

EMMCO West, Inc.
EMS System Assessment 2014-15

Inventory

PERSONNEL

Certified Personnel:

FY	09-10	10-11	10-11	11-12	12-13	13-14
FR	194	202	182	190	187	172
EMT	2342	2198	2265	2278	2346	2259
Paramedic	834	551	559	561	572	573
PHRN	119	94	99	108	112	119
HP	20	17	17	15	15	19
TOTAL	3509	3062	3122	3152	3232	3142
Instructors	100	112	95	98	97	98

Active Personnel: 1624* individual certification numbers reflected in PCR data for 2013.

*We have no method to measure how many of the 1721 may include personnel whose home region is other than EMMCO West. Most QRS do not submit PCR data therefore any QRS personnel not somehow affiliated with another agency will not be reflected either

Education:

Loss/Gain of EMS Personnel (new certification and expiration only. Does not include re-entry, personnel moving, death, reciprocity)

EMT	2008	2009	2010	2011	2012	5 year net loss/gain
Clarion	1	-9	16	37	-10	31
Crawford	-17	-30	-28	41	-9	-43
Erie	3	12	-62	60	-35	-22
Forest	-2	-2	-6	-1	0	-11
Mercer	-23	11	-9	-1	0	-22
Venango	-17	12	1	24	-7	13
Warren	-9	1	-16	11	4	-0
Other					-13	-13

FR	2008	2009	2010	2011	2012	5 year net loss/gain
Clarion	3	-1	1	6	-3	6
Crawford	-12	8	-2	0	-5	-11
Erie	4	-13	-7	0	-16	-32

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Forest	0	0	-1	0	0	-1
Mercer	13	-2	-10	0	8	9
Venango	-3	0	-1	0	0	-4
Warren	11	-4	11	0	2	20

Certification Programs

	<i>Clarion</i>		<i>Crawford</i>		<i>Erie</i>		<i>Forest</i>		<i>Mercer</i>		<i>Venango</i>		<i>Warren</i>	
	12	13	12	13	12	13	12	13	12	13	12	13	12	13
EMR	1	2	0	0	0	7	0	0	1	1	1	0	0	0
EMT	1	1	2	1	7	1	0	0	4	1	0	0	1	0
Para	0	0	0	0	6	3	0	0	1	0	0	0	0	0

Certification Program Success Rates

	2012	2013	
Classes	18	14	
Candidates	312	142	
Complete Program	238	100	
Pass Initial Practical	124	26	
Pass Subsequent Practical	105	54	
Total Pass Practical	229	80	
Pass Written 1 st Attempt	183	58	
Pass Written 2 nd Attempt	14	6	
Pass Written 3 rd Attempt	2	0	
Pass Written 4 th Attempt	4	1	
Personnel Certified	203	65	

2014 Pearson View Testing Sites: Erie, PA & Clarion, PA

OPERATIONS

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EMS Agencies

ALS Ground=19

Air= WCA Services, STAT MedEvac

BLS =51

QRS services recognized = 36

Rescue services at Vehicle and Machinery Operations Level =2

Rescue services at Vehicle and Machinery Basic Level = 2

Swiftwater Rescue service Level 3a = 1

Swiftwater Rescue service Level 4a =1

BLS EPI Pen agencies = 27

BLS CPAP agencies = 17

Breakdown of vehicles:

ALS- Transport = 109

ALS- Squad = 17

BLS = 74

QRS = 47

Air = 5

Other Resources:

- Approximately 20 non-recognized fire departments providing QRS type services (many coming on board due to EMS Act)

Call Volume:

2003: 93,912

2005: 98,895

2006: 101,263

2007: 106,598

2008: 107,603

2009: 109,082

2010: 107,055

2011: 111,125

2012: 115,306

2013: 118,545 estimated

Call Percentage by Time of Day DONE

Monday – Friday 8AM-4PM 36.95% (37.36% 2011, 38.02% 2012)

Monday – Friday 7AM-7PM 54.48% (51.29% 2011 52.56% 2012)

Monday – Friday (all day) 75.00% (74.57% 2011, 76.10% 2012)

12 Lead EKG Transmission

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12 of 13 hospitals have the capability to receive 12 lead EKG transmissions
 All Medical Command Facilities have the capability to receive 12 lead EKG transmissions
 All ALS services have the capability to transmit 12 lead EKG

SYSTEM PERFORMANCE

Arrive Time:

The following charts arrive times for like services in like sized municipalities. Arrive time is defined as the elapsed time between dispatch to arrive scene. The column headings show the time in minutes to arrive on scene and the row headings show the type of agency. For example in Populations of less than 100 persons/mi², BLS agencies are arriving on scene between 9 and 13 minutes 33.90% of the time**.

	ALS			
Pop/mi ²	0-8 minutes	9-13 minutes	14-20 minutes	>20 minutes
<100	43%	25.90%	19.50%	11.60%
101-500	42.50%	26.50%	22.10%	8.90%
501-1000	44.40%	27%	20%	8.60%
>1000	64%	23.30%	9.10%	3.60%
	BLS			
Pop/mi ²	0-8 minutes	9-13 minutes	14-20 minutes	>20 minutes
<100	25.80%	33.90% **	28.30%	12.50%
101-500	30.90%	40.80%	23.40%	4.90%
501-1000	34.70%	33.10%	26.80%	5.40%
>1000	46.90%	34%	15.10%	4%
	QRS***			
Pop/mi ²	0-8 minutes	9-13 minutes	14-20 minutes	>20 minutes
<100	77.50%	13.70%	8.80%	0
101-500	70.50%	26.20%	3.30%	0
501-1000	100%	0	0	0
>1000	97.60%	2%	0.40%	0

Missed Call Project Status

The Quality Improvement Committee is conducting an assessment of missed calls in the region.

- % Participating represents the percentage of services who are submitting missed call data by county. For example in Clarion County 100% of services sent missed call data to EMMCO West in 2010 but only 83% participated in 2011 and 2012
- % Missed (total region) percentage of missed calls by participating services by county (almost 60% of the missed call data from participating services are occurring from Erie County)
- Missed calls staffing represents calls missed due to lack of personnel
- Missed calls units committed represents calls missed due to the service's available units being on other calls.
- Missed calls other represents missed calls due to other reasons like the EMS vehicle being out of service or missed call due to communications failures.

COUNTY	% participating				% Missed Calls (total region)	MISSED CALLS STAFFING	MISSED CALLS UNIT COMMITTED	MISSED CALLS OTHER
	2010	2011	2012	2013				
Clarion	100%	83%	83%	67%	13.23%	26.16%	73.52%	0.35%
Crawford	76%	50%	42%	42%	10.90%	72.65%	26.92%	0.43%
Erie	53%	58%	43%	53%	57.80%	70.91%	27.40%	1.69%
Forest***	0%	0%	0%	0%	Na	xx	Xx	0
Mercer	80%	60%	40%	60%	0.79%	17.65%	82.35%	0
Venango	100%	33%	67%	50%	3.54%	11.69%	88.31%	0
Warren	80%	55%	50%	30%	13.74%	68.81%	29.83%	1.36%

*** not enough data

The following table compares the total missed call percentage to the percentage of call volume by county (Clarion county had 13.35% of the total REPORTED missed calls in the region but only runs 6.81% of the total 911 responses in the region)

COUNTY	% Missed Calls (total region)	% Total Regional Call Volume (911)
Clarion	13.23%	6.49%

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Crawford	10.90%	12.93%
Erie	57.80%	46.14%
Forest***	Xx	1.04%
Mercer	0.79%	20.24%
Venango	3.54%	9.52%
Warren	13.74%	3.63%

this color represents an increase

PREPAREDNESS

Equipment:

Support Vehicles, Trailers Other Specialty Equipment

- MMSS - Trailer (with equipment)
- Motorola HT1250 Radios, 403-470, 1-4W
- MSEC 18 - Medical Surge Equipment Cache
- Honda Generator
- Canberra MRAD113 Mini Radiac; Pocket Radiological Monitor,
- Radio, Portable - Kenwood, TK372GK1 SK, UHF w/ accessories
- Radio, Portable - 800mhz
- Millennium Mask
- Level B Suits
- 10 Man Tents with Heaters
- Radio, Base - 800 Mhz
- Base Station Radio - 400 Mhz
- Radio, VTAC - 800 Mhz - VEHICLE MOUNTED
- GPS, handheld
- Trailer, MCI - Car mate CM 816C-CT
- Radio, VTAC - 800 Mhz - PORTABLE
- Portable Comm-Pac (Wi-Fi)
- Portable Misting Fans
- Crowd Control Stanchions
- Patient Tracking Scanners
- Portable Ventilator
- Life Jacket (USCG Type II)
- Life Jacket (USCG Type III)

Preparedness Vehicles:

- 1 2002 Chevrolet 2500HD turbo diesel
- 1 2008 Chevrolet 3500HD turbo diesel
- 1 1984 Chevrolet Rescue HD

Strike Teams:

- 6 strike teams

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INTEGRATION/PARTNERSHIPS

- PEHSC BOD (quarterly)
- PEHSC EMS Information Taskforce (chair) (4-6x/year)
- PEHSC Practical Evaluation taskforce and various other standing and dynamic PEHSC and DOH committees and taskforces (Regs). (monthly)
- EMMCO West Regional Medical Advisory Committee (quarterly)
- EMMCO West Communications Committee integrated into Region NWPAERG task force Communications Committee.
- EMMCO West Transportation Committee (2-3x/year)
- EMMCO West QI Committee (quarterly)
- EMMCO West CISM Team (bi-monthly)
- Participation at Volunteer EMS Alliance of Crawford County (monthly)
- Mercer County EMS Managers Roundtable (semi annually)
- NWPAERG (monthly+)
- Crawford Co. Active Aging Coalition (as requested)
- Erie Co. EMS Council (bi-monthly)
- Clarion Co. EMS Council (bi-monthly)
- Warren Co. EMS Council (monthly)
- NWPA Career Link partnership (annually)
- Crawford Co. LEPC (5x/year)
- Crawford Co. Safe Kids (as requested)
- National Registry

Identified/Perceived Inter-Regional Problems

PERSONNEL

1. In some cases, EMS personnel are expiring at a greater rate than training programs are generating EMS graduates. Statistics also show that 26% of personnel are not active thus it can be expected that the net loss is actually worse.
2. Past recruitment/retention efforts seem to be ineffective.
3. Agencies do not take advantage of EMSOF dollars earmarked for recruitment and retention efforts.
4. Staff involvement related to problems with education, primarily practical exams, seems to be increasing
5. Calls to the office lend one to believe that there exists lack of qualified managers at EMS agencies
6. There are increasing numbers of EMS personnel who are overweight and getting seriously ill or injured, possibly as a result of weight, eating habits and lack of exercise.

OPERATIONS

1. There continues to be many fire departments which will need to be licensed as EMS agencies with the implementation of the new EMS System Act Regulations.
2. Call volumes historically increase while personnel and other resources are diminishing.
3. Services continue to miss calls and have not notified the PSAP that they are unable to staff. However, there has been an increase in contractual staffing and other collaboration efforts.
4. Erie County, despite low participation rates is still responsible for over 50% of the total available missed call data. Other counties such as Crawford and Warren also have significant staffing problems.
5. QRS arrive time data is excellent. It is possible that some areas of the region would be better served by QRS than BLS. Historically QRS mobilization times have also been very good. Agencies may benefit from collaborating to create a BLS Squad.
6. Participation in QI projects needs significant improvement.
7. Many BLS agencies continue to not taking advantages of programs such as EPI Pens and CPAP despite additional funding.
8. PCR completion and submission continues to be problematic for some services.

PREPAREDNESS

1. Funding restrictions makes it difficult to assure the ability to move all trailer assets.
2. Staffing issues is making strike team participation difficult for several teams.

INTEGRATION/PARTNERSHIPS

1. More interaction is needed with elected officials and municipal leaders.
2. Office staff needs to increase interaction with actual providers.

Goals and Tasks

PERSONNEL

Assist EMS agency improve their management and administrative practices through educational programming

- Continue to provide the EMS Leaders of Tomorrow program at the EMMCO West conference. \$2000.00

Partner with agencies to promote and improve recruitment and retention of personnel

- Continue the "How Low Can you Go" program. \$3,000.00
- Pending funding, make health and wellness measurements at the EMMCO West conference.
- Provide EMSOF dollars for wellness plans and equipment. Included in \$33,066.00 in equipment

- Assist with purchase of power stretchers and stair chairs. Included in \$33,066.00 in equipment
- Assist with purchase of bariatric equipment. Included in \$33,066.00 in equipment
- Continue to visit EMS agencies during EMS week. \$2,000.00
- Continue to recognize various providers, agencies and newly certified personnel at EMS Appreciation Dinner. \$2,500.00
- Implement recruitment and retention programming. \$3,000.00

Assess quality of EMS education and provide education accordingly.

- Conduct scheduled and unscheduled site visits that create opportunities for time with administrators, instructors, and students.
- Conduct exit evaluations of students.
- Conduct evaluator reliability evaluations and enrichment programming pending funding.
- Conduct instructor enrichment programming pending funding.

Evaluate gaps in training, assist with funding and work with training institutes to fill voids.

- Implement a better mechanism for tracking providers passing exams.
- Continue to monitor certifications vs expirations.
- Pursue alternative/non-traditional forms of educational programming
- Meet with educational institutes to proactively plan regional education programs

Promote a diversified continuing education program that emphasizes quality patient care practices.

- Continue to provide continuing education programming with focus on basic practical skills.

OPERATIONS

Assist and educate EMS Agencies and personnel in the EMS System Act and Regulations

- Conduct EMS System Act and Regulations educational programming focused on agency managers
- Conduct EMS System Act and Regulations educational programming for EMS personnel
- Enhance the continuing education submission program to provide certificates with the roster.
- Continue to fund mobile devices for PCR completion in ambulances. \$10,100.00

Provide tools to assist agencies with quality improvement initiatives and increase participation

- Implement incentive programming for services who meet certain quality improvement benchmarks and recognize them at an annual event.
- Check status of statewide seatbelt sleeve project and proceed as a regional project if necessary. \$3,000.00
- Purchase additional vacuum gauges to assist newly licensed agencies with checking suction units. \$450.00

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Continue to improve the region's out of hospital cardiac arrest survival rates through educational and operational initiatives

- Promote high performance CPR at the service level
- Conduct 2-3 hands free CPR campaigns at various sporting events

PREPAREDNESS

- Continue to work with DOH and partners to explore alternative trailer configurations.
- Encourage training in incident command and initial management of large scale incidents.

INTEGRATION/PARTNERSHIPS

Promote the EMS system throughout the region by participating in community outreach initiatives.

- Identify other opportunities to provide hands only CPR training.