



Peninsulas EMS Council Inc.
FY22 Annual Report

Report of the Council
1 July 2021 – 30 June 2022
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 centers. Their professional certification, vehicle permits, and agency licenses are provided by the Virginia Department of Health - Office of Emergency Medical Services. These personnel are part of a comprehensive Emergency Medical System (EMS) that is frequently accompanied by other public services including fire, rescue, and law enforcement. This EMS system optimally continues when the patient 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 49 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 coordinating 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)
 - Eastern Virginia Healthcare Coalition (EVHC)

- Hampton Roads Planning District Commission All Hazards Advisory Committee (AHAC)
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)
 - Emergency Management/Mass Casualty/Surge Exercise Participation & Coordination
 - VDH & Health Department Coordination
 4. PEMS, Regional Councils and VA OEMS Coordination
 - Regional Awards Program
 - Rescue Squad Assistance Fund (RSAF) Grant Program
 - EMT Instructor Networking
 - Regional Council Coordination
 - BLS Psychomotor Testing
 5. PEMS, VDH, VDEM and Localities
 - COVID-19 Pandemic Response

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 July 1, 2022, 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 a period of 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 642,227 * spread across 2,727 square miles. *All demographics data is based on University of Virginia's Weldon Cooper Center July 1, 2021 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 along with the counties of James City and York. In 2021, it was home to an estimated 499,078 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:

Peninsula

Like the Northern Neck and the Middle Peninsula, the Peninsula is located on the tidal coastal plain. The Peninsula, however, is much flatter and closer to sea level. Similar to the two northern peninsulas, the eastern boundary of the Peninsula 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 staffed with career personnel with volunteer personnel support, or primarily staffed with volunteer personnel with career personnel support.

1. James City County
 - a. James City County Fire Department (Primary patient flow to Sentara Williamsburg Regional Medical Center and Riverside Doctor's Hospital Williamsburg)
 - b. James City County 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 and Rescue (Primary patient flow to Sentara CarePlex Hospital, Riverside Regional Medical Center, Bon Secours Mary Immaculate Hospital)
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, and encompasses six Virginia counties: Essex, Gloucester, King and Queen, King William, Mathews, and Middlesex. These jurisdictions comprise an estimated population of 93,085 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 include those located in Richmond and the Northern Neck as well as the Peninsula and Middle Peninsula.

1. Essex County
 - a. Essex County Emergency Medical Services (Primary patient flow to Virginia Commonwealth University - VCU Tappahannock Hospital, Memorial Regional Medical Center, VCU Medical Center)
2. Gloucester County
 - a. Abingdon Volunteer Fire and Rescue, Inc. (Primary patient flow to Riverside Walter Reed Hospital, Mary Immaculate Hospital)
 - b. Gloucester Volunteer Fire and Rescue Squad, Inc. (Primary patient flow to Riverside Walter Reed Hospital)
3. King and Queen County
 - a. King and Queen County Department of Emergency Services (Primary patient flow to VCU Tappahannock Hospital, Memorial Regional Medical Center)
 - b. King and Queen Volunteer Rescue Squad (Primary patient flow to VCU Tappahannock Hospital, Memorial Regional Medical Center)
 - c. Mattaponi Volunteer Rescue Squad, Inc. (Primary patient flow to VCU Tappahannock Hospital, VCU Medical Center, Memorial Regional Medical Center,

Riverside Walter Reed Hospital)

4. King William County
 - a. King William Fire and Emergency Services (Primary patient flow to Memorial Regional Medical Center, VCU Tappahannock Hospital, Riverside Walter Reed Hospital, Sentara Williamsburg Regional Medical Center, VCU Medical Center)
 - b. Mangohick Volunteer Fire Department (Non-transport agency)
 - c. West Point Volunteer Fire Department (Primary patient flow to Riverside Walter Reed Hospital, Sentara Williamsburg Regional Medical Center, VCU Medical Center)
5. Mathews County
 - a. Mathews County Volunteer Rescue Squad (Primary patient flow to Riverside Walter Reed Hospital)
6. Middlesex County
 - a. Middlesex Volunteer Rescue Squad (Primary patient flow to Riverside Walter Reed Hospital, Bon Secours Rappahannock General Hospital)

Northern Neck

Service Area Description:

The Northern Neck consists of Westmoreland, Richmond, Northumberland, and Lancaster counties. These jurisdictions comprise an estimated population of 50,064 spread across 746 square miles. It is 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. Lancaster County
 - a. Lancaster County Emergency Services (Primary patient flow to Bon Secours Rappahannock General Hospital, Riverside Walter Reed Hospital, VCU Tappahannock Hospital)
 - b. Upper-Lancaster Volunteer Rescue Squad (Primary patient flow to Bon Secours

- Rappahannock General Hospital, Riverside Walter Reed Hospital, VCU Tappahannock Hospital)
- c. Kilmarnock-Lancaster Volunteer Rescue Squad (Primary patient flow to Bon Secours Rappahannock General Hospital, Riverside Walter Reed Hospital, VCU Tappahannock Hospital)
- 2. Northumberland County
 - a. Northumberland County Department of Emergency Services (Primary patient flow to Bon Secours Rappahannock General Hospital & VCU Tappahannock Hospital)
 - b. Northumberland County Rescue Squad (Primary patient flow to Bon Secours Rappahannock General Hospital, VCU Tappahannock Hospital)
 - c. Mid-County Volunteer Rescue Squad (Primary patient flow to Bon Secours Rappahannock General Hospital & VCU Tappahannock Hospital)
 - d. Callao Rescue Squad, Inc. (Primary patient flow to Bon Secours Rappahannock General Hospital & VCU Tappahannock Hospital)
- 3. Richmond County
 - a. Richmond County Department of Emergency Services (Primary patient flow to VCU Tappahannock Hospital, Bon Secours Rappahannock General Hospital)
- 4. Westmoreland County
 - a. Colonial Beach Rescue Squad (Primary patient flow to Mary Washington Hospital)
 - b. Westmoreland Volunteer Rescue Squad (Primary patient flow to Riverside Tappahannock Hospital)
 - c. Colonial Beach Volunteer Fire Department (Non-transport agency)
 - d. Cople District Volunteer Fire Department (Non-transport agency)
 - e. Oak Grove Volunteer Fire Department (Non-transport agency)
 - f. Westmoreland County Department of Emergency Services (Primary patient flow to VCU Tappahannock Hospital)
 - g. Westmoreland Volunteer Fire Department (Non-transport agency)

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. VCU 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 East End area of Newport News. In 1980, it moved to its current location which is 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.

Private EMS Agencies (Non-Designated Emergency Response Agencies)

1. American Medical Response Mid-Atlantic Inc. (AMR), Hampton, VA, provides ALS and BLS transport services throughout Hampton Roads (Peninsulas and Tidewater regions).
2. Busch-Gardens – Water Country USA, Williamsburg (Peninsula) (Non-transport agency)
3. Cardinal Ambulance Services, Newport News, (Peninsula) provides ALS and BLS transport services.
4. Eastern State Hospital, Williamsburg (Peninsula) provides ALS and BLS transport
5. ISC Medical Transport, Newport News (Peninsula) provides ALS and BLS transport
6. LifeCare of Fredericksburg, Newport News, (Peninsula) provides ALS and BLS transport services.
7. Medical Transport, Inc., Virginia Beach, VA, provides ALS and BLS transport services throughout Hampton Roads (Peninsulas and Tidewater regions).
8. O'Gara Training and Services, Montross, (Northern Neck) (Non-transport agency)

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. Fort Eustis/Fort Story Fire and Emergency Services (Primary patient flow to Mary Immaculate Hospital, Riverside Regional Medical Center)
3. Langley Air Force Base Fire Department (Non-transport agency)
4. McDonald Army Health Center (provides ALS and BLS transport)
5. 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)

Helicopter EMS Agencies

1. 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.
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, as well as interfacility transports.
3. Virginia Commonwealth University 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 Virginia Commonwealth University Health system and Riverside Health System. Transports include emergent stroke, STEMI and trauma patients.

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
From March 15, 2020 - May 2, 2022, the office operated virtually due to the COVID-19 pandemic. Deliveries and in-person meetings were arranged by appointment. On May 2, 2022, staff returned for normal office operations.

Directions:

The Peninsulas EMS Council office is located in the Main Street Center, next door to the U.S. Post Office in historic Gloucester Courthouse.

Council Leadership

Council Staff

(All Positions current as of June 30, 2022)

Michael B. Player, MPA, NRP <i>Executive Director</i>	Amy C. Ashe, MS, NRP <i>Field Coordinator – Community Health</i>
Kevin J. Brophy, BS, CHAP <i>Business Manager</i>	Gregory Bever, BS <i>EMS Systems - IT Specialist</i>
Seth C. Craig, IV, MS, NRP <i>Field Coordinator – Clinical Care</i>	Joann King, MA, NRP <i>EMS Field Coordinator – Education Programs</i>
Stephen C. Pincus, MPA, EMT <i>EMS Planning and Emergency Management Coordinator</i>	Debbie Thomas, NRP <i>EMS Field Coordinator – Clinical Programs</i>
Travis Veach, BS, NRP <i>EMS Field Coordinator – Operations</i>	

Board of Directors

(All positions current as of December 14, 2022) *Denotes Executive Committee

Name	Agency/Facility	Position	Appointment Exp
J. David Barrick, NRP* (<i>Treasurer</i>)	Citizen	At Large	06-16-24
Jeff Beasley, NRP	Westmoreland County Emergency Services	At Large	09-21-25
Christianne Clifford, DO	Riverside Doctors' Hospital of Williamsburg	Hospital	06-16-24
William P. Dent, EMT* (<i>Vice-President</i>)	Williamsburg Fire Department	At-Large	06-15-25
Melissa Doak, NRP	York County Department Fire and Life safety	Licensed EMS Agency (Virginia Peninsula)	09-21-25
Lisa Dodd, DO	VCU Tappahannock Hospital	Hospital	09-21-25
Julie Glover, NRP* (<i>President</i>)	Abingdon Volunteer Fire and Rescue	At-Large	09-21-25
Sudershan Gupta, MD	Riverside Walter Reed	Hospital	09-21-25
Kimberly Harper, MSN, RN	Emergency Nurses Association	At Large	06-16-24
Gregory Hunter, NRP	King & Queen County	Licensed EMS Agency (Middle Peninsula)	12-18-22
Shannon Kennedy, EdD	Rappahannock Community College	Business (Northern Neck)	06-16-23
Stephen Kopczynski, EMT	York County Department of Fire & Life Safety	City/County Government (Virginia Peninsula)	06-15-25
Michael Kuhns	VA Peninsula Chamber of Commerce (Retired)	Business (Virginia Peninsula)	12-14-25
Amir Louka, MD*	Peninsulas EMS Council	Regional Medical Director	06-16-23
Jason Massignan, MD	Bon Secours Mary Immaculate	Hospital	06-15-25
Johanna Northstein	Chesapeake Bank	Financial Institution	09-21-25
Mitchell Paulette	Richmond County EMS	City/County Government (Northern Neck)	03-17-24

Michael Player, NRP* (Secretary)	Peninsulas EMS Council (Executive Director)	Peninsulas EMS Council	N/A
Amber Price, DNP, RN	Sentara Williamsburg Regional Medical Center	Hospital	06-15-25
Gary Samuels, NRP*	Bon Secours Healthcare	Hospital	06-15-25
Matthew Smith, NRP	Lancaster County EMS	Licensed EMS Agency (Northern Neck)	06-16-23
Sherwin Stewart, MSM, DSL*	Sentara CarePlex Hospital	Hospital	06-16-24
Dustin St. George, MD	Riverside Walter Reed Hospital	Hospital	12-14-25
Sadie Thurman, DNP, RN, NEA-BC	Peninsulas EMS Council Riverside Regional Medical Center	State EMS Advisory Board Hospital	N/A
Frank Wingfield*	Virginia Country Real Estate	Business (Middle Peninsula)	03-15-23

Peninsulas EMS Council Committees

(All Positions current as of December 31, 2022)

Standing Committees

- Executive Committee – Julie Glover, NRP, Chair
- EMS Operations Committee – Melissa Doak, NRP, Chair
- Medical Advisory Committee – Lisa Dodd, DO, Chair
- Peninsulas Interfacility Cooperation Organization – Elizabeth Cumbie, RN, Chair

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

- Mass Casualty Incident Workgroup – Stephen Pincus, NRP, Staff
- Pediatric Care Committee – Samuel Bartle, MD, Chair
- Performance Improvement Committee – Melissa Doak, NRP, Chair
- Pharmacy Committee – Mary Gidley, PharmD, Chair
- Protocol, Policies, and Procedure Committee – David Justis, MD, Chair
- Rescue Squad Assistance Fund Review Committee – J. David Barrick, Chair
- STEMI Committee – Shannon Williams, RN, Chair
- Stroke Committee – Dana Gibler, RN, Chair
- Trauma Triage Committee – Cassie Herman, RN, Chair

Other State Committees (Peninsulas EMS Council Representatives)

- Emergency Management Committee of the State EMS Advisory Board – Michael Player, NRP, Regional Council Representative
- Financial Assistance Review Committee – Tracy Hanger, NRP – PEMS Representative
- Health and Human Resources Subpanel of the Secure Commonwealth Initiative - Michael Player, NRP, EMS Representative
- Legislation and Planning Committee of the State EMS Advisory Board - Michael Player,

- NRP, Virginia Fire Chiefs Association Representative
- Medical Direction Committee of the State EMS Advisory Board – Amir Louka, MD, PEMS Representative
- Regional Executive Directors Group - Michael Player, NRP, Vice-Chair, PEMS Representative
- State EMS Advisory Board – Sadie Thurman, RN, PEMS Representative
- Transportation Committee of the State EMS Advisory Board – J. David Barrick, Chair, PEMS Representative
- Virginia Stroke Systems Task Force – Debbie Thomas, NRP, PEMS Representative
- Virginia Trauma System Oversight and Management Committee – Lou Ann Miller, RN, PEMS Representative
- Virginia Heart Attack Coalition – Debbie Thomas, NRP, PEMS Representative

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

- Bon Secours Mary Immaculate STEMI Committee – Debbie Thomas, NRP, PEMS Representative
- Bon Secours Mary Immaculate Stroke Committee – Debbie Thomas, NRP, PEMS Representative
- Critical Incident Stress Management Committee – Stacy Young and Shannon Hodges, Clinical Directors; Amy Ashe, NRP, Team Coordinator
- Eastern Virginia Healthcare Coalition – Michael Player, NRP, Executive Council; PEMS Representative
- Hampton Roads Planning District Commission All-Hazards Advisory Committee – Michael Player, NRP, Stephen Pincus, EMT, PEMS Representative
- Hampton Roads Planning District Commission Urban Area Working Group – Michael Player, NRP, PEMS Representative
- Hampton Roads MMRS Strike Team Leadership Committee, Michael Player, NRP, Stephen Pincus, EMT, PEMS Representative
- Hampton Roads Trauma Symposium Committee – Debbie Thomas, NRP, Seth Craig, NRP, Michael Player, NRP, PEMS Representatives
- Rappahannock Area Health Education Center Advisory Committee - Michael Player, NRP, PEMS Representatives
- Rappahannock Community College EMS Program Oversight Committee – Michael Player, NRP, Chair - PEMS Representative
- Sentara CarePlex STEMI Committee – Debbie Thomas NRP, PEMS Representative
- Sentara Williamsburg Regional Medical Center STEMI Review Committee – Debbie Thomas, NRP, EMS Representative
- Virginia Peninsula Community College EMS and Fire Science Program Oversight Committee – Michael Player, NRP, Chair – PEMS Representative
- Riverside Regional Medical Center Chest Pain Accreditation Committee – Debbie Thomas, NRP, PEMS Representative
- Rappahannock General Hospital Stroke Committee – Debbie Thomas, NRP, PEMS Representative
- Riverside Regional Medical Center Trauma Review Committee – Debbie Thomas, NRP, PEMS Representative
- Sentara Williamsburg Regional Medical Center Stroke Committee – Debbie Thomas, NRP, PEMS Representative
- Sentara CarePlex Stroke Committee – Debbie Thomas, NRP, PEMS Representative

PENINSULAS EMERGENCY MEDICAL SERVICES COUNCIL, INC.
STATEMENT OF ACTIVITIES
June 30, 2022 AND 2021

	FY2022	FY2021
PUBLIC SUPPORT & REVENUE		
Public support:		
Local support	\$82,022	\$81,656
Grants	<u>\$126,665</u>	<u>\$106,174</u>
Total public support	\$208,687	\$187,830
Revenues:		
State funds	\$421,490	\$398,460
Training materials	\$7,228	\$2,103
Interest		
Gain on Sale		
Other	\$5,688	<u>\$172,934</u>
Total revenues	<u>\$434,406</u>	<u>\$573,497</u>
Total support and revenue	\$643,093	\$761,327
EXPENSES		
Program	\$526,518	\$547,287
General and Administrative	<u>\$100,818</u>	<u>\$71,873</u>
Total expenses	<u>\$627,336</u>	<u>\$619,160</u>
CHANGE IN NET ASSETS	\$15,757	\$142,167
NET ASSETS, BEGINNING OF YEAR	<u>\$430,764</u>	<u>\$288,597</u>
NET ASSETS, END OF YEAR	<u>\$446,521</u>	<u>\$430,764</u>

The PEMS Council's FY21 financial statements were audited by Wells Coleman. The FY22 financials were audited by Wells Coleman. 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 website.

PENINSULAS EMERGENCY MEDICAL SERVICES COUNCIL, INC.
STATEMENT OF FINANCIAL POSITION
June 30, 2022 AND 2021

	ASSETS	
	FY2022	FY2021
Cash and cash equivalents	\$304,274	\$249,846
Investment		
Accounts receivable	\$111,860	\$127,779
Prepaid Expenses	\$9,288	\$9,430
Total current assets	\$425,422	\$387,055
Property and equipment – net	\$66,537	\$94,831
Other Assets	<u>\$2,319</u>	<u>\$2,319</u>
TOTAL ASSETS	<u>\$494,278</u>	<u>\$484,205</u>

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Accounts Payable	\$8,782	\$10,394
Accrued Payroll	\$19,610	\$19,411
Accrued Vacation	<u>\$19,365</u>	<u>\$23,636</u>
Total Current Liabilities	\$47,757	\$53,441

NET ASSETS

With Restrictions	\$55,036	\$61,889
Without Restrictions	\$391,485	\$368,875

TOTAL LIABILITIES & NET ASSETS	<u>\$494,278</u>	<u>\$484,205</u>
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The PEMS Council's FY21 financial statements were audited by Wells Coleman. The FY22 financials were audited by Wells Coleman. 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 website.

Our Major Contributors and Funders

Platinum Partner: Riverside Health Systems

Gold Partner: Sentara Healthcare

Silver Partners: VCU Health
Bon Secours

Bronze Partners: Busch Gardens Williamsburg

Additional Contributors:

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

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.



Council Activity

Organization's Mission

The mission of the Peninsulas Emergency Medical Services Council is to assist the Virginia Peninsula, Middle Peninsula, and Northern Neck local governments, emergency medical services agencies, and hospitals by assessing, identifying, coordinating, planning and implementing an efficient and effective regional emergency medical services delivery system. Council's work helps to ensure consistent improved prehospital care to the residents and visitors of the Virginia Peninsula, Middle Peninsula, and Northern Neck Peninsula, who need emergency medical services. Our oversight of vital areas in the prehospital care setting includes Regional Treatment Protocol development, Regional Medication Box System management, Regional Equipment Exchange Agreement management, Trauma Triage, Stroke Assessment and Care, and Mass Casualty Response. Additionally, the Council prepares Highly Infectious Disease and other Regional Emergency Medical planning, Emergency Medical Services Provider Training, Continuing Education and Test Site coordination to assist local governments and their Emergency Medical Services agencies maintain current best practices and excellence.

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. The MAC also coordinates 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.

- *In FY22, PEMS entered into a Professional Services Contract with Amir Louka, MD, as the Regional Medical Director (RMD) for PEMS, 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 promotes 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.

In FY22, two separate new and/or revised protocol sets were reviewed and enacted by the Medical Advisory Committee. The first set became effective on March 1, 2022, and the second set became effective on July 1, 2022. In the July 2022 protocol release the formatting of the PEMS Regional Protocols Policies and Procedures was revised to align with the revised OEMS "Scope of Practice" and "Medication Formulary".

In order to improve the protocol, policies, and procedures development and review process, PEMS provided a system whereby any member of an agency, the healthcare system or the general public can make known their concerns regarding specific patient care protocols, policies, or procedures.

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.*
- *The PEMS Regional Performance Improvement Templates remain unchanged from when they were approved by the Medical Advisory Committee.*

In FY22, OEMS transitioned the electronic prehospital patient care reporting systems from “Image Trend” to “ESO.” The new system allows the Council to pull performance measures on patient care provided in the region. The data reports are submitted to the appropriate medical direction, clinical care or performance improvement committee for EMS quality management.

Medical Incident Reviews - The EMS Field Coordinator- Clinical Care 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. General data on trends from MIR reports can also drive local or regional procedure/policy/protocol changes.

Regional Medication and EMS Supplies Restocking Programs – The Peninsulas EMS Council provides a Regional Medication and EMS Supplies Restocking Agreement with all EMS agencies, the acute care hospitals with full-service emergency departments and the two federal hospitals within the region. The Peninsulas EMS Council has also extended the agreement to a majority of definitive care and acute care hospitals frequented by the region's EMS agencies in

other Council regions. 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.*
- *In FY21, 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 to add the Abbott BinaxNow COVID-19 AgCard Test Kits.*
- *In FY22, the Peninsulas EMS Council began educating EMS Agencies and EMS Educational Programs on how to comply with EMS specific Board of Pharmacy requirements for Controlled Substance Registration.*

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 third quarter of FY20 and approved by the Board of Directors on 18 September, 2020.

The Pharmacy Committee works to assure adequate supplies of approved medications, or in the face of continued national medication shortages, works with the Medical Advisory Committee to develop alternative treatment modalities. Systems were also established to identify drug boxes with incomplete contents. The Pharmacy Committee modified the content list for the region's drug boxes to support changes in regional treatment protocols.

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 2020 and approved by the Board of Directors.*
- *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.*
- *The PEMS staff developed a training video to address the shortage of epinephrine pre-filled syringes. The video provided clear instruction on how to appropriately create the epinephrine dosage of 0.1/mg/ml when the pre-filled syringes are not available.*
- *The PEMS staff worked with the Medical Advisory Committee and Pharmacy Committee to notify and help the Regional EMS System adapt to transient shortages in certain medications due to national/regional supply chain problems.*

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. Rather, 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 of Directors.*

Mass Casualty Incident/Mass Gathering Event Support – The Peninsulas EMS Council provides coordination and assistance with mass casualty incident/mass gathering event 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 (MCI) Response Guide – The 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 current MCI Plan is being completely re-written so that current practices can be incorporated. This new plan is projected to be completed in 2023.

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.

- *Throughout FY22, the PEMS Council continued to coordinate or participate in regional planning and improvement of health system response to disasters including pandemics.*
- *The PEMS Council was part of the COVID-19 Multi-Area Coordination Center on the Peninsula and worked with the Three-Rivers Health District Response Planners to help manage the COVID-19 response, including PPE distribution, testing, vaccinations, and boosters.*
- *The PEMS Council participated with local, regional, state and federal pandemic planning, response and evaluation efforts*

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), and to include 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 FY20, the HRMMRS:

- *In 2022, the HRMMRS continued regional planning and improvement of the health system response to disasters by actively participating 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.*

Eastern Virginia Healthcare Coalition – The Peninsulas EMS Council partners with the Eastern Virginia Healthcare Coalition to develop resiliency within 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.

As a part of hospital readiness and preparedness, the Coalition developed an “Exercise and Training Workgroup” whose members consist of hospital emergency management personnel along with the EMS Planner from the Council. Meetings are conducted on a monthly basis whereby various training sessions, exercises and drills are planned and developed in order to assist the hospital systems evaluate their readiness for various emergent situations.

Regional Coordination

Regional Information and Referral - The Peninsulas EMS Council aided 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. were also included 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 takes place using secure email and fax systems. The council sponsors a listserv, Face Book and Twitter accounts and distributes information to subscribers on a frequent basis. Subscription is 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 by coordinating instructor networking which facilitates and aids in the provision of quality education to support EMS agencies within the region. The council partnered with hospitals in the region to provide an annual Trauma Symposium and a Stroke Symposium for pre- hospital and hospital emergency medical care providers, 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, and Virginia Peninsula Community College (EMT-Basic, EMT-Intermediate and EMT-Paramedic) Oversight Committee, and assisted the Office of EMS with the Annual Statewide EMS Symposium in Norfolk.

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 FY22, 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.*
- *In FY22, the Peninsulas EMS Council also developed liaison with EMS, Fire, and Law Enforcement agency PEER Support Teams in the Region, coordinating education and assisting them with state accreditation.*

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.

- *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; and Virginia Peninsula Community College (EMT-Basic, EMT-Intermediate and EMT-Paramedic) Oversight Committee.*
- *Partnered with Riverside Health System to develop, print and distribute a laminated RACE Scale poster to agencies in the PEMS region. This is to assist with stroke patient assessment and accurate patient record recording*
- *In FY22 the PEMS Executive Director was appointed the Board of Directors of the Rappahannock Area Health Education Center, which has the mission to recruit, train and retain health professionals and build a pipeline for the community college for continuing education opportunities.*

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- *In FY22, 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.*

Consolidated EMS Testing – On May 5, 2022, the State EMS Advisory Board approved a motion by the Medical Direction Committee to eliminate Consolidated Testing at the BLS level and replace it with the new BLS Psychomotor Competency Verification Guidance document based on two years of data and evidence gained during the COVID 19 pandemic. On June 15, 2022, the PEMS Board of Directors approved a resolution to eliminate the PEMS CTS Committee.

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.

- *After a two-year hiatus due to the COVID-19 virus PEMS once again was able to present the regional EMS awards at a special "Celebrate EMS" day at Busch Gardens.*

In January, the Council launched its 2022 Regional EMS Award campaign with the slogan “Recognize Excellence!”.

- *The 2022 Michael B. Player Award for Excellence in EMS was awarded to Gary Samuels, NRP EMS Outreach Coordinator, Bon Secours Health System*
- *The 2022 Peninsulas EMS Council Award for Innovation Excellence in EMS was awarded to Lieutenant Andre Dorsey, NRP for the CARE Program, Newport News Fire Department*
- *The 2022 Joseph B. Howard Award for Outstanding Prehospital Provider was awarded to Captain Tyler N. Reid, NRP, York County Department of Fire and Life Safety*
- *The 2022 Gaylord Ray, MD Award for Outstanding EMS Physician was awarded to Dr. James McCorry, D.O., Emergency Physician, Chief Medical Officer, Riverside Williamsburg Doctors' Hospital.*
- *The 2022 Peninsulas EMS Council Award for Outstanding Prehospital Educator was awarded to Donna M. Galganski-Pabst, NRP, Paramedic/EMS Educator, James City County Fire Department, York County Department of Fire and Life Safety*
- *The 2022 Melissa Holloway Award for Nurse with Outstanding Contributions to EMS was awarded to Lou Ann Miller, RN, Trauma Program Manager, Riverside Regional Medical Center*
- *The 2022 Russell L. Lowry, Jr. Award for Outstanding EMS Leadership was awarded to Battalion Chief Melissa M. Doak, NRP, York County Department of Fire and Life Safety*
- *The 2022 Peninsulas EMS Council Award for Outstanding Contribution to Emergency Preparedness and Response was awarded to Richmond County Department of Emergency Services*
- *The 2022 Peninsulas EMS Council Award for Outstanding Contributions to EMS for Children was awarded to PEMS Pediatric Protocol Re-Write Committee, (Children's Hospital of the King's Daughters, Peninsulas EMS Council, Children's Hospital of Richmond at VCU Health).*
- *The 2022 Peninsulas EMS Council Award for Outstanding Contributions to EMS Health and Safety was awarded to Assistant Chief Andrew J. Waters, NRP, York County Department of Fire and Life Safety.*
- *The 2022 Peninsulas EMS Council Award for Outstanding Call of the Year was awarded to Newport News Fire Department – Ethanol Fire with Multiple Burn Victims*
- *The 2022 Peninsulas EMS Council Award for Outstanding EMS Telecommunications Officer was awarded to Tiffani P. Soult, Emergency Telecommunicator/Dispatcher, James City County Emergency Communications Center.*
- *The 2022 Peninsulas EMS Council Regional Scholarship for Outstanding High School Senior was awarded to Olivia N. Schultz, EMT, Gloucester Volunteer Fire and Rescue Squad, Gloucester High School/Governor's School for Marine and Environmental Science.*
- *A 2022 Peninsulas EMS Council Regional President's Awards was awarded to for the PEMS Council as Board Member 2017-2022” - James W. Brann, NRP, Middle Peninsula City/County Government Representative, “Exceptional Services for the PEMS Council as Board Member 2016-2022” -Jason A. Sweet, NRP, Peninsula Licensed EMS Agency Representative, “Exceptional Services for the PEMS Council 1991-2022” - Lou Ann Miller, RN, 30 Years Hampton Roads Trauma Symposium, PEMS Trauma Triage Committee, PEMS Performance Improvement Committee, Virginia Trauma System Plan Task Force, EMS Advisory Board Trauma Administrative and Governance.*

The recipients of the regional awards were submitted as nominees for the coveted 2022 Governor's EMS Awards. The following five Peninsulas EMS Council nominees received Governor's Awards which were awarded in November at the Virginia EMS Symposium in

Norfolk:

- *Gary Samuels, NRP, Bon Secours - EMS Award for Excellence*
- *Lou Ann Miller, RN, Riverside Regional Medical Center - EMS Award for Nurse with Outstanding Contribution to EMS*
- *Tyler Reid, NRP, York County Fire and Life Safety - EMS Award for Outstanding Provider*
- *PEMS Pediatric Care Committee - EMS Award for Outstanding Contribution for Children*
- *Nightingale Regional Air Ambulance - Outstanding EMS Agency*

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.

- *In FY22 PEMS Conducted reviews in Fall and Spring 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. In FY22, PEMS Council EMS agencies were awarded \$186,100.80 in RSAF grants.*

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 Emergency Medical Services Advisory Board
- State Emergency Management Committee
- State Emergency Medical Services Awards Committee
- State Financial Assistance Review Committee
- State Legislation and Planning Committee
- State Medical Direction Committee
- State Provider Health and Safety Committee
- State Trauma Performance Improvement Committee
- State Workforce Development Committee
- Office of EMS/Board of Pharmacy/Drug Enforcement Agency Task Force
- Virginia Stroke Care Quality Improvement Advisory Group
- Governor’s Secure and Resilient Commonwealth Panel–Health and Human Resources Subpanel

Greater Williamsburg HEARTSafe Alliance – The Peninsulas EMS Council accepted the Greater Williamsburg HEARTSafe Alliance as a program of the Council in FY21. A community program involving the cities of Williamsburg and Poquoson and the Counties of James City and York, the College of William & Mary, the Greater Williamsburg Chamber and

Tourism Alliance, Riverside Health System and Sentara Healthcare. The Council agreed to accept the HEARTSafe program because its mission to: “SAVE LIVES by improving the survival rate of sudden cardiac arrest in James City County, York County, City of Williamsburg, and City of Poquoson,” is consistent with the Peninsulas EMS Council’s mission.

- *In FY22, the Greater Williamsburg HEARTSafe Alliance engaged the Greater Williamsburg community through citizen education, hands-only CPR training and awareness of AED access. Through the use of the Alliance's funded two smart phone apps "PulsePoint" and "PulsePoint AED," the two public safety answering points providing 9-1-1 emergency dispatching in the Greater Williamsburg area, notified citizens when cardiac arrests occurred in public and the location of the closest available AED.*

EMS Systems Information Technology – In FY22, the Peninsulas EMS Council hired an EMS Systems - Information Technology Specialist to assist the Peninsulas EMS Council in the assessment, adoption and implementation of large-scale technology solutions such as cloud network services, laptop systems, system integrations, local and cloud- based software, upgrades and transitions.

- *The adoption of a new hybrid committee meetings format, required adaptations to be made to the meeting rooms with installation of cameras, integration of television and projection systems as well as audio control systems so that meetings could take place in the PEMS facility while being delivered simultaneously on a virtual platform. Not only did this project involve changes to the hardware, but it also included adoption of MS Teams Meeting Platforms and associated software to efficiently and effectively conduct necessary meetings and other PEMS business.*
- *The Peninsulas EMS Council acted as the regional resource and advocate for technology solutions to secure timely and effective regional EMS system data collection, management, and sharing.*
- *The EMS Systems IT Specialist worked with Council staff, committees and volunteers, EMS agencies, jurisdictions and Hospitals to develop and implement technology solutions to acquire information needed for EMS system planning, patient care delivery decisions and evaluation.*
- *With the help of this individual the Peninsulas EMS Council assisted EMS agencies and the Virginia Office of EMS transition the Electronic Prehospital Patient Care Reporting contract from Image Trend to ESO.*

COVID-19 Pandemic Response

COVID-19 - The Peninsulas EMS Council Office operated virtually from home for the three quarters of FY22. During that time, all staff, Board and committee meetings were conducted via conference call/webinars.

- *The Council continually monitored the status of the COVID-19 virus spread throughout*

the Commonwealth. This included number of cases, numbers of hospitalizations, numbers of transports of patients suspected of having contracted the virus, the number of illnesses of EMS providers, etc.

- *The Peninsulas EMS Council continued to share best practices and guidelines from the CDC, VDH and the other Virginia Regional EMS Councils with our agencies along with national, state and local pandemic information and resources.*
- *The Peninsulas EMS Council also utilized several informal communications networks to coordinate COVID-19 information using available social media apps.*
- *The Peninsulas EMS Council monitored systems and critical systems, and participated in COVID-19 planning, mitigation and response activities with regional and statewide healthcare delivery partners.*
- *The Peninsulas EMS Council maintained an Emergency Personal Protective Equipment (PPE) Cache - received donations of personal protective equipment (PPE) for EMS agencies from the National Strategic Stockpile, the Virginia Department of Health Office of EMS, private corporations and individuals and distributed them to EMS agencies based on need.*
- *The Peninsulas EMS Council also received Abbott BinaxNow COVID-19 Antigen AgCard Test Kits for distribution to its constituents.*
- *The strong collaboration of the Peninsulas EMS Council during the COVID-19 pandemic helped to seek out and develop economies of scale in order to reap the benefit of joint purchasing to maximize available resources.*
- *In the last quarter of FY22, as the number of affected patients in the PEMS Region subsided, the decision was made for PEMS staff to return in-person to the PEMS' office. A modified/hybrid system for committee meetings was developed to allow for a simultaneous in-person meeting and virtual meeting to be conducted.*

Summary

This year has been a challenging for the region's entire health care system and the Peninsulas EMS Council. 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 which meet the Council's basic fiscal responsibilities. We sincerely thank all our partners for their continued support of our mission and goals. The Council continues to assure you that we will continue to use your contributions wisely and responsibly 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, 49 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 alongside 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!