

Northern Virginia EMS Council, Inc.

FISCAL YEAR 2024

ANNUAL REPORT

July 1, 2023 – June 30, 2024



Facilitating the coordination of an efficient and effective regional emergency medical services delivery system in the Counties of Arlington, Fairfax, Loudoun, and Prince William; The Cities of Alexandria, Fairfax, Manassas, and Manassas Park; and the Metropolitan Washington Airports Authority.

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ABOUT US

Established in 1980, the Northern Virginia Emergency Medical Services Council, Inc. (NVEMSC) has been at the forefront of planning and implementing a coordinated regional EMS system for over four decades. The Council is committed to ensuring the highest standard of emergency medical care throughout Northern Virginia by fostering collaboration and innovation in the delivery of EMS services.

NVEMSC supports individual EMS providers by offering education, testing, and recognition programs while engaging the broader community through targeted outreach and training initiatives. The Council plays a pivotal role in performance improvement efforts, working closely with EMS agencies and regional hospitals to enhance care delivery and outcomes.

The Council's operations are primarily funded through contracts with the state government, with additional support from local governments, hospital systems, and member EMS agencies. In collaboration with the Virginia Department of Health's Office of EMS (OEMS), NVEMSC provides tailored services to the Northern Virginia region, continuously advancing its emergency medical systems of care.

SCOPE OF REPORT

This annual report presents operational and financial information regarding the Northern Virginia Emergency Medical Services Council, Inc., covering the period from July 1, 2023, to June 30, 2024. Details about staffing, committee, and board members are current as of June 30, 2024. The Executive Board is elected every two years, and a new board began its term in January 2024. Jennifer S. Burke, CPA, conducts an annual financial audit and provides the financial data. The complete audit report, along with the Council's annual Federal Form 990, is available for inspection upon request at the Council's office.

OUR MISSION

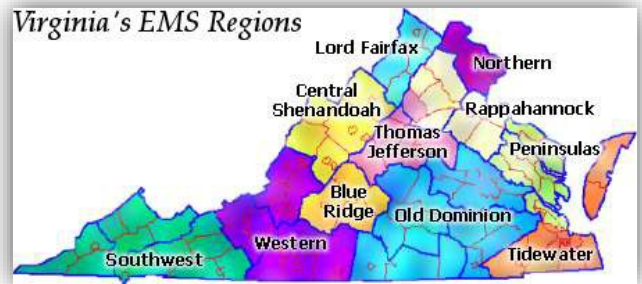
The mission of the Northern Virginia EMS Council is to advance the quality of emergency medical care across Northern Virginia. As an integral part of Virginia's comprehensive EMS system, we collaborate with the Virginia Office of EMS, local government officials, physicians, hospitals, and EMS agencies to plan and coordinate regional EMS activities, ensuring the delivery of exceptional care within Planning District 8.

Serving as the primary point of contact for stakeholders within the Northern Virginia Regional EMS system, the Council facilitates issue resolution, provides expert guidance, and ensures seamless referrals to appropriate resources when necessary.

COUNCIL DESIGNATION

The Northern Virginia EMS Council is one of 11 regional emergency medical services councils within the Commonwealth of Virginia. To maintain its regional council status, each council undergoes a rigorous re-designation process every three years.

In September 2021, the Northern Virginia EMS Council, Inc. submitted its re-designation application. Following a successful site visit in March 2022, the Virginia Office of EMS (OEMS) presented a favorable recommendation to the State Board of Health. The Board unanimously approved the re-designation on June 23, 2022. As a result, NVEMSC, Inc. was officially designated as the regional EMS Council for Northern Virginia from July 1, 2022, through June 30, 2025.



REGIONAL EMS COUNCILS; EXCERPT OF CODE OF VIRGINIA § 32.1-111.4:2.

The Board shall designate regional emergency medical services councils that shall be authorized to receive and disburse public funds. Each such council shall be charged with the development and implementation of an efficient and effective regional emergency medical services delivery system.

The Board shall review those agencies that were the designated regional emergency medical services councils. The Board shall, in accordance with the standards established in its regulations, review and may renew or deny applications for such designations every three years. In its discretion, the Board may establish conditions for renewal of such designations or may solicit applications for designation as a regional emergency medical services council.

Each regional emergency medical services council shall include, if available, representatives of the participating local governments, fire protection agencies, law-enforcement agencies, emergency medical services agencies, hospitals, licensed practicing physicians, emergency care nurses, mental health professionals, emergency medical services personnel, and other appropriate allied health professionals.

Each regional emergency medical services council shall adopt and revise as necessary a regional emergency medical services plan in cooperation with the Board.

The designated regional emergency services councils shall be required to match state funds with local funds obtained from private or public sources in the proportion specified in the regulations of the Board. Moneys received directly or indirectly from the Commonwealth shall not be used as matching funds. A local governing body may choose to appropriate funds for the purpose of providing matching grant funds for any designated regional emergency

medical services council. However, this section shall not be construed to place any obligation on any local governing body to appropriate funds to any such council.

The Board shall promulgate, in cooperation with the Advisory Board, regulations to implement this section, which shall include, but not be limited to, requirements to ensure accountability for public funds, criteria for matching funds, and performance standards.

THE NORTHERN VIRGINIA EMS SYSTEM

The Northern Virginia region is home to an estimated population of 2.5 million people. It features two major airports, two large municipal airports, the Pentagon, various federal and state agencies, numerous corporate headquarters, and an extensive network of highways and commuter routes. According to the Commonwealth, Northern Virginia encompasses the counties of Arlington, Fairfax, Loudoun, and Prince William, as well as the cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park. This region covers approximately 1,338 square miles, showcasing a mix of urban and rural areas.

The Northern Virginia EMS Council includes EMS agencies and acute care hospitals within Planning District 8. The region is served by eleven hospitals, eight freestanding emergency rooms, nearly 100 fire stations, and over 40 licensed emergency medical service (EMS) agencies, which consist of government, volunteer, federal, non-profit, commercial, and industrial organizations. Additionally, more than 6,000 EMS providers, nearly 1,300 licensed EMS vehicles, and two licensed aeromedical agencies operate in the area.

COUNCIL GOVERNANCE AND STRUCTURE

The Northern Virginia EMS Council is governed by a voluntary Board of Directors composed of representatives from various sectors, including EMS agencies, healthcare facilities, aeromedical services, training institutions, physicians, and nurses. The Board convenes six times a year and holds meetings that are open to the public.

Dr. Kari Lynn Scantlebury serves as the Council's Regional Medical Director. The Executive Committee, composed of the board Officers, is elected every two years, allowing the Vice President to transition into the President role through attrition. This leadership is vital for ensuring the Council remains actively involved in initiatives to enhance the region's EMS services.

As part of the National Capital Region (NCR), Northern Virginia engages daily with the EMS systems in Washington, DC, and Maryland. All EMS agencies in the area participate in the Washington Metropolitan Council of Governments (COG) Regional Mass Casualty Plan, promoting coordinated emergency response efforts across the region.

| | |
|----------------------------|---|
| President | Nathan Strong, Prince William County Fire and Rescue Department |
| Vice President | Brian Orndoff, City of Fairfax Fire Department |
| Secretary/Treasurer | Keith Morrison, Reston Hospital Center |
| Member-at-Large | Beth Adams, Fairfax County Fire & Rescue Department |
| Past President | Richard Bonnett, Metropolitan Washington Airports Authority |

LEADERSHIP AND STAFF

The Northern Virginia EMS Council's leadership consists of a Board of Directors, an Executive Committee, and an Executive Director. The Executive Director oversees the Council's daily operations and manages a team of three staff members: a Regional Coordinator, an Administrative Coordinator, an American Heart Association Training Center Coordinator, and a Stroke Smart Coordinator/Data Analyst. The Executive Committee is authorized to conduct the business and affairs of the councils between scheduled Council meetings.

STAFF DIRECTORY

Interim Executive Director/Administrative Coordinator
 Laura Vandegriff

Regional Coordinator/AHA TC Coordinator
 Michelle Ludeman

Stroke Smart Coordinator/Data Analyst
 Estee Warring

CONTACT INFORMATION

Physical: 4081 University Drive, Suite 400, Fairfax, VA 22030
 Mailing: PO Box 648, Gainesville, VA 20156
 Telephone: (877)261-3550 Facsimile: (571) 261-5244
 Email: northern@vaems.org Web: www.nvems.org

BOARD OF DIRECTORS

Alexandria Fire Department

Erin Mustian

Kelsea Bonkoski

Vacant

Andrew Duke (alt.)

Joseph Marfori, MD (alt.)

Vacant (alt.)

Arlington County Fire Department

Kevin Troiano

E. Reed Smith, MD

Kathleen Kramer, PA-C

Ibrahim Abdul-Jawad

Jason Jenkins (alt.)

Vacant (alt.)

City of Fairfax Fire Department

Brian Orndoff, Vice President

Tom Olander

Nicholas Sutingco, MD

John O'Neal, Chief (alt.)

David Arrington (alt.)

Vacant (alt.)

City of Manassas Fire & Rescue

Justin Jenkins

Danielle Pesce, MD

William Barton

Rebecca Wilson (alt.)

Edward Mills, Chief (alt.)

Kevin Franzello (alt.)

City of Manassas Park Fire & Rescue

Tom Oliver

Adam Jones Aaron Schutt

Josh Brandon (alt.)

James Tharp (alt.)

James Soaper (alt.)

Fairfax County Fire & Rescue

Philippa Durham

Lee Warner

Beth Adams, Member-at-Large

Scott Weir, MD (alt.)

Paul Corso (alt.)

Nelson Mascarenhas (alt.)

Fairfax Police Helicopter

Paul DeHaven

Kari Scantlebury, MD (alt.)

Inova Health System

Craig French

Steve Kling (alt.)

LifeCare Medical Transports

Gary Riggan Jr.

Vacant (alt.)

Loudoun County Fire & Rescue

John Morgan, MD

Jamie Cooper

Kathleen Harasek

Michelle Beatty (alt.)

Andrew Hopkins (alt.)

Al Pacifico, PA-C (alt.)

Metropolitan Washington Airports Authority

Richard Bonnett, Past President

Gary Hubble

David Wielgosz

Vacant (alt.)

Vacant (alt.)

Vacant (alt.)

Northern Virginia Community College

Mark Franke, MD

Kathleen Camp-Deal (alt.)

PHI Air Medical

Richard Cohen

Serdar Serttas (alt.)

Physicians Transport Service

David Coullahan

Kate Passow (alt.)

Prince William County Fire & Rescue

Tom Arnoto

Frank Orefice

Nathan Strong, President

Jason Knight (alt.)

Andrew Sanders (alt.)

Kevin Campbell, MD (alt.)

Reston Hospital Center

Keith Morrison, Secretary/Treasurer

Tracey Taylor (alt.)

StoneSprings Hospital Center

John Wanamaker

Vacant (alt.)

VHC Health

Justin Nelson

Courtney Caton (alt.)

NVEMSC COMMITTEE LEADERS

Medical Performance Improvement Committee Co-Chairs

Kate Kramer, PA-C, Arlington County Fire Department
Craig French, Inova Health System

Operational Medical Direction Committee

Kari Scantlebury, MD, Chair

Regional STEMI (VHAC Northern Region) Committee Co-Chairs

Catherine Moore, RN, UVA Prince William Medical Center
Behnam Tehrani, MD, Inova Fairfax Interventional Cardiology

Regional Stroke Committee Co-Chairs

James Maneval, Prince William County Fire & Rescue
Laith Altaweel, MD, Inova Fairfax Hospital Neurointensivist

Trauma Performance Improvement Committee Co-Chairs

Stephen Varga, MD, Inova Fairfax Hospital
Babak Sarani, MD, George Washington University Hospital
Topper Cramer, PHI Air Medical

STATE EMS COMMITTEE REPRESENTATIVES

EMS Advisory Board

Beth Adams, Northern Virginia EMS Council Representative

Legislative and Planning Committee

Beth Adams, Regional EMS Council Representative, **Committee Vice Chair**

Medical Direction Committee

John Morgan, MD, NVEMSC Representative
Scott Weir, MD, Member at Large
E. Reed Smith, MD, Member at Large

Rules and Regulations Committee

Beth Adams, VACO/VML Representative

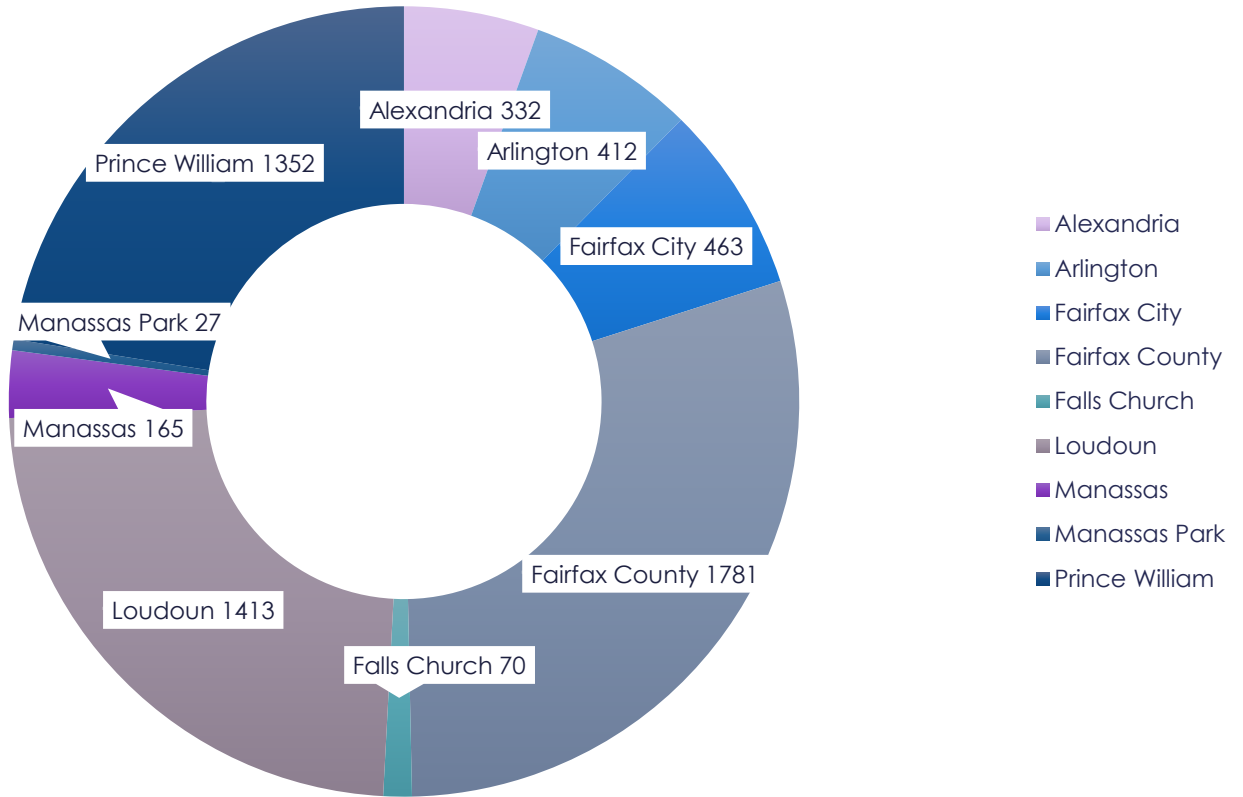
Financial Assistance Review Committee (FARC)

Byron Andrews, Northern Virginia EMS Council Representative

Council staff represent our service area at meetings of the Regional Council Director's Group, Governor's Advisory Board subcommittees, Regional Performance Improvement Coordinator's Group, Virginia Association of Governmental EMS Administrators (VAGEMSA), Virginia Stroke Systems Task Force (VSSTF), and Virginia Heart Attack Coalition (VHAC).

EMS PROVIDERS BY LOCALITY

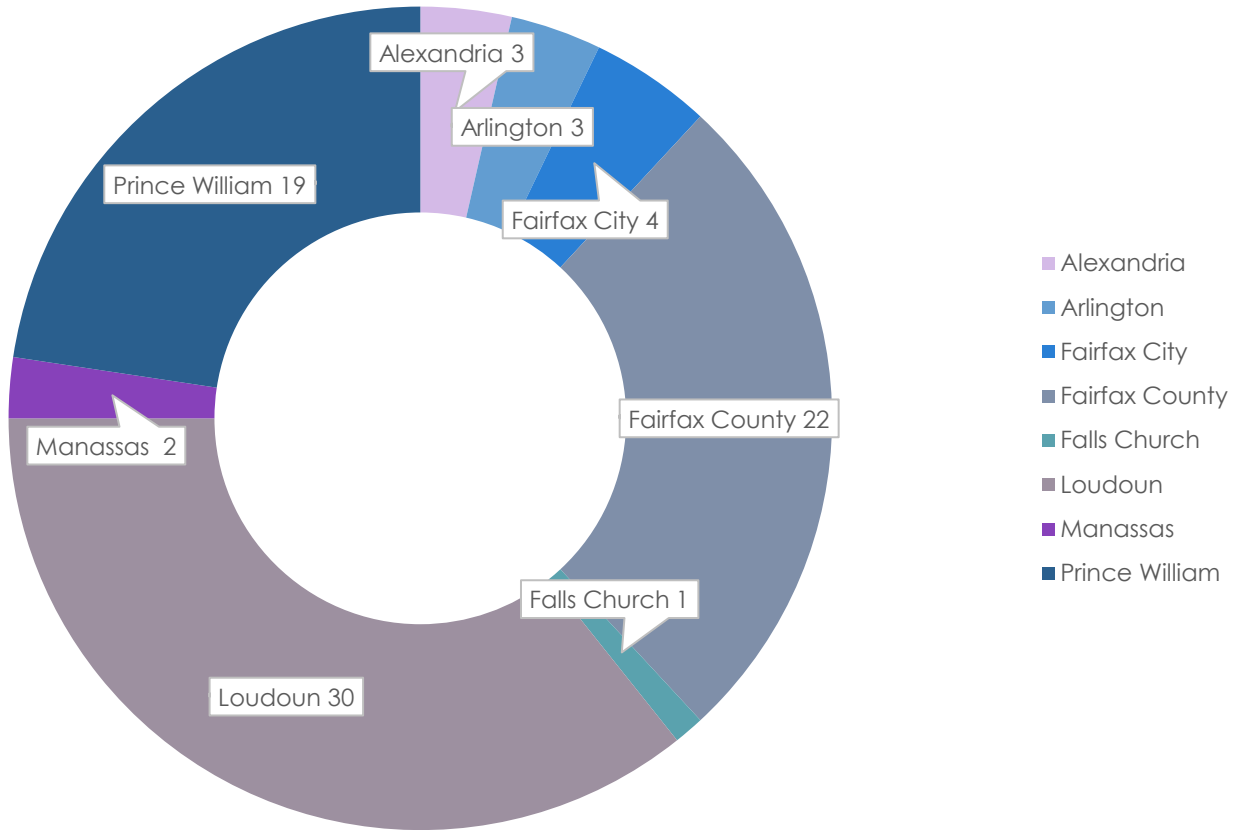
PROVIDERS BY LOCALITY



| | EMR | EMT | AEMT | EMT/I | EMT/P | TOTAL |
|----------------|-----------|-------------|------------|-----------|-------------|-------------|
| Alexandria | 11 | 255 | 6 | 2 | 58 | 332 |
| Arlington | 3 | 346 | 5 | 7 | 51 | 412 |
| Fairfax City | 8 | 388 | 3 | 4 | 60 | 463 |
| Fairfax County | 11 | 1408 | 29 | 7 | 324 | 1779 |
| Falls Church | 0 | 59 | 0 | 1 | 9 | 69 |
| Loudoun | 26 | 1094 | 59 | 18 | 216 | 1413 |
| Manassas | 0 | 133 | 3 | 3 | 25 | 164 |
| Manassas Park | 0 | 20 | 0 | 1 | 6 | 27 |
| Prince William | 14 | 1030 | 5 | 21 | 280 | 1350 |
| TOTALS | 73 | 4733 | 110 | 64 | 1029 | 6009 |

EMS EDUCATORS BY LOCALITY

EMS EDUCATORS BY LOCALITY



PRIMARY REGIONAL STAKEHOLDERS

| | |
|-----------------------|-----------|
| EMS Providers | 6009 |
| Licensed EMS Agencies | 43 |
| Medical Directors | 23 |
| Hospitals | 11 |
| Local Governments | 9 |
| EMS Educators | 84 |
| AHA Instructors | 190 |
| Citizens | 3,197,076 |

2024 ACCOMPLISHMENTS

- Served as the designated point of contact for EMS infrastructure, coordinating communications among all EMS providers, agencies, hospitals, and local governmental entities.
- Provided expert support to EMS stakeholders through experienced office staff, an interactive website, and active social media engagement.
- Engaged in local, regional, and state meetings to advance the development of Emergency Medical Services across the region and state.
- Facilitated quarterly trauma and medical performance improvement meetings to review case studies, share best practices, and drive continuous improvement in patient care.
- Led the review and revision of regional trauma triage, stroke triage, and STEMI plans through collaborative quarterly discussions.
- Maintained an interactive website featuring essential resources, including regional plans, forms, training information, and committee and Board of Directors meeting minutes.
- Created a dedicated webpage for behavioral health and critical incident stress management, offering local resources and hotline information.
- Shared tools and guidance for the statewide Regional EMS Medication Kit Transition Workgroup, including step-by-step licensure guides, financial assistance resources, policy samples, and procurement processes.
- Participated in the Virginia EMS Next Steps Workgroup to discuss the Virginia EMS system, the role of the Virginia Office of EMS, and prioritize financial obligations for the EMS system to include regional EMS Council payments, return-to-locality funding and vendor funding.
- Organized a free one-day EMS Symposium in collaboration with Inova Health System, attracting over 100 EMS providers.
- Partnered with local health systems to offer continuing education credits to EMS providers for training hours attended.
- Participated in regional EMS workgroups, including the National Capital Region Pediatric Surge and Trauma Plan Workgroups, the Metropolitan Washington Council of Governments EMS Subcommittee, the Washington Metropolitan Council of Governments Regional Mass Casualty Plan, and the Maryland Institute for EMS Systems Research Interest Group.
- Conducted a comprehensive review and revision of the Northern Virginia Emergency Department Diversion/Special Advisory Policy. This update incorporated new definitions, procedures, and criteria for diversion overrides and involved collaboration with local hospitals, emergency preparedness officials, and the Virginia Healthcare Alerting and Status System.
- Convened a Bylaw Committee and facilitated meetings of the Committee to review and revise the NVEMSC Bylaws, focusing on more precise wording and updated terminology.

- Secured a Sentara Cares Grant to develop Stroke Smart education, targeting Spanish-speaking communities to increase awareness of stroke risks and response actions.
- Partnered with 20 Federally Qualified Health Centers, 12 community centers, and 16 faith-based organizations to distribute Stroke Smart videos and materials.
- Operated a successful AHA Authorized Training Center, supporting 225+ instructors and issuing over 3,200 certification cards annually.
- Served on Accredited EMS and Career and Technical Education High School EMT Advisory Boards, providing subject matter expertise.
- Acted as a liaison between EMS agencies, medical directors, and emergency medical facilities, addressing hospital diversion, medication kit exchange, and patient care initiatives.
- Maintained a regional CLIA waiver that exempts EMS agencies from individual laboratory registration for testing blood using portable glucometry equipment, as required by federal regulation.
- Participated in regional disaster exercises, emergency management initiatives, and public health department meetings.
- Supported the statewide Coverdell stroke grant initiative to improve stroke care.
- Recognized excellence within the Northern Virginia EMS System through a regional awards program, which provided awards for 11 responders and agencies and nominated them for the Governor's EMS Awards in their respective categories.
- Maintained a Scope of Service contract with Dr. Kari Scantlebury as the Regional Medical Director to oversee regional protocol guidelines, provide technical support to EMS agency Operational Medical Directors (OMDs), assist in evaluating OMD candidates, and collaborate with regional, state, and local EMS authorities. Dr. Scantlebury also advises on standards of care, community needs, and resource utilization and represents the Northern Virginia EMS region on the state Medical Direction Committee.
- Attended regional public safety meetings, including EMS Operations, NOVA Chiefs, High Threat Response, NVERS Steering Committee, and NVERS Healthcare Partners meetings.
- Represented our service area at meetings of the Regional Council Director's Group, Governor's Advisory Board subcommittees, Regional Performance Improvement Coordinator's Group, Virginia Association of Governmental EMS Administrators (VAGEMSA), Virginia Stroke Systems Task Force (VSSTF), and Virginia Heart Attack Coalition (VHAC).
- Collaborated with the Virginia Office of Emergency Medical Services committees to facilitate two-way information sharing and enhance statewide EMS systems.

2024 NORTHERN VIRGINIA REGIONAL EMS AWARDS



RECOGNIZE EXCELLENCE!

The Northern Virginia Regional EMS Awards Program recognizes individuals who contribute to our regional EMS system. We take great pride in the award winners, who exemplify dedication and a commitment to excellence in EMS. These honorees play a crucial role in maintaining the exceptional emergency response system serving Northern Virginia.

AWARD FOR EXCELLENCE IN EMS

Beth Adams, MA, BSN, RN, NRP, FAEMS
Fairfax County Fire & Rescue Department

AWARD FOR OUTSTANDING EMS LEADERSHIP

Tyler McLaurin, City of Fairfax Fire Department

AWARD FOR OUTSTANDING PREHOSPITAL PROVIDER

Aaron Antaran, Alexandria Fire Department

AWARD FOR OUTSTANDING PREHOSPITAL EDUCATOR

Donna Speakes, MSHS, PA-C
Fairfax County Fire & Rescue Department

AWARD FOR OUTSTANDING EMS AGENCY

City of Manassas Fire & Rescue Department

AWARD FOR NURSE WITH OUTSTANDING CONTRIBUTION TO EMS

Jaimee Robinson, MSN, RN, EBP-C, RNC-OB, NPD-BC, C-EFM, C-ONQS
Inova Loudoun Hospital

AWARD FOR PHYSICIAN WITH OUTSTANDING CONTRIBUTION TO EMS

Kathleen Ogle, MD, George Washington University Hospital

AWARD FOR OUTSTANDING CONTRIBUTION TO EMS EMERGENCY PREPAREDNESS

EMS Supervisor Program
Loudoun County Fire and Rescue

AWARD FOR OUTSTANDING CONTRIBUTION TO EMS TELECOMMUNICATION

Megan Walters and Mason Kraut
Fairfax County Department of Public Safety Communications

AWARD FOR INNOVATION IN EMS

GW Regional Paramedic Program
George Washington School of Medicine and Health Sciences, GW University



The Northern Virginia EMS Council has established a regional partnership with the Cardiac Arrest Registry to Enhance Survival (CARES). This initiative, a collaboration between the Centers for Disease Control and Prevention (CDC) and Emory University's Woodruff Health Sciences, aims to improve survival rates from sudden cardiac death.

CARES is designed to assist local EMS administrators and medical directors in identifying the demographics affected by cardiac arrest and the timing and locations of these events. The registry evaluates the effectiveness of various system components, pinpointing which aspects are working well and which require improvements to enhance outcomes for cardiac arrest patients. Utilizing an internet-based database system, CARES streamlines the registration process for out-of-hospital cardiac arrest (OHCA) events, tracks patient outcomes seamlessly with hospitals, and monitors response time intervals associated with both First Responders and EMS agencies.

Data entry into the CARES Registry for the Northern Virginia region began on June 1, 2021, following comprehensive training sessions with agency representatives and regional hospitals, as well as beta testing for electronic Patient Care Reporting (ePCR) uploads. Despite some initial challenges, the program is progressing effectively thanks to the efforts and collaboration of agency points of contact. Michelle Ludeman, the Regional Coordinator, serves as the primary contact for the Council and acts as the region's CARES data manager.

In the CARES program, a case is defined as a non-traumatic out-of-hospital cardiac arrest in which resuscitation efforts are made by a 911 responder or defibrillation is administered by any individual. Agencies reporting fewer than ten qualifying CARES cases each month participate in the program through Desktop Data Entry (DDE), whereas those with higher case volumes utilize direct ePCR uploads to submit their data to CARES.

During the reporting period from July 1, 2023, to June 30, 2024, the following key reports were generated based on registered out-of-hospital cardiac events:

- CARES Demographics Report
- CARES Summary Report

In May 2024, each agency received its 2023 CARES Annual Report, accompanied by the National 2023 CARES Annual Report.

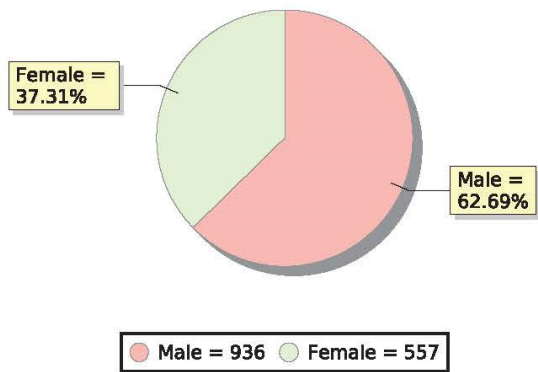
Each report encompasses the criteria outlining the cases included, with definitions and inclusion/exclusion criteria provided as footnotes for clarity. It is essential to acknowledge that

data for the current calendar year remains dynamic, as ongoing efforts are being made to collaborate with several agencies to ensure the accurate entry of OHCA events into the registry.

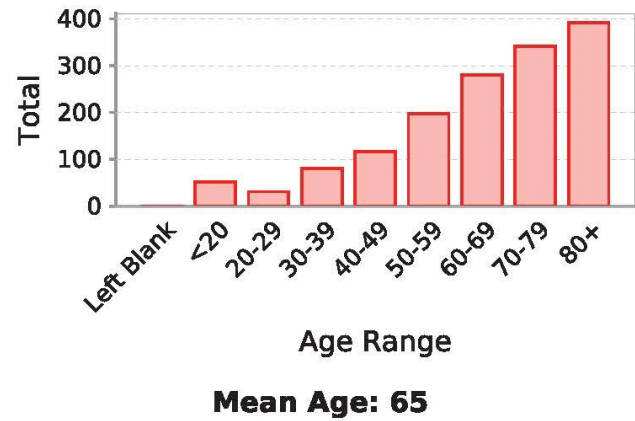
Demographics

Agency Group: NVAEMS Council | Presumed Cardiac Arrest Etiology: Presumed Cardiac Etiology, Respiratory/Asphyxia, Drowning/Submersion, Electrocutation, Other, Drug Overdose, Exsanguination/Hemorrhage
 | Date of Arrest: From 07/01/2023 Through 06/30/2024 | Resuscitation Attempted by 911 Responder: Yes | End of the Event: Pronounced in the Field, Pronounced in the ED, Ongoing Resuscitation in ED

Gender



Age



| Location Type | Count |
|----------------------------|-------------|
| Home/Residence | 884 - 67.6% |
| Nursing Home | 188 - 14.4% |
| Public/Commercial Building | 80 - 6.1% |
| Street/Hwy | 71 - 5.4% |
| Healthcare Facility | 49 - 3.8% |
| Transport Center | 19 - 1.5% |
| Place of Recreation | 14 - 1.1% |
| Other | 3 - .2% |

CARES Summary Report

Demographic and Survival Characteristics of OHCA

Non-Traumatic Etiology | Arrest Witness Status: All | Date of Arrest: From 07/01/2023 Through 06/30/2024

| Data | NVAEMS Council N=1493 |
|--|--------------------------|
| Age | N=1493 |
| Mean | 65.3 |
| Median | 69.0 |
| Gender (%) | N=1493 |
| Female | 557 (37.3) |
| Male | 936 (62.7) |
| Race (%) | N=1493 |
| American-Indian/Alaskan | 11 (0.7) |
| Asian | 197 (13.2) |
| Black/African-American | 324 (21.7) |
| Hispanic/Latino | 132 (8.8) |
| Native Hawaiian/Pacific Islander | 11 (0.7) |
| White | 788 (52.8) |
| Multi-racial | 12 (0.8) |
| Unknown | 18 (1.2) |
| Location of Arrest (%) | N=1493 |
| Home/Residence | 1015 (68.0) |
| Nursing Home | 206 (13.8) |
| Public Setting | 272 (18.2) |
| Arrest witnessed (%) | N=1493 |
| Bystander Witnessed | 535 (35.8) |
| Witnessed by 911 Responder | 165 (11.1) |
| Unwitnessed | 793 (53.1) |
| Who Initiated CPR? (%) | N=1493 |
| Not Applicable | 2 (0.1) |
| Bystander | 628 (42.1) |
| First Responder | 193 (12.9) |
| Emergency Medical Services (EMS) | 670 (44.9) |
| Was an AED applied prior to EMS arrival? (%) | N=1493 |
| Yes | 177 (11.9) |
| No | 1316 (88.1) |
| Who first applied automated external defibrillator? (%) | N=177 |
| Bystander | 98 (55.4) |
| First Responder | 79 (44.6) |
| Who first defibrillated the patient?* (%) | N=1493 |
| Not Applicable | 1042 (69.8) |
| Bystander | 29 (1.9) |
| First Responder | 13 (0.9) |
| Responding EMS Personnel | 409 (27.4) |
| First Arrest Rhythm (%) | N=1493 |
| Vfib/Vtach/Unknown Shockable Rhythm | 296 (19.8) |
| Asystole | 811 (54.3) |
| Idioventricular/PEA | 361 (24.2) |
| Unknown Unshockable Rhythm | 25 (1.7) |
| Sustained ROSC (%) | N=1493 |
| Yes | 417 (27.9) |
| No | 1076 (72.1) |
| Was hypothermia care provided in the field? (%) | N=1493 |
| Yes | 14 (0.9) |
| No | 1479 (99.1) |
| Pre-hospital Outcome (%) | N=1493 |
| Pronounced in the Field | 513 (34.4) |
| Pronounced in ED | 259 (17.3) |
| Ongoing Resuscitation in ED | 721 (48.3) |
| Overall Survival (%) | N=1493 |
| Overall Survival to Hospital Admission | 353 (23.6) |
| Overall Survival to Hospital Discharge | 141 (9.4) |
| With Good or Moderate Cerebral Performance | 116 (7.8) |
| Missing hospital outcome | 40 |
| Utstein¹ Survival (%) | N=179 |
| | 36.9% |
| Utstein Bystander² Survival (%) | N=110 |
| | 44.5% |

Inclusion criteria: An out-of-hospital cardiac arrest where resuscitation is attempted by a 911 responder (CPR and/or defibrillation). This would also include patients that received an AED shock by a bystander prior to the arrival of 911 responders.

**This is a new question that was introduced on the 2011 form.*

¹Witnessed by bystander and found in a shockable rhythm

²Witnessed by bystander, found in shockable rhythm, and received some bystander intervention (CPR by bystander and/or AED applied by bystander)

AMERICAN HEART ASSOCIATION TRAINING CENTER

The Northern Virginia EMS Council (NVEMSC) is designated by the American Heart Association (AHA) as an Authorized Training Center (TC) for the Fire/EMS agencies represented on our Board of Directors and limited individual instructors. This designation allows these agencies to become approved Training Sites (TS). The AHA has established a network of TCs to facilitate the delivery of Emergency Cardiovascular Care (ECC) educational courses and strengthen the Chain of Survival.

NVEMSC functions as a regional training center, offering a variety of online and in-person training courses for EMS providers, healthcare professionals, and the public. Available courses include Heartsaver (lay rescuer courses), Basic Life Support, Advanced Cardiac Life Support, and Pediatric Advanced Life Support.

According to our contract with the AHA, our TC is responsible for:

- Aligning instructors and Training Sites to ensure the proper administration and quality of ECC courses.
- Managing and overseeing the day-to-day operations of the TC, TS, and instructors.
- Providing aligned instructors and TS with consistent and timely communication regarding any new or updated information about national, regional, or TC policies, procedures, course content, or administration that may affect an instructor's responsibilities.
- Serving as a resource for information, support, and quality control for all instructors affiliated with the TC. This includes being the sole point of contact for ordering digital certification cards (eCards can only be purchased through the TC).

Membership in a TC is voluntary; however, an instructor must be affiliated with a TC to teach. We allow agency membership to enable each TS to certify as many instructors as needed to meet their jurisdictional goals and support community outreach efforts.

The Council has one staff member responsible for all AHA matters. In Fiscal Year 2024, the training center reported the following statistics:

| NVEMSC AHA eCards Assigned July 1, 2023 - June 30, 2024 | |
|--|---------------|
| Course | eCards |
| ACLS Provider | 201 |
| BLS Provider | 2563 |
| PALS Provider | 156 |
| Heartsaver CPR AED | 119 |
| Heartsaver First Aid CPR AED | 151 |
| Heartsaver Pediatric First Aid CPR AED | 23 |
| Total Trained | 3213 |

STROKE SMART NORTHERN VIRGINIA

In 2021, the Northern Virginia Emergency Medical Services (NVEMS) Council launched the Stroke Smart initiative, a public education campaign supported by the Virginia Department of Health (VDH) to reduce stroke-related death and disability. The program began with formal proclamations from jurisdictions, emphasizing the importance of stroke recognition and the immediate activation of 911.

In March 2024, Estee Warring was appointed Stroke Smart Coordinator and Data Analyst, succeeding Margaret Probst. Estee brings 27 years of first-responder experience and expertise in public administration to the role.

Strokes are a leading cause of long-term disability and death, with 1 in 6 individuals affected. The Stroke Smart program aims to address delays in treatment through public education. Key goals include reducing the time between stroke symptom onset and 911 activation and increasing the use of emergency medical services for suspected strokes.

Stroke Smart training is designed with four primary goals for participants:

- To recognize the signs of a stroke.
- To feel empowered to call 911 immediately upon observing stroke symptoms.
- To stay Stroke Smart by keeping Virginia Department of Health (VDH) memory aids—like magnets and wallet cards—in visible locations.
- To share this critical knowledge with others.

Since its inception, Stroke Smart has achieved significant milestones:

- Between July 2022 and June 2024, over 62,000 individuals completed training sessions, available in-person or online.
- More than 100,000 Stroke Smart magnets, wallet cards, and posters were distributed, and participants ordered an additional 188,000 resources.
- Training videos designed for accessibility were viewed over 3,900 times during this period.

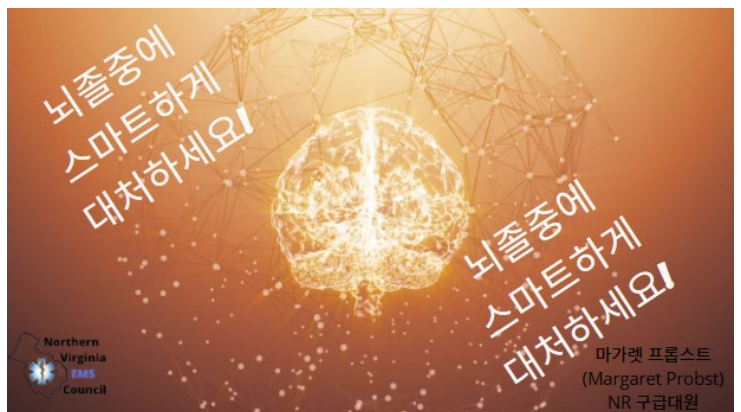
The program's training emphasizes recognizing stroke symptoms, calling 911 promptly, and sharing this knowledge with others. These efforts, supported by ongoing resource distribution and training, are building a more informed and prepared community in Northern Virginia.

Together, we are making strides toward a healthier, more informed community that is ready to recognize and respond to strokes effectively.

The grid below shows our Stroke Smart progress since the inception of this program in early 2022.

| Stroke Smart Metric | First Qtr 2022 | Second Qtr 2022 | Third Qtr 2022 | Fourth Qtr 2022 | First Qtr 2023 | Second Qtr 2023 | Third Qtr 2023 | Fourth Qtr 2023 | First Qtr 2024 | Second Qtr 2024 | Totals |
|-------------------------------|----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|-----------------|---------|
| Proclamations Issued | 1 | 8 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 12 |
| Trainers Instructed | 160 | 302 | 657 | 700 | 578 | 298 | 60 | 40 | 14 | 15 | 2,824 |
| School Students | | | | | 37,000 | 22,100 | 0 | 0 | 0 | 108 | 59,208 |
| Supplies Directly Distributed | 1842 | 3035 | 7585 | 23340 | 57916 | 1750 | 300 | 200 | 2000 | 2165 | 100,133 |
| Known Ordered Supplies | 2625 | 12375 | 17450 | 22250 | 66700 | 63749 | 750 | 600 | 800 | 1000 | 188,299 |
| Known Training Video Views | N/A | 598 | 956 | 343 | 541 | 856 | 160 | 144 | 140 | 200 | 3,938 |

In 2023, NVEMS Council received the Sentara Cares grant, which funded the development of Spanish and Korean Stroke Smart videos. These impactful resources are available on the NVEMS website and [YouTube](#) channel, broadening the initiative's reach to speakers of diverse languages. Additionally, NVEMS collaborated with the National Federation of the Blind to produce a visually descriptive narration of the video, enhancing accessibility for individuals who are blind or visually impaired.



NORTHERN VIRGINIA EMS WHOLE BLOOD PROGRAM

In January 2019, the Northern Virginia region launched the Field Available Component Transfusion Response (FACTR) program, a groundbreaking collaboration between the Northern Virginia EMS Council and Inova Blood Donor Services. This initiative established a robust massive transfusion protocol, enabling the rapid delivery of critical blood components—five units each of red blood cells, plasma, and platelets—to trauma scenes. By equipping paramedics to perform on-site transfusions, FACTR significantly enhanced emergency response capabilities and improved trauma patient survival outcomes.

Later that year, Inova Blood Donor Services initiated the production of whole blood products for transfusion at regional trauma centers. This development paved the way for the Northern Virginia EMS Whole Blood Program, which equips EMS agencies with whole blood for direct field administration to trauma and critically ill patients. This program represents a significant advancement in pre-hospital care, providing EMS providers with critical resources to address severe injuries more effectively.

These innovative programs position Northern Virginia as a leader in advancing life-saving emergency medical services, setting a benchmark for pre-hospital trauma care nationwide.

Life-threatening bleeding, whether caused by trauma or medical conditions, requires prompt intervention, often necessitating rapid transport to a hospital for a blood transfusion. However, such transport can delay critical treatment by 30 to 45 minutes in certain situations.

Emerging research underscores the superiority of whole blood over component-separated blood for transfusion, particularly when administered early in the treatment process. Historically, whole blood was primarily available via medevac helicopters, limiting its accessibility for many patients.

The Northern Virginia EMS Whole Blood Program addresses this gap by enabling paramedics to administer whole blood within minutes of patient contact, providing life-saving care in scenarios where helicopter transport is unnecessary or unavailable.

As of June 2024, EMS supervisors in Arlington County, Loudoun County, and the City of Manassas actively participate in the program, administering whole blood to critically injured or ill patients. Fauquier and Stafford Counties have also joined the Northern Virginia EMS Council as secondary members to ensure access to this vital resource. Additionally, the Fairfax County Police Helicopter Division and PHI Air Medical carry whole blood for immediate on-site administration.

Looking ahead, the Fairfax County Fire and Rescue Department and the City of Fairfax Fire Department are slated to join the program in the upcoming fiscal year, further expanding the availability of this transformative pre-hospital care initiative.

The success of the Northern Virginia EMS Whole Blood Program is deeply rooted in the steady availability of blood supplied by Inova Blood Donor Services. All whole blood donations collected through Inova remain within the local community, embodying the ethos of "neighbors helping neighbors." Individuals can make a life-saving difference by scheduling a blood donation at an upcoming community blood drive or visiting their local Inova Blood Donor Center. For details and appointments, visit InovaBloodSaves.org.

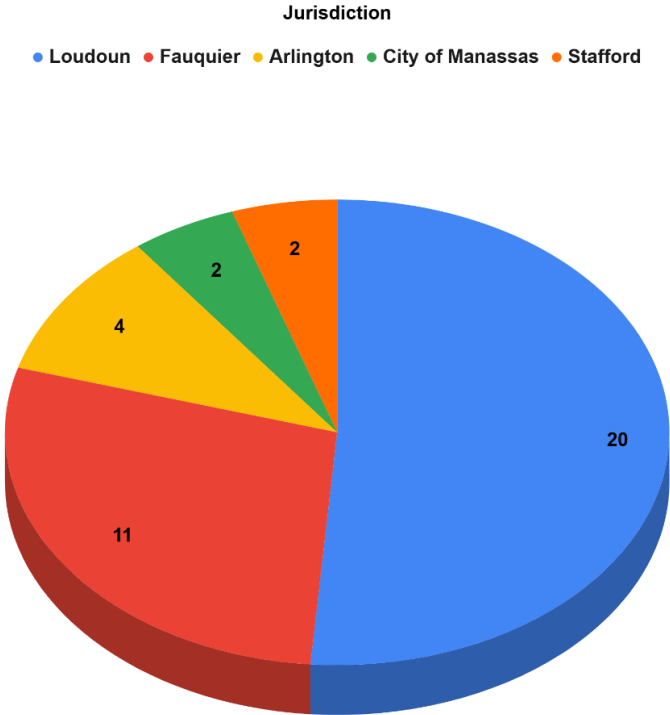
In addition to donating blood, community members can support the program through financial contributions. These funds help procure essential supplies and equipment critical to sustaining and expanding the program. Donations can be made conveniently online, with options for one-time or recurring contributions of any amount.

During Fiscal Year 2024, the Northern Virginia EMS Whole Blood Program facilitated the transfusion of 50 units of whole blood by EMS Supervisors in Arlington, Loudoun, Stafford, and Fauquier Counties, and the City of Manassas, directly benefiting 39 patients.

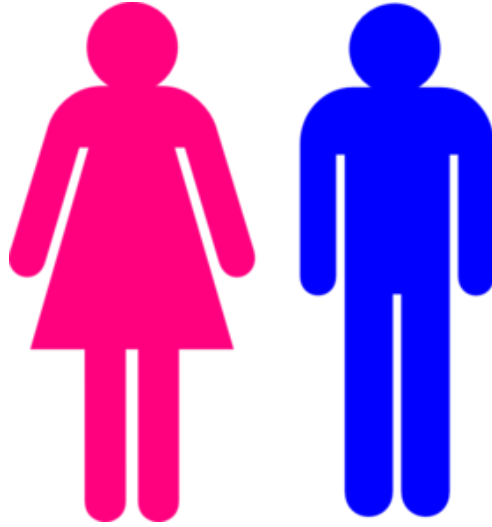
The patients treated ranged in age from 16 to 91 for males and 17 to 69 for females. Notably, 64% of transfusions were administered to address traumatic injuries, underscoring the program's vital role in emergency trauma care. Additionally, the data reflects the growing application of field-transfused whole blood for medical emergencies, demonstrating its expanding impact beyond trauma scenarios.

JULY 1, 2023 – JUNE 30, 2024

TRANSFUSIONS FOR ARLINGTON, CITY OF MANASSAS, FAUQUIER, LOUDOUN AND STAFFORD



Gender

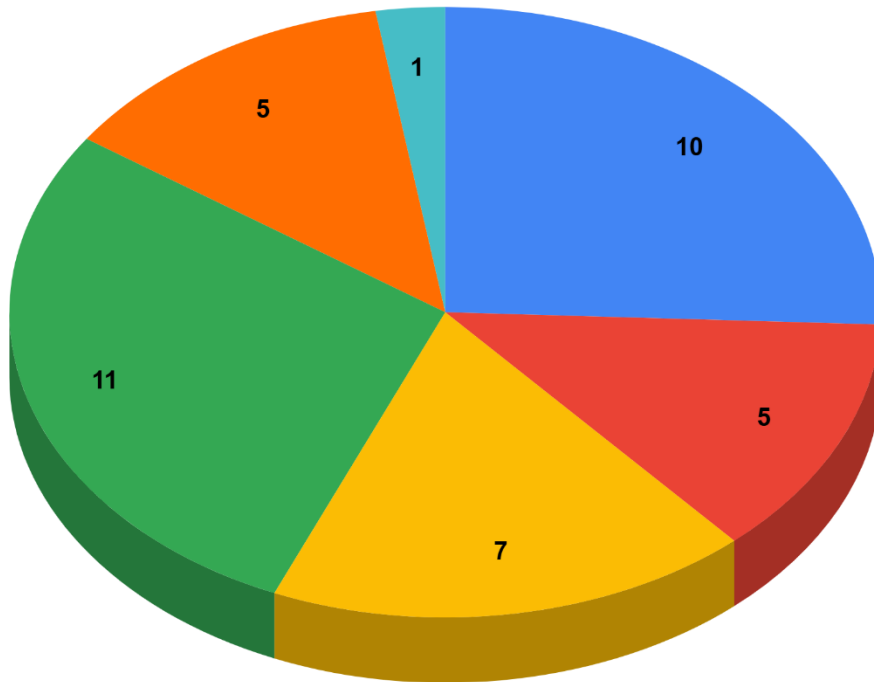


13

26

Age Range

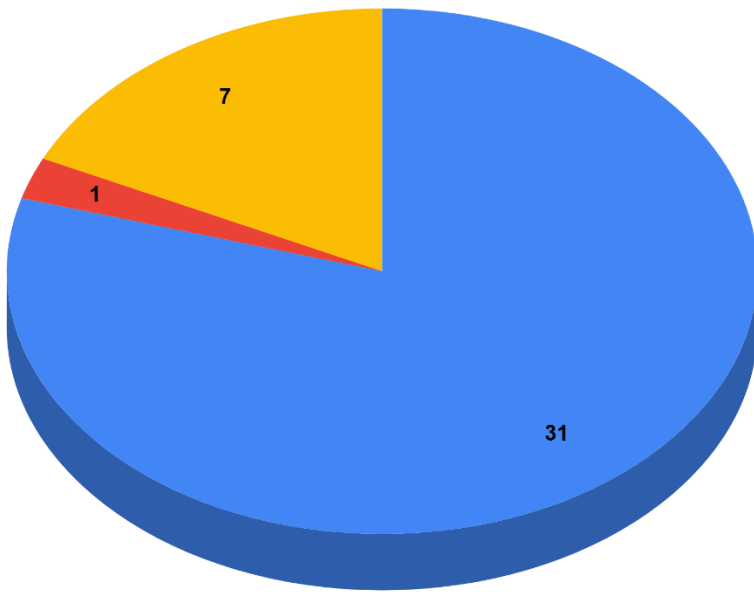
● 51-70 ● 0-18 ● 71-90 ● 19-30 ● 31-50 ● 91+



Most patients required only one unit of whole blood in the field; however, 20% required two or more units. Among those receiving two units, the majority were treated for traumatic injuries, including motor vehicle collisions and gunshot wounds, while the remainder were for medical emergencies. Notably, 85% of patients demonstrated measurable improvement in their condition following transfusion.

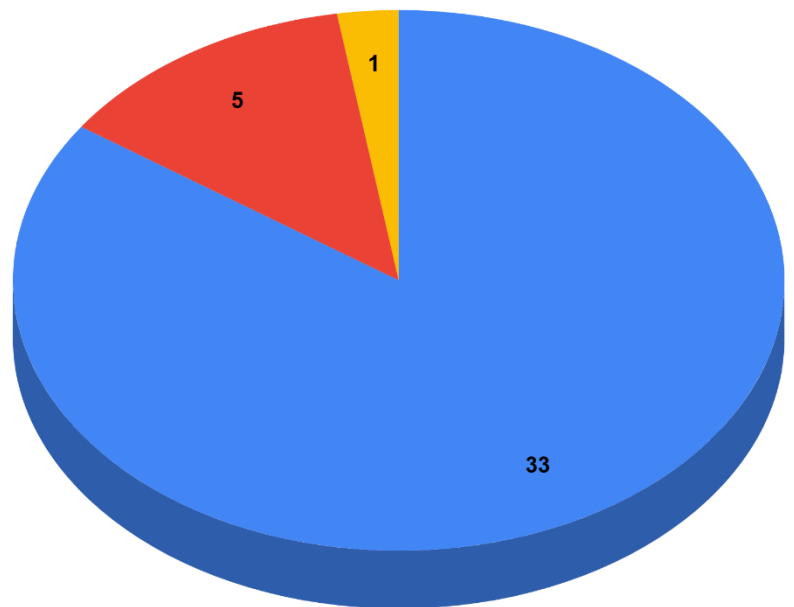
Number of Units transfused

● 1 ● 5 ● 2



Response to Transfusion

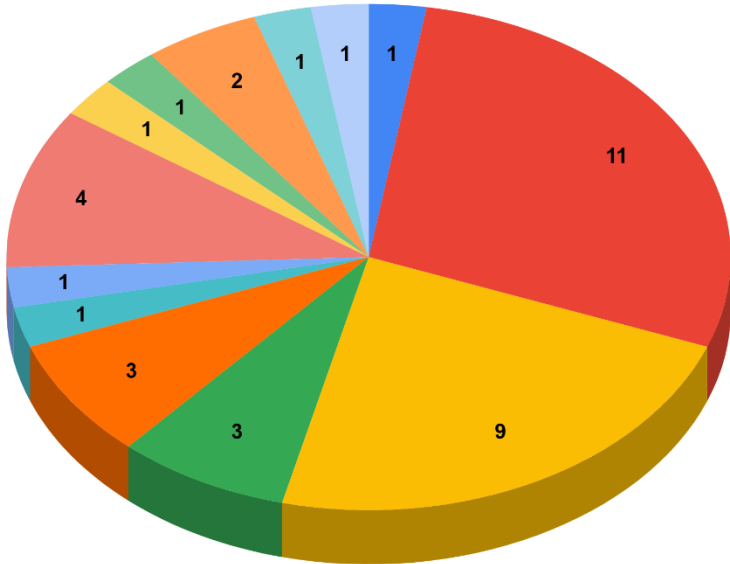
● Improved ● Unchanged ● Worsened



There was a combination of trauma and medical calls this past year, with motor vehicle crashes (MVC) and GI bleeds leading the call types.

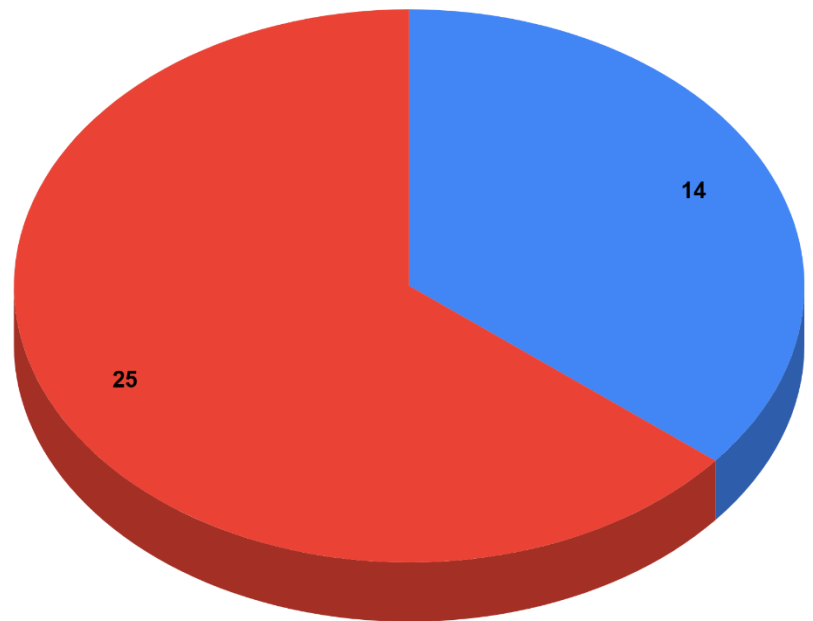
Call Type

- Anemia • MVC • GI Bleed • Motorcycle Crash • GSW
- Nontraumatic hemorrhage • Shooting • Stabbing
- Pedestrian Struck • Post-op Bleeding • Postpartum Hemorrhage
- Fall • Internal Bleeding



Trauma or Medical

- Medical • Trauma



OUR SUPPORTERS

Alexandria Fire Department
Arlington County Fire Department
City of Fairfax Fire Department
City of Manassas Fire & Rescue Department
City of Manassas Park Fire and Rescue Department
Fairfax County Fire & Rescue Department
Fairfax County Police Department Helicopter Division
Lifecare Medical Transports
Loudoun County Fire & Rescue Department
Metropolitan Washington Airports Authority
Northern Virginia Community College
PHI Air Medical Virginia
Physicians Transport Service
Prince William County Department of Fire & Rescue
Commonwealth of Virginia
INOVA Alexandria Hospital
INOVA Fairfax Hospital
INOVA Loudoun Hospital
INOVA Mount Vernon Hospital
Reston Hospital Center
Sentara Northern Virginia Medical Center
StoneSprings Hospital Center
UVA Health Haymarket Medical Center
UVA Health Prince William Medical Center
Virginia Hospital Center

FISCAL YEAR 2024 FINANCIAL POSITION

Northern Virginia Emergency Medical Services Council, Inc.
Statement of Financial Position
As of June 30, 2024

Assets

| | |
|---|--------------------|
| Current assets | |
| Cash | \$503,915 |
| Accounts receivable | 89,144 |
| Certificate of deposit | 628,547 |
| Prepaid expenses | 4,457 |
| Total Current assets | 1,226,063 |
| Fixed assets | |
| Corporate automobile | 30,463 |
| Office and computer equipment | 10,192 |
| Medical equipment | 16,325 |
| Federal fixed assets | 1,046 |
| Accumulated depreciation | -46,473 |
| Total Fixed assets, net | 11,553 |
| Other assets | |
| Inventory | 43,094 |
| Deferred compensation investments | 59,552 |
| Total other assets | 102,646 |
| Total Assets | 1,340,262 |
| Liabilities and Net assets | |
| Liabilities | |
| Current Liabilities | |
| Accrued salaries and payroll taxes | 8,855 |
| Accounts payable | 22,549 |
| Accrued leave | 32,108 |
| Deferred revenue | 250 |
| Deferred compensation payable - current | 54,000 |
| Total Current liabilities | 117,762 |
| Long-term liabilities | |
| Deferred Compensation payable | 1,052 |
| Total Long-term liabilities | 1,052 |
| Total Liabilities | 118,814 |
| Net assets | |
| Net assets without donor restrictions | 1,216,832 |
| Net assets with donor restrictions | 4,616 |
| Total Net assets | 1,221,448 |
| Total Liabilities and Net assets | \$1,340,262 |

The Northern Virginia EMS Council, Inc. was chartered in 1980 under the laws of the Commonwealth of Virginia. The Council is a private, not-for-profit, tax-exempt organization, as described in section 501(c)(3) of the Federal IRS Code.

Donations to the Northern Virginia EMS Council, Inc. are tax-deductible.

You may make your one-time or recurring donation by credit card [here](#).



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