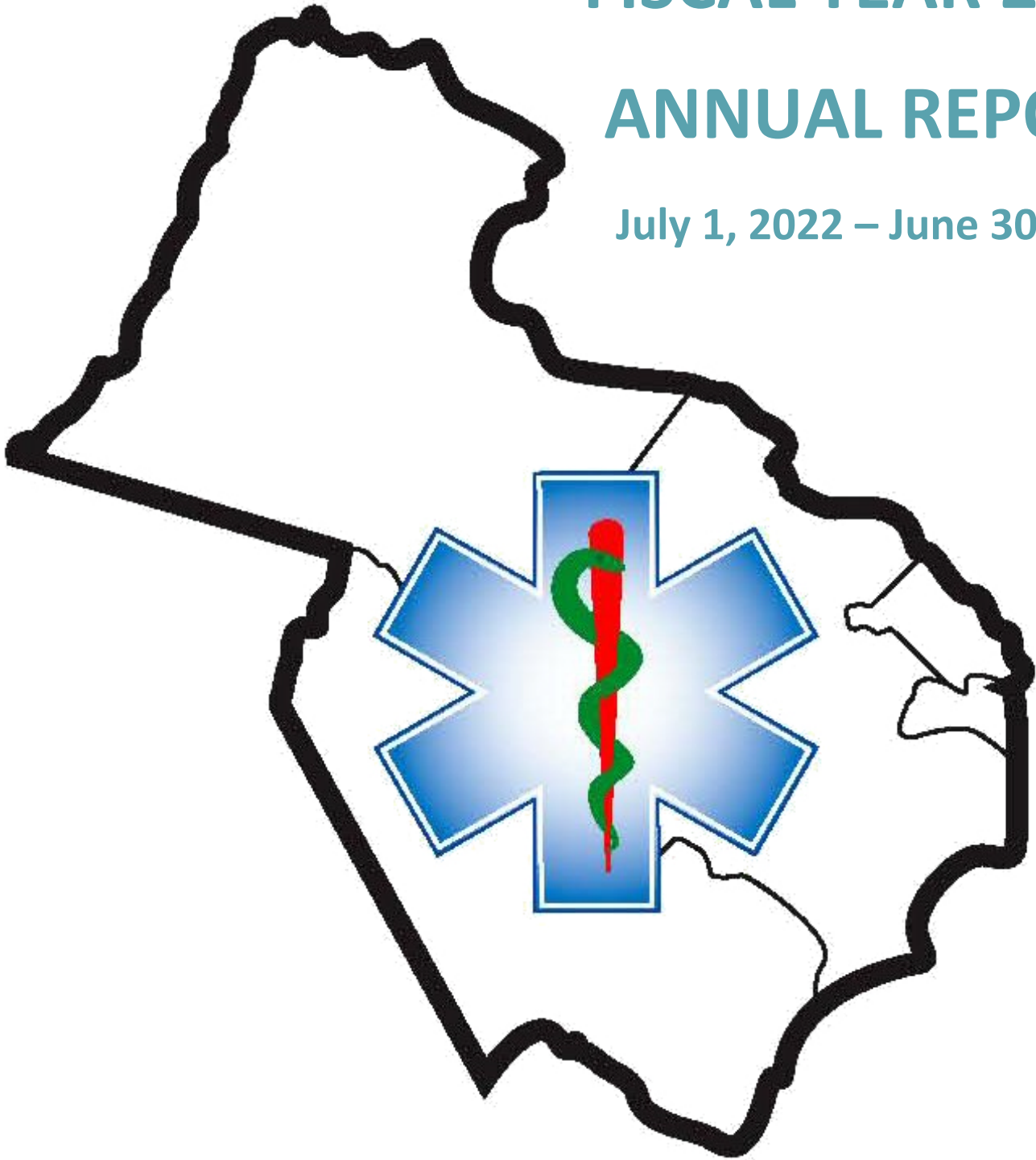


Northern Virginia EMS Council, Inc.

FISCAL YEAR 2023

ANNUAL REPORT

July 1, 2022 – June 30, 2023



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, the Northern Virginia Emergency Medical Services Council, Inc. (NVEMSC) has continuously facilitated regional planning and implementation of the regional EMS system for 40 years. The Council assists in planning and coordinating 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, sponsoring 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 regional hospitals.

The Council is 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., from July 1, 2022, through June 30, 2023. Information regarding staffing, committee, and board members is as of June 30, 2023. The Executive Board is elected every two years. A new Executive Board began its charge in January 2023. 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 Northern Virginia Regional EMS system stakeholders. We help resolve issues whenever possible and make appropriate referrals 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. 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.

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

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 of varying degrees of urban and rural areas.

The Northern Virginia EMS Council comprises EMS agencies and acute care hospitals in Planning District 8. Serving the region are 11 hospitals, eight 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 four licensed aeromedical agencies.

COUNCIL GOVERNANCE AND STRUCTURE

A Board of Directors governs the Northern Virginia EMS Council. The Council's Board comprises 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 the region's EMS agencies participate in the Washington Metropolitan Council of Governments (COG) Regional Mass Casualty Plan.

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	Corey Smedley, Alexandria Fire Department
Past President	Richard Bonnett, Metropolitan Washington Airports Authority

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/TC COORDINATOR

Ray Whatley
ray@vaems.org

REGIONAL COORDINATOR

Michelle Ludeman
michelle@vaems.org

ADMINISTRATIVE COORDINATOR

Laura Vandegrift
laura@vaems.org

STROKE SMART COORDINATOR
/DATA ANALYST

Margaret Probst
margaret@vaems.org

CONTACT INFORMATION

7250 Heritage Village Plaza, Suite 102
Gainesville, VA 20155
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
Corey Smedley, Member-at-Large
Andrew Duke (alt.)
Joseph Marfori (alt.)
Amy Lusby (alt.)

Arlington County Fire Department

Paul Earley
E. Reed Smith, MD
Kathleen Kramer, PA-C
Ibrahim Abdul-Jawad (alt.)
Glenn Smith (alt.)
Vacant (alt.)

City of Fairfax Fire Department

Brian Orndoff - Vice President
Tom Olander
David Arrington
Nicholas Sutingco, MD (alt.)
Andrew Vita (alt.)
Vacant (alt.)

City of Manassas Fire & Rescue and Greater Manassas Volunteer Rescue Squad

Jason Bowers
Danielle Pesce, MD
Andrew Carver
Vacant (alt.)
Vacant (alt.)
Vacant (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

Philippa Durham
Lee Warner
Beth Adams
Scott Weir, MD (alt.)
Paul Corso (alt.)
Adam Lieb (alt.)

Fairfax Police Helicopter Division

Paul DeHaven
Kari Scantlebury, MD (alt.)

Inova Fairfax Hospital

Craig French
Steve Kling (alt.)

LifeCare Medical Transports

Joey King
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 (NVCC)

Mark Franke, MD
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 - President
Blane McGlothlin (alt.)
Alex Stephenson (alt.)
Neha Sullivan, MD (alt.)

Reston Hospital Center

Keith Morrison – Secretary/Treasurer
Tracey Taylor (alt.)

StoneSprings Hospital Center

John Wanamaker
Vacant (alt.)

NVEMSC COMMITTEE PROGRAM 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 Committee Co-Chairs

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

Regional Stroke Committee Co-Chairs

James Maneval, 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)

Benham Tehrani, MD, Northern Region Lead
Ray Whatley, Northern Region Coordinator

STATE EMS COMMITTEE REPRESENTATIVES

EMS Advisory Board

Beth Adams, Northern Virginia EMS Council Representative

EMS Emergency Management Committee

Ray Whatley, VAGEMSA 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

Transportation Committee

Ray Whatley, Regional EMS Council Representative

Virginia Stroke System Task Force

Margaret Probst, EMS Representative

REGIONAL PLANNING AND COORDINATION

Continued collaboration with Inova Blood Donor Services to provide whole blood to local EMS agencies and helicopter EMS transport units in Northern Virginia.

Coordinated with Inova Blood Donor Services, area fire, EMS, and law enforcement agencies to promote and develop blood drives to maintain adequate blood supply in Northern Virginia.

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

Reviewed and revised the Regional Protocol Guidelines.

Promoted the RSAF grant program, providing technical assistance to local agencies for two Rescue Squad Assistance Fund (RSAF) grant cycles this year.

Conducted a regional EMS Awards Program, resulting in ten regional category winners.

Presented the regional EMS Awards at a catered awards banquet to honor the nominees and winners.

Aided agencies within our region regarding EMS issues such as continuing education, rules and regulations, reciprocity, affiliation changes, etc.

Served as an 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 participating hospitals and EMS agencies.

EMS EDUCATION

Maintained a training calendar on our website of upcoming EMS courses in the region.

Promoting and co-sponsoring EMS continuing education events across the region.

Shared and distributed various EMS education opportunities, conferences, and symposia in the Commonwealth via Council and Listservs

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

Participated in prehospital care committees and collaborations with local hospitals to promote outstanding prehospital care.

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

MEDICAL DIRECTION & PERFORMANCE IMPROVEMENT

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

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

Supported regional Operational Medical Directors (OMDs) in 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 EMS Program Representative, Council staff, and OEMS Staff in attendance.

Reviewed and maintained a Regional Trauma Performance Improvement Plan.

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

Revisited topics and compared data trends on tourniquet application by police and bystanders vs. EMS providers, use of commercial tourniquets compared to makeshift tourniquets, application methods, etc.

STROKE SMART NORTHERN VIRGINIA

Trained over 2,200 Stroke Smart instructors for the Medical Reserve Corps, Arlington and Prince William County's Agencies on Aging, Arlington County Parks & Recreation, Arlington County Libraries, Prince William County Schools, City of Manassas Schools, Town of Dumfries employees, Sha'are Shalom Synagogue, and Fairfax County Community Risk Reduction Department, among others.

Over 90,500 community outreach and education materials were distributed, such as Stroke Smart wallet cards, magnets, and posters.

Our Stroke Smart videos were viewed nearly 2,700 times on the Council's YouTube channel. See them here at: www.youtube.com/@northernvaemscouncil/videos

Partnered with the National Federation of the Blind of Virginia, Potomac Chapter, to create a Stroke Smart video useful to the blind and visually impaired.

With connections made through the Prince William Chamber of Commerce, we were invited to attend a Loudoun County Chamber event attended by 140 business leaders and asked to present Stroke Smart to all in attendance at that meeting.

Beyond Northern Virginia, West VA's Literacy Volunteers of the Eastern Panhandle attended a training session to bring the education to their clients and share it in their region.

2023 NORTHERN VIRGINIA REGIONAL EMS AWARDS

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

AWARD FOR EXCELLENCE IN EMS

Brian Hricik, Alexandria Fire Department

AWARD FOR OUTSTANDING EMS LEADERSHIP

Kathleen Harasek, Sterling Volunteer Rescue Squad

AWARD FOR OUTSTANDING PREHOSPITAL PROVIDER

Julianne Tomesheski, Fairfax County Fire & Rescue Department

AWARD FOR OUTSTANDING PREHOSPITAL EDUCATOR

Leddyanne Dell, Alexandria Fire Department

AWARD FOR OUTSTANDING EMS AGENCY

City of Fairfax Fire Department

AWARD FOR NURSE WITH OUTSTANDING CONTRIBUTION TO EMS

Kim Klein, RN, BSN, CEN, CPEN, Inova Loudoun Hospital

AWARD FOR PHYSICIAN WITH OUTSTANDING CONTRIBUTION TO EMS

Neha Sullivan, MD, Prince William County Fire & Rescue

AWARD FOR OUTSTANDING CONTRIBUTION TO EMS EMERGENCY PREPAREDNESS

City of Alexandria Community Emergency Response Team (CERT)
City of Alexandria Fire Department, Office of Emergency Management

AWARD FOR OUTSTANDING CONTRIBUTION TO EMS HEALTH AND SAFETY

Michael Jenkins, City of Fairfax Fire Department

AWARD FOR INNOVATION EXCELLENCE IN EMS

Northern Virginia High Threat Response Committee
Northern Virginia Emergency Response System



RECOGNIZE
EXCELLENCE!



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 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 system elements are functioning correctly, 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, prospectively tracking patient outcomes with hospitals, and response time intervals associated with First Responder and EMS agencies.

The region entered data into the CARES Registry on June 1, 2021, after training with agency representatives and regional hospitals and beta testing for ePCR Upload. After a few hurdles, we are making it a successful program with the help of agency points of contact. 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 Carisa Urrea Maloof, CARES Program Associate, ensuring the agencies enter their monthly data.

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, 2022, and June 30, 2023:

- CARES Demographics Report
- CARES Summary Report

In May 2023, each agency was sent their 2022 CARES Annual Report and the National 2022 CARES Annual Report.

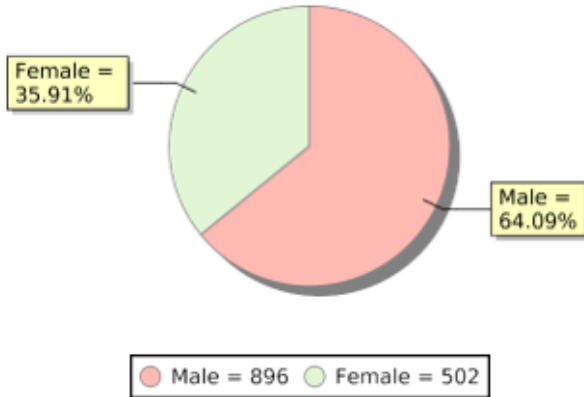
The top of each report contains the criteria of the cases included. Definitions and inclusion/exclusion criteria are included as footnotes. Please note that data from the current

calendar year is still dynamic, and we are continually working with a few agencies to enter OHCA events into the registry.

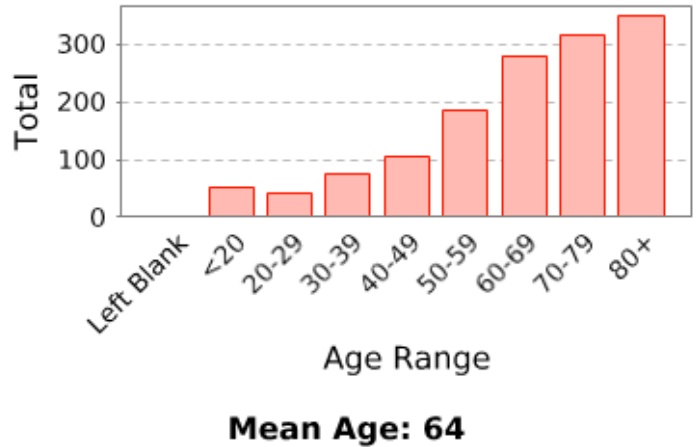
Demographics

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 07/01/2022 Through 08/30/2023 | 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	833 - 68.4%
Nursing Home	184 - 15.1%
Public/Commercial Building	74 - 6.1%
Street/Hwy	52 - 4.3%
Healthcare Facility	40 - 3.3%
Transport Center	16 - 1.3%
Place of Recreation	14 - 1.2%
Industrial Place	3 - .3%
Other	2 - .2%

CARES Summary Report

Demographic and Survival Characteristics of OHCA

Non-Traumatic Etiology | Arrest Witness Status: All | Date of Arrest: From 07/01/2022 Through 06/30/2023

Data	NVAEMS Council N=1398
Age	N=1398
Mean	64.7
Median	68.0
Gender (%)	N=1398
Female	502 (35.9)
Male	896 (64.1)
Race (%)	N=1398
American-Indian/Alaskan	10 (0.7)
Asian	193 (13.8)
Black/African-American	300 (21.5)
Hispanic/Latino	121 (8.7)
Native Hawaiian/Pacific Islander	4 (0.3)
White	732 (52.4)
Multi-racial	9 (0.6)
Unknown	29 (2.1)
Location of Arrest (%)	N=1398
Home/Residence	968 (69.2)
Nursing Home	198 (14.2)
Public Setting	232 (18.8)
Arrest witnessed (%)	N=1398
Bystander Witnessed	469 (33.5)
Witnessed by 911 Responder	153 (10.9)
Unwitnessed	776 (55.5)
Who Initiated CPR? (%)	N=1398
Not Applicable	0 (0.0)
Bystander	591 (42.3)
First Responder	107 (7.7)
Emergency Medical Services (EMS)	700 (50.1)
Was an AED applied prior to EMS arrival? (%)	N=1398
Yes	139 (9.9)
No	1259 (90.1)
Who first applied automated external defibrillator? (%)	N=139
Bystander	113 (81.3)
First Responder	26 (18.7)
Who first defibrillated the patient?* (%)	N=1398
Not Applicable	940 (67.2)
Bystander	38 (2.7)
First Responder	6 (0.4)
Responding EMS Personnel	414 (29.6)
First Arrest Rhythm (%)	N=1398
Vfib/Vtach/Unknown Shockable Rhythm	284 (20.3)
Asystole	752 (53.8)
Idioventricular/PEA	335 (24.0)
Unknown Unshockable Rhythm	27 (1.9)
Sustained ROSC (%)	N=1398
Yes	343 (24.5)
No	1055 (75.5)
Was hypothermia care provided in the field? (%)	N=1398
Yes	19 (1.4)
No	1379 (98.6)
Pre-hospital Outcome (%)	N=1398
Pronounced in the Field	505 (36.1)
Pronounced in ED	284 (20.3)
Ongoing Resuscitation in ED	609 (43.6)
Overall Survival (%)	N=1398
Overall Survival to Hospital Admission	291 (20.8)
Overall Survival to Hospital Discharge	111 (7.9)
With Good or Moderate Cerebral Performance	101 (7.2)
Missing hospital outcome	66
Utstein¹ Survival (%)	N=170
	35.3%
Utstein Bystander² Survival (%)	N=105
	45.7%



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)

AUTHORIZED AMERICAN HEART ASSOCIATION TRAINING CENTER

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

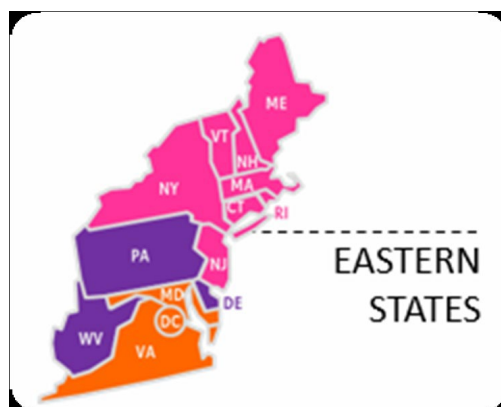
NVEMSC serves as a region-wide training center, offering various online and face-to-face training courses to EMS providers, health care providers, other professionals, and the public. Courses include Heartsaver (lay rescuer courses), Basic Life Support, Advanced Cardiac Life Support, and Pediatric Advanced Life Support.

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

- The aligned instructors and TS provide the proper administration and quality of the ECC courses.
- The day-to-day management and oversight of the TC, TS, and instructors.
- Providing aligned instructors and TS 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 their responsibilities.
- Serving as a resource for information, support, and quality control for all instructors aligned with the TC. Serves as the one point of contact to order digital certification cards [eCards can only be purchased by TC].

Belonging to a TC is voluntary; however, a valid instructor must be aligned with a TC to teach. We allow agency membership instead of individual instructor membership, enabling each TS to certify as many instructors as necessary to meet jurisdictional goals for their providers and community outreach efforts.

The Eastern States American Heart Association (AHA) Emergency Cardiovascular Care (ECC) Committee (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, WV) achieved a Silver Recognition Status for achieving the AHA 2022-2023. ECC Committee end-of-year goals. Ray Whatley represents the Eastern States ECC as the Community Subcommittee Chairperson.



The Council employs one staff member to handle all AHA matters. In Fiscal Year 2023, the training center boasted the following statistics:

NVEMSC AHA eCards Assigned

July 1, 2022 - June 30, 2023

Course	eCards Assigned
ACLS Provider	362
BLS Provider	2,593
PALS Provider	236
Heartsaver CPR AED	194
Heartsaver First Aid	88
Heartsaver First Aid CPR AED	195
Heartsaver Pediatric First Aid CPR AED	47
Total Trained	3,715

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 the American Heart Association defines. 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 was 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 in calling 911 immediately when spotting 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
4. to teach the knowledge forward.

The simple training is accomplished in person or virtually and lasts less than one hour. As shown in the table below, between July '22 and June '23, over 61,000 people received Stroke Smart training virtually or in person; in that same period, we have directly distributed over 90,000 Stroke Smart magnets, wallet cards, and posters. More than 170,000 supplies have been ordered directly by those we have trained. 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's regularly evolving Stroke Smart portion, viewed between July '22 and June '23 over 2,600 times.

Stroke Smart Metric	First Quarter '22	Second Quarter '22	Third Quarter '22	Fourth Quarter '22	First Quarter '23	Second Quarter '23	Total
Proclamations Issued	1	8	1	1	0	1	12 of 13
Trainers Instructed	160	302	657	700	578	298	2,695
School Students					37,000	22,100	59,100
Supplies Directly Distributed	1,842	3,035	7,585	23,340	57,916	1,750	95,468
Known Ordered Supplies	2,625	12,375	17,450	22,250	66,700	63,749	185,149
Known Training Video Views	N/A	598	956	343	541	856	3,294

We aspire to share the Stroke Smart message with other language speakers; toward that end, we're thrilled to announce that we won the prestigious Sentara Cares grant (\$6300). Using those funds, we created a Stroke Smart video in Spanish and Korean; both are on our website (video slide presentation cover images are shown below). These videos are available on the Council's YouTube channel, which can be found [here](#).



By the end of this reporting period, we have obtained Stroke Smart proclamations from 12 of the 13 targeted communities in our jurisdiction (those with elected leadership consisting of populations greater than 5000). Only Herndon remains; efforts continue toward securing the proclamation there.

NORTHERN VIRGINIA 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 consisting of 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 a trauma 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, providing whole blood to EMS agencies to administer to trauma and medical patients in the field. While trauma is the leading cause of death for individuals up to the age of 45, it is the fourth leading cause of death overall for all ages. Whole blood is also being used for non-traumatic hemorrhagic conditions such as post-operative hemorrhage, gastrointestinal bleeding, hematemesis, vaginal bleeding, dialysis fistula hemorrhages, and more. The Northern Virginia EMS Whole Blood Program was the first in the Commonwealth of Virginia.

As of June 2023, Arlington, Loudoun, Fauquier, and Stafford Counties EMS Supervisors administer whole blood in the field as part of the Northern Virginia EMS Whole Blood Program, with Fauquier and Stafford Counties operating under a secondary membership to the NVEMSC to benefit from this life-saving opportunity for their community. Fairfax County Police Helicopter Division and PHI Air Medical also carry whole blood for administration in the field. In the coming fiscal year, the Fairfax County Fire and Rescue Department and the City of Fairfax Fire Department will also carry and administer whole blood.

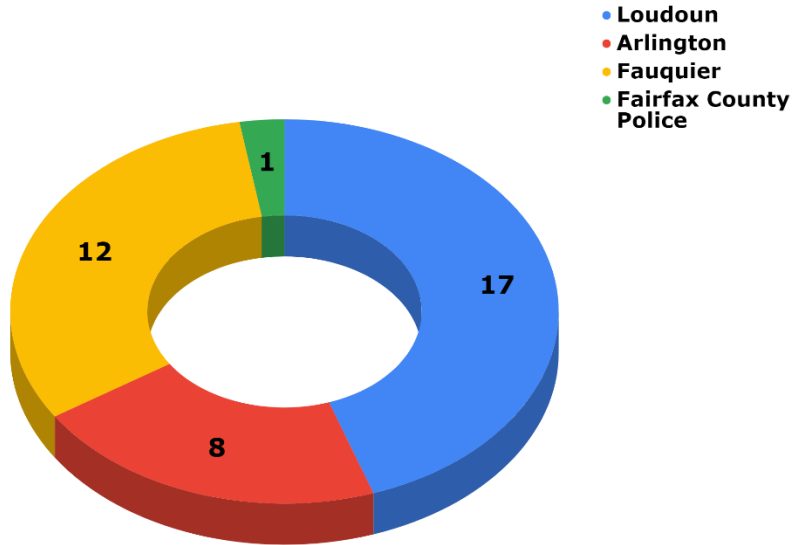
The success of the Northern Virginia EMS Whole Blood Program is directly impacted by the availability of blood from Inova Blood Donor Services. Whole blood donated through Inova stays local, making all donations examples of neighbors helping neighbors. You can make a life-saving appointment to donate blood at one of several Inova Blood Donor Service's upcoming community blood drives or at your local Inova Blood Donor Center at [InovaBloodSaves.org](https://www.inovabloodsaves.org).

While blood donations are critical resources for the Northern Virginia EMS Whole Blood Program, you can also make financial contributions explicitly designated for use with this program to provide supplies and other equipment. You may donate via credit card through our website [here](#) and can select a one-time or recurring donation in the amount you choose.

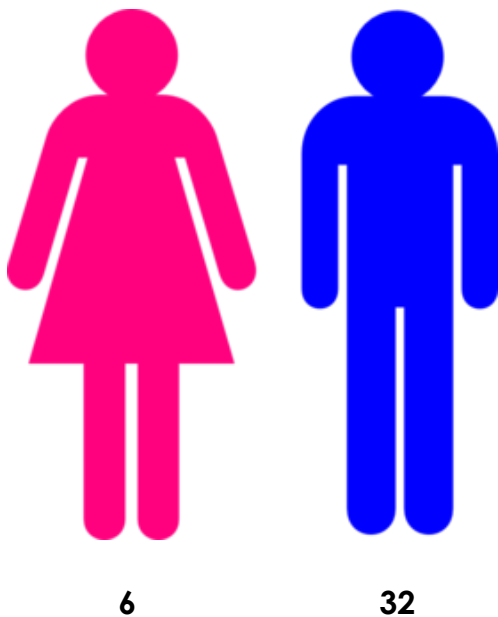
In Fiscal Year 2023, forty-four units of whole blood were transfused by EMS Supervisors in Arlington, Loudoun, and Fauquier Counties for 38 patients. There were 108 transfusions from PHI Air Medical and Fairfax County Police Helicopter. Most patients were male, ranging in age from 16 to 94. Females ranged in age from 35 to 90. More than 82% of those transfused were due to traumatic injury, with the remainder being medically related hemorrhages.

TRANSFUSIONS FOR ARLINGTON, LOUDOUN, AND FAUQUIER COUNTIES
AND FAIRFAX COUNTY POLICE HELICOPTER

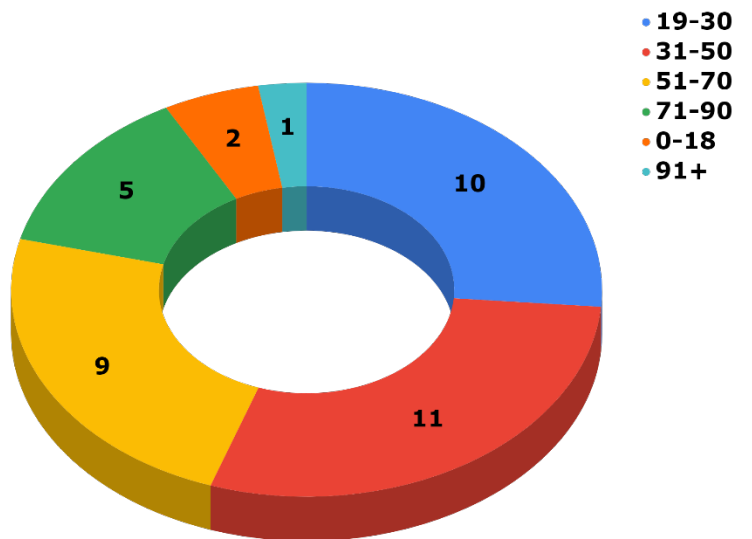
Jurisdiction



Gender



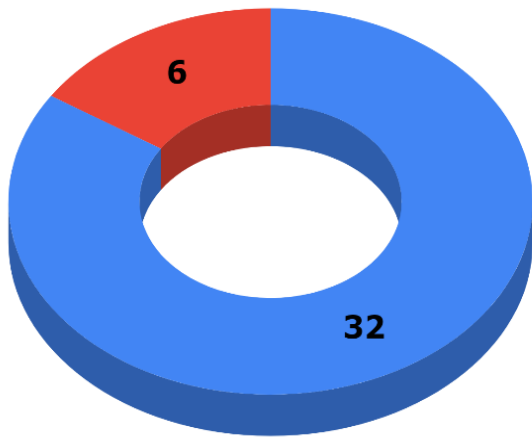
Age



Most patients only required one unit of whole blood in the field, but nearly 19% required two units. Of those requiring two units, the majority were traumatic injuries such as motor vehicle accidents or stabbings, and the remainder were gastrointestinal bleeds. 85% of patients saw an improvement in their condition after transfusion.

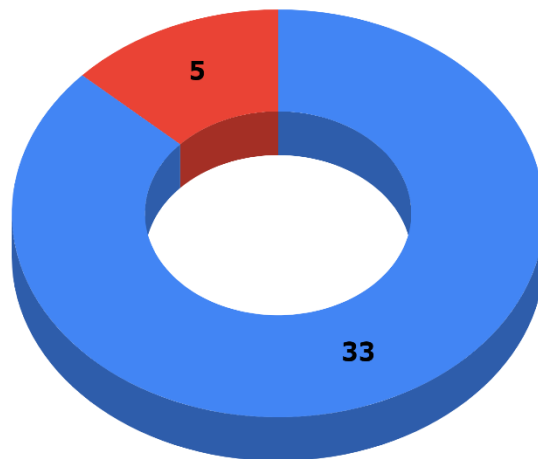
Units Transfused

- One
- Two



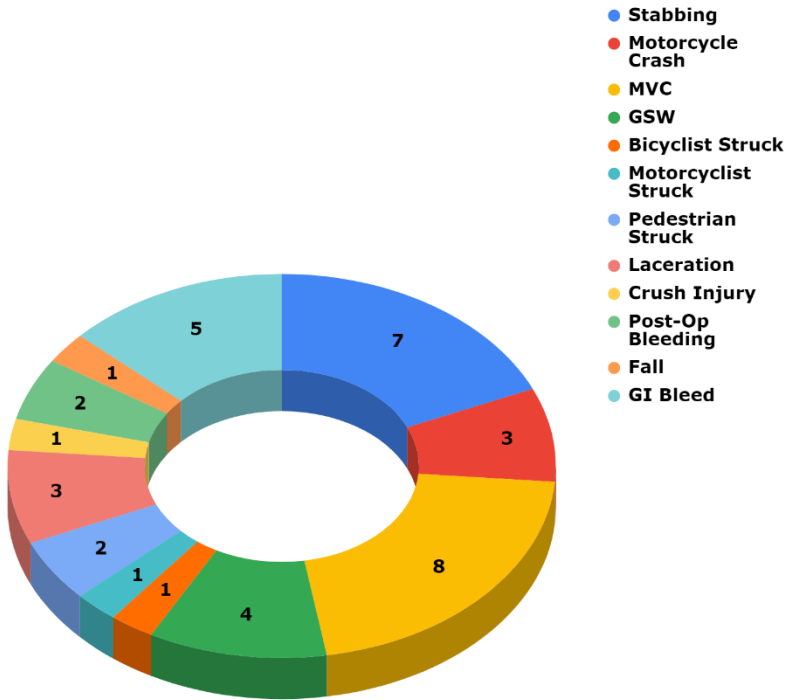
Response to Transfusion

- Improved
- Unchanged

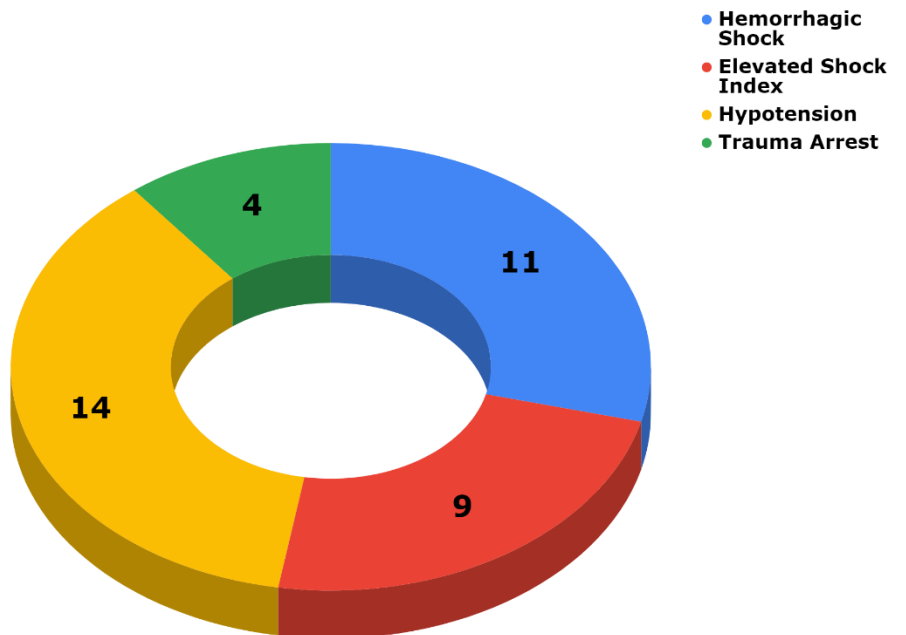


Again, this year, most patients were from vehicle/motorcycle crashes or stabbings. However, more patients were treated for medical conditions such as post-operative or gastrointestinal bleeding than in previous years.

Mechanism of Injury/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 2023 FINANCIAL POSITION

Northern Virginia Emergency Medical Services Council, Inc.
Statement of Financial Position
As of June 30, 2023

Assets	
Current assets	
Cash	\$487,499
Inventory	43,938
Accounts receivable	178,967
Grant receivable	6,300
Certificate of deposit	500,000
Prepaid expenses	1,234
Deferred compensation investments	100,811
Total Current assets	1,318,749
Fixed assets	
Corporate automobile	30,463
Office and computer equipment	26,197
Medical equipment	16,325
Federal fixed assets	1,046
Accumulated depreciation	(53,243)
Right of use asset	102,300
Right of use asset accumulated amortization	(88,010)
Total Fixed assets, net	35,078
Total Assets	1,353,827
Liabilities and Net assets	
Liabilities	
Current Liabilities	
Accrued salaries and payroll taxes	12,231
Accounts payable	28,991
Accrued leave	36,557
Lease liability	14,290
Deferred revenue	250
Deferred compensation payable - current	54,000
Total Current liabilities	146,319
Long-term liabilities	
Deferred Compensation payable	42,311
Total Long-term liabilities	42,311
Total Liabilities	188,630
Net assets	
Net assets without donor restrictions	1,158,727
Net assets with donor restrictions	6,470
Total Net assets	1,165,197
Total Liabilities and Net assets	\$ 1,353,827

OUR GOALS 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 prehospital personnel continues, allowing all certified EMS providers to receive continuing education hours toward recertification.
- Ensure 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. Continuing collaboration with our partners and the EMS Emergency Management Committee.
- 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.
- Provide community outreach programs to establish awareness of the EMS system.
- Evaluate appropriate system response to incidents beyond the day-to-day resource capabilities of individual EMS provider organizations in conjunction with the Northern Virginia Fire Chiefs Committee.
- Ensure EMS excellence by effectively using local, state, private, and federal funding sources, research, medical direction, and collaboration with persons and agencies involved in emergency medical services.
- Provide resources 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.

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



Northern Virginia Emergency Medical Services Council, Inc.

7250 Heritage Village Plaza
Suite 102
Gainesville, VA 20155

Phone: 877-261-3550

Fax: 571-261-5244

Email: northern@vaems.org

Website: www.nvems.org

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