



CHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES ANNUAL REPORT

FISCAL YEAR 2018 - 2019

Authority

In accordance with the Pennsylvania Department of Health Rules and Regulations 28 Pa. Code § 1021.103, The regional council governing body shall submit an annual report to the Department.

Reporting requirements of Appendix A – Work Statement. Comprehensive Annual Report as related to, Coordinate and Improve the delivery of EMS in the Council’s region.

Report are due within 30 calendar days of the end of each state fiscal year (June 30th)

Harry Moore – Deputy Director for EMS

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REGIONAL SUMMARY:

(Provide a summary of the council including regional background / demographic and other information unique to individual region / county)

Chester County is located in southeastern Pennsylvania, and is considered one of the four Philadelphia suburban counties, along with Bucks, Delaware, and Montgomery. Chester County consists of 759 square miles, is divided into 73 municipalities, and is home to approx. 519,000 residents. Chester County is uniquely diverse in that its eastern municipalities are very urban and densely populated in comprising what is known as the western Main Line suburbs of Philadelphia; while its western municipalities are sparsely populated rural areas with a scattered Amish population. The County seat is West Chester, home to QVC Studios and West Chester University.

The Chester County Commissioners are the Pennsylvania Department of Health (DoH) grantees that serve as the regional emergency medical services (EMS) council for Chester County. The Commissioners delegate that responsibility to the Director of the Department of Emergency Services (DES) – Michael Murphy. In turn, Director Murphy delegates the daily operational responsibilities of the council to the Deputy Director for EMS – Harry Moore. The 2018-2019 fiscal year was a transitional year for us. There had previously been some indecision as to our continued status as a regional EMS council, and in January 2018 our advisory body made a formal recommendation to the DES and the Commissioners that we remain a single county council for as long as the DoH would allow single county councils to exist. With that recommendation, our Commissioners authorized the DES leadership to better support the EMS Division by hiring additional F/T staff. For reference, Deputy Director Moore was the only full-time EMS staff member for the majority of the previous fiscal year, with Ernie Powell coming on-board full-time as ALS Coordinator in April of 2018. In July of 2018 Christy Kouba was hired as our full-time Data-Certification Coordinator. Ernie transitioned to our full-time EMS Education Coordinator in November of 2018, and in January of 2019 Tammy Whiteman joined us as our new full-time ALS Coordinator. This marked the first time since July of 2012 that the EMS Division was staffed by more than 2 full-time employees. The DoH grant does not fully cover the salary cost for our current full-time EMS staff, so the balance is generously provided by our County Commissioners. The EMS Division also employs several part-time EMS Instructors, who are solely funded by the County of Chester.

The DES offices are located at the County's Government Services Center in West Chester. This includes staff offices, the County's Public Safety Answering Point (PSAP), and the County's Emergency Operations Center (EOC) – both also under control of DES. DES also operates the County's Public Safety Training Campus in South Coatesville, which provides training facilities for Fire, Police, and EMS. This location also serves as an alternate PSAP and EOC and is a secondary location for DES staff in the event of a need to relocate from the West Chester location.

As a regional EMS council that is a unit of local government, DES is required to have an advisory body. The Chester County EMS Council, Inc. serves as our advisory body and provides DES (and other interested system stakeholders) with advice and recommendation on matters related to EMS. The EMS Council, Inc. is an independent 501(c)(3) general membership organization comprised of a wide variety of EMS system stakeholders. The Council, Inc. is led by a Board of Directors, who are elected from the Council's general membership. Both the Board and Council, Inc. currently meet 6 times per year.

Thirty six licensed EMS agencies are based in or affiliated in Chester County. Thirty two of those agencies provide 911 response, and include: two air; twelve ALS; thirteen BLS; and five QRS. Our County PSAP dispatches approx. 43,000 EMS incidents per year, with 53% of those being BLS and 47% ALS in nature. Chester County is home to five acute care hospitals, geographically positioned in the north, south, east, west, and central portions of the county. Three of these hospitals are operated by Tower Health, including: Brandywine Hospital (west), Phoenixville Hospital (north), and Jennersville Hospital (south). Chester County Hospital (central) is operated by the Penn Medicine group. Paoli Hospital (east) is part of the Main Line Health system.

1. Board of Directors \ Health Council Officers

President: Gary Vinnacombe

Vice President: Charles Brogan

Treasurer: Frank Sullivan

Secretary: Frank Piscitello

(Please list all other members below)

<u>NAME</u>		<u>NAME</u>
1 Michael Murphy	19	Click or tap here to enter text.
2 Keith Johnson	20	Click or tap here to enter text.
3 Dr. Mian Jan	21	Click or tap here to enter text.
4 Lorna Wohl	22	Click or tap here to enter text.
5 Robert Flemming	23	Click or tap here to enter text.
6 Ernie Holling	24	Click or tap here to enter text.
7 Robert Clarke	25	Click or tap here to enter text.
8 Gerry DiNunzio	26	Click or tap here to enter text.
9 Leo Scaccia	27	Click or tap here to enter text.
10 Matt Eick	28	Click or tap here to enter text.
11 Fred Wurster	29	Click or tap here to enter text.
12 John Applegate	30	Click or tap here to enter text.
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2. Regional EMS Council Staff:

Executive Director Michael Murphy

<u>STAFF POSITION</u>	<u>NAME</u>
<u>Deputy Director for EMS</u>	<u>Harry Moore</u>
<u>EMS Training Coordinator</u>	<u>Ernie Powell</u>
<u>ALS Coordinator</u>	<u>Tammy Whiteman</u>
<u>Data-Certification Coord.</u>	<u>Christy Kouba</u>
	<u>Click or tap here to enter text.</u>
<u>EMS Instructor</u>	<u>Heather Gulsby-Steiner</u>
<u>EMS Instructor</u>	<u>John Engle</u>
<u>EMS Instructor</u>	<u>Frank Rutan</u>
<u>EMS Instructor</u>	<u>Scott Thornton</u>
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3. Regional Medical Director(s)

	<u>NAME</u>
<u>1</u>	<u>Dr. Larry Anderson</u>
<u>2</u>	<u>Click or tap here to enter text.</u>

4. **Financial Statement of income and expenses:**

	Final Budget	Expended
Personnel Services	\$183,029.87	\$158,023.48
Consultant Services	\$0.00	\$0.00
Subcontracted Services	\$24,000.00	\$24,024.32
Patient Services	\$0.00	\$0.00
Equipment	\$0.00	\$0.00
Supplies	\$8,062.13	\$9,329.07
Travel	\$1,500.00	\$778.77
Other Costs	\$43,000.00	\$24,494.40
TOTALS	\$259,592.00	\$216,650.04

NOTE: THE AMOUNTS SHOWN ABOVE ARE **PRELIMINARY** END OF YEAR TOTALS AND NOT FINAL AUDIT AMOUNT

5. **Special Project Funding:**

Projects as determined by the Department to be appropriate and necessary for the implementation of a comprehensive statewide EMS system. The amounts listed below are included in the categorical totals shown above.

emsCharts	Amount: \$20,810.00
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Project Narrative:

Chester County provides emsCharts free of charge to all Chester County EMS agencies/affiliates who choose to use it, paid on a CY basis. For several years, we have maintained a positive balance with PennCare (our emsCharts vendor), having previously used otherwise un-committed funds, including EMSOF funds, to maintain that positive balance by "paying ahead" for services. We are requesting to use FY 18-19 EMSOF funds to "pay ahead" towards our projected balance for CY 2020 (anticipated approx. \$24K, but we received credit for the CAD interface which has been slower than anticipated to operationalize). Approx. 85% of our EMS agencies utilize our County/Region funded emsCharts contract as their patient care report software.

Active Threat Go Bags	Amount: \$3,214.32
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Project Narrative:

In order to provide consistency in both training and response capability, we are requesting to use FY 18-19 EMSOF funds to purchase a small quantity of active threat response bags to use for training. These training bags would mirror the Active Threat response bags purchased with EMSOF money last year and distributed to the region's EMS agencies. Having training bags would ensure consistency in training without depleting primary stock.

(Project Name Here)	Amount: \$0.00
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Project Narrative:

Click or tap here to enter text.

6. Regional Activities/ Organizational Management

Date of the current Comprehensive Regional EMS System Plan	Date 2013
Number of Board of Director Meetings \ Health Council meetings	6
Public Education Stop-the- Bleed Events	25
Public Education CPR Events	16
Number of Legislative Inquiries or Contacts	0
Technical Assistance Request (local entities and elected officials)	~120

Regional Activities/ Organizational Management Project Narrative:

We have rejuvenated our EMS Training program and increased the number of CPR and Stop The Bleed programs we offer.

We have partnered with our internal Safe Schools Coordinator, local Trauma Center, and EMS agencies to offer Stop The Bleed training to any interested school staff – educating over 1000 participants this FY.

We have also partnered with a regional medical command physician/EMS agency medical director whose two children sparked interest in their local high school to bring Hands Only CPR training to the student body. As part of that program we provided Hands Only CPR training to two grades (~450 students), and will capture the remaining two grades in September. We also provided a Community CPR class to approx. 50 of those students who wanted a more formal CPR program. Moving forward we will offer an Instructor program so that the school can be self-sufficient in providing CPR training, and we hope to expand this program to other school districts. The physician’s children have started a non-profit company to spearhead this initiative.

We provide true technical assistance conservatively 10 times per month, but we obviously interact with a wide variety of EMS system stakeholders multiple times per day.

7. Continuous Quality Improvement

	Quantity
Number of Clinical Cases Reviewed by Regional QI Committee	0
Accidents Involving Ambulances / EMS Personnel Reported in the Region	9
Number of Times the Regional QI Committee Met	4*

Our CQI Committee continues to struggle to Continuous Quality Improvement Narrative:

*Our CQI Committee continues to struggle with participation outside of DES. We have previously attempted a variety of formats to solicit better participation, but yielded little interest. CQI is a standing agenda item for our Medical Advisory Committee (MAC), so in the event that we cannot field a formal CQI Committee meeting, we do discuss CQI issues at MAC as well. We are in the process of changing some EMS dispatch type codes and EMD cards, and we plan to perform CQI reviews to ensure that those changes achieve the desired results. Our CQI Committee (and MAC)

does not review any individual clinical cases, it reviews data and trends region-wide. Only regional council staff review individual patient care reports when requested/warranted.

8. Medical Direction

	Quantity
Regional Medical Advisory Committee meetings	4
Accredited Level I Trauma Centers	0
Accredited Level II Trauma Centers	1
Accredited Level III Trauma Centers	0
Accredited Level IV Trauma Centers	0
Accredited primary Stroke Centers	4
Comprehensive Stroke Centers	0
Thrombectomy Capable Stroke Centers	0
Acute Stroke-Ready Hospitals	0

Medical Direction Narrative:

Our Medical Advisory Committee transitioned from bi-monthly to quarterly meetings for 2019, and combined the July and September 2018 meetings into one August meeting.

Paoli Hospital is our region’s only Trauma Center – Level II, and received the bulk of the region’s trauma patients. Trauma Centers in neighboring regions also receive our trauma patients when they are the closest destination (i.e. Lancaster General hospital to our west). Christiana Hospital is a Level I Adult Trauma Center located in DE, and receives the trauma patients from our southern region. Nemours/Alfred I. duPont Hospital For Children is a Level I Pediatric Trauma Center located in DE, and receives the majority of our pediatric trauma patients who are transported directly to a pediatric center. Many pediatric trauma patients are transported to a closer adult center in PA for stabilization and transfer. Medical direction for transports to these DE centers is typically provided by Paoli Hospital or Jennersville Hospital.

Brandywine Hospital, Chester County Hospital, Phoenixville Hospital, and Paoli Hospital are Primary Stroke Centers.

9. Systems Operations

	Quantity
Spot inspections conducted – EMS Agencies	1
Spot inspections conducted – EMS Vehicles	2

Spot inspections conducted – Continuing Education Sponsors	0
Spot inspections conducted – Education Institutes	0
Spot inspections conducted – Medical Command Facilities	0
Number of Safety Inspections Conducted	3
Number of Vehicles Inspected During Safety Inspection	17
Photo & Signatures Added to Certification Cards	75
BLS Psychomotor Examinations Conducted	10
Number of BLS Psychomotor Exam Candidates Tested.	267
ALS Psychomotor Examinations Conducted	3
Number of ALS Psychomotor Exam Candidates Tested	37
Certification Class Visits Conducted	36
Number of EMS Agency Re-Inspections Conducted	0
Number of Authorized Inquiry Reports Filed with the Bureau	0

Systems Operations Narrative:

At the Bureau’s direction we conducted one BLS agency spot inspection in regards to an allegation of their use of an ALS monitor not locked in AED mode. This allegation was unfounded.

As per RC 2018-28, we performed quarterly “spot” safety inspections in the first and second quarters of 2019.

While 10 is the accurate number of dates on which we held BLS exams, it should be noted that on 7 of those dates we ran both an 8am exam and a 12pm exam on the same date. Technically those are two separate exams, but we typically count them as one exam date.

10. Emergency Preparedness Activities

	Quantity
Coalition / Task Force Meetings Attended <small>(only EMSOF funded staff attendance)</small>	10
Table Top Exercises Attended / Conducted	1
Full Scale / Functional Exercises Attended / Conducted	2
Special Event Plans Submitted	0

Responses / Deployments	1
Strike Team Agencies	0

Emergency Preparedness Narrative:

The Southeastern Regional Task Force EMS Subcommittee is very active and meets monthly. The five Philadelphia area regional EMS council directors comprise the voting membership, and we work collaboratively on many projects. Our focus currently is on active threat response preparation, to include offering Task Force funded education and response gear. As noted in the Special Project Funding section above, we also utilized EMSOF money to provide active threat training bags that mirror the Task Force funded response bags.

In 2019 I began attending our local Healthcare Coalition meetings, and that has been positive.

The exercises we participated in were mass casualty in nature, including an active shooter exercise requested by a local school.

In the past 12 months we have worked with our advisory council and other stakeholders to revise our Mass Casualty Plan, and that draft revision was tested in one of the functional exercises. We are awaiting some final PSAP changes to finalize that Plan.

Regional council staff responded to one incident to provide support – a prolonged trench rescue.

11. Board of Director \ Health Council Meetings

DATE:	TIME	LOCATION
8/8/18	18:00	Government Services Center, West Chester
10/18/18	18:00	Government Services Center, West Chester
12/18/18	18:00	Government Services Center, West Chester
2/21/19	18:30	Public Safety Training Center, South Coatesville
4/7/19	18:30	Public Safety Training Center, South Coatesville
6/11/19	18:30	Public Safety Training Center, South Coatesville

12. Medical Advisory Committee Meeting

DATE:	TIME	LOCATION
8/25/18	08:30	Public Safety Training Center, South Coatesville
11/20/18	08:30	Government Services Center, West Chester
3/19/19	08:30	Government Services Center, West Chester
6/18/19	08:30	Government Services Center, West Chester

13. Quality Improvement Committee Meeting

DATE:	TIME	LOCATION
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8/25/18	08:30	Public Safety Training Center, South Coatesville
11/20/18	08:30	Government Services Center, West Chester
3/19/19	08:30	Government Services Center, West Chester
6/18/19	08:30	Government Services Center, West Chester

14. Regional Accomplishments:

Narrative:

By far the most significant accomplishment for this regional council this past fiscal year was the rebuilding of the EMS Division within the Department of Emergency Services. With our previously very limited staffing, we had no choice but to focus on high priority issues, and had little to no capacity to engage our stakeholders beyond that. With the addition of much needed full-time staff, we are now better positioned to execute our work statement and provide more appropriate levels of customer service. The “we” that follows in the accomplishments section are the cumulative results achieved by a dedicated team working together.

In what may seem trivial to many, we were successful in changing the name of our Division from Field Services to Emergency Medical Services (EMS) – which brings immediate recognition of our role within the Department of Emergency Services.

After significant planning, in January we offered an NREMT compliant 30 hour National Continued Competency Program (NCCP) refresher series. We offered this program to all EMS provider levels in a flexible format, so that participants could attend the entire 30 hour program, or attend only individual sessions for specific content. We partnered with local health systems who provided mid-level practitioner or above speakers for the majority of topics at no cost, so we were able to keep the cost to a minimum. We hoped to have an enrollment of 6 per session to cover our costs and validate our efforts, and we averaged 16-18 per session. Program evaluations were very positive.

One staff member successfully obtained PEMA Basic Emergency Management Certification, as well as EMS-Instructor certification.

We worked closely with our stakeholders to troubleshoot and resolve user interface issues with PA EMS Registry. This included many on-site visits to walk stakeholders through processes and better understand what end users see as compared to what regional council staff see when interacting with the PA EMS Registry.

We developed or updated processes to better facilitate a proactive rather than a reactive approach. This included: tracking of minor EMS students to ensure they had their required paperwork uploaded with their applications, which also assisted in determining psychomotor exam eligibility; EMS agency inspection tracking; and EMS Injury/Accident reporting.

We partnered with our Health Department to secure grant funding which will allow Vicarious Trauma (related to substance abuse responses) training to be rolled into our existing Helping Our Own program offered by our CISM team.

We rolled out the Pediatric Emergency Care Coordinator Program.

We worked with our PSAP, Medical Director, and stakeholders to review every EMD card and every EMS dispatch type code, and revise as needed. Those changes are expected to be rolled out in the coming weeks.

We were elected to the Board of Directors of the Pennsylvania Emergency Health Services Council.

We facilitated a vendor demonstration for our EMS agencies for both emsCharts and ESO, after several EMS agencies expressed interest in moving from emsCharts to ESO as the regional charting platform. Following the demonstration, our EMS Council, Inc. voted to recommend that we remain with emsCharts. As such, ems Charts agreed to provide an enhanced user educational program in our region in the Fall of 2019. With a recommendation from our EMS Council, Inc. we used EMSOF funds to pay for another year's county-wide subscription to emsCharts, providing the service for free to any EMS agency wishing to use it. We also continued to work with emsCharts on a software bridge that will interface our county PSAP's CAD system with emsCharts to allow for auto-population of PSAP/dispatch data directly into the PCR.

Through the Southeast PA Regional Task Force, we embarked on the second phase of an active threat response project, to include: securing funding to provide an additional 12 sets of active threat response gear (each set includes 2 ballistic vests, 2 ballistic helmets, and 2 active threat response bags), and an 8 hour TECC – All Combatants class to 40 regional EMS providers. Upon verification of completing the required training, the gear will be distributed to qualifying agencies.

We purchased additional active threat response bags (via EMSOF) for use in training, so that front line gear can remain on the EMS vehicles.

We continued to work with a multi-disciplinary group to review and revise the Chester County Active Threat Plan.

In conjunction with our Emergency Management Division and EMS agency leadership, we completed a complete revision of the 10 year old Chester County Mass Casualty Incident Plan. The draft revised Plan was tested during a functional exercise, and will be finalized and distributed after completing minor adjustments to the computer aided dispatch information.

We continued to connect interested EMS agencies with the county's Centralized Coordinating Entity for participation in their grant funded naloxone distribution program.

We expanded our role in the Chester County Commissioners Overdose Task Force, and continued efforts to understand the scope of opioid overdoses and naloxone administrations (by EMS and non-EMS) county-wide. We continued our relationship with the Chester County Department of Drug and Alcohol and the county's Centralized Coordinating Entity to gather and provide both Law Enforcement and EMS naloxone administration data. Using County GIS resources, we used that data to map locations to better focus Task Force efforts. We participated in several regional (SEPA, NJ, DE) opioid symposiums.

With our Medical Director and PSAP staff, we participated in a vendor demonstration of Priority Medical Dispatch (PMD), as our PSAP is considering transitioning from APCO to PMD.

We partnered with the Chester County Fire Chief's Assoc. and the Chester County EMS Council, Inc. to offer an RFP process for vendors to complete a Strategic Plan for the future delivery of Fire and EMS services in Chester County. This Plan will address key issues such as the difficulties in the recruitment and retention of volunteers, viable funding streams to pay for career staff, and potential changes in service delivery to prevent duplication of services. A vendor was selected, contract signed, and the first round of stakeholder meetings were held with very positive participation from Fire, EMS, and municipal leaders. This project is funded by the Southeast PA Regional Task Force.

We maintained 100% regional compliance (both EMS agency and receiving facility) with data reporting to the Pennsylvania Cardiac Arrest Registry to Enhance Survival (CARES) database. This marks our 6th consecutive year with 100% compliance; and Chester County again surpassed both State and National averages for Utstein Survival and Utstein Bystander Survival rates.

In conjunction with our 911 Communications staff, we maintained the PulsePoint and PulsePoint AED applications county-wide. Marketing efforts focused on use of the apps and uploading of crowd-sourced AED location information. The PulsePoint AED app notifies users of a cardiac arrest within ¼ mile of their location where a public access AED is present. As of June 30, 2019, there were 12,443 PulsePoint Users with 6,178 of those opting to be alerted for cardiac arrests. In June 2019 we launched a pilot group of upgraded users to the Verified Responder version, and plan to rollout the Verified Responder version county-wide in the coming weeks.

We assisted the Chester County EMS Council, Inc. in coordination and preparation for their annual EMS Awards Banquet during EMS Week. A total of 175 individual awards were presented, including: 128 Clinical Save Commendations, 25 Life Saving Clinical Excellence Commendations, 10 Pre-hospital Delivery Commendations, 2 Citizen's Awards, BLS Provider of the Year, ALS Provider of the Year, Telecommunicator of the Year, EMS Educator of the Year, Distinguished Provider Award, Distinguished Service (Agency) Award, Robert Thompson Memorial Award, Nicholas H.S. Campbell Meritorious Service – EMS Leadership Award, President's Award, and Margaret Hoover Brigham Award.

We collaborated with Eastern PA regional EMS council and their stakeholders on their annual CODE EMS conference to be held in October. With Tower Health acquiring 3 hospitals within Chester County, and being a primary sponsor of the CODE conference, Eastern invited us to participate in the event to support the Tower Health connection. We provided speakers and vendors from Chester county, as well as staff support.

We partnered with a large group of local and State stakeholders in planning for and providing support to a large Country Music Festival (~10K/day attending x 3 days) held in August at a remote, non-developed parcel within the county. The event went well, and we've re-engaged in the planning process for this year's version of the event.

We continued to partner with our Department's Safe Schools Coordinator and Paoli Hospital's Trauma Department to promote and offer Stop-The-Bleed programs to all Chester County schools. All council staff have been trained as Stop-The-Bleed Instructors.

We continued active participation in:

- DoH meetings and activities, to include: regional director’s meetings/calls, and coordinator’s meetings/calls (education, licensure);
 - Southeast PA Regional Task Force. Current EMS related funding projects focus on training and equipment for active threat/shooter incidents;
 - PEHSC meetings and activities, to include: Board, Council, annual EMS Conference and Awards Dinner, 9/11 Memorial Service, and Medical Advisory Committee;
 - Regional meetings and activities, to include: Chester County EMS Council, Inc., Medical Advisory Committee, Continuous Quality Improvement Committee, Operations Committee;
 - Regional hospital support functions to include: Paoli Hospital’s Trauma Center Performance Improvement Committee; and EMS outreach programs for Penn Medicine-Chester County Hospital, Brandywine Hospital, and Jennersville Hospital;.
 - Community education events, to include: hands-only CPR sessions, EMS and safety awareness programs at local schools and businesses, and other public education events.
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