

# Fire and Rescue Department

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LOB #233:

## **EMS (EMERGENCY MEDICAL SERVICES) ADMINISTRATION**

### **Purpose**

Emergency Medical Services (EMS) Administration, led by a Deputy Chief, is comprised of a Quality Management Section, a Regulatory Section and an Operational Medical Director.

This team of professionals provide clinical leadership and medical oversight, determine patient care protocols, and identify biomedical equipment and performance improvement monitoring necessary for the delivery of safe, effective pre-hospital care by the career and volunteer members of the Fire and Rescue Department (FRD).

As a licensed EMS agency in the Commonwealth, the FRD is mandated to comply with the Virginia Department of Health EMS Regulations (Chapter 31, § 12 VAC) regarding agency, vehicle and personnel requirements, including Operational Medical Director and quality management reporting. <http://www.vdh.virginia.gov/OEMS/Files Page/regulation/2012EMSRegulations.pdf>

### **Description**

Under the direction of the Deputy Chief and the Operational Medical Director, there are three functional sections within the EMS Division that serve to provide an integrated approach to all aspects of EMS service delivery:

*EMS Regulatory/Logistics Section* serves as liaison to the Virginia Office of EMS for licensure and compliance in addition to liaising with area hospitals regarding equipment exchange and storage as well as oversight for pharmaceutical issues and resupply. Through collaboration with the FRD's resource management section this section coordinates the procurement, distribution, and maintenance programs for all biomedical and EMS equipment to ensure all applicable department vehicles are properly permitted and in compliance with state and federal regulations. This section also assists the department's emergency preparedness efforts with the Mass Casualty Support deployment of mass casualty supplies and equipment, and cooperative planning for potential pandemic medical events, such as influenza, Middle East respiratory syndrome (MERS) or Ebola.

*Quality Management* evaluates service delivery and appropriateness of all aspects of pre-hospital care, from dispatch to transfer of care, through data collection and analysis extracted from the patient care reporting software, as well as through complaint/medical incident review. This information is used in the development of performance improvement initiatives in consultation with the Operational Medical director, EMS Training, area hospitals and mutual aid EMS agency partners in the Northern Virginia EMS Council. Additionally, the FOIA Coordinator/Records Custodian processes all requests for fire and EMS Incidents, EMS transport and billing records and subpoenas for records for recipients of EMS and fire service, as well as working with the courts, County Attorney and our law enforcement partners.

The *Operational Medical Director* is responsible for comprehensive medical oversight of clinical care provided by career and volunteer department members. Additionally, this position establishes all protocols for pre-hospital emergency medical care and develops training and quality assurance of medical services.

### **Benefits**

Properly trained personnel with access to appropriate and reliable equipment are critical to an EMS system's ability to effectively care for patients. The EMS Division provides the training, administration, and logistical support to ensure an always-ready deployment of medical resources to serve the needs of the residents and visitors to Fairfax County.

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## Mandates

Licensed EMS agency requirements (agency, vehicles and personnel) in the Commonwealth of Virginia  
[http://www.vdh.virginia.gov/OEMS/Files\\_Page/regulation/2012EMSRegulations.pdf](http://www.vdh.virginia.gov/OEMS/Files_Page/regulation/2012EMSRegulations.pdf)

Operational Medical Director Requirement.  
<http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC5-31-590>

Quality Management reporting  
<http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC5-31-600>

## Trends and Challenges

Based on data extracted from the FireRMS incident reporting system provided by the Operations Data Program Manager, call volume increases at a rate of 1 percent per year and EMS calls consistently represent greater than 70 percent of all dispatched incident responses, underscoring the importance of and need for training, as well as the administrative and logistical support provided by the EMS Division to ensure an always-ready deployment of medical resources to serve the needs of the residents and visitors to Fairfax County.

The Affordable Care Act (ACA) creates an environment where collaboration between pre-hospital, primary and tertiary care providers in concert with social services partners is both reasonable and appropriate to meet healthcare needs of a growing aging population. Central to this objective is to partner with other stakeholders to fully integrate EMS into the overall healthcare system. This is an opportunity to change the perception that EMS merely provides transportation to the understanding it is a component of the health care delivery system as both a gateway to patient care and potentially a component of post discharge follow up.

## Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
<b>LOB #233: EMS (Emergency Medical Services) Administration</b>			
<b>FUNDING</b>			
<u>Expenditures:</u>			
Compensation	\$963,751	\$1,097,484	\$1,001,492
Operating Expenses	1,655,312	1,431,093	1,542,364
Capital Equipment	61,358	142,952	0
<b>Total Expenditures</b>	<b>\$2,680,421</b>	<b>\$2,671,529</b>	<b>\$2,543,856</b>
General Fund Revenue	\$3,603	\$3,446	\$0
<b>Net Cost/(Savings) to General Fund</b>	<b>\$2,676,818</b>	<b>\$2,668,083</b>	<b>\$2,543,856</b>
<b>POSITIONS</b>			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	11 / 11	11 / 11	11 / 11
<b>Total Positions</b>	<b>11 / 11</b>	<b>11 / 11</b>	<b>11 / 11</b>

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## Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of eform submissions for cot malfunction or repair	51	34	56	50	50
Number of incident report requests processed annually	1,695	1,764	1,839	1,857	1,876
Total number of career and volunteer advanced life support (ALS) providers authorized to deliver pre-hospital care	518	484	598	615	630

The EMS Regulatory/Logistics Section serves as liaison to the Virginia Office of EMS and to area hospitals regarding equipment exchange and storage as well as oversight for pharmaceutical issues and resupply. Through collaboration with the FRD's resource management section coordinates the procurement, distribution, and maintenance programs for all biomedical and EMS equipment to ensure that all applicable department vehicles are properly permitted and in compliance with state and federal regulations.

- Service Quality metric: Number of eform submissions for cot malfunction or repair
- A functional cot is critical to patient and provider safety as well as being essential for operational readiness. Goal is 90 percent of eforms reporting cot malfunction or repair will be processed by EMS Logistics within two business days.

Quality Management: Evaluates service delivery and appropriateness of pre-hospital care through data collection and analysis drawn from the patient care reporting software, as well as through complaint/medical incident review. Virginia Office of EMS regulation requires that any licensed EMS agency in the Commonwealth have a quality management program. This information is used in the development of performance improvement initiatives in consultation with the Operational Medical director, EMS Training, area hospitals and mutual aid EMS agency partners in the Northern Virginia EMS Council. Additionally, the FOIA Coordinator/Records Custodian processes all requests for fire & EMS Incidents, EMS Transport & Billing Records and subpoenas for records for recipients of EMS and fire service, as well as working with the courts, County Attorney and our law enforcement partners.

- Output metric: Number of incident report requests processed annually
- Goal is to meet or exceed FOIA statute for processing fire and EMS incident report requests within five business days by the FOIA/Records Custodian in the Quality Management Section.
- As call volume increases, FOIA records are anticipated to reflect a similar increase. Projections represent a 1 percent increase annually.

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EMS Training: Provides and/or facilitates initial ALS certification training as well as providing continuing medical education required for provider recertification for all career and volunteer ALS providers. All training is conducted in accordance with the Virginia EMS Education Standards and meets the specifications of the National Registry of EMTs. Utilizing a blended staff of clinical practitioners (licensed mid-level providers: Nurse Practitioner or Physician's Assistant) and uniformed ALS providers, EMS Training conducts a multifaceted training (face to face, online, high fidelity simulation) for ALS & BLS providers.

- Outcome metric: Total number of career and volunteer advanced life support (ALS) providers authorized to deliver pre-hospital care
- EMS Training provides and/or facilitates initial ALS certification training as well as providing continuing medical education required for provider recertification for all career and volunteer ALS providers.
- While the total number of ALS providers reflects an increase in FY 2016, this is as a result of the most recent SAFER award which increases the minimum daily number of required providers. This growth does not reflect an overall increase in the availability of ALS providers to meet minimum staffing requirements. In fact, FRD continues to struggle with keeping the required number of providers. Recently, FRD developed an in-house program, in partnership with Virginia Commonwealth University, to assist with increasing departmental ALS providers.