Virginia EMS Next Steps Workgroup Meeting
Thursday June 6, 2024 – 0900 hours
Old Dominion EMS Alliance (* = online participation)

Members Present:	VDH/OEMS Staff:	Guests:	Members Absent:
Kevin Dillard, Chair	Christopher Lindsay, VDH	Frank Gresh, Fitch and Associates	Paula Ferrada
Tracey McLaurin	Rachel Stradling, VDH *	Todd Sheridan, Fitch and Associates	Ed Rhodes
Gary Tanner	Cam Crittenden, OEMS	Steve Simon, WEMS Council	Travis Pruitt
Chip Decker	Karen Owens, OEMS	Ryan Scarbrough, ODEMSA	
Beth Adams	Scott Winston, OEMS	Heidi Hooker, ODEMSA	
Wayne Perry	Becca Franchok, OEMS *	Tarsha Robinson, ODEMSA	
Brian Frankel	Daniel Linkins, CSEMS Council *	Bubby Bish, VAVRS	
Allen Yee		Betsy Sink	
Gary Critzer		Kevin Brophy, PEMS Council	
JC Bolling		Eric Gaskins	
Andrew Slater		Thomas Breitbeil	
Jason Stroud		Melba Bolling	
John Henschel		Chad Blosser	
Theresa Kingsby-Warble *		Jasper Williams	
		Chris Christensen, WVEMS Council *	
		Laura Vandegrift, NVEMS Council *	
		Michelle Ludeman, NVEMS Council *	
		David Long, TEMS Council *	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	Meeting called to order at 1000 hours. Meeting quorum was confirmed.	
Approval of Meeting Minutes **Chairman's Report**	**ACTION ITEM**: The meeting minutes from April 17, 2024, were distributed to the WG prior to the meeting, there were no corrections or additions to the minutes. They were accepted by consent. **Kevin Dillard** expressed his appreciation for everyone who has been involved in working through the financial issues at OEMS, appreciation also goes to Heidi Hooker and Ryan Scarbrough ODEMSA for arranging the Zoom meeting. Fitch and Associates asked for some extra time to compile some preliminary findings from their work that they could present to the group. Kevin expressed appreciation for everyone's flexibility in changing the date of the EMS Next Steps WG meeting. Ed Rhodes is unable to be here today due to medical issues. Kevin welcomed Theresa Kingsby-Warble and John	**MINUTES APPROVED**

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	Henschel to the group as new members of the EMS Next Steps WG. The report from the Medication Kit transition workgroup was previously sent out to the members and it will be included with the meeting minutes.	
VDH Update	**Christopher Lindsay** – expressed appreciation for the EMS Next Steps WG and others who have been working to pull together information that can be used for making decisions moving forward. VDH had an opportunity to meet with the Hampton Roads Fire Chief's Association yesterday. This presentation from Fitch represents one of many different data points that will be used in the coming months to craft a plan moving forward.	
Fitch and Associates Update	**Todd Sheridan** - Today's goal is to share what we'll call our quantitative and qualitative review with everybody. Fitch and Associates has been meeting with stakeholders and EMS agencies across Virginia and collecting data from a survey. One part that we'll review today is the quantitative side. This is data we have received from the Virginia Office of EMS and data that we received as feedback from the agencies through a survey. As an organization, we have been reviewing what stakeholders have said they need within the EMS community. We will also review our critical findings. These findings were derived from feedback directly from stakeholders, things that we've observed personally, or what other specific stakeholders have provided to us. From that feedback we created common themes. Our goal today is to walk through the survey results and those critical findings, which will help to set forth the pathway forward. The next step is to develop some options for VDH and the Office of EMS that can be implemented throughout Virginia. Fitch and Associates requested raw data from the OEMS portal, but it was not provided, so they are using the compiled information that was provided by OEMS. The data points that we are reviewing are consolidated data from OEMS. Fitch and Associates couldn't aggregate or verify the data as they weren't given access to the raw data. There appears to be a few themes that can be shown from the data. In addition to a reduction in EMS agencies, there is also a reduction in EMS vehicles. It appears that there is more work occurring with fewer resources. Through many of the interviews and interactions that were had during the meetings and discussions, there was a consistent comment that there is a need for additional personnel and staffing. Fitch was unable to verify some of the perceived trends as they were not given access to the raw data, but when we look at what was provided there has been a about a 7.9% increase in providers since 2,017 across the State. Fitch is unable to determine who is active versus inactive, but there is significant feedback that there is a challenge to find sufficient manpower to staff units and physically do the work. One of the other more interesting findings when we start talking about certification is the EMR certification, the emergency medical responder, has seen a 43% reduction since 2017. That's probably derived mostly from the volunteer EMS system. One question we've been posing to ourselves, maybe a question we could pose to this group, how come the agency or provider experience is not matching the data? One option is that we aren't looking at the right data points, which we can't derive without access to the raw data.	

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	Furthermore, we also heard feedback from the EMS community about the education challenge across the state. There is a gap in getting agencies accredited and getting more education coordinators to teach. Using data provided by OEMS, ALS coordinators have dropped 62% since 2017, but education coordinators have increased by 27%. It's an interesting stark difference when you start talking about the total number of educators that are available within the community and what is seen in the portal versus what we heard as a firm. Fitch asked OEMS to lean in a little bit further. We went to the National Registry website to compare Virginia to some of the National benchmarks. What we found was that Virginia, from 2017 to 2019, was on pace with National Registry 1st attempt success rate, in the mid 70's percent. Unfortunately, since COVID, with either what's going on with the education transition, being able to teach appropriately for the test, or changes with the education coordinator process, there's a challenge point of a failing success rate. Currently, Virginia has dropped almost 9% on average and is no longer ahead of the national average. Along the same timeline, there is a significant jump in the amount of providers that never test. We've heard from folks in the community that it's difficult to test, including the availability and timing of tests as part of the National Registry. One question that comes up is how do we push people into the process and keep them moving through to test? We heard clearly from the stakeholders that part of the challenge where people aren't taking the test is barriers, and the lack of an easy pathway created by OEMS or the National Registry process. If you look at both the lower success rate and the higher never test rate, this could have a significant impact on the workforce. You're teaching more, but you're not having success when getting providers within the community. These are some of the examples of high-level numbers that we're seeing that help balance what we heard from stakeholders within the EMS community. Question (Q) – **Wayne Perry** - Is there any way to know if it's a smaller number of educators doing a larger amount of work, or is the amount of CEU hours and amount of classes also changing? Is there a way to gauge level of activity, or do we not have that data? Answer (A) – **Todd Sheridan** - It may be something that OEMS could provide, but that's not been a question that we have looked at. We're not breaking it down to that granular level. We're kind of staying at a certain vantage point of view with this. But if we needed to break that down, that's something we could ask OEMS for if needed. Q – **Chip Decker** - It does appear just listening to you that this portal, it seems, is insufficient in providing basic intelligence that you might need, or anybody might need to figure out what's really going on. I know from the agency side it's cumbersome, but if we're putting data in, and you can't get it out, that's disappointing. A – **Todd Sheridan** - We've had a couple of different challenge points with this project. One issue was timing. Another issue was that there is a single person in OEMS that has access to the data. We've repeatedly heard there's data in there, but they can't get it out. We've also heard that there are issues with processes, we don't collect that information, or various other reasons. So, it's been a real push and pull, as it relates to the portal. We also heard from various providers that they can only have a certain number of people with access and even those with access can't get certain parts of the data out.	

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	Chip Decker - So for those who've been around for a while, putting data in and not being able to get data out is a recurring theme back from the days when the women's prison used to input the data from the EPCR. Q – **Allen Yee** - Do we know what the total call volume is, year over year? A – **Todd Sheridan** - We do have that, but not on this slide deck. It's about 2 million total responses, with approximately 1.6 million 9-1-1 responses and the remainder being other types of transfers. Q – **Andrew Slater** – What is the trend over the last 5 years? A – **Todd Sheridan** – We have the data, but we haven't crunched that number. **Todd Sheridan** - Moving forward into the survey results next. This was an extremely good response. Sending a survey out, you start looking at what type of confidence level you have with the data, the goal is to hit at least about 95% confidence level and a very low margin of error, ideally 3 to 5%. In this case, there are 567 agencies across the Commonwealth and 355 responded. Fitch and Associates sent out 940 requests and received 441 responses. That's roughly about a 3.2-3.4 margin of error, which really lands well with representation. We also looked at representation across agency types that responded and across regional council areas. We mapped all that out to make sure that there was good representation and that it was sent out across the community. Most of the survey responses were between the director and executive levels for organizations, which is what we would expect from what we sent out. We also looked at the actual response volume from these agencies. Most agencies, the majority as we expected, had between 1,000 to 10,000 annual EMS responses. The next most common were agencies with less than 1,000, which we would expect to represent several volunteer agencies within the Commonwealth, and only a few responses reported over 100,000 responses per year. Broken out by agency type, knowing there may be different needs, we sought to understand what needs you saw across the community that you serve. Based on the responses to more than 25 different questions, we collated the common themes from agencies and providers, about their needs and expectations from OEMS and regional EMS Councils. We also asked about potential designs of the EMS system in the future. The top five essential functions of OEMS that were identified in the survey were: 1) Certify personnel, 2) License and inspect agencies, 3) Provide funding, 4) Offer continuing education, and 5) Investigate regulatory complaints. This aligns with what we expect to be core functions. We also asked about the role of the regional EMS councils, because they are a key component of the Virginia EMS System. Based on survey feedback, and Fitch heard this repeatedly, stakeholders see the Regional EMS councils as either an extension or part of the office of EMS, regardless of whether they are traditional or hybrid. Regional EMS councils have an inherent tie-in to the regional EMS system from the perspective of providers in the field. When asked specifically, what is the role of the Regional EMS councils moving forward, the top 5 responses	

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	were: regional EMS protocols, continuing education, being an extension of the office of EMS, regional planning, and drug box exchange. Next, respondents were asked what essential qualities they wanted in the Office of EMS. They want accountability, responsiveness, collaboration, competency, and leadership. One of the recurring things that we heard as resounding feedback is people want customer service, and they're not currently getting it, from the Office of EMS. OEMS is not seen as customer service-oriented and user-friendly. Being a customer-focused entity moving forward is what the agencies and providers have asked for. When asked about priorities that should be the focus of OEMS, the agencies and providers' response aligned with other aspects of the survey that we heard meeting with focus groups. The top needs are training and development, enhanced statewide EMS coordination, new funding mechanisms, legislative support, and improved EMS response in underserved areas. In the survey, we offered various design options for the future of OEMS. The top three picks from stakeholders were a hybrid model with enhanced local authority, a decentralized model with all state staff at the regional level, and an integrated community EMS model. There is more data, but these are some initial findings from the survey. Are there questions? Q – **Tracey McLaurin** - When I first read the survey, my concern was whether people responding to the survey would understand the concept of each one of those models. There wasn't really a description about each one of those models and what it would entail. A – **Todd Sheridan** - We included a descriptor in the survey on what that would be. When you look at the numbers, talking about the hybrid with local autonomy, we see more than 200 respondents picking that category, which is almost double any of the other categories. So there appears to be understanding of what that meant, with just the sheer numbers that landed, especially the combined selections of the top two being preference for regional and local models. There was a stark difference between the top three and the subsequent options. Q – **Jason Stroud** - I just wanted to reiterate something I heard at the Virginia Fire Chiefs Leadership Summit related to the survey. Some parts of the survey forced you to select 5 things, even if you didn't think there were 5 options. The answer provided was to put additional comments in the free text boxes. How is that included in your data? A- **Todd Sheridan** - So, we had interesting responses around one specific question regarding the strengths of OEMS. We had multiple comments and feedback that after 2 or 3 strengths of OEMS, there weren't any more. It was interesting to see that feedback and we've removed that specific question from the evaluation at this point. A - **Frank Gresh** – In addition, we're also using some AI tools to parse through 441 various text responses in various fields to find common themes. The themes from text field comments align closely with the selections provided by others, so there is correlation with what they chose and what they said. That helps validate the selections, and it was a strong indicator for us.	

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	Q – **Andrew Slater** - Just one comment about the top three from this slide, specifically regarding the hybrid model with enhanced local autonomy. Reflecting on past conversations, like those showing a future $2M shortfall, my comment is transitioning to a hybrid model may affect some councils' ability to raise funds through alternative sources enabled by being a 501(c)(3), impacting donations and other revenue that may not be available otherwise. A – **Todd Sheridan** - Agreed. As we explore the financial model, there are current shortfalls. What Chris, Rachel, and the team managed with the Governor's caboose budget helps address the short-term deficit, but future improvements require balancing the funding, may require evolution, and we need to address unfunded mandates that have been carried out the office without additional resources. There's rising recognition of the need for financial flexibility and diverse funding sources. **Frank Gresh** – Just to reiterate, these are DRAFT critical findings from the work that Fitch has done so far. We continue to work through the survey results, and we refine these inputs further from meeting notes and feedback collected over six months. These are the critical findings that have been identified: **Critical Finding 1**: No systematic mission, expectations of controls. OEMS is disconnected from VDH intentionally by former OEMS leadership and is disconnected from the EMS system. OEMS does not fully understand what agencies need and don't fully understand the impact of decisions made across the entire system. There are disconnects between divisions in OEMS and disconnects between OEMS and the regional EMS Councils. **Critical Finding 2**: The EMS Regional EMS Councils must evolve. Fitch observed, and various EMS agencies reported, a divergent valuation of regional EMS council support, where some find indispensable utility while others struggle for relevance. This dichotomy raises questions regarding council mission clarity, contractual deliverables misalignment with actualized work, oversight, and accountability between councils and the office. Creation of the hybrid council model has driven a wedge between councils. Agencies will shop for a council, outside of their own, to find services that they need. The funding of regional EMS Councils hasn't risen over time and the costs have increased without corresponding increases in funding to councils. **Critical Finding 3**: A review of the OEMS position within the Governmental structure is necessary due to EMS system evolution in Virginia. Questions remain about where OEMS belongs in the government structure and there needs to be a discussion about whether EMS is healthcare or public safety. OEMS has intentionally remained at arm's length from other public safety entities, like VDFP, and further conversation is needed. **Critical Finding 4**: The culture at OEMS is not customer centric. Feedback universally stressed desire for enhanced, responsive customer service focusing less on internal affinity and more on supporting stakeholders. Information dissemination through regional EMS councils potentially injects council-specific spin on the issue and distorts the messaging. **Critical Finding 5**: Mission creep and mandates have increased costs without providing additional resources. Trauma Center designation has become a significant task for OEMS, but it's unclear when or why that happened.	

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	Funding is only set aside for sending money to trauma centers. EMD tasks have recently been added to OEMS, which they are supporting, but there was no additional funding provided. Employee salary increases approved by the General Assembly don't include any increase in funding to cover the cost increase. EMS Symposium only reached 2% of the certified workforce. The current EMS awards program is outdated. **Critical Finding 6**: The fiscal oversight and controls were lacking, in both directions between VDH and OEMS, and beyond VDH in the Commonwealth of Virginia. Current revenue is insufficient for the current model of operations. Challenges exist with consistent and transparent funding transfers from DMV. There is a significant lack of fiscal transparency throughout the system. **Critical Finding 7**: The EMS Advisory Board mission needs to evolve and is costly in its current structure. The relationship between OEMS and the EMS Advisory Board needs to be reviewed. Evolution is needed, moving beyond the present large, costly, infrequent gatherings towards smaller, more agile regulatory-engaged units. It's necessary to have an efficient advisory role that can bridge gaps constructively. **Critical Finding 8**: The EMS education program changes have negatively impacted the EMS workforce. Changes created significant issues with workforce development and OEMS is making decisions without fully understanding the ramifications. There have been more stringent controls and regulations applied and the outcomes are worse, not better. Q – **Tracey McLaurin** – Having nearly 18 years as the director of a regional EMS Council, we've had only two increases in funding. The Regional EMS Council group produced a document highlighting nearly 150 different programs and services (attachment #3) that are offered across Virginia. We've attempted to evolve but we're hindered by funding. A – **Todd Sheridan** – The VAVRS has a set amount of funding allocated in the Virginia Code, but the regional EMS Councils don't have that, correct? A - **Tracey McLaurin** – Yes. We've been able to come up with grants and other creative funding options to boost revenue. A – **Todd Sheridan** – While the total amount listed that goes to support the regional councils appears to be a large number, when you look at the actual amount of pass-through money that councils have to apply to services, it's not that significant. Would it be beneficial to have an Education Coordinator at each site? Would it be helpful to have someone from regulation and compliance at each site? A - **Tracey McLaurin** – Yes, it would. We used to have EMS training funds available, but that is no longer an option. OEMS wanted to hire someone within each region instead. If we could have someone on staff that could support training in the region that would be great. Q – **Wayne Perry** – It has been announced that there is a budget shortfall for this year, but several programs and services have been eliminated over the last year. In addition, payments from previous years and other expenses, such as return to locality payments, have been backed up in the system. What's the confidence level that all the backlog has been addressed and there is an actual shortfall that will happen each year? A – **Todd Sheridan** – The work that VDH and the Senior Leadership Team (SLT) have done regarding the	

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	caboose bill will address the shortfall for this year. Beyond that, Fitch is working to develop a simple income statement that can be compared against expenses. Then, we'll walk back in the various models that would be proposed so that it can be seen how it fits in the available funding. Q – **Allen Yee** – Can someone explain how much more stringent we are in Virginia as compared to the national guidelines? A – **Todd Sheridan** – You have requirements that are above and beyond the national requirements, we can get you that information. Q – **J.C. Bolling** – Regarding the pass-through funding, instead of saying that we are locked into this fixed amount and that's all that we can do, perhaps we need to look at it from a different direction. When the system was set-up, it was arranged as a fixed-dollar amount coming from DMV for each vehicle registration instead of a percentage. That means there's no adjustment over time for inflation and other changes. We should determine the services that are needed, determine the amount of funding that we need for that level of service, and then make that the budget. Once we have that number, then adjustments can be made to provide that funding and include recognition of increases that are needed over time. Why can't we add financial reporting and additional transparency information through the OEMS Quarterly Report? A – **Frank Gresh** – We recognize that the cost of doing business and buying equipment has increased over time, and that is something that we are taking into account with the report. Comment (C) – **Gary Critzer** – You can have a hybrid council that is still a 501c3 non-profit, the CSEMS Council has been able to secure several grants. The regional EMS councils need to adapt to the needs of the area where they serve. The findings from Fitch indicate there should be more of a decentralized approach. That means that funding that was being applied in a centralized system can be transitioned to other areas during the decentralization. If we're restructuring, and we look at the amount of funding available, does the restructuring make that funding more available to other areas of the system? We need to obtain more funding for EMS, that's clear. Whether that's a general fund allocation, or there are periodic increases built into the Code, we need more funding. Response (R) – **Tracey McLaurin** – As a hybrid office you can't get locality funding, and that's something that we need to operate. R – **Wayne Perry** – you can still receive locality funding; we receive locality funding and were told that we were required to continue to seek matching funds for state money provided through the contract. R - **Gary Critzer** – we don't receive locality funding, because the jurisdictions won't support it, not because we can't receive it. Q – **Allen Yee** – I agree with increasing funding to the councils, but that doesn't help the agencies. The bigger problem is that EMS operates in the red. The reimbursement from insurance companies is marginal. If we cover the infrastructure, then we still have to talk about the workforce. There's going to be a tremendous cost. A – **Todd Sheridan** – That's something that we're taking into account, it's an issue throughout the Commonwealth. It's not a volunteer versus career problem, it's a funding problem. As we're looking at the issues, there is a lot more discussion and deep dive that needs to be done, but it's a widespread problem.	

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	C - **Brian Frankel** – We need to look at the redundancy of what's done in the central office and what's also done in the regional councils. It's important to understand the redundancy and what the actual need is. If I can go shopping, then I'm going to go find the most efficient method to get done what I need for my agency. That creates a conflict in what's being done in different parts of the system. There is some benefit to centralization when it comes to certain aspects like testing, maybe that needs to be a state issue. It would be helpful to understand where the redundancy has been identified so that we can use that information as we make decisions moving forward. Q - **Beth Adams** – If I understand it correctly, some of what has led to the current financial difficulties is that OEMS was attempting to provide all things to all people, for example, ESO, Handtevy, etc. Isn't that part of what got us into this predicament? A – **Todd Sheridan** – Yes, that's correct. This also highlights one of the critical findings about the lack of controls that existed over the last decade. This issue developed over years without financial controls and oversight over how funds were spent. Part of what we're trying to do is identify the core functions and services that are needed from OEMS. Financial controls have been updated now to prevent this from being an ongoing issue. C - **Brian Frankel** – We have a very specific mission, there are specific things that we need to ensure we are able to provide services. There are some things that OEMS should provide. The EPCR service is a very interesting conversation that needs to be had. The way that the ESO issue evolved, because it wasn't procured through a state process, became problematic for agencies when they attempted to utilize these resources. The vendor was not willing to provide procurement pathways that were needed because of the way it was set up. A - **Frank Gresh** – Yes, there was spending because it was thought that it would be good and people would feel good about it. However, it's brought us to a position where we can't afford to do things in the same manner. There will need to be "no" as a response to some requests, it should come with an explanation, but it needs to be understood that OEMS can't provide everything that it was providing. Q – **Jason Stroud** – One point about the regional EMS councils. They are part of the foundation and fabric of the EMS system in Virginia. TEMS recently experienced their 50-year anniversary. Even within a region, agencies have different needs from the regional EMS council. However, I recognize the importance of the regional EMS councils in the support of the regional EMS system. If we're going to maintain a regional footprint, we must identify reliable and sustainable funding. I encourage a re-evaluation of the funding percentages that are made for return-to-locality funding. Q – **Wayne Perry** - Are you looking at any sources of revenue that can be created for OEMS? For example, attaching a fee to certification cards or agency inspections. A – **Todd Sheridan** – No. We aren't looking at that.	
Public Comment	Presentation from Steve Simon on the regional council IT infrastructure.	
Unfinished Business	Q – **Wayne Perry** – at a previous EMS Next Steps Work Group meeting we requested a list of outstanding	

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	invoices and other bills that were being processed through OEMS. Did we ever receive that list? A – **Kevin Dillard** – No, we didn't. Q – **Jason Stroud** - Is OEMS still going out to RFP for the Electronic Health Record (EHR) vendor? A – **Rachel Stradling** – yes, we are going out to RFP, and we are seeking an emergency procurement 12-month contract with ESO to have coverage in the meantime. Q – **Gary Critzer** – Is there any update on the OEMS director recruitment? A – **Rachel Stradling** – We had 71 applicants submit for the vacancy. There was an initial review, and a written exercise was developed for 15 individuals. Ultimately, nobody was found to be suitable. OEMS will be regrouping with HR to better advertise the position. OEMS will re-start recruitment when we have a better way to advertise the position. Q – **John Henschel** – There's been a lot of discussion and information provided today. How are we going to identify mission-critical items? What is the timeline and the process moving forward? A – **Todd Sheridan** – We are hoping to have a draft document available by the end of June. We are also looking at something that may extend our relationship with VDH beyond June to assist with the process. We're looking at 1-3 months before the process is finalized.	
Next Meeting:	Next meeting is not yet set, but will be held at Old Dominion EMS Alliance	
Adjournment:	Meeting adjourned at 1202 hours	
Attachments:	1- Approved meeting minutes from April 17, 2024 2- Medication Kit Exchange WG report 3- Regional Directors Group Activities and Mandates 4- Regional EMS Council IT presentation	

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