

## Tidewater EMS Council, Inc.

### Application for Regional EMS Council Re-designation

## Scope of Service Plan

Since 1974, officially, and even two years prior as a program under the Tidewater Regional Health Planning Council, the Tidewater Emergency Medical Services Council has and continues to coordinate people and resources, leverage opportunities and create an atmosphere that encourages development and implementation of an efficient and effective regional EMS system. The council's mission today, as it has evolved, is to reduce morbidity and mortality by facilitating regional cooperation, planning and implementation of an integrated emergency medical services system. The council's Vision and Strategic EMS Plan, serving as a framework for the regional EMS system, is attached as appendix 1.

This document reviews the Tidewater EMS Council's recent activities in a range of areas in pursuit of this mission and vision, and includes a preview of anticipated or planned council activities in the year(s) ahead. Unless otherwise stated, the council will continue all programs and activities as described into the next three year period. Most of the described programs and activities are consistent with the Scope of Services section of the state EMS contract while others are driven by the council's work above and beyond the state EMS contract.

### **Regional Infrastructure**

The council maintains a primary **office and training/conference facility** in Chesapeake, close to Interstate 64 and centrally located within the region. An additional office and training facility are located at the Eastern Virginia Medical School and a part time field coordinator is headquartered in the Northampton County EMS office on the Eastern Shore. Advertised office hours are 8:30 am to 4:30 pm, but because of an alternative 9 ½ hour workday/ 4 day workweek plan available to full time employees, it is common to find staffing anytime from 7:30 am until 5:30 pm, and even later depending on meetings and events in the evening.

A **continuity of operations plan** was created in 2007, and is reviewed annually and updated as necessary. The primary focus of the COOP is to help the council return to operation, or continue alternate operations, as soon as possible following any sort of disaster resulting from tornadoes, hurricanes, flooding, building damage, mass illness and other unforeseen events. Additionally, the COOP sets forth data protection and recovery methods, staff and visitor preparedness (including first aid and CPR training for all staff, if not trained to a higher level), an emergency staff notification system, document preservation, the provision of adequate insurance and liability protection. The COOP is included in the application package.

**Position descriptions** are developed for each employee, and each employee meets with their supervisor at least annually (more often is preferred) to review the position description, accomplishments, obstacles and recommend changes to the position description as needed. All position descriptions are included in the application as part of the **Staff Handbook**. The council's Staff Handbook was comprehensively reviewed and updated in 2012 with assistance from the HR consulting firm SESCO. The Staff Handbook is reviewed annually, revised where needed, and readopted by the Board of Directors.

The council is organized with a governing **Board of Directors, committees, subcommittees, and workgroups** that support and help the Board fulfill the mission. An organizational chart and a Board of Directors roster are provided. A complete list of standing committees is annually provided to OEMS, along with disclosures of any Board or staff members who might have another regulatory or financial relationship with OEMS or the council. The Board meets quarterly and most committees bi-monthly. In response to growing concerns about travel time and cost the council makes conference calling a routine option for most committee and workgroup meetings. The concept of virtual meetings also supports the notion of social distancing in the event such actions become necessary due to mass illness.

The council takes great pride in comprehensive and informative **quarterly reports** and an **annual report**, all provided to OEMS and available to the public (posted on the council's website) with a copy of the 2018 annual report included in this application. The council utilizes the QuickBooks Pro accounting software and produces monthly and **quarterly financial statements**. The council prides itself in having an independent Certified Public Accountant **annual audit of financial statements** since inception. A copy of the FY18 audit is included in the application. The federal 990 form is available to the public as well via the council's website and Guidestar.

All other council **policies and procedures** not already mentioned in this section are included in the application package. These include Fiscal Management Policies, Reserve and Investment Policy, Office Management Policies, Computer Usage and Network Policies, Records Management Program, Whistleblower Policy, Code of Ethics and Personnel Policies. All official council policies are reviewed and revised, as needed, and readopted annually by the Board of Directors.

The council does not normally charge **fees** for courses or other events except direct costs for meals, printed materials or supplies which may be charged if not otherwise available from a grant or other non-attendee cost. The council does charge a \$50 initial practical test and a \$25 practical retest fee for consolidated test sites, but no cost for written testing. The council does not normally sell texts, patches or other items because there has not been a demand for such service in this region. The regional medical protocol manuals are available in notebook or pocket-size versions at cost after an initial no-cost distribution to EMS providers, EMS agencies/localities, medical directors and emergency departments.

The council and Tidewater EMS region are represented on various **state EMS committees** including the EMS Advisory Board (Thomas Schwalenberg), Medical Direction (Stewart Martin), Regional Directors Group (David Long), EMS Symposium (Dan Norville, Jeff Meyer), Emergency Management (Judy Shuck), EMS for Children (Cathy Fox, Theresa Guins), Medevac (Denise Baylous), Rules and Regulations (Anthony Wilson, Dan Norville), Training and Certification (Brian McIntosh), Trauma System Oversight and Management (Jay Collins, MD) and various other subcommittees.

### **Regional Medical Direction**

The council enters into an annual contract for an individual to serve as **Regional Medical Director** (currently Stewart Martin, MD). This individual also chairs the regional operational medical directors committee. Copies of the RMD contract, and a position description for OMD Committee members, are included in the application.

Since inception the council has facilitated development and utilization of **regional medical protocols**. We are currently working on the next (13<sup>th</sup>) edition of the protocols, which are cooperatively developed by representatives of all interested EMS agencies in the region, adopted by the OMD committee, then adopted at the agency level. One hundred percent of the agencies in the region have, and continue to adopt, the regional protocols. A few agencies provide add-on items or make minor changes related specifically to long distance transport, pilot projects or other locally necessary patient care issues, but the main template protocols are fully implemented throughout the region.

At no cost, the council provides “master copies” of the protocols to all EMS agencies for notebook-size duplication as desired, pocket size protocols to all ALS providers and notebook reference protocols to each locality/EMS agency, OMD and emergency department. The protocols are also posted on the council’s website for download. After initial distribution, the council will make additional copies of either format available for the actual cost of printing. A copy of the 12<sup>th</sup> edition regional medical protocols is provided in this application. The council also created an “app” available at no cost through the Apple and Google stores which provides for an online Smartphone indexed view of the regional medical protocols with various “calculators” and live directions to all area hospitals.

Since inception the council has coordinated a standardized **regional drug box, IV box and supplies restocking and exchange program** between EMS agencies and hospitals. The council’s drug box system also extends to the Hampton Roads Metropolitan Medical Response System. The program policies are described in appendices to the regional medical protocols. During FY18 the council responded to 165 drug and IV box incident reports, replaced or repaired 86 damaged or aged boxes and placed 14 new boxes in service.

### **Regional Planning**

The council’s **Strategic EMS Plan** is reviewed/revised annually, and comprehensively revised every three years. A copy of the current plan is included in the application, and

activities related to plan review and adoption are documented in Board of Directors minutes included with the application.

Of particular note is that a portion of each Board of Directors meeting is dedicated to some aspect of the strategic EMS plan. An internal assessment of the council several years ago by an independent consultant revealed that the organization continues to provide excellent assessment and initial planning, but did not do a good job on plan follow-through. As a result, the Board and committees now tackle portions of the plan on an ongoing basis, reassessing priorities, discussing accomplishments, obstacles, necessary resources and so forth to ensure the plan moves forward and doesn't "sit on a shelf". This effort is guided by a Governance Committee.

As part of regional medical protocols, the Operational Medical Directors adopt, and revise as needed, a regional **Trauma Triage Plan** (included as an appendix to the protocols). This plan includes the state trauma triage criteria (reflecting the national criteria), a description of various regional resources, performance improvement and education related to trauma care. Likewise, the OMD Committee has adopted and revises as needed a **Stroke Triage Plan**, a **STEMI plan** and a regional general **EMS Performance Improvement Plan**. The Stroke and EMS PI plans and committees are consistent with criteria specified in the OEMS contractual deliverables.

For several decades the council has facilitated development of a regional **Mass Casualty Plan**, modeled after an original plan developed by the City of Virginia Beach, and incorporating elements of START and JumpSTART triage, job check lists, resource descriptions and much more. When the Hampton Roads Metropolitan Medical Response System was created and implemented in the late 1990's, the MMRS plan called for a joint MCI plan serving all of Hampton Roads. To meet that goal, the Tidewater and Peninsulas EMS Councils created a single MCI plan for both. A workgroup representing both EMS regions continues to meet regularly and update the MCI plan as needed. In 2010 regional **EMS surge planning** and capacity information was added to the MCI plan. The current plan is provided with this application. Regular MCI workgroup activity reports are made to EMS leadership in both regions and to the Office of EMS. More on our MMRS program, including assistance provided for MCI exercises and other support, later in this document.

Due to the urban and suburban nature of the center of the region, issues related to hospital overcrowding and EMS diversion came to a head in the 1990's and the council created a representative committee of hospital and EMS leadership to define and help resolve the issues. As a result the council developed a **Hospital Diversion Policy** and joined with other EMS regions to obtain a web-based hospital status/EMS diversion software program. The success of this early work was to document hospital overload and diversion requests, and the resulting reports brought pressure on hospitals to develop internal solutions to reduce the impact on EMS. In FY12 the council's committees investigated and ultimately recommended elimination of the diversion plan and in its place to create a **Hospital Closure Plan** representing instances when a hospital would close to ambulance traffic as a result of major incident within a hospital (such as fire, evacuation, etc.) The

council now maintains the Hospital Closure Policy as an appendix to the regional medical protocols which is reviewed and revised annually.

Issues associated with **Pandemic Influenza, Ebola and agency-level continuity of operations planning** are being addressed by the council in several ways. TEMS and the MMRS program previously sponsored an EMS Pandemic Influenza Summit and a series of telephone conference calls to discuss and coordinate resources to manage potential highly infectious patients. In addition, the council forwarded messages from the Commissioner of Health regarding H1N1 and flu preparedness, as well as Ebola, to our listserv and posted the information on our website. Our newsletter articles discuss the fall flu season, differences in PPE, and provide various official flu and highly infectious virus web resources. In 2012 the council's website preparedness information was updated to include overall citizen and emergency responder resources for all types of disaster, including pandemic influenza resources and continuity of operations, and in 2014 was further updated to include a range of infectious diseases. In 2014 the council also created an "Ebola" plan at the request of VDH which is now published online by VDH and is an appendix to regional medical protocols.

### **Regional Coordination**

The council provides ongoing **information and referral services**. In addition to answering dozens of telephone and email inquiries each month the council provides information and one-on-one EMS system and council orientation for new board members, new EMS leadership, and as requested from new fire chiefs, hospital administrators, city/county administrators and any other requesting official. As an example, an outline of the Board of Directors orientation package is included in this application. Major areas of inquiry and council assistance include:

EMS Regulations	Requests for MCI Guide
EMS Continuing Education	CISM Team Requests and Info
Availability, location, requests for EMS	Requests for Protocols and Info
Courses	DDNR and POST Questions
General questions about EMS	Course and Test Registration
Out of State Reciprocity	Grants Assistance
Training Material Requests	Job and volunteer info
Training Equipment Loans	VA-1 DMAT Information
Medication Shortage Issues	Awards and Picnic info
Drug/IV Box Issues/questions	Infectious disease/Ebola info
MCI Planning/Exercises/Resources	

The council takes great pride in providing and regularly updating our resource intensive website [www.tidewaterems.org](http://www.tidewaterems.org). Within the site are minutes, reports, policies, protocols, news, training information, and a host of other resources of interest to the EMS community and general public. The council also utilizes online registration for EMS testing, course registration, event registration, payments and more. In addition to the website, the council's main listserv ([temslis@vaems.org](mailto:temslis@vaems.org)) serves as a tool to send semi-monthly meeting, education and EMS news items to some 1267 list subscribers.

One of the “special projects” of the council, now in its 32<sup>nd</sup> year, is the bi-monthly publication of the *RESPONSE* newsletter. This newsletter is now distributed electronically, which has eliminated the postage costs. The current distribution is about 1267 list subscribers and 1868 Facebook followers; past year examples are included in the application.

The council is also a participant in the national VolunteerMatch.org program, and posts EMS volunteer opportunities for the region and then matches inquiries through this program to an appropriate EMS agency or CERT or MRC program. Since 2009 this program alone has resulted in nearly 170 matches to volunteer medical opportunities in Tidewater.

The council provides the semi-annual **Rescue Squad Assistance Fund** grant review and grading both on the Eastern Shore and for the Southside portion of the region. The council also promotes the RSAF grant program, encourages electronic applications and offers technical assistance with grant development. Examples of a letter or email sent to each agency for each grant cycle, as well as newsletter and listserv announcements are enclosed with this application. The council’s review meetings are open to the public (dates and locations are advertised on the website) and all applicants are invited to explain their requests to the review committee.

Since 1986 the council has supported a regional **Critical Incident Stress Management (CISM) Team**. The team fulfills all OEMS requirements regarding policies, access and membership qualifications, and submits quarterly activity reports as required. The current 31-member team consists of 16 peers, five chaplains, and 10 mental health members. In 2015 the team conducted a comprehensive review and revision of its standard operating procedures, and the team conducts quarterly meetings including one annual dinner/awards meeting, and recognizes a subset of regional team members residing on the Eastern Shore as the Eastern Shore CISM Team. CISM utilization is sporadic, averaging about 2-4 requests for service per quarter usually following a major crisis event such as death of an emergency worker or other smaller but emotional events such as a child death or particularly bad vehicle entrapments. Team members provide pre-incident and CISM education as requested. The team responded to 31 intervention requests and supported 167 individuals in FY18. With support from a Rescue Squad Assistance Fund grant, the team also sponsored its first CISM training conference in FY15 attended by approximately 110 individuals, and again in FY16 attended by 136 individuals and nine instructors.

The Tidewater EMS Council has conducted an annual **regional awards program** since long before it was a state contract requirement. All regional categories are consistent with state categories. Regional award recipients are recognized during an annual presentation held in conjunction with another major council event such as a regional EMS family picnic. The council has been successful in forwarding regional winners as state nominees, typically resulting in state winners in one or more categories annually.

The council hosts one formal regional **EMS Instructor Network** meetings annually. The council also supports an education workgroup, as a subcommittee of the regional EMS Medical Operations Committee (our primary EMS committee) which includes training officers and various instructors, and meetings are open to all instructors as well. This workgroup is typically follow-on to major protocol manual revisions, and prepares an educational package for EMS agencies to pass along to their providers.

### **Regional Coordination - Performance Improvement Programs**

The council's **EMS Performance Improvement program** has been moderately successful. The council maintains an EMS PI committee which meets bi-monthly to review available data and referred cases. The primary objective of this EMS PI program is to encourage individual localities and EMS agencies to undertake their own local performance improvement activities. Such local activity is encouraged and a template is provided annually. Regional PI efforts have been previously hampered by lack of usable and quality system wide data so members do the best they can with local data and case referrals. Information learned from case referrals is fed back into the educational program and future protocol revisions, and/or to individual agency medical directors for action as needed.

The Tidewater EMS Council has supported several EMS research projects, the results of which are also fed back into the PI programs as well as to agency OMDs and EMS leadership and often presented at national meetings and published. The council has financially supported (up to \$6000 each) an alternate patient transportation study, an intraosseous device study, a MRSA (infection) study and a comparative study of high-fidelity simulation training in ACLS versus traditional classroom ACLS courses.

Likewise, the **Trauma Triage Performance Improvement program** has been moderately successful for much the same reason as general EMS PI. The council has maintained a Trauma Triage committee since the early 1990s which meets bi-monthly and has been successful in retrieving individual patient case information from EMS and hospitals, as a result of case referrals, to review during committee meetings. The addition of CHKD as a Level I Pediatric Trauma Center has been in planning for several years and in July 2018, the hospital had the state VDH/OEMS trauma site visit. In September 2018, the Regional Trauma Triage Plan was revised to include CHKD as the Level I Pediatric Trauma Center, with subsequent approval by the OMD Committee, including language which reflects the pediatric (less than 15 years of age) verbiage and other changes made to reflect the treatment and transport of pediatric trauma patients within the region.

A **Stroke Triage Performance Improvement Committee** was developed as follow-on to the regional Stroke Plan. The committee meets bi-monthly and reviews case referrals and data provided by the various stroke designated hospitals. A case review was presented to the Stroke Triage Subcommittee on the effects of a large vessel occlusion stroke demonstrating both the best outcome and the detrimental outcome of an embolus in the same area of the brain. Consequently, implementation of the BEFAST and RACE assessments were brought up. The BEFAST assessment is believed to be the better choice for prehospital stroke detection. The RACE assessment is used as a follow-up to

BEFAST (when a positive stroke scale is discovered) and helps to identify large vessel occlusions (LVOs). The TEMS Regional OMDs approved BEFAST as preferred regional prehospital stroke assessment tool.

The council supported the development of a regional STEMI workgroup in 2009 which created a regional STEMI plan to reduce damage from myocardial infarction when ST elevation can be quickly detected using 12-lead EKG, leading to rapid cardiac intervention at appropriate medical facilities. The plan was implemented in 2011. Several EMS agencies in the region have also received an annual AHA Project Lifeline award.

With implementation of the state EMS registry and refinement of data collection and reporting, the council expects the resulting data will greatly enhance regional and local PI initiatives in the coming years.

The region's four performance improvement committees, described above, meet bimonthly on the same day but in back-to-back meetings as separate committees. A significant number of individuals serve on multiple committees, so this meeting arrangement provides for efficient use of their time and travel but also allows subject matter experts to come and go based on the specific committee meeting at that time.

### **BLS Consolidated Test Site Administration**

In FY18 the council conducted seven CTS sites for some 187 students. Staff or contractors manage all aspects of site setup, coordination and administration. The council also plans and conducts periodic training and re-training for EMT evaluators based on changes to state standards or the need for additional evaluators.

### **Regional Category 1 Continuing Education Program**

Although the provision of continuing education courses is not a primary council objective (since most localities in the region provide these courses), the council publicizes continuing education classes or courses held in (or near) the region. The primary method of publicizing courses is a training calendar on the council's website, and EMS instructors are granted access to enter course information directly onto the calendar if desired. The council's listserv and printed flyers are also used to promote available CE opportunities. Various examples are included in the application package.

### **Virginia-1 Disaster Medical Assistance Team (VA-1 DMAT)**

Tidewater EMS Council serves as a home base for VA-1 DMAT. With support of OEMS, the council:

- Helps to maintain a 100-member team including a team database, hiring support, training and gear-issued records, emergency notification system, website ([www.valdmat.org](http://www.valdmat.org)) and other administrative support.
- Coordinates monthly team and leadership meetings and training. In FY18 TEMS supported:
  - Deployed four team backfill personnel in response to Hurricane Harvey,
  - Deployed a full DMAT (33 personnel) in response to Hurricane Irma,

- Deployed 18 personnel in response to Hurricane Maria,
- Two new deputy team commanders were hired bringing the total number to three
- Two team members attended NDMS 201 training in Anniston Alabama
- Five team members attended NDMS 101 training in Anniston, Alabama
- team leadership meetings held July 18 at the council office attended by 9, August 15 at Riverside Doctors Hospital in Williamsburg attended by 7, October 16 via conference call, January 16 at the council office attended by nine, April 17 at the council office attended by 11
- Nomination and selection of the annual team distinguished employee recognition in May.
- Provides team gear and uniforms.
- Houses team uniforms, personal gear, audio/visual kits and team force protection and convoy packages.

We have included in our budget proposal continued OEMS support for a 50% office service assistant (OSS) to provide administrative support to the team through the TEMS office as well as continued OEMS support of team meetings and training.

### **There's more...**

While the above programs and activities reflect, and often go beyond, requirements in the state EMS contract, the council manages the following additional programs and activities. This is an overview, and additional information is gladly provided upon request. Various past accomplishments are also highlighted in quarterly and annual reports.

### **Other Training Activities**

The council conducts, facilitates or hosts these courses and activities, generally at no cost to participants except as noted:

- Monthly ICS 300 and 400 courses
- FY18 Continuing Education and Auxiliary Courses per MOU with VOEMS
- Periodic TEEEX courses
- Periodic START Triage awareness, MCI I and II courses
- Bi-annual Infection Control Officer Update, Basic and Train-the-Trainer courses (the TEMS and PEMS regions alternate this offering annually, supported by RSAF and registration fees)
- Periodic basic and advanced moulage technique courses (registration fees support course supplies and a take-away moulage kit)
- An annual continuing education weekend conference called the EMS Education and Emergency Nursing Expo as noted above (supported by RSAF, private contributions and registration fees)
- Hospital preparedness regional courses like WebEOC, radio communications, Hospital Hazardous Materials and WMD courses, Hospital Incident Command and Nursing Home Incident Command courses
- Written exams and oral interviews by OMDs and Peers for graduating ALS providers, and ALS providers entering the region which ensures knowledge of regional protocols and quality and consistency of EMS providers throughout the region.



### **Eastern Shore EMS Council (EEMSC)**

Since 1978 the Tidewater EMS Council has supported a subcouncil on the Eastern Shore. The TEMS Council provides bookkeeping services for the EEMSC. Typical activities of the subcouncil include:

- Quarterly council meetings. The council comprises representatives of each EMS agency, the local hospital and at large members.
- RSAF review and grading by peers.
- Coordinating and providing monthly ALS and BLS continuing education courses.
- Coordinating and supporting EMT-B and EMT-E courses.
- Sponsoring annual two-day or refresher ACLS, PALS, ITLS and other specialty training courses such as 12 lead, STEMI, stroke management and MCI classes.
- Coordinating a Shore-wide EMS infection control program.
- Coordinating Shore-wide standardization of certain equipment, supplies, EMS protocols, education, skills proficiency and mass casualty response.

The EEMSC website is <http://eastern-shore-ems.com>.

### **Hampton Roads Metropolitan Medical Response System (HR MMRS)**

Under contract with the Hampton Roads Planning District Commission and with close coordination with the Peninsulas EMS Council, the council provided oversight and management of the sixteen jurisdiction HR MMRS. The program:

- Maintains a 213-person MMRS Strike Team (MMST) with equipment and supplies in two locations, an equipment inventory database system, an emergency notification system, member database and training information system.
- Conducts meetings of the HRMMRS Strike Team Committee.
- Maintains a region wide system of WMD antidote kits and an antibiotic cache for first exposed (victims, first responders and first receivers).
- During FY18 the HRMMRS supported a number of tabletop exercise to include NDMS Patient Reception Area, Southside and Peninsula multi-year training and exercising planning workshop, MCI training for bridge-tunnel employees.
- Along with the Hospital Preparedness Program/Eastern Virginia Healthcare Coalition (see below) jointly supported various tabletop, functional and full scale exercises by providing exercise planning, exercise evaluation and/or moulage support.
- Supported a number of pre-planned events: 2018 Shamrock Marathon, @018 Air Power Over Hampton Roads (Joint Case Langley Eustis), Marine Firefighting School with Port of Virginia, and Structural Collapse School with Virginia Beach Fire Department.
- Mass Casualty Evacuation Transport Units (MCETU): These busses provide mass transportation support for ambulatory and non-ambulatory patients and evacuees. As of June 30, 2018 there were ten MCETUs available in Hampton Roads: one each in Chesapeake, Hampton, Isle of Wight, Newport News, Norfolk, Suffolk, Virginia Beach and York County, Southside hospitals (Sentara) and Peninsula hospitals (Riverside).
- Disaster Medical Support Units (DSMU): These trailers and trucks provide extensive supplies and equipment to augment mass casualty response in local

jurisdictions. Staff annually inventories each DMSU and replaces expiring supplies. As of June 30, 2018 there were 12 operational DMSUs located in the Hampton Roads region.

- Shelter Support Units (SSU): The SSUs (trailers) support the functional and medical needs of citizens seeking shelter in public emergency shelters. Each contains medical supplies and equipment to support 50 medical needs patients. Staff annually inventories each SSU and replaces expiring supplies. As of June 30, 2018 there were 13 operational SSUs located in the Hampton Roads region.

The federal aspect of the MMRS program ended at the end of August, 2014; however, the region contributes to a “sustainment” program which will continue as long as the jurisdictions contribute. The net result is a potential decrease in MMRS program size over the next several years but continuation either independently, aligned or combined with one or more other regional preparedness programs.

Moving ahead, the HR MMRS program is focused on five targets:

- MCI response preparedness (training and exercises)
- Medical strike team preparedness and operations
- MCI and disaster response equipment and supplies
- Pharmaceutical caches
- Planning and program management

The HRMMRS website is <http://www.hrmmrs.org>.

### **Eastern Regional Healthcare Preparedness**

In FY13 TEMS entered into a contract with the Virginia Hospital and Healthcare Association for coordination of the Eastern Regional Hospital Preparedness Program, and the contract was renewed and enhanced through FY19. Consistent with federal guidance for alignment of the Hospital Preparedness Program and the Public Health Emergency Preparedness Cooperative Agreement, and creation of healthcare coalitions, we formed the Eastern Virginia Healthcare Coalition by merging the former HR MMRS Healthcare Committee with other healthcare partners such as long term care, public health, EMS and others.

The Coalition serves approximately 1.8 million residents over 5177 square miles, ranging from urban, suburban and rural communities. Acute care coalition partners include 19 hospitals, 3 free standing emergency departments, a Veterans Affairs (VA) hospital, and 4 Department of Defense (military) hospitals. Together these hospitals provide some 3500 acute care beds with approximately 750,000 ED visits and 164,000 admissions annually.

The Coalition endeavors to develop and promote the emergency preparedness, mitigation, response and recovery capabilities of local healthcare entities by:

- strengthening community medical resiliency;
- strengthening surge capacity and capabilities;
- building relationships and partnerships;

- developing emergency preparedness, mitigation, response and recovery capability guidelines;
- facilitating communication, information and resource sharing;
- maximizing utilization of existing resources;
- coordinating and supporting training, drills, and exercises; and
- supporting the Regional Healthcare Coordinating Centers (RHCC).

In addition to support provided for various tabletop, functional and full scale exercises, in FY18 other examples of the Coalitions work includes:

- Tornado Exercise – Autumn Care (LTFCF) Full Scale Exercise
- Active Shooter TTX – Sentara Princess Anne conducted an Active Shooter Table Top Exercise on April 20, 2018.
- Facilitated a 2-day Advanced Disaster Life Support class at the Virginia Beach Fire Training Center on April 17 & 18, 2018.
- Sponsored five *EMS Functions in Incident Command Systems* course for EMS and fire responders.
- Supported various emergency preparedness continuing education programs.
- Performed a Coalition Surge Test: The EEVHC participated in the Statewide Coalition Surge Test on May 2, 2018 by evacuating (notionally) Sentara Norfolk General Hospital (the regions Level I Trauma Center with over 500 beds).
- Inventoried hospital-to-hospital radio system equipment and developed system status report.
- Developed a Healthcare Emergency Amateur Radio Team (HEART) and purchased/equipped 18 hospitals with updated amateur radios and antennas to support hospital disaster communications.

The EVHC website is [www.evhc.org](http://www.evhc.org).

### **Tidewater Regional Technical Rescue Team (TRTRT)**

In the early 1980s, in response to the need for combined regional manpower and specialized equipment to respond to excavation emergencies, and later expanded to include a range of technical rescue emergencies, the council facilitated development of the TRTRT. Today the council continues to provide bookkeeping services for the organization, with members from about 10 fire and EMS agencies throughout the region. As a mutual aid asset the team is prepared today to respond within or outside of the region when requested to support technical rescue operations. In collaboration with the Virginia Beach Fire Department and FEMA VA-Task Force 2 USAR team, the team also sponsors an annual heavy and technical rescue school. TEMS receives the student fees and manages payment of expenses related to the school.

### **Work with the Peninsulas EMS Council**

As has been noted several times in this Scope of Services, TEMS has been working closely with PEMS on certain projects that have or will benefit, or make best use of resources throughout, both regions. In addition to the specific activities already described, the staff of both councils meet periodically in order to share project information, discuss joint needs and to generally increase awareness among staff of each region's differences

and similarities. This work has also been reinforced by the OEMS program representative for the two regions who has included field staff from both regions during various agency visits. The two regions also share similar protocols and drug lists, which helps the providers in agencies along the two regions' borders as well as commercial agencies working in both regions, by conducting an annual joint meeting of their operational medical directors committees and obtaining consensus on changes to drugs.

### **Other Miscellaneous Activities**

- Annually host a large EMS family picnic, rewarding responders, dispatchers, ED staff and their families, and using that venue for presentation of regional EMS awards. For several years prior to 2015 the council held the picnic at the Virginia Zoo in Norfolk, and at its peak attracted some 1400 EMS attendees. Due to cost and scheduling considerations, we moved the venue to Norfolk's Harbor Park in conjunction with a Norfolk Tides Baseball game in 2015. The initial attendance of around 700 is expected to grow annually if we continue with that venue for several years.
- Jointly host an annual meeting of EMS leadership and the region's emergency department nurse managers, and provide meeting space for bi-monthly ED nurse manager meetings.
- Provide meeting space for several other groups such as amateur radio, search and rescue team, VDEM and others.
- Maintain an inventory of office and educational equipment.
- Maintain a library of EMS-related texts, various medical texts, EMS journals, EMS studies, EMS reports and various non-profit management texts and journals
- Maintain and improve staff knowledge base to support various office software programs as well as an online educational program Moodle, online event registration software Event Manager, and the website CMS framework Joomla.
- Maintain a council-owned vehicle and two trailers.
- Maintain a council-owned building, purchased in 2011.

## **Appendix 1 – Strategic EMS Plan**