Pennsylvania

Emergency Health Services Council (PEHSC)

FY 2022-2023

Annual Report

Table of 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 economic decline of the Emergency Medical Services Operating Fund during this reporting period, Council operations were negatively impacted by the lack of available funding. Specifically, the Council's Board and committee/task forces continued to meet virtually, the staffing compliment remained below normal to meet system needs and the EMSC grant agreement with the Department for the period of April – June 2023 (as of August 24, 2023) remained in process therefore requiring the use of non-contract (PEHSC) funds to sustain operations.*

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 132 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
Allegheny County EMS Council
Allegheny General Hospital
Ambulance Association of PA
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
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
Danville Ambulance Service
Delaware County Regional EMS Council
Eastern Lebanon County School District (ELCO)
Eastern PA EMS Council
Elverson Honey Brook Area EMS
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
First Capital EMS
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, The
J R Henry Consulting
Jefferson Hospital
JeffStat
Lancaster County EMS Council
Lehigh Valley Health Network
Levittown-Fairless Hills Rescue Squad
Lower Allen Township EMS
Lower Alsace EMS
LTS EMS Council
Marple Township Ambulance Corps
McCandles-Franklin Park Ambulance Authority
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 Medicine - Lancaster General Hospital
Penn State Milton S Hershey Medical Center
Pennsylvania ACEP
Pennsylvania Athletic Trainers Society
Pennsylvania College of Technology
Pennsylvania Committee On Trauma-ACS
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, The
Pennsylvania Trauma Systems Foundation
PF Fire and Emerg 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
Riddle Hospital - Main Line Health System
Second Alarmers Association And Rescue Squad
Seneca Area Emergency Services
Seven Mountains EMS Council
Shaler Hampton EMS
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
Tioga County EMS Council
Topton A L Community Ambulance Service
Tower Health
UPMC Hamot
UPMC Presbyterian
UPMC Susquehanna
Uwchlan Ambulance Corps
Valley Ambulance Authority
VFIS
VMSC of Lower Merion and Narberth
Washington County EMS Council
Wellspan York Hospital
West End Ambulance Service
West Grove Fire Company
West Penn Hospital
West York Ambulance
Western Berks Ambulance Association
Westmoreland County EMS Council Inc
Susquehanna Regional EMS

Affiliate Council Membership

This group is comprised of 156 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
Cambria Alliance EMS
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.
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 Amb. Assn.
Geisinger Emergency Medical Services
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
James Wall
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
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
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 & 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
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	Mr. James Houser
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
Good Fellowship Ambulance and EMS Training Institute	Kimberly Holman RN
Highmark Inc.	Bob Wanovich
Hospital & Healthsystem Association of PA, The	Chris Chamberlain
Lower Allen Township EMS	Anthony Deaven
Non-Profit Emergency Services of Beaver County	Steve Bailey
Pennsylvania Committee On Trauma-ACS	Susan Baro D.O.
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
Southwest Ambulance Alliance	J.R. Henry
Tower Health	Anthony Martin
UPMC Presbyterian	Ronald Roth M.D.
Valley Ambulance Authority	J.R. Henry
VFIS	Justin Eberly
Wellspan York Hospital	Steven Schirk M.D.
West Grove Fire Company	Gary Vinnacombe
West York Ambulance	William Niehenke
Western Berks Ambulance Association	Anthony Tucci
Susquehanna Regional EMS	Mark Trueman

FY 2022-23 Board Meeting Dates

September 28, 2022	**December 14, 2022**
March 15, 2023	**June 21, 2023**

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 .....Chris Chamberlin

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

Member At Large.....Kim Holman R.N.

Member At Large.....Anthony Martin

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

Executive Offices

Pennsylvania Emergency Health Services
600 Wilson Lane | Suite 101
Mechanicsburg, PA 17055
(717) 795-0740
www.pehsc.org

FY 2022-2023 Financial Information

Category	*Budget*	*Actual**
State Contract		
Income	$353,940.00	$353,940.00
Expense	$353,940.00	$353,940.00
EMSC Contract (April – June 2023)		
Income – Pending contract approval as of 8/24/23	$37,750.00	0
Expense - **Non-Contract (PEHSC) Funds Used to Sustain Operations**	$37,750.00	$37,750.00
EMS Conference 2022		
Income	$50,000.00	$30,700.00
Expense	$30,000.00	$29,187.93

* Fiscal Year 2022-2023 amounts listed are pending the year-end audit.
Complete financial audits are available upon request to the Council.

Volunteer Hours

The dedicated professionals who volunteer their time each year are the backbone of the Council. These volunteers are comprised of council members, affiliate members and other subject matter experts from the community. The value they bring to the Council and EMS systems through their recommendations is priceless. The data below depicts the estimated volunteer hours provided by these dedicated professionals to attend meetings and other activities.

Board of Directors/Council.....728 hours

Executive Committee.....51 hours

Membership Committee.....20 hours

Nominating Committee.....31 hours

Bylaws Committee.....6 hours

Medical Advisory Committee.....754 hours

Critical Care Transport Task Force.....108 hours

EMS Education Task Force.....95 hours

EMS Operations Committee.....28 hours

Special Operations Task Force.....53 hours

EMS System Opportunities Workgroup.....40 hours

Other Activities.....198 hours

TOTAL ESTIMATED VOLUNTEER ACTIVITY .....2,112 hours

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 14, 2022 Board of Directors Meeting

CFC# 1222-01 Practical Skills Verification for Certification Courses

EMS Education Task Force

Concept Statement

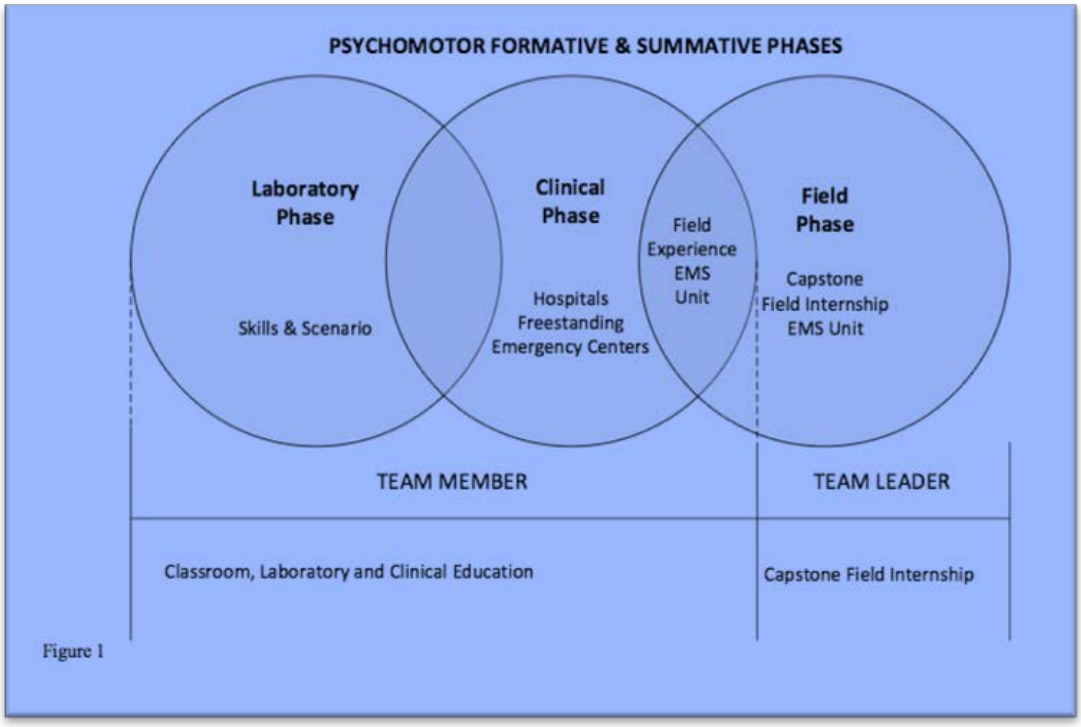
The Pennsylvania Emergency Health Services Council, as the statewide advisory board on EMS related matters, requests the Department's consideration of the concept to replace the current practical skills exam with successful student completion of a skills portfolio.

Rationale

Currently, EMS certification students at all levels must complete a practical skills exam. At the BLS levels, these practical exams are a state exam developed by the Department and administered on behalf of the Department by the regional EMS councils. At the ALS levels, these practical exams are a national exam developed by the National Registry of EMTs (NREMT) and administered approved NREMT Representatives from the regional EMS councils. Both these exams are somewhat subjective in nature because they rely on an evaluator to consider the student's skill competency based on a skill checklist without regard to how a skill was taught. The only captures a shot-in-time on the day of the test and is not always indicative of a student's true capability.

The NREMT recently announced its intention to discontinue the use of practical testing as a condition of NREMT certification for paramedic students in 2025. The legacy process will be replaced by enhancements to the NREMT's adaptive cognitive exam and their skills portfolio that looks at a student's skill proficiency over a period of time, which culminates with an instructor/medical director sign-off.

The NREMT has previously developed a portfolio of vital skills that each paramedic student must master to qualify for their practical examination. The portfolio tracks each student's progress and competence in those identified vital skills throughout the formative and summative phases of education in the laboratory, clinical, and field internship settings. The completed portfolio provides a mass of evidence that documents a student's acquisition of psychomotor competency.



Paramedic programs in Pennsylvania are accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) through the Commission on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). CoAEMSP and NREMT assembled a workgroup to review and revise the student minimum competency recommendations included in the skills portfolio for students enrolling in paramedic programs on or after January 1, 2023.

To ensure consistency with EMS education at all levels in Pennsylvania, the Department should follow the lead of the NREMT and CoAEMSP to create a skills portfolio for EMR, EMT and AEMT programs in the commonwealth. The vision for the educational process using the skills portfolio includes:

Each skill included in the portfolio will have a procedure checklist (aka skills sheet) developed and approved by the Department or the NREMT to ensure consistency during the learning process and provide a tool for peer and instructor evaluation.

The skill sheet(s) would be retained with each student's record for a period of time determined by the Department and/or CoAEMSP accreditation guidelines.

A program instructor from the accredited EMS education institute will be required to sign-off on each portfolio skill attesting to the student's competence prior to the conclusion of the educational program or prior to any required summative/field internship. The EMS educational institute may also choose to offer a legacy style comprehensive practical exam at the completion of the educational process that captures portfolio skills competence as a terminal objective.

As such, the portfolio process meets the regulatory requirement for students *to "successfully pass a practical skills test approved by the Department."* Additionally, at the conclusion of the education program, the program medical director will review and approve each student's portfolio prior to the EMS educational institute marking the student as program complete for NREMT cognitive exam eligibility. This requirement creates consistent oversight by the medical director, which currently is only required in regulation for ALS programs.

Future Considerations

Should the Department adopt the proposed concept for further development, PEHSC is prepared to assist in identifying skills to be mastered at all certification levels; development of skill checklist for those skills; development of the portfolio tool and the required number of demonstrations of each skill.

Official DOH Response

Pending.

March 15, 2023 Board of Directors Meeting

VTR# 0323-01 Epinephrine Auto Injector Alternative

Medical Advisory Committee

Recommendation:

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

Rationale [Background]:

This recommendation was originally accepted by the board of directors in December 2017 (VTR# 1217-01) but was never officially acted upon by the Department. As an alternative to the recommendation, at a later meeting the Commonwealth EMS Medical Director urged the PEHSC board to consider recommending a reduction in the number of auto injectors an agency must carry, thereby reducing the financial burden to participate the voluntary program.

The high price for epinephrine auto-injectors continues to cause a financial strain for PA EMS agencies. In some cases, agencies have questioned whether they can continue to carry the auto injectors given their 2-year shelf life and general lack of reimbursement when administered by an EMT.

The medical advisory committee believes, as it did in 2017, that BLS agencies and medical directors should be afforded the option to utilize a less costly alternative to proprietary auto injectors. While this option may not be right for every agency, the decision should rest in the hands of the agency medical director.

In 2014, King County Washington adopted a novel approach to ensure the continued availability of live saving epinephrine on the county's ambulances and achieve significant cost savings. The program, known as "Check and Inject," involved training EMTs to draw-up and administer epinephrine using a syringe and vial of medication instead of the much more expensive auto-injector. The program resulted in annual savings of $150k and no reported administration errors or bad outcomes.

The success of "Check and Inject" has spread beyond the borders of Washington state. Numerous states, including New York and West Virginia, have adopted successful syringe-based epinephrine administration programs for EMTs. Our correspondence with officials in New York and West Virginia revealed both a high level of satisfaction from field providers and like King County, no reported incidents of administration errors or bad outcomes.

The MAC believes it is reasonable and appropriate for Pennsylvania to adopt an optional syringe-based epinephrine program for Pennsylvania EMTs. This initiative will provide agencies with a more cost-effective alternative to an auto-injector and possibly encourage BLS agencies not currently carrying an auto-injector to consider adding epinephrine on its vehicles.

Medical Review [Concerns]:

The MAC has spent considerable time on issue and feels comfortable recommending this initiative based on the success of other states. Again, this is an EMS agency medical director option based on their assessment of the agency's capabilities.

Fiscal Concerns:

While we are unable to project total savings across the EMS system, there is a substantial cost difference when comparing the current and proposed concept. This will result in significant cost savings, even for an agency only stocking one vehicle. An auto injector 2-pack can cost upwards to $600; this cost doubles when you consider that an ambulance must carry a device for both adults and pediatric patients. Conversely, a commercially available epi kit costs between $30-$40, while one assembled by the EMS agency can cost as little as $10-$20 each.

Educational Concerns:

Participating EMTs should be required to complete a standardized educational program that contains educational objectives including, but not limited to, anaphylaxis, basic epinephrine pharmacology and administration procedures. Following the completion of didactic education, the EMS agency medical director will be responsible to conduct psychomotor skill training and verification. The attached PowerPoint presentation was developed to assist agency medical directors with education and training process.

As part of PEHSC's inquiry, both New York and West Virginia were kind enough to share their online educational content. Using these resources, an online education program could be designed in a relatively short time period.

Plan of Implementation:

Upon acceptance of the recommendation, the Pennsylvania Department of Health should:

1. Amend the current EMT scope of practice to permit, in addition to an auto-injector, the administration of 1:1000 epinephrine using a syringe and vial/ampule.
2. Amend the current list of approved and required medications for EMS agencies and providers to permit EMT administration of "EPINEPHrine HCL 1mg/ml."
3. For agencies who elect to utilize this option, they should carry at least (2) 1cc syringes and (2) vials/ampules containing no more than 1mg of 1:1000 epinephrine.
4. Permit agencies to either purchase commercially available epi kits or assemble a kit containing at least (1) 1cc syringe/needle, (1) vial/ample of epinephrine, alcohol preps and other miscellaneous supplies as determined by the medical director.

Official DOH Response:

Pending.

April 18, 2023 Executive Committee Meeting

VTR# 0423-01 Fentanyl Test Strips

Medical Advisory Committee

Recommendation:

The Medical Advisory Committee recommends the Bureau of EMS issue an EMS Information Bulletin to provide guidance to licensed EMS agencies who wish to engage in harm reduction activities through the distribution of test strips for substances of abuse, including, but not limited to Fentanyl.

Rationale [Background]:

On November 3, 2022, Act 111 was signed into law by Governor Tom Wolf. The act amends the Controlled Substances Act of 1972 by clarifying the definition of "drug paraphernalia" to exclude testing products utilized in determining substances or hazardous compounds which can cause physical harm or death. This includes, but is not limited to, fentanyl test strips.

Test strip results are not quantitative in nature, but merely indicate the presence of the indicated substance or compound. While they are subject to FDA approval, the intent of this recommendation is community outreach, not for the diagnosis or treatment by EMS of a patient with a suspected overdose.

At the April 12, 2023, meeting of the PEHSC medical advisory committee, Dr. Crawford Mechem, Philadelphia Regional Medical Director, presented this topic and noted that much of the substances of abuse seen in the Philadelphia region now contains some level of fentanyl. In addition to fentanyl, the presence of xylazine is becoming more prevalent. A targeted test strip for xylazine is currently in development. The Philadelphia Fire Department and other interested EMS agencies, desire to distribute test strips in targets sections of their primary response area as part of their harm reduction effort.

Medical Review [Concerns]:

The medical advisory committee supports the efforts of EMS agencies who engage in harm reduction strategies in their communities, including the distribution of test strips for substances of abuse.

Fiscal Concerns:

None.

Educational Concerns:

None.

Plan of Implementation:

The Department should issue an EMS Information Bulletin to provide guidance to EMS agencies who wish to engage in harm reduction activities through the distribution of fentanyl [and other] test strips.

Official DOH Response

Pending.

June 21, 2023 Board of Directors Meeting

VTR # 0623-01 RSI Phase II Project Recommendations

Medical Advisory Committee

Recommendation

The Department should accept the recommendations for the RSI Phase II Project. These recommendations include a standardized provider education program and pilot project design.

[A document containing these recommendations has been forwarded to the Department, the size of which prohibits its inclusion in this report.]

Official DOH Response:

Pending.

VTR# 0623-02 Tactical Emergency Medical Services

Special Operations Task Force

Recommendation

The Department should accept the recommendations for a tactical EMS program. These recommendations include training and operational standards.

These providers will staff a licensed tactical EMS agency to provide the medical support component during tactical law enforcement operations.

[A document containing these recommendations has been forwarded to the Department, the size of which prohibits its inclusion in this report.]

Official DOH Response

Pending.

VTR# 0623-03

Removal of Patient Abandonment Reference in Statewide Treatment Protocol

Board of Directors

Recommendation:

The Department should remove any reference to "patient abandonment" in the current or subsequent draft(s) of any EMS statewide treatment protocol.

Rationale [Background]:

BLS Protocol #201 [Draft: May 27, 2023] contains the following reference to patient abandonment:

"Once a provider-patient relationship has been established, the EMS providers have a responsibility to the patient until appropriate transfer of care or appropriate disposition according to protocol. ***Failure to appropriately transfer care and/or ensure appropriate disposition of patient shall be considered patient abandonment."***

The council opposes any reference to "patient abandonment" in a statewide treatment protocol and recommends its removal in the current and any subsequent statewide protocol document.

Furthermore, the Council believes the algorithm that was added to BLS Protocol #201 negates the need for such a reference by providing clear expectations regarding acceptable patient dispositions subsequent to the establishment of a patient-provider relationship.

The statewide treatment protocols are intended to provide guidance and standing orders related to clinical patient care. The inclusion of references to patient abandonment will only serve to increase exposure for providers and agencies to potential civil litigation.

Medical Review [Concerns]:

On June 8, 2023, during a protocol update workshop, the PEHSC Medical Advisory Committee conducted a formal unanimous vote to recommend removal of any references to patient abandonment in the current or subsequent statewide treatment protocols.

Fiscal Concerns:

None.

Educational Concerns:

The Department's expectations for acceptable patient dispositions should be contained in the protocol update education module. Additionally, the module should reinforce what differentiates a person from a patient, and the point at which the patient-provider relationship is established.

Plan of Implementation:

1. Remove all references to patient abandonment in the draft BLS Protocol #201.
2. Include education on differentiating a person from a patient and at what point the patient-provider relationship is established.
3. Ensure that no reference to patient abandonment appear in any current or subsequent statewide protocol.

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.

Board Meeting Comments/Concerns:

The Board of Directors made this official recommendation at the June meeting to concur with the MAC's opposition to any abandonment reference in the protocols.

Official DOH Response

Pending, however, the concerning language was removed by the DOH in the August 11, 2023 draft of the Statewide BLS Protocols.

Letters of Recommendation

January 3, 2023

Aaron Rhone, Director
Bureau of EMS
PA Department of Health
1310 Elmerton Ave. – Room 166
Harrisburg, PA 17110

Re: Appointment of Commonwealth Medical Director

On behalf of the PEHSC Medical Advisory Committee, we would like to thank you for meeting with the committee on December 30th. We are also encouraged to hear that the current and incoming administrations have prioritized securing a new Commonwealth EMS Medical Director.

PEHSC, as your advisory board, and its medical advisory committee are uniquely positioned to assist the Department in the vetting process. As you know, the committee comprises the 13 regional EMS medical directors plus physician representatives from PACEP, PTSF, and the EMS for Children Project.

These physicians represent the Commonwealth's emergency medicine and emergency medical services medical leadership and have demonstrated their long-term commitment to stewardship in EMS excellence.

The MAC unequivocally recommends the next Commonwealth EMS Medical Director be board-certified and actively practicing in emergency medical services. emergency medicine or both. It is essential that Pennsylvania's EMS system is supported by a medical director who understands the system's needs and expectations and will continue to work harmoniously with the Department and the Bureau to advocate for the advancement of EMS in the Commonwealth.

We look forward to continued collaboration with the Department to achieve this critical goal. Please feel free to reach out to us via Janette Swade if you have any questions.

Official DOH Response: Pending

Research and Pilot Project Recommendations

November 28, 2022

Aaron Rhone, Director
Bureau of EMS
PA Department of Health
1310 Elmerton Ave.
Suite 166
Harrisburg, PA 17110

Re: ETCO2 Monitoring by EMTs

At the November 9th meeting of the PEHSC Medical Advisory Committee, a pilot program was presented to access the utility of EMTs utilizing end-tidal CO2 monitoring for patients in respiratory distress and receiving positive pressure ventilation via bag-valve-mask.

This voluntary pilot will be conducted with BLS agencies in the EHSF region who also participate in the BLS inhaled agonist program. Data will be collected for a period of two (2) years. At the end of Year 1, the EHSF and PEHSC medical advisory committees will be provided with a progress update. A copy of the pilot proposal is attached for your review.

This pilot was previously reviewed and approved by the EHSF MAC and a subsequent vote by the PEHSC MAC recommends this pilot be approved by the Department. Should you have any questions regarding the MAC vote, please feel free contact me anytime. Questions specific to the content of the proposal should be directed to Megan Ruby at the EHSF.

Official DOH Response: Pending

March 1, 2023

Dr. Dan Bledsoe
Commonwealth EMS Medical Director
PA Department of Health – Bureau of EMS
1310 Elmerton Ave.
Suite 166
Harrisburg, PA 17110

Re: Levalbuterol

Pursuant to the request of Dr. Rick Wadas and your subsequent request for an expedited review/approval process, we have conducted an e-vote with the members of the PEHSC Medical Advisory Committee. The members were asked to consider the addition of Levalbuterol as an alternative to albuterol, which is currently in short supply in parts of the Commonwealth.

The committee has indicated their support for this recommendation by unanimous vote. Therefore, we recommend the Bureau of EMS add Levalbuterol to the list of authorized medications for all providers above the level of EMR. Additionally, we recommend statewide EMS treatment protocols 421, 4022i and 4022 be amended to reflect Levalbuterol as an inhaled beta agonist option.

We thank you and the Bureau's kind consideration of the recommendation. Please feel free to contact me should you have any questions.

Official DOH Response: Pending, however, the use of levalbuterol has been included in the 2023 statewide protocol update.

March 9, 2023

Dr. Aaron Rhone, Director
Bureau of EMS
PA Department of Health
1310 Elmerton Ave
Room 166
Harrisburg, PA 17110

Re:Air-Q-3 Device

The PEHSC Medical Advisory Committee recommends the BEMS approve a pilot program for Air-Q 3 supraglottic airway device. The airway initially was brought to the MAC's attention by Dr. Thomas Stauffer from Tower Health System. Dr. Stauffer was seeking the committee's recommendation to add the device to the list of approved supraglottic airways.

The committee instead recommended a short pilot project to evaluate the device's efficacy. Dr. Alvin Wang, Montgomery County Regional Medical Director, volunteered to design the pilot and along with several other EMS MAC members, will act as the principal investigator. Given the MAC recommended development of a pilot, there is unanimous support for this project.

Attached, for your review, is the pilot project documentation. Should you have any questions, please feel free to contact our office.

Official DOH Response: Pending

April 18, 2023

Dr. Aaron Rhone, Director
Bureau of EMS
PA Department of Health
1310 Elmerton Ave. – Room 166
Harrisburg, PA 17110

Re: UPMC PAIN Study

The PEHSC MAC is submitting its support for a research project proposed by the University of Pittsburgh.

The project, Prehospital Analgesia Intervention trial (PAIN), will determine if, among prehospital trauma patients with compensated shock (Shock Index (SI)>0.9) and an indication for pain management, treatment with sub-dissociative IV ketamine as compared to IV fentanyl reduce mortality at 24 hours following admission.

This is a DOD funded study and has been approved by the University of Pittsburgh IRB. Please see the attached documents from the principal investigator for additional information. Please contact the principal investigator or our office should you have any questions. Thank you for your kind consideration of the project.

Official DOH Response: Pending

April 18, 2023

Dr. Aaron Rhone, Director
Bureau of EMS
PA Department of Health
1310 Elmerton Ave. – Room 166
Harrisburg, PA 17110

Re: Nitrous Oxide Administration by EMTs

This is a letter of support for a proposed pilot project by Quality EMS in the EMS West region. The project, “Nitrous oxide (N2O) -field use by Basic Life Support/Emergency Medical Technician (BLS/EMT) level providers for non-narcotic pain management” would train EMTs in the administration of a 50:50 preset mixture of nitrous oxide and oxygen. This project has previously been reviewed and supported by the EMS West regional medical direction committee.

The use of nitrous oxide in the commonwealth dates back to the early 1980's in the suburbs of Pittsburgh. At present, its use an as patient administered analgesic is restricted to ALS level providers. Quality EMS proposes a qualitative and quantitative pilot program using accepted methods to study the ability of EMT's to provide analgesic pain management via N2O. EMT's will use a pilot protocol developed for the program to administer N20. Research has shown that nitrous oxide can be safely and effectively employed in the prehospital environment. Its mechanism of action is well understood and nitrous oxide is in the national scope of practice model for AEMTs and above.

Quality EMS feels the patient population that we serve will be positively affected by the ability of BLS responders to administer N2O by providing the patient base with the option of non-narcotic, self-administered pain relief either by patient choice, narcotic dependency or the absence of an ALS provider. Administration by BLS as opposed to ALS providers has minimal, if any, negative administration issues and does not have any nonreversible effects outside of a BLS provider's scope of care.

Thank you for your kind consideration of this proposal. Should you have any questions, please contact Dr. Rick Wadas, EMS West Regional Medical Director or our office.

Official DOH Response: Pending

April 18, 2023

Dr. Aaron Rhone, Director
Bureau of EMS
PA Department of Health
1310 Elmerton Ave. – Room 166
Harrisburg, PA 17110

Re: eCPR

The PEHSC MAC supports a pilot program from the Montgomery County EMS Office. The project involves transporting a cardiac arrest patient fitting a specific criterion to a hospital capable of providing extracorporeal membrane oxygenation (EMCO).

In a selected patient population, ECPR has shown an increase in survival to discharge from 7% using traditional ACLS to 34% with the addition of ECPR. As with any process that involves regional tertiary and quaternary centers, leveraging an interdisciplinary team that is inclusive of pre-hospital providers is paramount for patient centered care and better outcomes.

Due to the strict inclusion/exclusion criteria of this pilot we anticipate a very low number of patients that will be eligible for this pilot protocol. MontCo proposes a 2-year pilot that permits agencies to consider ECMO capable/receiving emergency departments for patients that are between the ages of 18 & 70 and meet the inclusion criteria noted below.

Please see the attached project description from Dr. Alvin Wang, Montgomery County Regional Medical Director. Should you have any questions, please contact Dr. Wang or our office. Thank you for your kind consideration of this project.

Official DOH Response: Pending

Council Position Statement(s)

Continued Use of the NREMT Testing Process in Pennsylvania
Approved: June 21, 2023

The Pennsylvania Emergency Health Services Council (PEHSC), as the statutorily established advisory board to the Pennsylvania Department of Health on matters related to the delivery of emergency medical services, supports Pennsylvania's use of the National Registry of EMT's (NREMT) testing process.

The NREMT was established in 1970 to act as the nation's EMS certification [testing] organization. The NREMT provides a valid, uniform process to assess the knowledge and skills required for competent practice by EMS professionals.

The National Registry of Emergency Medical Technicians (NREMT) (EMR) and (EMT) testing have been utilized in Pennsylvania for over 10 years, beginning on Jan. 1, 2013. The practical examinations were administered at Pennsylvania recognized EMS educational institutes/sites by the Pennsylvania Regional EMS Council educational coordinators and/or approved staff. NREMT written examinations were updated to the new National EMS Education Standards were administered from Jan. 1, 2013, until implementation of the basic level NREMT cognitive/ computer-based examinations, which became effective Jan. 1, 2014. All examinations were, and continue to be, administered in accordance with the Pennsylvania EMS Act. The emergency medical technician-paramedic (EMT-P) examination continued to be administered, until transitioning to the NREMT paramedic (P) level with the new National EMS Education Standards as of Jan. 1, 2013.

PEHSC supports the continued use of the NREMT's testing process for the following reasons:

- The NREMT, as recommended by the Commission on the Accreditation of EMS Programs (CoAEMSP), is accredited by the National Commission for Certifying Agencies.
- Utilizing a national exam provides access to online educational resources and practice tests in preparation for the NREMT computer-adaptive exam.
- The NREMT testing process is utilized by 48 of the 50 states. It provides data on a state’s pass/fail rates and a comparison of state performance vs. the nation for each exam level.

- Emergency medical services must have a valid, uniform national exam to further its pursuit in being recognized as a healthcare profession. As such, the NREMT provides a valid, uniform testing process for all levels of certification recognized in the National Highway Traffic Safety Administration's National EMS Scope of Practice Model.
- On July 7, 2022, Pennsylvania became a member of the national Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA). The EMS Compact facilitates the day-to-day movement of EMS personnel across state boundaries in the performance of their duties. EMS personnel (EMR. AEMT, EMT and Paramedic) licensed in a compact member state, are granted a *Privilege to Practice* in the other compact member states. Use of the NREMT testing process is a core requirement for compact members and abandoning NREMT testing would require Pennsylvania to withdraw from REPLICA. A withdraw would also have a negative impact on returning military service members who have obtained national registry certification while on active duty.
- According to the Pennsylvania Department of Health the cost for Pennsylvania to produce a valid, uniform testing process is estimated to be between $2M-$2.5M. This funding would be drawn from the existing Emergency Medical Services Operating Fund (EMSOF), which also provides direct provider support and funding for the regional councils and PEHSC. Due to inflation, system costs exceed revenues resulting in a reduction of funding for special projects and system administration. In addition to the cost factor, it would take several years to develop and implement a valid testing instrument and exam process.
- Pennsylvania's overall pass rates for ALS and BLS candidates are comparable to the national pass rate according to the NREMT. The goal is for Pennsylvania's pass rate to be consistently higher than the national pass rate.
- According to Department of Health data, the overall pass rates for the NREMT exam are higher than the previous in-state tests derived from the Mid-Atlantic Testing Consortium.

Testing metric	2016	2017	2018	2019	2020	2021
PA EMT overall pass rate	**78%**	**77%**	**79%**	**79%**	**76%**	**72%**
National EMT overall pass rate	82%	81%	82%	80%	78%	79%
EMT successful completion	2,084	1,964	2,135	2,363	1,963	1,821
PA paramedic overall pass rate	**83%**	**84%**	**88%**	**93%**	**88%**	**82%**
National paramedic overall pass rate	89%	90%	90%	89%	83%	83%
Paramedic successful completion	227	167	200	197	195	161

Source: National Registry of Emergency Medical Technicians, 2022

PEHSC recommends the following EMS educational institute initiatives to improve overall pass rates and consumer satisfaction:

- Provide instructional content consistent with the National Education Standards.
- Provide instruction on all psychomotor skills listed in the National EMS Scope of Practice Model, irrespective of whether a particular skill is authorized in Pennsylvania.
- Provide instruction on psychomotor skills that are authorized in Pennsylvania, but not listed in the National EMS Scope of Practice Model.
- Provide professional development opportunities to EMS instructors to ensure instructional content is delivered based on current instructional techniques and consistent with the content expectations outlined herein.
- Establish and enforce minimum student performance standards for both didactic and psychomotor testing.
- Prepare students for the NREMT computer-adaptive exam by delivering periodic quizzes and tests in a computer-based format.
- Prepare student for the NREMT exam by providing instruction on electronic test-taking strategies including, but not limited to, test question analysis, the computer-adaptive testing environment and the exam process as outline in the "Cognitive Exams – General Information" section of the NREMT website.
- Support student self-evaluation by providing access to online practice tests.
- Provide an accelerated remediation classes for students who are unsuccessful on the cognitive exam, focusing on identified target areas and reinforcing electronic test taking strategies.
- Promote consumer choice by publicly disclosing information required in Pennsylvania's EMS regulations, Title 28 Section 1025.1 (d).

PEHSC recognizes previously identified barriers related to NREMT testing. The council calls upon the National Registry, accredited educational institutes, and the Pennsylvania Department of Health to work to eliminate barriers that will improve candidate success and satisfaction.

- The Department should identify financial resources to assist EMS training institute in providing online education and practice testing resources.
- The Department should identify financial resources to assist students who were unsuccessful on their first exam attempt with the cost of repeating the electronic cognitive test. In areas identified as rural, consider using stipulated EMSOF rural education funds.
- The Department should provide, directly or through the regional EMS councils, technical assistance to underperforming EMS education institutes.
- Expand the availability of Pearson Vue testing centers, particularly in the rural portions of Pennsylvania.
- Consider using Pennsylvania's regional EMS council offices as a testing site.
- The Department should align Pennsylvania's scopes of practice with the National EMS Scope of Practice Model. However, this alignment should not constrain the addition of a skill that is not included in the national scope model.
- Continue to offer the monitored online testing option launched due COVID restrictions.
- Make remediation opportunities available for students who did not have first-pass success.

Council Activities

Medical Advisory Committee

August 10, 2022

The 2023 protocol survey for stakeholders is complete, a copy of which was forwarded to the Department for review. Over 200 recommendations were received in this update cycle.

There is currently a dextrose supply chain shortage in western PA and other parts of the state. Is it possible to the BEMS to permit the use of D5W in place of D10W or other concentrations? Dr. Kupas commented that the BEMS will be issuing an information bulletin permitting the substitution of D5W for the purposes of protocol and minimum equipment compliance.

HB 2394 seeks to amend current statutes regarding end of life decision making for terminally ill patients. The bill preserves current OOH DNRs, but adds language to include EMS in the list of healthcare providers that can accept POLST. This will streamline the process and reduce confusion as the patient travels between levels of care or upon discharge. Also affords civil immunity to providers should there be a question of POLST validity requiring resuscitative measures. The bill is currently in the House Health Committee since March 9, 2022. No word on if and/or when it might be voted out of committee for consideration by the House. The bill also establishes an advisory panel, to which PEHSC has expressed its desire to be a member.

Dr. Schirk discussed a rise in incidents in his area where EMS is called to an urgent care facility or physician office and the patient declines transport or EMS suggests other options. The concern is that a physician or mid-level provider has requested EMS, but the patient is not transported to the ED by those means. Dr. Schirk asked the committee if there should be a requirement added to the patient refusal protocol for EMS to contact MC in this situation. At a minimum, the EMS crew should interface with the requesting facility to advise them the patient has declined transport. Dr. Schirk will consider drafting suggested language for review during the protocol update.

HB 940 has been signed into law by the governor. It gives EMS the option to provide treatment and transport to an injured police K-9 as long as the activity does not interrupt patient care. It also provides for civil immunity in these situations. However, the bill provides no direction or designates responsibility for training or treatment protocols. Absent this direction, the committee felt this might be best addressed on the local level as this is a voluntary activity.

The NREMT has proposed a change in their ALS testing requirements that an education institute can either be CoAEMSP accredited or be accredited by the State. This apparently comes from political pressure from numerous states regarding accreditation cost and negative impact on ALS programs. NREMT is taking comments until August 17th. NAEMSP and NAEMT have indicated their support of accreditation. However, NAEMT expressed concern that there is only one accrediting body and one testing agency.

Dr. Kupas commented that he has received information suggesting NREMT may reverse its position and require all institutes to be CoAEMSP accredited.

November 9, 2022

Dr. Thomas Stauffer from Tower Health presented information on the device. The device is more like the iGel than the legacy LMA. It does not rely on constant inflated cuff – inflates with each ventilation. Dr. Stauffer would like to revisit the discussion on not allowing LMAs in the field.

Dr. Wang commented that this device appears to be more aligned with the iGel. Dr. Magley commented that it may be time to revisit LMAs with the advances in technology. Is it an LMA or supraglottic airway? Based on description, it appears to be a supraglottic airway. Dr. Wang commented that the agency that did the iGel pilot is willing to pilot the Air-Q device. Dr. Stauffer said several agencies in his area would be willing to join the pilot.

Rick Carpenter from Reamstown Fire Co EMS proposed a pilot for the use of ETCO2 to determine bronchial constriction. The pilot would be open only to agencies in the EHSF region that also have opted to provide inhaled nebulized beta agonist treatment. This was presented at the EHSF MAC where the committee embraced and approved the pilot.

Dr. Reihart suggested that it be rolled into the larger protocol update, however, later in the protocol discussion, consensus indicated that this option should not be included in the protocol update and the pilot program should be conducted. Based on further discussion, the committee reached consensus not include to ETCO2 for EMTs in the 2023 protocol update, but instead wait for the results of the pilot program. If the pilot proves this is a value-added assessment tool for EMTs, it can be considered for the 2025 protocol update. The pilot proposal will be redistributed to the committee for review and an e-vote will be conducted to recommend the pilot to the BEMS.

Dr. Kupas lead a discussion on the 2023 statewide protocol update. Many comments were received from the PEHSC stakeholder survey. Dr. Kupas shared a list of topics for discussion based on the survey. These topics extend across all 4 protocol documents. He would like to discuss each item briefly to ascertain if the committee would like to pursue it further.

Several comments were made that we should attempt to follow the national scope of practice standards when possible.Concern was voiced that further blurring of the lines between provider levels might not be the best thing for the system. For example, there were stakeholder recommendations that shifted skills/knowledge obtained at the ALS level to the BLS level. The committee generally does not support such a concept and feels that if EMTs want to expand their scope of practice, they should consider attending AEMT training. PEHSC will create a Survey Monkey survey based on Dr. Kupas' list to take a "straw poll" of the members to determine which topics should have further consideration.

January 11, 2023

A special meeting was held with A. Rhone and members of this committee on Dec. 30, 2022 to discuss the departure of Dr. Kupas and the steps moving forward. The MAC would like to formally recognize Dr. Kupas for his years of service and dedication to the growth and development of EMS in Pennsylvania. MAC has offered to assist in the selection process of a new EMS Medical Director. A letter was prepared and send to A. Rhone stating such. The letter was received and no further comment was offered. Timeline for selection of a new EMS Medical Director is unknown.

The high cost of Epinephrine auto-injectors (Epi-Pens) has long been a burden to BLS agencies hoping to utilize this potentially life-saving medication. In 2017 PEHSC submitted VTR 1217-07, requesting that BLS agencies be permitted to utilize standard "syringe and vial" to administer Epinephrine injections for cases of anaphylaxis. The VTR was never acted on by the Department, though a reduction of the quantity of required auto-injectors was implemented.

Now, multiple years later, this financial burden still exists. Dr. Risavi presents that he has numerous BLS agencies in his region requesting that this subject be revisited as they are no longer able to afford to provide Epinephrine on their ambulances. In addition, many other states have now implemented similar programs and there are multiple studies that highlight the high safety margin of allowing BLS this alternative. Dr. Risavi requests that the VTR be resubmitted, with the addition of a required skills competency verification, and possible be added to the current BLS protocol update cycle. A brief discussion followed with all participants in favor.

The MAC wishes to formally recognize Dr. Kupas for his years of service to the Pennsylvania EMS system. A suggestion was made to procure a plaque and present it to Dr. Kupas at the NAEMSP meeting being held a few weeks from now.

April 12, 2023

The MAC welcomed Dr. Dan Bledsoe as the new Commonwealth EMS Medical Director. Dr. Bledsoe brings considerable experience and an EMS background. He discussed the protocol update process and indicated his desire to keep this project on track. The following protocol-related were discussed.

BLS Protocols:

- Enable a PHP associated with an agency to provide on scene medical command
- Destination policy – consider make licensure requirement for an agency to have a policy on which hospitals they will transport to on a 911 call. Patient choice should be observed whenever possible. Transport of patients with special healthcare conditions to their specialty care hospital should be considered based on patient condition. Should an agency be required to seek regional review or approval of their policy? Policy needs to conform with established protocols for time sensitive injury or illness.

- Protocol 201 – there are considerable concerns about the proposed abandonment language. Most members feel strongly that it should not be there at all, or at least in its current form. It is viewed as too broad when applied to "any applicable protocol." At a minimum, the language should specifically reference the applicable protocols. The members regarding this addition as a potential gateway for civil actions.
- Protocol 112 – change the wording in the cancellation section to, "prior to patient contact." This would align this protocol with real-world practice and will not adversely affect the system or patient care.
- The PEHSC executive committee is also reviewing protocols 112 and 201 because of the concerns raised and the fact that these concerns are not of a purely clinical nature.
- Protocol 801 – Recommend removing the word agitated delirium and providing a different reference.

AEMT Protocols:

- Review and bring into line with ALS protocols
- APAP dosing by protocol
- Titration of naloxone to mirror ALS protocols
- Release iALS → BLS
- Ketorolac protocol
- Solu-Medrol in protocol
- Continuous cardiac monitoring – remote telemetry vs. watch and transmit

Alex Christ from Southern York County EMS provided an update on the prehospital point-of-care ultrasound pilot project. The project was0 delayed due to COVID and became operational in Jan 2022. The primary aim was pulmonary ultrasound to identify pulmonary edema and have 5 at this point. To date they have performed 40 scans, with the most common finding was pulmonary edema and pericardial effusion. As of January 2023, the project reached its expiration date. The agency has asked the BEMS for an extension due to its late start. Other agencies are interested in participating, e.g., VMSC Landsdale. The MAC complimented the agency for its work and presentation and indicated its support for the requested extension.

The RSI Phase 2 pilot project recommendations are complete. The workgroup collectively put hundreds of hours of work into designing and defining the pilot. The recommendations span medical direction, operations, clinical protocol, data collection/QI and development of a provider education program.

Provider education, along with involved medical direction, is the centerpiece of the project. The program focuses on patient assessment to determine hemodynamic status and identifying potentially difficult airway management, even with the aid of medications. Providers must become proficient with determining a GO or NO-GO decision.

This document has been reviewed and endorsed by both the RSI task force and the critical care transport task force. If endorsed by the MAC, the proposal will travel to the PEHSC board meeting in June, then to the BEMS for review.

The members' comments were very positive regarding the work completed by the task force. One member compared it to artwork, while another commented it was well thought out.

Dr. Siberski provided an update on the TEMS project. Rescue task force guidelines will be submitted for consideration and will complement the current civil unrest guidelines. Tactical paramedic medical guidelines for training, equipment, crew complement, and other agency requirements are in the final stages of development. The recommendations will be scalable, based on local needs, resources, and environment. An optional section addressing team healthcare needs during an operation has been developed.

Dr. Mechem presented the concept of EMS units being permitted to distribute fentanyl test strips in the community as part of a program to combat opioid use. In December of 2022, the law was changed to exempt test strips for substances of abuse as drug paraphernalia. The question is, can EMS hand out these strips in the community or is this a scope of practice issue? Dr. Bledsoe commented that he doesn't see the test strips as a medical device, nor does he believe it's a protocol or scope of practice issue.

Joe Ponko from the EMS West staff, on behalf of Dr. Wadas, was asked to provide an overview of a proposed nitrous oxide administration project. Quality EMS has designed a pilot to enable EMTs to administer N2O for patient controlled analgesia. Although Quality EMS is a licensed ALS agency, they also deploy BLS ambulance, which at times is the only asset available to respond to 911 calls. The agency currently uses N2O at the ALS level and had around 7 uses in the last 12 months. Uncertain how many uses occurred in the same period statewide. This pilot project was reviewed and endorsed by the EMS West regional medical direction committee in March 2023.

Looking at the device/procedure in reference to the national scope of practice model, N2O is recommended at the AEMT level and above. There were questions/concerns expressed regarding security of the device to prevent diversion. Another member commented on this being a form of "scope creep."

Since Dr. Wadas needed to depart the meeting, and given the number of unanswered questions, the matter was tabled. Butch Potter will reach out to Dr. Wadas and ask that he provide additional information and commentary, followed by an e-vote.

Dr. Wang proposed a pilot program in which patients in cardiac arrest, primarily in Montgomery County, with a specific set of circumstances, would be transported to a hospital with EMCO capability instead of the closest facility.

In a selected patient population, ECPR has shown an increase in survival to discharge from 7% using traditional ACLS to 34% with the addition of ECPR. As with any process that involves regional tertiary and quaternary centers, leveraging an interdisciplinary team that is inclusive of pre-hospital providers is paramount for patient centered care and better outcomes.

Due to the strict inclusion/exclusion criteria of this pilot we anticipate a very low number of patients that will be eligible for this pilot protocol.

We propose a 2-year pilot that permits agencies to consider ECMO capable/receiving emergency departments for patients that are between the ages of 18 & 70 and meet the inclusion criteria noted below.

Critical Care Transport Task Force

October 5, 2022

Dr. Frailey provided an update on the activities of the RSI Task Force. The task force's workgroups are meeting to develop their respective work product for the pilot proposal. The education workgroup, chaired by Dr. Walt Stoy, has engaged several students from Pitt's EMS program to assist in the effort to develop a Powerpoint presentation for use by agency medical directors.

A question was raised regarding how the pilot's educational requirements match those of the critical care transport agencies. Butch Potter commented that a survey of CCT agencies was completed last year, and a copy was forwarded to Dr. Stoy's group (attached). It was suggested that a follow-up be conducted to obtain information from those agencies that did not participate in the original survey.

The medical direction workgroup, chaired by Dr. Duane Siberski, reported that a draft of agency medical director expectations has been developed. The data/QA workgroup, chaired by Dr. Frank Guyette, provided an overview of the reporting requirements and QA indicators. A question was raised if any data is available from the BEMS regarding the current SAI pilot program? Butch Potter will send an email to Director Rhone requesting any available data analysis.

The protocol workgroup, chaired by Dr. Alvin Wang, will develop a protocol that is essentially an expanded version of the current SAI protocol.

Changes to the statewide critical care protocols were discussed.

- Comprehensive Shock Protocol
    - Use the source material from STAT MedEvac's protocols to develop a comprehensive shock protocol. One protocol covering the various types of shock and treatment instead of a separate protocol for each type of shock state. Dr. Chris Martin-Gill will collaborate with Dr. Frank Guyette on a draft recommendation.
- Seizures
    - Dr, Martin-Gill recommended a revision to ALS protocol #7007 to align the dosage of benzodiazepines with that used in the RAMPART study. He views the current protocol dosing as somewhat confusing. He will develop a draft recommendation to re-align dosages.

June 8, 2023

The CCT protocol workgroup met to further explore opportunities in the current update cycle. This is in addition to creating a comprehensive shock protocol and amending the seizure protocol.

The workgroup resolved to discuss strategies to improve crew resource utilization, which may make current and future protocols more effective from an operational standpoint.

The current EMS regulations require a 3-person crew for ground CCT transport, which includes a driver and two providers at or above the paramedic level to provide patient care, one of which must be trained in critical care transport. The two most common crew configurations are [CCT] paramedic/PHRN and CCT paramedic/paramedic.

Decisions on crew configuration are currently driven by the ongoing therapies the patient is receiving i.e., e.g., infusing medications, mechanical ventilation, cardiovascular assist devices, invasive pressure monitoring.

There have been numerous discussions over the past few years regarding stratifying patients to a particular crew configuration solely based on a particular therapy(s) could result in overutilization of the [CCT] paramedic/PHRN crew. It's been observed and commented on by several members that the majority of the patients transported are in stable condition and did not require a critical intervention during transport.

Today, the group discussed the concept of moving some stable patients with certain therapies from the CCT to ALS category. For example, there is an ALS protocol being developed to permit an ALS paramedic to initiate and monitor blood products administration in the field.

Mr. McElree commented that the system to move these patients in western PA, and other parts of the state, is struggling under the weight of the current rules and regulations, scopes of practice and approved medications. We need to realign the CCT transport system to be more responsive to customer demand while maintaining a reasonable degree of safety.

Mr. Evans concurred with Mr. McElree that it was time for a paradigm shift to better utilize available resources and perhaps expand the number of resources. Several of the physicians in attendance, including but not limited to Dr. Flamm, Dr. Kuklinski, Dr. Poremba and Dr. Frailey agreed.

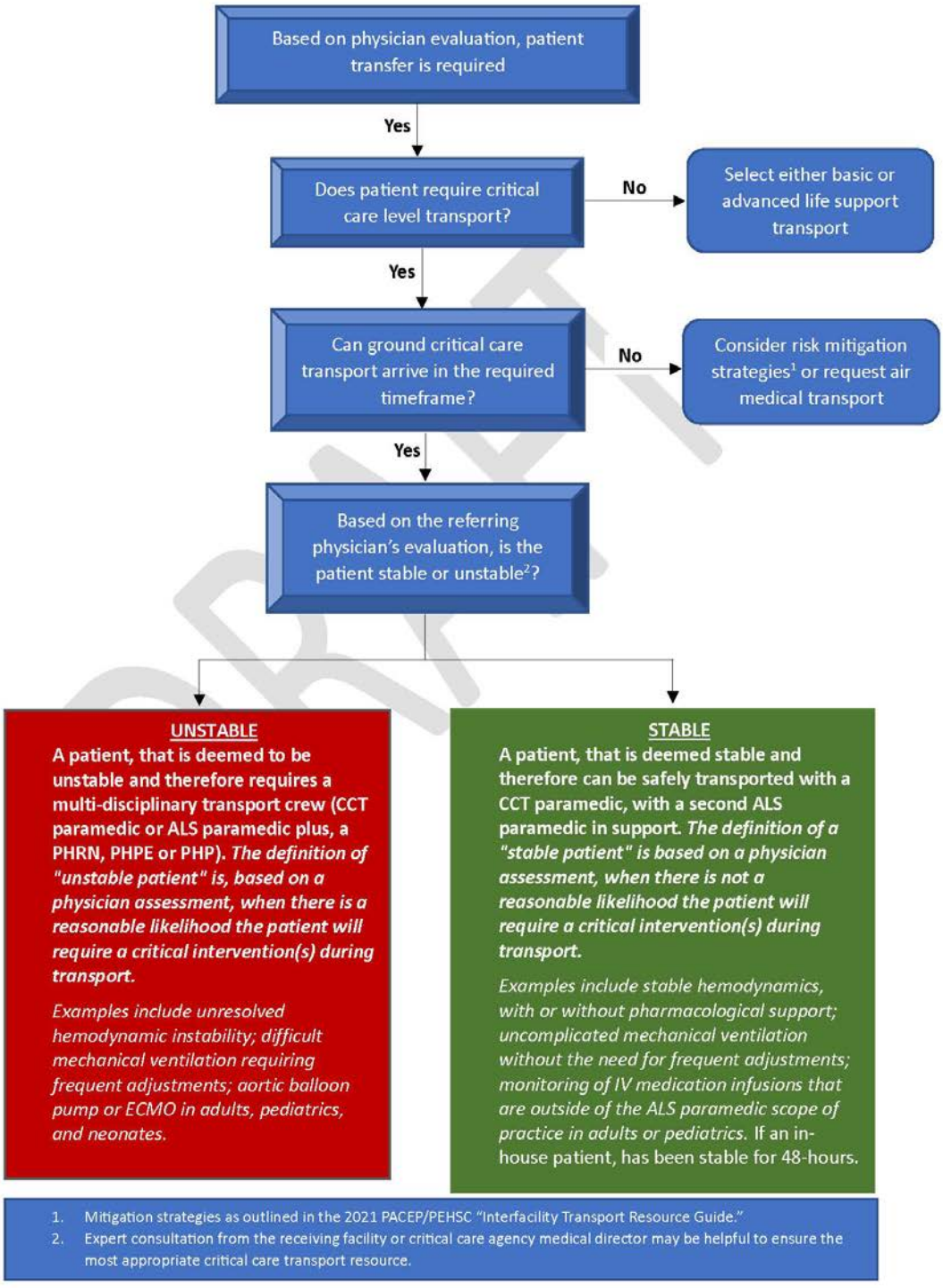
In addition to blood products, patients with chest tubes to seal or suction, those with Cardene infusions and perhaps insulin infusions do not necessarily require a PHRN and be transported by a CCT paramedic or perhaps a ground ALS crew.

Butch Potter discussed a shift in assigning crew configurations based on the patient's overall acuity and whether a critical intervention would likely be needed during transport. He reviewed a draft algorithm that illustrates how this could be incorporated into the decision-making process. Outside of few therapies that will always require a multidisciplinary approach, the crew configuration is based on patient acuity as assessed by the sending or receiving physician, and/or the agency medical director.

The question was raised if a CCT agency had an available CCT paramedic, could this provider be joined with another ALS ground crew to make a CCT ground transport ambulance? The issue of combining providers from different agencies to make a ALS crew [and now a CCT ground crew] has been raised by the PEHSC EMS Operations Committee and is currently pending BEMS response. Former Director Rhone ruled this is not possible based on his interpretation of the EMS Regulations, however, a formal response was never received to the question.

In the interest of moving a patient with a therapy that usually requires a PHRN or nurse and none is available, could the [CCT] paramedic be provided with just-in-time training on that therapy, which would then allow them to monitor the patient? The question was raised during development of the joint PACEP/PEHSC Interfacility Transport Resource during a discussion of ideal v. available resources. At present, this remains an unanswered question.

Critical Care Ground Transport Resource Decision Algorithm



RSI Task Force

March 28, 2023

Development of the provider education program has been completed and is currently under review by the education workgroup. Special acknowledgement to the students from the University of Pittsburgh, who were recruited and supervised by Dr. Walt Stoy,

The education program, along with the pilot program document will then be sent to the RSI Task Force, Critical Care Transport Task Force and Medical Advisory Committee for review. We anticipate presenting the program for the board's consideration at the June meeting.

EMS Education Task Force

September 26, 2022

NREMT Practical Skills Testing – the Council has been informed that the NREMT has revised it's end date for ALS psychomotor testing; the new date will be 2025 with a phase out starting in 2024.

The members reviewed VTR 1215-05; expands proposed changes to practical testing for both ALS and BLS certification programs.

ALS institute medical directors already must sign off on skills evaluation prior to graduation. Duplicative process? Currently there are many inconsistencies in the practical skills testing procedures across the commonwealth.

Concern expressed over the ability of some institutes to perform testing. To safeguard they must first request permission from the Department. Can be monitored by the region if so directed. There are varying levels of performance among institutes, especially at the BLS level where no national accreditation exists. Aaron Rhone commented that the BEMS has limited ability to take disciplinary action against an institute related to performance issues.

Cost is a concern, however, the VTR gives institutes the flexibility to evaluate skills throughout the course and/or provide a comprehensive test at the end of the course.

Perhaps this should be considered for a pilot program among institutes that are perceived to be high functioning? Another member suggested a phased-in approach; ALS/BLS institutes first, followed by strictly BLS institutes.

May 2, 2023

The workgroup charged with drafting a position statement met to review the final draft document. The position paper will support the continued use of the NREMT cognitive testing process for the following reasons.

- It is important for Pennsylvania to provide a national-level test for providers at all levels.
- Test questions are developed and validated based on the NHTSA education guidelines.
- NREMT testing is required as a condition of the EMS COMPACT, of which Pennsylvania is now a member.
- 48 other states continue to use the NREMT testing process.
- In its position statement, the Council acknowledges the concerns brought forth by stakeholders regarding pass rates, especially at the BLS level.
- With the statement are numerous recommendations to improve first-time pass success rate and consumer satisfaction.
- It is essential EMS educational institutes prepare students through instruction based on the national EMS education guidelines and strategies on computer-adaptive testing.
- The statement also calls upon the BEMS to make resources available to institutes improve pass rates and satisfaction.

EMS Operations Committee

February 27, 2023

To date, there has been no response from the Department on the joint staffing Concept for Consideration. In the meantime, what are the next steps? It was suggested to reach out to the Ambulance Association of PA for support.

A discussion was held on the efficacy and future requirement for the EMS Vehicle Operator certification. Has this Act 37 initiative accomplished it's intended goal? The there credible data that shows a reduction in accidents and/or accident-related injuries under this program? How many EMSVO certifications have been suspended or revoked by the Department?

The regulated community is of the opinion that EMSVO has only served to create another barrier to rapid response. Under the previous requirements, a driver only need to have completed EVOC course and possess a valid CPR card. In volunteer organizations, this provided flexibility for appropriately training members of the volunteer fire company could fill the driver role as they completed EVOC to operate fire apparatus.

Alternative patient destinations, such as those outlined in the Center for Medicare and Medicaid Innovation, i.e., ET3, was discussed. Does transporting a low acuity patient to an urgent care facility have a significant impact on ED overcrowding? Will there alternate facilities accept an ambulance patient that is unable to move under their own power? How will reimbursement be handled outside of the ET3 pilot? At this point there are more questions than solutions; only time will tell us if this is a sustainable model.

Is overregulation ultimately to blame for PA's EMS system crisis? While it is agreed that the crisis is nationwide and appears to be multifactorial, there is no doubt that overregulation plays a roll. While there needs to be regulatory guidance of how the system provides care, the legacy top-down approach no longer works in the 21st century. Pennsylvania is a diverse state in geography, population and economic resources – all of which affects the provision of healthcare services – including emergency medical services.

May 1, 2023

CFC# 0622-01 (Shared staffing operations between ALS and BLS agencies) was re-submitted to BEMS following the June 2022 PEHSC BOD meeting. The most recent status update, presented by Director Rhone at the PEHSC BOD meeting in March 2023, indicated that the item was still being reviewed by the Department's legal team. No further response has since been provided.

A discussion was held regarding the effectiveness of the EMSVO certification as well as its potential hindrance of recruitment and retention of providers, specifically in rural areas. Justin Eberly from VFIS joined as a guest SME.

The question was raised asking if there is any data on effectiveness of the program in decreasing vehicle incidents. Eberly states that he will attempt to obtain some statistics for this committee's next meeting.

Further discussion centered around the need for this to be a regulation vs. a standard best practice, which would allow for more relaxed staffing standards in lieu of the current manpower shortage. Justin Eberly to research ambulance crash statistics for periods pre- and post- EMSVO implementation

Discussion regarding the permanence of relax BLS minimum staffing standards. The current staffing exemptions have been extended util 2027. Prior to further discussion, the group questions whether these exemptions are being widely utilized. BEMS should have a listing of agencies who are operating in this manner. PESHC to request from BEMS a list of agencies currently utilizing the relaxed minimum staffing standards.

Discussion regarding the prevalence of QRS usage in Pennsylvania. What is the current number of QRS agencies, what is the rate of decline, and are they meeting response standards?

Gary Watters presented the following:

- 2013 (prior to QRS licensure) – 616 services
- 2021 - 441 services

There are a significant (and possibly increasing) number of fire departments choosing to run as a "medical assist" asset instead of a licensed QRS service. BEMS is reportedly attempting to control this but there are many challenges.

A major question centers around the difference of "medical assist" vs. QRS. At what level should a licensure be required? This is a good topic for a legal opinion. PEHSC to request from BEMS current data on QRS to include agency numbers, call volumes, and failure rates.

Anthony Deaven raised a concern regarding the language on the standard patient refusal form. He is concerned that the option "EMS believes alternate treatment/transportation plan is reasonable" is a potential liability as there is no further clear definition of this in protocol. Following a lengthy discussion on the topic the majority of the group felt that this was a very limited potential liability that could be mostly offset by good documentation and consultation with medical command when indicated.

Special Operations Task Force

The Special Operations Task Force spent the year continuing to finalize the details put forth in *"VTR# 0623-02 - Tactical Emergency Medical Services* noted above. As the overwhelming majority of this content was developed in the previous fiscal year, no additional formal meetings were required, with all work completed by sub-groups and communicated electronically.

EMS for Children Program

August 30, 2022

The Pennsylvania EMSC survey for 2022 results were reviewed and compared with national results, specifically the presence of an EMS agency PECC and the use of pediatric specific equipment. Of the agencies who reported having a PECC, specific duties were identified and ranked by percentage of inclusion in their individual roles compared to nationwide

Dr. Sage Myers reports CHOP has created a Family Centered Care program that can be adjusted to support EMS specific needs and offered to work with the group to do so. Mr. Spencer advised the PA Train program can support the training for EMS providers. Louis Bellace also offered a Family Centered Care program for technology dependent children that can be updated and shared.

Skills assessment data was reviewed across the state and nationally. PA is below national average for skills assessments two or more times per year however does better with at least once a year. Overall, the state is behind in having sills assessments available to providers for addressing competencies. The upcoming PECC Learning Session will be addressing methods to support improving skills being introduced into regular training.

Discussion regarding the proposed Pediatric Conference resulting in committee member interest for further small group discussion. Several committee members offered support and will be contacted separately to discuss options.

Report on on the EMSC program involvement in the PREPaRE program that developed training for complex care children in the event of an emergency or disaster. We are looking to put this training up on PATRAIN for provider access.

Review of the small group recommendations of the revised equipment lists for required equipment to be carried on ambulances, both at the PVRP recognition level and for all statewide licensed units. Mr. Spencer did also discuss the new emphasis on neonatal readiness with many new equipment added. The group addressed line by line recommendations and discussion regarding specific line items and feedback will be incorporated into the next version of the equipment spreadsheet for review and recommendation.

Review of the most recent PVRP and PECC reports for new or upgraded PVPR and new PECC activity. For FY 22-23 there were 6 new/upgraded services in the PVRP program. An additional 25 PECC's were added during the same period. Mr. Spencer recognized the efforts of licensure and PVRP agencies in adding PECC's. Mr. Spencer also introduced the revised PVRP decal and that the products will be manufactured by the same company that produces the state licensure decals for EMS units.

Report on the next four-year grant application has been opened and is being worked on. Key priorities included the expansion of pediatric readiness in emergency departments including the addition of PECC's and weight of pediatric patients in kilograms, to improve pediatric readiness in EMS systems for which our Pediatric Voluntary Recognition program meets and increase EMS PECC's, increase pediatric disaster readiness in ED's and EMS, and prioritize and advance family partnership and leadership engagement.

November 29, 2022

Mr. Spencer provided some information promoting family education to differentiate COVID signs and symptoms versus RSV and the common cold. This information is available through the American Academy of Pediatrics in lieu of a recent surge in demand for pediatric inpatient beds. Dr. Myers spoke regarding promoting public health measures such as hand washing and maintaining distance while in public. She added that current demand is requiring triage to limit admissions and prioritize care. One example was the measurement of fever alone versus in the presence of other symptoms. Long waiting room times are frequently being discharged home due to the lower acuity and availability of beds.

Updates were provided on the ongoing PECC Learning Sessions, the work in progress of an EMSC Pediatric Symposium, several EMS conferences (EMS West and EMMCO West in March along with the Eastern Council conference in the fall as well as the statewide conference in September) are upcoming and could use strong pediatric education from committee members and their colleagues. Additionally, several hospitals and EMS agencies are actively providing local EMS education resources, EMSC can share events across the region or state as appropriate. Lastly, he introduced the concept of integrated pre-hospital and emergency department education which will partner with some of the next grant cycle goals and a new program to be introduced. Dr Owusu-Ansah noted that NAEMT has an EPC curriculum available for use.

Dr. Sylvia Owusu-Ansah was introduced as the new Pennsylvania EMS for Children Physician Advisor. She will take on the role previously filled by Dr. Kim Roth who has moved on to a role outside of emergency medicine. Dr. Owusu-Ansah provided a brief self-introduction about herself and her background with EMSC and related projects. She will also be the EMSC representative on the state Medical Advisory Committee.

The most recent PVRP and PECC reports for new or upgraded PVPR and new PECC activity were reviewed. For FY 22-23 there were 13 new/upgraded services in the PVRP program. An additional 25 PECC's were added during the same period. Mr. Spencer recognized the efforts of licensure and PVRP agencies in adding PECC's. He added several new PVRP agencies who, although not required by their recognition level, have chosen to add a PECC to their service. He also provided attendees a map of Pennsylvania showing the locations of PVRP agencies and PECC's. There are clusters and areas to be addressed but coverage is broad statewide. ED PECC's will be added as they come onboard.

The 2023-2027 State Partnership grant application was submitted on November 7, 2022. Goals of the next four year grant include Expanding Pediatric Readiness in ED's to include establishing a pediatric readiness recognition program and ED PECC's as well as ensuring pediatric patients are weighed in kilograms, Improving Pediatric Readiness in EMS Systems through expanding our current prehospital recognition program and PECC engagement, Increase Pediatric Disaster Readiness in ED's and EMS agencies, and Prioritizing and Advancing Family Partnerships and Leadership Efforts through engagement with our expanded FAN program in Pennsylvania.

February 28, 2023

Mr. Spencer provided an update on the next 4 year EMSC grant application and pending award. An estimated $205,000 annual budget was projected but the recent Presidential budget did not reflect sufficient funds to allow that increase. The grant includes goals regarding facility readiness and recognition, EMS agency readiness and recognition, improved disaster readiness, and a effort to prioritize and advance family partnership and leadership efforts through engagement. A new performance measures manual will be accompanying the award at some point.

There are several upcoming educational opportunities including the John M Templeton MD Pediatric Trauma Symposium, the Seven Mountains 2023 Annual Spring Conference, EMS Update 2023, EMMCO West Symposium 2023, and the American Trauma Society PA Division Annual Conference. The PA EMSC program will be attending the Seven Mountains and EMMCO West events. Dr. Walls added a link in the chat for monthly EMS education being provided by CHOP.

2023 EMSC Survey: Mr. Spencer advised the survey opened January 4th, being led by EDC. The survey continues to evaluate the presence of a PECC and the use of skills to evaluate skills and use of pediatric specific equipment. As of the meeting, the PA response rate has already exceeded last year's 44.6%. Planned phone calls to non-respondent agencies is set for the remaining time and will be divided between the EDC and the PA EMSC program.

There were several updates provided on HRSA and EIIC activities, including a National Rural EMS and Care virtual conference, several pediatric specific tools available through the EMSC Data Center (EDC)m and the EIIC PEAK, Pediatric Education and Advocacy Kits education links. Mr. Spencer also provided a brief update on the ED Stop Suicide QI Collaborative with three PA teams participating. Ms. Foresman-Capuzzi inquired about pre-hospital provided to complete a pounds to kilograms conversion. Mr. Spencer advised many charting programs to complete the conversion but that is post-completion of the call. Other tools include the Broslew tape. One solution may be to ask pediatricians to report weight in kilograms in place of pounds. Mr. Spencer did remind attendees of the PA EMSC weight conversion chart available to all PVRP programs and handed out freely to any organization that accomplishes this task along with the use of personal phone apps to convert. A possible alternative distribution of the request may exist with the PVRP medical directors. Dr. Owusu-Ansah also suggested to distribute through EMSC Committee physicians and regional medical director contacts. Dr. Owusu-Ansah also suggested existing apps. Mr. Taylor added the conversion chart is in the protocols that are required to be available on every licensed unit.

The committee was provided with several Pediatric Preparedness Tools including communications cards and booklets. He added the need to ensure communications across the entire need, those with communications disabilities and those with language barriers. Mr. Spencer requested feedback from the committee regarding ideas for tools to assist with communication, readiness, response, and reunification of children during a disaster.

The committee engaged in a lengthy discussion over several protocols that a sub-committee had put together as recommendations for pediatric revisions to the current protocols. Dr. Cercone made the initial push on these changes, and all have been vetted by the sub-committee. Each recommendation was reviewed with discussion and consensus. A final document was developed and submitted via Dr. Owusu-Ansah for introduction into the Medical Advisory Committee Protocol Committee. (Separate document available) An additional off-line conversation regarding Intra-Nasal Midazolam was suggested to clarify dosing.

June 20, 2023

Duane Spencer reported the following:

EMSC State Partnership Grant Update: PAEMSC received a tentative Notice of Award for the current grant with three tasks to respond to. The first year's funding was reduced from projected but is an increase from prior-year's annual funding. PAEMSC replied back to each task and received a final Notice of Award on May 5th. Key goals and objectives include Expanding Pediatric Readiness in Emergency Departments (PA's key priority) to include ED PECC's and weighing children in kilograms. A Steering Committee has been established and will meet monthly. Additional goals include Improve Pediatric Readiness in EMS Systems where PAEMSC will review and revise our current program as necessary, Increase Pediatric Disaster Readiness in ED's and EMS, and Prioritize and Advance Family Partnership and Leadership Efforts. Mr. Spencer noted the new Performance Measures Manual is projected to be available in July.

Mr. Spencer provided a chart of each objective, specific tasks within the objectives, lead individuals or organizations for each task, and a timeline for activity to be used as a guide and to track on-time performance of the activity. He explained each objective and task at an overview level to familiarize committee members with projected activity over the next four years.

2023 EMSC Survey: Mr. Spencer provided survey results including a map of respondents across the state and a timeline of survey activity and response rates during these activities performed by the EMSC Data Center or by the PA EMSC program specifically. 2023 exceeded the 2022 response rate by several percentage points. Contact information continues to be the key struggle in reaching out to EMS agencies regarding survey completion. PA is in the top 4 states of number of agencies to be surveyed and has the highest response rate of those four states.

PA received initial survey data from the EDC in June which confirmed a 47.1% response rate. Of the respondents, 38.4% identified they have a Pediatric Emergency Care Coordinator (PM EMSC 02) and 22.8% have a process which verifies competency in the use of Pediatric Specific Equipment (PM EMSC 03). Additional data was shared regarding having or adding a PECC along with specific duties of the PECC. The matrix of how pediatric specific equipment use is evaluated showed a strong skill station or simulated event use but a very low (33.1%) use of field encounters to validate competencies.

Mr. Spencer took a moment to recognize committee member Robert Carpenter as the 2023 recipient of the Amanda Wertz Memorial EMS for Children Award for his dedicated service of education and prevention efforts in the care of children.

Statewide Pediatric Education: Mr. Spencer revisited the need to refresh current products and establish new programs through the PA TRAIN Learning Management System platform. The program is also looking to add the EMSC PEAK training videos onto TRAIN for Con-Ed. Committee members were asked to contribute or refer colleague content for use.

New PVRP and PECC Recognitions: Mr. Spencer reviewed the most recent PVRP and PECC reports for new or upgraded PVPR and new PECC activity. For FY 22-23 there were 26

new/upgraded services in the PVRP program and an additional 97 PECC's were added during the same period.

National Roadway Safety Strategy: Mr. Spencer introduced a summary of the NRSS and specifically the Post-Crash Care objective where funding may be available by the National Highway Safety Administrations through the Pennsylvania Department of Transportation. Overall, 5 billion dollars over five years has been allotted for the entire project. The Post-Crash Care component applies specific to EMS by improving EMS personnel on-scene safety through outreach and training and through Traffic Incident Management training and technology deployment, improve availability and quality of national EMS data, and improve the delivery of EMS throughout the nation. A proposal is being submitted by EMSC through the Bureau of EMS for submission to the Department of Transportation and inclusion in their plan for the upcoming year.

2024 National Prehospital Pediatric Readiness Project: Mr. Spencer reported that 2024 will forgo the annual EMSC survey and focus on an expanded survey similar to that used to survey hospitals in 2021. EMS agencies who respond to the survey will receive a Gap Analysis report upon completion which they can use to assess their strengths and weaknesses. Contact information will need to be updated and a more defined communications plan is forthcoming.

Medical Advisory Committee update: Protocol revisions: Mr. Spencer reviewed the summary of pediatric specific proposed protocol revisions (included in the shared folder) which have been submitted to the Medical Advisory Committee for consideration. Presently, BLS protocols have been reviewed including language regarding abandonment which has previously been added and heavily discussed. Dr. Bledsoe had expressed concern about having three different dose and delivery methods. Dr. Owusu-Ansah added recognition of her colleague Dr. Cercone and included conversation regarding Intra-Nasal Versed application. Dr's Walls and Myers adding conversation in support of IN Versed. Dr. Alander included concern over use in the Autistic population, does the protocol need caution in use of specific patient populations?

Mr. Spencer added feedback from EMS colleagues regarding the Handtevy app and possible calculation errors (no specifics were provided), and that the ACR4 safe transport device is no longer in production and has been replaced by the ECR device. Several testing videos of the ACR4 were available online and showed the device failing during preliminary sled testing but have since been removed. Safe Transport standards and testing are underway and should have some conclusion in the next few years. Dr. Owusu-Ansah noted Dr. Cercone has worked to assure available apps used locally by providers are using correct pediatric resources and calculations. The IALS protocols include a table on oral medication dosing which has been updated. Feedback from the group included conversation about availability for the correct type of syringe, I.E. drawing up 1.875 ml's into a larger syringe is difficult. Also, Infant Tylenol is no longer available and should be removed. Typically, Infant Drops come with an appropriately sized syringe that comes in the packaging.

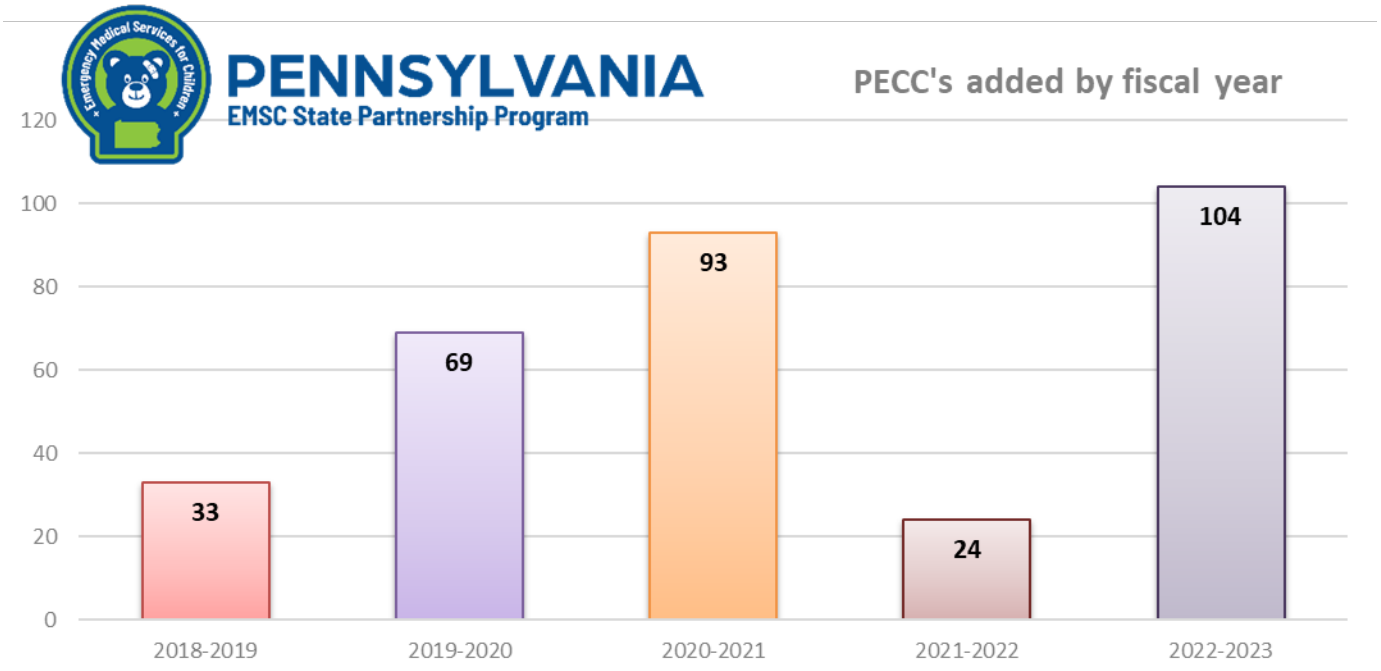
Family Advisory Network growth: Mr. Stuart was not present. Mr. Spencer restated the previous interest in expanding our FAN group to include family, caregiver, patient, and provider representation. Individuals and organizations are welcome and should be directed to him. Cheryl Weir suggested adding a Child Abuse Pediatrician to the FAN group.

Jay Taylor mentioned utilizing school nurses as PECC's for agencies as a resource. Mr. Spencer noted the School Nurses Association has been involved with PA EMSC previously with the School Guidelines project. Dr. Walls noted unfortunately not all schools have school nurses. Mr. Spencer will reach out the PA School Nurse Association for engagement.

The EMSC Program continues to promote pediatric readiness through two key programs. The Pediatric Voluntary Recognition Program (PVRP) which began in 2013 now has 253 agencies participating in one of five (5) levels of readiness and recognition. For the current fiscal year, the program added or upgraded twenty-two (22) agencies.

EMS Region	EMS Agency Name	PVRP Level
BUCKS	**Warrington Community Ambulance Corps**	Master
CHESTER	**Westwood Fire Company**	Expert
DELAWARE	**Aston Township Fire Department**	Expert
EHSF	**First Capital EMS - (formerly West York Ambulance)**	Advanced
EMMCO WEST	**Community Ambulance Service**	Intermediate
EMMCO WEST	**Oil City Fire Department**	Advanced
EMMCO WEST	**Pleasant Volunteer Fire Department**	Basic
EMMCO WEST	**Edinboro Volunteer Fire Department**	Advanced
EMS WEST	**Chippewa Township VFD**	Master
EMS WEST	**Rescue Hose and Ladder Co Ambulance**	Expert
EMS WEST	**Dayton Volunteer Fire Department QRS**	Basic
EMS WEST	**Unity Volunteer Fire Department**	Advanced
EMS WEST	**Wexford Volunteer Fire Company**	Expert
EMS WEST	**Allegheny Health Network PreHospital Care Services**	Intermediate
EMS WEST	**C & S Ambulance Service, Inc.**	Intermediate
EMS WEST	**Oklahoma Volunteer Fire Department No.1**	Intermediate
EMS WEST	**Vandergrift Fire Department No. 2**	Intermediate
EMS WEST	**Peebles District Volunteer Fire Company**	Master
EMS WEST	**Mount Pleasant Emergency Medical Services**	Intermediate
LTS	**Dushore Fire Company No.1 Ambulance**	Intermediate
MONTGOMERY	**VMSC of Lansdale**	Expert
MONTGOMERY	**Upper Gwynedd Township Fire Department**	Master
MONTGOMERY	**Bryn Athyn Fire Company**	Master
S ALLEGHENIES	**Cambria Alliance Emergency Medical Services**	Master
S ALLEGHENIES	**East Hills Ambulance**	Basic
S ALLEGHENIES	**Mount Union Fire Co. No. 1**	Advanced

Additionally, EMSC rolled out the Pediatric Emergency Care Coordinator (PECC) program in 2019 as one of seven (7) State Partnerships across the country. The PECC is an integral link to providers in being prepared to care for pediatric patients through facilitating education, skill, equipment, and processes focused on improving the outcome of pediatric care. For the current fiscal year, the program added one hundred four (104) EMS Agency PECC's.



EMS System Opportunities Workgroup/Steering Committee

This project known originally as the EMS Workforce Project has been rebranded as the "EMS System Opportunities Workgroup," which enables the group to explore workforce recruitment and retention issues directly, but to also consider growth opportunities in the EMS system that would attract new providers and retain those who are already practicing. Areas of discussion include, but are not limited to, compensation/benefits, operations, clinical practice, system/agency management and law/regulation. The Council is collaborating on many of these issues with other statewide organizations, i.e., the Ambulance Association of PA and PA Fire and Emergency Services Institute.

The workgroup met twice during the fiscal year and established target areas for system changes. The steering committee then met and established the following work plan for PEHSC committees and task forces. This work remains ongoing.

EDUCATION CONSIDERATIONS: *Assigned to Education Task Force Unless Otherwise Noted*

EMS [BLS] EDUCATIONAL INSTITUTES * - Improve the quality of BLS education by the enforcement of current regulations by the Department. Consider additional regulations. Utilize best practices for compliance education.

PROVIDER CERTIFICATION - Shift the responsibility of verifying a provider's psychomotor skills to the EMS education institute.

CONSISTENCY WITH NHTSA SCOPE OF PRACTICE MODEL AND PROVIDER DESCRIPTIONS - Ensure Pennsylvania's scope of practice is, at a minimum, aligned with the National Highway Traffic Safety Administration (NHTSA) National Scope of Practice Model at all levels of certification. Consistent with NHTSA descriptions, designate/recognize providers at the EMT, AEMT and Paramedic level as a "Healthcare Professional," e.g., "The [INSERT PROIVDER LEVEL] is a healthcare professional whose primary focus is to…"

PHRN -Fix PHRN Education Gaps. Add regulations to mandate education/training for gaps in the minimum standard RN education compared to both the EMT and Paramedic education minimal standards.

SYSTEM CONSIDERATIONS: *Assigned to Opportunities Steering Committee Unless Otherwise Noted*

EMS AS AN "ESSENTIAL SERVICE" * - Add language to Title 35 to establish emergency medical services as an essential service. Link issues of mutual aid dispatches and local level funding to the concepts presented.

PSAP INTEGRATION * – Public Safety Answering Points (PSAP's) are an integral piece of the EMS system. Improve integration or communication with EMS through data sharing that would lead to increased system operations on both sides.

SPECIAL OPERATIONS EMS SERVICES - Establish guidelines pertaining to Special EMS services indicated as in regulations. Specifically, special events, wilderness and tactical EMS
Assigned to – Special OPS Task Force

OPERATIONAL CONSIDERATIONS: *Assigned to EMS OPS Committee Unless Otherwise Noted*

GENERAL STANDARDS FOR PROVIDING EMS * – The Rules for minimum staffing should only be considered upon transport of the patient. Enhance an environment for agencies to invent efficiencies.

a. Permit staffing plans that are not subject to DOH approval but require approval by affected municipalities.

b. Ability for ALS and BLS agencies to share staff to stand up a MICU with the need for BLS to upgrade its license. Permit multiple agencies to provide minimum staffing requirements at an incident scene and prior to transport.

DISCIPLINARY BOARD * - A just culture of care with a transparent approach to include an appropriate investigation, due process for provider discipline / agency violations, and a peer review process that engages field providers and promotes trust in the disciplinary process should be considered.
The inclusion of appropriate Tort protections for providers is needed.

CLINICAL CONSIDERATIONS: *Assigned to the Medical Advisory Committee Unless Otherwise Noted*

TREAT AND RELEASE * - Create legal options to treat/release and transporting to non-traditional locations. Address the very "limited" hospital. With more advanced Urgent Cares available, reduced hospital Emergency Department resources, compounded the new "mini" Hospital that is a licensed hospital with an emergency department and a critical care (ICU) bed or two but has very limited resources/depth/capabilities.

* Concept found in the PEHSC 2023 Legislative Agenda

Additional Council Projects

State Plan

At the direction of the Department, this project remains on hold. Staff continues to collect information that would be of interest for a state EMS plan revision.

CISM Team Update

PEHSC updated the team listings as found on the PEHSC website upon request.

EMS Week 2023: "Where Emergency Care Begins"

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

Member Surveys

Each year, PEHSC conducts member surveys and social media outlets to obtain information and member perspective on a wide range of subjects. This information provides valuable grassroots insight regarding EMS system needs. The following surveys were conducted during FY 2022-2023:

- Statewide Treatment Protocol Update Survey
- EMSC EMS Agency Survey
- Community Paramedicine Agency Survey

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.

Specifically, the bylaws committee met twice during the fiscal year. The bylaws were reviewed by both the committee and legal counsel and modifications were approved during the March 2023 Council meeting.

New Member Spotlight

During FY 2022-2023, PEHSC welcomed the following new [voting] Council members:

Elverson Honey Brook Area EMS

Lower Alsace Volunteer Ambulance Association

Contributions

PEMA 9-1-1 Advisory Board

PEHSC continues to hold a seat on the advisory board to provide EMS insight into dispatch and communications matters.

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.

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
- Pennsylvania Fire & Emergency Services Institute Statewide Advisory Board Meetings
- NAEMT Affiliate Council meetings

Legislative Affairs and 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 was prepared by the EMS Law Committee during 2 meetings and includes but is not limited to the following concepts:

Essential Service: Support enhanced language beyond what is in Act 37 of 2009. EMS should be acknowledged, promoted, and supported as an essential service and medical safety net at all levels of government state, county and municipal.

Local Solutions: Support increased revenue sources and mutual aid policies to sustain to EMS agencies. Support efforts at the local level to cover the cost of readiness including consideration of raising the municipal EMS tax millage. Support the Authorities model for EMS. Support mutual aid models and financial cooperation between municipal areas to achieve 24/7/365 coverage.

Reimbursement: Support legislation that supports appropriate reimbursement levels for EMS services from Medicare, Medicaid and other insurance entities.

Specifically –
Any changes to Medical Assistance (MA) to be consistent with Medicare rates, mileage rules and guidelines (Title 55, Chapter 1245) as well as the addition of the annual federal Ambulance Inflation Factor to payments to be consistent with the Consumer Price Index.

Investigate the elimination of medical co-pays and deductibles for 911 ambulance service

Support the reimbursement of treatment without transportation by commercial insurers.

Support a statewide ambulance fee schedule structure of all insurers with reasonable rates and appropriate increases to make all EMS agencies "in network" providers.

EMS Provider Shortage: Support efforts to provide incentives to recruit and retain a sufficient EMS 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. Support changes in staffing requirements to support the existing workforce without jeopardizing clinical care. Support changes to the requirements of educational institutes to support increased enrollments and successful completion. Support efforts to trend and prioritize EMS professions in state workforce programs

System Funding: Support increased EMSOF revenue or via another feasible funding source to provide direct support for the administration of the system tied to an inflation index.

Grants/Loans: 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 as well as daily operations and readiness expenses. Support legislation to provide for expanded low interest loans at the state level for EMS agencies. Support grant/loan distribution models for agencies considered in good standing with the PA Department of Health.

Accountability: Support efforts to maintain a just culture of care with a transparent approach to include an appropriate investigation, due process for provider discipline / agency violations, and a peer review process that engages field providers and promotes trust in the disciplinary process.

Support appropriate Tort protections for providers.

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.

Communications: Support efforts to fund a stable and enhanced 911 system to include Emergency Medical Dispatch and data sharing to improve patient care.

EMS Act/ Regulation Revisions: Support needed EMS Act (37 of 2009) revisions to reflect current practice and enhance system operations. Support the review of regulations to consider waivers and flexibilities to meet system needs as identified by the PEHSC Board.

PEHSC provided the following legislative testimony to the PA legislature during FY 2022-2023:

Supportive testimony for the 2023 EMS Week Resolutions was provided to the House Veterans Affairs and Preparedness Committee.

Council leadership met with the Governor's Transition Team on January 4 to discuss EMS concerns.

PEHSC responded to Legislative inquiries associated with the following:

Act 45 of 2022 (SB 861) – EMS Interstate Compact
This Compact is intended to facilitate the day to day movement of EMS personnel across state boundaries and authorizes state EMS offices to afford immediate legal recognition to EMS personnel licensed in a Compact state.

Act 72 of 2022 (HB 2097) – BLS minimum staffing waiver
Extends the minimum staffing requirements at the time of transport for a BLS ambulance to provide EMS is an EMS vehicle operator and an EMS provider at or above the level of an EMT. This Act has a sunset date of April 29, 2027

Act 54 of 2022 (HB 1421) (Fiscal Code)- MA Rate
The Act increased the MA Basic Life Support (BLS) Reimbursement Rate to $325 and the Advanced Life Support (ALS) Reimbursement Rate to $400

Act 74 of 2022 (HB 2517)- Fireworks Law Modification
The Act includes timelines and rules for using consumer fireworks and repurposes the 12% tax collected from the sale of fireworks the changes related to EMS are:

- $500,000 shall be used for EMS training center capital grants
- Any remaining funds to be equally divided between the EMS and Fire Grant Program

The Council also provided input on legislation related to: community paramedicine (HB 130), the national registry examination (HB 65), mileage rate increase to the MA program for loaded miles (HB 479), the PA Order for Life Sustaining Treatment – POLST (SB 631) and other pieces of legislation providing funding for EMS at all levels with concepts such as hotel tax, county vehicles registration tax, municipal millage cap increase for fire and EMS and changes to or the creation of new grants or loan programs.

2023 Pennsylvania EMS Awards

The 2023 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.


Service
Duty
Commitment
Honor
THE PENNSYLVANIA DEPARTMENT OF HEALTH
AND
PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL
Honors
John Brindle
With The
2023 ALS PRACTITIONER OF THE YEAR AWARD
Presented May 2023
HACC
Founded in 1964
Safety
YOURS.

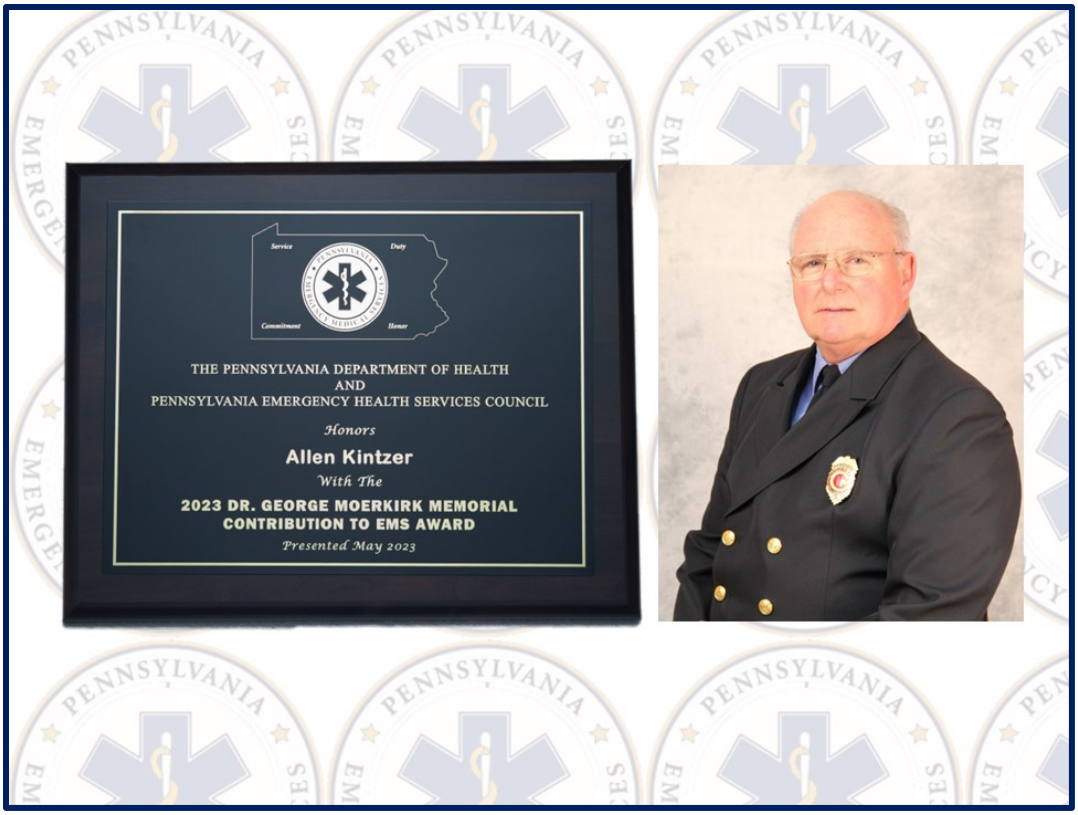

Service
Duty
Commitment
Honor
THE PENNSYLVANIA DEPARTMENT OF HEALTH
AND
PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL
Honors
Shannon Thomas
With The
2023 BLS PRACTITIONER OF THE YEAR AWARD
Presented May 2023


Service
Duty
Commitment
Honor
THE PENNSYLVANIA DEPARTMENT OF HEALTH
AND
PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL
Honors
Brian J. Kosczuk
With The
2023 EMS EDUCATOR OF THE YEAR AWARD
Presented May 2023


Service
Duty
Commitment
Honor
THE PENNSYLVANIA DEPARTMENT OF HEALTH
AND
PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL
Honors
John Roberts
With The
2023 EMS COMMUNICATION AWARD
Presented May 2023


Service
Duty
Commitment
Honor
THE PENNSYLVANIA DEPARTMENT OF HEALTH
AND
PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL
Honors
Robert Carpenter
With The
2023 AMANDA WERTZ MEMORIAL
EMS FOR CHILDREN AWARD
Presented May 2023


Service
Duty
Commitment
Honor
THE PENNSYLVANIA DEPARTMENT OF HEALTH
AND
PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL
Honors
Clifford J. Neal, DO
With The
2023 DAVID LINDSTROM EMS INNOVATION AWARD
Presented May 2023


Service
Duty
Commitment
Honor
THE PENNSYLVANIA DEPARTMENT OF HEALTH
AND
PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL
Honors
Allen Kintzer
With The
2023 DR. GEORGE MOERKIRK MEMORIAL
CONTRIBUTION TO EMS AWARD
Presented May 2023


Service
Duty
Commitment
Honor
THE PENNSYLVANIA DEPARTMENT OF HEALTH
AND
PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL
Honors
Peebles District Volunteer Fire Company
With The
2023 RESCUE SERVICE OF THE YEAR AWARD
Presented May 2023
PEEBLES DISTRICT VOLUNTEER FIRE COMPANY
RESCUE 188 ENGINE

Pennsylvania's 45th Annual EMS Conference

The 45th Annual PA Statewide EMS Conference was held via a virtual format for the third time. The conference events occurred "live" online from September 6th to 9th 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 25 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	2022
Total Attendance	**441**	**254**	**331**	**317**	**445**	**497**	**1344***	**2172***	**2336***
Multi-Day General Conference	250	98	206	221	206	241	n/a	n/a	n/a
Single-Day General Conference	64	81	47	64	60	43	n/a	n/a	n/a
Exhibitors	44	37	25	25	51	100	n/a	n/a	n/a
Registered Nurse Attendance	33	20	27	27	19	26	68	152	196
Preconference Attendance	183	69	50	86	109	87	n/a	n/a	n/a

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

Registration by Certification Level	
Highest Certification	**Total**
Emergency Medical Responder (EMR)	56
Emergency Medical Technician (EMT)	1692
Advanced Emergency Medical Technician (AEMT)	79
Paramedic	966
Prehospital Registered Nurse (PHRN)	135
Prehospital Physician Extender (PHPE)	2
Prehospital EMS Physician (PHP)	19
Not Certified / Not Listed	49

Registration by EMS Region	
EMS Region	**Total**
Bucks County EMS Council	155
Chester County EMS Council	143
Delaware County EMS Council	135
Emergency Health Services Federation (EHSF)	643
EMMCO West	153
EMS West	375
EMS of Northeastern PA	159
Eastern PA EMS Council	381
LTS EMS Council	107
Montgomery County EMS Council	145
Philadelphia Regional EMS	148
Seven Mountain EMS Council	226
Southern Alleghenies EMS Council	154
Not Applicable / Out-of-State	73

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 27,141 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 6,124 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, 2023

Pennsylvania Emergency Health Services Council

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