

City of Pittsburgh Bureau of Emergency Medical Services

Transition Briefing

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Overview

The Bureau of Emergency Medical Services is dedicated to the reduction of morbidity and mortality of residents and visitors through the provision of Advanced Life Support pre-hospital care, medically directed Technical Rescue, and transportation of the ill and injured.

The Ambulance Division is comprised of 13 Medic Units and 2 Basic Life Support (BLS) Ambulances and receives calls from the 911 dispatch center 24 hours/day. The Division is overseen by a minimum of two District Chiefs during normal daily operations. Medic Units are spread across Pittsburgh to better allow for the most effective and efficient response. Also, in coordination with the Center for Emergency Medicine, a physician can respond to the scene at the request of our paramedics to assist with the treatment of particularly critical patients. In addition to the emergency treatment and transport of patients, the Ambulance Division provides medical coverage for special events throughout the City of Pittsburgh.

Chief Ronald Romano has held the position of Chief of the Bureau of EMS for 3 years. He reports directly to the Director of Public Safety. Chief Romano estimates that EMS creates around \$12 million in billing a year for the City through Medicare and insurance. He has no concerns with the current EMS policies and procedures. Of those employed by the Bureau, 94% are vaccinated against the COVID-19 virus.

On behalf of Emergency Medical Services, the Office of Human Resources conducts 3 hirings a year, but it takes 3-4 months to complete the process for the EMS employee to become active. The process includes:

- Application
- Pre-agility test
- Agility test
- Background test
- Polygraph
- Oral interview
- Psych evaluation
- Medical
- Probationary period



The EMS is budgeted 166 paramedics and crew chiefs, of which there are 127 paramedics, 39 crew chiefs, 22 EMTs, 7 administrators, and 10 district chiefs (shift supervisors).

The City of Pittsburgh receives an average of 150 calls directed to the EMS in a 24-hour period. Due to the rate of calls and Bureau need, Chief Romano would like additional staff of 16 paramedics and 8 EMTs, resulting in 2 additional ALS (Advanced Life Support) units and 1 additional BLS (Basic Life Support) unit. The department currently runs with 13 ALS, 3 BLS, and 1 River Rescue Coverage employee 24 hours a day.

Shifts and Coverage

The EMS runs on 12-hour shifts (12 hrs. on/12 hrs. off). In a 24-hour period, there are 16 ambulances, 2 rescue, and 1 river rescue personnel on duty (38 personnel during each shift). An employee may often work an 18-hour shift to cover for someone who is off or on sick leave. Working 18-hour shifts to cover deficiencies has impacted morale and increased overtime pay. There are nearly 33 employees who need to be covered for various reasons. There are currently 22 medics on workers' comp/family leave, 4 medic vacancies, 1 EMT on workers' comp leave, and 4 EMT vacancies.

Retention

Retaining staff has become an issue for the EMS. The Bureau receives applicants from out-of-state areas, such as Ohio and Maryland, due to its reputation of being a premiere location and the various specialty areas covered. Nonetheless, these applicants often move back to their areas of origin. An Office of Human Resources analyst estimates a loss of 1.5 employees a month.

Fleet and Storage

Currently, the EMS holds 10 outside parking spaces, placing the vehicles in the elements. Chief Romano suggests using a warehouse to store and protect the vehicles. The inside garage utilized by the EMS holds 7 stocked ambulances, 4 motorcycles, and 2 bicycles, which are all only used for special events, and 3 large ambulances for disasters.

The EMS currently depends on the ELA (Equipment Leasing Authority) to provide units. Each unit costs approximately \$350,000 and has a special box design so that all trucks are the same for better efficiency during calls.



There was no order placed for trucks in 2021 and no order for receipt in 2022 due to budget constraints. Chief Romano stated that constantly rotating between the new and old trucks can be risky, and the age of the current fleet is highly concerning to him.

There are an estimated 1 or 2 ambulances that were manufactured in 2013. The fleet includes 13 ALS trucks, the oldest of which was manufactured in 2017. Although a 2017 model does not seem outdated, high mileage impacts the performance of even the newer models. The scuba truck was manufactured in 1987, and the rescue truck was manufactured in 1982. Spare trucks are used weekly to provide routine preventive maintenance to the newer vehicles. Chief Romano suggested that the current Fleet Manager needs to be operational and not just a "bean counter."

Chief Romano was very candid and provided additional information regarding his concerns for the current fleet in a post-meeting email.

Comments from Chief Romano Via Email 10/20/21

"I believe that we need three new ALS ambulances every year to continue a solid rotation. By not receiving any new ALS units for two years and no adjunct vehicles, it increases the need and cost into the next year.

I now need nine ALS ambulances for 2023 at almost three million dollars. (Need to order now for 2023 due to ordering window.)

Frontline fleet continues to age and increase in mileage, and the spare trucks age also, causing breakdowns and prolonged out-of-service time while switching. (Two hours to switch unit on each end.)

In summary, the EMS Fleet needs to be addressed."







Findings

Fleet

The most glaring risk for this Bureau is the age and maintenance of outdated service vehicles. With budget constraints in 2021 and 2022, the EMS has not been able to place an order for new trucks. Completion of an order takes several months, potentially placing the Bureau in a position of not seeing relief until late 2023, if then. Providing additional covered storage may have a positive impact on maintaining existing vehicles.

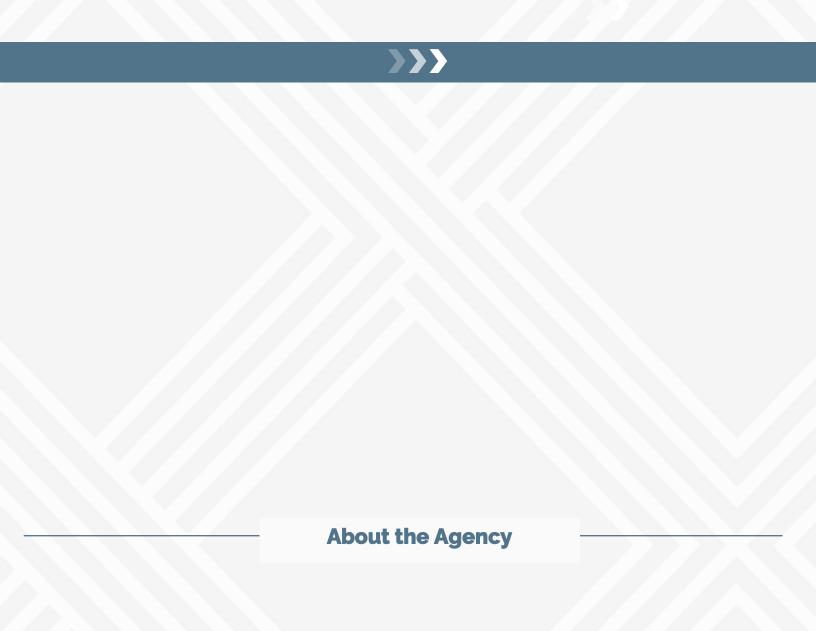
Personnel

Morale is low and impacted by both COVID-19 restrictions and the need for personnel to regularly work 18-hour shifts to cover varying staff deficiencies.

Training for new employees on basic rescue and vehicle rescue, a 3-week course, is needed.

Retention is a problem for the EMS. Low staff morale will exacerbate this issue and can be addressed through changing shifts, providing necessary training for new employees, and encouraging and educating staff on Mental Health Services provided by the City.









Ronald V. Romano, EMT-P, Chief

Bureau of Emergency Medical Services

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Enabling Legislation

§ 116.01 - BUREAU CHIEFS AND DIRECTOR OF PUBLIC SAFETY

• BUREAU CHIEFS

- The Department of Public Safety consists of the Police Bureau, the Fire Bureau, the Emergency Medical Services Bureau, and the Administration Bureau. Each of the bureaus that make up the Department of Public Safety shall be under the charge of a Chief who shall be the head thereof and shall have the same powers as a department director as defined in Chapter 111 of this Code.
- Wherever the terms "Superintendent or Chief of Police," "Fire Chief" or "Director or Chief of Emergency Medical Services," "Chief, Emergency Operations Center," or "Chief, Administration Bureau" appear elsewhere in the Pittsburgh Code, these terms shall be deemed to be equivalent to the heads of major administrative units as defined in the Pittsburgh Home Rule Charter.
- The Bureau of Animal Care and Control falls within the jurisdiction of the Director of Public Safety.

DIRECTOR OF PUBLIC SAFETY

- o In addition to the bureau chiefs set forth above, there shall be one (1) Director of Public Safety for the Department who shall be generally in charge of coordinating the various bureaus in addition to the specific duties and powers set forth below and who shall also serve as the Chief of the Administration Bureau.
- Although the responsibilities of the Director of Public Safety differ from a traditional department director due to the focused scope of the powers and



duties set forth herein, the position of Director of Public Safety shall also be appointed by the Mayor and shall be subject to confirmation of the City Council as provided for in Section 209 of the Home Rule Charter. An acting Director of Public Safety may likewise be designated by the Mayor to serve for a period of up to ninety (90) days by written designation filed with the City Clerk and Controller.

- A bureau chief may simultaneously serve as the Director of Public Safety;
 however, the position is not required to be filled by a bureau chief.
- The Director of Public Safety shall provide for and administer the Bureau of Animal Care and Control.

(Ord. 1-1985, eff. 1-1-85; Am. Ord. 1-1998, eff. 2-13-98; Ord. No. 3-2007, § 1, eff. 2- 20-07; Ord. No. 23-2010, § 2, eff. 7-16-10; Ord. No. 28-2014, § 1, eff. 12-22-14)

§ 116.02 - POWERS AND DUTIES OF BUREAU CHIEFS AND DIRECTOR OF PUBLIC SAFETY

- BUREAU CHIEFS: The chiefs of the respective bureaus of the Department of Public Safety shall have the following powers and duties:
 - o The care, management, Administration, and supervision of police, fire, emergency medical forces, and the City's emergency communication system;
 - The provision of educational programs concerning police, fire, animal care and control, and emergency medical matters to the general public; and
 - o The oversight of the police force accreditation process, the supervision of the accreditation manager and related staff or committee, and the assurance of attainment of police accreditation and continued reaccreditation.
- DIRECTOR OF PUBLIC SAFETY: The Director of Public Safety shall have the following powers and duties:
 - Directing liaison activity with other City departments and public safety agencies;
 - Holding internal disciplinary hearings and/or making employee disciplinary decisions as set forth in the various bureau union contracts and/or applicable law;
 - Coordinating the public safety bureaus during emergencies, which shall include but not be limited to the authority to make decisions regarding evacuations and/or quarantines subject to applicable law;



- o Enforcing the City's nuisance property laws;
- o Signing contracts on behalf of the Department; and
- Performing such other related tasks and duties that are assigned by the Mayor as required.

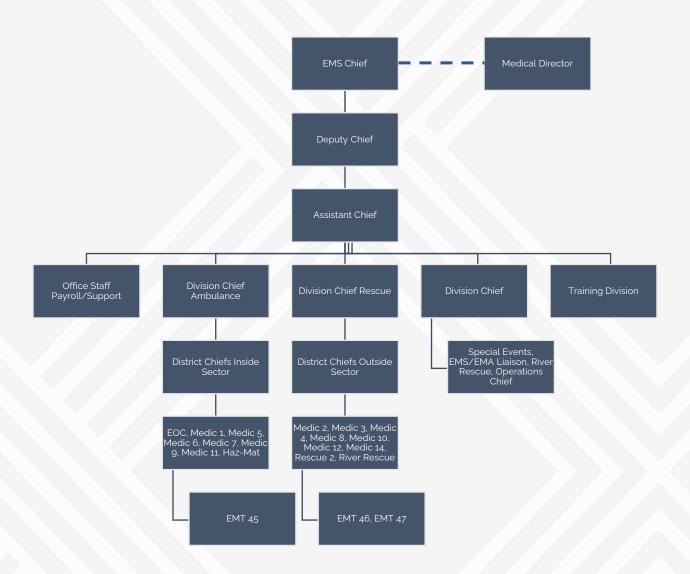
Mission

The Bureau of Emergency Medical Services (EMS) is dedicated to the reduction of morbidity and mortality of residents and visitors through the provision of Advanced Life Support prehospital care, medically directed Technical Rescue, and transportation of the ill and injured.





Organizational Chart



Descriptions of Services

The Bureau of EMS provides advanced life support, pre-hospital care, and transportation for the sick and injured through the deployment of advanced life support ambulances, each staffed by Pennsylvania Department of Health Certified Paramedics. In addition to the advanced life support units, the bureau also maintains basic life support ambulances staffed by Pennsylvania Department of Health Certified Emergency Medical Technicians.



With advanced training and technology, the Bureau of EMS is delivering cutting-edge care by providing new treatment modalities that allow for more effective recognition and treatment of heart attacks, strokes, cardiac arrest, and a number of other life-threatening conditions. For patients experiencing ST Elevation Myocardial Infarction (STEMI), the EMS has the ability to screen and directly transmit an EKG to the receiving hospital and activate the cardiac catheterization laboratory prior to arrival, greatly reducing the time to definitive treatment.

The Bureau of EMS also provides integrated medically directed rescue for vehicle accidents, industrial accidents, high- and low-angle rope rescues, confined space emergencies, building collapse, elevator emergencies, and others. The base service is comprised of two specially equipped rescue trucks, each staffed by two paramedics, operating 24 hours a day. All Pittsburgh paramedics are trained and certified for vehicle and basic rescue practices. Those paramedics assigned to the Rescue Division receive additional rescue training and certifications. The Bureau of EMS is also an integral part of three joint public safety teams: River Rescue, SWAT, and the Hazardous Materials (Hazmat) Team. For each team, the EMS provides an administrative and leadership role as well as a cadre of highly qualified personnel and instructors.

Special Operations:

For **River Rescue**, the EMS provides two Paramedic Public Safety SCUBA divers to staff the units. The Bureau of Police assigns an officer/helmsman who provides a law enforcement component to the units. This unit conducts port security and safety patrols on a routine basis.

For the **SWAT Team**, the EMS provides trained Tactical EMS (TEMS) personnel who have undergone all of the required SWAT training in addition to specialized treatment under fire training. They respond as an integral element of the SWAT Team to multiple incidents, such as barricaded persons, high-risk warrants, and dignitary protection.

For the **Hazmat Team**, the EMS participates with the Bureaus of Fire and Police, providing personnel trained and certified to the Hazardous Materials Technician level for entry, evaluation, mitigation, and decontamination. The EMS also provides the required medical monitoring for pre-entry and post-entry for an incident.



The Bureau of Emergency Medical Services also provides the following services to the community:

- Special Event coverage (Heinz Field, PNC Park, PPG Paints Arena, etc.) average 90
 events per month using ambulances, EMS motorcycles, bicycles, boats, and medical
 carts
- First aid and CPR/AED training
- Child car seat inspection and education program
- Envelope of life (EOL) program
- Stroke awareness
- Community and senior center visits for vital sign and glucose evaluations
- High school career days
- Middle school mentoring program
- Pittsburgh Public Schools Emergency Response Technology Education
- Diversity recruitment campaign
- Vaccination clinics (PODS) for influenza and pneumonia
- Clinical field education to paramedic students in the University of Pittsburgh
 Emergency Medicine Program
- Clinical field education to emergency medicine physician residents in the University of Pittsburgh Emergency Medicine Residency program
- Participation in the Resuscitation Outcomes Consortium

Pittsburgh EMS contributes personnel to the following joint specialty response teams:

Joint Public Safety Rescue Task Force Training

Helped develop the Joint Public Safety Rescue Taskforce strategy for response to Active Threat Events with Police and Fire. This team has been conducting training for all EMS, Police, and Fire personnel since May of 2017.

Pittsburgh Public Safety Flood Response

Joint Pittsburgh Public Safety Team with Police and Fire that responds to flash flooding events.





Allegheny County Hazardous Material Response Gold Team

City of Pittsburgh Hazardous Materials Response Team is part of the Allegheny County hazardous Materials Response Program. This team is staffed jointly by EMS and Fire.

Pennsylvania Urban Search and Rescue Strike Team-1

This is a regional (Region 13) Urban Search & Rescue Strike Team and functions under PEMA as part of the in-state Urban Search & Rescue Program. Pittsburgh MS has seventeen (17) paramedics that have been selected to be part of this team. This team trains five times a year in addition to exercises.

Special Events:

Pittsburgh EMS provides Paramedic and EMT staffing for special event venues in the City of Pittsburgh:

- Major League Sports
- College Sports
- High School & Middle School Sports Races
- Holiday Events
- Community Events
- Pittsburgh Convention Center Events
- Concerts

2020 Reported Description of Services

Pittsburgh EMS met American Heart Association (AHA) Mission LifeLine metrics by getting > 75% of our patients with ST Elevation Myocardial Infarction (STEMI) into the cardiac catheterization laboratory at the hospital and their lesion vessel reopened in < 90 minutes from EMS contact.

Pittsburgh EMS executes high performance resuscitation measures and over half of persons with a bystander-witnessed cardiac arrest survive to hospital admission; 13.5% survive to discharge with good neurologic outcome. Rates of bystander CPR in Pittsburgh match



national means. Bystander CPR improves survival to discharge to survival with good neurologic function. Unfortunately, the Community CPR program was suspended due to the pandemic.

Pittsburgh **River Rescue** is staffed 24/7 by two Paramedic/Public Safety Divers and two Police Officers. The unit is responsible for safety patrols, law enforcement, surface rescue, subsurface rescue, evidence recovery, and medical response in the Pittsburgh Pool and on the three rivers.

2020 Pittsburgh River Rescue Activity:

- Training Operations = 32 Routine Patrol = 102
- Public Service Calls (disabled boat, etc.) = 64
- Hazardous Materials Response = 2
- Rescue Operation = 26
- Calls for Jumper/Possible Jumper = 125
- Body Recovery = 7
- Search Operation = 25
- Law Enforcement Response = 14
- Fire Response = 1
- Routine Patrol = 102

The Pittsburgh EMS **Tactical EMS Team (TEMS)** consists of 16 paramedics who have completed an 80-hour completive SWAT course and additional training in Tactical Emergency Medicine to provide forward medical support to the Pittsburgh Police SWAT Team on police deployments. Pittsburgh EMS TEMS also provides medical support to the Allegheny County Police SWAT Team and the Pittsburgh FBI SWAT Team.

Pittsburgh EMS TEMS responded to 151 missions in 2020.

2020 EMS TEMS Activity:

- Callouts (barricaded subject, no notice high-risk warrant, hostage situation, active shooter) = 99
- Preplanned High-Risk Search Warrant Service = 52



The Pittsburgh **EMS Motorcycle Unit** provides medical coverage at large special events, parades, and races. All members of this team have to successfully complete an 80-hour police motorcycle course and then a 40-hour annual refresher program yearly. The 2020 operations were limited due to pandemic-related shutdowns of large events.

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Agency Goals

Ischemic Large Vessel Occlusion Stroke (1st year project)

- 80% FMC to CT time < 50 minutes
- 75% of eligible patients receive reperfusion intervention

Methods to achieve:

• Quality Improvement Review, bureau-wide and small-unit education

Cardiac Arrest

• 90% compliance for post-arrest 12 Lead EKG and pressor support

Methods to achieve:

- Quality Improvement Review, small unit training course 3. STEMI:
- Maintain AHA Gold Plus status > 75% Door to Device time
- Methods to achieve: Current QI process

Crashing Patients

• Reduce Crashing Patients > 5 minutes after contact to < 5% of system cardiac arrests

Methods to achieve:

Current QI process

Maintain COVID-19 enhancements/surge operations as long as the pandemic persists

Strategies to achieve goal:

• Adhere to current plan and protocols

How success will be measured:

• Continuing operations throughout the pandemic



Performance Metrics



Performance Metrics



See Agency Goals Section









	2021	Rate/	Hours/		2021	2022	Rate/	Hours/	202
Title	FTE	Grade	Month	В	Budget	FTE	Grade	Month	Budge
EMS Chief	1	125,113	12	\$ 12	25,113	1	133,280	12	\$ 133,28
Deputy Chief		107,478			10.702		123,975	12	123.97
Assistant Chief		105.254		10	05.254		116.858	12	116.85
Division Chief	3	95,526	12	28	36,577	3	107,713	12	323,13
Patient Care Coordinator (start Sept.)	1	41.34	4	2	28,660	1	46.53	12	96,77
District Chief	10	41.34	2,184	90	02,794	10	46.53	2,184	1,016,15
Crew Chief	39	36.8822	2,080	2,99	91,884	39	37.9886	2,080	3,081,63
Paramedic	127	see below	2,080	8,15	50,726	127	see below	2,080	8,570,78
Senior Emergency Medical Technician	6	19.7485	2,080	24	46,461	6	20.3410	2,080	253,85
Emergency Medical Technician	22	19.4372	2,080	88	39,446	22	20.0204	2,080	916,13
Total Uniformed Employees	211			\$13,8	37,617	211			\$14,632,59
Assistant I, Administrative	2	U02-G	12	\$ 7	70,542	2	U02-G	12	\$ 72,65
Total Full-Time Permanent Positions	213			\$13,9	08,159	213			\$14,705,2
FAPP Paramedic Hourly Rates					2021				202
Paramedic - 5th Year				\$ 34	4.2922				\$ 35.321
Paramedic - 4th Year				3	0.4944				31.409
Paramedic - 3rd Year				2	6.8834				27.689
Paramedic - 2nd Year				2	3.2350				23.932
Paramedic - 1st Year				2	3.2350				23.932
Total Full-Time Permanent Positions	213			\$13,9	08,159	213			\$14,705,2
Temporary, Part-Time, and Seasonal Allowances	_				_	_			-
Vacancy Allowance						_			-
Total Full-Time Positions & Net Salaries	213			£42 0	08,159	213			\$14,705,2



Budget



Expenditures 11 - PERSONNEL-SALARIES & WAGES 51101 - Regular 51111 - In Grade 51201 - Longevity 51203 - Allowances	\$	20,268,711 \$ 13,428,890	Budget 18,818,796 \$	Budget	(Decrease)	Change
51 - PERSONNEL-SALARIES & WAGES 51101 - Regular 51111 - In Grade 51201 - Longevity	\$		18,818.796			
51101 - Regular 51111 - In Grade 51201 - Longevity	\$		18,818,796			
51111 - In Grade 51201 - Longevity		13,428,890	, , ,	19,438,523 \$	619,727	3.3%
51201 - Longevity			13,908,159	14,705,256	797,097	
• •		_	180,000	_	(180,000)	
51203 - Allowances		633,000	630,000	622,000	(8,000)	
		7,279	7,000	7,000	_	
51205 - Uniform		268,800	252,000	253,200	1,200	
51207 - Leave Buyback		153,522.29	100,000.00	100,000.00	_	
51401 - Premium Pay		5,777,220	3,741,637	3,751,068	9,431	
2 - PERSONNEL-EMPLOYEE BENEFITS		5,175,060	5,264,900	5,625,882	360,981	6.9%
52101 - Health Insurance		2,611,620	2,742,455	2,709,276	(33,179)	
52111 - Other Insurance/Benefits		302,494	315,940	335,340	19,400	
52201 - Social Security		1,505,211	1,391,375	1,499,250	107,875	
52301 - Medical-Workers' Compensation		93,540	93,544	123,633	30,089	
52305 - Indemnity-Workers' Compensation		341,660	372,723	669,848	297,125	
52315 - Workers' Compensation-Fees		20,856	20,864	12,534	(8,330)	
52601 - Personal Leave Buyback		277,930	290,000	238,000	(52,000)	
52602 - Tuition Reimbursement		16,554	38,000	38,000	_	
52605 - Retirement Severance		5,194	_	_	_	
3 - PROFESSIONAL & TECHNICAL SERVICES	5	46,088	43,100	43,100	_	-%
53101 - Administrative Fees		_	1,000	1,000	_	
53301 - Workforce Training		17,558	5,000	5,000	_	
53501 - Auditing & Accounting Services		1,243	_	_	_	
53509 - Computer Maintenance		1,634	11,000	11,000	_	
53701 - Repairs		23,282	26,100	26,100	_	
53905 - Prevention		2,372			_	
4 - PROPERTY SERVICES		3,900	5,500	37,000	31,500	572.79
54101 - Cleaning		3.881	5,500	5,500	0.,550	0,2.,,
54513 - Machinery & Equipment		19	-	31,500	31,500	
55 - OTHER SERVICES		10,547	13,200	13,200	51,500	-%
55201 - Telephone		177	1,200	1,200	_	/*
55301 - Employment Related		2.860	1,200	1,200		
55305 - Promotional		7,510	12,000	12.000		
66 - SUPPLIES		583,539	873,500	936,500	63,000	7.2%
56101 - Office Supplies		27,904	20,000		63,000	1.276
			20,000	20,000	_	
56103 - Freight 56151 - Operational Supplies		1,891 524,534	775,000	838,000	63,000	
					03,000	
56301 - Parts		9,938	4,500	4,500	_	
56351 - Tools		7,205	15,000	15,000	_	
56401 - Materials		2,130	5,000	5,000	_	
56501 - Parts 56503 - Repairs		9,936	15,000 39,000	15,000 39,000	_	

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Budget



	2020	2021	2022	Increase/	%	
	Actual	Budget	Budget	(Decrease)	Change	
Expenditures						
57 - PROPERTY	77,342	43,500	189,500	146,000	335.6%	
57501 - Machinery & Equipment	74,912	43,500	189,500	146,000		
57571 - Furniture & Fixtures	2,430	_	_	_		
58 - MISCELLANEOUS	_	1,363,810	1,363,810	_	-%	
58101 - Grants	_	1,363,810	1,363,810	_		
Expenditures Total \$	26,165,186 \$	26,426,306 \$	27,647,515 \$	1,221,209	4.6%	









The Pittsburgh EMS Highly Infectious Disease Transport Team was re-tasked shortly before the onset of the pandemic with the following missions: to support bureau-wide operations and to support containment and mitigation measures with the Allegheny County Health Department and the Allegheny County Department of Human Services. Two (2) of these specialty support units were placed into operation 24/7 to:

- Provide infection control training, advice, and technical support to units in the field
- Provide additional personnel in Maximum Level PPE to assist with high-risk patient care requiring resuscitation and airway procedures
- Assist field units with proper donning & doffing of PPE and personnel and vehicle decontamination
- Assist with containment strategies by collecting COVID-19 testing samples for the Allegheny County Health Department for persons under investigation in the community
- Facilitate transportation of vulnerable persons to isolation/quarantine facilities
- Resupply field units with PPE as needed

The units conducted 50 testing missions throughout Allegheny County for the Allegheny County Health Department and tested at total of 180 individuals. ECHO units relocated 78 vulnerable/at risk individuals to a safe quarantine/isolation facility for the Allegheny County Department of Human Services.

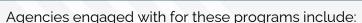
EMS Health Programs and Training

Public Health Programs:

Pittsburgh EMS works with our community partners to develop the following public health programs to develop a more medically resilient community and reduce morbidity and mortality.

- Narcan Leave Behind Program
- Infant Safe Sleeping Initiative
- Car Seat Inspection & Installation Program
- Community CPR/AED Training
- COPE Program (suspended in 2020 due to the pandemic)





- Allegheny County Health Department
- Prevention Point of Pittsburgh
- Mercy Behavioral Health
- Operation Safety Net
- SafeCribs®
- Allegheny County Department of Human Services
- Pennsylvania Department of Health

Acute Stroke Care:

Pittsburgh EMS initiated a new Stroke Care Quality Improvement Program to optimize stroke management and "prime the pump" to push patients through the stroke system to care to a reperfusion intervention. This program included the introduction of a Stroke Bundle of Care and time metrics to achieve a goal of < 50 minutes from EMS contact to CT Scan time to maximize the opportunity for stroke intervention. Assistant Chief Pinchalk participated in the development of a national position paper on pre-hospital stroke systems of care. (Suspended in 2020 due to the pandemic.)

Training Division:

Pittsburgh EMS Training delivers quality improvement focused training to improve the quality of care being provided to our patients.

2020 Training Sessions included:

- Core Resuscitation Competency Training
- Pediatric Advanced Life Support Recertification
- Pennsylvania Department of Health Online Con-Ed modules
- Infection Control Just in Time Training
- Police Recruit Medical Training
- New Hire Introduction Training





2020 Accomplishments

Despite a national shortage of paramedics, aggressive recruiting efforts by Pittsburgh EMS resulted in only a 2.5% vacancy rate for Paramedic positions. There was a 17.9% vacancy rate for Emergency Medical Technician (EMT) positions. Two (2) additional Paramedics and four (4) EMTs were hired and started work in January 2021.

The EMT units that provide basic life support continue to evolve and become a vital part of the system. The EMT program began in May 2017. EMT units saw a 11.7% increase in call volume in 2020 while the system as a whole had a 10.2% decrease in call volume. The EMT units have been invaluable in decompressing the system and increasing ALS unit availability.

- Pittsburgh EMS was a regional leader in planning and response operations for COVID-19 and assisted our local, county, and regional public safety partners with planning and training for COVID-19 operations. Through the end of 2020, Pittsburgh EMS treated 725 test-confirmed COVID-19 patients. For the year, a total of 19 field providers tested COVID positive (10.9% of the system), and no providers required hospitalization. Of the positives, most cases were believed to be community- or family-acquired, and only a couple of cases could be linked to a patient care encounter. This is a testament to training and the Pittsburgh EMS Infection Control Plan developed for COVID-19.
- Pittsburgh EMS was awarded the AHA Gold Plus Recognition Award for the third year in a row!
- Pittsburgh EMS outperformed the Western Pennsylvania Region, Pennsylvania, and National Benchmarks for cardiac arrest resuscitation outcomes. Thirty-seven percent of our cardiac arrest patients survived to hospital admission, and 10.2% were discharged with good neurological function. Nearly a third of our patients with shockable rhythms (Ventricular Fibrillation) were discharged with good neurological function.
- Pittsburgh EMS received Pennsylvania Emergency Medical Services for Children (EMSC) recognition for Pediatric Care in 2020 at the Expert Level. To receive Master Level Recognition, the service had to meet the following metrics:
 - o Carry appropriate pediatric-specific medical equipment
 - o Have child abuse background clearances for all EMS providers
 - Provide a minimum for four (4) hours of pediatric-specific continuing education annually

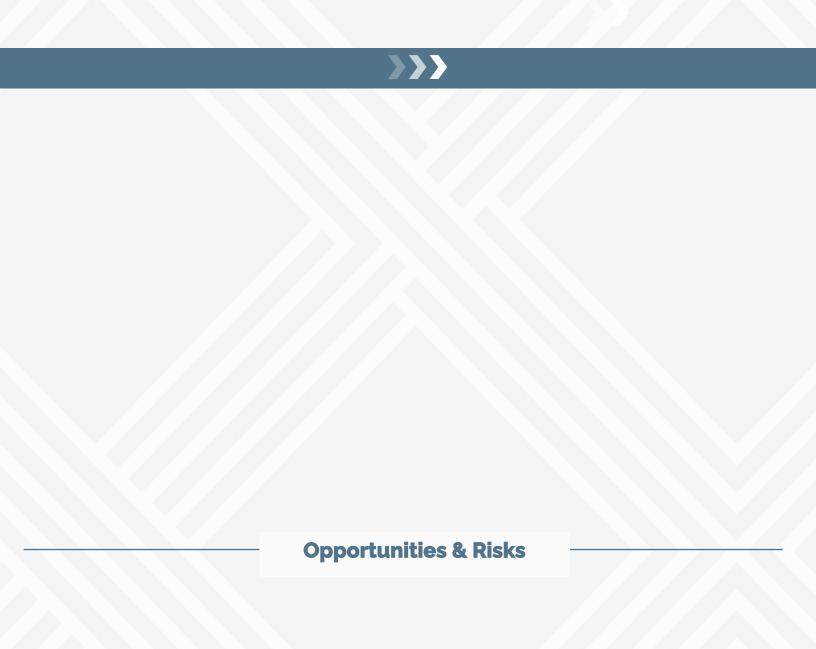


- **>>>**
- o Provide community outreach programs
- Have Child Passenger Safety Technicians trained and providing car seat safety checks to the public

2021 Accomplishments

- Supported City and County public safety and health agencies with COVID-19 training, planning, infection control, and testing
- Implemented the Pittsburgh EMS Stroke project for quality care, resulting in 42% of all stroke patients and 57% of LVO strokes receiving a reperfusion intervention
- Received the American Heart Association Mission Lifeline Gold Plus award for the fourth year in a row
- Restarted the Infant Safe Sleep program, which includes screening for safe sleeping conditions while on calls, providing education, and leaving behind cribs if needed
- Attained a 95% survival rate for penetration trauma through August







Opportunities & Risks



Risks Ahead

Fleet

Ordering new trucks in 2021 or 2022 was not allowed by the budget. Due to the amount of time it takes to receive a new truck, an order should have been placed months ago in order to receive vehicles for 2023. The constant rotation between the new and old trucks can be risky. The age of the current fleet is of high concern. There are 1 or 2 ambulances manufactured in 2013. The fleet includes 13 ALS trucks, with the oldest having been manufactured in 2017. High mileage is an issue even for the newest vehicles. The scuba truck was manufactured in 1987, and the rescue truck was manufactured in 1982. Spare trucks are used weekly to provide routine preventive maintenance to the newer vehicles.

Personnel and Shifts

EMS runs on 12-hour shifts (12 hrs. on/12 hrs. off). An employee may often work an 18-hour shift to cover for someone who is off or on sick leave. Working 18-hour shifts to cover deficiencies has impacted morale and increased overtime pay.

Retention of staff has become an issue, and the HR department estimates a loss of 1.5 employees a month.

Wilkensburgh

Wilkensburgh is a Burrough next to Pittsburgh that currently contracts with the Bureau of Fire for one-unit coverage. There have been talks for EMS to also cover Wilkensburgh, which the Chief believes would require an additional ALS and BLS unit. Chief Romano believes coverage with the limitations of existing units would prove dangerous for the City of Pittsburgh by leaving a huge gap in normal coverage for the City.







Reports



None.

