

## Regional Funding

### Fiscal Year 2018 - Partner Funding Application

#### Rappahannock Emergency Medical Services Council, Inc.

**Application Status:** Submitted

#### Rappahannock Emergency Medical Services Council, Inc.

### Agency Information

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### General Information

|                             |   |
|-----------------------------|---|
| <b>Agency Name</b>          | Rappahannock Emergency Medical Services Council, Inc.                 |
| <b>Physical Address</b>     | 435 Hunter Street, Fredericksburg, Virginia, 22401, U.S.A.            |
| <b>Mailing Address</b>      | 435 Hunter Street, Fredericksburg, VA 22401, USA                      |
| <b>Agency Phone Number</b>  | (540) 373-0249  |
| <b>Federal Tax ID #</b>     | 541038962   |
| <b>Web Address</b>          | <a href="https://www.remscouncil.org">https://www.remscouncil.org</a> |
| <b>Agency Email Address</b> | rem@vaems.org   |

### Agency Mission Statement

The Mission of the Rappahannock Emergency Medical Services Council, Inc. (REMS) is to facilitate the development and continued operation of a high quality, dedicated, and coordinated emergency response and Emergency Preparedness System for Planning Districts 9 and 16 in accordance with Code of Virginia.

|                                     |    |
|-------------------------------------|----|
| <b>Number of Years in Operation</b> | 40 |
|-------------------------------------|----|

### Main Contact

|                     |   |
|---------------------|---|
| <b>Main Contact</b> | E. Wayne Perry, phone: (540) 373-0249, email: rem@vaems.org |
| <b>Job Title</b>    | Executive Director  |

## Localities Served

*Please select any/all localities your agency serves.*

- |                |                                     |
|----------------|-------------------------------------|
| Caroline       | <input checked="" type="checkbox"/> |
| Fredericksburg | <input checked="" type="checkbox"/> |
| King George    | <input checked="" type="checkbox"/> |
| Spotsylvania   | <input checked="" type="checkbox"/> |
| Stafford       | <input checked="" type="checkbox"/> |

## Collaborative Impact

**Describe in detail how the community would be impacted if your agency were dissolved or merged with another partner agency.**

If the council were dissolved, communication between and among area agencies would be greatly hindered. The council serves as not only coordinator of important area committees, but also as a liaison between the Virginia Department of Health, Office of EMS, and area EMS licensed agencies. Distribution of information and coordination of community efforts is essential, and the council is an indispensable resource for area EMS agencies. Agencies are kept up to date on issues such as medication shortages, national and state regulations, and changes to certification requirements.

Consolidated Test Sites can only be administered by regional EMS councils. The dissolution of the Rappahannock EMS Council would mean travelling greater distances for testing and create greater travel expenses for providers. The same may be said of the National Registry examinations—other community colleges and training centers provide National Registry testing, but they are all at some distance from PD16. Testing fees also vary from site to site and are generally higher than those charged by the council.

No other local facility offers the type of high-fidelity simulation equipment the council provides for free use by area agencies. Courses taught by our instructors are also offered at a markedly lower price than comparable for-profit institutions, making training more accessible to those with limited financial means. Our willingness to bill agencies for provider training also allows greater access to training for area personnel and volunteers. If the council were to be dissolved, the training center would no longer exist. We are the only council in the state to offer a high-fidelity simulation center, and many agencies have limited space in which to conduct training. Because our facility and courses follow state and national guidelines, the possibility for partnerships is somewhat limited unless the other agency in question was to meet said requirements as well.

## Community Impact

*Please provide at least 2 examples of how your services have impacted members of our community.*

### Example 1

With the assistance of our regional Heart and Stroke committee, Stafford County was able to apply for and be approved as a HeartSafe Community, the first county in the Commonwealth to do so. The committee was essential in the preparation of paperwork and review of the application, and is

coordinated by the Rappahannock EMS Council with participation from many agencies and hospitals in the area. This HeartSafe designation is something the county may advertise and is a way for the area to maintain a certain standard of care for patients with cardiac emergencies. The REMS Council has been designated as the validating agency for all HeartSafe Virginia applications and will be reviewing agency applications and providing approval and feedback on their applications.

### **Example 2**

The efforts of the council's regional Pharmacy Committee also assisted area agencies with interactions with the Virginia Board of Pharmacy in the matter of one-for-one medication exchange, working towards a legally compliant and logically feasible solution in medication exchange protocol for EMS crews delivering patients to area hospitals and restocking their supplies. This committee was also instrumental in the implementation of the "STAT kit" to be used on ambulances in addition to the traditional medication box, which is expected to greatly increase restocking efficiency by decreasing the need for box exchange.

### **Example 3 (Optional)**

## **Rappahannock Emergency Medical Services Council, Inc. -**

### **Locality Information**

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### **Locality Notes**

*Please use the spaces below to provide any locality specific notes or statements that may be relevant to your application.*

#### **Caroline County**

Caroline represents 11% of our PD16 clients. Caroline providers are on our regional committees developing protocols, plans, and other regional documents. We offer Consolidated Test Sites in Caroline for provider convenience and the Council is open M-F, 8 - 5. We facilitate Operational Medical Director agreements, which are required for EMS licensed agencies (e.g., rescue squads) to operate. We maintain medication restock agreements to allow ambulances to replenish medications at hospital pharmacies, and the CLIA waiver allowing EMS providers to conduct point of care blood glucose testing. The Council uses ClickTime to track time spent. In FY 16 Council staff devoted 53 hours to services specifically for Caroline County, 11% of all time spent on tasks specifically performed for PD16. We also run a Mobile Integrated Healthcare Program in Caroline, funded by a grant from VDH, assisting citizens with transport, communication with doctors, access to resources, and making healthy choices.

#### **City of Fredericksburg**

10% of our PD16 clientele are from Fredericksburg. Providers from the City of Fredericksburg sit on our regional committees—they assist with developing protocols, plans, and other regional documents. We offer test sites at the Council facility in Fredericksburg and are open M-F, 8 AM to 5 PM for provider access. Operational Medical Director agreements are facilitated by the Council, which are required by regulation for an EMS licensed agency (e.g. rescue squads) to operate. The Council also maintains the medication restock agreements with area hospitals that allow ambulances to replenish medications at hospital pharmacies, and the CLIA waiver which allows EMS providers to conduct point of care blood glucose testing on patients. Council staff utilizes the ClickTime system to track how their time is allocated and in Fiscal Year 2016, the Council staff devoted 117 hours to services specifically for the City of Fredericksburg, 23% of time spent on tasks specifically performed for PD16.

#### **King George County**

6% of our PD16 clientele are King George County citizens. We work closely with providers from all PD16 counties, including King George, on our regional committees—they assist with developing protocols, plans, and other regional documents. The Council is open M-F, 8 AM to 5 PM for provider access. Operational Medical Director agreements are facilitated by the Council, which are required by regulation for an EMS licensed agency (such as a rescue squad) to operate. The Council also maintains the

medication restock agreements with area hospitals that allow ambulances to replenish medications at hospital pharmacies, and the CLIA waiver which allows EMS providers to conduct point of care blood glucose testing on patients. Council staff utilizes the ClickTime system to track how their time is allocated and in Fiscal Year 2016, the Council staff devoted 45.75 hours to various services specifically for King George, 9% of time spent on tasks specifically performed for PD16.

### **Spotsylvania County**

35% of our PD16 clientele are Spotsylvania County citizens. We work closely with providers from all of Planning District 16, including Spotsylvania, on our regional committees—they assist with developing protocols, plans, and other regional documents. We are open M-F, 8 AM to 5 PM for provider access. Operational Medical Director agreements are facilitated by the Council, which are required by regulation for an EMS licensed agency (such as a rescue squad) to operate. The Council also maintains the medication restock agreements with area hospitals that allow ambulances to replenish medications at hospital pharmacies, and the CLIA waiver which allows EMS providers to conduct point of care blood glucose testing on patients. Council staff utilizes the ClickTime system to track how their time is allocated and in Fiscal Year 2016, the Council staff devoted 90.5 hours to various services specifically for Spotsylvania County, 18% of all time spent on tasks specifically performed for PD16.

### **Stafford County**

38% of our clientele are Stafford County citizens. We work closely with providers from all of Planning District 16, including Stafford, on our regional committees—they assist with developing protocols, plans, and other regional documents. We are open M-f, 8 AM to 5 PM for provider access. Operational Medical Director agreements are facilitated by the Council, which are required by regulation for an EMS licensed agency (such as a rescue squad) to operate. The Council also maintains the medication restock agreements with area hospitals that allow ambulances to replenish medications at hospital pharmacies, and the CLIA waiver which allows EMS providers to conduct point of care blood glucose testing on patients. Council staff utilizes the ClickTime system to track how their time is allocated and in Fiscal Year 2016, the Council staff devoted 192 hours to various services specifically for Stafford County, 39% of all time spent on tasks specifically performed for PD16.

## Rappahannock Emergency Medical Services Council, Inc. -

### Agency Budget

*In the boxes below provide an overview of the administrative costs associated with your agency budget. Include revenue that defrays administrative costs; this is non programmatic revenue and should not include any revenue associated with programming.*

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### Expenses

|                         | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|-------------------------|-----------------------|-------------------------|--------------------------|
| Salary                  | 193,858.77            | 274,778.08              | 333,698.21               |
| Benefits                | 71,501.79             | 71,525.17               | 68,809.41                |
| Operating Expenses      | 246,086.85            | 327,339.39              | 325,633.24               |
| Capital Expenses        | 0.00                  | 0.00                    | 0.00                     |
| Administrative Expenses | 9,871.48              | 6,826.00                | 5,800.00                 |
| Total                   | 521,318.89            | 680,468.64              | 733,940.86               |

### Revenues

|                          | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|--------------------------|-----------------------|-------------------------|--------------------------|
| Caroline                 | 8,453.00              | 8,621.00                | 8,707.00                 |
| Fredericksburg           | 7,040.00              | 7,100.00                | 8,181.00                 |
| King George              | 4,782.00              | 7,175.00                | 7,282.00                 |
| Spotsylvania             | 12,000.00             | 12,000.00               | 37,950.00                |
| Stafford                 | 12,955.00             | 5,612.00                | 41,616.00                |
| United Way               | 0.00                  | 0.00                    | 0.00                     |
| Grants                   | 12,282.50             | 12,282.50               | 24,565.00                |
| Client Fees              | 77,228.90             | 112,345.60              | 209,125.00               |
| Fundraising              | 10,930.00             | 11,115.00               | 16,000.00                |
| Other (Click to itemize) | 401,269.71            | 432,253.50              | 495,806.00               |

|       | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|-------|-----------------------|-------------------------|--------------------------|
| Total | 546,941.11            | 608,504.60              | 849,232.00               |

**Surplus / Deficit**

|                    | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|--------------------|-----------------------|-------------------------|--------------------------|
| Surplus or Deficit | 25,622.22             | -71,964.04              | 115,291.14               |

## Rappahannock Emergency Medical Services Council, Inc. -

### Agency Budget Narrative

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### Administrative Expenses

**Provide an overview of the administrative costs for your agency.**

Administrative costs include things such as supporting the Board of Director's meetings, building repairs and maintenance, office equipment and supplies, and business expenses such as website maintenance, insurance policies, staff uniforms, and vending machine costs. The Council participates in the Virginia Green program, and strives to operate conservatively, limiting use of paper, ink, and other office supplies. Expenses for Board of Directors meetings are defrayed whenever possible by obtaining sponsors for member dinners.

**If your agency is requesting an increase or decrease in administrative funding, please describe in detail the reasons for these changes.**

The numbers listed in this application for Fiscal Year 2017 seem very different from those listed in the Fiscal Year 2017 application. That is because this budget was adjusted to reflect the actual amount of funding the Council was awarded, rather than anticipating the best outcome for each request. The budget was also adjusted to reflect how items should be categorized according to the instructions on the FY 2018 application. Some costs that were previously categorized as administrative (such as FICA), have been shifted to Benefits per the application instructions. This was done for the previous budget year as well as the FY 2018 numbers in order to allow reviewers a more accurate picture of increases and decreases in requests, funding, and spending. The Council is asking for \$1,026 less in administrative costs. During FY 2016 and 2017, the Council was forced to make several major, costly repairs to the HVAC system and roof which added significantly to administrative costs.

**Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds.**

A majority of the administrative expenses encountered by the Council are covered by contract funding from the Virginia Department of Health, Office of EMS.

### Capital Expenses

**Please provide an overview of the capital costs for your agency.**

N/A

**Please provide justification for and specific amounts of capital costs that are defrayed by**



## locality funds.

N/A

## Salary & Benefit Expenses

**Please provide an overview of any increases or decreases in general personnel expenses for your agency.**

While the FY 2018 numbers appear to be higher than FY 2017, our request has actually decreased by a total of \$35,491 to reflect a decrease in the number of staff members. In FY 2017, the Council budgeted \$365,921.00 for salary and \$72,077.00 for employee benefits; these were the figures listed in the FY17 application. These amounts reflected Council expenses if all requested funds were awarded. These numbers were adjusted to \$247,778 and \$71,525, respectively. The last COLA increase for staff was in FY 2008, and one position remains frozen. Council costs for benefits have significantly increased since being removed from the state of Virginia's The Local Choice insurance coverage in FY 2015. These expenses are expected to remain the same in FY 2017 and FY 2018, however.

**Please provide a description of any changes to agency benefits structure or cost.**

The Council is not anticipating changes in benefit cost or structure.

## Budget Issues

**Provide any legislative initiatives or issues that may impact the agency for the upcoming year.**

As a contract agency for the Virginia Department of Health, we are always subject to budget modifications; at this time, the Commonwealth of Virginia is facing a budget shortfall of \$1.5 billion dollars. This may affect the amount of funding awarded to the Council not only through our state contract, but also from area localities. The Council is also in the process of renegotiating its contract with the Virginia Department of Health, Office of EMS, and the amount of funding the Council will receive after December of 2016 is uncertain.

**If you are aware of "outside" funding sources that will expire or be reduced on a set cycle or date, please note those below and how you are planning for them.**

N/A

**Please detail any identified agency needs or areas of concern that are currently not being addressed in your funding request.**

Currently, the budget numbers reflect a \$115,291.14 surplus for the Council. This is not accurate. If awarded full funding, the Rappahannock EMS Council would be able to fill two positions that are currently vacant and frozen. These expenses are not accounted for in those listed in the previous section.

It also appears that the Council will experience a shortfall in FY2017. This is because expenses were calculated with requested funds in mind, while the revenues listed are the actual amounts localities allocated to the Council for FY17. Funding from the Office of EMS is also undetermined at this time, and expenses will be adjusted when revenues are finalized.

## Regional Funding

### Fiscal Year 2018 - Partner Funding Application

#### Rappahannock Emergency Medical Services Council, Inc.

Application Status: Submitted

#### Rappahannock Emergency Medical Services Council, Inc. **Regional Coordination of Emergency Medical Services System**

### Program Budget Narrative

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#### **Please indicate in details reasons for increases or decreases in the amounts requested for FY 2018.**

While it may appear that the Council's request to Planning District 16 has increased, the Council is actually requesting less than it did last year. That is because this budget was adjusted to reflect the actual amount of funding the Council was awarded, rather than anticipating the best outcome for each request. Currently, the budget numbers reflect a surplus for the Council. This is not accurate. If awarded full funding, the Council would be able to fill frozen positions. These expenses are not accounted for in those listed in the previous section. Funding from the Office of EMS is also undetermined at this time, and expenses will be adjusted when revenues are finalized.

The Council utilizes a funding model approved by the George Washington Regional Commission using population values with a rate of ¢ .29 per capita. The amounts for FY 2018 were calculated using projected population increases from the Weldon Cooper Center for Public Service at the University of Virginia.

#### **If an increase is being requested, please describe the impact not receiving an increase would have on the program.**

N/A

#### **In particular, please describe in detail if any increase is sought for new positions or personnel.**

N/A

## **Rappahannock Emergency Medical Services Council, Inc. -**

### **Collaborative Impact**

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### **Efforts and Partnerships**

**Describe in detail examples of collaborative efforts and key partnerships between your program and the other programs or agencies in the area.**

REMS partners with EMS agencies, area hospitals (HCA Spotsylvania Regional Medical Center, Mary Washington Hospital, Stafford Hospital), doctors (Fredericksburg Emergency Medical Alliance), and EMS providers. Committees are open to public participation and made up of EMS providers, doctors, hospital administrators, and citizens. These fifteen committees are essential in creating and disseminating policies and programs. REMS' Board of Directors is also collaborative: each locality in our service area is represented. The Council also has representation on the EMS Governor's Advisory Board, the Regional Director's Group, and represents the area at meetings of the state Training and Certification, Trauma System Oversight, and Medical Direction Committees. Regional coordination allows agencies, hospitals, providers, and area citizens to work together to manage and organize Emergency Medical Services in our service area in order to optimize the efficacy and efficiency of the system.

### **Collaborative Impact**

**Describe in detail how the community would be impacted if your program were dissolved or merged with another partner agency.**

The work of the council in coordinating area EMS agencies is entirely collaborative. Many policies, documents, and procedures are developed in committees maintained by the council but populated by area EMS providers, doctors, hospital administrators, and other healthcare providers. The council's Board of Directors determines the committee membership and the council staff serve as support for these committees.

If the council were dissolved, communication between and among area agencies would be greatly hindered. The council serves as not only coordinator of these all-important committees, but also as a liaison between the Virginia Department of Health, Office of EMS, and area EMS licensed agencies. Distribution of information and coordination of community efforts is essential, and the council is an indispensable resource for area EMS agencies. Agencies are updated on issues like medication shortages, national and state regulations, and changes to certification requirements.

## Rappahannock Emergency Medical Services Council, Inc. -

### Program Overview

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### General Information

|                               |  |
|-------------------------------|--|
| <b>Program Name</b>           | Regional Coordination of Emergency Medical Services System |
| <b>Is this a new program?</b> | No   |

### Program Contact

|              |                    |
|--------------|--------------------|
| <b>Name</b>  | E. Wayne Perry     |
| <b>Title</b> | Executive Director |
| <b>Email</b> | rem@vaems.org      |
| <b>Phone</b> | (540) 373-0249     |

### Program Purpose / Description

#### Provide an overview of this program

The Council's Board of Directors, made up of city and county representatives from Planning Districts 16 and 9, provides overall leadership in establishing and maintaining plans and programs approved by the Virginia Department of Health, Office of EMS, supporting the infrastructure of our service area's Emergency Medical Services system. This coordination is at the core of the council's mission and services, and includes regional plans, regional medical direction, quality improvement, consolidated grants through the Rescue Squad Assistance Fund (RSAF) program, and Critical Incident Stress Management Services (CISM). The council provides regional patient care protocols, restocking agreements and medication boxes which allow ambulances to replenish medical supplies at area hospital pharmacies, performance improvement monitoring, EMS and disaster planning, financial incentives with grant support, and aids in efforts to increase agency retention and recruitment of both career and volunteer EMS providers. All regional documents are produced by both Council staff and regional committees, which are coordinated by the Council and staffed by EMS providers from Planning Districts 16 and 9.

### Client Fees

**Please describe the fees clients must pay for the services by this program.**

No fees are charged for this service.

**Justification of Need**

**Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request.**

Good planning and coordination are necessary to the success of our Regional EMS System. Virginia's Regional EMS Councils, as designated in The Code of Virginia, are required to ensure that such planning, coordination, and program administration are in place at the regional level. This infrastructure is essential to the seamless operations of the EMS system of planning district 16, as it facilitates communication not only among PD16 agencies, but also between PD16 and PD9. The REMS Council coordinates 15 different regional committees, which connect more than 200 members who are citizens, EMS providers, hospital and government stakeholders, and EMS leadership to ensure that the EMS system operates smoothly throughout the region. The Council is also required by code to seek matching local funds from both private and public sources.

**If this is a new program, be sure to include the benefits to the region for funding a new request.**

N/A

**Target Audience and Service Delivery**

**Describe the program's intended audience or client base and how those clients are served.**

These services are provided throughout the year and are ongoing. Regional committees meet quarterly, and some convene more frequently. We bring hospital organizations and other state agencies (e.g. the Virginia Department of Emergency Management and Regional Health Districts) to the table to ensure a smooth interface of all the parts of the EMS system. Regional committees include representation from organizations like the American Red Cross and American Heart Association. We do not track individuals served for this program, but our services are available to 3,070 EMS providers in our service area (including 2,006 in PD16) and impact the quality of care for people in our service area receiving emergency medical care. This program serves not only the EMS licensed agencies of Planning District 16, but also the PD16 population at large; strong coordination and planning help ensure a high quality of care and communication between and among agencies, hospitals, EMS providers, and citizens.

**If your program has specific entry or application criteria, please describe it here.**

N/A

## Rappahannock Emergency Medical Services Council, Inc. -

### Number of Individuals Served

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### Localities

*Please provide the actual numbers of individuals served in this program during FY2016 and the projected numbers of individuals to be served in FY2018.*

| <b>Locality</b>     | <b>FY2016 (Actual)</b> | <b>FY2018 (Projected)</b> |
|---------------------|------------------------|---------------------------|
| Fredericksburg City | 205                    | 207                       |
| Caroline County     | 236                    | 238                       |
| King George County  | 113                    | 114                       |
| Spotsylvania County | 694                    | 722                       |
| Stafford County     | 756                    | 786                       |
| Other Localities    | 1,066                  | 1,087                     |
| Total               | 3,070                  | 3,154                     |

# Rappahannock Emergency Medical Services Council, Inc. -

## Goals and Objectives

### Goals

#### Goal:

The following Program Goal reflects only one of many areas of our Regional Coordination of our EMS System program and is not all inclusive.

- Provide an ongoing regional Performance Improvement Plan that supports all EMS Agency and Operational Medical Director regulatory requirements for maintaining a Quality Management Program with reporting.

| Objectives   | Objective Results                   | Year End | Baseline |
|--|-------------------------------------|----------|----------|
| <b>Develop and coordinate an approved regional Performance Improvement Plan to be distributed to all EMS licensed agencies annually.</b> | Total # Clients Served              | 45       | 45       |
|  | Total # Clients Achieved/Successful | 45       | 45       |
|  | % Achieved / Successful             | 100      | 100      |
| <b>Facilitate and track regional EMS licensed agency Quality Improvement reporting, maintaining an 84% rate of agency participation.</b> | Total # Clients Served              | 45       | 45       |
|  | Total # Clients Achieved/Successful | 31       | 45       |
|  | % Achieved / Successful             | 68.89    | 100      |

### Outcomes Narratives

#### Explanation & Overview

**If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case**

The Council does not track number of individuals served for this program, but services are available to 3,070 EMS providers in our service area (2,006 PD16 providers), and impact the quality of care for individuals in our service area receiving emergency medical care. The numbers above reflect the EMS agencies occupying the Council's service area, with the number successful being the average rate of compliance with the Regional Performance Improvement program. The Council was successful with its first goal in FY16: the Council maintains and reviews Performance Improvement Plan annually, performing revisions as needed. The plan is available to all agencies through our website, and copies are distributed whenever changes are made. Performance did fall short of expectations, however, for the second goal. This may be explained by a transition in the manner that agencies are being required to file their reports with the state of Virginia that has made access to data more difficult.

### Updates for FY2018

**Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported**

Some changes are planned for this program. The Council is working towards decreasing the necessity of agency reporting for Performance Improvement and monitoring data as reported to the state. Currently, agencies file electronic reports with the state regarding each patient they treat. They then pull data from that state database regarding patients they served for a given quarter and report that information to the Council. The changes to this program will remove the need for the agencies to pull the data and submit it to REMS; REMS will be able to pull the data from the state database directly, thereby relieving agencies of the burden of regional reporting.

**If you are restating the goals or objectives for FY 2018, please include those here**

Goal: Provide an ongoing regional Performance Improvement Plan that supports all EMS Agency and Operational Medical Director regulatory requirements for maintaining a Quality Management Program with reporting. No updates for this goal.

Objective: Develop and coordinate an approved regional Performance Improvement Plan to be distributed to all EMS licensed agencies annually. No changes to this objective.

New objective: Administer a regional performance improvement program which monitors the quality of data being reported by area agencies and assists said agencies with feedback regarding the improvement of reporting.

**Goal:**

**The following Program Goal reflects only one of many areas of our Regional Coordination of our EMS System program and is not all inclusive.**

**- Provide a Regional Medical Direction system that supports the requirements set forth in the Rules and Regulations governing EMS in Virginia.**

| <b>Objectives</b>  | <b>Objective Results</b>            | <b>Year End</b> | <b>Baseline</b> |
|--|-------------------------------------|-----------------|-----------------|
| <b>Designate a Regional Medical Director with a signed contract outlining the scope of his or her services and supporting all agency Operational Medical Directors in each locality.</b> | Total # Clients Served              | 3,070           | 3,154           |
|  | Total # Clients Achieved/Successful | 3,070           | 3,154           |
|  | % Achieved / Successful             | 100             | 100             |
| <b>Coordinate the development and implementation of regional patient care treatment protocols for the service area that support a high standard of care.</b>                             | Total # Clients Served              | 3,070           | 3,154           |
|  | Total # Clients Achieved/Successful | 3,070           | 3,154           |
|  | % Achieved / Successful             | 100             | 100             |

**Outcomes Narratives**



## Explanation & Overview

### **If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case**

The Council does not track number of individuals served for this program, but our services are available to all 3,070 EMS providers in our service area (including 2,006 PD16 providers). We consider this program successful: The Council maintains a contract with Dr. Tania White, Regional Medical Director, and facilitates the Regional Medical Direction committee of which she is chair. The Council also supports said Regional Medical Direction Committee, Guidelines and Training, and Protocol Committees which are instrumental in developing protocols for the region. The Protocol subcommittee made major revisions to the regional protocols in FY2016 and will continue to maintain and update them as necessary.

## Updates for FY2018

### **Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported**

No updates for this goal.

### **If you are restating the goals or objectives for FY 2018, please include those here**

Provide a Regional Medical Direction system that supports the requirements set forth in the Rules and Regulations governing EMS in Virginia. No changes for this goal or objectives.

Objective: Designate a Regional Medical Director with a signed contract outlining the scope of his or her services and supporting all agency Operational Medical Directors in each locality.

Objective: Coordinate the development and implementation of regional patient care treatment protocols for the service area that support a high standard of care.

## Rappahannock Emergency Medical Services Council, Inc. -

### Program Budget

*Please detail below the budget request for your program.*

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### Expenses

|                    | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|--------------------|-----------------------|-------------------------|--------------------------|
| Salary             | 85,297.86             | 120,902.36              | 146,827.21               |
| Benefits           | 31,460.79             | 31,471.07               | 30,276.14                |
| Operating Expenses | 108,278.21            | 144,029.33              | 43,278.63                |
| Capital Expenses   | 0.00                  | 0.00                    | 0.00                     |
| Total              | 225,036.86            | 296,402.76              | 220,381.98               |

### Revenues

|                          | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|--------------------------|-----------------------|-------------------------|--------------------------|
| Caroline                 | 3,719.32              | 3,793.24                | 3,831.52                 |
| Fredericksburg           | 3,097.60              | 3,124.00                | 3,599.64                 |
| King George              | 2,104.08              | 3,157.00                | 3,204.08                 |
| Spotsylvania             | 5,280.00              | 5,280.00                | 16,698.00                |
| Stafford                 | 5,700.20              | 0.00                    | 18,311.04                |
| United Way               | 0.00                  | 0.00                    | 0.00                     |
| Grants                   | 0.00                  | 0.00                    | 0.00                     |
| Client Fees              | 0.00                  | 0.00                    | 0.00                     |
| Fundraising              | 2,732.50              | 2,778.75                | 4,000.00                 |
| Other (Click to itemize) | 168,676.97            | 176,479.88              | 203,790.68               |
| Total                    | 191,310.67            | 194,612.87              | 253,434.96               |

### Surplus / Deficit

|                    | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|--------------------|-----------------------|-------------------------|--------------------------|
| Surplus or Deficit | -33,726.19            | -101,789.89             | 33,052.98                |

## Regional Funding

### Fiscal Year 2018 - Partner Funding Application

#### Rappahannock Emergency Medical Services Council, Inc.

Application Status: Submitted

#### Rappahannock Emergency Medical Services Council, Inc. **Regional Education/Training and Simulation Center**

### Program Budget Narrative

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#### **Please indicate in details reasons for increases or decreases in the amounts requested for FY 2018.**

While it may appear that the Council's request to Planning District 16 has increased, the Council is actually requesting less than it did last year. That is because this budget was adjusted to reflect the actual amount of funding the Council was awarded, rather than anticipating the best outcome for each request. Currently, the budget numbers reflect a surplus for the Council. This is not accurate. If awarded full funding, the Rappahannock EMS Council would be able to expand its outreach activities. These expenses are not accounted for in those listed in the previous section. Funding from the Office of EMS is also undetermined at this time, and expenses will be adjusted when revenues are finalized.

#### **If an increase is being requested, please describe the impact not receiving an increase would have on the program.**

N/A

#### **In particular, please describe in detail if any increase is sought for new positions or personnel.**

N/A

## **Rappahannock Emergency Medical Services Council, Inc. -**

### **Collaborative Impact**

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### **Efforts and Partnerships**

**Describe in detail examples of collaborative efforts and key partnerships between your program and the other programs or agencies in the area.**

By definition, our coordination of area EMS education is a collaborative effort. We work with area EMS agencies and the Office of Emergency Medical Services to keep programs running and in compliance with state standards. We help area education coordinators maintain their certifications and endorsements, and are able to provide or refer area providers to needed services. We also work in conjunction with OEMS to maintain the training center—much of the equipment purchased was made possible by state grants.

### **Collaborative Impact**

**Describe in detail how the community would be impacted if your program were dissolved or merged with another partner agency.**

Our training center is unique to the area. No other agency owns the type of high-fidelity simulation equipment the council provides for free use by area agencies. Courses taught by our instructors are also offered at a lower price than comparable for-profit institutions. This makes training more accessible to those with limited financial means. Our willingness to bill agencies for provider training also allows greater access to ALS training for area personnel and volunteers. If the council were to be dissolved, the training center would no longer exist. There is no facility in the area. We are the only council in the state to offer a high-fidelity simulation center, and many agencies have limited space in which to conduct training. Because our courses follow state and national guidelines, the possibility for partnerships is limited unless the other agency in question was to meet said requirements as well.

## Rappahannock Emergency Medical Services Council, Inc. -

### Program Overview

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### General Information

|                               |   |
|-------------------------------|---|
| <b>Program Name</b>           | Regional Education/Training and Simulation Center |
| <b>Is this a new program?</b> | No  |

### Program Contact

|              |                    |
|--------------|--------------------|
| <b>Name</b>  | E. Wayne Perry     |
| <b>Title</b> | Executive Director |
| <b>Email</b> | rem@vaems.org      |
| <b>Phone</b> | (540) 373-0249     |

### Program Purpose / Description

#### Provide an overview of this program

Regional coordination and planning for the training needs of over 3,000 EMS providers is essential to the success of our health care delivery system. The council supports our region's training needs with our Regional Training and Simulation Center which is host to HOW MANY HOURS. Our facility includes full high-fidelity simulation capabilities and is the only one of its kind serving EMS agencies, providers, and health care agencies in the region. We maintain a staff of instructors and administrative support in order to serve area providers and maintain state accreditation. The council also provides regional oversight and coordination for area instructors, endorsements, ALS preceptors, and affiliation agreements with community hospitals for student clinical rotations necessary for provider training and certification. We are currently in the process of review for national accreditation.

### Client Fees

#### Please describe the fees clients must pay for the services by this program.

Training fees are set by our board of directors, based upon cost to the Council to administer courses and current market pricing. Some training fees have increased for FY 2017 due to a rise in cost of operation

without a rise in contract or locality funding. EMT Basic Certification: \$655 and Continuing Education: \$8.50 per continuing education unit. Prices charged by the Council are much lower than those charged by comparable for-profit institutions, saving EMS agencies and providers money. Other programs are also some distance from our service area, requiring travel; having a centrally located training center is more convenient and cost effective for the providers of PD 16.

## **Justification of Need**

**Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request.**

The Council plays a vital role in determining our regional training needs, coordinating education programs, and establishing the local guidelines and policies for education that are utilized by members of the EMS system of PD16. Our Regional Training and Simulation Center is the only site in the region to offer full simulation labs. Simulation labs and Advanced Life Support training programs increase provider proficiencies and knowledge, elevating the level of care in Emergency Medical Services. In FY2016, 179 citizens of PD16 were served in our Regional Education and Training Center programs.

**If this is a new program, be sure to include the benefits to the region for funding a new request.**

N/A

## **Target Audience and Service Delivery**

**Describe the program's intended audience or client base and how those clients are served.**

PD 16 citizens, EMS providers, and healthcare professionals. The Regional Training and Simulation Center is in the City of Fredericksburg. The courses planned for FY2018 will be conducted throughout the year. REMS' Emergency Medical Technician Basic certification program takes five months, and is offered in August and January. An Advanced Life Support Refresher is offered in the fall and Basic Life Support Refresher in the spring. The Council also offers Pediatric Education for Prehospital Providers; Geriatric Education for EMS; Advanced Life Support Preceptor Initial Course or Update; Consolidated Test Site Evaluator Initial or Update courses. Other special programs such as Tactical Emergency Critical Care, Trauma Nursing Core Course, Emergency Nursing Pediatric Course, International Trauma Life Support and Prehospital Trauma Life Support will also be hosted or conducted by the Council. The Council also hosts REMS Critical Incident Stress Management team training sessions.

**If your program has specific entry or application criteria, please describe it here.**

Students must be a minimum of 16 years of age, without any felony convictions, in order to be eligible to practice as an EMS provider in the Commonwealth of Virginia. The same standards apply to entering our initial training program. Continuing education is only offered for providers with an existing EMS certification.

## Rappahannock Emergency Medical Services Council, Inc. -

### Number of Individuals Served

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### Localities

*Please provide the actual numbers of individuals served in this program during FY2016 and the projected numbers of individuals to be served in FY2018.*

| <b>Locality</b>     | <b>FY2016 (Actual)</b> | <b>FY2018 (Projected)</b> |
|---------------------|------------------------|---------------------------|
| Fredericksburg City | 25                     | 30                        |
| Caroline County     | 1                      | 5                         |
| King George County  | 13                     | 15                        |
| Spotsylvania County | 77                     | 85                        |
| Stafford County     | 63                     | 70                        |
| Other Localities    | 101                    | 110                       |
| Total               | 280                    | 315                       |



# Rappahannock Emergency Medical Services Council, Inc. -

## Goals and Objectives

### Goals

#### Goal:

Evaluate and implement innovative training opportunities through the Regional Training Center to include the use of simulation training and equipment.

| Objectives  | Objective Results                   | Year End | Baseline |
|---|-------------------------------------|----------|----------|
| <b>Council maintains four (4) simulation labs with necessary equipment and trained staff to support its use by community and health care partners.</b>                  | Total # Clients Served              | 280      | 315      |
|   | Total # Clients Achieved/Successful | 280      | 315      |
|   | % Achieved / Successful             | 100      | 100      |
| <b>Provide innovative training through use of simulation to improve program and student outcomes, with participants' academic development and performance improved.</b> | Total # Clients Served              | 280      | 315      |
|   | Total # Clients Achieved/Successful | 280      | 315      |
|   | % Achieved / Successful             | 100      | 100      |

### Outcomes Narratives

#### Explanation & Overview

If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case

N/A

#### Updates for FY2018

Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported

The council remains on course with both objectives and no changes to these programs are planned at this time.

If you are restating the goals or objectives for FY 2018, please include those here

Evaluate and implement innovative training opportunities through the Regional Training Center to include the use of simulation training and equipment. No updates to this goal at this time.

#### Goal:

**Provide emergency health care educational opportunities at the basic and advanced level through an accredited Regional Training Center to support the council's service area and needs.**

| <b>Objectives</b>  | <b>Objective Results</b>            | <b>Year End</b> | <b>Baseline</b> |
|--|-------------------------------------|-----------------|-----------------|
| <b>Participants acquire emergency health care skills and knowledge to become skilled and effective, working in an emergency health care setting through a variety of programs taught.</b>  | Total # Clients Served              | 280             | 315             |
|  | Total # Clients Achieved/Successful | 280             | 315             |
|  | % Achieved / Successful             | 100             | 100             |
| <b>Participants successfully complete programs and obtain state certification to provide emergency health care. State certification is mandated in the Commonwealth in order to provide patient care with a licensed EMS agency.</b> | Total # Clients Served              | 44              | 50              |
|  | Total # Clients Achieved/Successful | 32              | 40              |
|  | % Achieved / Successful             | 72.73           | 80              |

## **Outcomes Narratives**

### **Explanation & Overview**

**If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case**

44 individuals registered for the REMS Council EMT-B program; 33 completed the course, and 32 passed the course.

### **Updates for FY2018**

**Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported**

N/A

**If you are restating the goals or objectives for FY 2018, please include those here**

Provide emergency health care educational opportunities at the basic and advanced level through an accredited Regional Training Center to support the council's service area and needs. No updates to this goal at this time.

## Rappahannock Emergency Medical Services Council, Inc. -

### Program Budget

*Please detail below the budget request for your program.*

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### Expenses

|                    | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|--------------------|-----------------------|-------------------------|--------------------------|
| Salary             | 73,666.33             | 104,415.67              | 126,805.32               |
| Benefits           | 27,170.68             | 27,179.56               | 26,148.00                |
| Operating Expenses | 93,513.00             | 124,388.97              | 123,741.00               |
| Capital Expenses   | 0.00                  | 0.00                    | 0.00                     |
| Total              | 194,350.01            | 255,984.20              | 276,694.32               |

### Revenues

|                          | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|--------------------------|-----------------------|-------------------------|--------------------------|
| Caroline                 | 3,212.14              | 3,275.98                | 3,309.04                 |
| Fredericksburg           | 3,097.60              | 2,698.00                | 3,108.78                 |
| King George              | 1,817.16              | 2,762.50                | 2,767.16                 |
| Spotsylvania             | 4,560.00              | 4,560.00                | 14,421.00                |
| Stafford                 | 4,922.90              | 0.00                    | 15,814.08                |
| United Way               | 0.00                  | 0.00                    | 0.00                     |
| Grants                   | 0.00                  | 0.00                    | 0.00                     |
| Client Fees              | 28,182.04             | 28,200.00               | 30,970.00                |
| Fundraising              | 4,781.88              | 4,862.81                | 7,000.00                 |
| Other (Click to itemize) | 153,927.68            | 173,626.46              | 198,816.56               |
| Total                    | 204,501.40            | 219,985.75              | 276,206.62               |

### Surplus / Deficit

|                    | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|--------------------|-----------------------|-------------------------|--------------------------|
| Surplus or Deficit | 10,151.39             | -35,998.45              | -487.70                  |

## Regional Funding

### Fiscal Year 2018 - Partner Funding Application

#### Rappahannock Emergency Medical Services Council, Inc.

Application Status: Submitted

#### Rappahannock Emergency Medical Services Council, Inc. **Regional Emergency Medical Services Certification and Testing**

### Program Budget Narrative

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#### **Please indicate in details reasons for increases or decreases in the amounts requested for FY 2018.**

While it may appear that the Council's request to Planning District 16 has increased, the Council is actually requesting less than it did last year. That is because this budget was adjusted to reflect the actual amount of funding the Council was awarded, rather than anticipating the best outcome for each request. Currently, the budget numbers reflect a surplus for the Council. This is not accurate. If awarded full funding, the Rappahannock EMS Council would be able to expand its outreach activities. These expenses are not accounted for in those listed in the previous section. Funding from the Office of EMS is also undetermined at this time, and expenses will be adjusted when revenues are finalized.

#### **If an increase is being requested, please describe the impact not receiving an increase would have on the program.**

N/A

#### **In particular, please describe in detail if any increase is sought for new positions or personnel.**

N/A

## **Rappahannock Emergency Medical Services Council, Inc. -**

### **Collaborative Impact**

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### **Efforts and Partnerships**

**Describe in detail examples of collaborative efforts and key partnerships between your program and the other programs or agencies in the area.**

The council works collaboratively with area schools in order to vary the location of each Consolidated Test Site and thereby provide a convenient place for providers from different places across our service area to test. We do pay these schools and churches a site use fee. We also hire area instructors and providers to serve as evaluators and patients for the test sites.

The consolidated testing system is a joint effort of all of the regional councils and shares one registration and administration system, <http://testing.vaems.org>

### **Collaborative Impact**

**Describe in detail how the community would be impacted if your program were dissolved or merged with another partner agency.**

Consolidated Test Sites can only be administered by regional EMS councils. While residents of PD16 could certainly travel to another council in order to test, the dissolution of the Rappahannock EMS Council would mean travelling greater distances for testing and create greater travel expenses for providers. National Registry examinations are offered by other community colleges and training centers, but they are all at some distance from PD16. Testing fees also vary from site to site and are generally higher than those charged by the council.

## Rappahannock Emergency Medical Services Council, Inc. -

### Program Overview

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### General Information

|                               |   |
|-------------------------------|---|
| <b>Program Name</b>           | Regional Emergency Medical Services Certification and Testing |
| <b>Is this a new program?</b> | No  |

### Program Contact

|              |                    |
|--------------|--------------------|
| <b>Name</b>  | E. Wayne Perry     |
| <b>Title</b> | Executive Director |
| <b>Email</b> | rem@vaems.org      |
| <b>Phone</b> | (540) 373-0249     |

### Program Purpose / Description

#### Provide an overview of this program

Virginia's Regional EMS Councils are responsible for ensuring the provision of an annual EMS certification testing program for basic level training within our service area. Consolidation of regional testing ensures a high standard is met across the state and brings certified EMS providers to our region's volunteer, career and commercial EMS and fire agencies. The council establishes approved test site locations and dates; acts as the registration contact; and maintains appropriate equipment and testing personnel. The Council also provides administrative oversight for all test sites conducted within our service area.

Advanced Life Support certification requires National Registry Psychomotor examinations. The council coordinates and hosts these exams for providers from all over the east coast. These test sites are limited in number and spread out geographically; hosting them at the Rappahannock EMS Council gives PD16 providers a convenient venue for testing.

### Client Fees

**Please describe the fees clients must pay for the services by this program.**

The Virginia Department of Health, Office of EMS establishes our fee threshold for Consolidated Testing. Initial practical testing and re-testing fees are set at \$50 and \$25. There is no fee for written only testing. Pricing for our National Registry exam is set by our Board of Directors and is based upon cost and average fees charged within the state of Virginia. Initial testing for Paramedics is \$250; Intermediates \$200; AEMT \$175; retesting is \$50 per station, with a maximum of the initial test fee for each respective level of certification (e.g. a Paramedic retest candidate will pay no more than \$250 no matter how many stations they must retest).

## **Justification of Need**

**Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request.**

The council's Regional Consolidated Testing Program supports students and citizens of PD16 with obtaining and maintaining the EMS certification that is required by the Code of Virginia to operate an ambulance and provide patient care. This certified manpower is essential to your public safety system and is a service that is only available through the Regional Council system. In recent years the program supported both Spotsylvania and Stafford County's EMT-Basic High School program and classes conducted through area EMS agencies.

National Registry Psychomotor exams are required by the commonwealth for initial state certification and the Rappahannock EMS Council provides the most convenient site for PD16 providers. These practical examinations are few and far between, and some providers come all the way from Delaware or Georgia to test with us. Having these test sites in Fredericksburg eliminates the need for PD16 providers to travel great distances for certification testing.

**If this is a new program, be sure to include the benefits to the region for funding a new request.**

N/A

## **Target Audience and Service Delivery**

**Describe the program's intended audience or client base and how those clients are served.**

Planning District 16 citizens enrolled in and completing initial EMS certification training courses. EMS providers within our system who are re-certifying. Must be a minimum of 16 years of age and older. The Council will conduct 14 Consolidated Test Sites in FY2018. They are conducted throughout our region in area schools to include Spotsylvania, Caroline, Culpeper, Fauquier, Fredericksburg, Orange and Stafford. We also plan to conduct five National Registry Psychomotor exams in the council's Regional Training and Simulation Center.

**If your program has specific entry or application criteria, please describe it here.**

N/A



## Rappahannock Emergency Medical Services Council, Inc. -

### Number of Individuals Served

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### Localities

*Please provide the actual numbers of individuals served in this program during FY2016 and the projected numbers of individuals to be served in FY2018.*

| <b>Locality</b>     | <b>FY2016 (Actual)</b> | <b>FY2018 (Projected)</b> |
|---------------------|------------------------|---------------------------|
| Fredericksburg City | 17                     | 20                        |
| Caroline County     | 7                      | 10                        |
| King George County  | 4                      | 5                         |
| Spotsylvania County | 84                     | 90                        |
| Stafford County     | 150                    | 160                       |
| Other Localities    | 244                    | 250                       |
| Total               | 506                    | 535                       |

# Rappahannock Emergency Medical Services Council, Inc. -

## Goals and Objectives

### Goals

#### Goal:

Enhance the quality of test sites and programs through developed regional consolidated test site policies and participation with related state committees. This includes implementation of new BLS testing policies and procedures approved by the State.

| Objectives   | Objective Results                   | Year End | Baseline |
|--|-------------------------------------|----------|----------|
| <b>Develop and maintain an Office of EMS approved Regional Consolidated Test site Policies and Procedures manual for service area that meets state guidelines for testing and certification.</b> | Total # Clients Served              | 314      | 334      |
|  | Total # Clients Achieved/Successful | 314      | 334      |
|  | % Achieved / Successful             | 100      | 100      |
| <b>Conduct annual training of all contracted CTS personnel through developed EMT-B Evaluator Program and review policies and procedures as approved.</b>   | Total # Clients Served              | 40       | 45       |
|  | Total # Clients Achieved/Successful | 40       | 45       |
|  | % Achieved / Successful             | 100      | 100      |

### Outcomes Narratives

#### Explanation & Overview

**If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case**

Numbers served for Objective 1 include all candidates who tested at REMS Council test sites in FY16. Objective two includes all Consolidated Test Site staff and individuals who took the Evaluator Course

#### Updates for FY2018

**Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported**

N/A

**If you are restating the goals or objectives for FY 2018, please include those here**

Enhance the quality of test sites and programs through developed regional consolidated test site policies and participation with related state committees. This includes implementation of new BLS

testing policies and procedures approved by the State. No changes to this goal or objectives: Develop and maintain an Office of EMS approved Regional Consolidated Test site Policies and Procedures manual for service area that meets state guidelines for testing and certification; Conduct annual training of all contracted CTS personnel through developed EMT-B Evaluator Program and review policies and procedures as approved.

**Goal:**

**Maintain a state approved consolidated test site program that serves the needs of the localities and EMS agencies served by the council in meeting their certification needs.**

| Objectives   | Objective Results                   | Year End | Baseline |
|--|-------------------------------------|----------|----------|
| <b>Conduct 14 Basic Life Support Consolidated Test Sites through an approved schedule and facilities over a 12-month period.</b> | Total # Clients Served              | 314      | 334      |
|  | Total # Clients Achieved/Successful | 314      | 334      |
|  | % Achieved / Successful             | 100      | 100      |
| <b>Conduct 5 National Registry Practical Test Sites for Advanced Life Support certification.</b>                                 | Total # Clients Served              | 174      | 201      |
|  | Total # Clients Achieved/Successful | 174      | 201      |
|  | % Achieved / Successful             | 100      | 100      |

**Outcomes Narratives**

**Explanation & Overview**

**If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case**

N/A

**Updates for FY2018**

**Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported**

N/A

**If you are restating the goals or objectives for FY 2018, please include those here**

Maintain a state approved consolidated test site program that serves the needs of the localities and EMS agencies served by the council in meeting their certification needs. No changes to this goals or these objectives: conduct 14 Basic Life Support Consolidated Test Sites through an approved schedule and facilities over a 12-month period; Conduct 5 National Registry Practical Test Sites for Advanced Life Support certification.



## Rappahannock Emergency Medical Services Council, Inc. -

### Program Budget

*Please detail below the budget request for your program.*

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### Expenses

|                    | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|--------------------|-----------------------|-------------------------|--------------------------|
| Salary             | 19,385.88             | 27,477.81               | 33,369.82                |
| Benefits           | 7,150.18              | 7,152.52                | 6,880.94                 |
| Operating Expenses | 24,608.69             | 32,733.94               | 32,563.32                |
| Capital Expenses   | 0.00                  | 0.00                    | 0.00                     |
| Total              | 51,144.75             | 67,364.27               | 72,814.08                |

### Revenues

|                          | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|--------------------------|-----------------------|-------------------------|--------------------------|
| Caroline                 | 845.30                | 862.10                  | 870.80                   |
| Fredericksburg           | 704.00                | 710.00                  | 818.10                   |
| King George              | 478.20                | 717.50                  | 728.20                   |
| Spotsylvania             | 1,200.00              | 1,200.00                | 3,795.00                 |
| Stafford                 | 1,295.50              | 3,608.00                | 4,161.60                 |
| United Way               | 0.00                  | 0.00                    | 0.00                     |
| Grants                   | 0.00                  | 0.00                    | 0.00                     |
| Client Fees              | 49,046.86             | 48,750.00               | 35,500.00                |
| Fundraising              |                       |                         |                          |
| Other (Click to itemize) | 47,995.23             | 50,079.20               | 56,266.20                |
| Total                    | 101,565.09            | 105,926.80              | 102,139.90               |

### Surplus / Deficit

|                    | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|--------------------|-----------------------|-------------------------|--------------------------|
| Surplus or Deficit | 50,420.34             | 38,562.53               | 29,325.82                |

## Regional Funding

### Fiscal Year 2018 - Partner Funding Application

#### Rappahannock Emergency Medical Services Council, Inc.

**Application Status:** Submitted

#### Rappahannock Emergency Medical Services Council, Inc. **Community Awareness and Outreach**

##### Program Budget Narrative

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##### **Please indicate in details reasons for increases or decreases in the amounts requested for FY 2018.**

While it may appear that the Council's request to Planning District 16 has increased, the Council is actually requesting less than it did last year. That is because this budget was adjusted to reflect the actual amount of funding the Council was awarded, rather than anticipating the best outcome for each request.

Currently, the budget numbers reflect a surplus for the Council. This is not accurate. If awarded full funding, the Rappahannock EMS Council would be able to expand its outreach activities. These expenses are not accounted for in those listed in the previous section. Funding from the Office of EMS is also undetermined at this time, and expenses will be adjusted when revenues are finalized.

##### **If an increase is being requested, please describe the impact not receiving an increase would have on the program.**

N/A

##### **In particular, please describe in detail if any increase is sought for new positions or personnel.**

N/A

## **Rappahannock Emergency Medical Services Council, Inc. -**

### **Collaborative Impact**

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### **Efforts and Partnerships**

**Describe in detail examples of collaborative efforts and key partnerships between your program and the other programs or agencies in the area.**

REMS participates in a joint collaboration between Mary Washington Healthcare, HCA, and the Virginia Department of Health on a Healthy Communities project. Our Executive Director served on the steering committee of this project. We are also working with the American Heart Association on their Hands-Only CPR program, hosting functions as requested and housing equipment in our storage areas as needed. We plan to continue our involvement in education and outreach, and are expanding our scope and contact with additional programs and services, such as our Mobile Integrated Healthcare program in Caroline County. We are currently operating a grant-funded pilot program which may prove essential in decreasing unnecessary Emergency Room traffic and rehospitalization of patients. This grant was awarded in FY 2016 with a term of one year with two optional renewals.

### **Collaborative Impact**

**Describe in detail how the community would be impacted if your program were dissolved or merged with another partner agency.**

The Council is an essential part of administering the regional awards—area agencies operate under and interact with other agencies in their county. While they may give recognition to providers and agencies in that area, there is no other group providing the kind of regional awards that are given by the council. The council solicits nominations, presents them to an awards committee, finances an awards banquet, and provides the physical awards.

The "9-1-1 for Kids" program is a collaborative effort between the council and area agencies that elect to participate. A national program, it may be adopted by agencies as they choose. The REMS staff serves as administrative support for these agencies, allowing the EMS providers involved to focus on the classroom aspect of the program. The Council also owns the "Red E. Fox" costume and DVDs used in the program, and loans them to agencies free of charge.



## Rappahannock Emergency Medical Services Council, Inc. -

### Program Overview

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### General Information

**Program Name** Community Awareness and Outreach

**Is this a new program?** No

### Program Contact

**Name** E. Wayne Perry

**Title** Executive Director

**Email** rems@vaems.org

**Phone** (540) 373-0249

### Program Purpose / Description

#### Provide an overview of this program

The Council, in partnership with area EMS agencies, conducts yearly public education programs which serve to enhance our system's effectiveness by informing our community about the types of services available, how best to utilize them, and the importance of prevention in medical well-being. Each year, we educate area elementary students with our award-winning "9-1-1 For Kids" program. As required by the Office of EMS, we support the Governor's EMS Awards Program to honor and highlight our EMS system, by conducting a yearly Regional EMS Awards Program. Throughout the year council staff also participate in public speaking events (including the Combined Federal Campaign Speaker's Bureau), health fairs, and other outreach activities. Our Pilot Mobile Integrated Healthcare Program in Caroline County also falls under the Council's outreach activities. Through this community paramedicine project, the REMS Council assists individuals with transportation to appointments, communication with their doctors, accessing healthcare resources, and education regarding healthy life choices. This pilot program is fully funded by a grant awarded by the Virginia Department of Health Office of Minority Health and Health Equity.

### Client Fees

**Please describe the fees clients must pay for the services by this program.**

No fees are charged for this service.

## **Justification of Need**

**Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request.**

Public understanding of how the area Emergency Medical Services system works is essential. Education allows for the development of an understanding regarding how to best utilize services offered to the public. By educating the public through our “9-1-1 for Kids” program, public education endeavors, and highlighting the achievements of individuals and agencies in our EMS system through our Regional Awards, we can help ensure that the citizenry work collaboratively with emergency medical personnel for the most efficacious provision of care. When citizens understand what providers need in order to provide assistance, providers’ jobs become easier and care more effective. In FY2016, our “9-1-1 for Kids” program served 586 second graders in PD16; participation in our other programs is markedly more difficult to track and we do not have a number accurately representing the number of persons served.

**If this is a new program, be sure to include the benefits to the region for funding a new request.**

N/A

## **Target Audience and Service Delivery**

**Describe the program’s intended audience or client base and how those clients are served.**

Planning District 16 and 9 citizens. Our “9-1-1 for Kids” program focuses specifically on area second grade students and EMS providers. Each year we target all locality schools for participation, and our target remains reaching 25 schools throughout the region. The “9-1-1 For Kids” and Regional EMS Awards programs are conducted each year in the spring. Public speaking events regarding health and our EMS system are conducted throughout the year as requested. Participation in our other programs is markedly more difficult to track and we do not have a number accurately representing the number of persons served, but many individuals interacted with Council staff at various public functions, discussing both the Council and Emergency Medical Services.

**If your program has specific entry or application criteria, please describe it here.**

N/A

## Rappahannock Emergency Medical Services Council, Inc. -

### Number of Individuals Served

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### Localities

*Please provide the actual numbers of individuals served in this program during FY2016 and the projected numbers of individuals to be served in FY2018.*

| <b>Locality</b>     | <b>FY2016 (Actual)</b> | <b>FY2018 (Projected)</b> |
|---------------------|------------------------|---------------------------|
| Fredericksburg City | 0                      | 0                         |
| Caroline County     | 0                      | 0                         |
| King George County  | 0                      | 0                         |
| Spotsylvania County | 0                      | 0                         |
| Stafford County     | 586                    | 800                       |
| Other Localities    | 0                      | 0                         |
| <b>Total</b>        | <b>586</b>             | <b>800</b>                |

# Rappahannock Emergency Medical Services Council, Inc. -

## Goals and Objectives

### Goals

#### Goal:

**Strengthen community awareness and proper use of regional emergency health care system through public education programs.**

| <b>Objectives</b>   | <b>Objective Results</b>            | <b>Year End</b> | <b>Baseline</b> |
|---|-------------------------------------|-----------------|-----------------|
| <b>Educate 2,300 second grade students in service area with the "9-1-1 For Kids" program.</b>                           | Total # Clients Served              | 586             | 800             |
|   | Total # Clients Achieved/Successful | 586             | 800             |
|   | % Achieved / Successful             | 100             | 100             |
| <b>Collaborate with other community resources and agencies to ensure public education and prevention needs are met.</b> | Total # Clients Served              | 1               | 1               |
|   | Total # Clients Achieved/Successful | 1               | 1               |
|   | % Achieved / Successful             | 100             | 100             |

### Outcomes Narratives

#### Explanation & Overview

**If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case**

The Council fell short of its goal of 2,300 participants in "9-1-1 for Kids". This program previously received funding from Rappahannock United Way; in FY 2014 no funds were received, which limited our ability to promote and implement the program. The program was temporarily suspended in FY15 due to an unforeseen change in staffing. There was an increase of 207 students served between FY14 and FY16, however, and we anticipate a continuation of this trend for FY17 and FY18. It is more difficult to track population served at community events; the Council collaborated with the American Heart Association, the Rappahannock United Way, and other agencies for several events this fiscal year, and hope to expand that participation as staffing allows.

#### Updates for FY2018

**Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported**

No changes to either program at this time.

**If you are restating the goals or objectives for FY 2018, please include those here**

Strengthen community awareness and proper use of regional emergency health care system through

public education programs. No changes to this goal at this time.

Educate 800 second grade students in the service area with the "9-1-1 for Kids" program. This objective is more feasible than 2,300 students if the Council does not receive an increase in funding for the program.

Collaborate with other community resources and agencies to ensure public education and prevention needs are met. No changes to this objective.

**Goal:**

**Highlight outstanding achievement and promote retention in our EMS system through a Regional Awards Program that will facilitate a greater participation in the Governor’s EMS Awards Program, run by the Virginia Department of Health, Office of EMS, which serve as incentive and encouragement for EMS provider retention and agency performance.**

| Objectives  | Objective Results                   | Year End | Baseline |
|---|-------------------------------------|----------|----------|
| <b>Establish and administer annual Regional Awards Program for service area, recognizing 11 award categories and winners.</b>                                       | Total # Clients Served              | 11       | 12       |
|   | Total # Clients Achieved/Successful | 11       | 12       |
|   | % Achieved / Successful             | 100      | 100      |
| <b>Acknowledge the achievements of regional winners within the community and at the state level through nomination to the annual Governor’s EMS Awards Program.</b> | Total # Clients Served              | 11       | 12       |
|   | Total # Clients Achieved/Successful | 11       | 12       |
|   | % Achieved / Successful             | 100      | 100      |

**Outcomes Narratives**

**Explanation & Overview**

**If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case**

In FY 2016, the Council conducted its 13th Annual Regional Awards Banquet. There were 19 nominations submitted from across the region, and 12 winners were selected.

Each of the twelve 2016 Regional Awards winners was nominated for the Governor's EMS Award in the same category.

**Updates for FY2018**

**Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported**

N/A

**If you are restating the goals or objectives for FY 2018, please include those here**

Highlight outstanding achievement and promote retention in our EMS system through a Regional Awards Program that will facilitate a greater participation in the Governor's EMS Awards Program, run by the Virginia Department of Health, Office of EMS, which serve as incentive and encouragement for EMS provider retention and agency performance. No changes to this goal.

Maintain an annual Regional Awards Program for the service area, recognizing 12 award categories and winners. The number of awards has been increased from 11 to 12 due to changes in Governor's Awards categories.

Acknowledge the achievements of regional winners within the community and at the state level through nomination to the annual Governor's EMS Awards Program. No changes to this objective.

## Rappahannock Emergency Medical Services Council, Inc. -

### Program Budget

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### Expenses

|                    | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|--------------------|-----------------------|-------------------------|--------------------------|
| Salary             | 13,570.11             | 19,234.00               | 23,358.87                |
| Benefits           | 5,005.13              | 5,006.76                | 4,816.66                 |
| Operating Expenses | 17,226.08             | 22,913.76               | 22,794.33                |
| Capital Expenses   | 0.00                  | 0.00                    | 0.00                     |
| Total              | 35,801.32             | 47,154.52               | 50,969.86                |

### Revenues

|                          | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|--------------------------|-----------------------|-------------------------|--------------------------|
| Caroline                 | 591.71                | 603.47                  | 609.56                   |
| Fredericksburg           | 492.80                | 497.00                  | 572.67                   |
| King George              | 334.74                | 502.25                  | 509.74                   |
| Spotsylvania             | 840.00                | 840.00                  | 2,656.50                 |
| Stafford                 | 906.85                | 2,004.00                | 2,913.12                 |
| United Way               | 0.00                  | 0.00                    | 0.00                     |
| Grants                   | 12,282.50             | 12,282.50               | 24,565.00                |
| Client Fees              | 0.00                  | 0.00                    | 0.00                     |
| Fundraising              | 1,366.25              | 1,389.38                | 2,000.00                 |
| Other (Click to itemize) | 26,835.07             | 28,036.44               | 32,421.34                |
| Total                    | 43,649.92             | 46,155.04               | 66,247.93                |

### Surplus / Deficit

|                    | <b>FY 2016 Actual</b> | <b>FY 2017 Budgeted</b> | <b>FY 2018 Requested</b> |
|--------------------|-----------------------|-------------------------|--------------------------|
| Surplus or Deficit | 7,848.60              | -999.48                 | 15,278.07                |