

Regional Funding

Fiscal Year 2021 - Partner Funding Application

Rappahannock Emergency Medical Services Council, Inc.

Agency Information

General Information

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

Agency Mission Statement

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

Number of Years in Operation	43
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Main Contact

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

Localities Served

Please select any/all localities your agency serves.

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

Collaborative Impact

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

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

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

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

Community Impact

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

Example 1

With the assistance of our regional Heart and Stroke committee, King George County, Spotsylvania County, Stafford County and the City of Fredericksburg were able to apply for and be approved as HeartSafe Communities. The committee was essential in the preparation of paperwork and review of the applications, and is coordinated by the Rappahannock EMS Council with participation from many agencies and hospitals in the area. This HeartSafe designation is something these localities may advertise and is a way for the areas to maintain a certain standard of care for patients with cardiac emergencies. The REMS Council has been designated as the validating agency for all HeartSafe Virginia applications and will be reviewing agency applications and providing approval and feedback on their applications.

Example 2

The efforts of the council's regional Pharmacy Committee also assisted area agencies with interactions with the Virginia Board of Pharmacy in the matter of one-for-one medication exchange, working towards a legally compliant and logically feasible solution in medication exchange protocol for EMS crews delivering patients to area hospitals and restocking their supplies. This committee was also instrumental in the implementation of the "STAT kit" to be used on ambulances in addition to the traditional medication box. The Pharmacy Committee continues to facilitate communication between and among hospitals and agencies to ensure needed supplies are present on ambulances in the field.

Example 3 (Optional)

Rappahannock Emergency Medical Services Council, Inc.

Agency Budget Narrative

Administrative Expenses

Provide an overview of the administrative costs for your agency.

Administrative costs include things such as building repairs and maintenance, office equipment and supplies, and business expenses such as website maintenance, insurance policies, staff uniforms, and vending machine costs. The Council participates in the Virginia Green program, and strives to operate conservatively, limiting use of paper, ink, and other office supplies.

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

N/A

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

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

Capital Expenses

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

N/A

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

N/A

Salary & Benefit Expenses

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

The council is anticipating a decrease of \$13,816.71 in personnel expenses. At this time, the Council's staff have not received COLA increases since FY 2008 and two positions are currently frozen. Previous budgets have anticipated unfreezing these positions; the FY 2021 budget does not. The Council is also anticipating a loss of customer fees during the temporary suspension of our EMT Basic training program. Additional funds would make it possible for the Council to hire additional staff and offer slight pay increases to the existing staff members.

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

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

Budget Issues

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

N/A

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

N/A

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

This funding application requires discrete programmatic budgeting. The Council's programs are closely intertwined and do not lend themselves to discrete budgeting: one employee may work on several programs, for instance. Figures are calculated using revenues gained for specific programs as well as percentages of overall funds from the Virginia Office of EMS and localities. This may cause the appearance of a deficit or surplus in programs that is not reflected in the overall agency budget.

The Council is also anticipating a possible change in its partnership with the Virginia Office of EMS, but will not know details until January of 2020 at the earliest.

Rappahannock Emergency Medical Services Council, Inc.

Agency Total Budget

In the boxes below provide an overview of the administrative costs associated with your total agency budget.

Expenses

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Salary			360,394.07	286,701.35	275,158.27
Benefits			74,314.16	56,471.48	54,197.85
Operating Expenses			351,683.90	277,392.85	266,224.56
Capital Expenses			0.00	0.00	0.00
Other Expenses			6,264.00	3,000.00	3,000.00
Total	0.00	0.00	792,656.13	623,565.68	598,580.68

Revenues

Please include revenue associated with your entire organization. This section represents the TOTAL revenue your organization is receiving. The revenue associated with specific programs will be listed within your program budgets; this section represents total revenues. (For example if your organization requests funding for multiple programs the total amount requested from each locality or other entities goes within this section)

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Caroline			8,794.00	8,847.00	8,906.00
Fredericksburg			8,341.00	8,416.00	8,568.00
King George			7,391.00	7,399.00	7,457.00
Spotsylvania			39,309.00	39,309.00	39,463.00
Stafford			43,203.00	43,870.00	44,576.00
United Way			0.00	0.00	0.00
Grants			31,000.00	24,565.00	0.00
Client Fees			209,125.00	35,100.00	35,100.00
Fundraising			16,000.00	16,000.00	16,000.00
Other (Click to itemize)	0.00	0.00	450,749.00	440,059.68	438,510.68
Total	0.00	0.00	813,912.00	623,565.68	598,580.68

Surplus / Deficit

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Surplus or Deficit	0.00	0.00	21,255.87	0.00	0.00

Rappahannock Emergency Medical Services Council, Inc.

Locality Information

Locality Notes

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

Caroline County

Caroline represents 11% of our PD16 clients. Providers from Caroline are on regional committees developing protocols, plans, and other regional documents. We offer Consolidated Test Sites in Caroline for provider convenience and the Council is open M-F, 9-5. We facilitate Operational Medical Director agreements, which are required for EMS licensed agencies (e.g. rescue squads) to operate. We maintain medication restock agreements to allow ambulances to replenish medications at hospital pharmacies, and the CLIA waiver allowing EMS providers to conduct point of care blood glucose testing. The Council uses ClickTime to track time spent. In FY19 Council staff devoted 47.75 hours to services specifically for Caroline County. We also run a Mobile Integrated Healthcare Program in Caroline, previously funded by a grant from VDH, assisting citizens with transport, communication with doctors, access to resources, and making healthy choices.

City of Fredericksburg

11% of our PD16 clientele are from Fredericksburg. Providers from the City of Fredericksburg sit on 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, 9 AM to 5 PM for provider access. Operational Medical Director agreements are facilitated by the Council, which are required for an EMS licensed agency (e.g. rescue squads) to operate. The Council also maintains the medication restock agreements with area hospitals that allow ambulances to replenish medications at hospital pharmacies, and the CLIA waiver allowing EMS providers to conduct point of care blood glucose testing on patients. The Council facilitated Fredericksburg receiving Heart Safe Community designation through the Heart and Stroke Committee. In FY 19, the Council staff devoted 158.25 hours to services for the City of Fredericksburg, 26% of time spent on tasks specifically performed for PD16.

King George County

6% of our PD16 clientele are King George County citizens. We work closely with providers from all PD16 counties, including King George, on our regional committees—they assist with developing protocols, plans, and other regional documents. The Council is open M-F, 9 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. The Council facilitated King George receiving its Heart Safe Community designation through the regional Heart and Stroke Committee. In Fiscal Year 2019, the Council staff devoted 60.5 hours to various services specifically for King George.

Spotsylvania County

34% of our PD16 clientele are Spotsylvania County citizens. We work closely with providers from all of Planning District 16, including Spotsylvania, on our regional committees—they assist with developing protocols, plans, and other regional documents. We are open M-F, 9 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 tracks how their time is allocated and in Fiscal Year 2019, the Council staff devoted 136 hours to various services specifically for Spotsylvania County, 23% of all time spent on tasks specifically performed for PD16.

Stafford County

39% of our clientele are Stafford County citizens. We work with providers from all of Planning District 16, including Stafford, on regional committees—they assist with developing protocols, plans, and other regional documents. We are open M-F, 9 AM to 5 PM for provider access. Operational Medical Director agreements are facilitated by the Council, which are required for an EMS licensed agency (e.g. rescue squads) to operate. We maintain the medication restock agreements with area hospitals allowing ambulances to replenish medications at hospital pharmacies, and the CLIA waiver allowing providers to conduct point of care blood glucose testing on patients. The Council facilitated Stafford receiving Heart Safe Community designation through the Heart and Stroke Committee. Council staff tracks how their time is allocated and in FY 2019, the Council staff devoted 193 hours to various services specifically for Stafford County, 32% of all time spent on tasks specifically performed for PD16

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

Program Overview

You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.

When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.

You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.

General Information

Program Name	Regional Coordination of Emergency Medical Services System
Is this a new program?	No

Program Contact

Name	E. Wayne Perry
Title	Executive Director
Email	rems@vaems.org
Phone	(540) 373-0249

Program Purpose / Description

Provide an overview of this program

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

Client Fees

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

No fees are charged for this service.

Justification of Need

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

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

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

N/A

Target Audience and Service Delivery

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

These services are provided throughout the year and are ongoing. Regional committees meet quarterly, and some convene more frequently. We bring hospital organizations and other state agencies (e.g. Virginia Department of Emergency Management and Regional Health Districts) to the table to ensure a smooth interface of all parts of the EMS system. Regional committees include representation from organizations like the American Red Cross and American Heart Association. We do not track individuals served for this program, but our services are available to 3,292 EMS providers in our service area (including 2,119 in PD16) and impact the quality of care for people in our service area receiving emergency medical care. This program serves not only the EMS licensed agencies of Planning District 16, but also the PD16 population at large; strong coordination and planning help ensure a high quality of care and communication between and among agencies, hospitals, EMS providers, and citizens.

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

N/A

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

Program Budget Narrative

Please indicate in detail reasons for increases or decreases in the amounts you are requesting.

The Council is requesting a slight increase in funding for FY 2021 which reflects a general rise in the cost of operations and the increase in population. The Council utilizes a funding model approved by the George Washington Regional Commission using population values with a rate of ϕ .29 per capita. The amounts for FY 2021 were calculated using projected population increases from the Weldon Cooper Center for Public Service at the University of Virginia.

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

If the Council receives level funding or decreased funding, our ability to expand our community programs would be impacted. We are currently understaffed and rely heavily on the small staff that we have retained. These staff members have also not received COLA raises since FY08.

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

If the Council receives level funding or decreased funding, our ability to expand our community programs would be impacted. We are currently understaffed and rely heavily on the small staff that we have retained. These staff members have also not received COLA raises since FY08.

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

Program Specific Budget

Please provide your program specific budget below.

Expenses

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Personnel	90,755.02	107,815.01	162,177.33	112,706.66	113,001.88
Benefits	28,634.59	30,229.13	33,441.37	22,199.80	22,257.95
Operating Expenses	147,302.73	95,290.33	158,257.76	109,047.35	109,332.98
Capital Expenses	0.00	0.00	0.00	0.00	0.00
Total	266,692.34	233,334.47	353,876.46	243,953.81	244,592.81

Revenues

This section represents revenue specifically associated with your program. Revenue that supports the implementation of your program and the services provided to the community.

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Caroline	3,879.45	3,789.90	3,957.30	3,981.15	4,007.70
Fredericksburg	3,195.00	3,195.00	3,753.45	3,787.20	3,855.60
King George	3,228.75	3,276.90	3,325.95	3,329.55	3,355.65
Spotsylvania	5,400.00	5,400.00	17,689.50	17,689.05	17,758.35
Stafford	0.00	18,727.20	19,441.35	19,741.50	20,059.20
United Way	0.00	0.00	0.00	0.00	0.00
Grants	0.00	0.00	0.00	0.00	0.00
Client Fees	0.00	0.00	0.00	0.00	0.00
Fundraising	3,872.58	6,791.85	4,000.00	4,000.00	4,000.00
Other (Click to itemize)	180,454.51	184,699.04	196,230.65	191,425.36	191,556.31
Culpeper County	6,400.35	6,464.25	6,637.50	6,690.60	6,753.60
Fauquier County	3,825.00	3,825.00	8,932.50	9,162.00	9,229.95
Orange County	4,455.90	4,455.90	4,717.80	4,717.80	4,717.80
Rappahannock County	975.60	975.60	982.90	982.80	982.80
Westmoreland County	475.65	477.90	480.60	480.60	480.60

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Office Of EMS - Contract Funding	114,210.90	118,120.50	121,850.10	116,757.31	116,757.31
In Kind Donation - Building Lease	49,889.25	49,889.25	49,889.25	49,889.25	49,889.25
REMS Vending Income	93.26	66.47	45.00	45.00	45.00
Miscellaneous Income	122.31	421.78	2,475.00	2,475.00	2,475.00
Interest Income	6.29	2.39	220.00	225.00	225.00
Total	200,030.29	225,879.89	248,398.20	243,953.81	244,592.81

Surplus / Deficit

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Surplus or Deficit	-66,662.05	-7,454.58	-105,478.26	0.00	0.00

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

[View Diagram](#) Goals and Objectives

Goals

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.

Objectives

Objectives		2017 Year End	2018 Baseline	2018 Year End	2019 Baseline	2019 Year End	2020 Baseline
Develop and coordinate an approved regional Performance Improvement Plan to be distributed to all EMS licensed agencies annually.	Total # Clients Served	51	51	51	45		45
	Total # Clients Achieved/Successful	51	51	51	45		45
	% Achieved / Successful	100	100	100	100	0	100
Administer a regional performance improvement program which monitors the quality of data being reported by area agencies and assists said agencies with feedback regarding the improvement of reporting.	Total # Clients Served	51	51	51	45		45
	Total # Clients Achieved/Successful	51	51	51	45		45
	% Achieved / Successful	100	100	100	100	0	100

Explanation & Overview

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

N/A

Updates for FY2018

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

N/A

If you are restating the goals or objectives for the prior calendar year, please include those here

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

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

Objective: Administer a regional performance improvement program which monitors the quality of data being reported by area agencies and assists said agencies with feedback regarding the improvement of reporting. No changes to this objective.

Goal:

The following Program Goal reflects only one of many areas of Regional Coordination of our EMS System 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.

Objectives		2017 Year End	2018 Baseline	2018 Year End	2019 Baseline	2019 Year End	2020 Baseline
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.	Total # Clients Served	3,235	3,235	3,235	3,196		3,292
	Total # Clients Achieved/Successful	3,235	3,235	3,235	3,196		3,292
	% Achieved / Successful	100	100	100	100	0	100
Coordinate the development and implementation of regional patient care treatment protocols for the service area that support a high standard of care.	Total # Clients Served	3,235	3,235	3,235	3,196		3,292
	Total # Clients Achieved/Successful	3,235	3,235	3,235	3,196		3,292
	% Achieved / Successful	100	100	100	100	0	100

Explanation & Overview

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

N/A

Updates for FY2018

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

The baseline numbers for 2020 have been adjusted to reflect the current reported number of providers in our service area.

If you are restating the goals or objectives for the prior calendar year, please include those here

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

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

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

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

Number of Individuals Served

Localities

Please provide the actual numbers of individuals served in this program during FY2017, FY2018, and FY 2019, the estimated numbers of individuals served in FY2020 and the projected numbers of individuals served in FY2021.

Locality	FY2017 (Actual)	FY2018 (Actual)	FY 2019 (Actual)	FY 2020 Estimate	FY 2021 Projected
Fredericksburg City	202	204	226	228	230
Caroline County	246	248	233	235	228
King George County	123	125	122	123	129
Spotsylvania County	721	747	704	710	714
Stafford County	784	814	811	815	818
Other Localities	1,073	1,097	1,100	1,105	1,173
Total	3,149	3,235	3,196	3,216	3,292

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

Collaborative Impact

Efforts and Partnerships

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

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

Collaborative Impact

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

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

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

Regional Funding

Fiscal Year 2021 - Partner Funding Application

Rappahannock Emergency Medical Services Council, Inc.

Agency Information

General Information

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Number of Years in Operation	43
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Main Contact

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Job Title	Executive Director

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

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

Example 1

With the assistance of our regional Heart and Stroke committee, King George County, Spotsylvania County, Stafford County and the City of Fredericksburg were able to apply for and be approved as HeartSafe Communities. The committee was essential in the preparation of paperwork and review of the applications, and is coordinated by the Rappahannock EMS Council with participation from many agencies and hospitals in the area. This HeartSafe designation is something these localities may advertise and is a way for the areas to maintain a certain standard of care for patients with cardiac emergencies. The REMS Council has been designated as the validating agency for all HeartSafe Virginia applications and will be reviewing agency applications and providing approval and feedback on their applications.

Example 2

The efforts of the council's regional Pharmacy Committee also assisted area agencies with interactions with the Virginia Board of Pharmacy in the matter of one-for-one medication exchange, working towards a legally compliant and logically feasible solution in medication exchange protocol for EMS crews delivering patients to area hospitals and restocking their supplies. This committee was also instrumental in the implementation of the "STAT kit" to be used on ambulances in addition to the traditional medication box. The Pharmacy Committee continues to facilitate communication between and among hospitals and agencies to ensure needed supplies are present on ambulances in the field.

Example 3 (Optional)

Rappahannock Emergency Medical Services Council, Inc.

Agency Budget Narrative

Administrative Expenses

Provide an overview of the administrative costs for your agency.

Administrative costs include things such as building repairs and maintenance, office equipment and supplies, and business expenses such as website maintenance, insurance policies, staff uniforms, and vending machine costs. The Council participates in the Virginia Green program, and strives to operate conservatively, limiting use of paper, ink, and other office supplies.

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

N/A

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

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

Capital Expenses

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

N/A

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

N/A

Salary & Benefit Expenses

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

The council is anticipating a decrease of \$13,816.71 in personnel expenses. At this time, the Council's staff have not received COLA increases since FY 2008 and two positions are currently frozen. Previous budgets have anticipated unfreezing these positions; the FY 2021 budget does not. The Council is also anticipating a loss of customer fees during the temporary suspension of our EMT Basic training program. Additional funds would make it possible for the Council to hire additional staff and offer slight pay increases to the existing staff members.

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

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

Budget Issues

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

N/A

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

N/A

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

This funding application requires discrete programmatic budgeting. The Council's programs are closely intertwined and do not lend themselves to discrete budgeting: one employee may work on several programs, for instance. Figures are calculated using revenues gained for specific programs as well as percentages of overall funds from the Virginia Office of EMS and localities. This may cause the appearance of a deficit or surplus in programs that is not reflected in the overall agency budget.

The Council is also anticipating a possible change in its partnership with the Virginia Office of EMS, but will not know details until January of 2020 at the earliest.

Rappahannock Emergency Medical Services Council, Inc.

Agency Total Budget

In the boxes below provide an overview of the administrative costs associated with your total agency budget.

Expenses

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Salary			360,394.07	286,701.35	275,158.27
Benefits			74,314.16	56,471.48	54,197.85
Operating Expenses			351,683.90	277,392.85	266,224.56
Capital Expenses			0.00	0.00	0.00
Other Expenses			6,264.00	3,000.00	3,000.00
Total	0.00	0.00	792,656.13	623,565.68	598,580.68

Revenues

Please include revenue associated with your entire organization. This section represents the TOTAL revenue your organization is receiving. The revenue associated with specific programs will be listed within your program budgets; this section represents total revenues. (For example if your organization requests funding for multiple programs the total amount requested from each locality or other entities goes within this section)

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Caroline			8,794.00	8,847.00	8,906.00
Fredericksburg			8,341.00	8,416.00	8,568.00
King George			7,391.00	7,399.00	7,457.00
Spotsylvania			39,309.00	39,309.00	39,463.00
Stafford			43,203.00	43,870.00	44,576.00
United Way			0.00	0.00	0.00
Grants			31,000.00	24,565.00	0.00
Client Fees			209,125.00	35,100.00	35,100.00
Fundraising			16,000.00	16,000.00	16,000.00
Other (Click to itemize)	0.00	0.00	450,749.00	440,059.68	438,510.68
Total	0.00	0.00	813,912.00	623,565.68	598,580.68

Surplus / Deficit

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Surplus or Deficit	0.00	0.00	21,255.87	0.00	0.00

Rappahannock Emergency Medical Services Council, Inc.

Locality Information

Locality Notes

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

Caroline County

Caroline represents 11% of our PD16 clients. Providers from Caroline are on regional committees developing protocols, plans, and other regional documents. We offer Consolidated Test Sites in Caroline for provider convenience and the Council is open M-F, 9-5. We facilitate Operational Medical Director agreements, which are required for EMS licensed agencies (e.g. rescue squads) to operate. We maintain medication restock agreements to allow ambulances to replenish medications at hospital pharmacies, and the CLIA waiver allowing EMS providers to conduct point of care blood glucose testing. The Council uses ClickTime to track time spent. In FY19 Council staff devoted 47.75 hours to services specifically for Caroline County. We also run a Mobile Integrated Healthcare Program in Caroline, previously funded by a grant from VDH, assisting citizens with transport, communication with doctors, access to resources, and making healthy choices.

City of Fredericksburg

11% of our PD16 clientele are from Fredericksburg. Providers from the City of Fredericksburg sit on 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, 9 AM to 5 PM for provider access. Operational Medical Director agreements are facilitated by the Council, which are required for an EMS licensed agency (e.g. rescue squads) to operate. The Council also maintains the medication restock agreements with area hospitals that allow ambulances to replenish medications at hospital pharmacies, and the CLIA waiver allowing EMS providers to conduct point of care blood glucose testing on patients. The Council facilitated Fredericksburg receiving Heart Safe Community designation through the Heart and Stroke Committee. In FY 19, the Council staff devoted 158.25 hours to services for the City of Fredericksburg, 26% of time spent on tasks specifically performed for PD16.

King George County

6% of our PD16 clientele are King George County citizens. We work closely with providers from all PD16 counties, including King George, on our regional committees—they assist with developing protocols, plans, and other regional documents. The Council is open M-F, 9 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. The Council facilitated King George receiving its Heart Safe Community designation through the regional Heart and Stroke Committee. In Fiscal Year 2019, the Council staff devoted 60.5 hours to various services specifically for King George.

Spotsylvania County

34% of our PD16 clientele are Spotsylvania County citizens. We work closely with providers from all of Planning District 16, including Spotsylvania, on our regional committees—they assist with developing protocols, plans, and other regional documents. We are open M-F, 9 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 tracks how their time is allocated and in Fiscal Year 2019, the Council staff devoted 136 hours to various services specifically for Spotsylvania County, 23% of all time spent on tasks specifically performed for PD16.

Stafford County

39% of our clientele are Stafford County citizens. We work with providers from all of Planning District 16, including Stafford, on regional committees—they assist with developing protocols, plans, and other regional documents. We are open M-F, 9 AM to 5 PM for provider access. Operational Medical Director agreements are facilitated by the Council, which are required for an EMS licensed agency (e.g. rescue squads) to operate. We maintain the medication restock agreements with area hospitals allowing ambulances to replenish medications at hospital pharmacies, and the CLIA waiver allowing providers to conduct point of care blood glucose testing on patients. The Council facilitated Stafford receiving Heart Safe Community designation through the Heart and Stroke Committee. Council staff tracks how their time is allocated and in FY 2019, the Council staff devoted 193 hours to various services specifically for Stafford County, 32% of all time spent on tasks specifically performed for PD16

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

Program Overview

You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.

When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.

You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.

General Information

Program Name	Regional Emergency Medical Services Certification and Testing
Is this a new program?	No

Program Contact

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

Program Purpose / Description

Provide an overview of this program

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

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

Client Fees

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

The Virginia Department of Health, Office of EMS establishes our fee threshold for Consolidated Testing. Initial practical testing and re-testing fees are set at \$50 and \$25. There is no fee for written only testing.

Pricing for our National Registry exam is set by our Board of Directors and is based upon cost and average fees charged within the state of Virginia. Initial testing for Paramedics is \$275; Intermediates \$225; AEMT \$180; retesting is \$50 per station, or \$100 for Out of Hospital scenario, 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 \$284 no matter how many stations they must retest).

Justification of Need

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

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

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

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

N/A

Target Audience and Service Delivery

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

Planning District 16 citizens enrolled in and completing initial EMS certification training courses. EMS providers within our system who are re-certifying. Must be a minimum of 16 years of age and older. The Council will conduct 14 Consolidated Test Sites in FY2021. They are conducted throughout our region in area schools to include Spotsylvania, Caroline, Culpeper, Fauquier, Fredericksburg, Orange and Stafford.

We also plan to conduct five National Registry Psychomotor exams in the council's Regional Training and Simulation Center.

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

This testing is for individuals who have completed Emergency Medical Services training only.

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

Program Budget Narrative

Please indicate in detail reasons for increases or decreases in the amounts you are requesting.

The Council is requesting a slight increase in funding for FY 2021 which reflects a general rise in the cost of operations and the increase in population. The Council utilizes a funding model approved by the George Washington Regional Commission using population values with a rate of ϕ .29 per capita. The amounts for FY 2021 were calculated using projected population increases from the Weldon Cooper Center for Public Service at the University of Virginia.

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

If the Council receives level funding or decreased funding, our ability to expand our community programs would be impacted. We are currently understaffed and rely heavily on the small staff that we have retained. These staff members have also not received COLA raises since FY08.

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

If the Council receives level funding or decreased funding, our ability to expand our community programs would be impacted. We are currently understaffed and rely heavily on the small staff that we have retained. These staff members have also not received COLA raises since FY08.

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

Program Specific Budget

Please provide your program specific budget below.

Expenses

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Personnel	20,172.23	23,958.89	36,039.41	46,732.72	46,798.32
Benefits	6,363.24	6,717.59	7,431.42	9,204.93	9,217.85
Operating Expenses	25,798.67	21,175.63	35,168.39	45,215.42	45,278.90
Capital Expenses	0.00	0.00	0.00	0.00	0.00
Total	52,334.14	51,852.11	78,639.22	101,153.07	101,295.07

Revenues

This section represents revenue specifically associated with your program. Revenue that supports the implementation of your program and the services provided to the community.

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Caroline	862.10	862.20	879.40	884.70	890.60
Fredericksburg	710.00	710.00	834.10	841.60	856.80
King George	717.50	728.20	739.10	739.90	745.70
Spotsylvania	1,200.00	1,200.00	3,930.90	3,930.90	3,946.30
Stafford	3,608.00	4,161.60	4,320.30	4,387.00	4,457.60
United Way	0.00	0.00	0.00	0.00	0.00
Grants	0.00	0.00	0.00	0.00	0.00
Client Fees	41,754.23	31,985.37	40,000.00	35,000.00	35,000.00
Fundraising	0.00	0.00	0.00	0.00	0.00
Other (Click to itemize)	52,929.61	51,780.38	56,437.90	55,368.97	55,398.07
Culpeper County	1,422.30	1,436.50	1,475.00	1,486.80	1,500.80
Fauquier County	850.00	850.00	1,985.00	2,036.00	2,051.10
Orange County	990.20	990.20	1,048.40	1,048.40	1,048.40
Rappahannock County	216.80	216.80	218.40	218.40	218.40
Westmoreland County	105.70	106.20	106.80	106.80	106.80

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Office of EMS - Contract Funding	25,380.20	26,249.00	27,077.80	25,946.07	25,946.07
In Kind Donation - Building Lease	11,086.50	11,086.50	11,086.50	11,086.50	11,086.50
REMS Vending Income	20.73	14.77	10.00	10.00	10.00
Miscellaneous Income	27.18	93.73	550.00	550.00	550.00
Interest Income	0.00	0.53	50.00	50.00	50.00
Office of EMS - Consolidated Testing Reimbursement	12,830.00	8,845.00	12,830.00	12,830.00	12,830.00
Office of EMS		1,891.15	0.00	0.00	0.00
Total	101,781.44	91,427.75	107,141.70	101,153.07	101,295.07

Surplus / Deficit

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Surplus or Deficit	49,447.30	39,575.64	28,502.48	0.00	0.00

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

[View Diagram](#) Goals and Objectives

Goals

Goal:

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

Objectives

Objectives		2017 Year End	2018 Baseline	2018 Year End	2019 Baseline	2019 Year End	2020 Baseline
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.	Total # Clients Served	484	490	426	500		470
	Total # Clients Achieved/Successful	484	490	426	500		470
	% Achieved / Successful	100	100	100	100	0	100
Conduct annual training of all contracted CTS personnel through developed EMT-B Evaluator Program and review policies and procedures as approved.	Total # Clients Served	0	10	12	10		10
	Total # Clients Achieved/Successful	0	10	12	10		10
	% Achieved / Successful	0	100	100	100	0	100

Explanation & Overview

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

Numbers served for Objective 1 include all candidates who tested at REMS Council consolidated test sites in FY18, but not all of those who tested for National Registry Psychomotor Examinations. Objective two includes all Consolidated Test Site staff and individuals who took the Evaluator Course. There was one Evaluator Course held in FY 2018 and one in 2019 and the Council plans to hold another in FY 2020.

Updates for FY2018

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

N/A

If you are restating the goals or objectives for the prior calendar year, please include those here

Enhance the quality of test sites and programs through developed regional consolidated test site policies and participation with related state committees. This includes implementation of new BLS testing policies and procedures approved by the State. No changes to this goal or objectives.

Develop and maintain an Office of EMS approved Regional Consolidated Test site Policies and Procedures manual for service area that meets state guidelines for testing and certification; Conduct annual training of all contracted CTS personnel through developed EMT-B Evaluator Program and review policies and procedures as approved.

Goal:

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

Objectives		2017 Year End	2018 Baseline	2018 Year End	2019 Baseline	2019 Year End	2020 Baseline
Conduct 14 Basic Life Support Consolidated Test Sites through an approved schedule and facilities over a 12-month period.	Total # Clients Served	484	500	426	500		500
	Total # Clients Achieved/Successful	484	500	426	500		500
	% Achieved / Successful	100	100	100	100	0	100
Conduct 5 National Registry Practical Test Sites for Advanced Life Support certification.	Total # Clients Served	75	130	47	130		130
	Total # Clients Achieved/Successful	75	130	47	130		130
	% Achieved / Successful	100	100	100	100	0	100

Explanation & Overview

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

Several changes have been made to the requirements for National Registry Paramedic testing which has resulted in a small lull in testing rates. Several test sites were cancelled in FY 2018 due to lack of demand. We anticipate the demand increasing as training programs embrace the new testing standards

Updates for FY2018

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

N/A

If you are restating the goals or objectives for the prior calendar year, please include those here

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

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

Number of Individuals Served

Localities

Please provide the actual numbers of individuals served in this program during FY2017, FY2018, and FY 2019, the estimated numbers of individuals served in FY2020 and the projected numbers of individuals served in FY2021.

Locality	FY2017 (Actual)	FY2018 (Actual)	FY 2019 (Actual)	FY 2020 Estimate	FY 2021 Projected
Fredericksburg City	20	20	20	22	22
Caroline County	16	8	10	12	14
King George County	11	13	15	17	18
Spotsylvania County	72	60	65	70	72
Stafford County	154	145	150	155	156
Other Localities	208	180	185	195	195
Total	481	426	445	471	477

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

Collaborative Impact

Efforts and Partnerships

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

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

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

Collaborative Impact

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

Consolidated Test Sites can only be administered by regional EMS councils. While residents of PD16 could certainly travel to another council in order to test, the dissolution of the Rappahannock EMS Council would mean travelling greater distances for testing and create greater travel expenses for providers.

National Registry examinations are offered by other community colleges and training centers, but they are all at some distance from PD16. Testing fees also vary from site to site and are generally higher than those charged by the council.

Regional Funding

Fiscal Year 2021 - Partner Funding Application

Rappahannock Emergency Medical Services Council, Inc.

Agency Information

General Information

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

Agency Mission Statement

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

Number of Years in Operation	43
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Main Contact

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

Localities Served

Please select any/all localities your agency serves.

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

Collaborative Impact

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

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

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

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

Community Impact

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

Example 1

With the assistance of our regional Heart and Stroke committee, King George County, Spotsylvania County, Stafford County and the City of Fredericksburg were able to apply for and be approved as HeartSafe Communities. The committee was essential in the preparation of paperwork and review of the applications, and is coordinated by the Rappahannock EMS Council with participation from many agencies and hospitals in the area. This HeartSafe designation is something these localities may advertise and is a way for the areas to maintain a certain standard of care for patients with cardiac emergencies. The REMS Council has been designated as the validating agency for all HeartSafe Virginia applications and will be reviewing agency applications and providing approval and feedback on their applications.

Example 2

The efforts of the council's regional Pharmacy Committee also assisted area agencies with interactions with the Virginia Board of Pharmacy in the matter of one-for-one medication exchange, working towards a legally compliant and logically feasible solution in medication exchange protocol for EMS crews delivering patients to area hospitals and restocking their supplies. This committee was also instrumental in the implementation of the "STAT kit" to be used on ambulances in addition to the traditional medication box. The Pharmacy Committee continues to facilitate communication between and among hospitals and agencies to ensure needed supplies are present on ambulances in the field.

Example 3 (Optional)

Rappahannock Emergency Medical Services Council, Inc.

Agency Budget Narrative

Administrative Expenses

Provide an overview of the administrative costs for your agency.

Administrative costs include things such as building repairs and maintenance, office equipment and supplies, and business expenses such as website maintenance, insurance policies, staff uniforms, and vending machine costs. The Council participates in the Virginia Green program, and strives to operate conservatively, limiting use of paper, ink, and other office supplies.

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

N/A

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

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

Capital Expenses

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

N/A

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

N/A

Salary & Benefit Expenses

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

The council is anticipating a decrease of \$13,816.71 in personnel expenses. At this time, the Council's staff have not received COLA increases since FY 2008 and two positions are currently frozen. Previous budgets have anticipated unfreezing these positions; the FY 2021 budget does not. The Council is also anticipating a loss of customer fees during the temporary suspension of our EMT Basic training program. Additional funds would make it possible for the Council to hire additional staff and offer slight pay increases to the existing staff members.

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

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

Budget Issues

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

N/A

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

N/A

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

This funding application requires discrete programmatic budgeting. The Council's programs are closely intertwined and do not lend themselves to discrete budgeting: one employee may work on several programs, for instance. Figures are calculated using revenues gained for specific programs as well as percentages of overall funds from the Virginia Office of EMS and localities. This may cause the appearance of a deficit or surplus in programs that is not reflected in the overall agency budget.

The Council is also anticipating a possible change in its partnership with the Virginia Office of EMS, but will not know details until January of 2020 at the earliest.

Rappahannock Emergency Medical Services Council, Inc.

Agency Total Budget

In the boxes below provide an overview of the administrative costs associated with your total agency budget.

Expenses

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Salary			360,394.07	286,701.35	275,158.27
Benefits			74,314.16	56,471.48	54,197.85
Operating Expenses			351,683.90	277,392.85	266,224.56
Capital Expenses			0.00	0.00	0.00
Other Expenses			6,264.00	3,000.00	3,000.00
Total	0.00	0.00	792,656.13	623,565.68	598,580.68

Revenues

Please include revenue associated with your entire organization. This section represents the TOTAL revenue your organization is receiving. The revenue associated with specific programs will be listed within your program budgets; this section represents total revenues. (For example if your organization requests funding for multiple programs the total amount requested from each locality or other entities goes within this section)

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Caroline			8,794.00	8,847.00	8,906.00
Fredericksburg			8,341.00	8,416.00	8,568.00
King George			7,391.00	7,399.00	7,457.00
Spotsylvania			39,309.00	39,309.00	39,463.00
Stafford			43,203.00	43,870.00	44,576.00
United Way			0.00	0.00	0.00
Grants			31,000.00	24,565.00	0.00
Client Fees			209,125.00	35,100.00	35,100.00
Fundraising			16,000.00	16,000.00	16,000.00
Other (Click to itemize)	0.00	0.00	450,749.00	440,059.68	438,510.68
Total	0.00	0.00	813,912.00	623,565.68	598,580.68

Surplus / Deficit

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Surplus or Deficit	0.00	0.00	21,255.87	0.00	0.00

Rappahannock Emergency Medical Services Council, Inc.

Locality Information

Locality Notes

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

Caroline County

Caroline represents 11% of our PD16 clients. Providers from Caroline are on regional committees developing protocols, plans, and other regional documents. We offer Consolidated Test Sites in Caroline for provider convenience and the Council is open M-F, 9-5. We facilitate Operational Medical Director agreements, which are required for EMS licensed agencies (e.g. rescue squads) to operate. We maintain medication restock agreements to allow ambulances to replenish medications at hospital pharmacies, and the CLIA waiver allowing EMS providers to conduct point of care blood glucose testing. The Council uses ClickTime to track time spent. In FY19 Council staff devoted 47.75 hours to services specifically for Caroline County. We also run a Mobile Integrated Healthcare Program in Caroline, previously funded by a grant from VDH, assisting citizens with transport, communication with doctors, access to resources, and making healthy choices.

City of Fredericksburg

11% of our PD16 clientele are from Fredericksburg. Providers from the City of Fredericksburg sit on 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, 9 AM to 5 PM for provider access. Operational Medical Director agreements are facilitated by the Council, which are required for an EMS licensed agency (e.g. rescue squads) to operate. The Council also maintains the medication restock agreements with area hospitals that allow ambulances to replenish medications at hospital pharmacies, and the CLIA waiver allowing EMS providers to conduct point of care blood glucose testing on patients. The Council facilitated Fredericksburg receiving Heart Safe Community designation through the Heart and Stroke Committee. In FY 19, the Council staff devoted 158.25 hours to services for the City of Fredericksburg, 26% of time spent on tasks specifically performed for PD16.

King George County

6% of our PD16 clientele are King George County citizens. We work closely with providers from all PD16 counties, including King George, on our regional committees—they assist with developing protocols, plans, and other regional documents. The Council is open M-F, 9 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. The Council facilitated King George receiving its Heart Safe Community designation through the regional Heart and Stroke Committee. In Fiscal Year 2019, the Council staff devoted 60.5 hours to various services specifically for King George.

Spotsylvania County

34% of our PD16 clientele are Spotsylvania County citizens. We work closely with providers from all of Planning District 16, including Spotsylvania, on our regional committees—they assist with developing protocols, plans, and other regional documents. We are open M-F, 9 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 tracks how their time is allocated and in Fiscal Year 2019, the Council staff devoted 136 hours to various services specifically for Spotsylvania County, 23% of all time spent on tasks specifically performed for PD16.

Stafford County

39% of our clientele are Stafford County citizens. We work with providers from all of Planning District 16, including Stafford, on regional committees—they assist with developing protocols, plans, and other regional documents. We are open M-F, 9 AM to 5 PM for provider access. Operational Medical Director agreements are facilitated by the Council, which are required for an EMS licensed agency (e.g. rescue squads) to operate. We maintain the medication restock agreements with area hospitals allowing ambulances to replenish medications at hospital pharmacies, and the CLIA waiver allowing providers to conduct point of care blood glucose testing on patients. The Council facilitated Stafford receiving Heart Safe Community designation through the Heart and Stroke Committee. Council staff tracks how their time is allocated and in FY 2019, the Council staff devoted 193 hours to various services specifically for Stafford County, 32% of all time spent on tasks specifically performed for PD16

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

Program Overview

You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.

When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.

You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.

General Information

Program Name Regional Education/Training and Simulation Center
Is this a new program? No

Program Contact

Name E. Wayne Perry
Title Executive Director
Email rems@vaems.org
Phone (540) 373-0249

Program Purpose / Description

Provide an overview of this program

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 was host to thirty-one classes in FY 2019. 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.

Client Fees

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

Training fees are set by our board of directors based upon cost to the Council to administer courses and current market pricing. Basic Continuing Education courses are offered free of charge to area providers. EMT Basic courses have been temporarily suspended. The state of Virginia is restructuring training fund payment and the Council is unable to offer EMT courses at such low prices without subsidization. Prices charged by the Council are much lower than those charged by comparable for-profit institutions, saving EMS agencies and providers money. Other programs are also some distance from our service area, requiring travel; having a centrally located training center is more convenient and cost effective for the providers of PD 16.

Justification of Need

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

The Council plays a vital role in determining our regional training needs, coordinating education programs, and establishing the local guidelines and policies for education that are utilized by members of the EMS system of PD16. Our Regional Training and Simulation Center is the only site in the region to offer full simulation labs. Simulation labs and Advanced Life Support training programs increase provider proficiencies and knowledge, elevating the level of care in Emergency Medical Services. In FY2019, over 200 citizens of PD16 were served in our Regional Education and Training Center programs.

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

N/A

Target Audience and Service Delivery

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

PD 16 citizens, EMS providers, and healthcare professionals. The Regional Training and Simulation Center is in the City of Fredericksburg. The courses planned for FY2021 will be conducted throughout the year. A combined Advanced Life Support and Basic Life Support refresher course will be offered in the fall and spring. The Council also offers Pediatric Education for Prehospital Providers; Geriatric Education for EMS; Advanced Life Support Preceptor Initial Course or Update; Consolidated Test Site Evaluator Initial or Update courses. Other special programs such as Tactical Emergency Critical Care, Trauma Nursing Core Course, Emergency Nursing Pediatric Course, International Trauma Life Support and Prehospital Trauma Life Support will also be hosted or conducted by the Council. The Council also hosts REMS Critical Incident Stress Management team training sessions.

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

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

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

Program Budget Narrative

Please indicate in detail reasons for increases or decreases in the amounts you are requesting.

The Council is requesting a slight increase in funding for FY 2021 which reflects a general rise in the cost of operations and the increase in population. The Council utilizes a funding model approved by the George Washington Regional Commission using population values with a rate of ϕ .29 per capita. The amounts for FY 2021 were calculated using projected population increases from the Weldon Cooper Center for Public Service at the University of Virginia.

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

If the Council receives level funding or decreased funding, our ability to expand our community programs would be impacted. We are currently understaffed and rely heavily on the small staff that we have retained. These staff members have also not received COLA raises since FY08.

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

If the Council receives level funding or decreased funding, our ability to expand our community programs would be impacted. We are currently understaffed and rely heavily on the small staff that we have retained. These staff members have also not received COLA raises since FY08.

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

Program Specific Budget

Please provide your program specific budget below.

Expenses

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Personnel	76,654.00	91,043.79	136,949.75	97,744.26	97,143.47
Benefits	24,180.00	25,526.82	28,239.38	19,252.66	19,134.32
Operating Expenses	98,035.00	80,467.39	133,639.88	94,570.74	93,989.46
Capital Expenses	0.00	0.00	0.00	0.00	0.00
Total	198,869.00	197,038.00	298,829.01	211,567.66	210,267.25

Revenues

This section represents revenue specifically associated with your program. Revenue that supports the implementation of your program and the services provided to the community.

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Caroline	3,276.00	3,276.36	3,341.72	3,361.86	3,384.28
Fredericksburg	2,698.00	2,698.00	3,619.58	3,198.08	3,255.84
King George	2,727.00	2,767.16	2,808.58	2,811.62	2,833.65
Spotsylvania	4,560.00	4,560.00	14,937.42	14,937.42	14,995.94
Stafford	0.00	15,814.08	16,417.14	16,670.60	16,938.88
United Way	1,261.17	0.00	0.00	0.00	0.00
Grants	0.00	0.00	0.00	0.00	0.00
Client Fees	18,310.76	7,977.63	18,310.76	100.00	100.00
Fundraising	5,886.00	5,735.34	7,000.00	7,000.00	7,000.00
Other (Click to itemize)	154,227.50	162,559.23	167,423.02	163,488.08	161,758.66
Culpeper County	5,404.74	5,458.70	5,605.00	5,649.84	5,703.04
Fauquier County	3,230.00	3,230.00	7,543.00	7,736.80	7,794.18
Orange County	3,762.76	3,762.76	3,983.92	3,983.92	3,983.92
Rappahannock County	832.84	823.84	892.92	829.92	829.92
Westmoreland County	401.66	403.56	405.84	405.84	405.84

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Office of EMS - Contract Funding	96,444.76	99,746.20	102,895.64	98,595.06	98,595.06
In Kind Donation - Building	42,128.70	42,128.70	42,128.70	42,128.70	42,128.70
REMS Vending Income	78.76	56.13	38.00	38.00	38.00
Miscellaneous Income	103.28	356.17	2,090.00	2,090.00	2,090.00
Office of EMS - EMS Training Funds	1,840.00	6,591.15	1,840.00	1,840.00	0.00
Interest		2.02	0.00	190.00	190.00
Total	192,946.43	205,387.80	233,858.22	211,567.66	210,267.25

Surplus / Deficit

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Surplus or Deficit	-5,922.57	8,349.80	-64,970.79	0.00	0.00

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

[View Diagram](#) **Goals and Objectives**

Goals

Goal:

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

Objectives		2017 Year End	2018 Baseline	2018 Year End	2019 Baseline	2019 Year End	2020 Baseline
Council maintains four (4) simulation labs with necessary equipment and trained staff to support its use by community and health care partners.	Total # Clients Served	452	491	569	400		400
	Total # Clients Achieved/Successful	452	491	569	400		400
	% Achieved / Successful	100	100	100	100	0	100
Provide innovative training through use of simulation to improve program and student outcomes, with participants' academic development and performance improved.	Total # Clients Served	452	491	569	400		400
	Total # Clients Achieved/Successful	452	491	569	400		400
	% Achieved / Successful	100	100	100	100	0	100

Explanation & Overview

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

N/A

Updates for FY2018

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

N/A

If you are restating the goals or objectives for the prior calendar year, please include those here

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

Council maintains four (4) simulation labs with necessary equipment and trained staff to support its use by community and health care partners. No changes to this objective at this time.

Provide innovative training through use of simulation to improve program and student outcomes, with participants' academic development and performance improved. No changes to this objective at this time.

Goal:

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

Objectives		2017 Year End	2018 Baseline	2018 Year End	2019 Baseline	2019 Year End	2020 Baseline
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.	Total # Clients Served	452	491	569	306		300
	Total # Clients Achieved/Successful	452	491	569	306		300
	% Achieved / Successful	100	100	100	100	0	100
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.	Total # Clients Served	20	30	14	0		0
	Total # Clients Achieved/Successful	17	30	14	0		0
	% Achieved / Successful	85	100	100	0	0	0

Explanation & Overview

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

In years past, the Council has held two EMT B courses a year. The Office of EMS recently restructured the way that training funds are distributed. The Council is subsequently restructuring our EMT program. We held only one EMT course in FY18 and none in FY 2019.

Updates for FY2018

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

In years past, the Council has held two EMT B courses a year. The Office of EMS recently restructured the way that training funds are distributed. The Council is subsequently restructuring our EMT program. We held only one EMT course in FY18 and none in FY 2019.

If you are restating the goals or objectives for the prior calendar year, please include those here

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

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. No changes to this objective at this time.

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

Number of Individuals Served

Localities

Please provide the actual numbers of individuals served in this program during FY2017, FY2018, and FY 2019, the estimated numbers of individuals served in FY2020 and the projected numbers of individuals served in FY2021.

Locality	FY2017 (Actual)	FY2018 (Actual)	FY 2019 (Actual)	FY 2020 Estimate	FY 2021 Projected
Fredericksburg City	20	9	12	15	16
Caroline County	10	2	5	6	7
King George County	11	10	9	10	10
Spotsylvania County	71	40	45	50	51
Stafford County	144	120	115	115	115
Other Localities	192	100	105	110	112
Total	448	281	291	306	311

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

Collaborative Impact

Efforts and Partnerships

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

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

Collaborative Impact

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

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

Regional Funding

Fiscal Year 2021 - Partner Funding Application

Rappahannock Emergency Medical Services Council, Inc.

Agency Information

General Information

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

Agency Mission Statement

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

Number of Years in Operation	43
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Main Contact

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

Localities Served

Please select any/all localities your agency serves.

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

Collaborative Impact

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

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

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

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

Community Impact

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

Example 1

With the assistance of our regional Heart and Stroke committee, King George County, Spotsylvania County, Stafford County and the City of Fredericksburg were able to apply for and be approved as HeartSafe Communities. The committee was essential in the preparation of paperwork and review of the applications, and is coordinated by the Rappahannock EMS Council with participation from many agencies and hospitals in the area. This HeartSafe designation is something these localities may advertise and is a way for the areas to maintain a certain standard of care for patients with cardiac emergencies. The REMS Council has been designated as the validating agency for all HeartSafe Virginia applications and will be reviewing agency applications and providing approval and feedback on their applications.

Example 2

The efforts of the council's regional Pharmacy Committee also assisted area agencies with interactions with the Virginia Board of Pharmacy in the matter of one-for-one medication exchange, working towards a legally compliant and logically feasible solution in medication exchange protocol for EMS crews delivering patients to area hospitals and restocking their supplies. This committee was also instrumental in the implementation of the "STAT kit" to be used on ambulances in addition to the traditional medication box. The Pharmacy Committee continues to facilitate communication between and among hospitals and agencies to ensure needed supplies are present on ambulances in the field.

Example 3 (Optional)

Rappahannock Emergency Medical Services Council, Inc.

Agency Budget Narrative

Administrative Expenses

Provide an overview of the administrative costs for your agency.

Administrative costs include things such as building repairs and maintenance, office equipment and supplies, and business expenses such as website maintenance, insurance policies, staff uniforms, and vending machine costs. The Council participates in the Virginia Green program, and strives to operate conservatively, limiting use of paper, ink, and other office supplies.

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

N/A

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

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

Capital Expenses

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

N/A

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

N/A

Salary & Benefit Expenses

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

The council is anticipating a decrease of \$13,816.71 in personnel expenses. At this time, the Council's staff have not received COLA increases since FY 2008 and two positions are currently frozen. Previous budgets have anticipated unfreezing these positions; the FY 2021 budget does not. The Council is also anticipating a loss of customer fees during the temporary suspension of our EMT Basic training program. Additional funds would make it possible for the Council to hire additional staff and offer slight pay increases to the existing staff members.

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

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

Budget Issues

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

N/A

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

N/A

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

This funding application requires discrete programmatic budgeting. The Council's programs are closely intertwined and do not lend themselves to discrete budgeting: one employee may work on several programs, for instance. Figures are calculated using revenues gained for specific programs as well as percentages of overall funds from the Virginia Office of EMS and localities. This may cause the appearance of a deficit or surplus in programs that is not reflected in the overall agency budget.

The Council is also anticipating a possible change in its partnership with the Virginia Office of EMS, but will not know details until January of 2020 at the earliest.

Rappahannock Emergency Medical Services Council, Inc.

Agency Total Budget

In the boxes below provide an overview of the administrative costs associated with your total agency budget.

Expenses

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
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Stafford			43,203.00	43,870.00	44,576.00
United Way			0.00	0.00	0.00
Grants			31,000.00	24,565.00	0.00
Client Fees			209,125.00	35,100.00	35,100.00
Fundraising			16,000.00	16,000.00	16,000.00
Other (Click to itemize)	0.00	0.00	450,749.00	440,059.68	438,510.68
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Surplus / Deficit

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Surplus or Deficit	0.00	0.00	21,255.87	0.00	0.00

Rappahannock Emergency Medical Services Council, Inc.

Locality Information

Locality Notes

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Caroline represents 11% of our PD16 clients. Providers from Caroline are on regional committees developing protocols, plans, and other regional documents. We offer Consolidated Test Sites in Caroline for provider convenience and the Council is open M-F, 9-5. We facilitate Operational Medical Director agreements, which are required for EMS licensed agencies (e.g. rescue squads) to operate. We maintain medication restock agreements to allow ambulances to replenish medications at hospital pharmacies, and the CLIA waiver allowing EMS providers to conduct point of care blood glucose testing. The Council uses ClickTime to track time spent. In FY19 Council staff devoted 47.75 hours to services specifically for Caroline County. We also run a Mobile Integrated Healthcare Program in Caroline, previously funded by a grant from VDH, assisting citizens with transport, communication with doctors, access to resources, and making healthy choices.

City of Fredericksburg

11% of our PD16 clientele are from Fredericksburg. Providers from the City of Fredericksburg sit on 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, 9 AM to 5 PM for provider access. Operational Medical Director agreements are facilitated by the Council, which are required for an EMS licensed agency (e.g. rescue squads) to operate. The Council also maintains the medication restock agreements with area hospitals that allow ambulances to replenish medications at hospital pharmacies, and the CLIA waiver allowing EMS providers to conduct point of care blood glucose testing on patients. The Council facilitated Fredericksburg receiving Heart Safe Community designation through the Heart and Stroke Committee. In FY 19, the Council staff devoted 158.25 hours to services for the City of Fredericksburg, 26% of time spent on tasks specifically performed for PD16.

King George County

6% of our PD16 clientele are King George County citizens. We work closely with providers from all PD16 counties, including King George, on our regional committees—they assist with developing protocols, plans, and other regional documents. The Council is open M-F, 9 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. The Council facilitated King George receiving its Heart Safe Community designation through the regional Heart and Stroke Committee. In Fiscal Year 2019, the Council staff devoted 60.5 hours to various services specifically for King George.

Spotsylvania County

34% of our PD16 clientele are Spotsylvania County citizens. We work closely with providers from all of Planning District 16, including Spotsylvania, on our regional committees—they assist with developing protocols, plans, and other regional documents. We are open M-F, 9 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 tracks how their time is allocated and in Fiscal Year 2019, the Council staff devoted 136 hours to various services specifically for Spotsylvania County, 23% of all time spent on tasks specifically performed for PD16.

Stafford County

39% of our clientele are Stafford County citizens. We work with providers from all of Planning District 16, including Stafford, on regional committees—they assist with developing protocols, plans, and other regional documents. We are open M-F, 9 AM to 5 PM for provider access. Operational Medical Director agreements are facilitated by the Council, which are required for an EMS licensed agency (e.g. rescue squads) to operate. We maintain the medication restock agreements with area hospitals allowing ambulances to replenish medications at hospital pharmacies, and the CLIA waiver allowing providers to conduct point of care blood glucose testing on patients. The Council facilitated Stafford receiving Heart Safe Community designation through the Heart and Stroke Committee. Council staff tracks how their time is allocated and in FY 2019, the Council staff devoted 193 hours to various services specifically for Stafford County, 32% of all time spent on tasks specifically performed for PD16

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

Program Overview

You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.

When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.

You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.

General Information

Program Name Community Awareness and Outreach

Is this a new program? No

Program Contact

Name E. Wayne Perry

Title Executive Director

Email rems@vaems.org

Phone (540) 373-0249

Program Purpose / Description

Provide an overview of this program

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

Client Fees

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

No fees are charged for these services.

Justification of Need

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

Public understanding of how the area Emergency Medical Services system works is essential. Education allows for the development of an understanding regarding how to best utilize services offered to the public. By educating the public through our "9-1-1 for Kids" program, public education endeavors, and highlighting the achievements of individuals and agencies in our EMS system through our Regional Awards, we can help ensure that the citizenry work collaboratively with emergency medical personnel for the most efficacious provision of care. When citizens understand what providers need in order to provide assistance, providers' jobs become easier and care more effective. In FY2019, our "9-1-1 for Kids" program served 1,224 second graders in PD16; participation in our other programs is markedly more difficult to track and we do not have a number accurately representing the number of persons served.

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

N/A

Target Audience and Service Delivery

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

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

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

N/A

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

Program Budget Narrative

Please indicate in detail reasons for increases or decreases in the amounts you are requesting.

The Council is requesting a slight increase in funding for FY 2021 which reflects a general rise in the cost of operations and the increase in population. The Council utilizes a funding model approved by the George Washington Regional Commission using population values with a rate of ϕ .29 per capita. The amounts for FY 2021 were calculated using projected population increases from the Weldon Cooper Center for Public Service at the University of Virginia.

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

If the Council receives level funding or decreased funding, our ability to expand our community programs would be impacted. We are currently understaffed and rely heavily on the small staff that we have retained. These staff members have also not received COLA raises since FY08.

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

If the Council receives level funding or decreased funding, our ability to expand our community programs would be impacted. We are currently understaffed and rely heavily on the small staff that we have retained. These staff members have also not received COLA raises since FY08. We are not planning to hire additional personnel at this time.

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

Program Specific Budget

Please provide your program specific budget below.

Expenses

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Personnel	14,120.56	16,771.22	25,227.58	29,517.71	18,214.60
Benefits	4,454.24	4,702.31	5,201.99	5,814.09	3,587.72
Operating Expenses	18,059.07	14,822.94	24,617.87	28,559.35	17,623.23
Capital Expenses	0.00	0.00	0.00	0.00	0.00
Total	36,633.87	36,296.47	55,047.44	63,891.15	39,425.55

Revenues

This section represents revenue specifically associated with your program. Revenue that supports the implementation of your program and the services provided to the community.

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Caroline	603.47	603.54	615.58	619.29	623.42
Fredericksburg	497.00	497.00	538.87	589.12	599.76
King George	502.25	509.74	517.37	517.93	521.99
Spotsylvania	840.00	840.00	2,751.63	2,751.63	2,762.41
Stafford	2,004.00	2,913.12	3,024.21	3,070.90	3,120.32
United Way	0.00	2,061.20	0.00	0.00	0.00
Grants	12,282.50	0.00	31,000.00	24,565.00	0.00
Client Fees	0.00	0.00	0.00	0.00	0.00
Fundraising	1,936.29	1,056.51	2,000.00	2,000.00	2,000.00
Other (Click to itemize)	28,069.73	28,949.16	30,525.53	29,777.28	29,797.65
Culpeper County	995.61	1,005.55	1,032.50	1,040.76	1,050.56
Fauquier County	595.00	595.00	1,389.50	1,425.20	1,435.77
Orange County	693.14	693.14	733.88	733.88	733.88
Rappahannock County	151.76	151.76	152.88	152.88	152.88
Westmoreland County	73.99	74.34	74.76	74.76	74.76

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
In Kind Donation - Building Lease	7,760.55	7,760.55	7,760.55	7,760.55	7,760.55
REMS Vending Income	14.51	10.34	7.00	7.00	7.00
Miscellaneous Income	19.03	65.61	385.00	385.00	385.00
Interest Income	0.00	0.37	35.00	35.00	35.00
Office Of EMS Contract Funding	17,766.14	18,374.30	18,954.46	18,162.25	18,162.25
Donations		218.20	0.00	0.00	0.00
Total	46,735.24	37,430.27	70,973.19	63,891.15	39,425.55

Surplus / Deficit

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Surplus or Deficit	10,101.37	1,133.80	15,925.75	0.00	0.00

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

[View Diagram](#) Goals and Objectives

Goals

Goal:

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

Objectives

Objectives		2017 Year End	2018 Baseline	2018 Year End	2019 Baseline	2019 Year End	2020 Baseline
Educate 1,200 second grade students in service area with the "9-1-1 for Kids" program.	Total # Clients Served	1,120	1,250	1,299	1,900		1,900
	Total # Clients Achieved/Successful	1,120	1,250	1,299	1,900		1,900
	% Achieved / Successful	100	100	100	100	0	100
Collaborate with other community resources and agencies to ensure public education and prevention needs are met.	Total # Clients Served	1	1	1	1		1
	Total # Clients Achieved/Successful	1	1	1	1		1
	% Achieved / Successful	100	100	100	100	0	100

Explanation & Overview

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

N/A

Updates for FY2018

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

N/A

If you are restating the goals or objectives for the prior calendar year, please include those here

Goal: Strengthen community awareness and proper use of regional emergency health care system through public education programs. No changes.

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

Goal:

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

Objectives		2017 Year End	2018 Baseline	2018 Year End	2019 Baseline	2019 Year End	2020 Baseline
Maintain an annual Regional Awards Program for the service area, recognizing 12 award categories and winners.	Total # Clients Served	12	12	12	12		12
	Total # Clients Achieved/Successful	12	12	12	12		12
	% Achieved / Successful	100	100	100	100	0	100
Acknowledge the achievements of regional winners within the community and at the state level through nomination to the annual Governor’s EMS Awards Program.	Total # Clients Served	12	12	12	12		12
	Total # Clients Achieved/Successful	12	12	12	12		12
	% Achieved / Successful	100	100	100	100	0	100

Explanation & Overview

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

N/A

Updates for FY2018

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

N/A

If you are restating the goals or objectives for the prior calendar year, please include those here

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

Maintain an annual Regional Awards Program for the service area, recognizing 12 award categories and winners. No changes to 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.

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

Number of Individuals Served

Localities

Please provide the actual numbers of individuals served in this program during FY2017, FY2018, and FY 2019, the estimated numbers of individuals served in FY2020 and the projected numbers of individuals served in FY2021.

Locality	FY2017 (Actual)	FY2018 (Actual)	FY 2019 (Actual)	FY 2020 Estimate	FY 2021 Projected
Fredericksburg City	0	0	0	0	0
Caroline County	0	0	0	0	0
King George County	0	0	0	0	0
Spotsylvania County	0	0	0	0	0
Stafford County	1,147	1,299	1,104	1,300	1,300
Other Localities	0	609	120	650	650
Total	1,147	1,908	1,224	1,950	1,950

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

Collaborative Impact

Efforts and Partnerships

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

REMS participates in a joint collaboration between Mary Washington Healthcare, HCA, and the Virginia Department of Health on a Healthy Communities project. Our Executive Director served on the steering committee of this project. We plan to continue our involvement in education and outreach, and are expanding our scope and contact with additional programs and services, such as our Mobile Integrated Healthcare program in Caroline County. We are currently operating a previously grant-funded pilot program which may prove essential in decreasing unnecessary Emergency Room traffic and rehospitalization of patients. This grant was awarded in FY2016 with a term of one year with two optional renewals.

Collaborative Impact

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

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

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

