

Virginia Office of EMS Subcontractor Deliverables Review Form

Subcontractor Agency: Western Virginia EMS Council

Contract Quarter: Third Quarter FY 2011 Contract

Contract Deliverable	Meets Deliverable	Comments
Section III A – Regional Infrastructure		
Position Vacancy	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	No contract funded vacancies reported.
Documentation & Reporting		
Quarterly Report	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Posted to LN.
Minutes of Board Meeting	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	March mins posted to LN.
Minutes of Subcommittee Meetings	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Posted to LN.
Quarterly Financial Statements	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Received via e-mail.
Fees For Service	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in quarterly report
State Committee Responsibilities	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in quarterly report
Section III B – Regional Medical Direction		
Regional Medication & Supplies Exchange Program	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Posted to LN.
Regional Medication Kit Exchange Program	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Posted to LN.
Section III C – Regional Planning		
Regional EMS Plan		Completed in 2nd quarter
Review of mandates	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
SWOT Analysis	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Planning Committee	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Mission Statement	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
4 Core Strategies/Initiatives	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Documented review by Board/Cmte.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Submission of Plan to OEMS	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Post to web	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Distribution of Plan	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Regional Stroke Triage Plan		EXTENSION GRANTED
Creation of stroke triage committee	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Agenda/Mins/Rosters of committee mtgs.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Stroke Triage Plan (all items)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Submission of Plan to OEMS	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Notification to agencies/posting to website	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Pandemic & Continuity of Operations Planning	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Section III D – Regional Coordination		
Regional Information & Referral		
Proof of assistance regarding EMS issues.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in quarterly report
Maintain an interactive website	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in quarterly report
Regional PI Program		
Agenda/Mins/Rosters of PI Mtgs.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Posted to LN.
Technical Asst. Provided	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Not reported in quarterly report
Regional TPI Program		
Agenda/Mins/Rosters of PI Mtgs.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Posted to LN.
Technical Asst. Provided	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Not reported in quarterly report
RSAF Grant Program (All Items)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in quarterly report
CISM Statistical Report	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in quarterly report/post to LN
Regional EMS Instructor Network		
Agenda/Mins/Rosters of Meetings	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Not submitted/reported in qrtrly rept.
Section III E – BLS CTS Administration		
Submit CTS Schedule to OEMS	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in quarterly report
Publish CTS Schedule to Web	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in quarterly report
Distribute CTS Schedule to Instructors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in quarterly report
Current list of CTS Evaluators	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Posted to LN.
Section III F – Regional Category 1 CE Program – no requirements for 3rd quarter		