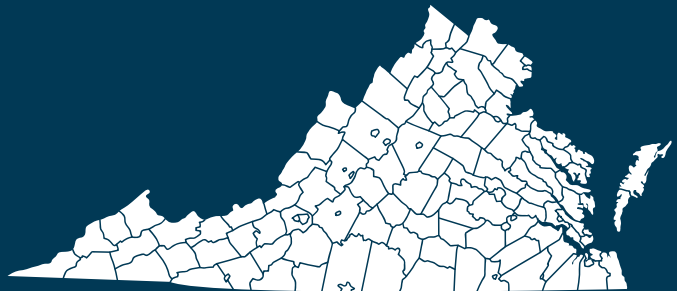
The mission of the Western Virginia EMS Council is to facilitate regional cooperation, planning and implementation of an integrated emergency medical services delivery system.

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...

## 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 11-1-2017)

	<u>Representing</u>
Stephen G. Simon, President*	Roanoke County
J. Dale Wagoner, Vice President*	12th Planning District At-large
L. Joseph Trigg., Secretary*	Pulaski County
Joseph Coyle, Treasurer*	Montgomery County
Steve Allen	Patrick County
William O. Altman	City of Roanoke
Steven Eanes*	<b>Henry County</b>
Eric K. Stanley, D.O.	Emergency Physician At-large
Marlon (Matt) Rickman	City of Salem
James L. Cady, Sr.	Craig County
Tim Duffer	Pittsylvania County Emergency
Dallas Taylor, MSN, RN	Nurses Association Giles County
W. Steven Davis*	City of Covington
Greg Horton	Botetourt County
Jason Ferguson*	Franklin County
William Ferguson	Va. Assoc. of Vol. Rescue Squads
Scotty Adams	City of Danville
Michael Jefferson*	Regional Medical Director
Charles J. Lane, MD, FACEP	Executive Director
Robert H. Logan, Ph.D.* (non-voting)	Alleghany County
Ryan Muterspaugh	NSPA/Hospital System Rep. City
David Linkous	of Martinsville
Kristopher Shrader	City of Radford
Rodney Haywood	4th Planning District At-Large
Valerie Tweedie	Floyd County
Ford S. Wirt	5th Planning District At-Large
R. Carey Harveycutter	

*\*Executive committee*

## COMMITTEE, SUBCOMMITTEE AND PROGRAM LEADERS

**Executive Committee - Stephen Simon, Chair**

**Medical Direction - Charles J. Lane, MD, Regional Medical Director/Chair**

**Pharmacy Subcommittee - Nadine Gilmore, R.Ph., Co-Chair, Larry Mullins, R.Ph., MBA, Co-Chair**

**Allied Resources Subcommittee - Darrell VanNess, MSN, Chair**

**Education Subcommittee – Marlon (Matt) Rickman, Chair**

**Performance Improvement/Trauma Triage Committee — Charles J. Lane, MD, Chair**

**Stroke Triage Committee - Charles J. Lane, MD, Chair**

**Near Southwest Preparedness Alliance Board of Directors: Tammy Turpin, Chair**

**Near Southwest Preparedness Alliance Healthcare Coalition: Robert Hawkins, Chair**

**Regional Critical Incident Stress Management Team (CISM) – Stacy Harris, Team Administrator**

**Communications Committee - Jim Cady, Sr., Chair**

# SIGNIFICANT ACCOMPLISHMENTS

## PROVIDER SERVICES AND RECOGNITION

Provided volunteer and career referrals and training course information in response to daily telephone and electronic inquiries.

Conducted an annual EMS awards program at the Salem American Legion Post. Recognized providers and agencies in ten categories of regional EMS awards. Submitted regional award recipients as statewide Governor's EMS award nominees. Also presented NSPA Healthcare Preparedness awards in four categories.

Coordinated and provided a point of contact for an accredited (VOEMS) regional critical incident stress management (CISM) Team consisting of 38 volunteer mental health and peer public safety debriefers. Quarterly team meetings were conducted, along with several special training events.

Responded to 17 requests for CISM team interventions, and provided various educational sessions for CISM team members.

Maintained statewide "Virginia EMS Jobs" ([www.vaemsjobs.com](http://www.vaemsjobs.com)) on-line database for the Virginia Office of EMS.

Managed multi-regional Consolidated Test Site (CTS) registration system. (WVEMS staff coordinated development of this system.)

Served as EMS infrastructure point of contact for all EMS agencies, providers, hospitals, and local governments in the region and beyond.

## 2017 REGIONAL EMS AWARDS

**Excellence in EMS** – Daryl L. Hatcher, Franklin County Department of Public Safety (ret.)

**Outstanding Administrator** – Christopher D. Eystone, Virginia Tech Rescue Squad

**Outstanding EMS Agency** — Blacksburg Volunteer Rescue Squad

**Outstanding EMS Physician** – Michael Saccocci, DO –OMD, Roanoke County Fire & Rescue

**Outstanding Contribution to Emergency Preparedness** – Marci Stone, Roanoke City Fire - EMS

**Outstanding EMS Educator** – Michael Garnett, Western Virginia EMS Council

**Outstanding Contribution to EMS by a Nurse**— Andrea (Andi) Wright, MN, RN, CSN, Carilion Clinic

**Outstanding EMS Provider** – Lois Whitlow, Basset Rescue Squad

**Outstanding Contribution to EMS by a Telecommunication Officer**

– Donna Brown, New River Valley E-911

**Summerlin Award for Public Service** – K. Neal Turner,  
Montgomery County Emergency Services

## EMS EDUCATION AND ADVOCACY

**Provided** standardized testing of students exiting from various initial certification EMS courses.

**Coordinated** 18 OEMS consolidated test sites throughout the region, testing 509 candidate for certification.

**Conducted** three Regional EMS Instructor Network meetings, including ALS coordinators, emergency operations instructors and EMT instructors.

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

**Participated** in program planning for the annual statewide EMS symposium (November 2017) in Norfolk attended by some 1500 EMS providers, nurses and physicians.

**Started** one Advanced EMT course in Roanoke enrolling 18 students, specifically designed for fire/EMS agencies in the Roanoke Valley. (Scheduled to complete in February, 2018)

**Started** one Advanced EMT course in the New River Valley enrolling 17 students. (Scheduled to complete in February, 2018)

**Completed** one EMT-Intermediate program in the New River Valley – 22 students.

**Continued** a cooperative EMS education program with Jefferson College of Health Sciences.

**Completed** one EMT-Intermediate program in Roanoke – 24 students.

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

**Provided** support to Roanoke Valley Regional Fire-EMS Training Center, New River Valley Training Center, and Carilion Clinic to offer and facilitate AMLS, PHTLS, TECC and GEMS classes throughout the region.

**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.

**Staff member served** on Patient Safety Committee at one major regional hospital.

**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.

**Participated** in statewide committee charged with reviewing and updating guidelines for VA EMS providers.

**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,

**Maintained** regional web-based training calendar

**Staff served** as regional faculty for The American Heart Association in BLS, ACLS and PALS.

**Staff serves** as state coordinator for NAMET and all NAEMT programs in the Commonwealth

**Staff appointed** to Affiliate Faculty for the launch of GEMS (Geriatric Emergencies, NAEMT).

**Staff appointed** to Affiliate Faculty for TECC (NAEMT).

**Coordinated** efforts with LewisGale Montgomery to plan and facilitate annual Trauma Conference.

**Co-sponsored** “EMS CE Nights” in the New River Valley

**Entered** into a Memorandum of Understanding with the Virginia Department of Health/Office of EMS to provide funding for various educational offerings beginning in FY’18

**Served** as active participant in regional Heart Alert committees.

**Maintained** staff responsibility for BLS test site coordination to ensure uniformity and provide better customer service at BLS test sites.

**Offered** annual Operational Medical Director “Currents” educational workshop at the Greenfield Center in Botetourt County.

**Conducted** AMLS, BLS, ACLS, PALS, PHTLS, GEMS and TECC courses throughout the region.

**In conjunction with NSPA, offered** ADLS and BDLS courses



NSPA Tabletop Exercise

## MEDICAL DIRECTION AND PERFORMANCE IMPROVEMENT

**Maintained** a regional ambulance diversion policy in conjunction with the Near Southwest Preparedness Alliance.

**Maintained** a regional ambulance supply exchange and drug restocking policy.

**Continued** projects for regional EMS performance improvement.

**Updated** and preparing a roll-out for revised Regional Operational Guidelines (Protocols).

**Provided** suggested guidelines for quality improvement programs in agencies.

**Reestablished and established** new clinical education agreements at nine 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** regional General and Trauma Performance Improvement Plans

**Offered** one continuing education workshop for Operational Medical Directors in conjunction with VDH/OEMS.



## COMMUNICATIONS, FACILITIES

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

**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.

**Maintained** 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.

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

**Provided** technical assistance and regional administration for VHASS and Web-EOC, web-based ambulance diversion and mass casualty incident management software.

**Supported** statewide “WeatherSafe” program for sharing air medical turn-down information.

**Continued** ownership and operation of various regional EMS communication systems.

**Obtained** funding for, and installed new UHF medical radio repeaters in the Christiansburg area.

## PUBLIC INFORMATION AND REFERRAL

**Maintained** an electronic newsletter with some 2,000 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](http://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.

**Published** various flyers for courses, service offerings, etc. throughout the year.

**Participated** in various workshops and public events throughout the year.

## OTHER PLANNING AND COORDINATING ACTIVITIES

**Published** periodic financial reports, quarterly program reports, an annual report, frequent committee minutes and other training and event announcements.

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

**Provided** representation on a number of local, regional and statewide committees and boards.

**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.

**Gained** approval for \$1,203,304 in RSAF grant awards to agencies within the region.

**Revised** regional EMS strategic plan and other regional planning documents.

**Provided** fiscal and administrative support for the Alliance for Emergency Medical Education and Research, co-sponsor of the Virginia EMS Symposium and other events.

**Facilitated** the dissolution of AEMER and contracted directly with VOEMS to provide fiscal management for the Virginia EMS Symposium beginning in 2015.

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

**Continued** employment of the Regional NSW Medical Reserve Corps Coordinator (NSWMRC) for five health districts for the Virginia Department of Health (VDH).

**Employed** a Unique Pathogens Grant Manager through contract with the Virginia Hospital and Healthcare Association.

**Provided** Information Technology Support for all 11 regional EMS councils by employing an IT support specialist and contracting various other services.



# STATE FUNDING TO LOCALITIES AND TRAUMA CENTERS

**\$4.25 for Life** —In 2006, the full funding generated by the “\$4-for-Life” vehicle registration add-on was allocated in its entirety to EMS. For several years, a portion of this fund has been diverted to other areas, but beginning July 1, 2006, the full amount came back to EMS. Of this amount, 26% is returned directly to the localities. The allocation is based on DMV collections, determined by the number of eligible vehicles registered in each jurisdiction. In the 2009-2010 session, this funding stream was increased to \$6.25 per eligible vehicle registration, but the additional revenue does not go to benefit EMS at this time.

In the past 12 years, the annual amount returned to localities in the WVEMS region has grown from \$303,364 in FY 2004 to \$659,517 in 2016. (2017 amounts were not available at press time.)

**State Trauma Center Fund**—This funding comes from the reinstatement of driver’s

licenses in Virginia. If a Virginia resident loses his or her driver’s license for any reason, he or she must pay a fee to reinstate it. Part of the money from this fee goes to support Virginia’s Trauma Centers and defray the cost of providing trauma care. These Trauma Centers must meet strict criteria for designation which includes facilities, on-site physicians and other medical specialists.

There are three designated trauma centers in the WVEMS region. Carilion Clinic’s Roanoke Memorial Hospital, a Level I trauma center, along with the two Level III trauma centers in the region (Carilion New River Valley Medical Center and LewisGale Hospital Montgomery) have collectively received some \$13 million since the program began in 2006.



# FINANCIAL POSITION

STATEMENTS OF FINANCIAL POSITION - June 30, 2017

ASSETS	2017	2016
Cash and cash equivalents	\$178,110	\$276,898
Restricted cash	\$8,812	\$40,140
Accounts receivable	\$257,959	\$261,779
Prepaid expenses	\$24,174	\$9,923
Investments (Note 2)	\$426,428	\$475,951
Custodial funds	-	\$21,234
Total current assets	\$895,483	\$1,085,925
Land, buildings, and equipment, net (Note 3)	\$575,762	\$582,094
Total assets	\$1,471,245	\$1,668,019

## LIABILITIES AND NET ASSETS

Accounts payable	\$30,496	\$30,737
Accrued expenses (Note 8)	\$43,693	\$36,702
Deferred revenue	\$64,490	\$104,431
Custodial funds liability	-	\$21,234
Total liabilities	\$138,679	\$193,104

## NET ASSETS

Unrestricted	\$1,164,794	\$1,336,888
Temporarily restricted (Note 4)	\$167,772	\$138,027
Total net assets	\$1,332,566	\$1,474,915
Total liabilities and net assets	\$1,471,245	\$1,668,019

The Notes to Financial Statements are an integral part of these statements.  
Complete financial report available online at [www.wvems.org](http://www.wvems.org)



## REVENUES, GAINS, AND OTHER SUPPORT:

	<u>2017</u>		
	<u>UNRESTRICTED</u>	<u>TEMPORARILY RESTRICTED</u>	<u>TOTAL</u>
State government	\$507,150	-	\$507,150
Federal grant revenue	-	\$770,300	\$770,300
Local government (Note 5)	\$137,033	-	\$137,033
Symposium revenue (Note 9)	\$349,015	-	\$349,015
Other support and income	\$238,672	-	\$238,672
United Way organizations	\$900	-	\$900
Unrealized and realized gains	\$11,131	-	\$11,131
Investment income	\$11,573	-	\$11,573
Contributions	\$20,523	-	\$20,523
Net assets released from restrictions and reclassifications	\$740,555	(\$740,555)	-
<b>Total revenues</b>	<b>\$2,016,552</b>	<b>\$29,745</b>	<b>\$2,046,297</b>

## EXPENSES (NOTE 6)

Program services	\$1,883,438	-	\$1,883,438
Management and general	\$305,208	-	\$305,208
<b>Total expenses</b>	<b>\$2,188,646</b>	<b>-</b>	<b>\$2,188,646</b>

Change in net assets	\$ (172,094)	\$29,745	\$(142,349)
----------------------	--------------	----------	-------------

## NET ASSETS

Beginning	\$1,336,888	\$138,027	\$1,474,915
Ending	\$1,164,794	\$167,772	\$1,332,566

The Notes to Financial Statements are an integral part of these statements.  
Complete financial report available online at [www.wvems.org](http://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.

Commonwealth of Virginia  
Virginia Hospital and Healthcare Association  
Virginia EMS Symposium  
Virginia Medical Reserve Corps  
Near Southwest Preparedness Alliance  
United Way Roanoke Valley  
Greater Alleghany United Fund  
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  
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

# 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** for timely response of first responder and transportation, personnel and vehicles through a system of predetermined minimum response intervals, monitoring and quality assurance-performance improvement.

**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 a designated trauma center.

**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** resources and capabilities in order 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





Main Office (WVEMS & NSPA)  
1944 Peters Creek Road, Roanoke VA 24017  
Telephone (all offices) 540.562.3482  
Toll-free (all offices) 800.972.4367  
Facsimile (all offices) 540.562.3488  
E-mail [western@vaems.org](mailto:western@vaems.org)  
Website [www.wvems.org](http://www.wvems.org)

WVEMS New River Field Office  
6580 Valley Center Drive, Radford VA 24141

WVEMS Piedmont Field Office  
1024 DuPont Road, Martinsville VA 24115



## Advisory Board Notes 11/8/17

Keep Karen Wagner in thoughts and prayers, is facing some life-threatening conditions.

Thanks to Michael Berg for his work with OEMS.

Nomination Committee Report- Unanimous vote for the slate.

Vice Chair- No report.

Dr. Melton- Thank you to everyone for EMS work in your communities.

Innovative work- Continued evolution of Symposium, streaming some of the session across the state. First step in making a broader connection.

Opiate crisis- EMS is helping. Collecting a lot of data. How do we use that data to focus our response? (Warm hand-off 6 to 7 times more likely to be effective)

Health equity approach to attempt to allocate resources throughout the state to those that need.

OEMS Report-

Thanks to staff.

EMS System, ground up approach. Everyone is committed and vested in having the best EMS System. Values- Decisions improve patient care? Do the right thing?

Acknowledged Mike Berg for his 13 years of service and commitment to the EMS.

Acknowledged Greg Neiman for his 11 years of service.

Recruiting for Community Health Division Manager

Congratulated new board members.

Several reports that were Bills that had to be passed up the chain. HB for Medevac committee submitted, and SB on Glucagon report submitted, Promissory funding report submitted. Some other report on EMS in Local Government.

Stand up of Commission for REPLICA. 10 state approve it. Looks like 8-9 more states are coming on board. Stood up the by-laws and rules committee.

38<sup>th</sup> annual EMS Symposium, 1,700 unique registrants, over 360 courses, could award over 42,000 hour CE. Pop. Of 4,200.

Scott Winston- Currently recruiting for Reg & Compliance position. Open until 11/17

Dr. Lindbeck- NHTSA fatigue project has wrapped up and will be published shortly.

New scope of practice for EMS has been circulating and latest edition of standardized patient care guidelines from NHTSA and NAEMSO.

BOH Report- Couple action items on radiology fees. Discussed a data workgroup, related to emergency departments, encouraging that EMS be part of that to share reports from one to another.

Presentation from Dr. Lindbeck on Charlottesville Rally. Discussion on the role of EMS in this type of civil disturbance.

Executive Committee Report- Meeting in Dec. to work on different items. Policy work session on Oct. reviewing regulations.

FARC- Meets tomorrow at 1PM. Grant cycle for Fall closed request of \$10.7 million. Nasal Narcan grant funded 47 agencies 16,000 kits, reopened until 2/29/18.

Rules & Reg.- Workshop on 10/25 made progress on current document. Outstanding items to review, meeting again in February. Est. another committee to review REPLICIA implications.

L&P- Met today, no action items.

Transportation- Met 10/23, reviewed ambulance requests. Had 43 grant requests. Monitoring national efforts for ambulance standardization. Thanked Mike Berg for his assistance.

Communications- Meeting tomorrow.

EM- Information- possibility of collecting data on MCI preparedness from EMS agencies, info. On SALT triage.

Professional Development- No action items

TCC- Oct. meeting canceled d/t lack of agenda items

WFD- No action items. EMS Officer I going on now, hopeful for release soon. Standards of excellence program. R&R network meeting Friday evening.

Health & Safety- No report.

Medical Direction- Last meeting cancelled d/t lack of agenda items

Medevac- Met this morning, no action item. HB1728 briefed.

TSOM- No action items- 7 groups continue to meeting. Should have first draft by December.

Trauma funds, biggest worries, still a work in progress on trauma funds.

Trauma performance improvement committee report in quarterly report

EMSC- No action items. Working on trying to get pediatric specific measures for emergency preparedness. Actively seeking speakers for next year's Symposium. Grant funds for EMSC...

Regional Directors- Nothing to report. New regional director Ed Moreland, new CSEMS director.

Public Comment- None

Unfinished business- None

New Business- None

Respectfully Submitted, Jason Ferguson

WVEMS/OEMS CONTINUING EDUCATION AUXILIARY COURSE REPORT

<b>Contract #</b>	<b>Type</b>	<b># Courses</b>	<b>Projected # Students</b>
FY18-01	CE	1	
FY18-02	CE	1	
FY18-03	AUX	9	320
FY18-03	CE	1	
FY18-04	CE	2	
FY18-04	AUX	9	160
FY18-05	AUX	3	60
FY18-06	CE	1	
FY18-07	CE	1	
FY18-08	AUX	5	6
FY18-09	CE	2	
FY18-10	AUX	4	390
FY18-11	CE	1	
FY18-12	AUX	5	60
FY18-12	CE	1	
<b>12/14/2017</b>		<b>46</b>	<b>996</b>

WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL, INC.

REPORT OF THE NOMINATING COMMITTEE

December 14, 2017

The nominating committee hereby nominates the following directors to serve three-year terms ending on December 31, 2020, to be considered for election on December 14, 2017:

At-large Fifth PD            Mr. Richard T. Flora

At-large Twelfth PD        Mr. J. Dale Wagoner

FOR INFORMATION: The following directors have been appointed by their respective localities/organizations to serve three-year terms beginning January 1, 2018.

Henry Conty – Mr. Matt Tatum

Montgomery County – Mr. Joe Coyle

Patrick County – Mr. Steve Allen

City of Danville – Mr. Mike Jefferson

Virginia Association of Volunteer Rescue Squads – Mr. Carey Harveycutter

Respectfully submitted:

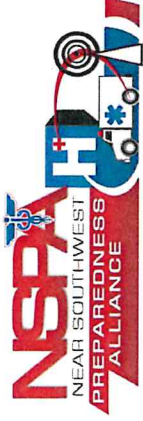
WVEMS NOMINATING COMMITTEE

Carey Harveycutter, Chair

Jim Cady

Matt Rickman

Billy Ferguson



## Attendance Roster

<b>Meeting Title:</b> Western Virginia Emergency Medical Services Council / Board of Directors	<b>Meeting Date:</b> December 14, 2017
<b>Meeting Location:</b> Salem Civic Center, Parlor C	

Board Members	Agency Affiliation	Email Address	Signature	In Person	Phone
1. Rob Logan	WVEMS	file	<i>Rob Logan</i>	✓	
2. Stephen Simons	RCFRP	file	<i>Stephen Simons</i>	✓	
3. Joseph Trigg	Rockwell County	file	<i>Joseph Trigg</i>	✓	
4. <b>DALE WAGNER</b>	<b>Henry Co.</b>	<b>d.wagner@co.henry.va.us</b>	<b>Dale Wagner</b>	✓	
5. Steve Earnes	Henry Co.	searnes@co.henry.va.us	<i>Steve Earnes</i>	✓	
6. Steve Allen	Patrick Co.	Sallen@co.patrick.va.us	<i>Steve Allen</i>	✓	
7. Michael Jefferson	Southwest Fire	jjefferson@swfireva.org	<i>Michael Jefferson</i>	✓	
8. Matt Brickman	Salem Fire	mbrickman@salemva.gov	<i>Matthew R. Brickman</i>	✓	
9. Tim Duffer	Pittsylvania	tduffer@regionalservice.com	<i>Tim Duffer</i>	✓	
10. Rodney Hayward	Radford	Rodney.Hayward@RADFORDVA.GOV	<i>Rodney Hayward</i>	✓	
11. William Ferguson	Fannin Co.	william.ferguson@fannincountyga.gov	<i>William Ferguson</i>	✓	
12. Kristopher W. Shinder	Martinsville	shinder@ci.martinsville.va.us	<i>Kristopher W. Shinder</i>	✓	
13. Craig Cammelye	NSPA	file	<i>Craig Cammelye</i>	✓	
14. Jim Cady SE.	CRAIG COUNTY	JimCady1@Gmail.com	<i>Jim Cady</i>	✓	
15. Dallas Taylor	ZNA	dallas.taylor@hcahealthcare.com	<i>Dallas Taylor</i>	✓	
16. Eric Stanley	Wany	dr.eric.stanley@gmail.com	<i>Eric Stanley</i>	✓	
17. Valerie Tweedie	Christiansburg	vtweedie@christiansburg.org	<i>Valerie Tweedie</i>	✓	

Print Name	Agency Affiliation	Email Address	Signature	In Person	Phone
18. FORD WIRT	Floyd Rescue	FWIRT@SWVA.NET		<input checked="" type="checkbox"/>	
19. DAVID LINKOUS	NSPA	david.linkous@vdh.virginia.gov		<input checked="" type="checkbox"/>	
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
Staff Members	Agency Affiliation	Email Address	Signature	In Person	Phone
1. Sandra McGrath					
2. George Meriv					
3. Chris Christensen					
4. Mike Garnett					
5. Gene Dalton					
6.					
7.					
Guest Name	Agency Affiliation	Email Address	Signature	In Person	Phone
1. John (Jr) Cook	SCATS	jcook@jchs.edu		<input checked="" type="checkbox"/>	
2.					
3.					
4.					