PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

FY 2021-2022 Annual Report

Contents

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. *Due to the continued COVID crisis and economic decline, during this reporting period Council operations were negatively impacted by the lack of available funding. Specifically, the Council Board and committee/task forces continued to meet virtually, and one staff position was lost in January of 2022.*

Function

The Council's cornerstone is the grassroots provider network (committees and taskforces), 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 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 Medical Center
Allegheny County EMS Council
Allegheny General Hospital
Ambulance Association of PA
American Heart Assn - Great Rivers Affiliate
American Medical Response Mid-Atlantic Inc.
American Red Cross
American Trauma Society, Pennsylvania Division
Best Practices of Pennsylvania
Bethlehem Township Volunteer Fire Company
Binns and Associates, LLC
Bucks County Emergency Health Services Council, Inc
Bucks County EMS Council
Bucks County Squad Chief`s Association
Burholme EMS
Butler County Community College
Canonsburg Hospital
Center For Emergency Medicine Of Western Pennsylvania, Inc
Centre LifeLink EMS
Cetronia Ambulance Corps.
Chal-Brit Regional EMS / Chalfont EMS
Chester Co Dept of Emergency Services
Chester County EMS Council, Inc.
City of Allentown EMS
City of Pittsburgh-Bureau Of Emergency Medical Services
Commonwealth Health Emergency Medical Service
Community Life Team
County of Schuylkill - Office of Public Safety
Cranberry Township Emergency Medical Service
Cumberland Goodwill EMS
Delaware County Regional EMS Council
Eastern Lebanon County School District (ELCO)
Eastern PA EMS Council
Emergency Health Services Federation, Inc.
Emergency Medical Services of Northeastern PA
Emergency Nurses Association, PA
EMMCO West, Inc.
EMS West
First Aid & Safety Patrol of Lebanon
Forbes Hospital
Fraternal Association of Professional Paramedics
Geisinger-Lewistown Hospital
Good Fellowship Ambulance and EMS Training Institute
Harrisburg Area Community College
Highmark Inc.
Horsham Fire Company No 1
Hospital & Healthsystem Association of PA
J R Henry Consulting
Jeffstat
Lancaster County EMS Council
Lehigh Valley Health Network
Levittown-Fairless Hills Rescue Squad
Lower Allen Township EMS
LTS EMS Council
Marple Township Ambulance Corps
Penn Medicine - Lancaster General Hospital
Medic-CE (A CareerStep Company)
Medical Rescue Team South Authority
Montgomery County Ambulance Association
Montgomery County Regional EMS Office
Murrysville Medic One
Myerstown First Aid Unit
National Collegiate EMS Foundation
National Ski Patrol
New Holland Ambulance Association
Non-Profit Emergency Services of Beaver County
Northeast PA Volunteer Ambulance Association
Northwest EMS Inc.

Penn State Milton S Hershey Medical Center
Pennsylvania ACEP
Pennsylvania Athletic Trainers Society
Pennsylvania College of Technology
Pennsylvania Committee on Trauma-American College of Surgeons
Pennsylvania Dept of Health, Bureau of EMS
Pennsylvania Fire and Emergency Services Institute
Pennsylvania Medical Society
Pennsylvania Neurosurgical Society
Pennsylvania Orthopaedic Society
Pennsylvania Osteopathic Medical Association
Pennsylvania Professional Fire Fighters Association
Pennsylvania Psychological Association
Pennsylvania Society of Internal Medicine
Pennsylvania Society of Physician Assistants
Pennsylvania State Nurses Association
Pennsylvania State University
Pennsylvania Trauma Systems Foundation
PA Fire & Emergency Services Institute
Philadelphia Fire Fighters Union IAFF Local 22
Philadelphia Paramedic Association
Philadelphia Regional EMS Council
Portage Area Ambulance Association
Public Safety Training Associates
Rehabilitation And Community Providers Association
Second Alarmers Association and Rescue Squad
Seneca Area Emergency Services
Seven Mountains EMS Council
Southern Alleghenies EMS Council
Southern Chester County EMS
Southwest Ambulance Alliance
Special Events EMS, Inc
St Luke's University Health Network
Star Career Academy
State Firemen's Association of PA
Suburban EMS
Technical College High School-Brandywine
Temple Health System Transport Team, Inc.
Thomas Jefferson University Hospital
Thomas Jefferson University
Tioga County EMS Council
Topton A L Community Ambulance Service
Tower Health
UPMC Hamot
UPMC Presbyterian
UPMC Susquehanna
Valley Ambulance Authority
VFIS/Education and Training Svcs.
Volunteer Medical Service Corps of Lower Merion and Narberth
Wellspan York Hospital
West Grove Fire Company
West Penn Hospital
West York Ambulance
Western Berks Ambulance Association
Westmoreland County EMS Council Inc
Williamsport Area Ambulance Service Cooperative
Riddle Hospital - Main Line Health System
Washington County EMS Council
Uwchlan Ambulance Corps
Shaler Hampton EMS
West End Ambulance Service

Affiliate Council Membership

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, Inc. (APTS)
Amserv. Ltd.
Area Services, Inc
Auburn Fire Company Ambulance Service
Beavertown Rescue Hoe Co. Ambulance Service
Blacklick Valley Foundation & Ambulance Service Inc.
Blakely Borough Community Ambulance Association
Borough of Emmaus Ambulance
Brighton Township Volunteer Fire Department
Brooks R. Foland, Esq.
Brownsville Ambulance Service Inc
Buffalo Township Emergency Medical Services
Central Medical Ambulance Service
Centre County Ambulance Association
Chippewa Township Volunteer Fire Department
Christiana Community Ambulance Assoc Inc
Citizens Volunteer Fire Company EMS Division
Clairton Volunteer Fire Dept.
Clarion Hospital EMS
Community Ambulance Association Ambler
Community Ambulance Service, Inc
Community College of Beaver County
Conemaugh Township EMS Inc.
Corry Ambulance Service, Inc.
Cresson Area Ambulance Service Inc.
Delaware County Community College
Delaware County Memorial Hospital EMS
Dover Area Ambulance Club
Duncannon EMS, Inc
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, Inc
Fayette Township EMS, Inc.
Fayetteville Volunteer Fire Department, Inc.
Fellows Club Volunteer Ambulance Service
Forest Hills Area Ambulance Association, Inc.
Franklin And Northmoreland Township Ambulance 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 Inc.
Halifax Area Ambulance and Rescue Association, Inc
Hamburg Emergency Medical Services, Inc.
Hamlin Fire & Rescue Co.
Harmony EMS
Hart to Heart Ambulance Service Inc.
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
Lehighton 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
McCandles-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, Inc
Milmont Fire Co. EMS
Mount Nittany Medical Center - EMS
Mountain Top Fire Company
Muncy Township Volunteer Fire Company Ambulance
Nazareth Ambulance Corps.
New Holland Ambulance Association
Newberry Township Fire & EMS
Northampton Community College
Northampton Regional Emergency Medical Services
Norwood Fire Co #1 EMS
Novacare Ambulance
Orwigsburg Ambulance Inc.
PAR Medical Consultant, LLC
Penn State Hershey Life Lion EMS
Penn Township Ambulance Association Rescue 6 Inc.
Pennsylvania College of Technology
Pennsylvania Office of Rural Health
Pike County Advanced Life Support, Inc.
Pleasant Volunteer Fire Department
Pointe 2 Pointe Services Inc
Point-Pleasant-Plumsteadville EMS
Portage Area Ambulance Association
Pottsville Area Emergency Medical Services, Inc.
Quick Response Service Medical Transport
Radnor Fire Company
Regional EMS
Regional EMS & Critical Care, Inc.
Rices Landing Volunteer Fire Department
ROBB Consulting, LLC
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, Inc.
Shippensburg Area EMS
Smiths Medical ASD Inc
Snow Shoe EMS
Somerset Area Ambulance
South Central Emergency Medical Services, Inc.
Southern Berks Regional EMS
Spring Grove Ambulance Club
Springfield Hospital EMS
St. Mary Emergency Medical Services
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
West Shore Advanced Life Support Services, Inc.
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

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.

Ambulance Association of PA	Donald Dereamus
Burholme EMS	Tim Hinchcliff
Center For Emergency Medicine Of Western Pennsylvania	Ronald Roth M.D.
Centre LifeLink EMS	Kent Knable
Cetronia Ambulance Corps.	Robert Mateff
Chester Co Dept of Emergency Services	Harry Moore
City of Allentown EMS	Mehmet Barzev
Community Life Team	Barry Albertson
Cumberland Goodwill EMS	Nathan Harig
Forbes Hospital	Jeffrey Wess
Harrisburg Area Community College	Robert Stakem Jr.
Highmark Inc.	Bob Wanovich
Hospital & Healthsystem Association of PA	Chris Chamberlain
Lower Allen Township EMS	Anthony Deaven
Non-Profit Emergency Services of Beaver County	Steve Bailey
Pennsylvania ACEP	Bryan Wexler M.D.
Pennsylvania Fire and Emergency Services Institute	Jerry Ozog
Pennsylvania State University	J. David Jones
Pennsylvania Trauma Systems Foundation	Juliet Altenburg RN
Riddle Hospital - Main Line Health System	Keith P Laws
Second Alarmers Association And Rescue Squad	Ken Davidson
Southern Alleghenies EMS Council	Carl Moen
Southwest Ambulance Alliance	J.R. Henry
Valley Ambulance Authority	J.R. Henry
VFIS/Education and Training Svcs.	Justin Eberly
Wellspan York Hospital	Steven Schirk M.D.
West Grove Fire Company	Gary Vinnacombe
West York Ambulance	Wayne March
Western Berks Ambulance Association	Anthony Tucci
Williamsport Area Ambulance Service Cooperative	Gregory Frailey D.O.

Board Meeting Dates:

- Wednesday, October 6, 2021
- Wednesday, December 8, 2021
- Wednesday, March 9, 2022
- Wednesday, June 15, 2022

Executive Leadership and 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.

President .....J. David Jones

Vice President.....Anthony Deaven

Secretary .....Douglas Garretson

Treasurer .....Ronald Roth M.D.

Member-At-Large.....Chris Chamberlain

Member-At-Large.....Bryan Wexler M.D.

Immediate Past President .....J.R. Henry

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.

Executive Director .....Janette Swade

Sr. EMS Systems Specialist .....Donald "Butch" Potter Jr.

EMS Systems Specialist .....Andrew Snavely

EMS for Children Project Manager.....Duane Spencer

Administrative Assistant.....Kelli Kishbaugh

Executive Offices

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Mechanicsburg, PA 17055
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FY 2021-2022 Financial Information

Category	*Budget*	*Actual**
State Contract		
Income	280,000 plus 40,000= 320,000	319,999.80
Expense	320,000	319,999.80
EMSC Contract		
Income	128,144.00	123,745.36
Expense	128,144.00	123,745.36
EMS Conference		
Income	40,000	44,000
Expense	35,000	29,500

* Fiscal Year 2021-2022 amounts listed are pending the year-end audit. Complete financial audits are available upon request to the Council.

Recommendations to the PA Department of Health

The following recommendations (Vote to Recommend (VTR) or Concept for Consideration (CFC)) were approved by the PEHSC Board of Directors:

December 8, 2021 Board of Directors Meeting

VTR# 1221-01 Expanded Use of Rapid Sequence Intubation (RSI) by Ground ALS – Phase 1

Recommendation:

The Department should accept the Phase 1 recommendations of the task force, which proposes foundational program requirements and a statewide pilot program (Phase 2) for the OPTIONAL expanded use of rapid sequential intubation by ground ALS agencies.

Rationale [Background]:

This VTR form will provide an overview of the year-long process to provide initial recommendations to the Department. Background information and the recommendations in their entirety can be found in the companion document.

Rapid sequence intubation, commonly referred to as "RSI," is an advanced airway control adjunct that involves the use of both a sedative agent and neuromuscular blocker. This procedure, considered to be high-risk but low frequency, is reserved for a subset of medical and trauma patients for which installation of an advanced airway is otherwise not possible. Impediments to the need for elective intubation or in the emergent setting may be, but are not limited to patient agitation, intact gag reflex or trismus.

The use of RSI in the prehospital setting has been a subject of long-standing controversy, both nationally and in Pennsylvania's EMS system. Although there is general agreement on the need for the procedure in certain situations, there is considerable debate as to who should perform the procedure. In Pennsylvania, RSI in the prehospital setting has historically been in the purview of the Prehospital Registered Nurse (PHRN) while providing EMS for a licensed air ambulance or ground critical care transport ambulance.

Mitigating the risk involved with expanding RSI to include ground ALS agencies lies in providing a framework that establishes standards in education, competency evaluation, physician oversight and continuous quality improvement activities. Theoretically, a ground ALS agency that is willing to subject itself to an established standard of care for RSI should expect to achieve the same outcomes and pose no greater danger to patient safety then when performed by critical care transport agencies.

The report details the need for strong medical direction and QA/QI in implementing a prehospital RSI program in PA. This strategy should include a pilot program to closely monitor and further develop as necessary the entire process of education, training, clinical practice, monitoring, and ongoing review, as enumerated herein. The Phase 2 component would develop the specific logistical details related to implementation.

As a system we should focus on strategies to achieve an inclusive, progressive, evidence-based practice environment. Excluding a procedure, medication or other treatment modality should be based on data, a lack of credible science, or an agency/provider's inability to demonstrate the established standard of care.

Medical Review [Concerns]:

This recommendation was reviewed by both the Statewide Critical Care Task Force and Medical Advisory Committee. The commentary from both groups can be found in the body of the recommendation document. Both the critical care task force and MAC voted to support the Phase 1 recommendations.

Fiscal Concerns:

In addition to clinical and operational factors, it is incumbent on the EMS agency to consider the financial ramifications of an RSI program. Operational costs include training, acquisition and proper storage of medications and medical director oversight time.

While the training costs alone are likely to be highly variable, they are estimated to be $200-$500 per provider for initial training and competency verification and some portion of those costs for annual, or more frequent, continuing education and re-evaluation by the medical director.

Potential capital costs include acquisition of training equipment such as an airway training manikin ($2,500) and/or a high-fidelity training simulator (starting at $25,000) if an existing community resource cannot be identified and/or utilized. Agencies that do not currently utilize video laryngoscopy would have an additional expense ($2,000-$3,000 ea.).

It's important for ALS agencies to keep in mind that RSI is not reimbursed at a higher rate by most insurances. Medicare, for example, will provide the same ALS2 reimbursement for RSI or a conventional endotracheal intubation, yet the costs to provide this treatment modality are much higher.

Setting aside the agency's desire to provide RSI, the financial realities of the current reimbursement environment may make it financially untenable. It is essential that an agency perform a well-rounded impact analysis, including financial considerations, before embarking on this or any other new project.

Educational Concerns:

The Phase 1 document contains comprehensive recommendations for both didactic instruction and psychomotor skill verification. The structure of these recommendations is consistent with that of the previous critical care transport expanded ALS scope of practice [critical care paramedic] project.

Plan of Implementation:

Upon acceptance of the Phase 1 recommendations by the Department, the RSI Task Force will begin development of the statewide pilot project, the details of which will be outlined the Phase 2 document. This includes protocol development, data collection tools and processes, and defining primary/secondary outcomes.

Department of Health Response: January 7, 2022

DOH Response - The Department thanks PEHSC for this recommendation. The Department generally agrees with components of this recommendations and the corresponding supporting materials including the document titled *"Use of Rapid Sequence Intubation by P A Ground Advanced Life Support Agencies: Phase 1 Recommendations".* However, the Department also disagrees in part.

One of the requests of PEHSC from the Department was that this workgroup was to explore the number of patients who currently have poor outcomes that may be attributable to lack of the ability of ground EMS to perform RSI. This report does not adequately estimate the scope of need for this procedure, which is important to ensuring that the addition of this skill would be valuable to patient outcomes and worth the educational resources to safely add it to an optional scope of practice. In particular, how would this estimated need in certain geographic regions impact the number of estimated uses by the average paramedic in those regions? It is concerning that the ALS providers in the survey group do an average of 1.22 intubations annually in a group where most of the agencies reported being interested in adding RSI to their skill set. Is there evidence that individuals with this level of experience will have enough RSI cases to maintain competency?

The report introduction states that "Theoretically, a ground ALS agency that is willing to subject itself to an established standard of care for RSI should expect to achieve the same outcomes and pose no greater danger to patient safety than when performed by critical care transport agencies." We believe that the air ambulance services in Pennsylvania have a long history of incorporating RSI into patient care with high success and good judgement in its use.

The report does not sufficiently provide information on the current RSI education, experience, and continuing education requirements of our air ambulance services. Mirroring the requirements of air ambulance services in the specifics of this Phase 1 educational plan would help to ensure that this level of competency and safety is attained.

The Department is concerned that there is a lack of depth and breadth to the initial education of providers related to the proposal. The Department finds the number of minimal recommended "12 intubations under various patient conditions, including situations when RSI may not be safe/appropriate" to be insufficient to the risk being undertaken for the procedure. Additionally, with no requirement for actual patient intubations and allowing for 100% simulation training it is conceivable that a paramedic could actually be placed into a . position to utilize RSI on a patient without ever having intubated an actual patient, as the same argument of insufficient OR access has been utilized for initial education paramedic programs.

Furthermore, while a minimal number of successes should be established, such a figure in and of itself does not demonstrate proficiency or even entry level competence. A minimum established threshold of success considering all intubation attempts successes should be established.

The Department notes and respects to a degree the deference to EMS agency medical directors on a variety of these issues. However, the Department feels that a sufficient minimum standard must be established. and at this time the Department concludes that has not materialized.

Finally, on page 32 of the report the taskforce makes a best practice recommendation that is inconsistent with state law. Neither EMS agencies nor EMS agency medical directors outside of an approved Air Ambulance program may create agency specific protocols. The Department finds it inappropriate to suggest as a best practice an item inconsistent with existing law.

Despite these concerns, the Department is in concurrence related to overall concept of these Phase 1 recommendations related to developing course content for an educational course leading to knowledge, skill and judgment in the skill of RSI that would lead to competency in this skill. The Department requests that PEHSC further develop the Phase 1 recommendations into specific recommendations for prior experience, objectives, curriculum, teaching materials (e.g., educational PowerPoint slides), psychomotor skill requirements and competency assessment for the proposed educational model.

The Department supports the use of a structured pilot approach that would allow selected EMS agencies the option of using RSI medications and techniques after uniform education, experience and competency assessment in a closely monitored pilot program., The Department also requests that PEHSC survey the state air medical services to determine the current level of experience, education, and reeducation that they use to maintain competency for RSI among their ALS providers. If such a survey has been previously conducted the Department requests additional detail and specifics related to its results.

The Department requests PEHSC to continue its work and begin the creation of Phase 2 recommendations. However, please take notice that subsequent approvals of additional phases will-be contingent upon adequate progress and updates to the overall program that directly address the concerns that the Department has outlined in this letter.
The Department of Health extends our thanks to the State EMS Advisory Council for the Quality and relevance of this recommendation, and additionally thanks the RSI taskforce for their time and steadfast dedication to the Pennsylvania EMS system.

June 15, 2022 Board of Directors Meeting

CFC# 0622-01 Shared Staffing Operations Between ALS and BLS Agencies

Concept Statement:

PEHSC asks that the PA Dept. of Health, Bureau of EMS, consider reviewing and clarifying the scenarios in which separate EMS agencies may combine personnel in order to satisfy minimum staffing requirements.

Rationale:

The EMS system across Pennsylvania is struggling with an unprecedented workforce shortage which is undoubtedly hindering the system's ability to provide prompt and reliable response to emergency requests for service. This is confirmed in a recent statewide survey of EMS agencies, conducted by the PA Office of Rural Health, where data showed a net decrease in providers over the last 24 months for small and mid-sized agencies. In addition, it was reported that lack of qualified personnel was one of the primary reasons for failed responses.

Recruitment and retention initiatives, while effective, can be lengthy and complex and often offer little short-term relief. Agencies need to be given the latitude to implement creative and non-traditional operational models that best suit their local jurisdictional capabilities. A commonly requested and often misunderstood option is the use of a response model in which multiple understaffed EMS agencies respond to an incident and combine resources on the scene in order to form a complete crew.

Many areas of the commonwealth, especially vast rural and suburban locales, operate a tiered EMS response model with BLS licensed transporting units and non-transporting ALS units. With the current staffing shortages, many of these BLS units are having difficulty meeting the minimum BLS crew requirements, resulting in a failed response. In many instances, the ability to combine interagency resources would greatly increase provision of prompt emergency medical care and transportation.

Current regulation permits the formation of a crew on the scene of an incident. As stated in Title 28 §1027.33 (2), referring to BLS ambulances, "*Responding ambulance crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the required minimum staffing level before transporting a patient."* Similar language is present in §1027.34 and §1027.35 when referring to IALS and ALS ambulances. The is no specific requirement that these crew members are required to be employed by the same agency.

Further, when discussing ALS ambulance and ALS squad interaction, Title 28 §1027.35 (c)(2) and §1027.38 (c)(2) state that *"If the lower-level EMS vehicle is used to transport the patient, that EMS provider shall use the equipment and supplies on the lower-level EMS vehicle, supplemented with the additional equipment and supplies, including medications, from the ALS ambulance (squad)."* The same can be said for IALS resources.

The patient care capabilities in this scenario are identical, regardless of the initial manpower of the responding unit. As an example, a single EMR or above, responding on a BLS ambulance and

combining with an ALS squad provider provides an identical level of manpower and equipment as that found on an ALS ambulance. Assuming that all required agreements are in place and that all required elements combine on the scene to meet the minimum staffing requirements of the level of care being provided, allowing an understaffed BLS ambulance to partner with a provider from a supporting agency (whether ALS or BLS) should be permitted. Further, this committee can locate no language, in statute or regulation, that is prohibitive of this practice.

This would greatly ease the staffing burden currently placed on these agencies and lead to increased EMS system performance and, ultimately, emergency care provided to the residents of Pennsylvania.

Committee Comments:

The committee strongly requests that the Department review its position on this response model, as well as any statutory or regulatory interpretations that influence it, and issue a detailed clarification that will assist agencies when developing their regional operating plans.

Future Considerations:

Should the Department agree to explore this further, PEHSC, through its committees and membership, will offer its full support in reviewing current statute and regulation and offering recommendations for revision.

Department of Health Response:

Pending

Council Activities

Medical Advisory Committee

August 11, 2021

The Bureau is completing their pre-publication review process and preparing an update to the scope of practice, medication and equipment lists for the PA Bulletin.

The RSI task force is making steady progress

The City of Pittsburgh EMS presented a pilot program for the committee's consideration. The program is part of Pittsburgh's larger effort to address the opioid epidemic. The pilot will involve paramedics administering buprenorphine to select patients in order to prevent withdraw symptoms until they receive follow-up care and counseling. The program has been successful in other urban settings. Committee voted to recommend the Department of Health approve the project.

November 10, 2021

The committee reviewed the Phase 1 recommendations from the RSI task force. Some members expressed concern, while others complimented the workgroup's work product and believe that if followed, RSI by ground ALS presents no more risk than in CCT use. The committee voted to support the recommendations and looks forward to the Phase 2 pilot program development.

STAT MedEvac presented a research study for use of whole blood during prehospital resuscitation. This is a DOD multi-center study to determine if whole blood, compared to standard therapy, results in lower mortality in hemorrhagic shock. The committee voted to recommend the Department of Health approve the study.

The committee discussed the current iALS protocols and associated approved medication list. There is consensus for change to improve iALS utilization in certain time-sensitive situations. MAC will form a workgroup to further examine these and other related issues.

Tower DIRECT, presented a group of CCT protocols for use by their PHRNs when working with an ALS ambulance to make a CCT-level transport team. Dr. Kupas noted that agency-level protocols are not permitted for ground CCT operations. However, because they are being used only by a PHRN for Tower Health patients, the proposed protocols would fall outside of EMS Act and could be used under the authority of the Nurse Practice Act.

The Department of Health requested a MAC review of a device for which they have received legislative inquires. PEHSC and the Ambulance Association of PA have also been contacted regarding this device. The device, LifeVAC, is a hand operated negative pressure device for the relief of FBAO and has an FDA 510(k) exemption. Mostly marketed as a consumer device, now being advertised for EMS. Some other states have accepted the device - others have not. The committee voted not to recommend the device for EMS use based on a lack of available peer-reviewed information.

January 19, 2022

Dr. Frailey provided an update from the RSI Task Force. PEHSC is in receipt of the Departments response to VTR 1221-01, the details of which will be discussed during the task force report.

Dr. Brendan Mulcahy, from Allegheny Health Network, presented a pilot proposal for the prehospital use of Keppra for patients experiencing status epilepticus. The committee voted to recommend the project to the Department of Health.

The committee discussed the frequency of use of temporary BLS protocol 932 for the non-transport of stable patients with COVID-19 symptoms. Although the Department doesn't have any data on its use, the members speculated that based on anecdotal evidence, it is likely being used to varying degrees across the commonwealth.

Dr. Wang provided an update on the activities of the iALS Workgroup. The group's work product will be divided between clinical and operational (dispatch) recommendations. The group recommended the following iALS/AEMT Statewide Protocol changes:

Protocol 1000i General Operations

Correct approved/required medication list to permit the administration of "crystalloid isotonic solutions."

Rationale: Corrects a typographical error on the medication list that is in conflict with the AEMT scope of practice and statewide protocols.

Protocol 2010i Indications for ALS Use

"An iALS service provider should, [add: based on their assessment of the patient,] request ALS…"

Rationale: Clarifies that ALS dispatch should be based on the AEMT's assessment of the patient's condition in order to determine if ALS dispatch is warranted. This is particularly important when an ALS may have an extended response, e.g., mutual aid or limited local resources.

Protocol 3031iA General Cardiac Arrest

Change the carrying and use of Epinephrine 0.1mg/ml from "permitted" to "required."

Rationale: Provides a uniform standard of ALS level care across the commonwealth when treating a patient in cardiac arrest.

Protocol 4011i Allergic Reaction

Change the carrying and use of Diphenhydramine from "permitted" to "required."

Rationale: Provides a uniform standard of ALS levelare across the commonwealth when treating a patient with suspected allergic reaction.

Protocol 4022i Asthma/COPD/Bronchospasm

Remove reference to "BiPAP."

Rationale: Corrects a typographical error in the protocol and makes it consistent with use of CPAP in the companion ALS protocol

The committee requested Dr. Kupas to consider implementing these changes in advance of the 2023 statewide protocol update.

April 20, 2022

Dr. Kupas reported the BEMS is working with the interim CARES Coordinator to publish 2021 data.

The 2023 protocol update cycle has begun. PEHSC will be publishing the biannual stakeholder's survey in June.

A pilot on the use of TXA was presented by Dr. Jeff Myers from UPMC Susquehanna. TXA is an approved ALS medication by medical command order; the pilot seeks to add its use to the protocols, above the medical command line. The committee recommended to forgo the pilot and add it to the protocol update.

Dr. Chris Martin-Gill presented the research study, "Pedi-Dose," for control of pediatric seizure activity based on age instead of weight. This is a multi-center study out of the University of Utah. The committee recommended the Department of Health approve the study.

Dr. Duane Siberski discussed the need for revising the agency medical director qualification in the EMS Act.

> PEHSC presented data from recent surveys that show 97% of EMS agencies have a medical director board certified in emergency medicine, emergency medical services or both.
>
> Dr. Kupas commented that a revision would require defining which certifications from an accrediting board would be acceptable. This was a point of controversy in the past.

Duane Spencer reported on a NASEMSO alert regarding non-compatible defib pads from 3rd party manufacturers. Compatibility is especially important with pediatric pads that contain attenuator chips to adjust the unit's output. Services are being driven to 3rd parties due to supply chain issues with the OEMs.

Critical Care Transport Task Force

July 7, 2021

The members of the RSI task force are making forward progress. There have been 4 workgroup established to focus on critical areas of the recommendations. The first draft of the recommendations will be completed soon.

The members reviewed the final edits to the PACEP/PEHSC critical care resource document. This is a revised version that contains additional resources for both adult and pediatric critical care transport.

The members reviewed the proposed updates to the statewide critical care protocols.

The feasibility of conducting future critical care transport gap analysis was discussed.

October 21, 2021

The draft of the Phase 1 recommendations has been completed. The members reviewed the document and complimented the task force members on their work.

The update of the PEHSC/PACEP critical care resource document has been completed and sent to the PACEP for their review and concurrence.

Dr. Martin-Gill reported that in carrying the document forward, it generated considerable general discussion regarding the lack of CCT resources available to move patients to a higher level of care in a timely manner and what system changes can be implemented to address the problem.

March 23, 2022

Dr. Alvin Wang reported the RSI is preparing to begin work on the statewide pilot program. This involves developing a standard education program, a clinical protocol and QI reporting tools.

Dr. Jonathan Trager commented that with upcoming protocol update cycle, it is incumbent upon the task force to develop for review additional critical care transport protocols.

- There are currently 9 protocols, the most recent being added at least 3 years ago.
- It was suggested that current agency protocols could be adapted for statewide use and the members were asked to share their documents.
- The members suggested a needs assessment to determine the most frequent medical conditions that trigger transport requests.

A workgroup will be established to draft new protocols.

Rapid Sequence Intubation (RSI) Task Force

September 21, 2021

The RSI task force is composed of:

- 6 Regional EMS Medical Directors
- 1 PTSF representative
- 2 PEHSC CCT committee members
- 3 Practicing paramedics
- Commonwealth EMS Medical Director
- Other members as agreed-upon by PEHSC and PA DOH

The recommendation development process will involve a comprehensive literature review and stakeholder input via electronic survey. The key recommendation areas are:

- General
- Financial
- Practitioner Education and
- Training
- Medical Direction and Best Practices
- CQI / QA / Data collection
- Protocol

A survey of ALS agencies and their medical directors regarding RSI.

- There were 74 respondents to each survey.
- The majority of agencies and 55% of medical directors would consider adding RSI.

- There were a few that supported the concept but didn't feel it was feasible in their organization.
- Over 90% of ALS agency medical directors are board certified in emergency medicine, emergency medical services or both and have active clinical practices.
- The median number of intubations per agency, per year is 20; the average was 32; the maximum was 148 and the mode is 10.

The task force is currently reviewing the draft Phase 1 recommendations and providing feedback. The final recommendations will be presented at the December 2021 PEHSC board meeting.

December 8, 2021

The task force presented VTR# 1221-01, containing Phase 1 recommendations to implement RSI for ground ALS agencies. The board adopted the VTR without dissent.

March 9, 2022

Dr. Greg Frailey, task force chair reported the council is in receipt of a letter from the Department accepting the Phase 1 recommendations and directing the task force to begin Phase 2 pilot program development. The Department also provided several comments and questions, which the task force will address going forward.

EMS Education Task Force

November 30, 2021

Director Ferguson provided the task force with an update on a planned roll-out of an optional education institute lead BLS psychomotor testing process. Under the roll-out, there will be regional, shared and EMS institute responsibilities; examiner qualifications, including prior instructional time with class and time spent teaching a particular skill – avoids conflict of interest; reducing to one assessment station – trauma or medical chosen at random; If a retest is required, only those stations failed require retested, no matter # of stations failed.

CoAEMSP and NREMT will cease requirement for ALS psychomotor exam on April 1, 2023.

The task force discussed the concept of a standardized, online preceptor education program. However, this alone may not satisfy CoAEMSP requirements.

Discussed the perception regarding a reduction in EMS certification program enrollment. The overall statistics don't reflect it, but task force needs to look at the trend over several years.

May 12, 2022

Further discussion held on the future of psychomotor testing due to the NREMT action effective April 2023. There was a previous recommendation by PEHSC to permit optional BLS psychomotor testing by education institutes (VTR 1215-05) which has not yet been implemented by the BEMS. Task force is now working to revise that recommendation to encompass both ALS and BLS psychomotor testing. The recommendation will consider regulatory compliance, flexibility, cost and quality assurance.

EMS Operations Committee

November 10, 2021

President Jones announced the formation of an EMS Operations Committee. This group will compliment other PEHSC committees and task forces by considering the operational aspects of pending recommendations. The committee will also bring forth current operational issues for discussion and/or possible recommendation.

December 15, 2021

This is the first meeting of this new committee. Work will center around all topics deemed pertinent to EMS field operations. Today's agenda is simply an introduction and brainstorming session with the goal of identifying items for focus.

January 13, 2022

The group continued discussions on shared staffing concepts due to the ongoing EMS labor shortage. Sharing could occur between BLS and/or ALS agencies based on an assessment of local needs and available resources. PEHSC will request clarification from BEMS on this issue prior to any further action.

As call volumes continue to increase, EMS units are frequently being prioritized for low-acuity or inappropriate incidents. Some PSAP's are exploring ways to better utilize EMS resources while others are doing nothing. It is recognized that EMS has little say in this as PSAP's are regulated at the local level and are often guided by the specific EMD protocol that they are following. Discussion on whether the 911 Advisory Board would have anything to offer in this area. Group was unsure if the question had ever been asked or if there had been discussion of these issues at the state level.

February 22, 2022

Following the last meeting, a request was sent to BEMS inquiring whether they would be willing to issue an informational bulletin of other standardized communication regarding the ongoing hospital diversion issues in the Commonwealth. A reply from Director Ferguson indicated that the Department viewed this as a regional issue with varying causes and solutions. As such, the department has no interest in issuing any statewide guidance other than that already included in the existing patient destination protocols. At this time the group agrees to accept this response and not pursue this issue any further. We will continue to monitor the situation and renew discussions if it should worsen.

Following the last meeting, a request was sent to BEMS requesting clarification on EMS IB 2017-06, specifically regarding shared staffing agreements. A response received indicated that shared staffing among BLS agencies or ALS agencies was acceptable per the IB but that the transporting unit must be licensed at the level of the care being provided. For example, a BLS unit cannot respond with a single EMT and pair up with an ALS provider from another agency and transport because the transporting unit is only licensed at the BLS level.

The group is not willing to accept this response and feels strongly that we should address this further. Exploration of various next steps led to a consensus of working towards a VTR that the department allow this practice. Some additional research will need to be done and some additional council members should be consulted on this work. As this is a patient care concern, it was decided that MAC will be consulted.

April 15, 2022

PEHSC Director Swade had a conversation w/ Acting BEMS Director A. Rhone to further the previously issued shared staffing opinion. Director Rhone reaffirmed this, stating that BEMS does not believe that this is permissible in current statute. The group feels that this topic still required further exploration and a lengthy discussion regarding possible next steps ensued.

The option of pursuing a formal legal opinion remains but there is significant risk that if the result is not in favor of PEHC's opinion that EMS agencies could be negatively impacted. The group voted instead to do more thorough research into past interpretations of the statute regarding shared staffing. Following discussion of the best path moving forward it was decided that the group will propose this as a "Concept for Consideration" at the next PEHSC BOD meeting.

The concept of a statewide "jobs board" was discussed. While the group feels that this may be valuable, PEHSC currently does not have the financial resources to support such a project. PEHSC is examining a software platform for FY 2022/23 that may provide a good opportunity.

Current supply chain constraints continue to make it difficult for agencies to obtain equipment that is required for licensure as well as to replace used or expired medications. The group questions whether this is a widespread issue and, if so, can we recommend that BEMS temporarily relax certain standards as needed to ensure system operation. EMS IB 2017-17 addresses the medication issue and appears to still be in effect, possibly only needing the names of medications updated.

EMS Special Operations Task Force

This project initially began in approx. 2013 with some very aggressive goals. Over time, many of the more controversial item (which repeatedly led to the project being stalled) have become much more widely accepted in the medical community, some now in the current protocols.

The goals of this group is to define the "tactical paramedic" and draft recommendations for a functional, NOT perfect, model for the provision of TEMS in Pennsylvania.

The language from VTR 0617-01 was updated and sent to the group for comment using a "Survey Monkey" format. Those results were shared with the group prior to this meeting and will be discussed in detail in the following sections.

Education Standards: A standardized education format needs to be developed that serves as the baseline for the entry level tactical paramedic. It was proposed to the group that this format should be based on the widely accepted NTIC core competencies. This is accepted by the group as a good standard, allowing for determination of objectives that should be included in all approved training courses.

There was discussion around the concept of creating a "tiered" system, with optional objectives and differing levels of training that would allow for various levels of practice. While a valid concept, it was stressed by others that this recommendation should center around the minimum realistic expectations that can be verifiable.

No classes should be "pre-approved", rather a mechanism should be in place for education providers to submit their course objectives for consideration. From that, a list of approved courses could be grown. Courses should need to include a clinical component with specific objectives as well.

Transition to Expanded Scope of Practice: (Option 1) Completion of an approved course.

- This should be the preferred pathway once a list of approved objectives and courses is established.
- There should be no automatic "grandfathering" of providers, everyone will need to submit proof of training
- There was a lengthy discussion about mimicking the already approved Critical Care model, which would allow for the completion of a specialty exam (such as TP-C), followed by skill verification and credentialling by the agency medical director. The group was overwhelmingly against this model, citing the dynamic and dangerous characteristics of tactical operations and the need for tighter credentialing of TEMS medical directors. In short, a certification exam alone should not be enough.

(Option 2) Due to the great variance in military MOS descriptions, it would be unwieldy to maintain an evolving list of acceptable training. The group feels that it would be easier to eliminate this option and, instead, require candidates to submit the objectives of their military training for approval in the same fashion as any other provider seeking credentialing.

Expanded Scope of Practice Knowledge and Skills:

- Administration of Blood Products
- Sternal IO Insertion
- Nasal Hemorrhage Control Devices
- Taser Barb Removal
- Temporary Wound Closure
- Finger Thorcostomy
- Use of Fluorescein Stain

Medication List:

- Commercially Available Over the Counter (OTC) medications
- Antibiotics

Medical Director Expectations: Dr. Siberski has a document listing some best practice recommendations which we will email to the group prior to the next meeting. It was stressed by BEMS that medical director criteria are very clearly stated in statute and regulation and, as such, very little can be done to mandate additional specific requirements for a TEMS agency medical director.

The group continues to meet regularly.

Emergency Medical Services for Children Project (EMSC)

The Emergency Medical Services for Children Project focused on improving Pennsylvania's response to specific Performance Measures established in 2017 by the U. S. Department of Health and Human Services, Health Resources and Services Administration. These include:

- **EMSC 02: Pediatric Emergency Care Coordinator (PECC)**

The percentage of EMS agencies in the state or territory that have a designated individual who coordinates pediatric emergency care.

- By 2020, 30 percent of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.
- By 2023, 60 percent of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.
- By 2026, 90 percent of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.

The EMSC program continues to develop and promote PECC programs and support through quarterly Learning Session begun in 2021 and through the inclusion of a PECC in the Master and Expert levels of the Pediatric Voluntary Recognition Program (PVPR).

- **EMSC 03: Use of Pediatric-Specific Equipment**
  The percentage of EMS agencies in the state or territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.

  - By 2020, 30 percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric specific equipment, which is equal to a score of 6 or more on a 0–12 scale.
  - By 2023, 60 percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric specific equipment, which is equal to a score of 6 or more on a 0–12 scale.
  - By 2026, 90 percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric specific equipment, which is equal to a score of 6 or more on a 0–12 scale.

The EMSC program previously had begun to develop simulation resources for agencies and a sim-program to be shared statewide however COVID restriction delayed implementation. PECC's were supported with simulation and scenario resources in the November 2021 Learning Session with a more robust presentation planned for October 2022. The Sim program will re-boot itself in FY 2022-23.

- **EMSC 04: Hospital Recognition for Pediatric Emergencies**
  The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies.

  - By 2022, 25 percent of hospitals are recognized as part of a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies.

  A preliminary Steering Committee was held in June 2021 to discuss the development of a statewide Hospital Recognition Program. Stakeholder feedback saw healthcare challenges from COVID and staffing overshadowing the immediate implementation of such a program. During the fiscal year the EMS for Children program continued to develop contact resources through identifying emergency department Pediatric Emergency Department Care Coordinators through the National

Pediatric Readiness Survey respondents. These contacts will assist with identifying capabilities and barriers for emergency departments to support a readiness recognition program in the future.

- **EMSC 05: Hospital Recognition for Pediatric Trauma**
  The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manage pediatric trauma.

    - By 2022, 50 percent of hospitals are recognized as part of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric trauma.

Similar to EMSC04, the recognition of emergency department ability to manage pediatric trauma patients is dependent on facility engagement however the Pennsylvania Trauma Systems Foundation's accreditation standards do include several specific pediatric focused characteristics which support the performance measure.

- **EMSC 08: Permanence of EMSC**
  The degree to which the state or territory has established permanence of EMSC in the state or territory EMS system.
  Goal: To increase the number of states and territories that have established permanence of EMSC in the state or territory EMS system.
  Each year:

    - The EMSC Advisory Committee has the required members as per the implementation manual.
    - The EMSC Advisory Committee meets at least four times a year.
    - Pediatric representation incorporated on the state or territory EMS Board.
    - The state or territory requires pediatric representation on the EMS Board.
    - One full-time EMSC Manager is dedicated solely to the EMSC Program.

The EMSC Project and its EMSC Committee continue to support this measure through a broad membership inclusive of both PEHSC member organizations and also non-member individuals whose specialty and experience drive pediatric care.

- **EMSC 09: Integration of EMSC Priorities into Statutes or Regulations**
  The degree to which the state or territory has established permanence of EMSC in the state or territory EMS system by integrating EMSC priorities into statutes or regulations.

    - By 2027, EMSC priorities will have been integrated into existing EMS, hospital, or healthcare facility statutes or regulations.

The EMSC Project and its programs continue to support promoting pediatric care and setting it as a priority in the delivery of healthcare across Pennsylvania.

The following are Board reports of EMSC Committee meeting activities throughout the year.

September 14, 2021

The 2021 EMSC Survey yielded the following results:

- 35% already have a PECC
- 26.5% interested in or planning to add a PECC.
- Skills verification survey have identified a lower than prior year scoring of agencies using skill stations, simulated events, and/or encounters to evaluate provider competencies.

These results correlate to a potential addition of 95 PECCs. Skills verification is the topic of the next PECC Learning Session which is to be held on October 20, 2021.

The 2020 National Pediatric Readiness Survey for Emergency Departments has been Postponed from 2020 to 2021 and the deadline was extended from July to August. PA response rate finished with 53.8% of the state's emergency departments responding to the survey. A final push of emails and phone calls raised the response rate by 15% during the last month.

EMSC Committee continues to discuss the impact COVID-19 has had on children. Three main issues are multisystem inflammatory syndrome in children (MIS-C), return to school and mental health. Committee members discussed the heightened admission rate of children presently and concern over bed status in pediatric facilities. Anecdotal information suggested the rise is not solely due to COVID related illnesses.

A Steering Committee is working on the development of a statewide readiness program to meet federal EMSC performance measures for hospital pediatric readiness. Information specific to other states programs, federal and industry standards, and consideration of Pennsylvania specific capabilities will be evaluated and used to develop an initial level of recognition. The goal is to engage all emergency departments at one of several levels of readiness and pediatric capability.

The Pediatric Voluntary Recognition Program added or upgraded 14 new agencies in FY 20-21. EMMCO West has led this recent increase. There have already been 8 agencies added or upgraded for FY 21-22. There were 94 Pediatric Emergency Care Coordinators were added in FY 20-21 and 3 new Pediatric Emergency Care Coordinators added for FY 21-22.

The PECC Workforce Development Collaborative began its 9-month initiative in early September with a kick-off meeting. PWDC includes 34 participants from EMS agencies and hospitals across PA.

November 23, 2021

The EMSC program is preparing for the upcoming 2022 EMSC annual survey. A revised contact list has been submitted to our federal partners to update engagement information prior to the survey going out. The 2022 survey communications will be done internally, from within the PA EMSC program and our partners. We will be reaching out to Council members as the survey opens up for support in obtaining the highest level of survey participation possible.

The 2020 National Pediatric Readiness Survey for emergency departments wrapped up in August. Aside from a 54% response rate, specific survey results are still pending.

The EMS for Children Advisory Committee continues to discuss the impact COVID-19 has had on children, specifically around three main issues; Multisystem inflammatory syndrome in children (MIS-C), Return to School, and Mental Health. Vaccine and mask mandate information was shared and discussed with an emphasis on school mask policies and impact on children. Specific mental health resources that are developing in response to the public health crisis and its effects on children were introduced and discussed. The EMSC program is requesting all EMS stakeholders to provide any and all pediatric mental health resources to the program for resource warehousing and re-distribution out to providers and agencies.

The Steering Committee working on the development of a statewide hospital pediatric readiness program to meet federal EMSC performance measures is set to reconvene next week and plans are for regular meetings over the next year. The goal of this readiness program is to deliver a program that recognizes facilities across several levels and ensures their ability to provide pediatric care during an emergency to the best of their available resources. Several facilities will be included in a pilot of the initial program to assess function, effort, expense, and sustainability.

The committee has begun discussion on ways to improve pre-hospital skills assessments in parallel to a discussion which occurred during the Pediatric Emergency Care Coordinator Learning Session in October. These skills assessments are measured during the EMSC survey and reported as part of the EMSC Performance Measures set by the federal government. Pennsylvania is behind targeted expectations which represents a shortfall in assuring our providers are not only prepared to care for children but are also competent in doing so.

The PECC Workforce Development Collaborative continues its schedule of providing support to pre-hospital and ED PECC's through monthly focus areas which have included the PECC, Patient Safety and Family Centered Care, and Equipment, Supplies, and Medications.

The EMSC committee is continuing to evaluate recommendations from the updated national EMSC pediatric equipment list to make recommendations to the PVRP and statewide equipment lists.

EMSC is working with multiple stakeholders from across the state to address emergency preparedness and response to children with complex health and social needs as part of a grant project led by Boston University and St. Christopher's Hospital for Children.

<u>February 22, 2022</u>

The 2022 EMS for Children Survey is underway and closes March 30th. Current response rate is at 36%.

The 2020 National Pediatric Readiness Survey, completed in the summer of 2021, is now beginning to provide some data that was collected. 85 hospitals surveyed were included in the Pennsylvania report.

The EMSC Committee continues to discuss opportunities around the COVID-19 impact on children including pediatric mental health resources.

Targeted Education specific to the Skills Assessments which is part of the EMS survey are being planned for upcoming Pediatric Emergency Care Coordinators Learning Sessions.

A new EMSC Newsletter called PEDIBYTES was published in January and will be published quarterly in the future. The newsletter was sent out electronically and is available on the PAEMSC.org website.

The PA EMSC website is undergoing a major revision to refresh information and enhance user accessibility and the PA EMSC logo will be changed in the near future to reflect a national re-branding of the EMSC program.

The EMSC program is discussing a Pediatric Conference targeted at supporting the PECC role and activities.

May 31, 2022

The 2022 EMS for Children survey was conducted between January and March 2022. Pennsylvania EMS agency survey response rate was 44.6% of all 911 agencies.

Pennsylvania received final results on the 2021 National Pediatric Readiness Survey for hospitals with a small improvement statewide in overall readiness scores.

The committee continues to discuss and monitor the need for pediatric mental health resources.

Focused education through the PECC Learning Sessions included three agencies presenting their own Autism programs in April. The June session is set for Safe Transport discussion and October addressing skills assessments.

A working group was established to review current pediatric specific equipment that is currently required by state licensure and the PVPR program and compare it to the recently published recommended essential equipment list published nationally in January 2021.

The Pennsylvania EMSC project received new branding standards from HRSA and is implementing a new logo into all EMSC products.

State Plan

Due to COVID and direction as provided by the Department, this project remains on hold. Staff continued to collect information that would be of interest for a state EMS plan revision.

Additional Council Projects

EMSC Telehealth Collaborative

PEHSC participated in a federal grant (during the previous fiscal year), 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

While active work on the project has been completed, PEHSC continues to participate in quarterly "Telehealth Community of Practice" updates with the EIIC.

CISM Team Update

PEHSC updated the team listings as found on the PEHSC website and provided the same information to the Department of Health

EMS Week 2022 – "EMS: Rising to the Challenge"

As tradition, the PEHSC requested and received a Senate Resolution for EMS Week. The Council also requested and received a Proclamation from the Governor's office. The House has temporarily suspending Resolutions of this nature.

EMS Agency Survey Development

During the summer of 2021, PEHSC collaborated with the Office of Rural Health, an initiative of the PA legislature, to develop a comprehensive electronic EMS survey tool. Questions within the survey are grouped into sections that include:

- Governance
- Budgets/Revenue
- Geography/Call Volume
- Human Resources
- Local Government Relationships/Funding
- Outlook for the Future

Although this project is sponsored by the Office of Rural Health, the survey was sent to all EMS agencies in the Commonwealth were invited and 391 agencies participated. The data gathered from this survey and that which will be gathered in future surveys, will allow of trend analysis of key component areas.

Workforce Project

PEHSC staff and the Executive Committee began a project to look at workforce concerns to uncover underlying causes. This project continued into the next fiscal year due to its complex nature.

Key survey results:

Rural Agencies
(n=107)*

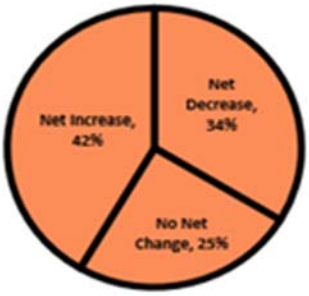
Net Change in Providers Over the Past 24 Months by Rural/Urban Agencies

*Includes only those agencies that both questions (20 and 22) on the number of members who joined and left.

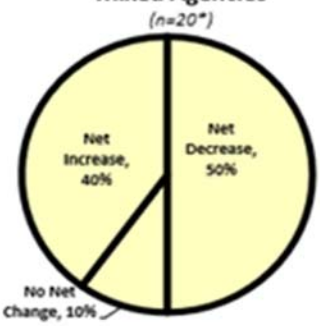
Statewide:

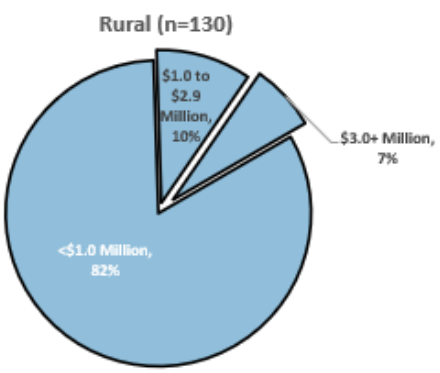
- 43% Agencies had a net decrease in providers
- 22% Agencies had no net change in providers
- 34% Agencies had net increase in providers

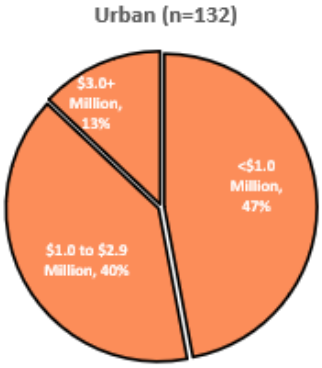
Urban Agencies
(n=110)*

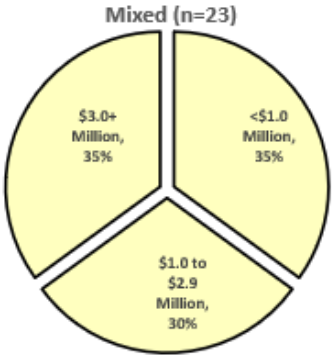


Mixed Agencies
(n=20)*

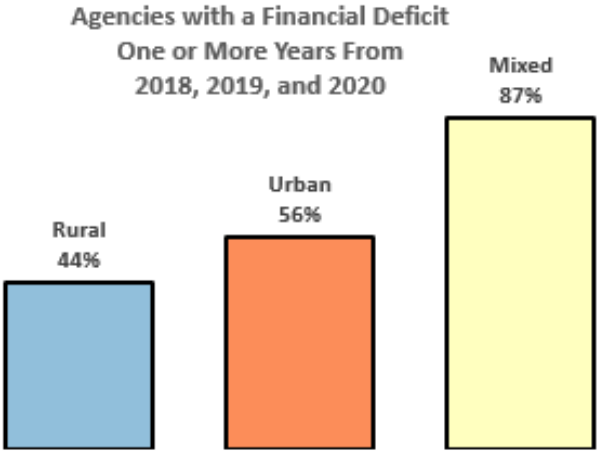




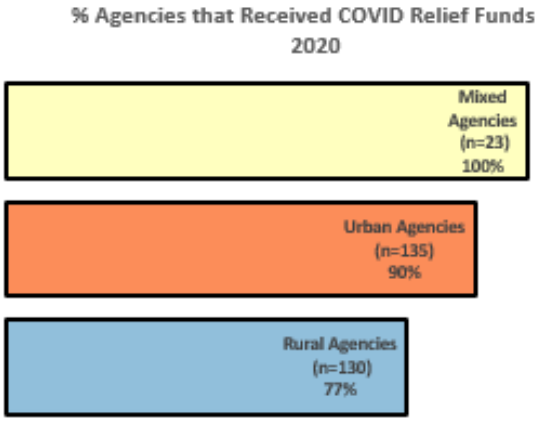




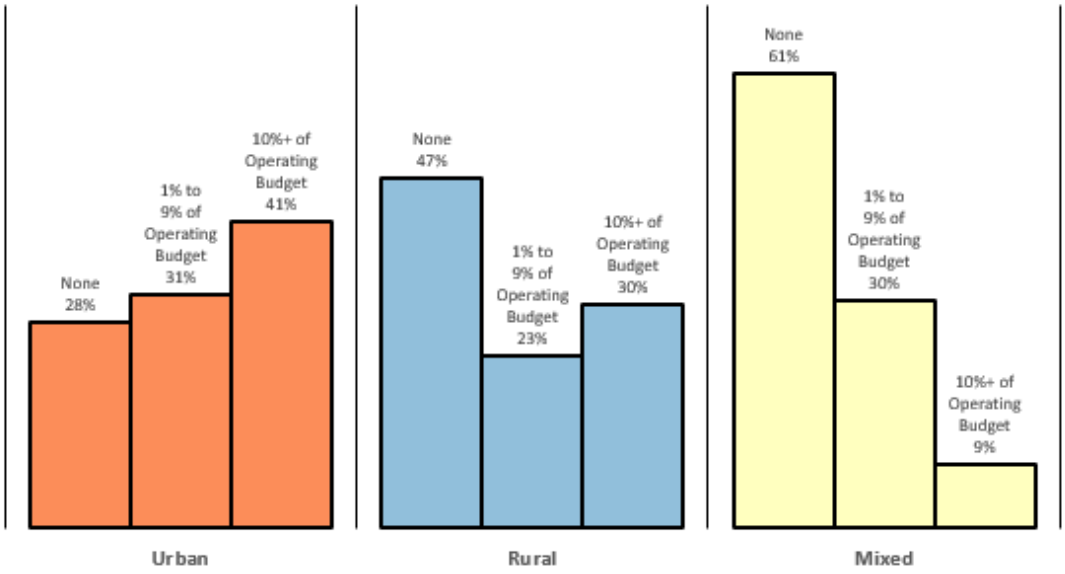
Annual Operating Budgets



Agencies with Financial Deficit and COVID Relief Funds

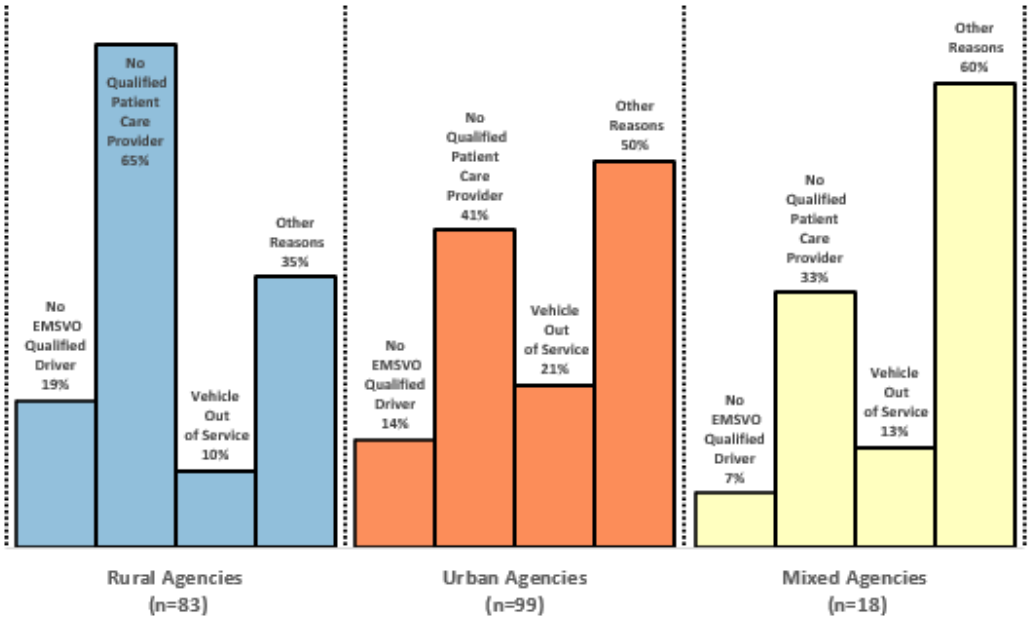


Percent of Current Operating Budget that Came from Municipal Subsidy or Contributions

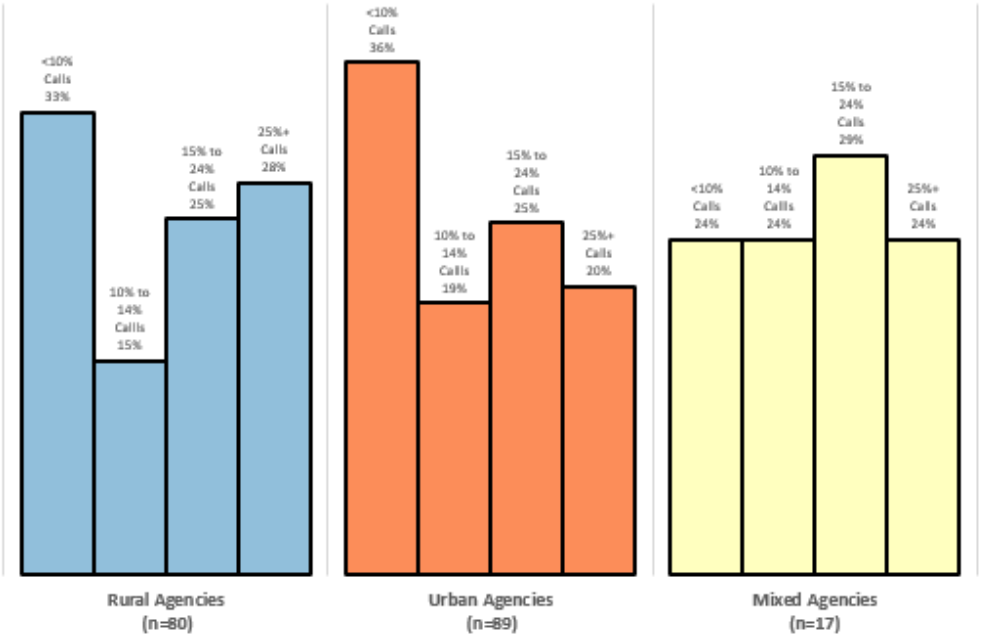


Reasons Why Agencies were Unable to Respond to Calls

(Total do not equal 100% due to multiple responses)



Percent of Call Outside Primary Service Area



Community Services and Outlooks

- Regardless of size, most agencies do some type of community service. The most common are public education and infant seat installation.
- There is no difference in attitudes by agency size:
  - Nearly all agencies have good working relationships with municipalities in their response area
  - Nearly all agencies are experiencing recruitment and retention difficulties.
  - Half of the agencies were unsure if they will be less independent in the next five years.
  - Similarly, many agencies were on the fence on whether to support regionalization of EMS services for financial sustainability.

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 conducts member surveys and social media outlets to secure information useful to the following surveys during FY 2021-2022:

Contributions

SR 6 Commission

PEHSC continued to communicate with the legislative staff and associated representatives of related agencies to address the concerns with the EMS concerns Identified in the SR 6 Report

PEMA 9-1-1 Advisory Board

PEHSC continues to hold a seat on the commission to provide EMS insight into discussions

PA Trauma Systems Foundation

PEHSC continues to hold a seat on the Board of Directors of the Foundation to provide EMS field insight into discussions

LBFC Study of the EMSOF

PEHSC offered technical support to the Legislative Budget and Finance Committee (LBFC) as they reviewed the revenue collection of the EMS Operating Fund as required in Act 93 of 2020

Professional Development and Outreach

- 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
- Quarterly Pennsylvania Fire & Emergency Services Institute Statewide Advisory Board Meetings
- Ambulance Association of Pennsylvania Board Meetings

New Member Spotlight

During FY 2021-2022, PEHSC welcomed the following new council member (voting):

- West End Ambulance, Johnstown, PA

Legislative Affairs & Education

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. **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.
3. **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.
4. **Low Interest Loans:** Support legislation to provide for expanded low interest loans at the state level for EMS agencies.

5. **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.
6. **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.
7. **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.
8. **Communications:** Support efforts to fund a stable and enhanced 911 system to include Emergency Medical Dispatch.

PEHSC provided the following legislative testimony to both the PA House and Senate during FY 2021-2022:

Public Safety Authority Legislation – SB 698 on Oct 12, 2021

EMS Crisis – March 1, 2022

PEHSC participated in the Act 10 of 20221 event at the PA Capitol on June 6, 2022. Act 10 provided $25 million dollars in funding to eligible EMS agencies

PEHSC also participated in federal legislative meetings during the NAEMT “On the Hill’ Day - April 7, 2022

2021 Pennsylvania EMS Awards

The 2021 Pennsylvania State EMS Award are individuals and organizations that have demonstrated dedication and excellence in their communities and embody the ideals of the Commonwealth's EMS system.

<table>
<tr>
<td>EMS Agency of the Year: Small Agency Division
 

Springfield Ambulance Corps</td>
<td>EMS Agency of the Year: Large Agency Division
 

Philadelphia Fire Department</td>
</tr>
<tr>
<td>ALS Practitioner of the Year
 

Dr. Christian Martin-Gill</td>
<td>BLS Practitioner of the Year
 

Kelly Sweeney</td>
</tr>
<tr>
<td>EMS Educator of the Year
 
Michelle Eaton</td>
<td>David J. Lindstrom EMS Innovation Award
 
Douglas Wolfberg</td>
</tr>
</table>

Dr. George Moerkirk Outstanding Contribution to EMS Award

Nora Helfrich

Amanda Wertz Memorial EMS for Children Award

Dr. Kimberly Roth

Rescue Service of the Year

Ross-Westview EMS

Pennsylvania's 44th Annual EMS Conference

The 44th Annual PA Statewide EMS Conference was held via a virtual format for the second time. The conference events occurred "live" online from August 31st thru September 3rd 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 presenter from across the United States and Canada.
- A total of 22 educational sessions providing EMS continuing education credits in the Clinical, Other, and EMSVO categories.
- Sessions were offered live, via an online streaming platform, over a period of 4 days. This allowed for real-time interaction similar in many ways to what would be offered at a traditional conference.
- All sessions were recorded, allowing them to be offered for an extended period of time, greatly expanding the reach of the program.

- Use of a state-of-the-art virtual conference software platform allowed for a high quality user experience, networking opportunities, and a virtual exhibitor hall.
- Lower costs and generous sponsor support allowed the program to be offered free of charge to all attendees

Historical Comparison	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Total Attendance	**441**	**254**	**331**	**317**	**445**	**497**	**1344***	**2172***
Multi-Day General Conference	250	98	206	221	206	241	n/a	n/a
Single-Day General Conference	64	81	47	64	60	43	n/a	n/a
Exhibitors	44	37	25	25	51	100	n/a	n/a
Registered Nurse Attendance	33	20	27	27	19	26	68	152
Preconference Attendance	183	69	50	86	109	87	n/a	n/a

**Individuals viewing at least one session. Includes both the live and recorded viewing windows*

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

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 and Social Media

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 33,480 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 7,210 page views from visitors seeking information about pediatric emergency response.

The Council also leverages Facebook and Twitter to communicate with our members and EMS providers and agencies. The PEHSC Facebook account has over 5000 followers and over 4000 likes. The Council added a special group to its Facebook account during this fiscal year to assist in identifying workforce solutions through best practices.

Looking Ahead

This year revealed the struggles that EMS has been facing since before COVID. The financial and staffing crisis has impacted every EMS agency. With both concerns being fought statewide and nationally our attention looking ahead has been re-focused on ensuring that EMS is regarded as an essential service by all levels of government, revisiting system wide minimum standards, and additional funding streams for agencies and the system administration.

Acknowledgement

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

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

Submitted to the Pennsylvania Department of Health August 30, 2022

Pennsylvania Emergency Health Services Council

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