



PA EMS

*Service*

*Duty*

**Pennsylvania Emergency Health Services Council**

*Your Voice In EMS*

*Commitment*

*Honor*

**Fiscal Year 2017-2018 Annual Report**

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# Mission, Vision, & Values

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## *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

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### *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.



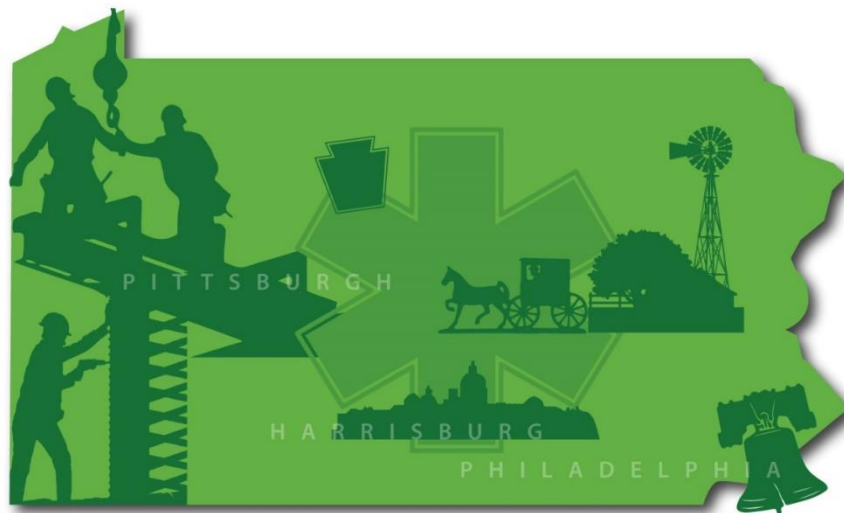
## Council Membership

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

Pennsylvania Committee on Trauma - ACS	Southwest Ambulance Alliance
Pennsylvania Fire and Emergency Services Institute	Special Events EMS
Pennsylvania Medical Society	St Luke's University Health Network
Pennsylvania Neurosurgical Society	Star Career Academy
Pennsylvania Orthopedic Society	State Firemen's Association of PA
Pennsylvania Osteopathic Medical Association	Suburban EMS
Pennsylvania Professional Fire Fighters Association	Susquehanna Health System
Pennsylvania Psychological Association	Technical College High School of Brandywine
Pennsylvania Search & Rescue Council	Temple Health System Transport Team
Pennsylvania Society of Internal Medicine	Tioga County EMS Council
Pennsylvania Society of Physician Assistants	Topton A L Community Ambulance Service
Pennsylvania State Nurses Association	UPMC Hamot
The Pennsylvania State University	UPMC Susquehanna
Pennsylvania Trauma Systems Foundation	UPMC Presbyterian
Philadelphia Fire Fighters Union Local 22	Uwchlan Ambulance Corps
Philadelphia Paramedic Association	Valley Ambulance Authority
Philadelphia Regional EMS Council	VFIS/Education and Training Services
Philadelphia University	VMSC of Lower Merion and Narberth
Providence Township Ambulance	Washington County EMS Council
Public Safety Training Associates	Wellspan York Hospital
Tower (Reading) Health System	Western Berks EMS
Rehabilitation & Community Providers Assn.	West Grove Fire Company
Second Alarmers Assn. & Rescue Squad of MontCo	West Penn Hospital
Seneca Area Emergency Services	Westmoreland County EMS Council
Seven Mountains EMS Council	Williamsport Area Ambulance
Southern Alleghenies EMS Council	YTI Career Institute
Southern Chester County EMS	



## Affiliate Council Membership

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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  
Beavertown Rescue Hose Co. Ambulance  
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  
Central Medical Ambulance Service  
Centre County Ambulance Association  
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  
Lack Tuscarora EMS

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  
Hastings Area Ambulance  
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.  
Lackawanna/Wayne Ambulance



Lancaster EMSA	Pottsville Area Emergency Medical Services
Lawn Fire Co	Quick Response Medical Transport
Lehigh Carbon Community College	Radnor Fire Company
Lehighon 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	Spring Grove Area Ambulance Club
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



## Board of Directors

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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**  
**American Heart Association**  
**Center for Emergency Medicine of Western PA**  
**Cetronia Ambulance Corps**  
**Cumberland Goodwill EMS**  
**EMSI**  
**Emergency Nurses Association, PA Chapter**  
**First Aid & Safety Patrol of Lebanon**  
**Good Fellowship Ambulance-EMS Training Institute**  
**Harrisburg Area Community College**  
**Highmark**  
**Horsham Fire Co. No 1**  
**Lehigh Valley Health Network**  
**Mainline Health**  
**Non-Profit Emergency Services of Beaver Co.**  
**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**  
**UPMC Susquehanna**  
**VFIS/Education and Training Services**  
**Wellspan York Hospital**  
**Williamsport Area Ambulance Service Co-op**

Douglas Garretson  
David Lindell  
David Greineder  
Walt Stoy Ph.D.  
Christopher Peischl  
Nathan Harig  
Thomas McElree, Esq.  
Kay Bleacher, RN  
Anthony Deaven  
Kimberly Holman, RN  
Robert Bernini  
Robert McCaughan  
Duane Spencer  
Joel Calarco  
Christopher Knaff  
Steve Bailey  
Scott Kingsboro  
Steven Meador, MD  
Bryan Wexler  
Donald Konkle  
J. David Jones  
Juliet Altenburg, RN  
Jean Bail, RN, Ed.D.  
Anthony Martin  
Ken Davidson  
Patrick Shoop  
Steven Bixby  
William Niehenke  
Steven Schirk, MD  
Gregory Frailey, DO

# Executive Leadership & Council Staff

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## *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	Sr. EMS Systems Specialist
Andrew Snavely	EMS Systems Specialist
Angela Poorman	EMSC Program Director
Patricia Morrison	Office Manager

## *Executive Offices*

PEHSC's executive office location:  
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 17-18	FY 17-18*	FY 16-17
	<b>Budget</b>	<b>Actual</b>	<b>Actual</b>
<b>State Contract</b>			
Income	\$ 427,000.00		\$371,584.94
Expense		\$423,900.00	\$371,584.94
<b>EMSC Contract</b>			
Income	\$171,557.00 (\$128,224- basic grant amount)		\$ 114,127.00
Expense		\$124,800.00	\$ 114,127.00
<b>EMSC Carryover</b>			
Income	\$54,871.39		\$10,264.00
Expense		\$54,871.39	\$10,264.00
<b>EMS Conference</b>			
Income	\$50,000.00	\$49,900.00	\$47,641.63
Expense	\$45,000.00	\$42,800.00	\$42,101.89

\*Fiscal Year 2017-2018 amounts listed are pending year-end audit.  
Complete financial audits are available upon request to the Council.

## Official Recommendations to the PA Department of Health

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

### *December 6, 2017 Board Meeting*

#### **VTR 1217-01      EMT Epinephrine Administration Alternative**

*Recommendation:* The Pennsylvania Department of Health should amend the EMT scope of practice, statewide BLS protocols and applicable documents to permit EMTs who have completed additional education and are credentialed by the EMS agency medical director to administer epinephrine (1mg/ml concentration) using a syringe and vial/ampule as an alternative to an auto-injector device in cases of suspected anaphylaxis.

*Department of Health Response:* The Department requests that VTR 1217-01 be modified. After reviewing the Department believes that while the PEHSC Medical Advisory Committee (MAC) has provided information on the King County Washington program “Check & Inject” and communications with New York and West Virginia related to their syringe-based epinephrine administration programs, the Department would like to study this alternative through a pilot.

Therefore, the Department requests PEHSC coordinate the development of an educational program and pilot a syringe-based epinephrine administration program. The council did request support from the regional EMS council who offered this recommendation to the MAC to assist in the preparation of the pilot program and its associated education.

#### **VTR 1217-02      Addition of Ibuprofen and Ketorolac to the list of Approved and Required Medications for EMS Agencies and Providers**

*Recommendation:* The Pennsylvania Department of Health should amend the list of Approved and Required Medications for EMS Agencies and Providers to include Ibuprofen and Ketorolac for EMS providers at or above the paramedic level.

*Department of Health Response:* The Department accepted this recommendation and both medications were added to the approved medication list published April 6, 2018.

### *March 14, 2018 Board Meeting*

#### **VTR 0318-01            Best Practice Recommendation – Commercial Tourniquets**

*Recommendation:* The Pennsylvania Department of Health should issue a best-practice recommendation for EMS agencies to carry at least six (6) commercial tourniquets on every licensed vehicle.

*Department of Health Response:* The Department issued an Informational Bulletin in response to this recommendation. The Information Bulletin was released on July 10, 2018 and supported the intent of the recommendation.

### *June 13, 2018 Board Meeting*

#### **VTR 0618-01            Revisions to Voluntary BLS Epinephrine Auto Injector Program**

*Recommendation:* The Department of Health revise the program standards for the voluntary BLS epinephrine auto injector program as follows:

1. Reduce the number of required adult (0.3 mg/0.3 ml 1:1000 solution) and pediatric (.15 mg/.15 ml 1:1000 solution) auto injector devices on a vehicle to one (1) each.
2. Only require primary [staffed] vehicles to be equipped with the auto injector devices as recommended herein. Equipping reserve or out-of-service units should be at the discretion of the agency medical director.

*Department of Health Response:* The Department agrees with both components of this recommendation. An EMS information bulletin will be developed and shared with EMS Agencies and regional councils in the coming days.

#### **VTR 0618-02            Medical Command Education – Patient Refusals Following Naloxone Administration**

*Recommendation:* The Department of Health, working through the regional EMS councils, should provide refresher education for medical command physicians related to ordering the transport of a patient who is refusing EMS care/transport following naloxone administration.

*Department of Health Response:* In reviewing the VTR, this appears to be an isolated situation. The Department will evaluate the feasibility and need for statewide training in the immediate future. However, if PEHSC is aware of specific instances of the occurring, the Department feel that direct follow up on the specific cases by the Commonwealth EMS Medical Director would be more effective in mitigating the issue, than general information.

**VTR 0618-03            Use of Agency-Developed Treatment Protocols**

*Recommendation:* The Department of Health should:

1. Based on the authority granted by the EMS regulations related to exceptions, issue a blanket exception permitting the use of agency developed, Department approved treatment protocols by licensed ground critical care ambulance agencies.
2. Issue a clarification on the use of agency developed, Department approved protocols for air ambulance agencies when a flight team is required to utilize a ground ambulance for transport due to adverse weather conditions, mechanical failure or other unforeseen circumstances.

*Department of Health Response – Part 1:* At this time Department feels that the Critical Care Protocols published by the Department are the best mechanism to ensure safe, consistent and uniform quality care in the critical care environment by ground critical care providers. If the Medical Advisory Committee and/or Critical Care Transport Task Force feels that there are gaps in the Statewide Critical Care protocols, the Department encourages them to submit joint recommendations to the Commonwealth EMS Medical Director for review.

*Department of Health Response – Part 2:* The Department agrees with this recommendation and is happy to issue the requested clarification through an EMS Information Bulletin in the coming days.

## Council Activities

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### *Emergency Medical Services for Children*

Through the contract with the Department of Health, the Council employs a full-time EMS for Children (EMSC) Program Manager to carry out the goals of 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 inter-facility 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

Additionally, in 2017 three new performance measures were added to the list above. The previously mentioned measures are the hospital and performance based measures, while the following are the three new prehospital EMS systems-based measures. They are as follows:

- The submission of National Emergency Medical Services Information System (NEMSIS) compliant version 3.x data
- The establishment of a Pediatric Emergency Care Coordinator (PECC) designation over EMS agencies
- The establishment of a process which would require EMS providers to physically demonstrate the correct use of pediatric specific equipment

This fiscal year, the EMSC Advisory Committee met quarterly, as required by the grant, 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 committees, including the Pediatric Emergency Care Council (PEC) of the National Association of State EMS Officials (NASEMSO) and the National Safe Transport committee. In addition to working toward successful completion of the federal performance measures outlined above, the EMSC Program Manager remains active in various committees and councils to ensure that EMSC priorities are considered in policy development by numerous organizations, and has partnered with several organizations and regional offices on a variety of projects.

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](http://www.paemsc.org)) is still active and currently being updated to provide more resources and toolkits available to EMS providers, schools and, hospitals. In addition to maintaining and updating the existing website, the EMSC program also utilized a social media platform this year with the establishment of a Facebook page. This has been a successful avenue to distribute information and engage more providers and families within the commonwealth, as well as other EMS for Children programs.
- The Pediatric Voluntary Recognition Program (PVRP), a program developed for agencies who wish to go above and beyond licensure requirements to provide improved care for our pediatric population, and helps to meet the goals of the federally established performance measures, continues to accept applications and enroll services in the program. Through this last year the EMSC program has continued to work towards updating all participating agencies on the 2017 program recommendations (P.A.T.C.H. and updated equipment list). We have had multiple services enter the program as well as many agencies have upgraded their participation level. Currently, the PVRP has 208 participating agencies, with every EMS region being represented. The breakdown is as follows:

#### **Levels of Participation**

Basic:	21 agencies
Intermediate:	39 agencies
Advanced:	21 agencies
Master:	64 agencies
Expert:	63 agencies

**Participation by EMS Regions**

EMMCO West:	04 agencies
EMS West:	60 agencies
Southern Alleghenies:	18 agencies
Seven Mountains:	18 agencies
LTS:	05 agencies
EHS Federation:	39 agencies
Northeastern:	13 agencies
Eastern:	20 agencies
Bucks:	09 agencies
Chester:	06 agencies
Montgomery:	10 agencies
Delaware:	04 agencies
Philadelphia:	02 agencies

- The EMSC program provided financial and technical support to the annual EMS conference, regional council offices and, individual EMS agencies for pediatric-specific education and equipment. This included the reimbursement for education and the purchase of pediatric transport devices meeting the requirements of the 2017 equipment update.
- The program continues to seek educators to provide for web based education, and this year we worked with the PA TRAIN coordinator to get all of our previously recorded webinars moved from our website where they were housed and accessed to the TRAIN system, making them more accessible to providers across the commonwealth. We saw a significant increase (200% in first month) in the number of EMS providers receiving CEU's from the courses on this platform opposed to when they were accessed on our site and ran on a 6-week class schedule. Now, providers can receive their continuing education credits immediately upon completion of the course.
- In the last fiscal year the EMSC program conducted a randomized survey on EMS agencies as part of a nationwide assessment that evaluated two of the EMSC program objectives; Pediatric Emergency Care Coordinators (PECC) and performance assessment with pediatric-specific equipment. Because Pennsylvania was in the first cohort of this survey we also had the opportunity to participate in focused follow up interviews as part of a qualitative research study being conducted by the EMSC Innovation and Improvement Center (EIIC) and in the process of publishing.

- One of the biggest projects of the last year was the production of the Safe Transportation of Children in Ambulances 2-part module and subsequent in person workshop. EMSC worked with a professional production company to coordinate the filming of a Safe Transport workshop with the City of Pittsburgh EMS. The video was then produced into a two-part online module which providers can access at the PA TRAIN site. The video became available in Feb/Mar this year and has had over 200 providers complete the course. Additionally, we have provided several in person workshops at regional conferences and, EMS agencies on request and have brought the training into 6 regions so far. We have also had requests from hospitals who want to host this workshop.
- The carry over budget from last fiscal year was used for the following projects:
  - Funding for the Safe Transport video
  - The purchase of 126 Pedi-Mate Plus devices
  - The reimbursement to agencies for device purchases up to \$300/each
  - Reimbursement to agencies and regions (upon request) for pediatric specific education
  - The purchase of 1,000 Pediatric weight conversion cards for distribution
  - Editing & Printing of the Emergency Guide for School Nurses handbook
- During this year the EMS for Children program saw the end of one grant cycle and the beginning of a new one. With an additional 'lapse' period from March 01, 2018 – March 31, 2018 where no funding was available, carry-over monies were used to avoid a gap in work. The funding cycle for the EMSC grant has changed from March 01 – February 28 (29) to now it is April 01 – March 31 each year. During this fiscal year the new grant application for the 2018 – 2022 funding years were completed, including project work, timeline and, budget. This process took about 6 weeks to complete the 80 page proposal and our application was accepted and approved. We received Notice of Award at partial funding (41%) until June 06, 2018 when we received notice of the full funded award.

## *Critical Care Transport Task Force*

During the year, the Task Force:

1. Recommended that licensed ground critical care transport agencies be permitted to develop and implement, Department of Health approved, agency-level treatment protocols. This recommendation is consistent with that which, through regulation, is already in place for air ambulance agencies.
2. 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 (14) agencies have been licensed by the Department at the critical ground transport level.
3. The task force collaborated with PACEP and the PEHSC Medical Advisory Committee to develop an inter-facility transport resource guideline. The information contained in the document will improve a transferring physician's ability to match a patient's care needs with available EMS transport resources.
4. The task force discuss and strategize on 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 Any potential solutions must balance the medical needs of the patient with safety during transport, while meeting the responsibility for appropriate inter-facility transport under federal law.

### *Education Task Force*

PEHSC staff met with the education task force co-chairs and Department staff to discuss issues associated with the National Registry of EMTs. Topics discussed include first time EMT exam pass rate for PA; number of providers (ALS and BLS) who maintain their NREMT after initiation recognition; psychomotor competency test changes. There was also a general discussion on the cost v. benefit of the NREMT process to the state, providers, EMS agencies and the patient. Since no data for a cost/benefit analysis of the impact to National Registry exams in PA was available to the group, the group opted to suspend further discussions until a new director for BEMS was selected.

### *Special Operations Task Force*

1. The special operations workgroup awaits the Department of Health's review and response to the FY 16-17 recommendations for Phase I, which establishes standards for both tactical and wilderness EMS. The task force looks forward to discussing both recommendations with the Department, in an effort to move the project forward towards implementation. 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.
2. 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 the PEHSC provider network, was not reviewed or revised during the fiscal year.

## *Medical Advisory Committee*

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

1. Recommended the Department amend the EMT scope of practice, BLS protocols and any other associated documents to permit, at the discretion of the EMS agency medical director, EMT administration of epinephrine using a 1cc syringe and a vial/ampule containing no more than 1mg of 1:1000 epinephrine. Agencies adopting this alternative strategy should carry a minimum of (2) 1cc syringes and (2) 1mg vial/ampules of 1:1000 epinephrine; these kits may be obtained commercially or assembled at the agency level. Following the completion of a standardized education program, the agency medical director will conduct psychomotor skill training and verification.
2. Recommended the Department add ibuprofen and ketorolac to the list of approved medications for ambulance services for administration by providers at or above the paramedic level.
3. Recommended the Department develop a best practice recommendation calling for all EMS vehicles to carry at least six (6) commercial tourniquets that include both windless and elastic rubber band types. The EMS agency medical director will determine the exact number and types of tourniquets. The BEMS and regional councils are encouraged to identify, to the extent possible, funding for the purchase of these devices.
4. Recommended the Department revise all previously recommended non-opioid pain management options proposed in draft statewide protocol 7003 to current statewide protocol for extremity trauma (6003).
5. The committee had a presentation by the PA Cares Project Coordinator on 2017 Ustein data related to cardiac arrest survivability.
6. The committee received a briefing on education in the Montgomery County area related to emergency canine care and efforts in the legislature to formally permit trained EMS providers, with the appropriate training, to administer emergency care to a working canine in the absence of a veterinarian. The ability to provide emergency canine care remains an open question with the special operations workgroup in both tactical and wilderness disciplines.

7. Recommended the Department approve changes to the Sedation Assisted Intubation Project being conducted by the Montgomery County EMS Council.
8. Recommended the Department approve changes to permit UPMC to expand the STAMP [tranexamic acid] research project to include both air and ground ALS units.
9. Recommended to the Commonwealth EMS Medical Director that ketamine, in a sub-dissociative dose, be included in the 2019 statewide protocol update as a non-opioid pain management option.
10. Recommended to the Commonwealth EMS Medical Director that he consider revising the current DOH guidance on extension of drug expiration dates to clarify that an agency can request a wavier beyond 6 months in situations where the FDA has extended the expiration date of a medication due to shortages.
11. Recommended to the Department that the required number of epinephrine auto injectors carried by those units participating in the voluntary program be reduced to (1) adult and (1) peds. Furthermore, it was recommended that only the BLS agency's primary vehicle be required to carry the auto injectors to comply with the voluntary program's requirements. Carrying of additional auto injectors would be at the discretion of the EMS agency medical director.
12. Based on concerns expressed by the provider community, the committee recommended the Department work with the regional EMS councils to provide guidance and education to medical command physicians related to compelling a patient to accept EMS treatment/transport using physical force following naloxone administration.
13. Collaborated with PACEP and the PEHSC Critical Care Transport Task Force to author a document on interfacility transport resources.
14. Continues to work with the 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.
15. 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.



## *Additional Projects*

### **Trauma Patient Hand off Communications**

The Council is working in conjunction with the PA Trauma Systems Foundation to develop a standardized communications tool to assist providers with transferring care of a trauma patient to the trauma team. Although there are many tools available, the most common is “DMIST,” which stands for Demographics, Mechanism, Injuries, [Vital] Signs and Treatment. The goal is to streamline the transfer of care procedure and ensure the trauma team receives essential information early in the transfer process. This project will continue into 2018-2019.

**Healthcare Coalitions (HCC)** - PEHSC staff reviewed concerns with the level of participation of EMS providers in the HCC. Several informal meetings were held and it was decided to engage a steering committee in FY 18-19 to improve EMS level participation with the HCC in PA.

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

### **LODD Committee**

Staff had held an initial meeting (March 13, 2018) with interested parties to discuss re-establishing our LODD Committee to focus on:

- Concerns regarding the applicability of the death benefits
- Concerns regarding the paperwork and processing requirements for a LODD
- Review the language of Act 101 & 51 as it applies to EMS.

The committee will re-convene in FY 18-19

**EMSOF-Rehab Workgroup** – PEHSC continued to communicate 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 continued to correspond with the House and Senate members to discuss legislation to increase the fines to support the fund.

**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](http://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. Unfortunately, the Department was unable to fulfill this request.

**Member Surveys** – PEHSC conducted the following surveys this year:

Provider Input for the REPLICA Project

System Assessment by Field Providers of EMS Component Areas

Workers Compensation Policies and Strike Teams



## Legislative Affairs

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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 centered on system wide funding concerns and staffing.

**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 and system wide recommendations focused on emergency service needs across the commonwealth.

The Council reviews and monitors specific legislation throughout the year. The Council also provides education to legislators and their staff on an as needed basis to meet system-wide concerns. The Council's legislative agenda includes but is not limited to the following concepts:

1. **Funding:** Support increased EMSOF revenue and any other feasible funding source to provide direct support to EMS agencies and for the administration of the system
2. **Mobile Integrated Health Care/Community EMS:** Support legislation to recognize and fund mobile integrated health care as performed by EMS agencies
3. **Healthcare Providers Shortage:** Support efforts to provide incentives to recruit and retain a sufficient healthcare provider force; incentives may include certification exam and continuing education educational funding support, tax credits, and reduced tuition fees for EMS providers and families to attend in-state colleges and universities.
4. **Grants:** Support legislation to provide for grants both at the state and federal level for EMS agencies. Support grant funding to assist in the process of official agency level mergers, consolidations, and partnerships
5. **PA Low Interest Loans:** Support legislation to provide for expanded low interest loans at the state level for EMS agencies.
6. **Reimbursement:** Support legislation that provides appropriate reimbursement levels for EMS services from Medicare, Medicaid and other insurance entities in general and to fund treat and transport and treat and no transport activities. Support legislation that provides direct payment and appropriate payments for EMS agencies from Medicare and other insurance entities

7. **Provider Health and Safety:** Support legislative efforts to protect EMS providers from infectious diseases and ensure the inclusion of providers in the prophylactic treatment for exposures to infected patients and/or hazardous environments. Support legislative efforts to maintain CISM services for the mental health needs of the field providers. Support legislative efforts to keep appropriate LODD benefits for all emergency providers.
8. **Patients:** Support lawful efforts to protect patients from providers who have been charged and/or convicted of crimes that jeopardize the safety of the patient.
9. **Communications:** Support efforts to fund a stable and enhanced 911 system to include Emergency Medical Dispatch.
10. **Malpractice Insurance:** Support efforts to reduce premiums to sustain a viable physician work force to support EMS agencies and related specialty areas.

## 2017 Pennsylvania EMS Awards

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The 2017 Pennsylvania State EMS Award recipients were formally recognized at a ceremony held at the 40<sup>th</sup> 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



Southern Chester County EMS  
Region: Chester County

### ALS Practitioner of the Year



Tammy King-Whiteman  
Southern Chester County EMS  
Region: Chester County

### EMS Agency of the Year Large Agency Division



Northampton Regional EMS  
Region: Eastern PA

### BLS Practitioner of the Year



Michele Lukitsch  
Cetronia Ambulance Corps  
Region: Eastern PA

### Dr. George Moerkirk Memorial Outstanding Contributions to EMS Award



Douglas Garretson  
Center for Emergency Medicine  
Region: EMS West

### EMS Educator of the Year



Nicholas Cutsumbis  
University of Pittsburgh  
Region: EMS West



### EMS Communications Award



Barbara Harshman  
Franklin County 911 Center  
Region: EHSF

### Amanda Wertz Memorial EMS for Children Award



Ted Fessides  
Cranberry Township EMS  
Region: EMS West

### David J. Lindstrom EMS Innovation Award



Gary Watters  
AMED Ambulance Authority  
Region: Southern Alleghenies

### Rescue Service of the Year



Mifflintown Hose Company No. 1  
Region: Seven Mountains

# Pennsylvania's 40<sup>th</sup> Annual EMS Conference

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The 40<sup>th</sup> Annual PA Statewide EMS Conference was held at the DoubleTree Resort by Hilton in Lancaster, PA, on September 20-22, 2017

## Faculty Presenting

- This year's conference featured 30+ presenters from across the Commonwealth.
- The featured speakers were Tim Hiller and David Seastrom

## Session Summary

- 41 Sessions Total Thursday and Friday in Lancaster
- Attendees attending three days could receive over 20 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

## 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.

## EMS Conference Comparison

	2012	2013	2014	2015	2016	2017
<i>Total Attendance</i>	392	441	441	254	303	290
Multi-Day General Conference	276	321	250	98	206	221
Single-Day General Conference	47	77	64	81	47	69
Exhibiting Organizations	56	43	44	37	25	26
Registered Nurse Attendance	35	28	33	20	27	24
Preconference Attendance	121	n/a	183	69	50	96



### Summary of Conference Participant Demographics

- Breakdown by certification type:
  - EMR 1%
  - EMT 45%
  - AEMT 1%
  - Paramedic 34%
  - PHRN/PHPE 7%
  - Other 2%
- Attendees ranged in age from 19 to 61 years.
- 52 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

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## *Summary of Regular Meetings Attended by PEHSC Leadership & Staff*

- 2017 Pennsylvania Fire & Emergency Services Institute Annual Dinner and Pennsylvania State EMS Awards Presentation
- National Community Paramedicine Webinars
- 2017 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
- 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
- Opioid Crisis Meetings – per invitation
- Quarterly Pennsylvania Fire & Emergency Services Institute Statewide Advisory Board Meetings

# Professional Development & Outreach, continued

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## *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 39,350 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; this site will remain out of service until additional funding has been secured from the Department to update its content and security.



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### *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, 2018*

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