



Peninsulas EMS Council Inc.
FYI8 Annual Report

Report of the Council
1 July 2017 – 30 June 2018
For submission to the Virginia Office of EMS



About the Council

Mission of the Council

The primary mission of the Peninsulas Emergency Medical Services Council, Inc. is to assist emergency medical service (EMS) components and to assess, identify, coordinate, plan, and implement an efficient and effective regional emergency medical services delivery system in partnership with the Virginia Office of EMS and the Virginia EMS Advisory Board.

Adopted – October 29, 1997

Council Overview

Throughout our communities, individuals suffering a sudden, life-threatening illness or traumatic injury obtain immediate prehospital emergency medical care and transportation from professional emergency medical personnel, most commonly alerted by a call to 9-1-1. Their professional certification, vehicle permits and agency licenses are provided by the Virginia Department of Health, Office of Emergency Medical Services. They are part of a comprehensive EMS system that is frequently accompanied by other public services including fire, rescue and law enforcement; and optimally continues when the individual patient's care is turned over to the medical staff at the most appropriate medical facility capable of providing definitive medical care.

On a regional level, the Peninsulas EMS Council, Inc., a 501(c)(3) non-profit, tax-exempt agency, is created by state statute to be an integral part of Virginia's comprehensive EMS system. In essence, the Council integrates and coordinates resources to ensure a system of rapid response and expert patient care from the 16 jurisdictions, 10 hospitals and 57 EMS agencies. The Peninsulas EMS Council delivers, facilitates, and/or coordinates the programs listed as part of a comprehensive EMS system.

While, in some cases, other agencies could physically provide some of these services, the Peninsulas EMS Council is responsible for coordination and monitoring the efficiency and effectiveness of the following:

1. Regional Medical Direction
 - Regional Medical Advisory Committee
 - Regional Patient Care Protocol, Policies and Procedures Implementation
 - EMS Performance Improvement
 - Regional EMS Supplies Restocking, Drug Box Standardization and Exchange
 - Regional Trauma Triage Plan
 - Regional Stroke Triage Plan
 - Regional ST-Elevation Myocardial Infarction (Heart Attack) Triage Plan

2. Regional Planning
 - Regional EMS Plan
 - Regional Mass Casualty Incident Plan & Support
 - Hampton Roads Metropolitan Medical Response System (HRMMRS)

3. Regional Coordination

- Regional Information and Referral
 - EMS Education and Training
 - Critical Incident Stress Management (CISM) Team
 - Regional EMS Communications Systems Advocacy
 - Peninsulas Interfacility Cooperation Organization (PICO)
 - Mass Casualty Exercise Participation & Coordination
 - VDH & Health Department Coordination
4. PEMS, and VA OEMS Coordination
- Consolidated EMS Testing
 - Regional Awards Program
 - Rescue Squad Assistance Fund (RSAF) Grant Program
 - EMT Instructor Networking

Code of Virginia

§ 32.1-111.11. *Regional emergency medical services Councils.*

The Board 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 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. Moneys received directly or indirectly from the Commonwealth shall not be used as matching funds. A local governing body may choose to appropriate funds for the purpose of providing matching grant funds for any 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.

Regulations governing Regional EMS Councils were promulgated by the State Board of

Health, with an effective date of January 1, 2008. The regulations can be found in sections 2300 through 2740 at the following link: EMS Regulations <http://leg1.state.va.us/000/reg/toc12005.htm#C0031>)

Peninsulas EMS Council Designation

On December 1, 2016 the State Board of Health and the State Health Commissioner redesignated the Peninsulas EMS Council, Inc. to be the Regional EMS Council for a service area formed by the 16 localities of the Virginia Peninsula, Middle Peninsula and Northern Neck. The redesignation is for three years.

Regional Facts

The Peninsulas EMS Council service area includes the sixteen cities and counties located on the three Virginia peninsulas (the Virginia Peninsula, the Middle Peninsula and the Northern Neck) on the western shore of the Chesapeake Bay. These jurisdictions comprise an estimated population of 631,502* spread across 2,727 square miles. **All demographics data is based on University of Virginia's Weldon Cooper Center 2017 estimates.*

Virginia Peninsula

Service Area Description:

The Virginia Peninsula or "Peninsula" is the southernmost of three peninsulas on the western shore of the Chesapeake Bay. It consists of six jurisdictions - the cities of Hampton, Newport News, Poquoson and Williamsburg and the counties of James City and York. In 2017 it was home to an estimated 490,225 residents. In 1990, the Peninsula Planning District Commission combined with the Southeastern Planning District Commission to form the Hampton Roads Planning District Commission. While the land portion of Hampton Roads has been historically divided into two areas, the Virginia Peninsula on the north side, and South Hampton Roads or Tidewater on the south side, Hampton Roads has long been used as a common name for the metropolitan areas that surround the body of water of the same name. More recently, that name has been used to formally represent all of the traditional jurisdictions of the Hampton Roads Metropolitan Urban Area as well as the two southernmost counties the Middle Peninsula.

Natural Boundaries:

Like the Northern Neck and the Middle Peninsula, the Peninsula is located in on the tidal coastal plain. The Peninsula, however, is much flatter and closer to sea level. Like the two northern peninsulas, the eastern boundary is the Chesapeake Bay. The northern boundary is the York River, crossed only at Yorktown over the Coleman Bridge. The York River ends at West Point where it divides into the Pamunkey and Mattaponi Rivers. The Pamunkey becomes the Peninsula's northern boundary. The James River on the southern boundary is different from the northern rivers in that it has far more crossings than the rivers on the northern boundary. The Hampton Roads Bridge Tunnel, the James River Bridge, and the Monitor Merrimac Memorial Bridge Tunnel all offer free high speed, high volume crossings. However, congestion and accidents can significantly impede traffic, requiring transportation alternatives, including helicopter transport.

Designated Emergency Response EMS Agencies (Patient Flow):

Daily prehospital emergency care in the Peninsula region is provided primarily by career agencies, and combination agencies that are primarily career with volunteer personnel support or primarily volunteer with career personnel support.

1. James City County
 - a. James City County Fire Department (Primary patient flow to Sentara Williamsburg Regional Medical Center)
 - b. James City County Volunteer Rescue Squad (Primary patient flow to Sentara Williamsburg Regional Medical Center and Riverside Doctors' Hospital Williamsburg)
 - c. Busch Gardens/Water Country USA (Non-transport agency)
2. York County
 - a. York County Department of Fire and Life Safety (Primary patient flow to Sentara Williamsburg Regional Medical Center, Riverside Doctors' Hospital Williamsburg, Mary Immaculate Hospital, Riverside Regional Medical Center)
3. City of Hampton
 - a. Hampton Department of Fire-Rescue (Primary patient flow to Sentara Careplex Hospital, Riverside Regional Medical Center)
4. City of Newport News
 - a. Newport News Fire Department (Primary patient flow to Sentara Careplex Hospital, Mary Immaculate Hospital, Riverside Regional Medical Center)
 - b. Newport News Shipbuilding Fire Department (Primary patient flow to Sentara Careplex Hospital, Riverside Regional Medical Center)
5. City of Poquoson
 - a. Poquoson Fire Department (Primary patient flow to Sentara Careplex Hospital, Riverside Regional Medical Center)
6. City of Williamsburg
 - a. Williamsburg Fire Department (Primary patient flow to Sentara Williamsburg Regional Medical Center, Riverside Doctors' Hospital Williamsburg)

Middle Peninsula

Service Area Description:

The Middle Peninsula is the second of three large peninsulas on the western shore of Chesapeake Bay. It lies between the Virginia Peninsula and the Northern Neck Peninsula. It encompasses six Virginia counties: Essex, Gloucester, King and Queen, King William, Mathews, and Middlesex. These jurisdictions comprise an estimated population of 91,199 spread across 1,283 square miles.

Natural Boundaries:

Although not as isolated as the Northern Neck, the geography and history of the Middle Peninsula continue to influence the nature of the community. Part of the tidal coast, the district is bounded on the north by the Rappahannock River. It can be crossed in two places - the Rappahannock River Bridge in Tappahannock and the Norris Bridge just south of White Stone. The Chesapeake Bay lies to the east. The southern boundary is the York River, which can be crossed at Yorktown.

The York River divides at West Point into the Pamunkey and Mattaponi rivers, requiring two bridge crossings to access most of the district.

Designated Emergency Response EMS Agencies (Patient Flow):

Daily prehospital emergency care in the Middle Peninsula is primarily provided by volunteer fire or rescue squads with limited augmentation by career personnel provided by a county agency. Below are the licensed EMS agencies within the Middle Peninsula and, in parenthesis, their primary catchment hospitals for ground transport. Note that while King and Queen, King William and Essex counties are located in the Middle Peninsula, their primary catchment facilities are located in the Northern Neck.

1. Mathews County
 - a. Mathews County Volunteer Rescue Squad (Primary patient flow to Riverside Walter Reed Hospital)
2. Gloucester County
 - a. Gloucester Volunteer Fire/Rescue (Primary patient flow to Riverside Walter Reed Hospital)
 - b. Abingdon Volunteer Fire/Rescue (Primary patient flow to Riverside Walter Reed Hospital, Mary Immaculate Hospital)
3. Middlesex County
 - a. Middlesex (Deltaville) Volunteer Rescue Squad (Primary patient flow to Riverside Walter Reed Hospital, Rappahannock General Hospital)
4. King William County
 - a. West Point Volunteer Fire/Rescue (Primary patient flow to Riverside Walter Reed Hospital, Sentara Williamsburg Regional Medical Center)
 - b. King William Emergency Services (Non-transport agency)
 - c. King William Volunteer Rescue Squad (Primary patient flow to Memorial Regional Medical Center, Virginia Commonwealth University Medical Center)
5. King and Queen County
 - a. King and Queen Emergency Services (Non-transport agency)
 - b. King and Queen Volunteer Rescue Squad (Primary patient flow to Riverside Tappahannock Hospital)
 - c. Mattaponi Volunteer Rescue Squad (Primary patient flow to Riverside Tappahannock Hospital, Virginia Commonwealth University Medical Center, Memorial Regional Medical Center, Riverside Walter Reed Hospital)
6. Essex County
 - a. Tappahannock-Essex Volunteer Fire Department (Non-transport agency)
 - b. Tappahannock-Essex Volunteer Rescue Squad (Primary patient flow to Riverside Tappahannock Hospital)
 - c. Essex County Emergency Medical Services (Primary patient flow to Riverside Tappahannock Hospital)

Northern Neck

Service Area Description:

The Northern Neck consists of Westmoreland, Richmond, Northumberland and Lancaster counties. These jurisdictions comprise an estimated population of 50,078 spread across 746 square miles. It is primarily rural, having a population density of 51.1, significantly less than the state

average of 187.1 according to the most recent census data. The Northern Neck has the second smallest population of Virginia's 21 planning districts.

Natural Boundaries:

The Northern Neck is a largely self-contained area. There are no passages over the Potomac River, the northern boundary of the district. There are only two passages over the Rappahannock River - the Norris Bridge just south of White Stone and the Rappahannock River Bridge at Tappahannock - the southern boundary of the region. There are no railroads or major airports in the district. State Routes 360 and 3 are the major transportation arteries. As a consequence, most of the residents who work do so within the Northern Neck. The area is a popular retirement location.

Designated Emergency Response EMS Agencies (Patient Flow):

Daily prehospital emergency care in the Northern Neck region is primarily provided by volunteer fire or rescue squads with limited augmentation by career personnel provided by a county agency. Below are the licensed EMS agencies within the Northern Neck and, in parenthesis, their primary catchment hospitals for ground transport:

1. Westmoreland County
 - a. Cople District Volunteer Fire Department (Non-transport agency)
 - b. Colonial Beach Volunteer Rescue Squad (Primary patient flow to Mary Washington Hospital)
 - c. Westmoreland Volunteer Rescue Squad (Primary patient flow to Riverside Tappahannock Hospital)
 - d. Montross Volunteer Rescue Squad (Primary patient flow to Riverside Tappahannock Hospital)
2. Richmond County
 - a. Richmond County Volunteer Rescue Squad (Primary patient flow to Riverside Tappahannock Hospital, Bon Secours Rappahannock General Hospital)
3. Northumberland County
 - a. Northumberland Co. Volunteer Rescue Squad (Primary patient flow to Bon Secours Rappahannock General Hospital)
 - b. Mid-County Volunteer Rescue Squad (Primary patient flow to Bon Secours Rappahannock General Hospital & Riverside Tappahannock Hospital)
 - c. Callao Volunteer Rescue Squad (Primary patient flow to Bon Secours Rappahannock General Hospital & Riverside Tappahannock Hospital)
4. Lancaster County
 - a. Lancaster County EMS (Non-transport agency)
 - b. Upper-Lancaster Volunteer Rescue Squad (Primary patient flow to Bon Secours Rappahannock General Hospital)
 - c. Kilmarnock-Lancaster Volunteer Rescue Squad (Primary patient flow to Bon Secours Rappahannock General Hospital)

Service Area Hospitals (Catchment Area and Interhospital Transfer Patterns)

1. Bon Secours Rappahannock General Hospital is located in the town of Kilmarnock in Lancaster County just off Route 3 and offers inpatient and outpatient medical, surgical, and specialty services, 24 hour emergency care, and diagnostic imaging services.
 - a. Interhospital transfers include Virginia Commonwealth University Medical Center

- (Trauma and Pediatrics), Memorial Regional Medical Center (STEMI), Henrico Doctors' Hospital (STEMI)
2. Riverside Tappahannock Hospital is located in Essex County at the corner of Route 17 & Route 360. This 67-bed facility cares primarily for citizens in the Tappahannock area, including Essex, Richmond and Westmoreland Counties and the northernmost parts of Lancaster, Northumberland, Middlesex and King and Queen Counties.
 - a. Interhospital transfers include Virginia Commonwealth University Medical Center (Trauma and Pediatrics) and Memorial Regional Medical Center (STEMI), Henrico Doctors' Hospital (STEMI)
 3. Riverside Walter Reed Hospital is located in the county of Gloucester along Route 17. This 67- bed facility cares primarily for citizens in the Gloucester and Middlesex counties and southern King and Queen County. Riverside Walter Reed Hospital is a Primary Stroke Center.
 - a. Interhospital transfers include Riverside Regional Medical Center (Trauma and STEMI), Sentara Norfolk General Hospital (Level 1 Trauma), and Children's Hospital of The King's Daughters (Pediatrics and Pediatric Trauma).
 4. Riverside Regional Medical Center began serving the Peninsula community in 1916. In 1963 Riverside moved to the present 56-acre location in Newport News on J. Clyde Morris Boulevard (Route 17). Riverside Regional Medical Center is a Level II Trauma Center, STEMI center, and a certified stroke Center.
 - a. Interhospital transfers include Sentara Norfolk General Hospital (Level 1 Trauma), Virginia Commonwealth University Medical Center (Trauma), Children's Hospital of the King's Daughters (Pediatrics and Pediatric Trauma), Navy Medical Center Portsmouth (Military), and Sentara Heart Hospital (Advanced Cardiac).
 5. Bon Secours Mary Immaculate Hospital was originally built at the turn of the century by Dr. Joseph Buxton in the Denbigh area of Newport News. It is located between Route 17 and Jefferson Avenue. On November 1, 1996, Mary Immaculate Hospital became a member of the Bon Secours Health System. This facility is also 24 hours STEMI receiving facility and Primary Stroke Center for the Peninsulas region.
 - a. Interhospital transfers include Riverside Regional Medical Center (Trauma and STEMI), Sentara Norfolk General Hospital (Level 1 Trauma), Virginia Commonwealth University Medical Center (Trauma) and Children's Hospital of the King's Daughters (Pediatrics and Pediatric Trauma).
 6. Sentara CarePlex Hospital, opened in December 2002, is an acute care facility located in Hampton, Virginia. This facility is also 24 hours STEMI receiving facility and a stroke center for the Peninsulas region.
 - a. Interhospital transfers include Riverside Regional Medical Center (Trauma), Sentara Norfolk General Hospital (Level 1 Trauma), Sentara Heart Hospital (Advance Cardiac), and Children's Hospital of the King's Daughters (Pediatrics and Pediatric Trauma).
 7. Sentara Williamsburg Regional Medical Center, opened in 2007, is an acute care facility located in west York County. This facility primarily serves the citizens of James City County, New Kent County, York County and the City of Williamsburg with general inpatient and outpatient services, a STEMI center and a stroke center.
 - a. Interhospital transfers include Sentara Norfolk General Hospital (Level 1 Trauma), Riverside Regional Medical Center (Trauma), Sentara Heart Hospital (Advanced Cardiac), and Children's Hospital of the King's Daughters (Pediatrics and Pediatric Trauma).
 8. Riverside Doctors' Hospital Williamsburg, opened in 2014 as an acute care facility located in Southern James City County. This facility primarily serves the citizens of James City

County, York County and the City of Williamsburg with general inpatient and outpatient services.

- a. Interhospital transfers include Sentara Norfolk General Hospital (Level 1 Trauma), Riverside Regional Medical Center (Trauma, Advanced Cardiac, Stroke, Obstetrics), Sentara Heart Hospital, and Children's Hospital of the King's Daughters (Pediatrics).

Non Service Area Hospitals (Catchment Area and Interhospital Transfer Patterns)

1. Mary Washington Hospital, located in Fredericksburg, is closer to many Northern Neck agencies than facilities within the Peninsulas region. In addition to the emergency department, it is a certified STEMI and primary stroke center, and a Level 2 trauma center.
2. Virginia Commonwealth University Medical Center, located in Richmond, serves as the closest Level 1 Trauma center for much of the Peninsulas region, as well as offering emergency department services and certified STEMI center and comprehensive stroke center.
3. Memorial Regional Medical Center, located in Mechanicsville, provides emergency department and stroke services to many citizens in the Peninsulas region.
4. Henrico Doctors' Hospital in Henrico County receives many STEMI patients flown out of the Northern Neck and Middle Peninsula.

Commercial EMS Agencies (Non-Designated Emergency Response Agencies)

1. Cardinal Ambulance Services, Newport News, (Peninsula) provides ALS and BLS transport services.
2. LifeCare of Fredericksburg, Newport News, (Peninsula) provides ALS and BLS transport services.
3. Riverside Patient Transport, Newport News, (Peninsula), provides ALS and BLS transport services within the Riverside Health System.
4. Medical Transport, Inc., Virginia Beach, VA, provides ALS and BLS transport services throughout Hampton Roads (Peninsulas and Tidewater regions).
5. American Medical Response (AMR), Hampton, VA, provides ALS and BLS transport services throughout Hampton Roads (Peninsulas and Tidewater regions).
6. Heartsong Care, Newport News, VA, provides BLS transport services on the Peninsula.

Federal and Military EMS Resources (Patient flow): Daily prehospital emergency care on federal and military facilities in the Peninsula region is provided primarily by Department of Defense/Military EMS resources.

1. Camp Perry Fire and EMS (Primary patient flow to Sentara Williamsburg Regional Medical Center)
2. Joint Base Langley- Eustis Fort Eustis Fire and Emergency Medical Services (Primary patient flow to Mary Immaculate Hospital, Riverside Regional Medical Center)
3. Navy Region Mid-Atlantic Fire and Emergency Services- Naval Weapons Station, Yorktown and Cheatham Annex Naval Base (Primary patient flow to Mary Immaculate Hospital, Riverside Regional Medical Center)
4. Langley Air Force Base Fire Department (Non-transport agency)

Helicopter EMS Agencies

1. LifeEvac 3, flying from Mattaponi in King William County primarily transports patients from the Middle Peninsula and Northern Neck, but occasionally transports from the Peninsula, including interfacility transports for the Riverside Health system. Transports include emergent stroke, STEMI and trauma patients.
2. PHI Air Medical Fredericksburg, flying from Fredericksburg, VA, transports emergent patients from the Northern Neck and Middle Peninsula. Transports include emergent stroke, STEMI and trauma patients.
3. Nightingale Regional Air Ambulance Service, flying from Norfolk, primarily transports patients from the Peninsula, but also transports from the Middle Peninsula and Northern Neck. Transports include emergent stroke, STEMI and trauma patients, as well as interfacility transports for the Sentara system.

Peninsulas EMS Council Information Designation

Office Location:

6876 Main Street, Gloucester Main Street Center
Gloucester, VA 23061

Phone Numbers:

Main Number: (804) 693-6234
Fax Number: (804) 693-6277
HIPAA/PHI Fax Number (804) 302-6073

Office Hours:

Monday thru Friday – 0830 to 1630

Directions:

The Peninsulas EMS Council office is located in the Main Street Center, along with the Gloucester County Library and adjacent to the U.S. Post Office in historic Gloucester Courthouse.

Council Leadership

Council Staff

(All Positions current as of June 30, 2018)

Michael Player, MPA, NRP <i>Executive Director</i>	Paul Hoyle, EMT <i>EMS Planning and Emergency Management Coordinator</i>
Kevin Brophy <i>Business Manager</i>	Debbie Thomas, NRP <i>EMS Field Coordinator – Clinical Programs</i>
Seth Craig <i>Field Coordinator – Clinical Care</i>	Jeff Bendit, NREMT-P <i>EMS Field Coordinator – Operations</i>
Amy Ashe <i>Field Coordinator – Community Health</i>	

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Board of Directors

(All positions current as of June 30, 2018) *Denotes Executive Committee

Name	Agency/Facility	Position	Appointed
Anest, Trisha	Bon Secours Mary Immaculate Hospital	Hospital	12-20-17
Barrick, David J. (Vice President)*	Citizen	At Large	06-20-18
Beasley, Jeff	Westmoreland County Emergency Services	City/County Government (Northern Neck)	09-21-16
Brann, Jimmy	Essex County Emergency Services	City/County Government (Middle Peninsula)	12-20-17
Clifford, Christianne	Riverside Doctors' Hospital of Williamsburg	Hospital	06-20-18
Coffman, Greg	Busch Gardens/Water Country USA Williamsburg	Business (Peninsula)	03-15-17
Dent, William P.	Williamsburg Fire Department	City/County Government Peninsula	06-17-18
Dodd, Lisa	Riverside Tappahannock Hospital	Hospital	09-21-16
Glover, Julie (President)*	Abingdon Volunteer Fire and Rescue	At Large	09-21-16
Green, Linnie	Village Bank	Financial Institution	01-21-18
Harper, Kimberly	Emergency Nursing Association	At Large	06-17-18
Hunter, Gregory	King & Queen County	Licensed EMS Agency (Middle Peninsula)	12-21-16
Knott, Nichole	Citizen	Consumer (Middle Peninsula)	09-21-16
Lawson, Cheryl, MD*	Peninsulas EMS Council	Regional Medical Director State EMS Advisory Board	06-30-16 08-31-15
Lee, Robert	Newport News Fire Department	Licensed EMS Agency (Virginia Peninsula)	03-15-17
Masterson, David	Sentara Williamsburg Regional Medical Center	Hospital	06-21-17
McClure, Rick	Northumberland County Emergency Services	Licensed EMS Agency (Northern Neck)	09-21-16
Player, Michael (Secretary)*	Peninsulas EMS Council (Executive Director)	Peninsulas EMS Council	N/A
Sensenig, Jeff	Riverside Walter Reed Hospital	Hospital	03-16-16

Sweet, Jason	James City County Fire Department	Licensed EMS Agency (Virginia Peninsula)	12-21-16
Walker, Ed	Sentara CarePlex Hospital	Hospital	01-21-18
Wingfield, Frank (<i>Treasurer</i>)*	Virginia Country Real Estate	Business (Middle Peninsula)	03-15-17

Peninsulas EMS Council Committees

(All Positions current as of June 30, 2018)

Standing Committees

- Executive Committee – Julie Glover, Chair
- EMS Operations Committee – Terry McGregor, Chair
- Medical Advisory Committee – Lisa Dodd, DO, Chair
- Peninsulas Interfacility Cooperation Organization – Sarah Parker, Chair

Other Committees, Work Groups, Task-Forces Established by Resolution

- CTS Committee – Michael Tate, Chair
- Mass Casualty Incident Workgroup – Paul Hoyle, Staff
- Performance Improvement Committee – Lou Ann Miller, RN, Chair
- Pharmacy Committee – Suzanne Hopkins, Chair
- Protocol, Policies, and Procedure Committee – David Justis, Chair
- Rescue Squad Assistance Fund Review Committee – Frank Wingfield, Chair
- STEMI Committee – Terrence McGregor, Chair
- Stroke Committee – Shanon Beam, Chair
- Trauma Committee – LouAnn Miller, Chair
- Behavioral Health Committee -

Other State Committees (*Peninsulas EMS Council Representatives*)

- Emergency Management Committee of the State EMS Advisory Board – Michael Player, Representative
- Health and Human Resources Subpanel of the Secure Commonwealth Initiative - Michael Player, EMS Representative
- Legislation and Planning Committee of the State EMS Advisory Board - Michael Player, Representative
- Medical Direction Committee of the State EMS Advisory Board – Cheryl Lawson, MD, Representative
- Regional Executive Directors Group - Michael Player, Vice-Chair
- State EMS Advisory Board – Cheryl Lawson, MD
- Transportation Committee of the State EMS Advisory Board – J. David Barrick, Chair
- Virginia Trauma System Oversight and Management Committee – Lou Ann Miller, RN
- Virginia Heart Attack Coalition – Debbie Thomas, PEMS Representative
- Workforce Development Committee of the State EMS Advisory Board – Paul Hoyle

Other Local Committees & Teams (*Peninsulas EMS Council Representatives*)

- Bon Secours Mary Immaculate STEMI Committee – Debbie Thomas, EMS Representative
- Bon Secours Mary Immaculate Stroke Committee – Debbie Thomas, PEMS Representative
- Critical Incident Stress Management Committee – Don Martin, Clinical Director;
Amy Ashe, Team Coordinator

- Eastern Virginia Healthcare Coalition – Michael Player, Executive Council; Paul Hoyle, PEMS Representative
- Eastern Virginia Healthcare Coalition Training & Exercise Committee – Paul Hoyle, PEMS Representative
- Hampton Roads Planning District Commission All-Hazards Advisory Committee – Paul Hoyle
- Hampton Roads Planning District Commission Urban Area Working Group – Paul Hoyle
- Hampton Roads Incident Management Team, Paul Hoyle
- Hampton Roads MMRS Strike Team Leadership Committee, Paul Hoyle, PEMS Representative
- Hampton Roads Trauma Symposium Committee – Debbie Thomas, Michael Player, PEMS Representatives
- Rappahannock Community College EMS Program Oversight Committee – Michael Player, PEMS Representative
- Sentara Careplex STEMI Committee – Debbie Thomas, EMS Representative
- Sentara Williamsburg Regional Medical Center STEMI Review Committee – Debbie Thomas, EMS Representative
- Tidewater Community College EMS Program Oversight Committee – Michael Player, PEMS Representative
- Thomas Nelson Community College EMS and Fire Science Program Oversight Committee – Michael Player, Chair
- Riverside Regional Medical Center Chest Pain Accreditation Committee – Debbie Thomas, EMS Representative
- Rappahannock General Hospital Stroke Committee – Debbie Thomas, PEMS Representative
- Riverside Regional Medical Center Trauma Review Committee – Debbie Thomas, PEMS Representative
- Sentara Williamsburg Regional Medical Center Stroke Committee – Debbie Thomas, PEMS Representative
- Sentara Careplex Stroke Committee – Debbie Thomas, PEMS Representative

PENINSULAS EMERGENCY MEDICAL SERVICES COUNCIL, INC. STATEMENT OF ACTIVITIES

	FY2018	FY2017
PUBLIC SUPPORT & REVENUE		
Public support:		
Local support	\$94,926	\$64,071
Grants	<u>\$44,502</u>	<u>\$42,686</u>
Total public support	\$139,428	\$106,757
Revenues:		
State funds	\$399,292	\$309,783
Training materials	\$15,387	\$9,750
Interest	\$494	\$1,398
Gain on sale	\$32,000	\$ -
Other	<u>\$6,932</u>	<u>\$10,216</u>

Total revenues	<u>\$454,105</u>	<u>\$331,147</u>
Total support and revenue	\$593,533	\$437,904
EXPENSES		
Programs	\$453,086	\$424,885
Management and general	<u>\$55,420</u>	<u>\$53,398</u>
Total expenses	<u>\$508,506</u>	<u>\$478,283</u>
CHANGE IN NET ASSETS	\$85,027	\$(40,379)
NET ASSETS, BEGINNING OF YEAR	<u>\$107,231</u>	<u>\$147,610</u>
NET ASSETS, END OF YEAR	<u>\$192,258</u>	<u>\$107,231</u>

The PEMS Council's FY17 and FY 18 financial statements were audited by D. Allen Perkins, CPA, PLC. The full report and the Council's federal 990 tax return are available for inspection at the council office. The federal 990 is also available for inspection on the Council's web site and on Guidestar.org

PENINSULAS EMERGENCY MEDICAL SERVICES COUNCIL, INC.
STATEMENTS OF FINANCIAL POSITION
June 30, 2018 AND 2017

ASSETS		
	2018	2017
Cash and cash equivalents	\$45,881	\$610
Investment	\$32,295	\$31,881
Accounts receivable	<u>\$101,084</u>	<u>\$76,194</u>
Total current assets	\$179,260	\$108,685
Property and equipment – net	\$71,406	\$82,162
Other Assets	<u>\$3,381</u>	<u>\$2,417</u>
TOTAL ASSETS	<u>\$254,047</u>	<u>\$193,264</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$17,697	\$9,308
Salary and related accruals	\$11,109	\$8,856
Accrued vacation	\$5,776	\$5,776
Line of credit	\$20,000	\$60,000
Deferred revenue	<u>\$7,207</u>	<u>\$2,093</u>
Total current liabilities	\$61,789	\$86,033
NET ASSETS		
Temporarily restricted	\$-	\$-
Unrestricted	<u>\$192,258</u>	<u>\$107,231</u>
Total net assets	\$192,258	\$107,231
TOTAL LIABILITIES AND NET ASSETS	\$254,047	\$193,264

The PEMS Council’s FY17 and FY 18 financial statements were audited by D. Allen Perkins, CPA, PLC. The full report and the Councils federal 990 tax return are available for inspection at the council office. The federal 990 is also available for inspection on the Council’s web site and on Guidestar.org.

Our Major Contributors and Funders

Platinum Partner: Riverside Health Systems

Gold Partners: Sentara Healthcare

Silver Partners: VCU Medical Center
Bon Secours Hampton Roads

Bronze Partner: Bon Secours Rappahannock General Hospital

Additional Contributors:

VCU Medical System (LifeEvac 3)
City of Hampton
City of Newport News
City of Poquoson
City of Williamsburg
Essex County
Gloucester County
James City County
King and Queen County
King William County
Lancaster County
Mathews County
Middlesex County
Northumberland County
Richmond County
Virginia Department of Health
Westmoreland County
York County

A number of other supporters provided discounts for goods and services, door prize donations, and other good will. We truly thank all of our contributors, events sponsors, and supporters!

The Peninsulas EMS Council, Inc. was chartered in 1976 under the laws of the Commonwealth of Virginia.

The council is a private, non-profit, tax exempt organization described in section 501 (c) (3) of the Federal IRS Code.

Donations to the council are tax deductible.
Federal Employer ID Number: 54-1064500



Council Activity

Regional Medical Direction

Regional Medical Direction – The Peninsulas EMS Council maintains a Medical Advisory Committee (MAC), which develops, approves, implements, expands, and improves programs of medical control and accountability and coordinating the development and maintenance of regional medical treatment protocols and medical oversight of education and testing for all levels of emergency medical service certification within the region. The policies and protocols established by the MAC are the basis for the legal "standard of care" for the provision of prehospital emergency medical care within the geographic boundaries of the Peninsula, Middle Peninsula, and Northern Neck.

- *Renewed a Personal Services Contract on 20 June, 2018 with Cheryl Lawson, MD, as its Regional Medical Director (RMD), consistent with responsibilities listed under the Virginia EMS Regulations 12 VAC 5-31-1890.*

Protocol, Policies and Procedures Implementation – The Peninsulas EMS Council provides and manages the region's Advanced Life Support (ALS), Basic Life Support (BLS), pediatric, and weapons of mass destruction (WMD) Patient Care Protocols, Policies, and Procedures for all local governments, EMS agencies, EMS providers, EMS physicians and hospitals in the region. The PEMS Patient Care Protocols, Policies, and Procedures are adopted by the MAC as a regional template and guide for the provision of prehospital emergency medical care. The PEMS maintains a Protocols, Policies and Procedures Committee (PPP) that drafts new and revised protocols, policies and procedures for consideration by the Medical Advisory Committee. Through their work, the PPP ensures that regional protocols, policies and procedures continue to meet national standards and reflect continuously changing medical knowledge, ever more effective therapeutic modalities, and continually developing and improving provider knowledge and skill levels. They also create a manual that presents effective and accurate patient treatment in an organized manner.

- *The 2018 PEMS protocol revision was approved by the Medical Advisory Committee on 14 September 2017. They became effective on 1 March, 2018 after rollout training during January and February of 2017.*

EMS Performance Improvement – The Peninsulas EMS Council maintains an ongoing performance improvement program that regularly assesses EMS system performance in order to provide the information needed for continuous quality improvement in prehospital emergency medical care and outcomes. The Council's EMS performance improvement work is led by its multi-disciplinary Performance Improvement Committee (PIC). It is responsible for assuring and improving the quality of prehospital care provided within the region. The PIC is also responsible for assisting the Medical Advisory Committee with medical case reviews, evaluating patient care and system performance data, and conducting studies and investigations to support the Trauma, STEMI and Stroke Committees and others as needed.

- *The PEMS EMS Performance Improvement (PI) Plan was reviewed without revision by*

the Performance Improvement Committee and approved by the Board of Directors on 20 December, 2017.

- *The PEMS Trauma Performance Improvement (TPI) Plan was reviewed merged with the General EMS Performance Improvement Plan this year per the newest MOU with OEMS to produce the PEMS EMS Performance Improvement Plan noted above.*
- *Regional Performance Improvement Templates remain unchanged from 2010 when they were approved by the Medical Advisory Committee. The templates will be reviewed again following the FY2019 review of the EMS PI Plan.*

The EMS Planning and Emergency Management Coordinator also performs Medical Incident Reviews of patient care activities that are reported by prehospital or hospital caregivers or members of the public as potential deficiencies in patient care practices, departures from protocol compliance, or other areas of concern. The Coordinator makes a sanitized report to the Performance Improvement Committee and/or the Peninsulas Inter-Facility Cooperation Organization to address systemic issues. Referrals to other agencies (OEMS, law enforcement, etc.) are made when deficiencies requiring mandated reporting are identified.

- *Seven Medical Incident Reviews were reported in FY17. All have been closed with no further action required.*

Regional Medication and EMS Supplies Restocking Programs – The Peninsulas EMS Council provides a Regional Medication and EMS Supplies Restocking Agreement with all EMS agencies and the eight non-federal hospitals with full-service emergency departments and two federal hospitals within the region. This agreement meets all current federal regulations and describes the region’s restocking procedures between the hospitals and EMS agencies located in the Peninsulas EMS Council region. The Agreement is maintained by the Council’s standing hospital facilities committee, the Peninsulas Interfacility Cooperation Organization (PICO).

- *Updated Regional EMS Supplies Restocking Program and Agency/Hospital Agreements to remain consistent with regional protocols and procedures. The new agreement was reviewed by the Board of Directors on 20 June, 2018.*
- *In FY17, the Peninsulas EMS Council renewed both its Class 6 Controlled Substance Registration and Clinical Laboratory Improvement Amendment (Certificate of Waiver) for EMS Agencies throughout the Peninsulas EMS Council region.*

Medication Kit Standardization and Exchange – Medication Kits, RSI Medication Kits and Training Medication Kits are located throughout the Peninsulas EMS Council region in support of the regional standard of care as identified in the Regional Patient Care Protocols, Policies and Procedures. While the individual EMS agencies purchase additional or replacement Medication Kits, the Peninsulas EMS Council assumes the ownership of the boxes for repair, replacement and system oversight. The Medication Kits and “EPI” Drug Boxes were provided by the Council through grant funds. The contents of the Medication Kits, RSI Medication Kits and “EPI Drug Boxes are restocked after use and are owned by the region’s hospital pharmacies. Training Medication Kits are stocked through a training medication supplier.

The Medical Advisory Committee, in cooperation with the Pharmacy Committee, develops the content lists for both Medication Kits and the related protocols. All EMS agencies within the region comply with the standardization of the Medication Kits and participate in the Regional Medication Kit Exchange Program managed by the Peninsulas EMS Council’s Pharmacy

Committee. The Council's EMS Field Coordinator (Operations) is responsible for the inventory control and maintenance of the region's drug boxes.

- *The Regional Medication Kit Exchange Program was revised in the fourth quarter of FY2017 and approved by the Board of Directors on 20 June, 2018.*
- *The Pharmacy Committee worked to assure adequate supplies or worked with the Medical Advisory Committee to develop alternative treatment modalities as well as systems to identify drug boxes with incomplete contents in the face of continued national medication shortages.*
- *The Pharmacy Committee modified the contents list for the region's drug boxes to support changes in regional treatment protocols.*

Regional Planning

Regional Strategic EMS Plan – The Peninsulas EMS Council utilizes a Regional Strategic EMS Plan with established strategies and initiatives, to provide the Council and staff guidance in the continued development and improvement of the regional emergency medical services system over time. This document is not a recipe for day-to-day management or oversight activities; it represents a broad-brush approach addressing the bigger picture surrounding the provision of services and coordination interactions between stakeholders. The document focuses on five core strategies: promoting collaborative approaches, creating tools and resources, developing infrastructures, assuring quality and evaluation and strengthening the regional council.

- *The Peninsulas EMS Council completed an annual review of the Regional Strategic EMS Plan and its Core Strategies and Strategic Initiatives. The plan was approved without change by the Board on 20 June, 2018.*
- *The regional Stroke Triage Plan was reviewed without change by the Board of Directors on 20 June, 2018.*
- *The Hampton Roads Mass Casualty Incident Response Guide was updated in March of 2018. The change was approved by the Boards of Directors for PEMS and TEMS regions in March, 2018.*
- *The regional Continuity of Operations Plan (COOP) was updated and approved by the Board of Directors on 21 December, 2016 and received an annual review in December, 2017.*
- *The PEMS region Hospital Diversion Plan was updated and approved by the Board of Directors on 20 June, 2018.*

MCI Support – The Peninsulas EMS Council provides coordination and assistance with mass casualty planning and training on local, regional, and state levels. In conjunction with the Tidewater EMS Council, the Peninsulas EMS Council provides and updates a Regional Mass Casualty Incident (MCI) Plan and Guide for all EMS agencies, EMS providers, EMS physicians and hospitals in the region. The Hampton Roads Mass Casualty Incident Response Guide incorporates the Virginia Triage Tag as well as the Simple Triage and Rapid Treatment (START) and JumpSTART (pediatric) patient triage processes adopted by the Commonwealth of Virginia. The Peninsulas EMS Council provides MCI exercise planning and evaluation, and MCI training, on request, throughout the region. The Council also works with the Peninsulas Interfacility Cooperation Organization (PICO) and the Virginia Hospital and Healthcare Association to monitor the Regional Hospital Diversion Plan.

- *Continued regional planning and improvement of health system response to disasters.*
- *Participated in tabletop, functional and full-scale exercises, assisting with exercise*

planning and evaluation support.

Hampton Roads Metropolitan Medical Response System (HRMMRS) - In partnership with the Tidewater EMS Council, the Peninsulas EMS Council assists with the management and implementation of the HRMMRS, a program to improve regional medical response to any large disasters or acts of terrorism within the jurisdictions served by the Hampton Roads Planning District Commission (HRPDC), including surge capacity planning. Sustainment funding from the sixteen HRPDC cities and counties and various federal contracts and grants fund this program. Members of the Peninsulas EMS Council and EMS agencies staff MMRS Committees, serve on the MMRS Medical Strike Team, provide operational support to the Strike Team, and maintain and augment a Strike Team equipment and communications cache. In FY17, the HRMMRS:

- *Continued regional planning and improvement of the health system response to disasters using FY08, FY09, FY10 federal Homeland Security MMRS grants.*
- *Actively participated with local and regional groups such as Virginia Department of Health Emergency Planning and Response Planners (VDH EP&R), the Virginia Department of Emergency Management (VDEM), the Hampton Roads All-Hazards Advisory Committee, Regional Catastrophic Planning Grant Workgroup, Regional Catastrophic Planning Grant Planning Team and Mass Care and Sheltering Workgroup, Secure Commonwealth Health and Medical Subpanel, the Eastern Virginia Hospital Preparedness Coordinating Group, the Cities Readiness Initiative and the Regional All Hazards Advisory Committee.*
- *The Council partners with the Eastern Virginia Healthcare Coalition to deliver health services in support of the Hampton Roads and Eastern Virginia region's hospitals and healthcare facilities, EMS agencies, non-government and private healthcare organizations and services and public health in times of crisis. The Council's Executive Director serves on the Coalition's Executive Committee.*

Regional Coordination

Regional Information and Referral – The Peninsulas EMS Council aids local jurisdictions, EMS agencies, EMS providers, EMS Physicians, hospitals, other health care providers, public safety officials, and the public with EMS information and referrals.

- *Served as a clearinghouse for regional and state EMS pamphlets, posters, displays and other EMS public relation and recruitment materials.*
- *Maintained and updated an informational website. All course offerings were posted, to include courses offered by the Peninsulas EMS Council as well as other EMS-related courses; on-line registration for test sites, courses, etc. on the website. Through the Council website, staff also provided contact information, including telephone numbers and e-mail addresses so that agencies, providers, and members of the community could contact any staff member with a minimum of delay.*
- *All Council business involving HIPAA/PHI communications take place using secure email and fax systems.*
- *Sponsored listserv, Face Book and Twitter accounts and distributed information to subscribers on a frequent basis. Subscription was made available to anyone interested.*

EMS Education and Training – The Peninsulas EMS Council provides, facilitates, and supports education and training programs, including continuing education “required topics,” throughout

the region.

- *Coordinated instructor networking to facilitate and aid in the provision of quality education to support EMS agencies within the region.*
- *Partnered with hospitals in the region to provide an annual Trauma Symposium for pre-hospital and hospital emergency medical care providers.*
- *Acted as host, in coordination with the Tidewater EMS Council, for an annual series of Occupational Safety and Health Administration (OSHA) Infection Control Designated Officer, advanced Designated Officer and Train-the-Trainer courses.*
- *Maintained CDC, VDH and other health-related information on the Council website.*
- *Partnered with education and training centers, including Rappahannock Community College EMS Programs (EMT-Basic, EMT-Intermediate and EMT-Paramedic) Oversight Committee; Thomas Nelson Community College (EMT-Basic, EMT-Intermediate and EMT-Paramedic) Oversight Committee and the Tidewater Community College (EMT-Intermediate and EMT-Paramedic) Oversight Committee & ECPI (Paramedic) Oversight Committee.*

Critical Incident Stress Management (CISM) Team – The Peninsulas EMS Council supports and manages one of the sixteen Critical Incident Stress Management (CISM) Teams recognized by the Commonwealth of Virginia. The PEMS CISM Team provides critical support to the entire Peninsulas EMS Council emergency services community, including police, fire, emergency medical services, emergency communications and hospital emergency departments who experience psychologically traumatic events or suffer from the effects of cumulative events. The PEMS CISM Team also provides services to members of the community involved in similar events. Team members provide pre-incident education, post-incident defusing, demobilization, and debriefing.

- *In FY17, The Peninsulas EMS Council’s CISM Team responded to requests for CISM team interventions and education requests from both agencies and individuals in the region.*
- *Hosted and provided staff support at semi-annual meetings of the CISM Team.*

Communications System – The Peninsulas EMS Council coordinates the regional EMS Medical Communications System by facilitating operation of the region’s UHF and VHF medical communications system, coordinating all radio communication through a regional communication system, and the establishment of regional communication policy.

Consolidated EMS Testing – The Peninsulas EMS Council coordinates and manages at least twelve consolidated testing sites at locations across the region each year, including sites on the Peninsula, Middle Peninsula, and Northern Neck. The Council is responsible for recruiting and training staff, securing simulated patients and supplies, test sites and providing all equipment and supplies needed for the test sites. The Council is also responsible for registering candidates and paying test site personnel.

- *Continued to schedule, coordinate and support Consolidated Test Sites in the region.*

Regional Awards Program – Each year, the Peninsulas EMS Council conducts a Regional Awards Program. These awards recognize the unique and essential role EMS plays in the community and honor the individuals and agencies that have made a significant contribution to EMS in the Peninsulas EMS Council region. The regional award winners are nominated for the Governors EMS Awards. The Council also works with the hospital emergency departments and

emergency physician groups to provide a Regional Award Program to honor the nominees and recipients of the annual Regional EMS Awards.

- *This year, PEMS again partnered with our regional hospital systems and Busch Gardens to present the 2018 Peninsulas Regional EMS Awards at the “Celebrate EMS” day at Busch Gardens. Lunch was provided free for all attendees. Over 300 health care professionals and their families attended. The event was a huge success and we look forward to continuing this program in future years.*

In January, the Council launched its 2018 Regional EMS Award campaign with the slogan “Recognize Excellence!” The Council received 50 nominations for 14 regional awards.

- *The 2018 Michael B. Player Award for Excellence in EMS was awarded to Terrence McGregor of Lancaster County Emergency Services.*
- *The 2018 Joseph S. Howard Award for Outstanding Prehospital Provider was awarded to Andre Dorsey of Newport News Fire Department.*
- *The 2018 Gaylord Ray Award for Outstanding EMS Physician was awarded to Dr. Eleanor Erwin of Sentara Williamsburg Regional Medical Center.*
- *The 2018 Peninsulas EMS Council Award for Outstanding Prehospital Educator was awarded to Kim Johnson of Rappahannock Community College.*
- *The 2018 Melissa Holloway Award for Nurse with Outstanding Contributions to EMS was awarded to Tammy Smith, RN of Sentara CarePlex Hospital.*
- *The 2018 Russell L. Lowry Award for Outstanding EMS Administrator was awarded to Greg Baker of Richmond County Department of Emergency Services.*
- *The 2018 Peninsulas EMS Council Award for Outstanding Contribution to Emergency Preparedness and Response was awarded to Michelle Cowling of Eastern Virginia Healthcare Coalition.*
- *The 2018 Peninsulas EMS Council Award for Outstanding EMS Agency was awarded to Newport News Fire Department.*
- *The 2018 Peninsulas EMS Council Award for Outstanding Contributions to EMS for Children was awarded to Tiffany Chatham, RN of Boston Medical Center.*
- *The 2018 Peninsulas EMS Council Award for Outstanding Contributions to EMS Health and Safety was awarded to the Newport News Fire Department.*
- *The 2018 Peninsulas EMS Council Award for Outstanding Call of the Year was awarded to Westmoreland County Department of Emergency Services and York County Department of Fire and Life Safety.*
- *The 2018 Peninsulas EMS Council Award for Outstanding EMS Telecommunications Officer was awarded to Sara Reopelle, York-Poquoson-Williamsburg 9-1-1.*
- *The 2018 Peninsulas EMS Council Regional Scholarship for Outstanding High School Senior was awarded to James Hall, Rappahannock High School.*
- *A 2018 Peninsulas EMS Council Regional Special Award was awarded to Pankajavalli Ramikrishnan, MD for her contribution to stroke care in the region.*

The recipients of the regional awards were submitted as nominees for the coveted 2018 Governor’s EMS Awards, which will be announced at the Virginia EMS Symposium’s Annual Awards Ceremony in November, in Norfolk, Virginia.

Rescue Squad Assistance Fund (RSAF) – The Peninsulas EMS Council provides local governments, hospitals and EMS agencies with comprehensive resources for EMS grants information and assistance. In addition, the Council provides equipment and educational

opportunities through extensive federal, state and regional grant programs.

- *Conducted reviews in Fall of 2017 and Spring of 2018 to grade the requests and make comments. The grades and comments were forwarded to the Virginia Financial Assistance Review Committee to consider during their process of recommending Virginia Rescue Squad Assistance Fund grants awards.*

Peninsulas EMS Council and Virginia Office of EMS Coordination

The Peninsulas EMS Council interacts with the Virginia Office of Emergency Medical Services committees, to provide avenues for two-way information sharing and statewide system improvements and enhancements. State committees for which the Peninsulas EMS Council has committed staff, volunteers and resources include:

- State EMS Advisory Board
- State Medical Direction Committee
- State Emergency Management Committee
- State EMS Awards Committee
- State Medical Direction Committee
- State Legislation and Planning Committee
- State Financial Assistance Review Committee
- State Trauma Performance Improvement Committee
- State Workforce Development Committee

Summary

This has again been a great year for the Peninsulas EMS Council. We have been fortunate to bring on two great new staff members, Kevin Brophy, who brings his knowledge and experience to the Business Manager position, and Amy Ashe, who is developing contacts, resources and operational concepts to the Field Coordinator (Community Health) position.

We continue to work with our partners, stakeholders and citizens to ensure that the Peninsulas EMS system continues to be one of the most effective and efficient in the nation for the delivery of high quality prehospital emergency medical care. To do this, we respond to the increasing needs of the regional EMS delivery system's development, coordination and management while we simultaneously seek the resources necessary to meet the Council's basic fiscal responsibilities. We thank all our partners for their continued support of our mission and goals and assure you that we will continue to use your contributions wisely and responsibly to maximize our efforts on your behalf and on behalf of the region's prehospital EMS patients.

A coordinated, efficient and effective regional EMS system of sixteen jurisdictions, 58 EMS agencies, and 10 hospitals exists only as a result of the hard work of literally hundreds of volunteers staffing committees, work groups and task forces, thousands of career and volunteer EMS providers answering emergency calls and providing prehospital emergency medical care and transportation, and even more physicians, nurses and medical staff continuing that care in state of the art medical facilities. In recognition of this important fact, we continue to use the phrase "We Are PEMS!" to represent the modern and responsive EMS delivery system serving the three peninsulas. This year we have added the wording "using partnerships, science and synergy to create regional EMS excellence for you" to explain how we do what we do and why

we are so successful.

Thank you for your continued support and we sincerely look forward to working with you as we continue our success in achieving our mission in the region.

We Are PEMS!