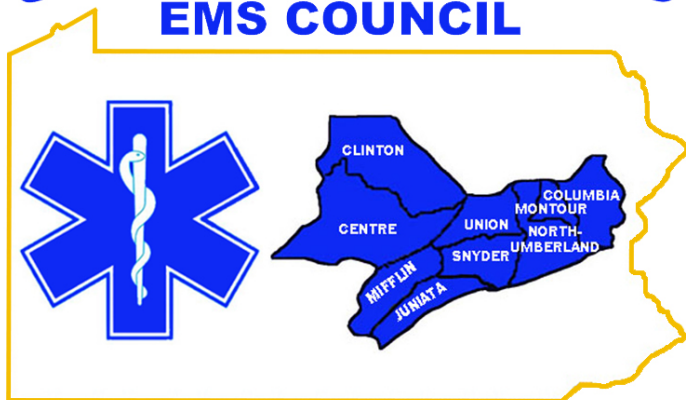


SEVEN MOUNTAINS EMS COUNCIL



SEVEN MOUNTAINS EMS COUNCIL ANNUAL REPORT

FISCAL YEAR 2022-23

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 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:

(Provide a summary of the council including regional background / demographic and other information unique to individual region / county)

Seven Mountains EMS Council, incorporated in December 1974 and recognized by the PA Department of Health in March 1975, is one of thirteen (13) organizations currently holding a grant with the Commonwealth of Pennsylvania, PA Department of Health as a Regional EMS Council. The grant is to assist the Department through the Bureau of EMS in coordinating the emergency medical service (EMS) efforts within the Central Pennsylvania counties of Centre, Clinton, Columbia, Juniata, Mifflin, Montour, Northumberland, Snyder and Union into a unified regional emergency medical services system which is consistent with the Commonwealth EMS system. The Council specifically assists the Bureau of EMS with system planning, development, maintenance, expansion, and improvements by assisting with the implementation of the EMS Systems Act (Act 37 of 2009) as well as providing a forum for feedback from regional agencies, providers, and stakeholders on the status of our regional EMS service delivery.

Below is a geographic overview of our Region:

County	Population ¹	Land Area ²	Facilities				#EMS Calls ⁵
			Hospitals	Trauma Centers	Command Facilities	Stroke Centers	
Centre	158,425	1109.92	1	-	1	1 - Primary	18,199
Clinton	37,931	887.98	2 ⁶	-	1 ⁶		5,018
Columbia	64,926	483.11	1	-	1		10,317
Juniata	23,339	391.35	-	-	-	-	4,176
Mifflin	45,988	411.03	1	1 ³	1	1 – Primary	9,204
Montour	18,091	130.24	1	1 ⁴	1	1 - Comprehensive	7,056
Northumberland	90,133	458.37	-	-	-	-	17,196
Snyder	39,652	328.71	-	-	-	-	5,652
Union	42,744	315.98	1	-	1	1-Primary	9,223
Regional Total	521,229	4,516.69	7	2	6	4	86,041

¹2021 Population estimates

²Square Miles

³ Level 4 Trauma Center

⁴Geisinger Medical Center, Montour County, is recognized for both Adult (Level 1) & Pediatric (Level 2) trauma

⁵Based on information obtained from Biospatial, 7/1/22 through 6/30/23. **For representative purposes only.** Excludes QRS and air medical. Shows response of an organization from within the County, not necessarily responding 'within' the County.

⁶UPMC Lock Haven is now an off-site emergency room of UPMC Williamsport.

The following table provides an overview of the Regional EMS System. EMS is available throughout the Region with some areas being more fully served than others. Overall, populated areas within the region have EMS available within 10 minutes with ALS care available within 20 minutes or less. Council staff continue dialog with organizations to potentially fill the service gaps, especially with establishment of QRS agencies. Likewise, there are also some areas within the region where EMS Agency consolidation could be beneficial to the overall system and potentially improve care available.

County	Agencies			Vehicles							Personnel ²		
	QRS	BLS	ALS	QRS	BLS	IALS	MICU	Squad	CTC	Air ¹	EMSVO	BLS	ALS
Centre	4	7	3	8	19	2	9	6	-	1	7	196	65
Clinton	8	2	3	14	6	1	5	1	-	-	3	75	18
Columbia	5	1	1	6	4	-	1	-	-	-	1	90	39
Juniata	-	5	1	-	10	-	2	-	-	-	11	70	29
Mifflin	1	3	1	-	12	-	5	1	-	-	8	81	23
Montour	3	-	2	3	4	8	15	1	2	-	-	29	13
North- umberland	7	-	6	13	11	3	11	3	-	-	3	134	74
Snyder	8	7	2	10	13	2	4	-	-	1	4	93	20
Union	1	2	2	6	5	-	8	2	-	-	2	64	18
Regional Totals	37	27	21	60	84	16	60	14	2	2	39	832	299

¹Location of aircraft – not necessarily headquartered out of the County. Geisinger has a total of 9 aircraft systemwide.

²EMS providers residing within the Region as of 7/1/2023. Not necessarily indicative of the number of providers who are actively engaged with a regional EMS agency.

Seven Mountains EMS Council is comprised of 154 organizations (not all currently active, having an appointed delegate) including responder (police, fire, EMS), emergency management, hospital, PSAP, County Government, & consumers. Council delegates meet in October of each year to review the previous year's activities and elect a Board of Directors. The Board of Directors (BoD), consisting of 20 delegates, elect their Board officers and establish a schedule of meeting times & locations. At these meetings, the BoD direct & oversee Council operations and establish program objectives. Board members are elected for a two-year term with half the Board up for election each October. Non-Board delegates are invited to participate in the Board meetings and are extended all privileges other than moving items and casting votes. With the region being so geographically large, we were rotating our meetings between the eastern & western portions of the region. As of August 2021, we have been offering both in-person and virtual attendance options for all Board of Director meetings which seem to have helped increase attendance.

1. Board of Directors \ Health Council Officers

President: Gerard Banfill
Vice President: Tom Perrin
Treasurer: Joy Byler
Secretary: Joy Byler

(Please list all other members below)

<u>NAME</u>		<u>NAME</u>
<u>1 Matthew Abbey –Northumberland FD QRS</u>	19	<u>Tim Wagner – Bloomsburg EMS</u>
<u>2 Chad Aucker – Central Susquehanna 911</u>	20	<u>Allen Weaver – Juniata County EMA</u>
<u>3 Gerard Banfill – Lock Haven EMS</u>	21	
<u>4 James Blount III – William Cameron FD</u>	22	
<u>5 Joy Byler – Big Valley Amb. Assoc.</u>	23	
<u>6 Mike Coldren – FAME EMS</u>	24	
<u>7 Tom Derby – West Shore EMS</u>	25	
<u>8 J. David Jones – University Ambulance¹</u>	26	
<u>9 Cathy Stout – Penn State University²</u>	27	
<u>10 Bob Hare – Americus Hose Co. EMS</u>	28	
<u>11 Richard Kelley – Mt. Nittany Prehospital³</u>	29	
<u>12 Matt Kurt – West Shore EMS</u>	30	
<u>13 Romaine Naylor – American Red Cross</u>	31	
<u>14 Thomas Perrin – Union Cty, West End EMS</u>	32	
<u>15 S. Scott Rhoat – Bellefonte EMS</u>	33	
<u>16 Matt Rodgers – Hope Hose QRS</u>	34	
<u>17 Derick Shambach – Snyder Cty, EMA</u>	35	
<u>18 Laura Shay – Port Royal EMS</u>	36	

¹ Gave up his seat 10/22.

² Resigned her Board seat 6/22 due to retirement.

³ Was elected to the Board 10/22.

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

	Final Budget	Expended
Personnel Services	288,373.03	288,250.91
Consultant Services	5,600.00	5,600.00
Subcontracted Services	114,969.90	114,916.04
Patient Services	0.00	0.00
Equipment	0.00	0.00
Supplies	59,223.33	49,031.98
Travel	18,346.90	14,570.91
Other Costs	236,687.92	208,170.96
TOTALS	723,201.08	680,540.80

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.

Regional PCR – Data Collection	Amount: \$48,122.42
--------------------------------	------------------------

Project Narrative:

For years now Council has negotiated a contract for PCR access for regional EMS agencies who choose to participate. Council provides desktop access and either tablet or mobile – other “add-ons” are at the expense of the agency. All transport agencies, other than one, use this access – a few of the QRS agencies also participate.

EMS Provider Documentation Enhancement	Amount: \$11,040.00
--	------------------------

Project Narrative:

Council purchased sufficient access to the NAAC offered **Certified Ambulance Documentation Specialist On-Line** training course to offer 2 seats to each of the regional EMS agencies. This is a first step attempt to assure better documentation to 1) potentially increase reimbursement provided and 2) minimize potential liability should the provider’s care be questioned. Unused seat will be offered to participating agencies; if additional seats are needed, an additional purchase will be considered using 2023-24 grant funds.

Prehospital Provider Equipment	Amount: \$28,132.62
--------------------------------	------------------------

Project Narrative:

Council polled the regional EMS agencies asking them to identify equipment needed to support their operations within the region/Commonwealth. Seventeen (17) agencies identified equipment needs. Other than one item which is not allowable (Lucas Device for QRS agency), all requests submitted were approved by the Board of Directors & Bureau. A listing of equipment purchased is attached to this report.

6. Regional Activities/ Organizational Management

Date of the current Comprehensive Regional EMS System Plan	Date 2011 ¹
Number of Board of Director Meetings \ Health Council meetings	5
Public Education Stop-the-Bleed Events	5 ²
Public Education CPR Events	Unknown ³
Number of Legislative Inquiries or Contacts	1 ⁴
Technical Assistance Request (local entities and elected officials)	40 ⁵

Regional Activities/ Organizational Management Project Narrative:

¹As per Bureau of EMS direction, the annual plan has been referenced with minimal review other than resource updates since 2011. We are waiting for the development and adoption of a Commonwealth EMS System Plan from which we will format & develop our regional plan. Council & Regional EMS agencies actively participated in the planning workshops conducted in 2012 and are awaiting further guidance.

²Council supports – and has equipment/supplies available to conduct – Stop-the-Bleed education throughout the Region but are unaware of course offerings post COVID. The only ones we are aware of are one for a regional school district in-service day and sessions scheduled in Centre County as part of their Camp Cadet program.

³Council staff has not conducted public CPR events – but, we are an AHA training center with a little over 100 BCLS instructors and 5 recognized training sites. Council supports these instructors (supplies & technical) and processes the rosters for AHA completion card distribution. We processed over 1500 individuals – supporting our community training sites in providing this public outreach.

Council completed 63 Fatal Accident Report System (FARS) reports and submitted the requested information to PennDOT.

⁴Identified is the regional ‘Legislative Breakfast’ where agency managers discuss EMS issues with members of local & state legislative bodies (or their staff). The event – held in March – is widely attended and has spawn numerous ‘side conversation’ between local EMS agencies and municipal officials and/or legislators throughout the region.

⁵The number is more an estimate than exact due to a majority of the assistance being provided was informal. Probably the main subject throughout the Region this year was the establishment and integration of IALS response and AEMT care into regional operations. Staff discussed integration of IALS care with regional EMS agencies who were or were considering implementing that level and with PSAPs concerning the dispatch of those services. Regional MAC developed a workgroup to review and recommend EMD changes within the region; hitting a road-block due to the various platforms used and participant biases encountered. Other topics worth mentioning were ‘temporary conditional licenses’ & corrective action plans; reestablishment of an EMS agency that allowed their license to expire; and upgrade of a BLS agency to ALS. Staff attendance at and participation in county ambulance association, task force, and other various stakeholder meeting also allowed for interactions that somewhat provided technical assistance.

7. Continuous Quality Improvement

	Quantity
Number of Clinical Cases Reviewed by Regional QI Committee	14 ¹
Accidents Involving Ambulances / EMS Personnel Reported in the Region	2
Number of Times the Regional QI Committee Met	4

Continuous Quality Improvement Narrative:

¹These are medication usage reviews conducted by MAC as required within the program participation guidelines. No investigation/complaint reviews were forwarded to MAC. The Regional Medical Director does review, and as available participates in provider interviews, on all – as long as it is a patient care issue and/or has a clinical element - complaint investigation authorizations received.

8. Medical Direction

	Quantity
Regional Medical Advisory Committee meetings	4
Accredited Level I Trauma Centers	1
Accredited Level II Trauma Centers	0
Accredited Level III Trauma Centers	0
Accredited Level IV Trauma Centers	1
Accredited primary Stroke Centers	3
Comprehensive Stroke Centers	1
Thrombectomy Capable Stroke Centers	0
Acute Stroke-Ready Hospitals	0

Medical Direction Narrative:

UPMC Lock Haven's medical command facility designation was re-authorized after a re-inspection was conducted. They are now a free-standing emergency department under UPMC Williamsport hospital's command authorization.

9. Systems Operations

	Quantity
Spot inspections conducted – EMS Agencies	3
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	6
Number of Vehicles Inspected During Safety Inspection	34
Photo & Signatures Added to Certification Cards	150 ¹
BLS Psychomotor Examinations Conducted	8/2 Retests
Number of BLS Psychomotor Exam Candidates Tested.	124
ALS Psychomotor Examinations Conducted	1
Number of ALS Psychomotor Exam Candidates Tested	9
Certification Class Visits Conducted	14
Number of EMS Agency Re-Inspections Conducted	36
Number of Authorized Inquiry Reports Filed with the Bureau	1 filed 1 outstanding

Systems Operations Narrative:

¹I don't have the exact number but this is close as we take pictures/signatures for all students & certification by endorsements. A few students may have been missed & a few miscellaneous pictures updated/added.

We also assisted our neighbor – Southern Alleghenies EMS Council – with staff support during several EMS agency licensure inspections & practical examinations.

10. Emergency Preparedness Activities

	Quantity
Coalition / Task Force Meetings Attended (only EMSOF funded staff attendance)	20
Table Top Exercises Attended / Conducted	2
Full Scale / Functional Exercises Attended / Conducted	1
Special Event Plans Submitted	3
Responses / Deployments	2
Strike Team Agencies	4(?)

Emergency Preparedness Narrative:

We have loaned equipment, especially the Kubota, to multiple events throughout year; but I don't consider them 'responses/deployments'. Identified are the situations where a PEMA deployment # was issued or deployment was authorized through the Bureau of EMS.

Strike Team Agencies is a good question – I don't currently know who is considered 'active' with the Bureau – I know who I can call and likely get assistance when needed.

11. Board of Director \ Health Council Meetings

DATE:	TIME	LOCATION
8/18/2022	Noon	BOD – Union County Govt. Center & Conference Call
10/20/2022	18:30	Council – Council Bellefonte Office & Conference Call
10/20/2022	20:00	BOD – Council Bellefonte Office & Conference Call
1/19/2023	Noon	BOD – Council Bellefonte Office & Conference Call
4/20/2023	Noon	BOD – Union County Govt. Center & Conference Call
6/15/2023	Noon	BOD – Council Bellefonte Office & Conference Call

12. Medical Advisory Committee Meeting

DATE:	TIME	LOCATION
9/6/2012	10:00	Teleconference
12/6/2022	10:00	Teleconference
3/10/2023	10:00	In-Person & videoconference from Council Conference
6/6/2023	10:00	Teleconference

13. Quality Improvement Committee Meeting

DATE:	TIME	LOCATION
9/6/2022	10:00	Teleconference
12/6/2022	10:00	Teleconference
3/10/2023	10:00	Teleconference
6/6/2023	10:00	Teleconference

14. Regional Accomplishments:

Narrative:

Legislative Breakfast – Council, with financial assistance from UPMC, held our third annual legislative breakfast in State College in March. Public Officials (Senators, Representatives, County Commissioners) and/or their staff, from throughout the Region, were invited to attend the event to hear first-hand the challenges facing the EMS system and to be an active participant in a brainstorming session to formulate a plan to overcome identified obstacles. Excluding staff, there were 75 individuals in attendance – 40 public officials, 27 EMS personnel, & 8 other organizations/agencies. Productive, collegial dialogue between the legislators & EMS providers was recognized by all attendees. Keynote remarks were given by Mr. Ed Mann, former PA Fire Commissioner and Mr David Sanko, Executive Director of the PA State Association of Township Supervisors (PSATS). The session concluded with some summary remarks from Director Rhone, PA DOH Bureau of EMS. A majority of the attendees welcomed the dialog and expressed gratitude for the opportunity.

CISM – Seven Mountains collaborates with LTS EMS Council to maintain an active critical incident stress management (CISM) team to debrief/defuse emergency providers after a major event or special situation/event that triggers an unhealthy, potentially responder disabling response. The team – Seven Mountains/Susquehanna CISM – is about 40 members strong; is coordinated by a Licensed Psychologist; and integrates training individuals from a variety of disciplines – police, fire, EMS, dispatch, nursing, clergy, corrections, coroner, and mental health. We are recognized by and/or work in coordination with the International Critical Incident Stress Foundation (ICISF), the SouthCentral Mountains & NorthCentral Task Forces, the Keystone Healthcare Coalition, PEHSC, and sister teams in Southern Alleghenies & Eastern EMS Councils. The team is available 24/7/365 with initial contact through the Lycoming or Mifflin County PSAPs and coordination of activities conducted by the EMS Program Specialist utilizing SERV-PA. During the 2022-23 grant period, the team was requested for a total of 12 incident requests.

Annual Conference – Council conducted our Annual Spring EMS Conference in March at the Ramada Inn & Convention Center, State College. 115 EMS providers registered for the three-day educational opportunity (excluding presenters, exhibitors, staff) were able to choose between 30 course offerings to maintain/upgrade their skill level and/or knowledge of EMS System issues. Mr. Rommie Duckworth was the premier lecturer and Mr. John Moon conducted an ‘EMS History’ session on Sunday morning. The conference was a success with just over 1180 hours of continuing education credit being awarded (774 of it being CPC). Along with the educational opportunities, we organized a social event where the providers were able to relax and catch up with old and new friends – exchanging ideas and ‘war’ stories. Clinton County was highlighted on this year’s challenge coin.

RURAL EDUCATION- Council supported our educational program offerings using funds designated as Rural Education Funding. A total of \$80,475.50 in tuition assistance and \$16,530.05 in textbook reimbursement was awarded to eighty-seven (87) applicants who desired to join the EMS system or upgrade their current certification. Up to 85% tuition assistance and 100% reimbursement for the cost of the primary text was available to any individual, with a licensed EMS agency’s endorsement, who wanted to participate in a certification program – first time participants only. Fifty-seven (57) first-time written examination candidates were provided National Registry testing vouchers to allow them to take the examination free of charge – Totaling \$5,300. Additional funds were used to update training equipment, especially ALS, used throughout the region for initial and Con-Ed classes and final examination testing. Previously unavailable equipment, such as a primary stretcher, were also purchased.

CARES – 126 agencies were active and participated in the 2022 National CARES report. Day to day tasks associated with CARES consists of general coordinating efforts such as sending reminders for data submission, updating, and modifying user log-ins, continuous coordination of data between the EMS agencies and the hospitals, and monthly audits of all participating agencies. The 2022 CARES National Report indicated two actionable items for within the Commonwealth. The Commonwealth falls about 2% short on bystander CPR. An actionable item that has been recommended is doing an open house within the agency. This can create several benefits. Primarily it brings community members and potential CPR bystanders to a facility where hands only CPR can easily be taught. It would also serve as a chance for recruitment and retention in the local community. The second actionable item noted from the 2022 National CARES report serves as a reminder to local communities that the active distribution of AEDs in the Commonwealth is increasing chances of survival of an OHCA within the Commonwealth. Nationally 70.7% of individuals experiencing OHCA did NOT have an AED applied prior to EMS arrival. In the Commonwealth, only 59.1% of all OHCA in the Commonwealth did not receive an AED prior to

EMS arrival. This is a 11.6% difference and is huge! If a recommendation could be made, it would be to continue to distribute AEDs across the commonwealth. Both in public and private locations as well as making sure the Commonwealth has staffed and prepared units ready to respond to OHCA. As of this report, 125 agencies are currently actively participating with another 30 agencies in sight to join with assistance from CARES national. Council/ BEMS need to discuss continued involvement within the CARES program as additional funding will be needed within the next grant period (2023-24) to maintain current operations – Grant allocations are now only supporting the National CARES fee. EMS agency participation seems to remain fairly stable; the two ‘problem’ areas are 1) Agencies remaining current with data input; allowing the receiving hospital sufficient time to enter their information and 2) maintaining hospital involvement so that the required ‘post EMS’ information is entered – non-complete incidents are excluded from the National & Commonwealth reports and could also lead to an EMS agency being completely excluded from the annual reports. With Seven Mountains being the host for PA CARES, a copy of the 2022 PA CARES report is attached.

Regional EMS Council Name: Seven Mountains EMS, Inc.

Fiscal Year: 22-23

SAP Document Number: 4100092481

Submission Number: S2

Submission Date: 6/27/23

Reviewed and Recommended by Regional EMS Council:


Gerard Barfill
 Signature President/Chairman

Date: 6/27/2023


Tim Nilson
 Signature Regional EMS Council Director

Date: 6/27/2023

Name of Project	Description/Justification	EMSOF Funds Requested
Enhanced PCR Documentation	Proper EMS response documentation has been identified as a concern within the region in that it impacts both finances (improper documentation could lead to reduced or non-payment for services rendered) and defence should provider action or inaction be questioned and the matter brought forward within a Court of Law. In an effort to decrease incidences of improper or incomplete documentation, Council is proposing offering two (2) seats per licensed agency to participate in the Certified Ambulance Documentation Specialist (CADS) training offered by NAAC. Group purchase of licences for the on-line course are	\$11,040.00
Total This Request		\$11,040.00
Previously Approved Amount		(\$11,040.00)
Total Requested to Date		\$0.00

EMSOF Budget	Prehospital Providers	\$0.00
	Prehospital Providers/System Development	\$67,969.90
	Total	\$67,969.90

EMS Program Manager Recommend Approval: 

Date: 6/29/2023

Bureau of EMS Director Approval: 

Date: 6/30/23

Regional EMS Council Name: Seven Mountains EMS, Inc. Fiscal Year: 22-23
 SAP Document Number: 410092461 Submission Number: E1
 Reviewed and Recommended by Regional EMS Council:
Gerard Banfill Signature President/Chairperson Date: 6/27/2023
Tim Nilson Signature Regional EMS Council Director Date: 6/27/2023

Service	Org Type	Rund	Equipment	QTY	Unit Price	Total Cost	Recom	Not Recom *	Provider Match	EMSOF Funds Requested	Errors **	Notes
Americus Hose Company	ALS	Yes	CO Monitor	6	104.95	\$629.70	Yes		0.00	629.70	B	
Goodwill EMS	ALS	Yes	Quantum Blood & Fluid Warming System	1	2,456.99	\$2,456.99	Yes		0.00	2,456.99	B	
Warrior Run Fire Department (EMS)	ALS	Yes	Reeves Steeve	1	829.00	\$829.00	Yes		0.00	829.00	B	
Warrior Run Fire Department (EMS)	ALS	Yes	Cellphone Booster	1	834.97	\$834.97	Yes		0.00	834.97	B	
Warrior Run Fire Department (EMS)	ALS	Yes	Set of Splints	3	39.95	\$119.85	Yes		0.00	119.85	B	
Union County West End Ambulance	BLS	Yes	Littman Core Digital Stethoscope	2	280.00	\$560.00	Yes		0.00	560.00	B	
Union County West End Ambulance	BLS	Yes	CO Monitor	2	104.95	\$209.90	Yes		0.00	209.90	B	
Union County West End Ambulance	BLS	Yes	Litman Classic II Infant 20" Stethoscope	1	95.00	\$95.00	Yes		0.00	95.00	B	
Union County West End Ambulance	BLS	Yes	Litman Classic II Pediatric 28" Stethoscope	1	95.00	\$95.00	Yes		0.00	95.00	B	
Elyburg Fire Department & Ambulance	ALS	Yes	CO Monitor	3	\$104.95	\$314.85	Yes		\$0.00	\$314.85	B	
Elyburg Fire Department & Ambulance	ALS	Yes	Video Laryngoscope Equipment	1	\$1,495.00	\$1,495.00	Yes		\$0.00	\$1,495.00	B	
Richfield Ambulance League	BLS	Yes	GPS Unit	2	\$339.95	\$679.90	Yes		\$0.00	\$679.90	B	
Richfield Ambulance League	BLS	Yes	Back-up Camera	1	\$69.99	\$69.99	Yes		\$0.00	\$69.99	B	
Bloomsburn EMS	ALS	Yes	Portable Computer with a CD drive and HDMI	1	\$568.68	\$568.68	Yes		\$0.00	\$568.68	B	
Mount Nittany Health EMS	ALS	Yes	CO Monitor	3	\$104.95	\$314.85	Yes		\$0.00	\$314.85	B	
Mount Nittany Health EMS	ALS	Yes	AED LifeLink CR2	1	\$2,090.99	\$2,090.99	Yes		\$0.00	\$2,090.99	B	
Mount Nittany Health EMS	ALS	Yes	Suction unit leerdal compact	1	\$595.00	\$595.00	Yes		\$0.00	\$595.00	B	
Citizens Hose Company No. 5	QRS	Yes	CO Monitor	2	\$104.95	\$209.90	Yes		\$0.00	\$209.90	B	
Citizens Hose Company No. 5	QRS	Yes	Philips Heartstart FRx AED	1	\$1,502.15	\$1,502.15	Yes		\$0.00	\$1,502.15	B	
Citizens Hose Company No. 6	QRS	Yes	Laerdal Suction Unit	1	\$995.00	\$995.00	Yes		\$0.00	\$995.00	B	
Beavertown Rescue Hose Co. Ambulance	BLS	Yes	CO Monitor	1	\$104.95	\$104.95	Yes		\$0.00	\$104.95	B	
Beavertown Rescue Hose Co. Ambulance	BLS	Yes	Cascade Rescue Terra Tamer Terrain Wheel	1	\$1,395.00	\$1,395.00	Yes		\$0.00	\$1,395.00	B	
Beavertown Rescue Hose Co. Ambulance	BLS	Yes	CMC Stainless Steel Rescue Litter	1	\$1,150.00	\$1,150.00	Yes		\$0.00	\$1,150.00	B	
Fremont Fire Department	QRS	Yes	CO Monitor	2	\$104.95	\$209.90	Yes		\$0.00	\$209.90	B	
Fremont Fire Department	QRS	Yes	Aluminum D.02 Cyl/inder	6	\$39.95	\$419.70	Yes		\$0.00	\$419.70	B	
Fremont Fire Department	QRS	Yes	Half Back Immobilization Board	1	\$112.00	\$112.00	Yes		\$0.00	\$112.00	B	
DH&L Ambulance	ALS	Yes	CO Monitor	4	\$104.95	\$419.80	Yes		\$0.00	\$419.80	B	
DH&L Ambulance	ALS	Yes	Masimo SET RC Patient Cable 4ft	3	\$115.00	\$345.00	Yes		\$0.00	\$345.00	B	
DH&L Ambulance	ALS	Yes	M-LNCS Sensor, 3ft, Adult	3	\$180.00	\$540.00	Yes		\$0.00	\$540.00	B	
DH&L Ambulance	ALS	Yes	Masimo Original Short SpO2 Sensor Ear Clip	3	\$135.00	\$405.00	Yes		\$0.00	\$405.00	B	
DH&L Ambulance	ALS	Yes	Braun ThermoScan Pro 6000 Ear Thermometer	4	\$249.48	\$997.92	Yes		\$0.00	\$997.92	B	
Milroy Hose Co #1	BLS	Yes	Responder EMS Pack (First-In Bag)	3	\$184.39	\$583.17	Yes		\$0.00	\$583.17	B	
Milroy Hose Co #2	BLS	Yes	Zoll AED Pro	1	\$3,220.00	\$3,220.00	Yes		\$0.00	\$3,220.00	B	
Lock Haven Emergency Medical Services	ALS	Yes	Reusable BP Cuffs for LP 15 Bayonet connec	2	\$118.01	\$236.02	Yes		\$0.00	\$236.02	B	
Lock Haven Emergency Medical Services	ALS	Yes	Masimo LNCS Soft Sensor, SPD2	2	\$205.00	\$410.00	Yes		\$0.00	\$410.00	B	

Regional EMS Council Name: Seven Mountains EMS, Inc. Fiscal Year: 22-23
 SAP Document Number: 4190092481 Submission Number: E1
 Submission Date: 6/27/2023

Reviewed and Recommended by Regional EMS Council:
Gerard Banfill Date: 6/27/2023
 Signature President/Chairperson
Tim Nilson Date: 6/27/2023
 Signature Regional EMS Council Director

Service	Org Type	Rural	Equipment	QTY	Unit Price	Total Cost	Recom	Not Recom	Provider Match	EMSOF Funds Requested	Errors	Notes
						\$0.00						
						-\$0.00						
						\$0.00						
						\$0.00						
						\$0.00						
						\$0.00						
						\$0.00						
						\$0.00						
Total This Request						\$39,993.62			\$0.00	\$28,132.82		
Previously Approved Amount										(\$28,132.62)		
Total Requested to Date										\$0.00		

EMSOF Budget	Prehospital Providers/ System Development	Prehospital Providers	\$0.00
			\$87,969.90
Total			\$87,969.90

- * Reason for Not Recommending
- 1) Outside of Regional/State Development Plan
 - 2) Insufficient Funds
 - 3) Request received after deadline
 - 4) Outside of funding priorities
 - 5) No request received by the organization
 - 6) Item previously funded and within life expectancy
 - 7) Other (describe in Notes)

- ** Error Messages
- A) Provider match and EMSOF funds requested don't equal total cost.
 - B) EMSOF funds requested account for more than 80% of the total cost for rural services or more than 50% of the total cost for urban services (requires exemption letter from the Department).
 - C) No amounts should be entered for EMSOF funds requested if purchase is not recommended.

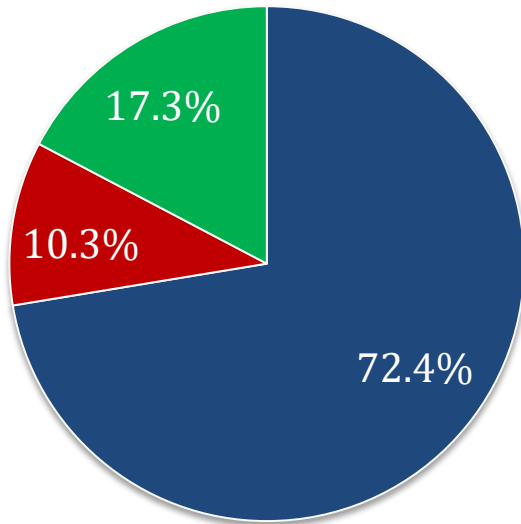
EMS Program Manager Recommend Approval: *Justin Hoggman* Date: 6/29/2023
 Bureau of EMS Director Approval: _____ Date: _____

CARES 2022 National Report Summary: Pennsylvania

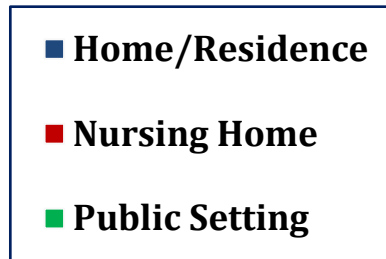
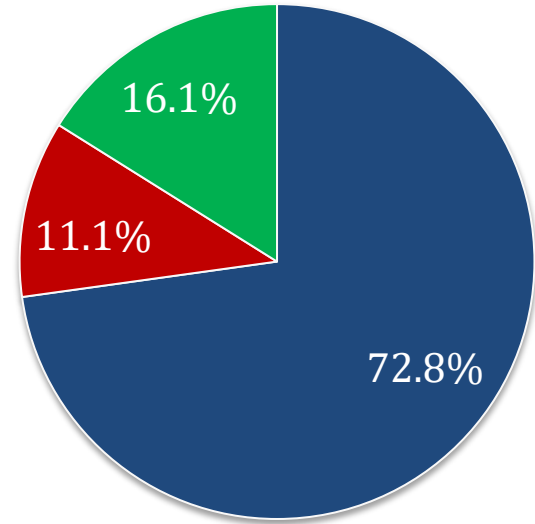


Location of Arrest

National

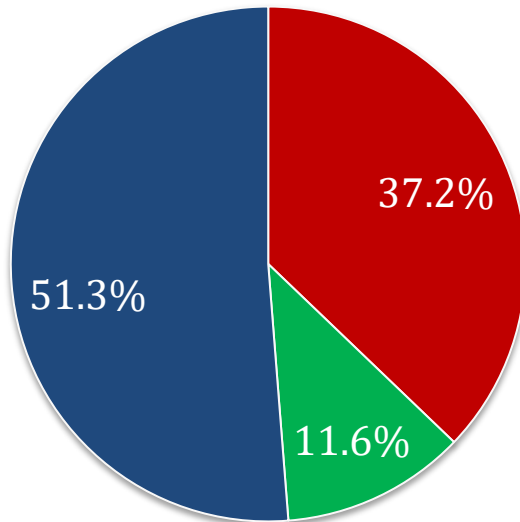


PA

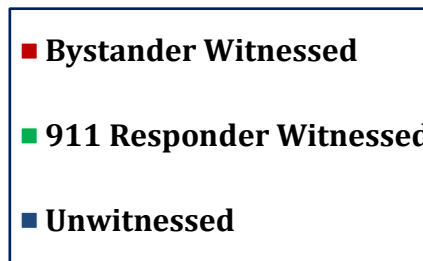
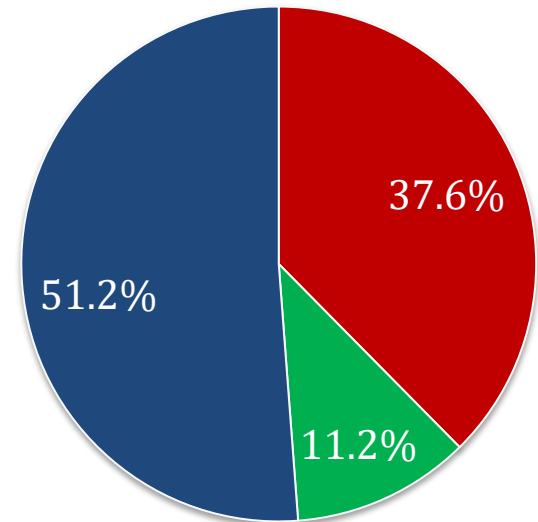


Arrest Witness Status

National

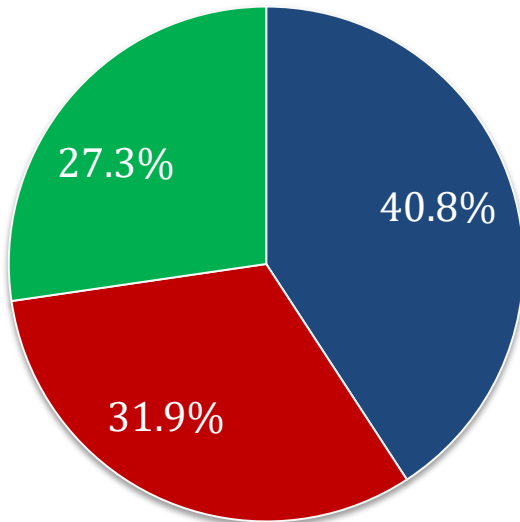


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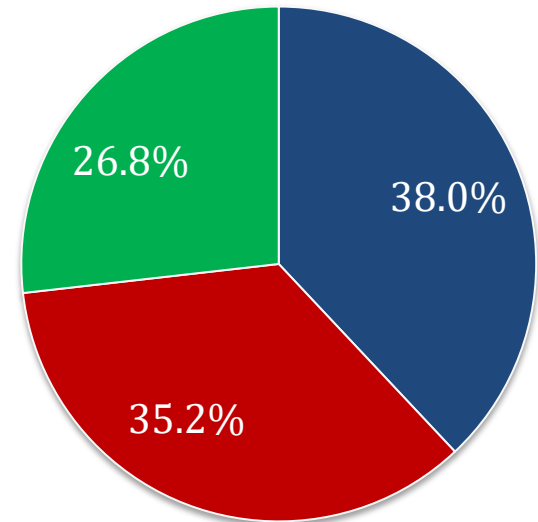


Who Initiated CPR

National

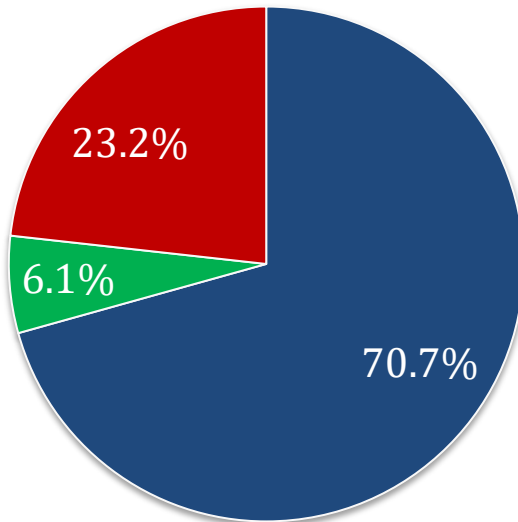


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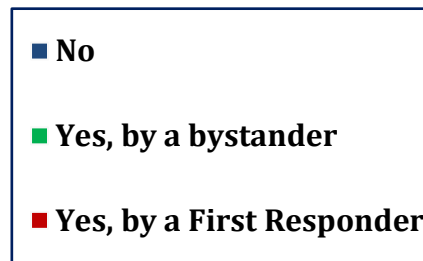
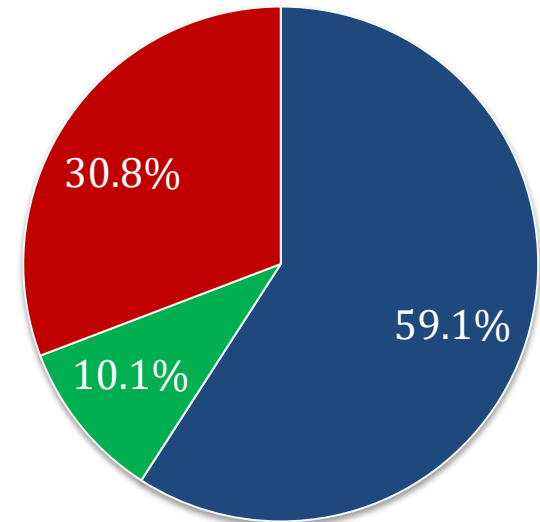


Was an AED Applied prior to EMS arrival?

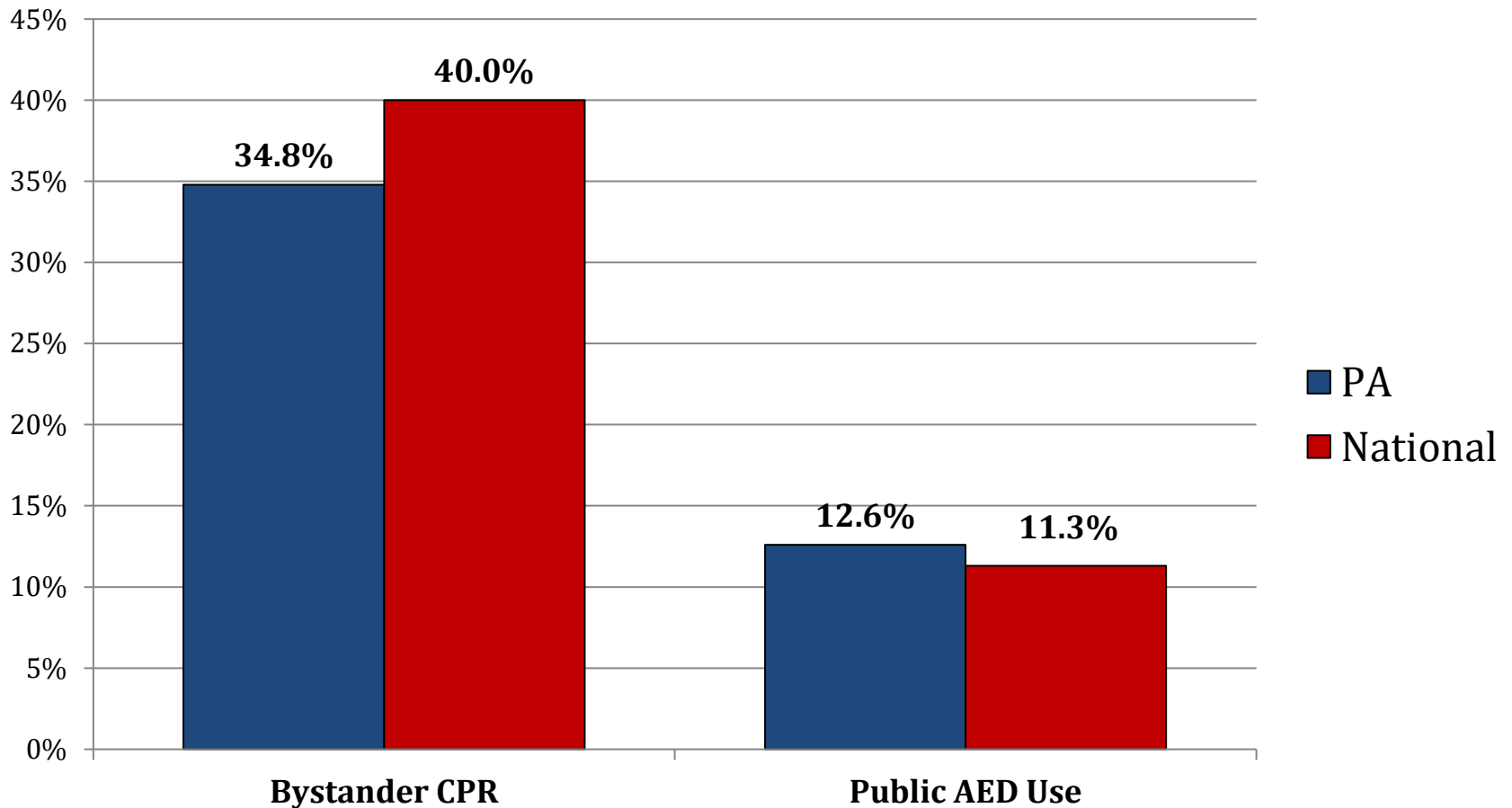
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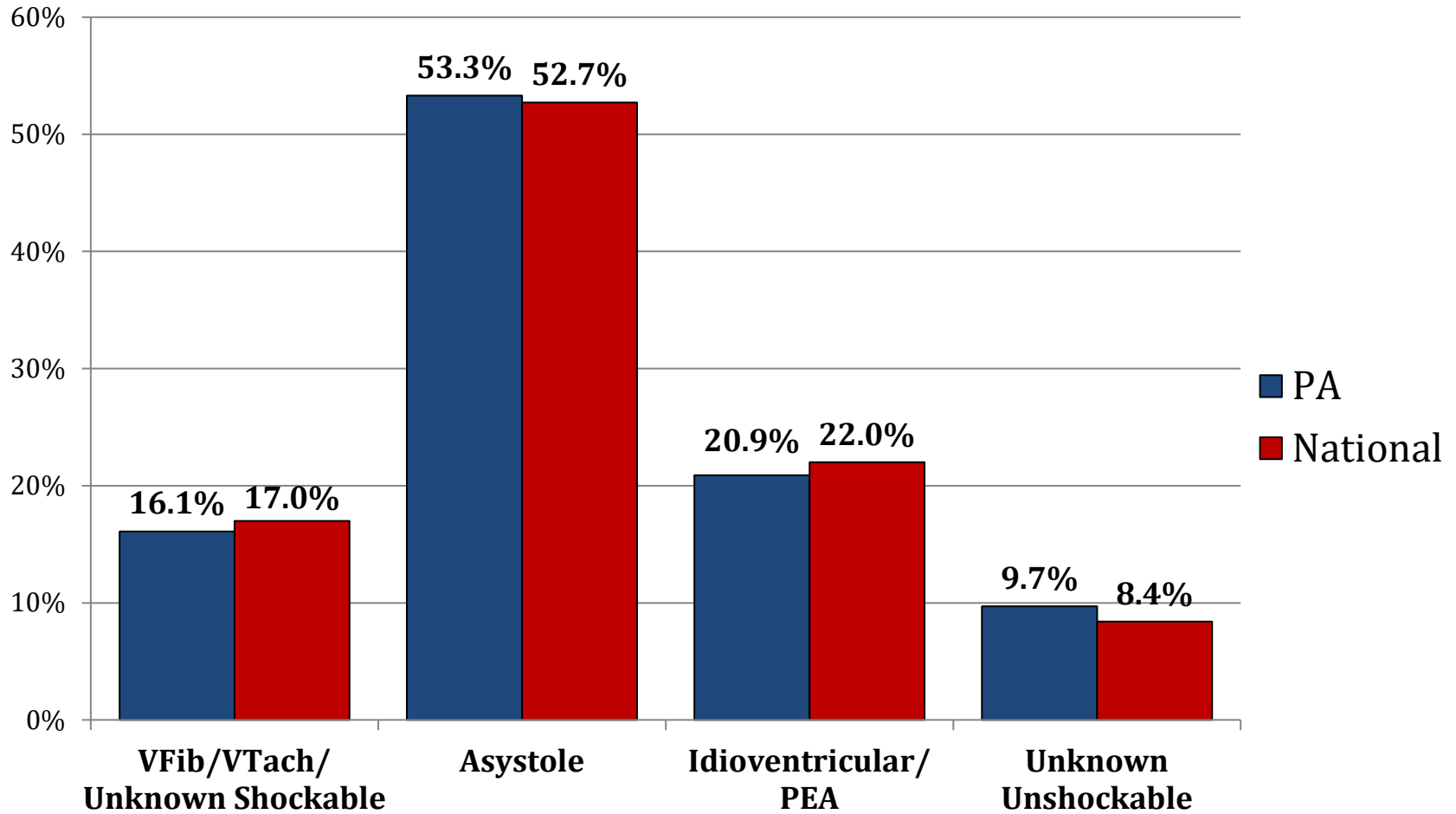
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Bystander Intervention Rates

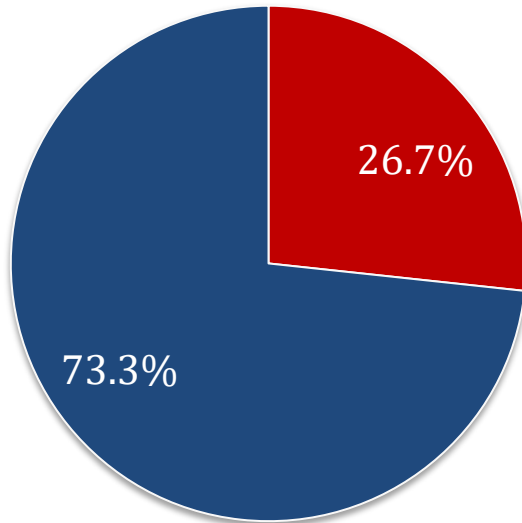


First Arrest Rhythm

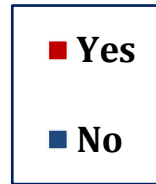
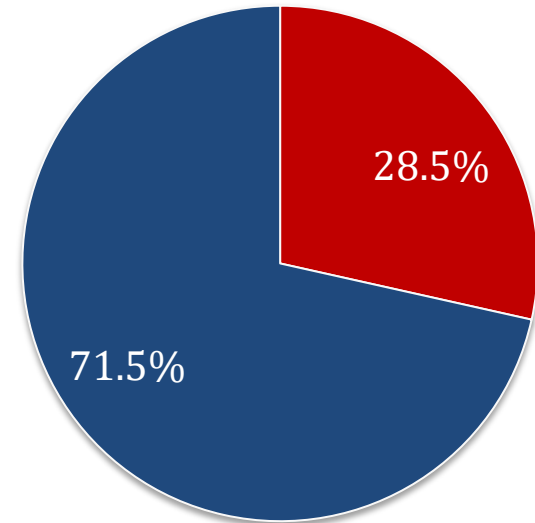


Sustained ROSC in the field

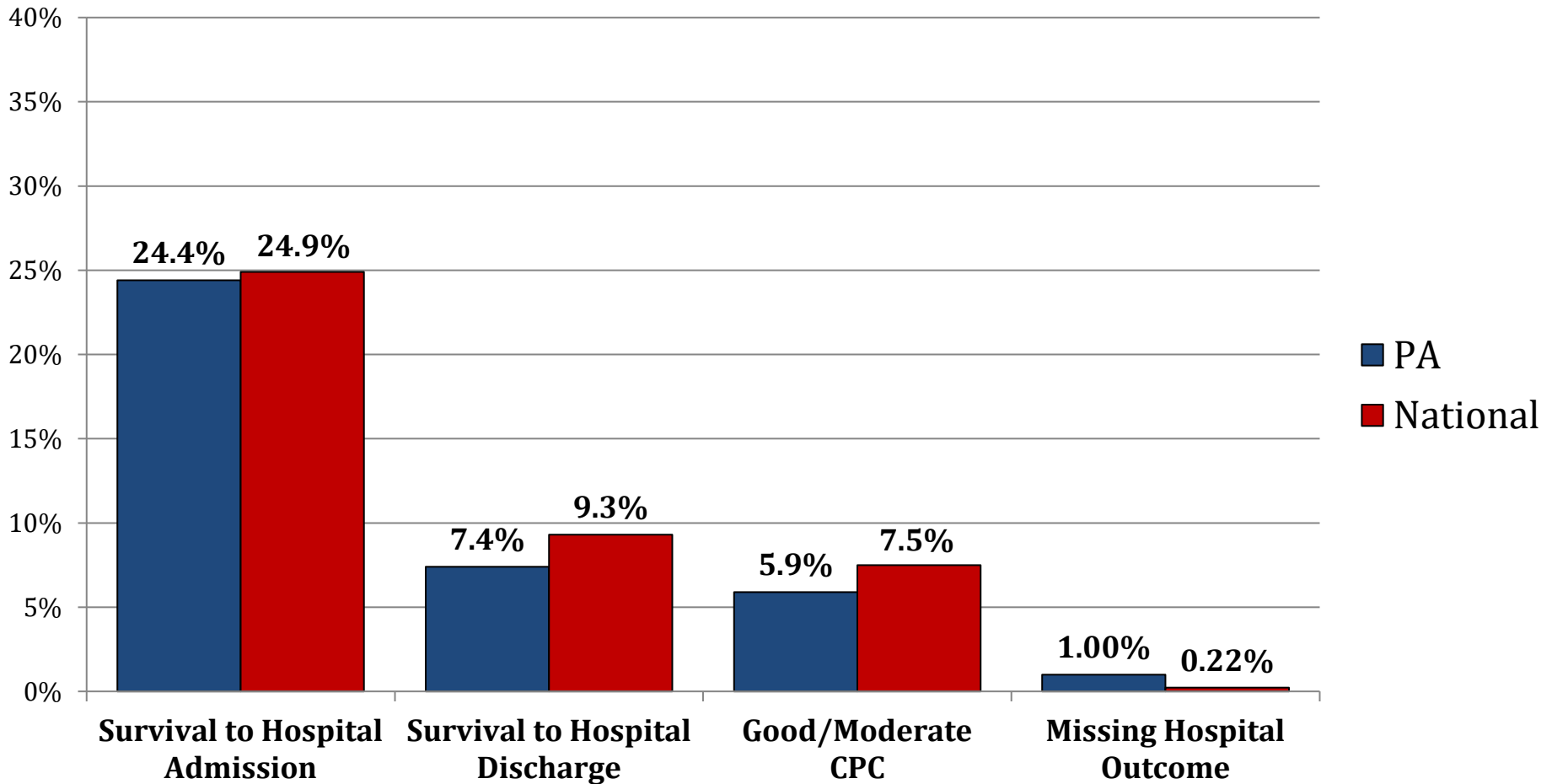
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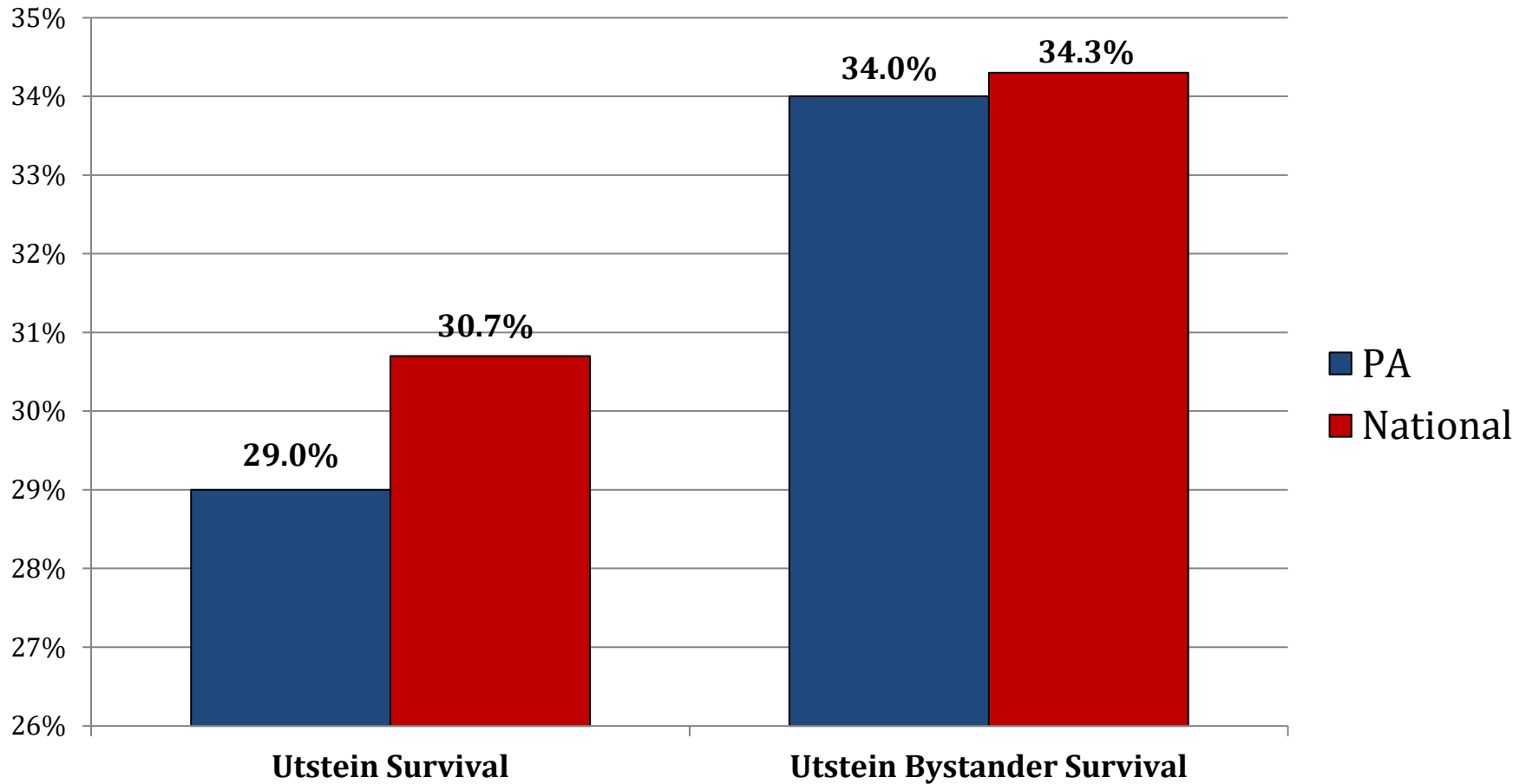
PA



Survival Rates: Overall Survival



Survival Rates: Bystander Witnessed Shockable Rhythm



- *Utstein = Witnessed by bystander and found in a shockable rhythm*
- *Utstein Bystander = Witnessed by bystander, found in shockable rhythm, and received some bystander intervention (CPR and/or AED application)*

CARES Survival Report

Agency Group: Pennsylvania | Date of Arrest: 01/01/22-12/31/22 | Non-Traumatic Etiology

	OVERALL N = 4500				
	Total N (%)	Sustained ROSC (%)	Survival to hospital admission (%)	Survival to hospital discharge (%)	Survival to discharge with CPC 1 or 2 [†] (%)
Total	4500	1311 (29.1)	1135 (25.2)	323 (7.2)	241 (5.4)
Location of Arrest					
Home/Residence	3242 (72.0)	925 (28.5)	775 (23.9)	196 (6.0)	140 (4.3)
Nursing Home	519 (11.5)	106 (20.4)	73 (14.1)	13 (2.5)	6 (1.2)
Public Setting	739 (16.4)	280 (37.9)	287 (38.8)	114 (15.4)	95 (12.9)
Arrest Witnessed Status					
Unwitnessed	2409 (53.5)	488 (20.3)	420 (17.4)	67 (2.8)	40 (1.7)
Bystander witnessed	1573 (35.0)	623 (39.6)	517 (32.9)	188 (12.0)	149 (9.5)
911 Responder witnessed	518 (11.5)	200 (38.6)	198 (38.2)	68 (13.1)	52 (10.0)
Bystander CPR*					
Bystander CPR	1552 (39.0)	463 (29.8)	394 (25.4)	123 (7.9)	105 (6.8)
No Bystander CPR	2430 (61.0)	648 (26.7)	543 (22.3)	132 (5.4)	84 (3.5)
Bystander CPR (excludes nursing home/healthcare facility events)	1016 (29.8)	344 (33.9)	310 (30.5)	106 (10.4)	93 (9.2)
No Bystander CPR (excludes nursing home/healthcare facility events)	2393 (70.2)	638 (26.7)	539 (22.5)	129 (5.4)	83 (3.5)
Initial Arrest Rhythm					
Shockable	653 (14.5)	310 (47.5)	289 (44.3)	162 (24.8)	139 (21.3)
Non-shockable	3846 (85.5)	1000 (26.0)	845 (22.0)	160 (4.2)	101 (2.6)
AED Use					
Bystander AED use*	486 (12.2)	112 (23.0)	86 (17.7)	33 (6.8)	28 (5.8)
Bystander AED use* (excludes nursing home/healthcare facility events)	64 (1.9)	24 (37.5)	26 (40.6)	21 (32.8)	20 (31.2)
Trained provider (First Responder) AED use	1412 (31.4)	395 (28.0)	335 (23.7)	99 (7.0)	77 (5.5)
Utstein					
Witnessed and shockable	461 (10.2)	252 (54.7)	237 (51.4)	143 (31.0)	125 (27.1)
Bystander witnessed and shockable	397 (8.8)	211 (53.1)	198 (49.9)	119 (30.0)	104 (26.2)
Hypothermia					
Field hypothermia	11 (0.2)	11 (100.0)	10 (90.9)	6 (54.5)	5 (45.5)
In-hospital hypothermia/TTM (among admitted patients)	591 (52.1)	--	--	158 (26.7)	102 (17.3)

Inclusion Criteria: An out-of-hospital cardiac arrest where resuscitation is attempted by a 911 responder (CPR and/or defibrillation). This would also include patients that received an AED shock by a bystander prior to the arrival of 911 responders.

NOTE: Analysis excludes patients with missing hospital outcome (N=58).

*Bystander CPR and bystander AED use calculations exclude 911 Responder witnessed events.

[†]CPC missing for 0 patients.