



PA EMS

Service *Duty*
Pennsylvania Emergency Health Services Council

Your *Voice In EMS*

Commitment

Honor

Fiscal Year 2015-2016 Annual Report

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Mission, Vision, & Values

Mission

The core mission of the Pennsylvania Emergency Health Services Council is to serve as an independent advisory body to the Department of Health and all other appropriate agencies on matters pertaining to Emergency Medical Services. As an advocate for its diverse member organizations, PEHSC's ultimate purpose is to foster improvements in the quality and delivery of emergency health services throughout the Commonwealth.

Vision

Pennsylvania will be a national leader in developing a unified system of high quality emergency medical services and other health services. In partnership with other organizations statewide that are involved with emergency services, PEHSC's role includes a heightened emphasis on advocacy and legislative liaison, outcomes research, system finances and development, public education, and resources to enhance organizational management.

Core Values

- **Service**
 - PEHSC will advocate for and work to advance Pennsylvania's statewide EMS system.
- **Diversity**
 - PEHSC will be comprised of EMS agencies from across Pennsylvania, and will include other organizations and stakeholders from within the emergency services and medical communities.
- **Objectivity**
 - PEHSC will generate unbiased, in-depth products that accurately reflect the needs of Pennsylvania and its EMS professionals.
- **Responsiveness**
 - PEHSC will be responsible, first and foremost, to the Council membership, and will strive to be at the forefront of new innovations.
- **Synergy**
 - PEHSC will bring together components of Pennsylvania's EMS system to explore problems and produce comprehensive solutions.

History, Funding, & Function

History

PEHSC was formed and incorporated in 1974. The Council's Board of Directors was recognized as the official EMS advisory body to the Pennsylvania Department of Health through the Emergency Medical Services Act of 1985 and was reauthorized in Act 37 of 2009.

Funding

The Council is partially funded through a contract with the Pennsylvania Department of Health. PEHSC does not charge any fees or dues to its member organizations.

Function

The Council's cornerstone is the grassroots provider network, which meet to discuss statewide issues. These grassroots providers generate recommendations for consideration by the PEHSC's Board of Directors. These recommendations ultimately lead to the delivery of formal recommendations to the Pennsylvania Department of Health. The volunteer, grassroots participation of pre-hospital providers throughout the Commonwealth gives EMS a voice in decision making at the state level. The volunteer involvement of providers in the PEHSC process has saved the Commonwealth thousands of dollars in personnel costs, as the PEHSC members often prepare statewide documents and/or educational programs to support recommendations. Interested providers may apply for membership to PEHSC Task Forces by completing an application. Task Forces are established either on a long term or short term basis and are either focused on a specific issue or general topic area.



Council Membership

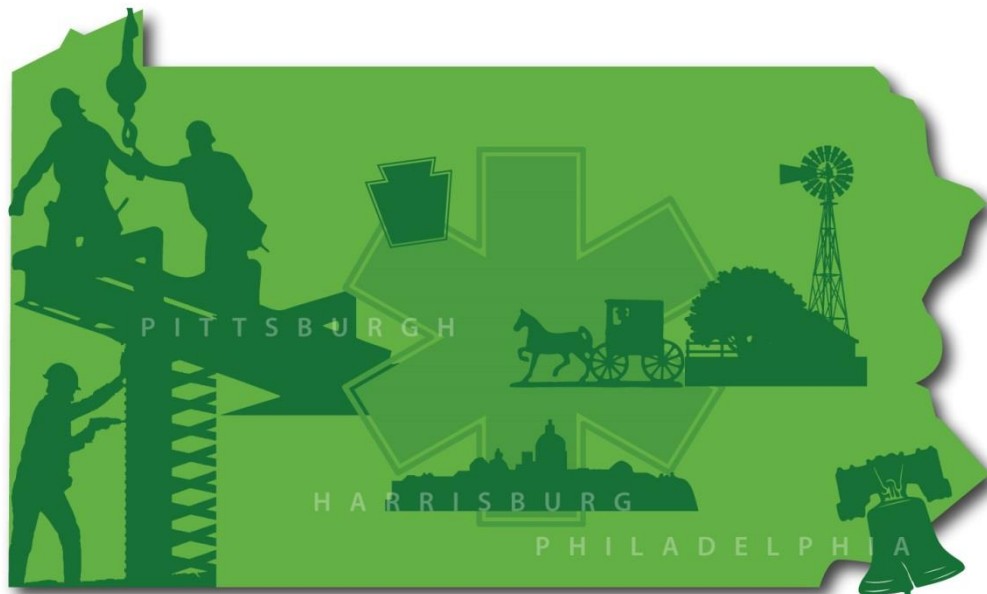
The Council is an organization-based, non-profit corporation consisting of over 100 organizations representing every facet of EMS in Pennsylvania. Each organization appoints a representative and one alternate representative to serve on the Council. Our member organizations include representatives of ambulance services, hospitals, health care providers, and firefighters, among others.

| | |
|--|---|
| Albert Einstein Med Center - EMS Division | Fraternal Association of Professional Paramedics |
| Allegheny County EMS Council | Geisinger-Lewistown Hospital |
| Allegheny General Hospital | Good Fellowship Ambulance & EMS Training Inst. |
| Ambulance Association of PA | Harrisburg Area Community College |
| American Heart Assn. – Great Rivers Affiliate | Highmark |
| American Medical Response Mid-Atlantic, Inc. | Horsham Fire Company No 1 |
| American Red Cross | The Hospital & Healthsystem Association of PA |
| American Trauma Society, Pennsylvania Division | J R Henry Consulting |
| Best Practices of Pennsylvania | Jeffstat |
| Bethlehem Township Volunteer Fire Company | Lancaster County EMS Council |
| Binns and Associates, LLC | Lancaster General Hospital |
| Brockway Area Ambulance Service, Inc. | Lawn Fire Co. Ambulance |
| Bucks County Emergency Health Services Council | Lehigh Valley Health Network |
| Bucks County Squad Chief's Association | Levittown-Fairless Hills Rescue Squad |
| Burholme EMS | LTS EMS Council |
| Butler County Community College | Main Line Health |
| Center for Emergency Medicine of Western PA | Montgomery County Regional EMS Office |
| Cetronia Ambulance Corps | Murrysville Medic One |
| Chal-Brit Regional EMS / Chalfont EMS | Myerstown First Aid Unit |
| Chester Co Dept of Emergency Services | National Collegiate EMS Foundation |
| Chester County EMS Council | National Ski Patrol |
| City Of Allentown EMS | Non-Profit Emergency Services of Beaver County |
| City Of Pittsburgh - Bureau of EMS | Northeast PA Volunteer Ambulance Association |
| Columbia Quick Response Service | Northwest EMS Inc. |
| County Of Schuylkill - Office of Public Safety | Penn State Milton S. Hershey Medical Center |
| Cumberland Goodwill EMS | Pennsylvania ACEP |
| Danville Ambulance Service | Pennsylvania Athletic Trainers Society |
| Delaware County EHS Council | Pennsylvania Committee on Trauma - ACS |
| Eastern Lebanon County School District (ELCO) | Pennsylvania Fire and Emergency Services Institute |
| Eastern PA EMS Council | Pennsylvania Medical Society |
| Emergency Health Services Federation, Inc. | Pennsylvania Neurosurgical Society |
| Emergency Medical Services of Northeastern PA | Pennsylvania Orthopedic Society |
| Emergency Nurses Association, PA Chapter | Pennsylvania Osteopathic Medical Association |
| EMMCO East | Pennsylvania Professional Fire Fighters Association |
| EMMCO West | Pennsylvania Psychological Association |
| EMSI - Emergency Medical Service Institute | Pennsylvania Search & Rescue Council |
| First Aid & Safety Patrol of Lebanon | Pennsylvania Society of Internal Medicine |

Council Membership, continued

Pennsylvania Society of Physician Assistants
Pennsylvania State Nurses Association
The Pennsylvania State University
Pennsylvania Trauma Systems Foundation
Philadelphia Fire Fighters Union Local 22
Philadelphia Paramedic Association
Philadelphia Regional EMS Council
Philadelphia University
Providence Township Ambulance
Public Safety Training Associates
Reading Health System
Rehabilitation & Community Providers Assn.
Second Alarmers Assn. & Rescue Squad of MontCo
Seneca Area Emergency Services
Seven Mountains EMS Council
Southern Alleghenies EMS Council
Southern Chester County EMS
Southwest Ambulance Alliance
Special Events EMS
St Luke's University Health Network

Star Career Academy
State Firemen's Association of PA
Suburban EMS
Susquehanna Health System
Temple Health System Transport Team
Tioga County EMS Council
Topton A L Community Ambulance Service
UPMC Hamot
UPMC Presbyterian
Uwchlan Ambulance Corps
Valley Ambulance Authority
VFIS/Education and Training Services
VMSC of Lower Merion and Narberth
Washington County EMS Council
Wellspan York Hospital
West Grove Fire Company
Westmoreland County EMS Council
Williamsport Area Ambulance
YTI Career Institute



Affiliate Council Membership

This group is comprised of over 140 organizations or individuals who are considered to be members of the Council without voting privileges.

| | |
|--|--|
| 7th Ward Civic Association Ambulance Service | Elizabeth Township Area EMS |
| Acute Care Medical Transports Inc. | Elysburg Fire Department EMS |
| Adams Regional Emergency Medical Services | EmergyCare |
| American Health Medical Transport | Em-Star Ambulance Service |
| American Life Ambulance | Event Medical Staffing Solutions |
| American Patient Transport Systems | Factoryville Fire Co. Ambulance |
| Am Serv Ltd Dusan Community Ambulance | Fame Emergency Medical Services |
| AREA Services | Fayetteville Volunteer Fire Department |
| Auburn Fire Company Ambulance Service | Fellows Club Volunteer Ambulance Service |
| Blakely Borough Community Ambulance Assn. | Forest Hills Area Ambulance Association |
| Borough of Emmaus Ambulance | Franklin & Northmoreland Twp. Amb. Assn. |
| Brighton Township VFD | Gilbertsville Area Community Ambulance Service |
| Brownsville Ambulance Service | Girardville Ambulance Service |
| Buffalo Township Emergency Medical Services | Goshen Fire Company |
| Canonsburg General Hospital EMS | Greater Pittston Ambulance & Rescue Assn. |
| Central Medical Ambulance Service | Greater Valley EMS |
| Centre County Ambulance Association | Guardian Angel Ambulance Service |
| Centre LifeLink EMS | Halifax Area Ambulance & Rescue Assn. |
| Chappewa Township Volunteer Fire Department | Hamburg Emergency Medical Services |
| Christiana Community Ambulance Association | Hamlin Fire & Rescue Co. |
| Citizens Volunteer Fire Company EMS Division | Harford Volunteer Fire Company EMS |
| Clairton Volunteer Fire Department | Harmony EMS |
| Clarion Hospital EMS | Heart to Heart Ambulance Service |
| Community Ambulance Association Ambler | Haverford Township Paramedic Department |
| Community Ambulance Service | Health Ride Plus |
| Community College of Beaver County | Health Trans Ambulance |
| Community Life Team | Hollidaysburg American Legion Ambulance Svs. |
| Conemaugh Township EMS | Honey Brook Ambulance Association |
| Corry Ambulance Service | Hose Co #6 Kittanning Ambulance Service |
| Cranberry Township EMS | Irvona Volunteer Ambulance Service |
| Cresson Area Amb. dba Cambria Alliance EMS | Jacobus Lions Ambulance Club |
| Delaware County Community College | Jefferson Hills Area Ambulance Association |
| Delaware County Memorial Hospital EMS | Jessup Hose Co No 2 Ambulance Association |
| Dover Area Ambulance Club | Karthaus Ambulance Service |
| Duncannon EMS | Kecksburg VFD Rescue Squad |
| East Brandywine Fire Company QRS | Kutztown Area Transport Service, Inc. |
| Eastern Area Prehospital Service | Lack Tuscarora EMS |
| Eastern Regional EMS | Lackawanna/Wayne Ambulance |
| Easton Emergency Squad | Lancaster EMSA |
| Ebensburg Area Ambulance Association | Lehigh Carbon Community College |

Affiliate Council Membership, continued

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|--|---|
| Leighton Ambulance Association, Inc. | Radnor Fire Company |
| Liverpool Emergency Medical Services | Regional EMS |
| Longwood Fire Company | Regional EMS & Critical Care |
| Lower Kiski Ambulance Service | Rices Landing Volunteer Fire Department |
| Loyalsock VFC #1 EMS Division | Robinson Emergency Medical Service |
| Macungie Ambulance Corps | Ross/West View EMS Authority |
| Manheim Township Ambulance Assn. | Rostraver/West Newton Emergency Services |
| Mastersonville Fire Company QRS | Russell Volunteer Fire Department |
| McCandless Franklin Park Ambulance Authority | Scott Township Emergency Medical Services |
| McConnellsburg Fire Department | Shawnee Valley Ambulance Service |
| Meadville Area Ambulance Service LLC | Shippensburg Area EMS |
| Med-Van Transport | Smiths Medical ASD Inc. |
| Memorial Hospital EMS | Snow Shoe EMS |
| Meshoppen Fire Company | Somerset Area Ambulance |
| Midway Volunteer Fire Company | South Central Emergency Medical Services |
| Mildred Ambulance Association | Southern Berks Regional EMS |
| Milmont Fire Co. EMS | Springfield Ambulance Association |
| Mount Nittany Medical Center - EMS | Springfield Hospital EMS |
| Mountain Top Fire Company | St. Mary EMS |
| Muncy Township VFC Ambulance | Stat Medical Transport, LLC |
| Nazareth Ambulance Corps. | Superior Ambulance Service |
| New Holland Ambulance Association | Susquehanna Township EMS |
| Newberry Township Fire & EMS | Trans-Med Ambulance, Inc. |
| Northampton Community College | Trappe Fire Company No. 1 Ambulance |
| Northampton Regional EMS | Tri-Community South EMS |
| Norwood Fire Co #1 EMS | United Hook & Ladder Co #33 |
| NovaCare Ambulance | UPMC Passavant |
| Orwigsburg Ambulance | Valley Community Ambulance |
| PAR Medical Consultant, LLC | Veterans Memorial Ambulance |
| Penn State Hershey Life Lion EMS | Wakefield Ambulance Association |
| Penn Township Ambulance Assn. Rescue 6 | Weirton Area Ambulance & Rescue Squad |
| Pennsylvania College of Technology | Western Alliance Emergency Services |
| Pennsylvania Office of Rural Health | Western Berks Ambulance Association |
| Pike County Advanced Life Support | Westmoreland County Community College |
| Pleasant Volunteer Fire Department | White Mills Fire Department Ambulance |
| Point-Pleasant-Plumsteadville EMS | White Oak EMS |
| Pointe 2 Pointe Services Inc. | White Rose Ambulance |
| Portage Area Ambulance Association | York Regional Emergency Medical Services |
| Pottsville Area Emergency Medical Services | |
| Quick Response Medical Transport | |

Board of Directors

Each year, the Council elects a Board of Directors comprised of 30 of the organizations represented by the Council. The Board of Directors serves as the official advisory body to the Pennsylvania Department of Health on EMS issues.

Allegheny County EMS Council
 Allegheny General Hospital
 Ambulance Association of PA
 Center for Emergency Medicine of Western PA
 Cetronia Ambulance Corps
 City Of Allentown EMS
 Columbia Quick Response Service
 Emergency Nurses Association, PA Chapter
 EMSI - Emergency Medical Services Institute
 First Aid & Safety Patrol of Lebanon
 Good Fellowship Ambulance-EMS Training Institute
 Highmark
 Lehigh Valley Health Network
 Northwest EMS Inc.
 Penn State Milton S. Hershey Medical Center
 Pennsylvania Committee on Trauma - ACS
 Pennsylvania Fire & Emergency Services Institute
 The Pennsylvania State University
 Pennsylvania Trauma Systems Foundation
 Philadelphia University
 Reading Health System
 Seven Mountains EMS Council
 Susquehanna Health System
Tioga County EMS Council
 UPMC Presbyterian
 Valley Ambulance Authority
 VFIS/Education and Training Services
 VMSC of Lower Merion and Narberth
 Wellspan York Hospital
 Williamsport Area Ambulance Service Co-op

Douglas Garretson
 Joseph Clark, MD
 Donald DeReamus
 Walt Stoy, PhD
 Chris Peischl
 Eric Gratz
 Frank Splain, Jr.
 Kay Bleacher
 Thomas McElree, Esq.
 Anthony Deaven
 William Wells
 Robert McCaughan
 Joel Calarco
 Scott Kingsboro
 Steven Meador, MD
 Susan Baro, DO
 Don Kunkle
 J. David Jones
 Juliet Altenburg, RN
 Jean Bail, RN, Ed.D
 Anthony Martin
 Timothy Nilson
 Charles Stutzman
 John Getty
 Myron Rickens
 J.R. Henry
 William Niehenke
 Patrick Doyle
 Steven Schirk, MD
 Gregory Frailey, DO

Category key:

Red: County EMS Councils

Blue: Hospitals/Healthcare Systems

Orange: Educational Institutions

Purple: Statewide Organizations

Green: EMS Agencies

Navy: Regional EMS Councils

Executive Leadership & Council Staff

Executive Committee

The Board is responsible to elect the Council officers, which include President, Vice President, Treasurer, and Secretary. The officers, two At-Large Board Members, and the Immediate Past President comprise the Council's Executive Committee.

| | |
|---------------------|--------------------------|
| J. David Jones | President |
| Anthony Deaven | Vice President |
| Ronald Roth, MD | Treasurer |
| Gregory Frailey, DO | Secretary |
| Douglas Garretson | Member-at-Large |
| Chris Peischl | Member-at-Large |
| J.R. Henry | Immediate Past President |

Council Staff

The Council employs a staff of six, which includes a full time Executive Director. The professional staff members have extensive experience as prehospital providers, administrators and educators. The staff is responsible for coordinating and administering the activities of the Council and its committees/task forces, as well as providing technical expertise to Pennsylvania's EMS community.

| | |
|-----------------------|--------------------------|
| Janette Swade | Executive Director |
| Donald "Butch" Potter | EMS Systems Specialist |
| Travis Woodyard | EMS Systems Specialist |
| Thomas Winkler | EMSC Program Director |
| Patricia Morrison | Office Manager |
| Jean Gochenauer | Administrative Assistant |

Executive Offices

PEHSC's executive office is located at:
 600 Wilson Lane
 Suite 101
 Mechanicsburg, PA 17055

The Council maintains a toll-free telephone number in Pennsylvania, 1-800-243-2EMS, to respond to hundreds of inquiries each year for information.

Financial Information

| FY 15-16 Financial Information | FY 15-16 | FY 15-16* | FY 14-15 |
|--------------------------------|---------------|---------------|---------------|
| | Budget | Actual | Actual |
| State Contract | | | |
| Income | \$432,788.93 | \$432,788.93 | \$491,889.58 |
| Expense | | \$432,788.93 | \$491,889.58 |
| EMSC Contract | | | |
| Income | \$127,945.70 | \$127,945.70 | \$128,800.00 |
| Expense | | \$127,945.70 | \$128,800.00 |
| EMSC Carryover | | | |
| Income | n/a | n/a | \$11,766.00 |
| Expense | | n/a | \$11,766.00 |
| EMS Conference | | | |
| Income | | \$63,819.50 | \$110,825.25 |
| Expense | | \$34,051.80 | \$90,292.45 |

*Fiscal Year 2015-2016 amounts listed are pending year-end audit. Complete financial audits are available upon request to the Council.

Financial Notes

PEHSC was notified of a \$60,000 budget cut for FY 15-16. This necessitated the loss of one FTE. In addition, the state budget impasse necessitated the use of the Councils line of credit to maintain operations.

PEHSC was notified of a \$22,915.00 budget cut for FY 16-17 and a second cut in the amount of \$ 7,915.00. This necessitated a delay in the hiring of one FTE position that would have been available for hire as of July 01, 2016, as well as numerous across the board cuts and efficiencies.

Due to the state budget impasse, the carryover funds for the EMSC federal grant were unable to be disbursed to PEHSC and were returned to the federal government in the amount of \$9,099.84 for FY 14-15

The annual independent audit for FY 14-15 was completed and delivered on time as per the contract terms with no findings.

Recommendations to the Department of Health

The following recommendations were approved by the PEHSC Board of Directors:

September 10, 2015 Board Meeting

VTR 0915-01 Addition of Tranexamic Acid (TXA) to Approved Medication List

Recommendation: The Pennsylvania Department of Health should add tranexamic acid (TXA) to the “Approved Medications List for EMS Agencies, Providers, and Required Medications Based on License Type” and permit monitoring of this medication by EMS providers at or above the level of Paramedic during an interfacility transport.

Department of Health Response: The Department did not formally respond to this VTR, however, Dr. Douglas Kupas, Commonwealth EMS Medical Director, stated that it will be included in the next medication list update.

December 09, 2015 Board Meeting

VTR 1215-01 EMT Blood Glucose Testing

Recommendation: The Pennsylvania Department of Health should amend the scope of practice for EMTs to include optional blood glucose testing using an electronic measurement device.

Department of Health Response: The Department accepts the recommendation of the committee for optional blood glucose testing by BLS agencies, in consultation with their EMS agency medical director. The Department will be developing a process to follow, including a checklist of requirements, medical director documentation, calibration of equipment, and quality control procedures that ensure the accuracy of test results. Further, the Department requests suggestions and recommendations from PEHSC, along with the development of an educational program for placement on the Learning Management System and in-person presentation by an EMS Agency Medical Director.

VTR 1215-02 EMT Administration of Glucagon

Recommendation: The Department of Health should not amend the Approved Medication List for EMS Agencies, EMS Providers, and Required Medications Based on License Type to authorize administration of glucagon by EMTs.

Recommendations to the Department, continued

Department of Health Response: The Department accepts the recommendation of the PEHSC medical advisory committee and will not add the administration of glucagon at the Basic Life Support level due to lack of sufficient data to support the need for such a request, cost of the medication, and the lack of training in direct medication administration.

VTR 1215-03 Data on BLS Agencies Carrying Naloxone

Recommendation: The Pennsylvania Department of Health should obtain data on the number and location of BLS agencies carrying naloxone.

Department of Health Response: The Department accepts and is actively working towards capturing at time of licensure those agencies at all levels below the advanced life support (ALS) level that are carrying naloxone. The Department expects to have this data collection process finalized and to begin collecting data by August 01, 2016.

VTR 1215-04 Amendment to Statewide ALS Protocols – Post-Intubation Mgmt.

Recommendation: The Department of Health should amend applicable Statewide ALS Protocol(s) during the next update cycle to include the administration of fentanyl for post-intubation sedation/pain management.

Department of Health Response: [The Department has not responded to this VTR as of the publication of this report.]

VTR 1215-05 BLS Psychomotor Exams

Recommendation: The Department should allow BLS Education Institutes the option to conduct their own Psychomotor Exams with Regional Council oversight.

Department of Health Response: The Department will further investigate the possibility of BLS Education Institutes conducting psychomotor exams as time and available resource permit.

Recommendations to the Department, continued

March 16, 2016 Board Meeting

VTR 0316-01 Addition of Ketamine to Approved Medication List

Recommendation: The Department of Health should amend the current “Approved Medications List for EMS Agencies, EMS Provider, and Required Medications Based on License Type” to include Ketamine as an optional medication for providers above the AEMT level.

Department of Health Response: [The Department has not responded to this VTR as of the publication of this report.]

VTR 0316-02 Minimum Core Content Requirements

Recommendation: The Department of Health should require a minimum of two (2) hours of core continuing education in each of the following five (5) categories during a provider’s registration cycle: Airway, Breathing, & Circulation, Medical Emergencies, Operational, Pediatrics/Obstetrics, and Trauma

Department of Health Response: [The Department has not responded to this VTR as of the publication of this report.]

April 27, 2016 Executive Committee Meeting

VTR 0416-01 Additional Education Requirements of PHRNs

Recommendation: The Pennsylvania Department of Health should adopt the recommendations contained in the attached document entitled, “Air and Critical Care Ground Transport Ambulance Services: Additional Education Requirements for Prehospital Registered Nurses”.

Department of Health Response: [The Department has not responded to this VTR as of the publication of this report.]

Recommendations to the Department, continued

May 16, 2016 Executive Committee Meeting

VTR 0516-01 Revisions to Air and Critical Care Transport Ambulance Equipment Requirements

Recommendation: The Department of Health should adopt the recommended revisions to the “Vehicle, Equipment and Supply Requirements for Ground and Air Ambulances” as published in the Pennsylvania Bulletin on May 30, 2011 [41 Pa.B.2296] and updated on July 5, 2014 [44 Pa.B. 4259] and the “Vehicle, Equipment and Supply Requirements for Critical Care Transport Ambulance Services” as published in the Pennsylvania Bulletin on May 30, 2015 [45 Pa.B.2680].

Department of Health Response: [The Department has not responded to this VTR as of the publication of this report.]

June 15, 2016 Board Meeting

VTR 0616-01 Alternative Forms of Oral Glucose

Recommendation: The Pennsylvania Department of Health should amend the list of Required Ground and Air Ambulance Equipment and Supplies include food-grade glucose or sucrose as an acceptable option to current requirement for “Instant Glucose (40% dextrose-d-glucose gel) 45 grams.”

Department of Health Response: [The Department has not responded to this VTR as of the publication of this report.]

VTR 0616-02 Addition of Hydroxocobalamin to EMS Medication List

Recommendation: The Department of Health should add hydroxocobalamin as an option to the “Approved and Required Medications Lists for Emergency Medical Services Agencies and Emergency Medical Services Providers” for providers above the level of AEMT; and amend Statewide ALS Treatment Protocol #8081 Cyanide Compound Exposure to include hydroxocobalamin as a treatment option.

Department of Health Response: [The Department has not responded to this VTR as of the publication of this report.]

Recommendations to the Department, continued

VTR 0616-03 Changes to Statewide BLS Protocol #831 (Poisoning/Toxic Exposure)

Recommendation: The Department of Health should amend statewide BLS protocol #831 to permit intranasal administration of naloxone at 2-4 mgs.

Department of Health Response: [The Department has not responded to this VTR as of the publication of this report.]

VTR 0616-04 Critical Care Transfer of Care Data Elements and Form

Recommendation: The Department of Health should adopt essential data elements to be reported when transferring care during a critical care patient transport. The Department should also make available the critical care transport transfer of care form developed by PEHSC, but also provide agencies the option of designing a custom form containing the identified essential critical care transfer of care data elements.

Department of Health Response: [The Department has not responded to this VTR as of the publication of this report.]

VTR 0616-05 Pediatric Safe Transport Device

Recommendation: The Department of Health should amend the required equipment list to include “the availability of a pediatric safe transport device. “ This requirement would only apply to EMS vehicles capable of patient transport.

Department of Health Response: [The Department has not responded to this VTR as of the publication of this report.]

Council Activities

Emergency Medical Services for Children

Through the contract with the Department of Health, the Council employs a full-time EMS for Children (EMSC) Program Director to manage the EMS for Children grant, which is awarded by the Health Resources and Services Administration (HRSA). Activities of the EMSC program are guided by federal performance measures, which evaluate a state's ability to provide emergency medical care to children in the following areas:

- Availability of online and offline pediatric-specific medical direction,
- Presence of essential pediatric equipment and supplies on all EMS units
- Existence of a standardized system to recognize hospitals capable of treating pediatrics
- Existence of interfacility transfer guidelines and agreements to ensure appropriate transfer of pediatric patients between facilities
- Requirements for pediatric education for certification renewal of EMS providers
- Establishment of EMSC permanence within the state through the existence of an EMSC Advisory Committee, a full-time EMSC Program Director, and EMSC priorities in regulation

This fiscal year, the EMSC Advisory Committee met quarterly to conduct projects with a goal of achieving federal performance measures and improving care provided to pediatrics in emergency situations across the Commonwealth. In addition, Pennsylvania remained represented on several national EMSC groups, including the Pediatric Emergency Care Council of the National Association of State EMS Officials (NASEMSO). The Program Director continues to be the East Region representative for NASEMSO PEC Council. In addition to working toward successful completion of the federal performance measures outlined above, the EMSC Program Director remains active in various committees and councils to ensure that EMSC priorities are considered in policy development by numerous organizations.

Throughout the year, the EMSC Program coordinated multiple events and projects. Highlights from some of these programs include the following:

- The Pennsylvania EMS for Children website, www.paemsc.org, has been active for over four years and is the go-to website for information about emergency care for children in Pennsylvania and continues to be Pennsylvania's EMS providers' go to resource for pediatric emergency medical care.

Council Activities, continued

Emergency Medical Services for Children, continued

- The EMSC Voluntary Recognition Program continued to accept applications, with over 50 being accepted this FY. Through a coordinated effort between the EMSC Program, PEHSC, the Department of Health, and Pennsylvania's EMS Regional Councils, the Program continues to accept applications on a rolling basis. The Program receives a comprehensive review every November; because of significant changes implemented at the end of last FY, no major changes were made to the Program this year. As of June 30, 2016, over 150 EMS agencies have been recognized under the Program at the following levels:
 - Basic: 17 EMS agencies
 - Intermediate: 25 EMS agencies
 - Advanced: 16 EMS agencies
 - Master: 58 EMS agencies
 - Expert: 35 EMS agencies
- In an effort to provide new and unique pediatric education, the EMSC Program partnered with Jerome Spinnato, RN, of Children's Hospital of Pittsburgh to continue offering the S.T.A.B.L.E. for the EMS Provider course. Mr. Spinnato took the S.T.A.B.L.E. course, which is normally offered in the hospital environment, and tailored it specifically to EMS providers to provide pertinent information related to the care of sick newborns and infants. The course was offered multiple times statewide and received rave reviews from attendees.
- The EMSC Program provides support and educational content to the annual statewide EMS conference.
- Financial and technical support was provided to regional EMS councils and individual EMS agencies to host pediatric educational sessions for EMS providers in the Commonwealth.
- The EMSC Program continues to distribute pediatric-capable pulse oximeters, with over 100 already distributed. Future plans involve purchasing additional devices, if funds allow.
- The EMSC Advisory Committee provided a recommendation to the Department related to the safe transport of children in ambulances. To coincide with Guideline 124 of the Pennsylvania Statewide BLS Protocols, the Committee recommended that all transport-capable EMS units carry a pediatric safe transport device for use on pediatric patients to ensure all children are safely and properly transported in ambulances.

Council Activities, continued

Emergency Medical Services for Children, continued

- The EMSC Program received a site-visit from federal representatives, including Ms. Theresa Morrison-Quinata of HRSA and Ms. Diana Fendya, RN, of the EMSC National Resource Center. The federal partners stated that they were very impressed by the work Pennsylvania continues to do and provided guidance on next steps for the Program.
- The EMSC Program continued to offer the popular continuing education webinar series. These webinars are provided at no cost to Pennsylvania's EMS providers and focus on varied pediatric topics. The webinars are recorded and are placed onto the EMSC website with continuing education attached to them. The following webinars were presented:
 - August 06, 2015: *Special Considerations for Kids with Autism* by Brian Focht, EMT-P
 - October 01, 2015: *Upper Airway Obstructions in Kids* by Jerome Spinnato, RN
 - December 03, 2015: *Pediatric Decontamination* by Joyce Foresman-Capuzzi, RN
 - February 11, 2016: *The Choking Game: What Prehospital Providers Need to Know* by Joshua Stuart, EMT-P

Public Relations Events



EMSC Program Director Tom Winkler attended multiple public relations events related to the Pediatric Voluntary Recognition Program, including this event at DuBois EMS Ambulance Service, recognizing them for their dedication to providing high-quality pediatric emergency medical care.

Council Activities, continued

Community Paramedicine / Mobile Integrated Healthcare Task Force

The Task Force discussed House Bill 1113, introduced by Representative Ryan Bizzaro, who represents parts of Erie County and is the Democratic Secretary of the House Veterans Affairs & Emergency Preparedness Committee. Amends the insurance law to require insurers and the PA Medicaid Program to provide reimbursement for qualified community paramedic services and amends the EMS Act to establish the community paramedic as a recognized provider type. PEHSC provided testimony before the house committee in support of this legislation.

The Department has formed a workgroup to develop regulatory language that would codify community paramedicine providers and agencies. Act 37 authorizes the Department create new provider and agency types by regulation. Members of the PEHSC Community Paramedicine/MIH task force have been invited to serve on this group. PEHSC will establish workgroups within the task force to compliment the Department's group; PEHSC will supply recommendations as to content and the Department will use these recommendations to develop draft regulations.

Communications Committee

The PEHSC Communications Committee, under the direction of Chairman Mel Musulin, has been actively engaged with the PA FirstNet program in assisting with the national initiative to establish a first responder's broadband network. The committee's primary role has been to disseminate information from PA FirstNet to PEHSC members and encourage participation in surveys conducted by PA FirstNet.

The Communications Committee convened a Communications Task force to address the request from the Department to review the Commonwealth's EMS Communication's System. The task force is currently working on preparing a survey for EMS agencies to evaluate the current status of our system.

During the FY, the Communications Committee created and distributed a survey of EMS communications to EMS agencies. They found that only 50% of 12-lead EKGs are transmittable to the hospital and 44% of providers do not gauge response on priority.

Council Activities, continued

Education Task Force

PEHSC received a formal request from the Pennsylvania Department of Health, Bureau of EMS to review the EMS educational system, identify strengths and weaknesses, and offer recommendations for improvement. A broad range of stakeholders was selected to serve on the task force, ensuring representation from the various geographies of the Commonwealth and its EMS education system. The task force met regularly from May until November to conduct a thorough evaluation of the Commonwealth's EMS Education System. The task force identified three areas of focus: accessibility to certification programs, cost of certification programs, and access to cognitive and psychomotor examinations.

During this FY, the Task Force recommended that BLS psychomotor testing be revised to allow EMS Education Institutes to perform their own testing with regional oversight. This recommended change is expected to save significant funds throughout the EMS System.

Additionally, the Task Force recommended to the Bureau of EMS five (5) areas that should be considered "core content" for continuing education. The five areas are: Airway, Breathing, Circulation; Operations; Medical Emergencies; Obstetrics/Pediatrics; and Trauma.

Finally, a review of data showed that Pennsylvania pass rates are in line with the national average for the NREMT exam. For 2014 the NREMT reports a national average of 67% First-Time Pass Rate, which they consider as being in the first 3 attempts, for the same year. Pennsylvania has a first time pass rate of 69%. While being in line with the national average, the Task Force did discuss why the First-Time Pass Rate was low and found that, overall, there is still room for improvement in the First Attempt Pass Rate. Possible reasons for poor performance were discussed, including: Students are less prepared to take certification classes than previous years; Length of time between course completion and testing has increased due to the use of Pearson Vue Testing Centers; and students may not be comfortable with computer based testing.

Council Activities, continued

Special Operations Task Force

The medical advisory committee formed a workgroup to develop recommended standards for the Tactical Paramedic and Wilderness EMT. Both of these areas of special operations are identified in the current EMS regulations; the workgroup will develop recommendations for education standards, expanded scope of practice and an expanded medications list. These will not be new provider certifications, but will be an endorsement on the provider's existing certification upon satisfying the Department's requirements and credentialing by the EMS agency medical director.

Critical Care Transport Task Force

The task force, in recognizing the changes occurring in critical care transport in Pennsylvania with the advent of licensed ground critical care transport vehicles, discussed the need to re-brand the group and realign its charge in order to provide the Board with comprehensive advice on matters involving both air and ground based critical care transport. The task force will be re-branded as the PEHSC Critical Care Transport Task Force.

During the year, the Task Force:

- Recommended pathways for prehospital registered nurses to obtain required additional education in air or critical care transport as required by Pennsylvania EMS regulations. The recommendation provides several compliance options for the nurses that include recognizing national certifications in emergency, flight or critical care nursing.
- Recommended the adoption of essential data elements to be reported when transferring care during a critical care patient transport and developed a critical care transfer of care form. The current transfer of care form designated by the Department was primarily intended for use by ALS and BLS agencies when transferring care of an acutely ill or injured patient in the emergency department.
- Recommended changes to the list of required equipment and supplies for air and ground critical care transport ambulances.

State Plan

The State Plan, as developed by the Pennsylvania Department of Health, with assistance from PEHSC, is available on the PEHSC and the Department of Health, Bureau of EMS websites. PEHSC was requested to wait to prepare revisions to the plan pending Bureau of EMS review and recommendations for this fiscal year.

Council Activities, continued

Medical Advisory Committee

During the year, the Medical Advisory Committee (MAC) addressed and/or discussed the following issues:

- Changes in prehospital spinal care; moving away from “immobilization” in favor of spinal motion restriction. This includes the changing role of the long spine board and indications for the application of a cervical collar to restrict motion. The committee facilitated a webinar that facilitated provider education and a Q&A session with the Commonwealth EMS Medical Director. The MAC also produced printed education material for hospital emergency departments about the changes in prehospital spinal care.
- Reviewed the 2015 American Heart Association emergency cardiac care guidelines to determine if any changes to statewide protocols were necessary.
- Recommended the Department obtain data on the number and location of basic life support agencies that have elected to carry naloxone in support of the Commonwealth’s broader initiative to combat this public health crisis.
- Discussed the emerging strategies in stroke care, in particular, identifying patients with suspected large vessel occlusion (LVO) and whether they should be transported to a comprehensive stroke center over a closer primary stroke center. A pilot is being conducted in the greater Pittsburgh area that may yield important information on this issue.
- Recommended the EMT scope of practice be amended to include electronic blood glucose measurement. The committee is developing, at the Department’s request, an educational program on blood glucose testing that can be delivered by an agency medical director or on a distributive learning platform.
- Recommended to the Department a pilot program to assess the use of ketamine to manage patient exhibiting signs and symptoms of excited delirium. Based on the success of this program, a subsequent recommendation was forwarded to the Department recommending the addition of ketamine to approved drug list and the creation of a protocol to manage excited delirium.

Council Activities, continued

EMS Information Task Force

The Bureau of EMS is working towards the implementation of NEMSIS 3.4 and anticipates the selection of “state fields” along with defining field values to be complete by July 15, 2016. The Task Force is working with the Bureau of EMS to ensure that the Bureau is able to accept NEMSIS 3.4 data on or about January 1, 2017, though current NEMSIS 2.0 data will still be accepted as agencies work with their PCR vendors on the change-over.

During the FY, the Task Force members reviewed and discussed numerous proposed “state fields”, with the goal is to balance the system’s information needs, but also recognize the service-level costs involved with increased PCR completion time. There was also a concept discussion of creating a state-level data cube, similar to the federal NEMSIS project, where state level EMS data can be accessed by stakeholders for QI and research activities.

Statewide Rescue Task Force

During FY 15-16 the executive director and staff met with the task force co-chairs for the purpose of strategic planning. Among its responsibilities, the rescue task force plays an integral role in the Voluntary Rescue Service Recognition (VRSR) program. VRSR is a joint program between the Pennsylvania Department of Health and the Office of State Fire Commissioner.

The future direction of the program was discussed, including marketing and recruitment, program standards and administration. The concepts developed here will be presented to the task force members at a future meeting.

Council Activities, continued

Additional Projects

REPLICA – This Federal initiative was requested by BEMS to be reviewed for its applicability to Pennsylvania. The recommendation including a request for data was sent to Director Gibbons in December.

Naloxone – A letter was sent to Dr. Levine, PA Physician General requesting BLS data to determine participation and to assist in planning to expand/enhance program.

EMS Week – The annual EMS Week Resolutions and Gubernatorial Proclamations were secured and the Council worked with Channel 21 (CBS) in Harrisburg to do a weekly series on successful and interesting EMS Calls to showcase our field providers. The plan is that the series would be successful enough for other affiliates to do the same type of program next year.

EMSOF Workgroup (DOH) – The Council participated in a Department sponsored workgroup focused on the findings of the Auditor General’s Audit of the EMSOF.

EMSOF-Rehab Workgroup – PEHSC held several meetings with the Rehabilitation and Community Providers Association (a Council organization) and associated representatives of related agencies to address the concerns with the EMSOF decline. The working group also met with Representative Causer to discuss his pending legislation to increase the fines to support the fund.

Funding Task Force – Based on inquiries by many Council organizations and the efforts of the EMSOF-Rehab Workgroup, council board representatives and members of the Rehab group met in April to outline a white paper for use with the legislature to address funding for EMS and the EMSOF.

Corporate Committees – In accordance with PEHSC bylaws, the following committees were established and functioning during the fiscal year: Membership, Nominating, and the Executive Committee, which met monthly.

Recruitment and Retention – In an effort to support continued incoming recruitment inquiries from our website www.pa-ems.org we requested additional funding from the Department to offset a revision to the website. The request included the current website’s data to support its viability.

Council Activities, continued

Trauma Center Notifications – The council assisted the Pennsylvania Trauma Systems Foundation with the change in policy to improve the timing of trauma center designation notifications to EMS agencies.

2017 Statewide Protocol Update – The Department of Health updates the statewide EMS treatment protocols biannually, which guide the treatment of EMS providers at all levels in lieu of or in combination with online medical command. PEHSC, through the statewide medical advisory committee (MAC), plays an integral role in this process through soliciting stakeholder recommendations and working with the Commonwealth EMS Medical Director to determine the update's content. Pennsylvania's treatment protocols are evidence-based whenever possible, but also rely on the expertise of the physicians who comprise the MAC to drive the process. As part of the current update cycle, an online stakeholder survey was distributed statewide; this yielded 64 recommendations in basic, intermediate and advanced life support as well as critical care transport.

Car Seat Technician Course



Through funds provided by the Pennsylvania EMS for Children Program, working in conjunction with the Pennsylvania Traffic Injury Prevention Project (TIPP), the first-ever all-EMS Child Passenger Safety Technician course was host in April 2016. This course was hosted to encourage and enable EMS agencies to continue to advance within the Pediatric Voluntary Recognition Program. EMSC thanks the instructors and Cranberry Township EMS for their support of this program.

Legislative Affairs

The council provided annual testimony to the House and Senate Veteran's Affairs and Emergency Preparedness Committees on our annual concerns for the system. Our comments for this testimony centered on system wide funding concerns. We also delivered testimony on the proposed Community Paramedicine legislation.

The Council updated the annual PEHSC **Legislative Agenda** to support any educational efforts. Specific legislation was reviewed and monitored, including:

- House Bill 2058 – Focused on paramedic blood draws
- Firework Sale Expansion with an applied tax to support emergency services
- Direct Pay Legislation - Act 84
- House Bill 1796 – Increased the EMSOF fine amount
- Grant Bill Expansion
- Concept of CPR requirement for Schools
- Concepts of Balanced Billing – the council sent comments with American College of Emergency Physicians (ACEP) to PA's insurance commissioner
- Concept of Increasing Medicaid payments to municipal EMS as done in California was forwarded to the Ambulance Association of Pennsylvania Legislative Chair for consideration

2015 Pennsylvania EMS Awards

The 2015 Pennsylvania State EMS Award recipients were announced at the 38th Annual PA EMS Conference in Lancaster and Altoona, Pennsylvania. These individuals and organizations were formally recognized at a ceremony held in conjunction with the Pennsylvania Fire and Emergency Services Institute annual dinner.

ALS Practitioner of the Year



Ralph Backenstoos, EMT-P
(posthumously awarded)
LifeLion EMS
Region: EHSF

EMS Agency of the Year – Small Agency Division



Greenfield Township VFC
Region: EMMCO West

BLS Practitioner of the Year



John Naleppa, EMT
Cranberry Township EMS
Region: EMSI

EMS Agency of the Year – Large Agency Division



Burholme EMS
Region: Philadelphia

2015 Pennsylvania EMS Awards, continued

EMS Educator of the Year



Robert Hamilton, EMT-P
Delaware Community College
Region: Delaware

Amanda Wertz Memorial EMS for Children Award



Stephen Hall, EMT-P
Cetronia Ambulance Corps
Region: Eastern

Dr. George Moerkirk Memorial Outstanding Contributions to EMS Award



Steven Webb, EMT
Chester County DES
Region: Chester

Rescue Service of the Year



South Hills Area Cooperative of
Governments, Technical Response Team
(SHACOG)
Region: EMSI

EMS Communications Award



Jon Kromer
Chester County 9-1-1 Center
Region: Chester

David J. Lindstrom EMS Innovation Award



Richard D. Flinn, Jr.
Director, PEMA

Pennsylvania's 38th Annual EMS Conference

The 38th Annual PA Statewide EMS Conference was held at two sites, September 10-12, 2015 at the DoubleTree Resort by Hilton in Lancaster, PA, and September 25-26, 2015 at the Blair County Convention Center, Altoona, PA. The Altoona curriculum was a lighter version of the Lancaster site.

Faculty Presenting

- This year's conference featured 25 presenters from across the Commonwealth.
- The Lunch and Learn session featured Pennsylvania Physician General – Rachel Levine

Session Summary

- 26 Sessions Total Thursday and Friday in Lancaster
- Attendees attending three days could receive up to 21.5 hours of Continuing Education.
- All sessions were approved for Nursing Continuing Education

Conference Highlights

- Co-sponsorship with the Pennsylvania Department of Health, Bureau of EMS
- Pediatric Track – September 11th
- Lunch-and-Learn Session with Bureau of EMS

Conference Objectives

- Provide participants with a variety of clinical and non-clinical topics to improve and educate in regard to Pennsylvania's EMS System and the delivery of EMS in Pennsylvania.
- Provide participants with pediatric-specific education content in conjunction with the PA EMS for Children Program.
- Offer an exhibitor area for the promotion of new technology and services.
- Expand the participant base to include not only EMS providers but also registered nurses, emergency preparedness personnel, agency and regional leaders, fire department personnel, and hospital staff.
- Provide an opportunity for professional networking among EMS providers.

Conference Attendance

- BLS providers (133) outnumbered ALS providers (73)
*When level identified in registration
- Department of Health Lunch-and-Learn Session – 120

Pennsylvania's 38th Annual EMS Conference, cont.



EMS Conference Comparison

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|--|------|------|------|------|------|
| <i>Total Attendance</i> | 336 | 392 | 441 | 441 | 254 |
| Multi-Day General Conference | 234 | 276 | 321 | 250 | 98 |
| Single-Day General Conference | 47 | 47 | 77* | 64 | 81** |
| Exhibiting Organizations <i>(includes pediatric symposium exhibitors)</i> | 55 | 56 | 43 | 44 | 37 |
| Registered Nurse Attendance | 40 | 35 | 28 | 33 | 20 |
| Preconference Attendance | n/a | 121 | n/a | 183 | 69 |

**2013 was the first year there was not a standalone Pediatric Symposium.*

***2015 Altoona site was reduced to a single day event*

Summary of Conference Participant Demographics

- 45 percent of respondents are paid to work in EMS, while 47 percent solely volunteer.
- Attendees ranged in age from 21 to 77 years. The average age was 50.
- 55 percent of attendees commuted in each day and did not stay at the hotel overnight
- Participants represented quick response services, ambulance services, fire and rescue services, hospitals, and other public safety agencies.

Professional Development & Outreach

Summary of Regular Meetings Attended by PEHSC Leadership & Staff

- 2015 Pennsylvania Fire & Emergency Services Institute Annual Dinner and Pennsylvania State EMS Awards Presentation
- National Community Paramedicine Webinars
- 2015 Pennsylvania EMS Providers Foundation Annual Dinner and Awards Presentation
- NASEMSO
- SCAN EMS Advisory Board Meeting
- American Trauma Society – PA Chapter Conference
- 9/11 Event at the Capitol
- PEMA 9-1-1 Advisory Board
- HRSA EMSC Town Hall Conference Calls
- HRSA/University of Pittsburgh SPROC
- PA Safe Kids Meeting
- American Academy of Pediatrics Meetings
- Atlantic EMS Council and EMSC Council Meetings
- Volunteer Loan Assistance Program Meetings, monthly
- EMS Update 2016
- Eastern PA EMS Council Conference
- Seven Mountains EMS Council Conference
- PA Agricultural Safety Advisory Board meetings
- Pennsylvania Trauma Systems Foundation (PTSF) Board of Directors Meetings
- PTSF Annual Conference
- Quarterly Pennsylvania Fire & Emergency Services Institute Statewide Advisory Board Meetings

Professional Development & Outreach, continued

Continuity of Operations and Emergency Response Plan

PEHSC maintains, and updates annually, a Continuity of Operations and Emergency Response Plan. The purpose of this continuity of operations plan is to establish how PEHSC will provide for 24 hour operations in the event of a local, state, or national disaster and how the Council will provide assistance in local, state, and national planning for disaster response. The plan also outlines the procedure PEHSC need to relocate from its current location; the purpose of the emergency operations plan is to establish a procedure should PEHSC staff be faced with an emergency while at work. The plan outlines how PEHSC staff should respond to specific emergencies at the office.

Website

The PEHSC website has been updated with a new sleek, clean look. The main PEHSC website and the Pennsylvania EMS Info website were merged during this update to provide easier access to information. The website has over 25,000 visitors looking for resources and information about the Council and its activities annually. The PEHSC also maintains a public website, www.pa-ems.org, to assist in the collection of requests for people interested in starting an EMS career. The site provides basic information about education and the certification levels. It also provides a response form so Council staff can link prospective students to regional EMS council offices. On average, staff processes about 10 requests per week for information to the appropriate regional offices.

Acknowledgement

Without the continued support of our council members and individuals who participate on our committees and task forces, PEHSC would face a daunting task to identify and discuss issues in order to make recommendations to the Pennsylvania Department of Health for EMS system improvement.

This positive attitude enables PEHSC to continue our role in Pennsylvania's EMS system and meet our mission. The Pennsylvania Emergency Health Services Council would like to thank everyone who has volunteered their time.

Submitted to the Pennsylvania Department of Health August 30, 2016

Pennsylvania Emergency Health Services Council

600 Wilson Lane • Suite 101

Mechanicsburg, PA 17055

(717) 795-0740 • 800-243-2EMS (in PA)

www.pehsc.org