

OVERVIEW :

THE EMERGENCY MEDICAL SERVICE SYSTEM

The objective of the emergency medical service program as specified in Act 45 is to establish an emergency medical services system to prevent premature death and reduce suffering and disability due to critical illness and traumatic injuries. The system is defined as the arrangement of personnel, facilities and equipment for the effective delivery of medical services required to prevent and manage critical incidents such as medical emergencies, accidents or natural disasters.

The emergency medical services system as defined in Act 45 includes 15 program components. They are summarized as follows:

- *Manpower and Training* – Provision for continuous training programs to include an adequate number of health professionals with appropriate training and experience for emergency patient care. The training consists of both clinical training and continuous education programs.
- *Communication Systems* – Join personnel, facilities and equipment through a unified telecommunication system.
- *System Access* - Ambulance and other vehicles transporting emergency medical patients meeting required standards are criteria including medical qualification of the staff.
- *Medical Facilities* – Provision and coordination of emergency medical services on a continuous basis in a non-duplicative manner by categorizing medical care facilities from incidence to patient recovery.
- *Information System* – Provision of a standard patient data collection system, which covers all phases of the emergency medical care delivery process and outcomes and comprehensive review and evaluation of the extent and quality of the emergency medical care services, provided.
- *Development Plan* – To assure that the Emergency medical services system is capable of providing emergency medical services in a coordinated manner and to guide further system development.
- *Public Education and Prevention* – Programs stressing the general dissemination of information regarding appropriate methods of first aid and cardiopulmonary resuscitation and the availability of first aid training programs.

The Department of Health is the lead agency for Pennsylvania's EMS system. The Department manages this responsibility through the Emergency Medical Services Office which directs and coordinates the activities of 16 regional EMS councils. The councils manage geographically delineated areas of Pennsylvania pursuant to the EMS statute and regulations, the input of their communities and other stakeholders and the leadership of the EMS Office. The address and phone number of each regional council is included as Annex A of this report. A map of the regions is included following this overview.

The Department of Health is assisted by a statewide advisory council composed of 100 organizations, 30 of which function as the Board of Directors. The advisory council and its numerous special focus committees meet regularly. Recommendations from the committees are forwarded to the Board for discussion and vote. In many cases, the results are sent to the Department of Health as formal recommendations for implementation.

The EMS system includes 26 trauma centers. Trauma center accreditation is accomplished through the Pennsylvania Trauma Systems Foundation. Using national standards and state specific considerations, the Foundation through its Board of Directors and a rigorous evaluation process, regularly assesses accredited trauma centers and considers new applicants for designation. The Foundation itself and the process Pennsylvania uses for trauma center accreditation are recognized nationally as models for other states.

In addition to these system components, numerous governmental entities support the regions and contribute extensively to the funding of local systems. Within the regions, EMS training institutes are responsible for the training of emergency medical technicians and paramedics who provide hands-on patient care and respond to over one million emergency calls a year.

Medical leadership exists throughout the system. The Commonwealth EMS Medical Director works closely with the regional EMS medical directors who manage the regional treatment and transfer protocols. The Commonwealth EMS Medical Director also works closely with the statewide medical advisory committee in considering changes to the standards of care provided in the system. The continuum of medical command continues with the hundreds of medical command physicians who provide patient care direction to prehospital personnel as they administer to patients in their homes, on our highways and as they are transferred between facilities. Additionally, every advanced life support ambulance service and many basic life support services are supported by service medical directors who are responsible for validating the skills of the EMS workforce and providing medical guidance to the service.

Presently there are over 50,000 prehospital personnel certified in Pennsylvania. This includes prehospital nurses and physicians, emergency medical technicians and paramedics. Many volunteer their time serving their communities, learning their skills, providing patient care and staying up-to-date in prehospital management of the ill and injured.

The importance of certified First Responders in providing timely emergency response in the EMS system continues to increase. These individuals, such as police and firefighters, are trained to use automated external defibrillators, perform cardiopulmonary resuscitation and apply immediate basic intervention support to patients until more highly trained caregivers arrive at the scene.

Bystander Care is a more basic level of caregiver than the certified First Responder, but these Good Samaritans are also recognized as part of the EMS system. Training programs for our general population, especially those who are most likely to be in places where injuries and other emergencies often occur, are available and are conducted in the EMS regions for school groups, community organizations and many others. A general population, trained in recognizing the need and calling for emergency services, is the first step in system response.

Components such as public safety answering points (usually called 911 or dispatch centers), emergency management agencies, poison control centers, critical incident stress debriefing teams, search and rescue teams and many other specialty organizations are important to the functioning of the emergency medical system. The Department of Health does not directly manage these components but an overview of the system would be incomplete without including them. Additionally, valuable partners such as professional organizations, advocacy groups, other government agencies and our elected officials contribute to shaping policies and providing resources for the system operation.

The most important part of any EMS system, regardless of its size, location or other attributes, is the patient. Our patients remain the focus and the center of our system in Pennsylvania. All decisions are measured against one important question: Is this the best decision for patient care? Regardless of where our development plan takes us, always at the center of it you will find the patient and the patient's family.