

*Partner Agency Application for Funding*

FY2016

**FACE SHEET**

<b>Agency Name:</b>	Rappahannock Emergency Medical Services Council, Inc.				
<i>Has the City/ County Funded This Agency in Previous Years?</i>					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address:	435 Hunter Street				
Mailing Address/PO Box:					
City:	Fredericksburg	State:	VA	Zip:	22401
Telephone Number:	540-373-0249	Fax Number:	540-373-0536		
Federal Tax ID #:	54-1038962				
Web Address:	<a href="http://www.remscouncil.org">http://www.remscouncil.org</a>				
General Email Address:	<a href="mailto:rems@vaems.org">rems@vaems.org</a>				
<b>Agency Main Contact:</b>	E. Wayne Perry	Title:	Executive Director		
Telephone Number:	540-373-0249 x1002				
E-Mail Address:	<a href="mailto:wperry@vaems.org">wperry@vaems.org</a>				

**Agency General Information**

<b>Agency Mission:</b>	<p>The Rappahannock Emergency Medical Services Council, Incorporated exists to facilitate the development and continued operation of a high quality, dedicated and coordinated emergency response and preparedness system for the Planning District 9 &amp; 16 regions.</p>				
<b>Number of years agency has been in operation:</b>	38				
<b>Localities Served:</b>	Counties of: Caroline, Culpeper, Fauquier, King George, Orange, Rappahannock, Spotsylvania and Stafford. Town of Colonial Beach and City of Fredericksburg.				

**Agency Financial Information**

List Programs	Personnel Expenses	Benefits	Operating Expenses	Total Program Budget
1. Regional Coordination of EMS System	\$95,181	\$18,748	\$92,090	\$206,019
2. Community Awareness & Outreach	\$18,375	\$3,619	\$17,778	\$39,772
3. Regional Education/Training & Simulation Center	\$139,280	\$27,434	\$134,758	\$301,472
4. Regional EMS Certification & Testing	\$33,075	\$6,515	\$32,000	\$71,590
5.				
<b>Agency Administration:</b>	\$81,582	\$16,339	\$78,936	\$176,587
<b>Capital Outlay:</b>	--	---	---	--
<b>Total Agency Budget:</b>	<b>\$367,493</b>	<b>\$72,385</b>	<b>\$355,562</b>	<b>\$795,440</b>

If your application includes funding increases for personnel (to include new positions or merit / COLA increases), please check here and explain in detail the need for this type of increase under each program budget.

<b>Submission Checklist:</b> <i>(include 1 copies of each)</i>	<input checked="" type="checkbox"/> XIRS 501(c)(3) Letter	<input checked="" type="checkbox"/> Audit Report <i>(with Audit Management Letter)</i>	<input checked="" type="checkbox"/> Current Financial statement	<input checked="" type="checkbox"/> XIRS 990
<input checked="" type="checkbox"/> Accountant Contact Information	<input checked="" type="checkbox"/> Organizational Chart	<input checked="" type="checkbox"/> Current Board Roster <i>(with contact information)</i>	<input checked="" type="checkbox"/> Agency's Current Strategic Plan	

**Agency Administrative Expenses:**

**In the box below, provide an overview of the administrative costs detailed on the face sheet for the agency as a whole. Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds. If your agency is requesting an increase or decrease in administrative funding, please describe, in detail, the reasons for these changes. (The description should 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 \$2,997.46 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.

**Capital Outlay:**

**In the box below, provide an overview of the capital expenses detailed on the face sheet 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 10 lines of text.)**

We are seeking state grant funding for improvements to the regional testing process and regional infrastructure support (trailer for mobile simulation lab, replacement vehicle for council staff, etc.). There are no planned capital projects planned for Fiscal Year 2016 in the operating budget, but some maintenance may be required should these grants be awarded.

**Personnel Expenses (General):**

**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. We currently have one frozen position, which will remain frozen for FY2016. The council is retaining the same level of benefits for our employees, at the same cost.

**Partner Agency Funding Application FY 2016**  
**BUDGET EXPLANATIONS**

**Budget Information**

Please complete the following chart with the financial information for the agency as a whole. In each area include the budget specifically allocated to your agency from each locality/entity listed below.

	<b>FY2014 Actual</b>	<b>FY2015 Budgeted</b>	<b>FY2016 Projected</b>
<b>Caroline</b>	\$8,452	\$8,402	\$8,549
<b>Fredericksburg</b>	\$7,040	\$7,919	\$8,104
<b>King George</b>	\$4,782	\$7,105	\$7,093
<b>Spotsylvania</b>	\$12,000	\$12,000	\$36,411
<b>Stafford</b>	\$9,607	\$9,607	\$39,191
<b>United Way</b>	--	--	--
<b>Grants</b>	\$22,255	--	--
<b>Client Fees</b>	\$268,754	\$326,664	\$346,895
<b>Fundraising</b>	\$10,200	\$12,000	\$15,000
<b>Other</b> <i>(explain below)</i>	\$347,961	\$389,742	\$334,197
<b>Total Agency Budget for PD16</b>	\$691,051	\$773,439	\$795,440

Detail below what is included in the category 'Other':

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.

\*Please note that the Council does receive an annual in-kind donation from MediCorp Properties / Mary Washington Healthcare valued at \$110,865 toward the lease of our facility. The Council holds a 15-year agreement for our facility and is treated as the owner of the property. The value of that in-kind donation is reflected in our annual audits and is shown in the budget information provided above.

**Partner Agency Funding Application FY 2016**  
**BUDGET EXPLANATIONS**

Agency Name:

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Rappahannock EMS Council, Inc.

Please detail below any legislative initiatives or issues that may impact the agency for the upcoming year and how you are planning for them. 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. Currently, the Governor has stated a 15% reduction in the state budget is required for the current deficit. They are intending to utilize \$4M from the EMS Funding Stream, but it has been previously diverted so it doesn't appear to be a direct impact in funding. There are also changes to training funds reimbursement based on recent changes at the state level, which may significantly impact our ability to recover training fees from the state.

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. 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 entreating you to consider funding our request at 100% so that we can continue to offer the services that are currently available.

**Partner Agency Funding Application FY 2016**  
**LOCALITY NOTES**

Agency Name:

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Rappahannock EMS Council, Inc.

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

**City of Fredericksburg:**

Because the council is located in the City of Fredericksburg, we provide a valuable and convenient resource to providers affiliated with agencies in the city. We offer convenient test sites and are open from 8 AM to 5 PM for provider access. Please consider this when reviewing our request.

**Caroline County:**

We offer several Consolidated Test Sites in Caroline County every year. This prevents EMS providers from having to make a long trip in order to obtain their certification. Please consider this when reviewing our request.

**King George County:**

We work very closely with providers from all PD16 counties, including King George, on our regional committees—they assist with developing protocols, plans, and other regional documents. Please keep this in mind when reviewing our request.

**Spotsylvania County:**

Spotsylvania County citizens make up a large percentage of our clientele. We offer several Consolidated Test Sites in the county annually. Please consider this when reviewing our request.

**Stafford County:**

Stafford County schools were the number one beneficiary of our “9-1-1 for Kids” program in FY2014. Stafford providers also make up a large percentage of our clientele. Please keep this in mind when you review our request.

Regional Coordination of EMS System

Each agency submitting a funding request must fill out the following pages for *each program* serving citizens within the region and for which funding is requested. Any incomplete applications or programs that do not have a full application will not be considered for funding. PLEASE do not include any unrequested information. Each locality reserves the right to request additional information once the application has been submitted.

<b>Program Name:</b>	<b>Regional Coordination of EMS System</b>	<i>Is this a new program?</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Program Contact:</b>	E. Wayne Perry	<b>Title:</b>	Executive Director
<b>Telephone Number:</b>	540-373-0249 x1002		
<b>E-Mail Address:</b>	wperry@vaems.org		

**1. Program Purpose/Description:** *(the following description should not exceed 10 lines of text)*

The Council's Board of Directors 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, performance improvement monitoring, EMS and disaster planning, financial incentives with grant support, and aids in efforts to increase agency retention and recruitment of EMS providers.

**2. 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. If this is a new program, be sure to include the benefit to the region for funding a new request. The following should not exceed 10 lines of text, and should include the most recent data available.)*

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 (§ 32.1-111.11), 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.

**3. Program Collaboration:** *(The following should describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area, and should not exceed 10 lines of text.)*

Effective coordination is not possible without participation from all agencies involved. The council works with not only area EMS agencies, but also area hospitals (Spotsylvania Regional Health Center, Mary Washington Hospital, Stafford Hospital), doctors (Fredericksburg Emergency Medical Alliance), and individual providers. Committees are open to public participation and are made up of EMS providers, doctors, hospital administrators, and interested citizens. The committees are essential in not only creating policies and programs, but helping to disseminate them to the different localities.

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

**4. Program Audience and Service Delivery:** *(The following should 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. Please do not exceed 10 lines of text.)*

The Council's Regional Coordination of EMS System program serves not only the EMS licensed agencies of Planning Districts 16 and 9, including the counties of Caroline, King George, Spotsylvania, Stafford, Culpeper, Fauquier, Orange and Rappahannock, and the City of Fredericksburg and Town of Colonial Beach, but also the PD16 and PD9 population at large.

Planning and coordination is provided throughout the year and is ongoing. Most regional committees meet quarterly, and some convene more frequently as need demands. We also bring to the table hospital organizations in the region and other state agencies (Virginia Department of Emergency Management, Regional Health Districts, etc.) to ensure a smooth interface with all components of the regional EMS system.

**5. Client Fees:** *(Please describe the fees clients must pay for the services provided in this program, and how those fees are determined.)*

No fees are charged for this service.

**6. Budget Information:** *(Please complete the following chart with the financial information for this program. In each area include the dollars specifically allocated/requested for this program.)*

	<b>FY2014 Actual</b>	<b>FY2015 Budgeted</b>	<b>FY2016 Projected</b>
<b>Caroline</b>	\$2,189	\$2,176	\$2,214
<b>Fredericksburg</b>	\$1,823	\$2,051	\$2,099
<b>King George</b>	\$1,238	\$1,840	\$1,837
<b>Spotsylvania</b>	\$3,108	\$3,108	\$9,430
<b>Stafford</b>	\$2,488	\$2,488	\$10,150
<b>United Way</b>	--	--	--
<b>Grants</b>	--	--	--
<b>Client Fees</b>	--	--	--
<b>Fundraising</b>	\$2,642	--	--
<b>Other</b>	\$165,494	\$188,658	\$180,289
<b>Total Program Budget for PD16</b>	\$178,982	\$200,321	\$206,019

**Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY2016. 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 FY2016 program budget request for our Regional Coordination program has increased to cover the increased operating costs for providing regional coordination of EMS. The cost of services, utilities, and supplies has increased as has the cost of many items used in regional planning such as printing, fuel, and building maintenance.
- We are currently understaffed. Without full staffing, adequate fundraising has not been possible and we forecast a decrease in revenue from this area in FY2016.
- The council hopes to return to "full funding" based on a rate of ¢ .29 per capita.

**7. Goals, Objectives, & Evaluation:** *(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. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Individual descriptions should not exceed 5 lines of text.)*

**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. For a more detailed list of goals and objectives, please see our attached Strategic EMS Plan.

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

**Objectives:**

<b>1a.</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>1b.</b>	Coordinate the development and implementation of regional patient care treatment protocols for the service area that support a high standard of care.

**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. For a more detailed list of goals and objectives, please see our attached Strategic EMS Plan.

- 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:**

<b>2a.</b>	Develop and coordinate an approved regional Performance Improvement Plan to be distributed to all EMS licensed agencies annually.
<b>2b.</b>	Facilitate and track regional EMS licensed agency Quality Improvement reporting, maintaining an 84% rate of agency participation.

**Evaluation Method:** *(Please describe the method used to measure the above goals/objectives. Please do not exceed 10 lines of text.)*

The Council's Regional Coordination of EMS Systems program is monitored by our Board of Directors and supported by 15 standing regional committees. All of the regional plans and policies that support our EMS system and service area are evaluated annually and approved by our board. The program, its objectives, and its deliverables are also monitored quarterly by the Virginia Department of Health, Office of EMS.

**8. Outcome Data:** *(Please give the most recent outcome data for the objectives above. Indicate below what time period the data covers.)*

**Data Collection Period:** July 1, 2013 – June 30, 2014

**Objective 1a.**

In FY2014, Dr. Tania White was contracted as a replacement for Dr. Nael Hasan as the Regional Medical Director. The council supports contracts with eleven (11) Operational Medical Directors (OMDs) serving each of our localities, with council staff serving as administrative support to the OMDs. In FY2014, Operational Medical Director endorsements and contracts were reviewed by the Council and contracts were updated. We facilitate this interaction with the state Office of EMS as a regional service.

**Objective 1b.**

In FY2014 a review of the Regional Patient Care Protocols was conducted through the Regional Medical Direction and Protocol Sub-Committee, who evaluated new protocols and outreach education. Relevant changes have been made and were pushed out to the agencies during FY2014; they have been published to over 2,000 EMS certified providers. Updates will be coming with changes to the council's regional drug box exchange program. This program is maintained by the regional council through contracts with healthcare systems in the region.

**Objective 2a.**

In FY2014 the Council's Regional Performance Improvement Plan and Agency QI template were reviewed by committee, approved by the REMS Council board, and distributed to all EMS licensed agencies, regional hospitals, and local governments.

**Objective 2b.**

In FY2014 78.66% of our EMS licensed agencies were compliant with regional Quality Improvement reporting. This data is used to determine any system needs regarding performance improvement or training. The council monitored any decreased compliance of required reporting with the support of Operational Medical Directors.

**9. Program Goal Updates:** *(Please provide a brief description of the current status of your program goal(s), given your outcome data. For example, if reported data was well below the stated outcome measure, please indicate why you feel that is the case. Also, include how your outcome data will influence or modify the program for the upcoming fiscal year. These descriptions should not exceed 20 lines of text.)*

**Program Goal 1:**

Our Regional Medical Direction System and Program goals remain on target. All Operational Medical Director endorsements were approved in FY2014 and processed with eleven (11) OMDs in our system. Other objectives under this initiative remain on target, including an ongoing review of and additions to the Regional Patient Care Protocols, Ambulance Restocking Agreement, and Medical Supplies Exchange contracts, along with other arrangements supporting area EMS agencies.

**Program Goal 2:**

The Council's Regional Performance Improvement Plan was reviewed in FY2014 by the Virginia Department of Health, Office of EMS with several recommendations made. Our quarterly QI reporting remains a model for the State and agency compliance at 78.66%, with goals to increase above 90%. The council supported our EMS agencies moving to the state's new electronic patient care report form and computer based tracking system which will improve data collection for regional Performance Improvement. This initiative remains on target with program goals.

**10. Community Impact:** *(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.)*

With the assistance of our regional Stroke and Cardiovascular committee, Stafford County was able to apply for and be accepted 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 great way for the area to maintain a certain standard of care for patients with cardiac emergencies. The REMS Council has been designated as the validation agency for all HeartSafe Virginia applications and will be reviewing agency applications and providing approval and feedback on their applications.

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.

**11. Collaborative Impact:** *(Please describe how the community would be impacted if your agency were dissolved or merged with another partner agency. This description should not exceed 20 lines of text.)*

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 maintains 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 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.

**Partner Agency Funding Application FY 2016**  
**SERVICE DATA**

**Program Service Data:** **Service Period:** July 1, 2013 to June 30, 2014

Locality Served	Total Served		Gender		Race						
	FY2014	FY2016*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian	Other	
Fredericksburg	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Caroline	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
King George	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Spotsylvania	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Stafford	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*\*Please include the projected number to be served in each locality for the upcoming fiscal year.*

Locality Served	Age Groups								Income Levels					
	0-4	5-10	11-13	14-18	19-25	26-40	41-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000	Over \$60,000	
Fredericksburg	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Caroline	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
King George	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Spotsylvania	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Stafford	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Please describe below your data collection methodology and tracking measures. Indicate systems or processes that are used and responsible parties. Please also describe how your projections are determined for the upcoming year. If any of the above information is not available, please indicate why:**

The council does not collect or track gender, race, age or income data on users of this program. Provider information is not obtained when support is given. The CISM program is a confidential, counseling based program accredited by the Virginia Department of Health, Office of EMS, and only the bi-annual statistical data they request (detailing number and types of calls, without specific information about individuals) is collected and reported to OEMS. Committee attendance is tracked using self-reporting methods, but data regarding age, sex, race, and income are not provided and these numbers are not an accurate representation of the total number of individuals served.

Community Awareness & Outreach

Each agency submitting a funding request must fill out the following pages for *each program* serving citizens within the region and for which funding is requested. Any incomplete applications or programs that do not have a full application will not be considered for funding. PLEASE do not include any unrequested information. Each locality reserves the right to request additional information once the application has been submitted.

<b>Program Name:</b>	<b>Community Awareness and Outreach</b>	<i>Is this a new program?</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Program Contact:</b>	E. Wayne Perry	<b>Title:</b>	Executive Director
<b>Telephone Number:</b>	540-373-0249 x1002		
<b>E-Mail Address:</b>	wperry@vaems.org		

**1. Program Purpose/Description:** *(the following 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, health fairs, and other outreach activities.

**2. 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. If this is a new program, be sure to include the benefit to the region for funding a new request. The following should not exceed 10 lines of text, and should include the most recent data available.)*

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 HOWMANYPEOPLE 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.

**3. Program Collaboration:** *(The following should describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area, and should not exceed 10 lines of text.)*

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, for which we do not have statistical data. We plan to continue our involvement in education and outreach, and hope to expand our scope and contact with additional programs and services. We are currently working with the American Heart Association on their Hands-Only CPR program and we are actively reviewing information for a community paramedic program in the region.

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

Community Awareness & Outreach

**4. Program Audience and Service Delivery:** *(The following should 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. Please do 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.

**5. Client Fees:** *(Please describe the fees clients must pay for the services provided in this program, and how those fees are determined.)*

No fees are charged for this service.

**6. Budget Information:** *(Please complete the following chart with the financial information for this program. In each area include the dollars specifically allocated/requested for this program.)*

	<b>FY2014 Actual</b>	<b>FY2015 Budgeted</b>	<b>FY2016 Projected</b>
<b>Caroline</b>	\$420	\$420	\$427
<b>Fredericksburg</b>	\$396	\$396	\$405
<b>King George</b>	\$355	\$355	\$355
<b>Spotsylvania</b>	\$600	\$600	\$1,821
<b>Stafford</b>	\$480	\$480	\$1,960
<b>United Way</b>	--	--	--
<b>Grants</b>	--	--	--
<b>Client Fees</b>	--	--	--
<b>Fundraising</b>	\$510	\$600	\$750
<b>Other</b>	\$31,792	\$35,821	\$34,054
<b>Total Program Budget for PD16</b>	\$34,553	\$38,672	\$39,772

**Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY2016. 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.**

- For FY2016, our Community Awareness and Outreach program funding request has increased with the intention of renewing suspended programs such as motorcycle helmet safety, diabetes education, community CPR, and expanding the 9-1-1 for Kids program to include more schools in the region.
- We would like to add additional outreach programs to include helmet/motorcycle safety awareness, blood pressure screenings, child safety seat inspections, and other important programs which help to educate and protect the citizens against illness and injury.
- The council also hopes to increase participation in the Regional EMS Awards by offering area providers incentives to participate.

**7. Goals, Objectives, & Evaluation:** *(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. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Individual descriptions should not exceed 5 lines of text.)*

**Program Goal 1:**

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

**Objectives:**

**1a.** Educate 2,300 second grade students in service area with the "9-1-1 For Kids" program.

**1b.** Collaborate with other community resources and agencies to ensure public education and prevention needs are met.

**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.

**Objectives:**

**2a.** Establish an annual Regional Awards Program for service area, recognizing 11 award categories and winners.

**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.

**Evaluation Method:** *(Please describe the method used to measure the above goals/objectives. Please do not exceed 10 lines of text.)*

The Virginia Department of Health, Office of EMS, monitors our required deliverables for the Community Awareness and Outreach programs. The council evaluates program performance through feedback from schools participating in "9-1-1 for Kids" and by monitoring participation with the Regional EMS Awards. The council also requests feedback regarding successful application of skills learned by students through the "9-1-1 for Kids" program via voluntary reporting from participating classroom teachers.

**8. Outcome Data:** *(Please give the most recent outcome data for the objectives above. Indicate below what time period the data covers.)*

**Data Collection Period:** July 1, 2013 – June 30, 2014

**Objective 1a.**

In FY2014 the 9-1-1 For Kids Program reached 379 participants.

**Objective 1b.**

In FY2014 the Council collaborated with five elementary schools within our service area to promote public education on our region's EMS system.

**Objective 2a.**

In FY2014 the Council conducted its 11<sup>th</sup> Annual Awards Recognition Program. There were 11 nominations submitted from across the region and 11 award winners selected.

**Objective 2b.**

In FY2014 the Council promoted 11 regional award winners and nominated all of them for the Governor's EMS Awards Program.

**9. Program Goal Updates:** *(Please provide a brief description of the current status of your program goal(s), given your outcome data. For example, if reported data was well below the stated outcome measure, please indicate why you feel that is the case. Also, include how your outcome data will influence or modify the program for the upcoming fiscal year. These descriptions should not exceed 20 lines of text.)*

**Program Goal 1:**

The council continued to work towards greater levels of school participation in the “9-1-1 for Kids” program in FY2014. An award-winning program in our region, the Virginia Department of Health, Office of EMS, continues to distribute a video highlighting our program and produced for statewide distribution under their “EMS Success Stories” series. Sharing the success of our program with others in the commonwealth is beneficial as they seek similar positive outcomes within their own communities.

We fell far short of our stated goal of 2,300 participants in FY2014 due to a lack of funding. In previous years, we have received funding from Rappahannock United Way for this particular program. We did not receive said funding for FY14, which limited our ability to promote and implement the program as planned.

If we receive adequate funding for this program for FY2016, we hope to expand our level of participation to our originally stated goal.

**Program Goal 2:**

The council’s Regional Awards highlight for the community the many achievements of providers and EMS agencies in the REMS region. The program continues to meet established objectives.

Individuals and agencies receiving recognition at our regional awards ceremonies have also moved on to receive recognition from the Governor at the state level, including Chancellor Fire and Rescue and Spotsylvania Volunteer Rescue Squad as Outstanding EMS Agencies.

**10. Community Impact:** *(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.)*

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.

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.

**11. Collaborative Impact:** *(Please describe how the community would be impacted if your agency were dissolved or merged with another partner agency. This description should not exceed 20 lines of text.)*

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.

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

**Partner Agency Funding Application FY 2016**  
**SERVICE DATA**

**Program Service Data:** **Service Period:** July 1, 2013 to June 30, 2014

Locality Served	Total Served		Gender		Race						
	FY2014	FY2016*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian	Other	Unknown
Fredericksburg	-	-	-	-	-	-	-	-	-	-	-
Caroline	-	-	-	-	-	-	-	-	-	-	-
King George	-	-	-	-	-	-	-	-	-	-	-
Spotsylvania	-	-	-	-	-	-	-	-	-	-	-
Stafford	379	400	211	168	219	73	7	40	1	17	22
Other	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>379</b>	<b>400</b>	<b>211</b>	<b>168</b>	<b>219</b>	<b>73</b>	<b>7</b>	<b>40</b>	<b>1</b>	<b>17</b>	<b>22</b>

*\*Please include the projected number to be served in each locality for the upcoming fiscal year.*

Locality Served	Age Groups								Income Levels				
	0-4	5-10	11-13	14-18	19-25	26-40	41-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000	Over \$60,000
Fredericksburg	-	-	-	-	-	-	-	-	N/A	N/A	N/A	N/A	N/A
Caroline	-	-	-	-	-	-	-	-	N/A	N/A	N/A	N/A	N/A
King George	-	-	-	-	-	-	-	-	N/A	N/A	N/A	N/A	N/A
Spotsylvania	-	-	-	-	-	-	-	-	N/A	N/A	N/A	N/A	N/A
Stafford	-	379	-	-	-	-	-	-	N/A	N/A	N/A	N/A	N/A
Other	-	-	-	-	-	-	-	-	N/A	N/A	N/A	N/A	N/A
<b>Total</b>	-	<b>379</b>	-	-	-	-	-	-	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

**Please describe below your data collection methodology and tracking measures. Indicate systems or processes that are used and responsible parties. Please also describe how your projections are determined for the upcoming year. If any of the above information is not available, please indicate why:**

The data above represents participants in our "9-1-1 for Kids" program. Demographic information is provided by teachers in participating schools, and is collected via self-reporting through a form that is sent out with the informational packets about the program. The Rappahannock EMS Council does not collect information about income because we do not provide income-based services. We use Microsoft Access to track our data as it is entered by our Regional Field Coordinator. Projected figures are based on (a) population levels, (b) planned changes in marketing or recruitment of schools, (c) past fluctuation in participation.

Regional Education/Training & Simulation Center

Each agency submitting a funding request must fill out the following pages for *each program* serving citizens within the region and for which funding is requested. Any incomplete applications or programs that do not have a full application will not be considered for funding. PLEASE do not include any unrequested information. Each locality reserves the right to request additional information once the application has been submitted.

<b>Program Name:</b>	<b>Regional Education/Training &amp; Simulation Center</b>	<i>Is this a new program?</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Program Contact:</b>	E. Wayne Perry	Title:	Executive Director
Telephone Number:	540-373-0249 x1002		
E-Mail Address:	wperry@vaems.org		

**1. Program Purpose/Description:** *(the following description should not exceed 10 lines of text)*

Regional coordination and planning for the training needs of over 1,900 EMS providers is essential to the success of our health care delivery system. The council supports our region's training needs with our state-accredited 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, which may be completed by the end of FY15.

**2. 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. If this is a new program, be sure to include the benefit to the region for funding a new request. The following should not exceed 10 lines of text, and should include the most recent data available.)*

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 accredited site in the region to offer the advanced level programs your citizens and agencies are seeking as well as full simulation labs. In FY2014, 786 citizens of PD16 were served in our Regional Education and Training Center programs.

**3. Program Collaboration:** *(The following should describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area, and should not exceed 10 lines of text.)*

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 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.

We also offer courses taught by our own instructors. For this part of our program, our EMS Degree Program, we currently have a consortium agreement with Germanna Community College and are working towards making college credit available for those providers who choose to pursue their advanced life support training with us.

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

**4. Program Audience and Service Delivery:** *(The following should 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. Please do not exceed 10 lines of text.)*

Planning District 16 and 9 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 FY2016 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.); EMT Basic (144 hrs.); ALS and BLS Refresher (48 hrs. and 24 hrs. respectively); PEPP (16 hrs.); GEMS (16 hrs.); ALS Preceptor Initial Course or Update (3 hrs. each); CTS Evaluator Initial or Update (2 hrs. each) courses. Other special programs to include simulation training will also be hosted or conducted.

**5. Client Fees:** *(Please describe the fees clients must pay for the services provided in this program, and how those fees are determined.)*

Training fees are set by our Board of Directors: Intermediate: \$2,350; Paramedic: \$2,850; EMT-B: \$500; Critical Intensive Care Paramedic: \$1,500; BLS / ALS Refresher: \$7.50 per CEU hour. Training Fees were increased in FY2013 due to significant decreases in funding from localities.

Use of the training center that does not require a REMS instructor is free for area EMS agencies and healthcare providers. This includes the use of our high-fidelity simulation equipment and classroom spaces.

**6. Budget Information:** *(Please complete the following chart with the financial information for this program. In each area include the dollars specifically allocated/requested for this program.)*

	<b>FY2014 Actual</b>	<b>FY2015 Budgeted</b>	<b>FY2016 Projected</b>
<b>Caroline</b>	\$3,203	\$3,184	\$3,240
<b>Fredericksburg</b>	\$2,668	\$3,001	\$3,071
<b>King George</b>	\$1,812	\$2,683	\$2,688
<b>Spotsylvania</b>	\$4,548	\$4,548	\$13,800
<b>Stafford</b>	\$3,641	\$3,641	\$14,853
<b>United Way</b>	--	--	--
<b>Grants</b>	\$22,255	--	--
<b>Client Fees</b>	\$101,858	\$123,806	\$131,473
<b>Fundraising</b>	\$3,866	\$4,548	\$5,685
<b>Other</b>	\$118,057	\$147,722	\$126,662
<b>Total Program Budget for PD16</b>	\$261,908	\$293,133	\$301,472

**Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY2016. 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 FY2016 program budget request for PD 16 governments is based upon a "full funding" agreed upon rate of ¢ 29 per capita. While operations have been streamlined, duties reassigned, raises and a position frozen, our operating costs have continued to increase.
- An increase in operating expenses include changes implemented to prepare for not only the national site accreditation process, which began prior to January 1, 2013, but also the implementation of a joint venture with Germanna Community College to establish an "EMS Degree Program."

**7. Goals, Objectives, & Evaluation:** *(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. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Individual descriptions should not exceed 5 lines of text.)*

**Program Goal 1:**

The following Program Goal reflects only one of many areas of our Regional Education / Training and Simulation Center Program. For a more detailed list of goals and objectives please see our attached Strategic EMS Plan.

- 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.

**Objectives:**

<b>1a.</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>1b.</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.

**Program Goal 2:**

The following Program Goal reflects only one of many areas of our Regional Education / Training and Simulation Center Program. For a more detailed list of goals and objectives please see our attached Strategic EMS Plan.

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

**Objectives:**

<b>2a.</b>	Council maintains four (4) simulation labs with necessary equipment and trained staff to support its use by community and health care partners.
<b>2b.</b>	Provide innovative training through use of simulation to improve program and student outcomes, with participants' academic development and performance improved.

**Evaluation Method:** *(Please describe the method used to measure the above goals/objectives. Please do not exceed 10 lines of text.)*

The Regional EMS Education and Training Program is monitored by the Council's Regional Guidelines and Training Committee which is made up of training representatives from each of the localities that we serve. As a State Accredited site, our program is also monitored and evaluated yearly by the Virginia Department of Health, Office of EMS Education Division. Regular evaluations are completed by users of the programs and statistical data is tracked by council staff.

**8. Outcome Data:** *(Please give the most recent outcome data for the objectives above. Indicate below what time period the data covers.)*

**Data Collection Period:** July 1, 2013 – June 30, 2014

**Objective 1a.**

Twenty approved EMS training programs and classes conducted directly by the Council in the Regional Training and Simulation Center and region to include a Paramedic Bridge program under new national education standards and in line with standards required for pending national site accreditation.

**Objective 1b.**

Seven hundred students / participants served by all Regional Training Center programs conducted and/or sponsored.

**Objective 2a.**

Four full simulation labs maintained by council, with 7 faculty members trained on proper use and techniques of simulation component.

**Objective 2b.**

Fifty students / participants will be served by Simulation Center and additional specialty training programs under simulation component and labs, as community partners also utilize the Regional Training Center.

**9. Program Goal Updates:** *(Please provide a brief description of the current status of your program goal(s), given your outcome data. For example, if reported data was well below the stated outcome measure, please indicate why you feel that is the case. Also, include how your outcome data will influence or modify the program for the upcoming fiscal year. These descriptions should not exceed 20 lines of text.)*

**Program Goal 1:**

In FY2014 the Council's Regional Training and Simulation Center conducted the following training courses:

- 4 CISM Team Trainings
- 31 ALS Pretests administered
- 2 EMT-Basic Certification Courses
- 1 EMT-Intermediate Certification Course
- 1 Paramedic Bridge Certification Course
- 1 BLS Refresher Course
- 1 ALS Refresher Course
- Several stand-alone EMS refresher nights on shock, stroke, and trauma.
- 1 ALS Preceptor Course / Update
- 2 CPR Course
- 1 EMT Evaluator Training Classes
- Community Use of Regional Training Center for AirMedical Training, MWH: 12-Lead EKG, ACLS, AED, PALS, ENPC, STABLE, TNCC, HCP Renewal, OB SimMan Training, Stroke Train-the-Trainer. Leadership Fredericksburg, Germanna Community College Health Class – Fall & Spring semesters, etc.
- 786 students were served through Regional Training & Simulation Center during report period

In the coming year we expect to see increased use of the Regional Training & Simulation Center by the community and other health care partners as it is a valuable resource. We also received a grant at the end of FY12 which allowed us to update one of our training manikins to a new wireless version – which is much more appropriate for EMS training. This allows us to take the manikin outside for pre-hospital scenario training and also creates an opportunity where we could travel to EMS agencies with the manikin.

**Program Goal 2:**

The Council has established four simulation labs in our Regional Training Center. These include 2 Sim-Mans, 2 Sim-Babies, a Sim-Newbie, and an OB / Childbirth simulator. In addition, we also maintain an IV simulator and difficult airway simulator for use in our programs.

Ten Council staff and part-time program faculty have been educated through Laerdal and with in-house training on the specific use of this specialty equipment in our programs.

In the last fiscal year, numerous certification and specialty classes were conducted for EMS agencies and other health care partners through the Training Center, Simulation Labs, and REMS Council staff. This exceeds our objectives and projected outcome for FY2014.

**10. Community Impact:** *(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.)*

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.

**11. Collaborative Impact:** *(Please describe how the community would be impacted if your agency were dissolved or merged with another partner agency. This description should not exceed 20 lines of text.)*

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 are state-accredited, the possibility for partnerships is somewhat limited unless the other agency in question was to meet state requirements as well. Our facility is truly unique and an invaluable resource to area EMS and healthcare providers.

**Partner Agency Funding Application FY 2016**  
**SERVICE DATA**

**Program Service Data:** **Service Period:** July 1, 2013 to June 30, 2014

Locality Served	Total Served		Gender		Race						
	FY2014	FY2016*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian	Other	Unknown
Fredericksburg	49	54	29	20	49	-	-	-	-	-	-
Caroline	42	45	26	16	38	2	-	1	1	-	-
King George	21	23	17	4	18	3	-	-	-	-	-
Spotsylvania	207	215	119	88	182	12	2	4	-	5	5
Stafford	86	91	39	47	77	3	1	2	-	-	-
Other	381	397	254	127	303	18	2	1	1	-	-
<b>Total</b>	<b>786</b>	<b>825</b>	<b>484</b>	<b>302</b>	<b>667</b>	<b>38</b>	<b>5</b>	<b>7</b>	<b>2</b>	<b>5</b>	<b>5</b>

*\*Please include the projected number to be served in each locality for the upcoming fiscal year.*

Locality Served	Age Groups								Income Levels				
	0-4	5-10	11-13	14-18	19-25	26-40	41-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000	Over \$60,000
Fredericksburg	-	-	-	-	15	17	16	-	N/A	N/A	N/A	N/A	N/A
Caroline	-	-	-	-	2	30	9	-	N/A	N/A	N/A	N/A	N/A
King George	-	-	-	-	5	10	6	-	N/A	N/A	N/A	N/A	N/A
Spotsylvania	-	-	-	-	19	104	67	14	N/A	N/A	N/A	N/A	N/A
Stafford	-	-	-	1	7	32	40	1	N/A	N/A	N/A	N/A	N/A
Other	-	-	-	4	39	178	92	21	N/A	N/A	N/A	N/A	N/A
<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5</b>	<b>87</b>	<b>371</b>	<b>230</b>	<b>36</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

**Please describe below your data collection methodology and tracking measures. Indicate systems or processes that are used and responsible parties. Please also describe how your projections are determined for the upcoming year. If any of the above information is not available, please indicate why:**

Income levels are not available as we do not collect that information from our clientele. We gather training center usage information through self-reporting—each group that uses the training center fills in a demographic form that is then given to our Regional Field Coordinator to be entered into a Microsoft Access database. Projected figures are determined based on population projections, current enrollment numbers for REMS courses, and patterns of demand for use of the training and simulation center.

Regional EMS Certification & Testing

Each agency submitting a funding request must fill out the following pages for *each program* serving citizens within the region and for which funding is requested. Any incomplete applications or programs that do not have a full application will not be considered for funding. PLEASE do not include any unrequested information. Each locality reserves the right to request additional information once the application has been submitted.

<b>Program Name:</b>	<b>Regional EMS Certification &amp; Testing</b>	<i>Is this a new program?</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Program Contact:</b>	E. Wayne Perry	Title:	Executive Director
Telephone Number:	540-373-0249 x1002		
E-Mail Address:	wperry@vaems.org		

**1. Program Purpose/Description:** *(the following 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.

**2. 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. If this is a new program, be sure to include the benefit to the region for funding a new request. The following should not exceed 10 lines of text, and should include the most recent data available.)*

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.

**3. Program Collaboration:** *(The following should describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area, and should not exceed 10 lines of text.)*

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>

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

**4. Program Audience and Service Delivery:** *(The following should 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. Please do not exceed 10 lines of text.)*

Planning District 9 and 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 FY2016. They are conducted throughout our region in area schools to include Spotsylvania, Caroline, Culpeper, Fauquier, Fredericksburg, Orange and Stafford. We also hope to conduct five National Registry Psychomotor exams in the council's Regional Training and Simulation Center.

**5. Client Fees:** *(Please describe the fees clients must pay for the services provided in this program, and how those fees are determined.)*

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 \$200; Intermediates \$175; AEMT \$150; retesting is \$25 per station.

**6. Budget Information:** *(Please complete the following chart with the financial information for this program. In each area include the dollars specifically allocated/requested for this program.)*

	<b>FY2014 Actual</b>	<b>FY2015 Budgeted</b>	<b>FY2016 Projected</b>
<b>Caroline</b>	\$761	\$756	\$769
<b>Fredericksburg</b>	\$634	\$713	\$729
<b>King George</b>	\$430	\$639	\$638
<b>Spotsylvania</b>	\$1,080	\$1,080	\$3,277
<b>Stafford</b>	\$865	\$865	\$3,527
<b>United Way</b>	--	--	--
<b>Grants</b>	--	--	--
<b>Client Fees</b>	\$24,188	\$29,400	\$31,221
<b>Fundraising</b>	\$918	\$1,080	\$1,350
<b>Other</b>	\$33,319	\$35,077	\$30,069
<b>Total Program Budget for PD16</b>	\$62,195	\$69,610	\$71,590

**Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY2016. 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 FY2016 request for PD16 governments has increased; this is due to an increase in operating costs associated with higher fuel costs for traveling to consolidated test sites, higher fees charged for facility use, as well as higher employee and benefit costs associated with an increase in the cost of insurance and an effort to offer competitive rates of compensation.
- The council's goal for this program is to return to higher levels of service and improve the quality and frequency of said service, allowing for easier access and use by residents of PD16.
- Every 10 weeks we hold a National Registry Psychomotor examination; increased demand for these test sites has caused an increase in the cost of personnel.

**7. Goals, Objectives, & Evaluation:** *(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. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Individual descriptions should not exceed 5 lines of text.)*

**Program Goal 1:**

Establish 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:**

<b>1a.</b>	Conduct 14 Basic Life Support Consolidated Test Sites through an approved schedule and facilities over a 12-month period.
<b>1b.</b>	Conduct 5 National Registry Practical Test Sites for Advanced Life Support certification.

**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.

**Objectives:**

<b>2a.</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>2b.</b>	Conduct annual training of all contracted CTS personnel through developed EMT-B Evaluator Program and review policies and procedures as approved.

**Evaluation Method:** *(Please describe the method used to measure the above goals/objectives. Please do not exceed 10 lines of text.)*

The Council's Regional Testing program is monitored at the local level by the Regional Guidelines and Training Committee. This committee is made up of EMS training representatives for each of the localities we serve. Specific objectives and deliverables for this program are evaluated by the Virginia Department of Health, Office of EMS, and a State Examiner is present for all approved test sites. Council staff sits on state level committees to evaluate and address the effectiveness and needs of the program.

**8. Outcome Data:** *(Please give the most recent outcome data for the objectives above. Indicate below what time period the data covers.)*

**Data Collection Period:** July 1, 2013 – June 30, 2014

**Objective 1a.**

In FY2014 the Council conducted 13 BLS test sites throughout the region with 535 registrants tested, 370 of which are residents of counties within PD16 or are affiliated with PD16 EMS agencies.

**Objective 1b.**

In FY2014 the Council conducted five (5) National Registry Psychomotor Examinations for Paramedic, Intermediate, and AEMT students.

**Objective 2a.**

In FY2014 the Council maintained an approved Regional Consolidated Test Site Policies and Procedures Manual in accordance with new state guidelines implemented.

**Objective 2b.**

In FY2014 the Council conducted 1 EMT-B Evaluator Training Program to support the new state testing guidelines rollout. Maintained 170 trained CTS personnel to support this program.

**9. Program Goal Updates:** *(Please provide a brief description of the current status of your program goal(s), given your outcome data. For example, if reported data was well below the stated outcome measure, please indicate why you feel that is the case. Also, include how your outcome data will influence or modify the program for the upcoming fiscal year. These descriptions should not exceed 20 lines of text.)*

**Program Goal 1:**

The Council's Regional EMS Certification and Testing Program remains on target with annual goals and expectations. In FY2015 the council will again seek to conduct 14 test sites to meet the testing and certification needs of the region, to include another proposed daytime regional test site for area High School EMT programs. The new statewide online registration system for this program was fully implemented in FY2012 and monitoring will continue to validate function and improvement in the processing of applicants.

**Program Goal 2:**

The Council remains on target with this program goal and continues to monitor the effects of the new state testing guidelines which were implemented in FY2011. Updates to these new guidelines have been required as we continue to utilize them.

These new testing procedures required an increase in personnel needed to conduct such testing, whereby the State authorized an increase as noted in our current fee schedule. Personnel has been increased accordingly.

**10. Community Impact:** *(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.)*

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.

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.

**11. Collaborative Impact:** *(Please describe how the community would be impacted if your agency were dissolved or merged with another partner agency. This description should not exceed 20 lines of text.)*

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.

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**SERVICE DATA**

**Program Service Data:** **Service Period:** July 1, 2013 to June 30, 2014

Locality Served	Total Served		Gender		Race						
	FY2014	FY2016*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian	Other	Unknown
Fredericksburg	35	38	15	20	33	-	1	1	-	-	-
Caroline	10	12	7	3	10	-	-	-	-	-	-
King George	19	22	8	11	19	-	-	-	-	-	-
Spotsylvania	69	74	36	33	54	11	-	2	-	2	-
Stafford	101	115	43	58	85	11	-	1	2	1	1
Other	136	145	73	63	110	16	3	3	-	3	1
<b>Total</b>	<b>370</b>	<b>406</b>	<b>182</b>	<b>188</b>	<b>311</b>	<b>38</b>	<b>4</b>	<b>7</b>	<b>2</b>	<b>6</b>	<b>2</b>

*\*Please include the projected number to be served in each locality for the upcoming fiscal year.*

Locality Served	Age Groups								Income Levels				
	0-4	5-10	11-13	14-18	19-25	26-40	41-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000	Over \$60,000
Fredericksburg	-	-	-	8	13	14	5	-	N/A	N/A	N/A	N/A	N/A
Caroline	-	-	-	3	4	3	-	-	N/A	N/A	N/A	N/A	N/A
King George	-	-	-	1	6	5	7	-	N/A	N/A	N/A	N/A	N/A
Spotsylvania	-	-	-	11	30	16	12	-	N/A	N/A	N/A	N/A	N/A
Stafford	-	-	-	64	18	12	6	1	N/A	N/A	N/A	N/A	N/A
Other	-	-	-	16	50	44	22	4	N/A	N/A	N/A	N/A	N/A
<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>103</b>	<b>121</b>	<b>94</b>	<b>52</b>	<b>5</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

**Please describe below your data collection methodology and tracking measures. Indicate systems or processes that are used and responsible parties. Please also describe how your projections are determined for the upcoming year. If any of the above information is not available, please indicate why:**

Demographic information regarding Consolidated Testing candidates is collected by the Regional registration system (testing.vaems.org) and accessible to REMS staff. We track this information using Microsoft Access. Data is requested of National Registry candidates, but submitting demographic information is optional. Many of the registrants for National Registry exams include individuals from outside of the commonwealth. Projections for the coming year are determined based on population projections, patterns of demand for test sites, and the number of test sites anticipated for the coming fiscal year.