

Virginia Office of EMS Subcontractor Deliverables Review Form

Subcontractor Agency: Western Virginia EMS Council

Contract Quarter: Fourth Quarter FY 2011 Contract

Contract Deliverable	Meets Deliverable	Comments
Section III A – Regional Infrastructure		
Position Vacancy	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	No vacancies reported
Documentation & Reporting		
Quarterly Report	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Posted to LN – 7.15.11
Minutes of Board Meeting	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	June Board minutes 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 Medical Protocols		
Documented review/revision by Board/Cmte.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Documented in June Board mins.
Posted to Council website	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Notification/Distribution of Protocols	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Submitted to OEMS	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Section III C – Regional Planning		
Regional Hospital Diversion Plan (All Items)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Posted to LN
Medical Surge Capacity Plan Template	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Posted to LN
Regional Stroke Triage Plan		
Creation of stroke triage committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Documented in meeting mins.
Agenda/Mins/Rosters of committee mtgs.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Posted to LN
Stroke Triage Plan (all items)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Posted to LN
Submission of Plan to OEMS	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Posted to LN
Notification to agencies/posting to website	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Pandemic & Continuity of Operations Planning		
Proof of assistance to agencies related to pandemic planning, conduit of information related to pandemic event.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Section III E – BLS CTS Administration		
No contract requirements for 4th quarter.		
Section III F – Regional Category 1 CE Program		
No contract requirements for 4th quarter.		