



PA EMS

*Service*

*Duty*

**Pennsylvania Emergency Health Services Council**

*Your Voice In EMS*

*Commitment*

*Honor*

# **Fiscal Year 2020-2021 Annual Report**

Note: COVID Disaster declared March 6, 2020 - June 19, 2021

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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

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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. Due to the COVID crisis during this reporting period Council operations were negatively impacted by the lack of available funding.

## *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 125 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, Inc.
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, Inc.
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	Lehigh Valley Health Network
Center for Emergency Medicine of Western PA	Levittown-Fairless Hills Rescue Squad
Centre LifeLink EMS	Lower Allen Township EMS
Cetronia Ambulance Corps	LTS EMS Council
Chal-Brit Regional EMS / Chalfont EMS	Marple Township Ambulance Corps
Chester Co Dept of Emergency Services	Marple Twp Ambulance Corps
Chester County EMS Council	Medic-CE
City Of Allentown EMS	Medical Rescue Team South Authority
City Of Pittsburgh - Bureau of EMS	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
Cranberry Township EMS	National Collegiate EMS Foundation
Cumberland Goodwill EMS	National Ski Patrol
Danville Ambulance Service	New Holland Ambulance Association
Delaware County Regional EMS 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 Medicine – Lancaster General Hospital
Emergency Medical Services of Northeastern PA	Penn State Milton S. Hershey Medical Center
Emergency Nurses Association, PA Chapter	Pennsylvania ACEP



## Affiliate Council Membership

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This group is comprised of over 150 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  
Blacklick Valley Foundation Ambulance Service  
Blakely Borough Community Ambulance Assn.  
Borough of Emmaus Ambulance  
Brighton Township VFD  
Brooks R. Foland, Esq.  
Brownsville Ambulance Service  
Buffalo Township Emergency Medical Services  
Central Medical Ambulance Service  
Centre County Ambulance Association  
Chippewa 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 Inc.  
Community College of Beaver County  
Conemaugh Township EMS  
Corry Ambulance Service, Inc.  
Cresson Area Amb. dba Cambria Alliance EMS  
Delaware County Community College  
Delaware County Memorial Hospital EMS  
Dover Area Ambulance Club  
Duncannon EMS  
East Brandywine Fire Company QRS  
Eastern Area Prehospital Service  
Eastern Regional EMS  
Easton Emergency Squad  
Ebensburg Area Ambulance Association  
Elizabeth Township Area EMS  
Elysburg Fire Department EMS  
EmergyCare, Inc.  
Em-Star Ambulance Service  
Event Medical Staffing Solutions  
Factoryville Fire Co. Ambulance  
Fame Emergency Medical Services  
Fayette Township EMS  
Fayetteville Volunteer Fire Department, Inc.  
Fellows Club Volunteer Ambulance Service  
Forest Hills Area Ambulance Association, Inc  
Franklin & Northmoreland Twp. Amb. Assn.  
Gilbertsville Area Community Ambulance Service  
Girardville Ambulance Service  
Goshen Fire Company  
Greater Pittston Ambulance & Rescue Assn.  
Greater Valley EMS, Inc.  
Guardian Angel Ambulance Service  
Halifax Area Ambulance & Rescue Assn., Inc.  
Hamburg Emergency Medical Services  
Hamlin Fire & Rescue Co.  
Harford Volunteer Fire Company EMS  
Harmony EMS  
Hart to Heart Ambulance Service  
Hastings Area Ambulance Association, Inc  
Haverford Township Paramedic Department  
Health Ride Plus  
Health Trans Ambulance  
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  
Karthaus Ambulance Service  
Kecksburg VFD Rescue Squad  
Kutztown Area Transport Service, Inc.

Lack Tuscarora EMS  
Lackawanna/Wayne Ambulance  
Lancaster EMS  
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, Inc.  
Pleasant Volunteer Fire Department  
Point-Pleasant-Plumsteadville EMS  
Pointe 2 Pointe Services Inc.  
Pottsville Area Emergency Medical Services  
Quick Response Medical Transport  
Radnor Fire Company  
Regional EMS  
Regional EMS & Critical Care  
Rices Landing Volunteer Fire Department  
ROBB Consulting, Inc.  
Robinson Emergency Medical Service, Inc.  
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, Inc.  
Southern Berks Regional EMS  
Springfield Hospital EMS  
Spring Grove Ambulance Club  
St. Mary EMS  
Stat Medical Transport, LLC  
Superior Ambulance Service, Inc.  
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  
W.Shore Adv Life Support Srvs,/dba Geisinger EMS  
Western Alliance Emergency Services, Inc.  
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

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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 and meets quarterly.

<b>Ambulance Association of PA</b>	Donald DeReamus
<b>Burholme EMS</b>	Timothy Hinchcliff
<b>Center for Emergency Medicine of Western PA, Inc.</b>	Walt Stoy, PH.D
<b>Centre LifeLink EMS</b>	Kent Knable
<b>Centronia Ambulance Corps</b>	Robert Mateff
<b>Chester County Dept of Emergency Services</b>	Harry Moore
<b>City of Allentown EMS</b>	Eric Gratz
<b>Community LifeTeam EMS</b>	Barry Albertson
<b>Cumberland Goodwill EMS</b>	Nathan Harig
<b>Emergency Nurses Association, PA Chapter</b>	Kay Bleacher, RN
<b>Forbes Hospital</b>	Jeffrey Wess, MD
<b>Good Fellowship Ambulance-EMS Training Institute</b>	Kimberly Holman, RN
<b>Harrisburg Area Community College</b>	Robert Stakem, Jr.
<b>Highmark, Inc.</b>	Robert McCaughan
<b>Hospital &amp; Healthsystem Association of PA</b>	Chris Chamberlain
<b>Lower Allen Township EMS</b>	Anthony Deaven
<b>Non-Profit Emergency Services of Beaver County</b>	Steve Bailey
<b>Penn State Milton S. Hershey Medical Center</b>	Scott Buchle
<b>Pennsylvania College of Emergency Physicians</b>	Bryan Wexler, MD
<b>Pennsylvania State University</b>	J. David Jones
<b>Pennsylvania Trauma Systems Foundation</b>	Juliet Altenburg, RN
<b>Second Alarmers &amp; Rescue Squad of Montgomery Co.</b>	Ken Davidson
<b>Southern Alleghenies EMS</b>	Carl Moen
<b>Southwest Ambulance Alliance</b>	Bryan Kircher
<b>Tower Health</b>	Anthony Martin
<b>Valley Ambulance Authority</b>	J.R. Henry
<b>Volunteer Firemen's Insurance Services, Inc.</b>	Justin Eberly
<b>Wellspan York Hospital</b>	Steve Schirk, MD
<b>West York Ambulance</b>	William Niehenke
<b>Western Berks Ambulance Association</b>	Anthony Tucci

### Board Meeting Dates:

Wednesday, September 16, 2020

Wednesday, December 2, 2020

Wednesday, March 17, 2021

Wednesday, June 16, 2021

# Executive Leadership & Council Staff

## *Executive Committee*

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

J. David Jones	President
Anthony Deaven	Vice President
Ronald Roth, MD	Treasurer
Anthony Martin	Secretary
Douglas Garretson	Member-at-Large
Robert McCaughan	Member-at-Large
JR 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 Snavelly	EMS Systems Specialist
Duane Spencer	EMSC Program Manager
Kelli Kishbaugh	Administrative Assistant

## *Executive Offices*

PEHSC's Executive Office Location:  
600 Wilson Lane, Suite 101  
Mechanicsburg, PA 17055

## Financial Information

FY 20-21 Financial Information		
	Budget	Actual *
<b>State Contract</b>		
Income (original budget was \$404,800.00)	\$360,800.00	
Expense		\$360,800.00
<b>EMSC Contract</b>		
Income	\$128,144.00	
Expense		\$121,533.00
<b>TeleHealth Project</b>		
Income	\$45,530.00	
Expense		\$45,530.00
<b>EMS Conference</b>		
Income	\$25,800.00	
Expense		\$24,020.00

\*Fiscal Year 2020-2021 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:

## *September 16, 2020 Board Meeting*

### **VTR 0920-01      Exhaled Breath CO Analysis Devices**

*Recommendation:* The Department of Health should amend the Scope of Practice for EMS Providers to permit the use of exhaled breath carbon monoxide analysis devices by providers above the level of EMR.

*Rationale [Background]:* Current scope of practice related to prehospital assessment for carboxyhemoglobin is limited to pulse CO-oximetry devices. An alternative technology that performs an analysis on a patient's exhaled breath has received FDA approval for prehospital use. Although a new technology in prehospital care, its roots in healthcare that extends back to the 1970's.

Stewart<sup>i</sup>, et al, when looking at the rapid estimation of carboxyhemoglobin in firefighters concluded, *"The analysis of expired breath with a portable electrochemical cell after carbon monoxide exposure provides a practical field method for the rapid estimation of carboxyhemoglobin..."*

Kurt<sup>ii</sup>, et al, concluded, *"Breath measurement of carbon monoxide can be rapidly performed in the emergency department setting by a reliable method that closely approximates carboxyhemoglobin. This method is helpful in the immediate determination of CO exposure for individual patients, but could also serve as a valuable triage aid when large groups of patients are suspected of CO exposure..."*

The device is non-invasive, compact in size and easy to operate. Depending on the manufacturer, patient interface is accomplished using either a disposable mouthpiece or facemask. When using the disposable mouthpiece, some patient instruction is required to obtain an adequate sample.

If approved by the Department of Health, these devices would be available to an EMS agency when considering the optional purchase of a CO analysis device. Use of CO analysis is guided by current statewide BLS treatment protocol 150 and 227; the wording in both will require revision to include both CO-oximetry and exhaled breath analyzation.

*Medical Review [Concerns]:* Although the MAC would have preferred more research in the prehospital setting, they recognize the technology driving the device is well established – just the practice environment is new.

*Fiscal Concerns:* Exhaled breath devices, like other forms of CO analysis, are an optional purchase for an EMS agency. The price point for this device is estimated to be \$1,000- \$1,500 each.

*Educational Concerns:* Like any piece of new technology, an agency purchasing this device will be responsible, through the agency medical director, to educate providers on its operations and indications for use, including cross-referencing the statewide treatment protocols related to suspected CO toxicity.

*Plan of Implementation:* Following approval of this technology, the Department of Health should:

1. Update the Scope of Practice for EMS Providers for providers above the level of EMR to include exhaled breath CO analysis.
2. Update references in statewide BLS treatment protocols #150 and #227 to include both exhaled breath and CO-oximetry.
3. Issue an RC Memo and/or EMS Information Bulletin if deemed appropriate.

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.

### References

<sup>1</sup> Stewart, Richard D. "Rapid Estimation of Carboxyhemoglobin Level in Fire Fighters." *JAMA: The Journal of the American Medical Association*, vol. 235, no. 4, 1976, p. 390., doi:10.1001/jama.1976.03260300016021.

<sup>1</sup> Kurt TL, Anderson RJ, Reed WG. Rapid estimation of carboxyhemoglobin by breath sampling in an emergency setting. *Vet Hum Toxicol*. 1990;32(3):227-229.

## Committee Action on VTR 1215-05 (as approved by the Board of Directors) EMS Education Task Force (July 2020)

- The task force revisited the ability of BLS training institutes to perform psychomotor testing in place of the current regional council lead exam process. At present the Department has not committed to permit this alternative process. The members revisited the original VTR (# 1215-05) and make modifications to the language to clarify the task force's intent:
  - Regional Councils should supply the training institutes with standardized exam materials for each exam.
  - Evaluators should be required to take standardized training.
  - Evaluators should not be faculty who taught students being tested on that part of the examination (as per NR policy).
  - Training institutes should use a pool of approved evaluators.
  - Regional council staff should be present for all exams during the "introductory period" as defined by the Bureau of EMS.
  - Following the introductory period, regional staff should conduct a periodic onsite audit of psychomotor examinations as prescribed by the Department.
  - In addition to periodic onsite audits as prescribes above, onsite audit should also be performed based on the following triggers:
    - Failure rates on standard deviation above or below the statewide average for all training institutes.
    - Legitimate complaints received by the Bureau of EMS
    - Administrative failures identified by the Bureau of EMS, i.e. incomplete/inaccurate paperwork.

A letter outlining the above language clarifications was sent to the Bureau of EMS on August 26, 2020

### VTR 0920-02      Discontinuation of Spinal Immobilization Psychomotor Testing

**Recommendation: The Department of Health should discontinue spinal immobilization testing as part of the EMT psychomotor examination.**

*Rationale [Background]:* Evidence-based patient care has shifted from "spinal immobilization" to "spinal motion restriction." The evidence revealed that application of a long spine board (LSB) did not achieve immobilization of the spinal column and in some instances, may be detrimental to the patient's wellbeing.

In accordance with the current science, the term spinal immobilization has been replaced with, "Restrict Spinal Motion" in the PA EMS provider scope of practice published on January 18, 2020. The current PA Statewide Treatment Protocols establish spinal motion restriction as the

expected standard of care. The scope of practice lists adjunctive devices for spinal motion restriction as a scoop-litter, vacuum mattress, et al, for providers above the level of EMR.

Although an LSB (Qty 1) is still required device for extrication/lifting and moving, the “short spine board” device is no longer required (Pa.B. February 15, 2020).

Information received by the task force reveals the National Registry of EMTs intends to remove spinal immobilization testing from its list of requirements for attestation by a state’s lead EMS agency. Implementation of this recommendation may need to be delayed until the NREMT removes this requirement.

*Medical Review [Concerns]:* None – this recommendation is consistent with the current PA provider scope of practice and standard of care reflected in the statewide treatment protocols.

*Fiscal Concerns:* None

*Educational Concerns:* BLS educational institutes will continue to provide theory and practicum instruction for use of the long spine board as an extrication/lifting and moving device. The educational institute will continue to verify the student’s competency in the use of a LSB based on the indications stated above.

*Plan of Implementation:* The implementation of this recommendation may be delayed until such a time when the NREMT removes this item from the attestation statement’s list of requirements. After this requirement has been removed, the Department of Health should notify all regional EMS councils and EMS educational institutions that spinal immobilization psychomotor testing is no longer required for EMT certification.

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.

## December 2, 2020 Board Meeting

### VTR 1220-01      **Finger Thoracostomy**

*Recommendation:* The Department of Health should amend the scope of practice to authorize providers at or above the level of paramedic, with additional critical care training, to perform finger thoracostomy when practicing on a licensed air or ground critical care ambulance.

*Rationale [Background]:* Finger thoracostomy is an alternative procedure for emergency decompression of a suspected tension pneumothorax. Studies suggest that needle thoracostomy inconsistently accesses the pleural space due to length and/gauge of needle used for the procedure. This alternative procedure allows for tactile feedback that the pleural space has been accessed.

Finger thoracostomy requires minimal equipment to perform, e.g. scalpel and Kelly clamp, and can be performed on either the anterior or lateral chest wall based on protocol or online medical command. This procedure essentially converts a tension pneumothorax to an open pneumothorax, however it does not involve inserting a tube/drain into the pleural space. A chest seal with one-way valve can be applied following the procedure to prevent introduction of air into the thoracic cavity through the surgical wound.

"Studies of both prehospital and hospital providers have demonstrated that though landmarks can be appropriately recited, they are not always accurately identified. Cadaver studies have shown improved success in reaching the thoracic cavity when the fourth or fifth intercostal space mid-axillary line is used instead of the second intercostal space mid-clavicular line in adult patients. ATLS now recommends this location for needle decompression in adult patients. Needle decompression can fail to improve clinical decompensation in patients who have hemothorax or in whom the angiocatheter has kinked. Performing a finger thoracostomy can ensure adequate decompression of the chest and eliminate tension pneumothorax as the cause of decompensation."

"A two-year prospective observational study of all severe trauma patients transported by a regional helicopter EMS service in Italy examined 55 patients who underwent simple thoracostomy (51 unilateral and four bilateral) after experiencing blunt chest trauma. A pneumothorax or hemo-pneumothorax was found in 91.5% of performed procedures and a hemothorax in 5.1%. No cases of major bleeding, lung laceration or pleural infection associated with the simple thoracostomy procedure were reported, and no reaccumulation of the pneumothorax was reported after simple thoracostomy was performed. If reaccumulation of the pneumothorax was suspected, a finger sweep was performed. Authors of the study made it clear that only highly trained crews should perform this procedure."

"In 2009, a group of British researchers reviewed their air ambulance database across a 39-month period, finding 61 patients where prehospital traumatic cardiac arrest was identified. Of these, 37 patients received resuscitation attempts, with 18 undergoing chest decompression. In

17 of these patients, a simple thoracostomy was performed and one patient had needle decompression. No complications with the procedure were recorded, and return of spontaneous circulation was achieved in four patients who later expired; however, their deaths were attributed to head injuries and not traumatic injuries to the chest.<sup>iii</sup>

*Medical Review [Concerns]:* The physician representatives on the CCT task force support this recommendation.

*Fiscal Concerns:* The procedure requires minimal equipment and/or supplies that would not pose a financial challenge for an agency that chooses to perform this procedure.

*Educational Concerns:* The air or ground critical care transport agency medical director is responsible for providing the appropriate provider training and credentialing.

*Plan of Implementation:* Upon acceptance, the Department should amend the PA CCT Provider and Air Medical Scope of Practice documents to include this skill. The appropriate statewide protocol(s) should be amended to add finger thoracotomy as an alternative procedure for credentialed providers.

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.

i <https://bulletin.facs.org/2018/06/atls-10th-edition-offers-new-insights-into-managing-trauma-patients> June 1, 2018 ii Massarutti D, Trillo G, Berlot G, et al. Simple thoracostomy in prehospital trauma management is safe and effective: A 2-year experience by helicopter emergency medical crews. *Eur J Emerg Med.* 2006;13(5):276–280. iii Mistry N, Bleetman A, Roberts KJ. Chest decompression during the resuscitation of patients in prehospital traumatic cardiac arrest. *Emerg Med J.* 2009;26(10):738–740.

# Council Activities

## Emergency Medical Services for Children (EMSC)

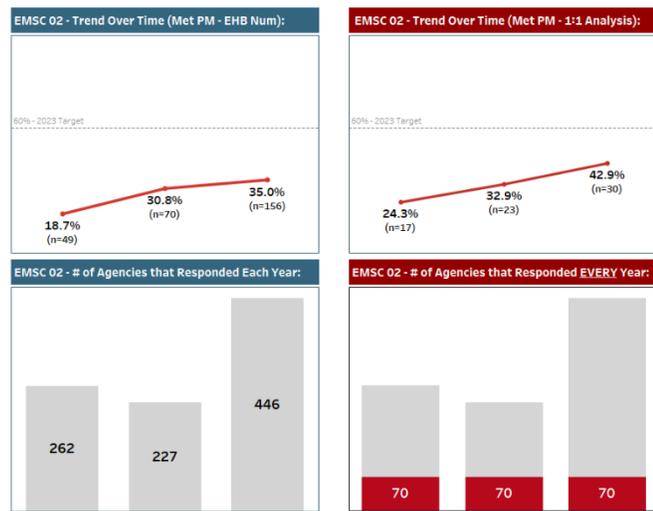
The EMSC Advisory Committee met four times this fiscal year. We continue to meet virtually in lieu of COVID-19 concerns and committee healthcare provider commitments. EMSC staff and representatives also attended all required HRSA meetings and workshops, all of which were offered virtually.

The EMSC program received an extension of the current grant for an additional year through March 2023.

### 2021 EMSC Survey

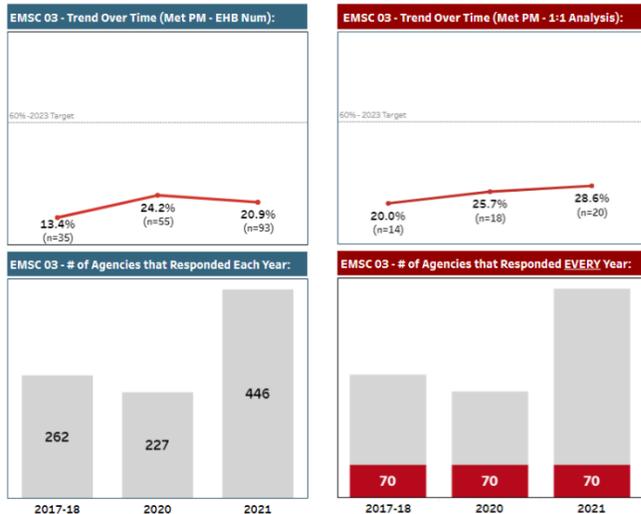
The EMSC program conducted the 2021 surveying of Pennsylvania EMS Agencies as part of a nationwide assessment on performance measures 02 & 03 – Pediatric Emergency Care Coordinator (PECC) and Use of Pediatric-Specific Equipment. More than 9,000 agencies participated across the U.S. Pennsylvania’s response rate was 47.2%, up from 20.9% in 2020. The 452 911 agencies

who responded to the survey provided valuable information regarding past and present efforts across the two performance measures. 35% of the responding surveyed agencies report having a designated individual who coordinates pediatric emergency care (156 of 446). This number is a significant increase from the prior year’s surveys and represents the continued growth of our Pediatric Emergency Care Program. Furthermore, an additional 6.1% (n = 27) had plans to add a PECC and another 20.4% (n = 91) were interested in adding a PECC, accounting for 61.5% of the surveyed agencies. Of interest, the number of agencies that responded each of the past EMSC surveys dropped from 86 ( years one and two) to 70 (all three years). Of the agencies surveyed, 12.8% (n = 20) noted that their PECC oversees more than one agency. Additionally, The PA EMSC program exceeded the 2020 target of 20% of EMS agencies having a PECC and is well positioned to meet the 2023 target of 60%.



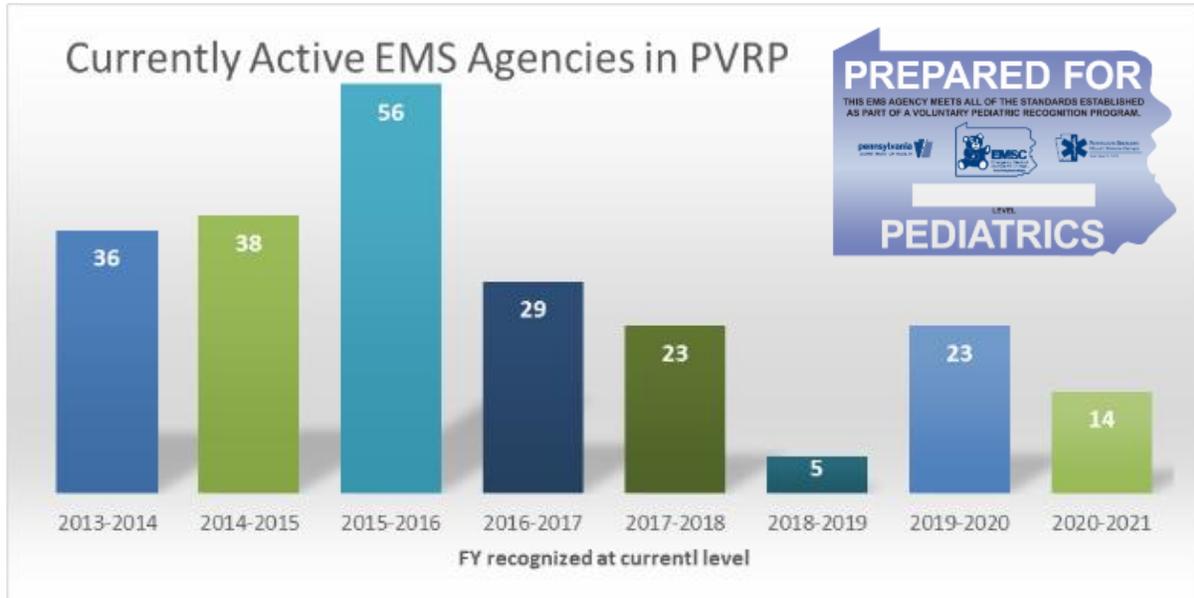
The EMSC Program will continue a statewide effort regardless of survey participation to engage EMS Agencies in adding a PECC and provide support by means of program materials and coordination efforts. Additionally, as specific national survey results become available, the EMSC program will engage those agencies interested in adding a PECC with resources to support their effort.

Performance measure 03 specifically looked at skill checking, and the methods agencies utilize to meet that measure. Survey results clearly indicate methods including skill stations and simulated events are being used on a variable frequency however a significant number of surveyed agencies reported no methods of skill checking. In comparison to the prior year survey, the percentage of agencies that report no skill verification increased in all three categories, skill station, simulated event, and field encounter. The change may be attributed to COVID-19 and its subsequent impact on EMS. A focus of the upcoming year will include ways to improve pediatric skills assessment into the current and future look of Pennsylvania EMS.



### *Pediatric Voluntary Recognition Program*

The EMS agency Pediatric Voluntary Recognition Program continues to see new enrollment and participation. We currently have over 224 active EMS agencies participating in levels that range from Basic to Expert. This fiscal year we added or upgraded an additional 14 agencies to the program, even during a global pandemic.



2020-2021 PVRP Activity

EMS Region	EMS Agency Name	PVRP Level
CHESTER	Keystone Valley Fire Department	Advanced
EHSF	J.E.T Response Corporation	Advanced
EMMCO WEST	Superior Ambulance Service	Expert
EMMCO WEST	A.F.Dobler Hose and Ladder Co.	Master
EMS WEST	Medevac Ambulance (Pennsylvania Medical Transport dba)	Expert
EMS WEST	Canonsburg General Hospital Ambulance Service	Expert
EMS WEST	Holiday Park Volunteer Fire Department	Master
EMS WEST	Allegheny County Airport Authority Fire Rescue	Master
EMS WEST	Ambulance and Chair EMS Inc.	Intermediate
EMS WEST	Bentleyville Fire Department	Basic
EMS WEST	Fallowfield Township Volunteer Fire Company	Advanced
LTS	Susquehanna Regional EMS	Expert
MONTGOMERY	Upper Merion Township EMS	Expert
NORTHEASTERN	Delaware Township Volunteer Ambulance Corps	Expert

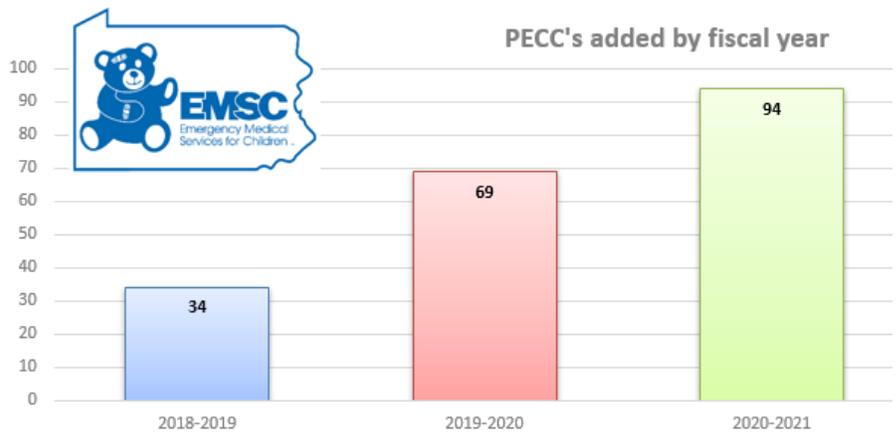
A map of all PVRP agencies by recognition level is now available and regularly updated on the EMSC website

### Pediatric Emergency Care Coordinator

The Pediatric Emergency Care Coordinator (PECC) program is a continuation of the learning collaborative project which was grant funded collaborative program through the Health Resources and Services Administration (HRSA) during the fiscal 18-19.

The learning collaborative established a framework for the PECC program and allowed EMS agencies to engage where able through a variety of methods including utilizing an individual or committee as an Agency PECC, a Community PECC effort utilizing a shared PECC across several local EMS Agencies either from within one agency or from within the community (such as a Pediatrician or Pediatric Nurse), and a Regional PECC by incorporating regional resources either through a Regional EMS Council or Regional Healthcare system. The flexibility of Pennsylvania’s PECC program is unique and allows its 911 agencies the ability to support the program within their resource capabilities.

The EMSC program continues to support the PECC initiative through distribution of PECC materials and in development of programs to support PECC needs. The PVRP program now requires a PECC be identified for all Master and Expert level recognized agencies however, PECC



presence is needed in more than just those agencies. Federal EMSC performance

measure EMSC 02 seeks 60% of EMS agencies in a state or territory to have a designated individual who coordinates pediatric care by 2026. As of end of fiscal year 2020-2021 we have identified 197 EMS agencies with a pediatric emergency care coordinator in Pennsylvania.

The 94 new PECC’s were widely distributed throughout the state and

EMS Region	# of New PECC's
Bucks County Emergency Health Services	5
Chester County EMS Council, Inc.	3
Delaware County EHS Council	2
Emergency Health Services Federation	13
EMS West	31
Montgomery County EMS Council	6
EMS of Northeast Pennsylvania Inc	6
LTS EMS Council	3
Southern Alleghenies EMS Council Inc.	5
Seven Mountains EMS Council Inc.	8
Eastern PA EMS Council Inc.	8
EMMCO West	4

represent career, all volunteer, ALS, BLS, and QRS agencies.

The PA PECC website ([www.papecc.org](http://www.papecc.org)) continues to provide an avenue for interested EMS agencies or individuals to seek resources to assist them in developing their own PECC through several models: utilizing an individual or group within the agency, a community effort combining agencies and other pediatric support partners to effect the PECC role, or a regional multi-agency multi-partner team to oversee and support the PECC program. Additional resources provide suggested objectives to support the delivery of quality and safe pediatric care. A quarterly webinar series for PECC's providing detailed information regarding components of the PECC's role began in April 2021. The initial session covered general PECC information including their role, types of a PECC, and resources both in-state and nationally. Future topics include family centers care, trauma informed care, pediatric skills programs, and specific agency projects as best practices to be shared between PECC's.

### *2021 National Pediatric Readiness Survey*

The 2020 NPR survey was postponed to 2021 due to the impact of COVID-19 across the country. The survey opened in May 2021 with mailings sent to all 169 Emergency Departments across the state. The survey included an electronic form to capture components of ED readiness and capacity to treat pediatric patients. Survey responses will assist in future program planning. Upon completion, survey respondents received an electronic gap analysis on how they compared to like ED's across the country in several categories.

### *Hospital Recognition Program*

Two of the nine Federal EMSC performance measures include having formal pediatric recognition programs for hospitals. These recognition programs will address components of care, training, quality improvement, equipment, and policies that focus on the ability of the emergency department to stabilize and/or manage pediatric medical emergencies and trauma. The EMSC program is establishing a steering committee of industry stakeholders across the state to develop these programs with a planned pilot test in late 2021-22 and stages implementation after assessing the pilot. One key component of the Hospital Recognition Program is the addition of Hospital PECC's and a future collaborative effort between hospital and pre-hospital pediatric emergency care coordinators.

### Other Activities

The Safe Transportation of Children in Ambulances workshop was provided at multiple locations in the commonwealth at no charge. Kudo's to Bob Carpenter from EMS of Northeastern PA for his ongoing support and coordination of many of these programs statewide.

An EMSC Advisory Committee subgroup has reviewed the current Safe Transport in Ambulance curriculum in order to develop a 'train-the-trainer' component to increase instructors and expand the programs availability. The revised program has been adopted by the National Association of State EMS Officials (NASEMSO) Safe Transport Working Group and is presently being integrated into a standardized national curriculum. Another gold star for PA EMSC programs being implemented nationally.

A group of Pediatric Emergency Medicine Physicians led by EMSC Advisory Committee Medical Director Dr. Kim Roth in the 2020 review of statewide protocols. This group made consensus recommendations that were then presented to the statewide MAC for consideration and inclusion in the current update.

The EMSC Advisory Committee has established a standing agenda item to discuss the impact of COVID-19 on children and specifically regarding Multisystem Inflammatory Syndrome in Children (MIS-C), return to school, and mental health. Of note, the significant increase in pediatric mental health was frequently discussed and appears to be receiving attention with several initiatives throughout the state being instituted to address the lack of adequate resources for education and treatment. Concurrently, a decrease in child abuse reporting was seen throughout the pandemic due to the reduction of typical mandated reporter contact with affected children. The Pennsylvania Chapter of the American Academy of Pediatrics, as a member of the EMSC Advisory Committee, responded quickly to pandemic related in-person meeting restrictions and created a virtual version of their Suspected Child Abuse and Neglect for EMS. The SCAN for EMS program was provided 25 times during the past fiscal year training 364 EMS providers.



**EMS STRONG**  
This Is EMS: Caring for Our Communities

EMS WEEK 2021 - MAY 16-22

**Free Car Seat Check Event**

In celebration of EMS WEEK 2021 and National EMS for Children Day we are hosting a free car seat check event. Bring in your vehicles and car seats to have a certified Child Passenger Safety Technician check your installation, help with a new installation, and receive valuable safety information to protect children. Come in to visit our station and meet our local EMS providers!



**WHERE**  
Betsware Two,  
Ambulance Corps  
155 Park Road  
Dingmans Ferry, PA

**WHEN**  
EMS for Children Day  
Wednesday  
May 19, 2021

**TIME**  
2 PM-5 PM

**CONTACT**  
Samantha Kirkland  
570-528-2345 x808

**ems**  
Emergency Medical Services  
of Northeastern Pennsylvania

## Critical Care Transport Task Force

The task force met on October 14, 2020, for its annual fall meeting.

- The members recommended to the Department of Health, via the PEHSC Board, addition of finger thoracostomy to the EMS provider scope of practice for providers at the critical care level. This procedure is intended to supplement, where appropriate, traditional needle thoracostomy.
- The task force reviewed the latest draft of the joint PEHSC-PACEP critical care resource document. This tool is intended to help the physician make the right call when medical transportation is needed. It provides education on the various levels of EMS care and their associated capabilities and includes a decision matrix based patient acuity. Based on committee discussion, a critical care transport quick reference guide will be added for both adult and pediatric patients.
- As part of a discussion on how workforce resources, particularly PHRNs, impacts the availability of critical care transport, the members reviewed a graphic showing the total number of certified PHRNs in the Commonwealth. In 2019, based on BEMS data, the registered PHRN workforce was 1065, however, of that group only 635 (60%) had appeared on a PCR in the preceding 12 months. The graphic also showed the PHRN workforce for the prior 10 years with the 60% factor applied to represent registered vs. active providers. In the past we've seen the 60% rate of active personnel when looking at other provider groups. An active workforce of 635 providers equates to 1 PHRN per 20,000 population.
- A small work group of the task force presented a proposed treatment protocol for the assessment and treatment of patients with cardiac assist devices, specifically a ventricular assist device (VAD). The target audience for this protocol is both ALS and BLS providers and will ensure this special patient population will receive timely and appropriate prehospital care, as well as delivering these patient's to a healthcare facility capable of continuing patient care. The draft will be forwarded to the Department for their consideration during the 2021 protocol update cycle.
- As an offshoot of the 2021 protocol update, the members discussed the Department's current position on not allowing non-critical care ambulances to perform rapid sequence intubation. Currently only paramedics /PHRNs with critical care credentialing and working on a CCT vehicle or aircraft may perform this procedure. Although performing RSI may not be appropriate for every ALS agency, there are ALS agencies that would be considered "high-functioning" that can support advanced practice procedures such as RSI. Many feel there should be a pathway identified for high-functioning agencies to advance their practice, while at the same time safeguarding the public from agencies that may not be able to support such procedures. A recommendation was made to form a workgroup with members of the PEHSC medical advisory committee to further explore this issue.

## Education Task Force

The task force met on July 30, 2020 and discussed several issues:

- The task force revisited the ability of BLS training institutes to perform psychomotor testing in place of the current regional council lead exam process. At present the Department has not committed to permit this alternative process. The members revisited the original VTR (# 1215-05) and make modifications to the language to clarify the task force's intent:
  - Regional Councils should supply the training institutes with standardized exam materials for each exam.
  - Evaluators should be required to take standardized training.
  - Evaluators should not be faculty who taught students being tested on that part of the examination (as per NR policy).
  - Training institutes should use a pool of approved evaluators.
  - Regional council staff should be present for all exams during the "introductory period" as defined by the Bureau of EMS.
  - Following the introductory period, regional staff should conduct a periodic onsite audit of psychomotor examinations as prescribed by the Department.
  - In addition to periodic onsite audits as prescribes above, onsite audit should also be performed based on the following triggers:
    - Failure rates on standard deviation above or below the statewide average for all training institutes.
    - Legitimate complaints received by the Bureau of EMS
    - Administrative failures identified by the Bureau of EMS, i.e. incomplete/inaccurate paperwork.

A letter outlining the above language clarifications was sent to the Bureau of EMS on August 26, 2020

- The task force discussed that evidence-based patient care has shifted from "spinal immobilization" to "spinal motion restriction." The evidence revealed that application of a long spine board (LSB) did not achieve immobilization of the spinal column and in some instances, may be detrimental to the patient's wellbeing. In accordance with the current science, the term spinal immobilization has been replaced with, "Restrict Spinal Motion" in the PA EMS provider scope of practice published on January 18, 2020. The current PA Statewide Treatment Protocols establish spinal motion restriction as the expected standard of care. The scope of practice lists adjunctive devices for spinal motion restriction as a scoop-litter, vacuum mattress, et al, for providers above the level of EMR. Information received by the task force reveals the National Registry of EMTs intends to remove spinal immobilization testing from its list of requirements for attestation by a state's lead EMS agency. Implementation of this recommendation may need to be delayed until the NREMT removes this requirement. Based on this information the task force voted to recommend that long and short spine board devices be removed from the psychomotor testing process.

## *State Plan*

Due to COVID, this project remained on hold. Staff continued to collect information that would be of interest to a state plan revision.

## *Special Operations Task Force*

At the request of the Department of Health, The Special Operations Workgroup was reconvened in early 2020 to review and continue work on the proposed tactical medicine standards, submitted in VTR 0617-01. 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 this area of special operations. The Department recognizes the need for advancement in this specialty.

Though slowed because of the COVID-19 pandemic, work on this project has continued with multiple small meetings with core personnel. Planning is ongoing and the group remains focused on revising the scope of the initial VTR as well as updating it to current tactical medical standards. Long term goals also include moving on to completing the same process with proposed Wilderness Medicine standards, initially outlined on VTR 0617-02.

## *Medical Advisory Committee*

### August 12, 2020

- Recommended approval for use of breath analyzation technology for POC testing to determine carboxyhemoglobin content in patients with suspected carbon monoxide poisoning.
- Recommended approval for a pilot project in the City of Philadelphia known as "SPARROW." The project will use both retrospective and prospective data to measure the effectiveness of the city's Alternative Response (AR2) program and Blighted Area Remediation program to reduce the incidence of opioid overdoses.
- Beginning of the 2021 Statewide EMS Treatment Protocol update. A considerable amount of input gathered from PEHSC's stakeholder survey tool. In this update cycle, 165 recommendations and comments were received, which is the most the council has ever received.

### November 11, 2020

- Initiated a review of the Statewide BLS Treatment Protocols.

- Discussed proposed regulations from DEA on storage, use and documentation related to controlled substances. This is the first-ever EMS specific regulations from the DEA. Up to this point, interpretation and enforcement of current regulations has been highly variable among the DEA's regional offices. A concern was voiced regarding standing orders/protocols; the language is written on the assumption that each agency has their own protocols. While this is true in parts of the country, many states have adopted statewide protocols – the current language does not address this variation. The MAC recommended this comment be submitted to the DEA for consideration.
- The committee discussed establishing a joint task force with the council's critical care transport task force to explore to concept of allowing ground ALS agencies to utilize rapid sequence intubation (RSI) to assist in ALS-level airway control. RSI has been a long standing, controversial issue with strong opinions both for and against expanding availability; however, it has not been formally discussed for several years. Subsequently, PEHSC received correspondence from the BEMS requesting an RSI task force be established and provided guidance on group composition and objectives.
- The committee congratulated Dr. Doug Kupas for being the recipient of the 2020 Rocco V. Morando Lifetime Achievement Award from the National Association of EMTs.

#### December 11, 2020

- The committee convened a special meeting to continue review of the statewide treatment protocols. During this session, working drafts of the ALS, BLS and CCT protocols were reviewed with the majority of time focused on continued discussion of the proposed ALS protocol updates.

#### January 12, 2021

- Discussed the piloting of an EMS Agency Medical Directors' course by the National Association of EMS Physicians. The pilot has limited openings for physicians in Pennsylvania and New York State.
- Continued reviewing the Statewide ALS Treatment Protocols.

#### February 15, 2021

- The committee convened a special meeting to continue review of the statewide treatment protocols. During this session, the committee wrapped up its review of the ALS protocols.
- The draft protocol documents will be put into final draft form and posted on the department's website for 3 weeks, after which comments will be reviewed with the MAC. Each document will be then be published in final form and provider updates can begin. The Department anticipates a September 2021 mandatory implementation.

April 14, 2021

- The committee received a progress report from the RSI Task Force.
- A request was received for a pilot program in the EHSF region to permit EMT administration Glucagon for correct hypoglycemia. Currently, this medication is restricted to administration by an ALS-level provider. Following consultation with BEMS Director Dylan Ferguson, Dr. Kupas reported that a pilot program would not be necessary and the treatment would be added to the BLS protocol update if the committee had no objection.
- An appendix will be added to the BLS protocol to provide a reference for incidents related to civil unrest and possible could be formatted as a checklist.
- An email was received from an agency medical director who expressed a concern that since retiring from the emergency department, he is no longer able to provide on-scene medical command to the providers in his agency due to no longer meeting the medical command physician requirements. Dr. Kupas commented that perhaps the hospital would be willing to add him back on the MC list, therefore allowing him to continue providing field command. There was also discussion of amending Protocol 904 related to on-scene physicians. This protocol current allows for on-scene MC if the provider first contacts the hospital MC for authorization. The committee requested the Department review Protocol 904 as to possibility of adding exclusionary language to the protocol to allow agency medical directors, who are not MC physicians, to provide on-scene orders to their providers.

*Rapid Sequence Intubation (RSI) Task Force*

January 25, 2021

- In response to the previous discussions at the critical care transport task force and medical advisory committee, the Department of Health engaged PEHSC to stand-up a multidisciplinary task force to examine whether rapid sequence intubation, as an ALS airway adjunct, is safe and efficacious for ground ALS providers at or above the paramedic level who are providing care on a licensed ALS ground ambulance or squad. The Department established the following task force objectives:
  - Review available literature/data sources and consult with EMS, medical and trauma experts to identify and quantify gaps in our current care where outcomes may be improved with RSI by paramedics with ALS ambulance services.
  - Identify and quantify risks and possibilities for harm from RSI by paramedics with ALS ambulance services.
  - If it is believed that RSI has value in improving outcomes beyond possible harm, provide recommendations [through the PEHSC Board of Directors] related to operational provisions including:

- Safeguards
  - Training
  - Experience
  - Logistical Requirements
  - Quality Assurance Oversight
  - Associated Protocol Development
- A recommendation(s) from this group will be presented to the PEHSC Medical Advisory Committee and ultimately to the PEHSC Board of Directors. Based on the Board's action, the recommendation(s) will be formally transmitted to the PA Department of Health, Bureau of EMS for consideration.
  - The task force members developed several questions that will need to be answered in order to make an informed recommendation on RSI:
    - Is our current ALS airway control procedures and protocols adequate?
    - If adopted for ground ALS providers, how would RSI improve patient care and/or outcomes?
    - Should the task force focus solely on RSI, or look at it in the larger context of ALS airway control?
  - The task force established 4 working groups:
    - Provider education
    - Medical Direction
    - Protocol Development
    - QI and Data

#### February 23, 2021

- Several peer reviewed articles were presented on direct vs. video laryngoscopy. Overall, the literature suggests that first pass success increased with VL. Research from Pittsburgh demonstrated a decrease time for intubation, although there was no statistical difference in the number of attempts or first pass success rate. A British journal article found a decrease number of intubation attempts and increased first pass success rate among novice providers. There is also evidence to suggest, at a minimum, that VL provides a clearer view of the anatomy. As a result of this information, the task resolved that:
  - Agencies that perform RSI should, at a minimum, have both DL and VL capability.
  - VL should be the primary tool for all intubation attempts, not just for those patients with a difficult airway, i.e. regular use = increased proficiency.
- The provider education group provided an overview of the CoAEMSP and CAMTS requirements on advanced airway control, including RSI. One of the key components of airway training is the student's ability to practice their skill in the operating room under the supervision of anesthesia and/or using high fidelity simulation. The data indicates the

average paramedic only performs an average of 3-4 intubations each year and therefore refresher training is a key component to ensuring ongoing skill competency.

- The protocol development group recommended that process and procedure follow the current sedation assisted intubation (SAI) protocol. This would require two (2) ALS providers be present during the procedure, with one being qualified in RSI. Ideally the second ALS provider would also be qualified, however as an alternative, consideration could be given to the concept of education as an “RSI Assistant.”
- The QI/Data group presented data from the Pennsylvania Trauma Systems Foundation’s PTOS database (2000-2019) that looked at intubations in the trauma bay with 15 or 30 minutes of admission utilizing RSI. During this period, 65,402 patients, or 9% of trauma admissions met the criteria.

#### May 20, 2021

- The medical direction work group discussed what defines an “involved” medical director and best practices for those physicians who wish to have their providers perform RSI. Many feel that a medical director should still be involved in active clinical practice; however, this is not a requirement under the current rules and regulations. What oversight should be in place beyond the agency medical director, e.g. at the regional or state level? An important part of ensuring clinical quality is obtaining feedback on cases from the receiving facility, although there is acknowledgement that this can be difficult based on the facility’s willingness to share information.
- The education workgroup discussed the content and delivery method for the didactic portion of the educational process. The group will look at existing program for guidance on program design and delivery. What level of provider experience should be required to perform the procedure? Should providers already CCT ESOP qualified and/or board certified as a FP-C or CCP-C be grandfathered in terms of education requirements?
- The QI/Data group presented their initial recommendations on data elements and review requirements:
  - 100% QA
  - A report to the agency medical director within 72 hours of RSI use
  - Indications for the procedure
  - Vital signs, incl. ETCO2 and SPO2
  - # of intubation attempts
  - Use of a supraglottic airway device
  - Instance of vomiting
  - Intra or post procedure cardiac arrest

Hospitals should be asked to cooperate by supplying the following data:

- 24 hour mortality
- Airway trauma events
- Aspiration events
- Other adverse events

Additional areas of QA focus:

- First pass success
- DASH 1A (without decrease in BP or SPO2)
- Medication errors
- Protocol compliance
- Unplanned airway dislodgement
- Hypoxic Dose
- Hypotension Dose

### *Additional Projects*

**EMSC Telehealth Collaborative** – PEHSC participated in a federal grant, administered by the EMS for Children Innovation and Improvement Center (EIIC). The goal of this project was to examine and enhance the delivery of care to the Children & Youth with Special Healthcare Needs (CYSHN) population using telehealth technology. With the help of a statewide, multidisciplinary, work group and Geisinger Health System, PEHSC was able to spearhead the implementation of a program where field EMS crews, utilizing advanced telehealth technology, were able to facilitate an interaction between a CYSHN patient and their Complex Care Pediatrician. Additional use of grant funds allowed for the purchase of a full complement of telehealth equipment for an EMS agency which will allow for the creation of a similar program in their local area.

### **CISM Team Updates –**

With the passage of the Mental Health bill, Council staff began to update records to properly identify functioning CISM teams across the commonwealth.

**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

### **EMS Agency Survey Development -**

Council staff worked with the Center for Rural Pennsylvania to develop a statewide survey tool to identify long and short term needs of EMS agencies. The survey will follow a similar outline to a comparative survey tool developed for the fire service and will be released in 2021.

**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 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.

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

- 2021 PA State Protocol Update – Stakeholder Input
- 2020 PA EMS Awards Nominations
- COVID-19 Best Practices – Crew Quarters
- EMSC Environmental Scan
- 2020 PA EMS Conference Evaluations
- Pediatric Voluntary Recognition Program (PVRP) Update
- EMSC Telehealth Collaborative – EMS Agency Survey
- EMSC Telehealth Collaborative – Primary Care Survey
- Pediatric Emergency Care Coordinator (PECC) Update
- Geisinger Health System Pediatric Telehealth Visit Evaluation

## Legislative Affairs/Education

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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.

The Council provided testimony to the Senate Veteran's Affairs and Emergency Preparedness Committee in April 2021. The testimony focused on the COVID emergency and the on-going funding crisis of EMS at all levels.

Council also provided needed information and education to support legislative efforts, such as: EMS authority development, EMSOF increases, agency level funding (COVID) and mental health/CISM systems.

## 2020 Pennsylvania EMS Awards

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The 2020 Pennsylvania State EMS Award recipients were formally recognized in a virtual ceremony premiered via YouTube and Facebook live on October 13, 2020. 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



Cranberry Township EMS  
Region: Butler County

### EMS Agency of the Year Large Agency Division



Northwest EMS  
Region: Lancaster County

### ALS Practitioner of the Year



Nathan Shorter  
Lancaster Emergency Medical Services  
Region: Lancaster County

### BLS Practitioner of the Year



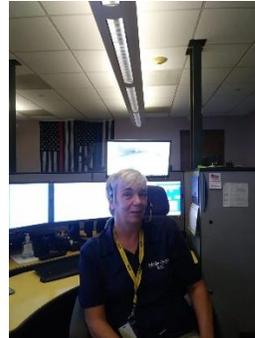
Joy Byler  
Big Valley Ambulance  
Region: Mifflin County

## EMS Educator of the Year



David Lindell  
Allegheny Health Network  
Region: Allegheny County

## EMS Communications Award



Shari Spicher  
Mifflin County 911  
Region: Mifflin County

## David J. Lindstrom EMS Innovation Award



Dr. Alvin Wang  
Montgomery County Department of  
Public Safety  
Region: Montgomery County

## Dr. George Moerkirk Outstanding Contribution to EMS Award



Leo Scacia  
Chester County EMS  
Region: Chester County

## Amanda Wertz Memorial EMS for Children Award



Jeff Meyer  
City of Pittsburgh EMS  
Region: Allegheny County



## Pennsylvania's 43<sup>rd</sup> Annual EMS Conference

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The 43<sup>rd</sup> Annual PA Statewide EMS Conference was held, for the first time, via a virtual format. The conference events occurred "live" online from September 2-4 and were then replayed throughout the Fall. The event is co-sponsored annually with the Pennsylvania Department of Health, Bureau of EMS

### **Conference Objectives**

- Provide participants with a variety of clinical and non-clinical topics to improve and educate them about Pennsylvania's EMS system and the delivery of clinical care
- Provide participants with pediatric-specific educational content in conjunction with the PA EMS for Children Program.
- Create opportunities to industry partners and vendors to interact with potential partners in a non-traditional environment
- 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 the EMS community.

### **Conference Highlights**

- Numerous nationally recognized presenters originated from across the United States and Canada
- An eight (8) hour Mass Casualty Incident Management Workshop presented by A.J. Heightman. This is the first time that this well-known program has ever been presented in a virtual format.

- A total of 16 educational sessions providing EMS continuing education credits in the Clinical, Other, and EMSVO categories.
- All sessions were recorded, allowing them to be offered at additional times, greatly expanding the reach of the program.
- Lower costs and generous sponsor support allowed the program to be offered free of charge to all attendees

<b>Historical Comparison</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>Total Attendance</b>	<b>441</b>	<b>254</b>	<b>331</b>	<b>317</b>	<b>445</b>	<b>497</b>	<b>1344*</b>
Multi-Day General Conference	250	98	206	221	206	241	n/a
Single-Day General Conference	64	81	47	64	60	43	n/a
Exhibitors	44	37	25	25	51	100	n/a
Registered Nurse Attendance	33	20	27	27	19	26	68
Preconference Attendance	183	69	50	86	109	87	n/a

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/Events Attended by Leadership & Staff*

- 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
- Pennsylvania Trauma Systems Foundation (PTSF) Board of Directors Meetings
- Quarterly Pennsylvania Fire & Emergency Services Institute Statewide Advisory Board Meetings
- Ambulance Association of Pennsylvania 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 51,720 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 10,334 page views from visitors seeking information about pediatric emergency response.

Finally, PEHSC maintained 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.



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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.

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**Pennsylvania Emergency Health Services Council**

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