



Peninsulas EMS Council, Inc.

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Mr. Tim Perkins
EMS System Planner
Virginia Department of Health
Office of Emergency Medical Services
109 Governor Street, Suite UB-55
Richmond, VA 23219

Dear Mr. Perkins:

On January 4, 2008, the Virginia Office of Emergency Medical Service (OEMS) released a proposal for the realignment of the state's regional emergency medical services council service areas. The proposal, tendered with multiple variations by OEMS to date, all have either split the current Peninsulas Emergency Medical Services Council's service area into two parts and combined the parts with two other service areas or kept the current service area intact and combined it with the current Tidewater and Eastern Shore (Tidewater EMS Council) service areas. Either option may deprive many jurisdictions, hospitals and EMS agencies of the infrastructure on which they have come to rely, as well as the service organization which developed and maintained that infrastructure, the Peninsulas Emergency Medical Services Council (PEMS).

For the past 31 years, the PEMS Council has been the regional EMS system service provider, enabling the EMS agencies of the Peninsula, Middle Peninsula and Northern Neck to provide consistently high quality pre-hospital emergency medical care to its citizens within an integrated and medically directed regional emergency medical healthcare system. The stakeholders of the PEMS Council do not feel that this realignment will best represent our agencies, providers or most of all, our communities in which they serve. Below are what we believe to be the most compelling justifications to **retain the current Peninsulas Emergency Medical Service Regional Council as a separate and distinct service area as an eighth or seventh region in the proposed realignment.**

Natural Barriers: *The physical and geographical barriers always make travel between the Peninsulas and Tidewater areas uncertain and challenging and sometimes impractical or impossible. This is mainly due to the Hampton Roads traffic congestion and the complex of bridges and tunnels needed to traverse those barriers.*

- The Emergency Medical Service (EMS) administrators, instructors, and providers, will lose precious work time, and incur increased travel costs and frustration, while traveling to the Tidewater area to attend meetings. To attend a 2 or 3 hour meeting or luncheon, requiring agency attendance, will result in an entire work day lost for one meeting. Travel time for these meetings could include up to 3 hours (*more for heavy traffic*) for some agencies.
- Currently no PEMS agencies depend on regular mutual aid resources from the Tidewater area. Even jurisdictions closest to the Hampton Roads Bridge Tunnel and the Monitor Merrimac Bridge Tunnel, do not use mutual aid resources that requires travel though the tunnels.
- The region has response plans and teams that recognize this formidable barrier. For example, the Hampton Roads Metropolitan Medical Response System maintains two separate teams, recognizing that in the event of significant emergency or disaster, the ability to respond this asset across the tunnel in a timely manner will be nearly impossible.
- Medical planners across the Tidewater and Peninsula recognize that a large scale patient event requires the wide spread coordination of medical assets. This coordination can not be efficiently accomplished by a single entity located solely on the Peninsula or the Southside. Due to the specific jurisdictional and operational parameters of both areas, there are two Regional Healthcare Coordination Centers. One of these centers resides

in Newport News and the other in Norfolk, in turn this helps meet the needs of the entire Hampton Roads area.

- The natural barriers in the Middle Peninsula were not considered. The Middle Peninsula EMS service area, which is served by Riverside Walter Reed Hospital, is split with the boundary line according to one proposal (*Map A*). The Middle Peninsula EMS agencies run mutual-aid on a daily basis. This delicate balance could be adversely impacted should patient care differ greatly depending on which EMS agency is responding due to a difference in protocols from region to region.

EMS Agency Representation: *The PEMS Council' is mainly made up of small rural agencies with relatively low call volumes along with some medium sized city and county agencies with larger call volumes. We believe that increasing the size of the region will dramatically reduce the representation that our agencies currently have at the Regional and State level.*

- In PEMS, the largest EMS agency is Newport News (population 185,000). In one proposal (*Map A*), the Northern Neck must compete with huge agencies like Henrico (285,000) and Chesterfield (297,000). Likewise, in two other alternative proposals (*Map B & C*), the Middle Peninsula agencies and Northern Neck agencies must compete with VA Beach (439,000), Norfolk (241,000) & Chesapeake (210,000).
- In the 2007 Regional EMS Council Study, Rural EMS agencies that are part of geographically large councils feel "left out", and don't receive their fair share of staff attention and resources. They feel that their Councils are "metro-centric". Therefore, these perceptions may continue or even increase with an even larger Council footprint which aligns the small rural agencies with more large agencies.
- PEMS has represented the rural agencies well over the past years with a strong focus on improving health care. 70% of the time there is a BLS provider taking care of our most critical medical patients on the Middle Peninsula and Northern Neck. As a result, the available medications that can be delivered by a BLS providers has been increased – a first in the Commonwealth. In proposed areas, the removal of progressive improvements will have a profound impact on patient care and thus the focus on improved patient care may be lost in the rural areas.
- According to one proposal (*Map A*) the Rappahannock Community College (RCC) will be divided between two separate regions. RCC is a newly established EMS education program that was started in partnership by OEMS, PEMS, and all of the county administrators from the Northern Neck and Middle Peninsula communities with a primary goal of providing ALS training to the rural rescue squads. This program has been greatly supported by the PEMS agencies and is a new educational leader in the region and the Commonwealth. With this division, RCC will run the risk of losing full support from a regional council.

Hospital System: *The Riverside Health System (RHS) was not included as one of the healthcare systems considered in the realignment criteria published by the Office of EMS. Riverside Health System has been an immensely influential partner in the region and will be adversely affected if its system is divided amongst several EMS regional council service areas as indicated by at one of the proposals. Its system impact will also be reduced if its current unique and geographically distinct service areas are combined with the larger systems of the Tidewater service area. ..*

- With this division the proven leadership of the Riverside Health System will be drastically reduced. Riverside Regional Medical Center will be placed in a region dominated by Sentara Health System hospitals (11). On the Peninsula, there are currently two Sentara facilities, one Riverside Health System, and one Bon Secours facility. This distribution creates a parity of influence, and allows PEMS to negotiate with each facility in an open and fair process. The absorption of the PEMS service area into the Tidewater service area will place the sphere of influence heavily in the favor of Sentara Health System. This shift may result in the needs of the PEMS region being minimized and certainly diminishes the ability of Riverside Health System to contribute as a whole to the council.
- The pharmacy at Riverside Walter Reed does not have the space to maintain and stock an inventory of two separate medication boxes as well as the one or two IV boxes used in several of the other current regional councils. The economic impact on the hospital has not been factored into this realignment. Also, Sentara Williamsburg will be subject to similar issues pertaining to the medication and IV boxes. Williamsburg and Walter Reed have already expressed significant displeasure with the increased workload and cost.

- The pharmacies and EMS agencies in the PEMS region have become accustomed to the STAT box medication program. This program which is not offered in the surrounding councils and has proven to:
 - Decrease the workload and cost on the hospital pharmacies.
 - Decrease unit arrival to medication administration time (w/time sensitive drugs) in multiple agencies
 - Provide time sensitive medication to BLS providers. (i.e.... EpiPen, Albuterol, Atrovent and Aspirin).

Strong PEMS Programs: *The PEMS Council has been serving the areas of the Peninsula, Middle Peninsula, and Northern Neck regions since 1976 with the highest quality in EMS leadership, performance improvement, patient care protocols, disaster management, restocking agreements and regional medication boxes.*

- PEMS has been conducting field research through a very proactive Performance Improvement program which is the first in the Commonwealth. This program serves as an example to other councils and EMS agencies. The removal of the PEMS council will eliminate the hard work of many and thus eliminate a proven leader in the Emergency Healthcare arena.
 - The PI Committee has been able to identify trends in the region and change protocols and skills accordingly. This has allowed our providers to administer the highest standard of care possible to our patients. Through programs, such as the Triage project and the STEMI project, we have been able increase survivability and reduce mortality rates.
 - Also through these programs, it has been identified that on the Middle Peninsula and Northern Neck, 70% of the time there is a BLS provider taking care of our most critical medical patients. As a result, we have increased the medications that can be delivered by BLS providers – a first in the Commonwealth. The elimination of the PEMS council may stop this progression or even remove these new improvements in patient care.
- There has been ongoing hands-on disaster management training taking place in localities on the Middle Peninsula and Northern Neck which are not offered in other regions throughout the Commonwealth.
- A national problem with hospital diversions has been resolved in the PEMS region. In 2006, the council and area hospitals agreed to remove diversion. Diversion to another hospital may become necessary only for disasters. Patients will not be diverted due to a crowded ER, lack of Critical Care beds, or lack of a specialty service / physician. This policy, the only one in the Commonwealth, has been proven to work and will be removed with a merger with other councils.

It is our belief that if any of the “proposed” regional realignments go into effect, it will not only be detrimental to the rural and urban agencies which we serve, but also to the communities and citizens which have come to rely on our services. Therefore, on behalf of our Board of Directors, regional agencies and providers, and overall community, we recommend retaining the current Peninsulas Emergency Medical Services Regional Council as a separate and distinct service area as an eighth or seventh region in the proposed regional council realignment.

Respectfully yours,

Julie Glover
President, Board of Directors

Jeffrey Meyer
Executive Director