

FISCAL YEAR 2023-2024 ANNUAL REPORT



PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL
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Mission, Vision and 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 and 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 July 1, 2023 through June 30, 2024.*

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 133 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	Emergency Health Services Federation, Inc.
Allegheny County EMS Council	Emergency Medical Services of Northeastern PA
Allegheny General Hospital	Emergency Nurses Association, PA
Ambulance Association of PA	EMMCO West, Inc.
American Heart Assn - Great Rivers Affiliate	EMS West
American Medical Response Mid-Atlantic Inc.	First Aid & Safety Patrol of Lebanon
American Red Cross	First Capital EMS
American Trauma Society, Pennsylvania Division	Forbes Hospital
Best Practices of Pennsylvania	Fraternal Association of Professional Paramedics
Binns and Associates, LLC	Geisinger-Lewistown Hospital
Bucks County Emergency Health Services Council, Inc	Good Fellowship Ambulance and EMS Training Institute
Bucks County Squad Chief's Association	Harrisburg Area Community College
Burholme EMS	Highmark Inc.
Butler County Community College	Horsham Fire Company No 1
Canonsburg Hospital	Hospital & Healthsystem Association of PA
Centre LifeLink EMS	J R Henry Consulting
Cetronia Ambulance Corps.	Jefferson Hospital
Chal-Brit Regional EMS / Chalfont EMS	JeffStat
Chester Co Dept of Emergency Services	JET Response EMS
Chester County EMS Council, Inc.	Lancaster County EMS Council
City of Allentown EMS	Lehigh Valley Health Network
City of Pittsburgh-Bureau Of Emergency Medical Services	Levittown-Fairless Hills Rescue Squad
Commonwealth Health Emergency Medical Service	Lower Allen Township EMS
Community Life Team	Lower Alsace EMS
County of Schuylkill - Office of Public Safety	LTS EMS Council
Cranberry Township Emergency Medical Service	Marple Township Ambulance Corps
Ctr. For Emergency Medicine Of Western PA	McCandles-Franklin Park Ambulance Authority
Cumberland Goodwill EMS	Medical Rescue Team South Authority
Danville Ambulance Service	Minquas Fire Co. No. 2 EMS
Delaware County Regional EMS Council	Montgomery County Ambulance Association
Eastern Lebanon County School District (ELCO)	Montgomery County Regional EMS Office
Eastern PA EMS Council	Municipal EMS Authority of Lancaster Co
Elverson Honey Brook Area EMS	Murrysville Medic One
	Myerstown First Aid Unit

National Assoc of EMS Physicians - PA Chapter	Shaler Hampton EMS
National Collegiate EMS Foundation	Southern Alleghenies EMS Council
New Holland Ambulance Association	Southern Chester County EMS
Non-Profit Emergency Services of Beaver County	Southwest Ambulance Alliance
Northeast PA Volunteer Ambulance Association	Special Events EMS, Inc
PA Department Of Health	St Luke's University Health Network
Penn Medicine - Lancaster General Hospital	Star Career Academy
Penn State Milton S Hershey Medical Center	State Firemen's Association of PA
Pennsylvania ACEP	Suburban EMS
Pennsylvania Athletic Trainers Society	Susquehanna Regional EMS
Pennsylvania Committee On Trauma ACS	Technical College High School-Brandywine
Pennsylvania Fire and Emergency Services Institute	Temple Health System Transport Team, Inc.
Pennsylvania Medical Society	Thomas Jefferson University
Pennsylvania Neurosurgical Society	Tioga County EMS Council
Pennsylvania Orthopaedic Society	Topton A L Community Ambulance Service
Pennsylvania Osteopathic Medical Association	Tower Health
Pennsylvania Professional Fire Fighters Association	UPMC EMS Physicians
Pennsylvania Psychological Association	UPMC Hamot
Pennsylvania Society of Internal Medicine	UPMC Presbyterian
Pennsylvania Society of Physician Assistants	UPMC Susquehanna
Pennsylvania State Nurses Association	Uwchlan Ambulance Corps
Pennsylvania State University	Valley Ambulance Authority
Pennsylvania Trauma Systems Foundation	VFIS
Philadelphia Fire Fighters Union Iaff Local 22	VMSC of Lower Merion and Narberth
Philadelphia Regional EMS Council	Wakefield EMS
Plum EMS	Warwick Community Ambulance Association
Portage Area Ambulance Association	Washington County EMS Council
Public Safety Training Associates	Wellspan York Hospital
Rehabilitation And Community Providers Association	West End Ambulance Service
Riddle Hospital - Main Line Health System	West Grove Fire Company
Second Alarmers Association And Rescue Squad	West Penn Hospital
Seneca Area Emergency Services	Western Berks Ambulance Association
Seven Mountains EMS Council	Westmoreland County EMS Council Inc



Affiliate Council Membership

This group is comprised of 146 organizations or individuals who are members of the Council without voting privileges.

- | | |
|---|---|
| Acute Care Medical Transports Inc. | Delaware County Memorial Hospital EMS |
| Adams Regional Emergency Medical Services | Dover Area Ambulance Club |
| American Life Ambulance | Duncannon EMS, Inc |
| American Patient Transport Systems, Inc. (APTS) | East Brandywine Fire Company QRS |
| Amserv. Ltd. | Eastern Area Prehospital Service |
| Area Services, Inc | Eastern Regional EMS |
| Auburn Fire Company Ambulance Service | Easton Emergency Squad |
| Beavertown Rescue Hoe Co. Ambulance Service | Ebensburg Area Ambulance Association |
| Blacklick Valley Foundation & Ambulance Service | Elizabeth Township Area EMS |
| Blakely Borough Community Ambulance Association | Elysburg Fire Department EMS |
| Borough of Emmaus Ambulance | Event Medical Staffing Solutions |
| Brighton Township Volunteer Fire Department | Factoryville Fire Co. Ambulance |
| Brooks R. Foland, Esq. | Fame Emergency Medical Services, Inc |
| Brownsville Ambulance Service Inc | Fayette Township EMS, Inc. |
| Buffalo Township Emergency Medical Services | Fayetteville Volunteer Fire Department, Inc. |
| Central Medical Ambulance Service | Fellows Club Volunteer Ambulance Service |
| Centre County Ambulance Association | Forest Hills Area Ambulance Association, Inc. |
| Chippewa Township Volunteer Fire Department | Franklin And Northmoreland Township Ambulance Assn. |
| Christiana Community Ambulance Assoc Inc | Gilbertsville Area Community Ambulance Service |
| Citizens Volunteer Fire Company EMS Division | Girardville Ambulance Service |
| Clairton Volunteer Fire Dept. | Goshen Fire Company |
| Clarion Hospital EMS | Greater Pittston Ambulance & Rescue Assn. |
| Community Ambulance Association Ambler | Greater Valley EMS, Inc |
| Community Ambulance Service, Inc | Guardian Angel Ambulance Service Inc. |
| Community College Of Beaver County | Halifax Area Ambulance and Rescue Association, Inc |
| Conemaugh Township EMS Inc. | Hamburg Emergency Medical Services, Inc. |
| Corry Ambulance Service, Inc. | Hamlin Fire & Rescue Co. |
| Cambria Alliance EMS | Harmony EMS |
| Delaware County Community College | Hart to Heart Ambulance Service Inc. |

Hastings Area Ambulance Association, Inc.
 Haverford Township PArmedic 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 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
 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.

Westmoreland County Community College
 White Mills Fire Department Ambulance

White Oak EMS

Board of Directors

Each year, the Council elects a Board of Directors comprised of 30 of the organizations represented by the Council. The Board of Directors serves as the official advisory body to the Pennsylvania Department of Health on EMS issues and meets quarterly.

Allegheny General Hospital	Robert Twaddle
Ambulance Association of PA	Donald Dereamus
Burholme EMS	Tim Hinchcliff
Centre LifeLink EMS	Kent Knable
Cetronia Ambulance Corps.	Robert Mateff
Chester Co Dept of Emergency Services	Harry Moore
City of Allentown EMS	Matthew Brett
Community Life Team	Barry Albertson
Good Fellowship Ambulance and EMS Training Institute	Kimberly Holman
Harrisburg Area Community College	John Brindle
Hospital & Healthsystem Association of PA, The	Chris Chamberlain
Lower Allen Township EMS	Anthony Deaven
Montgomery County Regional EMS Office	David Brown
PA Department Of Health	Anthony Martin
Penn State Milton S Hershey Medical Center	Keith McMinn
Pennsylvania ACEP	Dr. Bryan Wexler
Pennsylvania Committee On Trauma - ACS	Dr. Susan Baro
Pennsylvania Fire and Emergency Services Institute	Jerry Ozog
Pennsylvania State University, The	J. David Jones
Pennsylvania Trauma Systems Foundation	Juliet Altenburg
Riddle Hospital - Main Line Health System	Keith Laws
Southern Alleghenies EMS Council	Jordan Anthony
Southwest Ambulance Alliance	J.R. Henry
Tower Health	Brad Cosgrove
UPMC Presbyterian	Dr. Ronald Roth
Valley Ambulance Authority	J.R. Henry
VFIS	Justin Eberly
Wellspan York Hospital	Dr. Steven Schirk
West Grove Fire Company	Gary Vinnacombe
Western Berks Ambulance Association	Anthony Tucci
Susquehanna Regional EMS	Mark Trueman

FY 2023-24 Board Meeting Dates

September 20, 2023

December 13, 2023

March 20, 2024

June 11, 2024

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 _____ Christopher Chamberlin
- TREASURER _____ Dr. Ronald Roth
- MEMBER-AT-LARGE _____ Kimberly Holman
- MEMBER-AT-LARGE _____ Keith Laws
- IMMEDIATE PAST PRESIDENT _____ J. R. Henry

Council Staff

The Council employs a staff of four, 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 DirectorJanette Swade
- Sr. EMS Systems SpecialistDonald [Butch] Potter Jr.
- EMS Systems Specialist.....Andrew Snavely
- EMS for Children Project ManagerDuane Spencer

Executive Offices

Pennsylvania Emergency Health Services Council
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FY 2023 – 2024 Financial Information

<i>Category</i>	<i>Budget</i>	<i>Actual*</i>
<i>State Contract</i>		
Income	353,940.00	287,725.00 (Limited payments received)
Expense		353,940.00
<i>EMSC Contract April – June 2024 (aligned with federal grant year)</i>		
Income	46,566.00	0 – no payments to date
Expense		34,583.00
<i>EMS Conference</i>		
Income	50,000.00	47,643.00
Expense	30,000.00	29,540.00

* Fiscal Year 2023-2024 amounts listed are pending the year-end audit. The complete financial audit is 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	797 hours
Executive Committee	63 hours
Membership Committee	18 hours
Nominating Committee	34 hours
Medical Advisory Committee	810 hours
Critical Care Transport Task Force	110 hours
EMS Education Task Force	81 hours
EMS Operations Committee	28 hours
Special Operations Task Force	42 hours
Other Activities	249 hours
TOTAL ESTIMATED VOLUNTEER ACTIVITY	2,232 hours



Recommendations to the PA Department of Health

The following recommendations, in either the form of a “VTR” (Vote to Recommend) or “CFC” (Concept for Consideration), were approved by the PEHSC Board of Directors.

VTR#: 0623-02 (As Amended and Resubmitted to the BEMS 9/2023)

Board Meeting: September 20, 2023

Subject: Recommended Standards for Tactical EMS

Recommendation:

The Department should accept and implement the revised standards for the operation of a Tactical EMS Agency.

Background:

As the emergency medical services profession continues to evolve, multiple specialty areas of operation have emerged. One such specialty is that of Tactical Emergency Medical Support (TEMS). TEMS, defined by the National Tactical Officer’s Association (NTOA) as “the provision of preventative urgent and emergent medical care during high-risk, extended duration and mission-driven law enforcement special operations”, has become widely accepted as a required element of any tactical team.

The TEMS mission is complex and highly specialized, thus requiring providers functioning in these roles to have a level of training and practice authority above and beyond that of a traditional EMS provider. This project establishes educational standards and an expanded scope of practice that will allow these allied health professionals to provide effective medical support as a member of a tactical response team.

Pennsylvania Department of Health (Department) possesses the statutory (Title 35, Health and Safety) and regulatory authority (Title 28, Health and Safety) to establish the Tactical Paramedic and authorize their practice.

28 Pa Code § 1027.41. Special Operations EMS Services:

(a) *Generally.* A special operations EMS service provides EMS in austere environments that require specialized knowledge, equipment or vehicles to access a patient or it addresses patient care situations that differ from the routine situations that can be handled by a QRS, ambulance service or squad service, or some combination thereof. Depending upon the type of special operations EMS service and the circumstances presented, a special operations EMS service may be able to meet the EMS needs of the patient by itself, or may need to work with other EMS services to meet the EMS needs of the patient.

(b) *Special provisions.* The following apply to special operations EMS services:

(1) When providing EMS through a special operations EMS service, an EMS provider's scope of practice is expanded to include EMS skills and the use of equipment in addition to those included in the EMS provider's general scope of practice if the EMS provider has received education to perform those skills and use that equipment by having successfully completed a course approved by the Department for that type of special operations EMS service. The EMS provider is required to be able to document having received that education and to demonstrate competency in the performance of those skills and use of that equipment to the EMS agency medical director. Performance of those skills and use of that equipment by that level of EMS provider will be authorized by the Department as published in a notice in the *Pennsylvania Bulletin*. An EMS provider shall perform these skills as directed by the Statewide EMS protocols applicable to that type of special operations EMS service or as otherwise directed by a medical command physician.

Best Practice Recommendations:

Currently, across the Commonwealth, there are EMS agencies that provide medical support to tactical law enforcement teams on a regular and/or pre-arranged basis. The depth and breadth of an agency's involvement ranges from simply providing a dedicated ambulance to deploy with a team to a more formal arrangement where the agency's providers have completed some type of tactical EMS course, regularly train with law enforcement and may even be an integral part of an entry team.

In the future, when the Pennsylvania Department of Health begins to license the "Tactical EMS Agency" in accordance with 28 Pa.C. § 1027.41(c), some agencies currently providing dedicated support to law enforcement will take steps to obtain licensure, while others will be unable or unwilling to make the required financial and/or operational commitment. If an agency finds itself in this position, what are their options?

First, it's important to understand there is no requirement set forth in Pennsylvania statute or regulation that prevents a currently licensed BLS, IALS or ALS agency from continuing to provide tactical EMS support. The most significant functional difference between a licensed EMS agency and a licensed 4 "tactical EMS agency" lies in the EMS providers' ability to operate with an expanded scope of practice, following completion of additional education and credentialing by the agency medical director.

An EMS agency that intends to continue to provide regular support to a tactical team, but not pursue tactical licensing, should ensure their EMS providers have been appropriately trained to operate in a safe manner, especially if providers are an integral part of a tactical entry team. Even though these providers would not have an expanded scope of practice, it is highly recommended they complete the Department approved training education proposed in this document. If the EMS agency should decide to pursue tactical licensing in the future, having their providers educated to the Department approved standard will make the transition more efficient.

Education Standards:

Like many specialties, TEMS was created to fill a very specific need. Not surprisingly, this initially occurred with very little guidance or consistency. As more and more TEMS programs became operational it became evident that a minimum standard of practice and education was needed. Beginning in the late 2000's, a group of subject matter experts began working to develop a listing of core competency domains of which a TEMS provider should be proficient. This was further finalized and published in 2011 with the formation of

the National TEMS Initiative and Council (NTIC). Most recently updated in 2016, the following 10 NTIC Core Competency Domains are now widely accepted as the standard for Tactical Emergency Medical Support.

1. Tactical Emergency Casualty Care
2. Medical Planning
3. Remote Medical Assessment and Surrogate Treatment
4. Force Health Protection
5. Legal Aspects of TEMS
6. Haz-Mat Management
7. Environmental Factors
8. Mass Casualty Triage
9. Tactical Familiarization
10. Operational Rescue and Casualty Extraction

A tactical EMS course sponsor should be accredited by the Pennsylvania Department of Health as an advanced life support education institution, licensed tactical EMS agency or a nationally recognized organization with expertise in tactical EMS to conduct a tactical paramedic course. The tactical EMS agency or nationally recognized organization with expertise in tactical EMS would be required to adhere to the same policies as accredited educational institutions with regard to course administration.

Completion of a clinical practicum should be required for tactical paramedic endorsement by the Department. Students should demonstrate psychomotor skills competency in both the classroom/lab and simulated high threat environment for specific skills that may be used in such a setting. This experience should be provided as an integral part of a tactical paramedic course.

The process to evaluate a student's entry-level mastery of the information presented in the tactical paramedic course is the responsibility of the course sponsor. This can be accomplished through the use of both cognitive and psychomotor examinations covering previously presented didactic and lab material. Course sponsors are permitted to incorporate the successful completion of a 3rd party exam, e.g. IBSC TP-C, as part of their course requirements, however the Department will not independently require such an exam following successful completion of an approved course as a prerequisite for expanded scope of practice.

The second level of competency evaluation, and arguably the most important, is that which is conducted by the tactical agency EMS medical director as part of the agency's credentialing process. The medical director has the sole discretion to grant, restrict or deny [expanded] practice privileges, in total or in part, pursuant to 29 Pa. Code §1023.01 (a)(1):

System Integration:

A PA certified EMS provider, above the AEMT level, who desires to obtain expanded scope of practice privileges to provide care on behalf of a tactical EMS service, shall submit documentation of successful completion of a Department approved course in tactical paramedicine to the EMS agency medical director for review. The Department will maintain a listing of approved training programs for reference.

The tactical paramedic will only be permitted to use the approved expanded scope of practice when providing care for a licensed tactical EMS agency, or in other patient settings authorized by the Department of Health.

VTR#: 0624-01

Board Meeting Date: June 11, 2024

Subject: Development and Use of Agency Level Protocols by Critical Care Ground Ambulances and Special Operations EMS Agencies.

Committee/Task Force: (Joint Recommendation from) Medical Advisory/Critical Care Transport Task Force/Special Operations Task Force

Recommendation:

The Department should authorize the development and use of OPTIONAL agency-level treatment protocols, approved by the Department, by licensed critical care transport ambulance services and special operations EMS agencies.

Background:

Historically, the Department has taken the position that it lacks the regulatory authority to approve agency level protocols not specifically provided for in the EMS regulations. PEHSC believes that previous BEMS leadership may have erred in its interpretation of their authority in this area and can authorize EMS agency level protocols.

Although the EMS regulations establish the Department's authority to establish statewide protocols, there is no prohibition, expressed or implied, preventing the creation of protocols below the statewide level.

When the current rules and regulations were promulgated, language was added to maintain the ability of air ambulance services to continue using agency-level protocols that were developed prior to 2013. Unlike air ambulances, critical care ambulances and special operations EMS services were not defined prior to Act 37 (2009) and the rules and regulations (2013). While possibly an unintentional oversight during regulatory development, there was no intent for agency-level protocols to be the exclusive domain of air ambulance services.

Development of optional agency-level protocols does not preclude the continued development of statewide protocols in these areas of practice if so desired. The use of an approved agency versus statewide protocol will be at the discretion of the agency medical director.

For ground critical care transport ambulance services, not associated with a flight program, and special operations EMS services:

- Their mission and practice environment can be highly variable based on geography, population, event and in the case of ground critical care transport, institutional customer requirements.
- These specialty services tend to have highly engaged medical directors and experienced EMS providers.
- In contrast to the current statewide protocols and those that may be developed in the future, a one-size-fits all approach can adversely affect an agency's ability to function.
- The agency medical director is in the best position to know what type of clinical guidance is needed to serve a particular community.

The scope of this recommendation is limited to licensed:

1. Critical Care Ambulance Services (28 Pa.C. §1027.39)
2. Special Operations EMS Services (28 Pa.C. § 1027.41)
 - a. Tactical
 - b. Wilderness
 - c. Mass Gathering
 - d. Urban Search and Rescue (USAR)

Independent Legal Analysis:

To assist in the development of this recommendation, PEHSC sought the counsel of Kenneth Brody, Esq. from the law firm of Page, Wolfberg and Wirth (PWW). Prior to joining PWW, Mr. Brody was employed by the Commonwealth of Pennsylvania, Department of Health, Office of General Counsel. In this capacity, he provided legal advice to the Bureau of EMS, including being the principal architect of the 2009 PA EMS Systems Act (Act 37) and the Act's rules and regulations, 28 Pa.C. Health and Safety, Part VII. Emergency Medical Services (2013).

On February 9, 2022, Mr. Brody wrote:

"The EMS System Act expressly authorizes only the Department of Health (DOH) pursuant to 35 Pa.C.S. § 8105(c), and regional EMS councils, subject to Department approval, pursuant to 35 Pa.C.S. § 8109(c)(8), to establish protocols governing EMS provider performance when providing EMS. However, DOH has not interpreted these provisions to restrict its authority to authorize other entities to adopt protocols governing EMS provider performance when providing EMS."

"By DOH regulation 28 Pa. Code § 1027.40(e), DOH has authorized an EMS agency that provides air ambulance service to establish for the air ambulance service EMS protocols that address EMS not covered by DOH's EMS protocols, provided the air ambulance protocols are approved by DOH. Pursuant to 28 Pa. Code § 1027.39(b), for a critical care transport (CCT), DOH provides for a health care provider, subject to DOH approval, to substitute for one of the two EMS providers above an AEMT specified by the regulation to serve as a member of the crew, provided the remaining crew includes one EMS provider above the AEMT level who has successfully completed a CCT educational program approved by DOH. Under this regulation one of the requirements for DOH approval of the substitute provider is that the EMS agency submit to DOH, for its approval, an EMS agency protocol for its CCT service. Neither of these EMS agency prepared air ambulance or CCT protocols are expressly authorized by the EMS System Act."

"Consequently, consistent with DOH's interpretation of the authority granted to it under the EMS System Act, as reflected in its current regulations, DOH, at least by regulation, may authorize the establishment by EMS agencies of protocols, approved by DOH, to govern the conduct of EMS crews when providing EMS for certain types of ambulance services. Also, because the content of the EMS protocols established by DOH and regional EMS councils is not established by statute, we believe DOH may grant EMS agency specific exceptions to those protocols pursuant to 28 Pa. Code § 1021.4(a) if it is convinced that the policy objectives and intentions of DOH as reflected in the EMS regulations are met by the requested exception, or it is convinced that compliance with the DOH or regional EMS council protocols by the requesting EMS agency would create an unreasonable hardship, but would not impair the health, safety or welfare of the public."

"If the project is a research project which would involve an EMS agency violating a Statewide or regional EMS protocol, DOH regulation 28 Pa. Code § 1021.141(g) provides that an EMS agency or other person shall apply for an exception to the protocol under 28 Pa. Code § 1021.4.

Medical Review:

This recommendation has been reviewed and recommended by the medical advisory committee and physician members of the CCT transport and Special Operations task forces.

Fiscal Concerns:

None identified.

Educational Concerns:

The agency medical director, as with all protocols, is responsible to provide education on the use of and compliance with agency level protocols.

Plan of Implementation:

The scope of the agency-level protocols applies to paramedics who have completed additional training in critical care or special operations care as approved by the Department and is credentialed by the agency medical director for an expanded scope of practice or prehospital registered nurses (PHRN). However, this in no way limits the PHRN from practice authority granted by Pennsylvania's nursing practice act.

- Development of optional agency-level protocols does not preclude the continued development, of statewide protocols in these areas of practice and the use of an approved agency versus statewide protocol used in a clinical situation will be at the discretion of the agency medical director.
- The "Approved and Required Medication Lists for Emergency Medical Service Agencies and Emergency Medical Service Providers should be amended to reflect the following:
 - *"Medications not listed previously, but appear in a Department-approved EMS agency-level protocol for use by an expanded scope of practice paramedic, PHRN, PHPE and PHP."*
- The approved medications list will also require expansion to capture expanded scope of practice special operations providers.
- Agency level protocols will be subject to Department review and approval consistent with existing regulations for air ambulance agencies, 28 Pa.C Section 1027.40 (e) .
- The "Scope of Practice for Critical Care Transport and Special Operations Emergency Medical Service Providers," should be amended in its preamble, line items or footnotes to authorize procedures for the expanded scope of practice paramedic, PHRN, PHPE or PHP consistent with Department approved agency level protocol.
- The agency medical director is responsible for educating providers on agency level protocols and ensuring compliance when used in patient care.
- The physical presence of agency level protocols during patient care will be consistent with that of statewide protocols for the purpose of agency licensing.

Research and Pilot Program Recommendations

The following research or pilot projects were recommended to the Department of Health for approval by the PEHSC Medical Advisory Committee.

Calcium and Vasopressin following Injury Early Resuscitation Trial (CAVALIER): Stat Medevac/UPMC

Study Aims:

1A. Determine whether prehospital calcium as compared to placebo results in lower 30-day mortality in patients at risk of hemorrhagic shock.

1B. Determine whether early in-hospital vasopressin as compared to placebo results in lower 30-day mortality in patients at risk of hemorrhagic shock.

2A. Determine whether prehospital calcium results in lower 6-hour and 24-hour mortality, lower blood and blood component transfusion requirements, lower rates of multiple organ dysfunction, lower rates of nosocomial infection, fewer deaths from hemorrhage and brain injury, improved hemostasis, and more ICU-free and hospital-free days in patients at risk of hemorrhagic shock.

2B. Determine whether early in-hospital vasopressin results in lower 6-hour and 24-hour mortality, lower blood and blood component transfusion requirements, lower rates of multiple organ dysfunction, lower rates of nosocomial infection, fewer deaths from hemorrhage and brain injury, improved hemostasis, and more ICU-free and hospital-free days in patients at risk of hemorrhagic shock.

3. Determine whether prehospital calcium and/or early in-hospital vasopressin results in differential or additive primary and secondary outcome effects.

Hepatitis A Vaccination Pilot: City of Pittsburgh EMS

Inclusions: Patient encountered by Pittsburgh EMS at high risk for Hepatitis A a. Homeless persons

- b. Patients with a history of drug abuse
- c. Men who have sex with men

2. Exclusions: a. < 18 years old

- b. Prisoners or pregnant persons
- c. Altered Mental Status: unable to consent
- d. Unstable patients requiring emergency resuscitative interventions

3. Process: a. Normal patient encounter and assessment procedures

b. Manage chief complaint per protocol

c. If stable and CAO after assessment/treatment (able to consent) screen if the patient is in a high risk group

d. If an a high risk group offer Hepatitis A Vaccination

- i. If patient refuses manage the rest of the patient encounter as normal
- ii. May offer vaccination if patient is refusing transport

e. Screen for exclusions:

- i. Previous Hepatitis A Vaccination within the last six (6) months
- ii. Known to have received two (2) doses of Hepatitis A Vaccine already
- iii. Previous serious reaction to Hepatitis A Vaccine
- iv. Seriously ill at current time
- v. Taking immunosuppressant medications
- vi. Pregnant

MIH Prehospital Buprenorphine Pilot: Montgomery County Department of Public Safety

- a. A public safety response-focused collaboration between the Montgomery County Department of Public Safety MIH and Access Services. (Overdose Response Team)
- b. Services provided: Urgent response and overdose support to patients and their family / friends / loved ones; Homeless / Housing-insecure canvassing and outreach weekly; leave-behind and public access Naloxone (Narcan) and associated training.
- c. Pairs a specially trained 9-1-1 paramedic from MCDPS with a crisis worker from Access Services who has additional training in as a certified recovery specialist
- d. Available 7 days a week, 10am – 8pm

Council Activities

As reported to the PEHSC Board of Directors

September 20, 2023

Medical Advisory Committee

- The meeting was dedicated to completing the review of the 2023 statewide protocol update.
- Final draft does NOT contain any references to patient abandonment.
- The MAC's recommendations are now with the Bureau of EMS for final processing and development of the online provider education modules.
- We thank Dr. Bledsoe for his support and active participation in the many discussions which led to the final work product.
- The next scheduled meeting of the MAC will be on Wednesday, November 8th.

Critical Care Transport Task Force

- The group is continuing their work to review the current CCT protocols and explore ways to better utilize crew resources
- Members are now engaged in re-drafting the CCT scope of practice and medication list based on stratifying patients as "stable" or "unstable."
- To address the concern of no CCT resources being available in an acceptable timeframe, just-in-time training for ALS paramedics, as a last resort, is being further developed.
- The workgroup will meet on October 5th , with a full task force meeting to follow later in the month.

EMS Education Task Force

- The focus of this meeting was developing strategies to strengthen our BLS Educational Institutes.
- Strengthening the quality and consistency of the BLS education process will have a positive impact on raising first-time NREMT pass rates and consumer satisfaction.
- A data request to the BEMS is being developed to help ensure our recommendations are fact-based.
- A small workgroup is being developed to explore the feasibility of developing a best-practices resource document to assist BLS EI's in delivering high quality education.

EMS for Children Committee

- Facility Readiness and Recognition Program – Steering Committee and program development currently in progress with pilot facility engagement planned Q1 2024
 - Pediatric Voluntary Recognition Program review of national recommendations and consideration of revising the current program planned to begin Q1 2024
 - Family Advisory Network expansion Q4 2023
 - Reviewed the new Performance Measures
 - May 2024 Comprehensive National EMS for Children survey
- Attendance at the EMSC All-Grantee meeting in Austin Tx
- National Association of State EMS Officials (NASEMSO) annual meeting is scheduled for May 12 to 16, 2024 in Pittsburgh.

2023 PA EMS Conference

- September 5-8, 2023
 - 2306 current registrants and growing daily
 - 1299 Participants (56%)
 - 25 education sessions
 - Live streams averaged 300 attendees per session
 - Most popular – 893 views
 - High degree of consumer satisfaction
 - All sessions recorded and available to view for credit until the end of November

December 13, 2023

Medical Advisory Committee

The MAC met on November 8th and in special session on December 11th.

- Both meetings were dedicated to the continued review of the 2023 Statewide Protocol Update.
- The MAC had previously identified several areas of concern within the working draft, which caused the committee to call upon the BEMS to rescind the publication(s).
- The committee worked closely with the DOH and Commonwealth Medical Director to identify and address the areas of concern.
- At the December 11th meeting, the protocols were reviewed with the Commonwealth Medical Director page by page.
- A few corrections were noted, most of which involved formatting, typos and consistency across the protocol document(s).
- PEHSC has requested the BEMS distribute a final draft to the MAC and provide a brief window for final review prior to publication.

Critical Care Task Force

- The task force met on October 25th.
- Discussed additions to and enhancement of the current CCT protocols.
- Recommendations will be presented to MAC in January
- Reviewed and obtained consensus on updates to the CCT approved medication list and scope of practice.
- Will provide greater flexibility and resource utilization for CCT ambulance crews when not staffed with a PHRN. The critical care paramedic/paramedic team is currently being underutilized.
- The task force recognizes the import role the PHRN plays in CCT transports, particularly those involving high acuity patients, but also recognizes prehospital nursing resources are in limited supply in many parts of the state.
- The overarching goal is to match resources with patient acuity and grow ground CCT transport resources in underserved areas.

EMS Education Task Force

The BLS Education Institute Best Practices Workgroup met on October 18th.

- Discussed the concept of developing a “best practices” resource guide to support new education institutes and assist existing programs to improve performance and customer satisfaction.
- Recognizes the state’s diversity
- Would cover a wide range of subjects:
 - Faculty Selection/Professional Development
 - Medical Director Involvement
 - Student Selection
 - Curriculum Development
 - Policy/Procedure
 - Student Evaluations
 - NREMT Testing Preparation
- A survey is being developed for the current BLS education institutes to provide feedback on the proposed subject areas and their perceived importance to institutional improvement.

EMS for Children

- Pediatric Readiness: Developing prehospital and emergency department readiness to care for children through a robust recognition program,
- Facility Readiness and Recognition Program
 - ED Checklist Focus Areas
 - PECC
 - Patient Safety and Family Centered Care
 - Equipment, Supplies, and Medications
 - Policies and Procedures
 - Care Team Competencies
 - Communications and Collaboration Across Systems of Care
 - Quality Improvement
- Pilot Program for EDs
 - Measure Improvement in Readiness versus effort in each focus area

- Measure minimum standards to validate or correct requirements
- Identify barriers and challenges of facilities to meet expectations
- Modify program outline and make recommendations for final statewide program implementation
- Obtain DOH approval (EOY 2025)
- Roll out facility program to all emergency departments (25-26)
- Prehospital Pediatric Readiness Program
 - Current program is 10 years old
 - Voluntary in participation
 - Variable enforcement of requirements – individual accountability
 - Needs to consider revised national priorities
 - Changes in agency and state capacity and requirements
- EMS Agency Checklist Focus Areas
 - Education and Competencies
 - Equipment and Supplies
 - Patient and Family Centered Care
 - Policies, Procedures, and Protocols
 - Quality Improvement / Performance Improvement
 - Interaction with Systems of Care
- Family Advisory Network Growth
 - FAN Expansion
 - Enroll additional FAN participants
 - Engage FAN to review current EMSC projects and activities and provide
 - Educate FAN stakeholders and partners about EMSC activities and projects
 - Ensure EMSC remains positioned to be ready to care for all children

March 20, 2024

Medical Advisory Committee

- Dr, Ron Roth inquired about the inclusion of several medications for interfacility transport recently published in the updated approved medication list. The committee voted to ask the BEMS to remove the five (5) medications of concern until the MAC could have more discussion.
- POLST legislation (HB 1212) was reintroduced in this legislative session. The language appears to be consistent with previous versions. If passed, how would this effect current OOH-DNR orders? According to the legislation, those orders would be sustained, but future orders will be using POLST criteria.
- The committee reviewed a draft comprehensive shock protocol from the critical care task force. The members asked that it be sent back to the task force for comparison to the 2023 changes to the statewide ALS protocol.
- The BEMS has committed to producing a unified BLS/iALS/ALS protocol in 2025. The MAC is forming a planning workgroup to provide the BEMS with advice on foundational issues, e.g., structure, format and timeline, in advance of the actual protocol writing. The MAC also voted its support of a unified statewide protocol.
- The Drug Enforcement Administration's Harrisburg Field Office will conduct an educational seminar for EMS on regulatory compliance on February 21st. DEA's objective is to respond to frequently asked questions from EMS in what is a confusing regulatory environment. DEA published proposed

rulemaking in 2020 containing EMS-specific regulations, however, these regulations have never been promulgated.

- Director Swade recommended the MAC voting committee be expanded to include a representative from NAEMSP–PA. Dr. Wadas, as their current President, nominated Dr. Frank Guyette from UPMC/STAT MedEvac to fill the position. Congratulations Dr. Guyette!!
- The scheduled MAC meeting will be on Wednesday, April 17th. This will be a in-person meeting at PEMA headquarters in conjunction with a day of education for physicians in EMS Fellowship programs. Anyone wishing to attend the meeting in-person (also available via Zoom) must RSVP to Butch Potter to be admitted to the secure facility.

Critical Care Task Force

The task force met via Zoom on March 12, 2024.

- Dr. Matthew Poremba, Medical Director, AHN Flight/Critical Care Transport has been appointed as task force co-chair. Congratulations Dr. Poremba!
- Dr. Dylan Morris, UPMC STAT MedEvac and Tony Bixby, Susquehanna Regional EMS have been appointed co-chairs of the CCT Protocol Workgroup. Congratulations Dr. Morris and Tony!
- The CCT protocol workgroup reported:
 - With the changes to the 2023 ALS protocols, the previously offered comprehensive shock protocol now appears to be duplicative. Dr. Martin-Gill, the principal author, recommended pulling from inclusion from the protocol update.
 - At this point, the task force does not have any recommended changes to the CCT protocols. Dr. Trager asked that air-medical agencies submit a list of their protocols, which will be used to develop list of topics of future protocol development.
 - A concept, referred to as just-in-time training, involves training of ALS paramedics for certain CCT transports when no other resources are available. Although the concept is a great example of “thinking outside the box,” the workgroup recommended it not be pursued due to concerns with risk v. benefit.

RSI Task Force

In the BEMS’ February 9, 2024 letter regarding VTR# 0623-01 RSI Pilot Program Recommendations, the pilot was approved with the following recommendations:

- Develop minimum criteria for agencies to participate in the RSI Pilot.
- Include a medical director attestation statement committing to 100% review of every [RSI] attempt as well as oversight of the training and credentialing process.

In addition, the method of data collection must be finalized. The goal is to identify or develop an electronic reporting platform that is user friendly for data entry, analysis and reporting.

The task force will be meeting in the coming weeks to discuss these issues in preparation for the pilot program launch.

EMS Education Task Force

The task force met via Zoom on February 24, 2024

- The BEMS reported continued development of a new psychomotor exam(s). This will be a more efficient and cost-effective process than the current exam. It will contain a single assessment station with an integrated skill, which is primarily designed to assess the student's understanding of illness or injury and articulate an appropriate plan of treatment. Butch Potter has been participating with this workgroup. The roll out of the new exam is slated for July 1st of this year.
- There is a workgroup development a package of education sessions for EMS instructor enrichment. Upon their completion, these sessions will be available on PA TRAIN. Dr. Ev Binns, Bill Wells and Butch Potter are representing the PEHSC Education Task Force.
- The BLS Education Institute Best Practices workgroup has developed a survey for the BLS education institutes to solicit feedback on a wide range of topics that will eventually become a best practices guideline. The survey was launched on March 14th.
- CoAEMSP is offering voluntary accreditations for AEMT programs beginning in 2025. The BEMS is working to establish student-minimum-competencies, similar to those already in place at the paramedic level.

EMS Operations Committee

- Awaiting BEMS response on CFC 0622-01
 - *“PEHSC asks that the PA Dept. of Health, Bureau of EMS, consider reviewing and clarifying the scenarios in which separate EMS agencies may combine personnel in order to satisfy minimum staffing requirements.”*
- BEMS data requests submitted
- EMSVO and ambulance crash data
- QRS usage and trends

Special Operations Workgroup

- VTR 0623-02 – Tactical EMS Standards
 - BEMS response received requesting some minor revisions
 - Completed at the Executive level and resubmitted
 - Response pending
- Wilderness EMS Standards
 - Work beginning in the background

EMS for Children

The EMSC Advisory Committee met via Zoom Tuesday February 27, 2024

- 2023-2027 State Partnership Grant
 - Notice of Award for GY 2 pending by federal government, expected April 1st
 - Funding amount may be equal to year 1
- 2024 Prehospital Pediatric Readiness Project survey roll out May 1st
- Pediatric Readiness Recognition Program - ED (PRRP-ED)
 - Development and Pilot program
- Pediatric Readiness Recognition Program - ED (PRRP-EMS)
 - (current PVRP) Review and revision progress
- Statewide EMSC activity presentation @ NASEMSO – Pittsburgh in May

June 11, 2024**Medical Advisory Committee**

VTR # 0624-01 Development and Use of Optional Agency-Level Treatment Protocols by Licensed Specialty EMS Agencies: A joint recommendation by the PEHSC Critical Care Transport and Special Operations Task Forces and Medical Advisory Committee.

“The Department should authorize the development and use of OPTIONAL, department approved, agency-level treatment protocols, for use by licensed critical care transport ambulance services and special operations EMS agencies.”

- Based on independent legal analysis, BEMS has the authority to permit optional development of agency-level protocols.
- Scope would be limited to licensed critical care ambulance and special operations EMS agencies.
- Agency medical director would have the option to develop.
- Because of their unique nature of their respective missions, protocols need to be more tailored vs. one-size fits all.
- Agency-level protocols will be subject to review and approval by BEMS, consistent with current air-ambulance protocol requirement.
- Does not preclude continued development of statewide protocols in these specialty practice areas.

VTR 0624-02 Changes to Minimum Equipment List Language

“The Department should amend the current required equipment and supply list to list needle specifications capable of both adult and pediatrics (1-each)”.

- Currently the list requirements are needles with a range of gauge size. This reference is not consistent with current IO device drivers. These devices use a consistent gauge needle of varying length based on patient size.

Other MAC Discussions:

- An update on the developing statewide RSI project.
- 2025 Statewide Treatment Protocol development process
- Three (3) research and pilot projects
 - Optimizing the Prehospital Use of Stroke Systems of Care-Reacting to Changing Paradigms-Implementation (OPUS-i) – Temple University, et al
 - Hepatitis A Vaccinations – City of Pittsburgh EMS
 - MIH Prehospital Buprenorphine Administration – Montco Dept of Public Safety

2025 Protocol Update Development Workgroup

Planning group recently held its first meeting, began discussions on:

- Structure – Protocol vs. Guideline?
- Format – Text or Algorithm driven?
- Content – Current mix of clinical/non-clinical or clinical only?
- Delivery Platform – PA EMS Resource App development?
- Group will meet monthly through summer
- Content development to begin fall of 2024 and finish fall of 2025 to facilitate 2026 rollout.

Critical Care Task Force

- Fully supports the option of ground CCT agencies to develop and utilize department approved treatment protocols.
- No changes or additions for 2023 update cycle, looking towards 2025 statewide protocol development using topics common to air-medical protocols.
- Requests the BEMS publish previously recommended updates to the CCT scope of practice and approved medication lists.

RSI Task Force

Finalizing participation requirements related to:

- Agency
- Medical Director
- Providers
- QA
- Attestation statement for the agency medical director .
- Participant application.
- Developing a process for electronic collection of case data.

Special Operations Workgroup

Met on April 12, 2024

- Fully supports VTR 0624-01 regarding development and use of department approved agency-level protocols.
- Special Operations Emergency Medical Services – Wilderness EMS Service
- Following format similar to Critical Care and Tactical EMS
- Establish Scope of Practice and licensure recommendations

EMS Education Task Force

- Worked with BEMS leadership on changes to the practical skills for the AEMT and paramedic examination process consistent with changes at the NREMT and similar future changes for EMR and EMT
- Completed a survey of BLS education institutes on a range of topics for a future best-practices guidance document
- Currently collaborating with BEMS on EMS instructor enrichment and a new instructor development program.
- Discussed changes in process for continuing education programs, for live, on-demand and hybrid formats.
- The Task Force reviewed the Department's draft of the PA Psychomotor Exam Manual and provided feedback

EMS for Children Committee

The EMSC Advisory Committee met via Zoom Tuesday May 28, 2024

- 2024 Prehospital Pediatric Readiness Project assessment opened May 1st
- 2023-2027 State Partnership Grant
 - Partial Notice of Award for GY 2 received (~44%), remainder of funding pending
- Pediatric Readiness Recognition Program - ED (PRRP-ED)
 - Pilot program began in May, program development ongoing
- Pediatric Readiness Recognition Program - ED (PRRP-EMS)
 - (current PVRP) review and revision continuing
- Statewide EMSC activity presentation @ NASEMSO – Pittsburgh

Additional Board Discussion/Action:

The Board of Directors and PEHSC committees discussed the proposed changes to Protocols 201 and 112, (this is ongoing) and recommendations will be provided.

The Board of Directors discussed a recent proposal by the Healthcare Coalitions to define Hospital Diversion in PA

Members of the Executive Committee, representing the Board of Directors, met with the Secretary of Health and the Deputy Secretary to discuss system needs and concerns

Additional Council Projects

State Plan Update

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 2024: “Honoring our Past, Forging Our Future”

This 2024 marks the 50th anniversary of EMS Week. As tradition, the PEHSC requested Senate and House Resolutions for EMS Week. The Council also requested and received a Proclamation from the Governor's office.

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.

New Member Spotlight

During FY 23-24, PEHSC welcomed the following new council members:

Plum Emergency Medical Services



Minquas Fire Co. #2



National Association of EMS Physician – PA Chapter



Evangelical Emergency Medical Services



Contributions

PEMA 911 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 Atlantic Region EMSC Council
- National Association of State EMS Officials (NASEMSO) EAST Region and Pediatric Emergency Care Council
- Pediatric Emergency Care Applied Research Network (PECARN) GLACIER and PRIME nodes.
- EMSC Innovation and Improvement Center (EIIC) Trauma and Advocacy Domain representation, Pediatric Readiness Recognition Programs Collaborative, and State Partnership Advisory Council.
- 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 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 responded to legislative inquiries associated with the following:

- Enhanced scope of practice for Athletic Trainers.
- Continued support for passage of POLST legislation
- Support for the removal of the municipal millage cap for EMS
- Support to amend the municipal authorities act to add EMS
- Support to reauthorize the Fire and EMS Grant program, changes/enhancements as agreed upon by statewide Fire and EMS organizations



2024 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.

BLS Practitioner of the Year Rodger Stevenson – Newfoundland Area EMS



ALS Practitioner of the Year
John Goddard – Riddle EMS



Educator of the Year
Matt Small – Reading School of Health Sciences



EMS Communications Award Bucks County Dept of Emergency Communications



Amanda E. Wertz Memorial EMS For Children Award Sarah Alander MD – Geisinger Health



David J. Lindstrom EMS Innovation Award
Carli Bechtold, PHRN, MSN – Lancaster EMS



Dr. George Moerkirk Memorial Outstanding Contribution To EMS Award
Pike County Commissioners



EMS Agency of the Year Small Volume Mount Union Fire Department – Huntingdon Co.



EMS Agency of the Year Large Volume Susquehanna Regional EMS – Lycoming County



Pennsylvania's 46th Annual EMS Conference



The 46th 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 8th 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.
- 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 at a nominal fee of \$10.00 per person.

Historical Comparison	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Total Attendance	441	254	331	317	445	497	1344*	2172*	2336*	2459*
Multi-Day General Conference	250	98	206	221	206	241	n/a	n/a	n/a	n/a
Single-Day General Conference	64	81	47	64	60	43	n/a	n/a	n/a	n/a
Exhibitors	44	37	25	25	51	100	n/a	n/a	n/a	n/a
Registered Nurse Attendance	33	20	27	27	19	26	68	152	196	n/a
Preconference Attendance	183	69	50	86	109	87	n/a	n/a	n/a	n/a

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

Registration by Certification Level	
Highest Certification	Total
Emergency Medical Responder (EMR)	53
Emergency Medical Technician (EMT)	1369
Advanced Emergency Medical Technician (AEMT)	127
Paramedic	1011
Prehospital Registered Nurse (PHRN)	162
Prehospital Physician Extender (PHPE)	3
Prehospital EMS Physician (PHP)	33
Not Certified / Not Listed	37

Registration by EMS Region	
EMS Region	Total
Bucks County EMS Council	131
Chester County EMS Council	155
Delaware County EMS Council	148
Emergency Health Services Federation (EHSF)	589
Eastern PA EMS Council	395
EMMCO West	104
EMS West	374
EMS of Northeastern PA	153
LTS EMS Council	77
Montgomery County EMS Council	151
Philadelphia Regional EMS	149
Seven Mountain EMS Council	174
Southern Alleghenies EMS Council	120
Not Applicable / Out-of-State	75

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 26,123 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 public about response to pediatric emergencies. Last fiscal year, the website received 6,843 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

The financial and staffing crisis continues to negatively impact 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, 2024.