



Perry County
PENNSYLVANIA

ORGANIZATION ASSESSMENT AND STRATEGY RECOMMENDATIONS

PERRY COUNTY EMS
PERRY COUNTY, PA

PREPARED BY
ROBB CONSULTING, LLC

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TABLE OF CONTENTS

Executive Summary Page 3

Background Page 6

Strategy Recommendations — Communications

 Objective 1: Implement Communications PlanPage 17

Strategy Recommendations — Organizational Governance

 Objective 2: Form a hybrid regional EMS Commission.....Page 20

 Objective 3: Establish a community EMS advisory board.....Page 25

 Objective 4: Develop consistent and reliable funding.....Page 28

Strategy Recommendations — Operations

 Objective 5: Develop Staffing Plan.....Page 36

 Objective 6: Develop an Apparatus Replacement Plan.....Page 50

 Objective 7: Develop a Fleet Maintenance Plan.....Page 56

Strategy Recommendations — Workforce Development

 Objective 8: Develop a Workforce Recruitment and Retention plan.....Page 60

Strategy Recommendations — Emergent Community EMS and Health

 Objective 9: Create a Perry County EMS and Community Health Coalition.....Page 64

 Objective 10: Expand the existing Community Paramedicine ProgramPage 67

Strategy Recommendations — Future Considerations

 Objective 11: Evolve into a Municipal Emergency Services Authority.....Page 69

 Objective 12: Future of the Volunteer Fire ServicePage 71

Work Plan.....Page 74

Appendices

 Appendix 1: Stakeholder EngagementPage 76

 Appendix 2: Maps.....Page 77

 Appendix 3: Survey ResultsPage 86

 Appendix 4: Acronyms and TerminologyPage 89

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EXECUTIVE SUMMARY

PURPOSE

The purpose of the project was to collaborate with the officers and members of Perry County Emergency Medical Services (EMS) Council and Strategic Planning Committee to assess the existing EMS system and identify and recommend governance and operational objectives for the future success of the system. At the time of the assessment, there was no current strategic plan in place for the EMS system in Perry County. The leadership of the volunteer EMS departments working through the EMS Council and Strategic Planning Committee and the Perry County Commissioners agreed an outside assessment to provide recommendations, guidance for change, and new initiatives would be helpful in charting a path forward.

ROBB Consulting, LLC (ROBB) was retained to accomplish this task. The focus of this assessment and strategy recommendations report is to develop objectives that would be adopted by the EMS departments in cooperation with one another, the County of Perry and local municipalities to promote and advance a strong cooperative working relationship.

ROBB was tasked to assess the following core areas:

- Organizational Governance and Administration
- EMS Operations
- Capital Assets
- Communications and Community Relations

HOW DID WE DETERMINE YOUR NEEDS?

Through a series of first-person interviews, small group interviews, and an online survey as well as a review of existing organizational and operational data and practices, ROBB identified objectives and recommended outcomes that will advance the county's EMS departments, Perry County, and municipal governments, which is legislatively required to provide fire and emergency medical services.

OUR GOALS FOR YOU TO SUCCEED

As a result of the assessment, the resulting twelve objectives listed in this report have been developed that ROBB envisions will strengthen the volunteer EMS departments and will position the County and local municipalities to better support the EMS system over the next three years.

1. Implement a communication plan to build support for the future of EMS in Perry County.
2. Form a hybrid regional EMS Commission for the day-to-day governance and management of the EMS system.
3. Establish a community EMS Advisory Board to build community support.
4. Develop consistent and reliable funding for the short-term and long-term health of the EMS system.
5. Develop a twenty-four hour a day, seven day a week staffing plan to provide timely service to the public.
6. Adopt an apparatus replacement plan to make better capital decisions.
7. Adopt a fleet maintenance plan to get the best use out of the EMS system's apparatus and equipment.
8. Develop a workforce recruitment and retention plan to develop the next generation of EMS professionals.
9. Create a Perry County EMS and Community Health Coalition for a healthy, safe community.
10. Develop a Community Paramedicine Program to bring follow-up health care and community health directly to the patient.
11. Evolve into a Municipal Emergency Services Authority to path a solid course for the future.
12. Start thinking about the future of the volunteer fire service in Perry County.

OUTCOMES

This assessment and its strategy recommendations outline the best course of action for the future success of the EMS departments in Perry County and provide a solid foundation for the start of a new series of discussions on the future of EMS. By implementing the recommendations identified in this assessment, Perry County can develop and expand a stronger, more resilient 9-1-1 EMS system in the next three to five years. Fundamental to achieving this outcome is creating greater visibility and transparency by improving communication to develop and maintain a higher level of trust among all stakeholders. By strengthening county-wide relationships and working together, Perry County EMS departments, county and municipal officials, business and school leaders and the volunteer fire departments will be able to quickly adapt to the outside forces and challenges that impact people and communities like yours across the country every day. At the end of the day, ultimately the people of Perry County need to support what is best for all of their families, neighbors, and businesses.

BACKGROUND

Historical and Contemporary Community Overview

Perry County was created on March 22, 1820 as the 50th county in Pennsylvania. It was named for Oliver Hazard Perry, a hero of the War of 1812, who had recently died. It was originally part of neighboring Cumberland County but was created because residents did not want to travel over the mountain to the county seat of Carlisle. Landisburg served as the temporary county seat before New Bloomfield became the official county seat of Perry County.

Perry County has nine boroughs, including: Blain, Duncannon, Landisburg, Liverpool, Marysville, Millerstown, New Bloomfield, New Buffalo, and Newport. It also has twenty-one townships and numerous unincorporated communities. New Bloomfield continues to serve as the county seat. The county is also served by five school districts, Greenwood School District, Newport School District, Susquenita School District, West Perry School District and Fannett-Metal School District, which is located in Franklin County, but covers parts of Perry County.

The county has a total area of 556 square miles, of which 551 square miles is land and 4.1 square miles is water. The county terrain is formed by the Appalachian Mountain ridges which run from southwest to northeast across the county. The Blue Mountain Ridge delineates the border between Perry and Cumberland counties. The county's water resources, including the Juanita River, drain into the Susquehanna River which forms almost all of the county's eastern boundary.

Perry County's economy is primarily agricultural, with various farmers markets, roadside stands, farm produce stands, food festivals, meat stores, and plant nurseries present throughout the county.

Perry County is home to many attractions, including the following:

- Perry County Community Fair
- Tuscarora State Forest
- Little Buffalo State Park
- Historic downtowns
- The Susquehanna and Juniata Rivers
- Hidden Valley Scout Reservation
- Hawk Rock and the Appalachian Trail
- Spiral Path Farm
- Hursh's Blueberry Farm
- Conoco View Dairy
- Buddy Boy Winery
- Historic downtowns

Because Perry County is located within Pennsylvania’s capital region and South Central Pennsylvania region and sits approximately ten minutes northwest of the state capital, the City of Harrisburg, major transportation routes crisscross the county. Pennsylvania State Routes 11/15 and 22/322 handle tens of thousands of personal and commercial vehicles daily. The east-west mainline of Norfolk Southern Railroad sees dozens of freight trains daily and Amtrak’s Keystone Corridor Harrisburg to Pittsburgh passenger trains. Additional large amenities in the area (e.g., casinos, museums, parks, sports teams, performing arts theaters, and universities) contribute to the public safety demands of the county’s EMS and fire department and the communities they serve.

Perry County Demographics

In 2022, Perry County was home to 3,135 veterans (2,882 male, 253 female). In 2023, the estimated population was 46,083 according to the U.S. Census.

Population Data (2000, 2010, 2020)

Population						
Race	2000		2010		2020	
	Population	Percentage	Population	Percentage	Population	Percentage
White	42,965	98.54%	44,314	96.40%	42,838	93.40%
Black or African American	187	0.43%	598	1.30%	289	0.63%
Native American	51	0.12%	138	0.30%	50	0.11%
Asian	43	0.01%	230	0.50%	139	0.30%
Pacific Islander	91	0.21%	N/A	N/A	3	0.01%
Other/Mixed	N/A	N/A	N/A	N/A	1,611	3.51%
Hispanic or Latino	265	0.61%	689	1.50%	912	2%
Total Population:	43,602	100%	45,969	100%	45,842	100%

Sources: 2000, 2010, and 2020 Censuses

Population Data by Age (2000, 2010, 2020)

Population						
Age Range	2000		2010		2020	
	Population	Percentage	Population	Percentage	Population	Percentage
Under 18 years old	10,290	23.60%	9,515	20.70%	11,690	25.50%
19-64 years old	24,330	55.80%	27,984	58.70%	28,514	62.20%
65 years and older	8,982	20.60%	9,470	20.60%	5,638	12.30%

Sources: 2000, 2010, and 2020 Censuses

Historical Housing Data

Year	Total Housing Units
2000	18,941
2010	20,041
2020	20,041

Source: U.S. Census Bureau QuickFacts: Perry County, Pennsylvania

EMS Service Delivery

EMS delivery in Pennsylvania, like the state’s fire services, has been challenged over the years to find its place at the table of basic government services. With increasing challenges, in 2008, the General Assembly of the Commonwealth of Pennsylvania enacted House Bills No. 1131, 1133, 1134, and Senate Bill 987, amending the borough, first-class township, second-class township, and third-class city codes.

By doing so, a clause was added to those respective municipal government codes stating municipalities “shall be responsible for ensuring that fire and emergency medical services are provided within the municipality by the means and to the extent determined by the municipality, including the appropriate financial and administrative assistance for these services. The municipalities shall consult the fire and emergency medical service providers to discuss the emergency service needs of the municipality and shall require any emergency services organization receiving funds to provide an annual itemized listing of all expenditures of these funds before considering budgeting additional funding.”

To attain the delivery of optimum EMS services, municipal governments must recognize and accept the responsibility to fulfill the obligation to provide appropriate guidance and direction to the following:

- Overseeing the formation process of the organization of EMS services.
- Ensuring that the EMS service organization reflects the public interest.
- Protecting the EMS service from undesirable external interference.
- Determining basic policies for providing services.
- Legally defining the duties and responsibilities of service providers.
- Operating with transparency and accountability.

Section 3-1 of the National Fire Protection Association (NFPA) 1201, *Standard for Delivering Fire and Emergency Services to the Public*, identifies this authority and responsibility as follows:

“The government agency responsible for establishment and operation of the fire department shall adopt a formal statement (by laws, resolution, or statute) of purpose and policies for the fire department that includes the type and levels of services that are to be provided, the area to be served, and the delegation of authority to the fire chief and other officers to manage and operate the fire department.”

In 2001, the NFPA proposed a deployment standard for volunteer fire and EMS departments that was successfully adopted as *NFPA 1720, Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations and Special Operations to the Public*. Response time and staffing benchmarks throughout the standard are based on a community’s population density. A community may have more than one response benchmark based on varying population densities and/or demographics.

This national deployment standard does not, however, recognize local issues, conditions, service demands, or community needs. One example is population density. The larger the population density is per mile the higher the rate of 9-1-1 services needed compared to those communities which are less dense. Communities should adopt realistic response expectations based on local needs and conditions. NFPA 1720 serves as a goal and should only be utilized as a foundation for a community to establish its own service level goals.

Perry County Emergency Services Delivery System

Emergency Management and 9-1-1 Organization (County and Municipal)

Emergency Management and 9-1-1 Communications in Perry County is provided by the **Perry County Communications/EMA** department. The department is staffed by one full-time director and one full-time assistant director/9-1-1 coordinator. The department is located in the basement of the Perry County Courthouse in New Bloomfield.

BACKGROUND CONTINUED

For emergency management, the department is the county commissioners disaster team during day-to-day and major emergency events. The **EMA division** of the department helps communities and citizens *mitigate* against, *prepare* for, *respond* to, and *recover* from emergencies including natural disasters, acts of terrorism, or other human-made disasters. The department, working with municipal emergency management, coordinates all local activities, programs, and activities for the community.

In addition to nineteen local coordinators, the county recognizes two regional municipal emergency management groups:

- Western Perry Emergency Management Agency (5 municipalities)
- Eastern Perry Emergency Management Agency (6 municipalities)

For 9-1-1 Communications, the **Communications division** is a full service, all-hazards, 24-hour a day 9-1-1 Public Safety Answering Point (PSAP). All municipal police, Pennsylvania State Police, fire, and emergency medical calls for service come to the dispatch center. It operates 24 hours a day and is staffed by seven full-time and 14 part-time dispatchers. All county police, fire companies and ambulances are dispatched by radio from this location, utilizing five remote tower sites. The communications center and the remote tower sites are all supported by emergency generators in the event of a major power outage.

Perry County 9-1-1 Municipal PSAP Coverage includes the following:

Blain Borough	Liverpool Borough	Penn Township
Buffalo Township	Liverpool Township	Rye Township
Carroll Township	Marysville Borough	Saville Township
Centre Township	Miller Township	Southeast Madison Township
Duncannon Borough	Millerstown Borough	Spring Township
Greenwood Township	New Bloomfield Borough	Toboyne Township
Howe Township	New Buffalo Borough	Tuscarora Township
Jackson Township	Newport Borough	Tyrone Township
Juniata Township	Northeast Madison Township	Watts Township
Landisburg Borough	Oliver Township	Wheatfield Township

In addition to the Perry County municipalities listed, the county's 9-1-1 Center provides coverage to portions of Greenwood and Susquehanna townships in Juniata County and Reed Township in Dauphin County.

Perry County Emergency Services is located at 2 East Main Street, New Bloomfield, PA 17068.

In addition to the county's fire, EMS, sheriff's office, municipal and state police, the county also recognizes the following public safety organizations who support the county and its emergency service needs:

- Perry County Animal Rescue Team (CART)
- Tuscarora Wildland Fire Crew (Team 13)
- Grain Bin Rescue Task Force (5 fire departments)
- Perry County Firemen's Association
- Perry County EMS Council
- Perry County Healthcare Coalition

Emergency Medical Services

9-1-1 Emergency Medical Services (EMS) are provided by nine non-profit, volunteer EMS departments working independently. The EMS departments provide Basic Life Support (BLS) and Intermediate Advanced Life Support (IALS) services. The EMS departments are staffed by a combination of volunteers and full-time, part-time, and per diem career staff. In addition to these EMS services, the county receives advanced life support (ALS) services from two health care affiliated EMS departments: Community Life Team EMS and Penn State Life Lion EMS.

Perry County EMS Departments

Department	Station Address	
Blain EMS	4 E. Main Street	Blain, PA 17006
Duncannon EMS	16 Shermanta Drive	Duncannon, PA 17020
Landisburg EMS	301 Faculty Avenue	Landisburg, PA 17040
Liverpool EMS	309 N. Market Street	Liverpool, PA 17045
Millerstown EMS	7 N. Market Street	Millerstown, PA 17062
New Bloomfield EMS	215 South Carlisle Street	New Bloomfield, PA 17068
Newport EMS	50 S. 3rd Street	Newport, PA 17074
Shermans Dale EMS	260 Richwine Road	Shermans Dale, PA 17090
East Pennsboro EMS	750 South Humer Street	Enola, PA 17025

Perry County Advanced Life Support EMS Departments

Department	Station Address	
Community Life Team UPMC	215 South Carlisle Street	New Bloomfield, PA 17068
Penn State Life Lion EMS	16 Shermanta Drive	Duncannon, PA 17020

Due to the ongoing challenges within the EMS system, Perry County has lost 2 ambulance services since 2014.

Department	Year Out of Business
Marysville EMS	2014
Ickesburg EMS	2018

A review of the Perry County EMS Stations and Station Drive Times maps show a large gap in coverage in the area of Perry County served by Ickesburg EMS. In response to that, *a robust QRS service, developed in collaboration with Ickesburg Fire Company should be considered.*

BACKGROUND CONTINUED

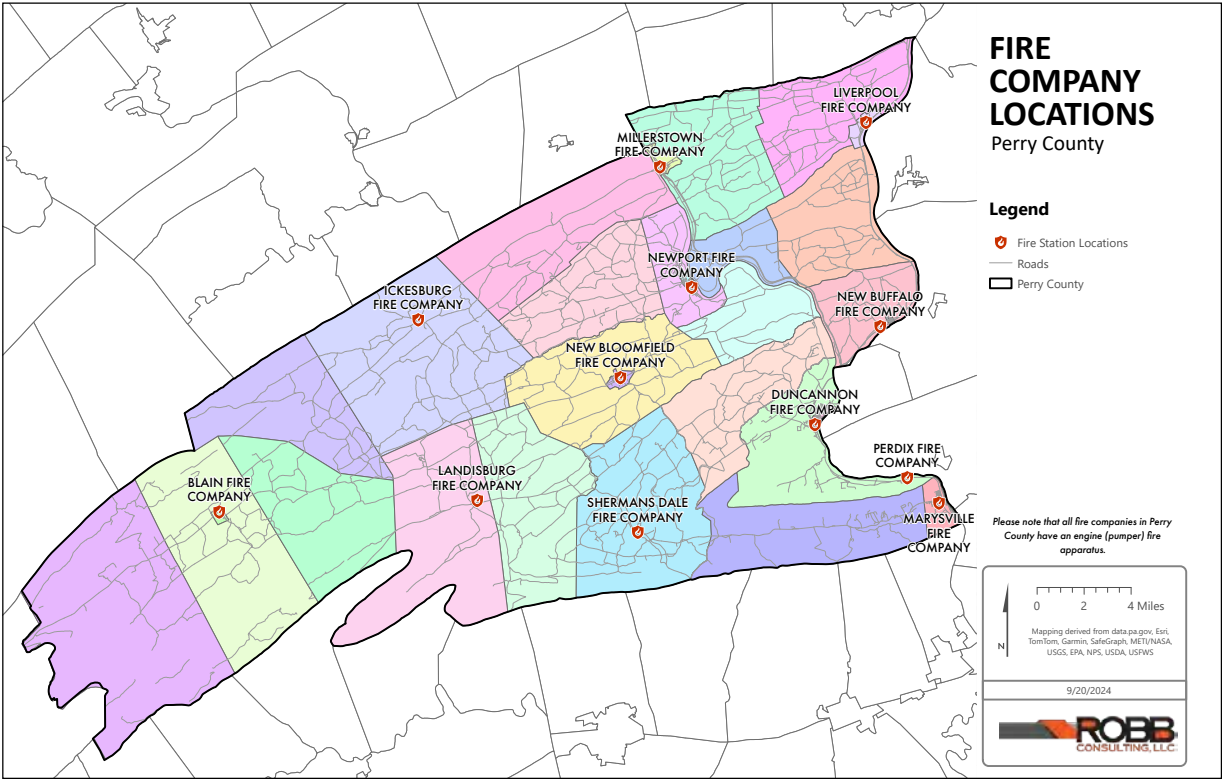
Fire Services

9-1-1 fire rescue services are provided by twelve non-profit, volunteer fire departments working independently of one another. Staffing for the fire departments is 100% volunteer.

Perry County Fire Departments

Department	Station Address	
Blain Fire Company	4 East Main Street	Blain, PA 17006
Duncannon Fire Company	101 Cumberland Street	Duncannon, PA 17020
Ickesburg Fire Company	10350 Raccoon Valley Road	Ickesburg, PA 17037
Landisburg Fire Company	301 Faculty Avenue	Landisburg, PA 17040
Liverpool Fire Company	309 North Market Street	Liverpool, PA 17045
Marysville Fire Company	326 Cameron Street	Marysville, PA 17053
Millerstown Fire Company	7 North Market Street	Millerstown, PA 17062
New Bloomfield Fire Company	215 South Carlisle Street	New Bloomfield, PA 17068
New Buffalo Fire Company	146 Old Trail Rd	Duncannon, PA 17020
Newport Fire Company	301 Mulberry Street	Newport, PA 17074
Perdix Fire Company	2 Firehouse Road	Duncannon, PA 17020
Shermans Dale Fire Company	5450 Spring Road	Shermans Dale, PA 17090

Fire Station Map



BACKGROUND

Perry County Survey Analysis of Current Emergency Management System

To further inform the state of Perry County Emergency Services, Perry County Commissioners agreed to gather objective information from impacted stakeholders via a survey open to a designated number of emergency services stakeholders. From August 21 - September 8, 2023, the “Perry County Emergency Services Survey” invited 344 stakeholders to provide their perspectives to help leaders better understand blind spots, areas of opportunity, and areas of challenge within their EMS community.

The result showed that Perry County EMS enjoys significant foundational strengths on which to build. Respondents commented that strong community ties and engagement exist. Emergency services benefits from local knowledge of dedicated volunteers who provide compassionate care, enhancing the overall effectiveness of operations. Respondents believe they have a culture of collaborating, cooperating, and working together creatively to address issues as they arise. However, while passion and dedication are strong, financial constraints and the need for sustainable funding pose challenges to maintaining and improving emergency services in the county. Finally, volunteers and staff seem committed to their communities and are willing to make sacrifices to bolster the county’s emergency services.

Careful analysis of the survey data offers the following summary:

- 1. A lack of awareness exists about the current state of emergency services in Perry County**
 - While respondents recognize adequate staffing as a challenge, they lack a clear sense of the health of both their own organizations and the collective emergency services landscape county wide. Respondents indicate a lack of consensus around the financial sustainability of Emergency Services providers. They also lack consensus around how well the current operating model supports effective coordination and collaboration and communication and information sharing practices among different Emergency Services groups. In addition, the results indicate a lack of shared consensus regarding the satisfaction level with how Emergency Services currently operates and how at-risk Emergency Service providers are of closing. Finally, the survey results indicate significant gaps or misalignment between the perspectives held by “Leadership and supervisors” and those held by all other respondents in those same areas.

- 2. Emergency Service providers lack a sense of urgency about change** – The lack of awareness translates into a lack of shared urgency around risk of closing with just over 50% of respondents feeling that emergency services providers in the county are at risk of closing. Note that 75% of respondents identifying their EMS group as Life Lion indicated that emergency services providers in Perry County were either extremely at risk or very at risk of closing. All other Life Lion responses align statistically with all other survey question responses.
- 3. Opportunity to influence stakeholders exists, but skepticism remains** - The highest scores on the survey indicate respondents are interested in and open to new approaches, with a desire to focus on an operating model that enhances professional staffing and promotes financial stability for emergency responders. In addition, the results indicate a double-digit number of respondents hold a neutral perspective on 10 of the 11 current and future state survey questions. This represents a significant opportunity to create more support from impacted stakeholders as this effort evolves. At present, Perry Co. leaders lack definitive support for centralized coordination of emergency services and only 44% feel really confident that a new operating model will improve overall emergency service. However, comments indicate strong dissatisfaction with two areas: (1) the equity of the current process used to distribute funds to emergency services providers, and (2) the reliability of communication technology in use by emergency services providers.

This section “Strategy Recommendations” outlines twelve recommendations along with recommended actions in several key focus areas – Communications, Organizational Governance, Operations, Workforce Development, Emergent Community EMS and Health, and Future Considerations – to achieve in order to move Perry County EMS providers toward a successful future.

STRATEGY RECOMMENDATIONS – COMMUNICATIONS

Objective 1: Implement Communication Plan

RECOMMENDED ACTIONS

- Determine key audiences
- Build support for the future of EMS
- Implement appropriate communication strategies

A multi-faceted communications strategy will be critical to the success of Perry County’s solution to provide emergency medical services on a long-term, sustainable basis. The goal of the communications program for Perry County’s EMS project is to raise awareness of the state of emergency services in the county and generate support for the solution proposed by the county to sustain and improve high-quality emergency services.

To build support for the future of EMS, it is crucial that stakeholders understand the concerns about the current EMS model in the county; the financial sustainability of EMS departments in the county; and the significant challenge that agencies are facing to recruit and retain adequate volunteer and career EMS staff.

Likewise, it is essential that stakeholders are informed about the county’s plan to ensure that the long-term future of EMS is secure for citizens and visitors. Moving forward, actions and communication will bring credibility to the county’s new EMS system model and will remedy the challenges of the current system – including financial stability and staffing.

Determine Key Audiences

Key audiences identified for the communication program include:

- Emergency services stakeholders – *EMS agency and fire company leaders, personnel, volunteers and auxiliary members*
- Municipal leaders – *Elected officials in the municipalities served by emergency service providers*
- County opinion leaders – *Other community leaders who are influential to public opinion (ex: business leaders; school administrators; religious leaders; non-profit organization leaders)*

STRATEGY RECOMMENDATIONS – COMMUNICATIONS

Objective 1: Implement Communication Plan CONTINUED

- Community health partners - *Leaders of other healthcare and human services organizations within the county*
- County residents – *The community at-large*
- County employers – *Employers in the county*
- News media – *Local digital, broadcast and print news media outlets*

Implement an Appropriate Communication Plan

Upon adoption of a recommended path by the Strategic Planning Committee and The Perry County EMS Council, these stakeholders should aspire to build and execute a communication plan to achieve the following:

- Obtain support for the proposed EMS solution by emergency services stakeholders, municipal leaders, county opinion leaders and community health partners
- Inform and educate county residents and employers on the state of emergency services in the county (using data from the emergency services study)
- Inform and educate county residents and employers on the proposed EMS solution

Communication Tactics

The following communications tactics are recommended to achieve those outcomes:

- **Branding**
 - Create a brand identity for the initiative to build awareness and recognition
- **Key Messaging**
 - Develop key messages and FAQs
 - Equip community EMS advisory board with talking points
- **Website**
 - Develop and launch a public education website
 - Include functionality to receive questions
 - Establish a process to respond to questions

STRATEGY RECOMMENDATIONS – COMMUNICATIONS

Objective 1: Implement Communication Plan CONTINUED

- **Presentations**
 - Presentations to emergency services stakeholders
 - Presentations to municipal leaders
 - Presentations to other community opinion leaders
 - Presentations to community health partners
 - Presentations to county residents and employers
- **Media Relations**
 - Conduct outreach to news media outlets
- **Stakeholder Communications**
 - Deliver updates to key stakeholder audiences on a regular basis
 - Deliver updates to the broader community via articles provided to municipalities to publish on their newsletters/websites
- **Social Media**
 - Provide social media posts for municipal social channels

Task Assignment:

The objective should be put into action by the president and executive director/EMS chief of the participating EMS departments in conjunction with the Perry County Commissioners and the Perry County EMS Council Strategic Planning Committee.

Timeline: Year 1

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 2: Form a hybrid regional EMS Commission

RECOMMENDED ACTIONS

- Pursue a regional approach to governance and management of EMS
- Form an EMS Commission to manage the day-to-day operations and staffing needs of the participating EMS departments
- Commission members should be a diverse group of local stakeholders
- If Commission disbands, assets will be returned to the participating agencies

EMS departments in Perry County are managed by a combination of volunteers officers elected or appointed by the department membership or existing board, citizens or businesspersons from the community, and full-time and part-time administrative and operational staff.

During the interview process, all the representatives from the eight county-based EMS departments interviewed stated that these existing governance and administrative models are probably not sustainable long-term. Each department works independently of each other, and governing boards and administrative and operations staff sometimes make decisions based on the day's current challenge. The ability to plan strategically and long-term is lost when the basic goal of the day is make sure ambulances are staffed not by day, but sometimes from shift to shift.

The current assessment process has created an ideal opportunity for the Perry County Emergency Medical Services (EMS) Council and Strategic Planning Committee, working hand-in-hand with the existing county based 9-1-1 EMS departments, county and municipal governments and local stakeholders, to **pursue a regional approach to assist with managing the EMS system in Perry County**. To accomplish this objective, the county EMS departments who want to participate and work together should promote the **formation of a hybrid regional EMS commission** along with the County and municipal governments.

The regional EMS Commission would **manage the day-to-day operations and staffing needs of the participating EMS departments**. By adopting a regional approach, several goals could be accomplished. First, a hybrid system would bring multiple stakeholders together to *work as a team*. Second, by working collaboratively, a *higher level of trust would be created*. Third, the collaborative approach would lead to a *consistent and dependable governance and administrative model* that is

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 2: Form a hybrid regional EMS Commission

CONTINUED

needed to sustain a strong, long-term, home-town EMS system. Fourth, it would relieve each of the 30 boroughs and townships in Perry County from having to develop a solution separately for the delivery of EMS in their communities. In the future, it could lead to the establishment of additional services such as grant writing.

At the start, the Commission would be made up by a representative of the participating EMS departments, a representative of the Perry County Board of Commissioners, one representative from five municipal government districts, and a citizen-at-large. At its inception, these participants would be the charter members of the Commission.

In addition to the voting members, there would be non-voting members participating in the Commission. Non-voting members may include an overall EMS executive manager along with a representative from the County Communications/EMA department. Once established, the Commission may find itself growing. Some municipal governments may want to contract for services and not have a representative. The Commission may consider some type of non-voting representation for the contractual municipalities. This will give the contractual municipalities ownership in the system and a place to provide input.

With the proposed Commission assuming the day-to-day operations and staffing needs of the proposed regional EMS system, it is envisioned that full-time management would be needed comprised at the beginning of four positions. The positions would include the Commission and management team and could be housed within the existing Perry County Communications/EMA department.

In the event that the commission is formed, a breakdown of the governance, management, and financial responsibilities of the commission and each EMS company needs to be determined. This gives every participant a clear picture of what can be expected going forward and further supports the “this is not a merger” statement. As one participant in the assessment process said it best, “Think of this as universal management and financial support to the current EMS system.” A starting point for discussion is identified in two charts in the Supporting Documents with ideas provided by several EMS department board members. One thought for start-up funding for the County and local municipalities

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 2: Form a hybrid regional EMS Commission
CONTINUED

is eventually implementing the proposed fee for service model (proposed in Objective 11) to fund the EMS system long-term on a per parcel or per capita basis.

One option not available at this time is an outright merger of any of the existing EMS departments in the county. The reasons reported varied, but the main reason given is that the existing EMS departments would frown upon the idea of “giving up” their department. This also includes transferring or donating any assets to the proposed Commission in the beginning. Several interviewees made it clear that they need to sustain the existing EMS departments and slowly build on areas of agreement. Strategy recommendations are designed with those concerns taken into consideration. As recommendations are successfully implemented, the level of trust will increase, and additional project goals could be taken to strengthen the EMS system.

SUPPORTING DOCUMENTATION

Sample Hybrid Regional EMS Commission Membership

Commission Members - Voting	Number
Participating EMS Departments	1 per each participating agency
County Commissioner representative	1
Municipal District 1 representative	1
Municipal District 2 representative	1
Municipal District 3 representative	1
Municipal District 4 representative	1
Municipal District 5 representative	1
Citizen-at-Large	1
Total:	9 minimum
Commission Members – Non-voting	
EMS Executive Director/CEO/Manager	1
County EMA/9-1-1 Department	1

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 2: Form a hybrid regional EMS Commission
CONTINUED

Sample Commission EMS Staff

Commission – EMS Staff
Executive Director
Administrative Manager
Operations Chief
Logistics and Supply Chief

Sample Commission Responsibilities

Commission Responsibilities
Commission management and financial duties
Level of Service (minimum one ambulance in-service per department 24 hours a day 7 days a week)
Centralized staff scheduling
Coordinate community engagement and outreach
Competitive wages, health insurance, paid time off, retirement
All other non-employee insurances including workers compensation
Centralized supplies and equipment (centralized ordering, storage, and logistics)

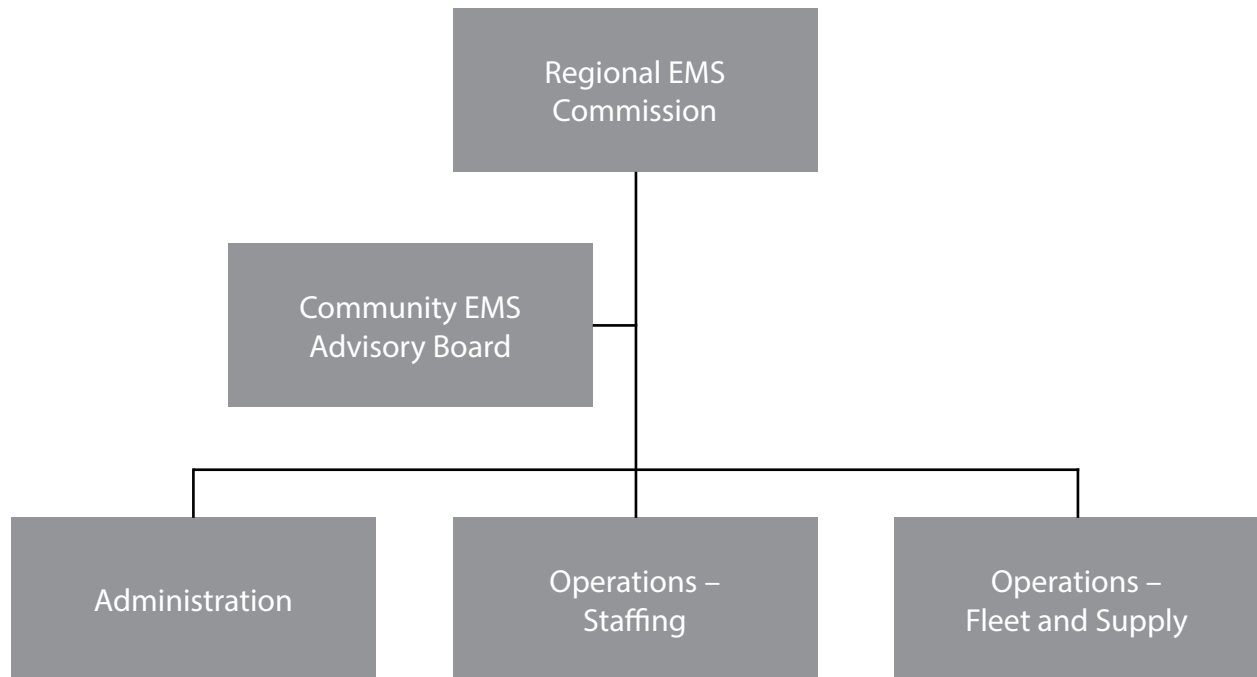
Sample EMS Departments Responsibilities

EMS Departments Responsibilities
Billing
Quality Assurance (QA), clinical oversight and standards
Maintenance, repairs, insurance and fuel
Collaborative remittance billing income to the Commission for staffing and benefits
Maintenance, repairs, utilities, mortgages, rent and or other costs for buildings and grounds

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 2: Form a hybrid regional EMS Commission CONTINUED

Sample Governance Organizational Chart



Task Assignment:

The actions should be started by the president and executive director/EMS chief of the participating EMS departments in conjunction with the Perry County Commissioners.

Timeline: Year 1

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 3: Establish a Community EMS Advisory Board

RECOMMENDED ACTIONS

- Increase communication and build better relationships among the county's EMS departments, county government, municipal governments, and the community
- Assist with advancing objectives of the assessment
- Membership shall include a diverse mix of citizens, community leaders, business leaders, and school district leaders
- Shall meet quarterly and report to the regional EMS Commission

The newly formed EMS Commission, working with its partners, should **establish a Community EMS Advisory Board**. What is an advisory board or advisory committee? It is a type of sub-board or sub-committee of the proposed EMS Commission and consist of representatives of the public who meet on a regular basis with representatives of the proposed EMS Commission. Its purpose is to build and foster partnerships among those who provide the 9-1-1 EMS services and those who rely every day on the quick and effective response of the EMS departments for a safe community.

There are two primary goals for the community EMS advisory board:

1. **To increase communication and build better relationships** - During the interview and survey process, it was evident that engaging the community to educate them on the challenges of managing, funding, and maintaining an EMS system was a top priority for the officers and members of the EMS departments. As in most places, there is an assumption that people understand how public safety is delivered and how municipal and county government works. Unfortunately, this is not necessarily true. Most interviewees reported that the community has no idea what they do on a day-to-day basis nor how much work it takes to run a successful EMS department or an EMS system. Most importantly, many community members have no idea the people answering their call for help in some cases are volunteers.
2. To provide broad-based input into the planning and decision-making process to **assist with advancing the objectives of this assessment**. With the rural, small-town nature of Perry County, the county's municipal governments do not have the personnel or resources to provide EMS or fire services on their own. This advisory board can evaluate the broad range of stakeholder interests that are affected by a specific objective presented in the report and allows for in-depth and focused involvement and input from all stakeholders. As communities

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 3: Establish a Community EMS Advisory Board
CONTINUED

change and the emergency medical service, fire, and emergency management needs evolve, funding needs typically change as well. Costs will continue to rise. This group can also be the information and educational resource for the development of consensus when and where it is needed for resolving these complex issues that affect the broader community.

The membership of the advisory board should consist of a **minimum of seven (7) members with a broad range of experience**. This small group size allows for greater accountability and flexibility, both in terms of ideas and scheduling. Members can build greater trust among themselves and a stronger sense of ownership. Smaller groups also tend to outperform larger teams.

As with any working group, having the correct mix of participants is especially important along with the correct number. The group must not only have a perspective for today but also a historical perspective. Remembering where emergency services came from helps inform where services need to be today and in the future. Remember the community is who the EMS department serves, so ensuring the residents and businesses are represented is very important.

Once appointed, the advisory board members will propose a chairperson, vice chairperson, and secretary from within its membership ranks, with approval by the Commission. The Board shall be considered a sub-board to the EMS commission, shall exist to support the administrative, business, and operational needs of the EMS commission, and **shall meet and report back to the EMS departments and municipal governments on a quarterly schedule**.

SUPPORTING DOCUMENTS

Sample Community EMS Advisory Board Membership

Members	Number
Citizen representatives	2
Business representatives	2
School District representatives	2
Member-at-large	1
Total:	7

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 3: Establish a Community EMS Advisory Board CONTINUED

Sample Advisory Board Member Qualifications

Suggested qualifications for consideration may include, but are not limited to, the following:

21 years of age and older
Perry County resident
Perry County business owner
Knowledgeable about the local community
Has a diverse background and expertise (public safety, business management, finance, human resources)

Task Assignment:

The objective should be put into action by the Vice Chairperson of the EMS Commission in conjunction with the County Commissioner member and the Perry County business community.

Timeline: Year 1

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 4: Establish consistent and reliable funding

RECOMMENDED ACTIONS

- Increase EMS department's ability to plan strategically with consistent and reliable funding
- Increase funding immediately or annually for two consecutive years to minimize impact

During the interview process, it was evident that most of the interviewees who were not currently nor previously involved in emergency services didn't understand how the fire and EMS systems are funded in Pennsylvania. In order to provide additional knowledge, an overview of the funding system is needed.

In Pennsylvania, the current funding system that provides operating revenue to volunteer fire departments, ambulances, and rescue squads is typically received from four sources:

- Fundraising
- Act 84 (also known as Volunteer Firefighter Relief Associations)
- Local government
- Insurance billing including private insurance, Medicare, and Medicaid

The first source is the volunteer organization itself. Through public dinners, raffles, bingo, mail solicitation, and other fundraisers, volunteer fire companies, ambulances, and rescue squads have traditionally raised funds on their own.

Two challenges typically go along with this model. The first challenge is that few people recognize that fundraising requires considerable staff hours. Those fundraising staff hours are in addition to the hundreds of hours each year the men and women of the organization already volunteer in the EMS departments of Perry County and the community. These hours include attending training and providing emergency medical care for the sick and injured, standby services for community events, providing fire ground support for large fire incidents, and many other public safety services. The second challenge is the lack of everyone in the community helping to pay for a service they may need at some point in time. Not everyone buys a raffle ticket, attends the carnival, or attends a public dinner.

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 4: Establish consistent and reliable funding CONTINUED

The second source of operating revenue of the current funding system is contributions to the volunteer fire department, ambulances, and rescue squads from the Pennsylvania Foreign Fire Insurance Tax program. Commonly referred to as Act 84 funds, the annual allotment from the state passes through the municipal government's general fund to the volunteer fire department, ambulance, or rescue squad's affiliated volunteer firefighter's relief association (VFRA). The Commonwealth of Pennsylvania levies this tax on out-of-state (also known as "foreign") insurers and then passes the revenue to local municipalities for several uses, including fire-rescue funding.

The local municipality is required by law to pass the funds to the volunteer fire department, ambulance, rescue squad's affiliated volunteer firefighter or ambulance relief association that serves its jurisdiction. The state statute also provides for the management and audit of these funds and limits how a Fire and EMS department may spend those funds. This funding source fluctuates year to year based on taxes collected. ***In Pennsylvania, volunteer and career staffed EMS organizations do not directly benefit from this funding source.*** There are a handful of EMS department relief associations in existence in Pennsylvania. However, by act of the legislature, no new EMS relief associations may be formed. ***In Perry County, none of the eight county-based EMS departments have a dedicated relief association.***

The third source is local government. In some communities across Pennsylvania, volunteer fire departments, ambulances, and rescue squads receive minimal financial support from the municipal government. In other communities, significant financial support is provided. In many cases, this is a direct result of the financial ability of the community to generate funds. If a municipal government does contribute, they have several methods at their disposal to generate revenue. These revenue sources include the following:

- General fund tax revenue
- Dedicated fire tax revenue
- Dedicated EMS tax revenue
- Local services tax revenue
- And more recently, generating revenue by creating rate-setting entities.

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 4: Establish consistent and reliable funding Continued

Perry County EMS departments are faced with the same financial challenges that EMS departments, both statewide and nationally, struggle with daily. Three items are at the top of the list. First, voluntary ambulance club solicitation or membership drives lack community participation. Second, cost increases to maintain 9-1-1 services (staff, benefits, apparatus, equipment, supplies, and training) are becoming unsustainable. Finally, insurance payments, whether private insurance, Medicare, or Medicaid, only cover a percentage of the total cost of an EMS call. There is a significant difference in what is billed by an EMS department and what is actually collected. Insurance provides for fixed number for the service provided to the patient. Insurance does not cover 100% of the total cost of the delivery of EMS services to the community.

One municipal government interviewee asked, “Why do we need to worry about long term funding?” Simply put, for any EMS department to be successful, **consistent and reliable funding from municipal government is needed** to plan strategically, both over the short- and long-term. Even if an organization has been around for decades and is going strong, its financial sustainability still makes sense to enable effective planning. During the survey interview process, county leaders including business leaders, recognized the need to financially support the efforts of EMS departments.

In Perry County, EMS departments data show voluntary solicitation or membership drives have steeply declined over the past decade. Over the last ten years, the EMS department’s voluntary annual solicitation or membership drive has averaged only 24% or less of residential and commercial uses contributed to the fund drive. In other words, only one out of four users of the EMS system in Perry County provided financial support. EMS departments have indicated that financial reserves are expected to be depleted within the next two years.

In simple terms, Perry County’s EMS departments already are regional EMS services. Each of the EMS departments cover multiple municipalities. With the proposed regional Commission, municipal officials will need to agree upon and adopt a fair and equitable cost sharing funding formula to contribute to the operation of the EMS departments. This will include direct funding for day-to-day operations and funding for capital projects. The funding agreement must be determined by municipal officials collectively working together.

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 4: Establish consistent and reliable funding
Continued

With the answer to these two questions in hand and a cost sharing plan agreed upon, a budget development and approval process can be implemented. With a consistent and reliable funding plan in place, the EMS department’s finances will become more secure, which will directly impact the following:

- The ability of leadership, staff, and members of the EMS departments to focus on the real work of providing high quality emergency medical care.
- Improved efficiency over time within the organization.
- Greater resilience within the organization to address challenges when they arise.

The end result will be a sustainable funding program at the proper financial levels to cover the day-to-day operations, short-term capital needs, and long-term capital needs of the EMS departments.

SUPPORTING DOCUMENTS

2024 Ambulance Subscription Membership Rates

EMS Department	Individual	Family	Senior Single	Senior Couple	Extended (Visitors)	Community Service Organizations	Business
Blain EMS	\$100	\$140					\$165
Duncannon EMS	\$80	\$95	\$65	\$80	\$60	\$200	\$450
Landisburg EMS	\$100	\$140					\$165
Liverpool EMS	\$100	\$140					\$160
Millerstown EMS							
New Bloomfield EMS							
Newport EMS							
Shermans Dale EMS	\$80	\$98	\$70				\$130
East Pennsboro EMS	\$80						

Source: EMS Departments

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 4: Establish consistent and reliable funding Continued

Annual Residential Fund Drive Support per EMS Department

EMS Department	Residential Solicitation	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Blain EMS	Total Residential Solicitations Mailed	1382	1483	1380	1311	1312	1447	1605	1420	1370	1457
	Total Residential Solicitations Returned	454	470	467	440	463	458	455	446	455	453
	% Success for Residential Mailings	33%	32%	34%	34%	35%	32%	28%	31%	33%	31%
Duncannon EMS	Total Solicitations Mailed		4066	4084	4124	4130	4140	4088	4101	4087	4091
	Total Solicitations Returned		775	767	755	766	751	732	707	724	660
	% Success for Residential Mailings		19.06%	18.78%	18.31%	18.55%	18.14%	17.91%	17.24%	17.71%	16.13%
East Pennsboro EMS	Total Residential Solicitations Mailed			2000	2000	2000	2000	2000	2000	2000	2000
	Total Residential Solicitations Returned			408	370	364	402	340	359	347	337
	% Success for Residential Mailings			20%	19%	18%	20%	17%	18%	17%	17%
Landisburg EMS	Total Residential Solicitations Mailed							2960	2940	3046	4529
	Total Residential Solicitations Returned					1232	1212	1201	2880	675	1114
	% Success for Residential Mailings							40%	22%	22%	25%
Liverpool EMS	Total Residential Solicitations Mailed								1600	1600	1600
	Total Residential Solicitations Returned								363	386	382
	% Success for Residential Mailings								23%	24%	24%
Shermans Dale EMS	Total Residential Solicitations Mailed						2537	2808	2689	2692	2702
	Total Residential Solicitations Returned						627	605	632	662	635
	% Success for Residential Mailings						25%	21%	24%	25%	24%

Source: EMS Departments

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 4: Establish consistent and reliable funding
Continued

Annual Residential Fund Drive Percentage of Return per EMS Department

EMS Department	Residential Solicitation	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Blain EMS	% Success for Residential Mailings	33%	32%	34%	34%	35%	32%	28%	31%	33%	31%
Duncannon EMS	% Success for Residential Mailings		19%	19%	18%	19%	18%	18%	17%	18%	16%
East Pennsboro EMS	% Success for Residential Mailings			20%	19%	18%	20%	17%	18%	17%	17%
Landisburg EMS	% Success for Residential Mailings							40%	22%	22%	25%
Liverpool EMS	% Success for Residential Mailings								23%	24%	24%
Shermans Dale EMS	% Success for Residential Mailings						25%	21%	24%	25%	24%

Source: EMS Departments

Overall Combined Percentage of Return

Overall Combined Percentage of Return	24%
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Source: EMS Departments

Average Revenue and Expenses 2019 to 2022

Average Annual Day-to-Day Operating Budgets*	Totals
Average Annual Revenue	\$596,759.62
Average Annual Expenses	\$537,348.84
Average Surplus	\$59,410.78

Source: EMS Departments

*Does not include capital expenses nor capital reserve expenses

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 4: Establish consistent and reliable funding
Continued

Program Cost Sharing Examples – Based on 2022 Assessed Value

Assessed Value*

Municipality	Total Assessed Value	Percentage of Total Budget
Municipality A	\$167,057,000	31.4%
Municipality B	\$235,968,000	44.3%
Municipality C	\$129,416,000	24.3%
Total	\$532,441,000	100%

**For illustrative purposes only*

Population*

Municipality	Population	Percentage of Total Budget
Municipality A	4,317	41.5%
Municipality B	3,586	34.5%
Municipality C	2,490	24%
Total	10,393	100%

**For illustrative purposes only*

5-year Average Call Volume*

Municipality	Total Call Volume	Percentage of Total Budget
Municipality A	1,444	48.5%
Municipality B	942	31.7%
Municipality C	589	19.8%
Total	2,975	100%

**For illustrative purposes only*

STRATEGY RECOMMENDATIONS – ORGANIZATIONAL GOVERNANCE

Objective 4: Establish consistent and reliable funding
Continued

Assessed Value, Population, and Call Volume*

Municipality	Average of Combined Totals	Percentage of Total Budget
Municipality A	40.5%	40.5%
Municipality B	36.8%	36.8%
Municipality C	22.7%	22.7%
Total	100%	100%

**For illustrative purposes only*

Millage Rate*

Assessed Value	Millage Rate	Estimated Revenue
\$3,105,738,829	1.00	\$3,105,739
\$3,105,738,829	1.25	\$3,882,173
\$3,105,738,829	1.50	\$4,658,608
\$3,105,738,829	1.75	\$5,435,042
\$3,105,738,829	2.00	\$6,211,477

Source: County Tax Assessment **For illustrative purposes only*

Per Parcel*

Total Parcel Count	Estimated Funding Needs	Flat Fee Per Parcel
22,841	\$1,000,000	\$43.78
22,841	\$1,500,000	\$65.67
22,841	\$2,000,000	\$87.56
22,841	\$2,500,000	\$109.45
22,841	\$3,000,000	\$131.34
22,841	\$3,500,000	\$153.23
22,841	\$4,000,000	\$175.12
22,841	\$4,500,000	\$197.01
22,841	\$5,000,000	\$218.90

Source: County Tax Assessment **For illustrative purposes only*

Task Assignment: The objective should be put into action by the County Commissioners and municipal governments with the support of the EMS Commission and EMS Advisory Committee.

Timeline: Year 1-2

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 5: Develop Staffing Plan

RECOMMENDED ACTIONS

- Create a reliable staff component for the delivery of 9-1-1 EMS
- Minimum of one staffed ambulance 24 hours a day 7 days a week per EMS department

Over the last few decades, EMS departments and the state's fire service across Pennsylvania have dealt with a dwindling number of volunteer members. One of the specific differences between EMS and the fire service is call volume. In some cases, EMS responds to four times more 9-1-1 calls for service annually than the fire service does in most regions of the United States. The high call volume makes it difficult to maintain a 100% volunteer staffed EMS service.

With the call data, staffing data, and staff salary and benefits provided, an evaluation of the current staffing model was completed. The evaluation reinforced the need to **create a reliable staff component** for the proposed EMS system and the delivery of 9-1-1 EMS.

The following summarization of the situation, based on provided data, provides an interesting insight to EMS in Perry County.

1. Based on incident data from 2020-2023, approximately 54% of the call volume for Perry County EMS departments is of a high priority. This would suggest that **54% of the time that EMS is utilized, a higher level of training and resources is required**. We can assume, based on incident demands, that this can equate to a longer return to service time.
2. With the specific service call data, we can generalize that, based on EMS totals for 2023, the nine (9) services serving the county averaged just short of **three incidents per 24-hour period**. With an average return to service time for the county of 01:19:08, one of the communities could be relying on second or third due service for EMS response for approximately four hours out of every 24 hour shift. With total response times in the immediate first due area ranging from 11:47 to 17:12 (14:02 average), second or third due response times could easily approach the 20-minute mark.
3. Although the National Association of State EMS Officials (<http://www.NASEMSO.org>) has published reports that indicate no significant increase in health or death rates related to a two-minute response time increase, there is also data in the same report that shows **decreased mortality and increased survivability for decreased response times**. Despite their assertion though, a response time in excess of 20 minutes for a second or third due mutual aid incident or even an average of 14:02 total response time for first due responses, falls short of the NFPA Standard.

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 5: Develop Staffing Plan Continued

4. Concerning response time standards and data, we **should be examining data at the 90th percentile rather than the average**. This would be consistent with the NFPA Standard and provide a more significant picture of the county service(s) ability to effectively handle the county’s call volume.
5. Based on turnout times provided for each service, it becomes apparent which services are reliant on paid per call or volunteer (possibly respond from home) providers. Per NFPA 1710, EMS is held to a more efficient turnout time standard than fire department. Per the data provided, **there are no county services that come close to the 60 second standard**. This is consistent among many EMS services and can be attributed not only to ignorance of the standard but also a lack of regular (or daily) oversight of most agencies, based on the interview process and data provided.
6. A closer look at individual service call data may provide a different scenario for future staffing. However at the present time, the following options exist for the 24 units, noting that regardless of the FT staffing model chosen, **peak unit hours should be established in eight (8) hour increments (0700 – 1500 and 1500 – 2300)**:
 - Twenty-four hour staffing is possible at all stations for a primary rig. With the average call volumes considered in this basic assessment, it appears that a 24/48 rotation would have a negative impact for full-time employees. However, 24/48 shift staffing would most likely limit part-time or volunteer/paid on call responders to peak time, transport, PTO replacement or last-minute fill-in status. A 24/48 staffing model could also have immediate or future FLSA implications and would be on a continually rotating (traditional fire department) schedule.
 - A 24/16 workweek would potentially provide more opportunities for part-time or volunteer/paid on call personnel and would reduce any FLSA or overtime implications. Staffing utilizing this model could take on several configurations and would likely benefit all employees with more regularity in their shift assignments. A few examples of this staffing configuration are as follows:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
0700 -0700 (24)	0700 -0700 (24)	0700 -0700 (24)	0700 - 2300 (16)	0700 - 2300 (16)	0700 - 2300 (16)	0700 -0700 (24) (PT/Vol/POC)
			2300 - 0700 (PT/Vol/POC)	2300 - 0700 (PT/Vol/POC)	2300 - 0700 (PT/Vol/POC)	

This option would require three (3) full-time shifts plus a more robust PT/Vol/POC option. FT Crews could be rotated, or shifts remain consistent.

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 5: Develop Staffing Plan Continued

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
0700 -0700 (24)	0700 -0700 (24)	0700 -0700 (24)	0700 - 2300 (16)	2300 - 1500 (16)		0700 - 0700 (24) PT/Vol/POC
				1500 - 0700 (16) PT/Vol/POC		
					0700 - 2300 (16)	
					2300 - 0700 (8) PT/Vol/POC	

This model would still require three (3) full-time shifts. While the use of PT/Vol/POC personnel is more robust than the previous example, it does provide a bit more flexibility for the PT/Vol/POC, as well as some flexibility in scheduling for full-time employees. Once again there is no need for rotation of full-time staffing, although it would not be difficult or harmful to prevent stagnation and possibly provide more options for the PT/Vol/POC group.

The final option presented was previously implemented by an EMS department in York County and utilizes four FT crews on a four-week rotation. It is predicated on a Saturday through Friday pay period. This model limits PT/Vol/POC to only two (2) available eight (8) hour shifts per week and fill in hours for PTO. It does control regularly scheduled overtime by limiting personnel to a forty (40) hour workweek.

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 5: Develop Staffing Plan Continued

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
0700 -0700 (24)	0700 -0700 (24)	0700 -0700 (24)	0700 - 2300 (16)	2300 - 1500 (16)	0700 - 2300 (16)	0700 - 0700 (24) FT
				1500 - 0700 (16)		2300 - 0700 (8)(PT/Vol/ POC)
					2300 - 0700 (8)(PT/Vol/POC)	
					2300 - 2300 (24)FT	
0700 -0700 (24)	0700 -0700 (24)	0700 -0700 (24)	0700 - 2300 (16)	2300 - 1500 (16)	0700 - 2300 (16)	0700 - 0700 (24) FT
				1500 - 0700 (16)		2300 - 0700 (8)(PT/Vol/ POC)
					2300 - 0700 (8)(PT/Vol/POC)	
					2300 - 2300 (24)FT	
0700 -0700 (24)	0700 -0700 (24)	0700 -0700 (24)	0700 - 2300 (16)	2300 - 1500 (16)	0700 - 2300 (16)	0700 - 0700 (24) FT
				1500 - 0700 (16)		2300 - 0700 (8)(PT/Vol/ POC)
					2300 - 0700 (8)(PT/Vol/POC)	
					2300 - 2300 (24)FT	
0700 -0700 (24)	0700 -0700 (24)	0700 -0700 (24)	0700 - 2300 (16)	2300 - 1500 (16)	0700 - 2300 (16)	0700 - 0700 (24) FT
				1500 - 0700 (16)		2300 - 0700 (8)(PT/Vol/ POC)
					2300 - 0700 (8)(PT/Vol/POC)	
					2300 - 2300 (24)FT	

Based on location within the county, **peak trucks should be utilized in Newport, Landisburg and East Pennsboro**. Peak trucks should be staffed for 0700 – 1500 and 1500 – 2300 shifts. This will cover peak call times for the entire county, allow for the practice of system status management or “move up” for areas experiencing increased call volume and provide a friendlier scheduling option for volunteer, paid- on-call, or part-time staff. There should be no issue to utilize non-full-time staff for twenty-four (24) shifts but in order to better manage scheduling and turnout times, all staff should be required to be in person and “on duty”. Response from home, if it is presently permitted, should be eliminated.

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 5: Develop Staffing Plan Continued

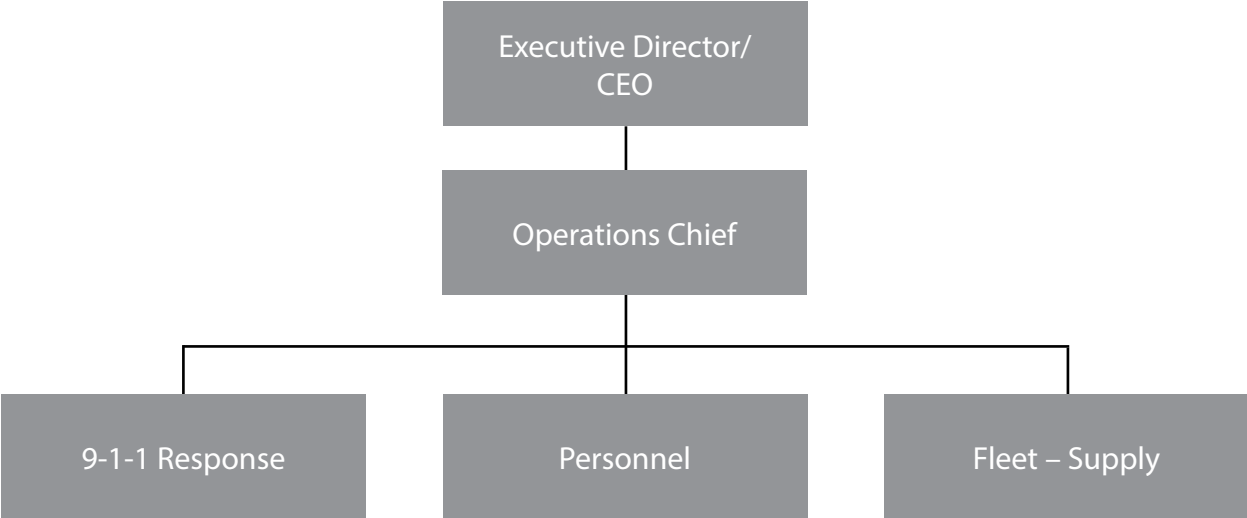
The suggested staffing arrangement could be instituted with relative speed, while the overall goal should be to ***elevate all services to an intermediate level within the first two (2) years***. The community paramedicine program should be examined for expansion throughout the county. Expansion would reduce transports and repeat stresses on the system, increase revenue to improve county wide EMS, support emergent ALS needs on a wider scale, and keep responses within the Perry County system.

A plan should be developed to eventually bring ALS chase trucks on board. This inclusion will reduce the fiscal impact of any billing agreements, increase revenue, and provide for a more seamless approach to advanced care of county residents. The most efficient system will be one where the intermediate transport unit and the ALS chase truck are of the same denomination.

Retirement, pay, and insurance benefits need to be examined for implementation across the county EMS service. Since East Pennsboro is presently the only service offering such employee benefits, the county would be best served by supporting a comparable increase in pay and benefits for the balance of EMS departments within the county. However, despite being a county leader in this area, the current pay for East Pennsboro is still insufficient to keep quality employees engaged so outside employment is essential for these employees.

SUPPORTING DOCUMENTS

Sample Operations Organizational Chart



STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 5: Develop Staffing Plan Continued

Perry County EMS Departments

EMS Departments	Address	
Blain EMS	4 E. Main Street	Blain, PA 17006
Duncannon EMS	16 Shermanta Drive	Duncannon, PA 17020
Landisburg EMS	301 Faculty Avenue	Landisburg, PA 17040
Liverpool EMS	309 N. Market Street	Liverpool, PA 17045
Millerstown EMS	7 N. Market Street	Millerstown, PA 17062
New Bloomfield EMS	215 S. Carlisle Street	New Bloomfield, PA 17068
Newport EMS	50 S. 3rd Street	Newport, PA 17074
Shermans Dale EMS	260 Richwine Road	Shermans Dale, PA 17090
East Pennsboro EMS	750 South Humer Street	Enola, PA 17025

EMS Staff Salary Data

EMS Dept.	EMR (Career FT)	EMR (Career PT)	EMR (Volunteer)**	EMT Career FT)	EMT (Career PT)*	EMT (Volunteer)	AEMT (Volunteer)	Shift Supervisor / Asst. Chief	Salary – Overtime	Salary - Increases
Blain	n/a	n/a	n/a	\$30,000/year		\$50 paid per call	n/a	n/a	1.5 x base rate	None
Duncannon	n/a	n/a	n/a	\$15.50/hour	\$14.50/hour	n/a	n/a	\$40,000/year	1.5 x base rate	Annual
Landisburg	\$11/hour		\$55/call	\$16/hour	\$13/hour	\$9/hour	\$11/hour	\$6,000/year x 5 PT admin	1.5 x base rate	Merit based \$0.25 – \$1.25
Liverpool	\$11/hour	\$11/hour	\$5/hour on-call**	\$11/hour	\$11/hour	\$5/hour on-call**	\$5/hour on-call***	n/a	1.5 x base rate	None
Millerstown										
New Bloomfield										
Newport										
Shermans Dale	\$12/hour	\$12/hour	n/a	\$15/hour	\$15/hour	n/a	n/a	n/a	1.5 x base rate	None
East Pennsboro	n/a	n/a	n/a	\$17.25/hour	\$17.25/hour	n/a	n/a	n/a	1.5 x base rate	\$0.25 – \$1.00

Source: EMS Departments

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 5: Develop Staffing Plan Continued

EMS Staff Benefit Data

EMS Dept.	Benefits – Health Care	Benefits – PTO	Benefits – Retirement	Benefits – Training	Promotional Opportunities
Blain	None		None	Existing certifications	None
Duncannon	None	Year 1 – 40 hours		\$15.50/hour	Limited (2)
Landisburg	\$300/month stipend for FT			Existing plus next level	EMT to AEMT
Liverpool	None	None	None	None	None
Millerstown					
New Bloomfield					
Newport					
Shermans Dale	None	None	None	None	None
East Pennsboro	Health, Vision, Dental: \$530.76		401K	None	Limited

Source: EMS Departments

Blain total 9-1-1 EMS calls 2020-2023

1,500					
1,400					
1,300					
1,200					
1,100					
1,000					
900					
800					
700					
600					
500					
400					
300					
200		243	268		231
100	193		220		
	2020	2021	2022	2023	AVG
	Blain EMS (924 total calls)				

Source: Perry County Communications/EMA

Duncannon total 9-1-1 EMS calls 2020-2023

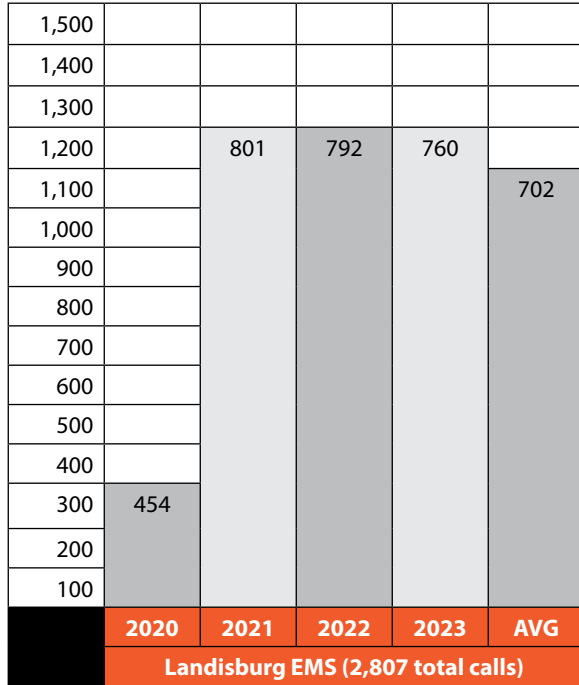
1,500		1,526			
1,400			1,401	1,475	
1,300					1,355
1,200					
1,100					
1,000	1,018				
900					
800					
700					
600					
500					
400					
300					
200					
100					
	2020	2021	2022	2023	AVG
	Duncannon EMS (5,420 total calls)				

Source: Perry County Communications/EMA

STRATEGY RECOMMENDATIONS – OPERATIONS

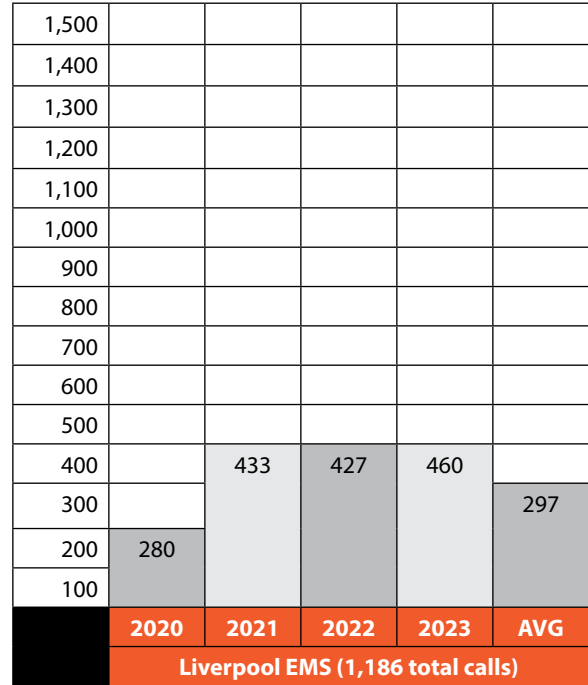
Objective 5: Develop Staffing Plan Continued

**Landisburg total 9-1-1 EMS calls
2020-2023**



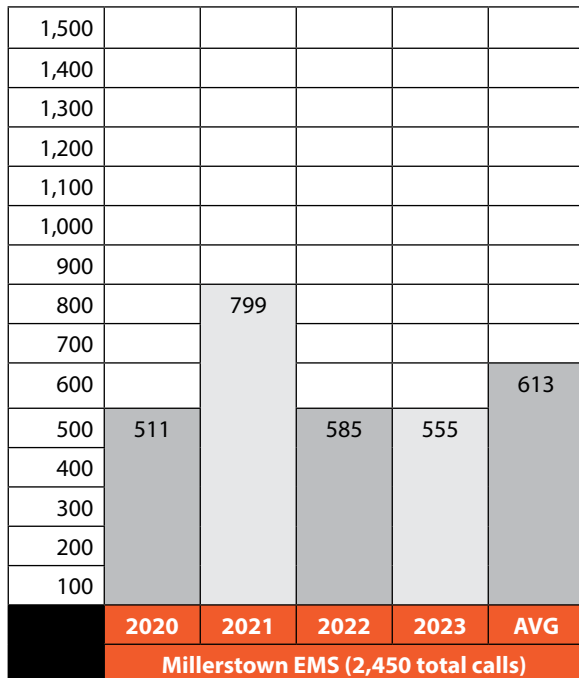
Source: Perry County Communications/EMA

**Liverpool total 9-1-1 EMS calls
2020-2023**



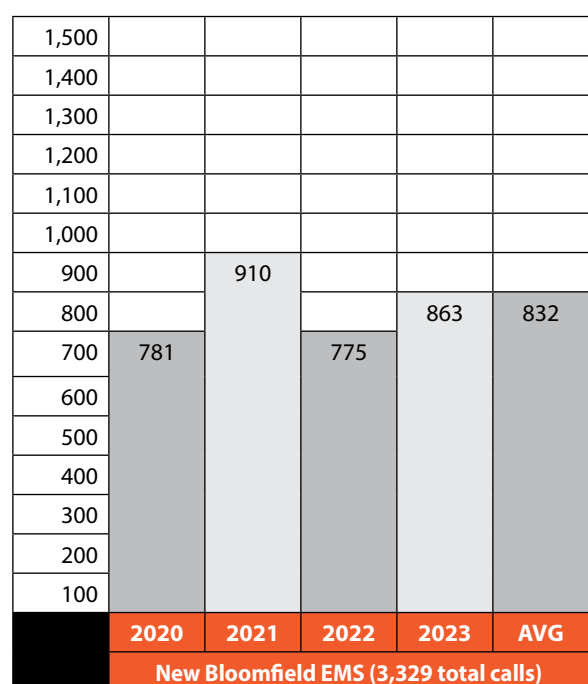
Source: Perry County Communications/EMA

**Millerstown total 9-1-1 EMS calls
2020-2023**



Source: Perry County Communications/EMA

**New Bloomfield total 9-1-1 EMS calls
2020-2023**



Source: Perry County Communications/EMA

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 5: Develop Staffing Plan Continued

**Newport total 9-1-1 EMS calls
2020-2023**

1,500					
1,400		1,418			
1,300					
1,200			1,265	1,238	1,210
1,100					
1,000					
900	920				
800					
700					
600					
500					
400					
300					
200					
100					
	2020	2021	2022	2023	AVG
	Newport EMS (4,841 total calls)				

Source: Perry County Communications/EMA

**Shermans Dale total 9-1-1 EMS calls
2020-2023**

1,500					
1,400					
1,300					
1,200					
1,100					
1,000					
900					
800					
700		768	721	701	
600					680
500	531				
400					
300					
200					
100					
	2020	2021	2022	2023	AVG
	Shermans Dale EMS (2,721 total calls)				

Source: Perry County Communications/EMA

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 5: Develop Staffing Plan Continued

Average Annual Calls per month from 2020 to 2023

Calls	January*	February	March	April	May	June	July	August	September	October	November	December
850												
800												826
750								754	762	773	762	
700			705			719	743					
650					696							
600				636								
550	576	552										
500												
450												
400												
350												
300												
250												
200												
150												
100												
	January*	February	March	April	May	June	July	August	September	October	November	December

* No calls recorded in 2020

Source: Perry County Communications/EMA

Average Annual Calls per hour from 2020 to 2023

Calls	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	24:00	
525												527													
500											511			505	509										
475													479												
450											462														
425																									
400																									
375											380														
350																									
325																									
300											315														
275																									
250																									
225							242																		
200																									
175	196					198																			
150		165	168	165	165																				
125																									
100																									
75																									
50																									
25																									
	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	24:00	

Source: Perry County Communications/EMA

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 5: Develop Staffing Plan Continued

Average Call for Service by Priority 2020-2023

Calls					
5,000	5,023				
4,750					
4,500					
4,250					
4,000					
3,750					
3,500					
3,250					
3,000					
2,750					
2,500					
2,250					
2,000					
1,750			1,917		
1,500					
1,250				1,497	
1,000					
750				818	
500					
250					
100					
	High (1)	Medium (2)	Low (3)	*	

Source: Perry County Communications/EMA * Not Categorized

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 5: Develop Staffing Plan Continued

2023 EMS Average Turnout Times

Minutes/ Seconds											
7:00											
6:30	6:38										
6:00					6:16						
5:30											
5:00							5:06				
4:30				4:56							
4:00			4:27								
3:30		3:43				3:30					
3:00											
2:30								2:47			
2:00									2:13	2:26	2:26
1:30											
1:00											
:30											
	Blain EMS	Duncannon EMS	Landisburg EMS	Liverpool EMS	Millerstown EMS	New Bloomfield EMS	Newport EMS	Shermans Dale EMS	East Pennsboro EMS	Life Team	HMC ALS

Source: Perry County Communications/EMA

2023 EMS Average Response Times

Minutes/ Seconds											
15:00											
14:00										14:26	
13:00									13:41		
12:00											
11:00											11:57
10:00	10:34										
9:00			9:32		9:06	9:30		9:00			
8:00											
7:00		7:55		7:20			7:00				
6:00											
5:00											
4:00											
3:00											
2:00											
1:00											
	Blain EMS	Duncannon EMS	Landisburg EMS	Liverpool EMS	Millerstown EMS	New Bloomfield EMS	Newport EMS	Shermans Dale EMS	East Pennsboro EMS	Life Team	HMC ALS

Source: Perry County Communications/EMA

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 5: Develop Staffing Plan Continued

2023 EMS Average Transport Times

Minutes											
51:00											
48:00	49:40										
45:00											
42:00											
39:00					39:25						
36:00			36:50	38:42			36:40			36:45	
33:00						34:02					
30:00											
27:00											
24:00		26:04						24:03			26:39
21:00											
18:00											
15:00									17:22		
12:00											
9:00											
6:00											
3:00											
0											
	Blain EMS	Duncannon EMS	Landisburg EMS	Liverpool EMS	Millerstown EMS	New Bloomfield EMS	Newport EMS	Shermans Dale EMS	East Pennsboro EMS	Life Team	HMCALS

Source: Perry County Communications/EMA

2023 EMS Average Return to Service Times

Hours/ Minutes											
2:00											
1:50	1:51:42										
1:40											
1:30				1:35:54		1:33:12					
1:20		1:24:06	1:20:07		1:22:48		1:23:14				
1:10								1:17:16		1:17:51	
1:00											1:08:37
:50											
:40											
:30											
:20											
:10									15:42		
0											
	Blain EMS	Duncannon EMS	Landisburg EMS	Liverpool EMS	Millerstown EMS	New Bloomfield EMS	Newport EMS	Shermans Dale EMS	East Pennsboro EMS	Life Team	HMCALS

Source: Perry County Communications/EMA

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 5: Develop Staffing Plan Continued

2023 Combined Averages Times

Combined Average Turnout Times	4 minutes 2 seconds (4:02)
Combined Average Response Times	10 minutes 0 seconds (10:00)
Combined Average Transport Times	33 minutes 17 seconds (33:17)
Combined Average Return to Services	1 hour 19 minutes 8 seconds (1:19:08)

Source: Perry County Communications/EMA

Task Assignment: The objective should be put into action by the proposed EMS Commission.

Timeline: Year 1-2

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 6: Develop an Apparatus Replacement Plan

RECOMMENDED ACTIONS

- Adopt multi-year apparatus fleet plan
 - Fleet standardization can lead to cost avoidance
 - Determine the total number of primary EMS apparatus and vehicles needed

Historically in Pennsylvania, volunteer fire companies, ambulances, and rescue squads have planned, purchased, and funded the apparatus, equipment, and facilities that they deemed appropriate to serve their community. In many cases, this also included the perceived needs of mutual aid and automatic aid partners. The organizations would spend countless hours engaging the community through fundraising events, seek financial support from municipal, county, and state government elected and appointed leaders, and if funded, proceed with the implementation of the plan for facilities and apparatus.

In a few cases, more formal plans adopted by volunteer fire companies, ambulances, and rescue squads or municipal governments typically followed a generally accepted national guideline such as the National Fire Protection Association (NFPA) or other standard setting organizations for apparatus, equipment, and communication. In most cases across the state however, organizational leadership would simply decide it was time to move forward with replacing or rebuilding a particular piece of apparatus, adding additional apparatus, and upgrading or replacing a facility.

The goal of a fleet replacement plan is to have a defined schedule for new replacement apparatus supported by available funding. Fleet planning and replacement requires a prudent and programmed approach for future EMS apparatus and equipment purchases. These units will be designed to meet the needs of the response area. While there can always be a desire to want to have new vehicles in every EMS station, there must be a logical approach to the long-term investments made by the taxpayer to best meet and serve the needs of the community.

The EMS departments, working with the EMS Commission, should develop and adopt a multi-year **apparatus fleet plan** for buying and maintaining EMS apparatus. The reason to do this is two-fold. First, the increased cost to purchase and maintain EMS apparatus and equipment, especially for volunteer organizations, is staggering. Current estimates place a Type 1 ambulance at approximately \$340,000 and Type 3 ambulances are approximately \$240,000.

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 6: Develop an Apparatus Replacement Plan Continued

The second reason is that a system-wide plan will eliminate duplication of apparatus and provide a better financial planning tool. The proposed plan will reduce unnecessary apparatus, allow for proper purchasing of specialized apparatus for the varying risks in the community, and meet the legitimate ability of the departments to staff the apparatus. **By standardizing the fleet, cost avoidance may be possible.** The municipal governments may choose to create and maintain an apparatus replacement fund or provide yearly capital contributions to the EMS departments placed into a restricted account.

An EMS Apparatus Fleet Recommended Replacement Schedule should include primary 9-1-1 transport ambulances, heavy duty pick-up trucks or sport utility vehicles for command and shift officer use, and utility and light duty pick-up trucks for support services and towing specialized equipment, such as incident rehab and mass casualty trailers. These types of vehicles must be considered as part of a full EMS Apparatus Fleet Replacement program along with the **total number of primary and reserve apparatus and vehicles** that are needed.

Based on the current age of existing EMS apparatus, and the lack of funds set aside for capital purchases, it is recommended to consider pursuing quality used EMS apparatus for the reserve fleet. Although it may be difficult, working with an apparatus broker may be beneficial in the search. Adopting a fleet maintenance program may lead to the ability to reduce the overall number of vehicles in the fleet over time. Keep in mind, the exact time to pursue and purchase the replacement vehicles may vary due to availability. The current market for used apparatus, both EMS and fire, is extremely high and shows no sign of decreasing in the foreseeable future. Also, keep in mind purchasing a used piece of apparatus may bring along unforeseen challenges, such as purchasing someone else's problem. Being vigilant in the process will help reduce the probability.

SUPPORTING DOCUMENTS

EMS Fleet Replacement

All fleet vehicles (e.g., EMS and fire service, other) have a service life expectancy. The length of that service life for EMS apparatus will depend on a multitude of factors, including mileage, engine hours, type and quality of preventive maintenance program, type and quality of driver training, use/abuse of the EMS apparatus, commercial or custom chassis, quality/craftsmanship of the original manufacture,

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 6: Develop an Apparatus Replacement Plan Continued

quality of components, and readily available replacement parts. While some factors are difficult to quantify, such as the effectiveness of driver training, other factors can be quantified by applying appropriate standards.

The most recognized standards that are used and pertain to EMS apparatus fleets, their life expectancy, and their ultimate replacement, include the National Fire Protection Association (NFPA) and American Public Works Association (APWA):

National Fire Protection Association (NFPA):

- Standard 1917 – Standard for Automotive Ambulances: specifies the design, equipping, and testing of new and refurbished EMS apparatus.
Note: As part of the Emergency Response and Responder Safety Document Consolidation Plan (consolidation plan) as approved by the NFPA Standards Council, this Standard has been combined into new consolidated Standard NFPA 1900. Source: NFPA
- Standard 1911 – Standard for the Inspection, Maintenance, Testing, and Retirement of In-Service Emergency Vehicles: provides extensive guidance for the routine maintenance and testing of fire apparatus, performance test guidelines that assist in determining the serviceability of EMS apparatus, and recommendations on service life. The standard does recommend that EMS apparatus that is more than 15 years old, has been properly maintained, and is still in serviceable condition be placed in reserve status. Any vehicles that are 25 years old should be replaced.
Note: As part of the Emergency Response and Responder Safety Document Consolidation Plan (consolidation plan) as approved by the NFPA Standards Council, this Standard has been combined into new consolidated Standard NFPA 1910. Source: NFPA
- Standard 1912 – Standard for Fire Apparatus Refurbishing: outlines requirements for two (2) levels of fire apparatus refurbishment (Level I and Level II) that apply to any front-line fire apparatus that is refurbished at any time in its life cycle.
Note: As part of the Emergency Response and Responder Safety Document Consolidation Plan (consolidation plan) as approved by the NFPA Standards Council, this Standard has been combined into new consolidated Standard NFPA 1910. Source: NFPA

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 6: Develop an Apparatus Replacement Plan Continued

- **American Public Works Association (APWA) - Vehicle Replacement Schedule:** uses a weighted point system based on age, usage, type of service, maintenance and repair costs, and overall condition of the vehicle. This weighted point system allows for a more subjective review of a vehicle based on actual conditions.

Age	1 point for every year of chronological age, based on in-service date	
Mileage/Hours	1 point for each 10,000 miles or 1,000 engine hours of use	
Type of Service	1, 3, or 5 points based on the type of service the unit is exposed to. First-line fire apparatus is classified as severe duty service	
Reliability	1, 3, or 5 points based on the frequency that the vehicle is in the shop for repair. A 5 would be assigned to a vehicle that is in the shop two or more times per month on average while a 1 would be assigned to a vehicle that is in the shop for repair once every 3 months or less	
Maintenance & Repair Costs	1 to 5 points based on the total life maintenance and repair costs	
Condition	This category takes into consideration body condition, rust, interior condition, accident history, anticipated repairs, etc. A scale of 1 to 5 is used, with 5 being poor condition	
Point Range	Fewer than 18 points:	Excellent Condition
	18 to 22 points:	Good Condition
	23 to 27 points:	Qualifies for Replacement
	28 points or above	Needs immediate consideration

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 6: Develop an Apparatus Replacement Plan Continued

Current EMS Fleet

EMS Fleet Data								
EMS organization	Apparatus-Vehicle Type	Radio Designation	Make/Model/Year	Highway Miles	Replacement Data*	Overall Condition**	Owner	Notes***
Blain	BLS Ambulance	Ambulance 19	Dodge 5500 2016/Lifeline	76,000	2026	Very Good	VFC	
Duncannon	BLS Ambulance	Ambulance 29	2007 GMC 4500 Topkick/Horton	242,355	Overdue	Fair	EMS Dept.	Purchased New in 2008; Needs Re-Chassis
Duncannon	BLS Ambulance	Ambulance 29-1	2015 Chevrolet E3500 PL Custom	196,759	None Determined	Good	EMS Dept.	Purchased Used in 2019 (Was Re-Chassis in 2015)
Duncannon	BLS Ambulance	Ambulance 29-3	1997 Ford E450/Horton	225,522	VERY Overdue	Poor-Fair	EMS Dept.	Purchased Used in 2013; Reserve Ambulance
Landisburg	BLS Ambulance	Ambulance 49	Ford F-450 / 2016	101,000	2028	Good	EMS Dept	
Landisburg	BLS Ambulance	Ambulance 49-1	Ford F-350 / 2002	250,000	2024	Poor	EMS Dept	
Landisburg	BLS Ambulance	Ambulance 49-2	GMC C4500 / 2008	223,986	2030	Good	EMS Dept	Recently rebuilt the motor
Landisburg	Quick Response Vehicle	QRS 49	Chevy Tahoe 2007	152,000	2034	Good	EMS Dept	Truck Bed replaced and entire truck repainted 8/2022
Liverpool	BLS Ambulance - Type 3	Ambulance 59	2010 Chevy 4500 - Road Rescue	120,876	Unknown	Good	EMS Dept	Purchased 3/2023 with 110,000 miles
Liverpool	BLS Ambulance - Type 3	Ambulance 59-1	2010 Chevy 4500 - PL Custom	266,705	Unknown	Fair	EMS Dept	Purchased from new-port EMS 8/2022
Liverpool	Pick-up Truck w/ Snow Plow	QRS 59	2005 Dodge 2500	85,874	Unknown	Good	EMS Dept	
Millerstown	BLS Ambulance*							
New Bloomfield	BLS Ambulance*							
Newport	BLS Ambulance*							
Shermans Dale	BLS Ambulance	Ambulance 129	2003 Ford E450	157,887		Good	EMS Dept	
Shermans Dale	BLS Ambulance	Ambulance 129-1	2009 Ford E450	97,690		Good	EMS Dept	
Shermans Dale	BLS Ambulance	Ambulance 129-2	2012 Ford F450	37,349		Excellent	EMS Dept	
East Pennsboro	BLS Ambulance	Ambulance 175	Chevrolet 4500 / 2015	89,032	Sep-26	Good	EMS Dept	15 Year Rotation
East Pennsboro	BLS Ambulance	Ambulance 275	Chevrolet 4500/ 2010	161,352	Unknown	Good	EMS Dept	15 Year Rotation
East Pennsboro	BLS Ambulance	Ambulance 375	Ford E450 / 2023	6,521	N/A	Excellent	EMS Dept	15 Year Rotation
East Pennsboro	BLS Ambulance	Ambulance 475	Chevrolet 4500/ 2011	143,396		Good	EMS Dept	15 Year Rotation
East Pennsboro	BLS Ambulance	Ambulance 575	Chevrolet 4500/ 2016	61,079	2031	Good	EMS Dept	15 Year Rotation

Source: EMS Departments

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 6: Develop an Apparatus Replacement Plan
Continued

EMS Apparatus Fleet Recommended Replacement Schedule

Apparatus Type	Service Life	Chassis Rebuild Year
9-1-1 Transport Ambulances	15 years	After 8 years of service
Command/Shift Officer	12 years	
Utility/Light Duty Pick-up Truck	15 years	

Source: Open source data

Proposed Major Equipment Recommended Replacement Schedule

Equipment Type	Service Life
Stretchers – Powered	10 years
Mechanical CPR Device	15 years
Heart Monitors	12 years
Stair Chairs	14 years
Automated External Defibrillator	As needed (15 years maximum)
Intubation Cameras	As needed

Source: Open source data

Task Assignment: The objective should be put into action by the EMS Commission in conjunction with the proposed fleet maintenance supervisor.

Timeline: Year 2-3

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 7: Develop a Fleet Maintenance Plan

RECOMMENDED ACTIONS

- Maintain a safe and reliable EMS fleet
- Increase resale value
- May lead to fleet consolidation

As the EMS system has evolved since the 1970s, organizations have become more and more aware that proper maintenance and repair of mobile or stationary vehicles is one of the important components to ***maintain a successful and reliable EMS fleet***. If ambulances, command, and support vehicles aren't properly maintained, service providers could face serious challenges providing reliable 24 hour a day service, experience increased safety problems, and encounter more expensive repairs.

Fleet maintenance management is a process through which an organization tracks and manages all maintenance and repair related details and expenses for the organization's fleet of vehicles which are needed to run daily operations. Maintenance programs can be provided for all types of vehicles and trucks as well as non-vehicle equipment. The fleet is a necessary operating expense, and fleet managers are now responsible for reducing that expense while keeping assets in optimal condition; ensuring a safe work environment in-station, on the road, and while responding to emergency incidents; and managing various employees. A fleet is also an asset of the organization and should be maintained utilizing well trained staff and state of the art equipment.

There are several benefits of a fleet maintenance program:

- Ensures highest level of safety
- Lowers repair costs
- Reduces operational costs
- Centralized control
- Helps maximize resale value opportunities

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 7: Develop a Fleet Maintenance Plan Continued

A strong fleet maintenance program may help increase the **resale value** of EMS vehicles. It is difficult to determine the resale value of EMS apparatus. Resale value can vary depending on factors such as whether the vehicle is “traded-in” to a vendor during the purchase of a new unit; whether the EMS apparatus is advertised and sold by the department; or whether it is sold to a used apparatus broker. Resale value is also affected by the condition of the unit at the time of sale. A fleet maintenance program with maintenance and repair records for each vehicle can show the condition of a vehicle and will affect the resale value. A higher resale value for each unit may reduce the overall cost of the apparatus replacement schedule.

Another factor to consider is the possibility of **fleet consolidation**. A reduction of unnecessary units may be realized with a strong maintenance and repair system in place. A higher availability of apparatus and vehicles may permit a reduction in the number of reserve apparatus and vehicles that are needed to guarantee vehicles are available to cover for primary units.

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 7: Develop a Fleet Maintenance Plan Continued

SUPPORTING DOCUMENTS

Current EMS Fleet

EMS organization	Apparatus-Vehicle Type	Radio Designation	Make/Model/Year	Highway Miles	Replacement Data*	Overall Condition**	Owner	Notes***
Blain	BLS Ambulance	Ambulance 19	Dodge 5500 2016/Lifeline	76,000	2026	Very Good	VFC	
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Landisburg	BLS Ambulance	Ambulance 49-1	Ford F-350 / 2002	250,000	2024	Poor	EMS Dept	
Landisburg	BLS Ambulance	Ambulance 49-2	GMC C4500 / 2008	223,986	2030	Good	EMS Dept	Recently rebuilt the motor
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Liverpool	Pick-up Truck w/ Snow Plow	QRS 59	2005 Dodge 2500	85,874	Unknown	Good	EMS Dept	
Millerstown	BLS Ambulance*							
New Bloomfield	BLS Ambulance*							
Newport	BLS Ambulance*							
Shermans Dale	BLS Ambulance	Ambulance 129	2003 Ford E450	157,887		Good	EMS Dept	
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East Pennsboro	BLS Ambulance	Ambulance 575	Chevrolet 4500/ 2016	61,079	2031	Good	EMS Dept	15 Year Rotation

Source: EMS Departments

STRATEGY RECOMMENDATIONS – OPERATIONS

Objective 7: Develop a Fleet Maintenance Plan Continued

Task Assignment: The objective should be put into action by the proposed EMS Commission in conjunction with the proposed fleet maintenance supervisor.

Timeline: Year 2-3

STRATEGY RECOMMENDATIONS – WORKFORCE DEVELOPMENT

Objective 8: Develop a Workforce Recruitment and Retention Plan

RECOMMENDED ACTIONS

- Improve both volunteer and career workforce recruitment and retention
- Adopt Act 174 tax credit program
- Pursue the new state tuition and recruitment reimbursement program
- Develop a high school workforce training program

Since the report “Pennsylvania Burning” was issued in 1976 to “SR6,” the most recent legislative report on the health of the Fire and EMS system in Pennsylvania, the number of available and trained volunteers for fire companies, ambulances, and rescue squads has continued to decrease year after year. It is estimated that Pennsylvania had roughly 38,000 active volunteers in 2018, down from an estimated 300,000 active volunteers in the mid-1970s. State-wide studies and numerous local and regional evaluations conducted across the Commonwealth indicate that volunteer numbers are steadily decreasing.

With increases in calls for service, demand by the public for more services, increased training needs, and challenging organizational and municipal government dynamics, the number of those who willingly volunteer for administrative and operational roles may well continue to decrease. The result will be a significant cost burden to provide these services. Despite the various studies, recommendations, and even pro-active steps some communities have taken to date, the trend continues downward. As a result, the proposed EMS commission should work diligently to **improve both volunteer and career workforce recruitment and retention.**

An all-volunteer emergency service system exists only because of the dedicated members of the community who willingly donate a significant portion of their time and talent. There are many things that can be done to retain the dedicated volunteers we have today. Each organization must determine what it is that keeps their members coming back day to day. Everyone has a different reason to volunteer.

But this idea doesn’t only apply to volunteers. Full-time, part-time, and per diem career EMS staff are part of the future for any EMS system. The need exists to promote emergency services locally as a professional career path through recruitment, training, professional development, competitive compensation, and comprehensive benefit programs.

STRATEGY RECOMMENDATIONS – WORKFORCE DEVELOPMENT

Objective 8: Develop a Workforce Recruitment and Retention Plan Continued

There are many benefits of a strong workforce plan. Employees become more confident when given chances to build their skills and knowledge, allowing them to complete work more efficiently and effectively and be part of a successful organization. Based on many sources, several identifiable outcomes are continuously identified as direct benefits of a strong plan.

- Increased Productivity
- Enhanced Innovation
- Higher Quality of Work
- Improved Employee Retention
- Faster Adaptation to Change
- Competitive Advantage
- Increased Employee Morale and Engagement
- Better Decision-Making
- Positive Impact on Company Reputation
- Enhanced Customer Satisfaction

The municipal governments, the County, and the school districts should **adopt the Act 174 Tax Credit Program**. There are two reasons to adopt this program. The first reason is to retain existing volunteer members who are residents of Perry County. The second reason is to provide an incentive to County residents who may consider joining an EMS or fire department to serve in some capacity.

Another new state-wide program that should be pursued is the new tuition assistance program which started earlier this year to help recruit and retain EMS professionals. The **Provider Tuition Assistance and Agency Recruitment & Retention Expense Reimbursement Program** comes as Pennsylvania and other states are focusing on efforts to grow the EMS workforce. Several state and national associations have reported that turnover rates for EMS professionals can range from six percent to more than 35% depending on their role within the system.

The Department of Health program, funded for the years 2024-2026 from the Fireworks Tax Act, is for both individuals who obtain an EMS certification and EMS agencies who engage in recruitment and retention activities. Reimbursement is available on a first come, first served basis. Applicants must

STRATEGY RECOMMENDATIONS – WORKFORCE DEVELOPMENT

Objective 8: Develop a Workforce Recruitment and Retention Plan Continued

be Pennsylvania residents who obtained a Pennsylvania state certification as an emergency medical responder, emergency medical technician, advanced emergency medical technician, or paramedic after July 1, 2023.

Awards are available in the following amounts based on the certification level:

- Emergency Medical Responder (EMR) – Up to \$300
- Emergency Medical Technician (EMT) – Up to \$800
- Advanced Emergency Medical Technician (AEMT) – Up to \$1000
- Paramedic – Up to \$5000

In addition to the EMS certification part of the program, Pennsylvania licensed EMS agencies are eligible to receive reimbursement of expenses related to recruitment and retention, up to \$1,250 per fiscal year. Reimbursement will be awarded on a first come, first serve basis until the funding has been exhausted.

During the interviews with the business community, all three groups in attendance indicated a strong interest in working together with EMS on creating a broad partnership to solve the local workforce challenges to the EMS system. Within Perry County, six of the top ten employers are state, county, and school district entities.

The creation of a high school training program, along with an opportunity to shadow or provide internship opportunities, could be a successful approach. No one envisioned any major roadblock to begin discussions with the county's four school districts. The need for this type of new and on-going outreach for work force development is very important since approximately 75% of the county's work force commute south to Cumberland and Dauphin County. Possibly going hand-in-hand with the high school training program, a program for adults re-entering the work force should be considered.

A highly skilled workforce is an asset to any business, including non-profit and government organizations. The benefits go beyond operational efficiency and encompass the development of leadership, customer satisfaction, compliance to regulatory requirements, cross-functional collaboration, continual advancement, global competitiveness, technological flexibility, empowerment of employees, and attracting talent.

STRATEGY RECOMMENDATIONS – WORKFORCE DEVELOPMENT

Objective 8: Develop a Workforce Recruitment and Retention Plan Continued

By realizing and harnessing the potential of a well-trained workforce, the proposed EMS Commission can be positioned for long-term success in a changing business environment. A commitment to employee growth yields dividends, not just with regard to immediate benefits but also in the creation of an agile and creative company that is able to thrive with continuous change.

Task Assignment:

The objective should be put into action by the proposed EMS Commission along with Perry County's school districts and the business community.

Timeline: Year 2-3

STRATEGY RECOMMENDATIONS – EMERGENT COMMUNITY EMS NEEDS

Objective 9: Create a Perry County EMS and Community Health Coalition

RECOMMENDED ACTIONS

- Create a centralized resource for Perry County’s emergent and immediate healthcare needs
- Increase health-related education

Background

Historically, due to being a smaller county, Perry County has relied on other non-county organizations or other surrounding counties to provide essential services for community health needs. Those organizations are primarily based outside of the county, which does not allow for close oversight and does not foster collaboration amongst other Perry County departments.

Perry County has many organizations including 9-1-1 emergency services, community health, non-emergent services, and government departments that are able to offer valuable services to those in need. Often times, however, these services are spread thin due to a lack of personnel and a lack of funding. Adding to the personnel and funding challenges, many of the emergent and day-to-day healthcare needs overlap with each other and determining which department or agency is the correct one to contact is difficult.

During the interview process, it was reported that many times EMS providers arrive at the scene of an 9-1-1 EMS call and determine that patient’s need is a non-emergent or other health care problem. As a result, the patient does not need to be transported to a hospital emergency facility. However, some other type of care or support is needed but providers reported that they are unaware of how to connect the patient to those services that are available for county residents. Even if they were aware of a resource, they reported not knowing how to connect the patient. Many times an ambulance left the scene, doing what they could, only to return several hours for the same problem or another related problem.

Current Problem

The established Perry County Health Coalition is heavily compromised of health care providers, including health insurance companies, and other organizations who serve Perry County but are not physically located in Perry County. The Perry County Health Coalition has established needs and goals, however there are not enough meetings to accomplish the emergent or healthcare needs.

STRATEGY RECOMMENDATIONS – EMERGENT COMMUNITY EMS NEEDS

Objective 9: Create a Perry County EMS and Community Health Coalition *Continued*

Perry County residents are unable to obtain most specialized medical treatment from within the county boarder. Primary care physicians are often relied on to address these specialized health conditions or make referrals to other providers outside of the county. Typically, individuals are more likely to go to their primary care physician or a specialized physician. This is due to the inability or unwillingness to travel outside of the county. They also have an established rapport with their primary physician.

Due to lack of Perry County services and inability or unwillingness to travel outside of the county to obtain needed specialized treatment and services, county residents chose to forgo the required services ultimately increasing their need for emergency services. Older adults who commit suicide are more effective when attempting and 95% have seen their primary care physician within the month of their attempt.

Solution

Perry County needs to build upon the services and rapport that is already established within its county-based providers. To accomplish this, Perry County Health Coalition should ***create a centralized resource for Perry County's emergent and community healthcare needs***. A collaborative approach is needed for numerous community health/community safety needs. Some of those needs include, but are not limited, to the following:

- Mental health
- Drug and prescription drug
- Aging
- Veterans
- Suicide
- Homelessness

Too often we are attempting to solve problems and improve situations that most likely could have been prevented. Education on many health-related topics, including available services, has to be a priority and presented prior to needing services. ***Increasing health-related education*** to destigmatize is needed so that residents feel safe to seek services. Establishing the single resource community coalition would allow for such a joint education effort.

STRATEGY RECOMMENDATIONS – EMERGENT COMMUNITY EMS NEEDS

Objective 9: Create a Perry County EMS and Community Health Coalition Continued

Establishing a coalition with only Perry County based service providers would allow collaboration amongst organizations as well as ensure appropriate services are offered, all while stretching available funding.

Task Assignment:

The objective should be put into action by the proposed EMS Commission, County Commissioners, and the Perry County Office of Health and Human Services.

Timeline: Year 3

STRATEGY RECOMMENDATIONS – EMERGENT COMMUNITY EMS NEEDS

Objective 10: Expand the existing Community Paramedicine Program

RECOMMENDED ACTIONS

- Connect follow-up health care directly to the patient
- Connect community health resources to the patient

The goal of a community paramedicine program is to bring evaluation and education services into the patient's home. Doing so helps to keep them on track toward their best health in their recovery. The concept is a relatively new and is an evolving healthcare model that crosses several disciplines. Those disciplines includes public safety, public health, and health care. Emergency medical technicians (EMTs) and paramedics operate in expanded roles by assisting the primary healthcare and preventive services and the public health professionals, sometimes collaboratively, to assist and support the underserved populations in the community. The goals are to improve access to care, provide increased support and education, and avoid duplicating existing services.

Why consider this? In some suburban and many rural areas, patients may lack access to primary care and use the 9-1-1 system and 9-1-1 EMS to receive healthcare in non-emergency situations. This may create a significant burden on EMS departments and their personnel. It can also have an impact on the rural areas health care system. In addition to their responsibilities as emergency medical service providers, community paramedics can also work in a public health and primary care role to address the needs of rural residents in a more efficient and proactive way.

Patients receive a vast amount of information while being discharged from a hospital or other similar health care facility. This information is difficult to retain under any circumstances, and the retention is diminished further with limited support, stress, and severity or complexity of diagnosis. As a result, the limited retention and support correlates with unnecessary 9-1-1 EMS calls for service and readmission of the patient to local hospitals

The proposed EMS Commission should **expand the existing community paramedicine program** provided by Landisburg EMS. Expansion of the system may lead to two significant improvements to the community. One benefit is that the local EMS system EMT or paramedic can act as a liaison and advocate between the patient and their provider, creating a higher level of trust with a local connection. Home visits will help bridge the gap between hospital discharge and patient follow-up appointments. The EMT or paramedic would perform a physical assessment, collect vitals,

STRATEGY RECOMMENDATIONS – EMERGENT COMMUNITY EMS NEEDS

Objective 10: Expand the existing Community Paramedicine Program Continued

complete a home safety assessment, and provide medication reconciliation. Any concerns voiced to the paramedic or concerns noted through assessment can be brought to the provider's attention promptly, decreasing the risks of future or further damage or injury. Paramedics can also evaluate any new concerns that the patient may have acquired since returning home and refer and coordinate the patient with community resources as needed.

Another direct benefit is the reduction in the "frequent flyer" challenge in all EMS systems where high need and/or underserved patients get the care at home without calling 9-1-1 for an ambulance on a regular basis. Many patients receive a vast amount of information while being discharged from the hospital, which leads to a level of fear and increased stress. Ultimately, the goal of the program is to offer increased support, care, and education, decreasing readmission rates and assisting the patient to maintain optimal health, while creating a safe, healthy community.

In addition to the improvements identified above, several other direct and in-direct benefits of a community paramedicine program would help support the proposed EMS system:

- It is a good concept for rural communities.
- It provides additional educational opportunities for career and volunteer staff.
- It provides a high level of care at major incidents or other large public events.
- It keeps providers and vehicles in the 9-1-1 service area.
- It provides another revenue stream to reduce costs.
- It increases the level of service provided by the proposed EMS system.

Task Assignment: The objective should be put into action by the proposed EMS Commission.

Timeline: Year 3

STRATEGY RECOMMENDATIONS – FUTURE CONSIDERATIONS

Objective 1 1: Evolve into a Municipal Emergency Services Authority

RECOMMENDED ACTIONS

- Review the benefits of the EMS Commission evolving into an EMS authority

Municipal authorities, also known as districts or special districts in other parts of the country, are a special type of local government unit. Unlike cities, boroughs, and townships, which are general government entities, authorities are set up to perform special services and projects. This may include public facilities (e.g., school buildings, transportation facilities), highways, parkways, airports, parking garages, waterworks, sewage treatment plants, playgrounds, hospitals, and industrial development projects. The authority is authorized to acquire, construct, improve, maintain, and operate the special services and projects and to borrow money and issue bonds to finance them.

In Pennsylvania, an authority can be organized by any county, city, town, borough, township, or school district of the Commonwealth, acting singly or jointly with other entities. An authority can be established by ordinance of one or more municipalities. The governing bodies of the parent local unit or units appoint the members of the authority's board. If the authority is created by one unit, the board consists of five members. If the authority is created by two or more local units, there must be at least one member from each unit but no fewer than five total. The board carries on the work of the authority, acquires property, appoints officers and employees, undertakes projects, makes regulations and charges and collects revenue for the services provided by the facilities or projects.

For EMS, an administrative services authority, formed in accordance with the Pennsylvania Municipality Authorities Act, is a new, publicly-funded option to help bring a long-term solution to resolve the state's EMS crisis.

An administrative services authority has the following characteristics:

- Publicly funded
- Municipal-led
- Sustainable model
- Transparent and accountable
- Benefits for all residents, businesses and visitors

STRATEGY RECOMMENDATIONS – FUTURE CONSIDERATIONS

Objective 1 1: Evolve into a Municipal Emergency Services Authority Continued

By keeping it local, the county will have the following benefits:

- 24/7 readiness to respond to 9-1-1 EMS calls
- No residual bills for EMS services if insurance pays
- Accessible local leadership
- Public meetings

The authority funds, manages, and provides the 9-1-1 emergency medical services, 24 hours a day, seven days a week and is ready to respond when called upon.

Task Assignment:

The objective should be put into action by the proposed EMS Commission in conjunction with the County Commissioner's and municipal governments..

Timeline: Year 1 and ongoing

STRATEGY RECOMMENDATIONS – FUTURE CONSIDERATIONS

Objective 12: Future of the Volunteer Fire Service

RECOMMENDED OUTCOMES

- Develop a plan for the future for Perry County's volunteer fire service

As identified in Objective 8, maintaining an adequate number of volunteer members to provide administrative and operational staffing for fire departments, ambulances, and rescue squads continues to be challenging. Whether rural, suburban, or urban, no region of Pennsylvania is immune from decreasing volunteerism. With an estimated decrease in active volunteers over 250,000 persons since the 1970s, some news outlets have recently reported there may be less than 30,000 active volunteers members in the Commonwealth.

What is an active member, versus a rostered member? An active member is defined as a member who regularly responds to incidents on apparatus and participates in training. Based on NFPA and ISO, volunteer staffed fire departments should maintain a minimum of 16 "active" volunteer members (driver/operators and suppression firefighters), with 25% or 4 volunteers at any given time to ensure adequate service delivery.

Based on feedback during and after the presentation to the county fire chiefs, the opinion is the same. In the not too distant future, the county's volunteer fire departments will be struggling. Fire department leadership identified three areas of concern. Those areas included the following:

- Older, active members retiring and taking along years of institutional knowledge
- Young men and women have little or no interest in volunteering in the emergency services
- High cost of capital assets including apparatus, equipment, and facilities

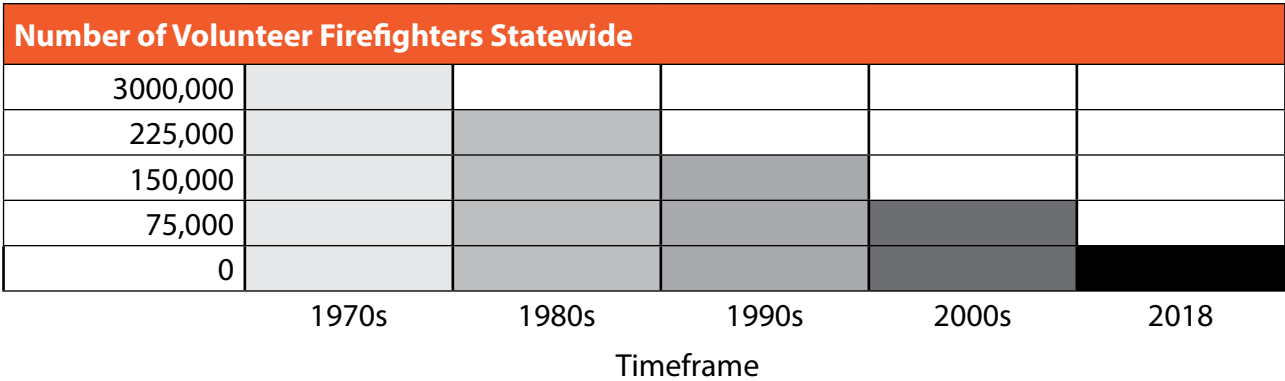
Recruiting and retaining community members willing and able to fill the role of a qualified active volunteer firefighter may always be challenging. Like active EMS providers, these are the men and women who are trained and qualified to provide the physically demanding firefighting and rescue skills needed regularly in our communities. Also, current estimates place a fire engine (pumper) at \$800,000 to \$1.2 million and ladders trucks at \$1.2 million to \$1.6 million. With a little research, these purchases can be found recently in the Capital region. As one county fire chief stated, "There is no fundraiser that can raise the funds needed to operate a fire department in 2024."

STRATEGY RECOMMENDATIONS – FUTURE CONSIDERATIONS

Objective 12: Future of the Volunteer Fire Service

Perry County elected officials need to **develop a plan for the future for Perry County’s volunteer fire service**. The success of the volunteer-staffed fire-rescue system needs support from all aspects of the community. If not, the same challenges facing the county’s EMS departments will start taking a significant toll on the fire service.

Pennsylvania Volunteer Firefighters Statewide



SUPPORTING DOCUMENTS

Sample of Perry County VFDs Annual Residential Fund Drive Support

Volunteer Fire Department	Residential Solicitation	2022
Department A	Total Residential Solicitations Mailed	1450
	Total Residential Solicitations Returned	235
	% Success for Residential Mailings	16%
Department B	Total Solicitations Mailed	2500
	Total Solicitations Returned	400
	% Success for All Mailings	16%
Department C*	Total Residential Solicitations Mailed	0
	Total Residential Solicitations Returned	0
	% Success for Residential Mailings	0

*No longer conducts mail fund drive due to very low returns.

STRATEGY RECOMMENDATIONS – FUTURE CONSIDERATIONS

Objective 12: Future of the Volunteer Fire Service

Task Assignment:

The objective should be put into action by the County Commissioners, municipal government officials and the volunteer fire departments of Perry County — with possible support from the proposed EMS Commission.

Timeline: Year 1 and ongoing

Work Plan - Time Frame

Objectives	Time Frame
Implement Communications Plan	Year 1
Form a hybrid regional EMS Commission	Year 1
Establish a community EMS advisory board	Year 1
Establish consistent and reliable funding	Years 1-2
Develop Staffing Plan	Years 1-2
Develop an Apparatus Replacement Plan	Years 2-3
Develop a Fleet Maintenance Plan	Years 2-3
Develop a Workforce Recruitment and Retention Plan	Years 2-3
Create a Perry County EMS and Community Health Plan	Year 3
Expand the existing Community Paramedicine Program	Year 3
Evolve into a Municipal Emergency Services Authority	Year 1 and ongoing
Future of the Volunteer Fire Service	Year 1 and ongoing

Next Steps: Implementation Opportunities

Research shows that building on what is working within a system tends to produce desired results more effectively. Prosci®, a recognized leader in studying change, notes that individuals follow a five-step, sequential process when they are introduced to change. The process involves understanding why a change is necessary, having the opportunity to support or reject the change, learning what they need to learn to support the change, building capability by practicing new ways of functioning because of the change, and fully adopting and anchoring in the new way of operating. The most important factor to enabling this process is for leadership to acknowledge their role in the change effort and actively engage emergency services stakeholders to address key issue.

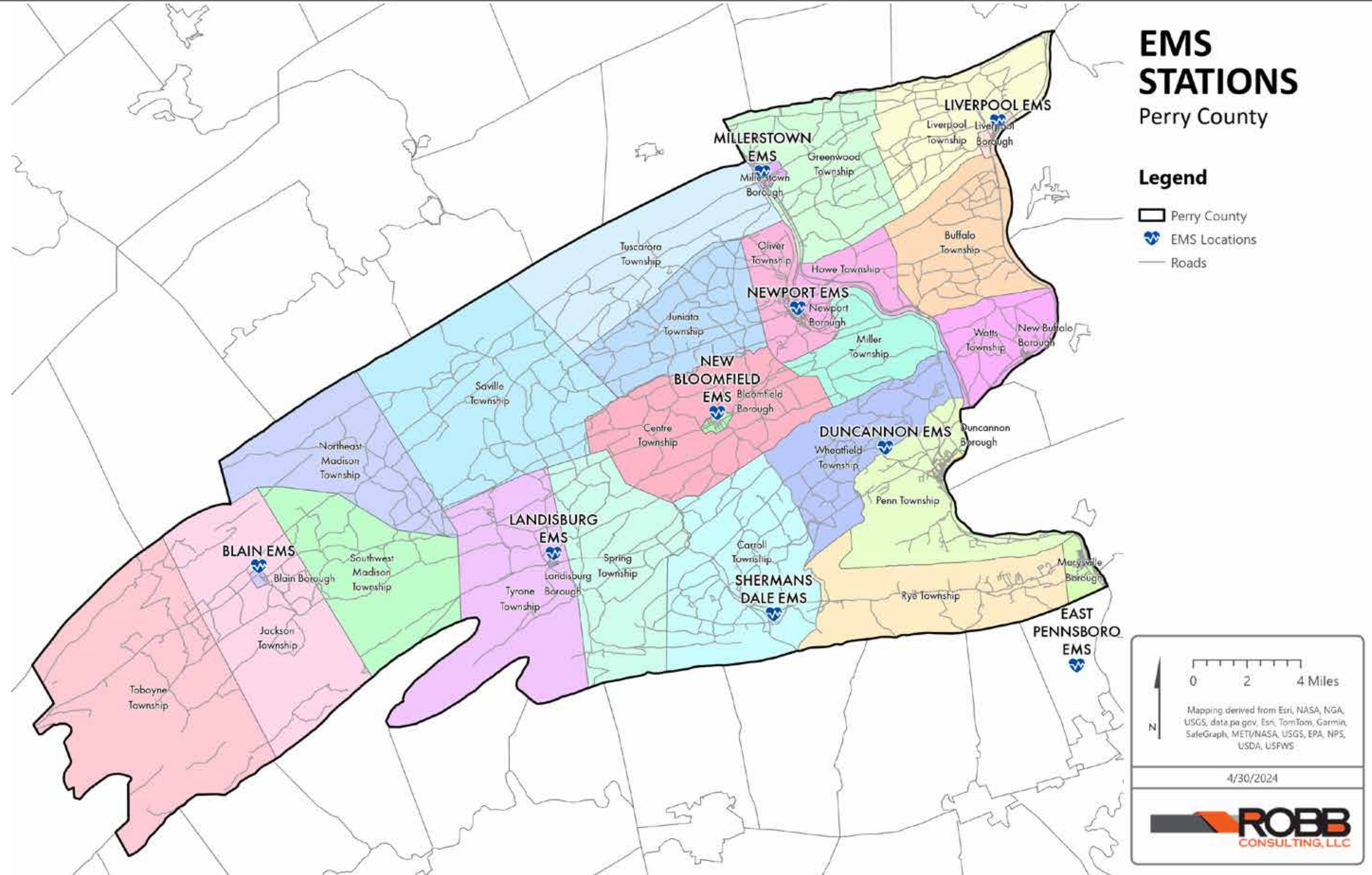
The survey results revealed some insights Perry County should leverage as it moves to implement its work plan. To increase the likelihood of success, Perry County Emergency Services leadership should actively and visibly engage stakeholders to build a coalition of support for the change(s) and continue to talk about why the changes are happening. To that end, Emergency Services providers have several opportunities they should consider pursuing to position themselves for anticipated future changes.

- 1. Appeal to stakeholders' strengths by helping them redefine how they see themselves**
 - Respondents' perception of themselves seems locally oriented and reflected in specific terms: "local knowledge," "community," "collaborators," and "willing to sacrifice." Re-framing these concepts to expand the frame of reference from which they operate may reorient them away from "my" emergency services operation to a collective perspective on "our" emergency services operations. For example, reframing "my community" to mean "the county" instead of "my borough" enables stakeholders to expand responsibility to the whole. By definition, strong collaborators see "their issues" as "my issues, too." Based on survey comments, respondents already recognize the need for a more holistic approach to providing services anyhow (e.g., the need for better collaboration, greater equity in funding and training, more reliable technology, and better resource allocation to enhance emergency services in Perry County). Reinforcing a holistic perspective expands the realm of possible approaches and solutions available for consideration.
- 2. Build greater awareness of the current state of Emergency Services in Perry County**
 - Without a commonly shared, collective perspective on the current state of Perry County Emergency Services, stakeholders cannot understand the urgency leaders perceive and cannot make an informed choice for themselves about whether or how to support changes that Perry County leadership may introduce. This shared awareness involves both leaders and supervisors bringing knowledge, transparency, and visibility to the whole Perry County Emergency Services system and all other stakeholders stepping forward to inform potential blind spots for leadership and supervisors.
- 3. Address pressing, urgent issues now to build trust with the wider stakeholder groups**
 - Comments indicate a significant amount of energy around the current communication systems. Respondents want consistent radio coverage, better dispatch procedures, and adequate staffing to enhance response times and safety. In addition, respondents shared significant energy around inequities in how Perry County funds individual Emergency Services providers. Even if Perry County cannot take action that satisfies these concerns, it is important that officials acknowledge an understanding that these issues exist and work toward their resolution. By addressing more urgent pain, leaders demonstrate their willingness to listen to impacted stakeholders and strengthen trust with individual providers.

APPENDIX 1: STAKEHOLDER ENGAGEMENT

Stakeholder Engagement

Stakeholder Input and Interviews	Date
Initial and kick-off meetings	April-May 2023
Data collection and analysis	June-July 2023
Perry County officials and staff interviews, on-line survey	August 2023
Township supervisors convention presentation, on-line survey	September 2023
EMS council and EMS department leadership interviews	October 2023
EMS council and EMS department leadership interviews	November 2023
Fire chiefs presentation and interviews	December 2023
Perry County officials and staff interviews	January 2024
Business and community interviews	February 2024
Follow-up county officials and staff interviews	March 2023
Draft plan development and review	April-May 2024
Final plan review; plan presented to strategic planning committee	May-June 2024
Final plan presentation to strategic planning committee and EMS departments	July 2024



EMS DEPLOYMENT

Perry County

Legend

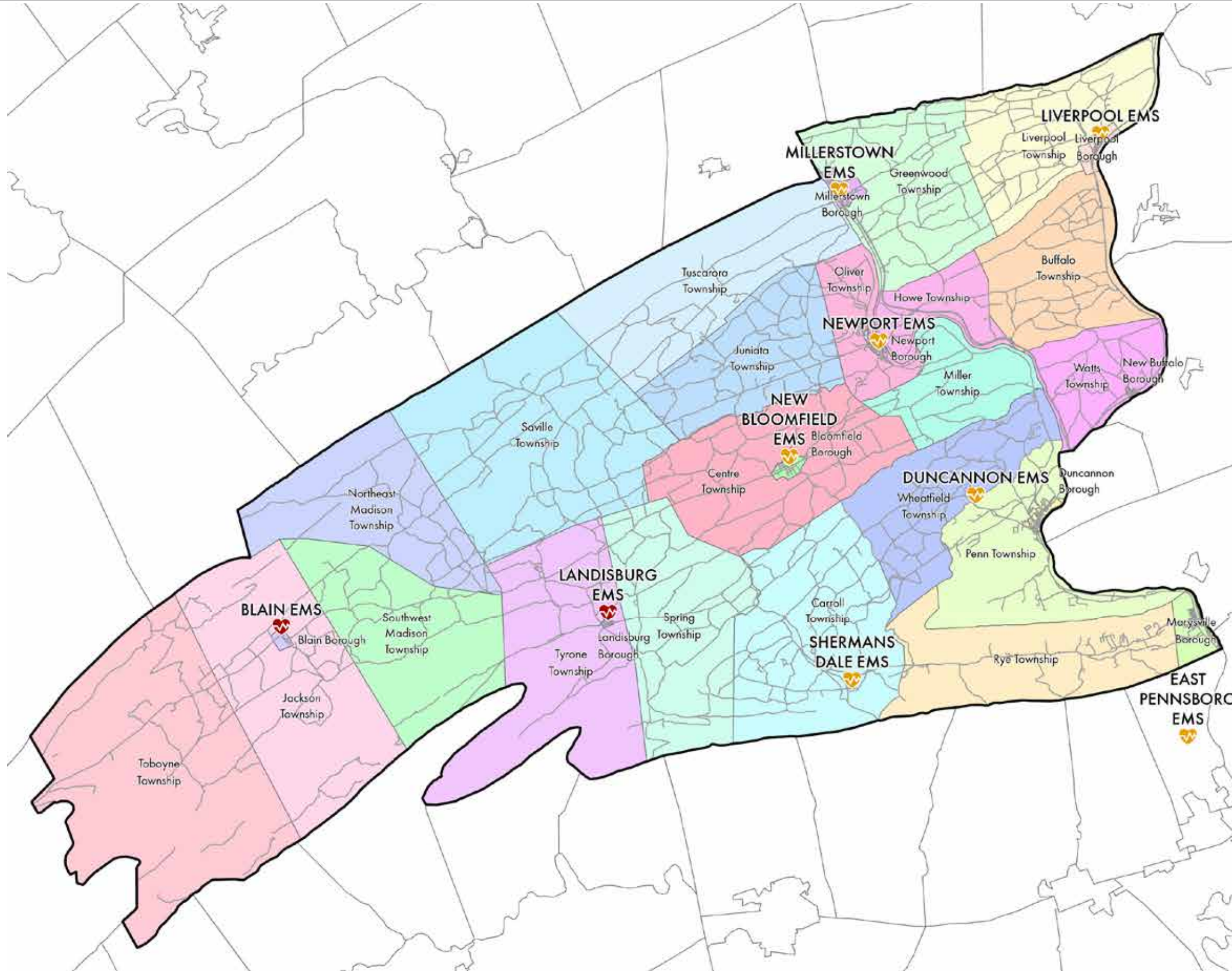
-  Perry County
-  Roads
- Service Level**
-  BLS Only
-  BLS and IALS

0 2 4 Miles

Mapping derived from Esri, NASA, NGA, USGS, data.pa.gov, Esri, TomTom, Garmin, SafeGraph, METI/NASA, USGS, EPA, NPS, USDA, USFWS

4/30/2024









ALS COVERAGE

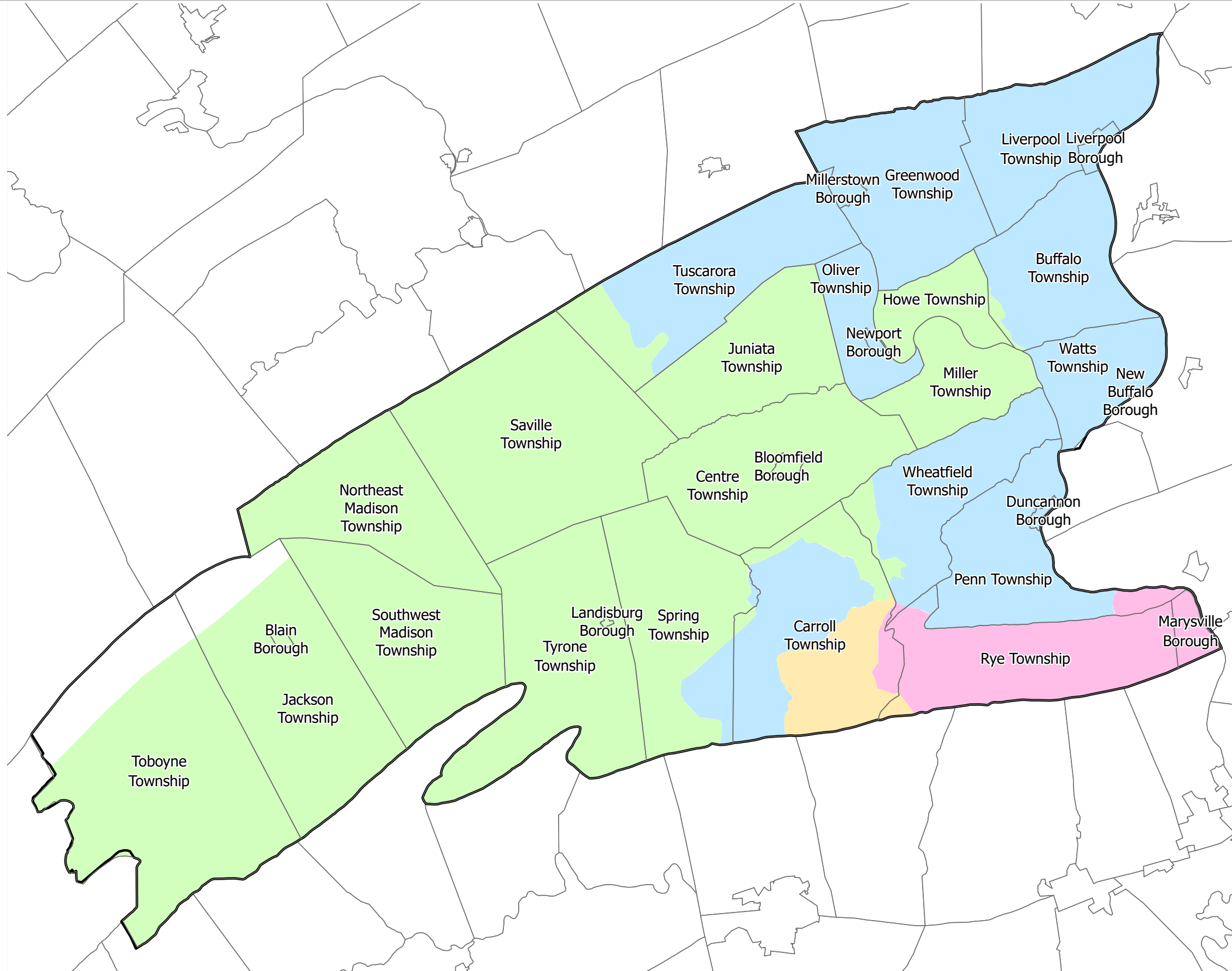
Perry County

Legend

 Perry County

ALS Medic Coverage


-  Medic 1 - UPMC Community Life Team EMS
-  Medic 81 - Penn State Life Lion EMS
-  Medic 86 - Penn State Life Lion EMS
-  Medic 88 - Penn State Life Lion EMS



0 2 4 Miles

Mapping derived from data.pa.gov, Esri, TomTom, Garmin, SafeGraph, METI/NASA, USGS, EPA, NPS, USDA, USFWS



8/12/2024



EMS STATION DRIVE TIMES

Perry County

Legend

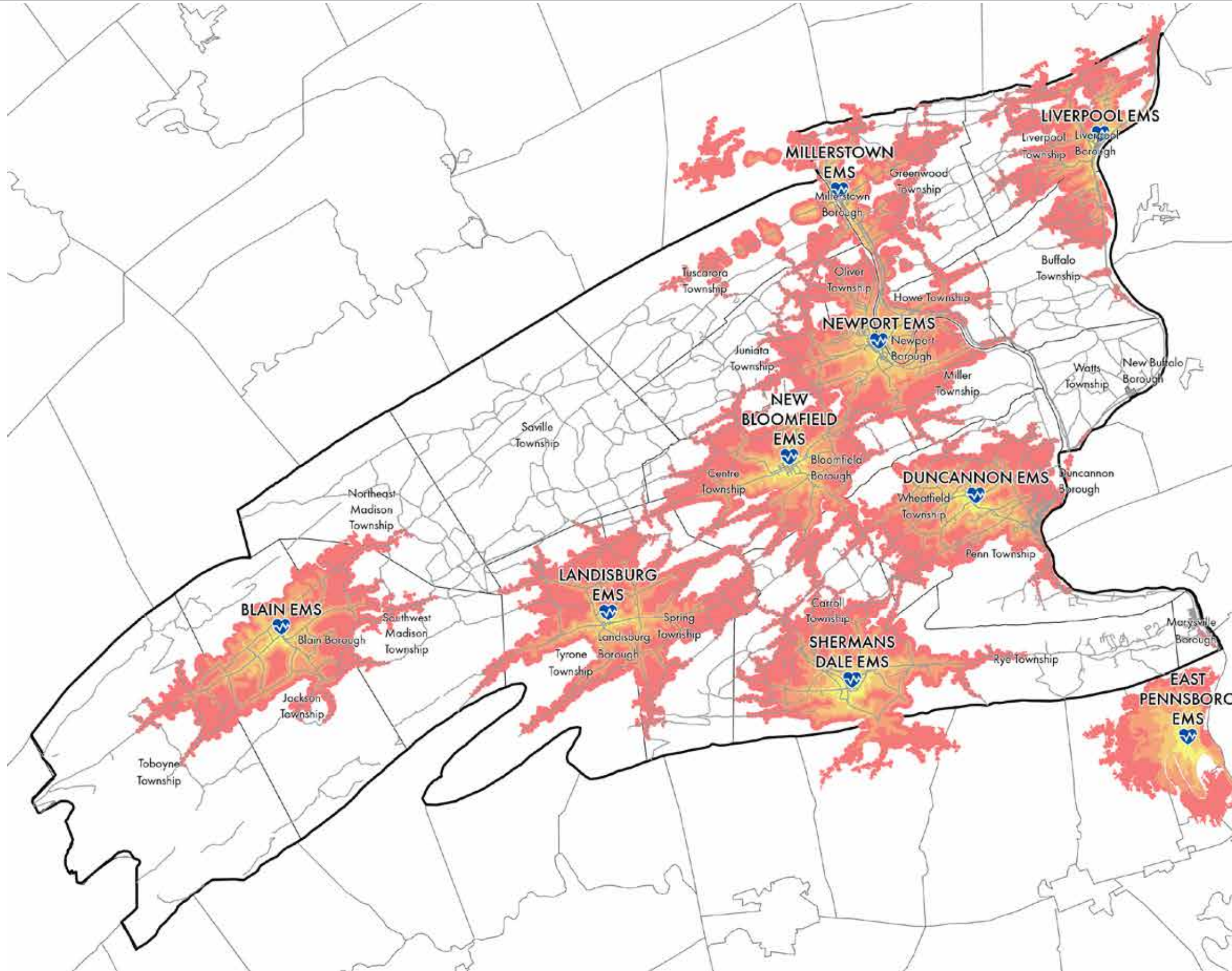
-  EMS Locations
-  Roads
-  Perry County
- Drive Times**
-  1 Minute
-  3 Minutes
-  5 Minutes
-  7 Minutes
-  10 Minutes

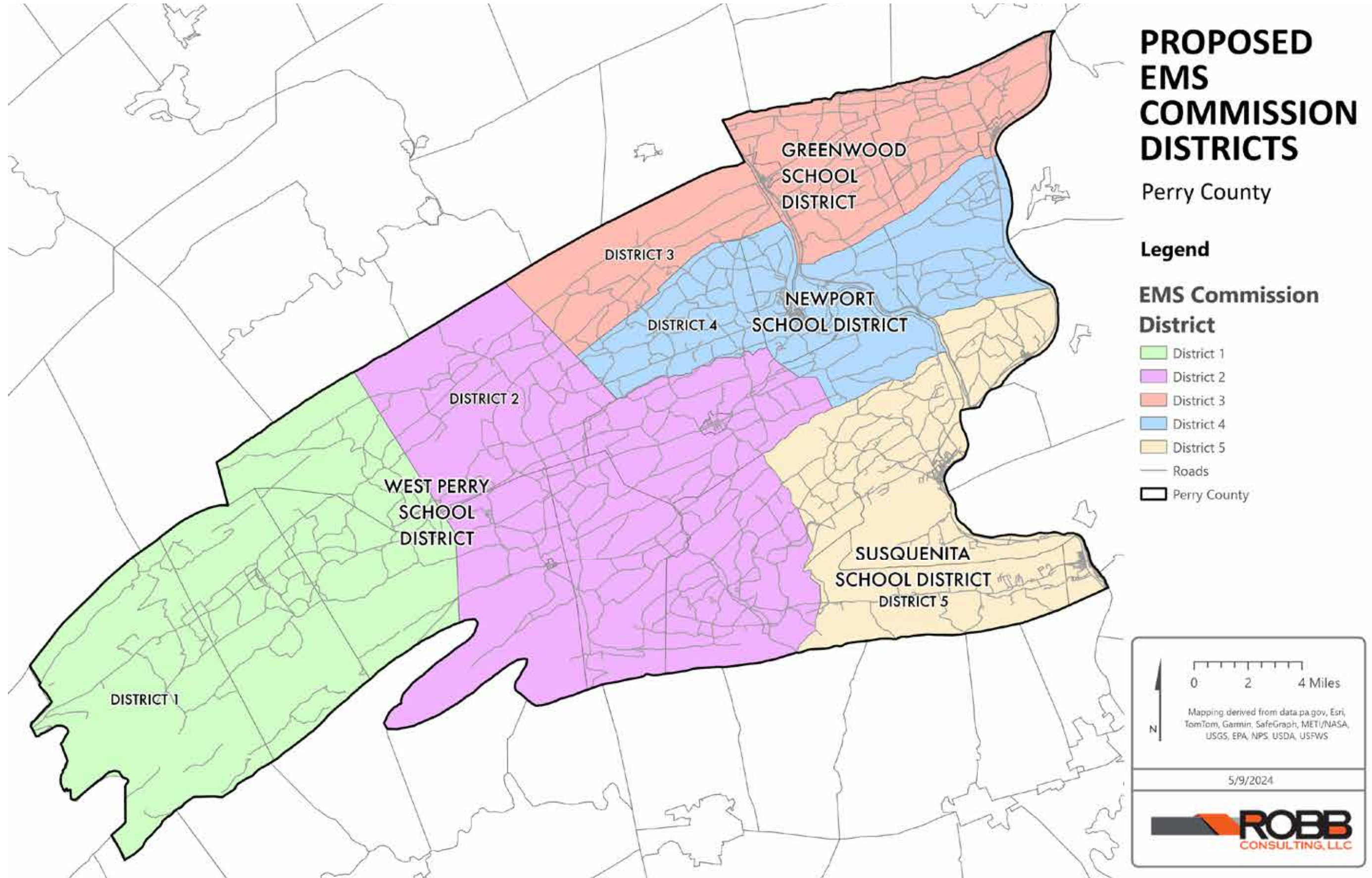
0 2 4 Miles

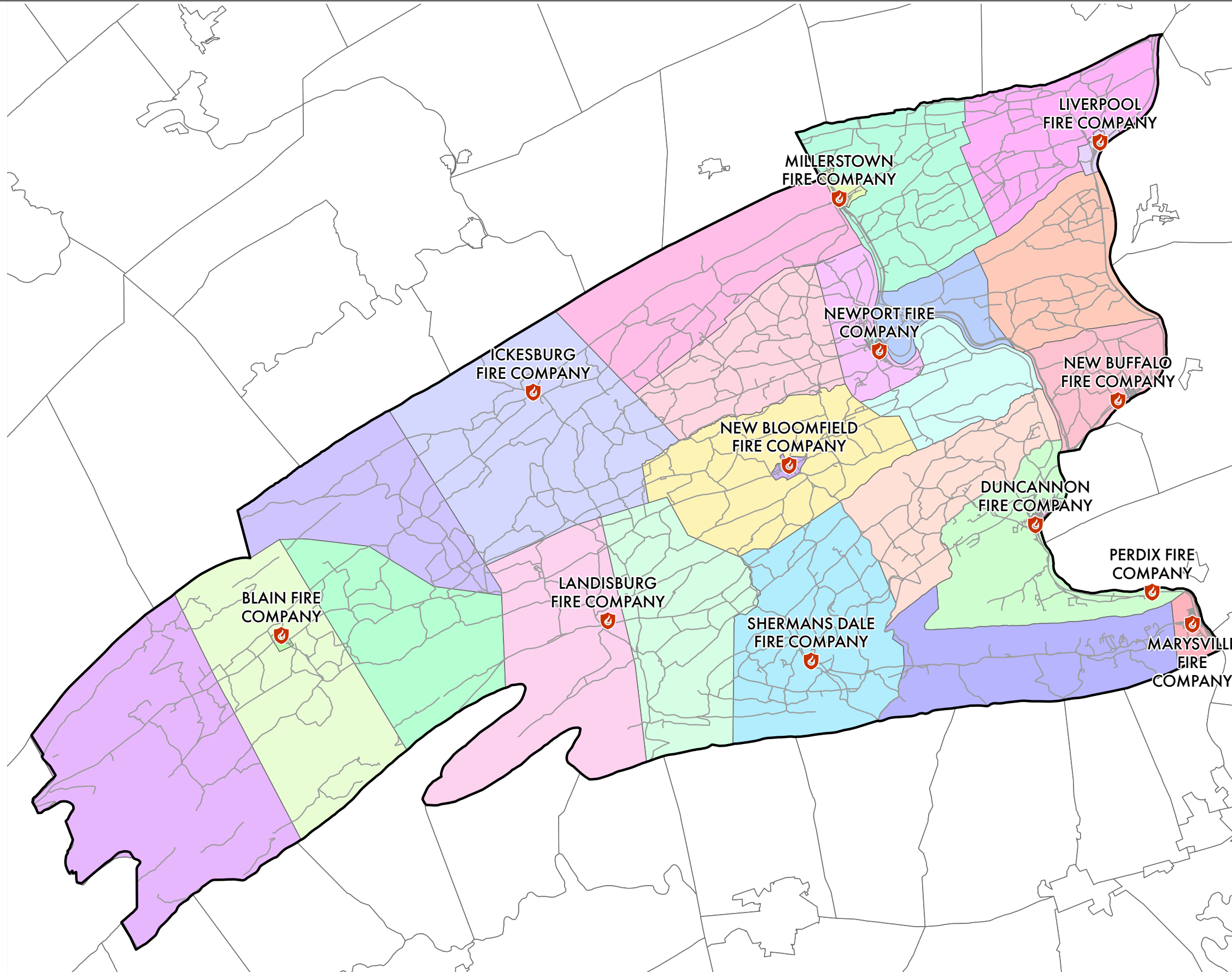
Mapping derived from data.pa.gov, Esri, TomTom, Garmin, SafeGraph, METI/NASA, USGS, EPA, NPS, USDA, USFWS

5/13/2024









FIRE COMPANY LOCATIONS

Perry County

Legend

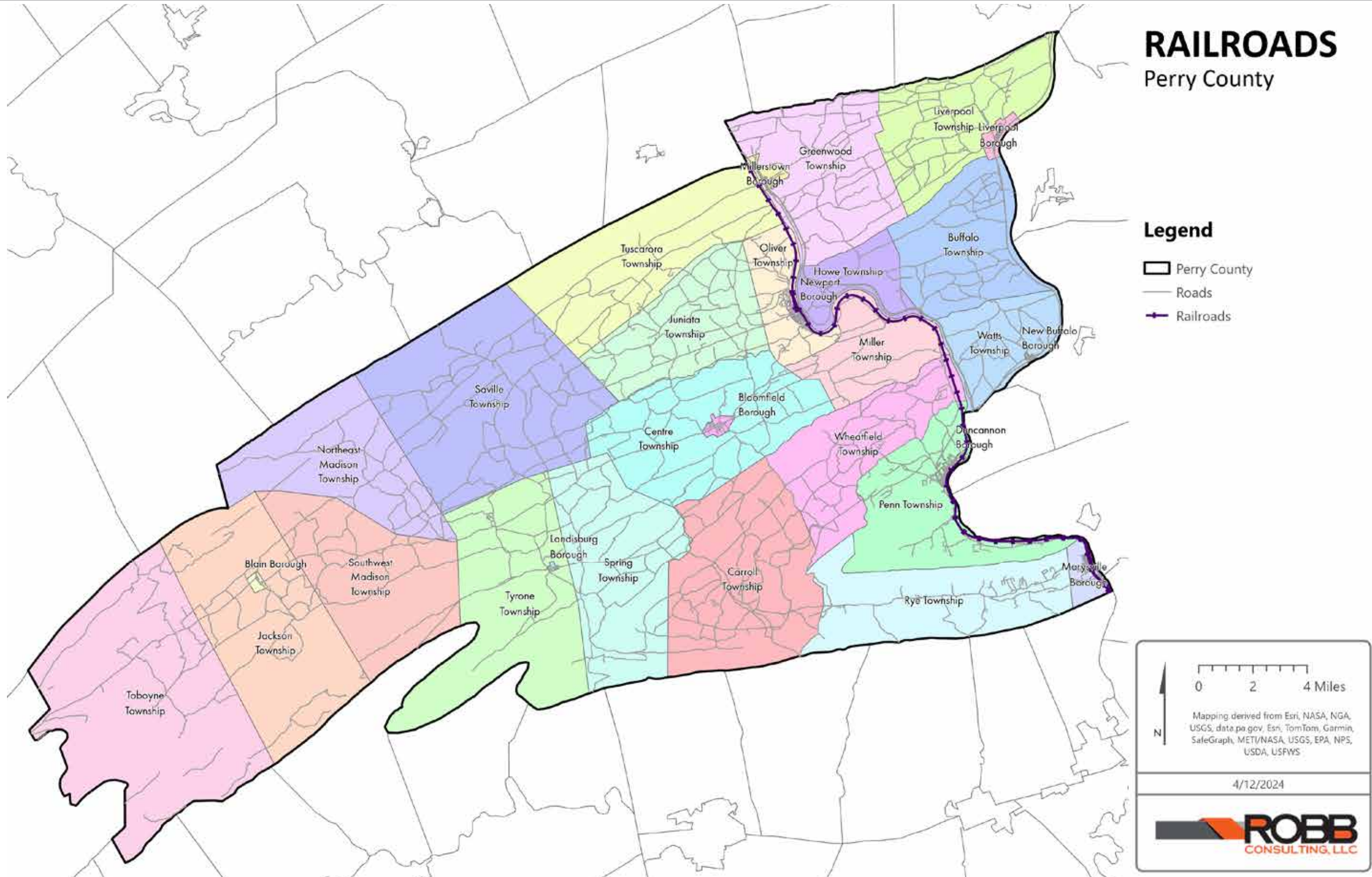
- Fire Station Locations
- Roads
- Perry County

Please note that all fire companies in Perry County have an engine (pumper) fire apparatus.

0 2 4 Miles

Mapping derived from data.pa.gov, Esri, TomTom, Garmin, SafeGraph, METI/NASA, USGS, EPA, NPS, USDA, USFWS

9/20/2024



SCHOOL DISTRICTS

Perry County

Legend

Perry County

Roads

School Districts

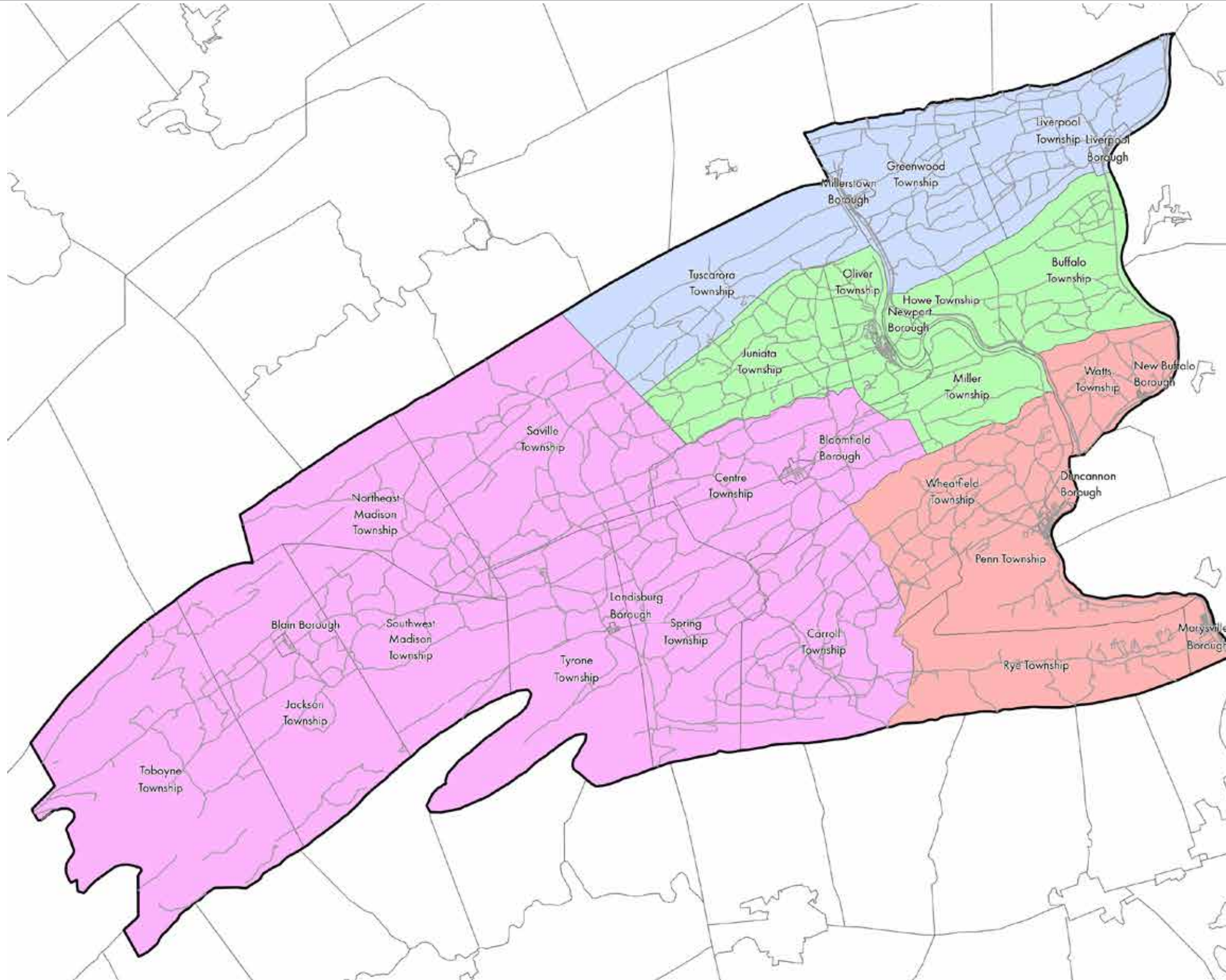
School District

Greenwood School District

Newport School District

Susquenita School District

West Perry School District



0 2 4 Miles

Mapping derived from Esri, NASA, NGA, USGS, data.pa.gov, Esri, TomTom, Garmin, SafeGraph, METI/NASA, USGS, EPA, NPS, USDA, USFWS

4/5/2024

TRANSPORTATION

Perry County

Legend

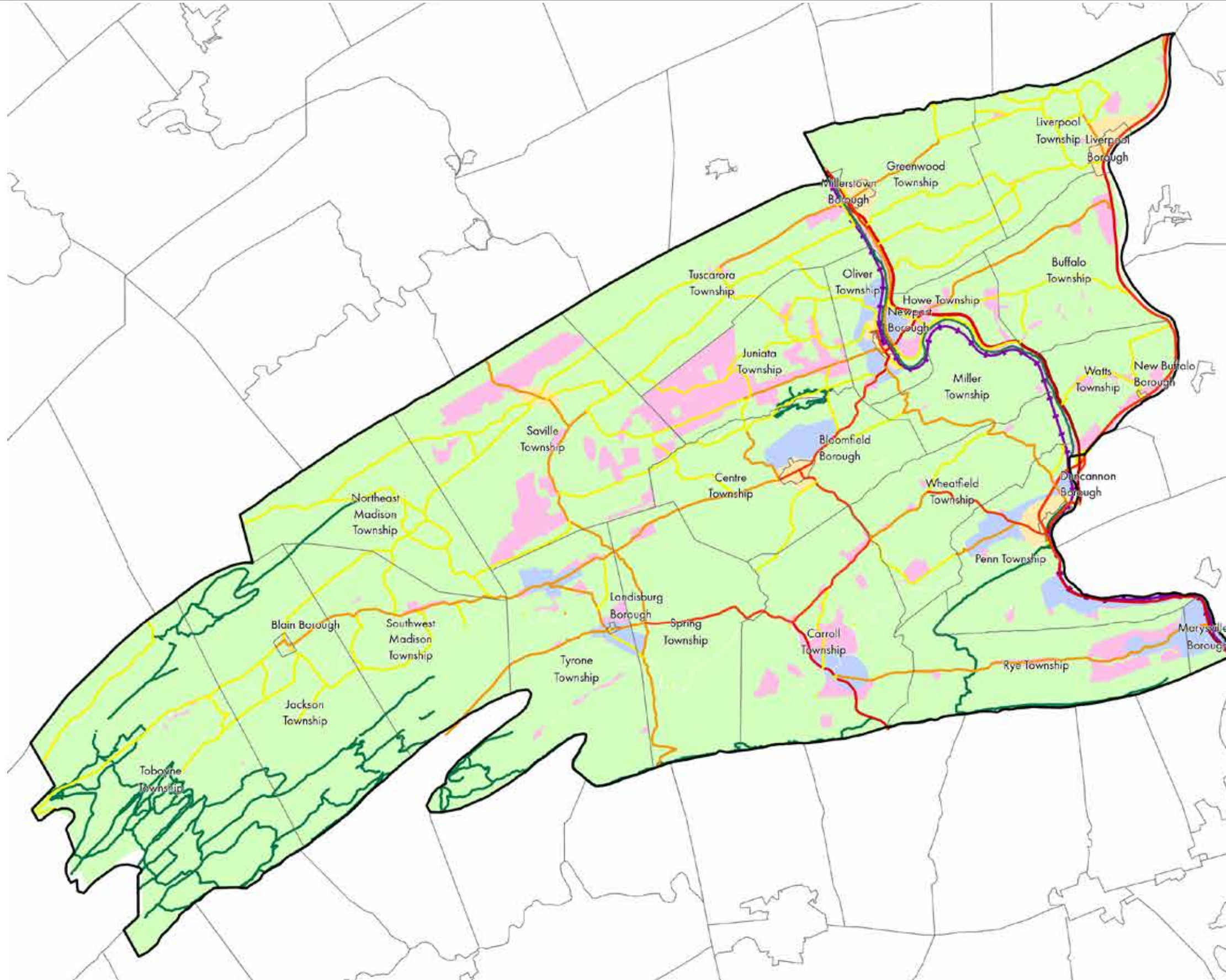
- Perry County
- Railroads
- Trails

Growth Area Designation

- Conservation
- Growth
- Rural Core
- Rural Reserve

Average Annual Daily Traffic (AADT)

- 0 - 1159
- 1160 - 3468
- 3469 - 7291
- 7292 - 13164
- 13165 - 21253



0 2 4 Miles

Mapping derived from Esri, NASA, NGA, USGS, data.pa.gov, Esri, TomTom, Garmin, SafeGraph, METI/NASA, USGS, EPA, NPS, USDA, USFWS

4/17/2024

APPENDIX 3: SURVEY RESULTS

SURVEY RESULTS

General Approach

Perry County Commissioners agreed to gather objective information from impacted stakeholders via a survey open to a designated number of emergency services stakeholders. In general, surveys cannot provide conclusive findings on a given topic. At best, the results provide an opportunity for Perry County Emergency Services to engage survey participants by sharing the survey's results and validating the interpretation of those results with that stakeholder population. Results can help leaders further investigate identified trends and better understand blind spots, areas of opportunity, and areas of challenge.

In this case, survey administrators analyzed the data to identify the story the data appears to be telling and the opportunities available to Perry County officials to improve the state of emergency services within the county.

General Survey Information

Perry County EMS Council, in partnership with ROBB Consulting, collaborated to design and launch the "Perry County Emergency Services Survey" on August 21, 2023. Wes Smith, 9-1-1 Coordinator and Deputy Emergency Management Coordinator, and his internal team invited via email 344 stakeholders to participate in the survey prior to its closing date on September 8, 2023. The survey enjoyed a 33% participation rate (112 of 344 possible respondents) with group breakdowns as follows: EMS (64%), Fire (18%), Municipality (15%), and Other (3%).

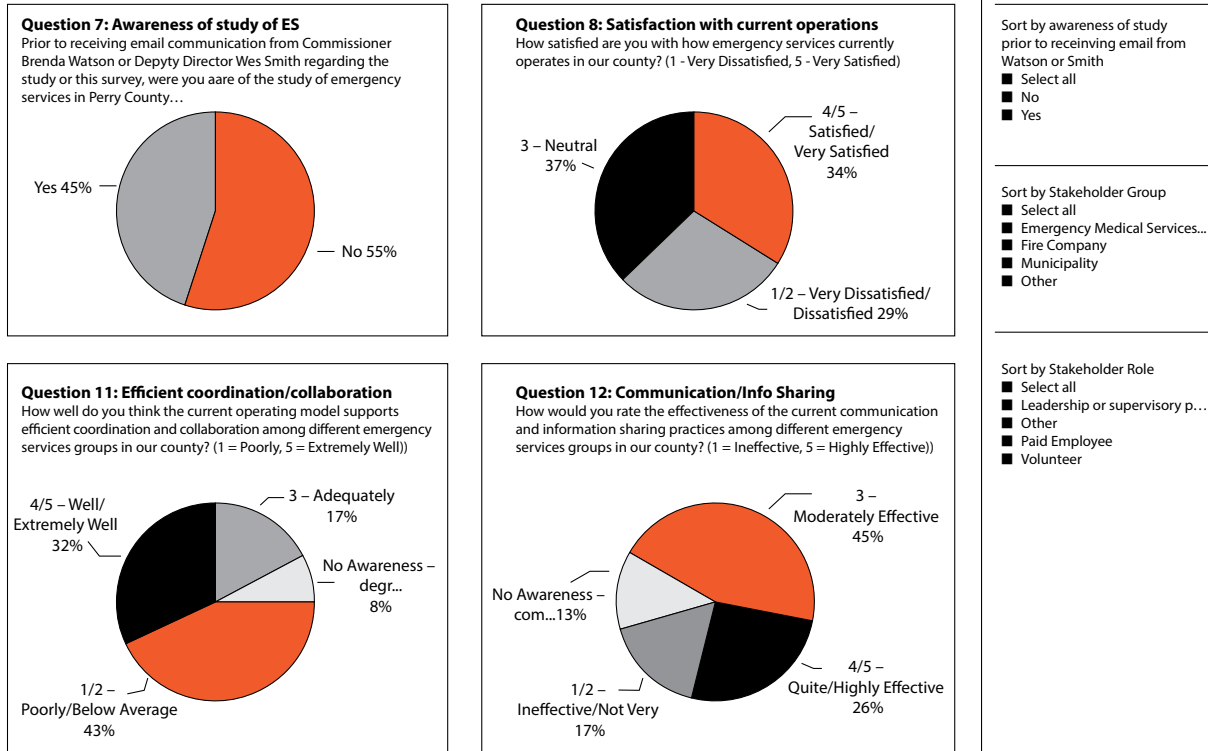
The survey was comprised of 19 questions as follows:

- Questions 1 – 5: demographics question to aid in analyzing the data
- Questions 6 – 12: focused on the current state of emergency services in Perry County
- Questions 13 – 17: focused on the future state of emergency services in Perry County
- Questions 18 and 19: open ended questions to ascertain what is working well and what could work better in Emergency Services in Perry County, respectively.

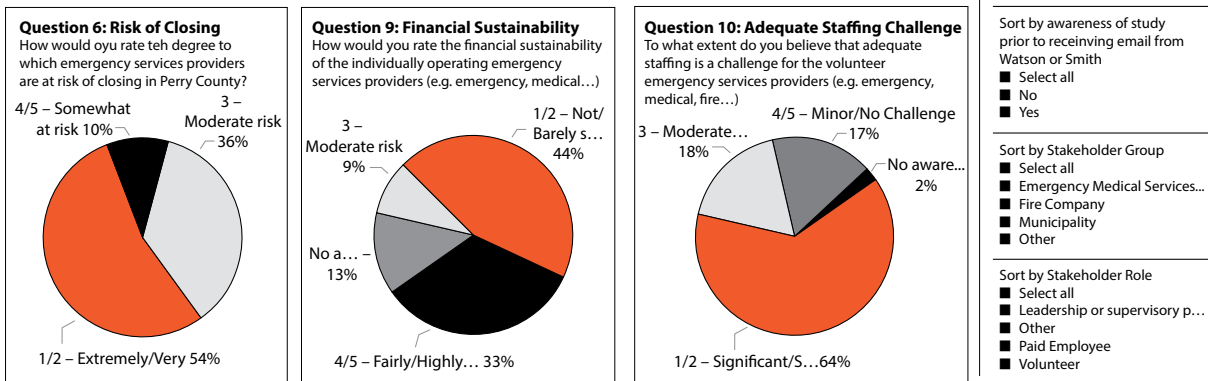
Graphics 1-4 within this appendix show a summary of the numerical results of the survey.

APPENDIX 3: SURVEY RESULTS

Graphic 1: Data Analysis – Current State (Questions 7, 8, 11, and 12)

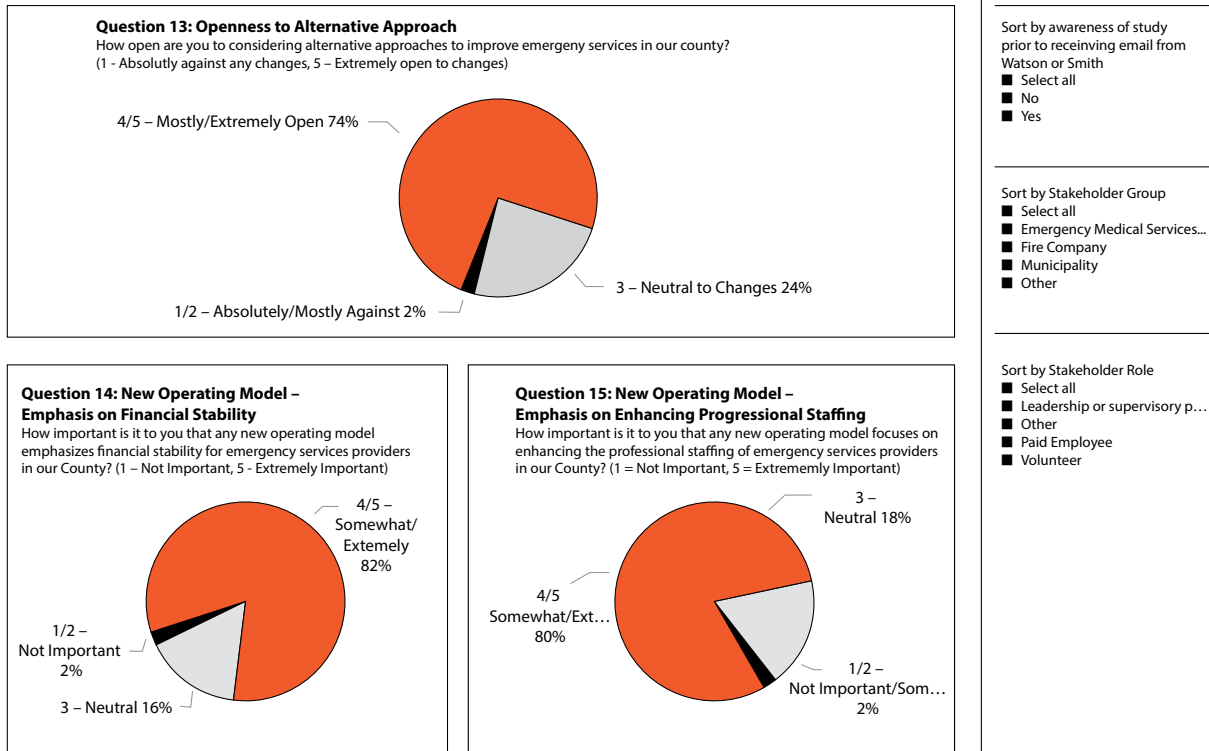


Graphic 2: Data Analysis – Current State (Questions 6, 9, and 10)

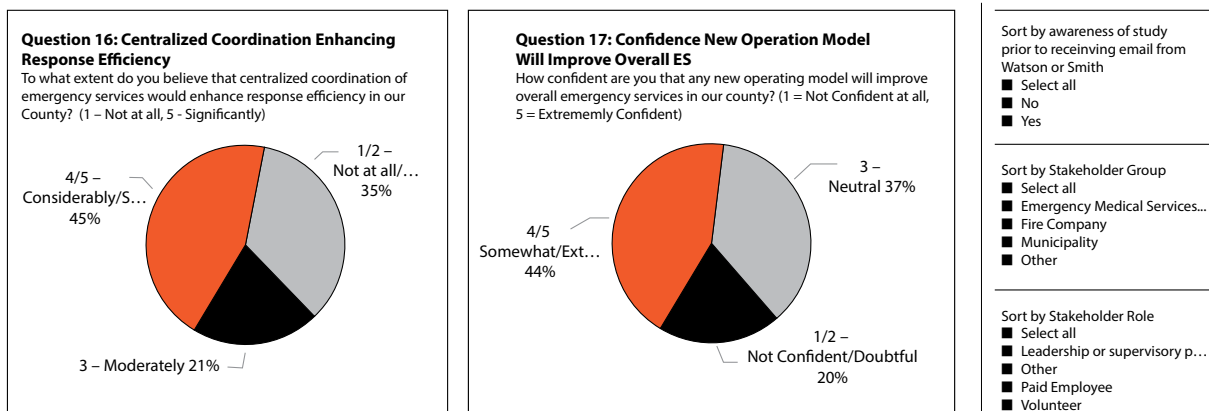


APPENDIX 3: SURVEY RESULTS

Graphic 3: Data Analysis – Future State (Questions 13, 14, and 15)



Graphic 4: Data Analysis – Future State (Questions 16 and 17)



APPENDIX 4: ACRONYMS AND TERMINOLOGY

ACRONYMS AND TERMINOLOGY

AED (Automated External Defibrillators): lightweight, portable and battery-operated devices that check the heart's rhythm, and will send an electric shock to the heart in order to reset its rhythm or restart the muscle's function completely.

Anaphylactic shock: is when the circulatory system's function is severely impacted by an allergic reaction. This reaction can include swelling of the face, throat, and body, the development of hives, and extreme skin irritation. If a person is experiencing anaphylactic shock, they will need an immediate epinephrine injection and medical care. (See EpiPen, above).

Advanced Life Support (ALS): it refers to a variety of life-saving treatments administered by paramedics prior to and during their transportation to the hospital.

Basic Life Support (BLS): refers to the treatments that can be administered by an EMT of any level to promote patient safety before paramedics arrive.

Basic Life Support (BLS) Unit: The BLS unit is staffed and equipped to provide Basic Life Support. This will include immediate life-saving interventions that are non-invasive such as oxygen therapy and defibrillation. The unit is capable of transporting the patient to the closest appropriate medical facility.

Cardiac arrest: is the sudden, total cessation of heart function, which, if not immediately treated correctly, is fatal. Victims in cardiac arrest will collapse and become unresponsive, need immediate CPR, and may require the use of a defibrillator. (For more on defibrillators, see AED definition above.)

CPR (Cardiopulmonary Resuscitation): an emergency treatment for sudden cardiac arrest in which a person pushes hard and fast on the center of the chest to keep the heart beating until help arrives.

Emergency medical services (EMS): according to the National Highway Traffic Safety Administration, "a system that provides emergency medical care." This system may include medical personnel like doctors, nurses, and therapists, administrative professionals such as dispatchers or government officials, and either professional or volunteer pre-hospital care teams. It may also include locations such as trauma centers, hospitals, rehabilitation facilities, or special care centers. Prehospital EMS includes basic life support (BLS) up to advanced life support (ALS) paramedics.

APPENDIX 4: ACRONYMS AND TERMINOLOGY

EMS System: the network of people and systems which respond to urgent situations in which people may be hurt or in serious, immediate danger. These teams work with other public resources such as safety networks to ensure that the community they serve remains safe and healthy.

EMS Service: may be public organizations run by government officials or private companies employed by individual business owners for their businesses or events, such as Joffe Emergency Services. Either way, the responsibility of the service is the same: to protect their community during serious medical events.

Within an emergency medical services system are emergency medical technicians. Commonly shortened as EMTs, these professionals are specially trained to tend to urgent medical needs on-site and if needed, transport patients to longer-term care facilities safely and efficiently. There are several kinds of EMTs.

EMS Supervisor: Each shift is staffed with an EMS Supervisor who is a Paramedic. The EMS Supervisor responds to assist for any incident deemed immediately life threatening. The EMS Supervisor also responds to any complex incidents in support of the Incident Commander and may be assigned a support role within the Incident Command System.

EMT-A, or EMT Advanced: is a step below a paramedic in certification and is able to use more complex techniques and equipment. They often assist paramedics by suctioning intubated patients and preparing IVs.

EMT-B, also known as EMT Basic: is a certified professional who is qualified to respond to common emergencies such as burns, breaks, and minor injuries, as well as can administer supplemental O₂. EMT-B certification requires a minimum commitment of 120+ hours, and the successful completion of the National Registry of Emergency Medical Technicians (NREMT) exam.

EMT-I or EMT Intermediate: has more medical knowledge and training than an EMT-B. They are often able to assess a patient's condition, protect their airway in more advanced ways, use certain medical devices such as defibrillators or supplemental oxygen, and administer some medications.

APPENDIX 4: ACRONYMS AND TERMINOLOGY

EMT-P is a paramedic: the highest certification in emergency medical care. These professionals can perform medical processes that regular EMTs cannot, such as administering an IV, intubating a patient, and administering life support.

Joffe Emergency Services works with EMTs across the spectrum of certification, and supports our professional team in advancing their certifications if and when they choose to.

Medic Unit: The Medic unit is staffed and equipped to the highest level outside the hospital. The paramedic is trained in many advanced life-saving skills that include advanced airways, advanced IV access & administration, and is authorized to administer a broader scope of pharmaceutical interventions.

Mobile Intensive Care Unit (MICU): a vehicle equipped to provide ALS onsite. It is often mistaken for an ambulance - a transport vehicle with BLS supplies - and sometimes even labeled as one for the sake of convenience.

Motor Vehicle Accident or Collision (MVA or MVC): a road traffic incident involving a motorized vehicle.

PRN: an acronym for the Latin term “pro re nata,” which means “as the situation demands,” or simply, “as needed.” PRN nurses are fully licensed professionals who want to work on-call instead of as a full-time employee.

Quick Response Unit (QRS): Responds to medical emergencies with trained personnel and equipment. This unit does not have the capability to transport a patient to the hospital.

Trauma Unit: The Trauma unit is staffed and equipped with trained personnel and equipment to provide intermediate care above the BLS level. This would include IV therapy, some advanced airway techniques, defibrillation, and limited medications approved by the medical director. The trauma unit is authorized to transport.