

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.				
Physical Address:	435 Hunter Street				
Mailing Address:	435 Hunter Street				
City:	Fredericksburg	State:	VA	Zip:	22401
Telephone Number:	540-373-0249	Fax:	540-373-0536		
Federal Tax ID #:	54-1038962				
Web Address:	remscouncil.org				
General Email Address:	rems@vaems.org				
Agency Main Contact:	E. Wayne Perry	Title:	Executive Director		
Telephone Number:	540-373-0249 ext. 1002				
E-Mail Address:	wperry@vaems.org				

Agency Mission:

The Rappahannock Emergency Medical Services Council, Inc. is a non-profit community organization serving Planning Districts 9 and 16, mandated by Virginia law, which provides emergency medical training to the public as well as volunteer and career first responders, coordinates regional disaster planning, arranges for the resupply of ambulances, and facilitates interactions between local governments, first responders, and local hospitals. The Council's mission is to facilitate the development and continued operation of a high quality, dedicated, and coordinated emergency response and preparedness system for our service area.

Number of years agency has been in operation: 39

Localities Served:

The counties of Caroline, Culpeper, Fauquier, King George, Orange, Rappahannock, Spotsylvania, and Stafford; the City of Fredericksburg and the Town of Colonial Beach.

Total Projected Agency Expenses for FY2017

List Program Title/Name		Salary	Benefits	Operating Expenses	Capital Expenses	Total
Program 1	Regional Coordination of	\$ 94,774.00	\$ 18,668.00	\$ 91,696.00	\$ -	\$ 205,138.00
Program 2	Community Awareness &	\$ 18,296.00	\$ 3,604.00	\$ 17,702.00	\$ -	\$ 39,602.00
Program 3	Regional Education/Train	\$ 138,684.00	\$ 27,317.00	\$ 134,182.00	\$ -	\$ 300,183.00
Program 4	Regional EMS Certificatio	\$ 32,933.00	\$ 6,487.00	\$ 31,864.00	\$ -	\$ 71,284.00
Program 5		\$ -	\$ -	\$ -	\$ -	\$ -
Total Program Budgets		\$ 284,687.00	\$ 56,076.00	\$ 275,444.00	\$ -	\$ 616,207.00
Agency Administrative Expenses		\$ 81,234.00	\$ 16,001.00	\$ 78,597.00		\$ 175,832.00
Total Agency Expenses		\$ 365,921.00	\$ 72,077.00	\$ 354,041.00	\$ -	\$ 792,039.00

Total Agency Revenues

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline	\$ 8,453.00	\$ 8,549.00	\$ 8,621.00
Fredericksburg	\$ 7,040.00	\$ 8,104.00	\$ 8,181.00
King George	\$ 4,782.00	\$ 7,093.00	\$ 7,175.00
Spotsylvania	\$ 12,000.00	\$ 36,411.00	\$ 36,638.00
Stafford	\$ 13,637.00	\$ 39,191.00	\$ 40,087.00
United Way	\$ 1,776.00	\$ -	\$ -
Grants	\$ 3,224.00	\$ -	\$ -
Client Fees	\$ 60,585.00	\$ 239,704.00	\$ 214,742.00
Fundraising	\$ 10,958.00	\$ 11,115.00	\$ 11,115.00
Other*	\$ 424,680.00	\$ 445,266.00	\$ 465,480.00
Total Agency Revenues	\$ 547,135.00	\$ 795,433.00	\$ 792,039.00

**Detail below what revenues are included under "Other", in the table above:*

Other Revenue Includes: contract funding from the Virginia Department of Health, Office of Emergency Medical Services; government funding from Culpeper, Orange, Fauquier, Rappahannock, and Westmoreland Counties; vending; interest and miscellaneous income. This also includes an in-kind donation of the lease of our facility, valued at \$110,865.

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.
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Agency Administrative Expenses Overview

In the box below, provide an overview of the administrative costs detailed on the Agency Overview Tab, in the Total Projected Agency Expenses table for the agency as a whole. If your agency is requesting an increase or decrease in administrative funding, please describe, in detail, the reasons for these changes. Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds (as detailed in the chart below). (Do not exceed 15 lines of text.)

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, payroll, taxes, and insurance. A total of \$22,058 is used from locality funding towards this category and the majority of expense for this category is allocated through the Office of EMS State Contract. 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.

Administrative Revenue

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline	\$ 1,876.00	\$ 1,899.00	\$ 1,914.00
Fredericksburg	\$ 1,563.00	\$ 1,800.00	\$ 1,816.00
King George	\$ 1,062.00	\$ 1,575.00	\$ 1,593.00
Spotsylvania	\$ 2,664.00	\$ 8,083.00	\$ 8,134.00
Stafford	\$ 3,028.00	\$ 8,701.00	\$ 8,899.00
United Way	\$ -	\$ -	\$ -
Grants	\$ -	\$ -	\$ -
Client Fees	\$ 19,464.00	\$ 77,010.00	\$ 68,990.00
Fundraising	\$ 3,286.00	\$ 3,330.00	\$ 3,330.00
Other*	\$ 88,880.00	\$ 74,192.00	\$ 81,156.00
Total Agency Revenues	\$ 121,823.00	\$ 176,590.00	\$ 175,832.00

**Detail below what revenues are included under "Other", in the table above:*

Other Revenue Includes: contract funding from the Virginia Department of Health, Office of Emergency Medical Services; government funding from Culpeper, Orange, Fauquier, Rappahannock, and Westmoreland Counties; vending; interest and miscellaneous income. This also includes an in-kind donation of the lease of our facility, valued at \$110,865.

Agency Capital Expenses Overview

In the box below, provide an overview of the capital costs detailed on the Agency Overview Tab, in the Total Projected Agency Expenses table, for the agency as a whole. Please provide justification for and specific amounts of capital costs that are defrayed by locality funds. (The description should not exceed 15 lines of text.)

There are no planned capital projects planned for Fiscal Year 2017.

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.
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Salary & Benefit Expenses Overview

In the box below, provide an overview of any increases or decreases in general personnel expenses for the agency. This would include any planned or projected merit or COLA increases, or new positions being requested. Also include a description of any changes to agency benefits structure or cost.
(The description should not exceed 10 lines of text.)

We are not planning for any increase or decrease in personnel expenses. We will not be able to offer COLA increases or merit pay raises for the staff at our current funding level; the last COLA increase was given in FY 2008. We have one frozen position, which will remain frozen for FY2017. The Council was recently forced to transition to a new benefits packages after being removed from Virginia's The Local Choice Program. Benefit costs have increased for both the company and its employees, but are expected to remain the same in FY2016 and FY2017.

Budget Issues

Please detail below any legislative initiatives or issues that may impact the agency for the upcoming year. This could include new legislation that may increase or decrease projected funding at any level (Federal/State/Local), or could affect grants or designated funds as they are currently received. 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.

As a contract agency for the Virginia Department of Health, we are always subject to budget modifications; at this time, we are unaware of any pending issues. Due to a transition in our Advanced Life Support training program, no initial certification courses were offered for either Intermediate or Paramedic level. This is the cause of the drastic decrease of revenue from client fees, and was anticipated. We anticipate an increase in client fees with the reintroduction of ALS initial certification courses in our training program.

Please detail below any identified agency needs or areas of concern that are currently not being addressed in your funding request. This could include training or technical assistance for specific areas, administrative support for a program or service, evaluation of current programs, or consultation for strategic planning, board support, or fundraising.

We continue to have an increase in demand for service and requirements from the state and local agencies, with no appreciable increase in funding. In some cases, we have seen a reduction in funding, or the continuation of a prior reduction. We have been short-staffed for more than 5 years and expenses continue to rise at a pace that is greater than our ability to generate revenue. Without a return to full funding from the localities, we are going to have to look at a significant alteration in the services that we provide in order to remain a viable organization. We are INTENSELY BIDDING you to consider funding our request at 100% so that we can continue to offer the services that are currently available.

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.
Locality Notes	
<i>Please use the spaces below to provide any locality specific notes or statements that may be relevant to your application.</i>	
City of Fredericksburg	
<p>7% of our clientele are from Fredericksburg. We work closely with providers from all of Planning District 16, including the City of Fredericksburg, 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 (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 2015, the Council staff devoted 125.5 hours to various services specifically for the City of Fredericksburg.</p>	
Caroline County	
<p>8% of our clientele are from Caroline County. We work with providers from all PD16 counties, including Caroline, on our regional committees—they assist with developing protocols, plans, and other regional documents. We offer Consolidated Test Sites in Caroline County for provider convenience. 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 2015, the Council staff devoted 64 hours to various services specifically for Caroline County.</p>	
King George County	
<p>4% of our 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 2015, the Council staff devoted 43.5 hours to various services specifically for King George.</p>	
Spotsylvania County	
<p>23% of our 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 2015, the Council staff devoted 162 hours to various services specifically for Spotsylvania County.</p>	
Stafford County	
<p>24% 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 2015, the Council staff devoted 160.75 hours to various services specifically for Stafford County.</p>	

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.		
Program Name:	Regional Coordination of EMS System	Is This a New Program?	No
Program Contact:	E. Wayne Perry	Title:	Executive Director
Telephone Number:	540-373-0249 ext. 1002		
E-Mail Address:	wperry@vaems.org		

Projected Program Expenses for FY2017

Program Name	Salary	Benefits	Operating Expenses	Capital Expenses	Total
Regional Coordination of EMS System	\$ 94,774.00	\$ 18,668.00	\$ 91,696.00	\$ -	\$ 205,138.00

Program Revenues

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline	\$ 2,189.00	\$ 2,214.00	\$ 2,233.00
Fredericksburg	\$ 1,823.00	\$ 2,099.00	\$ 2,119.00
King George	\$ 1,239.00	\$ 1,837.00	\$ 1,858.00
Spotsylvania	\$ 3,108.00	\$ 9,430.00	\$ 9,489.00
Stafford	\$ 3,532.00	\$ 10,150.00	\$ 10,383.00
United Way	\$ -	\$ -	\$ -
Grants	\$ -	\$ -	\$ -
Client Fees	\$ -	\$ -	\$ -
Fundraising	\$ -	\$ -	\$ -
Other*	\$ 109,992.00	\$ 180,289.00	\$ 179,056.00
Total Agency Revenues	\$ 121,883.00	\$ 206,019.00	\$ 205,138.00

***Detail below what revenues are included under "Other", in the table above:**

Other Revenue Includes: contract funding from the Virginia Department of Health, Office of Emergency Medical Services; government funding from Culpeper, Orange, Fauquier, Rappahannock, and Westmoreland Counties; vending; interest and miscellaneous income. This also includes an in-kind donation of the lease of our facility, valued at \$110,865.

In the box below, please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2017. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the program. In particular, please describe in detail if any increase is sought for new positions or personnel.

Our FY2017 program budget request for the Regional Coordination program has increased by a total of \$352 to cover the increased operating costs for providing regional coordination of EMS. The cost of services, utilities, and supplies have increased as has the cost of many items and services used in regional planning such as printing, fuel, and building maintenance. Without full staffing, we also anticipate a decrease in revenue from fundraising for FY 2017. The Council utilizes a funding model created and approved by the George Washington Regional Commission using population values with a rate of ¢ .29 per capita. The increases for FY 2017 were calculated using projected population increases provided by the Weldon Cooper Center for Public Service at the University of Virginia (<http://www.coopercenter.org/demographics/virginia-population-estimates>).

Client Fees

In the box below, please describe the fees clients must pay for the services provided by this program. Please also include how those fees are determined and if any scales are used, or if determinations are made on an ability to pay basis. This description should not exceed 10 lines of text.

No fees are charged for this service.

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.
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Program Purpose / Description

In the box below, provide an overview of the program. The description should not exceed 10 lines of text.

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.

Justification of Need

In the box below, please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request. If this is a new program, be sure to include the benefit to the region for funding a new request. The description should not exceed 10 lines of text.

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.

Target Audience and Service Delivery

In the box below, describe the program’s intended audience or client base and how those clients are served. This should include the location of the service and what geographic areas are served or targeted for service. If your program has specific entry or application criteria, please describe it below. In the second box, list the actual numbers served, along with the projected numbers to be served during the upcoming fiscal year. The description should not exceed 10 lines of text.

Planning and coordination are provided throughout the year and are ongoing. Most regional committees meet quarterly, and some convene more frequently as need demands. We bring hospital organizations in the region and other state agencies (such as the Virginia Department of Emergency Management and Regional Health Districts) to the table to ensure a smooth interface of all components of the regional EMS system. Regional committees also include representation from organizations such as the American Red Cross and American Heart Association. The Council does not track number of individuals served for this program, but our services are available to all 3,001 EMS providers in our service area (including 1,973 PD16 providers), and impact the quality of care for any individual in our service area receiving emergency medical care. The Council’s Regional Coordination of EMS System 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.

Number of Individuals Served		
<i>Locality</i>	<i>FY2015 (Actual)</i>	<i>FY2017 (Projected)</i>
<i>Fredericksburg City</i>	<i>Unknown</i>	<i>Unknown</i>
<i>Caroline County</i>	<i>Unknown</i>	<i>Unknown</i>
<i>King George County</i>	<i>Unknown</i>	<i>Unknown</i>
<i>Spotsylvania County</i>	<i>Unknown</i>	<i>Unknown</i>
<i>Stafford County</i>	<i>Unknown</i>	<i>Unknown</i>
<i>Other Localities</i>	<i>Unknown</i>	<i>Unknown</i>
Total Served	0	0

Please use the columns to the left to provide the actual numbers of individuals served in this program during FY2015, and the projected numbers of individuals to be served in FY2017.

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.
Program Collaboration	
In the box below, describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area. The description should not exceed 10 lines of text.	
<p>The council collaborates with not only EMS agencies, but also area hospitals (HCA Spotsylvania Regional Medical Center, Mary Washington Hospital, Stafford Hospital), doctors (Fredericksburg Emergency Medical Alliance), and individual EMS providers. Committees are open to public participation and are made up of EMS providers, doctors, hospital administrators, and interested citizens. These fifteen committees are essential in not only creating policies and programs, but also in helping to disseminate them. The Council's Board of Directors is also a model of collaboration: each locality in the Council's service area has representation on the board. The Council also has representation on the EMS Governor's Advisory Board, the Regional Director's Group, and represents the area at meetings the state Training and Certification Committee, Trauma System Oversight Committee, and Medical Direction Committee. The core purpose of regional coordination is to allow agencies, hospitals, providers, and area citizens to work collaboratively to manage and organize Emergency Medical Services in our service area in order to optimize the efficacy and efficiency of the Emergency Medical Services system.</p>	
Collaborative Impact	
In the box below, describe, in detail, how the community would be impacted if your agency were dissolved or merged with another partner agency. The description should not exceed 10 lines of text.	
<p>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.</p> <p>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 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 really 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.</p>	
Community Impact	
In the box below, please provide at least two examples of how your services have impacted members of our community. This description should not exceed 20 lines of text.	
<p>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.</p> <p>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, and is expected to greatly increase restocking efficiency by decreasing the need for box exchange.</p> <p>The Regional Medical Direction and Guidelines and Training committees are essential in the development of protocols which help ensure a consistent, excellent level of care from EMS providers across the region. The Regional Medical Direction committee is made up of Operational Medical Directors, Emergency physicians who oversee area licensed EMS agencies to ensure best practices are being followed. The Council also belongs to the Regional Director's Group, and our dues go towards the employment of a lobbyist to advocate for Emergency Medical Services in Congress. Our Board of Directors also advocates for EMS with our state legislators, specifically supporting the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) to solve the dilemma of providing appropriately credentialed individuals the ability to practice under specified conditions across state boundaries (such as Virginia providers transporting into Maryland or vice versa).</p>	

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.		
Goals & Objectives			
Please provide the following information regarding the goals and objectives for your program. Space has been provided for two goals, with two objectives per goal, along with a space for the most recently collected data for that program objective. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Please note the data collection period for each objective's outcome data.			
Program Goal 1			
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.			
Objective 1a:	Most Recent Outcome Data for Objective 1a:		
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.	The Council maintains a contract with Dr. Tania White, Regional Medical Director, and facilitates the Regional Medical Direction committee of which she is chair.		
	<i>Data Collection Period for 1a:</i>	<i>July 1, 2014 - June 30, 2015</i>	
Objective 1b:	Most Recent Outcome Data for Objective 1b:		
Coordinate the development and implementation of regional patient care treatment protocols for the service area that support a high standard of care.	The Council supports the Regional Medical Direction, Guidelines and Training, and Protocol Committees which are instrumental in developing protocols for the region. The Protocol subcommittee began a revision to said protocols in FY15 which is to be finalized in FY16.		
	<i>Data Collection Period for 1b:</i>	<i>July 1, 2014 - June 30, 2015</i>	
Program Goal 2			
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.			
Objective 2a:	Most Recent Outcome Data for Objective 2a:		
Develop and coordinate an approved regional Performance Improvement Plan to be distributed to all EMS licensed agencies annually.	The Council maintains and began review and revision of the Performance Improvement Plan in June of 2015, which was finalized in the beginning of FY 2016. This plan is available to all agencies through our website, and copies are distributed whenever changes are made.		
	<i>Data Collection Period for 2a:</i>	<i>July 1, 2014 - June 30, 2015</i>	
Objective 2b:	Most Recent Outcome Data for Objective 2b:		
Facilitate and track regional EMS licensed agency Quality Improvement reporting, maintaining an 84% rate of agency participation.	For FY 2015, Quality Improvement agency participation was at an average of 66% (70% for 1st Quarter; 74% 2nd quarter; 51% 3rd quarter; 70% fourth quarter).		
	<i>Data Collection Period for 2b:</i>	<i>July 1, 2014 - June 30, 2015</i>	

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.		
Outcomes Explanation & Goal Updates for FY2017			
<p><i>Please note below if you feel you have met your goals and objectives for the data reported above. If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case. Also, please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported above. If you are restating the goals or objectives for FY2017, please include those below.</i></p>			
Explanation & Overview			
Goal 1		Goal 2	
Objective 1a		Objective 2a	
The Council has successfully maintained a contract with the Regional Medical Director.		The Council has successfully maintained and circulated the Regional Performance Improvement Plan.	
Objective 1b		Objective 2b	
The Council has successfully maintained and updated patient care protocols for our service area.		Quality Improvement participation by agencies has been significantly lower than Council goals. This is due to the fact many agencies are volunteer and have difficulty devoting time to reporting. This is also due to the fact that there have been some misunderstandings regarding the program.	
Updates for FY2017			
Goal 1		Goal 2	
Provide a Regional Medical Direction system that supports the requirements set forth in the Rules and Regulations governing EMS in Virginia. No updates for this 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 1a		Objective 2a	
No updates for this objective.		Revisions for the Performance Improvement Plan have already been approved in FY 2016, and will be revisited in FY 2017. No updates for this objective.	
Objective 1b		Objective 2b	
No updates for this objective.		Facilitate and track regional EMS licensed agency Quality Improvement reporting. The Council still hopes for 84% participation and has taken steps toward that end: increased number of reminders to agencies about reporting, restructuring forms to increase ease of reporting, and renaming the Quality Improvement Committee to Performance Improvement.	

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.		
Program Name:	Community Awareness & Outreach	Is This a New Program?	No
Program Contact:	E. Wayne Perry	Title:	Executive Director
Telephone Number:	540-373-0249 ext. 1002		
E-Mail Address:	wperry@vaems.org		

Projected Program Expenses for FY2017

Program Name	Salary	Benefits	Operating Expenses	Capital Expenses	Total
Community Awareness & Outreach	\$ 18,296.00	\$ 3,604.00	\$ 17,702.00	\$ -	\$ 39,602.00

Program Revenues

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline	\$ 423.00	\$ 427.00	\$ 431.00
Fredericksburg	\$ 352.00	\$ 405.00	\$ 409.00
King George	\$ 239.00	\$ 355.00	\$ 359.00
Spotsylvania	\$ 600.00	\$ 1,821.00	\$ 1,832.00
Stafford	682	\$ 1,960.00	\$ 2,004.00
United Way	\$ -	\$ -	\$ -
Grants	\$ -	\$ -	\$ -
Client Fees	\$ -	\$ -	\$ -
Fundraising	\$ 739.00	\$ 750.00	\$ 750.00
Other*	\$ 21,234.00	\$ 34,054.00	\$ 33,817.00
Total Agency Revenues	\$ 24,269.00	\$ 39,772.00	\$ 39,602.00

***Detail below what revenues are included under "Other", in the table above:**

Other Revenue Includes: contract funding from the Virginia Department of Health, Office of Emergency Medical Services; government funding from Culpeper, Orange, Fauquier, Rappahannock, and Westmoreland Counties; vending; interest and miscellaneous income. This also includes an in-kind donation of the lease of our facility, valued at \$110,865.

In the box below, please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2017. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the program. In particular, please describe in detail if any increase is sought for new positions or personnel.

The Council utilizes a funding model created and approved by the George Washington Regional Commission using population values with a rate of ¢ .29 per capita. The increases for FY 2017 were calculated using projected population increases provided by the Weldon Cooper Center for Public Service at the University of Virginia (<http://www.coopercenter.org/demographics/virginia-population-estimates>).

Client Fees

In the box below, please describe the fees clients must pay for the services provided by this program. Please also include how those fees are determined and if any scales are used, or if determinations are made on an ability to pay basis. This description should not exceed 10 lines of text.

No fees are charged for this service.

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.
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Program Purpose / Description

In the box below, provide an overview of the program. The description should not exceed 10 lines of text.

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 during National EMS Week, 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.

Justification of Need

In the box below, please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request. If this is a new program, be sure to include the benefit to the region for funding a new request. The description should not exceed 10 lines of text.

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 FY2014, our "9-1-1 for Kids" program served 379 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.

Target Audience and Service Delivery

In the box below, describe the program's intended audience or client base and how those clients are served. This should include the location of the service and what geographic areas are served or targeted for service. If your program has specific entry or application criteria, please describe it below. In the second box, list the actual numbers served, along with the projected numbers to be served during the upcoming fiscal year. The description should not exceed 10 lines of text.

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 over a two week period in the month of May. Public speaking events regarding health and our EMS system are conducted throughout the year as requested. The "9-1-1 for Kids" program was temporarily suspended in FY 2015 due to a change in staffing at the Council. We will reinstate the program for FY 2016 and 2017. 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.

Number of Individuals Served			<i>Please use the columns to the left to provide the actual numbers of individuals served in this program during FY2015, and the projected numbers of individuals to be served in FY2017.</i>
<i>Locality</i>	<i>FY2015 (Actual)</i>	<i>FY2017 (Projected)</i>	
<i>Fredericksburg City</i>	<i>Unknown</i>	<i>40</i>	
<i>Caroline County</i>	<i>Unknown</i>	<i>40</i>	
<i>King George County</i>	<i>Unknown</i>	<i>282</i>	
<i>Spotsylvania County</i>	<i>Unknown</i>	<i>1,369</i>	
<i>Stafford County</i>	<i>Unknown</i>	<i>191</i>	
<i>Other Localities</i>	<i>Unknown</i>	<i>414</i>	
Total Served	0	2,336	

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.
Program Collaboration	
In the box below, describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area. The description should not exceed 10 lines of text.	
<p>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 hope to expand our scope and contact with additional programs and services, such as a Community Paramedic program. We are actively reviewing information regarding these programs, which are currently a hot topic in the medical field, and which may prove essential in decreasing unnecessary Emergency Room traffic and rehospitalization of patients.</p>	
Collaborative Impact	
In the box below, describe, in detail, how the community would be impacted if your agency were dissolved or merged with another partner agency. The description should not exceed 10 lines of text.	
<p>The Rappahannock EMS Council is an essential part of administering the regional awards—area agencies typically 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 from area agencies, presents them to an awards committee, finances the awards banquet, and provides the actual awards to be given out. Area agencies could certainly offer their own awards ceremonies, but these would not offer the opportunity to be recognized regionally.</p> <p>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 area 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 for their time in the schools.</p>	
Community Impact	
In the box below, please provide at least two examples of how your services have impacted members of our community. This description should not exceed 20 lines of text.	
<p>As a part of our Regional Awards program, the Rappahannock EMS Council awards one high school senior a \$1,000.00 scholarship for “Outstanding Contribution to EMS by a High School Senior.” This is a high school senior who “who has been affiliated with an EMS agency within the Rappahannock EMS Region for at least six months, and who is currently enrolled or will be enrolled in an institution of higher learning or an accredited ALS training program in the coming year.” While there are many volunteer EMS providers in the region, there is a shortage of Advanced Life Support Providers like Paramedics and Intermediates. Training for these certifications is expensive, and the \$1,000 scholarship can help defray these costs or the cost involved with attending any institute of higher education. This scholarship benefits not only the student, but also area EMS agencies (especially if the individual chooses to pursue ALS training). A well-educated provider is a well-qualified provider. One senior is chosen annually.</p> <p>While dialing 9-1-1 may seem fairly straightforward, providing children with an understanding of when to call 9-1-1 and how to communicate effectively with an operator is extremely important. Each year, the council holds an art contest for the participants of the program that allows those students to illustrate their new understandings. In years past and in FY2014, the art submitted for our contest demonstrate a deeper understanding of emergency services than students may have previously had.</p>	

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.	
Goals & Objectives		
Please provide the following information regarding the goals and objectives for your program. Space has been provided for two goals, with two objectives per goal, along with a space for the most recently collected data for that program objective. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Please note the data collection period for each objective's outcome data.		
Program Goal 1		
Strengthen community awareness and proper use of regional emergency health care system through public education programs.		
Objective 1a:	Most Recent Outcome Data for Objective 1a:	
Educate 2,300 second grade students in service area with the "9-1-1 For Kids" program.	379 students participated in "9-1-1 for Kids" in FY 2014.	
	<i>Data Collection Period for 1a:</i>	<i>July 1, 2013 - June 30, 2014</i>
Objective 1b:	Most Recent Outcome Data for Objective 1b:	
Collaborate with other community resources and agencies to ensure public education and prevention needs are met.	Council staff participated in CFC functions, the University of Mary Washington Community Action Fair, the Rappahannock United Way Community Appreciation Day, and partnered with the American Heart Association to host three "Hands Only CPR" events in FY2015.	
	<i>Data Collection Period for 1b:</i>	<i>July 1, 2014 - June 30, 2015</i>
Program Goal 2		
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.		
Objective 2a:	Most Recent Outcome Data for Objective 2a:	
Establish an annual Regional Awards Program for service area, recognizing 11 award categories and winners.	In FY 2015, the Council conducted its 12th Annual Regional Awards Banquet. There were 17 nominations submitted from across the region, and 11 winners were selected.	
	<i>Data Collection Period for 2a:</i>	<i>July 1, 2014 - June 30, 2015</i>
Objective 2b:	Most Recent Outcome Data for Objective 2b:	
Acknowledge the achievements of regional winners within the community and at the state level through nomination to the annual Governor's EMS Awards Program.	Each of the eleven 2015 Regional Awards winners was nominated for the Governor's EMS Award in the same category. One provider nominated by the Council in FY 2014 received the 2014 Governor's EMS Award for Outstanding Contribution to EMS for Children during FY 2015.	
	<i>Data Collection Period for 2b:</i>	<i>July 1, 2014 - June 30, 2015</i>

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.	
Outcomes Explanation & Goal Updates for FY2017		
<p><i>Please note below if you feel you have met your goals and objectives for the data reported above. If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case. Also, please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported above. If you are restating the goals or objectives for FY2017, please include those below.</i></p>		
Explanation & Overview		
Goal 1	Goal 2	
Objective 1a	Objective 2a	
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.	The Council successfully conducted its 2015 Regional Awards to highlight for the community the achievements of its EMS providers and agencies. The program continues to meet objectives.	
Objective 1b	Objective 2b	
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.	The Council nominated all 11 winners for Governor's EMS Awards, and will find out winners in November of this year. The program continues to meet objectives, with Governors Awards winners including Steve Dove of Chancellor Volunteer Fire and Rescue.	
Updates for FY2017		
Goal 1	Goal 2	
Objective 1a	Objective 2a	
Strengthen community awareness and proper use of regional emergency health care system through public education programs. No changes to this goal at this time.	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.	
Objective 1b	Objective 2b	
Educate 2,300 second grade students in the service area with the "9-1-1 for Kids" program. This goal remains for FY 2017 - with adequate staffing and funding, this goal is reasonable.	Maintain an annual Regional Awards Program for the service area, recognizing 11 award categories and winners. No changes for this objective.	
Objective 1a	Objective 2a	
Collaborate with other community resources and agencies to ensure public education and prevention needs are met. No changes for this objective.	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.	
Objective 1b	Objective 2b	

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.		
Program Name:	Regional Education/Training & Simulation Center	<i>Is This a New Program?</i>	<i>No</i>
Program Contact:	E. Wayne Perry	Title:	Executive Director
Telephone Number:	540-373-0249 ext 1002		
E-Mail Address:	wperry@vaems.org		

Projected Program Expenses for FY2017

Program Name	Salary	Benefits	Operating Expenses	Capital Expenses	Total
Regional Education/Training & Simulation	\$ 138,684.00	\$ 27,317.00	\$ 134,182.00	\$ -	\$ 300,183.00

Program Revenues

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline	\$ 3,204.00	\$ 3,240.00	\$ 3,267.00
Fredericksburg	\$ 2,668.00	\$ 3,071.00	\$ 3,101.00
King George	\$ 1,812.00	\$ 2,688.00	\$ 2,719.00
Spotsylvania	\$ 4,548.00	\$ 13,800.00	\$ 13,886.00
Stafford	\$ 5,168.00	\$ 14,853.00	\$ 15,193.00
United Way	\$ 1,776.00	\$ -	
Grants	\$ 3,224.00	\$ -	
Client Fees	\$ 33,230.00	\$ 131,473.00	\$ 117,782.00
Fundraising	\$ 5,603.00	\$ 5,685.00	\$ 5,685.00
Other*	\$ 160,953.00	\$ 126,662.00	\$ 138,550.00
Total Agency Revenues	\$ 222,186.00	\$ 301,472.00	\$ 300,183.00

****Detail below what revenues are included under "Other", in the table above:***

Other Revenue Includes: contract funding from the Virginia Department of Health, Office of Emergency Medical Services; government funding from Culpeper, Orange, Fauquier, Rappahannock, and Westmoreland Counties; vending; interest and miscellaneous income. This also includes an in-kind donation of the lease of our facility, valued at \$110,865.

In the box below, please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2017. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the program. In particular, please describe in detail if any increase is sought for new positions or personnel.

The Council utilizes a funding model created and approved by the George Washington Regional Commission using population values with a rate of ¢ .29 per capita. The increases for FY 2017 were calculated using projected population increases provided by the Weldon Cooper Center for Public Service at the University of Virginia (<http://www.coopercenter.org/demographics/virginia-population-estimates>). While operations have been streamlined, duties reassigned, raises and a position frozen, our operating costs have continued to increase.

Client Fees

In the box below, please describe the fees clients must pay for the services provided by this program. Please also include how those fees are determined and if any scales are used, or if determinations are made on an ability to pay basis. This description should not exceed 10 lines of text.

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 2016 due to a rise in cost of operation without a rise in contract or locality funding. EMT Basic Certification: \$550; EMT Basic to EMT Intermediate Program: \$2,685; EMT Intermediate to Paramedic Bridge Course: \$3,135; RN to Paramedic Bridge: \$1,785; Full Paramedic Program: \$5,385; Continuing Education: \$8 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.

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.
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Program Purpose / Description

In the box below, provide an overview of the program. The description should not exceed 10 lines of text.

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 over 1,500 hours of basic and advanced life support education yearly. 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.

Justification of Need

In the box below, please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request. If this is a new program, be sure to include the benefit to the region for funding a new request. The description should not exceed 10 lines of text.

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 the advanced level programs your citizens and agencies are seeking as well as 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 FY2015, 1,014 citizens of PD16 were served in our Regional Education and Training Center programs.

Target Audience and Service Delivery

In the box below, describe the program’s intended audience or client base and how those clients are served. This should include the location of the service and what geographic areas are served or targeted for service. If your program has specific entry or application criteria, please describe it below. In the second box, list the actual numbers served, along with the projected numbers to be served during the upcoming fiscal year. The description should not exceed 10 lines of text.

Planning District 16 citizens, EMS agency providers, and healthcare professionals. Students must be a minimum of 16 years of age. The Regional Training and Simulation Center is located in the City of Fredericksburg. The Training Programs planned for FY2017 will be conducted throughout the year. Full state certification programs take 4-7 months to conduct and include: Intermediate Program (370 hrs.); Paramedic Bridge Course (523 hrs.); Emergency Medical Technician Basic (144 hrs.); Advanced Life Support and Basic Life Support Refresher (48 hrs. and 24 hrs. respectively); Pediatric Education for Prehospital Providers (16 hrs.); Geriatric Education for EMS (16 hrs.); Advanced Life Support Preceptor Initial Course or Update (3 hrs. each); Consolidated Test Site Evaluator Initial or Update (2 hrs. each) courses. Other special programs to include simulation training 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 the Rappahannock EMS Council Critical Incident Stress Management team training sessions.

Number of Individuals Served		
<i>Locality</i>	<i>FY2015 (Actual)</i>	<i>FY2017 (Projected)</i>
<i>Fredericksburg City</i>	<i>131</i>	<i>132</i>
<i>Caroline County</i>	<i>38</i>	<i>38</i>
<i>King George County</i>	<i>30</i>	<i>31</i>
<i>Spotsylvania County</i>	<i>260</i>	<i>262</i>
<i>Stafford County</i>	<i>555</i>	<i>571</i>
<i>Other Localities</i>	<i>322</i>	<i>328</i>
Total Served	1,336	1,362

Please use the columns to the left to provide the actual numbers of individuals served in this program during FY2015, and the projected numbers of individuals to be served in FY2017.

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.
Program Collaboration	
In the box below, describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area. The description should not exceed 10 lines of text.	
<p>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.</p>	
Collaborative Impact	
In the box below, describe, in detail, how the community would be impacted if your agency were dissolved or merged with another partner agency. The description should not exceed 10 lines of text.	
<p>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 markedly 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 comparable 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 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. Our facility is truly unique and an invaluable resource to area EMS and healthcare providers.</p>	
Community Impact	
In the box below, please provide at least two examples of how your services have impacted members of our community. This description should not exceed 20 lines of text.	
<p>In the Rappahannock EMS Council service area, access to Advanced Life Support training is limited. Our training programs provide the opportunity for providers to further their EMS education and, thereby, their EMS careers, whether professional or volunteer. In recent years, one of our students was going through a long period of unemployment. Originally a construction worker, he was laid off due to a decrease in demand for his services. After training with us for his Paramedic certification, he was able to find a position as a career EMS provider with Spotsylvania County. Our training center stands as a valuable resource for many healthcare providers in the region. Mary Washington Healthcare regularly utilizes our facility for their staff training, including the Trauma Nursing Core Course and the Emergency Nursing Pediatric Course. Access to our facility allows MWHC to efficiently train large groups of nurses at the same time, utilizing technology made available by the council. The Rappahannock EMS Council also hosts training for the area's Critical Incident Stress Management team, which is a group of volunteers dedicated to assisting first responders with traumatic and stressful situations, decreasing job burnout and offering coping strategies for improved responder mental health.</p>	

Agency Name:		Rappahannock Emergency Medical Services Council, Inc.	
Goals & Objectives			
Please provide the following information regarding the goals and objectives for your program. Space has been provided for two goals, with two objectives per goal, along with a space for the most recently collected data for that program objective. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Please note the data collection period for each objective's outcome data.			
Program Goal 1			
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.			
Objective 1a:		Most Recent Outcome Data for Objective 1a:	
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.		17 approved EMS training programs and classes conducted directly by the Council in the Regional Training and Simulation Center.	
		<i>Data Collection Period for 1a:</i>	<i>July 1, 2014 - June 30, 2015</i>
Objective 1b:		Most Recent Outcome Data for Objective 1b:	
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.		Two initial certification courses held, with a pass rate of 80% for Council EMT Basic.	
		<i>Data Collection Period for 1b:</i>	<i>July 1, 2014 - June 30, 2015</i>
Program Goal 2			
Evaluate and implement innovative training opportunities through the Regional Training Center to include the use of simulation training and equipment.			
Objective 2a:		Most Recent Outcome Data for Objective 2a:	
Council maintains four (4) simulation labs with necessary equipment and trained staff to support its use by community and health care partners.		Four simulation labs maintained by the Council, with seven faculty members trained on proper use and techniques of simulation component.	
		<i>Data Collection Period for 2a:</i>	<i>July 1, 2014 - June 30, 2015</i>
Objective 2b:		Most Recent Outcome Data for Objective 2b:	
Provide innovative training through use of simulation to improve program and student outcomes, with participants' academic development and performance improved.		1,336 students served by the Simulation Center, both through Council training programs and community partners utilizing the Training Center.	
		<i>Data Collection Period for 2b:</i>	<i>July 1, 2014 - June 30, 2015</i>

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.		
Outcomes Explanation & Goal Updates for FY2017			
<p><i>Please note below if you feel you have met your goals and objectives for the data reported above. If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case. Also, please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported above. If you are restating the goals or objectives for FY2017, please include those below.</i></p>			
Explanation & Overview			
Goal 1		Goal 2	
Objective 1a		Objective 2a	
The Council remains on course with this objective, with 17 courses taught by Council staff in FY2015, and a total of 21 courses hosted.		The Council remains on course with this objective, maintaining four simulation labs and training for instructional staff.	
Objective 1b		Objective 2b	
The Council remains on course with this objective; fewer students were served in FY2015 than in years past due to a transition in our Advanced Life Support training program, but we anticipate an increase in students in FY17.		The Council remains on course with this objective, and anticipates increased usage of the training center when Advanced Life Support courses will be offered once again.	
Updates for FY2017			
Goal 1		Goal 2	
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.		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.	
Objective 1a		Objective 2a	
No updates to this objective for FY 2017.		No updates to this objective for FY 2017.	
Objective 1b		Objective 2b	
No updates to this objective for FY 2017.		No updates to this objective for FY 2017.	

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.		
Program Name:	Regional EMS Certification & Testing	Is This a New Program?	No
Program Contact:	E. Wayne Perry	Title:	Executive Director
Telephone Number:	540-373-0249 ext. 1002		
E-Mail Address:	wperry@vaems.org		

Projected Program Expenses for FY2017

Program Name	Salary	Benefits	Operating Expenses	Capital Expenses	Total
Regional EMS Certification & Testing	\$ 32,933.00	\$ 6,487.00	\$ 31,864.00	\$ -	\$ 71,284.00

Program Revenues

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline	\$ 761.00	\$ 769.00	\$ 776.00
Fredericksburg	\$ 634.00	\$ 729.00	\$ 736.00
King George	\$ 430.00	\$ 638.00	\$ 646.00
Spotsylvania	\$ 1,080.00	\$ 3,277.00	\$ 3,297.00
Stafford	\$ 1,227.00	\$ 3,527.00	\$ 3,608.00
United Way	\$ -	\$ -	\$ -
Grants	\$ -	\$ -	\$ -
Client Fees	\$ 7,891.00	\$ 31,221.00	\$ 27,970.00
Fundraising	\$ 1,330.00	\$ 1,350.00	\$ 1,350.00
Other*	\$ 43,621.00	\$ 30,069.00	\$ 32,901.00
Total Agency Revenues	\$ 56,974.00	\$ 71,580.00	\$ 71,284.00

***Detail below what revenues are included under "Other", in the table above:**

Other Revenue Includes: contract funding from the Virginia Department of Health, Office of Emergency Medical Services; government funding from Culpeper, Orange, Fauquier, Rappahannock, and Westmoreland Counties; vending; interest and miscellaneous income. This also includes an in-kind donation of the lease of our facility, valued at \$110,865.

In the box below, please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2017. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the program. In particular, please describe in detail if any increase is sought for new positions or personnel.

The Council utilizes a funding model created and approved by the George Washington Regional Commission using population values with a rate of ¢ .29 per capita. The increases for FY 2017 were calculated using projected population increases provided by the Weldon Cooper Center for Public Service at the University of Virginia (<http://www.coopercenter.org/demographics/virginia-population-estimates>).

Client Fees

In the box below, please describe the fees clients must pay for the services provided by this program. Please also include how those fees are determined and if any scales are used, or if determinations are made on an ability to pay basis. This description should not exceed 10 lines of text.

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).

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.
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Program Purpose / Description

In the box below, provide an overview of the program. The description should not exceed 10 lines of text.

Virginia's Regional EMS Councils are responsible for ensuring the provision of an annual EMS certification testing program for basic and advanced 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.

Justification of Need

In the box below, please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request. If this is a new program, be sure to include the benefit to the region for funding a new request. The description should not exceed 10 lines of text.

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 examinations 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 to finish their certification testing.

Target Audience and Service Delivery

In the box below, describe the program's intended audience or client base and how those clients are served. This should include the location of the service and what geographic areas are served or targeted for service. If your program has specific entry or application criteria, please describe it below. In the second box, list the actual numbers served, along with the projected numbers to be served during the upcoming fiscal year. The description should not exceed 10 lines of text.

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 FY2017. 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.

Number of Individuals Served		
<i>Locality</i>	<i>FY2015 (Actual)</i>	<i>FY2017 (Projected)</i>
<i>Fredericksburg City</i>	40	41
<i>Caroline County</i>	7	7
<i>King George County</i>	9	10
<i>Spotsylvania County</i>	51	52
<i>Stafford County</i>	105	108
<i>Other Localities</i>	248	252
Total Served	460	470

Please use the columns to the left to provide the actual numbers of individuals served in this program during FY2015, and the projected numbers of individuals to be served in FY2017.

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.
Program Collaboration	
<p>In the box below, describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area. The description should not exceed 10 lines of text.</p>	
<p>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.</p> <p>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</p>	
Collaborative Impact	
<p>In the box below, describe, in detail, how the community would be impacted if your agency were dissolved or merged with another partner agency. The description should not exceed 10 lines of text.</p>	
<p>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. 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.</p>	
Community Impact	
<p>In the box below, please provide at least two examples of how your services have impacted members of our community. This description should not exceed 20 lines of text.</p>	
<p>The coordination of Consolidated Test Sites is a necessary function of the regional council and provides area EMS agencies a convenient place and method of testing their students. State certification requires the completion of a skills exam at a consolidated test site. Access to testing after completion of training programs allows providers to obtain their certification and, thereby, act as an EMS provider in either volunteer or career capacity. This, in turn, increases the number of EMT-Basic providers available to area EMS agencies.</p> <p>National Registry Psychomotor examination sites are few and far between. By administering these exams at the Rappahannock EMS Council's Training and Simulation Center, we prevent providers from having to travel long distances in order to obtain their certification. Creating a convenient site for testing allows more ALS students to obtain their certification, increasing the number of EMT-Paramedic and EMT-Intermediate providers in the area.</p>	

Agency Name:		Rappahannock Emergency Medical Services Council, Inc.	
Goals & Objectives			
Please provide the following information regarding the goals and objectives for your program. Space has been provided for two goals, with two objectives per goal, along with a space for the most recently collected data for that program objective. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Please note the data collection period for each objective's outcome data.			
Program Goal 1			
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.			
Objective 1a:		Most Recent Outcome Data for Objective 1a:	
Conduct 14 Basic Life Support Consolidated Test Sites through an approved schedule and facilities over a 12-month period.		In FY2015 the Council conducted 14 BLS test sites through the region with 458 applicants tested, 308 of which are residents of counties within PD16 or are affiliated with PD16 agencies.	
		<i>Data Collection Period for 1a:</i>	<i>July 1, 2014 - June 30, 2015</i>
Objective 1b:		Most Recent Outcome Data for Objective 1b:	
Conduct 5 National Registry Practical Test Sites for Advanced Life Support certification.		In FY2015, the Council conducted four (4) National registry Psychomotor Examinations for Paramedic, Intermediate, and AEMT students, serving a total of 109 candidates, 11 of which were PD16 residents.	
		<i>Data Collection Period for 1b:</i>	<i>July 1, 2014 - June 30, 2015</i>
Program Goal 2			
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.			
Objective 2a:		Most Recent Outcome Data for Objective 2a:	
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.		In FY2015 the Council maintained an approved Regional Consolidated Test Site Policies and Procedures Manual in accordance with implemented state guidelines.	
		<i>Data Collection Period for 2a:</i>	<i>July 1, 2014 - June 30, 2015</i>
Objective 2b:		Most Recent Outcome Data for Objective 2b:	
Conduct annual training of all contracted CTS personnel through developed EMT-B Evaluator Program and review policies and procedures as approved.		In FY2015 the Council conducted 1 EMT-B Evaluator Training Program to support state testing. Maintained 170 trained CTS personnel to support this program.	
		<i>Data Collection Period for 2b:</i>	<i>July 1, 2014 - June 30, 2015</i>

Agency Name:	Rappahannock Emergency Medical Services Council, Inc.	
Outcomes Explanation & Goal Updates for FY2017		
<p><i>Please note below if you feel you have met your goals and objectives for the data reported above. If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case. Also, please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported above. If you are restating the goals or objectives for FY2017, please include those below.</i></p>		
Explanation & Overview		
Goal 1		Goal 2
Objective 1a		Objective 2a
The Council's Regional EMS Certification and Testing Program remains on target with annual goals and expectations.		The Council remains on target with this program objective and continues to monitor the effects of the new state testing guidelines which were implemented in FY2011.
Objective 1b		Objective 2b
The Council held four out of the anticipated five test sites in FY2015. Five test sites have been scheduled for FY2016 and we anticipate five in FY2017.		The Council remains on target with this program objective.
Updates for FY2017		
Goal 1		Goal 2
No updates to this goal for FY 2017.		No updates to this goal for FY 2017.
Objective 1a		Objective 2a
No updates to this objective for FY 2017.		No updates to this objective for FY 2017.
Objective 1b		Objective 2b
No updates to this objective for FY 2017.		No updates to this objective for FY 2017.