



# CHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES ANNUAL REPORT

FISCAL YEAR 2019 - 2020

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**

Harry Moore – Deputy Director for EMS  
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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) – Michael Murphy. The 2019-2020 fiscal year was another transitional year for us internally. Director Murphy facilitated a sweeping reorganization of the Department to better serve our customers and meet our Mission. This reorganization re-aligned the Department's Divisions into three more function-oriented groups, including: Operation, Training & Development, and Planning & Logistics. Three new Director level positions were created to lead these groups and better manage Director Murphy's span of control. As part of the Operations group, along with the Fire, Law Enforcement, and 911 Operations Divisions, the EMS Division now falls under the leadership of the Director of Operations, George "Beau" Crowding. Directors Murphy and Crowding continue to delegate the daily operational responsibilities of the regional EMS council to the Deputy Director for EMS – Harry Moore. In addition to Deputy Director Moore, the regional EMS council staff is comprised of Tammy Whiteman, ALS Coordinator; Ernie Powell, EMS Training Coordinator; Christy Kouba, EMS Data & Certification Coordinator; and Dr. Larry Anderson, regional EMS Medical Director. The DoH grant does not fully cover the salary cost for our current full-time 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. Also as part of our reorganization, the part-time EMS Instructors who were previously under the EMS Division, but not covered by the DoH grant, now fall under our Training & Development group.

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. As part of our COVID-19 response, our Department was split into two separate "communities" on March 10, 2020, with half of the Department assigned to each location. Director Murphy, Coordinator Whiteman, Coordinator Powell, and Dr. Anderson are assigned to the West Chester location. Director Crowding, Deputy Director Moore, and Coordinator Kouba are assigned to the South Coatesville location. As of this date, we remain separated, and will likely remain so for the foreseeable future. This separation has had no negative impact on our provision of services.

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 2020, the EMS Council is led by President Gary Vinnacombe, who also manages two of our local EMS agencies.

Thirty-six licensed EMS agencies are based in or affiliated in Chester County. Thirty-two of those agencies provide 911 response, and include: two air; fourteen ALS; eleven BLS; and five QRS agencies. Our County PSAP dispatches approx.

43,000 EMS incidents per year, with 53% of those being BLS and 47% ALS in nature. Chester County is home to five acute care hospitals, geographically positioned in the north, south, east, west, and central portions of the county. Three of these hospitals are operated by Tower Health, including: Brandywine Hospital (west), Phoenixville Hospital (north), and Jennersville Hospital (south). The Penn Medicine group operates Chester County Hospital (central). Paoli Hospital (east) is part of the Main Line Health system.

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

President: Gary Vinnacombe

Vice President: Charles Brogan

Treasurer: Matthew Eick

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>Emily McCarthy</u>	24	<u>Click or tap here to enter text.</u>
7	<u>Michael Murphy</u>	25	<u>Click or tap here to enter text.</u>
8	<u>Frank Piscitello</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>Lorna Wohl</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      Michael P. Murphy, Jr.**

<u>STAFF POSITION</u>	<u>NAME</u>
<u>Director of Operations</u>	<u>George “Beau” Crowding</u>
<u>Deputy Director for EMS</u>	<u>Harry Moore</u>
<u>ALS Coordinator</u>	<u>Tammy Whiteman</u>
<u>EMS Training Coordinator</u>	<u>Ernie Powell</u>
<u>EMS Data &amp; Certification Coordinator</u>	<u>Christy Kouba</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:**

	<b>Final Budget</b>	<b>Expended</b>
Personnel Services	\$183,029.87	\$151,648.93
Consultant Services	\$0.00	\$0.00
Subcontracted Services	\$40,899.98	\$40,899.98
Patient Services	\$0.00	\$0.00
Equipment	\$0.00	\$0.00
Supplies	\$8062.13	\$3,978.73
Travel	\$1,500.00	\$636.88
Other Costs	\$26,100.02	\$13,667.48
<b>TOTALS</b>	<b>\$259,592.00</b>	<b>\$210,832.00</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: \$26,590.00
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*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 have maintained a positive balance with PennCare (our emsCharts vendor), having previously used otherwise un-committed funds, including EMSOF funds, to maintain that positive balance by "paying ahead" for services. We requested, and were approved to use FY 19-20 EMSOF funds to "pay ahead" towards our projected balance for CY 2021. Approx. 85% of our EMS agencies utilize our County/Region funded emsCharts contract as their patient care report software.

emsCharts Connection to ESO Health Data Exchange	Amount: \$4,021.58
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*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. We used FY 19-20 EMSOF funds to "pay ahead" towards our projected balance for CY 2021. We have another EMS agency joining our contract, and their call volume will push us to the next tier of pricing. Additionally, we are connecting all of our emsCharts user agencies to the ESO Health Data Exchange which was purchased by Tower Health and is in operation in three of the five hospitals in our region which they own. This amendment to the existing emsCharts project covers the volume increase and the addition of the remote downloader which is required for the ESO connection.

SMART Evacuation	Amount: \$7,359.90
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*Project Narrative:*

Chester County utilizes the SMART Triage system and provides our EMS agencies with SMART Triage equipment at no cost to the agency. We have recently experienced several significant incidents here involving nursing homes that required evacuation, including a bomb threat. In these

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events, these "patients" may not be acutely injured, so while the existing SMART Triage system works for accountability, it is not ideal. The new SMART Evacuation system is specifically designed for the evacuation of a hospital or congregate care facility. The tags are designed for those who need on-going medical monitoring (skilled care) and those who do not (independent living). We would like to purchase 2 complete systems for deployment here.

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SMART Triage	Amount: \$2,928.50
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*Project Narrative:*

Chester County utilizes the SMART Triage system and provides our EMS agencies with SMART Triage equipment at no cost to the agency. Through use at actual incidents, exercises, and trainings, we have decreased our existing supply of SMART triage tags. This request replenishes that supply.

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## 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	11
Public Education CPR Events	12
Number of Legislative Inquiries or Contacts	N/A
Technical Assistance Request (local entities and elected officials)	~120

### *Regional Activities/ Organizational Management Project Narrative:*

We continue to partner with our internal Safe Schools Coordinator, local Trauma Center, and EMS agencies to offer Stop The Bleed (STB) training to any interested school staff. We also provide STB, CPR, First Aid, and Naloxone training to our Department's Safety & Security staff. Our training activities were suspended as a result of the COVID-19 pandemic, and we're hopeful in regaining momentum once conditions allow.

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.

## 7. Continuous Quality Improvement

	Quantity
Number of Clinical Cases Reviewed by Regional QI Committee	3
Accidents Involving Ambulances / EMS Personnel Reported in the Region	13
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. 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	4
Comprehensive Stroke Centers	0
Thrombectomy Capable Stroke Centers	0
Acute Stroke-Ready Hospitals	0

*Medical Direction Narrative:*

Our Medical Advisory Committee transitioned from bi-monthly to quarterly meetings in 2019, and this format is working well.

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 or Jennersville Hospital typically provides medical direction for transports to these Delaware centers.

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

**9. Systems Operations**

	Quantity
Spot inspections conducted – EMS Agencies	1
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	2
Number of Vehicles Inspected During Safety Inspection	12
Photo & Signatures Added to Certification Cards	106

BLS Psychomotor Examinations Conducted	10
Number of BLS Psychomotor Exam Candidates Tested.	160
ALS Psychomotor Examinations Conducted	2
Number of ALS Psychomotor Exam Candidates Tested	22
Certification Class Visits Conducted	15
Number of EMS Agency Re-Inspections Conducted	1
Number of Authorized Inquiry Reports Filed with the Bureau	0

*Systems Operations Narrative:*

We performed a spot inspection of one EMS agency to validate their medication storage and security.

We performed quarterly safety inspections in the third and fourth quarters of 2019. Those inspections were suspended due to COVID-19 for the first two quarters of 2020.

While ten is the accurate number of BLS exams held, it should be noted that on two dates we ran both an 8am exam and a 12pm exam on the same date. Technically those are two separate exams, but we typically count them as one exam date.

In facilitating the Johns Hopkins Transport program with engaging us to secure their PA EMS agency license, with the Bureau's approval we facilitated 51 virtual ID verifications using either FaceTime or Zoom.

**10. Emergency Preparedness Activities**

	Quantity
Coalition / Task Force Meetings Attended <small>(only EMSOF funded staff attendance)</small>	14
Table Top Exercises Attended / Conducted	1
Full Scale / Functional Exercises Attended / Conducted	1
Special Event Plans Submitted	0
Responses / Deployments	1
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 have made an effort to increase our participation in local Healthcare Coalition meetings.

The Task Force Emergency Response Workgroup facilitated a multi-discipline Table Top exercise in which we participated. The exercise simulated a large-scale emergency event that impacted multiple counties.

We assisted our County Health Department with a full-scale Philadelphia-Camden-Wilmington Metropolitan Statistical Area exercise that strengthened the South East Region’s ability to respond and mitigate a regional health event. This exercise specifically tested Point of Dispensing for First Responders, and improvements are forth coming which will streamline the process.

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. While there were multiple responses during the fiscal year, one was specifically emergency preparedness related – a bomb threat and evacuation at a nursing home that prompted an extensive emergency services and public health response as it occurred at the onset of the COVID-19 situation.

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

DATE:	TIME	LOCATION
8/13/19	18:30	Chester County Public Safety Training Campus, South Coatesville PA
10/8/19	18:30	Chester County Public Safety Training Campus, South Coatesville PA
12/10/19	18:30	Chester County Public Safety Training Campus, South Coatesville PA
2/11/20	18:30	Chester County Public Safety Training Campus, South Coatesville PA
4/14/20	18:30	WebEx
6/9/20	18:30	WebEx

**12. Medical Advisory Committee Meeting**

DATE:	TIME	LOCATION
9/17/19	08:30	Chester County Government Services Center, West Chester PA
11/19/19	08:30	Chester County Government Services Center, West Chester PA
3/17/20	08:30	WebEx
6/16/20	08:30	WebEx

**13. Quality Improvement Committee Meeting**

DATE:	TIME	LOCATION
9/17/19	08:30	Chester County Government Services Center, West Chester PA
11/19/19	08:30	Chester County Government Services Center, West Chester PA
3/17/20	08:30	WebEx
6/16/20	08:30	WebEx

## **14. Regional Accomplishments:**

Narrative:

Attended all regional Director's meetings/calls.

Attended all regional EMS Education Coordinator meetings/calls.

Attended all PEHSC Board of Directors meetings. We were elected to the PEHSC Board for the 2020- 2022 term.

Attended all monthly Performance Improvement Committee meetings of Paoli Hospital's Trauma Department as the EMS liaison. Also participated in the Pennsylvania Trauma Systems Foundation site survey for their re-accreditation inspection.

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; new this year we also used County funds to connect all of our emsCharts user agencies to the ESO Health Data Exchange; also new this year we purchased the SMART Hospital/Facility Evacuation system as a tool to assist in the event of the need to evacuate a hospital, nursing facility, or personal care facility.

Working with our EMS (advisory) Council's Operations group and our SEPA Regional Task Force team; we secured funding for, designed, and procured a Mass Casualty Bus. This bus is being built by Farber Industries, and will be capable of transporting patients supine, littered, or in a wheelchair. We expect to take delivery of the bus in the Fall of 2020. Courtesy of the Task Force, we also took delivery of a 10-ton mobile HVAC unit. This unit, along with a smaller 5-ton mobile HVAC unit, are operationalized into a POD to deploy with one of our 60kw trailer generators in the event that a hospital, nursing facility, or personal care facility lose HVAC capability.

Continued to engage as part of the leadership team of the Chester County Overdose Prevention Task Force. That group meets monthly, and the larger stakeholder group meets quarterly. One of this year's goals was to attempt to better utilize existing data to guide prevention and treatment efforts. We developed a special report for emsCharts to better collect naloxone administration information, so it can be cross-referenced with dispatch and outcome data, and continue to work with the Task Force data group to best utilize this information in positive ways.

Attended all PEHSC Medical Advisory Committee meetings/calls. Took the lead on a project to review new technology for breathalyzer style CO oximetry. Dr. Anderson and Coordinator Whiteman worked with the manufacturer, Butch Potter, Dr. Kupas, and Dr. Wang to review the devices and associated product & clinical trial literature for consideration of addition to the EMS scope of practice. The project was tabled till the Fall of 2020 due to COVID-19.

Assisted in the planning, logistics, and on-site oversight of the Citadel Country Spirit concert, held in rural Chester County August 23 – 25, 2019. This event is challenging in that it brings a large crowd (~ 10,000 + daily attendees) to a three-day concert in a venue that does not otherwise facilitate events of this scale (a small horse show grounds) during the peak summer heat. There were no significant EMS related incidents at this year's event.

Attended the PEHSC Annual EMS Conference in Lancaster, PA.

At the request of our EMS agency managers, facilitated and hosted a two-day on-site training for expanded use of emsCharts. The training was provided by emsCharts staff, and was very well

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received.

Attended the Governor's Opioid Summit in State College, PA.

Assisted the Eastern PA EMS Council with the planning and on-site staff support of their CODE EMS Conference in Mount Pocono, PA. Chester County also provided several speakers for the event.

Coordinator Kouba also worked with Eastern PA EMS Council staff to develop an efficient electronic mechanism to capture attendance at a large one-day multi-class continuing education day here. She designed name badges with a QR code, created class information in an iPad application for scanning, and transferred that information electronically into the PA EMS Registry for CE processing.

Continued participation in the County's Child Death Review Committee.

Coordinator Powell partnered with our County's Wellness program to deliver basic first aid, CPR, and Stop the Bleed training to County employees. Those who attended received health and wellness points which are a valuable part of the County's Wellness program.

In partnership with the Chester County Fire Chief's Assoc. and the Chester County EMS Council, Inc. moved forward to assist Municipal Resources, Inc. (MRI) in completing a comprehensive Fire & EMS Strategic Plan for Chester County. MRI held a series of stakeholder meetings; developed and distributed detailed surveys and questionnaires to all Fire & EMS agencies, Fire & EMS providers, elected officials, and the general public; and collected data from Fire & EMS agencies related to their emergency services operations. We were proud to accomplish 100% compliance with Fire and EMS agencies, while more than 50% of our municipalities also participated. MRI is in the process of compiling the data, and preparing to deliver their report along with a toolkit for stakeholders at a series of meetings here in August.

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 7th 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. Marketing efforts focused on the use of the apps and uploading of crowd-sourced AED location information. New this year we rolled out 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, 2020, there were 20,800 PulsePoint Users with 7,579 of those opting to be alerted for cardiac arrests.

Secured grant funding for and developed a full-day seminar titled "Lights, Siren, Resiliency." This program was designed as a resource for our first responder community and their families in dealing with PTSD, suicide, depression, opioid issues, and their mental health well-being. National recognized speakers Dr. Tania Glenn and Scott Geiselhart were contracted as the keynote speakers

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and session facilitators. This program has been postponed due to COVID-19.

Refined our process for obtaining candidate pictures and signatures at psychomotor exams, for uploading into the PA EMS Registry and onto their certification cards.

Re-engaged with EMS certification training, scheduling an AAOS EMR class for our Safety & Security staff, leading to DoH EMR testing and certification for those interested. This program has unfortunately been postponed due to COVID-19.

Deputy Director Moore completed the New Jersey State Association of Chiefs of Police Command & Leadership Academy. Developed in conjunction with the United States Military Academy at West Point, this intensive program studies leadership as a science with logic, critical thinking, methodology, and vision. Once limited to law enforcement leadership, the program is now open to other emergency response disciplines.

Last but certainly not least, I would be remiss if I didn't relay how COVID-19 impacted our operation for the bulk of the 2020 portion of this fiscal year. Our Department took a proactive and aggressive approach to COVID-19 early on. As noted previously, we physically separated into two distinct "communities", with no cross-population permitted, and this remains in place today. All in-person meetings, classes, and training sessions were suspended; and like everyone else, we learned how to move forward virtually. Our EMS psychomotor exams were also suspended, and remain so to date. Our team was designated as essential employees and re-assigned to assist as needed to support our County's Emergency Operations Center (EOC). Deputy Director Moore served as an EOC Director; Coordinator Whiteman served as our Department's liaison to our County's Health Department; Coordinator Powell served as a coordinator for our COVID-19 testing sites; Coordinator Kouba served as a Resource Support Section Chief; and Dr. Anderson assisted with COVID-19 issues related for the 911 center and EMS operations. It has truly been a team effort here. Many of the projects that our staff had put time and energy into were unfortunately postponed or shelved due to COVID-19. We continue to focus on doing whatever we can to provide our stakeholders with the information and tools they need to be safe and successful throughout this journey. The level of teamwork, cooperation, and collaboration both within our Department; and with our external stakeholders has been unprecedented.

For months, the Department of Emergency Services met (virtually) twice a day internally, in conjunction with our County's Health Department, to brief out on current situational awareness, unmet needs, and task progress. We also met daily with our external partners, including leadership from our EMS (advisory) Council, Inc.; as well as with our Fire Chief's Assoc., Fire Police Assoc., Police Chief's Assoc., and local FOP lodge. We facilitated a weekly moderated call that briefed all interested stakeholders and allowed them to ask questions. We met regularly with our Emergency Department Managers to ensure the EMS-ED interface remained consistent. While the frequency of those calls has now diminished, we remain actively engaged with all of our partners. We facilitated contracts with multiple outside EMS agencies to provide 911 support to our EMS system in the event of a significant increase in call volume and/or decrease in personnel pool (thankfully neither materialized). We assisted in developing a new website for all of our emergency response agency leaders to use as a resource for information. This was the first time there was a single source for all Police, Fire, and EMS leaders to utilize in making informed decisions and maintaining full situational awareness across disciplines. We also assisted in developing a new operational status system (Normal, Stressed, or Crisis levels) that allows our first responder agencies to change their status and view the status of all other first responder agencies in regards to the impact of COVID-19. We developed a green wristband project that ensures and identifies EMS compliance with daily health screenings, as well as a comprehensive exposure notification process that alerts all of our first

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responders when there was/is 911 system contact with a COVID-19 positive individual. We embraced antibody testing early and offered it free for all of our first responders and healthcare workers. We veered outside of our traditional lanes often in our effort to make positive progress against COVID-19. We plan to continue those efforts to the extent needed moving forward to ensure that we don't become stagnant and thereby forced to be reactive instead of proactive. Our team has risen to the challenge presented to them by COVID-19, and handled it professionally and comprehensively; all while still fulfilling all of the essential daily tasks needed in keeping our EMS system functioning at optimal levels. I am impressed with, and very proud of the tremendous effort our team has displayed over the past four months.

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