

**Mr. Dick Gibbons, PA Department of Health
Acting Deputy Secretary for Health, Planning and Assessment
Bureau of Emergency Services Director**

Chairmen Barrar and Vulakovich and members of both committees, thank you very much for the opportunity to provide an overview of the activities in the Bureau of Emergency Medical Services including a quick look at the accomplishments from the previous year or so and most importantly, a look ahead at what we have planned.

Safety

As always, safety remains our primary concern for our providers, our patients and the public. To that end, we continue to evaluate methods and processes that help us reach those goals. As you may know, in the past year, one of our line-of-duty deaths was a paramedic who was killed by another vehicle while working at the scene of a traffic crash. She left behind a family, two young children and countless friends and colleagues. While we can't stop all such tragedies, we are committed to maintaining the safety of our most valuable asset, our workforce.

This May we plan to announce a state-wide safety effort targeted at our EMS agencies and personnel. A keystone of that will be increased availability of "Traffic Incident Management" education. This education uses a multi-disciplinary approach to manage one of the most hazardous events we in EMS deal with – crashes along our commonwealth's roadways.

Education, Work Force Development and Recruitment

Our published priorities for the use of Emergency Medical Services Operating Funds (EMSOF) this fiscal year include education, certification testing and recruitment activities. Each regional council, requesting the use of EMSOF for anything other than these top priorities must document to us they have no further needs in these priority areas before we will approve other projects, including equipment purchases.

We recognize the need for support of education, especially in the rural areas. During the past eighteen (18) months we have worked with educational institutes to develop and deploy alternative educational models such as distance learning programs. Leveraging technology, EMS students are able to "attend" the lecture portions of the program at times most convenient for

them. The students can then attend practical skills learning sessions where they can hone the psycho-motor skills necessary to the profession. This model of education allows the students to learn at their own pace to a greater degree than classroom attendance and greatly reduces the time associated with travel. Although we are too early into the process to have enough data to demonstrate absolute success, early feedback from students and faculty have been positive.

To assist agencies and personnel with the costs associated with education, there are regional councils offering tuition reimbursement, or reimbursement for the cost of testing to agencies who sponsor student candidates. These projects as well are very young and we do not yet have adequate data to demonstrate they are making a difference in outcomes.

During 2015, the Bureau of EMS (BEMS) in cooperation with the State Fire Commissioner's office conducted update sessions. Approximately 200 currently active instructors attended and actively participated in the two (2) day programs. The new rescue curriculum will provide state certification and authorization qualification for the National Pro-Board Examination, and Certification pursuit for successful students.

Clinical Care

Over the past 14+ months, the BEMS has been actively partnering with the Department of Drug and Alcohol Programs (DDAP) and others in an effort to combat the epidemic of narcotic overdoses.

The BEMS has helped to coordinate the distribution of naloxone to basic life support (BLS) agencies and well as non-EMS fire and police agencies to aid in this effort. Additionally, we have helped to coordinate, where needed, EMS agencies partnering with the Pennsylvania State Police and others to ensure the availability of naloxone where needed.

We have updated both our advanced life support (ALS) and basic life support (BLS) protocols within the past year in our on-going effort to keep the care provided by our agencies at the highest level possible and current with the best science available at this time.

Along with ALS and BLS protocols we have also added new sets of protocols for both the Advanced Emergency Medical Technician (AEMT) as well as Critical Care Paramedics. Both

are new levels of certification and recognition within the commonwealth and have allowed us to further expand the level of care available in the out-of-hospital setting in Pennsylvania.

We licensed our first Intermediate ALS unit in November of 2015. Good Fellowship Ambulance of Chester County became the first agency to be able to implement the AEMT protocols.

As of today, two agencies have been licensed as Critical Care Ground Transport providers. These agencies have the capacity, using the newly developed Critical Care protocols, to deliver a higher level of care for patients being transferred from one facility to another.

The on-going education of the public through our EMS system and our partners at the regional councils and others in the use of “Hands-only CPR” combined with our updated protocols regarding the treatment of cardiac arrest which focuses heavily on good, high-quality basic life support CPR continues to help us increase survival from cardiac arrests. In some areas we have agencies who are reporting upwards of a four-fold increase in their cardiac arrest survival rates.

System

Our EMS system continues to be one of the busiest in the nation. Without all of the data in, we know there have been over 1.5 million patient contacts in 2015. Roughly every 21 seconds our EMS system with approximately 1,400 licensed EMS agencies is responding to someone in need.

Preparedness

Our EMS system continues to play a vital role in all aspects of the Department of Health and state-wide preparedness initiatives. Our system stands at the ready each day with our EMS Strike team agencies as well as the mobile assets maintained for deployment by the DOH. Those mobile assets include caches of equipment and mobile tents to use for collection of patients in a mass casualty or in the event of a facility evacuation. Included with those are portable HVAC and generators as well as a variety of mobile care and other support equipment.

During the recent Papal visit, we coordinated the response of over 100 ambulances and a majority of our mobile assets in support of the City of Philadelphia’s efforts to provide care for the thousands of spectators to that international event.

Although smaller in scale, but no less important in the continuation of our mission to protect the public health of our citizens, our assets were also deployed to events such as Groundhog Day and other types of gatherings where the influx of people may overwhelm the local EMS and public health resources.

When Ebola threatened our communities, the Bureaus of EMS and Public Health Preparedness joined with our many other partners to develop a response strategy that would ensure the timely transfer of potential Ebola patients as well as protect our providers and the community.

Administration of the System

The Bureau of EMS as well as the regional councils continue to evaluate our operations and develop strategies for how to maximize our efforts and operate as efficiently as possible. Many of the regional councils continue to cooperate and share resources either formally or informally in order to provide the best service possible.

Three of our regional councils, Emergency Medical Service Institute (EMSI), EMMCO-East and Southern Alleghenies EMS Council have been formally sharing resources including personnel, website and phone services for more than one-year. Their approach to sharing and allocating services has led to financial savings as well as a more coordinated approach to how we deliver services to our customers.

In December of 2015 the Auditor General's Office released a "Special Performance Audit of the Emergency Medical Services Operating Fund Administered by the Department of Health". Within the report were five (5) findings and 29 recommendations. The Bureau has acknowledged the findings and even prior to the audit, had taken steps to address some of the findings. As resources are available, the Bureau continues to address the findings and improve the process. In example, a workgroup met last month to evaluate the process and formula for the distribution of EMSOF funds.

Allow me to thank you all for your continued support of our EMS community, our 1400 licensed EMS agencies and approximately 50,000 certified EMS providers.