



# CHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES ANNUAL REPORT

FISCAL YEAR 2021 - 2022

## 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  
hemoore@chesco.org

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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 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). Our Director position is currently vacant with recruiting efforts underway. Jason Suydam, our Deputy Director for Law Enforcement is serving as our Interim Director. As part of the DES Operations group, along with the Fire, and Law Enforcement, the EMS Division falls under the leadership of the Director of Operations, George “Beau” Crowding. Beau has announced his retirement effective September 9, 2022. The daily operational responsibilities of the regional EMS council fall under the Deputy Director for EMS – Harry Moore. In addition to Deputy Director Moore, the regional EMS council staff for FY 21-22 consisted of: Christy Kouba, EMS Data & Certification Coordinator; Larry Smythe, ALS Coordinator (started September 7, 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 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 the need to relocate from the West Chester location. DES has encouraged and enabled all staff to work remotely (from home) to the extent possible since early into the COVID. Pandemic. There has been no negative impact on our provision of services due to the remote work option.

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 six times per year. For 2021 and 2022, the EMS Council, Inc. was led by President Charles “Chaz” Brogan, Chief of our largest EMS agency.

Thirty-four licensed EMS agencies are affiliated in or based in Chester County. Twenty-eight of those agencies provide 911 response and include: one air; fourteen ALS; nine BLS; and four QRS agencies. Our County PSAP dispatches approx. 44,000 EMS incidents per year, with 55% of those being BLS and 45% ALS in nature. Chester County is home to three acute care hospitals, geographically positioned in the north, east, and central portions of the county. Tower Health operates Phoenixville Hospital (north), Penn Medicine operates Chester County Hospital (central), and Paoli Hospital (east) is part of the Main Line Health system.

**1. Board of Directors \ Health Council Officers**

President: Charles Brogan

Vice President: Matthew Eick

Treasurer: Gary Vinnacombe

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>Robert Kagel</u>	25	<u>Click or tap here to enter text.</u>
8	<u>Steve Nuse</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**      Currently Vacant (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>Larry Smythe (partial grant)</u>
<u>EMS Training Coordinator</u>	<u>Currently Vacant (partial grant)</u>
<u>EMS Data &amp; 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	\$184,413.73	\$154,393.69
Consultant Services	\$0.00	\$0.00
Subcontracted Services	\$27,572.00	\$27,912.80
Patient Services	\$0.00	\$0.00
Equipment	\$0.00	\$0.00
Supplies	\$10,595.27	\$13,278.52
Travel	\$1,450.00	\$0.00
Other Costs	\$23,472.70	\$21,156.41
<b>TOTALS</b>	<b>\$247,112.87</b>	<b>\$217,123.73</b>

**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:
	\$22,577.00

*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 21-22 EMSOF funds to pay our December 1, 2022 – November 30, 2023 emsCharts contract. Approx. 85% of our EMS agencies utilize our County/Region funded emsCharts contract as their patient care report software.

Tourniquets	Amount:
	\$5,335.80

*Project Narrative:*

Law Enforcement agencies within Chester County support two regional Emergency Response Teams (ERT) which provide specialized services for incidents such as high-profile warrant service, hostage situations, and barricaded subjects. The ERTs include a medical component as well, who train with and are considered part of the team. As a regional project, we requested and were approved to use FY 21-22 EMSOF funds to purchase 10 junctional tourniquets and 80 traditional tourniquets to support the team's medical component.

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	Amount:
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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	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:*

Our office has continued to provide Stop-the-Bleed training as requested, but primarily through our Safe Schools Coordinator and our Fire Training Coordinator as our EMS Training Coordinator position remains vacant.

We provide true technical assistance conservatively ten times per month, but we interact with a wide variety of 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 in an effort to make both organizations successful.

## 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 do discuss CQI issues at MAC as well. 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	3
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, which has led to increased attendance (we had previously had a traditional call-in option). We open our MAC meetings up to any interested system stakeholder in order 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 the trauma patients from our southern region. Nemours/Alfred I. duPont Hospital for Children is a Level I Pediatric Trauma Center located in Delaware 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 trauma center in Pennsylvania for stabilization and transfer. Paoli Hospital typically provides medical direction for transports to these Delaware centers. Children's Hospital of Philadelphia opened their new King of Prussia hospital in the Spring of 2022. While this new facility does not hold Trauma Center Accreditation, it will provide a resource for tertiary pediatric medical care.

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

Chester County did suffer a tremendous loss this fiscal year with Tower Health closing Jennersville Hospital on December 31, 2021; followed by the closing of Brandywine Hospital on January 30, 2022. Collectively, EMS transported over 8,000 patients to these two facilities in 2021, so the closures had a significant impact on our EMS system. The bulk (~83%) of our EMS patient volume continues to be transported to a Chester County hospital, with the extra volume being absorbed by Chester County Hospital (~45%), Paoli Hospital (~30%), and Phoenixville Hospital (~8%). These hospitals were already operating at or over capacity and experiencing staffing shortages, so the unexpected increase in volume lead to a rise in EMS offload times. The remaining balance of our EMS patients (~17%) are transported to hospitals in neighboring counties, including Delaware and Maryland.

## 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	18
BLS Psychomotor Examinations Conducted	12
Number of BLS Psychomotor Exam Candidates Tested.	236
ALS Psychomotor Examinations Conducted	5
Number of ALS Psychomotor Exam Candidates Tested	45
Certification Class Visits Conducted	0
Number of EMS Agency Re-Inspections Conducted	1
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 twelve is the accurate number of BLS exams held, it should be noted that for 6 of those exams we ran both an 8am session and a 12pm session on the same date. Technically those are two separate exams, but we typically count them as one exam date.

We administered four Paramedic level exams and one Advanced EMT level exam this fiscal year – testing 45 candidates in total.

## 10. Emergency Preparedness Activities

Quantity

Coalition / Task Force Meetings Attended (only EMSOF funded staff attendance)	20
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, as well as Emergency Response Workgroup meetings as needed. We also attend our monthly Chester County Healthcare Coalition meetings.

In April of 2022 the SEPA Regional Task Force held a full-scale exercise at the Philadelphia Fire Academy. The exercise focused on Urban Search & Rescue and Haz-Mat operations, so EMS was not evaluated formally, although EMS was present to support our colleagues.

Deputy Director Moore routinely responds to large-scale or high-profile incidents within Chester County as part of the Operations group leadership and a member of the County's Incident Support Team.

**11. Board of Director \ Health Council Meetings**

DATE:	TIME	LOCATION
8/10/21	18:30	Virtual
10/19/21	18:30	Virtual
12/14/21	18:30	Virtual
2/8/22	18:30	Virtual
4/13/22	18:30	Virtual
6/14/22	18:30	Virtual

**12. Medical Advisory Committee Meeting**

DATE:	TIME	LOCATION
9/21/21	08:30	Virtual
12/21/21	08:30	Virtual
3/15/22	08:30	Virtual
6/21/22	08:30	Virtual

**13. Quality Improvement Committee Meeting**

DATE:	TIME	LOCATION
9/21/21	08:30	Virtual
12/21/21	08:30	Virtual
3/15/22	08:30	Virtual
6/21/22	08:30	Virtual

**14. Regional Accomplishments:**

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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 were a PEHSC Board Member for the 2020-2022 term and were re-elected to the 2023-2025 term.

Participated in the (virtual) PEHSC Annual EMS Conference.

Attended all PEHSC Medical Advisory Committee and EMS Education Task Force meetings/calls.

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.

Participated in County EOC trainings and exercised related to both the Limerick and Peach Bottom nuclear facilities.

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 had also previously utilized 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 had subscribed to ESO’s Health Data Exchange. With the loss of two Tower Hospitals (Jennersville and Brandywine), our EMS Council, Inc recommended terminating our subscription to the ESO Health Data Exchange as now only ~ 8% of our county’s EMS patients are transported to a participating facility.

Worked with our EMS (advisory) Council’s Operations group and our SEPA Regional Task Force team to secured funding for, designed, and procured a Mass Casualty Bus. This bus was built by Farber Industries, and is 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 delayed final local completion and outfitting of the bus, but we did operationalize the bus in early 2022. To date the bus has responded to support several large-scale incidents here but has not yet been used to transport patients. A Homeland Security Grant Program asset, the bus is a joint project between DES, Chester County EMS Council, Inc. and TowerDIRECT.

Continued 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 had worked collaboratively with D&A leadership to secure grant funding for a pilot project to enhance EMS services to opioid overdose patients. Participants received additional overdose training jointly facilitated by the University of Pittsburgh (as part of their statewide overdose training program) and

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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. Participation in this initial project was not as robust as expected. Working with D&A we have pared down the project to simply leave-behind naloxone and are working to engage additional agencies. Participation in this pared down project has been better.

Previously partnered with the Chester County Fire Chief's Assoc. and the Chester County EMS Council, Inc. to support Municipal Resources, Inc. (MRI) in completing a comprehensive Fire & EMS Strategic Plan for Chester County. In the Fall of 2020 MRI delivered their final report along with a toolkit for stakeholders at a series of virtual meetings. The Plan includes 139 recommendations on how to ensure that Fire & EMS services are provided efficiently and effectively in the future. We continue to work with the Fire and EMS steering committees to review, prioritize, and implement those recommendations.

Continued to support a county-wide member-only Public Safety website to which every Police, Fire, and EMS agency in the County is permitted access by three of their self-designated leaders. We also opened membership up to each municipal Emergency Management Coordinator. Initially created for visibility on COVID related items, this website has been very popular and successful, so it has expanded to capture all no-COVID items of interest, including hospital closure information as well.

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 9th 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 an additional level of 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, 2022, there were 13,239 PulsePoint users in Chester County with 2,401 of those opting to be alerted for cardiac arrests.

Worked collaboratively with our Critical Incident Stress Management & Peer Support Team to plan a resiliency conference for our first responders. The group selected nationally recognized First Responders Resiliency, Inc. as the presenter, who developed a comprehensive full-day program. The event was held at Longwood Gardens who graciously donated conference space and opened the Gardens to participants. Approx. 50 participants attended the program held in June of 2022.

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 provided significant constructive input on all of the applicable processes, forms and

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documents. Unfortunately, this project was not completed prior to Director Ferguson's departure, but we remain hopeful that Director Rhone will re-engage with this project.

Working collaboratively with our County's MHIDD Department, Emergency Management Division and Haz-Mat team, Coordinator Kouba also wrote new EMS CE courses for Crisis Intervention Training for EMS, FEMA's G-290 & G-271 programs, and radiological response respectively. She also obtained her Advanced EMT certification and Emergency Behavioral Health certification.

All EMS Division staff assisted with EOC duties, and other duties related to the establishment of a MARC following the devastating effects of Hurricane Ida on Chester County.

Through routine emsCharts quality reviews, Coordinator Smythe identified variances in administration of both Etomidate and Ketamine here. We have previously struggled with Etomidate and Ketamine QA compliance and reporting. The identification of several outlier administrations forced additional conversation with Dr. Anderson and EMS Division staff, as well as with Dr. Kupas and the Bureau. At our March 2022 Medical Advisory committee meeting, Dr. Anderson announced that he was suspending the use of both medications within the region immediately for at least 90 days, while we worked to identify a more formal plan to ensure compliance. We developed a comprehensive plan that emphasized requirements and expectations, validated compliance, and ensured appropriate reporting. As of the end of this fiscal year we have re-authorized four agencies and have several others pending.

Through additional emsCharts QA reviews Coordinator Smythe also identified that AEMTs from multiple agencies were inappropriately administering ketorolac "via protocol" without contacting medical command. The issue was reviewed with the respective EMS agency medical directors and managers, who quickly remediated their staff. Follow-up QA reviews have not identified any additional incidents.

The Tower hospital closures here exacerbated existing volume and staffing issues at our other hospitals. As such, we saw EMS offload times increase. We met regularly with our EMS and ED stakeholders; and looked regionally to better address hospital diversion issues. In early 2022 EHSF released their PAMEDIC website, which provided a platform for hospitals to manage their own status and allowed EMS and other system stakeholders to have full visibility of that status. We embraced that platform and had our (remaining) three facilities enroll and begin utilizing the website on a trial basis. We also attempted unsuccessfully to have our SEPA partner counties do the same in an effort to promote consistency. In April of 2022 we formally transitioned to PAMEDIC as our hospital status platform, removing that responsibility from our 911 Center/PSAP. As such, we rescinded our long-standing High Patient Volume policy, and enacted our new Hospital Status policy in its place. Behavioral Health continues to be a bottleneck for our EMS and Hospital system, and despite broad stakeholder engagement, there doesn't appear to be any good solutions on the horizon.

In response to Tower Health's hospital closure announcements, we worked with our Quality Division to enhance data compilation, review and distribution related to EMS destinations from our Computed aided dispatch (CAD) system. We also compiled, reviewed, and distributed weekly EMS data related to EMS offload/ED wait times from emsCharts. This data continues to be updated and posted weekly to our Public Safety member-only website for situational awareness for our EMS and ED partners.

Staffing shortages and lack of formal sustainable financial support continue to be the two areas of most concern from our EMS agencies. Call volumes and demand for services are increasing,

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insurance reimbursements remain insufficient and fail to cover operating expenses and attracting and retaining quality personnel is increasingly more difficult. Cumulatively, these stressors are taking more of a toll on our EMS agencies, and EMS providers. We have seen several EMS agencies here cease providing service (West Chester University QRS and Thorndale Fire Company QRS) while others are limiting the areas they provide services in (TowerDIRECT).

COVID-19 continued to impact our operation this fiscal year. 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. We saw another COVID spike around the Holidays when we also saw our two Tower hospital closures – creating a period of significant stress on our system. We continue to encourage remote work and likely will for the foreseeable future, and virtual meetings (or at least having a virtual option) is the norm.

As with our previous several Annual Reports, the level of teamwork, cooperation, and collaboration both within our Department and with 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 on all issues impactful to our EMS system. 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.

I am impressed with, and very proud of the tremendous effort our team has displayed over the past twelve months.

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