



PA EMS

Service

Duty

Pennsylvania Emergency Health Services Council

Your Voice In EMS

Commitment

Honor

Fiscal Year 2018-2019 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 200 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	EMS West
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
Bucks County Emergency Health Services Council	J R Henry Consulting
Bucks County Squad Chief`s Association	Jefferson Hospital
Burholme EMS	Jeffstat
Butler County Community College	Lancaster County EMS Council
Canonsburg Hospital	Lancaster EMS
Center for Emergency Medicine of Western PA	Lancaster General Hospital
Centre LifeLink EMS	Lehigh Valley Health Network
Cetronia Ambulance Corps	Levittown-Fairless Hills Rescue Squad
Chal-Brit Regional EMS / Chalfont EMS	LTS EMS Council
Chester Co Dept of Emergency Services	Main Line Health
Chester County EMS Council	Marple Twp Ambulance Corps
City Of Allentown EMS	Medic-CE
City Of Pittsburgh - Bureau of EMS	Medical Rescue Team South Authority
Columbia Emergency Medical Services	Montgomery Co. Ambulance Association
Commonwealth Health EMS	Montgomery County Regional EMS Office
Community Life Team	Murrysville Medic One
County Of Schuylkill - Office of Public Safety	Myerstown First Aid Unit
Cumberland Goodwill EMS	National Collegiate EMS Foundation
Danville Ambulance Service	National Ski Patrol
Delaware County EHS Council	New Holland Ambulance Association
Eastern Lebanon County School District (ELCO)	Non-Profit Emergency Services of Beaver County
Eastern PA EMS Council	Northeast PA Volunteer Ambulance Association
Emergency Health Services Federation, Inc.	Northwest EMS Inc.
Emergency Medical Services of Northeastern PA	Penn State Milton S. Hershey Medical Center
Emergency Nurses Association, PA Chapter	Pennsylvania ACEP
EMMCO East	Pennsylvania Athletic Trainers Society

Affiliate Council Membership

This group is comprised of over 200 organizations or individuals who are members of the Council without voting privileges.

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

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

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 and meets quarterly.

Allegheny County EMS Council	Douglas Garretson
Allegheny General Hospital	David Lindell
Ambulance Association of PA	Donald DeReamus
American Heart Association	David Greineder
Burholme EMS	Tim Hinchcliff
Center for Emergency Medicine of Western PA	Walt Stoy, Ph.D.
Centre LifeLink EMS	Kent Knable
Cumberland Goodwill EMS	Nathan Harig
Emergency Nurses Association, PA Chapter	Kay Bleecher, RN
Good Fellowship Ambulance-EMS Training Institute	Kimberly Holman, RN
Harrisburg Area Community College	Robert Bernini
Highmark	Robert McCaughan
Horsham Fire Co. No 1	Duane Spencer
Hospital & Healthsystem Association of PA	Mark Ross
Lehigh Valley Health Network	Joel Calarco
Mainline Health	Christopher Knaff
Non-Profit Emergency Services of Beaver Co.	Steve Bailey
Northwest EMS	Scott Kingsboro
Penn State Milton S. Hershey Medical Center	Steven Meador, MD
Pennsylvania ACEP	Bryan Wexler
Pennsylvania Fire & Emergency Services Institute	Donald Konkle
Second Alarmers & Rescue Squad of Montgomery County	Ken Davidson
Southern Alleghenies EMS Council	Carl Moen
Thomas Jefferson University	Jean Bail
Tower Health	Anthony Martin
UPMC Susquehanna	Steven Bixby
Valley Ambulance Authority	J.R. Henry
VFIS/Education and Training Services	Justin Eberly
Wellspan York Hospital	Steven Schirk, MD
Williamsport Area Ambulance Service Co-op dba Susquehanna Regional EMS	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.R. Henry	President
Rob Bernini	Vice President
Ronald Roth, MD	Treasurer
Gregory Frailey, DO	Secretary
Douglas Garretson	Member-at-Large
Robert McCaughan	Member-at-Large
J. David Jones	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
Vacant	EMSC Program Director
Kelli Kishbaugh	Administrative Assistant

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 18-19 Financial Information		
	Budget	Actual *
State Contract		
Income	\$ 421,539.00	
Expense		\$421,531.00
EMSC Contract		
Income	\$137,607.88 <small>(\$128,224 - annual grant amount, over lap of 2 FY and carryover)</small>	
Expense		\$108,117.89
PECC Project		
Income	\$87,762.00	
Expense		\$86,762.75
EMS Conference		
Income	\$90,000.00	\$83,225.00
Expense	\$70,000.00	\$76,833.09

*Fiscal Year 2018-2019 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

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

December 5, 2018 Board Meeting

VTR 1218-01 Review of current minimum pediatric equipment requirements

Recommendation: The Pennsylvania Department of Health should maintain the required minimum equipment list regarding pediatric size intubation tubes.

Rationale [Background]: The Pennsylvania Department of Health requested (August 2018) the EMS for Children Advisory Committee to review the required minimum equipment standard specifically, for the use of cuffed vs. un-cuffed pediatric endotracheal tubes for intubation, in response to several inquiries made from EMS agencies and regional council offices.

The use of cuffed over un-cuffed endotracheal tubes in infant patients has become an increasingly common practice. As researched has provided evidence of the advantages of cuffed tubes, the question has been raised if it was still necessary for [EMS] agencies to be required to carry un-cuffed endotracheal tube options (4 total) as part of the minimum equipment requirement.

The current minimum standard in PA is that any advanced level emergency response vehicles must carry endotracheal intubation equipment for pediatrics that are un-cuffed at sizes 2.5 mm or 3.0 mm {2} and 3.5 mm or 4.0 mm (2). The remaining sized requirements are not specified to whether they should be cuffed or un-cuffed and are at the discretion of the agency medical director. Additionally, agencies also have the option, pursuant to medical direction approval, to also carry the cuffed tubes in the above mentioned sizes if they wish, in addition to the un-cuffed.

The EMS for Children committee reviewed this topic with the goal of making a recommendation on the above endotracheal equipment. After considering several options, the committee agreed that no changes should be made to the current requirement of equipment standards on this issue. While the committee acknowledges the efficacy of the cuffed option, they felt that the risk for adverse consequences in some

emergent situations were significant enough that the un-cuffed option still be required in the pre-hospital setting.

On November 23th 2018 the MAC reviewed this recommendation and had no changes.

Fiscal Concerns: Since no change is being recommended there are no fiscal concerns with this recommendation.

Educational Concerns: Agencies that wish to include the cuffed tubes should conduct appropriate educational training by their medical director on the benefits and potential challenges of their use.

Department of Health Response: The Department accepts this recommendation and will make no changes to the minimum equipment list related to pediatric size intubation tubes.

June 12, 2019 Board Meeting

VTR 0619-01 Update to Pediatric Voluntary Recognition Program - PECC

Recommendation: The Department of Health should accept the following revision to the current Pediatric Voluntary Recognition Program (PVRP). This revision will designate the Pediatric Emergency Care Coordinator (PECC) at the master and expert levels.

Rationale [Background]:

The role of a Pediatric Emergency Care Coordinator is not a defined job description or pre-determined set of responsibilities. The function is to support the preparedness and safe delivery of pediatric care.

The Pediatric Emergency Care Coordinator:

- Works in collaboration with the agency Medical Director.
- Is tasked with looking out for the needs of children.
- Is a Pediatric Champion; a Pediatric Advocate; a Content Expert; an EMSC contact person.

A PECC is a designated individual or group who coordinates pediatric emergency care and who need not be dedicated solely to this role; it can be an individual or group already in

place who assumes this role as part of their existing duties. The individual or group may be a member of the EMS agency, or work at a community or regional level and serve more than one agency.

EMS systems vary greatly across the state as does the EMS model of a PECC. At the EMS agency level, a PECC can be an individual, dedicated to the role or taking on the role as additional duties. This is the simplest form of a PECC but in no way the only way to meet the needs of a PECC program. An EMS agency may institute a PECC team where more than one individual assumes different roles of the PECC in order to meet objectives and share workload. When a team model is utilized, there should be one individual who is identified as a contact person in representing the team's activities for the EMS agency.

A PECC can be any level of provider however, a PECC should be at or above the specific service delivery level. For example, an EMT should not be overseeing an ALS service's PECC responsibilities. When a model other than an individual PECC is utilized, representation within the model group should include an individual(s) who meets the qualifications of a PECC in whole.

The EMSC Committee considers the addition of the PECC designation appropriate for the master and expert levels. Both of these levels already have a person or persons who meet the description of a PECC, "a designated individual or group who coordinates pediatric emergency care and who need not be dedicated solely to this role; it can be an individual or group already in place who assumes this role as part of their existing duties."

Medical Review [Concerns]: No concerns

Fiscal Concerns: The addition of the PECC requirement to the master and expert levels is simply a designation, therefore no financial burden exists for the EMS agency

Educational Concerns: The timing of this recommendation will coincide with the rollout of PECC education (What is a PECC?) over the fall of 2019.

Plan of Implementation: The current PVRP program overview is attached to this recommendation and will be modified after PA DOH approval.

The proposed changes would take effect January 1, 2020. This will allow enough time for existing PVRP agencies to transition by identifying the PECC. The January deadline will also provide enough time to implement these updates by re-distributing the program

guidance in the electronic version. Additionally, 144 EMS agencies currently in the program will be provided with personalized information and updates on the program to transition as needed.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

Department of Health Response: The Department thanks PEHSC for this recommendation. The Department agrees with this recommendation, and approves the requested changes to the PVRP criteria at the master and expert levels, to occur no sooner than January 1, 2020 to allow for adequate stakeholder education on the purpose and role of the Pediatric Emergency Care Coordinator.



Council Activities

Emergency Medical Services for Children (EMSC)

The EMSC Advisory Committee met 4 times this fiscal year. EMSC staff also attended all required HRSA meetings and NEDARC workshops.

The EMSC program conducted the 2018 surveying of all hospital emergency departments as part of a nationwide assessment on performance measures 06 & 07 – interfacility transfer guidelines and agreements. More than 3,500 hospitals participated across the U.S. and PA achieved the goal of an 80% response rate in the final day of the survey period, and actually ended up with a response rate of 84%

In July, EMSC state partnership grantees were notified of a new funding opportunity available to a select 10 states in which the award will be used specifically to support PM 02- establishing a PECC. The supplemental funding is to support a statewide program that will target the establishment of a pediatric care coordinator into EMS agencies as part of a multi-state collaborative. Pennsylvania was a recipient of this grant, and is identified as the PA Pediatric Emergency Care Coordinator Project (PECC).

The EMS agency Pediatric Voluntary Recognition Program continues to see new enrollment and participation. We currently have over 200 agencies participating in levels that range from Basic to Expert.

Due to significant formatting and compatibility issues the Safe Transport video placed on TRAIN had to be pulled down until a solution can be found. The in-person workshops were still offered. The in-person program covers the same information and allows for a practical hands-on component that the video could not provide. The course, the Safe Transportation of Children in Ambulances workshop was provided at 4 locations in the commonwealth at no charge.

The EMSC program sponsored 2 Child Passenger Safety technician courses for EMS providers. This is a 4-day workshop specifically tailored for EMS providers to become certified CPS technicians. This is also required to meet the Expert level criteria of the PVRP. To date, 45 EMS providers in PA were sponsored to receive this certification.

The project also supported the following efforts:

Pediatric education programs were presented, they included: The Seven Mountains EMS Conference, the EMS Update Conference, the PA State EMS conference (pediatric sessions), a STOP-The-BLEED train the trainer workshop at the School Nurses Conference that also provided more than 250 tourniquets to be kept in public schools, PEARS courses in the Northeastern region, and the development of a pediatric education simulation lab out of Delaware County. The Emergency Guidebooks for School nurses were distributed to every attendee at their conference, and the pediatric weight conversion cards printed last year for ambulances were replenished. Additionally, Scott DeBoer, a national pediatric educator, provided two pediatric workshops in PA, both programs were free and sponsored by the EMSC program.

The program assisted in the dissemination of a survey from the Center for Children's Justice, and the American Academy of Pediatrics and SCAN, to EMS providers to gain some insight as to the frequency in which children are found unattended on the scene of an overdose. The survey return was 600 responses. This survey focused on overdoses but also any medical event in which providers are faced with what to do on scene when an unattended minor is present, the majority of respondents expressed not really knowing what to do, as well as when and when to report suspected abuse. These circumstances come with a complexity of issues and it is important to note that overdosing on drugs in the presence of children is not identified as abuse or neglect in the law. The staff worked with the Dept. of Health and several partners to provide guidance and resources available to providers on this issue. Additionally, the House introduced legislation on March 11th that would mandate the reporting to county youth and family offices of any drug or medication overdose where children are on scene.

With some of the discussions about pediatric issues from the MAC, the EMSC committee has formed a clinical subgroup of pediatric medical doctors who will assist in the review of protocols and some of the more clinically advanced topics outside of the regular committee meetings. This group will meet as the need arises or to meet a request for input.

The committee discussed safe transport devices including the new device by Quantum that supports skin to skin contact with Mom and newborn. Based on the efforts of a national working group to review these devices and note their capabilities, it was decided to establish a subcommittee to review devices in an

effort to educate agencies. The committee will not be endorsing devices.

Efforts made over EMS Week to coordinate community Child Safety Seat Checks was shared and discussed by the Committee and it suggested to change the date next year to coincide with a safety day/month.

The committee participated in the protocol review and offered a change to the Safe Transport protocol #124. The revision added a visual algorithm to assist providers.

The EMS for Children committee had 2 recommendations during the fiscal year :
Required Equipment: Pediatric Intubation Tube Sizes
Pediatric Voluntary Recognition Program Revision: Addition of the Pediatric Emergency Care Coordinator (PECC)

Pediatric Emergency Care Coordinator

The Pediatric Emergency Care Coordinator (PECC) learning collaborative project is a grant funded collaborative program through the Health Resources and Services Administration (HRSA) and specifically was designed to target a group of EMS services who, through a previously published EMSC survey, had expressed an interest in adding a pediatric coordinator. The program and its learning collaborative looks at improving pediatric readiness through improved clinical oversight and competencies by tasking a core of states EMSC grantee programs in order to develop a national effort to improve the care of children by EMS agencies and providers.

This learning collaborative was initiated at the federal level by HRSA and uses their contracted EMSC partner at the EMSC Innovation and Improvement Center (EIIC) which is part of the Texas Children's Hospital and Baylor College of Medicine. Pennsylvania was one of nine (9) states awarded to participate in the learning collaborative through a grant partnership which included the Pennsylvania Department of Health Bureau of EMS (PADOH-BEMS), the Pennsylvania Emergency Medical Services for Children (PAEMSC) and the Pennsylvania Emergency Health Services Council (PEHSC).

The learning collaborative project in Pennsylvania is supported by a steering committee representative of multiple facets of pediatric care and includes current PAEMSC and PEHSC staff, EMSC committee membership, PADOH-BEMS personnel, EMSC Family Advisory Network representation, regional EMS council educators, statewide pediatric

experts including two Pediatric Emergency Medicine Physicians, and several current EMS agency Pediatric Emergency Care Coordinators. Physicians, Nurses, Paramedics and EMTs are all represented through steering committee membership.

Over the course of five (5) months the steering committee met in various forms including six (6) WebEx meetings and one (1) in-person workshop. Additionally, steering committee representatives participated in five (5) federal partner online learning sessions, attended a federally sponsored Grant Workshop in Austin Texas (which paired state and federal partners together in a working model of brainstorming and information sharing) and facilitated ongoing communication through numerous email threads and shared communications.

Nationally, the PECC learning collaborative worked from a database of over 8000 EMS agencies who participated in the EMSC survey, 262 agencies were from Pennsylvania. The learning collaborative target was set at obtaining 50% of the agencies “interested in adding” a pediatric coordinator to declare they have a PECC by April 1, 2019. Additionally, future targets include 30% of all EMS agencies have a designated PECC by 2020 and 90% by 2026.

The HRSA grant award for the PECC learning collaborative brought nine (9) states together, each with different approaches towards EMS oversight, different levels of current progress towards adding a PECC into EMS agencies and different needs and resources to meet the target and overall objective of adding the PECC role into EMS agencies. Pennsylvania, New York, Rhode Island, Connecticut, Ohio, Kentucky, Wisconsin, Montana and New Mexico are the participating states. The states individual 9 learning collaborative projects all varied depending on their grant submission goals, internal resources and EMS system components. The project was facilitated through the EIIC.

One key decision that came out of the Pennsylvania project was a defined Mission statement, “to build, implement, and support resources assuring pediatric prepared and confident Emergency Medical Services providers deliver the highest quality care to the pediatric population in Pennsylvania”.

At completion of the grant period, the Pennsylvania project has:

- Identified 16 new PECC’s.
- Engaged Regional EMS Councils for communication support and a contact person.
- Engaged pediatric partners for supplemental subject matter expert support in developing PECC related support resources.

- Identified models for success based on collaborative discussion at federal and state levels to establish a PECC across various sizes and types of EMS agencies.
- Developed an education plan to communicate project information to EMS agencies and PECC partners. and
- Established a virtual presence through social media and project website portals.

The specific function and role of a PECC was commonly discussed both at the state and national level throughout the project and establishing a clear description of what a PECC is became widely varied. Throughout conversations it was clear that a PECC was not solely an individual nor was a PECC considered a role with any specific job description. The Pennsylvania project chose to identify 'objectives' for a PECC to meet in order to fulfill needs and expectations. These objectives support:

- Education and Training
- Quality Improvement
- Community Engagement and Preparedness
- Clinical Care

Through an ala-cart menu of options, the PECC can chose what objectives best fit their organizational needs and resources. How these objectives were met can be tailored by the EMS agency or a collaborative of agency and support resources based on one of several PECC Models for Success. These models are:

- An Agency PECC can be an individual or team and can share or have specific roles in relation to meeting the PECC objectives.
- A Community PECC is a collaborative approach between more than one EMS agency and may include a community partner such as a local hospital or pediatric healthcare provider. As with an agency model, roles are not defined by individuals but by the effort of the collaborative.
- Lastly, a Regional PECC model allows for a larger collaborative of EMS agencies and may include a regional pediatric healthcare partner or Regional EMS Council whose support allows for smaller EMS agencies to benefit from the group intelligence of a larger collaborative effort with resources and expertise not immediately available to those agencies. Roles remain related to objectives and not individuals.

Additionally, the project has established several key support documents to aid EMS agencies in identifying and implementing a PECC. They include an overview of the PECC program, a more detailed description of PECC Models and a more detailed description of the role a PECC plays in an EMS agency.

Recognition was discussed both at the Pennsylvania and national level with several different approaches towards the topic. The Pennsylvania project has chosen to develop a challenge coin to be awarded to individuals or representatives of EMS agencies who declare themselves as supporting the PECC initiative.

Throughout the project, the steering committee maintained a flexible approach towards meeting the projects target and in establishing the PECC initiative within the Commonwealth. In doing so several key lessons were learned. They are:

- An improved and current EMS agency contact information list is needed.
- The need to engage partners outside of the steering committee earlier in the project for support and resources.
- Have tangible information in hand prior to requesting any commitment from EMS agencies to add a PECC to their service profile.
- Remain flexible. The definition of a PECC was defined and refined throughout the short project term, both nationally and locally. and
- Build on existing programs in order to reduce redundancy of effort and improve overall efficiencies.

Finally, the projects next steps were established in order to maintain momentum, meet future targets and continue to improve the overall preparedness and care of EMS providers related to pediatric patients. These steps are:

- Continue website development and roll out.
- Develop supplemental “How To’s” to support PECC activities utilizing Subject Matter Experts and current best practices.
- Engage EMS services outside of the projects original target group.
- Distribute program information and engage interested EMS agencies.
- Survey current agencies to identify needs, priorities, challenges and successes. and
- Establish the PECC program for a simplified transition to the Pennsylvania EMSC Committee in six months.



Critical Care Transport Task Force

The task force continued discussion on the VTR from the June 2018 PEHSC Board meeting, VTR 0618-03, supporting the ability of licensed ground critical care ambulance agencies to create Department-approved agency-level protocols. The recommended process would follow the same pathway used by air ambulance agencies. In responding to the VTR, the Department stated:

“At this time the Department feels that the critical care protocols published by the Department are the best mechanism to ensure safe, consistent and uniform quality of care in the critical care environment by ground critical care providers. If the MAC or CCT 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.”

The task force discussed a question that was raised regarding ground critical care agencies that staff ambulances with both a paramedic and PHRN, some of which are operated by hospital systems that also provide specialty retrieval services. After a lengthy discussion, the Department stated it supports development and use of ground CCT protocols by agencies that are owned/operated by a hospital, although issuance of written guidance to the regulated community is contingent on review by the Department’s Office of General Counsel. Agency-level protocols would only be utilized when a PHRN is part of the transport crew, otherwise the crew would follow statewide protocols.

1. The Department does not support the development and use of agency-level protocols by licensed ground critical care ambulance agencies that are not owned/operated by a hospital. The Department cited concerns for patient safety related to the absence institutional support as the basis for this position.
2. The Department did reaffirm its support for air ambulance agencies, who also operate ground critical care ambulances, to utilize their agency specific protocols during ground operations, provided the crew includes a PHRN.

The task force discussed the reported shortage of critical care transport resources throughout the state. The group established the following working assumptions:

- a. We need both a short and long-term solutions. Short-term solutions are ones that utilize existing resources more efficiently and do not require regulatory or statutory changes.
- b. Not all CCT agencies have the same resources to support their operations.
- c. We need to differentiate between patients who fit the “critical care” definition based on acuity and those who are stable, but have a care plan that includes therapies outside the ALS paramedic scope of practice.
- d. Stable patients can likely be transported using an alternative critical care crew configuration, which is less costly and better utilizes crew resources.
- e. Better triage tools are needed to assist physicians in differentiating low vs. high acuity patients as it relates to selecting transport resources.
- f. The current regulations and policies, which are intended to ensure patient safety, may be overly restrictive and potentially detrimental if they cause unreasonable transport delays, especially in time-sensitive illness or injury.

It was decided to establish a working group to establish some short term short-term concepts, Although the group acknowledges arranging for safe and medically appropriate transportation is a hospital responsibility, the EMS system, as part of the healthcare continuum, has a responsibility to review its current utilization strategies.

The workgroup discussed the following:

- Defining the “critical care” patient vs. the stable patient with ongoing therapies outside of the ALS paramedic’s scope of practice.
- Appropriate resource utilization for those patients who are stable and not in need of a full critical care team as currently defined in regulation.
- Changes to the critical care paramedic’s expanded scope of practice and medication list to facilitate more effective utilization.
- Developing a toolkit for the transferring facility that includes information on the various levels of EMS transport and decision making when the ideal or preferred level of EMS care is not available or will be significantly delayed. The workgroup developed the following final concepts for consideration by the task force:

Assisting the sending physician in requesting the transport resource that best matches the patient's acuity and intra-transport needs.

Differentiating between the high acuity patient that truly needs the multi-disciplinary transport team and the stable patient with therapies outside of the scope of practice of the ALS paramedic.

The "ideal resource" vs. the "available resource" in situations where a patient's very survival is dependent on reaching tertiary care in a timely manner.

The concept of "just in time" training in situations where the ideal resource is not available for an extended period of time and the ALS paramedic is tasked to monitor a medication with which they are not familiar.

Changing the CCT paramedic's scope of practice and med list to allow them to transport and monitor stable patients without the need for a second ALS provider.

Task force discussion on these concepts led to the suggestion of a toolbox for the sending physician which may include -

A decision algorithm that could be used to assist the emergency physician with the risk-benefit analysis when the ideal resource is not available to provide transport.

A decision-axis that uses various examples that span the EMS transport spectrum to assist the emergency physician when requesting transport resources.

The development of an expert consultation resource list organized by region. This list could include CCT/Air program medical directors and tertiary care facility physicians with experience in transport medicine. This list could be part of a comprehensive resource document that would include the previously developed PACEP/PEHSC EMS transport resource description, decision axis and ideal vs. available resource risk assessment algorithm.

The task force established the CCT resource utilization workgroup to manage these suggestions by developing strategies to more effectively utilize the Commonwealth's current CCT ground transport resources

Both workgroups continue their work to develop formal recommendations for task force consideration.

In preparation for the 2019 statewide protocol update, the members reviewed stakeholder recommendations received by PEHSC from its electronic survey, several of which concerned critical care transport. The task force sent nine (9) recommendations to the MAC for revisions to existing ALS and critical protocols, and the creation of a critical care protocol related to the transport blood products. The task force also reviewed the proposed changes to the statewide critical care transport protocols. This will be the first update to these first-generation protocols.

Education Task Force

The task force met and discussed several issues:

AEMT education via the BLS Training Institutes, the Department of Health offered that they do have additional requirements for AEMT to be taught by BLS Institutes as does CoAEMSP. Concerns about available courses in rural areas was discussed however the Departments data shows that 86% of AEMT courses are delivered via ALS institutes, the assumption here is that the ALS institutes would add satellite sites to meet demands.

Degree Requirements for Paramedics – was discussed as part of an on-going national dialogue – it was decided for the task force to prepare a position statement to take into consideration all of the concerns as discussed. Overall, the group sees the requirement as an opportunity to take control of our profession for the long term.

COAEMSP new class requirements for July 1 were discussed and noted by the group as being challenging and time consuming. The task force also discussed the new requirements for preceptors by COAEMSP and it was decided that the standards are acceptable.

The task force also discussed the updates for the Department’s Education handbook. The Department stated that the manual is under review and should be done in the next few months. The task force offered to review the final draft to assist the Department prior to final distribution.

State Plan

The Council conducted a survey of the regional EMS Councils to re-evaluate the year 1-3 priorities of the 2010 plan. This effort was made to track progress over the past 8 years.

Based on discussions about the pending NHTSA Study, the State Plan from 2010, as developed by the Pennsylvania Department of Health, with assistance from the PEHSC provider network, was not revised during the fiscal year.

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.

Community Paramedicine Task Force

The Task Force leadership prepared a survey to determine the 2019 priorities. The survey was developed and sent to the task force members to gain a better understanding of their perceptions and priorities for the year.

The results of this survey identified the following priorities are: the integration of community paramedicine into Pennsylvania's EMS system, either by regulation or legislation; development of foundational education objectives and operating standards and; working with payers to recognize community paramedicine value as part of a community's healthcare system. Council staff met with House of Representative members to educate them regarding the committee's priorities and concerns.

With regard to legislation, it is anticipated that the House will re-introduce legislation in the current session for community paramedicine and has asked for PEHSC's input. This effort is especially timely; the Department of Health's general counsel recently determined the Department lacks statutory authority to create regulations related to community paramedicine based on the current definition of "EMS" in the statute.

Medical Advisory Committee

The Medical Advisory Committee (MAC) met seven times this fiscal year.

EMS West physicians presented a pilot project to remove current restrictions from the Advanced EMT, which would better enable the provider to provide primary ALS care when an area's paramedic resources are depleted. Many areas of Pennsylvania are having a difficult time recruiting and retaining paramedics, resulting in some agencies struggling to maintain 24 hour ALS operations. The pilot will expand the scope of practice of the AEMT to reflect the current standards in NHTSA's national scope of practice model. Western Pennsylvania, like many areas of the commonwealth, is experiencing a serious shortage of paramedics. EMS West also intends to initiate a recruitment program to encourage more EMTs to advance their education and practice to the next level. It's important to note that there is no intent to replace paramedics with AEMTs, but rather this program will provide an additional resource in areas struggling to provide 24 hour paramedic staffing. The MAC sent a letter to the Department in support of this pilot program.

Stat MedEvac's Medical Director, presented a research project for the committee's endorsement. The study, entitled Pragmatic, Prehospital Group O Blood Early Resuscitation, is an NIH funded project that will explore the use of whole blood on air ambulances for patients with severe hemorrhage. The study follows a previous project that looked at prehospital blood plasma administration. The committee voted to send a letter to the Department recommending approval of the study.

A review of the statewide treatment protocols for update was conducted. In addition to previous recommendations from MAC and other committees, PEHSC launched an electronic stakeholder survey. There were approximately 70-80 suggestions received from across the commonwealth. The information gathered from the survey was forwarded to the committee and the state EMS medical director for consideration. The Medical Advisory Committee has met several times outside of its normal 4 meeting a year schedule to focus on reviewing proposed updates to the statewide EMS treatment protocols. The committee participated in discussion on the final review of the proposed updates to the statewide treatment protocols. Edits to the ALS, BLS and critical care protocols were reviewed. The Department reported that updates to the AEMT protocols will be slightly delayed in order to consider changes to the national scope of practice model recently released by NHTSA. The updated scope of practice model also led to changes at the EMT level, particularly in the area of limited medication administration. The Department will prepare the protocols in final form as well as the online education module. The protocols will be released for provider

review. The Department anticipates a September 1, 2019 deadline to begin using the updated protocols.

Discussion was held concerning the current medical command physician course since it is only available on PA TRAIN. Suggestions for both distributive learning or live presentation of this program – a live presentation provides a forum for discussion with the presenter were considered. The age of the course content was also discussed including suggested changes to include significant protocol updates.

Montgomery County provided an update on the Ketamine Sedation Assisted Intubation pilot project. To date, 25 patients have been enrolled with a nearly 90% first attempt success rate and a high degree of provider satisfaction. This project is due to conclude on December 20th, however support from the MAC was requested to grant the project a one-year extension to enroll additional patients – the committee voted its unanimous support.

The committee reviewed a potential pilot project from the Delaware County region related to the creation of a critical care squad. This vehicle, staffed by a critical care paramedic or PHRN would connect with an ALS ambulance at a facility to form a critical care transport ambulance. The committee indicated this approach merits further investigation and could be part of a larger strategy to improve the efficiency of existing prehospital critical care resources. The Department was requested to review the concept to determine how this could be accomplished within existing regulations and EMS agency licensing standards.

A pilot project proposal regarding the use of prehospital ultrasound was presented by the medical director for Southern York County EMS (also serves as the Maryland state medical director), regarding the use of prehospital ultrasound. This is a 1-year pilot in cooperation with Wellspan York Hospital looking at target populations that include:

- ⊙ Penetrating and blunt force to the chest or abdomen where there is concern for intra-abdominal hemorrhage, pneumothorax or pericardial tamponade.
- ⊙ Undifferentiated dyspnea or suspected pulmonary edema.
- ⊙ Cardiac arrest presenting with pulseless electrical activity or when considering termination of resuscitative efforts.
- ⊙ Third trimester pregnancy in suspected active labor

The MAC voted unanimously to recommend the Department of Health approve the ultrasound pilot program.

Additional Projects

Trauma Patient Hand off Communications

DMIST – Trauma Report: This was a joint project between PEHSC and PTSF. Both agencies have fielded concerns regarding inconsistency in procedures in various trauma centers when receiving patients from EMS, specifically the process of transferring patient care at a trauma center. A small work group was formed to consider a statewide standardized process. Surveys were sent to both the EMS community and PA’s trauma centers to guide the next steps of the group. After reviewing various options and best practices, the group accepted the “DMIST” (Demographics, Mechanism, Injuries, Signs, Treatments) reporting format as a recommended statewide standard. The group authored educational resources for distribution both EMS agencies and trauma centers. The materials can also be accessed on the PEHSC website or by contacting our office. Additionally, this is also being included as a recommended best practice in the protocol updates.

Healthcare Coalitions (HCC) -

This is a joint project between PEHSC, BEMS, and BPHP examining the current Healthcare Coalitions. EMS is considered a core member in the Healthcare Coalition (HCC) model. It has been noted that participation of EMS agencies currently varies greatly from region to region. A work group met several times during the years to examine the problem with the goal of improving participation across the commonwealth. Due to some system changes within the coalitions, the group continues to consider methods to improve EMS participation.

EMS Week – As tradition, the PEHSC requested and received both a House and Senate Resolution for EMS Week. The Council also requested and received a Proclamation from the Governor’s office

Line of Duty Death (LODD) - The PEHSC LODD Task Force is being reactivated and expanded to review the current language and offer recommendations on changes that will allow for benefits to be paid to all EMS providers, regardless of employer, in the event of a LODD.

Specifically, the current language in both PA Acts 101 and 51 allows for death benefits to be provided only to members of municipal-based EMS agencies. This excludes a large number of PA’s EMS workers.

The group’s goals are to further examine these issues and offer recommendations that would allow for all EMS providers to be eligible for LODD benefits, regardless of employer

and to streamline the process for obtaining LODD benefits while decreasing the stresses placed on affected agencies and loved ones.

The group continues to meet.

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 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:

Community Paramedicine Task Force 2019 Objectives

Statewide Protocol Update Input

EMS/ Trauma Center Patient Handoff

Pediatric Voluntary Recognition Program (PVRP) Feedback

SR 6 Rules and Regulations Survey

PA State EMS Plan Status

Outside research survey sent from Univ. of Pittsburgh – Opioids and Stressors for Field Providers

National Association of EMS Physicians - NAEMSP

The PEHSC assisted in the establishment of the PA Chapter of NAEMSP. The chapter was approved on August 21, 2018 by the National NAEMSP.

Legislative Affairs

Senate Resolution 6 (SR 6) – The Council participated in the final meetings of the SR 6 Commission to assist in the preparation of the final report. The final report contains 27 recommendations; 5 recommendations are EMS specific and mostly related to funding issues. Testimony on the report’s content was provided on April 1st before the new House Veterans and Emergency Preparedness Committee. The Council continues to participate in ad hoc SR 6 subcommittee chair meetings to continue dialogue on items such as EMS Funding and PA Fire Commission

The report recommendations assisted both the House and Senate in the preparation of a planned package of bills focused on emergency service needs across the commonwealth to be released in the Fall of 2019.



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.

2018 Pennsylvania EMS Awards

The 2018 Pennsylvania State EMS Award recipients were formally recognized at a ceremony held at the 41st Annual PA EMS Conference in Manheim, Pennsylvania. The State EMS Awards (9) were presented at a public ceremony in the afternoon, followed by a buffet meal. 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



Boyertown Lions EMS
Region: Berks County

EMS Agency of the Year Large Agency Division



Lancaster EMS
Region: Lancaster County

ALS Practitioner of the Year



Jude Spellman
Wilkes-Barre Fire Department
Region: Luzerne County

BLS Practitioner of the Year



Cody Williams
AMED Authority
Region: Cambria County

EMS Educator of the Year



Agnes Dickson
Region: Wyoming County

David J. Lindstrom EMS Innovation Award



Dr. Benjamin Usatch
Region: Montgomery County

EMS Communications Award



Jessica Bell
Chester County Department of
Emergency Services
Region: Chester County

Rescue Service of the Year



DLA Federal Fire Department
Region: York County

Amanda Wertz Memorial EMS for Children Award



Joyce Foresman-Capuzzi
Main Line Health
Region: Delaware County



Pennsylvania's 41st Annual EMS Conference

The 41st Annual PA Statewide EMS Conference was held at the Spooky Nook in Manheim, PA, on September 5-7, 2018. The event is co-sponsored annually with the Pennsylvania Department of Health, Bureau of EMS

Faculty Presenting

- This year's conference featured 20+ presenters from across the Commonwealth.
- The featured speakers were Steve Wirth, Esq. and Paul Werfel

Session Summary

- 31 Sessions Total
- All clinical sessions were approved for Nursing Continuing Education
- 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.

	2013	2014	2015	2016	2017	2018
Total Attendance	441	441	254	331	317	445
Multi-Day General Conference	321	250	98	206	221	206
Single-Day General Conference	77	64	81	47	64	60
Exhibitors	43	44	37	25	25	51
Registered Nurse Attendance	28	33	20	27	27	19
Preconference Attendance	n/a	183	69	50	86	109

Summary of Conference Participant Demographics

- Breakdown by certification type:
 - EMR 1%
 - EMT 50%
 - AEMT 2%
 - Paramedic 41%
 - PHRN/PHPE 5%
 - PHP 1%

Participants represented quick response services, ambulance services, fire and rescue services, hospitals, and other public safety agencies.



Professional Development & Outreach

Summary of Regular Meetings/Events Attended by PEHSC Leadership & Staff

- 2018 Pennsylvania Fire & Emergency Services Institute Annual Conference and Dinner
- 2018 Pennsylvania EMS Providers Foundation Annual Dinner and Awards Presentation
- 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
- Opioid Crisis Meetings – per invitation
- Healthcare Coalition Meetings – state level
- Quarterly Pennsylvania Fire & Emergency Services Institute Statewide Advisory Board Meetings

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 58,822 page views from 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 8,038 page views from visitors seeking information about pediatric emergency response. A website for the PECC project was added this year – www.PAPECC.org

Finally, PEHSC maintains a statewide EMS recruitment website for the public. This site was established to provide information on the steps of certification for those interested in an EMS career and information to link potential students to educational institutes across the Commonwealth. Unfortunately, this website was hacked by malicious software and had to be taken down; this site will remain out of service until additional funding has been secured from the Department to update its content and security. No additional funding has been made available.



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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