

EMMCO West, Inc.
EMS System Assessment 2022 - 2023

Continuing Education

	2018	2019	2021	2022
Courses by title	348	551	258	262
Total Classes	796	1501	530	570
Distinct Student Total	11,958	24,933	8,469	9207
Continuing Education by Endorsement	562	1,115	706	1303

Certification History Report - Initial Certification

	2018	2019*	2021	2022
EMSVO	+100	+122	108	137
EMSVO QRS	13	1	2	0
EMS Instructor	+9	+10	8	10
EMR	24	16	11	8
EMT	50	93	67	58
AEMT	5	7	0	0
PARAMEDIC	16	4	0	0
PHRN	2	1	1	1
PHPE	0	0	0	0
PHP	0	0	0	0
MC PHYSICIANS	4	5	19	7
AGENCY MEDICAL DIRECTORS	0	0	0	0
MC FACILITY Med Director	0	0	0	0
Regional Medical Director	0	0	0	0
Administrative Access	10	12	0	4

*Incomplete data set

Note. The data identified within these charts have limitations due to variations between national and state databases.

Certification History Report - Certification by Endorsement Applications

	2018	2019*	2021	2022
EMT	33	20	7	9
AEMT	1	2	1	3
Paramedic	9	16	7	4
PHRN	1		1	0

Certification History Report - EMS Certification Reinstatements

	2018	2019*	2021	2022
EMR	4	1	12	3
EMT	4	6	79	43
AEMT	0	0	0	0
Paramedic	1	1	11	9
PHRN	0	0	3	1

Certification History Report - EMS Certification Reregistration

	2018	2019*	2021	2022
EMSVO	645	673	296	728
EMSVO QRS	0	27	0	0
EMS Instructor	35	70	13	35
EMR	94	466	35	80
EMT	532	17	357	487
AEMT	2	309	0	31
PARAMEDIC	170	58	5	330
PHRN	31	0	1	91
PHPE	1	4	0	1
PHP	1	28	0	6
MC PHYSICIANS	4	34	27	34
AGENCY MEDICAL DIRECTORS	1	There are no term limits.	0	1
MC FACILITY Med Director	0	0	0	0
Regional Medical Director	0	0	0	0
Administrative Access	0	0	1	1

*Incomplete data set

OPERATIONS

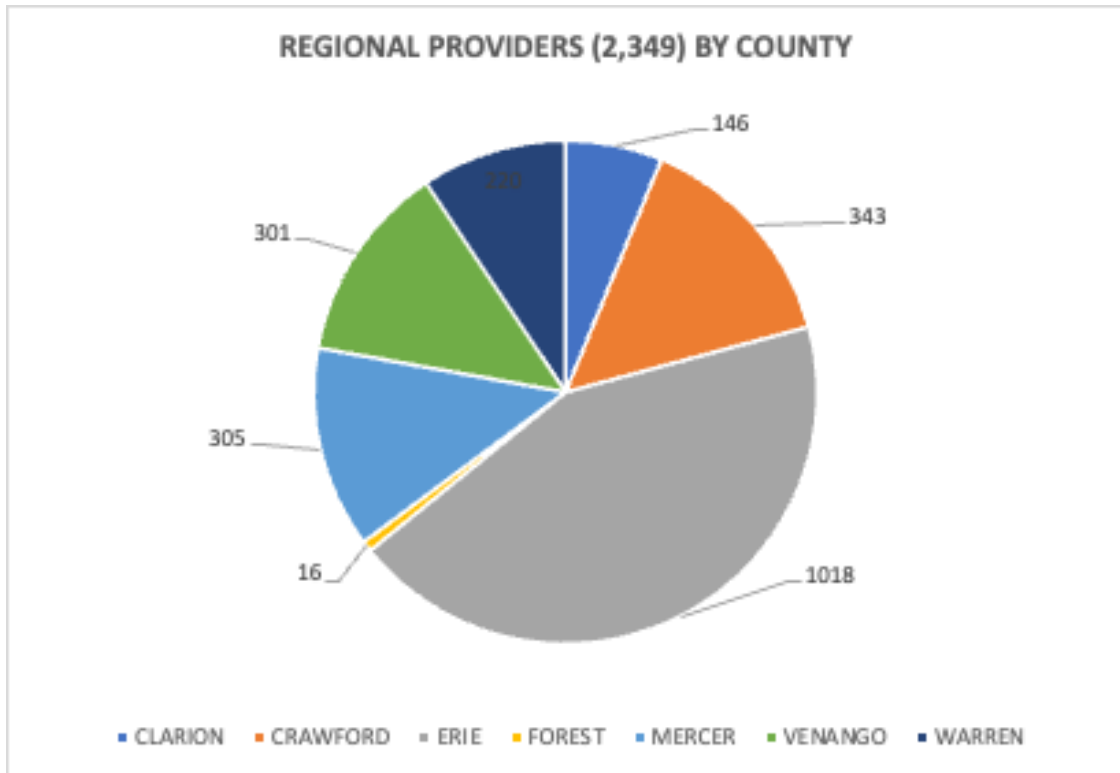
EMS Agencies (as of July 1, 2022)

ALS Ground	20
Air Ambulance	0
BLS	51
QRS	54(strictly QRS)
EMSC agencies	12 (Data from PEHSC website dated 5/30/2022)

Breakdown of Vehicles:

Air	0
ALS Transport	97
BLS Squad/ALS Squad	8
ALS Squad	16
BLS	56
QRS	92(just QRS vehicles not an ambulance)
QRS Container	40

Below is regional data from the 2021 – 2022 fiscal year. Data was obtained from the CloudPCR data bridge and the PA Department of Health EMS Registry. The data was extracted in early July using effective dates of 7/1/2021 through 6/30/2022. The data provided is limited by the effectiveness at the data entry point. In order to provide the most reliable data, energy must be focused toward ensuring that providers are documenting encounters and interventions completely and consistently, and that services are utilizing a quality assurance program to review patient care reports for completeness and accuracy.



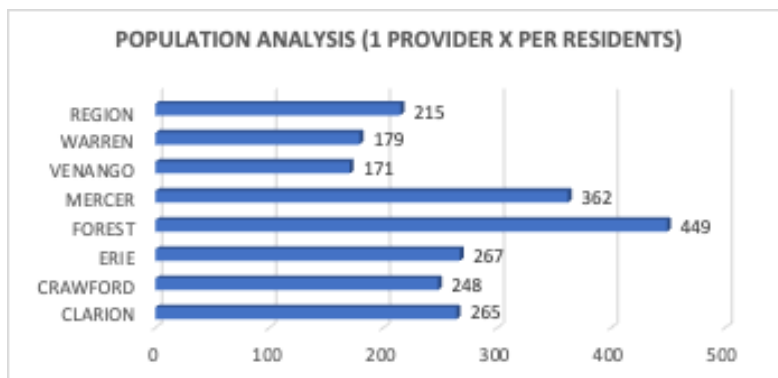
PROVIDER BY TYPE BY COUNTY

BY COUNTY BY TYPE	CLARION	CRAW	ERIE	FOREST	MERCER	VENANG	WARREN	TOTAL
EMR	8	25	106	1	14	32	32	218
EMT	96	258	672	14	207	194	159	1600
AEMT	3	5	17		15	2	2	44
EMT-P	27	41	117		51	58	17	311
MED. COMM. PHYS.	2	4	69		6	3	3	87
PRE-HOSP. EMS PHYSICAN			6					6
PRE-HOSPITAL PHYS. EXT.			1					1
PRE-HOSPITAL RN	10	10	30	1	12	12	7	82

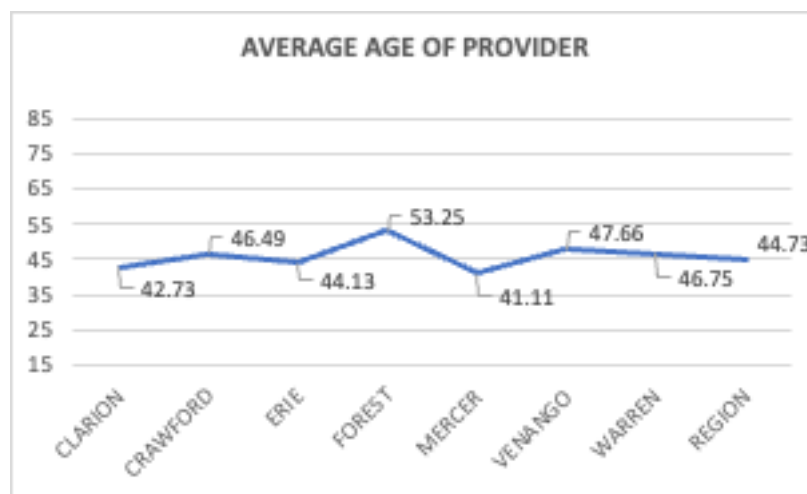
FISCAL NET GAIN/LOSS

FY	14-15	15-16	16-17	17-18	18-19**	20-21	21-22	Net Gain/Loss
EMR	+134	+21	-28	-24	-17	-7	-34	+45
EMT	-319	-69	-19	-116	-7	-7	-80	-617
AEMT		+6	+1	+2	+9	+13	+15	+46
Paramedic	-100	-129	+48*	-13	-4	-1	-28	-227
PHRN	-22	-31	+16	-6	-5	-6	+2	-52
PHPE		+4	0	0	-3	0	+1	+2
PHP	+10	-17	0	-6	-2	+2	0	-13
Total	-297	-215	+18	-163	-29	-6	-124	-816
Instructors	-11	1	4	9	+16	+8	-1	+26

EMS PERSONNEL PER RESIDENT BY COUNTY

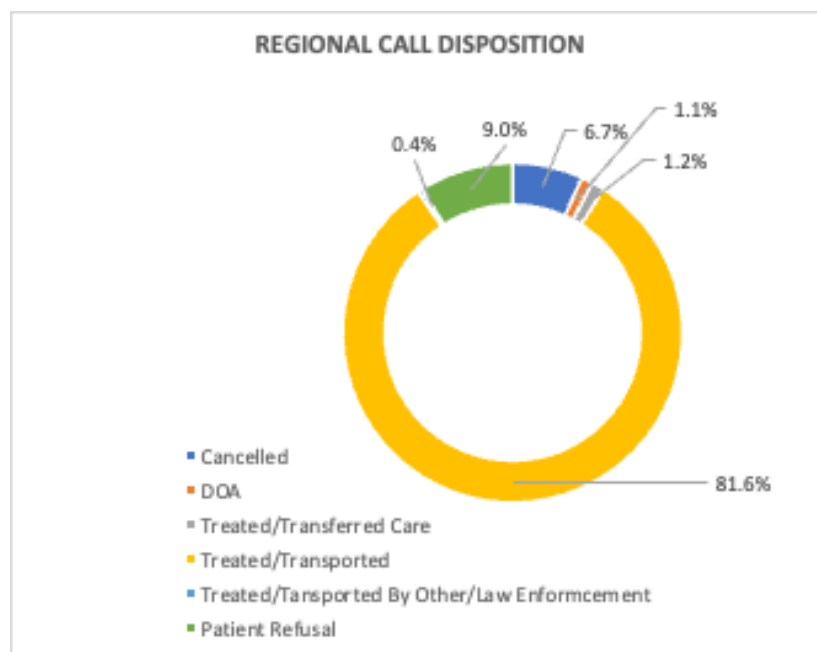
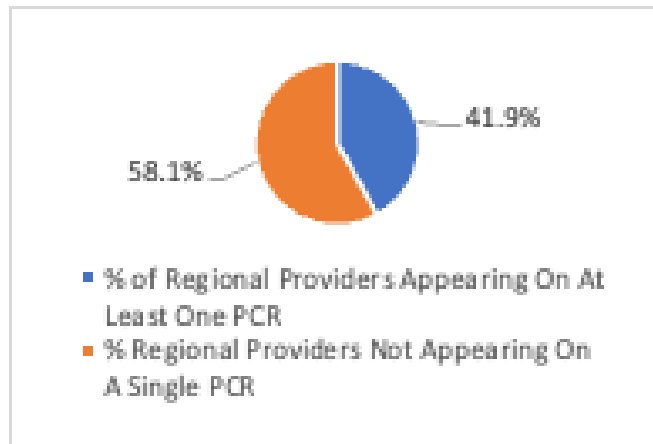


AVERAGE AGE OF PROVIDER



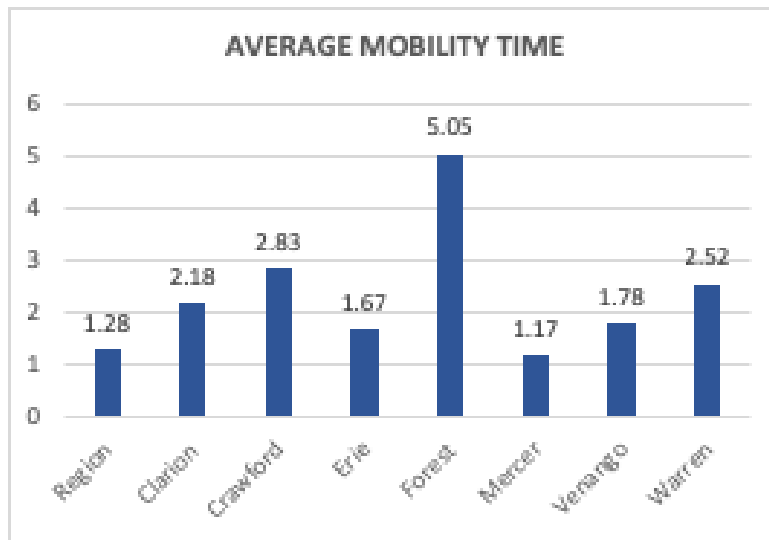
CERTIFIED PROVIDERS APPEARING ON AT LEAST ONE PATIENT CARE REPORT DURING THE FY

	EMR	EMT-B	AEMT	EMT-P	PHRN	PHE	TOTAL
Clarion		45	2	24	9		80
Crawford	10	100	4	30	4		148
Erie	36	255	10	88	20	1	410
Forest	1	8			1		10
Mercer		66	14	35	7		122
Venango	3	64	2	29	10		108
Warren	17	72	2	13	4		108
TOTAL	67	610	34	219	55	1	986

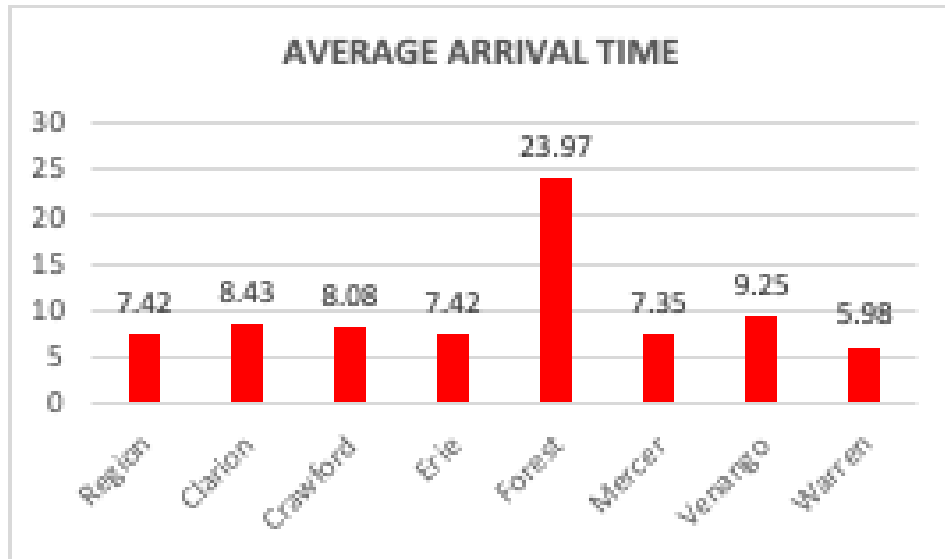


TOP TEN REGIONAL PROVIDER IMPRESSIONS (BASED ON OVERALL PERCENTAGE OF CALLS)

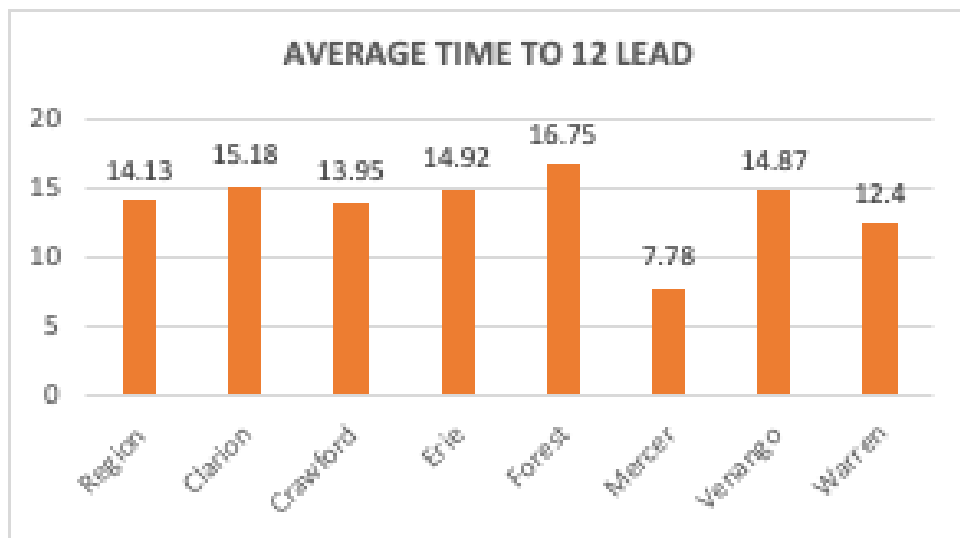
Abdominal Pain	7.18%
Acute Pain	5.54%
General Weakness	5.00%
Cardiac Related	4.17%
Injury (Unspecified)	4.10%
Respiratory Distress	3.70%
Altered Mental Status	3.24%
General Malaise	3.15%
Syncope	1.74%
Overdose	1.24%



A mobilization time is defined as time of unit en-route minus the time of unit notified by dispatch in minutes. The mean is the average of those times for all responses where type of service is 911 response or intercept, ground EMS agency units only.

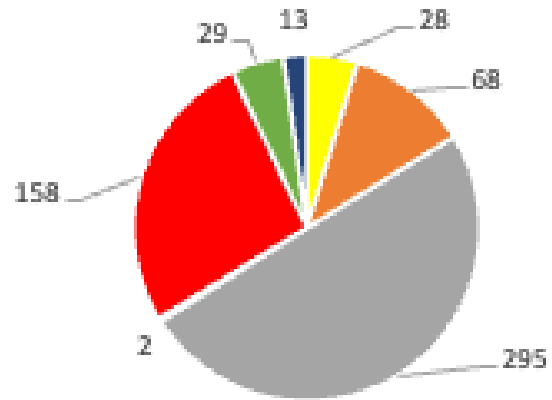


An arrival time is detailed as time of unit en-route minus the time of unit arrived at scene in minutes. Shape mean is the average of those times for all responses where type of service is 911 response or intercept, ground EMS agency units only.



The time to 12 lead is defined as procedure time of 12 lead performed minus the time of unit arrived on scene in minutes. The mean is the average of those time for all non-trauma responses when type of service is: 911 response or intercept; ground EMS agency units only; patients aged 30 years or older.

REGIONAL NALOXONE USE BY COUNTY (593)



■ Clarion ■ Crawford ■ Erie ■ Forest ■ Mercer ■ Venango ■ Warren

PREPAREDNESS

Equipment:

Support Vehicles, Trailers Other Specialty Equipment

- MMSS - Trailers (with equipment) (3)
- Cell on Wheels (COW) partnership with NWPAERG
- Motorola HT1250 Radios, 403-470, 1-4W
- MSEC 18 - Medical Surge Equipment Cache
- Honda Generators (3) portable "red" generators
- Canberra MRAD113 Mini Radiac; Pocket Radiological Monitor
- Victoreen 190 Radiation Detector
- Radio, Portables - Kenwood, TK372GK1 SK, UHF w/ accessories
- Radio, Portables - 800mhz
- Millennium Masks
- Level C Personal Protective Equipment Suits
- 10 Man Tents
- Radio, Base - 800 Mhz
- Base Station Radio - 400 MHz
- Radio, VTAC - 800 MHz - VEHICLE MOUNTED
- Trailer, MCI - Car mate CM 816C-CT
- Trailer, EMS Strike Team Support Services
- Radio, VTAC - 800 MHz - PORTABLE
- Portable Comm-Pac (Wi-Fi)
- Portable Misting Fans
- Crowd Control Stanchions
- Portable Ventilators
- Life Jacket (USCG Type II, III, V, Inflatable vest)
- 70kw Trailer Generator
- Heavy Duty Trailer Mover System
- HC Global DB Handheld Radios
- Typhoon Fans, floor fans
- 175,000 btu Propane Heaters
- Technical Rescue Helmets
- Water Rescue Throw bags
- N-95 Respirators
- 8 kw Electric light tower, (3) light stands.
- Power washer – heater
- Traffic safety cones and first aid signs
- Warehouse storage container system (rental)
- P-25 Portable Radio & Pelican Case (Statewide) & (Erie Co.)
- EMS Strike Team Uniforms and Supplies

Preparedness Vehicles:

- 1 2008 Chevrolet 3500HD turbo diesel
- 1 2014 Ford 3500 turbo diesel

Strike Teams:

- 3 Strike Teams (EmergyCare, Community Ambulance Service, Clarion Hospital EMS)

INTEGRATION/PARTNERSHIPS

- EMMCO West Regional Medical Advisory Committee (quarterly)
- EMMCO West Communications Committee integrated into region.
NWPARG task force Communications Committee.
- EMMCO West QI Committee (quarterly)
- EMMCO West CISM Team (bi-monthly)
- Volunteer EMS Alliance of Crawford County (Bi-monthly)
- NWPARG (quarterly+) taskforce meetings
- NWPARG Health and Medical Subcommittee (Bi-monthly)
- Warren Co. EMS Council (semi-monthly)
- Erie, Warren, Clarion, Crawford County assessment of public safety system
- Participation in disaster drills and exercises throughout the region
- PIE Events and prom promise programs.
- NWPARG Healthcare Coalition
- Region 13 & SW Healthcare Coalition

Identified/Perceived Inter-Regional Trends

PERSONNEL

1. EMS personnel are continuing to expire at a greater rate than training programs are generating EMS graduates.
2. Several counties have only had one EMS certification program in the last three to five years.
3. EMS students enrolled in initial BLS certification programs are not following through the entire state certification process. Students are passing the state practical exam, but not completing the NREMT written examination.
4. EMS Agencies are not taking full advantage of EMSOF dollars earmarked for recruitment and retention efforts.
5. EMS Personnel may benefit from better health behaviors, nutrition and exercise.
6. EMS personnel are not being properly prepared to assume management or supervisory roles in EMS agencies.
7. COVID-19 pandemic accentuated personnel shortages at all levels of EMS and public safety agencies.

OPERATIONS

1. Call volumes have increased while personnel and other resources are diminishing. EMS agencies are experiencing acute personnel shortages. EMS agencies have closed operations and EMS agencies are on the verge of ceasing operations.
2. Clarion County EMS agencies have profound staffing shortages and are forced to limit their response hours. They are relying on neighboring agencies to cover their areas. This is lengthening their response times to 911 requests. It is severely stressing their EMS system resources.
3. BLS EMS agencies are becoming dual licensed as a BLS EMS agency and QRS.
4. Increases seen in licensing container QRS agencies, rather than QRS vehicles.
5. Three counties, (Erie, Warren), have updated their approved county-wide staffing plans. An effort to hire a QI oversight person is planned in Crawford, Erie, & Warren counties. Issues exist with the quality improvement efforts with overseeing the plans.
6. Clarion & Venango County are working on developing their initial plan.
7. Through a state grant, Erie, Clarion, Mercer, Crawford, and Warren counties are conducting a system wide assessment of their fire and EMS systems. Consultants through the Economic Development Agency are assisting to improve their public safety systems.
8. Crawford County has established an EMS Commission to address ongoing EMS system response issues within the county.
9. BLS agencies are slow to take advantage of programs such as EPI Pens, Naloxone, Glucose monitoring, 12 lead monitoring, Glucagon and CPAP.

PREPAREDNESS

1. All preparedness assets are housed within buildings, at various locations in the region. Preparedness equipment status are being maintained and augmented as appropriate.
2. The preparedness building at Cambridge Springs was demolished and a temporary building arrangement for winter storage has been identified with Clarion County OES.
3. EMMCO West participates in NWPAERG and NWPA Healthcare Coalition meetings and activities. Region 13 and SWPA Healthcare coalition meetings are attended virtually.

INTEGRATION/PARTNERSHIPS

1. Interaction is needed among elected officials, municipal leaders, and EMS agencies.
2. It is desirable to continue personal interaction with EMS personnel.

Goals and Tasks

PERSONNEL

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

- Continue to recognize EMS providers and EMS agencies at the annual EMS Appreciation Dinner
- EMS scholarships and examination reimbursements are available for regional EMS agencies. Rural education funding and Cat VIII EMS system Development funding is used support new ALS & BLS personnel in their initial certification programs and all initial certification levels for examination reimbursements.
- Assess the rational of EMS providers not completing state examination process, once they have successfully completed the state practical examination.
- Promote rural education programming opportunities as identified through Act 93 of 2020
- Encourage and create a regional recruitment initiative for prospective EMS candidates.

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 evaluator education programming as needed.
- Conduct instructor and instructor enrichment programming as needed.
- Support the regional continuing education programming through remote and in person educational programming. These include specialty programming and regional programming offered at the regional educational symposium.

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

- Continue to monitor providers attempting/passing exams and make improvements in the process as identified.
- Offer additional computer examination simulations to students that are experiencing difficulties passing the written certification examination.
- Continue to monitor certifications vs expirations.
- Pursue alternative/non-traditional forms of educational programming.
- Meet with educational institutes and agencies to proactively plan strategically placed education programs. Form an educational advisory group to assist identify weaknesses and solutions to improve the regional EMS educational system.

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

- Continue to provide continuing education programming with a focus on basic practical skills. Integrate hands-on sessions at the annual educational symposium.
- Provide additional educational programming opportunities through the annual educational symposium and satellite educational sessions. Financial support provided through EMSOF, tuition, and corporate sponsorships.

Assist BEMS, as requested, on the development of EMS continuing education programming and educational support.

- Assisting with the development of program material for the EMS registry system.

OPERATIONS

EMMCO West continues to be the primary liaison for coordination of the cloud PCR project between the vendor and primary users of the system.

- Provide customer service support to vendors, regional councils, and EMS agencies related to the operational interface aspects of the statewide PCR data bridge.
- Provide support to regional EMS agencies through the distribution of electronic and paper data system reports.
- Review EMS system performance parameters developed through the EMMCO West regional QI committee.

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

- Provide technical assistance to EMS Agencies via various methods for all inquiries related to the EMS System Act and Regulations.
- Work with additional counties to assist with response planning.
- Work with existing counties with approved response plans to assist with QI issues when applicable or when requested.
- EMMCO West continues meeting with county, regional, and state elected officials to identify issues and solutions to the EMS system crisis.

- Following guidance in the SR 6 report, work with EMS system stakeholders to implement systemic solutions within the region.
- Work with individual EMS agencies to identify solutions to recruitment and retention of personnel and resources.
- Continue to support the dual licensing of EMS agencies as a BLS and QRS EMS agency.

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

- Continue incentive programming for services who meet certain quality improvement benchmarks and recognize them at an annual EMS recognition event. Event financed through corporate sponsorship.
- Conduct standardized and regular performance audits consistent with NHTS and/or statewide performance initiatives.
- Work with BEMS and other EMS councils to develop a reliable and efficient data collection process and standard reporting mechanism.
- Review previous safety improvement and quality improvement initiatives including but not limited to suction unit replacement program, rural AED, CO detector, lights and siren recognition, and assistance with compliance with the pediatric recognition program.
- Improve the educational resources available to instructors, con-ed sponsors, and training institutes.
- Expand the AV resources to enable online educational programming opportunities.

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

- Oversee the regional CARES initiative that partners ALS EMS agencies with BLS EMS agencies. The goal is to improve the submission of rural – suburban cardiac arrest data.
- Assist regional EMS agencies with the entry of CARES data.
- Collaborate with BEMS, CARES, and Cloud PCR vendor to integrate a seamless CARES data entry portal using the data from the statewide data bridge.
- Promote high performance CPR at the service level.
- Conduct hands only CPR campaigns and promotions for EMS agencies.
- Recognize EMS agencies – personnel that had cardiac arrest saves.

Encourage all regional EMS agencies to seek recognition to at least the “basic” voluntary pediatric recognition level through the EMS for Children program.

- Promote the recognition program to all licensed EMS agencies in the region.
- Implement a requirement for regional awards to include the “basic” level as the minimum recognition level to be eligible for a regional quality performance award.

PREPAREDNESS

- Maintain regional EMS strike team preparedness readiness.
- Utilize EMS strike team support members to assist with the maintenance of the preparedness assets.
- Conduct meetings with regional EMS strike teams leaders and personnel.
- Maintain and update, as necessary, the Trauma Hal simulation manikins, per the manufacturer recommendations.
- Communicate and coordinate regional program activities with the three Trauma Hal locations (Clarion Hospital, Sharon Regional Medical Center, and EmeryCare)
- Utilize the Trauma Hal simulation manikins to improve preparedness and prehospital education of EMS and healthcare personnel throughout the region.
- Coordinate with regional and state preparedness leaders to organize tabletop, functional, and full-scale EMS strike team exercises.
- Assess and augment the regional EMS communication systems.

INTEGRATION/PARTNERSHIPS

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

- Identify other opportunities to provide hands only CPR training.
- Educate regional communication centers on the use of hands only CPR and assertive over the phone instructions for cardiac arrest management.

Continue to support the regional CISM team and education through EMMCO West funded support.

- Promote CISM and Self Care practices for EMS personnel.
- Provide support of regional CISM team and out-of-state CISM team partnership with the Chautauqua CISM team
- Provide education in group and peer CISM training.
- Continue affiliation with the international CISM organization.
- Conduct regional education opportunities related to CISM and PTSD

Identify opportunities for greater outreach to elected officials. Consider conducting a meet and greet opportunity between EMS and elected officials.

Continue to support the regional safety initiatives for EMS providers and agencies.