

**Preliminary Performance Review**

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**Emergency Medical Services  
Advisory Council**

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**The Emergency Medical Services Advisory  
Council Has Not Paid Its Members  
Compensation As Required By Code, Which  
May Be A Factor Behind the Lack of  
Attendance At Its Meetings**



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**OFFICE OF THE LEGISLATIVE AUDITOR**

**Aaron Allred**  
*Legislative Auditor*

**John Sylvia**  
*Director*

**Michael Midkiff**  
*Research Manager*

**Natasha Caines**  
*Research Analyst*

**Performance Evaluation and Research Division**

*Building 1, Room W-314*

*State Capitol Complex*

*Charleston, West Virginia 25305*

*(304) 347-4890*

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**WEST VIRGINIA LEGISLATURE**  
*Performance Evaluation and Research Division*

Building 1, Room W-314  
1900 Kanawha Boulevard, East  
Charleston, West Virginia 25305-0610  
(304) 347-4890  
(304) 347-4939 FAX



John Sylvia  
Director

September 19, 2004

The Honorable Edwin J. Bowman  
State Senate  
129 West Circle Drive  
Weirton, West Virginia 26062

The Honorable J.D. Beane  
House of Delegates  
Building 1, Room E-213  
1900 Kanawha Boulevard, East  
Charleston, West Virginia 25305-0470

Dear Chairs:

Pursuant to the West Virginia Sunset Law, we are transmitting a Preliminary Performance Review of the *Emergency Medical Services Advisory Council*, which will be presented to the Joint Committee on Government Operations on Sunday, September 19, 2004. The issue covered herein is "The Emergency Medical Services Advisory Council Has Not Paid Its Members Compensation as Required by Code, Which May Be A Factor Behind the Lack of Attendance At Its Meetings."

We transmitted a draft copy of the report to the Emergency Medical Services Advisory Council on September 3, 2004. The Council opted not to have an exit conference. We received the agency response on September 13, 2004.

Let me know if you have any questions.

Sincerely,

Handwritten signature of John Sylvia in cursive script.  
John Sylvia

JS/wsc

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*Joint Committee on Government and Finance*



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# Executive Summary

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## **Issue 1: The Emergency Medical Services Advisory Council Has Not Paid Its Members Compensation As Required By Code, Which May Be A Factor Behind The Lack of Attendance At Its Meetings.**

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*For the time period covered in this evaluation, the Legislative Auditor found that members have not been paid compensation, only travel expense reimbursement.*

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The Legislative Auditor has determined that there is a need for the council because it allows the Office of Emergency Medical Services (OEMS) to have immediate access to the various stakeholders of emergency medical services in the state. According to WVC §16-4C-5, members of the Emergency Medical Services Advisory Council (EMSAC) are required to be paid compensation for the performance of their duties on the council. For the time period covered in this evaluation, the Legislative Auditor found that members have not been paid compensation, only travel expense reimbursement. Cumulatively, the attending members of the EMSAC should have received a total of \$11,250 in compensation. The lack of paying compensation may explain the lack of attendance of council members.

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*Despite the lack of attendance, the EMSAC is an important advisory body to the entire emergency medical services community. The council addresses many facets of emergency medical services.*

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Despite the lack of attendance, the EMSAC is an important advisory body to the entire emergency medical services community. The council addresses many facets of emergency medical services. Currently, the EMSAC has fifteen members, five more than when it was created in 1974. Despite its increase in membership, the council often does not have a quorum present at its meetings. For the time period of 1999-2004, the EMSAC obtained six quorums out of a total of fourteen meetings, and it did not meet in the year 2002. According to West Virginia Code §16-4C-5, the council is required to meet at least twice a year. The lack of quorums impairs the council's ability to function fully and is an inefficient use of both time and money.

## **Recommendations**

1. *The Legislative Auditor recommends that the Emergency Medical Services Advisory Council should be continued.*
2. *The Legislative Auditor recommends that the Emergency Medical Services Advisory Council should begin to compensate its members as stated in the West Virginia Code §16-4C-5.*
3. *The Legislative Auditor recommends that the Emergency Medical Services Advisory Council reevaluate its composition, without increasing the number of members,*

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*and make recommendations to the Legislature as to which organizations should be represented on the council.*

4. *The Legislative Auditor recommends that the Emergency Medical Services Advisory Council should utilize the attendance roster to closely monitor each member's attendance.*
5. *The Legislative Auditor recommends that the Emergency Medical Services Advisory Council should specify in its by-laws, the number of absences a member is permitted before actions are taken against him or her.*
6. *The Legislative Auditor recommends that the Emergency Medical Services Advisory Council should amend its by-laws to require at least two meetings per year as required by the West Virginia Code §16-4C-5.*



# Review Objective, Scope and Methodology

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This Preliminary Performance Review of the Emergency Medical Services Advisory Council is required and authorized by West Virginia Sunset Law Chapter 4, Article 10 of the West Virginia Code, as amended. The main function of the Emergency Medical Services Advisory Council is to assist the Commissioner of the Bureau of Public Health in developing standards for emergency medical service personnel, and to advise the Commissioner and the Office of Emergency Medical Services with respect to reviewing and making recommendations concerning the adequacy of emergency medical services in the state.

## Objective

The objective of this report is to determine if the Emergency Medical Services Advisory Council is operating in an effective and efficient manner.

## Scope

The scope of this evaluation covers the period from April 1999 to May 2004. Information from the years 1989-1994 were also utilized.

## Methodology

Information compiled in this report was acquired through correspondence and interviews with the Office of Emergency Medical Services, and reviewing the meeting minutes, travel reimbursement expense reports of the Emergency Medical Services Advisory Council, and WV *Code* §16-4C-5. Every aspect of this review complied with Generally Accepted Government Auditing Standards (GAGAS).



# Issue 1

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## The Emergency Medical Services Advisory Council Has Not Paid Its Members Compensation As Required By Code, Which May Be A Factor Behind the Lack of Attendance At Its Meetings

### Issue Summary

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*Out of the fourteen meetings held for the 1999-2004 time period, a quorum was obtained at six meetings. The lack of a quorum in many meetings impairs its function. The lack of paying compensation may explain the lack of attendance of council members.*

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*Despite problems with attendance, the EMSAC has had a positive impact on the emergency medical services community according to the Director of the Office of Emergency Medical Services.*

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The Emergency Medical Services Advisory Council (EMSAC) was created in 1974 and has been reorganized twice since its inception. The council was created to assist the commissioner of the Bureau of Public Health in developing standards for emergency medical service personnel, and to advise the commissioner and the Office of Emergency Medical Services with respect to reviewing and making recommendations concerning the adequacy of emergency medical services in the state. The Legislative Auditor has determined that there is a need for the council because it allows the Office of Emergency Medical Services (OEMS) to have immediate access to the various stakeholders of emergency medical services in the state. However, the Legislative Auditor finds that **council meetings often do not have a quorum and in 2002 the council had no meetings**, although it is required by law to meet at least twice a year. Out of the fourteen meetings held for the 1999-2004 time period, a quorum was obtained at six meetings. The lack of a quorum in many meetings impairs its function, and wastes time and money because the council may not take any action unless it has a quorum. The council has 15 members and a quorum is a simple majority. The Legislative Auditor also found that **council members have not been paid compensation for the performance of their official duties, as required by West Virginia Code §16-4C-5**. The lack of paying compensation may explain the lack of attendance of council members.

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## The EMSAC Addresses Various Aspects of Emergency Medical Services

Despite problems with attendance, the EMSAC has had a positive impact on the emergency medical services community according to the director of the Office of Emergency Medical Services. Some areas addressed at EMSAC meetings include: current and/or upcoming legislation, court cases, rulings, grants and upcoming and/or ongoing projects, to list a few. The director of OEMS states:

*The overall single most important advisory role of the council has been legislatively. Whenever new legislation is*

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*presented that will affect the EMS community, the council provides its advice and support to help either pass the legislation or stop the legislation. Throughout its existence the EMSAC has provided its unique perspectives, expertise, and guidance to an ever changing emergency medical services environment. If need be, the council will form subcommittees and/or workgroups to tackle long-term or pressing issues. It is currently a liaison to the State Trauma Advisory Committee. The advice of the council is based on good judgement, well thought out, timely, and invaluable to both the OEMS and EMS system as a whole.*

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*The council has advised and/or provided input in the implementation of many advancements in the emergency medical services sector as well as provided much needed advice and support to important legislative issues. With the assistance of the EMSAC, the OEMS and the EMS community have been able to put into use several new technological advancements.*

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The OEMS along with other organizations affiliated with emergency medical services as well as the State Medical Director present different issues/topics/ideas relating to emergency medical services to the council. The council has advised and/or provided input in the implementation of many advancements in the emergency medical services sector as well as provided much needed advice and support to important legislative issues. With the assistance of the EMSAC, the OEMS and the EMS community have been able to put into use several new technological advancements. Most recently, the EMSAC has provided advice and assistance on the implementation of the Trauma and Emergency Medical Information System (TEMIS). TEMIS is an information system developed and maintained by OEMS to collect and maintain trauma and emergency care information to assure system quality and accountability, as well as to provide data for use in system design and operations. This system includes, but is not limited to, the State Trauma Registry (STR), the State Medical Command Record (SMCR), and the EMS Patient Care Record (EPCR).

Presently, the EMSAC has a workplan that serves the purpose of providing direction and establishing the objectives of the council. The workplan, which can be viewed in greater detail in Appendix B was formulated from the National Highway Traffic Safety Administrator EMS Agenda for the Future. The workplan covers the following topics:

1. Legislation, Regulation, and Policy,
2. Resource Management and System Finance,
3. Human Resources and Educational Systems,
4. Transportation,
5. Facilities,
6. Communications Systems and Public Access,
7. Public Information, Education, and Prevention,
8. Medical Direction,
9. Trauma Systems,
10. Evaluation,

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11. EMS Research,
  12. Clinical Care, and
  13. Disaster Operations.

If the EMSAC ceased to exist, the Office of Emergency Medical Services would still seek input and advice from several sources in an effort to replace the EMSAC function. These would include some of the same organizations currently represented on the EMSAC. However, some organizations would not be utilized as often. The EMS community would maintain sufficient representation on task forces, workgroups and committees through the use of the Regional EMS Boards and many of the emergency medical services related organizations throughout the state. Since the OEMS has a need for the input and advice of emergency medical services organizations, it would be more efficient and effective to have the council in existence.

*If the EMSAC ceased to exist, the Office of Emergency Medical Services would still seek input and advice from several sources in an effort to replace the EMSAC function. These would include some of the same organizations currently represented on the EMSAC. Since the OEMS has a need for the input and advice of emergency medical services organizations, it would be more efficient and effective to have the council in existence.*

### **Council Members Have Not Been Paid Compensation as Required by Law**

The EMSAC's expenditures are paid through the OEMS. The OEMS provides the council with the meeting space and provides for any other associated costs. The only monetary expenses incurred by the council are travel expenses for several of the members. These costs amount to approximately \$400 to \$800 for each meeting.

However, according to WVC §16-4C-5,

*The members of the council shall receive compensation and expense reimbursement in an amount not to exceed the same compensation and expense reimbursement as is paid to members of the Legislature for their interim duties....*

*Attending members of the EMSAC received no compensation as required by law.*

For the time period covered in this evaluation, **the attending members of the EMSAC received no compensation, only expense reimbursement.** Table 1 illustrates what the costs for the council would have been if attending members were paid the \$150 (\$100 for years prior to 2001) compensation according to the code.

| <b>Table 1<br/>EMSAC Required Member Compensation</b>   |  |   |
|---|--|---|
| <b>Year</b>   | <b>Total Members Requiring Compensation*</b> | <b>Required Compensation</b>                |
| 1999  | 33   | 33 x \$100 = \$3,300                        |
| 2000  | 17   | 17 x \$100 = \$1,700                        |
| 2001  | 12   | 10 x \$100 = \$1,000*<br>2 x \$150 = \$300* |
| 2002  | <i>No Meetings Were Held</i>                 |   |
| 2003  | 19   | 19 x \$150 = \$2,850                        |
| 2004  | 14   | 14 x \$150 = \$2,100                        |
| <b>Totals</b>   | <b>95</b>                                    | <b>\$11,250</b>                             |
| <p><i>* Excludes members who are state employees because they are unable to receive compensation for meetings held during state time.</i></p> <p><i>* On April 14, 2001 the per diem was amended from \$100 to \$150 according HB 2912.</i></p> <p><i>Source: Information obtained from EMSAC meeting minutes, and PERD analysis.</i></p> |  |   |

*Cumulatively, for the years shown above, attending EMSAC members should have received a total of \$11,250 in compensation. Not being paid for their services on the council may be a factor in the lack of council meeting attendance.*

Cumulatively, for the years shown above, attending EMSAC members should have received a total of \$11,250 in compensation. As a result, the total costs for each meeting would be increased by an estimated \$804 for compensation. Therefore, the total costs per meeting, if compensation is paid will be approximately \$1,300 to \$1,700 per meeting. Not being paid for their services on the council may be a factor in the lack of council meeting attendance.

### **EMSAC Member Attendance Has Been A Continuous Issue**

The Legislative Auditor first evaluated the EMSAC in 1995 which was followed by two updates in 1997 and 1998. In the 1995 evaluation, the council was found to have consistently poor attendance, it had three quorums present out of twelve meetings for the years 1989-1994. After reviewing the meeting minutes and attendance roster of the council for the time period of 1999-2004, it is apparent that there is still a lack of participation among its members. For the previously stated time period, the EMSAC has had a quorum present at six of the total fourteen meetings (43%). Otherwise stated, the council could conduct “official” business at less than half of its meetings.

Table 2 illustrates the overall participation of EMSAC members. After the year 1999, the council had a quorum present at only one meeting for the next three years. There were no meetings held in 2002. In the years 2001, 2002, and 2004 the EMSAC was unable to function officially due to the lack of attendance.

| <b>Table 2<br/>Emergency Medical Services Advisory Council Member Participation</b>   |                        |                       |                                      |
|---|------------------------|-----------------------|--------------------------------------|
| <b>Meeting Dates</b>  | <b>Members Present</b> | <b>Members Absent</b> | <b>Percentage of Members Present</b> |
| <b>1999</b>   |                        |                       |                                      |
| April 6, 1999   | 10                     | 5                     | 67%                                  |
| July 6, 1999  | 12                     | 3                     | 80%                                  |
| September 21, 1999  | 7                      | 8                     | 47%                                  |
| December 14, 1999   | 8                      | 7                     | 53%                                  |
| <b>2000</b>   |                        |                       |                                      |
| April 4, 2000   | 6                      | 9                     | 40%                                  |
| July 11, 2000   | 8                      | 7                     | 53%                                  |
| October 10, 2000  | 6                      | 9                     | 40%                                  |
| <b>2001</b>   |                        |                       |                                      |
| January 9, 2001   | 7                      | 8                     | 47%                                  |
| April 10, 2001  | 5                      | 10                    | 33%                                  |
| July 10, 2001   | 2                      | 13                    | 13%                                  |
| <b>2002</b>   |                        |                       |                                      |
| <b>NO MEETINGS WERE HELD</b>  |                        |                       |                                      |
| <b>2003</b>   |                        |                       |                                      |
| June 24, 2003   | 11                     | 4                     | 73%                                  |
| November 7, 2003  | 10                     | 5                     | 67%                                  |
| <b>2004</b>   |                        |                       |                                      |
| February 3, 2004  | 7                      | 8                     | 47%                                  |
| May 6, 2004   | 7                      | 8                     | 47%                                  |
| <p> <span style="display: inline-block; width: 10px; height: 10px; background-color: #4F81BD; border: 1px solid black; margin-right: 5px;"></span> Denotes a quorum was present at the meeting.<br/> <span style="display: inline-block; width: 10px; height: 10px; background-color: #C85133; border: 1px solid black; margin-right: 5px;"></span> Denotes a quorum was NOT present at the meeting.<br/> <span style="display: inline-block; width: 10px; height: 10px; background-color: #000000; border: 1px solid black; margin-right: 5px;"></span> Denotes that no meetings were held.<br/>                     Information gathered from EMSAC meeting minutes and attendance roster.                 </p> |                        |                       |                                      |

Table 3 provides a comparison of the attendance of each organization represented on the council. As can be seen in this table, there are seven members who attended more than 50% of EMSAC meetings and only two members attended more than 75% of the meetings. Based on this table, the most members present at one meeting was twelve and the lowest number of members present was two for the years 1999-2004.

| Organization Represented                                   | 1999    |        | 2000    |        | 2001    |        | 2003    |        | 2004    |        | %       |        |
|--|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|
|  | Present | Absent | Present | Absent | Present | Absent | Present | Absent | Present | Absent | Present | Absent |
| Mountain State EMS Association - EMT                       | 4       | 0      | 1       | 2      | 1       | 2      | 0       | 2      | 0       | 2      | 43%     | 57%    |
| Mountain State EMS Association - Paramedic                 | 3       | 1      | 1       | 2      | 1       | 2      | 2       | 0      | 1       | 1      | 57%     | 43%    |
| WV Chapter of the American College of Emergency Physicians | 1       | 3      | 0       | 3      | 0       | 3      | 1       | 1      | 0       | 2      | 14%     | 86%    |
| State Department of Education                              | 4       | 0      | 3       | 0      | 2       | 1      | 2       | 0      | 0       | 2      | 79%     | 21%    |
| EMS Providers Operating within the State                   | 4       | 0      | 2       | 1      | 2       | 1      | 1       | 1      | 1       | 1      | 71%     | 29%    |
| Small EMS Providers Operating within the State             | 1       | 3      | 0       | 3      | 0       | 3      | 2       | 0      | 2       | 0      | 36%     | 64%    |
| WV State Fireman's Association                             | 2       | 2      | 1       | 2      | 0       | 3      | 2       | 0      | 0       | 2      | 36%     | 64%    |
| General Public 1   | 1       | 3      | 1       | 2      | 0       | 3      | 2       | 0      | 2       | 0      | 43%     | 57%    |
| General Public 2   | 0       | 4      | 0       | 3      | 0       | 3      | 2       | 0      | 1       | 1      | 21%     | 79%    |
| General Public 3*  | 4       | 0      | 2       | 1      | 3       | 0      | 0       | 2      | 0       | 2      | 64%     | 36%    |
| WV EMS Coalition*  | 3       | 1      | 3       | 0      | 3       | 0      | 1       | 1      | 2       | 0      | 86%     | 14%    |
| WV EMS Administrator's Association                         | 2       | 2      | 2       | 1      | 1       | 2      | 2       | 0      | 2       | 0      | 64%     | 36%    |
| WV Hospital Association                                    | 3       | 1      | 3       | 0      | 1       | 2      | 0       | 2      | 1       | 1      | 57%     | 43%    |
| WV Association of County Officials                         | 2       | 2      | 1       | 2      | 0       | 3      | 2       | 0      | 0       | 2      | 36%     | 64%    |
| WV Ambulance Association*                                  | 3       | 1      | 0       | 3      | 0       | 3      | 2       | 0      | 2       | 0      | 50%     | 50%    |

*\* Denotes organizations that were added to the council since the 1995 evaluation. Information gathered from EMSAC meeting minutes and attendance roster.*



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## The EMSAC Rule Regarding Attendance

The EMSAC maintains an attendance roster at each meeting which is retained to provide a record of attendance and whether or not a quorum is present. Within the council's by-laws is a rule that addresses the attendance of its members. This rule states:

*Members of the council shall attend all meetings. If a member shows lack of participation, the council will inform the agency the member represents of the member's non-attendance (with a copy to the member). If the member continues to show poor attendance, the council will request the member to submit his or her resignation to the Governor. If the member's attendance does not improve or a letter of resignation is not produced, then the council will ask the Governor to remove the member from office and appoint a replacement member.*

*To better control the attendance of the council's members, the EMSAC should specifically state in its by-laws the number of absences a member is permitted before actions are taken against the member. The EMSAC should only allow a minimum number of absences so that it can improve attendance.*

This particular rule was added to the council's by-laws to allow the council to become stricter on absenteeism. However, the EMSAC has enforced this rule only once. According to the director of EMS there were some cases when this rule was not enforced because the particular members who would have been reprimanded were nearing the end of their terms on the council. Recently a letter was sent to the president of one of the organizations represented on the council advising him of the lack of attendance. Currently, the member's attendance has not improved, therefore the council has plans to move forward with requesting the individual's resignation and requesting a nomination of another person from this organization.

The rule as written does not specify the number of times a member may be absent before any action is taken. To better control the attendance of the council's members, the EMSAC should specifically state in its by-laws the number of absences a member is permitted before actions are taken against the member. The EMSAC should only allow a minimum number of absences so that it can improve attendance. The council also needs to continue keeping an attendance roster. This roster should be changed to include the member's organization represented, the attendance numbers for all members, and whether or not a quorum was present at the meeting. This would allow the EMSAC to continually monitor its members' attendance.

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## **The Composition Of The EMSAC Has Changed Since Its Inception**

When the EMSAC was first created it was comprised of ten members. Changes to the *Code* in 1984 brought the membership up to thirteen. Additional changes in 1996 brought the number of members up to the current fifteen.

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*The director of OEMS recognizes that the composition of the EMSAC needs to be reviewed and possibly changed. He recognizes that other organizations which may be a greater asset to the council are not currently a part of the EMSAC.*

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The director of OEMS recognizes that the composition of the EMSAC needs to be reviewed and possibly changed. He recognizes that other organizations which may be a greater asset to the council are not currently a part of the EMSAC. Conversely, there are organizations represented on the council that are not as important. The director stated that “*there is a need for there to be a better population and geographic mix on the council.*” With regard to the appointment of general public members, the director believes that frequently the general public members are not “purely public”, as they may have some indirect affiliation with emergency medical services which can often create bias. The council is aware of the composition situation and has stated:

*The entire makeup of the Advisory council needs to be seriously looked at and changed in order to better steer the State Office.... In order to make changes to the council representation, the Code will have to be amended and the rules rewritten.*

The Legislative Auditor agrees that the composition of the council needs to be reevaluated without increasing the number of members. A new membership should include the organizations that are both essential to emergency medical services and have demonstrated a sincere involvement in the EMSAC.

## **The EMSAC Is Required To Meet Twice A Year By The Code, But Failed To Meet In 2002**

WVC §16-4C-5 states: “*The council shall choose its own chairman and meet at the call of the commissioner at least twice a year.*” The council failed to hold any meetings in 2002. The Office of Emergency Medical Services attributes this to a change in the way council appointments were handled in 2001. In the past the OEMS recruited nominations and then sent them on to the Governor’s Office for appointments to be made. According to the OEMS, recruitment nominations were requested directly from the organizations represented on the council. Also, a curricula vitae (a summary of one’s education, professional history, and job qualifications) was required of each nominee, whereas it was not required in the past. As a result there was a backlog of council appointments which resulted in a delay of several months

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before the EMSAC began to operate because appointments still needed to be made.

According to the EMSAC's by-laws: "At the call of the commissioner, members will meet a least four times a year." As can be seen in Table 2, the council has not held four meetings per year, as required by its by-laws, since 1999. Due to the continued lack of attendance at council meetings, attempting to hold four meetings a year is an ineffective and inefficient use of time and money for the EMSAC. Therefore, the council should amend the ruling in its by-laws to require at least two meetings per year as required by law.

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*The Code states that the members of the EMSAC are to be compensated for their services on the council. However, compensation has not been paid since it was required in 1996. This may explain the poor attendance of some council members.*

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## Conclusion

The EMSAC meeting minutes provide evidence that the council is operating under the function of advising on the establishment and maintenance of adequate emergency medical services throughout the state. Currently the only cost of operating the council are travel expenses. The *Code* states that the members of the EMSAC are to be compensated for their services on the council. However, compensation has not been paid since it was required in 1996. This may explain the poor attendance of some council members.

Since its inception, the EMSAC has been reorganized twice. Each time the council was reorganized the number of members increased. Despite the added membership poor attendance continues to be an issue. For the EMSAC it may be more feasible to now consider another reorganization that would result in a decreased membership and/or the inclusion of organizations and members with the most benefit to the EMSAC. The council also has a rule in its by-laws addressing attendance, although it has only been enforced once. With some additions, the attendance roster and the EMSAC's attendance rule can be effective tools to better control the attendance of EMSAC members. Since 1999, the council has failed to hold four meetings a year and has had six quorums present out of fourteen meetings, therefore attempting to meet four times a year may be an inefficient and ineffective use of time and money for the EMSAC. Given that more members attended at least 50% of the council's meetings and that the members have not been compensated, it is probable that if the EMSAC began to pay its members as required by the *Code* and decrease the number of required meetings in its by-laws to two, there would be an increase in the overall attendance at its meetings, and improved efficiency and effectiveness of the EMSAC.

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## Recommendations

1. *The Legislative Auditor recommends that the Emergency Medical Services Advisory Council should be continued.*
2. *The Legislative Auditor recommends that the Emergency Medical Services Advisory Council should begin to compensate its members as stated in West Virginia Code §16-4C-5.*
3. *The Legislative Auditor recommends that the Emergency Medical Services Advisory Council reevaluate its composition, without increasing the number of members, and make recommendations to the Legislature as to which organizations should be represented on the council.*
4. *The Legislative Auditor recommends that the Emergency Medical Services Advisory Council should utilize the attendance roster to closely monitor each member's attendance.*
5. *The Legislative Auditor recommends that the Emergency Medical Services Advisory Council should specify in its by-laws, the number of absences a member is permitted before actions are taken against him or her.*
6. *The Legislative Auditor recommends that the Emergency Medical Services Advisory Council should amend its by-laws to require at least two meetings per year as required by West Virginia Code §16-4C-5.*

# Appendix A: Transmittal Letter

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## WEST VIRGINIA LEGISLATURE *Performance Evaluation and Research Division*

Building 1, Room W-314  
1900 Kanawha Boulevard, East  
Charleston, West Virginia 25305-0610  
(304) 347-4890  
(304) 347-4939 FAX



John Sylvia  
Director

September 3, 2004

Mr. Mark King, Director  
Office of Emergency Medical Services  
350 Capitol Street, Rm 515  
Charleston, WV 25301

Dear Mr. King:

This is to transmit a draft copy of the Preliminary Performance Review of the Emergency Medical Services Advisory Council. This report is scheduled to be presented during the September 19 - 21, 2004 interim meeting of the Joint Committee on Government Operations. We will inform you of the exact time and location once the information becomes available. It is expected that a representative from your agency be present at the meeting to orally respond to the report and answer any questions the committee may have.

If you would like to schedule an exit conference to discuss any concerns you may have with the report between Wednesday, September 8, 2004 and Monday, September 13, 2004, please notify us. We need your written response by noon on Monday, September 13, 2004, in order for it to be included in the final report. If your agency intends to distribute additional material to committee members at the meeting, please contact the House Government Organization staff at 340-3192 by Thursday, May 16, 2004 to make arrangements.

We request that your personnel not disclose the report to anyone not affiliated with your agency. Thank you for your cooperation.

Sincerely,

Handwritten signature of John Sylvia in cursive script.  
John Sylvia

Enclosure

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*Joint Committee on Government and Finance*

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# Appendix B: EMS Advisory Council Workplan

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## West Virginia Emergency Medical Services Advisory Council Workplan

Draft 3/28/01

### Statement of Purpose

As stated in WV Code 16, Section 4C, Article 5, the Emergency Medical Services Advisory Council, hereto created and established by former section seven of this article, shall be continued for the purpose of developing, with the Commissioner, standards for emergency medical service personnel and for the purpose of providing advice to the Office of Emergency Medical Services and the Commissioner with respect to reviewing and making recommendations for, and providing assistance to, the establishment and maintenance of adequate emergency medical services for all portions of this state. The Council shall have the duty to advise the Commissioner in all matters pertaining to his or her duties and functions in relation to carrying out the purposes of this Article.

In respect to the above statement of purpose, the following list of topics will comprise a workplan to be followed by the West Virginia EMS Advisory Council:

### Legislation, Regulation, and Policy

- Advise the Director on issues concerning legislation, regulations, and policy.
- Review available data to guide the development of legislation, regulation, and policy.
- Liaison with members of the EMS and healthcare community and other stakeholders as needed.
- Assist the Director in development of State Code and legislative rules.
- Review and endorse positions on EMS-related issues.

### Resource Management and System Finance

- Review the annual data to assess statewide EMS resources.
- Advise the Director on funding strategies for the WV EMS System.
- Review the sub-recipient grantee's technical services and support annual workplan and year end report.

### Human Resources and Educational Systems

- Review the EMS workforce and related educational systems.
- Liaison with key stakeholders, the State Curriculum and Education Committee and the EMS for Children Advisory Committee on resources and educational systems issues.

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### **Transportation**

- Review the emergency medical vehicle fleet.

### **Facilities**

- Review the EMS-related facility categorization.

### **Communications System and Public Access**

- Review the regional medical command program.
- Review the statewide EMS telecommunications system.

### **Public Information, Education and Prevention**

- Evaluate the public information and education efforts of the WV EMS System.
- Promote the WV EMS System through day-to-day contacts with citizen groups, EMS personnel, and the health care community.

### **Medical Direction**

- Review the EMS medical direction system through liaison with the State Critical Care Committee and the State EMS Medical Director.

### **Trauma Systems**

- Review the state trauma system through liaison with the State Trauma Advisory Committee.

### **Evaluation**

- Review the various forms of data collection and evaluation processes of the WV EMS System.

### **EMS Research**

- Promote and review the use of EMS research to guide policy formation.

### **Clinical Care**

- Evaluate, review, EMS standards of care in cooperation with the State Critical Care Committee.

### **Disaster Operations**

- Review the State Disaster Plan's EMS-related elements.

draftadvisoryworkplan.wpd - 3/28/01



# Appendix C: Agency Response

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STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR PUBLIC HEALTH

Bob Wise  
Governor

Paul L. Nusbaum  
Secretary

September 9, 2004

RECEIVED  
SEP 13 2004

John Sylvia  
West Virginia Legislature  
Performance Evaluation and Research Division  
Building 1, Room W-314  
Charleston, West Virginia 25305-0610

PERFORMANCE EVALUATION AND  
RESEARCH DIVISION

Dear Mr. Sylvia:

After reviewing the Preliminary Performance Review of the EMS Advisory Council (EMSAC), I am in agreement with its findings and recommendations. However, the report does not clearly reflect that the former administration failed to appoint members, which was the cause for the lack of meetings and poor attendance during the time period pointed out in the report.

The Office of EMS will assist the Council in making changes recommended by the reviewers and will lobby the Commissioner of the Bureau for Public Health to assist with those recommendations that require new or modified legislation.

Thank you for your valued review of the EMSAC and as before, the process went well and was very enlightening. Please contact us if further information is necessary.

Sincerely,

A handwritten signature in black ink that reads "Mark E. King".

Mark E. King  
Director

MEK/jf

cc: Paul L. Nusbaum  
Chris Curtis, M.P.H.  
Nancy Bazzle, M.P.H.

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Office of Community and Rural Health Services  
Office of Emergency Medical Services

350 Capitol Street, Room 515  
Charleston, West Virginia 25301-3716

Telephone: (304) 558-3956

Fax: (304) 558-1437

