Northern Virginia EMS Council, Inc.

FISCAL YEAR 2022 ANNUAL REPORT

July 1, 2021 – June 30, 2022

Helping to coordinate 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, Northern Virginia Emergency Medical Services Council, Inc. (NVEMSC) has continuously provided facilitation for regional planning and implementation of the regional EMS system for 40 years. The Council assists in the planning and coordinating of Northern Virginia's emergency medical services to ensure that the best possible emergency care is available. We support individual EMS providers, providing an opportunity for education, testing, and recognition. We also work with the local community, supporting educational outreach and training needs. Additionally, we have a vibrant performance Improvement role with the EMS Agencies in the region and have proven and established relationships with our agencies and the hospitals in the region.

The Department of Health has a decentralized delivery model, contracting with the regional EMS councils to provide certain services for their respective regions. Virginia Code § 32.1-111.3 tasks the Virginia Department of Health to "Develop a comprehensive, coordinated, emergency care medical system in the Commonwealth and prepare a Statewide Emergency Medical Services Plan which shall incorporate, but not be limited to, the plans prepared by the regional emergency medical services councils."

In the fiscal year 2022, The Council was primarily funded through contracts with the state government with additional funds from local governments, hospital systems, and the EMS agencies that comprise the council. NVEMSC contracts directly with the Virginia Department of Health's Office of EMS (OEMS) to provide specific services to the Northern Virginia region to continually develop our emergency medical systems of care.

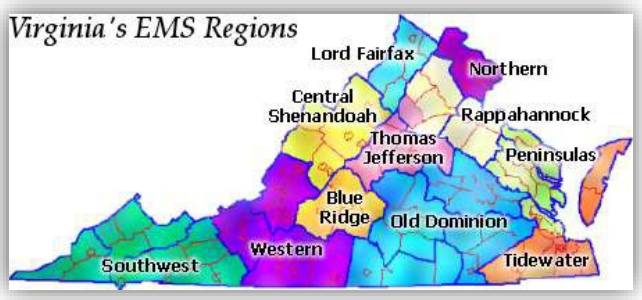
SCOPE OF REPORT

This annual report provides operational and financial information concerning the Northern Virginia Emergency Medical Services Council, Inc., for the period of July 1, 2021, through June 30, 2022. Information regarding staffing, committee, and board members is as of June 30, 2022. The executive board is elected every 2-years. A new executive board began its charge in January 2021. Jennifer S. Burke, CPA, who performs an annual audit of the organization, provides financial data. The full audit report and the Council's annual Federal 990 report are available upon request for inspection at the Council's office.

OUR MISSION

The Northern Virginia EMS Council's mission is to improve emergency medical care in Northern Virginia. We are an integral part of Virginia's comprehensive EMS system, collaborating with the Virginia Office of EMS, local government officials, physicians, hospitals, and EMS agencies to plan and coordinate EMS activities at the regional level to promote quality care within Planning District 8. We are the local point of contact and support for all stakeholders in the Northern Virginia Regional EMS system. We are here to help resolve issues whenever possible and make appropriate referrals on specific matters as needed.

COUNCIL DESIGNATION



The Northern Virginia EMS Council is one of 11 regional emergency medical services councils in Virginia's Commonwealth. Each council must undergo a designation process every three years to legally carry a regional council status. In September 2021, Northern Virginia EMS Council, Inc. submitted its re-designation application and after a successful site visit in March 2022, OEMS presented its favorable recommendation to the State Board of Health which was unanimously approved on June 23, 2022. On July 1, 2022, NVEMSC, Inc. was again designated the regional EMS Council for Northern Virginia through June 30, 2025.

Excerpt of Code of Virginia § 32.1-111.11.

The Board (of Health) shall designate regional emergency medical services councils which shall be authorized to receive and disburse public funds. Each 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 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 technicians (EMTs) and other appropriate allied health professionals.

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

The designated 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. Money received directly or indirectly from the Commonwealth shall not be used as matching funds. A local governing body may choose to appropriate funds for matching grant funds for any Council. However, this section shall not be construed to place any obligation on any local governing body to appropriate funds to any Council.

The Board shall promulgate, in cooperation with the State Emergency Medical Services 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 has an estimated population of 2.5 million, two major airports, two large municipal airports, the Pentagon, multiple federal and state agencies, numerous corporate headquarters, and endless highways and commuter routes. Northern Virginia, as is recognized by the Commonwealth, includes the counties of Arlington, Fairfax, Loudoun, and Prince William; the cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park; and the Metropolitan Washington Airports Authority (Reagan National and Washington Dulles International Airports). It covers roughly 1,338 square miles, with varying degrees of urban and rural areas.

The Northern Virginia EMS Council is comprised of EMS agencies and acute care hospitals in Planning District 8. Serving the region are 11 hospitals, 8 freestanding emergency rooms, nearly 100 fire stations, over 50 emergency medical service (EMS) agencies including government, volunteer, federal, non-profit, commercial, and industrial, over 5,500 EMS providers, nearly 1,300 licensed EMS vehicles and 4 licensed aeromedical agencies.

GOVERNANCE AND STRUCTURE

A Board of Directors governs the Northern Virginia EMS Council. The Council's Board consists of representatives from the region's EMS agencies, healthcare facilities, aeromedical agencies, training institutions, physicians, nurses, law enforcement agencies, and military installations. All our stakeholders are involved with the Council through ongoing processes, committees, or advisory capacity. The leadership provided by the directors is an essential element of what keeps the Council actively involved in regional activities to improve EMS.

Northern Virginia is part of the National Capital Region (NCR) and interacts daily with the EMS systems in Washington, DC, and Maryland. All EMS agencies within the region are participants in the Washington Metropolitan Council of Governments (COG) Regional Mass Casualty Plan.

LEADERSHIP AND STAFF

The Northern Virginia EMS Council leadership comprises a Board of Directors, an Executive Committee, and an Executive Director. The Executive Director is responsible for the day-to-day business of the Council and oversees a staff of four; a Regional Coordinator, an Administrative Coordinator, an American Heart Association Training Center Coordinator, and a Stroke Smart Coordinator/Data Analyst.

STAFF DIRECTORY

Executive Director
Craig Evans
craig@vaems.org

Regional Coordinator
Michelle Ludeman
michelle@vaems.org

Administrative Coordinator
Laura Vandegrift
laura@vaems.org

Training Center Coordinator
Ray Whatley
ray@vaems.org

Stroke Smart Coordinator/Data Analyst
Margaret Probst
margaret@vaems.org

CONTACT INFORMATION

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Email: northern@vaems.org Web: www.nvems.org

BOARD OF DIRECTORS

Alexandria Fire Department
Erin Mustian
Brian Hricik
Ray Whatley
Kelsea Bonkoski (alt.)
Joseph Marfori (alt.)
Amy Lusby (alt.)

Arlington County Fire Department
Anne Marsh - President
E. Reed Smith, MD
Kathleen Kramer, PA-C
Ibrahim Abdul-Jawad (alt.)
Glenn Smith (alt.)
Vacant (alt.)

City of Fairfax Fire Department
Brian Orndoff
Tom Olander
Nicholas Sutingco, MD
Andrew Vita (alt.)
Vacant (alt.)
Vacant (alt.)

City of Manassas Fire & Rescue and Greater Manassas Volunteer Rescue Squad
Todd Lupton
Jason Bowers
Danielle Pesce
William Garrett (alt.)
Mark Nary (alt.)
Andy Carver (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 Department
John Tedesco
Mark Kordalski
Beth Adams
Scott Weir, MD (alt.)
Stephen Hartman (alt.)
Adam Lieb (alt.)

Fairfax Police Helicopter Division
Paul DeHaven
Kari Scantlebury, MD (alt.)

Inova Fairfax Hospital
Craig French
Vacant (alt.)

LifeCare Medical Transports
Wesley Melson
Joey King (alt.)

Loudoun County Fire & Rescue
John Morgan, MD
Jamie Cooper
Kathleen Harasek – Vol System Rep
Michelle Beatty (alt.)
Micah Kiger (alt.)
Rachel Short (alt.)

Metropolitan Washington Airports Authority
Richard Bonnett – Immed. Past Pres.
Gary Hubble
Cullen Rector
Vacant (alt.)
Vacant (alt.)
Vacant (alt.)

Northern Virginia Community College (NVCC)
Gary Sargent
Kathleen Camp-Deal (alt.)

OEMS Program Representative
Leonard Mascaro (ex-officio)

PHI Air Medical
Richard Cohen
Serdar Serttas (alt.)

Physicians Transport Service
David Coullahan
Kate Passow (alt.)

Prince William County Fire & Rescue
Tom Arnoto
Chip Morrison
Nathan Strong – Vice President
Blane McGlothlin (alt.)
Alex Stephenson (alt.)
Neha Sullivan, MD (alt.)

Reston Hospital Center
Keith Morrison – Secretary/Treasurer
Vacant (alt.)

StoneSprings Hospital Center
John Wanamaker
Vacant (alt.)

2020 – 2022 EXECUTIVE COMMITTEE

President	Anne Marsh, Arlington County Fire Department
Vice President	Nathan Strong, Prince William County Fire and Rescue Department
Secretary/Treasurer	Keith Morrison, Reston Hospital Center
Member At Large	Joseph Reshetar, Arlington County Fire Department
Immediate Past President	Richard Bonnett, Metropolitan Washington Airports Authority

NVEMSC COMMITTEE PROGRAM LEADERS

EMS/Pharmacy Committee

Gillian Abernathy, RPh, Chair

Operational Medical Direction Committee

Kari Scantlebury, MD, Chair

Regional STEMI Committee Co-Chairs

Battalion Chief Brian Orndoff, City of Fairfax Fire Department
Behnam Tehrani, MD, Inova Fairfax Interventional Cardiology

Regional Stroke Committee Co-Chairs

Lt. Alex Stephenson, Prince William County Fire & Rescue
Laith Altaweel, MD, Inova Fairfax Neurointensivist

Trauma Performance Improvement Committee Co-Chairs

Elizabeth Franco, MD, Inova Fairfax Hospital
Babak Sarani, MD, George Washington University Hospital
Topper Cramer, PHI Air Medical

Virginia Heart Attack Coalition (VHAC)

Craig Evans, Northern Regional Coordinator

STATE EMS COMMITTEE REPRESENTATIVES

Legislative and Planning Committee

Beth Adams, Regional EMS Council Representative

Medical Direction Committee

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

Provider Health and Safety Committee

Brian Hricik, NVEMSC Representative

Regional EMS Council Executive Directors Group

Craig Evans, NVEMSC Representative

Rules and Regulations Committee

Beth Adams, VACO/VML Representative

Virginia Association of Governmental EMS Administrators (VAGEMSA)

Brian Hricik, President
Ray Whatley, Treasurer

FISCAL YEAR 2022 ACCOMPLISHMENTS

REGIONAL PLANNING AND COORDINATION

Continued collaboration between Inova Blood Donor Services and regional EMS agencies to stock whole blood on EMS units in Northern Virginia.

Collaborated with Inova Blood Donor Services and area fire, EMS, and law enforcement agencies to promote and develop blood drives to maintain a supply of blood for Northern Virginia EMS agencies.

Revised and maintained a Regional STEMI Plan, Regional Stroke Plan, and Trauma Triage Plan.

Reviewed and revised the Regional Protocol Guidelines.

Coordinated the information dissemination, review, and grading for two Rescue Squad Assistance Fund (RSAF) grant cycles.

Conducted a regional EMS Awards Program resulting in nine regional category winners.

Conducted in-person award presentations at the jurisdiction and agency of each award recipient.

Served as EMS infrastructure point of contact for all EMS agencies, providers, hospitals, and local governments in the region and beyond.

Maintained a regional drug and controlled substance restocking policy with all hospital and EMS agencies in participation.

EMS EDUCATION

Maintained a training calendar of relevant ALS and BLS courses in the region.

Served on Advisory Boards for local high school and college EMS programs.

Served on Advisory Board for Prince William County Accredited EMT Program.

Participated in pre-hospital care committees and collaborations with local hospitals.

Promoted and co-sponsored continuing education events across the region.

Participated in planning and committees for the Annual Virginia EMS Symposium and served as support staff.

MEDICAL DIRECTION AND PERFORMANCE IMPROVEMENT

Maintained a Scope of Service and contracted with the Regional Medical Director, Dr. Kari Scantlebury.

Maintained regional guidelines and agreed upon regional policies to be used by municipal jurisdictions, member EMS agencies, and hospitals.

Provided support to regional Operational Medical Directors (OMDs) registering for and accessing their OEMS portal.

Assisted with the endorsement and recertification of regional OMDs.

Hosted Virginia-certified physician training with OMDs, the Northern Virginia Program Representative, Council staff, and OEMS Staff in attendance.

Reviewed and maintained a Regional Trauma Patient Improvement Plan.

Conducted quarterly Trauma Performance Improvement meetings with EMS agencies and local hospital partners.

STROKE SMART NORTHERN VIRGINIA

Approached leadership in all thirteen jurisdictions in Planning District 8 and requested that a proclamation be issued, declaring their jurisdiction Stroke Smart.

Obtained Stroke Smart proclamations in nine of thirteen jurisdictions in the planning district by June 7, 2022, with support from the leadership of the remaining four jurisdictions in issuing their Stroke Smart proclamations.

Utilized contacts within the Prince William Chamber of Commerce to offer Stroke Smart training, wallet cards, and magnets to the retailers at Potomac Mills Mall, BEACON for English Language and Literacy, and Linton Hall School.

Trained twenty-one Medical Reserve Corps volunteers who will take their training further into the community.

Created a Stroke Smart training video for those unable to attend training in person which has been used by many jurisdictions to train their employees and has been posted on the TRAIN VA website (https://www.train.org/virginia/)

Shared our knowledge, methods, and lessons learned with Rappahannock EMS Council, Fauquier County, West Virginia's Literacy Volunteers of the Eastern Panhandle, and a stroke coordinator in Maryland to share the program and train others in their area.

2022 NORTHERN VIRGINIA REGIONAL EMS AWARDS

Our Regional Awards Program is an opportunity to recognize those who contribute to our EMS system. We are very proud of our regional EMS award winners who represent the dedication and commitment to excellence in EMS responsible for the extraordinary emergency response system serving Northern Virginia.

RECOGNIZE EXCELLENCE!

Award for Excellence in EMS
Joseph Reshetar, Arlington County Fire Department

Award for Outstanding EMS Leadership
Brian Hricik, Alexandria Fire Department

Award for Outstanding Pre-Hospital Provider
Micah Gnau, City of Manassas Fire and Rescue

Award for Outstanding Pre-Hospital Educator
Penny Kelly, Fairfax County Public Schools with Fairfax County Fire & Rescue Academy

Award for Outstanding Contribution to EMS Telecommunication
Adriane Heiden, Loudoun County Fire and Rescue

Award for Outstanding EMS Agency
LifeCare Medical Transports, Springfield, VA

Award for Nurse with Outstanding Contribution to EMS
Harmony Vazquez, Reston Hospital Center

Award for Outstanding Contribution to EMS Emergency Preparedness
Ray Whatley, Alexandria Fire Department

Award for Outstanding Contribution to EMS by a High School Senior
Dominic Panciocco, Fairfax County Fire & Rescue

2022 GOVERNOR'S EMS AWARDS

Presented in conjunction with the Virginia Department of Health (VDH) Office of Emergency Medical Services' Annual EMS Symposium, the awards ceremony caps off the weeklong training event. The symposium offers attendees the opportunity to earn up to 26 hours of continuing education credits for recertification as an EMS provider via more than 300 class sessions and various course tracks.

"Each year, many talented and dedicated EMS providers and organizations are recognized for their exceptional contributions to Virginia's EMS System," said Gary Brown, director, Virginia Office of EMS. "It's an incredible honor to be recognized at this level, and we greatly appreciate all of the nominees and award recipients for their hard work and dedication to responding to the call for help and providing the best prehospital emergency care in Virginia."

"Virginia is blessed to have an outstanding network of highly-skilled EMS providers and organizations, who stand ready 24/7 to provide life-saving care within minutes of a 911 call," said State Health Commissioner Colin M. Greene, MD, MPH. "My congratulations to the individuals and organizations being recognized this year, and a sincere thanks to those who strive every day to make emergency medical services in Virginia the example for others to follow."

Congratulations to Penny Kelly, and Adriane Heiden on winning the Governor's EMS Award in their respective categories for 2022!

2022 Governor's EMS Award for Outstanding Prehospital Educator
Penny Kelly, Fairfax County Public Schools with Fairfax County Fire & Rescue Academy

2022 Governor's EMS Award for Outstanding Contribution to EMS Telecommunication
Adriane Heiden, Loudoun County Fire & Rescue

CARDIAC ARREST REGISTRY TO ENHANCE SURVIVAL

The Northern Virginia EMS Council has maintained the regional account with the Cardiac Arrest Registry to Enhance Survival (CARES). CARES is a collaborative effort of the Centers for Disease Control and Prevention (CDC) and Emory University, Woodruff Health Sciences. The ultimate goal of CARES is to improve survival from sudden cardiac death. The registry is designed to help local EMS administrators and medical directors identify who is affected, when and where cardiac arrest events occur, which elements of the system are functioning properly, which elements are not, and how changes can be made to improve cardiac arrest outcomes. CARES utilizes an internet database system that reduces the time involved in registering out-of-hospital cardiac arrest (OHCA) events, tracking patient outcomes with hospitals prospectively, and response time intervals associated with First Responder and EMS agencies.

The region began entering data into the CARES Registry on June 1, 2021after training with agency representatives and hospitals in the region and beta testing for ePCR Upload. There have been a few hurdles along the way but with the help of agency points of contact, we are making it a successful program. Our Regional Coordinator, Michelle Ludeman, remains the point of contact for the Council and the data manager for the northern Virginia region. This past year she has worked monthly with Chanarion Arnold, CARES Program Associate, making sure the agencies are entering their data for the month.

The Council has helped Thomas Jefferson EMS Council with onboarding the CARES Program to their region.

CARES defines a case as a non-traumatic out-of-hospital cardiac arrest where resuscitation is attempted by a 911 responder and/or defibrillation by anyone. Agencies that consistently have less than 10 CARES-qualifying cases per month participate in CARES via DDE (desktop data entry) while other agencies have direct ePCR upload to CARES.

The following CARES reports capture registered out-of-hospital cardiac events between July 1, 2021, and June 30, 2022:

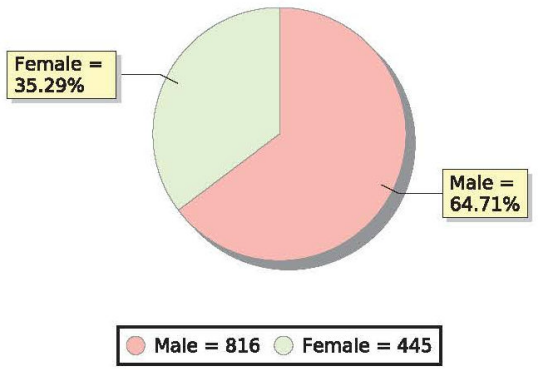
- CARES Demographics Report
- CARES Summary Report
- Utstein Survival Report

The top of each report contains the criteria of the cases to be included. Definitions and inclusion/exclusion criteria are included as footnotes. Please note, data from the current calendar year is still dynamic, and we are continually working with a few agencies to get OHCA events entered into the registry.

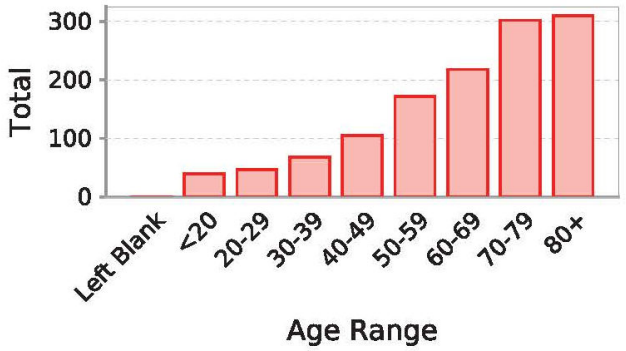
Demographics

Agency Group: NVAEMS Council | Presumed Cardiac Arrest Etiology: Presumed Cardiac Etiology, Respiratory/Asphyxia, Drowning/Submersion, Electrocution, Other, Drug Overdose, Exsanguination/Hemorrhage | Date of Arrest: From 07/01/2021 Through 06/30/2022 | Resuscitation Attempted by 911 Responder: Yes | End of the Event: Pronounced in the Field, Pronounced in the ED, Ongoing Resuscitation in ED

Gender



Age



Mean Age: 64

Location Type	Count
Home/Residence	735 - 68.1%
Nursing Home	174 - 16.1%
Public/Commercial Building	65 - 6%
Street/Hwy	56 - 5.2%
Healthcare Facility	35 - 3.2%
Place of Recreation	8 - .7%
Industrial Place	4 - .4%
Other	2 - .2%
Transport Center	1 - .1%

CARES Summary Report

Demographic and Survival Characteristics of OHCA

Non-Traumatic Etiology | Arrest Witness Status: All | Date of Arrest: From 07/01/2021 Through 06/30/2022

Data	NVAEMS Council N=1261
Age	**N=1261**
Mean	64.4
Median	69.0
Gender (%)	**N=1261**
Female	445 (35.3)
Male	816 (64.7)
Race (%)	**N=1261**
American-Indian/Alaskan	3 (0.2)
Asian	141 (11.2)
Black/African-American	258 (20.5)
Hispanic/Latino	105 (8.3)
Native Hawaiian/Pacific Islander	8 (0.6)
White	675 (53.5)
Multi-racial	11 (0.9)
Unknown	60 (4.8)
Location of Arrest (%)	**N=1261**
Home/Residence	876 (69.5)
Nursing Home	183 (14.5)
Public Setting	202 (16.0)
Arrest witnessed (%)	**N=1261**
Bystander Witnessed	443 (35.1)
Witnessed by 911 Responder	151 (12.0)
Unwitnessed	667 (52.9)
Who Initiated CPR? (%)	**N=1261**
Not Applicable	0 (0.0)
Bystander	591 (46.9)
First Responder	76 (6.0)
Emergency Medical Services (EMS)	594 (47.1)
Was an AED applied prior to EMS arrival? (%)	**N=1261**
Yes	105 (8.3)
No	1156 (91.7)
Who first applied automated external defibrillator? (%)	**N=105**
Bystander	87 (82.9)
First Responder	18 (17.1)
Who first defibrillated the patient?* (%)	**N=1261**
Not Applicable	823 (65.3)
Bystander	17 (1.3)
First Responder	5 (0.4)
Responding EMS Personnel	416 (33.0)
First Arrest Rhythm (%)	**N=1261**
Vfib/Vtach/Unknown Shockable Rhythm	240 (19.0)
Asystole	677 (53.7)
Idioventricular/PEA	310 (24.6)
Unknown Unshockable Rhythm	34 (2.7)
Sustained ROSC (%)	**N=1261**
Yes	326 (25.9)
No	935 (74.1)
Was hypothermia care provided in the field? (%)	**N=1261**
Yes	57 (4.5)
No	1204 (95.5)
Pre-hospital Outcome (%)	**N=1261**
Pronounced in the Field	460 (36.5)
Pronounced in ED	271 (21.5)
Ongoing Resuscitation in ED	530 (42.0)
Overall Survival (%)	**N=1261**
Overall Survival to Hospital Admission	261 (20.7)
Overall Survival to Hospital Discharge	88 (7.0)
With Good or Moderate Cerebral Performance	72 (5.7)
Missing hospital outcome	31
Utstein[1] Survival (%)	**N=132** 27.3%
Utstein Bystander[2] Survival (%)	**N=90** 31.1%

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.*

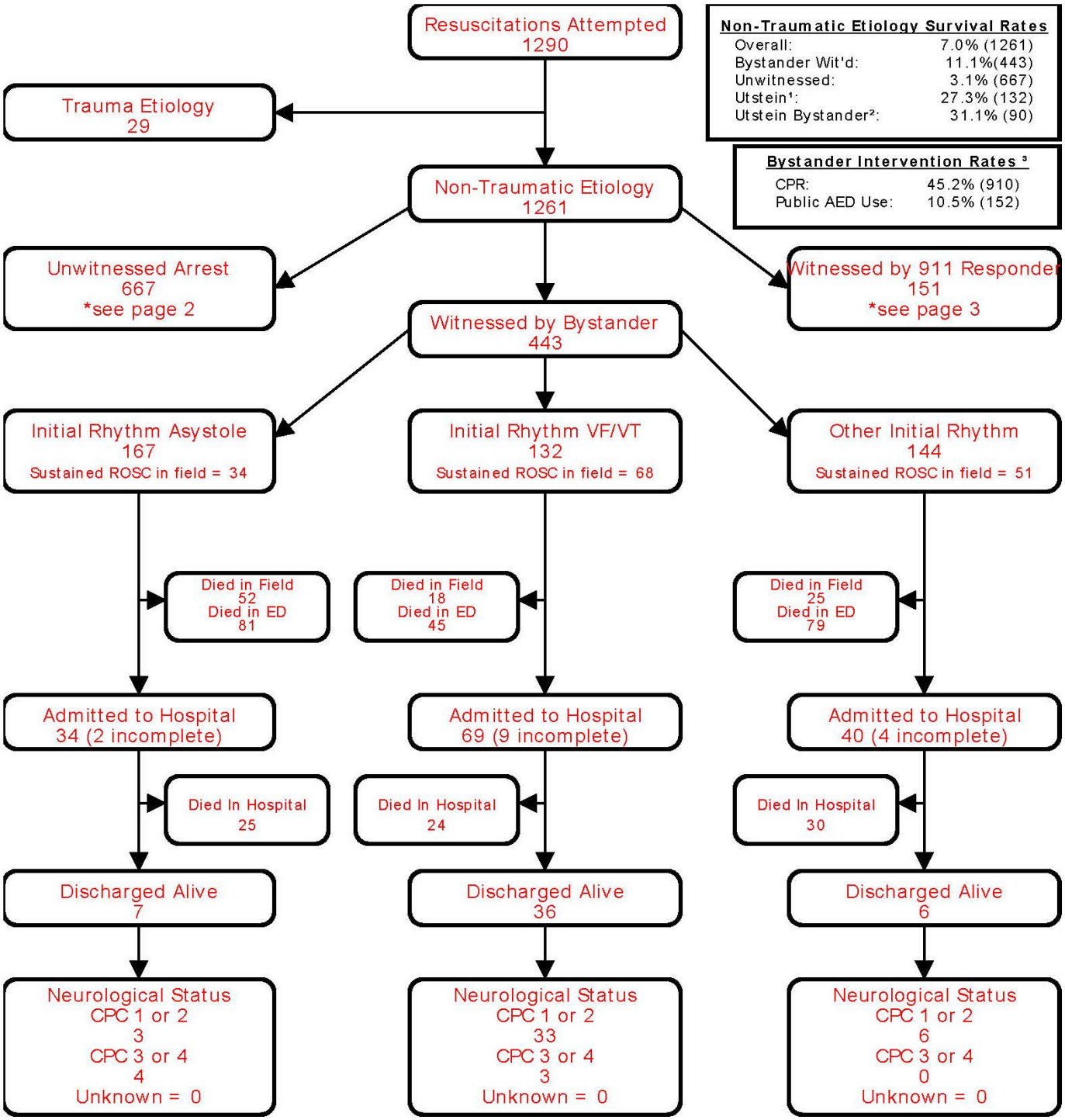
[1]Witnessed by bystander and found in a shockable rhythm

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

Utstein Survival Report

All Agencies

Agency Group: NVAEMS Council | Date of Arrest: From 07/01/2021 Through 06/30/2022



Non-Traumatic Etiology Survival Rates

Overall:	7.0% (1261)
Bystander Wit'd:	11.1%(443)
Unwitnessed:	3.1% (667)
Utstein[1]:	27.3% (132)
Utstein Bystander[2]:	31.1% (90)

Bystander Intervention Rates [3]

CPR:	45.2% (910)
Public AED Use:	10.5% (152)

[1]Utstein: Witnessed by bystander and found in shockable rhythm.

[2]Utstein Bystander: Witnessed by bystander, found in shockable rhythm, and received some bystander intervention (CPR and/or AED application).

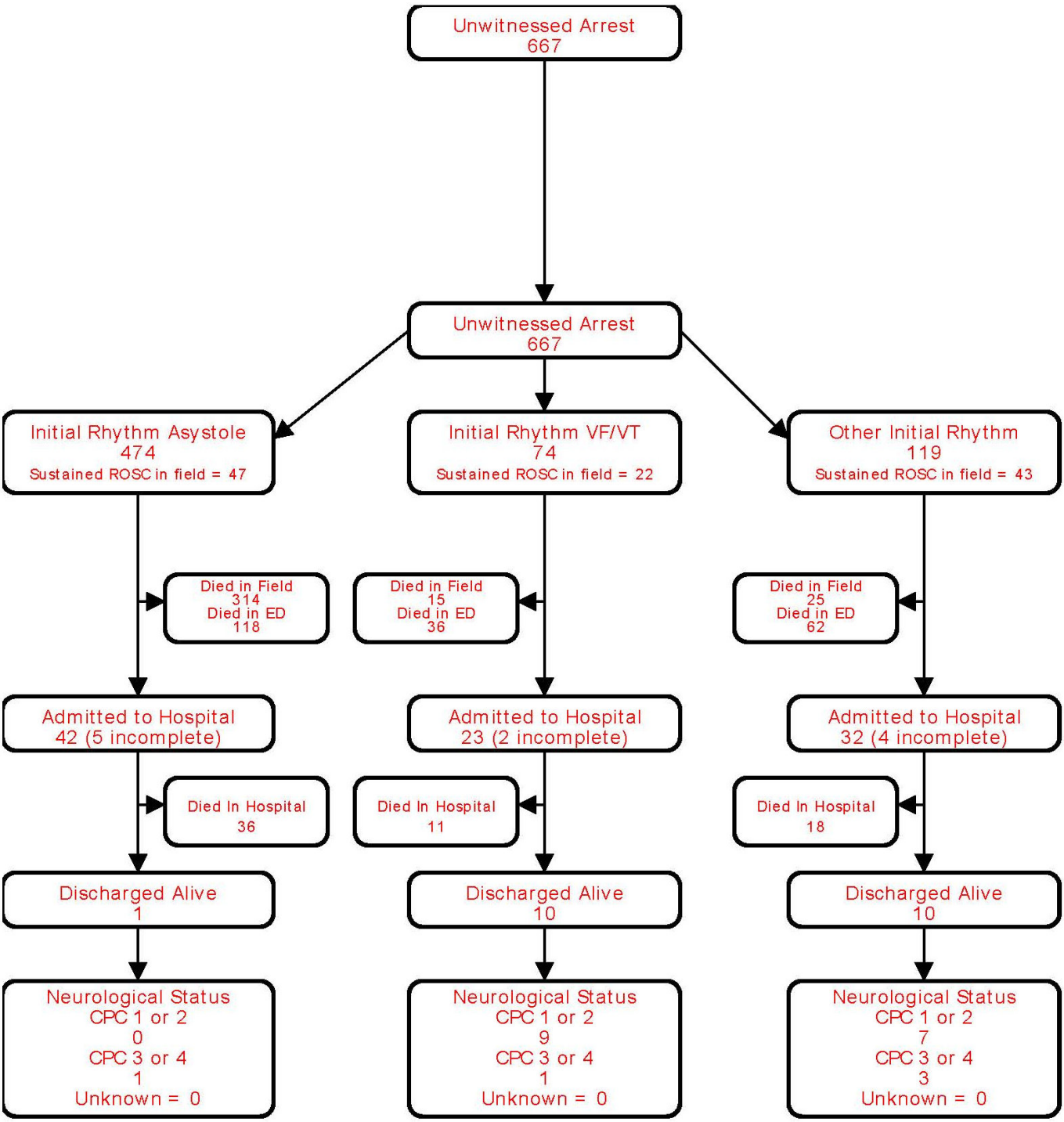
[3]Bystander CPR rate excludes 911 Responder Witnessed, Nursing Home, and Healthcare Facility arrests. Public AED Use rate excludes 911 Responder Witnessed, Home/Residence, Nursing Home, and Healthcare Facility arrests.

**Only data from the previous calendar year is fully audited. Data from the current calendar year is dynamic.*

Utstein Survival Report

All Agencies

Agency Group: NVAEMS Council | Date of Arrest: From 07/01/2021 Through 06/30/2022



Utstein Survival Report

All Agencies

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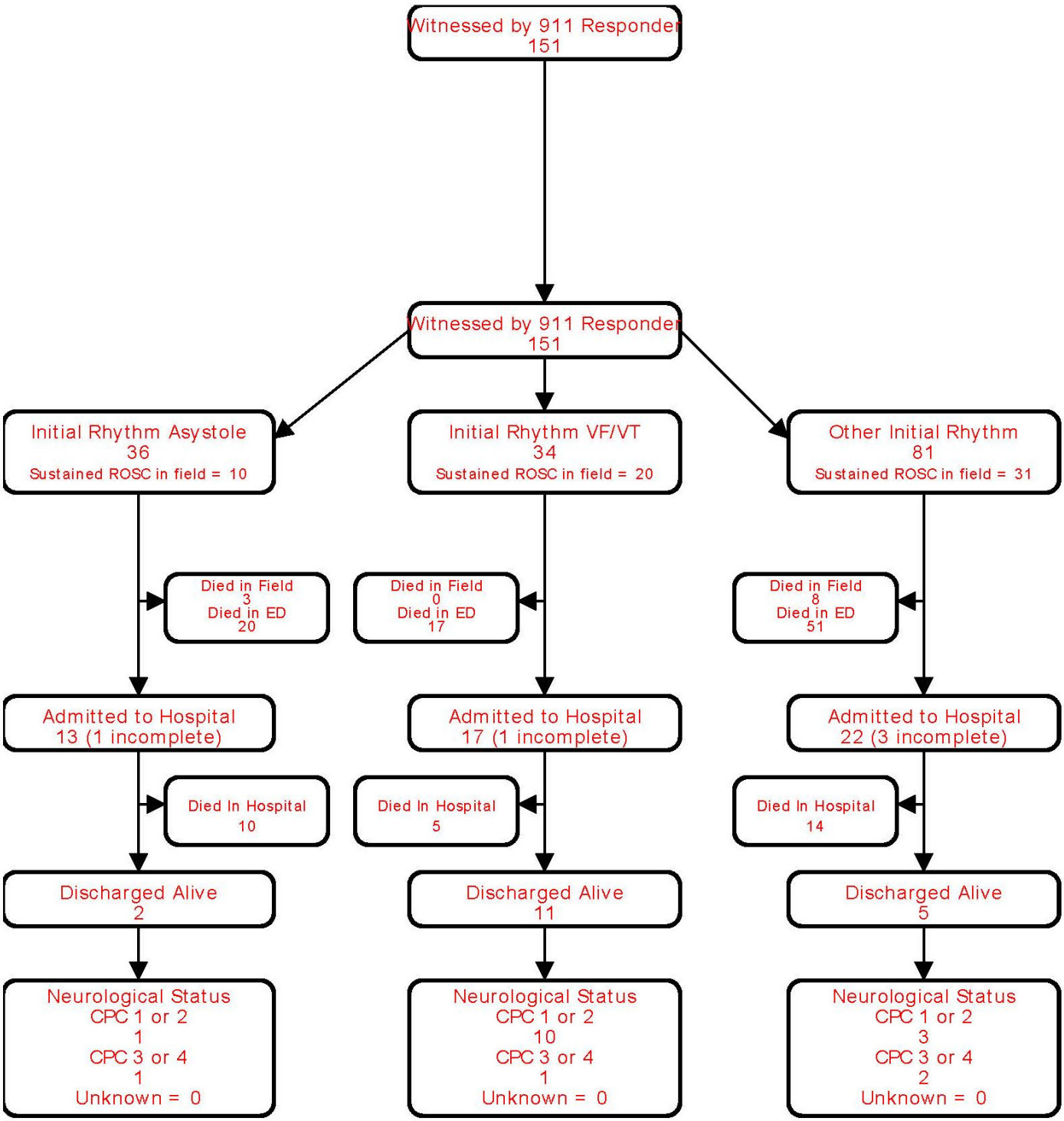


AMERICAN HEART ASSOCIATION TRAINING CENTER

The Northern Virginia EMS Council (NVEMSC) is the designated American Heart Association (AHA) Training Center (TC) for member Fire/EMS agencies of our Board of Directors. The AHA has established a network of TCs to help deliver its ECC educational courses and strengthen the Chain of Survival.

NVEMSC serves as a region-wide training center, offering a wide variety of online and face-to-face training courses to EMS providers, health care providers, and other professionals as well as to the public. Courses include Heartsaver CPR AED, Heartsaver First Aid CPR AED, BLS Provider, Advanced Cardiac Life Support, and Pediatric Advanced Life Support.

Per our contract with the AHA, our TC is responsible for:

- The proper administration and quality of the ECC courses that the aligned instructors and Training Sites (TSs) provide
- The day-to-day management and oversight of the TC, TSs, and instructors
- Providing aligned instructors and TSs with consistent and timely communication of any new or updated information about National, Regional, or TC policies, procedures, course content, or course administration that could potentially affect an instructor while carrying out his or her responsibilities
- Serving as the principal resource for information, support, and quality control for all AHA ECC Instructors aligned with the TC. Serve as the one point of contact to order certification cards both physical and electronic (eCard) [Cards can only be purchased by TC for dissemination

Belonging to a TC is voluntary; however, an AHA instructor must be aligned with a TC to teach. We allow agency membership instead of individual instructor membership. This provides the ability for each TS to certify as many instructors as necessary to meet jurisdictional goals for their providers and community outreach efforts. We do not currently charge a roster fee as the TS is responsible for the maintenance of rosters.

The Council employs one part-time staff member to handle all AHA matters exclusively. In Fiscal Year 2022, the training center boasted the following statistics:

NVEMSC AHA eCards Assigned July 1, 2021 - June 30, 2022	
Course	**eCards Assigned**
ACLS Provider	160
BLS Provider	3095
PALS Provider	421
Heartsaver CPR AED	135
Heartsaver First Aid	19
Heartsaver First Aid CPR AED	273
Heartsaver Pediatric First Aid CPR AED	13
Total Trained	4116

The number of persons trained this fiscal year represents an increase of 84% in the number trained across all courses.

The Eastern States American Heart Association (AHA) Emergency Cardiovascular Care Committee (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, WV) achieved a Silver Recognition Status for achieving the AHA 2021-2022 ECC Committee end of year goals. Ray Whatley is our representative to the Eastern States ECC as the Community Subcommittee Chairperson.

AHA encourages everyone to learn about Life's Essential 8 to improve one's lifestyle. Life's Essential 8 are the key measures for improving and maintaining cardiovascular health, as defined by the American Heart Association. Better cardiovascular health helps lower the risk of heart disease, stroke, and other major health problems.

June 1-7 is National CPR and Awareness Week, and we encourage everyone to learn Hands-Only CPR. This link now incorporates both a male and female video of Hands-Only CPR.

2020 American Heart Association Guidelines for CPR and ECC are available here.

STROKE SMART NORTHERN VIRGINIA

The Northern Virginia Emergency Medical Services (NVEMS) Council has been tasked by the Virginia Department of Health (VDH) to reduce death and disability from strokes through a campaign called Stroke Smart. This public education campaign starts with a formal proclamation from each jurisdiction. The Council's goal is to educate all who live, work, pray, and play in Northern Virginia to recognize the signs of a stroke and call 911 when they suspect a stroke. In December 2021, the NVEMS Council hired Margaret Probst as a part-time Stroke Smart Coordinator and Data Analyst to champion the program. Margaret comes to the NVEMS Council with over 20 years of experience as a volunteer paramedic in Loudoun County and Maryland and holds a Master of Science in Mechanical Engineering.

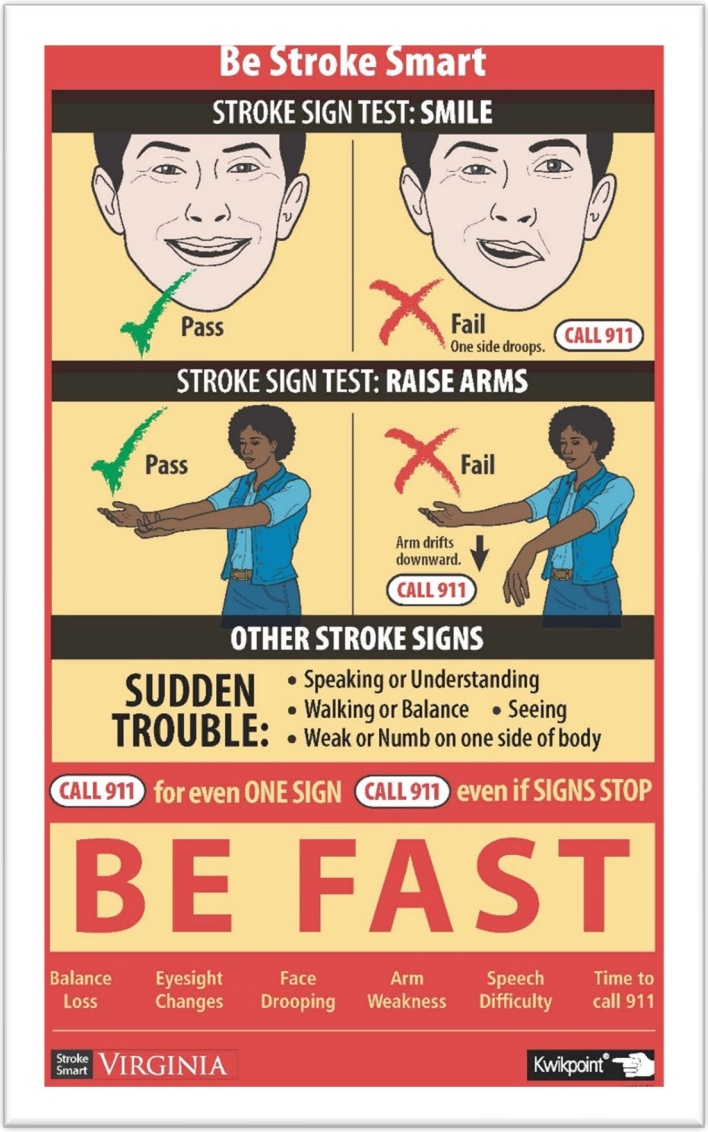
Strokes are the #1 cause of long-term disability and a leading cause of death. Strokes are common, afflicting 1 in 6 of us. Although effective treatment can leave the patient with no lasting effects, most stroke sufferers don't access that treatment in time, often because they don't recognize the signs of a stroke. The impactful Stroke Smart program offers meaningful hope to change that tragedy.

In December 2021, then-Governor Ralph Northam proclaimed the Commonwealth of Virginia a Stroke Smart Commonwealth. From January 2022 to June 2022, the NVEMS Council led nine of the largest thirteen jurisdictions in planning district 8 to issue similar Stroke Smart proclamations while the remaining ones support a future proclamation. While the proclamation is a decisive first step in program implementation, meaningful change will occur through Stroke Smart training. Meaningful change is defined by 1) a decrease in the time delta between stroke sign onset and 911 activation and 2) an increase in the percentage of suspected stroke patients arriving at the ER via 911 versus privately owned vehicles. The proclamation opens the door to that training in all governmental agencies and non-governmental spaces.

Stroke Smart training encompasses four goals for its attendees: 1) to know the signs of a stroke, 2) to be confident calling 911 immediately when spotting the stroke signs, 3) to stay Stroke Smart by keeping the Virginia Department of Health (VDH) funded memory aids (i.e., magnets and wallet cards) where they will be seen regularly and, 4) to teach the knowledge forward. The simple training is accomplished in person or virtually and lasts less than one hour. Over 1000 people have received Stroke Smart training virtually or in person thus far; we have distributed nearly 20,000 Stroke Smart magnets and wallet cards. To assist those unable to attend the live training the NVEMS Council has created several Stroke Smart training videos of varying lengths that are easily accessible on our website. Non-governmental Stroke Smart initiatives throughout the Commonwealth include efforts toward creating Stroke Smart Medical Practices, Stroke Smart Pharmacies, Stroke Smart Faith-Based Organizations, Stroke Smart Businesses, Stroke Smart Schools (private and public), Stroke Smart Senior Centers, Stroke Smart Residential communities, and more. We continue efforts to reach wider communities as well. Although the magnets and wallet cards are already available in Spanish, we are working with community health partners to expand the English Stroke Smart training into Spanish.

With six months of experience behind it, the Stroke Smart program continues to evolve and improve. For example, we updated the magnets and wallet cards per input from those adopting the training. We added more diverse images, reduced the number of words (to assist those challenged by reading English), and included the acronym (BE FAST) on the materials. (A sample of the materials is shown below) Training sessions are enhanced based on invited feedback from those who attend the session; slides are added and removed, for example, based on frequent questions fielded after the training.

Outside planning district 8, we have shared our knowledge, methods, and lessons learned with the Rappahannock EMS Council to make Fredericksburg Stroke Smart and coordinated with hospital staff at Fauquier Hospital to make Fauquier County a Stroke Smart County. Additionally, we have created a frequently evolving Stroke Smart section on the Council's website that details our approach and offers free training materials to encourage others to make their areas Stroke Smart. The State of Maryland borrowed liberally (with permission!) from the site to create a Maryland Stroke Smart website.



EMS WHOLE BLOOD PROGRAM

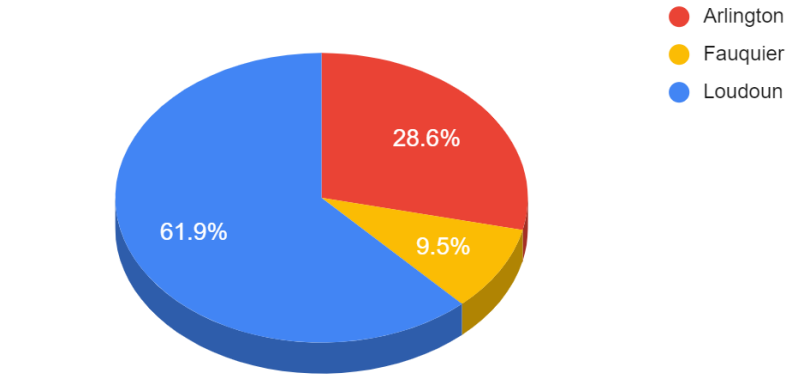
In January 2019, the Northern Virginia region introduced the FACT*R program (Field Available Component Transfusion Response), a collaborative project between the Northern Virginia EMS Council and Inova Blood Donor Services. FACT*R dispatched a massive transfusion protocol, a large number of red blood cells, plasma, and platelets (5 units each), to the scene of trapped trauma victims. Because of FACT*R, paramedics could transfuse blood immediately on the scene of an emergency. Later in 2019, Inova Blood Donor Services began producing whole blood products for transfusion in regional trauma centers, and the Northern Virginia EMS Whole Blood Program was born.

"This unique program highlights the importance of the emergency medical care first responders provide to their patients. It is an honor to be part of such an innovative collaboration," said Fairfax County Fire Chief John S. Butler. "I am extremely proud of our firefighters and paramedics and grateful to our partners at Loudoun County Combined Fire and Rescue System, Inova Blood Donor Services, and the Northern Virginia EMS Council for undoubtedly improving trauma patient outcomes in Northern Virginia."

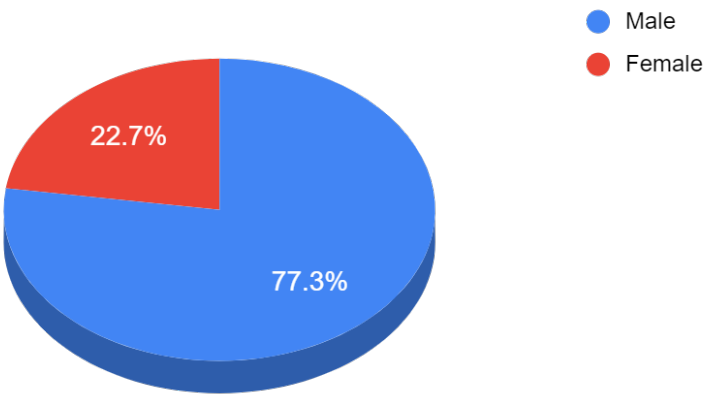
The success of the FACT*R program is directly impacted by the availability of blood from Inova Blood Donor Services. Blood products donated through Inova stay local in the Northern Virginia region making local donations truly an example of neighbors helping neighbors. You can make a lifesaving appointment to donate at one of Inova Blood Donor Service's upcoming community blood drives by visiting InovaBloodSaves.org.

In Fiscal Year 2022, twenty-five units of whole blood were transfused by EMS Supervisors in Arlington, Loudoun, and Fauquier Counties. Most patients were male, ranging in age from 19 to 91. Females ranged in age from 27 to 66. More than 86% of those transfused were due to traumatic injury, with the remainder medical in origin.

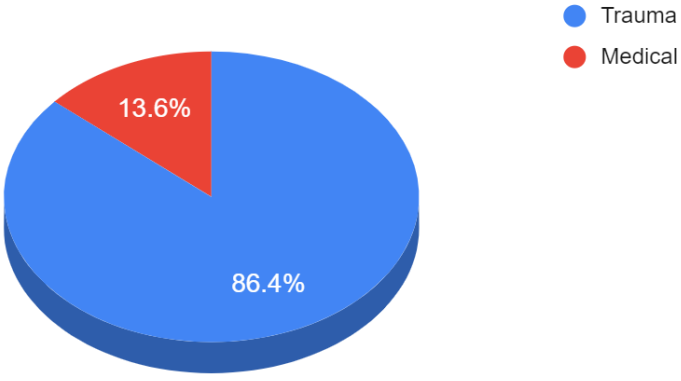
Jurisdiction



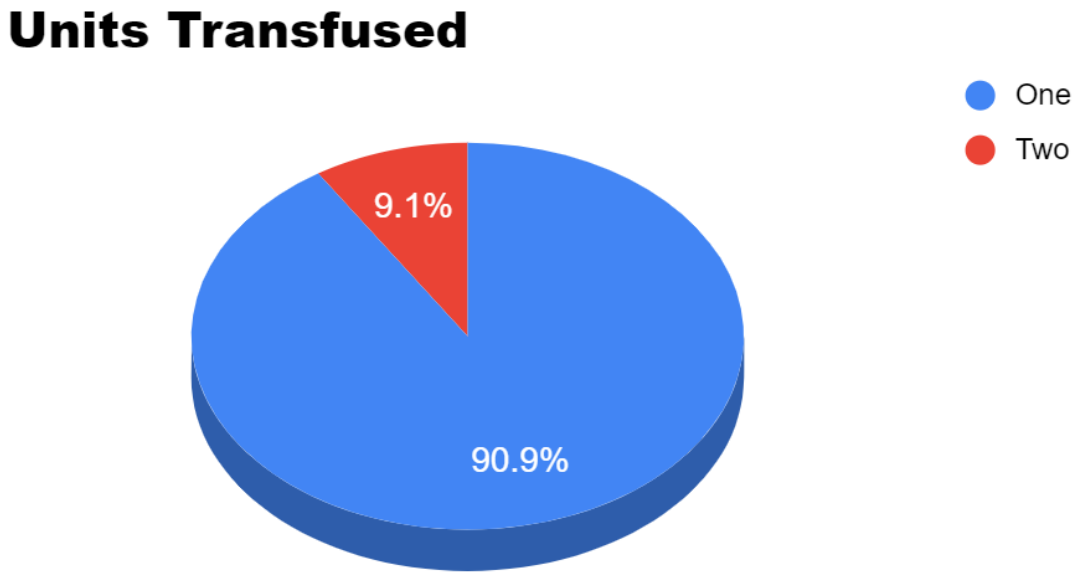
Gender

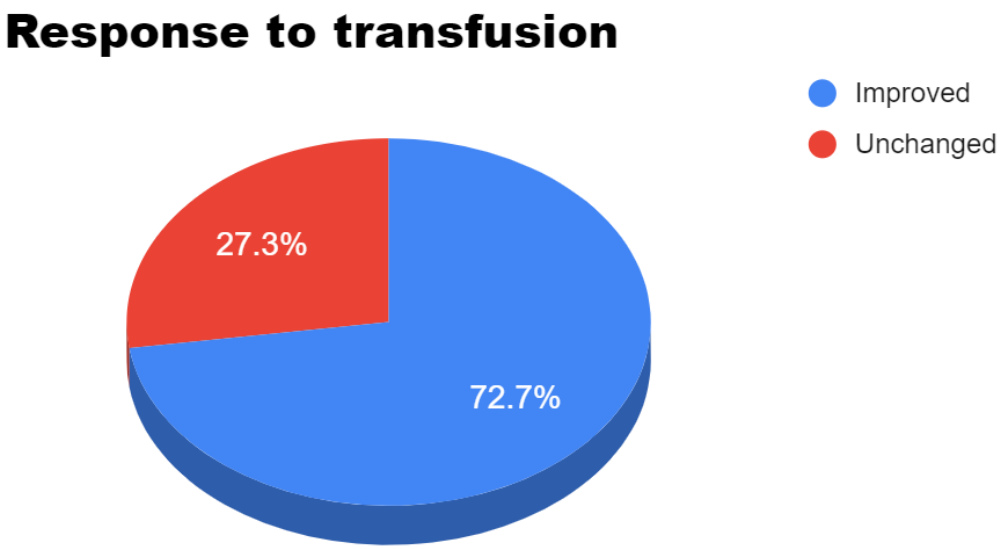


Etiology



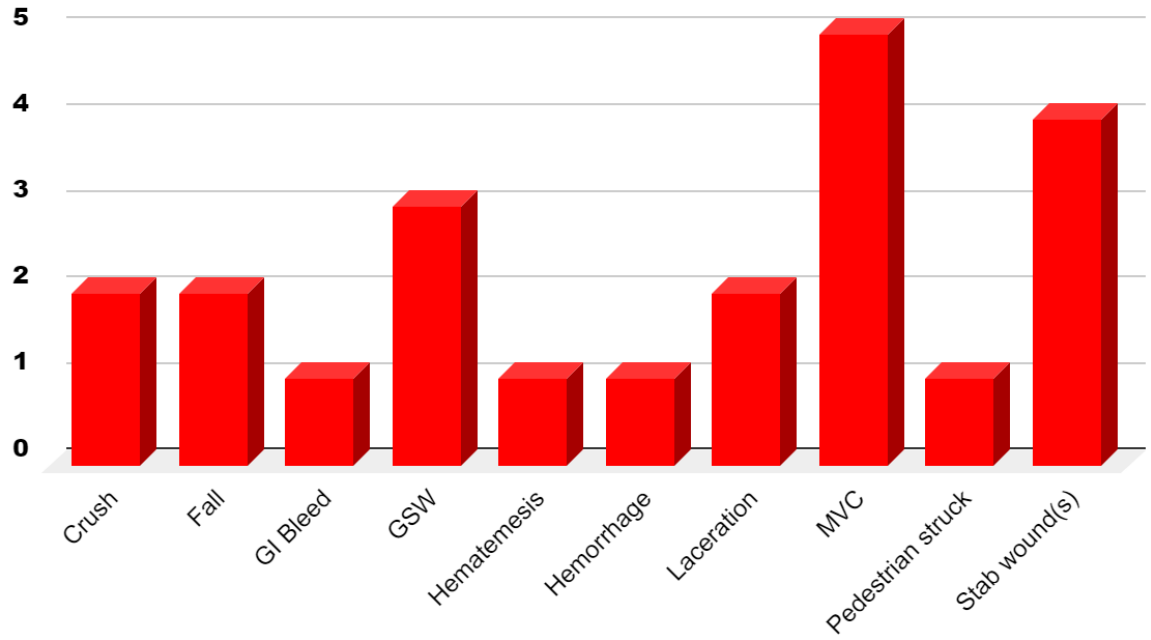
Most patients only required one unit of whole blood in the field, but there was a small percentage of patients where two were needed. In those instances, the patient presented in hemorrhagic shock due to traumatic injury. In most cases, the patient's condition improved after transfusion.



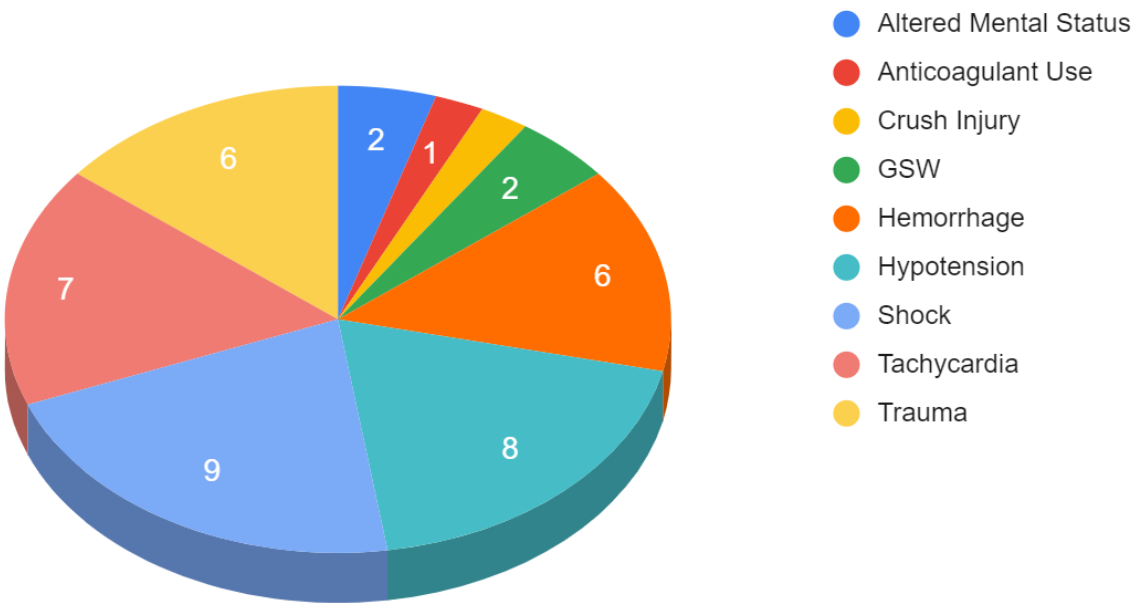


While there were many mechanisms of injury and indications for use of transfused whole blood in the field, the majority were from motor vehicle crashes or stab wounds and presented with hypotension, shock, tachycardia, and hemorrhage. (See graphs on the following page)

General Mechanism of Injury or Illness



Indication for Transfusion



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 Fair Oaks 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 2022 FINANCIAL POSITION

Northern Virginia Emergency Medical Services Council, Inc.
Statement of Financial Position
As of June 30, 2022

Assets	
Current assets	
Cash and cash equivalents	$1,213,926
Inventory	6,769
Accounts receivable	92,879
Prepaid expenses	4,791
Deferred compensation investments	135,178
Total Current assets	1,453,543
Property and equipment	
Corporate automobile	30,463
Office and computer equipment	57,746
Medical equipment	16,325
Federal fixed assets	1,046
Property and equipment, at cost	105,580
Accumulated depreciation	(55,915)
Total Property and equipment, net	49,665
Total Assets	1,503,208
Liabilities and Net assets	
Liabilities	
Current liabilities	
Accrued salaries and payroll taxes	23,796
Accrued leave	33,773
Deferred revenue	250
Deferred compensation payable - current	54,000
Total Current liabilities	111,819
Long-term liabilities	
Deferred compensation payable	76,678
Total Long-term liabilities	76,678
Total Liabilities	188,497
Net assets	
Net assets without donor restrictions	1,314,541
Net assets with donor restrictions	170
Total Net assets	1,314,711
Total Liabilities and Net assets	$ 1,503,208

See the accompanying Independent Auditors' Report and notes to the financial statements

OUR VISION FOR THE FUTURE

Expand the whole blood program across Northern Virginia to ensure every victim of hemorrhagic shock receives life-saving blood as soon as possible and improve patient outcomes.

Ensure training of hospital and pre-hospital personnel continues.

Provide a patient tracking system that gives real-time information on prehospital and emergency room volumes allowing responders to make meaningful decisions on the best destination for every patient.

Provide an interoperable communication system for EMS providers to communicate with other EMS personnel throughout the region, the regional dispatchers, all hospital emergency departments, and other public safety personnel.

Provide a communications system for our regional emergency departments to communicate seamlessly with each other continually.

Provide a system for identifying the most appropriate facility to manage a patient's clinical needs.

Provide an inclusive trauma care system incorporating every health care provider and facility with resources to care for the injured patient.

Ensure the involvement of the medical community in providing medical oversight and accountability.

Provide programs of public education and information to establish an awareness of the EMS system.

Provide appropriate system response to incidents beyond the day-to-day resource capabilities of individual EMS provider organizations.

Ensure an EMS system excellence through the effective use of local, state, private, and federal funding sources, research, medical direction, and collaboration with persons and agencies involved with the provision of emergency medical services.

Provide tools for emergency responders to manage the cumulative stressors and destructive forces encountered daily.

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.

Federal EIN: 51-0252558
DUNS: 122304835

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