



SOUTHERN ALLEGHENIES EMS COUNCIL ANNUAL REPORT

2019-2020

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 Annual Report as related to, Coordinate and Improve the delivery of EMS in the Council’s region.

Report are due within 30 calendar days of the end of each state fiscal year (June 30th)

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REGIONAL SUMMARY:

Southern Alleghenies EMS Council, Inc. (SAEMS) has continued to aid, support and guide improvement in the EMS system in Bedford, Blair, Cambria, Fulton, Huntingdon and Somerset counties and continues to collaborate with multiple EMS and non-EMS organizations in furthering our goal of addressing needs and improving the EMS system.

Discussions of EMS within our region frequently contain the words “crisis” or “failure” as EMS agencies struggle to provide service in the face of increasing costs, decreasing reimbursements, staffing difficulties and the current global pandemic. We continue to provide support and technical assistance to EMS agencies, providers and municipal leaders on an almost daily basis in an effort to improve care, ensure appropriate response with trained and capable providers, and to evaluate the EMS system within the region, identify issues and work with stakeholders to develop solutions. It is a time of rapid change for EMS across the nation.

This has proven to be a year of significant changes and rapid adaptations for the Council with the first long-term pandemic in our lifetime. COVID-19 has led to many new partnerships and cooperative efforts to protect the public and the EMS members of our communities and to safely respond during this public health crisis. We have experienced a partial work-from-home situation for several staff and have developed a safe, social distancing office setting for employees to return to work. COVID-19 has led to rapidly changing and fluid processes for the Council and is sure to bring additional changes in the upcoming years. It is important that Regional Council have and maintain the ability to quickly pivot missions to adapt and respond to ever changing situations. During the pandemic response, our organization has worked to track EMS related exposures, provided guidance and personal protective equipment (PPE), distributed daily status reports and even utilized our resources and equipment to assist in delivery of meals to persons with disabilities in conjunction with our neighboring agency, the Center for Independent Living of Southwestern PA.

Additionally, we continue to work with our partners to address the opioid crisis by meeting and working with providers, drug and alcohol organizations and serving as the Centralized Coordinating Entity (CCE) distribution point for naloxone to emergency services and community organizations.

We continue to be active in emergency preparedness and response activities at the Commonwealth, task force county and municipal levels. With limited staff and funding, we often evaluate and prioritize the best use of our skills, talents and knowledge, resources and equipment to address and prioritize all of the significant issues the EMS system is facing. Our resources are frequently tapped by county EMA’s to assist with operations within their counties.

Like many of our counterparts, the primary concerns for our region remains availability of funding to not only maintain, but also to expand, improve, develop, and move the EMS system forward within our region. With decreasing funding, we are reaching a point where we are providing maintenance of the system only, and are less able to move forward and address the growing needs of EMS agencies and to develop and support plans and strategies to address increasing call volumes, decreasing reimbursement and revenues, decreasing availability of staffing, new delivery models and evaluation of whether the system is providing prompt, appropriate and clinically based care to residents and visitors to the Commonwealth.

For additional information, demographics, and specifics, please see the attached Regional Assessment and Inventory from December 2019 that provides an overview of the regional background, demographics and other information unique to individual counties.

1. Board of Directors \ Health Council Officers

President: Glenn Stutzman (Cambria County)

Vice President: Gary Watters (Blair County)

Treasurer: Terry Ruparcic (Somerset County)

Secretary: Brian Barton (Fulton County)

(Please list all other members below)

NAME

- 1 Sheila Barton (Fulton County)
- 2 Michael Brawley (Cambria County)
- 3 Deb Fleagle (Huntingdon County)
- 4 Beth Jamison (Huntingdon County)
- 5 Commissioner Josh Lang (Bedford County)
- 6 Storm Nagle (Cambria County)
- 7 Steve Ott (Blair County)
- 8 Donald Penatzer (Bedford County)
- 9 Natalie Barlick-Reed (Blair County)
- 10 Tom Stoudnour (Bedford County)
- 11 Joe Thompson (Huntingdon County)
- 12 Andrea Sprow (Fulton County)
- 13 Kris Wyant (Somerset County)
- 14 John Zellam (Somerset County)

2. Regional EMS Council Staff:

Executive Director **Carl Moen**

<u>STAFF POSITION</u>	<u>NAME</u>
<u>Program Manager</u>	<u>Lori Driscoll</u>
<u>EMS Specialist - Administration</u>	<u>Deb Mellott</u>
<u>EMS Specialist – Safety & Operations</u>	<u>JC Miller</u>
<u>EMS Specialist - Certification</u>	<u>Rachelle Tippery</u>

3. Regional Medical Director(s)

	<u>NAME</u>
1	<u>John S. Karduck, MD</u>

4. **Financial Statement of income and expenses:**

	Final Budget	Expended
Personnel Services	\$336,250.64	\$333,163.23
Consultant Services	\$0.00	\$0.00
Subcontracted Services	\$109,922.98	\$109,922.98
Patient Services	\$0.00	\$0.00
Equipment	\$0.00	\$0.00
Supplies	\$4,448.76	\$4,448.76
Travel	\$4,165.98	\$4,165.98
Other Costs	\$151,490.64	\$149,192.59
TOTALS	\$606,279.00	\$600,893.54

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.

EMS Statewide Safety Initiative	Amount: \$35,000
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Project Narrative:

- Provided educational displays at multiple conferences and trainings
 - PEHSC EMS Conference
 - 4 – day MCI Turnpike Training
 - Somerset County Ambulance Association ConEd Blitz
 - Code EMS Conference

Participation at several conferences and events was cancelled due to COVID-19.

- Participated in statewide safety planning meetings
 - Automated Vehicle Response (PennTime)
 - PA Turnpike Tunnel MCI
 - PA Turnpike Unified Command
 - PennTime
 - PEHSC EMSC Committee
 - PA Turnpike CISM development

Created and released the PA EMS Safety website to provide current safety trends and information for EMS providers across the Commonwealth

Continue work with the PA Turnpike Commission and PennDOT to provide TIM Trainer the Trainer programs throughout the Commonwealth. Three (3) programs had to be postponed due to COVID-19.

6. Regional Activities/ Organizational Management

Date of the current Comprehensive Regional EMS System Plan	Date 03/01/2017
Number of Board of Director Meetings \ Health Council meetings	6
Public Education Stop-the- Bleed Events	0
Public Education CPR Events	39 classes/259 participants
Number of Legislative Inquiries or Contacts	11
Technical Assistance Request (local entities and elected officials)	4

Regional Activities/ Organizational Management Project Narrative:

CPR and First Aid education through our AHA training center is lower than normal due to suspending activities because of COVID-19.

Provided technical assistance to both Reade Township Supervisors and Patton Borough Council regarding EMS coverage in their community.

Continued our collaboration with the Nason Foundation AED grant program to provided public access AEDs on their service area.

Attended Regional Directors’ meetings as determined by BEMS

Attended Educational Coordinators’ meetings as determined by BEMS

Participated as a member of the Board of Directors for PEHSC

7. Continuous Quality Improvement

	Quantity
Number of Clinical Cases Reviewed by Regional QI Committee	0
Accidents Involving Ambulances / EMS Personnel Reported in the Region	4
Number of Times the Regional QI Committee Met	2

Three (3) Regional Performance Improvement (PI) Committee meetings were scheduled two of those was cancelled due to COVID-19.

Received, evaluated, and shared CARES report with Performance Improvement Committee and EMS agencies.

8. Medical Direction

	Quantity
Regional Medical Advisory Committee meetings	3
Accredited Level I Trauma Centers	1
Accredited Level II Trauma Centers	1
Accredited Level III Trauma Centers	0
Accredited Level IV Trauma Centers	1
Accredited primary Stroke Centers	3
Comprehensive Stroke Centers	0
Thrombectomy Capable Stroke Centers	0
Acute Stroke-Ready Hospitals	2

Medical Direction Narrative:

Four (4) Medical Advisory Committee meetings were scheduled. One of those meetings was cancelled due to COVID-19.

Provided technical assistance to Conemaugh – Nason to apply to become a Medical Command Facility. Accreditation delayed due to COVID-19.

Inspected the following facilities for medical command facility re-accreditation; Conemaugh Memorial Medical Center, Conemaugh Miner's, Windber Hospital, UPMC Altoona and UPMC Somerset.

9. Systems Operations

	Quantity
Spot inspections conducted – EMS Agencies	2
Spot inspections conducted – EMS Vehicles	12
Spot inspections conducted – Continuing Education Sponsors	0
Spot inspections conducted – Education Institutes	0
Spot inspections conducted – Medical Command Facilities	1
Number of Safety Inspections Conducted	20
Number of Vehicles Inspected During Safety Inspection	27
Photo & Signatures Added to Certification Cards	3

BLS Psychomotor Examinations Conducted	2
Number of BLS Psychomotor Exam Candidates Tested.	22
ALS Psychomotor Examinations Conducted	0
Number of ALS Psychomotor Exam Candidates Tested	0
Certification Class Visits Conducted	1
Number of EMS Agency Re-Inspections Conducted	21
Number of Authorized Inquiry Reports Filed with the Bureau	5

Systems Operations Narrative:

Staff is a member of and participated in the Licensure Workgroup Committee

Attended quarterly meetings for the Somerset County Ambulance Association

Participated in Blair County monthly PSAP Advisory meetings

Attended Blair County PSAP committee meetings

Hosted and attended quarterly regional Communication meeting to include all PSAPs

Attended UPMC quarterly EMS meetings and trainings

Attended several SR-6 Town Hall meetings

Participated in planning of IALS dispatch process along with Somerset County PSAP and regional medical director

Conducted inspection of Bedford Ambulance Educational Institute for renewal

Staff met several times with representatives from St. Francis College to coordinate educational programs utilizes their simulation lab and collaborated on a grant for rural distance learning education.

Organized and attended three (3) EMS Recruitment Task Force meetings including representatives from each Educational Institute that provides certification classes in the region, EMS Instructors, Course Coordinators, PA CareerLink and others to develop a recruitment plan for EMS. Project has been since delayed due to COVID – 19.

Maintained Pearson Vue testing site for the National Registry to test EMRs, EMTs, AEMTs, and Paramedics. Our Pearson Vue site was one of the few (if only) site open in the Commonwealth from mid-March – May. Total Medic 20; Total AEMT 8; Total EMT 91; Total EMR 15.

10. Emergency Preparedness Activities

	Quantity
Coalition / Task Force Meetings Attended (only EMSOF funded staff attendance)	36
Tabletop Exercises Attended / Conducted	2
Full Scale / Functional Exercises Attended / Conducted	2
Special Event Plans Submitted	0
Responses / Deployments	2
Strike Team Agencies	5

Emergency Preparedness Narrative:

MSEC was pre-deployed to Pittsburgh for potential alternate care facility site.

Coordinated in cooperation with BEMS, region EMS agency deployment interest to help staff a Beaver County LTC facility

Participated in planning & mitigation for COVID-19 outbreak at Huntingdon County SCI

Participated in over 95 conference calls and webinars related to COVID-19 planning, preparedness, and mitigation

Attended the statewide emergency planning meeting

Received donation of 3000 bottles of hand sanitizer and distributed to agencies throughout region

Purchased/received donations of PPE to help EMS offset the need caused by COVID-19 and distributed throughout the region.

Attended meetings of the South-Central Mountains RTF committee, executive committee and health care coalition

Attended Region 13 RTF health care coalition meetings

Provided support and equipment to Cambria County and Blair County for planned protests

Submitted Regional Disaster Plan to BEMS as required by contract

Arranged for new storage of EP trailers and supplies at Blair County Airport

11. Board of Director \ Health Council Meetings

DATE:	TIME	LOCATION
10/16/2019	1900	Council
12/18/2019	1800	Council
2/19/2020	1900	Council
4/15/2020	1900	Council
6/17/2020	1900	Council

12. Medical Advisory Committee Meeting

DATE:	TIME	LOCATION
9/26/2019	0900	Council
12/5/2019	0900	Council
3/19/2020	0900	Conference Call

13. Quality Improvement Committee Meeting

DATE:	TIME	LOCATION
1/8/2020	1600	Council

14. Regional Accomplishments:

Narrative:

Conference/Special Event Attendance

- 2 staff attended PEHSC EMS Conference
- 1 staff attended Opioid Command Center Summit
- 1 staff attended the PANO Administrative Officers course
- Attended “Emergency” Engine 51 event at Huntingdon County CTC

CISM Team activities

- Educational Table at SART Conference, Cambria County
- Outreach to regional EMS Agency – provided posters, business cards and educational pamphlets
- 1 CISM Advisory Committee Meetings
- Hosted two (2) Mental Health First Aid courses (Cambria/Blair Counties)
- Sponsored two (2) Psychological First Aid courses

Redesigned and released the Council website www.saems.com to be more user friendly and provide up-to-date timely information for providers and agencies.

Participated in meetings and activities with Bedford, Blair, Cambria, and Somerset Counties Drug and Alcohol programs.

Mentored an EMS intern September through December to learn more about the administrative side of the EMS systems. Collaborated on projects to include development of the safety website, data collections and comparisons, agency licensure activities, and clinical activities.

Assisted the Amelia Foundation in establishing grant guidelines to provide funding for uninsured/underinsured pediatric patients.

Coordinated with Jerry Ozog to provide a Strategic Planning Workshop for Board of Directors and staff

Staff helped coordinate with Cambria County EMA, LODD funeral services then attended the LODD funeral for Theodore Dybus, Cambria County.



Regional Assessment and Inventory

**Southern Alleghenies
EMS
Council, Inc.**

December 2019

Executive Summary

Population 2018: **439,573**
Population Change 1990-2018: **-8%**
Square Miles: **4,613**

Summary:

The Southern Alleghenies EMS Council region consists of six counties (Bedford; Blair; Cambria; Fulton; Huntingdon; and Somerset) in south-central Pennsylvania. All counties are rural based on the definition utilized by the Center for Rural Pennsylvania (population density <274) with two significant urban areas (Altoona, Blair County and Johnstown, Cambria County). Population for the region overall continues to decrease and has decreased by eight percent (8%) since 1990, as a result of decreases in the population in Cambria and Blair counties as indicated in Appendix A-Population Change.

Appendix A-Population Changes									
County	1990 Population	2000 Population	2010 Population	2018 Population	Change 1990-2000 (%)	Change 2000-2010 (%)	Change 2010-2018 (%)	Change 1990-2010	Change 1990-2018
Bedford	47,919	49,984	49,762	48,480	4.3	-0.4	-2.6	4%	1.2%
Blair	130,542	129,144	127,089	123,457	-1.1	-1.6	-2.9	-3%	-5.4%
Cambria	163,029	152,598	143,679	133,054	-6.4	-5.8	-7.4	-13%	-18.4%
Fulton	13,837	14,261	14,845	14,590	3.1	4.1	-1.7	7%	5.4%
Huntingdon	44,164	45,586	45,913	45,491	3.2	0.7	-0.9	4%	3.0%
Somerset	78,218	80,023	77,742	74,501	2.3	-2.9	-4.2	-1%	-4.8%
Totals	477,709	471,596	459,030	439,573	-1.3	-2.7	-4.2	-4%	-8.0%

The region is traversed by several major thoroughfares, including I-99; I-70 and the Pennsylvania Turnpike as well as Routes 22; 30; 31; 56; 219 and 522. Especially during winter months, multiple vehicle accidents have occurred along these thoroughfares.

There is also significant rail traffic that passes through Blair and Cambria counties which is a major east-west rail route, as well as through lower Bedford and Somerset counties. Multiple rail incidents and derailments have occurred along these lines, including the derailment in Hyndman, Bedford County that resulted in a significant hazardous material and possibly explosive cargo resulted in the evacuation of the borough.

There are several locations and events within the region that create significant influx and impact on EMS, including seasonal recreational areas such as Lake Raystown which brings about 1.5 million visitors to the area annually, and large-scale events such as motorcycle rallies (Thunder in the Valley, Johnstown) and

open-air concerts such as Creation Festival and Big Dub in Huntingdon and Bedford counties respectively. During the Creation Festival in the summer of 2019, the event was struck by a significant wind event that resulted in a mass casualty incident, thankfully with mostly minor injuries.

The region is also the site for the Flight 93 Memorial which receives upwards of 100,000 visitors per year and typically hosts VIP's on annual anniversary events. Submission of special events plans for these events is sporadic at best.

The EMS system in each county has developed in different ways. Blair, Cambria and Somerset counties operate with primarily paid/career agencies with primarily ALS coverage, while Huntingdon, Bedford and Fulton rely primarily on volunteer BLS agencies with limited paid/career ALS agencies.

As with EMS systems across the nation, recruitment and retention of personnel remains a key issue for continued response, maintenance, and development of the regional EMS system. Volunteer and career agencies frequently indicate that they have barely enough personnel to manage day-to-day operations which are causing negative impacts on response. We continue to see ALS agencies struggling to maintain a paid or partially paid staff, resulting in uncovered shifts, mandated overtime and increased response times.

Multiple agencies within the region are unable to staff on a 24-7 basis as required by the regulations and some have been issued conditional licenses due to inability to meet required staffing requirements on an on-going basis. Technical assistance is offered to at-risk agencies as they are identified, but it remains difficult for agencies to accept assistance and truthfully evaluate their operations and develop workable plans of correction to address the issues that they are facing. It is not unusual for agencies to remain on conditional licensed for extended periods of time with no improvement in their operations, despite plans of correction. There is very sporadic discussion and implementation of mergers to form larger agencies covering greater geographical areas, the last occurring more than seven (7) years ago.

We frequently hear from agencies experiencing difficulties in meeting licensure requirements that the regulations and requirements contribute to their issues, but at the same time we hear from agencies that are meeting the regulations that there should be additional swift and consistent enforcement of the regulations to address agencies not meeting requirements. Recent comments have included things such as "If (agency) does not meet the requirements and can continue to run without significant action, why does my agency?" and "Agencies that do not meet their staffing just expect us to cover their calls, and it is getting difficult to do that without some of idea what they are doing."

We have made a system available to agencies to permit them to notify the local public safety answering point of their status, but adoption and use of the system is inconsistent. We have advised agencies that this is a tool and requires additional work and cooperation with their neighbors to develop a plan that would meet the requirements of a county-wide or broader plan. Volunteer agencies, other than a select few, are especially resistant to activities to schedule their personnel, notify the PSAP when they are: and are not available and to improve their service and accountability to their communities.

The region maintains a quality improvement program through both our Performance Improvement Committee and the Medical Advisory Committee. Quality improvement activities at the EMS agency level are inconsistent in terms of activity and sophistication, although are beginning to improve with guidance that was distributed by our office in the form of a primer for EMS agency quality improvement activities. There remains significant resistance to regional data collection and quality improvement activities and projects. Our Quality Improvement and Medical Advisory committees and our Board of Directors have approved a requirement that all ALS agencies participate in the CARES program, but compliance with this is limited and the region lacks the ability to meaningfully enforce that requirement.

Involvement of the agency medical director in agency quality improvement activities is largely dependent on the medical director. There are a significant number of agencies in which the agency medical director has little involvement in agency operations, review of personnel and quality activities.

There are currently multiple different PCR programs in use within the region and the EMS Bridge is providing the ability to utilize and query PCR data, it remains time intensive to download and prepare the data for use in other data analysis programs. This has had a detrimental impact on our ability to utilize data effectively to evaluate the status of the system and for use in quality improvement activities but is improving.

Management of agencies at the local level also varies in terms of activity and sophistication and tends to be weakest at smallest agencies, typically due to the primary contact being a volunteer who may not have the time or resources to be able to dedicate to the management of the agency on a regular basis. As typical with many EMS agencies, the manager of the agency is often a certified provider that may have limited formal management education or experience. We offer education and training related to EMS agency management nearly every year and hope that the EMS and Fire Administrative Officer program will be another asset to improve management capabilities.

The region sits upon two (2) regional task forces (formerly terrorism task force) areas and actively participates in both. Both task forces have supported EMS needs and requests and have distributed personal protective equipment, although the equipment varies according to task force. The dichotomy of task forces does create some challenges and integration issues as the task forces purchase and provide equipment or supplies that are not consistent with the actions of the other task force or current regional standards and programs. There are also concerns over the impact of expected funding cuts at the Federal level.

We remain active in the South Central Mountains division of the South-Central Task Force, on the EMS, Health Care and Board of Directors (ex-officio) but have significant difficulty in obtaining information related to the Region 13 EMS and hospital preparedness meetings, and do not receive notification of any meetings that may be occurring despite multiple requests to be included on the distribution of that information.

The region has a good working relationship with the county emergency management coordinators. There are also partnerships with POD locations and other emergency preparedness partners.

There is an active primary education and continuing education program within the region. There are currently two (2) educational institutes recognized within the region (Bedford Area Ambulance Service (BLS); and Conemaugh School of EMS (BLS/ALS).

The region currently works with both the in-region educational institutes and external institutes to schedule classes. In the past, Indiana University of Pennsylvania, Harrisburg Area Community College (HACC) and Community College of Allegheny College (CCAC) have or are offering programs in the region. HACC has and continues to offer hybrid or classroom classes on a frequent basis. HACC continues to be the largest provider of courses within the region.

The number of courses being offered at the EMT and EMR level have dropped precipitously in the past few years due to changes in educational institutes and increased cost. With that change, it also became more difficult to offer Emergency Medical Responder courses as educational institutes preferred to offer EMT, and the Bureau did not support offering the EMT-Bridge program.

The course pass rates and causes for students to be unsuccessful at the certification process is currently being reviewed and evaluated to determine mechanisms to improve the certification rate. We have provided opportunities for students to utilize sample tests, provided funding in the form of vouchers to cover the cost of the exam, distributed surveys to determine the reasons

students do not complete the testing process and provide flashcard type resources for instructors to help prepare their students for the exams.

We are finding that few students who are successful at the practical examination are proceeding through and successfully completing the cognitive examination. We continue to monitor this trend and are utilizing EMSOF funds to provide test vouchers to alleviate the financial issues related to testing.

The following table represents the number of courses offered and certification rates for the past several fiscal years:

Fiscal Year	Bridge/EMT Courses	FR/EMR Courses	Total Enrolled	# Eligible to Test	# Certified	% of Eligible Certified
2010-2011	11(All Bridge)	13	332	304	208	68%
2011-2012	11 (All Bridge)	13	302	264	173	65%
2012-2013	9	4	208	175	101	58%
2013-2014	13	3	181	138	58	42%
2014-2015	9	1	113	82	25	30%
2015-2016	8	2	138	65	53	81%
2016-2017	9	2	137	110	59	54%
2017-2018	9	3	147	94	41	44%
2018-2019	6	6	138	116	49	42%

There is a single paramedic program within the region at Memorial Medical Center School of EMS in Johnstown. This program typically registers fewer than 15 students each fall and tests in the following fall. The change to the new format NREMT exam with the Out-of-hospital scenario has created a need for additional equipment to support testing of this exam, largely in the need for additional programable ECG monitors or simulators to accommodate the requirements of the stations. In 2018-2019, the paramedic program registered 8 eight students, but only three (3) were eligible to test at the end of the course.

There are multiple continuing education sponsors within the region with varying levels of activity. The number of courses offered continues appears to be decreasing over the past several years as indicated below:

Year	# Classes	# Students	Avg Students/Class	# Distinct Providers
2019	386	5888	15.25	1647
2018	389	5061	13.01	1356
2017	482	5793	12.0	1417
2016	401	4937	12.3	3178
2015	557	7348	13.2	1647
2014	509	6337	12.4	1654
2013	302	4236	14.0	1254

The increased use of on-line training has decreased the number of personnel that are attending traditional ("live") education programs. The on-line TRAIN PA program makes up a large portion of continuing education for regional providers.

In service areas where CPR and first aid training may not be readily available, the region is a training institute for the American Heart Association. Five hundred and forty-eight (548) students participated in first aid and CPR programs.

Rather than offering a multi-day conference, the region has elected to offer a one or two day large scale program with smaller programs interspaced during the year. Past programs have included Street Drugs and Gangs, Workplace Violence and Grant Writing. Our focus and funding support were on EMS manager education and EMS safety training programs.

Support and opinion of the region appears to be strong based on feedback received in response to queries and surveys. We have undertaken change and modifications to improve our service to our stakeholders and to make the region more customer friendly. The Board of Directors is primarily comprised exclusively of providers from within the region. Committees remain active and are typically well attended. Additionally, our Board of Directors and staff are undertaking strategic planning activities to prepare the region and the EMS system for the coming years.

The 36% decrease in grant allocations over the past decade has had a significant impact on regional operations, including eliminating two positions. Since 2010, the region has gone from a staff of 10 personnel and a budget of over \$1 million (including Federal projects) to the current staff of five (5) and a budget of \$606000 for the 2019-2020 fiscal year, with an expected additional decrease in the 2020-2021 fiscal year.

Year	Base Contract	SAF (Supplemental Additional Funds)	Total Contract	Base Contract Change (from 10-11)%	Total Contract Annual Change %	Total Contract Change (from 10-11) %
2010-2011	\$693,553.00	\$254,080.00	\$947,633	0%	0	0%
2011-2012	\$713,839.00	\$118,530.00	\$832,369	-3%	-12%	-12%
2012-2013	\$688,839.00	\$104,530.00	\$793,369	-1%	-5%	-16%
2013-2014	\$623,460.00	\$86,034.00	\$709,494	-10%	-11%	-25%
2014-2015	\$623,460.00	\$4,200.00	\$627,660	-10%	-12%	-34%
2015-2016	\$573,583.00	\$16,200.00	\$589,783	-17%	-6%	-38%
2016-2016	\$568,245.00	\$0	\$568,245	-18%	-4%	-40%
2017-2018	\$568,245.00	\$51,757.50	\$620,002	-18%	9%	-35%
2018-2019	\$571,279.00	\$25,000	\$596,279	-18%	-4%	-37%
2019-2020	\$571,279.00	\$35,000	\$606,279	-18%	2	-36%

The \$35,000 supplemental additional funds (SAF) received this year reflect funds to implement and coordinate the Janice Keen-Livingston Memorial statewide EMS safety program. These funds have been utilized to increase training in Traffic Incident Management (TIM), provide safety related education both independently and at conference sponsored by regional councils across the Commonwealth, increase knowledge of the program and to improve and analyze safety related information.

There are 83 licensed EMS agencies within the region as of January 1, 2020. Of those 83 agencies, at least 14 are currently on restricted or conditional licenses, most for failing to meet staffing requirements.

In summary, the table below indicates the number of agencies by licensure level for each of the counties in the Region. Agencies are counted at their highest level of licensure, for example a critical care agency would also be licensed at the ALS level but would appear under critical care:

County	Population	QRS	BLS	ALS	ALS Squad	Critical Care	Total Calls	911 Response Calls
Bedford	48,480		6	3			6936	5260
Blair	123,457	5		3			31857	24013
Cambria	133,054	11	1	16	1	1	29700	24061
Fulton	14,590		2	1	1		1865	1217
Huntingdon	45,491	7	6	2			4578	3601
Somerset	74,501	7	1	6			11123	8520

With the healthcare change to regional and tertiary hubs, we are seeing that interfacility transports are significantly impacting the availability and response of EMS agencies. Many transports to tertiary centers involve travel of 2 hours or greater, one-way and pull 911 response units from their coverage areas for 5-6 hours at a time. The impact is also most notable during night-shift where agencies have lower staffing levels, and an out-of-town transport may remove a primary 911 response unit from their coverage area for extended times, leaving responses to the next due agency, increasing response times significantly. We are beginning to see issues related to zero-status, when there are no ambulances available in a particular response area available for 911 calls.

Local public safety answering points utilize emergency medical dispatch and are working to develop a regional linkage that will permit the counties of Bedford, Blair, Huntingdon, Somerset and Centre to support and act as backup for each other.

Bedford County

Population 2018: 48480
Square Miles: 1,051

Summary:

Bedford County is served by predominantly volunteer EMS agencies with two career agencies. There are three ALS agencies in the county, two located in the central corridor and the third located in the north-eastern corner of the county. The two central ALS agencies both operate ALS squads that provide ALS support to surrounding BLS agencies. ALS support is also received from Blair County agencies to the north and from Maryland EMS agencies in the southern areas of the county.

The county currently receives air ambulance support from StatMedevac based in Altoona, Blair County; Conemaugh MedStar based in Somerset, Somerset County; and from the Maryland State Police Medevac unit based in Cumberland, Maryland for areas to the south of the Pennsylvania Turnpike.

EMS is dispatched by the Bedford County 911 Center. Bedford County has recently upgraded their communications system to a UHF frequency with replacement of all transmitters and receivers. Communications with the local medical facility are conducted primarily over UHF Med Channels.

The county is served by one 49-bed hospital (27 staffed), UPMC-Bedford Memorial, centrally located between Everett and Bedford. The facility provides emergency, outpatient and inpatient care and is financially stable. It is also a recognized Medical Command Facility. It is affiliated with the UPMC Health System. Being a small community hospital, the facility frequently relies on EMS agencies to transport patients to secondary or tertiary care centers, frequently requiring ALS care. These transports are having a significant impact on 911 response when several agencies are involved in long distance transport and system demand exceeds the number of available units. Calls have increased with the closure of the obstetrical unit at UPMC Bedford requiring pregnant patients to be transported to UPMC Altoona. Additionally, the facility has decreased their operating room and intensive care availability, again impacting the number of patients that must be either transported directly or transferred to UPMC Altoona or Pittsburgh facilities.

The area receives significant EMS impact from the Pennsylvania Turnpike, Interstates 70 and 99, as well as Routes 30, 31 and 220. Breezewood, in the eastern part of the county is the point at which all traffic proceeding from I-70 to the Pennsylvania Turnpike and vice versa, must exit the interstates proceed

through Breezewood and re-enter the limited access highways. Additionally, within recent years there have been multiple-vehicle crashes on the Pennsylvania Turnpike. Additionally, the Somerset-Bedford section of the Turnpike is noted to be one of the highest in motor vehicle crashes due to rapidly changing weather conditions and the nature of the road due to the mountainous topography, that resulted in a long term closure and trapping of patrons on the system during a significant snow event.

Blair County

Population 2018:

123457

Square Miles:

526

Summary:

Blair County is supported primarily by career agencies. The one BLS agency in the county ceased operations as of January 1, 2020. This agency was the sole remaining volunteer agency in the county.

Blair County is a combination of urban, suburban and rural response areas. The City of Altoona is located relatively centrally in the County. Rural areas extend to the northern and southern ends of the county with suburban areas surrounding the larger population center.

EMS is dispatched by Blair County 911 using the National Academy of Emergency Dispatch EMD program. Dispatch is over UHF Med frequencies as are field to hospital communications. Hospital communications are managed by Blair 911 through a hospital patching system.

There are three receiving hospitals in the County, including one (1) Regional Trauma Center at UPMC Altoona.

Name	# of Beds Licensed	# of Beds Staffed	Receiving Facility?	Command Facility?	Pts Received FY2010-2011
UPMC-Altoona	509	369	Yes Regional Trauma Center	Yes	13580
Conemaugh Nason Hospital	44	44	Yes	No	1325
Tyrone Hospital	25	25	Yes-Critical Access Hospital	Yes	665
James E. VanZant VA Medical Center	NA	28	Specialized-Accepts veterans only	No	247

In 2004, Altoona Hospital and Bon Secours Holy Family Health System merged to form the Altoona Regional Health System with two campuses. Since that time, the Bon Secours campus has been closed and now stands idle, with the additional load being assumed by Altoona Hospital primarily. In 2013 Altoona Hospital was acquired by the UPMC Health System, and more recently, Nason Hospital has affiliated with Conemaugh-Duke Lifepoint, while Tyrone has remained independent and re-engineered the organization as Tyrone Regional Health Network.

In addition, the VA Medical Center is active with other hospitals in emergency planning and preparedness activities and has repeatedly offered support of equipment caches and supplies in event of major incidents. All hospitals are also active in Regional Task Force committees, planning and drills.

There is one air ambulance, StatMedevac 11, located at the UPMC-Altoona.

The area receives moderate impact from Interstate 99 and Route 22 that traverse the county. Additionally, Blair County remains a significant railroad hub that includes the Horseshoe Curve and is a major East-West rail shipping corridor. There have been several low-level derailments in Blair County within the last couple of years.

Cambria County

Population 2010: 33054
Square Miles: 688

Summary:

Cambria County represents the largest number of EMS agencies and responses within the Region.

As the EMS system in Cambria County developed, numerous small ALS agencies were created with limited number of ALS providers. These agencies relied heavily on hospital based ALS units to provide support and assistance in the event that the agency was unable to meet their own ALS staffing requirements. As the system has matured, the hospital-based units have significantly curtailed their operations or ceased operations, resulting in only one (1) unit remaining. In addition, there have been some mergers; discussions of other mergers and cooperative ventures and the loss of a small number of agencies. Other agencies continue to struggle to meet staffing requirements and frequently compete against other agencies to attract qualified personnel. The majority of agencies indicate that they face staffing difficulties.

Air ambulance support is provided by Conemaugh MedStar based in Somerset County. Additional air ambulance agencies that occasionally respond into Cambria include StatMedevac based in Blair, Westmoreland or Clearfield County and Allegheny General Lifeflight based in Indiana County.

Dispatch is provided by Cambria County 911. In 2008 the county completed an upgrade of their communications system from VHF to UHF digital frequencies. They are currently seeking proposals to upgrade their current system.

The 911 center currently provides EMD and pre-arrival instructions using the National Academy of Emergency Dispatch EMD program and is recognized as an Accredited Center for Excellence.

There are two (2) hospitals in Cambria County:

Name	# of Beds Licensed	# of Beds Staffed	Receiving Facility?	Command Facility?	Pts Received FY2010-2011
Memorial Medical Center	564	420	Yes-Regional Resource Trauma Center	Yes	14324
Miners Medical Center	30	30	Yes	Yes	1165

In 2015, Conemaugh Health System was acquired by Duke Lifepoint Health System which changed the facility and system from a non-profit to a for-profit entity. The consolidation of hospitals in the past decade has resulted in very little surge capacity for significant events.

Several rescue agencies in Cambria County have applied for and received recognition under the VRSR program. Several are using the program to approach municipal officials for additional rescue coverage areas based on their recognition. This creates situations where the neighboring agency then also applies for recognition.

Cambria County also hosts the only paramedic training program in the Region at Memorial Medical Center's School of EMS which is accredited through the CAAHEP process.

There is an active continuing education program within Cambria County. The hospitals also actively participate in providing continuing education and offer programs on a regular basis.

Cambria County tends to be more urban and suburban to the southern portions of the county and more rural to the north. It is transected by Route 22 and Route 219. Route 22 has been the site of several multiple vehicle crashes related to rapidly changing weather conditions in the Cresson area. Johnstown also hosts several large scale special events that provide a significant influx of people. Typically, the EMS support for these events is managed by the local EMS agencies.

Concerns have been expressed, especially in the northern portion of the county that staffing difficulties and interfacility transports result in a limited availability of agencies in the area.

Fulton County

Population 2010: 14,590
Square Miles: 438

Summary:

Fulton County is served by one career ALS agency which operates only an ALS squad; one combination career/volunteer ALS agency, and two volunteer BLS agencies. The career ALS agency is the only organization which is not fire department based. The two ALS agencies both provide ALS support to surrounding BLS agencies. ALS support is also received from Maryland and occasionally West Virginia EMS agencies in the southern areas of the county.

The county currently receives air ambulance support from StatMedevac based in Altoona, Blair County; Conemaugh MedStar based in Somerset, Somerset County; Hershey Lifelion; and also from the Maryland State Police Medevac and civilian air ambulance units based in Cumberland and Hagerstown, Maryland for areas to the south of the Pennsylvania Turnpike.

Beginning in 2017, EMS is dispatched by Bedford County 911 through a county government agreement. Equipment is available at the Fulton County EMA office to serve as a backup dispatch center in event of a system failure between the two counties. Dispatch is provided by UHF frequencies.

The county is served by one 25-bed hospital and skilled nursing facility, Fulton County Medical Center, centrally located in McConnellsburg that recently moved into a new facility. Fulton County Medical Center is a critical access hospital and a level 4 trauma center. The facility provides emergency, outpatient and inpatient care. In 2017, FCMC became a recognized Medical Command Facility. In FY 2010-2011 the hospital received 371 patients by EMS. Being a small community hospital, the facility frequently relies on EMS agencies to transport patients to secondary or tertiary care centers, frequently requiring ALS care. This places a significant strain on local EMS resources as they typically have only a single ALS provider available. Sending that provider on extended transports, often of four (4) or more hours round-trip leaves the community without ALS care. The facility also relies heavily on air ambulance transport of critical patients.

The area receives significant EMS impact from the Pennsylvania Turnpike and Interstate 70, as well as Routes 30, 522. Reportedly, 300,000 vehicles travel through the county on these roads on any given day. Due to the topography of the county, and its rural nature, many of the local roads are relatively hazardous country roads with higher than average incidents of crashes and fatality involved crashes.

Huntingdon County

Population 2010: 45491
Square Miles: 875

Summary:

Huntingdon County has the most significant implementation of a three tiered response system within the region. There are two (2) ALS agencies in Huntingdon County which provide ALS support to BLS units. Additional ALS support is provided by agencies located outside of the county. There are a relatively large number of quick response agencies throughout the County.

There is also an extensive implementation of public access AED's within the County.

Air ambulance support is provided through multiple air ambulances. StatMedevac based in Altoona is the primary air ambulance, but based on geography and availability, the County also receives support from Geisinger LifeFlight; and Hershey's LifeLion.

The primary ALS agency for the County, Huntingdon Ambulance provides support to outlying BLS agencies, but has indicated that this is a stressor to their organization and that their primary concern must remain the Borough of Huntingdon and surrounding areas. Additionally, Robertsdale, Wood and Broad Top VFD Ambulance provides ALS support to surrounding communities but is considered at risk and continues on a temporary license due to the limited number of ALS providers affiliated with the agency.

Huntingdon also suffers from significant geographical issues related to Raystown Lake. The lake creates significant issues and delays in response due to travel routes. It also creates surge issues for local EMS agencies that are called upon each summer to respond to the increased population and increased number of activations brought on by recreational activities on and around Raystown Lake.

There is also an additional surge influx created by the Creation Festival held each spring at a farm in southern Huntingdon County. This Christian music festival brings upwards of 30,000 people to an extremely rural area for a series of open-air concerts held at a farm near Orbisonia. While this event brings their own volunteer medical staff, the event creates a significant issue for local EMS agencies to support.

There is one hospital in Huntingdon County, the former J.C. Blair Memorial Hospital, which was recently acquired by the Penn Highlands Health System.

This facility received 2013 patients via EMS in FY2010-2011. This 104 bed hospital (70 staffed) has experienced significant issues with physician recruitment and maintenance and has lost several specialties in recent years, but it appears that their affiliation with Pinnacle Health Systems is changing that direction.

Additionally, with the prior affiliation with Pinnacle Health System, the hospital added a position for a full-time EMS Coordinator to work with surrounding EMS agencies and to act as a liaison with the hospital. This coordinator has made significant inroads and is having a very positive impact on EMS within Huntingdon County. In 2017, J.C. Blair hospital received their recognition as a medical command facility.

The loss of specialty physicians and the reliance on secondary and tertiary care centers has created additional call for EMS involvement in interfacility transports, creating additional stress on EMS units.

Dispatch is provided by Huntingdon County 911 using the APCO EMD program. Dispatch is via UHF channels for primary EMS agencies and VHF-low band for fire-based organizations. The dispatch center is located in the Huntingdon Borough police department and officers are trained in dispatch to provide additional support if necessary.

Huntingdon County is also home to Juniata College, a 1450 student liberal arts college in Huntingdon. The college hosts an EMS club and has a student run recognized QRS unit that responds to incidents at the college.

Somerset County

Population 2010: 74501
Square Miles: 1,075

Summary:

Somerset County maintains a broad diversity in EMS response. Throughout the county, QRS, BLS and ALS agencies effectively interact to provide emergency response.

ALS agencies are strategically located throughout the county and provide support to ALS agencies that are unable to meet staffing requirements and BLS agencies. Additionally, in more remote areas, QRS units, typically fire-based provide initial first response and stabilization prior to the arrival of a transport unit. ALS agencies are predominantly career or combination agencies. Somerset County is experiencing staffing issues at both ALS and BLS agencies. In 2017, two BLS agencies in rural southern Somerset County decided not to renew their EMS agency license due to staffing issues. These areas are currently being served by surrounding agencies, but has resulted in significantly longer response times.

Somerset Ambulance has placed an ambulance in the New Centerville area, but also utilizes this unit for interfacility transports. Additionally, this unit is now the primary designated responder to the Confluence area in lower Somerset County due to Confluence relinquishing their license. Meyersdale Area Ambulance has also assumed the coverage area for Salisbury Ambulance which was the other service that did not renew their license.

Somerset experiences a significant influx into the Seven Springs and Hidden Valley ski resorts during the winter season, and increasingly throughout the year as the resorts move to a four-season resort model. The resorts have taken to contracting with outside EMS agencies during peak seasons to minimize the impact to the local agencies. Additional impact is received through the Pennsylvania Turnpike and Routes 30; 31; and 219 that traverse the county. The Allegheny Tunnels on the Turnpike are located in Somerset County and the Somerset-Bedford section of the Turnpike is reported to be one of the highest areas on the Turnpike for motor vehicle crashes.

The Flight 93 Memorial also creates moderate issues for EMS agencies in the area. Over 130,000 visitors visit the site annually. EMS had a significant presence at the recent dedication of the Memorial. There is also an annual memorial service conducted at the site that includes attendance of over 10,000,

with larger crowds on anniversaries including various dignitaries at the state and federal level.

There are three hospitals in Somerset County:

Name	# of Beds Licensed	# of Beds Staffed	Receiving Facility?	Command Facility?	Pts Received FY2010-2011
Meyersdale Community Hospital	20	20	Yes-Critical Access	No	476
Somerset Hospital	123	119	Yes	Yes	3168
Windber Hospital	57	53	Yes	Yes	1102

Meyersdale is a part of the Conemaugh/Duke Lifepoint network, while Somerset Hospital recently changed their affiliation from the Allegheny Health Network to UPMC. Windber Hospital has become part of the Chan Soon-Shiong Institute of Molecular Medicine and renamed Chan Soon Shiong Medical Center at Windber.

There is a significant reliance on local EMS agencies to provide transports to secondary and tertiary care centers from these facilities.

Air ambulance support is available from Conemaugh MedStar based in Somerset, as well as StatMedevac based in Fayette County and the Maryland State Police Aviation unit based in Cumberland Maryland.

EMS dispatch is provided by Somerset County 911 via 800 MHz frequencies. Somerset 911 uses the National Academy of Dispatch EMD program to provide pre-arrival instructions and tiered dispatch of resources.

Hospitals also participate in a Cambria-Somerset Disaster Management committee comprised of hospitals in Cambria and Somerset counties that meet to coordinate emergency preparedness planning and response efforts.