



CHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES ANNUAL REPORT

FISCAL YEAR 2020 - 2021

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.

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

Harry Moore – Deputy Director for EMS
hemoore@chesco.org

July 27, 2021

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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 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 more 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 P. Murphy Jr. As part of the DES Operations group, along with the Fire, Law Enforcement, and 911 Operations Divisions, the EMS Division falls under the leadership of the Director of Operations, George "Beau" Crowding. Directors Murphy and Crowding continue to delegate the daily operational responsibilities of the regional EMS council to the Deputy Director for EMS – Harry Moore. In addition to Deputy Director Moore, the regional EMS council staff for FY 20-21 consisted of Christy Kouba, EMS Data & Certification Coordinator; Tammy Whiteman, ALS Coordinator (June 1, 2020 – April 22, 2021); Ernie Powell, EMS Instructor; and Dr. Larry Anderson, regional EMS Medical Director. The DoH grant does not fully cover the salary cost for our current EMS staff, so our County Commissioners generously provided the balance. This allows our team to perform other non-grant-related work for the County as well.

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 the control of DES. DES also operates the County's Public Safety Training Campus in South Coatesville, which provides Fire, Police, and EMS training facilities. This location also serves as an alternate PSAP and EOC and is a secondary location for DES staff to relocate from the West Chester location. As part of our COVID-19 response, our Department was split into two separate communities on March 10, 2020, with half of the Department assigned to each location. Director Murphy, Coordinator Whiteman, Coordinator Powell, and Dr. Anderson were assigned to the West Chester location. Director Crowding, Deputy Director Moore, and Coordinator Kouba were assigned to the South Coatesville location. We remained separated through September 1, 2020. DES has encouraged and enabled all staff to work remotely (from home) to the extent possible since the onset of COVID. There has been no negative impact on our provision of services due to the separation or remote work option.

As a regional EMS council that is a local government unit, 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, elected from the Council's general membership. Both the Board and Council, Inc. currently meet six times per year. For 2020, the EMS Council was led by President Gary Vinnacombe, who also manages two of our local EMS agencies. For 2021, the EMS Council is led by President Charles Chaz Brogan, Chief of our largest EMS agency.

Thirty-five licensed EMS agencies are affiliated in or based in Chester County. Thirty-two of those agencies provide 911 response and include two air; fifteen ALS; ten BLS; and five QRS agencies. 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). Penn Medicine group operates Chester County Hospital (central). Paoli Hospital (east) is part of the Main Line Health system.

1. Board of Directors \ Health Council Officers

President: Charles Brogan

Vice President: Gary Vinnacombe

Treasurer: Matthew Eick

Secretary: Fred Wurster

(Please list all other members below)

<u>NAME</u>		<u>NAME</u>
1 <u>Robert Clarke</u>	19	<u>Click or tap here to enter text.</u>
2 <u>Robert Flemming</u>	20	<u>Click or tap here to enter text.</u>
3 <u>Ernie Holling</u>	21	<u>Click or tap here to enter text.</u>
4 <u>Keith Johnson</u>	22	<u>Click or tap here to enter text.</u>
5 <u>Dr. Mian Jan</u>	23	<u>Click or tap here to enter text.</u>
6 <u>Lorna Wohl</u>	24	<u>Click or tap here to enter text.</u>
7 <u>Michael Murphy</u>	25	<u>Click or tap here to enter text.</u>
8 <u>Frank Piscitello</u>	26	<u>Click or tap here to enter text.</u>
9 <u>Leo Scaccia</u>	27	<u>Click or tap here to enter text.</u>
10 <u>Frank Sullivan</u>	28	<u>Click or tap here to enter text.</u>
11 <u>Gerry DiNunzio</u>	29	<u>Click or tap here to enter text.</u>
12 <u>Nick Melchiorre</u>	30	<u>Click or tap here to enter text.</u>
13 <u>Click or tap here to enter text.</u>	31	<u>Click or tap here to enter text.</u>
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2. Regional EMS Council Staff:

Executive Director Michael P. Murphy, Jr. (non-grant)

<u>STAFF POSITION</u>	<u>NAME</u>
<u>Director of Operations</u>	<u>George “Beau” Crowding (non-grant)</u>
<u>Deputy Director for EMS</u>	<u>Harry Moore (partial grant)</u>
<u>ALS Coordinator</u>	<u>Currently vacant (partial grant)</u>
<u>EMS Training Coordinator</u>	<u>Currently vacant (partial grant)</u>
<u>EMS Data & Certification Coordinator</u>	<u>Christy Kouba (partial grant)</u>
<u>EMS Instructor (P/T)</u>	<u>Ernie Powell (partial grant)</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	\$192,762.02	\$147,779.17
Consultant Services	\$0.00	\$0.00
Subcontracted Services	\$24,050.00	\$49,755.40
Patient Services	\$0.00	\$0.00
Equipment	\$0.00	\$0.00
Supplies	\$2,105.58	\$4,545.60
Travel	\$550.00	\$0.00
Other Costs	\$9,219.40	\$7,329.38
TOTALS	\$228,687.00	\$209,409.55

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

5. **Special Project Funding:**

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

emsCharts	Amount: \$25,140.00
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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 paid ahead for one year of services to ensure no lapse in the event of a funding issue. We requested and were approved to use FY 20-21 EMSOF funds to pay our December 1, 2021 – November 30, 2022, emsCharts contract. Approx. 85% of our EMS agencies utilize our County/Region funded emsCharts contract as their patient care report software.

Nonin CO-Pilot Monitoring System	Amount: \$6,999.00
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Project Narrative:

Good Fellowship Ambulance Club (GFAC) provides Fire Rehab services as a regional/county-wide asset to any agency/event within Chester County. As such, they maintain a cache of specialized equipment and supplies for this purpose. The Nonin CO-Pilot is a wireless multi-parameter monitoring system that can monitor SpO2, Pulse Rate, COHb, MetHb, and rSO2 (GFAC does not monitor rSO2). This functionality is well matched to the Rehab process, and we purchased one unit for this purpose as a regional project.

SMART Facility Evacuation Point Modules	Amount: \$9,397.30
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Project Narrative:

Chester County utilizes the SMART Triage system and provides our EMS agencies with SMART Triage equipment at no cost to the agency. We have recently experienced several significant incidents involving nursing homes that required evacuation, including a bomb threat. These "patients" may not be acutely injured in these events, so while the existing SMART Triage system works for accountability, it is not ideal. The new SMART Facility Evacuation Point Modules are specifically designed to evacuate a hospital or congregate care facility. The tags are designed to

identify those who need on-going medical monitoring (i.e., skilled care) and those who do not (i.e., independent living). We purchased five modules to pre-deploy with EMS agencies with large numbers of facilities within their response areas as a regional project. Additionally, we purchased an extra 10 packs of tags for each unit for agency-level training.

EMS Task Force Safety Vests	Amount: \$352.14
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Project Narrative:

The Chester County EMS Council, Inc. is establishing an EMS Task Force. This Task Force is designed to provide a leadership personnel resource to assist agencies in supporting the Incident Command System at large-scale events. Many EMS agencies do not have a duty supervisor to respond to more significant events. Hence, the EMS Task Force provides that resource from a small pool of highly qualified agency leaders. These ANSI class 2 high visibility breakaway vests will be used by the Task Force to identify their members operating on the scene.

Regional Bariatric Ambulance Support	Amount: \$7,867.00
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Project Narrative:

Uwchlan Ambulance Corps offers the only bariatric ambulance capability in Chester County. On a recommendation from the Chester County EMS Council, Inc., we utilized FY 20-21 EMSOF funds to purchase additional bariatric equipment to support this regional project. Uwchlan provides bariatric assist/support services to any Chester County (and beyond) EMS agency that requests it, so this project supports the region as a whole. This request includes four (4) HoverTech HoverMatt mattresses (\$5,288.00) and three (3) Binder Lift devices (\$2,579.00).

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	0
Public Education CPR Events	0
Number of Legislative Inquiries or Contacts	N/A
Technical Assistance Request (local entities and elected officials)	~120

Regional Activities/ Organizational Management Project Narrative:

COVID impacted our ability to provide both Stop-the Bleed and CPR training as previously done before COVID. With restrictions now lifting, we are hopeful that training of this nature can resume soon.

We provide technical assistance conservatively ten times per month, but we interact with various EMS system stakeholders multiple times per day.

We continue to enjoy a strong relationship with our EMS advisory council. We have continued to make every effort to work collaboratively and cooperatively with the Chester County EMS Council, Inc. We actively seek out and have come to rely on their input on significant matters that impact our 911 and EMS systems. Both sides benefit from an open and robust communication chain that promotes transparency to make both organizations successful. The 2021 change in Presidency of the Council, Inc. was seamless, and their leadership group communicates internally to ensure a consistent positive message to their membership.

7. Continuous Quality Improvement

	Quantity
Number of Clinical Cases Reviewed by Regional QI Committee	0
Accidents Involving Ambulances / EMS Personnel Reported in the Region	6
Number of Times the Regional QI Committee Met	4

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 if we cannot field a formal CQI Committee meeting, we discuss CQI issues at MAC. The CQI Committee meets immediately following MAC when participation allows. Our CQI Committee (and MAC) does not review any individual clinical cases; it examines data and trends region-wide. Only regional council staff review individual patient care reports when requested/warranted. We have worked to improve our QI process for Ketamine and Etomidate administrations as well.

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 (MAC) meets quarterly. Due to COVID, we transitioned our MAC to a virtual format, leading to increased attendance (we had previously had a traditional call-in option). We open our MAC meetings up to any interested system stakeholder to engage the system as a whole. Our MAC does rely on the physicians to guide the discussions.

Paoli Hospital is our region's only Trauma Center – Level II and receives the bulk of the region's trauma patients. Trauma Centers in the neighboring area 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 Delaware and receives trauma patients from our southern region. Nemours/Alfred I. duPont Hospital For Children is a Level I Pediatric Trauma Center located in Delaware. It 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 trauma center in Pennsylvania for stabilization and transfer. Paoli Hospital or Jennersville Hospital typically provides medical direction for transports to these Delaware centers. We anticipate Children's Hospital of Philadelphia to open its new King of Prussia hospital in November of 2022. While this new facility will not hold Trauma Center Accreditation, it will provide a resource for tertiary pediatric medical care.

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

9. Systems Operations

	Quantity
Spot inspections conducted – EMS Agencies	0
Spot inspections conducted – EMS Vehicles	0

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	0
Number of Vehicles Inspected During Safety Inspection	0
Photo & Signatures Added to Certification Cards	25
BLS Psychomotor Examinations Conducted	3
Number of BLS Psychomotor Exam Candidates Tested.	44
ALS Psychomotor Examinations Conducted	4
Number of ALS Psychomotor Exam Candidates Tested	37
Certification Class Visits Conducted	0
Number of EMS Agency Re-Inspections Conducted	0
Number of Authorized Inquiry Reports Filed with the Bureau	0

Systems Operations Narrative:

Quarterly safety inspections were suspended due to COVID-19 for this fiscal year.

While three is the accurate number of BLS exams held, it should be noted that we ran both an 8am session and a 12pm session on the same date on two dates. Technically those are two separate exams, but we typically count them as one exam date. With appropriate COVID precautions and procedures in place, we resumed BLS exams in February of 2021. Based on dialogue with our EMS Educational Institutes, we expected significant demand once we resumed. That demand has not (yet) materialized. Our February and April exams were canceled due to insufficient registrations, and as you can see, the numbers for the exams that have been held are less than usual. We have an agreement with the Chester County Intermediate Unit to hold our exams in their Technical High School. Due to COVID, they transitioned us from the school space to a smaller conference center space, so our capacity decreased slightly (max capacity in the new space is 18 per session). We have been advised that effective September 1, 2021, we can return to our regular space. At the request of our ALS level EMS Educational Institute, and with appropriate COVID precautions, we did administer three Paramedic and one AEMT psychomotor exam this fiscal year.

While we did not physically visit any certification classes for a traditional first night of the class administrative session, Coordinator Kouba did develop and distribute a detailed voice-over PowerPoint presentation that serves as a guide for both the EMS Educational Institute and new students on how to complete a new student application and navigate the applicable processes.

10. Emergency Preparedness Activities

	Quantity
Coalition / Task Force Meetings Attended (only EMSOF funded staff attendance)	15
Table Top Exercises Attended / Conducted	0
Full Scale / Functional Exercises Attended / Conducted	1
Special Event Plans Submitted	1
Responses / Deployments	12
Strike Team Agencies	0

Emergency Preparedness Narrative:

We participate in monthly EMS subcommittee meetings of the SEPA Regional Task Force and Emergency Response Workgroup meetings as needed. We have made an effort to increase our participation in local Healthcare Coalition meetings.

In June of 2021, Enterprise Products worked with DES training staff to facilitate a functional pipeline exercise. This exercise involved Police, Fire, EMS, EMA, 911 Communications, Enterprise Products staff, and local elected/municipal officials. The drill simulated a pipeline emergency with product release and fire.

Deputy Director Moore routinely responds to large-scale or high-profile incidents within Chester County as part of the Operations group leadership and is a member of the County Incident Support Team. Responses of interest for this fiscal year included a large apartment complex fire with evacuations, a fire in a large commercial building with apartments that involved evacuations, multiple barricaded subject responses, a significant chlorine gas leak, and an accident involving an ambulance resulting in multiple EMS providers being transported.

We continued efforts to facilitate PA EMS agency licensure for the Johns Hopkins transport team and their vendor LifeSTAR of MD for much of this fiscal year. Coordinator Kouba facilitated a significant number of certifications by endorsements for both Johns Hopkins and LifeSTAR staff. After completing a large amount of front-end work and support, as we were preparing to schedule their licensure inspection, we learned that LifeSTAR of MD was purchased by Keystone Quality Transport, which already holds a PA EMS agency license. After consultation with the Bureau, we halted the LifeSTAR licensure process to be absorbed into Keystone. At the end of the most recent registration quarter, we transferred those staff involved in this process who did not otherwise have an affiliation or residence here to Delaware County for ease of processing moving forward.

11. Board of Director \ Health Council Meetings

DATE:	TIME	LOCATION
8/11/20	18:30	Virtual
10/13/20	18:30	Virtual
12/8/20	18:30	Virtual
2/9/21	18:30	Virtual
4/13/21	18:30	Virtual
6/8/21	18:30	Virtual

12. Medical Advisory Committee Meeting

DATE:	TIME	LOCATION
9/15/20	08:30	Virtual
12/15/20	08:30	Virtual
3/16/21	08:30	Virtual
6/15/21	08:30	Virtual

13. Quality Improvement Committee Meeting

DATE:	TIME	LOCATION
9/15/20	08:30	Virtual
12/15/20	08:30	Virtual
3/16/21	08:30	Virtual
6/15/21	08:30	Virtual

14. Regional Accomplishments:

Narrative:

Attended all regional Director's meetings/calls.

Attended all regional EMS Education Coordinator meetings/calls.

Attended all PEHSC Board of Directors meetings/calls. We are a PEHSC Board Member for the 2020- 2022 term.

Participated in the (virtual) PEHSC Annual EMS Conference in Lancaster, PA.

Attended all monthly Performance Improvement Committee meetings/calls of Paoli Hospital's Trauma Department as the EMS liaison.

Continued participation in the County's Child Death Review Committee.

As noted in the Special Projects section: we continue to provide emsCharts free of charge to any EMS agency choosing to use it, which is approx. 85% of our agencies. We also continue to utilize Task Force funds to connect all of our emsCharts user agencies to the ESO Health Data Exchange. Three of our five receiving facilities (the three Tower facilities) also subscribe to ESO's Health Data Exchange. We anticipate Penn Medicine Chester County Hospital to enroll in the coming months.

Working with our EMS (advisory) Council's Operations group and our SEPA Regional Task Force team, we secured funding for, designed, and procured a Mass Casualty Bus. This bus was built by Farber Industries and will be capable of transporting patients supine, littered, or in a wheelchair. We took delivery of the bus in the Fall of 2020. COVID restrictions and supply chain issues have delayed the final local completion of the bus, but we are hopeful to have it operationalized early in FY 21-22.

We continue to engage as part of the leadership team of the Chester County Overdose Prevention Task Force. The leadership team meets monthly, and the larger stakeholder group meets quarterly. This group is led by our Department of Drug & Alcohol Services (D&A). We worked collaboratively with D&A leadership to secure grant funding for a pilot project to enhance EMS services to opioid overdose patients. As part of this project, through patient care report data, we identified six EMS agencies with the highest number of overdose responses and asked for their participation in this project. Five agreed to participate. The agencies received additional overdose training jointly facilitated by the University of Pittsburgh (part of their statewide overdose training program) and D&A (who added Chester County specific information). D&A provided these agencies with data collection tools, sample patient interaction scripts, and consent forms for our warm hand-off program. The agencies were also provided iPads to facilitate the collection and transmission of the data back to D&A. The project went live on June 1, 2020, and we are working with the agencies and D&A to evaluate progress.

Attended all PEHSC Medical Advisory Committee meetings/calls. Took the lead on a project to review new technology for breathalyzer style CO oximetry. Dr. Anderson and Coordinator Whiteman worked with the manufacturer, Butch Potter, Dr. Kupas, and Dr. Wang to review the devices and associated product & clinical trial literature to consider an addition to the EMS scope of practice. The project was tabled till the Fall of 2020 due to COVID-19 but was reintroduced as part of the 2021 Statewide Protocol Update. We are pleased to report that the applicable scope of practice changes and protocol updates were approved and are expected to be included in the pending release.

Coordinator Kouba developed a customer service survey to be linked to the staff's electronic signature. The survey is being reviewed by DES leadership.

In partnership with the Chester County Fire Chief's Assoc, the Chester County EMS Council, Inc., Chester County Fire Police Assoc assisted Municipal Resources, Inc. (MRI) to complete a comprehensive Fire & EMS Strategic Plan for Chester County. MRI held a series of stakeholder meetings; developed and distributed detailed surveys and questionnaires to all Fire & EMS agencies, Fire & EMS providers, elected officials, and the general public; and collected data from Fire & EMS agencies related to their emergency services operations. We were proud to accomplish 100% compliance with Fire and EMS agencies, while more than 50% of our municipalities also participated. In the Fall of 2020, MRI delivered its final report and a toolkit for stakeholders at a series of virtual meetings. The Plan includes 139 recommendations on ensuring that Fire & EMS services are provided efficiently and effectively in the future.

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 8th 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. On-going marketing efforts focus on the use of the apps and uploading of crowd-sourced AED location information. We also utilize the Verified Responder upgrade, which provides additional incident detail to enrolled and verified responders. 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, 2021, there were 11,454 PulsePoint users in Chester County, with 9,134 of those opting to be alerted for cardiac arrests.

In FY 19-20, we secured Task Force funding and developed a full-day seminar titled "Lights, Siren, Resiliency." This program was designed as a resource for our first responder community and their families in dealing with PTSD, suicide, depression, opioid issues, and mental health well-being. National recognized speakers Dr. Tania Glenn and Scott Geiselhart were contracted as keynote speakers and session facilitators. Unfortunately, this program had to be postponed due to COVID-19. We opted to transition this program to a virtual format and offer it in December of 2020. We had 75 participants, and the program was a huge success. As such, we have secured funding for and plan to sponsor two additional resiliency programs in FY 21-22.

Coordinator Kouba was asked to participate in a small workgroup led by the Bureau to review and revise the BLS psychomotor exam process, associated paperwork, and the Bureau's Educational Policy & Procedure Manual. Working collaboratively with Instructor Powell and Deputy Director Moore, she has provided significant constructive input on all processes, forms, and documents. We are very appreciative of the opportunity to help shape the future of the BLS psychomotor exam process in the Commonwealth.

Last but certainly not least, I would be remiss if I didn't relay how COVID-19 impacted our operation for the bulk of this fiscal year. Our Department took a proactive and aggressive approach to COVID-19 early on. As noted previously, we physically separated into two distinct communities, with no cross-population permitted, and this remained in place through September 1, 2020. DES embraced the remote work platform and ensured staff had the technology available to be successful. We continue to encourage remote work and likely will for the foreseeable future. All in-person meetings, classes, and training sessions were suspended, and like everyone else, we moved forward with regular business virtually. In the Spring of 2021, after vaccinations were widely offered to our first responder community, we loosened restrictions and slowly resumed training activities for priority programs. At the request of our ALS Educational Institute, and with additional COVID precautions in place, we did offer three Paramedic psychomotor exams early in this fiscal year. Otherwise, our EMS psychomotor exams were suspended through January of 2021. We are just now returning to in-person meetings and will continue to offer a virtual option for most moving forward.

As with FY 19-20, the level of teamwork, cooperation, and collaboration within our Department; and our external stakeholders has been unprecedented. We continue to work closely with the other Divisions within the Department, other Departments, our EMS advisory council, all of our EMS system stakeholders, and our entire first responder community to ensure that everyone has the most current information available and the resources needed to remain safe and successful as the pandemic lingers on. Based on the success and value found in COVID coordination calls with our EMS and Emergency Department leadership, we have continued those virtual meetings, which are no longer COVID-centric on a monthly basis. Until her resignation in April of 2021, Coordinator Whiteman continued to serve as our Department's liaison with our Health Department, relaying vital information to our staff and all of our first responder agencies.

All of the programs and initiatives implemented in FY 19-20 were carried mainly into FY 20-21. As COVID cases subsided early in FY 20-21, COVID-related meeting frequency decreased. However, when cases surged again after the Holidays, all of our efforts resumed in full force to ensure that our first responders were prepared to handle the surge. We supported multiple EMS agencies as they created localized staffing contingency plans when the Holiday surge significantly impacted the EMS workforce. Working very closely with our Health Department and local health systems, we ensured that EMS providers were part of their 1A vaccination group and additionally worked to ensure that once the EMS group was vaccinated that our Fire and Law Enforcement partners were also offered the same opportunity as part of the 1B group. We coordinated efforts to arrange for minor first responders to be vaccinated with the Pfizer vaccine via Tower Health. Working collaboratively with our Fiscal and Emergency Management teams, we contracted with six EMS agencies to support our Health Department with vaccination clinic observation coverage and vaccination administration for the County's homebound population. As we have done since the onset of the pandemic, we continue to provide retrospective notification to all first response agencies when responds to a known COVID positive address/patient so that the agency can review the response to ensure appropriate precautions are taken.

I am impressed with and very proud of our team's tremendous effort over the past twelve months. Our team has risen to the challenge presented to them by COVID-19 and handled it professionally and comprehensively, all while still fulfilling all of the essential daily tasks needed in keeping our EMS system functioning at optimal levels. We plan to continue these and other efforts to ensure that we don't become stagnant and are thereby forced to be reactive instead of proactive.
