

Bucks County Emergency Health Services Annual Report Fiscal Year 2017/18

Board of Directors and Officers 2017/2018

President -
Vice President -
Treasurer -
Secretary –

(Please list all other members below)

Bucks County Emergency Health Services is a government based entity. We utilize County Commissioners not a Board of Directors with officers.

Robert G. Loughery, Chairman
Charles H. Martin, Vice-Chairman
Diane M. Ellis-Marseglia, LCSW

Financial Statement of income and expenses: (please list below)

PA DoH Bureau of EMS – SAF#4100068618	\$285,743.00
Air Card Reimbursement – HPP Funds – Eastern Pa Regional EMS Council	\$ 1,440.36
County of Bucks supplement	\$357,133.00
Total	\$644,316.36

Expenses funded by SAF#4100068618	\$271,512.42
Expenses funded by HPP Funds – Air Cards	\$ 1,440.36
Total state funded monies expended	\$272,952.78

The state monies expended are complete totals. We were able to submit our final invoice prior to the August 14, 2018 deadline.

Regional Activities/ Organizational Management (please list below)

Opioid Epidemic

- Partners with Bucks County Drug and Alcohol the fiduciary of the PCCD grant. Share scrubbed data with each other. Attend Bucks County Opioid Crisis meetings with Bucks County District Attorney, Bucks County EHS Medical Director, Bucks County Health Department, and Bucks County Mental Health along with our EMS Agencies.
- Regional Naloxone Leave Behind project for Bucks County is spearheaded by our office and supported by Bucks County Drug and Alcohol. Our office assembles “kits” for EMS agencies to utilize for this project. Each kit has Naloxone, instructional magnets (provided by PA DoH), a small envelope with services available and a form to be able to get more Naloxone once the dose left behind has been used. Our agencies/providers go over how to administer the Naloxone and how to complete the form to get another dose and where to go to get that dose. Providers are telling us it takes 30-60 seconds to complete this process with the family or friend. Currently half of the agencies in Bucks County are utilizing this program. We have shared a kit with PA DoH BEMS along with pictures in case someone asks them about how Bucks County does this. All of the Naloxone and actual kit box is provided by Bucks County Drug and Alcohol. Our teamwork with them has grown tremendously since the PCCD grant was started. They are a great partner to work with.
- We are an active participant with SE PA Regional Overdose Prevention Council. Attendees include county health departments, PA DoH, warm hand staff, half way houses, in-house treatment facilities, hospital representatives and insurance companies. Each time we meet another type of organization has joined. We tell everyone that will listen about our Naloxone Leave Behind project and offer to assist them if they would like to start their own.

County/state required training for County Emergency Services manning Emergency Operations Center during events/emergencies/exercises and real time events/disasters

- G191 Incident Command System Emergency Operations Center Infer-face – 3 staff
- Emergency Operations Center Nuclear training

Bucks County EMA requested training for anyone working under the title EOC Manager during real world events.

- Critical Decision Making for Complex Coordinated Attacks – EHS Director
- Medical Preparedness and Response for Bombing Incidents – EHS Director

Regional Office Staff Training

- CISM Team Training – one 1 day class and one 2 day class
- Hazardous Material Technician, 1 staff – EHS Representative on a Haz-Mat Team
- UAV Drone Flight Training, 2 staff twice a year. Each person is now qualified flight staff for emergency situations. We have the Delaware River and this will assist us with emergencies.

Regional Projects

- **Medication Machines** – We have placed medication machines in all of our hospitals (excluding St. Luke’s) in the emergency departments. Our agencies/providers restock medications this way so that there is accountability for hospital. The hospital knows which patient the medications were administered to so their pharmacy can have a computerized report. The machine also notifies the pharmacy when each medication is below PAR and they then restock the machine.

This project has not only provided accountability but it also has saved each of the hospitals tens of thousands of dollars each year. Our office pays for the maintenance agreement on each of the machines so when there is a mechanical problem we just make a phone call and it gets fixed. This past year one of our machines was hit by a personal vehicle. A patient drove right up to the ER doors and never stopped, drove right into the ER itself, striking our machine on its way in. It was all covered under our maintenance agreement.

- **Mommy-Baby wrist ID's** - Our hospitals do not like the fact that our providers transport newborn baby's delivered in the street in separate ambulances than the mommy. We have explained the transportation issues and now they have stated they don't know for sure that the baby belongs to the correct mommy. We purchased hospital ID bands that come in a pack (2 adult bands 2 newborn bands) all having the same bar code. Once a baby is delivered in the street, providers immediately place a band on their wrist along with mommy's wrist. If there are twins delivered the second newborn ID with same bar code is placed on second child along with if the other parent is on scene the second adult band is placed on them. We placed 2 sets on each ambulance, placing 1 in each of the OB Kits that are required equipment on ambulances. This system has been utilized approximately 4 times so far and has worked seamlessly. The hospitals are impressed and the providers are happy because the hospital has stopped questioning them on if they are sure that is the correct mom.
- **CO Detectors** - This is an on-going project where our office provides portable CO detectors to all licensed ambulances and QRS units. We ask each agency to attach each unit to each of their first in treatment bags. Since this project started we have not only saved patient's lives but provider's lives as well. When a detector sounds, providers are trained to immediately remove themselves and patients from the building and go for a well ventilated area outside on high ground. EMS has called in the fire department and they have found very high levels and needed to ventilate buildings and evacuate more areas than first believed. This saves lives!
- **Bariatric Transport** – Many years ago PA DoH Bureau of EMS provided our office with \$25,000.00 to distribute to agencies to start our Bariatric Transport Project. We needed to start this project due to agencies transporting bariatric patients in their beds on car rollbacks, motorcycle trailers or on 3 longboards tied together and placed on the floor of ambulances. The original monies were given to 2 agencies who purchased winches and ramps and had their ambulances retrofitted to accommodate this type of transport. They modified their springs and shocks on these vehicles along with purchasing several different types of carrying devices. This project is approximately 10 years old and is still going strong. We identified agencies that were able to respond in certain areas supporting all of the agencies around them which eliminated the need for all agencies to purchase their own bariatric trucks. We thought this service would be utilized about a dozen times a year however we are well over 90 times a year and unfortunately we now are looking for funding to replace the current ambulances due to the growing need for this type of service. Transporting all patients correctly and dignified is our mission.

Medical Direction

30 Medical Command Physicians were registered.

488 ALS providers were credentialed (paperwork submitted to office). This is no longer required within the new EMS System Act/Rules and Regulations. Bucks County still collects due to our accountability system on which paramedics can legally complete an ALS crew through our 911 Dispatch Center. This list is based off of paramedics who have successfully completed an ALS Skills Review regionally or agency provided annually.

0 Medical Command facilities were renewed.

There are 6 medical command facilities in the region.

There are 6 PA DOH accredited primary stroke centers in the region.

The regional Medical Advisory Committee met 4 times.

Systems Operations

	<i>Initial</i>		<i>Renewal</i>		<i>New</i>
	<i>Service</i>	<i>Vehicle</i>	<i>Service</i>	<i>Vehicle</i>	<i>Vehicle</i>
ALS	0	0	10	44	15
BLS	0	0	6	14	12
QRS	2	5	6	21	0

117 licensure applications were processed.

60 total EMS agencies in the region - 31 licensed EMS agencies, 29 QRS agencies. Please list other services that you may have in your region. 1 Vehicle Rescue

Total number of personnel (QRS, vehicle rescue, water) is 000 with 000 vehicles recognized. *Not sure how to answer this question.*

Staff conducted 1 unannounced agency inspections.

0 new vehicle rescue service

0 water rescue renewal

0 new water rescue services

Practitioner Services

	<i>Certified This Year</i>	<i>Total In Region</i>
EMR	23	70
EMT	90	1,300
Advanced EMT	1	1
Paramedic	70	250
Pre Hospital RN's	5	55
Pre Hospital Physicians	0	7
Pre Hospital Physicians Extender	1	1
EMS-Instructor	4	75
EMSVO*	15	150

(note: EMS instructors are dual certified)

*(*EMSVO denotes sole certification)*

25 photos and signatures were taken and placed on certification cards.

Unknown EMS providers requested re-registration packets –previous system automatically recertified providers; 250 achieved re-certification, Unknown are still in the process of completing requirements.

Unknown reciprocity packets were requested –the application is on our website so providers can print themselves; 25 providers became PA certified (15 EMT and 10 Paramedic).

Unknown criminal history/driver's license suspensions investigated

Management Systems

There were over 36,000 Patient Care Reports generated in the region and processed at region. We believe this number is quite low and should be over 55,000 reports – we believe the count was skewed during the months of October, November and December 2017 during switch overs. We do not believe any actual patient care reports are missing, we believe the report of how many were submitted is the problem. Next year the data will be much more reliable.

Most Common Medical Categories (as seen by EMS [excluding not applicable/not available/transfers]).

These dispatches are actual billing codes for reimbursement purposes:

(Please use your regions most common, these are just examples)

1) Trauma 3 (T79.4XXD)	11.12%
2) Weakness (R53.1)	10.75%
3) No Patient Complaint/Lift Assist (Z00.00)	4.68%
4) Cardiac Symptoms (R07.9)	4.56%
5) Syncope and Collapse	3.47%
6) Behavioral/Psychiatric Disorder (F99)	3.42%
7) Altered Mental Status (R41.82)	2.95%
8) Pain, not elsewhere classified (G89)	2.89%
9) Respiratory distress, acute (J80)	2.39%
10) Other (G89.1)	2.15%

Busiest time of the day for EMS calls is between 1100 and 1159 with 5.92%. That is followed by 1200-1259, 1000-1059, and 1400-1459.

Busiest day of the week is Friday, followed by Thursday.

66.93% of calls are treated, transported by EMS. Nearly 8.91% of the patients seen (according to PCR's) require no treatment. 10.11% of the patients (again, according to PCR's) refuse care.

25.35% of patient destination basis is by patient choice. 30.18% of the time it is based on closest facility and .08% of patients are transported to a destination based on patient's physician choice. 4.29% of the patients are transported to specialty resource centers.

Staff participated in all PCR vendor roll-outs. We have a Regional Data Collection System. All staff participated in our roll-outs with one staff person taking the lead and training our EMS agency leaders/administrators as well as the providers.

7 EMS agencies received 2016 American Heart Association Mission: Lifeline EMS Performance Achievement Awards, 9 EMS agencies received them in 2017.

Education

2 EMR programs ran in the region

18 EMT programs ran in the region (please list all counties in region and how many per county)
Bucks County 18

0 AEMT programs ran in the region

0 Paramedic programs ran in the region

0 EMS-Instructor classes were held

3 Basic Vehicle Rescue classes and 2 Special Vehicle Rescue classes were held

5 Rescue written examinations were held – *this is a difficult number as we offer all rescue students the ability to come in our office any time with an appointment along with exam nights being offered.*

52 CPR classes at our office for healthcare providers with 629 students.

0 Hosted an EMS Instructor program attracting 0 students.

10 PHRN applications received; 0 successful completions of the PHRN – BLS psychomotor exam; 10 successful completions of the PHRN – ALS cognitive exam. 3 paramedics were upgraded to PHRN.

Conducted 11 BLS psychomotor examinations (325 candidates tested) and 0 ALS psychomotor examinations.

11 first class visits conducted.

0 educational institute was re-accredited this year.

Continuing Education

250 Con-Ed courses were registered in the region with 3,000 students enrolled.

Bucks County – 250 con-ed classes with 3,000 students

85 Con-Ed by endorsement applications were processed.

8 continuing education sponsors were re-accredited. There are 40 sponsors in the region. Region approved 0 new sponsors.

Region approved 10 new continuing education course applications.

Region conducted 10 continuing education sponsor workshops.

0 patient actors/EMT assistants participated in NREMT psychomotor exams and received continuing education endorsement for their participation. *We were told many years ago that we could not issue con-ed for this – please let us know if we can so all regions are doing the same service to their providers.*

Regional staff participated all NREMT psychomotor exams with at least 2 staff at each usually 3-4.

Top fifteen continuing education sponsors by volume:

1. Bucks County Community College
2. Bensalem EMS
3. Bucks County Rescue Squad
4. Central Bucks Ambulance
5. St. Mary's Medical Center
6. Levittown-Fairless Hills Rescue Squad
7. Pennel-Middletown Emergency Squad
8. Point Pleasant-Plumsteadville Ambulance
9. Safetec Training Services
10. Tri-Hampton Rescue Squad
11. Warrington Community Ambulance
12. Grandview Hospital EMS
13. Chalfont EMS
14. Plumsteadville Fire Co.
15. START Rescue

Top ten continuing education classes offered:

1. Hazmat Ops FR
2. AHA- PALS Update with optional lessons
3. ACLS for the EMT
4. Vehicle Rescue Awareness
5. Hazmat Ops Annual Refresher
6. PALS without Optional lessons
7. AHA ACLS Update Course
8. Bloodborne Pathogens
9. Stop the Bleed – Train the Trainer
10. Haz-Mat Ops FR Refresher

Continuous Quality Improvement

1 Complaint received at Region and investigated.

53 Fatal Accident Reports were researched.

4 accidents involving ambulances/EMS personnel were reported in the region.

The regional QI committee met 4 times.

WMD/Emergency Preparedness Activities

12 Task Force Meetings were held and attended; 1 Table Top Exercises were conducted (nursing home zone); and 2 Full Scale Field Exercises were completed (hospital decon drills).

One of the mandated responsibilities of the Regional EMS Councils is to assist Federal, State or local agencies, upon request, in the provision of onsite mitigation, technical assistance, and situation assessment, coordination of functions or post-incident evaluations in the event of a potential or actual disaster, mass casualty situation or other substantial threat to public health. As part of its fulfillment of these tasks, our personnel participated in the following meetings, exercises, events and real time disasters:

Meetings

- SE PA Task Force Executive Meeting – 2 attended
- SE PA Task Force Emergency Response Workgroup (EMS, USAR, Haz-Mat, Fire/Rescue) - 2 attended
- SE PA Task Force EMS Sub-Committee – 8 attended – EHS Director is Chair of the Committee
- Bucks County Public Safety Committee – Bucks County EMA, Police, Fire, EMS, Corrections, Detectives, Bucks County COO along with representation of firefighters, providers and officers. Sharing information and training ideas so everyone is on the same page if something significant occurs. We all know each other and work with each other prior to any event happening.
- Bucks County Nursing Home Consortium meetings. We participate with assisting skilled nursing facilities with the Emergency Operations Plans. We present at their meetings along with just attending to be able to answer their questions. We have an email group mailing and we send out weather alerts or any other type of communication they may need to know something may/is occurring near their facilities. Our office performs this function because if they are not

prepared to be on their own during emergencies ambulances will be needed to evacuate their facilities.

- Rescue Task Force/Active Shooter County Teams. Bucks County has assembled a RTF Committee who has put together minimum training, skills that will be tested out and minimum Personal Protective equipment along with patient care needs. This group meets regularly and has now awarded a grant for the classes to be taught to our “standard of care”.
- Bucks County Mental Health and our office have teamed up to have a 302 EMS Protocol. Our providers have the ability to talk directly with a Bucks County Mental Health representative while on scene with a patient and also can request the representative to come out and assist with the 302 process. We started this because we have no cooperation with police in Bucks County completing the 302 process – they say they will get sued if they just take someone into an emergency room and complete the process if the patient is released prior to commitment. This happens a lot due to our large volume of overdoses including alcohol.

Teams

- Bucks County has an EMS State Transport Team which actively participates in all meeting and tabletop exercises. This includes John Hopkins Hospital Tabletop drill.

Tabletop Exercises

- Grandview Hospital evacuation exercise
- Statewide nuclear power plant tabletop and exercise. Our office sits the ESF8 position during this drill because we are a receiving county of Montgomery County residents who reside in the area of the Limerick Nuclear Power Plant. We are observers the 2nd day of the drill which is decon day. We go so we understand what is going to actually happen if this were ever to occur.
- Middletown Township hospital and skilled nursing facility evacuation tabletop. St. Mary’s Medical Center, Bucks County’s only trauma center is located in Middletown Township.

Events

- Mass murder scene on farm in Solebury Township. Our office provided tents along with obtaining a 5 ton HVAC unit from Eastern PA EMS (Emergency Preparedness equipment). Our office was on scene for 5 days assisting in keeping equipment maintained, shoring up the hole 12(ft. grave) with wood to keep recovery workers safe along with disassembling, watching workers for health related problems (100 plus degree days), water consumption and food. Partners on the scene were FBI, Bucks County District Attorney, Bucks County EMA, 911 Center and Command Bus, Bucks County Detectives, 911 EMS agency and federal pathologists/mortuary services.
- Generator Switch Fire - Pennswood Village. Evacuation of 350 plus senior residents to a temporary shelter (George School) Assisted in coordination of accountability, transportation, meals at temporary shelter, and assisted management in long term (24 hour) shelter plan (booking of hotel rooms). Contacted HAP and had them respond to bring 5 ton HVAC units and generators. We utilized these units to keep the skilled nursing facility portion of Pennswood Village on site so we had no need to utilize ambulances and find beds for these 30 sum patients. All residents that were evacuated were relocated to 3 different hotels from the temporary shelter and all transportation to short term shelter and then to hotels was provided by Woods Services School. Woods School was also utilized the next day to return the residents and we performed a reunification with facility so we knew all residents were accounted for. The After Action Report/meeting was a true learning experience and all skilled nursing facilities in the area were invited to attend so they learned from someone else’s experience.

- January Snow Storm affecting Middletown Township, Falls Township and Yardley Borough skilled nursing facilities. 4 Skilled nursing facilities and 1 hospital had either broken pipes, no electricity or no heat for more than 12 hours some for 9 up to days. Working with HAP and Bucks County Emergency Management we were able to keep all residents of all facilities in place utilizing county generators and HAP 5 ton HVAC units. We discovered that not all skilled nursing facilities had their heaters connected to their generators or if they did their circulator motors were not.
- March Snow Storm affecting Middletown Township, Falls Township, Tinicum and Durham Township's skilled nursing facilities including a pediatric skilled nursing facility. Again utilizing same equipment as the January snow storm we were able to keep all residents in the facilities. The pediatric skilled nursing facility was a backfire of the heater, they were relocated for approximately 6 hours to a building at the same site until heater repairmen came in and fixed the heater. Staff cleaned entire building scrubbing walls, equipment and washing linens while awaiting the heater to be repaired. All pediatric patients were returned to their rooms before midnight same day. Again some were
- HUD Apartment Fire – Quakertown. 100 residents, some with disabilities evacuated to a parking lot and a very small closed train station. Our office was the liaison between Fire/EMS, building manager and owner along with the Red Cross. We assisted in gaining access to the fire building to recover some medications from the non-fire/heat affected portions of the building. We also assisted residents with making contact with their families/friends so in the end Red Cross only had to house 6 residents.
- Underground Gasoline Vault explosion – Bensalem Township. 1 person trapped underground, recovered 2nd day. Our office utilized our POD truck to deliver rescue equipment and MCI POD for fire and EMS to use. One additional patient was transported on initial day of explosion to trauma center with 3rd degree burns. 2 Staff on scene 2 days assisting providers and Bucks County Emergency Management.

Rescue Task Force/Active Shooter Training

- Utilizing SE PA Task Force dollars we are able to train our Rescue Task Force teams on what we call the minimum training standards to qualify as an RTF team that will be dispatched by the Bucks County 911 Center. There are 3 classes, all working off of the class prior, including working with police officers so all are trained the same way; police and EMS. Once a provider completes the 3rd class, they will have to be tested out to be signed off. This is not limited to knowing and identifying bandaging and techniques but also patient movement and carries along with being able to identify the correct size vest and helmet for themselves the provider, and being able to correctly don the personal protective equipment. We are being very careful that our providers are trained correctly and are safe when moving through this type of environment.

CISM

3 CISM Overview Trainings – 125 total people trained

25 Requests for Service

260 Providers/Agency Requests were serviced

Our CISM team services EMS, Police, Fire, 911 Dispatchers, Sheriffs, Correction Officers, ER nurses, ER doctors and anyone else that falls under emergency services. We provide service to service assistance

meaning EMS meets with EMS, police with police etc. We have had to take on a few new positions this past year after we learned that a police chief will only speak to a police chief, they will not speak with a trained patrol officer or even a lieutenant; it must be a chief, so we put out a request for a police chief to be trained and they stepped up to the plate. We also have professional mental health doctors who also provide 3 for free direct sessions if it is deemed the person needs more than normal CISM session.

Respectfully submitted,

Jeryl L. DeGideo
Director
July 30, 2018 @1300