

## WVEMS BOARD OF DIRECTORS

**Thursday, June 20, 2019**  
**Vinton War Memorial**  
**Executive Committee - 4:30 PM**  
**Full Board - 5:00 PM**

1. Call to Order
2. Introduction of New Board Members and Guests
3. Secretary's Report
  - a. Minutes - March 14, 2019 meeting [March 14 2019 Minutes Complete](#)
4. Treasurer's Report
  - a. FY 2019 YTD Treasurer's Report (Treasurer Joe Coyle) [Treasurer's Report June 2019](#)
  - b. FY2020 Budget - Consideration and Adoption (Joe Coyle) [DRAFT FY20 Budget](#)
5. Reports and Action Items
  - a. Executive Committee (President Steve Simon)
  - b. Medical Direction
    - i. Protocol Revisions - Progress Report (Eric Stanley, DO) and Reaffirm Current Protocols
    - ii. Reaffirm Supply Exchange and Drug Box Exchange Policies
  - c. Performance Improvement Committee (meets same day as Board)
  - d. Near Southwest Preparedness Alliance (NSPA) - (Robert Hawkins)
    - i. Reaffirm Hospital Diversion Plan [HOSPITAL DIVERSION PLAN 2018](#)
  - e. EMS Operations
    - i. MCI Planning - Participation (Mike Garnett)
  - f. Education Workgroup
    - i. Funding Contract for CE and Auxiliary Courses - FY 19 (Rob Logan/Cathy Cockrell)
    - ii. Discussion on New Approach to CE by OEMS (Logan)
  - g. Communications Workgroup
    - i. Bald Knob Communications Tower Site - Status Report (Logan)
6. EMS Financial Assistance (Joe Trigg)
7. State EMS Advisory Board Report (Jason Ferguson)
8. New Business
9. President's Report
10. Staff Reports
11. Public comments
12. Adjourn

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

**MEETING MINUTES**

**DATE:** June 20, 2019

**LOCATION:** Vinton War Memorial

**Directors Present**

Rob Logan  
Stephen Simon  
Matt Rickman  
Carey Harveycutter  
Matt Tatum  
William Ferguson  
Jim Cady, Jr.  
Robert Hawkins  
Dwaine Paxton  
Richard Flora  
Jim Cady, Sr.  
Dale Wagoner  
Tonya Kelly  
Joe Coyle

**Staff Present**

Sandi McGrath  
Cathy Cockrell  
Gene Dalton  
Mike Garnett  
Chris Christensen  
Kayla Perkins

**Guests Present**

Chris Vernovai, Virginia Office of EMS  
J.C. Bolling, SWVA EMS Council  
Melba Bolling

**TO ORDER**

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

He introduced guests:

Chris Vernovai, Virginia Office of EMS.  
J.C. Bolling, President, SW Virginia EMS Council  
Melba Bolling

**SECRETARY'S REPORT**

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

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

**TREASURER'S REPORT**

**Quarterly YTD Report:** Treasurer Joe Coyle presented the quarterly year-to-date Treasurer's Report. He noted that all accounts were within expectations, and explained that the fourth contract payment from VDH/OEMS would be received in July which would make revenues on target. Salaries will be over budget due to some employees cashing in PTO during the year.

Motion was made and seconded to receive the year-to-date Treasurer's Report. **Motion CARRIED.**

**Budget:** Joe Coyle presented the FY 2020 budget. The budget is balanced and offers staff a 1.5 percent cost-of-living adjustment, and a 1.5% merit increase. NSPA revenues and expenses were removed from the budget, and revenue reflects only the fee revenue that the Council receives for managing the HPP accounts. Revenue from the former CE/Auxiliary program administration was removed, because that program has been eliminated. Rent revenue for space rented to the Virginia Department of Health for the state hospital coordinator.

Director Dale Wagoner inquired as to why some healthcare costs had decreased. The executive Director explained that since he began coverage with Medicare on June 1, his healthcare costs had decreased some \$8,000 per year.

Motion was made and seconded to adopt the FY202 budget as presented. **Motion CARRIED.**

## **REPORTS AND ACTION ITEMS**

### **Executive Committee**

The executive committee met prior to the regular meeting to review the agenda and consider the following matters:

**Confidentiality and Conflict of Interest Disclosure:** The executive committee thanked the directors for returning their Conflict of Interest and Confidentiality forms, and noted that the few remaining directors with outstanding forms would be contacted.

### **Medical Direction**

**Protocol Revisions:** Dr. Stanley was unable to attend, but Rob Logan relayed his report in his absence. The video is nearing completion with the exception of a script for the voice-over, which Dr. Stanley is working on. Dr. Ekey and the executive director are working directly with the app developer to finalize some technical changes to the app.

As the current protocols will be effective until rollout of the new version is complete, the board must reaffirm them in the fourth quarter of each year. The Medical Direction Committee recommends re-affirmation of the current operational protocols.

Motion was made and seconded to reaffirm the current operational guidelines and protocols until the new version is released. **Motion CARRIED.**

It is also necessary to reaffirm our regional drug box exchange and supply restocking agreements. We are currently in the final year of our current agreements with all hospitals and agencies which automatically renews for consecutive one-year periods until terminated by either party.

Motion was made and seconded to reaffirm the current restocking and supply exchange agreements as presented. **Motion CARRIED.**

**Pharmacy Workgroup:** We have recently experienced diversion of some of the contents of the narcotic boxes inside our standard drug boxes. We are working with the Pharmacy Committee, state police, DEA, FDA and OEMS. Certain additional measures are being considered to enhance the security of our drug boxes.

The executive director expressed thanks to the pharmacy committee for its diligence and quick action in this matter.

### **Performance Improvement Committee**

Chris Christensen, PI Committee staff liaison, reported for the Performance Improvement Committee which met on June 13, 2019.

The committee considered several confidential PI referral matters, and also discussed recent drug diversions and a new random drug box inspection process that will be implemented, the first of which is already underway. There will also be physical changes to the narcotic boxes to enhance security.

### **NSPA**

Robert Hawkins, board member representing the Near Southwest Preparedness Alliance, reported for NSPA. He presented the revised Hospital Diversion Plan. The only changes involved formatting and dates. A more thorough revision will take place in FY2020.

Motion was made and seconded to reaffirm the current Hospital Diversion Plan, with minor formatting changes as presented. **Motion CARRIED.**

### **EMS Operations**

**MCI Planning:** Mike Garnett had no report.

### **Education Workgroup**

**CE/Auxiliary MOU:** The Executive Director reported on the status of the CE/Auxiliary course MOU for FY 2019. The final quarter will complete on June 30, and all paperwork for reimbursement must be turned in to WVEMS by July 10. A close-out report will be made available to the Board after submission to OEMS.

He also reported on the termination of the CE/Auxiliary program effective July 1, 2019. OEMS offered a proposal whereby the regional councils would hire educators, one for each planning district, to present in-person continuing education. The councils had several questions and requested the opportunity to meet with officials from OEMS to discuss these questions and offer some alternatives to potentially improve the program. OEMS declined to meet, and instead withdrew the proposal. Instead, OEMS is in the process of contracting directly with educators across the state.

There was lengthy discussion about this matter. President Simon expressed his displeasure that the regional councils and particularly representatives from some larger career departments were not approached to participate in the design of the new CE program. He reported that several organizations, such as the Virginia Fire Chief's Association and VAGEMSA had expressed concerns. It was noted that the termination of the previous funding program was blamed by OEMS in part on "performance" by the regional councils. However the executive director pointed out that the councils had suggested to OEMS initially that the maximum funding in the original MOUs was excessive and would never be fully expended. Further, it was noted that a written communication between Greg Woods at Southwest Virginia EMS Council and Chuck Faison at OEMS affirmed that the purpose of the initial MOU was to establish a baseline for future funding.

*[Inserted for context]: Question posed to Chuck Faison, and his response, dated 6-22-17: "For the Auxiliary student numbers, we are simply paid by student. If we do not hit that number but made multiple offerings, then it is simply considered during funding determination for the next MOA. Students may attend multiple Auxiliary classes, but can only attend a particular course one time."*

*Chuck's response: "Correct."*

### **Communications Workgroup**

Rob Logan reported that the agreement with Bath County to assume ownership and responsibility to maintaining the Bald Knob communications site is under development.

### **EMS FINANCIAL ASSISTANCE**

Rob Logan reported for Joe Trigg. The WVEMS executive committee met on March 27 to develop comments and grades for the current RSAF cycle. He attended the June 6 FARC meeting in Richmond. Awards will be announced around July 1.

Rob also reported that the Council has been awarded a grant from OEMS through the RSAF process for 100% funding for new training equipment for the accredited AEMT site in the New River Valley. The award was for \$28,038.28. He noted that he sent a note of appreciation to Gary Brown at OEMS, and received a very cordial response.

### **EMS ADVISORY BOARD**

Jason Ferguson provided a written report that was posted on the Board's agenda web page.

### **NEW BUSINESS**

None.

### **PRESIDENT'S REPORT**

None.

### **STAFF REPORTS**

Rob Logan – Once again expressed thanks to OEMS for partial funding to purchase two new vehicles. He also noted that our MOU funding with VDH/OEMS will be level, but there is opportunity to apply for a modification to provide up to \$50,000 in additional project funds.

Cathy Cockrell – None.

Chris Christensen – None

Mike Garnett – Reported on the recent VAVRS Rescue College, where WVEMS provided a complete continuing education program, and on recent requests made to the WVEMS NRV training center to provide assistance in obtaining accreditation for a community-based AEMT training center. The executive director further expressed his appreciation to Mike, Sandi and others for providing these services to benefit EMS providers across the state.

Gene Dalton – None.

Sandi McGrath – None.

### **HEARING OF THE PUBLIC**

None

Being no further business, the meeting was adjourned at 5:45 PM. Board members and guests recessed to the Awards Ceremony to be held at 6:00 at the same venue.

/s Robert Logan, Executive Director

WESTERN VA EMS COUNCIL  
 UNAUDITED TREASURER'S REPORT  
 AS OF MAY 31, 2019

<b>REVENUES</b>	<b>BUDGET</b>	<b>TOTAL</b>	<b>% YTD</b>
STATE GOVERNMENT (OEMS CONTRACT)	433,450	325,088	75.00%
SUPPLEMENTAL STATE EDUCATION ADMIN FUNDS	34,000	38,999	114.70%
SUPPLEMENTAL STATE SYMPOSIUM ADMIN FUNDS	18,000	17,882	0.00%
LOCAL GOVERNMENT	133,000	140,352	105.53%
UNITED WAYS	3,000	1,225	40.84%
SPECIAL FUNDS		2,743	
CONTRIBUTIONS	1,000		0.00%
NSPA/VHHA PROGRAM REVENUE	500,000	348,169	69.63%
DIRECT PROGRAM INCOME (Tuitions, grants, VDH/OEMS)	235,000	248,643	105.81%
NSPA OFFSET REVENUE (Contract for services)	16,000	5,999	37.49%
RENT INCOME (NSPA)	18,000	22,000	122.22%
OTHER INCOME - SALE OF ASSET	11,200		0.00%
CREDIT CARD HOSTING FEE		744	0.00%
INVESTMENT / GAINS/LOSSES	10,000	6,158	61.58%
<b>TOTAL REVENUES</b>	<b>1,412,650</b>	<b>1,158,003</b>	<b>81.97%</b>
<b>EXPENDITURES</b>	<b>BUDGET</b>	<b>TOTAL</b>	<b>% YTD</b>
SALARIES / WAGES (WVEMS)	470,000	471,990	100.42%
PAYROLL TAXES (FICA)	35,955	36,579	101.73%
VEC	1,200	52	4.35%
403(b) / RETIREMENT	23,500	20,910	88.98%
HOSPITAL / MEDICAL INSURANCE	52,000	57,017	109.65%
LIFE INSURANCE/DISABILITY	11,000	11,100	100.91%
DENTAL INSURANCE	4,000	2,246	56.15%
PROFESSIONAL SERVICES/FEES	12,000	10,868	90.57%
MEDICAL DIRECTION ASSISTANCE	1,000		0.00%
MAINTENANCE / REPAIRS / SERVICE CONTRACTS	2,500	(1,088)	-43.53%
OCCUPANCY (Utilities, repairs, NRV rent etc.)	22,000	18,370	83.50%
POSTAL / SHIPPING	2,500	1,751	70.05%
TELECOMMUNICATIONS	16,000	14,055	87.84%
SUPPLIES (ADMIN)	9,395	10,224	108.82%
EQUIPMENT	10,000		0.00%
INSURANCE	12,000	11,846	98.72%
DIRECT PROGRAM EXPENSES	160,000	190,379	118.99%
NSPA/VHHA PROGRAM EXPENSES	500,000	348,169	69.63%
PRINTING / PUBLICATIONS	3,000	1,698	56.60%
TRAVEL / LODGING	5,000	4,107	82.14%
FUEL/VEHICLE MAINTENANCE	14,000	5,377	38.41%
MEETING SUPPORT	1,200	1,086	90.51%
DUES / MEMBERSHIP FEES	1,600	1,765	110.31%
STAFF DEVELOPMENT	15,000	5,731	38.21%
CISM PROGRAM COSTS	2,000	1,529	76.46%
COMMUNICATION SITE RENTAL	6,000	5,250	87.50%
COMMUNICATIONS WIRELINES	9,000	4,090	45.44%
COMMUNICATIONS MAINTENANCE	2,000	2,780	139.02%
COMMUNICATIONS UTILITIES	800	511	63.92%
COMMUNICATIONS INSURANCE	3,000	3,000	100.00%
COMMUNICATIONS EQUIPMENT	5,000		
<b>TOTAL EXPENDITURES</b>	<b>1,412,650</b>	<b>1,241,392</b>	<b>87.88%</b>

## PROGRAM

REVENUE (PROGRAM ACCOUNTS)	TOTAL
OEMS FUNDS - INTERMEDIATE	
OEMS FUNDS - ENHANCED	3,763
OEMS FUNDS - ADJUNCT	
OEMS FUNDS - EMT	
OEMS FUNDS - CE	
OEMS FUNDS - AUX	40,320
PROGRAM SERVICE FEES	1,850
PROTOCOL, ETC. SALES	
TEXTBOOK SALES	
CONSOLIDATED TESTING	26,595
DRUG BOX ENTRANCE FEES	8,209
GRANTS & SPECIAL PROJECTS	4,065
SALES - CONSUMER GOODS	
WEB DATABASE	
PROCESSING FEES	
PROGRAM FEES - MONROE HEALTH CENTER	
PROGRAM TUITION - INTERMEDIATE	
PROGRAM TUITION - ENHANCED	82,000
PROGRAM TUITION - ADJUNCT	
PROGRAM TUITION - CARDIC	81,761
PROGRAM TUITION - OTHER	
PROGRAM TUITION -	
PROGRAM TUITION - NRVTC	
ID CARD SALES	80
COMMUNITY COLLEGE COURSE REVENUE	
<b>TOTAL REVENUES</b>	<b>248,643</b>

EXPENSES (PROGRAM ACCOUNTS)	TOTAL
CONTRACTS FOR SERVICES (INTERMEDIATE)	11,821
CONTRACTS FOR SERVICES (ENHANCED)	35,299
CONTRACTS FOR SERVICES (ADJUNCT)	50
CONTRACTS FOR SERVICES (CARDIAC)	7,538
CONTRACTS FOR SERVICES (SPEC. PROJ.)	19,502
CONTRACTS FOR SERVICES (ALS TEST)	14,313
CONTRACTS FOR SERVICES (CTS)	20,711
CONTRACTS FOR SERVICES (CE WEEKENDS)	
CONTRACTS FOR SERVICES (DRUG TESTING)	3,063
CONTRACTS FOR SERVICES (OEMS CE)	7,123
CONTRACTS FOR SERVICES (OEMS AUX)	26,340
PAYROLL TAXES (FICA)	5,060
VEC	91
RENT - NRV TRAINING CENTER	5,408
POSTAGE (NRVTC)	1,370
SUPPLIES (Programs)	2,597
SUPPLIES (CTS)	1,777
SUPPLIES (ALS TESTING)	1,481
SUPPLIES (EDUCATION)	
SUPPLIES (NRVTC)	
TEXTBOOKS (EMT-I)	
TEXTBOOKS (ALS)	5,163
TEXTBOOKS (BLS)	
SUPPLIES (TRAINING)	2,592
SUPPLIES (TRAINING UNIFORMS)	
TEXTBOOKS (AMLS)	
TEXTBOOKS (NRV)	
TRAINING SUPPLIES	
EQUIPMENT (ALS TESTING)	2,073
AMLS CERTIFICATES	
INSURANCE	1,287
PRINTING / PUBLICATIONS (EDUCATION)	
PRINTING / PUBLICATIONS (NRVTC)	
AMLS CERTIFICATES	
BADGE TRAINING CARDS	208
GRANTS & SPECIAL PROJECTS	5,428
DRUG BOX EXCHANGE	7,572
CREDIT CARD DISCOUNT	2,515
MERCHANDISE FOR RESALE	
ID CARD PROGRAM	
<b>TOTAL EXPENDITURES</b>	<b>190,379</b>

State Funds	(32,304.00)
Funds from Sale of Assets	(15,691.00)
Cost of New Vehicles	64,608.00
Net Cost of New Vehicles	16,613.00

Balance Sheet  
May 31, 2019

ASSETS

Current Assets		
FSA CASH	\$	2,020.21
Ryan Hubbard Scholarship Fund		451.21
SUNTRUST CHECKING		163,734.66
SUNTRUST PAYROLL		206.00
Western 14 Task Force		1,904.17
PREPAID EXPENSES		2,491.34
ACCOUNTS RECEIVABLE		29,054.13
DUE FROM NSPA		35,268.66
		235,130.38
Total Current Assets		
		235,130.38
Property and Equipment		
		0.00
Total Property and Equipment		
		0.00
Other Assets		
FRANKLIN TEMPLETON-LPL		166,370.77
COMMUNICATIONS EQUIPMENT		180,426.65
MISCELLANEOUS EQUIPMENT		405,651.53
OFFICE EQUIPMENT		35,144.59
BUILDING		175,223.00
LAND		201,600.00
BLDG. IMPROVEMENTS		86,142.54
GENERATOR BUILDING & EQUIPME		16,672.25
ACCUMULATED DEPRECIATION		(449,602.16)
		817,629.17
Total Other Assets		
		817,629.17
Total Assets		
	\$	1,052,759.55

LIABILITIES AND CAPITAL

Current Liabilities		
ACCOUNTS PAYABLE	\$	5,038.19
CLEARING ACCT (UNCASHED CHE		100.00
ACCRUED SALARIES		45,883.20
W14 CUSTODIAL LIABILITY		1,904.17
FLEX SPENDING ACCOUNT-MEDIC		1,738.33
AFLAC		(63.67)
		54,600.22
Total Current Liabilities		
		54,600.22
Long-Term Liabilities		
		0.00
Total Long-Term Liabilities		
		0.00
Total Liabilities		
		54,600.22
Capital		
FUND BAL. UNRESTRICTED		707,162.00
FUND BAL. UNRESTRICTED DES.		55,036.00
RETAINED EARNINGS		226,138.54
FUND BALANCE TEMP. RESTR.		20,374.00
Net Income		(10,551.21)
		998,159.33
Total Capital		
		998,159.33
Total Liabilities & Capital		
	\$	1,052,759.55

Unaudited - For Management Purposes Only

**WVEMS DRAFT BUDGET - FY2020**

	<b>Budget 2019 Proposed</b>	<b>Budget 2020 Proposed</b>	<b>Difference 2020 v 2019</b>
<b>REVENUES</b>			
State Government (OEMS Contract)	433,450.00	433,450.00	0.0%
Supplemental State Education Admin Funds	34,000.00	0.00	-100.0%
Supplemental State Symposium Admin Funding	18,000.00	18,000.00	0.0%
Local Government	133,000.00	140,000.00	5.3%
United Ways	3,000.00	2,500.00	-16.7%
Contributions	1,000	1,000	0.0%
NSPA/VHHA Program Revenue (removed from budget 2020)	500,000		Eliminated
MRC	0	0	Eliminated
Direct Program Income (tuitions, grants, VDH/OEMS)	235,000	243,500	3.6%
NSPA Offset Revenue (Contract for services)	16,000	34,800	117.5%
Rent income (NSPA)	18,000	24,000	33.3%
Overhead Income - VDH (new - 2020)		4,620	
Other Income (Sale of Assets)	11,200		-100.0%
Interest/Investment	10,000	10,000	0.0%
<b>TOTAL REVENUES</b>	<b>1,412,650</b>	<b>911,870</b>	<b>-35.4%</b>
<b>EXPENSES</b>			
<b>Personnel</b>			
Salaries/Wages (WVEMS) (1.5% COLA; 1.5% Merit 2020)	470,000	496,000	5.5%
Payroll Taxes (FICA)	35,955	37,944	5.5%
VEC	1,200	400	-66.7%
403(b) Thrift	23,500	24,800	5.5%
Hospital/Medical Insurance	52,000	48,000	-7.7%
Life/ADD/Disability	11,000	11,500	4.5%
Dental Insurance	4,000	2,800	-30.0%
<b>Staff Services Total</b>	<b>597,655</b>	<b>621,444</b>	<b>4.0%</b>
<b>Non-Personnel</b>			
Professional Services/Fees	12,000	12,000	0.0%
Medical Direction Assistance	1,000	1,000	0.0%
Maintenance/Repairs/Service Contracts	2,500	2,500	0.0%
Occupancy (Utils, cleaning, maint, etc.)	22,000	22,000	0.0%
Postal/Shipping	2,500	2,500	0.0%
Telecommunications	16,000	15,000	-6.3%
Supplies (Admin)	9,395	9,426	0.3%
Equipment	10,000	5,000	-50.0%
Insurance	12,000	12,000	0.0%
Direct Program Expenses	160,000	158,000	-1.3%
NSPA/VHHA Program Expenses	500,000		Eliminated
MRC Expenses	0	0	Eliminated
Printing/Publications	3,000	2,400	-20.0%
Travel/Lodging	5,000	5,000	0.0%
Vehicle Fuel/Maintenance	14,000	8,500	-39.3%
Meeting Support	1,200	1,200	0.0%
Dues/Membership Fees	1,600	2,000	25.0%
Staff Development	15,000	9,600	-36.0%
CISM Program Costs	2,000	2,000	0.0%
<b>Radio Systems</b>			
Site Rental	6,000	6,000	0.0%
Telephone Wirelines	9,000	5,000	-44.4%
Maintenance	2,000	3,000	50.0%
Utilities	800	800	0.0%
Insurance	3,000	3,000	0.0%
Equipment	5,000	2,500	-50.0%
Reserve for Capital (Bldg Maint, Grant match for Communications & Training Equip)			
<b>TOTAL EXPENSES</b>	<b>1,412,650</b>	<b>911,870</b>	<b>-35.4%</b>



# **HOSPITAL DIVERSION POLICY**

**For hospitals and other VHASS users within the**

***NEAR SOUTHWEST***

***PREPAREDNESS ALLIANCE***

***REGION***

**June 15, 2019**

# **HOSPITAL DIVERSION POLICY AND INFORMATION**

## ***NEAR SOUTHWEST PREPAREDNESS ALLIANCE AREA***

### Encompassing the **WESTERN & BLUE RIDGE EMS REGIONS**

In the Western and Blue Ridge EMS Council areas (The Near Southwest Preparedness Alliance area), there are 12 public access hospitals that operate emergency departments, plus one Veterans Affairs Medical Center that operates an ED for the specific veteran population. Additionally, there are also two (2) free standing Emergency Departments in the region. In all areas except the Roanoke Valley, only one primary care hospital operates in a given community. (In Lynchburg, Centra Health's Virginia Baptist Hospital does not operate an emergency department.)

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

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

Diversion status throughout the region is monitored on VHASS (the Virginia Healthcare Alerting and Status System), a web-based hospital communication and diversion status board system owned and operated by the Virginia Hospital and Healthcare Association and the Virginia Department of Health as part of the Healthcare Preparedness Program (HPP). Every hospital in the region participates and may view the diversion status of all

other hospitals in the region. VHASS is also available to all public safety dispatch centers in the region to assist in directing each ambulance patient to the appropriate hospital able to accept that patient. An EVENT Module is part of the VHASS system, and this allows direct communication between all of the hospitals, the region's RHCCs (Regional Healthcare Coordination Center), and VDH.

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

### **Roanoke Area Diversion**

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

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

### **Lynchburg Area Diversion**

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

## **Special Diversion**

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

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

## **Other Hospital Diversion**

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

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

## **VHASS Diversion Status Policy Summary**

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

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

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

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

## Sample Status Board

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

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

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

Current Status

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

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

### PARTICIPATING HOSPITALS AND FREE STANDING EDs:

#### Carilion Clinic:

**Roanoke Memorial Hospital (Level 1 Trauma Center), Roanoke**  
**Franklin Memorial Hospital, Rocky Mount**  
**Giles Community Hospital (Critical Access Hospital), Pearisburg**  
**New River Valley Medical Center (Level 3 Trauma Center), Radford**

#### Centra Health:

**Lynchburg General Hospital (Level 2 Trauma Center), Lynchburg**  
**Bedford Memorial Hospital, Bedford**  
**Centra Gretna Medical Center (Free Standing Emergency Department)**  
**Virginia Baptist Hospital, Lynchburg**

**HCA:**

**LewisGale Medical Center, Salem**

**LewisGale Alleghany, Low Moor**

**LewisGale Montgomery, Blacksburg (Level 3 Trauma Center)**

**LewisGale Pulaski (Pulaski)**

**LewisGale Cave Spring ED (Free Standing Emergency Department)**

**US Department of Veterans Affairs:**

**VA Medical Center, Salem**

**Lifepoint Hospitals, Inc.:**

**SOVAH Health – Danville**

**SOVAH Health – Martinsville**

## EMS Advisory Board Report 5/3/2019

**Chairman's Report-** Welcome, great deal of work from many committees, thanked everyone for their commitment to the healthcare system. Brought forward reminders, Stop The Bleed month (May), National EMS Week May 19<sup>th</sup> through the 25<sup>th</sup>, National Nurses Week May 6<sup>th</sup> through 12<sup>th</sup>.

**Vice Chair-** No Report

**Commissioner's Report-** No present, no report.

### **OEMS Report-**

Scott Winston reported- Quarterly report was posted and distributed. Recognized that Gary Brown was absent today, he is in Northern VA with his mother who had a stroke. New staff member Jessica Rozner Epidemiology Program Manager for Trauma and Critical Care. Two open positions- Accreditation Education and Certification Manager, Central Shenandoah EMS Program Manager. Annual VHAC meeting on May 17<sup>th</sup> in Chesterfield. 22 agencies in VA are being recognized. REPLICIA, went into effect last year. Now 17 states have now adopted. Tennessee is the only bordering state to have adopted. Proposed rules for the interstate commission, establishes uniform data elements. Public comment ends May 16<sup>th</sup>.

Announced Terry Coy's retirement.

Dr. Lindbeck reported- Nothing to add.

Attorney General- No report

**Board of Health Report-** Met 3<sup>rd</sup> of March, undertook food regulations, trauma and informed care, June 6<sup>th</sup> at 10AM is the next meeting.

**Executive Committee-** Met on Wednesday, lengthy discussion on makeup of Advisory Board meeting times. Jose Salazar has retired and has submitted his resignation from Advisory Board. Valarie Quick was appointed to Chair of Professional Development Committee.

R. Jason Ferguson was appointed to the Professional Development Coordinator

**FARC-** Spring cycle 148 grant applications, over 18.7 million in request. Grant training sessions have been ongoing. May will be grant review, next meeting June 6<sup>th</sup>.

**Administrative Coordinator-** Absent

**Rules & Regulations-** Nothing to report

**Legislative & Planning-** Met this morning, nothing to report, talked about new potential legislation

**Infrastructure-** No report.

**Transportation-** Met on 4/22 reviewed 37<sup>th</sup> ambulance grant requests. 7 of the 37 were graded as a 1.

**Communication-** Met today, discussed state operational plan. Looked at resigning OEMS Accreditation process. USHB 1629 911 SAVES ACT request to revise PSAP operators to be protected class. Text to 911 required by 1/1/2020.

**Emergency Management** – No action items at this time

**Professional Development-**

**Training and Certification-** Met on April 3<sup>rd</sup>. No action items. Next meeting July 10th

**Workforce Development-** Met yesterday, EMS Officer 1 course going well, 19 completed. R&R Committee met at VAFC conference. Highlighted Volunteer Coordinator training from IAFC. Creating a survey on workforce gaps.

**Provider Health & Safety-** Talking about exposure testing for exposures of deceased individuals blood. Resource for infection control officers support and outreach. Mental health, Make the Call campaign has been out. CISM team and peer support teams reapproved/approved.

**Patient Care- No Report.**

Medical Direction- Met in January, no movement on the scope of practice. Workgroup on MIH, working on a regulatory based solution for Critical Care or MIH

**Medevac-** Met yesterday, discussed Drone delivery programs and their potential impacts on HEMS in VA

**EMS for Children-** No action item. Working on training opportunities for peds. at Symposium. May 22<sup>nd</sup> EMSC day for children. Accepting nominations for EMSC awards from council regions.

**Trauma System Coordinator-** Differed to committees

Trauma Administrative and Governance (**TAG**) Discussed integration of trauma system committees. Retreat will be held for committee chairs to discuss how to operationalize the plan. Trauma fund, concerns.

**System Improvement-** Tried to create an alignment for the goals and processes for the committee. Report from epidemiologist on documentation of VS. Readdressed goals for the future, aligning those with the other committees.

**Injury & Violence Prevention-** Working to identify stakeholders for prevention.

**Prehospital Care-** Met yesterday, continuing to est. foundation. Gap analysis on what data to look at.

**Acute Care-** Look at nationally accepted trauma registry information. Looking at areas of differences. Discussed site visit process.

**Post- Acute-** Identifying stakeholders and databases.

**Emergency Preparedness & Response-** Pediatric emergency preparedness. Talked about pediatric and burn critical care and telemedicine capabilities. Telemedicine options. Hospital disaster preparedness. Disaster planning and exercise, use of blood management.

**Regional Executive Directors-** All councils have been through site reviews. Work meeting on April 5<sup>th</sup> on State EMS plan. Regular quarterly meeting yesterday.

**Public Comment-**

No unfinished

No new business.

Respectfully Submitted,

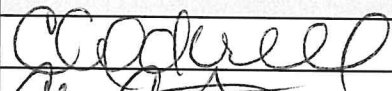
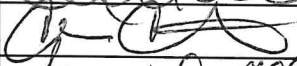

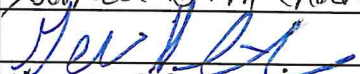
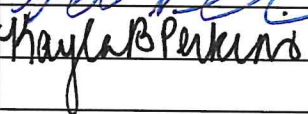
Jason Ferguson  
Advisory Board Member WVEMS



## Attendance Roster

<b>Meeting Title:</b> Western Virginia Emergency Medical Services Council / Board of Directors		
<b>Meeting Location:</b> Vinton War Memorial	<b>Meeting Date:</b> June 20, 2019	

Board Members	Agency Affiliation	Email Address	Signature	In Person	Phone
1. Rob Logan	WVEMS	logan@vvaems.org		✓	
2. Stephen Simon	ROANOKE	ssimon@roanokecountyva.gov		✓	
3. Matt Rickman	Salem	mrickman@salem.va.gov		✓	
4. Nancy Havelin	VAMI	chavelin@vami.org		✓	
5. Matt Tatum	Henry Co	mtatum@henrycountyva.gov		✓	
6. William Ferguson	Franklin Co.	William.Ferguson@FranklinCountyVA.gov		✓	
7. Chris Vernevi	OEMS	Chris.Vernevi@RDH.VIRGINIA.SIR		✓	
8. Jim Cady, Jr.	ROANOKE City	Jim.CADY@ROANOKE.VA.GOV		✓	
9. Robert Hawkins	NSPA	rhawkins@vaems.org		✓	
10. Dwaine Paxton	Covington	dpaxton@covington.va.us		✓	
11. Richard Flores	Regional Commission	rfz7@19@gmail.com		✓	
12. Jim Cady Sr	SPRING COUNTY	Jimcady1@gmail.com		✓	
13. DALE WAGONER	PD-12	dwagoner@co.henry.va.us		✓	
14. Tony Kelly	Lewisville (EMA)	Tony.Kelly@HCA1604.com		✓	
15. Joe Coyle	Christiansburg	jcoyle@christiansburg.org		✓	
16.					
17.					

Print Name	Agency Affiliation	Email Address	Signature	In Person	Phone
18.					
19.					
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21.					
22.					
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24.					
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27.					
Staff Members	Agency Affiliation	Email Address	Signature	In Person	Phone
1. Cathy Crookrell	WVEMS	ccrookrell@vaems.org		✓	
2. Chris Christensen	WVEMS	christensen@vaems.org		✓	
3. Sandi McGrath	WVEMS	s McGrath@vaems.org		✓	
4. Gail Dalton	WVEMS	gdalton@vaems.org		✓	
5. Kayla Perkins	WVEMS	kperkins@vaems.org		✓	
6.					
7.					
Guest Name	Agency Affiliation	Email Address	Signature	In Person	Phone
1. J.C. Bolling	SWVEMSC			✓	
2. Melba Bolling	—			✓	
3.					
4.					