

Tidewater EMS Council FY18 Fourth Quarter Report

April 1 – June 30, 2018

This EMS quarterly report summarizes state EMS contract deliverables (shown in black) and related council activities (shown in *blue* and in *italics to support black and white printing*). This is a cumulative report from the beginning of the fiscal year. Following the state EMS contract deliverables is additional information of interest to the Board of Directors and other interested parties regarding Council activities in support of the EMS community and activities reported by Hampton Roads Metropolitan Medical Response System (MMRS), Eastern Virginia Healthcare Coalition (EVHC) and the VA-1 Disaster Medical Assistance Team (DMAT).

A. Regional Infrastructure

1. Regional EMS Council Office Hours

The Tidewater EMS Council (TEMS) main office at 1104 Madison Plaza, Chesapeake, VA 23320 maintains normal business hours between 8:30 am – 4:30 pm weekdays. The office is continuously staffed during normal business hours and is often staffed into the early evening. The Eastern Shore EMS Council maintains and loans certain training equipment and supplies at the Eastern Shore Regional Fire Training Center at 28598 Beacon Road, Melfa, VA 23410.

2. Continuity of Operations Plan (COOP)

Plan reviewed, revised and re-approved by the Board of Directors on December 14 and submitted to OEMS with 2nd quarter deliverables.

3. Employee Qualifications and Performance

Position descriptions for each of the staff positions at TEMS submitted to OEMS with 1st quarter deliverables. Staff Handbook, with various revisions to staff descriptions, re-approved by the Board of Directors on December 14 and submitted to OEMS with 2nd quarter deliverables.

4. Notification of position vacancy.

On May 4, 2018 the Executive Director, Jim Chandler, unexpectedly passed away. In accordance with the TEMS COOP plan, the MMRS Program Manager was appointed as the interim director by Dr. Stewart Martin, president of the TEMS Board of Directors. This appointment was voted on by the TEMS Executive committee on July 15, 2018 and communicated to the Virginia Office of EMS. The Executive Director Job description was reviewed by the TEMS Executive Committee and revised. During the TEMS Board of Director's meeting on June 14, 2018, the TEMS Board ratified the appointment of the MMRS Program Manager as the interim director and approved the revised job description for the executive director's position.

5. Organizational Information

- a. Agency wide organizational chart, including all employees/staff.
- b. Names of all the members of the Board of Directors
- c. List of Board Members paid through contract funds.
- d. Disclosure of board members, employees and/or staff relationships with service or entity regulated by OEMS

The following updated documents were submitted to the OEMS with 1st quarter deliverables: current TEMS organization charts (one indicating all staff and reporting relationships), the roster of the Board of Directors, and board/staff disclosure which includes information about payment to board members as applicable as well as any board/staff regulated by OEMS. An updated chart indicating staff and reporting relationships was submitted with 2nd quarter deliverables.

6. Documentation and Reporting

- a. Inclusion of appropriate parties in mailings

TEMS continuously includes appropriate OEMS staff in all major correspondence to our regional stakeholders.

- b. Annual audited financial report by 12/31 (for prior year)

Audit report received by the Board of Directors December 14. Report submitted to OEMS with 2nd quarter deliverables.

- c. Quarterly program reports reflecting progress related to the deliverables and other applicable tasks.

Submitted to OEMS each quarter, distributed to the Board of Directors and interested parties each quarter, and posted to the TEMS website.

- d. Final annual report (for prior year)

Annual program report received and approved by the Board of Directors on December 14, submitted to OEMS with 2nd quarter deliverables, posted on the council's website and widely distributed electronically and by mail to various agencies and officials.

- e. Post meeting minutes within 30 days, and submit to OEMS quarterly

Agendas and minutes from the Board of Directors as well as the regional Operational Medical Directors Committee, EMS Medical Operations Committee, EMS PI Committee and various PI subcommittees, TEMS Education and Training Committee, CISM Team and MCI Workgroup meetings held throughout the quarter posted to the TEMS website and submitted to OEMS with quarterly deliverables.

- f. Roster of all committee/sub-regional unit members.

Board and committee rosters submitted to OEMS with 1st quarter deliverables. All agendas and minutes, including meeting attendance, submitted to OEMS for the quarter.

- g. Regional policies, bylaws, procedures.

Revisions to the Staff Handbook, Office Management Policies, Fiscal Management Policies, and Computer Usage and Network Policies were approved by the Board of Directors December 14 and submitted to OEMS with 2nd quarter deliverables.

- h. Each committee to meet quarterly unless otherwise approved, and will report agendas, rosters of attendees (signature and email address) and minutes.

Agendas, rosters and minutes from the regional Operational Medical Directors Committee, EMS Medical Operations Committee, the EMS PI Committee and various PI subcommittees, EMS Education and Training Committee, CISM Team and MCI Workgroup meetings held throughout the quarter have been posted to the TEMS website and submitted to OEMS. Adjustments to the quarterly meeting requirement, as requested, approved by OEMS during the 1st quarter.

- i. Quarterly financial statements of revenue and expenditures.

Submitted to OEMS each quarter.

7. Fees

TEMS charged the standard \$50/\$25 consolidated test site fee for practical examination. TEMS managed the tuition and expenses related to the annual Structural Collapse Technician School sponsored by the Tidewater Regional Technical Rescue Team, Virginia Task Force 2 USAR and Virginia Beach Fire Department. TEMS also managed fees and expenses related to various preparedness exercises conducted by the Eastern Virginia Healthcare Coalition.

8. State Committee Responsibilities

- a. Regional Executive Directors Group
b. EMS Advisory Board
c. Assigned committees

The Executive Director attended the regional EMS Executive Directors Group meeting August 3, December 7, February 1, May 3, and June 7 and the Virginia EMS Advisory Board meeting August 4, November 8, February 2, and May 4. The Regional Medical Director attended the Medical Direction Committee meeting July 6 and January 4 and April 5 (October 5 meeting cancelled).

9. VDH Health District Collaboration

Invited VDH health district directors and emergency planners to participate on the PEMS-TEMS MCI Workgroup. The regional VDH public information officer is a member of the EMS Medical Operations Committee and included in all committee correspondence. Included emergency planners in all meetings and communications of the Eastern Virginia Healthcare Coalition (hosted by TEMS). Provided MMRS Strike Team staffing for a vaccination clinic for the Western Tidewater Health District. Staff participated in a VDH “listening session” for a Rural Hospital-EMS Assessment on Aug 29 in Franklin. Provided MMRS Strike Team staffing for a vaccination clinic for the Norfolk Health District during the Virginia EMS Symposium on November 9 in Norfolk. Discussed opportunities for health district inclusion in EMS matters during SWOT sessions conducted by the EMS Medical Operations Committee on December 13 and the Board of Directors on December 14. Invited all health district directors and emergency planners to submit suggestions for revisions to the regional strategic EMS plan.

B. Regional Medical Direction

1. Regional Medical Director

- a. Scope of Services
- b. Signed contract

The FY19 RMD contract between TEMS and Stewart Martin, MD was approved by the TEMS Board of Directors on June 14 and submitted to OEMS with 4th quarter deliverables.

2. Regional Medical Protocols

- a. Annual review, triennial revision or as necessary, of BLS and ALS medical protocols, post to website, proof of approval by Board.
- b. Titles of protocols based on current VPHIB data dictionary
- c. Electronic copy of protocol revisions to OEMS
- d. Proof of notification of protocol posting to regional stakeholders
- e. Proof of distribution of Protocols to stakeholders and OEMS

Minor revisions from the last major edition update in 2016 were adopted at various times throughout the year by the Operational Medical Directors Committee, with acknowledgement of approval by the Board of Directors on June 8. The most recent edition was submitted to OEMS with 4th quarter deliverables and distributed electronically to all stakeholders and posted on the council’s website. A protocol app for Android and iOS mobile devices was updated during the quarter.

3. Regional EMS Supplies Restocking Program

- a. Update and revise medication and supplies restocking plan.
- b. Provide OEMS with copy of program, and show approval by Board.

Reapproved without change by the Operational Medical Directors Committee with acknowledgement of approval by the Board of Directors on June 8. The council policy is an addendum to regional medical protocols provided to OEMS with 4th quarter deliverables.

4. Regional Medication Kit Exchange Program

- a. Review, revise and coordinate exchange program for hospitals and agencies.
- b. Provide OEMS with copy of plan, and show approval by Board.

Reapproved without change by the Operational Medical Directors Committee with acknowledgement of approval by the Board of Directors on June 8. The council policy is an addendum to regional medical protocols provided to OEMS with 4th quarter deliverables.

Related drug and IV box support includes:

<i>FY18 IV and Drug Box Activity</i>					
	<i>Drug/IV Box Incidents Reported</i>	<i>Red Drug Boxes Replaced</i>	<i>Orange IV Boxes Replaced</i>	<i>New Red Drug Boxes Issued</i>	<i>New Orange IV Boxes Issued</i>
<i>First Quarter</i>	<i>52</i>	<i>21</i>	<i>27</i>	<i>4</i>	<i>4</i>
<i>Second Quarter</i>	<i>36</i>	<i>5</i>	<i>5</i>	<i>2</i>	<i>2</i>
<i>Third Quarter</i>	<i>37</i>	<i>6</i>	<i>4</i>	<i>0</i>	<i>0</i>
<i>Fourth Quarter</i>	<i>40</i>	<i>7</i>	<i>11</i>	<i>2</i>	<i>0</i>
<i>Total FY18</i>	<i>165</i>	<i>39</i>	<i>47</i>	<i>8</i>	<i>6</i>

C. Regional Planning

1. Regional EMS Plan

- a. Review and revise the Regional Strategic EMS Plan.
 1. Review of council mandates (Code of Virginia)
 2. Review current version of State EMS plan
 3. SWOT Analysis
 4. Planning Committee work to vision for region.
 5. Mission Statement
 6. At least 4 core strategies with strategic initiatives
 7. If no changes, proof of review and approval of existing plan by Board.
- b. Provide OEMS with copy of plan
- c. Proof of notification of plan posting to web to regional stakeholders.
- d. Proof of distribution of plan to stakeholders and OEMS.

During the 2nd quarter, the council's EMS committees and the Board of Directors conducted SWOT analyses in advance of plan revision. During the 3rd quarter the Governance Committee reviewed pertinent documents (Code of Virginia, regional EMS contract, current Virginia EMS Plan and the SWOT results) and developed revisions to the plan which were presented to the Board of Directors on March 8, discussed, revised and adopted as the 2018-2021 regional strategic EMS plan. The plan was distributed to regional stakeholders and posted to the council's website in April (delayed to due illness of executive director), and provided to OEMS with 3rd quarter deliverables.

2. Stroke Triage Plan (STP)

- a. The contractor will develop a Regional Stroke Triage Plan and a Stroke Triage Committee to review the plan annually and revised as needed.
 1. The regional stroke triage committee shall include participants from all aspects of the EMS response.
 2. The Regional Stroke Triage Plan shall follow the current version of the Commonwealth's Pre-hospital and Inter-hospital State Stroke Triage Plan and include field triage decision scheme (also included in protocols), consideration for medevac utilization and stroke center descriptions.
 3. The revised Regional Stroke Triage Plan shall be submitted to OEMS.

4. Notify stakeholder that the stroke triage plan has been developed and post the stroke triage plan and any pertinent medical protocol(s) conspicuously on the regional council's web site. Make a copy of either revised document available upon request.

Revised plan approved by the OMD Committee with acknowledgement by the Board of Directors on March 8. Plan distributed to stakeholders, posted on the TEMS website and submitted to OEMS with 3rd quarter deliverables.

Earlier this year the council revised its performance improvement committee structure and established one main PI committee and 4 PI subcommittees, including a Stroke Triage PI Subcommittee, that report to the main PI committee.

During the 1st quarter 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. The interfacility transfer form that was developed by the subcommittee was sent to and approved by the OMD committee for use in the transfer of stroke patients within the region. Data pulled from the VPHIB system was presented to the subcommittee to demonstrate how well the region is doing with stroke treatment. While there are positives in the data, there is still room for much needed improvement particularly in the documentation of data and scene times. Subcommittee continued to discuss the various stroke scales that are available and which scale should be utilized within the region. Ongoing discussions are narrowing the choices and a decision should be made soon to incorporate within the stroke evaluation and protocols.

During the 2nd quarter meetings were held on 10/12/17 and 12/14/17. During these meetings 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). This led into discussions regarding prehospital providers self-diverting to facilities capable of treating LVOs when a positive RACE score was found. Currently there is an ongoing discussion as to whether or not prehospital providers should be allowed to do this. Norfolk Fire has agreed to implement BEFAST and RACE pilot assessments and present their findings once they have sufficient data. The training division at Norfolk Fire is working with representatives from SNGH and DePaul to develop a training program for their providers prior to implementing BEFAST and RACE in the field. The possibility of having an alert system established to notify prehospital providers when an LVO facility is at capacity was also brought up. Case presentations included stroke in young individuals and DAWN trials regarding patients that wake up with stroke-like symptoms; treatment, management, and outcomes of such patients were covered. Utilization of EMS/911 ambulances for emergent inter-facility transports was discussed as well as a formal plan to handle this, and RN liability when riding on the ambulances, was also covered.

At the March 6th OMD meeting, the revised Stroke Triage Plan was approved, but OMDs did not support the previously approved interfacility transfer form so it was removed from Stroke Triage Plan. Plan is still under construction and is anticipated to be completed by the fall. OMDs approved BEFAST as preferred regional prehospital stroke assessment tool.

The minutes with attendance rosters and agendas are submitted to OEMS each quarter.

FY18 committee meetings are held on the second Thursday of every even month at 2:30 pm.

3. Regional MCI/WMD/Infectious Disease Planning

- a. Serve as a conduit of information for the planning and response related to a mass casualty, WMD, or emerging infectious disease event.
- b. Host/attend meetings, collect and share information
- c. Provide copies of agendas, attendance records, minutes and other documentation as proof of participation and accomplishments.

No meetings held during the 1st quarter. During the 2nd quarter, the PEMS-TEMS MCI Workgroup met 10/27 via web conference. Also see Hampton Roads MMRS / MCI Preparedness report below.

- d. Encourage and assist EMS agencies with development of MCI/WMD and/or emergency infectious disease plan. Include VDH health districts in development and planning.
- e. Encourage and assist EMS agencies with development of continuity of operations plans.
- f. Provide OEMS with plan(s)

Previous year plan reapproved by the Board of Directors on March 8 without change. Plan submitted to OEMS with 3rd quarter deliverables.

- g. Provide evidence of facilitation of/assistance with an exercise every two years. Include an AAR/IP.

Staff, various EMS agencies, hospitals and others participated in Operation Cart Wheel, an aircraft crash scenario, at Norfolk International Airport on October 20. Once staff member also served as an evaluator. An after-action report was provided to OEMS with 2nd quarter deliverables.

TEMS remains prepared to assist agencies in planning for pandemic events in the region, as well as use the TEMS website and listserv to disseminate relevant information as it is received from OEMS and VDH, and the use of the council's web and telephone conferencing to facilitate creation or revision of protocols and plans when social distancing is required. TEMS continues to encourage and assist agencies in developing plans for continuation of services in the event of a pandemic emergency. The TEMS website includes extensive disaster preparedness and infectious diseases information (see left menu on home page) including EMS/healthcare worker as well as citizen preparedness.

4. Hospital Diversion Planning

- a. Review/revise triennially or as needed hospital diversion plan with stakeholder input.
- b. Provide OEMS with copy of plan, and show approval by Board.
- c. Notify stakeholders of plan posting to web.
- d. Proof of distribution of plan to stakeholders and OEMS.

Reapproved without changes by the Operational Medical Directors Committee with acknowledgement of approval by the Board of Directors on June 8. The council policy is an addendum to regional medical protocols provided to OEMS with 4th quarter deliverables. The title of the TEMS document regarding hospital diversion is called "Hospital Closure Policy".

D. Regional Coordination

1. Regional Information and Referral

- a. Evidence of assistance regarding EMS issues to stakeholders.
- b. Maintaining website, posting of documents as required in the contract.
- c. Maintain and update social media presence, include OEMS/VDH links.
- d. Provide customer satisfaction survey link on all electronic communications

The TEMS staff and experienced EMS leadership provide assistance to our EMS constituents when requested. Through phone, e-mail, fax, and office visits, staff responds to requests for

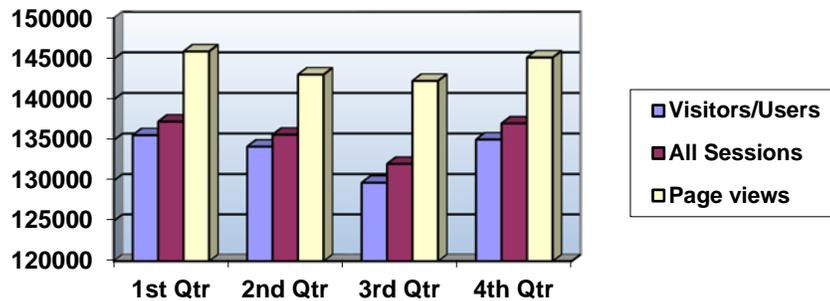
assistance each month. Assistance was provided in the following areas (based on prior customer service statistics gathered by all staff members):

*EMS Regulations
 EMS Continuing Education
 Availability, location, requests for
 EMS Courses
 General questions about EMS
 Out of State Reciprocity
 Training Material Requests
 Training Equipment Loans
 Medication Shortage Issues*

*Drug/IV Box Issues/questions
 MCI Planning, Exercises and Resources
 Requests for MCI Guide
 CISM Team Requests and Info
 Requests for Protocols and Info
 Awards info
 Course and Test Registration
 Grants Assistance
 Job and volunteer info*

We had 135,071 “visitors” to the TEMS website (www.tidewaterems.org) during the 4th quarter averaging 45,023 unique visitors per month, 137,054 total sessions for the quarter and 145,176 page views for the quarter. [Google Analytics.] Staff members post new or updated information to the website on a nearly daily basis. As per the contract, all appropriate documents are posted to the website in a timely fashion.

tidewaterems.org website stats



- *We maintain a listserv (TEMSList) email system with 1267 EMS subscribers. (www.tidewaterems.org/listserv)*
- *Published electronic Response newsletters twice monthly and distributed to the council’s listserv. (www.tidewaterems.org/response-newsletter-mainmenu-363/archived-response-newsletters-2)*
- *Maintained and periodically updated various social media accounts:*
 - *Facebook: 1868 Followers*
 - *Twitter: 134 Followers*
 - *Instagram: 124 Followers*
- *Conducted meetings of the EMS Medical Operations Committee on August 9, October 11, December 13, February 14, Feb 14, April 11, and June 13.*
- *Conducted meetings of the EMS Education and Training Committee on August 18, October 18, November 15, December 20, January 17, February 21, March 14, April 18, May 30, and June 20.*
- *Conducted meetings of the Audit and Finance Committee, August 24, February 22, and May 29.*
- *Conducted meetings of the Governance Committee August 29 and March 1.*

- *Conducted meetings of the Operational Medical Directors Committee on September 13, December 6, March 6, and June 5. The December 6 meeting included a 4-hour Hot Topics OMD training and a joint meeting with the Peninsulas EMS Council Medical Advisors Committee.*
- *Scheduled but cancelled a meeting of the Board of Directors on September 14 due to low anticipated attendance. All action items were voted electronically. Conducted meetings of the Board of Directors on December 14, March 8, and June 14.*
- *Conducted numerous other standing committee meetings as required by contract and noted elsewhere in this report.*

Eastern Shore EMS Council

- *Monthly ALS/BLS Continuing Education Classes continued during all quarters throughout the Eastern Shore.*
- *Continued work/meeting during all quarters w/ESCC re: offering EMT and Advanced training.*
- *ESCC did not receive funding for EMT training, thus classes will continue without ESCC.*
- *Northampton EMT Class finished in June with 6 students eligible to test.*
- *April 17, 2018 – Eastern Shore EMS Council Meeting.*
- *June 5, 2018 – Eastern Shore EMS Council Meeting*
- *PALS Recert Courses x 2 held in April 2018.*
- *EMS Provider Recognition Event held on April 22, 2018 at Perdue Stadium in Salisbury. The following providers were recognized:*
 - *Maryann Fitchett – Walter Eskridge Award for Excellence*
 - *Dr. Denise Harrison – Pre-Hospital Physician*
 - *James Gray – EMS Provider*
 - *Randy Green - Public Safety Communications Officer*
- *FY19 budget planning competed.*

Western Tidewater Activities – A dedicated part time Western Tidewater field coordinator position was created and began work on January 1.

- *Working to coordinate another PALS & ACLS Class for Southampton County at Courtland Volunteer Rescue Squad*
- *Continuing teaching an Initial EMT Class for Southampton County at Courtland Volunteer Rescue Squad*
- *Held in coordination with the EMT class, a MCI 1 class in Southampton County*
- *Reached out to Southampton Memorial again and decided upon a date to hold the Hospital and Pre-Hospital Meeting to include all of the squads in Franklin, Southampton and Isle of Wight along with representatives from Southampton Memorial, Sentara Obici and Sothern Virginia Regional Medical Center. Will be held on July 11, 2018 at the hospital with dinner provided.*
- *Planning out a CEU class for Southampton county and Franklin.*
- *Set up time to visit IOW Emergency Services to discuss plans, thought and ideas for the Western Tidewater Region.*

- *Attended many of the TEMS meeting to obtain and relay info back to the Western Tidewater region.*
- *Continue to work with the various agencies to provide needed assistance with any issues, questions or concerns that the agencies may encounter.*
- *Communicated all important e-mails and information to the Chiefs of the Squads in Western Tidewater.*
- *Continue to ensure the Western Region's agencies questions may be sent to me and that I will answer or find the answer and share that information.*

2. Regional EMS PI and Trauma Triage Program

a. Maintain and revise as needed to reflect current practice, a region wide EMS Performance Improvement Plan (PIP) for general EMS responses and Trauma related EMS responses. Review and approval of the plan by the contractor's Board of Directors. Include:

- (1) A schedule and topics for three concurrent PI projects (general EMS patient care, an EMS system related item and a trauma patient care or trauma system related item).
- (2) Process that is capable of monitoring/assessing adherence to patient care protocols, and triage plans; EMS system issues, and identification of the educational needs of EMS providers in the region.
- (3) Maintain, and revise as needed, a PI template that an EMS agency can use to establish its own PI programs.
- (4) Provide quarterly updates on PI projects that are conducted in the contract year.
- (5) Identify the membership of the regional PI committee, objectives of the committee, and rules for participation in the meetings. The PIP shall allow for a representative of the OEMS to attend the PI meetings as desired by OEMS.
 - (a) Equal representation of Operational Medical Directors, hospitals from varied areas of the region, and EMS providers from each of the following, air medical agency, fire based service, career, and volunteer services.

Revised and submitted to OEMS with the 1st quarter deliverables. Approval by OMD Committee acknowledged by Board of Directors (electronic vote in lieu of 9/14/17 meeting).

(6) Hold quarterly PI committee meetings to review the input received and/or significant events reported. Identify needs based on review of PI information received by the contractor, and plan a course of action (protocol change, educational opportunity, process improvement, etc). The items/deficits and the process used to correct them shall be reflected in the minutes of the meeting, and shared with other regional stakeholders as needed and appropriate. Submit agendas, rosters and minutes (no patient identifiers) quarterly.

During the 1st quarter, the EMS Performance Improvement (PI) Committee and Trauma Triage PI Subcommittee met 7/13, 8/3 and 9/14. The addition of CHKD as a Level I Pediatric Trauma Center has been in planning for several years and in July the hospital had the state VDH/OEMS trauma site visit. In pulling data for the meetings, it was recognized that there was a temporary problem with all of the data crossing servers to be evaluated, so that challenge was added to the mix and data was pulled to review areas that could use improvement in the trauma care in the region. One of the most significant findings was prolonged scene times (trauma and several other specialty types) which is now a target of education. Trauma centers have recommended that EMS providers include the Broslow color in the radio report to the hospital in an effort for them to be more prepared for the arrival of the pediatric trauma patient. Trauma centers have also recognized that a 5-minute-out call was becoming unreasonable and

may be very difficult for the crew when transporting a critical trauma patient into the hospital. In September 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.

During the 2nd quarter, in an effort to reorganize and strengthen the relationship of the trauma PI subcommittee and hospital representatives, including non-trauma centers, the Trauma PI meeting for month of November was held in conjunction with a reorganization meeting hosted by Sentara offsite on November 14. The meeting was a strong effort to bring all of the interested parties together to discuss the current setup and how trauma PI was being conducted throughout the region. The meeting was well attended by EMS, trauma and non-trauma hospitals. There was discussion on how the region could benefit from more cooperation from all of the players in the region and to somehow incorporate the TEMS Trauma Triage PI committee as a better attended committee at the TEMS office and still obtain the participation of the region's hospitals on a more consistent basis. It was agreed upon to develop this committee in a similar format as the current STEMI program (Eastern region AHAC plus EMS STEMI subcommittee). The group that came together would bring more of the administrators and physicians together on a quarterly basis to address and carry out the vision of the Trauma Triage PI subcommittee that will continue to meet on a bi-monthly basis with the attendance of as many of the stakeholders as possible to review data and continue to make decisions based on that data. Both groups would continue to meet and collaborate on findings and research performed by each.

Also during the 2nd quarter the PI committee presented two data-related PI workshops (Oct 24, Report Writer and data pulling and Nov 29, Scene time and stroke data) and distributed information to all regional stakeholders regarding the 2018 AHA Mission Lifeline webinar, general information and performance measures.

The EMS PI committee has maintained oversight of all sub-committees and ensured they are meeting their requirements established by the state.

FY18 EMS PI Committee meetings are scheduled for the second Thursday of every odd month. Trauma PI Subcommittee meetings are scheduled for the second Thursday of every odd month at 5 pm.

During the 3rd quarter data pulled from the state database indicated that providers still struggled to meet the 10 minute scene time recommendation for trauma patients. It was briefly discussed extending this time to 15 minutes, but this idea was dropped with concern that actual scene times would increase further if recommendation was increased. Data indicated that a large percentage of patients that met trauma-triage criteria were transported to appropriate facilities. It is believed that this data can be further improved through refined data collection and documentation techniques. A regional trauma breakfast was held on February 27th at the VBEMS HQ building. This meeting brought prehospital and facility providers together to discuss regional trauma initiatives and was well attended. The plan is to have the trauma breakfast serve as the "big picture" meeting for all concerned parties, but keep the Trauma Triage PI Committee at TEMS as the EMS specific group. The next trauma breakfast has yet to be scheduled. A regional "Stop the Bleed" program is being discussed, but no definitive plans have been created.

Agendas, rosters and minutes submitted to OEMS each quarter.

b. Provide technical assistance to EMS agencies to assist them in complying with State EMS Regulations related to quality management reporting (12 VAC 5-31-600). The names of agencies and the nature of assistance provided to those agencies shall be submitted quarterly.

Regional Strategic EMS Plan, Board discussions, EMS Medical Operations Committee discussions and EMS/Trauma/Stoke/STEMI Performance Improvement committee and subcommittee discussions (reflected in minutes) all support technical assistance discussed and provided as requested and well as encouragement for agencies to submit quality data.

c. Actively encourage, not enforce, all EMS agencies within their region to meet state requirements and submit pre-hospital patient care data as required by the Code of Virginia (§ 32.116.1) and EMS Regulations 12 VAC 5-31-560. Quarterly reports shall include language that describes how this contract item was achieved.

See above. All EMS agencies invited to participate in the regional PI committee, subcommittee and initiatives.

d. Distribute regional, jurisdictional, and agency level performance improvement reports developed and provided by the OEMS, Trauma System Oversight and Management Committee (TSO&MC), and or the Trauma Performance Improvement Committee.

3. Trauma Triage Plan

a. Review annually and revise as needed and follow the current version of the Commonwealth's Pre-hospital and Inter-hospital State Trauma Triage Plan and include:

(1) A "field triage decision scheme".

(2) The field triage decision scheme shall be included within the trauma section of the Regional Medical Protocols

(3) A definition of a trauma patient

(4) Prehospital physiologic, anatomic, mechanism of injury, and special consideration criteria

(5) Medevac utilization for trauma

(6) Trauma center descriptions

(7) Description of each level of Virginia Trauma Center Designation

b. Post revised plan on website. Notify stakeholders that the plan has been revised and posted the Make a copy of either revised document available upon request.

Regional Trauma Triage Plan was revised and updated first quarter, and approved 9/11/2017, and re-acknowledged as approved by the OMD committee by the Board of Directors on March 8.

4. RSAF Program

a. Promote grant writing and review assistance services to agencies one month prior to submission deadline with electronic/hard copy notifications. Assist agencies to review and write RSAF grant applications upon request, and request assistance from grants administrator when appropriate.

TEMS promotes grant writing and review assistance services to any requesting EMS agency, and provides notifications to regional stakeholders via e-mail distribution lists and the TEMS website. TEMS provides any needed assistance, and solicits assistance from appropriate OEMS staff when appropriate. An electronic notice to TEMSList subscribers and EMS leadership, a Response newsletter article and website site information promoted the RSAF availability, the application deadline, encouraged electronic application and offered technical assistance. Queried EMS agency leadership of need for a grant workshop during the 3rd quarter but did not receive any support for conducting a workshop. During the 4th quarter, provided grant writing or technical review assistance for 5 EMS agencies.

b. Conduct regional reviews and grading of grants as per regulations and policies governing the RSAF program.

1. Conduct two review and grading sessions during the contract period, and submit grades
2. Ensure that each application is reviewed consistently by grant review committee and assigned grade, using OEMS criteria.
3. Use the OEMS provided Grant Reviewer Guide.
4. Shall not notify agencies of the FARC recommendations prior to award date.

Conducted grant review and grading sessions on the Eastern Shore (April 17th) and the Southside (April 11th) during April and submitted grades and comments to OEMS.

5. CISM Program

a. Ensure all first responders in their region have knowledge of mental health services. Option selected to maintain a CISM team.

(1) Maintenance of a regional CISM team.

(a) Up-to-date policies

TEMS maintains a multidisciplinary CISM Team which remains compliant with all OEMS policies and procedures regarding CISM. Team services are available 24/7 and the team can be reached via a published emergency number of 757 414-CISM (2476) which is answered by a Medical Transport dispatcher who relays a request for team services to an on-call team member. CISM Team operating policy reapproved without change by the Board of Directors and submitted to OEMS with 1st quarter deliverables.

(b) Provide quarterly statistical reports.

Submitted to OEMS quarterly. During the 1st quarter the team assisted 55 individuals during 10 interventions. The team had 60 volunteer members. During the 2nd quarter the team assisted 40 individuals during 8 interventions. The team roster was reduced to 39 volunteers as a result of removal of inactive members in December. During the 3rd quarter the team assisted 27 individuals during 2 interventions. The team had 44 volunteer members. During the 4th quarter the team assisted 45 individuals during 11 interventions.

(c) Meet at least semi-annually. Submit minutes.

The team met August 1, November 6, February 6, and May 7. Agendas and minutes submitted to OEMS quarterly.

6. Regional EMS Awards Program

a. Conduct Regional EMS Awards Program

1. Title is (RC name) EMS Awards Program.
2. Regional Awards Program has same 11 categories and criteria as Governor's Awards, including scholarship.
3. Use of OEMS nomination form.
4. Schedule and publicize the awards program.
5. Award to each first place winner.

No activity during the 1st quarter. During the 2nd quarter reviewed the council's awards and nomination process, set the nomination deadline (April 15) and selected the awards venue and date (Norfolk Harbor Park, June 14). During the 3rd quarter opened and widely advertised the nomination process for regional awards. 2018 Awards Presentation was conducted June 14. Attended by approximately 600 attendees and family. Awarded 11 of the 12 State Awards and One (1) Regional Award for Lifetime Achievement.

- b. Assure that regional nominations are judged and forward first place winners information to OEMS.
 1. Appoint a committee to select regional winners.
 2. Provide nominee information to Advisory Board Selection Committee.
 3. Submit news release to local media and OEMS within one week of ceremony, using format provided by OEMS.
 4. Follow state guidelines.

2017 Awards Program: The names and biographic information of 2017 regional award recipients were submitted to OEMS in the 1st quarter. OEMS prepared and distributed a news release to local media. The council also distributed the release electronically to local newspapers. Regional winner information and press release was also posted to the council's website.

2018 Awards Program: during the 2nd quarter, the board approved 2018 awards committee members. During the 3rd quarter the board approved various revisions to the council's awards program policies. Also during the 3rd quarter scheduled two meetings of the regional awards selection committee in May. The names and biographic information of 2018 regional award recipients were submitted to OEMS in the 1st quarter. OEMS provided a template new release that was used to prepare and distribute to local media. The council also distributed the release electronically to local newspapers. Regional winner information and press release was also posted to the council's website.

7. Regional EMS Instructor Network

- a. Conduct a minimum of one meeting to discuss educational performance improvement, issues surrounding EMS training, clinical requirements, field experience, administrative requirements, and CTS concerns.
- b. Notify all accredited EMS programs, EMS educators, OEMS DED Staff, OEMS Program Reps, and Emergency Operations Instructors of the meetings. Meeting notice distribution 30 days prior with agenda.
- c. Meeting should be set up for face to face networking, but may be conducted in a format allowing for feedback such as teleconference.
- d. Agenda, roster and minutes to OEMS

Network meeting held June 28. Meeting notice, agenda and minutes submitted to OEMS with 4th quarter deliverables.

E. BLS-CTS Administration

1. Establish at least one OEMS approved CTS facility within its service delivery area.
2. July 1 – June 30 CTS schedule to OEMS Certification Testing Supervisor by Feb 1.
3. Publish CTS schedule on web site and CTS registration page by March 1.
4. Submit additions/cancellations to CTS schedule to OEMS Certification Testing Supervisor in advance.
5. Provide CTS schedule to Education Coordinators by March 15.
6. Register testing candidates.
7. Ensure CTS Evaluator compliance with PEG Manual.
8. Maintain list of current approved CTS Evaluators, and submit to OEMS quarterly.
9. Fee for initial testing.
10. Fee for retest.
11. No fees for written examination
12. Reporting of CTS expenses.
12. Adherence to guidelines of CTS P&P Manual

TEMS is compliant with all contractual obligations related to CTS. The regional test sites are held at a single physical location at the Simulation and Immersive Learning Center on the EVMS Campus near Sentara Norfolk General Hospital in order to standardize and centralize site logistics. The CTS schedule for this year was posted and distributed as specified. Compliance with the CTS P&P manual is enforced during each site by on-site OEMS examiners. Test registration is conducted through a web-based application. TEMS charges fees to candidates as specified, and adheres to all guidelines specified in the CTS Manual. During the 1st quarter the council registered 53 test candidates and coordinated 2 test sites. During the 2nd quarter the council registered 44 test candidates and coordinated 2 test sites (11/18 and 12/12). Also during the 2nd quarter the council evaluated the declining numbers of test candidates and after consulting with regional EMS educators reduced the number of sites from monthly to every-other-month. During the third quarter the council conducted 2 test sites (1/20/2018 and 3/31/2018) and registered 33 candidates.

F. Regional Category One CE Program

1. Promote ALS and BLS CE that satisfies Category 1 requirements in each planning district.

The main council website, listserv and the Eastern Shore EMS website and listservs continue to list and promote available continuing education programs and are regularly updated.

2. Submit the website address of the CE program schedule within region.

www.tidewaterems.org (see upcoming training items on the right side, or click “Training Calendar” from left menu) and www.eastern-shore-ems.com (click Education/Training on left menu).

OTHER (generally includes information for the current quarter, only):

Other EMS Education Activities

- *Conducted oral interviews for 6 ALS students in the region on 5/1/18 and 6/11/18.*
- *Conducted written exams for 3 ALS providers entering the region or for retest purposes.*
- *Conducted a CTS on 5/12/18 at EVMS for 57 candidates.*
- *Executed an FY18 Continuing Education and Auxiliary Course funding Memorandum of Understanding with the Virginia Department of Health Office of Emergency Medical Services to support two 33-hour Category 1 EMS continuing education courses in each of the council’s cities and counties as well as various “auxiliary” courses (typically ACLS, PALS-type 1 and 2-day courses certified by a national entity). During the 1st quarter developed an RFP process to accept course proposals from localities and interested instructors. Funding became available August 9. Advertised availability of funding and accepted and evaluated 4 RFPs that were received during the quarter, and awarded contracts for 6 CE programs and several auxiliary courses to be complete by June 30, 2018. During the 2nd and 3rd quarters, continued to receive RFPs and awarded contracts for additional CE and multiple auxiliary courses to be complete by June 30, 2018. A separate quarterly report exclusively for this funding program, submitted to OEMS, is available for review.*
- *Ended Advanced Trauma Life Support course coordinator services for the Eastern Virginia Medical School effective December 2017. Course coordination was assumed by internal EVMS staff so effective this date the Tidewater Center for Life Support Training affiliation with TEMS officially ended.*

Hampton Roads MMRS (Metropolitan Medical Response System)

Mass Casualty Incident Response Preparedness

- *03 April 2018: Planned and conducted the TEMS COOP exercise.*
- *12 April 2018: Provided moulage for the Every 15 Minutes program at Hickory High School.*
- *12 April 2018: Participated in the Southside Multi-Year Training and Exercise Planning Workshop in Virginia Beach*
- *13 April 2018: Participated in the Naval Medical Center Portsmouth National Disaster System Patient Reception Area Tabletop Exercise Initial Planning Conference.*
- *17 April 2018: Attended the Eastern Shore EMS Council and RSAF Grant Review and Grading meeting*
- *19 April 2018: Attended the Annual Designated Infection Control Officer training.*
- *20 April 2018: Met with the Naval Medical Center Portsmouth Emergency Manager to continue planning the National Disaster System Patient Reception Area Tabletop Exercise.*
- *23 April 2018: Participated in the Peninsulas Multi-Year Training and Exercise Planning Workshop in Williamsburg*
- *26 April 2018: Participated in the VHHA Exercise and Training Workgroup meeting.*
- *26 April 2018: Attended the Norfolk Airport Authority Airport Committee for Emergency Preparedness meeting.*
- *01 May 2018: Meet with Mr. Tim Morrison, Operations Manager for Hampton Roads Bridge-Tunnels to discuss basic MCI training for bridge-tunnel employees.*
- *03 May 2018: Attended the Governor’s Advisory Board Emergency Management Committee meeting in Glen Allen.*
- *04 May 2018: Attended the Governor’s Advisory Board meeting in Glenn Allen.*

- 07 May 2018: Participated in the HEART Vigilant guard Communications Exercise.
- 09 May 2018: Participated in the Naval Medical Center Portsmouth National Disaster System Patient Reception Area Tabletop Exercise Planning Conference.
- 15 May 2018: Participated in the National Weather Service “Success & Challenges of the 2017 Hurricane Season” webinar.
- 16 May 2018: Review the exercise plan for the Naval Medical Center Portsmouth National Disaster System Patient Reception Area Tabletop Exercise with the Naval Medical Center Portsmouth Emergency Manager.
- 17 May 2018: Participated in the Peninsulas EMS Council MCI Exercise planning meeting.
- 17 May 2018: Attended the Dementia Simulation at Williamsburg Landing, Williamsburg.
- 23 May 2018: Conducted the EVHC Exercise and Training Work Group Meeting.
- 23 May 2018: Attended the EVHC Long Term Care Meeting in Newport News.
- 24 May 2018: Conducted the 2018 Tornado Exercise After Action Conference for participating long term care facilities in Newport News.
- 24 May 2018: Participated in the VHHA Exercise and Training Work Group meeting.
- May 2018: Met with Michelle Cowling, EVHC to review long term care facility E-tags resulting from CMS facility inspections.
- 29 May 2018: Continued planning for the upcoming Naval Medical Center Portsmouth National Disaster System Patient Reception Area Full Scale Exercise with the Naval Medical Center Portsmouth Emergency Manager.
- 30 May 2018: Created the Patient Reception Area maps and visual materials for the Naval Medical Center Portsmouth National Disaster System Patient Reception Area Full Scale Exercise
- 05 June 2018: Participated in the NDMS Joint Patient Accountability and Tracking System, Health and Human Services Patient Movement and NDMS Hospital Reimbursement Training webinar.
- 12 June 2018: Instructed an initial Mass Casualty Incident Management course for VDOT Hampton Roads Bridge-Tunnel Operations Supervisors in Hampton (16 students completed the course)
- 14 June 2018: Attended the Highly Infectious Disease Exercise Concept and Objectives Meeting
- 14 June 2018: TEEEX PER-320 Personal Protective Measures For Biological Events-Peninsula at Bon Secours Mary Immaculate Hospital, Newport News
- 19 June 2018: Attended the Naval Medical Center Portsmouth National Disaster System Patient Reception Area Full Scale Exercise Final Planning Conference in Portsmouth
- 27 June 2018: Conducted the EVHC Exercise and Training Work Group meeting
- 28 June 2018: Participated in the VHHA Exercise and Training Work Group meeting
- 28-29 June 2018: Assisted with setting up for and participated in the Naval Medical Center Portsmouth, National Disaster Medical System, Patient Reception Area Full-Scale Exercise at Chamber’s Field, Naval Operating base Norfolk.

In addition MMRS staff supported:

- MCI Guide Requests – 7
- MCI Training Requests/Questions - 8
- MCI Exercises – 5
- Moulage - 2
- Manikin Requests – 3
- MCI Exercise Support Equipment - 3
- Conducted an ICS-400 course on April 24 & 25, 2018; 20 students attended
- Conducted a Hospital ICS (HICS) course on May 29-30, 2018; 50 students attended
- Conducted an ICS-300 course on June 20 & 21, 2018; 29 students attended

HRMMST (Hampton Roads Metropolitan Medical Strike Team)

- The HRMMST was recognized for Outstanding Contribution to EMS Emergency Preparedness and Response by the Tidewater EMS Council on June 14, 2018.
- There were no regional responses during the quarter.

- *HRMMST Quarterly training conducted on May 18-20 at the Langley Air Show providing medical support. Treated 20 participants. Transported 5 participants. (117 members participated)*
- *Conducted HRMMST Annual Maintenance make up day – April 4, 2018 (25 members attended.)*
- *Provided support for the Norfolk Shelter Exercise – April 7, 2018 (8 participated.)*
- *Provided support for the Marine Firefighting School – May 16, 2018. (6 Members participated.)*
- *Reimbursed HRMMST member sponsors for authorized personnel expenses including overtime & backfill as funds are available*
- *Maintained, repaired & replaced expired/worn equipment & supplies in HRMMST equipment cache and vehicles. Includes maintenance, repairs, fuel & insurance for HRMMST vehicles & scheduled vehicle & equipment cache checks, BGAN/aircard subscriptions*
- *Renewal of subscription and paid usage fees for MIR3; HRMMST notification system*

Mass Casualty Incident & Disaster Response Equipment & Supplies

- *Assisting Eastern Shore – Northampton County in the procurement of a Disaster Medical Support Unit. Trailer was delivered and inventory completed on June 6, 2018.*
- *Due to new procurement guidelines from HRPDC, completed an RFP process to secure a vendor contract for purchasing consumable medical supplies and awarded contract on June 1, 2018. Order was placed to resupply the Shelter Support Units (SSU) on June 8, 2018.*

Pharmaceutical Caches

- *Hazmat Drug Box from Norfolk Fire Rescue was resupplied and redistributed*

HRMMRS Planning & Program Management

- *Continued TEMS consultant contract for Program Manager, Mass Casualty Preparedness Coordinator (50%), Program Support Specialist and part-time Program Specialist.*
- *Supported Hampton Roads Planning District Commission administrative/financial services & regional coordination. Support of HRPDC HRMMRS Regional Coordinator & HRPDC representative participation on HRMMRS committees.*
- *Sponsored one HRMMRS staff member attendance at EMI EM Executive Academy June 18-21, 2018.*
- *Sponsored one HRMMRS staff member attendance at the CCTA workshop in Richmond June 26-28, 2018.*
- *Supported HRMMRS planning meetings and other consultants and contractors. HRMMRS Committee Meetings (Meeting minutes available in secured area of website or in TEMS office):*
 - *HRMMRS Strike Team Committee Meetings*
 - *Eastern Virginia Healthcare Coalition Meetings*
 - *TEMS Education & Training Committee Meetings*
- *Attended various committee meetings, work groups, training and exercises:*
 - *Portsmouth LEPC – 04/04/2018*
 - *Harbor Fest 2018 – 04/09/2018*
 - *York County Fire & Life Safety – HRMMRS Sustainment – 04/09/2018*
 - *Virginia Secretary Public Safety and Homeland Security – 04/11/2018*
 - *Deputy City Managers – HRMMRS Sustainment – 04/20/2018*
 - *State Homeland Security Grant Workshop – 04/24/2018*
 - *Cordillera Workshop – 05/03/2018*
 - *TEMS Executive Committee meeting – 05/15/2018*
 - *Hampton Roads All Hazards Advisory Committee – 05/22/2018*
 - *Langley Airshow Planning meetings – 04/13/2018; 05/11/2018*
 - *Hampton Roads Emergency Managers Committee – 04/10/2018; 06/12/2018*
 - *Regional EMS Director’s meeting – 06/07/2018*
 - *TEMS MOC meeting – 06/13/2018*
 - *TEMS Board of Director’s meeting – 06/14/2018*

- *Mass Rescue Planning meeting – Port of Virginia – 06/20/2018*
- *FCC Exercise Chamber’s Field – 06/29/2018*

Hospital Preparedness Program/Eastern Virginia Healthcare Coalition (EVHC)

June 23-29, 2018

- *Norfolk Airport: RHCC Manager met with Norfolk International Airport’s Fire Chief on June 25 to review possible Patient Reception Area at the airport.*
- *NAS Oceana MPM: The Mid-Planning Meeting for the August 10, Pre-Air Show Mass Casualty Exercise was held on June 25. Three Regional Hospitals and 211 Virginia will participate in this full scale exercise to evaluate the Triage, Transport, Treatment and Tracking of patients.*
- *Site Visits: The Long Term Care Coordinator performed emergency management assist visits to Dockside Health and Rehab, Locust Hill; Concordia Transitions Health, Suffolk, and Shore Health and Rehab in Parksley on June 27, 28, and 29 respectively.*
- *Exercise and Training Workgroup: The EVHC workgroup met to review the approved and proposed training and exercises for FY 2018 at the Tidewater EMS Council Office on June 27.*
- *NDMS Exercise: A VHASS Event was created for the June 28-29 Naval Medical Center NDMS Patient Reception Area (PRA) Exercise. HPP funded Stabilize and Treat in Place assets and Naval Medical Center and Sentara Virginia Beach General Hospital personnel staffed the PRA while regional hospitals provide NDMS Bed Availability.*
- *Executive Council Meeting: This Executive Council met on June 29 to begin annual update of EVHC Preparedness Plan and Multi-Year Training & Exercise Plan. They also participated in the Regional Disaster Health Response System FOA teleconference with VDH & VHHA.*
- *Training and Exercise Planning Workshop: Regional Coordinator met with VDH EP&R Education staff on June 29 to finalize the TEPW courses held earlier this spring.*

June 16-22, 2018

- *Communications: The RHCC team met with Verizon team to review redundant communications options on June 18.*
- *Site Visit: The RHCC manager visited with Beth Cumbie, Emergency Department Manager of Sentara Williamsburg Hospital, to review emergency preparedness on June 18.*
- *VA Beach Training Team: Regional Coordinator participated in the City of Virginia Beach Emergency Management Training Team meeting on June 19.*
- *FPC for NDMS PRA: The RHCC manager attended the Naval Medical Centers Final Planning Conference for the upcoming National Disaster Management System Patient Reception Area full-scale exercise on June 19.*
- *Exercise and Training: On June 20 the Regional Healthcare Coordinator and Exercise & Training Manager developed an annual training plan based on 2018 Training and Exercise Planning Workshops.*
- *Coalition Conference: The Long Term Care Coordinator submitted “Skilled Nursing Facility Post-Hurricane Evacuation via Helicopter” for the 2018 National Healthcare Coalition Preparedness Conference*
- *Elopement Training: A two day seminar was conducted at Williamsburg Landing focusing on mitigation, planning and response for missing long term care and intermediate care facility residents from June 21 to June 22.*

June 9-15, 2018

- *RHCC Workgroup: The Regional Healthcare Coordination Group met on June 11 to discuss STiP deployment to Federal Coordination Center exercise.*
- *Homeland Security Planners Course: The Healthcare Coordinator attended the 3 day course hosted by the Joint Forces Staff College June 12-14.*
- *TEMS Award Ceremony: EVHC staff attended the TEMS awards ceremony for EMS excellence at Harbor Park on June 14*
- *Highly Infectious Disease Meeting: The Concepts and Operations meeting for the HID grant full scale exercise was held June 15.*

June 2-8, 2018

- *Burn Kits: The RHCC manager delivered coalition purchased burn kit supplies to Sentara Independence Hospital on June 4.*
- *Community Based Emergency Response Training: EVHC staff assisted with facilitation of this VDH course focusing on Table-Top Exercise design principals. This 1 day course was provided for the region in Hampton on June 5 and Chesapeake on June 6.*
- *Long Term Care Site Visits: The Long Term Care Coordinator performed CMS EM related site visits to Transitional Care Center - DePaul Hospital Bon Secours on June 4, Concordia Transitional Health Care River Pointe on June 5, and St. Francis in Newport News on June 7.*
- *Federal Coordination Exercise: The RHCC Manager participated in the FCC training and exercise hosted by the Naval Medical Center Portsmouth concerning the National Disaster Medical System from June 5-7.*
- *Coalition Meeting: The Monthly Coalition meeting was conducted on June 7 at Mary Immaculate Hospital. A presentation concerning Infrastructure surveys, assessments and other outreach activities available from the Department of Homeland Security was delivered by Protective Security Advisor Robert Mooney.*
- *HID Preparation: The regional coordinator participated in a teleconference with VHHA/VDH on June 8 concerning the Highly Infectious Disease Grant*

May 26 – June 1, 2018

- *ICF/IID Site visit: The Regional Healthcare Coordinator met with staff at Holiday House in Portsmouth on May 29 to review Emergency Operations and Training Plans.*
- *Oceana Air Show: The Regional Healthcare Coordinator attended the IPM for the 2018 Naval Air Station Oceana Pre-Air Show Exercise on May 30. Exercise will evaluate the integrated response of local and federal agencies to respond to an MCI, and evaluate the triage, treatment, transport, and tracking of patients to hospitals and include a joint Virginia Beach and USN Family Reunification Center.*
- *Budget: The Regional Healthcare Coordinator conducted a current FY budget review with VHHA on May 30 and submitted the Coalition approved FY18 on May 31.*
- *Long Term Care Site Visits: The Long Term Care Coordinator performed CMS EM related site visits to LifeCare Virginia Beach, Autumn care of Suffolk, and Concordia Care Suffolk on May 29. On May 30 a site visit was made to Concordia River Pointe.*
- *Job Interviews: EVHC staff conducted interviews for an Administrative Assistant on May 30 and June 1.*

May 19-25, 2018

- *Communication Workgroup The RHCC manager and HEART team managers met to reinvigorate the Communications workgroup and to ensure a common planning picture on May 21.*
- *Hampton Roads All-Hazards Advisory Committee The Regional Healthcare and Long Term Care Coordinators attending this meeting of regional Emergency Managers on May 22.*
- *Education and Training Workgroup: This ETWG met May 23 to discuss after action reports for the Vigilant Guard exercises and to review next FY budget requests for exercises and training.*
- *Long Term Care Meeting: On May 24 the Long Term Care meeting for LTCF and ICF/IID included a VA CMS inspector presenting on common issues and CMS tags related to emergency preparedness.*
- *Executive Council Meeting: On May 25 the EVHC Executive Council met; main topic was reviewing budget proposals, reviewing workgroup recommendations, and approving FY18 budget.*
- *Site Visits: The Long Term Care Coordinator performed site visits to Concordia Healthcare River Pointe on May 21 and 22, and to Beth Shalom on May 23.*

May 12-18, 2018

- *RHCC Workgroup: The RHCC workgroup met May 14 to review various policy documents and to make budget recommendations to the Executive Council for the upcoming fiscal year.*
- *RHCC Activations: Due to unsettled weather May 15-18, Hampton Roads experienced numerous storms causing multiple power outages in healthcare facilities. Several events were managed in VHASS, but now significant impacts or loss of services was experienced.*

- *HERT: The RHCC Manager facilitated and moderated the Center for Disaster Preparedness, Hospital Emergency Response Training from May 15 -17 at Williamsburg Landing.*
- *Riverside Visit: The Regional Healthcare Coordinator visited the Communications suite at Riverside Regional Medical Center with the HEART leadership on May 16 to review BGAN and HAM systems.*
- *LEPC Meeting: The Regional Healthcare Coordinator attended the Local Emergency Planning Committee meeting for Norfolk on May 16, Dominion Power was the presenter.*
- *Overnight Shelter: The Regional Healthcare Coordinator attended the Peninsula Overnight Sheltering exercise planning meeting on May 16 in Hampton.*
- *Multi-Region Planning: The Exercise and Training Coordinator attended the May 17 CVHC and EVHC planning meeting for a TEMS/PEMS/ODEMSA table-top series for Tornado response.*
- *Long Term Care Lecture: The Long Term Care Coordinator presented emergency preparedness information with Chesapeake and Virginia Beach Local Health District Representatives to over 30 “Our Lady of Perpetual Help” administrators and maintenance operators on May 17.*
- *RHCC Deployment: The Mobile RHCC was deployed and staffed May 18-20 to the Langley Air Show to provide communications support for the HRMMRST and to improve interoperability.*

May 5-11, 2018

- *National Level Exercise: The EVHC is participating in the NLE “Vigilant Guard” and providing a myriad of exercise opportunities for healthcare providers across Hampton Roads from April 30- May 11.*
- *Atlantic Shores Retirement Community Evacuation Exercise: The RHCC managed an aero-evacuation of 30 medically fragile patients from Atlantic Shores during the May 7 exercise. Local media interest was generated and a very informative piece can be found at: <http://www.wavy.com/weather/hurricane/retirement-community-teams-up-with-government-agencies-for-hurricane-evacuation-drill/1165174019>*
- *Site Visits: The Long Term Care Coordinator visited St. Francis Nursing Center on May 10 to review emergency plans, response, and mutual aid.*
- *Funeral Services: The EVHC staff attended the funeral of James Chandler, Executive Director for Tidewater Emergency Medical Services Council on May 10.*
- *Health District EM Coordinators Meeting: The Regional Healthcare Coordinator attended the LHD planners meeting on May 11 in Chesapeake.*

April 28 – May 4, 2018

- *Eastern*
- *National Level Exercise: The EVHC is participating in the NLE “Vigilant Guard” and providing a myriad of exercise opportunities for healthcare providers across Hampton Roads from April 30- May 11.*
- *Budget Review: The VHHA Emergency Management Director and the VDH State Hospital Coordinator reviewed the EVHC BP-1 Budget on April 30 with the EVHC Healthcare Coordinator.*
- *Site Visits: The Long Term Coordinator performed site visits with the Western Tidewater HD Planner at Consulate HC of Windsor on May 1.*
- *Coalition Surge Test: The EVHC participated in the Statewide Coalition Surge Test on May 2 by evacuating (notionally) that Sentara Norfolk General Hospital, the regions Level I Trauma center with over 500 beds.*
- *Coalition Meeting: The EVHC conducted the monthly Coalition Meeting on May 3 at the TEMS Council Office.*

April 21-27, 2018

- *Training and Exercise Planning Workshop: The EVHC team partnered with VDH EP&R on April 23 to facilitate the Peninsula Hampton Roads Training and Exercise Planning Workshop for 40 participants representing various healthcare and emergency management specialties.*
- *VDEM Region V State Homeland Security Grant Workshop: The RHCC Manager attended the annual grant workshop at the Chesapeake EOC on April 24.*
- *Regional HPP Coordinators Meeting: The Regional Coordinator attended the Monthly HPP Coordinators meeting at VHHA on April 25.*
- *Verizon First Net: The RHCC Manager attended this alternate communications seminar on April 25 to review redundant communication options for the RHCC and region.*

- *Exercise and Training Workgroup: The EVHC ETWG met on April 25 and reviewed AAR from Shelter exercise and Tornado exercise. Also established a framework for BP2 exercise and training budget.*
- *Executive Council: The EVHC Executive Council met on April 27 to discuss budget, new administrative assistant position, and Vigilant Guard.*
- *Site Visits: The Long Term Care Coordinator visited Carrington Place and Our Lady of Perpetual Help on April 25 and Beth Shalom on April 26 to review emergency operations plans and policies.*
- *Communications Test: The EVHC conducted bi-monthly communications exercise with Long Term Care facilities on April 27.*

April 14-20, 2018

- *Disaster Nursing Presentation: The RHCC Manager provided a Healthcare Disaster Overview at the Riverside College of Health Careers on April 16.*
- *Hurricane TTX: The LTC Coordinator facilitated a hurricane scenario Table Top Exercise for long term care facilities at the Newport News Nursing and Rehabilitation Center on April 17.*
- *Advanced Disaster Life Support: The RHCC Manager facilitated a regional ADLS class at the VB Fire Training Center on April 17 & 18.*
- *Site Visits: The Long Term Care Coordinator with the Chesapeake Health Department Planner performed a site visits to Chesapeake Health and Rehabilitation Center on April 18.*
- *Virginia Beach EM Planning: The Regional Coordinator participated in the Virginia Beach Emergency Management Training Team meeting on April 19 at the VB Fire Training Center.*
- *Active Shooter TTX: Sentara Princess Anne Hospital conducted an Active Shooter Table Top Exercise on April 20.*
- *Academy After Action Meeting: The Regional Coordinator participated in the VDH Preparedness Academy After Action meeting to review participant surveys and assess lessons learned on April 20*
- *Federal Coordination Center (FCC): The RHCC manager met with Naval Medical Center Portsmouth (NMCP) EM to review the NMCP MCI Bus and to conduct exercise planning for the regional FCC Patient Reception Area on April 20.*

April 7-13, 2018

- *Norfolk EM Planning: The Regional Coordinator participated with Norfolk leadership for an initial planning meeting for Harbor Fest 2018 on April 9.*
- *Site Visits: The Long Term Care Coordinator performed site visits to Lake Taylor on April 9 and Chesapeake Regional Home and Hospice on April 11.*
- *Hampton Roads Emergency Management Committee: The Regional Coordinator attended the HREMC meeting on April 10 which included an OCME briefing on Mass Fatality Management.*
- *STiP Workgroup: The RHCC Manager participated in the statewide STiP workgroup meeting on April 10.*
- *Tidewater EMS Council Meetings: On April 11 the Regional Coordinator attended the TEMS Nurse Manager meeting and presented 1st quarter diversion and clinical reporting results from VHASS and also attended the Medical Operations Committee meeting.*
- *VHCA Quarterly Meeting: The Long Term Care Coordinator attended the VHCA Quarterly meeting in Richmond on April 12.*
- *Training and Exercise Planning Workshop: The EVHC team partnered with VDH EP&R on April 12 to facilitate the South-side Hampton Roads Training and Exercise Planning Workshop for 50 participants representing a dozen healthcare and emergency management specialties.*
- *VDH Eastern Region HD Planner Meeting: The Regional Coordinator attended the HD Planner meeting in Newport News on April 13 with a presentation from the FEMA infrastructure analyst and discussions of including healthcare facilities for review.*
- *Tornado Exercise: The Long Term Care Coordinator attended and evaluated the Autumn Care of Norfolk LTCF Full Scale Exercise.*

VA-I DMAT (Disaster Medical Assistance Team – federal team)

- Supported team leadership meetings held July 18 at the council office attended by 9, August 15 in Williamsburg attended by 7, October 16 via conference call, January 16 attended by 9, and April 17 attended by 11. Team command also met by conference call on November 28.
- Continued providing 96 sq. ft. locked storage for team uniforms and gear.
- The team rostered personnel for a 48-person on-call DMAT in September and December and supported other DMAT teams around the country by “loaning” personnel to backfill vacant roster positions when needed.
- Deployed 4 team backfill personnel along with the NY-4 DMAT to Dallas, TX, Houston, TX (and area) in support of the federal HHS response to Hurricane HARVEY.
- The team rostered and alerted team personnel for a National Special Security Event (United Nations General Assembly) in September. However, prior to the NSSE, the team roster was converted to a disaster deployment roster and the 33 team personnel (30 VA-1 and 3 backfills) were deployed to Orlando, FL, Collier Co, FL and Broward Co, FL in support of the federal HHS response to Hurricane IRMA. Once team medical officer did deploy to support the NSSE in New York.
- Deployed 18 team personnel (16 VA-1 and 2 backfills) in late September/October to Atlanta, GA, Puerto Rico and to St. Croix and St. John, USVI in support of the federal HHS response to Hurricane MARIA.
- Deployed additional team personnel to “backfill” other teams during continuing responses to Puerto Rico during October and November in support of the federal HHS response to Hurricane MARIA. Altogether, VA-1 deployed 52 team members to one of the three hurricane responses plus the United Nations General Assembly between August and October.
- The team’s administrative officer assisted with travel voucher preparation in Washington DC January 28 through February 10.
- The team commander and deputy commander attended team leader training, February 5-10 in Philadelphia.
- The team’s training officer provided EMR (Version 7) User Acceptance testing and DMIS (EMR/JPATS) Training curriculum update March 13-17 in Frederick, MD.
- A “C2” command and control kit assigned to VA-1 and stored in the council office was regularly inventoried and maintained by team logistics personnel. Software (OS and antivirus) in team AV kit laptop computers was updated. Team logistics personnel began a process of surveying team member gear bags and uniforms, some over ten years old, and providing replacements as needed.
- Federal NDMS recruitment and hiring, which has remained frozen since 2013, began during the third quarter and continued through the fourth quarter with hiring for deputy team commanders, medical officers, advanced practitioners, nurses, pharmacists, paramedics, logisticians, and IT specialists. A cumbersome federal hiring process was modified to allow for direct hiring; however, it remains a difficult process to navigate thus very slow.
- Two new deputy team commanders have been hired bringing the total number of deputy team commanders to three.
- Five team members resigned during the fourth quarter.
- As of June 30, the team had 63 federal personnel with 5 not deployable; several are in the application process.
- Two team members attended NDMS 201 – training May 13-19 in Anniston, Alabama
- Five team members attended NDMS 101 – training June 25-30 in Anniston, Alabama