



PA EMS

Service

Duty

Pennsylvania Emergency Health Services Council

Your Voice In EMS

Commitment

Honor

Fiscal Year 2016-2017 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, the ultimate purpose of PEHSC 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 incorporated in 1974. The Council's Board of Directors were 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 receives funding 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 focused on a specific issue or general topic area.



Council Membership

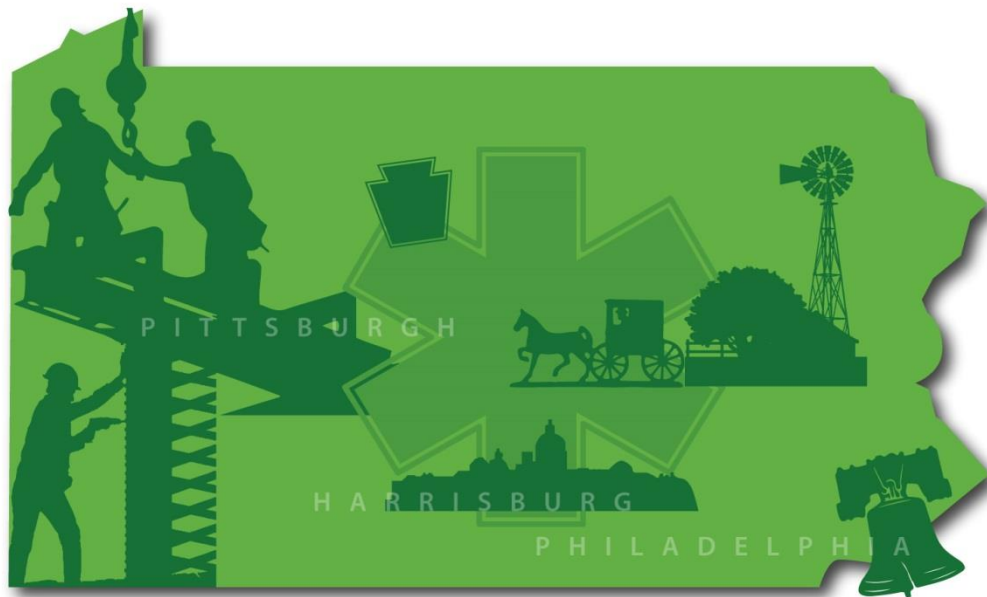
The Council is an organization-based, non-profit corporation consisting of over 100 organizations representing every facet of EMS in Pennsylvania. Each organization appoints a representative and one alternate representative to serve on the Council. Our member organizations include representatives of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

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

Council Membership, continued

Pennsylvania Psychological Association
Pennsylvania Search & Rescue Council
Pennsylvania Society of Internal Medicine
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
West Penn Hospital
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 members of the Council without voting privileges.

7th Ward Civic Association Ambulance Service
Acute Care Medical Transports Inc.
Adams Regional Emergency Medical Services
American Health Medical Transport
American Life Ambulance
American Patient Transport Systems
Am Serv Ltd Dusan Community Ambulance
AREA Services
Auburn Fire Company Ambulance Service
Berwick Area Ambulance Association
Blacklick Valley Foundation Ambulance Service
Blakely Borough Community Ambulance Assn.
Borough of Emmaus Ambulance
Brighton Township VFD
Brownsville Ambulance Service
Buffalo Township Emergency Medical Services
Canonsburg General Hospital EMS
Central Medical Ambulance Service
Centre County Ambulance Association
Centre LifeLink EMS
Chappewa Township Volunteer Fire Department
Christiana Community Ambulance Association
Citizens Volunteer Fire Company EMS Division
Clairton Volunteer Fire Department
Clarion Hospital EMS
Community Ambulance Association Ambler
Community Ambulance Service
Community College of Beaver County
Conemaugh Township EMS
Corry Ambulance Service
Cranberry Township EMS
Cresson Area Amb. dba Cambria Alliance EMS
Delaware County Community College
Delaware County Memorial Hospital EMS
Dover Area Ambulance Club
Duncannon EMS
East Brandywine Fire Company QRS
Eastern Area Prehospital Service
Eastern Regional EMS
Easton Emergency Squad

Ebensburg Area Ambulance Association
Elizabeth Township Area EMS
Elysburg Fire Department EMS
EmergyCare
Em-Star Ambulance Service
Event Medical Staffing Solutions
Factoryville Fire Co. Ambulance
Fame Emergency Medical Services
Fayette Township EMS
Fayetteville Volunteer Fire Department
Fellows Club Volunteer Ambulance Service
Forest Hills Area Ambulance Association
Franklin & Northmoreland Twp. Amb. Assn.
Gilbertsville Area Community Ambulance Service
Girardville Ambulance Service
Goshen Fire Company
Greater Pittston Ambulance & Rescue Assn.
Greater Valley EMS
Guardian Angel Ambulance Service
Halifax Area Ambulance & Rescue Assn.
Hamburg Emergency Medical Services
Hamlin Fire & Rescue Co.
Harford Volunteer Fire Company EMS
Harmony EMS
Heart to Heart Ambulance Service
Haverford Township Paramedic Department
Health Ride Plus
Health Trans Ambulance
Hollidaysburg American Legion Ambulance Svs.
Honey Brook Ambulance Association
Hose Co #6 Kittanning Ambulance Service
Irvona Volunteer Ambulance Service
Jacobus Lions Ambulance Club
Jefferson Hills Area Ambulance Association
Jessup Hose Co No 2 Ambulance Association
Karthus Ambulance Service
Kecksburg VFD Rescue Squad
Kutztown Area Transport Service, Inc.
Lack Tuscarora EMS
Lackawanna/Wayne Ambulance

Affiliate Council Membership, continued

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

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
Cetronia Ambulance Corps
City Of Allentown EMS
Columbia Emergency Medical Services
Emergency Nurses Association, PA Chapter
EMSI - Emergency Medical Services Institute
First Aid & Safety Patrol of Lebanon
Good Fellowship Ambulance-EMS Training Institute
Harrisburg Area Community College
Highmark
Lehigh Valley Health Network
Northwest EMS
Penn State Milton S. Hershey Medical Center
Pennsylvania ACEP
Pennsylvania Fire & Emergency Services Institute
The Pennsylvania State University
Pennsylvania Trauma Systems Foundation
Philadelphia University
Reading Health System
Second Alarmers & Rescue Squad of Montgomery County
Seven Mountains EMS Council
Susquehanna Health System
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
David Lindell
Donald DeReamus
Chris Peischl
Eric Gratz
Frank Splain, Jr.
Kay Bleacher
Thomas McElree, Esq.
Anthony Deaven
Kimberly Holman
Robert Bernini
Robert McCaughan
Joel Calarco
Scott Kingsboro
Steven Meador, MD
Bryan Wexler
Don Konkle
J. David Jones
Juliet Altenburg, RN
Jean Bail, RN, Ed.D
Anthony Martin
David Tepper
Patrick Shoop
Charles Stutzman
Myron Rickens
J.R. Henry
William Niehenke
Patrick Doyle
Steven Schirk, MD
Gregory Frailey, DO

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
Robert McCaughan	Member-at-Large
J.R. Henry	Immediate Past President

Council Staff

The Council employs a staff of five, 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
Angela Poorman (as of Feb)	EMS Systems Specialist
Thomas Winkler	EMSC Program Director
Patricia Morrison	Office Manager

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 16-17	FY 16-17*	FY 15-16
	Budget	Actual	Actual
State Contract			
Income	\$ 410,000.00	\$ 371,584.94	\$432,788.93
Expense		\$ 371,584.94	\$432,788.93
EMSC Contract			
Income	\$ 128,224.00	\$ 11,4127.00	\$ 128,224.00
Expense		\$ 11,4127.00	\$ 119,102.83
EMSC Carryover			
Income	\$ 9121.17	\$ 10,264.00	n/a
Expense		\$ 10,264.00	n/a
EMS Conference			
Income	\$ 60,000.00	\$ 47,641.63	\$ 63,819.50
Expense	\$ 50,000.00	\$ 42,101.89	\$ 34,051.80

*Fiscal Year 2016-2017 amounts listed are pending year-end audit.
Complete financial audits are available upon request to the Council.

Recommendations to the Department of Health

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

September 21, 2016 Board Meeting

VTR 0916-01 Addition of i-gel to EMS Scope of Practice and Required Equipment List

Recommendation: The Department of Health should amend the scope of practice for providers at or above the AEMT level to include the use of the i-gel as an alternative/rescue ALS airway. Furthermore, the Department of Health should amend the list of minimum required equipment and supplies for agencies at or above the IALS level to include the i-gel as an option for the alternative/rescue ALS airway device requirement.

Department of Health Response: The Department did not formally respond to this VTR, however, the i-gel is now included in the EMS Scope of Practice and Required Equipment List.

December 14, 2016 Board Meeting

VTR 1216-01 Updates to Pediatric Voluntary Recognition Program (2016)

Recommendation: The Department of Health should accept the attached revisions to the current Pediatric Voluntary Recognition Program.

Department of Health Response: The Department accepts the recommendation of the EMS for Children (EMSC) program through PEHSC to review the current Pediatric Voluntary Recognition Program (PVRP). Additionally, the Department recognizes this EMSC initiative has been the model for other states and has received national-level praise for improving pediatric emergency medical service in the prehospital setting.

Recommendations to the Department, continued

March 15, 2017 Board Meeting

VTR 0317-01 Pediatric Reference Guide

Recommendation: The Department of Health should include a pediatric reference guide in the “Resource Tables” section of the Pennsylvania Statewide BLS Protocols during the next protocol update.

Department of Health Response: The Department did not formally respond to this VTR, however, the pediatric reference guide was included in the Pennsylvania Statewide BLS Protocols during the most recent update.

VTR 0317-02 Removal of Pediatric Length-Based Tapes for BLS EMS Vehicles

Recommendation: The Department of Health should include remove the “Pediatric length-based Drug Dosing/Equipment Sizing Tape, most current version available” equipment requirement from BLS EMS vehicles.

Department of Health Response: The Department did not formally respond to this VTR, however, the length-based tape was removed from the Required Equipment List from BLS EMS vehicles.

April 17, 2017 Executive Committee Meeting

VTR 0417-01 Additional PHRN Education Requirements for Critical Care Transport

Recommendation: The Department of Health should adopt the PEHSC recommended educational objectives and equivalencies for PHRNs working on ground critical care transport and/or air ambulances.

Department of Health Response: The Department accepts the recommendation regarding the proposed critical care and air ambulance educational objectives and equivalencies for PHRNs working on licensed ground critical care transport and/or air ambulances. Additionally, the Department will publish an EMS Informational Bulletin to provide the regulated community with information related to this topic.

Recommendations to the Department, continued

June 14, 2017 Board Meeting

VTR 0617-01 Tactical EMS Program

Recommendation: The Pennsylvania Department of Health should accept the recommendations contained in the attached document related to implementing a tactical EMS program in Pennsylvania.

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

VTR 0617-02 Wilderness EMS Program

Recommendation: The Pennsylvania Department of Health should accept the recommendations contained in the attached document related to implementing a wilderness EMS program in Pennsylvania.

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

VTR 0616-03 Changes to ALS Required Equipment List

Recommendation: The Pennsylvania Department of Health should consider amending the list of required equipment and supplies by removing the “cricothrotomy set” for all types of advanced life support vehicles.

Department of Health Response: The Department did not formally respond to this VTR, however, the cricothrotomy set was removed from the Required Equipment List for ALS EMS vehicles.

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 five 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. During the FY, the website received a minor update to move it to a new platform to improve access, accessibility, and security.

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; this year, the Committee recommended to update the equipment list and add the Pennsylvania State Police P.A.T.C.H. Criminal Record Check to the Intermediate level. As of June 30, 2017, over 150 EMS agencies have been recognized under the Program at the following levels:
 - Basic: 19 EMS agencies
 - Intermediate: 35 EMS agencies
 - Advanced: 21 EMS agencies
 - Master: 59 EMS agencies
 - Expert: 47 EMS agencies
- Financial and technical support was provided to the annual EMS conference, regional EMS councils, and individual EMS agencies to host pediatric educational sessions for EMS providers in the Commonwealth.
- The EMSC Program began exploring the consideration of a facility recognition program for pediatric medical emergencies for emergency departments. The Program hosted the initial meeting in November 2016 with key stakeholders to discuss the development of the program, with favorable feedback. This program is ongoing and is on a three-year time frame.
- To coincide with the Pennsylvania facility recognition program development, the EMSC Program participated in a federal-level collaborative that brought together a dozen states for information sharing and best practices recommendations to begin the development of this program.
- The EMSC Program worked with the Pennsylvania School Bus Association to work on developing a medical information sheet for school transport vehicles, specifically relating to children with special care needs. The PSBA and EMSC continue to work on the development of the project with an expected completion date of next FY.
- The EMSC Program remained involved in the NASEMSO Safe Transport Committee, making recommendations to improve the safe transport of children in ground ambulances.

Council Activities, continued

Emergency Medical Services for Children, continued

- The EMSC Program is working on updating the *Emergency Guidelines for Schools* for the 2017-18 school year. Plans include reproducing hard copies of the books for school nurses. Updates being considered include the 2015 AHA Guidelines for CPR and updates to child abuse reporting.
- 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:
 - July 06, 2016: *Pediatric Sepsis* by Dr. Manoj Mittal
 - August 03, 2016: *Pediatric Pain Management* by Dr. Chris Malabanan
 - January 18, 2017: *Relationship between Animal and Child Abuse* by Cathy Palm, Child Abuse Advocate & Kristin Tullo, Director of Humane Society
 - April 20, 2017: *Pediatric Safe Transport Guidelines* by Joshua Stuart, EMT-P, Bob Hrabar, EMT-P, & Kathy Strotmeyer, CPST
 - May 16, 2017: *Pediatric Community Paramedicine Programs* by Dr. Elizabeth Weinstein & Ted Fessides, 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 Plymouth Community Ambulance Association, recognizing them for their dedication to providing high-quality pediatric emergency medical care.

Council Activities, continued

Critical Care Transport Task Force

During the year, the Task Force:

1. Recommended revisions to the list of required equipment and supplies for both air and ground critical care transport ambulances. These recommendations included efforts to remove items from an air ambulance that contribute to aircraft weight, but are rarely needed for patient care.
2. Recommended educational objectives for PHRNs to comply with EMS regulations requiring at least one crew member on an air and ground critical care ambulance to have additional education in critical care transport. For some agencies this requirement is satisfied by the use of an expanded scope of practice paramedic [critical care paramedic], however this resource may not be available in every agency. When staffing a licensed air or critical care ground ambulance with a PHRN and ALS paramedic or two (2) PHRNs, the PHRN is required to have completed the additional education.
3. The task force continues to monitor the implementation of expanded scope of practice for paramedics working on air or ground ambulances who have completed additional Department-approved education. They also provide advice for members who are working to implement a ground critical care transport program. Currently, thirteen (13) agencies have been licensed by the Department at the critical ground transport level.
4. The task force is discussing, like the medical advisory committee, the issue of a lack of critical care transport resources in some parts of the state and its impact on the timely transfer of patients with time-sensitive illness or injury. In addition to the sixteen (16) licensed air ambulance agencies, some of which operate from multiple bases, there is currently a limited number of agencies licensed at the critical care ground level. The task force is open to any ideas that could provide relief in areas of the state lacking CCT resources, however needs to be cognizant of not undermining the new ground CCT program. A workable solution needs to balance the medical needs of the patient with safety during transport; keeping in mind that ensuring a proper transport environment is ultimately the transferring hospital's responsibility under federal law.

Council Activities, continued

Community Paramedicine / Mobile Integrated Healthcare Task Force

As the task force continues to work with the BEMS to integrate community paramedicine as a recognized specialty practice area in the EMS Act's rules and regulation, the members are also monitoring legislative activity in this area.

In Pennsylvania's current legislative session, Representative Ryan Bizzaro (R-Erie) has re-introduced House Bill No. 1113 to, "Amend Title 35 (Health and Safety) of the Pennsylvania Consolidated Statutes, providing for the certification of community paramedics, for community paramedicine service coverage by casualty insurance carriers and for medical assistance reimbursement.

This legislation, along with Bureau of EMS' regulatory development efforts, will ensure that community paramedicine services are a recognized and reimbursed part of Pennsylvania's EMS system.

Communications Committee

The PEHSC Communications Committee 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 conducted a review the Commonwealth's EMS Communication's System through the development and distribution of a survey. Preliminary results were reviewed and a summary document created. With the Council's staff change, this project continues into FY 17-18.

Education Task Force

Based on the comprehensive recommendations made by this Task Force and the time needed for the Department to review them in depth, the task force was not charged with any additional work.

Council Activities, continued

Special Operations Task Force

The special operations workgroup continued their activities from the prior fiscal year to develop educational objectives, expanded scopes of practice and medication lists to establish the tactical paramedic and wilderness EMT within Pennsylvania's EMS system. The rules and regulations for Pennsylvania's EMS Act provide for an expanded scope of practice for providers who have completed Department approved education in these areas of special operations.

The workgroup successfully completed Phase I of this project by submitting to the PEHSC Medical Advisory Committee documents containing recommendations establishing educational objectives, expanded scope(s) of practice and medication list(s). Upon concurrence of these recommendation by the MAC, both documents will be forwarded to the PEHSC Board of Directors for considerations.

Upon acceptance of the Phase I recommendations by the Department, the workgroup will reconvene to begin work on Phase II recommendations, which includes statewide treatment protocols to be used during tactical and/or wilderness operations.

State Plan

The State Plan from 2010, as developed by the Pennsylvania Department of Health, with assistance from PEHSC, was not reviewed or revised during the fiscal year.

Council Activities, continued

Medical Advisory Committee

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

1. Recommended updates to the statewide EMS treatment protocols; these protocols direct the practice of all levels of PA EMS providers from emergency medical responders (EMR) to paramedics and prehospital registered nurses. Highlights of the 2017 update cycle include, but are not limited to, addition of blood glucose testing for EMT and a dedicated protocol to address the rising incidence of excited delirium. This serious medical condition typically results from illicit drugs such as synthetic marijuana or bath salts and can have fatal consequences if allowed to progress unabated. The 2017 update also contained enhanced guidance for both ALS and BLS providers with regard to triaging suspected stroke patients to a comprehensive v. primary stroke center or to a stroke-ready v. community hospital.
The MAC anticipates the Department will complete the update and create an online provider education program for release in the first quarter of 2017. All providers will be required to complete online education and begin to use the updated protocols on a date to be determined by the Department or earlier if approved by the EMS agency's medical director.
2. Recommended additions to the EMS provider scope of practice; this includes blood testing by EMT to assist with the differentiation of hypoglycemia from other serious health conditions such as stroke and the addition of the iGel supraglottic airway device for IALS and ALS. This device is in the same class of airways as the King and Combitube. The iGel was pilot tested in Montgomery County and found to be as effective as other airways in this class.
3. Recommended additions to the list of approved medications for EMS providers; this includes hydroxocobalamin, which is an option to sodium thiosulfate for the treatment of cyanide poisoning. Ketamine, which is an dissociative anesthetic, was added for those agencies adopting the optional excited delirium protocol. Tranexamic acid was added to permit paramedic monitoring during interfacility transports.

Council Activities, continued

4. Recommended two pilot projects; using a sternal approach for gaining intraosseous access in adults and a variation of the current sedation assisted airway control protocol by replacing etomidate with ketamine.
5. Recommended educational objectives, scope of practice and medication list needed to implement the tactical paramedic and wilderness EMT within Pennsylvania's EMS system. Both of these areas of special operations are contained in the EMS rules and regulations. Providers who have completed a Department approved education course in tactical or wilderness care will have an expanded scope of practice to provide area in these austere environments. Following the Department's acceptance of Phase I, the workgroup spearheading this effort will begin Phase II, which will involve developing special statewide treatment protocols.
6. Formed a multi-disciplinary workgroup to discuss and provide recommendations related to the shortage of ground critical care transport agencies in some areas of the state and its negative impact on a hospital's ability to transfer a patient with a time-sensitive illness/injury to a higher level of care. Members of the PEHSC Critical Care Transport Task Force will be participating in this workgroup.
7. Is actively discussing an alternatives delivery method of epinephrine by EMTs due to the dramatic price increase for the epi auto-injector device. The committee is currently reviewing programs from the Kings County, Washington and pilot recently completed in the state of New York known as "Check & Inject". Both involved special training to instruct the EMT in drawing up the epinephrine in a regular syringe from a vial. Using an epi-kit type device is substantially cheaper when compared to the cost of auto-injector based epinephrine.
8. The committee receives regular updates from the Pennsylvania Trauma Systems Foundation, EMS for Children Project and PEHSC Critical Care Transport Task Force on initiatives and projects affecting prehospital care.

Council Activities, continued

EMS Information Task Force

The task force worked with Bureau of EMS staff to review the proposed data elements for the new national EMS information system version (NEMSIS 3.4). Pennsylvania, along with the other 49 states and US territories submit PCR data to a national repository. This data can be used for research on both the national and state level and has limited public accessibility. NEMSIS is comprised of national elements and optional state-level data elements. The task force assisted bureau staff to review and make recommendations on the hundreds of possible state-level elements. The goal of this review is to include data elements that are value added for system evaluation, but not create a standard that would dramatically increase the time needed for PCR completion.

In preparation for NEMSIS 3.4, the BEMS is moving towards a state data bridge that will act as the conduit for agencies, through the PCR vendor, to submit required data to the Department of Health. The data bridge will improve the accuracy of the data when merged at the state level for eventually submission to the national database.

Having clean, reliable data will support various quality improvement activities, including agency benchmarking and data-driven research. The Bureau of EMS anticipates completion of the data bridge and conversion to NEMSIS 3.4 will occur in first half of FY 17-18.

Council Activities, continued

Additional Projects

EMS Week – The annual EMS Week Resolutions and Gubernatorial Proclamations were requested.

EMSOF Workgroup (DOH) – The Council continued to participate 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 House and Senate leadership to discuss 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 update the website. The request included the current websites data to support its viability. During this fiscal year (FY) this project was incorporated into a comprehensive new contract and budget for FY 17-18 which was not considered as the Department opted to extend our existing terms into 17-18.

Senate Resolution 6 (SR 6) – the Council participated in several meetings to assist both the House and Senate in the rewrite to SR 60 a planned package of bills focused on emergency service needs across the commonwealth.

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 mirrored the previous testimony and was centered on system wide funding concerns and staffing.

Specific legislation was reviewed and monitored, including:

- House Bill 2058 Act 142 – Focused on paramedic blood draws
- SR 60 rewrite to SR 6 which is a comprehensive package of bills to support fire and EMS
- 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
- Treat no Transport legislation
- Concept of CPR requirement for Schools
- Concept of Increasing Medicaid payments to municipal EMS as done in California was forwarded to the Ambulance Association of Pennsylvania Legislative Chair for consideration
- MA increase legislation
- Community Paramedicine legislation
- Volunteer incentive package legislation
- Balance Billing legislation

2016 Pennsylvania EMS Awards

The 2016 Pennsylvania State EMS Award recipients were formally recognized at a ceremony held at the 39th Annual PA EMS Conference in Lancaster, Pennsylvania. These individuals and organizations showed dedication to their EMS agencies and communities and embody the ideals of the Commonwealth's EMS system.

EMS Agency of the Year Small Agency Division



Lack Tuscarora EMS
Region: Seven Mountains

EMS Agency of the Year Large Agency Division



Baldwin EMS
Region: EMS Institute

ALS Practitioner of the Year



Janet Bradley, EMT-P
Lebanon First Aid & Safety Patrol
Region: EHS Federation

BLS Practitioner of the Year



Joshua Schreiber, EMT
Elverson-Honeybrook EMS
Region: Chester County

2016 Pennsylvania EMS Awards, continued

Dr. George Moerkirk Memorial Outstanding Contributions to EMS Award



Gerald Wydro, MD
Bucks County EMS Council
Region: Bucks

David J. Lindstrom EMS Innovation Award



Daniel Swayze, DrPH, EMT-P
Center for Emergency Medicine
Region: EMS Institute

EMS Educator of the Year



Mary Carolyn Nash, PHRN
Valley Ambulance Authority
Region: EMS Institute

Amanda Wertz Memorial EMS for Children Award



Maryanne Higbee, PHRN
Main Line Health System
Region: Chester

EMS Communications Award



Logan Laidacker, EMT
Lycoming County 9-1-1 Center
Region: LTS

Rescue Service of the Year



Garden Spot Fire Rescue
Region: EHS Federation

Pennsylvania's 39th Annual EMS Conference

The 39th Annual PA Statewide EMS Conference was held at the DoubleTree Resort by Hilton in Lancaster, PA, on September 21-23, 2016

Faculty Presenting

- This year's conference featured 30+ presenters from across the Commonwealth.
- The featured speaker was Dr. Keith Wesley

Session Summary

- 46 Sessions Total Thursday and Friday in Lancaster
- Attendees attending three days could receive up to 23 hours of Continuing Education.
- All clinical sessions were approved for Nursing Continuing Education

Conference Highlights

- Co-sponsorship with the Pennsylvania Department of Health, Bureau of EMS
- The State EMS Awards (10) were presented at the Luncheon
- Pediatric Sessions were sponsored by the EMS-C project
- Poster presentations by the PTSF and Hershey Medical Center
- Two Studies were open to the conference attendees: One from Hershey Medical Center had 30 ALS participants and the other was sponsored by the EMS-C project and had 106 participants

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.

Pennsylvania's 39th Annual EMS Conference, cont.



EMS Conference Comparison

	2012	2013	2014	2015	2016
<i>Total Attendance</i>	392	441	441	254	303
Multi-Day General Conference	276	321	250	98	206
Single-Day General Conference	47	77	64	81	47
Exhibiting Organizations <i>(includes pediatric symposium exhibitors)</i>	56	43	44	37	25
Registered Nurse Attendance	35	28	33	20	27
Preconference Attendance	121	n/a	183	69	50

Notes: 2013 was the first year there was not a standalone Pediatric Symposium. In 2015, the Altoona site was reduced to a single day event. In 2016, the conference was only offered at the Lancaster site.

Summary of Conference Participant Demographics

- 48 percent of respondents are paid to work in EMS, while 21 percent solely volunteer.
- Attendees ranged in age from 21 to 61 years.
- 53 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

- 2016 Pennsylvania Fire & Emergency Services Institute Annual Dinner and Pennsylvania State EMS Awards Presentation
- National Community Paramedicine Webinars
- 2016 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 Meetings
- American Academy of Pediatrics Meetings
- Atlantic EMS Council and EMSC Council Meetings
- Volunteer Loan Assistance Program Meetings, monthly
- EMS Update Conference
- Eastern PA EMS Council Conference
- Seven Mountains EMS Council Conference
- Pennsylvania Trauma Systems Foundation (PTSF) Board of Directors Meetings
- PTSF Annual Conference
- Quarterly Pennsylvania Fire & Emergency Services Institute Statewide Advisory Board Meetings
- Department of Health Meetings – The PEHSC Executive Committee met with the Bureau Director and the Deputy Secretary of Health to discuss long-term goals and strategies for system development.

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

PEHSC maintains a website with information about the organization and with clinical and operational information for EMS agencies and EMS providers. Last fiscal year, the website had 53,864 visitors looking for resources and information about the Council and its activities. PEHSC also maintains an EMS for Children website that provides information about the program and provides resources to EMS agencies, EMS providers, and the general public about response to pediatric emergencies. Last fiscal year, the website received 26,362 visitors seeking information about pediatric emergency response. Finally, PEHSC maintains a recruitment website to provide information on certification of EMS providers and information about training institutes across the Commonwealth. Unfortunately, this website was hacked by malicious software and had to be temporarily taken down; PEHSC has requested funding from the Bureau of EMS to repair and update the website so there continues to be a statewide EMS recruitment website.



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.

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