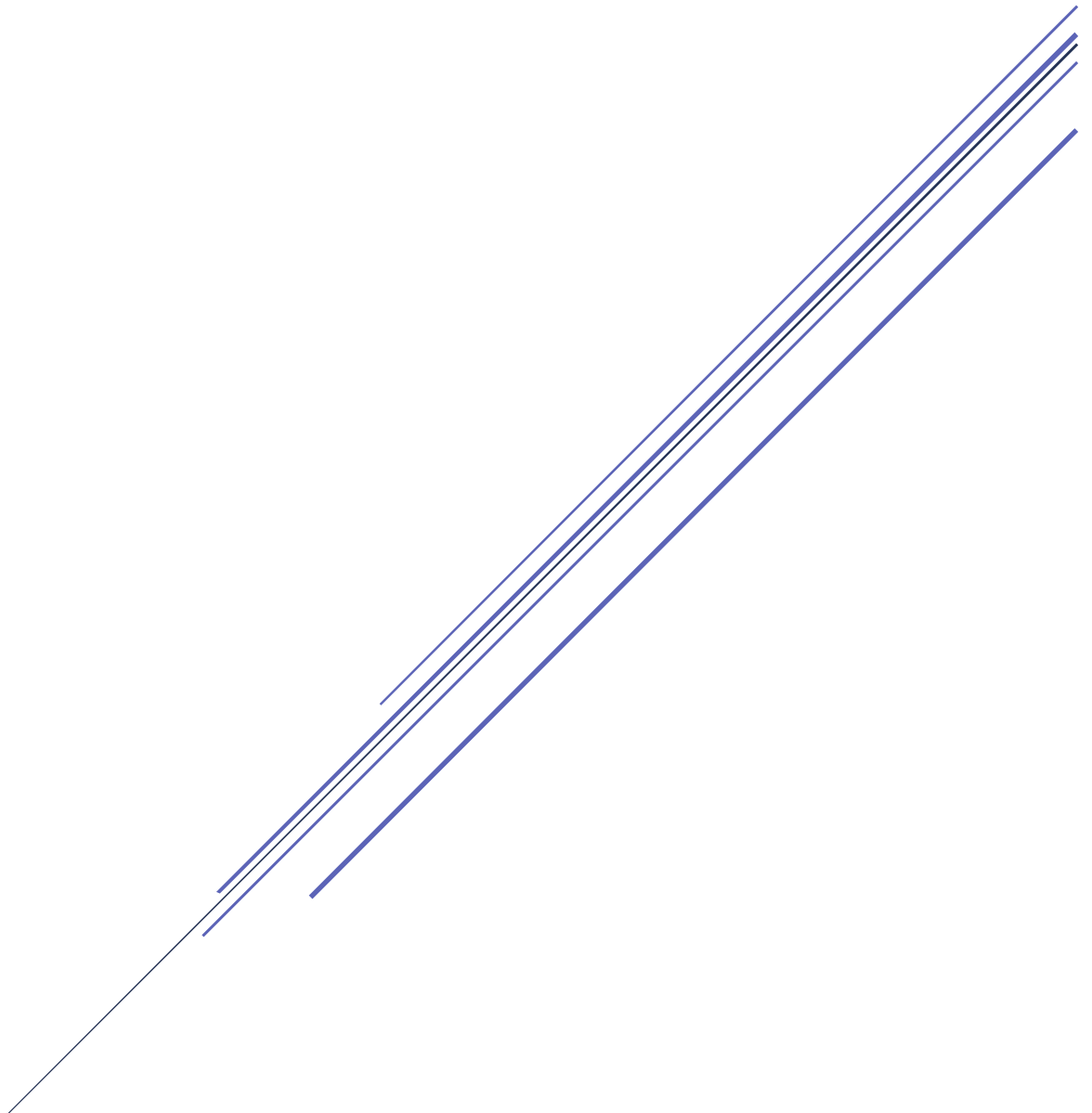


EMMCO WEST, INC.
2021 REGIONAL DATA REPORT
&
REGIONAL UPDATES



THE BOTTOM LINE IS PATIENT CARE

Serving Clarion, Crawford, Erie, Forest, Mercer, Venango, and Warren Counties.
16271 Conneaut Lake Road, Meadville, PA 16335
Office 814-337-5380

Primary Impressions

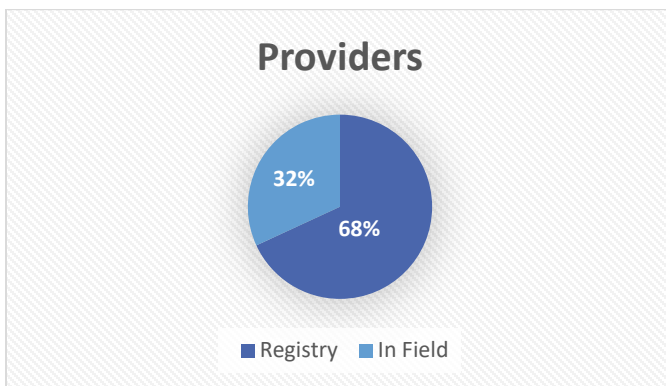
Data analysis: In the last 10 years we have seen a more data driven and scientific approach to what we are doing in the prehospital setting. For us to continue to excel in this, we need to better refine and have a more reliable dataset. Provider Impression is that field for which we are able to best identify the types of patients that we are caring for so in order for us to advance, this is the most important field for us to ensure we are capturing accurately. If services are seeing a large number of blank fields, “Not Applicable”, and “Not Reported” values in their agency’s charts, they need to look at mapping within their PCR software. It is recommended that agency QI members look at those charts with these values and determine why the providers are entering them or why they are coming across this way and contact your PCR vendor to resolution.

1. 5333 - Not Applicable
2. 2058 - Acute pain, not elsewhere classified
3. 2329 - Generalized abdominal pain
4. 1638 - Injury, unspecified
5. 1589 - Reduced mobility
6. 1429 - Blank
7. 1183 - Malaise
8. 1102 - Not Recorded
9. 1096 - Altered mental status
10. 975 - Cardiac arrhythmia/dysrhythmia

Criteria: Count of each provider impression where type of service is 911 Response or Intercept, Ground EMS Agency Units only

Provider Data

Purpose: Compares the difference between those providing patient care in the field against those certified. *
Date Range: January 1, 2021 – March 31, 2021

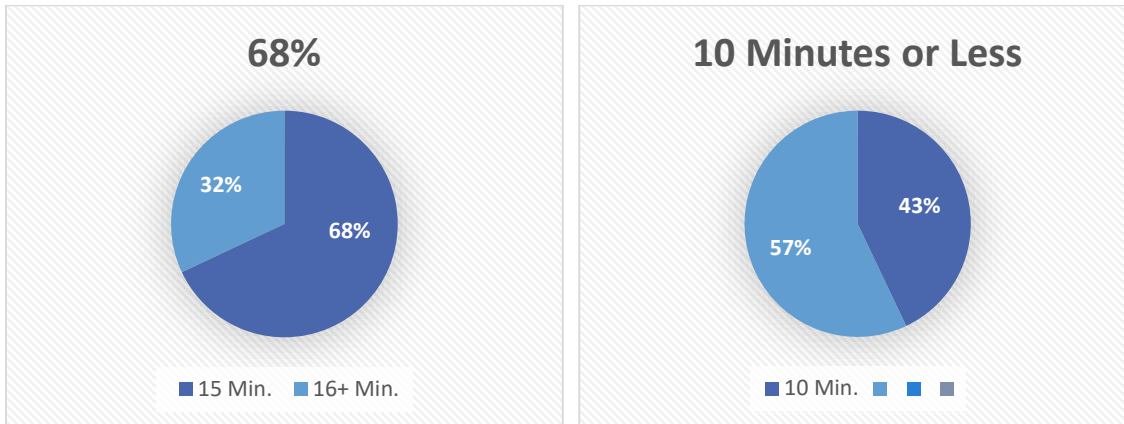


Data analysis: This is valuable in evaluating the percentage of certified providers that are directly impacting pre-hospital care in our communities. There may be opportunities for agencies to recruit individuals that are currently inactive for various roles in your organization.

*Note: Due to QRS not being required to complete electronic patient care reports, some QRS providers may not be counted.

Time to 12 Lead

Purpose: The time to 12 lead is defined as procedure time of 12 lead performed minus the time of unit arrived scene in minutes.



Data analysis: 68% of the time the 12-Lead is being performed within 15 minutes. However, further analysis shows that 43% of the time 12-Lead is performed at 10 minutes or less.”

Criteria: Non-trauma responses where type of service is 911 Response or Intercept, Ground EMS Agency Units only. Patients aged 35 years and older.

Mobilization Report

Purpose: Allows agencies with transportable ambulances to track their time, in minutes, en-route from the time the unit is dispatched.

1. BLS Agencies
 - a. 1-3: 44.9%
 - b. 4-8: 31.7%
 - c. 9-15: 20.7%
 - d. 16-20: 1.8%
 - e. 20+: 0.9%
2. ALS Agencies
 - a. Less than 1 minute: 45.3%
 - b. 1-3: 47.6%
 - c. 4-5: 4.5%
 - d. 6-8: 1.6%
 - e. 9+: 1.0%

Data analysis: Although arrival times are important, mobilization times are those times in which we are most able to control. This is not a critique of performance; it is a record of performance. It is understood that volunteer agency mobilization time will be higher than paid agencies.

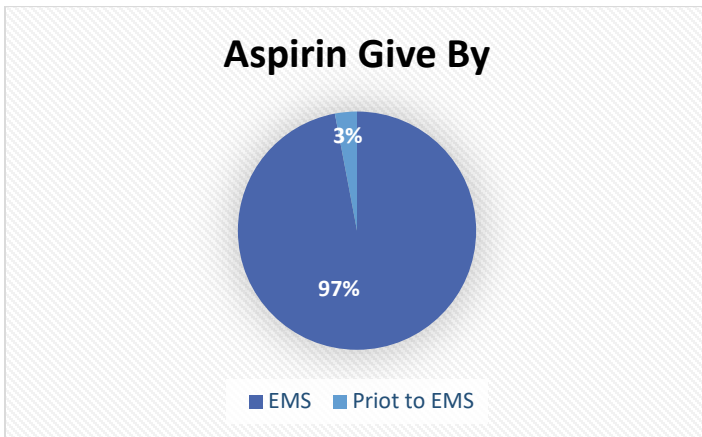
Criteria: times for all responses where type of service is 911 Response or Intercept, Ground EMS Agency Units only.

Aspirin Use

Purpose: Shows the percentage of non-traumatic chest pain patients who received aspirin that meet the following criteria:

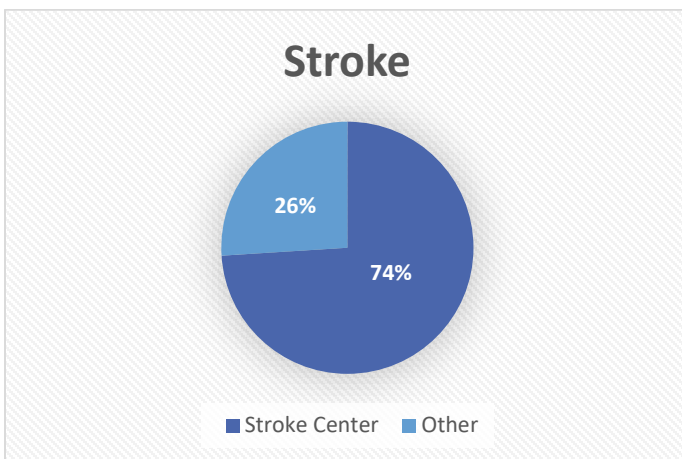
Type of service is 911 Response or Intercept, Ground EMS Agency Units only, Patients with Provider Impression suggestive of cardiac related ailment aged 35 years and older.

Note: Please ensure that all medications, including those that are administered prior to arrival of EMS, in the medication section of the PCR and not the narrative.



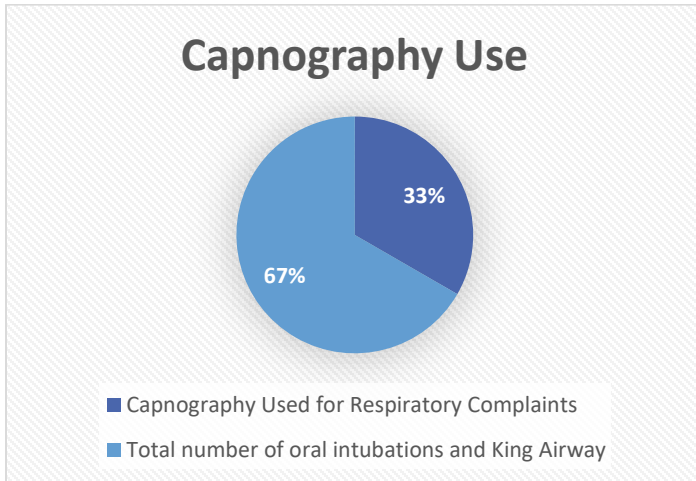
Stroke

Purpose: Shows the percentage of suspected stroke patients where Complaint of stroke were transported to stroke center.



Criteria: type of service is 911 Response or Intercept, Ground EMS Agency Units only, Patients with Provider Impression suggestive of stroke

Capnography Use



Denotes Total uses of capnography

Criteria: 911 Response or Intercept, Ground EMS Agency Units only, Procedures “Intubation oral” or “Intubation, Oral using Bougie Device or “Intubation, Nasal”, or “Intubation, Existing Tracheostomy Stoma” or “Intubation, Using Medication” or “Supraglottic Airway Insertion (Double Lumen)” are documented and documented as successful

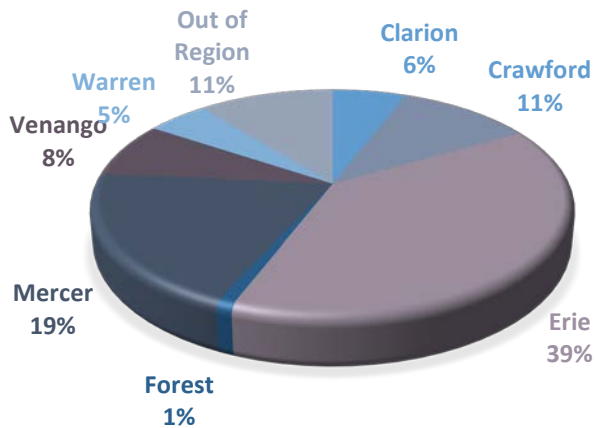
Ketamine

No Ketamine Use from 01/01/2021 – 03/31/2021

Total Calls

Purpose: Shows the stress on EMS by county.

Total PCRs	Clarion	Crawford	Erie	Forest	Mercer	Venango	Warren
	1,249	2,078	7,511	175	5,279	1,558	907
Population 2018	38,779	85,063	272,061	7,279	110,683	51,266	39,498
Per Capita	0.03	0.02	0.03	0.02	0.05	0.03	0.02





Voluntary Pediatric Recognition Program

The Pediatric Voluntary Recognition Program (PVRP) was created by the EMS for Children program, in partnership with the Pennsylvania Department of Health, Bureau of EMS. This is a multi-tiered recognition program for EMS agencies who wish to establish programs and standards to improve their capabilities to deliver care to pediatrics. Participation in the program is entirely voluntary.

EMMCO West Regional Participation

The EMMCO West Board of Directors, in conjunction with the regional medical advisory committee and the quality improvement committee, is making this Pediatric Recognition program a regional initiative. Future quality improvement awards of excellence for EMS agencies will be based, partially, if the EMS agency is participating in this voluntary pediatric recognition program.

The regional goal is to have all EMS agencies in the EMMCO West region to be recognized to the “Basic” level. Other levels of recognition are intermediate, advanced, master, and expert.

Required Supplemental Pediatric Equipment

The following equipment must be carried on ALL EMS agency vehicles, as a supplement to the respective equipment currently required for Pennsylvania Licensure. For example, current Department of Health standards require a total of two 2.5mm ET tubes or two 3.0mm ET tubes. This program, however, requires a total of two of each size.

QRS Equipment:

- Small Extremity Splint (1)
- Medium Extremity Splint (1)
- Large Extremity Splint (1)
- Nasopharyngeal Airways (1 of each, all sizes French scale): 16, 18, 20, 22, 24, 26, 28, 30, 32, 34
- QRS may carry Pulse Oximeter with pediatric capability or pediatric and adult probes only if within scope of practice of EMS providers (i.e. EMTs or higher)

BLS/IALS Equipment:

- Pulse Oximeter with pediatric capability or pediatric and adult probes (1)
- Small Extremity Splint (1)
- Medium Extremity Splint (1)
- Large Extremity Splint (1)
- Nasopharyngeal Airway(1 of each, all sizes French scale): 16, 18, 20, 22, 24, 26, 28, 30, 32, 34
- An age/size-appropriate pediatric restraint device/system (transport-capable units only)

ALS/Critical Care/Air Medical Equipment:

All equipment identified for BLS

Adult Intraosseous Needle (1)

Pediatric Intraosseous Needle (1)

Miller Laryngoscope Blades Sizes 0, 1, 2, and (3 or 4) – (4 total)

MAC Laryngoscope Blades Sizes 2 and (3 or 4) – (2 total)

Endotracheal tube sizes: (2 of each size): 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 7.0, 8.0

o ET Tubes may be cuffed or uncuffed

**Application for Enrollment
Pennsylvania EMSC Voluntary Recognition Program**

Please complete the following demographic information in its entirety and forward this request for participation to the Pennsylvania Emergency Health Services Council office via mail, fax, or email.

Incomplete or inaccurate applications will not be considered for recognition under this Voluntary Recognition Program.

EMS Agency Information

Application type:	<input type="checkbox"/> New	<input type="checkbox"/> Change in level	<input type="checkbox"/> Agency update
Name:			
Address:			
City, State, Zip:			
Affiliate #:		Level Applied for:	
EMS Region:		County:	
Contact Name:			
Phone Number:			
Email Address:			

EMS Agency Medical Director Information

Name:	
Address:	
City, State, Zip:	
Phone Number:	
Email Address:	

*Pennsylvania Emergency Health Services Council
EMS for Children Program
600 Wilson Lane, Suite 101
Mechanicsburg, PA 17055
(717) 795-0740
(800) 243-2EMS (in PA only)
(717) 795-0741 – fax
pehsc@pehsc.org*

Missed Call Report Submission

Effective **March 21, 2022**, EMMCO West EMS agencies will no longer be asked to submit monthly missed call reports. At the time of the EMS agency's state inspection, the following documentation is required – 1027.3 Licensure and general operating standards

(b) Documentation requirements after licensure. An EMS agency shall have the following documents available for inspection by the Department or a regional EMS council when it applies for registration of its license and at all other times:

- (1) The documents that are required to be available for inspection under subsection (a).
- (2) EMS PCRs.
- (3) Call volume records from the previous year's operations. These records must include a record of each call received requesting the EMS agency to respond to an emergency, as well as a notation of whether it responded to the call and the reason if it did not respond.
- (4) A record of the time periods for which the EMS agency notified the PSAP, under subsection (g)(1), that it would not be available to respond to a call.

Use of Optional Equipment or Treatments

Contained within the PA DOH Statewide Protocols are "optional" protocols that EMS agencies can implement. It has been identified that at the time of an EMS agency's state licensure inspection, that the implementation process to use the optional equipment/protocols have not always been correctly implemented. For example, Protocol 228 Optional Use of the Glucometer, has specific training requirements, authorization by the EMS agency medical director, and attaining a CLIA waiver. There is an inspection process that should be followed for any "optional" protocols.

System Requirements:

- A.** Glucose measurement by glucometer may only be performed by an EMT who has completed the DOH BLS Glucometer training and has been approved to measure glucose by glucometer by the EMS agency medical director.
- B. [Optional]** BLS services may carry glucometer devices for use by appropriately trained and credentialed EMTs in the agency. NOTE: Although optional for BLS services, IALS and ALS services must carry glucometers for use by EMS providers at or above the level of AEMT.
 1. These services must assure that all EMTs using a glucometer have completed the DOH BLS Glucometer training and have been approved by the agency medical director.
 2. All medical devices must be used, maintained, and calibrated in accordance with the recommendations from the manufacturer.
 3. Electronic glucose testing meters may be carried (optional) by approved BLS services, and these services must have either a CLIA license or certificate of waiver. A BLS service performing glucose testing with a meter cleared for home use by the FDA must hold a CLIA certificate of waiver. A CLIA certificate of waiver (CoW) is good for two years. Each agency is responsible for determining whether a CLIA license or waiver is required.
 4. These services must carry a glucometer that meets any other specifications required by the DOH.
 5. The EMS agency medical director must oversee the glucose monitor training, use of glucose monitor, and quality improvement audits.