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Lake Gaston Association Report of the 2011 Five-County Emergency Medical Services (EMS) And Emergency Communications (E-911) Review

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LGA Mission... to identify issues affecting our members and pursue
resolution with the responsible organizations.

**Lake Gaston Association Report of the 2011 Five-County Emergency Medical Services (EMS)
And Emergency Communications (E-911) Review**

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Introduction/Background

➤ Lake Gaston Association (LGA):

The LGA is a citizens' organization that actively advocates and promotes the interests of households and businesses who own property in the two states (North Carolina and Virginia) and five counties (Warren, Northampton, Halifax; Brunswick, Mecklenburg respectively) of Lake Gaston. LGA's membership is comprised of over 1,600 households and businesses.

The majority of LGA's work is done at the committee level. Issues or concerns affecting the lake and our members generally fall under one or more of our committees, depending on the nature and scope. The LGA Board of Directors directs its efforts to those issues of a lake-wide nature, but county specific issues are addressed by the LGA county directors for each of the five counties.

One of the LGA's committees is the Safety Committee. The mission of LGA's Safety Committee is to network with emergency services, law enforcement and other organizations on land and water safety issues, working to achieve or improve: increased law enforcement, boating safety, emergency medical service (EMS), fire protection, buoy maintenance, and Neighborhood Watch programs. Further, the LGA membership has a keen interest in expectations that local governments are providing adequate EMS/E-911 for all the residents of each county.

➤ EMS:

According to the National Registry of Emergency Medical Technicians (NREMT), "EMS is a service providing out-of-hospital acute care and transport to definitive care, to patients with illnesses and injuries which the patient believes constitute a medical emergency." (https://www.nremt.org/nremt/about/What_is_EMS.asp)

EMS' are regulated at the most basic level by the United States (US) government, which sets the minimum educational standards that all states' EMS providers must meet. These standards are set by the US Department of Transportation, National Highway Safety Administration (NHTS), and Office of EMS. In addition, the National Registry of Emergency Medical Technicians (NREMT) is a national certification agency that establishes, implements and maintains uniform requirements for the certification and recertification of emergency medical technicians (EMT) in 46 of 50 states. More information about NREMT can be found at https://www.nremt.org/nremt/about/nremt_news.asp.

Both the State of North Carolina (NC) and the Commonwealth of Virginia (VA) provide technical assistance, services and regulatory oversight for training, certification, and licensing of EMS providers in their respective jurisdictions utilizing NREMT exams as the sole basis for certification at one or more levels. In NC, the NC Office of Emergency Medical Services (NCOEMS) within the NC Division of Health Service Regulation is the regulating agency (<http://www.ncdhhs.gov/dhsr/EMS/ems.htm>). In VA, the Office of Emergency Medical Services (OEMS) (<http://www.vdh.virginia.gov/OEMS/>) is the regulating agency.

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There are two categories of life support training/certification defined by both NC and VA: Basic Life Support (BLS) and Advanced Life Support (ALS). However, the level of training/certification of EMS providers differs between NC and VA.

In NC, currently there are the following four (4) distinct levels of EMS provider training/certifications listed in order of succession:

- BLS - Medical Responder (MR); http://www.ncdhhs.gov/dhsr/EMS/pdf/mr_1100.pdf
- BLS - Emergency Medical Technician (EMT); http://www.ncdhhs.gov/dhsr/EMS/pdf/emt_1100.pdf
- ALS - EMT-Intermediate (EMT-I); http://www.ncdhhs.gov/dhsr/EMS/pdf/i_1100.pdf
- ALS - EMT Paramedic (EMT-P); http://www.ncdhhs.gov/dhsr/EMS/pdf/p_1100.pdf

Each person that is certified by the state of North Carolina must complete a state required amount of hours in several topics including patient assessment, trauma, cardiac and airway. EMT-Basics must complete a minimum of 60 hours every 4 years and EMT-Paramedics must complete a minimum of 72 hours every 4 years. These hours and topics must be verified at the end of the certification period prior to the NCOEMS issuing a new certification.

NCOEMS also lists additional requirements as established by the North Carolina College of Emergency Physicians (NCCEP) Standards for Medical Oversight and Data Collection. This document provides requirements and guidelines for personnel, skills and medications, equipment, standards, protocols, policies, procedures, performance improvement and can be found at <http://www.ncems.org/nccep.html>.

Additional requirements may be specified by the respective County Medical Director. For example, in Northampton County all EMT Paramedics maintain a certification in Advanced Cardiac Life Support, Pediatric Advanced Life Support, and International Trauma Life Support. The medical director also requires that EMT-Intermediates maintain a certification in International Trauma Life Support. All Northampton responders are required to attend Advanced Stroke Life Support classes as well as any other training or class that the medical director deems necessary.

In VA, currently there are the following five (5) distinct levels of EMS provider training/certifications listed in order of succession:

- BLS - EMS First Responder; [http://www.vdh.virginia.gov/OEMS/Training/tprog.htm#EMS_First Responder](http://www.vdh.virginia.gov/OEMS/Training/tprog.htm#EMS_First_Responder)
- BLS - Emergency Medical Technician–Basic (EMT-B); <http://www.vdh.virginia.gov/OEMS/Training/tprog.htm#EMT – Basic>
- ALS - EMT Enhanced (EMT-E); <http://www.vdh.virginia.gov/OEMS/Training/tprog.htm#EMT-Enhanced>
- ALS - EMT-Intermediate-99 (EMT-I-99); <http://www.vdh.virginia.gov/OEMS/Training/tprog.htm#EMT-Intermediate-99>
- ALS - EMT Paramedic (EMT-P); [http://www.vdh.virginia.gov/OEMS/Training/tprog.htm#Emergency Medical Technician – Paramedic](http://www.vdh.virginia.gov/OEMS/Training/tprog.htm#Emergency_Medical_Technician – Paramedic)

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Note: There is also a VA transitional plan for all EMT-P personnel having certification expiration dates of March 31, 2011 or March 31, 2012 to complete a VA-approved course within 4 years in order to be eligible for National EMS Certification as a National Registered Paramedic (NRP).

➤ E-911 Centers:

E-911 Centers are manned 24/7 by trained emergency dispatchers. An emergency dispatcher is a professional telecommunicator, tasked with the gathering of information related to emergencies (fire, law enforcement and medical) and the dispatching and support of resources responding to an emergency call. Each emergency dispatcher mans a workstation equipped with computer monitors (usually one for each basic function). Paging, faxing, silent dispatching, integration of E-911 and wireless data are all seamlessly and automatically handled.

With one exception, there are no state requirements for the training/certification of E-911 personnel. Emergency dispatchers must attend a nationally accredited training/certification program for Emergency Medical Dispatch (EMD), a systematic software program for handling medical calls. Trained telecommunicators, using locally-approved and customized EMD Guidecards, quickly and properly determine the nature and priority of the call, dispatch the appropriate response, and then give the caller instructions to help treat the patient until the responding EMS unit arrives. Each locality is responsible for establishing training/certifications programs for emergency dispatchers. However, guidelines and certification programs are offered by equipment providers which should ensure validity and consistency of these programs. It is our understanding that the County Medical Director would also oversee and provide medical direction for installed EMD programs.

Purpose

The primary purpose of this review was to gain a better understanding of how each county manages its EMS. Specifically, the LGA is interested in learning about each county's call volume, jurisdiction, overlap coverage, agreements with other agencies, as well as any other pertinent information. This report includes information gathered from discussions with personnel, visits to each county's E-911 Center, observations by LGA representatives, analysis of data reviewed as well as on-line research. This report will be provided to each county's officials responsible for EMS and each county's Board of Commissioners or Board of Supervisors (as applicable) for consideration and requesting that action be taken to incorporate LGA's recommendations for improvement. Further, LGA plans to meet with each county manager/administrator and discuss the results of this report.

Coordination

From January 2011 through July 2011, members of the LGA Safety Committee coordinated with personnel responsible for various aspects of EMS/E-911 within the five counties of Lake Gaston. This coordination included the EMS First Responder Breakfast in March 2011, LGA visits to each of the county E-911 Centers, and follow-up correspondence with personnel responsible for EMS in each county. It should be noted that in

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Brunswick County, there is no county employee responsible for EMS within the county. Each station is responsible for itself.

A follow-up meeting with most county EMS representatives was held with the LGA in November 2011 to discuss the draft of this report. Subsequently, three of five counties provided written feedback to the final draft of this report. The comments were reviewed and changes incorporated as applicable. The actual written responses received are included in the last section of this report.

The specific visit and meeting reports were provided previously to the respective responsible county personnel for review and comment and are available upon request. Further, pertinent details were tabulated in a matrix and several drafts were provided to the respective responsible county personnel for review and comment. This matrix will be discussed in the next section.

In all cases, county personnel graciously hosted our visits, answered all questions posed, and provided information requested. They are to be commended for their cooperation and support to the LGA. More importantly, their dedication to duty and service to the citizens of their respective counties is clearly evident.

Five-County EMS Analysis Matrix with Discussion

As the LGA Safety Committee conducted each of our visits to the county E-911 Centers and coordinated with personnel, certain facts were gathered. Specifically, the LGA was interested in learning about each county's call volume, jurisdiction, overlap coverage, agreements with other agencies, as well as other pertinent data. These details were tabulated in a matrix and tabulated in the Five-County EMS Matrix provided later in this section. The following paragraphs provide a detailed narrative of several areas.

➤ **E911 Centers**

Each county's E-911 Center utilizes a variety of emergency dispatch software, including Computed Aided Dispatch (CAD), software which eases the complex dispatching workload by automating routine tasks and reducing mistakes. All E-911 Centers in the 5-County Lake Gaston area utilize CAD. Currently, only Halifax, Brunswick, and Northampton County E-911 Centers utilize EMD. The Warren County EMS department recently made a proposal for adoption of EMD at the Warren County E911 Center to the Board of Commissioners.

It was reported by county officials that all E-911 personnel were properly trained and certified in accordance with local requirements. These reports were accepted by the LGA without further verification. However, with the exception of EMD training/certification and lacking state requirements, there does not appear to be standardized training/certification for E-911 personnel among the counties, including those counties within the same state. In addition, there does not appear to be a formal, systematic performance-based review of E-911 personnel by supervisors in some counties.

At least one county official stated it was a major challenge to hire and retain good dispatchers. Given the duties and responsibilities of the job, the potential intensity during emergencies, and a starting pay-scale barely

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above minimum wage, it is certainly understandable. Dispatchers are often the lifeline between the caller and the respective responders during emergencies.

➤ EMS Personnel/Units

The specific training/certification requirements for EMS personnel are summarized in the Introduction/Background section of this report. It was reported by county officials that all EMS personnel were properly trained and certified in accordance with state and local requirements and that the respective state OEMS conducts a periodic review. These reports were accepted by the LGA without further verification. Each county should ensure that these reviews are being conducted and corrective actions are implemented as required. In addition, there does not appear to be a formal, systematic review of EMS personnel during the performance of their duties conducted by supervisors and managers in all counties.

Some counties rely on volunteers to provide EMS support to its citizens. Several county officials told the LGA that was a major challenge to recruit and retain volunteers.

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	A	B	C	D	E	F	G	H	I	J	K	R
1	Lake Gaston Association (LGA) 2011 5-County EMS Analysis Matrix											
2												
3		Coverage	Population	Qualified	Paid (P)	Volunteer (V)	BLS	ALS	Call Volume	E-911	Average	Most
4		Area (Total)	Served	Responders	Total	Total	Units	Units	Total	Dispatchers	Response	Difficult
5		(square miles)	(2010 number)	(number) *	(number)	(number)	(number)	(number)	(number/2010)	(number/shift)	(minutes)	Challenges
6	Brunswick, VA	569	17,434	48	19	40	none	7	2,239	2	10	Recruitment of volunteers Retention of qualified personnel
7	Mecklenburg, VA	670	32,727	58	3	63	none	29	4,844	3	6	Finding good dispatchers Additional communication towers
8	Warren, NC	444	12,972	41	18FT/22PT	none	none	5	2,587	2	21	Implementing the EMD system (if approved)
9	Halifax, NC	722	54,691	96	45FT/51PT	1	none	13	12,194	4	8	Answering second out calls Employee recruitment/retention Handling rising call volume
10	Halifax for Warren, NC	120	8,000	4	1	13	3	1	359	N/A	10	
11	Northampton, NC	551	22,099	119	34	85	72/8	47/11	5,084	3	8	Budget shortage Shape of county Answering second out calls
12												
13	* Where the total qualified responders does not equal the next two columns (i.e. Paid and Volunteer), the number may reflect other personnel such as drivers and administrative personnel.											
14	VA Basic Life Support (BLS) Training/Certifications: EMS First Responder; Emergency Medical Technician–Basic (EMT-B)											
15	NC Basic Life Support (BLS) Training/Certifications: Medical Responder; Emergency Medical Technician–(EMT)											
16	VA Advanced Life Support (ALS) Training/Certifications: EMT Enhanced (EMT-E); EMT-Intermediate-99 (EMT-I-99); EMT Paramedic (EMT-P)											
17	NC Advanced Life Support (ALS) Training/Certifications: EMT-Intermediate (EMT-I); EMT Paramedic (EMT-P)											

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Areas For Improvement & Recommended Actions

Overall, LGA's review determined that it appears each of the county's EMS/E-911 operations is fulfilling their mission and personnel are doing the best they can with available resources. However, during the review, the following potential areas for improvement were identified.

➤ Training/Certification

- There does not appear to be a formal, systematic performance-based review of EMS personnel during the performance of their duties in all counties.
- With the exception of EMD training/certification and lacking state requirements, there is no standardized training/certification for E-911 personnel among the counties, including those counties within the same state.
- There does not appear to be a formal, systematic performance-based review of E-911 personnel by supervisors in some counties.

LGA Recommendation: Each county should require a periodic review of EMS/E-911 personnel training/certification records to ensure that state and local requirements are being met. Further, each county should establish a formal, systematic performance-based review of EMS/E-911 personnel during the performance of their duties. Some counties are conducting these reviews whereas others are not. These reviews should be more than supervisor statements of fact and could be conducted by peer reviews, some organization of higher authority (i.e. respective state Office of EMS), an independent organization, or a collaborative exchange of personnel among adjacent counties. Should the collaborative exchange among counties be established, this effort could also serve a multi-fold purpose resulting in sharing best practices and instituting overall improvement initiatives.

➤ Personnel

- Some counties rely on volunteers to meet their emergency missions. Several county officials told the LGA that was a major challenge to recruit and retain volunteers.

LGA Recommendation: While volunteerism is often its own reward, those counties utilizing volunteers need to improve their efforts to recruit and retain volunteers. The LGA could assist in this effort through active encouragement and public service announcements. Further, while volunteers are always needed to become responders, there are other duties that can be accomplished by non-technical volunteers such as administrative support.

- Several county officials told the LGA that was a major challenge to recruit and retain paid EMS employees.

LGA Recommendation: The counties need to collaborate and formally review whether their respective EMS personnel pay and benefits are comparable to EMS personnel in surrounding counties and

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throughout the state. Certainly, adjacent counties should not compete with one another in the recruitment and retention of EMS personnel.

- There appears to be a disparity between the responsibilities and the pay of E-911 dispatchers.

LGA Recommendation: As previously stated, at least one county official stated it was a major challenge to hire and retain good dispatchers. Given the duties and responsibilities of the job, the potential intensity during emergencies, and a starting pay-scale barely above minimum wage, it is certainly understandable. Dispatchers are often the lifeline between the caller and the respective responders during emergencies. Each county should conduct a formal review of the potential disparity between the responsibilities and the pay of dispatchers.

➤ Call Volume

- All counties reported a rising call volume in the last 5 years. Despite requests for additional funding to their respective managers and boards, some of the counties are not approving these requests for additional funding.

LGA Recommendation: This situation requires the EMS and E-911 organizations to experience an increasing operational tempo with an equal or lessening level of resources. Obviously, these funding decisions have potential critical life safety implications for their citizens. County managers and boards should give strong consideration to the EMS/E-911 funding during budget preparation and approval each year.

- Several county officials stated that one of their major challenges is answering “second out calls.” Second out calls are when one or more units are committed to current calls and additional requests for response are received within their area of responsibility. For example, a major automobile accident on one of the Interstates (i.e. I-85 or I-95) could cause this situation. In those cases, units from other stations or even other counties must respond, thereby reducing their response capability.
- Some of the counties do not have mutual aid agreements with adjacent counties. Most of the counties do not have mutual aid agreements with counties in the other state.

LGA Recommendation: All counties of Lake Gaston should collaborate and execute mutual aid agreements with adjacent counties, especially counties within the same state. While perhaps a mutual aid agreement with a county in another state could present legal issues, those issues should be overcome in the interest of public safety.

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Summary/Conclusion

In conclusion, the LGA believes that while each county's EMS and E-911 organizations are doing the best they can with the resources allocated, there remain a number of concerns. Each respective Board of Commissioners and Board of Supervisors is strongly urged to implement each of the recommendations for improvement listed above and detailed in the attached report. If there are any questions or comments on this report or other matters related to the safety mission of the LGA, please contact the LGA Safety Committee Chairman, Al Hartley at (252) 578-2628 or Safety@lakegastonassoc.com.

Credits

The LGA would like to acknowledge and thank the following personnel who assisted us during this review.

Mecklenburg County:

- Wayne Carter, County Administrator
- Linda Cage, E-911 Director
- Kim Evans, E-911 Assistant Director

Warren County:

- Doug Young, EMS Director & Fire Marshall
- Dennis Paschall, EMS Coordinator
- Venecia Harris, E-911 Coordinator
- Sheila Baskett, E-911 Supervisor

Halifax County:

- Phil Ricks, EMS Director
- Heather Joyner, E-911 Director

Northampton County:

- Ronnie Storey, E-911 Director
- Brian Parnell, Emergency Management Coordinator
- Tammy Piland, E-911 Supervisor
- Chuck Joyner, EMS Director

Brunswick County:

- Aubrey W. "Buddy" Hyde, Jr., Emergency Management Coordinator
- Jimmy Pair, E-911 Coordinator
- Devon Clary, Central Volunteer Rescue Squad

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County Responses to Draft Report

Three of five counties provided feedback to the final draft of this report. Their responses are provided below in their entirety:

Northampton County – Chuck Joyner, EMS Director (via email)

From: chuck.joyner@nhcnc.net [mailto:chuck.joyner@nhcnc.net]

Sent: Monday, December 05, 2011 1:03 PM

To: Patrick Card

Subject: Re: Report of LGA's 2011 EMS/E-911 Review

Good afternoon Mr. Card,

I am pleased to see that Northampton County seems to be in line with the other four counties included in this review. I would like to address the issue of training and certifications. Each person that is certified by the state of North Carolina must complete a stated required amount of hours in several topics including patient assessment, trauma, cardiac and airway EMT- Basics must complete a minimum of 60 hours every 4 years and EMT-Paramedics must complete a minimum of 72 hours every 4 years. These hours and topics must be verified at the end of the certification period prior to the State Office of EMS issuing a new certification. In addition to that our county EMS medical director requires that all of our paramedics maintain a certification in Advanced Cardiac life Support, Pediatric Advanced Life Support, and International Trauma Life Support. Our medical director also requires that our EMT- Intermediates maintain a certification in International Trauma Life Support. All of our responders are required to attend Advanced Stroke Life Support classes as well as any other training or class that our medical director sees fit to require.

I would also like to address the issue of performance review. Northampton County has county Q/A meetings on a monthly basis that include all of the volunteer squads as well as county EMS officials to discuss and recommend ways to improve the care and service to the citizens of Northampton County. Northampton County also has quarterly peer review meeting with the county EMS medical director to discuss the findings and recommendations of the monthly Q/A meetings. We also discuss any complaints or questions that may arise from a specific call or calls.

If you have any questions please do not hesitate to call or e-mail me in the future. My office number is 252-534-6811.

Chuck Joyner
Director
Northampton County EMS

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Halifax County – Phil Ricks, EMS Director (via email)

From: Phil Ricks [mailto:ricksp@halifaxnc.com]
Sent: Tuesday, December 06, 2011 10:47 AM
To: 'Patrick Card'
Cc: 'Tony Brown'; 'Linda Taylor'
Subject: RE: Report of LGA's 2011 EMS/E-911 Review

Mr. Card,

After having reviewed your report, I have found a couple of inaccuracies. In your report you state there is no review of performance of EMS/911 personnel on the local or State level. The NCOEMS conducts reviews of all 100 EMS System Plans in North Carolina. The office looks at whether the system operates per its plan and also audits training records. They can come in at any time and do this.

Locally Halifax County does a yearly performance evaluation on each employee. Each employee is also evaluated on patient skills by looking at percentage of successful IV and intubation rates as well as compliance with patient care protocols, policies and procedures. Every patient care report is assessed for quality assurance that each patient has been treated appropriately. Any discrepancies are taken before our Peer Review and Education Committee which meets at a minimum of quarterly. Any remediation comes from this committee. Our Medical Director chairs this committee.

All EMS and EMD personnel also go through a yearly Technical Scope of Practice (TSOP). Patient care skills are evaluated using scenarios. Any weaknesses are documented and remediation is recommended. All EMS personnel take a yearly written protocol test to show knowledge of our system protocols.

I hope this shows that as a system we do evaluate our pre-hospital care to all of our patients as well as maintain our quality assurance. If you have further questions, please contact me.

Phil

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Brunswick County – Devon Clary, Central Volunteer Rescue Squad (via hand written comments)

Page 3 (letter)

(first bullet) – VA OEMS inspection should be mentioned. QA process is peer-driven.

(second bullet) – We do (i.e. implement a formal systematic performance based review of EMS personnel).

(third bullet) – BKSO has formal plan for initial and recurrent training.

(fourth bullet) – BKSO evaluates personnel every 6 months.

Page 4 (letter)

(second bullet) – Present in VA... OEMS requirement for inspection... NC Mutual Aid Agreements would likely require dual licensure/certification.

Page 5

EMS – (Wikipedia) Not a recognized source of info... would consider another source.

Page 6

Second paragraph – Change “EMTs” to “EMS providers. Comment – Training differs @ ALS level also.

Page 7

Second paragraph EMD – In reference to last sentence – Certification programs are established by APCO/Priority Dispatch etc. and guidelines are in place to ensure validity and consistency of these programs. A licensed EM physician also oversees and provides medical direction for EMS programs.

Fourth paragraph Coordination – Clarify: In Brunswick County, each agency is responsible for itself... no county employee oversees EMS.

Fourth paragraph, third sentence – Again, oversight is agency driven.

Page 8

Second paragraph E911 Centers – Mecklenburg does not utilize EMD.

Third paragraph E911 Centers – BKSO verified by accreditation. Mecklenburg not accredited. VA has dispatch center accreditation process also... BKSO seeking. Recommendation: Specify what county has specific process and which do not. Tabular format perhaps?

Fifth paragraph EMS Personnel/Units – Fourth sentence in reference to VA OEMS reviews: every two years. Last sentence in reference to formal performance-based reviews: yes @ CVRS.

Page 9

Table – Define data source... calls for service? transports? DOA? disregard/cancellations/pt. refusal?

Page 10

Matrix – Source? CVRS 0 paid adm. Personnel.

Page 11

Training/Certification – VA OEMS inspection every two years. BKSO has for accreditation. BKSO every 6 months.

Page 12

Call Volume – In reference to first bullet LGA Recommendation last sentence – Credentials of evaluators?

Call Volume – In reference to second bullet – Req. in VA, crossing border presents licensure/certification concerns.