



**Assessment of
Emergency Medical Services**

Basic Life Support/Advanced Life Support

Pike County, Pennsylvania

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Acronyms used throughout this document

ALS	Advanced Life Support
BLS	Basic Life Support
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
OOS	Out Of Service
QRS	Quick Response Service

Plan Intent/Goal

The intent of this plan is to review and assess existing conditions to formulate a series of implementable options to improve and/or enhance the emergency medical services available to Pike County Residents and visitors.

The goal is to clarify how EMS response for BLS and ALS has changed over the years and help identify ways to rectify problems facing the adequate provision of EMS in Pike County, PA.

SECTION 1. OVERVIEW

In October 2017, Pike County and municipal officials, as well as leaders from the Emergency Response agencies, gathered at the Pike County Training Center to discuss the current issues facing our emergency services. During this meeting, the main questions were “*Why is there such a need for ALS services?*” and “*Why isn’t an ALS agency able to survive in our area?*” and “*How can we help find a solution?*” It was determined that our EMS system needed to be studied and numbers needed to be documented to identify the root problems. In January of 2018, the Pike County Office of Community Planning and the Pike County Department of Public Safety were tasked with compiling this study.

Data for this assessment was compiled from many different sources including Pike County 911 Computer Aided Dispatch System, Pike County Planning Records and data from Municipalities, EMS Agencies and EMS responders.

Throughout this document, reference is made to BLS and ALS and it is important that all understand the distinction between the two. The difference between BLS (Basic Life Support) and ALS (Advanced Life Support) is the degree of paramedic. Paramedics are certified to use medications approved by Dept. of Health as well as use cardiac monitors, intubation tools, and begin fluids by intravenous techniques. While having a paramedic can be very helpful and may provide a greater chance for life saving intervention, Emergency Medical Technicians are still required to staff an ALS transport unit. The skills of BLS always comes before ALS. There are now trainings available to help transition some BLS providers to use ALS techniques, such as medication application, CPAP (continuous positive airway pressure), glucose monitoring, epinephrine, naloxone, and nebulizer treatments. According to Dept. of Health regulations, a legal BLS transport capable unit must have a minimum of one EMT and one Emergency Medical Responder. For an ALS transport capable unit, one paramedic and one EMT is required.

Before any ALS solutions could be solved, the departments determined that the BLS services throughout the County needed to be looked at first. BLS in Pike County has historically been provided by volunteer programs. Many of these departments have since transitioned to a career paid staff. Still, several volunteer entities remain as the municipal BLS providers.

This assessment will show how the system is functioning today, where the deficiencies in service lie, the impact of ALS, and how the County is currently providing service without a full time ALS provider. The most important part of the assessment is focused on the BLS agencies, lack of coverage in some areas, service gaps, and delays in service. The assessment also reviews the impact of Nursing Homes, Assisted Living, Senior Housing and Medical Facilities.

Current legislation states that municipalities are responsible to ensure Fire and Emergency Medical Services are adequately provided including the provision of financial and administrative assistance for these services. Perhaps the fastest change would be to change the existing legislation’s municipal taxing limit and allow the municipality to be in a better position to fund the services. To change the taxing from a local municipal taxing level to a County wide taxing authority may be a longer process, this may be the longer range solution and will also require legislation to include all or part of the municipalities to be included.

Volunteerism

The existing foundation of EMS volunteers is made up of great men and women who are not there to collect a paycheck, but instead donate their time, energy, and skills to benefit their community. However, increased call volume, long transport times, and a hard economy have forced many to take second jobs. Many have either stopped volunteering or have cut back on their volunteer time. This forced many EMS agencies to become fully paid or paid/volunteer but most are still using local staff that know the area.

We are not alone in the decline in volunteerism as it is impacting communities throughout our nation. Numbers for fire departments and medical services have drastically declined over the past ten years causing a shortage in staffing. This decline has caused Pike County to become very proactive to help cover the 911 calls.

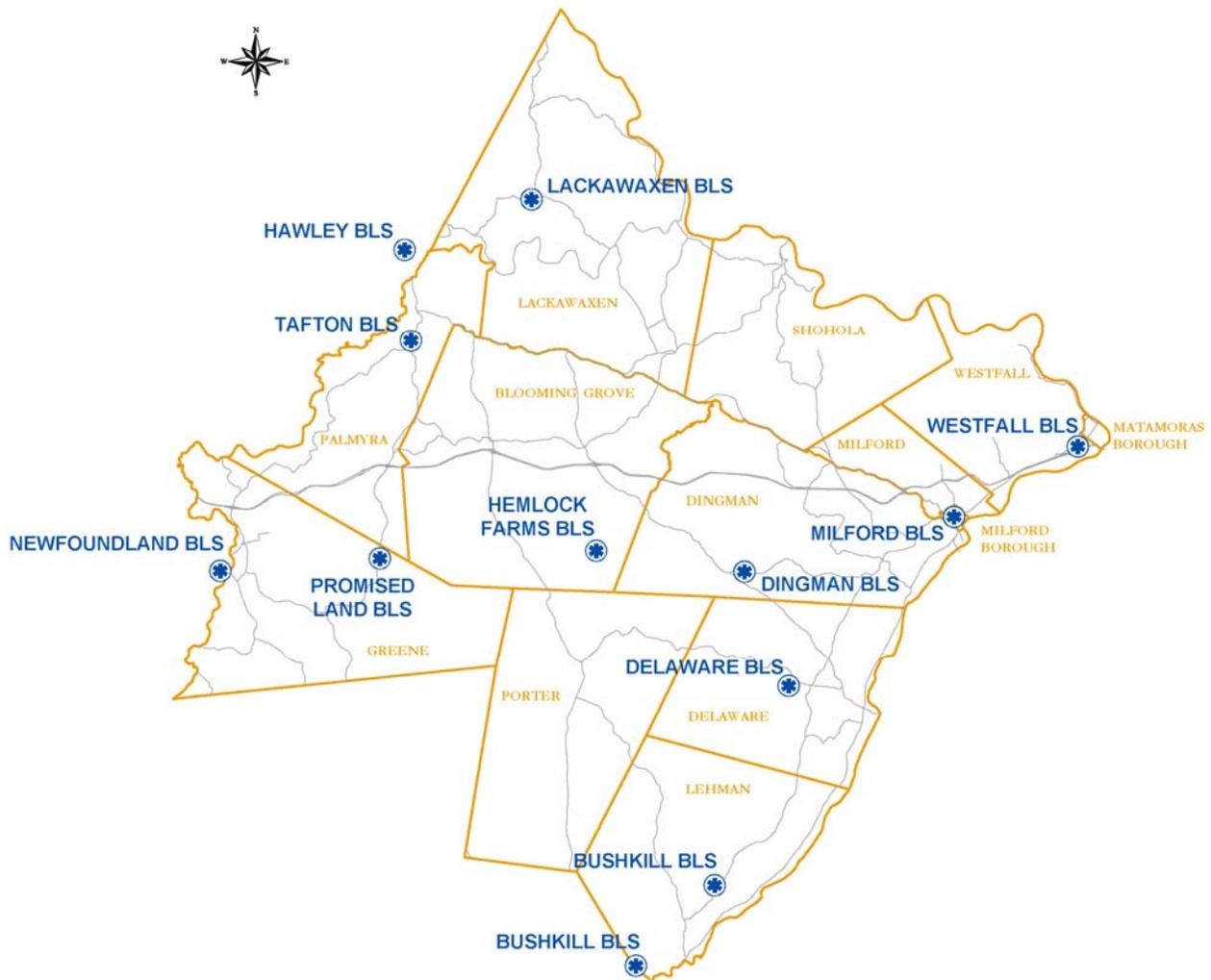


Figure 1 Existing EMS Base Stations

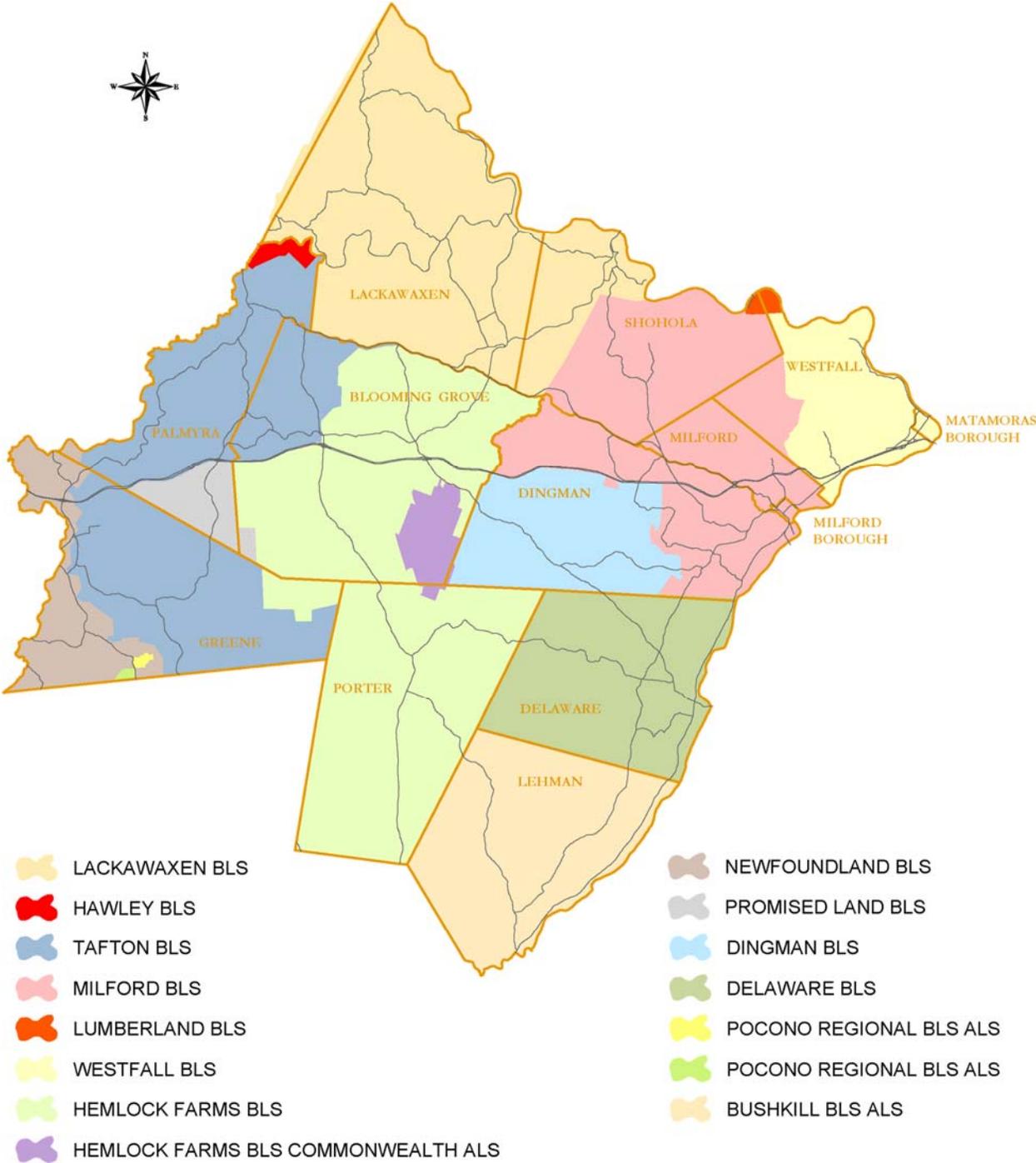


Figure 2 – EMS Service areas

SECTION 2. EXISTING SERVICES

Local EMS Services

Unit Name	Station Number	# Transport Capable Units	Paid Staff	Volunteer Staff
Bushkill EMS ¹	3	3	3 Units	Supplements
Delaware Twp. Ambulance ²	28	2	1 ALS or BLS Unit	Supplements
Dingman Twp Fire	26	2		Full
Hemlock Farms Fire & Rescue ³	29	2	First Unit	
Lackawaxen Ambulance ⁴	21	3	First Unit	Supplements
Milford Fire Dept. ⁵	33	1		Full
Promised Land	35	2		OOS 9/2017
Tafton Fire and EMS	37	2	First Unit	Supplements
Westfall Fire Dept.	39	2		Full
Newfoundland Ambulance		2		Full
Hawley		2		Full

1 - Bushkill EMS BLS/ALS is dispatched out of Monroe County and has a large coverage area. They normally have 3 transport capable units in Lehman Township

2 - Delaware Township also runs an ALS program (identified as 407-1) on days where the paid staff has a paramedic on.

3 - Hemlock Farms has 2 transport capable ambulances, however the second ambulance is staffed by volunteers and is normally placed out of service.

4 - Lackawaxen EMS has 3 transport capable units and one paid ambulance on duty. They add a second paid ambulance crew on times of heavy call volume.

5 - Milford Fire Department has downsized their ambulance fleet from 2 ambulances to one. This is due to lack of staff. Their ambulance is typically out of service for 60 plus hours a week.

Countywide, including units outside the county that have primary response in Pike County, there are 23 units. Of those units, 7 have paid staffing. Five (5) additional units are staffed most of the time from various BLS departments. The remaining units may not be able to be staffed; however, in the event of a major emergency in the County, at least several of the additional units could be staffed.

2017 Call Volume

	Station Number	Dispatched	Completed Calls	First Due Coverage Area	# completed outside of First Due area
Lackawaxen Ambulance	21	669	623	594	29
Dingman Twp Fire	26	1013	942	517	425
Delaware Twp Ambulance	28	918	860	665	195
Hemlock Farms Fire & Rescue	29	1110	959	828	131
Milford Fire Dept	33	1035	713	575	138
Promised Land	35	281	48	OOS 9/2017	---
Tafton Fire & EMS	37	836	751	495	256
Westfall Fire Dept	39	1121	994	638	356
Bushkill Ambulance			1126		
Newfoundland Ambulance		164			
Hawley Ambulance		69		0	

** Though Bushkill is stationed in Pike County, calls are dispatched out of Monroe County, so the number of completed calls for the County will be different than reflected here. Newfoundland and Hawley are dispatched out of Wayne Co.*

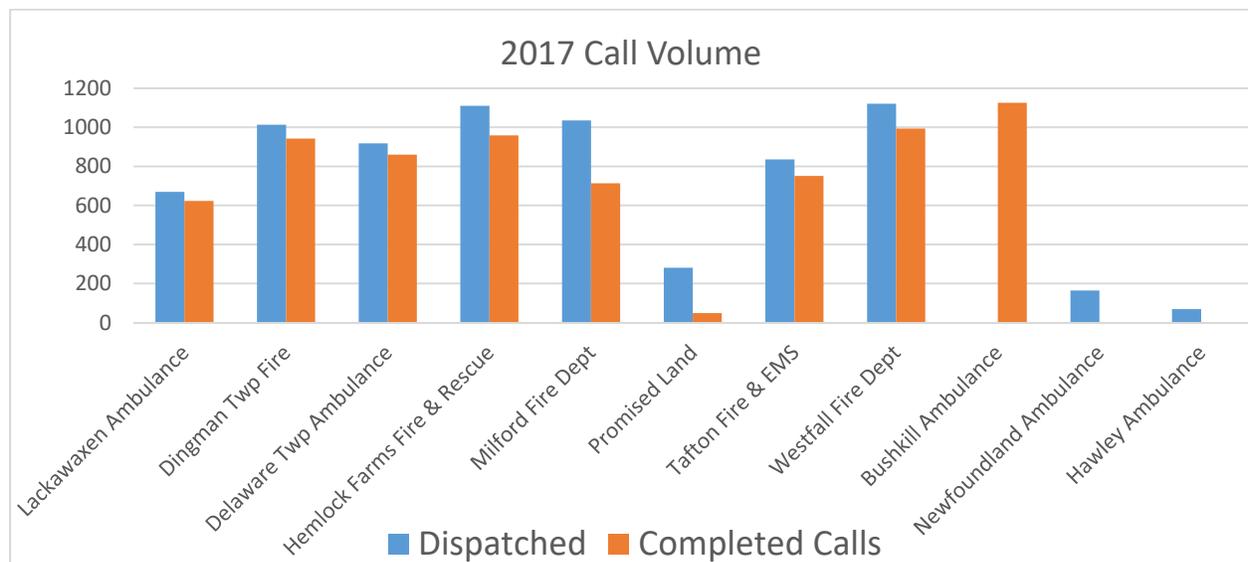


Figure 3 Difference between Dispatched and Completed calls

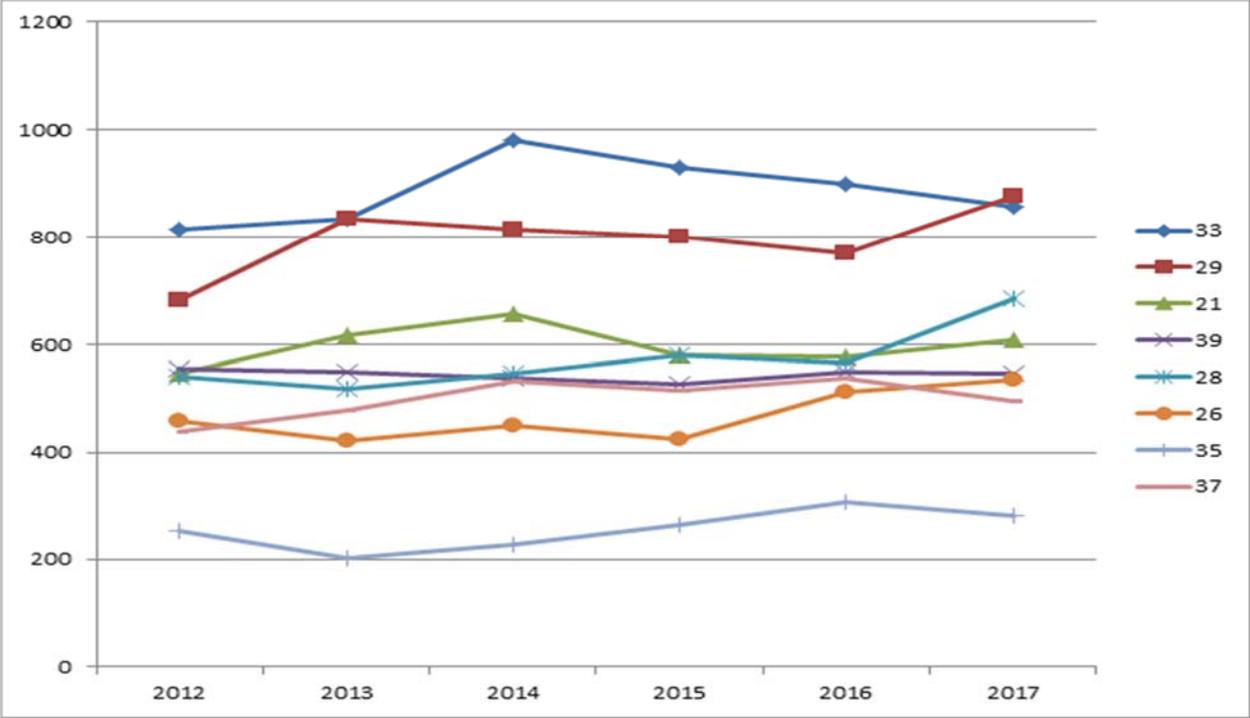
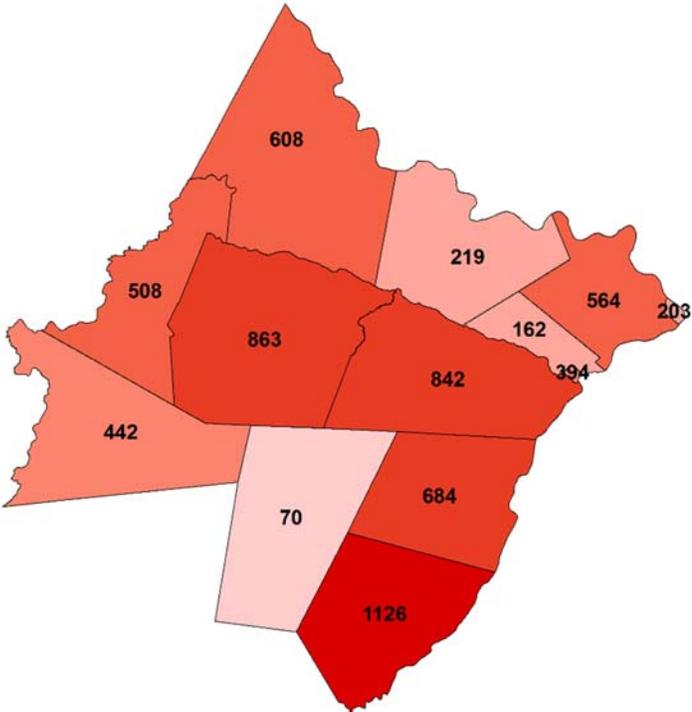


Figure 4 Busiest Ambulance Agencies from 2012 - 2017

Municipal Completed Calls

The map at right shows the number of calls in 2017 within each municipality that were responded to and had patient contact or transport. 6,685 total calls were reported for 2017.



Incident Responses

The following is a breakdown of 2017 incidents covered by other agencies due to the primary agency of that municipality unable to take the call. ALS units had to handle many incidents because a BLS unit did not respond. Canceled EMS calls are also listed to note patients canceling EMS request before a unit responded or other authorities not needing EMS before a unit could go responding. The table at the end of this section offers a comprehensive overview of these incident responses that were handled by agencies other than First Due.

BUSHKILL EMERGENCY CORPS - LEHMAN TWP

Delaware Township ambulance corps. - 15
Hemlock Farms fire dept. ambulance - 2
Pike County based ALS provider - 2

DELAWARE TOWNSHIP AMBULANCE CORPS - DELAWARE TWP

Dingman Township fire dept. ambulance - 22
Milford fire dept. ambulance - 9
ALS provider - 7
Hemlock Farms fire dept. ambulance - 5
Bushkill emergency corps. - 2
Westfall fire dept. ambulance - 1
EMS canceled - 17

DINGMAN TOWNSHIP FIRE DEPT AMBULANCE - DINGMAN TWP

Hemlock Farms fire dept. ambulance- 66
Milford fire dept. ambulance - 33
ALS provider- 27
Delaware township ambulance corps. - 5
EMS canceled- 31

HEMLOCK FARMS FIRE DEPT AMBULANCE - BLOOMING GROVE TWP

ALS provider- 43
Tafton fire co. ambulance- 26
Dingman township fire dept. ambulance- 21
Westfall fire dept. ambulance -1
EMS Canceled -14

HEMLOCK FARMS FIRE DEPT AMBULANCE - PORTER TWP

Dingman Township fire dept. ambulance- 2
ALS provider - 1
Bushkill emergency corps. - 1
Milford fire dept. ambulance- 1
Tafton fire co. ambulance- 1

LACKAWAXEN AMBULANCE SERVICE - LACKAWAXEN TWP

Hemlock Farms fire dept. ambulance - 9
ALS provider- 6
Hawley ambulance - 6
White Mills ambulance- 3
Tafton fire co. ambulance- 2
Tusten, NY ambulance - 1
EMS canceled -18

MILFORD FIRE DEPT AMBULANCE - DINGMAN TWP

Dingman township fire dept. ambulance- 32
ALS provider- 28
Westfall fire dept. ambulance- 28
Port Jervis ambulance- 3
Delaware township ambulance corps.- 1
Hemlock Farms fire dept. ambulance -1
EMS canceled -16

MILFORD FIRE DEPT AMBULANCE - MILFORD BORO

ALS provider -141
Westfall fire dept. ambulance- 66
Dingman township fire dept. ambulance- 9
Port Jervis ambulance- 4
Hemlock Farms fire dept. ambulance- 1
Regional BLS- 1
EMS canceled -12

MILFORD FIRE DEPT AMBULANCE - MILFORD TWP

Westfall fire dept. ambulance- 45
ALS provider - 14
Dingman township fire dept. ambulance- 8
Lackawaxen ambulance service - 1
Port Jervis ambulance- 1
EMS canceled - 2

NEWFOUNDLAND AREA AMBULANCE ASSOC - GREENE TWP

Tafton fire company ambulance- 31
Promised Land fire co. ambulanced - 4
Hamlin ambulance- 2
EMS canceled -13

NEWFOUNDLAND AREA AMBULANCE ASSOC. - PALMYRA TOWNSHIP

Tafton fire company ambulance - 6
EMS canceled - 2

PROMISED LAND FIRE CO AMBULANCE - GREENE TWP

Tafton fire co. ambulance - 92
Newfoundland area ambulance assoc. - 28
Hemlock Farms fire dept. ambulance - 7
ALS provider- 5
Hamlin ambulance -1
Hawley ambulance -1
EMS canceled- 7

PROMISED LAND FIRE CO AMBULANCE - PALMYRA TWP

Tafton fire co. ambulance -14
ALS provider - 1
EMS canceled -1

SHOHOLA TOWNSHIP

ALS provider- 145
Dingman township fire dept. ambulance -19
Milford fire dept. ambulance -19
Lackawaxen ambulance service- 19
Westfall fire dept. ambulance - 7
Hemlock Farms fire dept. ambulance- 3
EMS canceled - 4

TAFTON FIRE CO AMBULANCE - BLOOMING GROVE TWP

Hemlock Farms fire dept. ambulance- 2
EMS canceled -1

TAFTON FIRE CO AMBULANCE - PALMYRA TWP

ALS provider- 8
Hemlock Farms fire dept. ambulance- 3
Lackawaxen ambulance service- 2
Newfoundland area ambulance assoc. - 2
Hawley ambulance- 1
Promised Land fire co. ambulance -1
EMS canceled - 5

WESTFALL FIRE DEPT AMBULANCE - MATAMORAS BORO

Port Jervis ambulance- 32
ALS provider - 3
Delaware township ambulance corps. -1
Dingman township fire dept. ambulance - 1
Hemlock Farms fire dept. ambulance - 1
Milford fire dept. ambulance- 1
EMS canceled -15

WESTFALL FIRE DEPT AMBULANCE - WESTFALL TWP

Port Jervis ambulance- 40
ALS provider- 22
Milford fire dept. ambulance- 12
Dingman township fire dept. ambulance- 3
EMS canceled - 26

Requesting Assistance (at right)	2	7	27	43	1	6	28	141	14	14	8	2	1	5	1	145	8	8	3	22
Responding Agency below																				
ALS Provider	2	7	27	43	1	6	28	141	14	14	8	2	1	5	1	145	8	8	3	22
Bushkill Emergency Corps		2			1															
Delaware Township Ambulance Corps	15		5				1												1	
Dingman Fire Dept. Ambulance		22		21	2		32	9	8							19			1	3
Hamlin Ambulance									2											
Hawley Ambulance						6												1		
Hemlock Farms Fire Dept. Ambulance	2	5	66			9	1	1					7			3	2	3	1	
Lackawaxen Ambulance Service									1											
Milford Fire Dept. Ambulance		9	33		1											19		2		12
Newfoundland Area Ambulance																		2		
Port Jervis Ambulance							3	4	1										32	40
Promised Land Fire Co. Ambulance										4								1		
Regional BLS								1												
Tafton Fire Co. Ambulance				26	1	2				31	6	92	14							
Tusten, NY Ambulance						1														
Westfall Fire Dept. Ambulance		1		1			28	66	45							7				
White Mills Ambulance						3														
EMS cancelled		17	31	14		18	16	12	2	13	2	7	1	7	1	4	1	5	15	26

Figure 5 - Summary of responding agencies to calls that were not their First Due

Average Response Time

Below is the average response time in minutes from dispatch to on-scene for first due and coverage units (unit in brackets) in 2017:

Municipality	First Due	Other First Due	Cover Unit
Blooming Grove	7.7 {29}	12.6 {37}	20.9 {29} 15.3 {37}
Delaware Township	12.9 {28}		22
Dingman Township	18.9 {26}	19.5 {33}	25.3 {26} 18.9 {33}
Greene Township	19.8 {37}		36.9
Lackawaxen Township	14.3 {21}		28.7
Matamoras Borough	10 {39}		10
Milford Borough	10.6 {33}		20
Milford Township	16.2 {33}		19.2
Palmyra Township	10.4 {37}		37
Porter Township	12.2 {29}		21
Shohola Township	27 {33}	33.3 {21}	29.8 {33} 36.6 {21}
Westfall Township	11.6 {39}		16.3

Conflicting Responsibilities

One BLS company also runs a part time ALS service. Delaware Valley Emergency Services utilizes the apparatus of Delaware Township. When staffed as an ALS unit, they are dispatched to ALS outside of Delaware Township. Once this occurs, there is a gap of BLS coverage in Delaware Township.

The other issue with agencies going and covering for others is some of the Emergency Medical Responders also serve as fire protection for their municipality. Staffing issues with the fire departments have meant that more responsibility falls on the shoulders of those willing to respond. When these responders are taking the medical calls, they are not answering the fire calls that may be going out at the same time. This creates another area where emergency response calls are being missed and being covered by an agency with further distance of travel, later notification, and more time needed to get to the emergency.

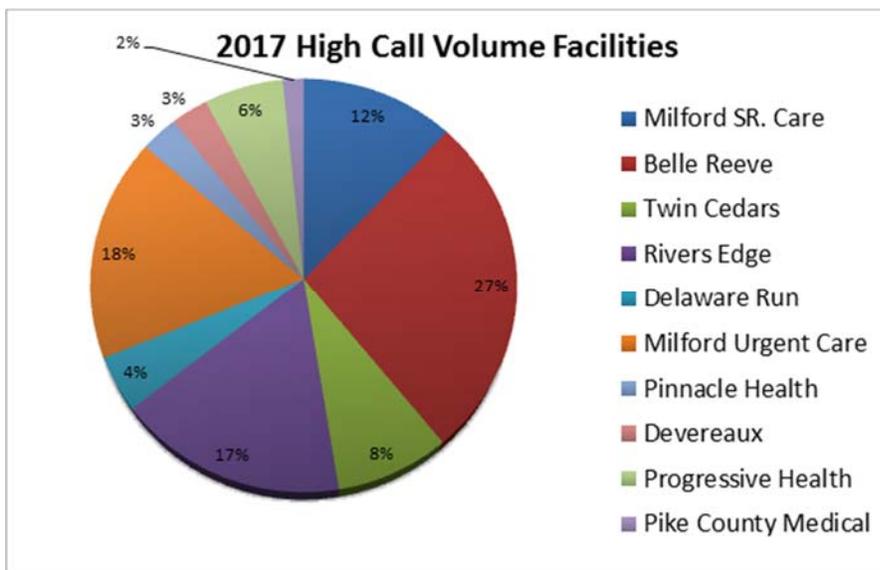
High Call Volume Locations

BLS response is impacted by the numerous locations with high call volume, these include medical facilities, skilled nursing homes, assisted living, senior apartments, and specialty service providers.

In years past, most of the calls or transports from the skilled nursing homes and assisted living centers were done by paid services, Atlantic Health ALS and then Regional ALS. This relieved the BLS from these calls but it also took the ALS out of service. Most of the transports required for these facilities were contracted out. However, since Atlantic's departure in 2016/17 and Regional's departure in 2017, these transports have become BLS responsibilities.

The major issue arises when these areas do not already have a first due BLS in their municipality forcing outside agencies to come in as mutual aid to handle the extra calls.

While the skilled and assisted living facilities may have staff on site to assist with preventing calls not requiring an ambulance, some protocols dictate that the person needs to be transported to the hospital due to specific circumstances. This may be alleviated from the EMS issues with some simple contractual fixes. By having contracted services, these facilities called their contracted provider directly, bypassing 911 and emergency response altogether. That is no longer the case in Pike County.



Call Numbers to these Facilities in 2017

- Belle Reeve - 148
- Milford Urgent Care - 96
- Heritage Point - 93
- Milford Sr. Care - 66
- Twin Cedars - 46
- Progressive Health - 34
- Delaware Run - 24
- Devereaux - 16
- Pinnacle Health - 16
- Pike County Medical - 9

Total – 548

Figure 6 High Call Volume Locations

No BLS Coverage

As this study looked into patterns across the problematic areas, Shohola Township had 216 incidents within the municipality. The majority of these calls were handled by a contracted unit. However, once the ALS units were out of service in September/October of 2017, these calls were answered by mutual aid units from outside of the municipality.

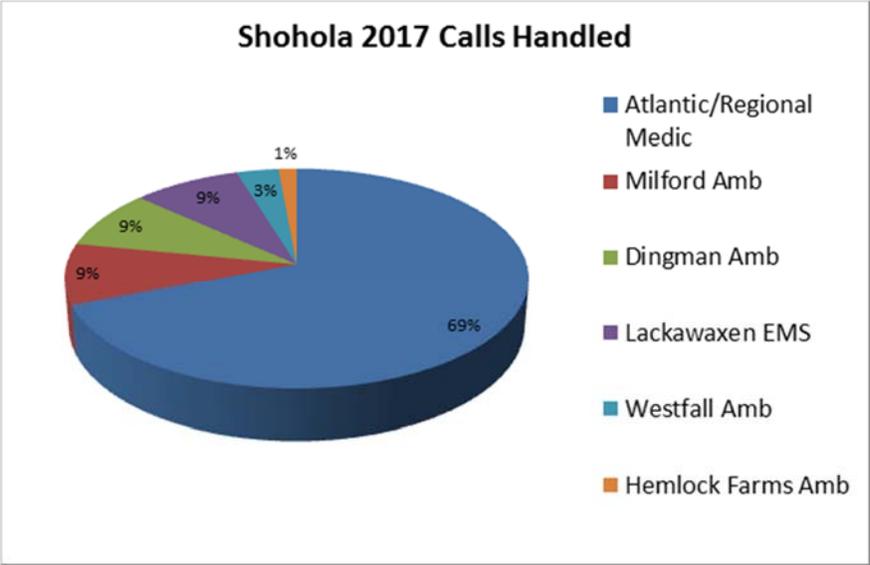


Figure 7 Shohola 2017 calls handled through 9/30/2017

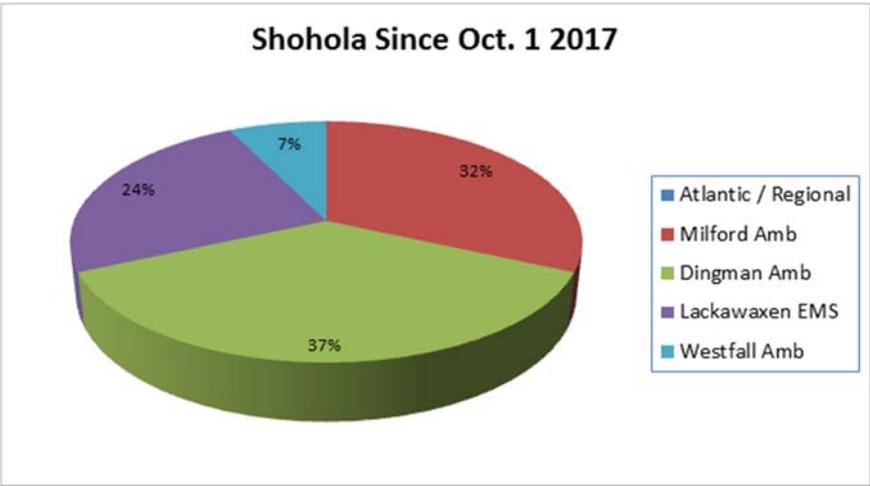


Figure 8 Shohola 2017 calls handled after Atlantic departure

ALS Dispatches

ALS dispatches increased in Blooming Grove Township when Hemlock Farms contracted their own ALS unit. In the chart below, you can see the significant call increase for that municipality. This is not a trend we see in all of our municipalities. Most municipalities are not requiring more ALS calls or putting in the additional requests. In 2017, there is a decrease in most areas. This is due to the last 3 months of 2017 having a limited ALS for most of our county.

We have seen an increase in BLS demand for other areas simply due to no ALS handling the normal transportable calls from frequent facilities or no ALS which normally handled the BLS calls.

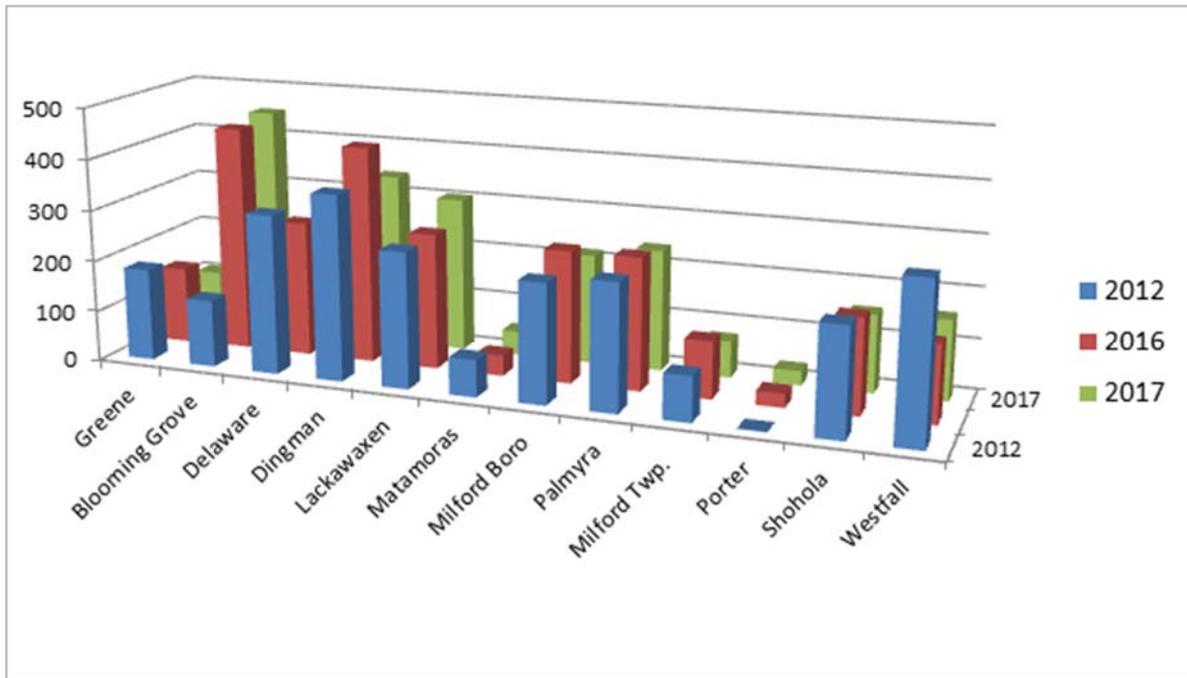


Figure 9 – ALS Dispatches 2012-2017

There has not been a major increase in ALS needed dispatches. ALS needs became an issue due to areas that relied on the ALS as the primary response unit. In other areas, ALS was not the primary. Some agencies made the ALS a second or third unit to cover.

One problem that was thought to occur was the leap-frog effect while covering others. The Computer Aided Dispatch system compensates for this but response times would be greater as seen in previous charts. Only 26 calls were missed in someone's first due while covering others. Milford ambulance missed five while covering Shohola; Dingman missed five while covering Milford; Tafton missed five while covering Promised Land's area in Greene Township; and Westfall missed five while covering Milford. The trend on this was growing at the end of 2017.

Municipal Status

In accordance with Section 3205 of the Township Code and Section 1302 of the Borough Code, municipalities can levy taxes to support ambulance, rescue and other emergency services serving the Township or Borough, respectively. The table below shows the thirteen (13) municipalities and EMS millage rate as of February 1, 2018. Figures were determined based on assessed values at that time.

TOWNSHIP OR BOROUGH	TOTAL # OF TAXABLE PARCELS	TOTAL TAXABLE ASSESSED VALUE	EMS Tax	2018 EMS Tax
BLOOMING GROVE TWP	5,000	129,143,060	\$64,571.53	0.50
DELAWARE TWP	7,457	106,673,580		
DINGMAN TWP	9,380	172,390,110		
GREENE TWP	4,936	69,821,520		
LACKAWAXEN TWP	7,967	159,075,190	\$397,687.98	2.50
LEHMAN TOWNSHIP	9,365	179,251,810	\$59,690.85	0.33
MATAMORAS BORO	957	20,541,590		
MILFORD BORO	556	20,285,560		
MILFORD TWP	915	29,746,030		
PALMYRA TWP	5,738	130,579,330	\$65,289.67	0.50
PORTER TWP	1,087	16,308,830		
SHOHOLA TWP	4,775	48,189,520		
WESTFALL TWP	1,409	46,601,400		
COUNTY TOTALS	59,542	1,128,607,530		

Figure 10 - 2018 EMS Tax projections based on 2/1/18 valuation

As evident in this table, only four (4) municipalities have actually levied a dedicated tax for the direct purpose of supporting ambulance, rescue and other emergency services.

The following pages summarize emergency services status by municipality. These documents were compiled as a quick reference guide so the municipal officials can see how their provided services are handling the current climate of the county's emergency needs, the breakdown of how responses are being handled, who is handling them, and potential complications that are being experienced at this time.

Blooming Grove Township

Primary BLS Providers

- Hemlock Farms Ambulance
- Tafton Fire Department Ambulance

EMS Tax: YES - \$64,524.24 (2017)

Hemlock Farms EMS: 90%

Tafton EMS: 10%

Blooming Grove Township Population: 4,891

Blooming Grove Township Assessment Value: \$129,143,060

ALS Status: Hemlock Farms Development has contracted with an ALS provider to provide a fly car ALS and it is funded through the development dues. The service does not respond outside the development. The remaining portions of the county may receive ALS service on a requested basis and may meet an ALS provider en route to the hospital.

Air Medical service will be used for the most serious patients - weather permitting.

Municipal breakdown of total alerts (including services that may be out of service)

Total Dispatches: 1,447

Agency/Municipal Dispatches

BUSHKILL EMERGENCY CORPS	1
COMMONWEALTH HEALTH	287
DELAWARE TWP AMBULANCE CORPS	21
DINGMAN TWP FIRE DEPT AMBULANCE	70
HAWLEY AMBULANCE & RESCUE	3
HEMLOCK FARMS FIRE DEPT. AMBULANCE	779
LACKAWAXEN AMBULANCE SERVICE	4
LIFENET OF NV	1
LVHN MEDEVAC	3
MILFORD FIRE DEPARTMENT AMBULANCE	4
REGIONAL EMS & CRITICAL CARE	164
TAFTON FIRE CO. AMBULANCE	108
WESTFALL FIRE DEPARTMENT AMBULANCE	2

TOTAL PATIENT CONTACT/TRANSPORT 863

Delaware Township

Primary BLS Provider

- Delaware Ambulance

EMS Tax: NO

Funding Amount to EMS:

- \$2,400 for Workers Comp
- \$28,000 donation/reimbursement for repair (2017)
- \$5,200 for Fuel

Delaware Township Population: 7,396

Delaware Township Assessment Value: \$106,673,580

ALS Status: Delaware Ambulance operates as an ALS provider between 40 and 60 hours per week and provides service to Delaware Township and surrounding areas. ALS for Delaware Township becomes more important due to the travel time to a hospital.

Air Medical service will be used for the most serious patients - weather permitting.

Municipal breakdown of total alerts (including services that may be out of service)

Total Dispatches: 1,447

Agency/Municipal Dispatches

BUSHKILL EMERGENCY CORPS	61
DELAWARE TWP AMBULANCE CORPS	666
DINGMAN TWP FIRE DEPT AMBULANCE	192
HEMLOCK FARMS FIRE DEPT. AMBULANCE	18
LVHN MEDEVAC	5
MILFORD FIRE DEPARTMENT AMBULANCE	36
NAT.PARK SER.DWGNRA EMS	23
REGIONAL EMS & CRITICAL CARE	155
WESTFALL FIRE DEPARTMENT AMBULANCE	3

Total patient contact/transport 684

Dingman Township

Primary BLS Providers

- Dingman Township Fire Department Ambulance
- Milford Fire Department Ambulance
- Hemlock Farms Ambulance (Hemlock Farms)

EMS Tax: No

Funding Amount to EMS:

- \$26,000 to Dingman Fire Dept Ambulance
- \$20,000 to Milford Fire Dept Ambulance
- Fuel for Dingman Fire Dept Ambulance

Dingman Township Population: 11,926

Dingman Township Assessment Value: \$172,390,110

ALS Status: For most of Dingman Township, the only ALS provider is Delaware BLS which is part-time and responds when they are in service and available. The small portion of Dingman Township in Hemlock Farms has an ALS service funded from the development dues. ALS for Dingman Township becomes more important due to the travel time to a hospital.

Air Medical service will be used for the most serious patients - weather permitting.

Municipal breakdown of total alerts (including services that may be out of service)

Total Dispatches: 1,741

Agency/Municipal Dispatches

ATLANTIC AIR	2
BUSHKILL EMERGENCY CORPS	3
COMMONWEALTH HEALTH	1
DELAWARE TWP AMBULANCE CORPS	67
DINGMAN TWP FIRE DEPT AMBULANCE	616
HEMLOCK FARMS FIRE DEPT. AMBULANCE	177
LACKAWAXEN AMBULANCE SERVICE	1
LIFENET OF NY	1
LVHN MEDEVAC	5
MILFORD FIRE DEPARTMENT AMBULANCE	424
NAT.PARK SER.DWGNRA EMS	10
PORT JERVIS AMBULANCE	11
REGIONAL EMS & CRITICAL CARE	339
WESTFALL FIRE DEPARTMENT AMBULANCE	84

Total patient contact/transport 842

Greene Township

Primary BLS Providers

- Tafton Fire Department Ambulance
 - Covers the former Promised Land Ambulance response area
- Newfoundland Ambulance
- Pocono Mountain Regional Ambulance
 - Covers the Pike County portion of the Lake in the Clouds Development
- Hemlock Farms Ambulance
 - Covers the cabins on state lands off Rt. 402, this is the only access.

EMS Tax: NO

Funding Amount to EMS

- Tafton EMS: \$250.00
- \$1,186 to Newfoundland Ambulance (Workers Comp)
- \$1,392 to Promised Land Ambulance (Workers Comp)

Greene Township Population: 3,956

Greene Township Assessment Value: \$69,821,520

ALS Status: Pocono Mountain Regional Ambulance is a BLS/ALS and covers the development of Lake in the Clouds. Commonwealth ALS from Lakeville, Wayne County will be dispatched when available to the rest of Greene Township except the response area covered by Hemlock Farms BLS off Rt. 402. The BLS provider may request an ALS service to meet en-route to the hospital.

Air Medical service will be used for the most serious patients - weather permitting.

Municipal breakdown of total alerts (including services that may be out of service)

Total Dispatches: 647

Agency/Municipal Dispatches

COMMONWEALTH HEALTH	44
HAMLIN FIRE & RESCUE CO AMBULANCE	5
HAWLEY AMBULANCE & RESCUE	4
HEMLOCK FARMS FIRE DEPT. AMBULANCE	12
LVHN MEDEVAC	5
NEWFOUNDLAND AREA AMBULANCE ASSOC	137
POCONO MTN REGIONAL EMS	22
PROMISED LAND FIRE CO. AMBULANCE	159
REGIONAL EMS & CRITICAL CARE	64
TAFTON FIRE CO. AMBULANCE	195

Total patient contact/transport 442

Lackawaxen Township

Primary BLS Provider

- Lackawaxen Ambulance Service

EMS Tax: YES

Funding Amount to EMS:

- \$395,675

Lackawaxen Township Population: 4,994

Lackawaxen Township Assessment Value: \$159,075,190

Lackawaxen Township is the only municipality that funds their BLS beyond the normal EMS Tax rate.

ALS Status: Lackawaxen Township receives ALS service from Commonwealth ALS based in Lakeville, Wayne County. They are dispatched directly by Pike County 911. If the Lakeville ALS unit is not in service, ALS is a requested service and the Lackawaxen BLS may meet the ALS service en route to a hospital.

Air Medical service will be used for the most serious patients - weather permitting.

Municipal breakdown of total alerts (including services that maybe out of service)

Total Dispatches: 1,000

Agency/Municipal Dispatches

COMMONWEALTH HEALTH	179
HAWLEY AMBULANCE & RESCUE	34
HEMLOCK FARMS FIRE DEPT. AMBULANCE	16
LACKAWAXEN AMBULANCE SERVICE	596
LIFENET OF NY	10
LVHN MEDEVAC	5
REGIONAL EMS & CRITICAL CARE	125
TAFTON FIRE CO.AMBULANCE	7
TUSTEN AMBULANCE	11
WHITE MILLS FIRE DEPT AMBULANCE	17
Total patient contact/transport	608

Lehman Township

Primary BLS Provider

- Bushkill Ambulance Service

EMS Tax: NO

Funding Amount to EMS

- \$20,000 to Bushkill Ambulance Corp.
- \$2,500 to Delaware Ambulance

Lehman Township Population: 10,663

Lehman Township Assessment Value: \$179,251,810

ALS Status: Bushkill Ambulance Service is both a BLS and ALS service provider serving Lehman Township Pike County and several municipalities in Monroe County. Bushkill Ambulance Service is dispatched by Monroe County.

Air Medical service will be used for the most serious patients - weather permitting.

Municipal breakdown of total alerts (including services that may be out of service)

Total Dispatches: 21

Agency/Municipal Dispatches

BUSHKILL EMERGENCY CORPS	? (dispatched from Monroe Co)
DELAWARE TWP AMBULANCE CORPS	15
HEMLOCK FARMS FIRE DEPT. AMBULANCE	2
REGIONAL EMS & CRITICAL CARE	2

- *Report only shows alerts that were dispatched by Pike 911*

Total patient contact/transport 1,126

Matamoras Borough

Primary BLS Provider

- Westfall Fire Department Ambulance covers all of Matamoras Boro

EMS Tax: NO

Funding Amount to EMS

- \$41,122.76 (2 mill fire tax go towards fire and QRS)

Matamoras Boro Population: 2469

Matamoras Boro Assessment Value: \$20,541,590

Matamoras Boro was receiving BLS and ALS coverage from Port Jervis Ambulance until they went out of business in October 2016. They returned to service as BLS in February 2017 with funding assistance from the City of Port Jervis and Town of Deerpark in New York. At that time, Matamoras appointed Westfall Ambulance as the BLS provider.

ALS Status: Currently there is no primary ALS provider. Westfall EMS is close to the Bon Secours hospital in Port Jervis NY. More serious patients are taken to Orange Regional in the town of Wallkill NY and they may try to meet an ALS unit from NY State. Many time stroke patients are taken to Newton Memorial in Newton NJ.

Air Medical service will be used for the most serious patients - weather permitting.

Municipal breakdown of total alerts (including services that may be out of service)

Total Dispatches: 447

Agency/Municipal Dispatches

ATLANTIC AIR	1
DELAWARE TWP AMBULANCE CORPS	1
DINGMAN TWP FIRE DEPT AMBULANCE	2
HEMLOCK FARMS FIRE DEPT. AMBULANCE	1
MATAMORAS FIRE DEPARTMENT QRS	194
MILFORD FIRE DEPARTMENT AMBULANCE	2
PORT JERVIS AMBULANCE	55
REGIONAL EMS & CRITICAL CARE	49
WESTFALL FIRE DEPARTMENT AMBULANCE	172
Total patient contact/transport	203

Milford Borough

Primary BLS Provider

- Milford Fire Department Ambulance covers all of Milford Boro

EMS Tax: NO

Funding Amount to EMS:

- \$2,325 for Workers Comp

Milford Boro Population: 1,021

Milford Boro Assessment Value: \$20,285,560

Milford Fire Department Ambulance has down sized to one ambulance in 2017 with the purchase of a new ambulance. Milford Fire Department Ambulance is normally out of service 60 hours per week due to staffing. This out of service is generally Monday thru Friday 5:00 am to 5:00 pm. This out of service may be less during July and August.

ALS Status: Currently there is no primary ALS provider. Delaware ALS will be dispatched when they are in service and available. Milford Borough is within 9 miles to the Bon Secours hospital in Port Jervis NY. More serious patients are taken to Orange Regional in the town of Wallkill NY and they may try to meet an ALS unit from NY State. Many times, stroke patients are taken to Newton Memorial in Newton NJ.

Air Medical service will be used for the most serious patients - weather permitting.

Municipal breakdown of total alerts (including services that may be out of service)

Total Dispatches: 706

Agency/Municipal Dispatches

ATLANTIC AIR	2
BUSHKILL EMERGENCY CORPS	1
DELAWARE TWP AMBULANCE CORPS	36
DINGMAN TWP FIRE DEPT AMBULANCE	35
HEMLOCK FARMS FIRE DEPT. AMBULANCE	2
LIFENET OF NY	1
MILFORD FIRE DEPARTMENT AMBULANCE	263
PORT JERVIS AMBULANCE	10
REGIONAL EMS & CRITICAL CARE	216
WESTFALL FIRE DEPARTMENT AMBULANCE	140

Total patient contact/transport 394

Milford Township

Primary BLS Provider

- Milford Fire Department Ambulance

EMS Tax: NO

Funding Amount to EMS

- \$7,500 to Milford Ambulance Corps
- \$2,500 to Westfall Ambulance Corps

Milford Township Population: 1,530

Milford Township Assessment Value: \$29,746,030

Milford Fire Department Ambulance has down sized to one ambulance in 2017 with the purchase of a new ambulance. Milford Fire Department Ambulance is normally out of service 60 hours per week due to staffing. This out of service is generally Monday thru Friday 5:00 am to 5:00 pm. This out of service may be less during July and August.

ALS Status: Currently there is no primary ALS provider. Delaware ALS will be dispatched when they are in service and available. Milford Township is within 9 miles to the Bon Secours hospital in Port Jervis NY. More serious patients are taken to Orange Regional in the town of Wallkill NY and they may try to meet an ALS unit from NY State. Many times stroke patients are taken to Newton Memorial in Newton NJ.

Air Medical service will be used for the most serious patients - weather permitting.

Municipal breakdown of total alerts (including services that may be out of service)

Total Dispatches: 352

Agency/Municipal Dispatches

COMMONWEALTH HEALTH	1
DELAWARE TWP AMBULANCE CORPS	14
DINGMAN TWP FIRE DEPT AMBULANCE	21
HEMLOCK FARMS FIRE DEPT. AMBULANCE	1
MILFORD FIRE DEPARTMENT AMBULANCE	157
PORT JERVIS AMBULANCE	9
REGIONAL EMS & CRITICAL CARE	73
WESTFALL FIRE DEPARTMENT AMBULANCE	76

Total patient contact/transport 162

Palmyra Township

Primary BLS Providers

- Tafton Fire Department Ambulance
- Hawley Ambulance
- Promised Land Ambulance
- Newfoundland

EMS Tax: YES (0.5%)

Funding Amount to EMS

- \$65,000 from Ambulance Tax (2017)

Palmyra Township Population: 3,312

Palmyra Township Assessment Value: \$130,579,330

ALS Status: Palmyra Township receives ALS service from Commonwealth ALS based in Lakeville, Wayne County. They are dispatched directly by Pike County 911. If the Lakeville ALS unit is not in service, the BLS may meet the ALS service en route to a hospital.

Air Medical service will be used for the most serious patients - weather permitting.

Municipal breakdown of total alerts (including services that may be out of service)

Total Dispatches: 815

Agency/Municipal Dispatches

COMMONWEALTH HEALTH	97
DINGMAN TWP FIRE DEPT AMBULANCE	1
GEISNGER LIFEFLIGHT	4
HAWLEY AMBULANCE & RESCUE	31
HEMLOCK FARMS FIRE DEPT. AMBULANCE	7
LACKAWAXEN AMBULANCE SERVICE	9
LIFENET OF NY	3
LVHN MEDEVAC	7
NEWFOUNDLAND AREA AMBULANCE ASSOC	27
PROMISED LAND FIRE CO. AMBULANCE	27
REGIONAL EMS & CRITICAL CARE	141
TAFTON FIRE CO. AMBULANCE	459
WHITE MILLS FIRE DEPT AMBULANCE	2

Total patient contact/transport 508

Porter Township

Primary BLS Provider

- Hemlock Farms Ambulance

EMS Tax: NO

Funding Amount to EMS:

- \$10,000 donation to Hemlock Farms Rescue Squad

Porter Township Population: 485

Porter Township Assessment Value: \$16,308,830

ALS Status: Bushkill ALS is dispatched for the southern portion of the Township, the remaining portion of the Township receive ALS service on a requested basis from the BLS provider and may meet an ALS service en route.

Air Medical service will be used for the most serious patients - weather permitting.

Municipal breakdown of total alerts (including services that maybe out of service)

Total Dispatches: 119

Agency/Municipal Dispatches

BUSHKILL EMERGENCY CORPS	10
COMMONWEALTH HEALTH	15
DELAWARE TWP AMBULANCE CORPS	2
DINGMAN TWP FIRE DEPT AMBULANCE	6
HEMLOCK FARMS FIRE DEPT. AMBULANCE	67
MILFORD FIRE DEPARTMENT AMBULANCE	1
REGIONAL EMS & CRITICAL CARE	13
TAFTON FIRE CO.AMBULANCE	4
WESTFALL FIRE DEPARTMENT AMBULANCE	1
Total patient contact/transport	70

Shohola Township

Primary BLS Provider

- Shohola was using the ALS provider as both their BLS and ALS provider. That ALS Company stopped providing service October 1, 2017. Since that time, Shohola has been receiving primary BLS service from Milford and Lackawaxen depending on the call location. Secondary providers have been Dingman and Westfall
- Milford Fire Department Ambulance has down sized to one ambulance in 2017 with the purchase of a new ambulance.
- Lackawaxen

EMS Tax: NO

Funding Amount to EMS

- none

Shohola Population: 2,475

Shohola Assessment Value: \$48,189,520

ALS Status: For Shohola Township, the only ALS provider is Delaware Ambulance which is part time and responds when they are in service and available. If the BLS request an ALS service, one may be available from outside the area and meet the BLS en route to the hospital.

Air Medical service will be used for the most serious patients - weather permitting.

Municipal breakdown of total alerts (including services that may be out of service)

Total Dispatches: 272

Agency/Municipal Dispatches

ATLANTIC AIR	2
COMMONWEALTH HEALTH	3
DELAWARE TWP AMBULANCE CORPS	11
DINGMAN TWP FIRE DEPT AMBULANCE	35
HEMLOCK FARMS FIRE DEPT. AMBULANCE	3
LACKAWAXEN AMBULANCE SERVICE	23
LIFENET OF NY	2
LVHN MEDEVAC	1
MILFORD FIRE DEPARTMENT AMBULANCE	26
REGIONAL EMS & CRITICAL CARE	150
WESTFALL FIRE DEPARTMENT AMBULANCE	16

Total patient contact/transport 219

Westfall Township

Primary BLS Providers

- Westfall Fire Department Ambulance
 - Covers most of the township
- Lumberland Ambulance, Sullivan County NY
 - Covers 15 homes in Pond Eddy PA. Many are seasonal homes
- Milford Fire Department Ambulance
 - Covers 9 homes at the end of Foster Hill Rd. including the Malibu Dude Ranch
 - Covers 1 home at the end of Fire Tower Rd and the State DCNR lands

EMS Tax: NO

Funding Amount to EMS

- none

Westfall Township Population: 2,323

Westfall Township Assessment Value: \$46,601,400

ALS Status: Currently there is no primary ALS provider unless Delaware ALS is in service and available. Westfall EMS is close to the Bon Secours hospital in Port Jervis NY. More serious patients are taken to Orange Regional in the town of Wallkill NY and they may try to meet an ALS unit from NY State. Many times stroke patients are taken to Newton Memorial in Newton NJ.

Air Medical service will be used for the most serious patients - weather permitting

Municipal breakdown of total alerts (including services that may be out of service)

Total Dispatches: 845

Agency/Municipal Dispatches

ATLANTIC AIR	5
DELAWARE TWP AMBULANCE CORPS	19
DINGMAN TWP FIRE DEPT AMBULANCE	8
LUMBERLAND, NY FIRE DEPT AMBULANCE	1
MATAMORAS FIRE DEPT QRS	1
MILFORD FIRE DEPT AMBULANCE	26
PORT JERVIS, NY AMBULANCE	118
REGIONAL EMS & CRITICAL CARE	157
WESTFALL FIRE DEPT AMBULANCE	510
Total patient contact/transport	564

SECTION 3. FINDINGS OF ASSESSMENT

In the overall assessment of the BLS services in Pike County, we were able to determine several conclusions that have led to gaps in coverage in some areas. We found by having ALS in the county in the past, some of our BLS providers may have lost some of their confidence in their BLS skills. There are municipalities who do not provide BLS within or close by their municipality and rely on outside agencies and/or mutual aid to cover their municipality. One of the busiest BLS response agencies (based on dispatched called) is out of service for nearly 60+ hours a week due to inability to staff.

Another issue has been a part time ALS service is being taken out of their primary response area to take ALS calls several municipalities away. It is beneficial to have this part time ALS service, however, when they are in other areas it leaves their primary area without a nearby service. An increase in call volume to medical facilities, senior housing, nursing homes and assisted living centers has been taxing on the agencies responding to those facilities.

Currently, the BLS service in Pike County operates under several different models including fully paid, paid/volunteer and full volunteer. This assessment has identified some areas where there are gaps in coverage and/or longer response times. It shows some areas without primary service due to either a service closed or lack of staffing either full or part time. Additionally, there were gaps in both ALS and BLS coverage when the primary ALS provider stopped service October 1, 2017.

Building BLS Skills

In our 5 year assessment (2012 – 2017), we identified how ALS was primarily dispatched to a majority of the calls. While this occurred, our responders had an ALS provider in the apparatus with them to help. Some of our BLS providers would not perform as many tasks as they are required to do when riding alone, therefore losing confidence in their normal BLS skills. The BLS provider would rely on the ALS to perform a majority of the duties and skills that BLS responders are capable of performing. This has increased the need for ALS services because our BLS providers can request ALS if they feel they are out of their scope of practice.

Once any BLS provider determines that they need to perform a skill that is out of their scope of practice or skill level, they can request ALS or EMS mutual aid. This problem can be alleviated with some training and skill confidence building.

Identified problems included some of our BLS requesting ALS for pain management, unresponsive people with normal vital signs, or an intoxicated individual. The problem occurs when ALS is requested and the time is not managed properly. A BLS transport unit ends up waiting to rendezvous with an ALS to assist rather than just the travel time it would take to get to a medical facility.

No Initial BLS Coverage

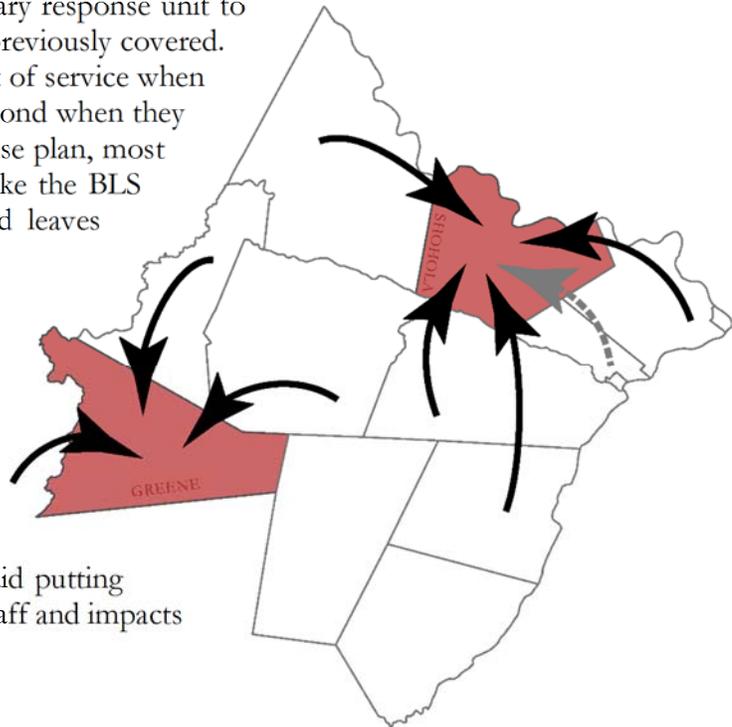
One aspect of the BLS shortage/problem comes from municipalities who do not provide emergency medical service. Also, while some of the areas provide a QRS service, they are still not transport

capable units. QRS service is not a solution to the problem. There needs to be BLS transport-capable response units.

Greene Township and Shohola Township currently do not house a first-due BLS within their municipality. In 2010, Shohola had 2,350 housing units while Greene had 3,242. The call volume averaged over 210 calls for Shohola and 425 for Greene. These ~600 calls were answered by mutual aid or the ALS provider that was nearby.

In the past, most calls in Greene Township were covered by Newfoundland Area Ambulance and Promised Land Fire and Rescue, along with an ALS provider. In September 2017, Greene Township Supervisors assigned Tafton as the primary response unit to respond to an area Promised Land had previously covered. Promised Land Ambulance had been out of service when they had no staff, however, they did respond when they were in service. With the current response plan, most calls have a longer response time and take the BLS ambulance from Palmyra Township and leaves gaps in coverage.

Greene Township uses Tafton, Hemlock Farms and Wayne County units. Shohola Township uses Dingman, Westfall, Lackawaxen, Milford (w/ OOS issues), and Delaware to cover calls. Once this occurs, calls in those response areas are being picked up by other EMS mutual aid putting more strain on responders with limited staff and impacts to response times.



ALS Providing BLS Services

When the county had full time ALS coverage, the ALS service was being used as the primary provider of both BLS and ALS. Having the ALS provider serve as a primary BLS provider created several problems. One problem was that it took the ALS unit out of service and left gaps in ALS coverage. It also made many of the BLS providers lax in their response. The feeling was “I won't respond on this call, just let the ALS take it”. This increased the ALS call volume but many of the calls did not need ALS. When ALS was needed, none was available. This is one of the main recurring problems identified throughout this assessment. Having the ALS provider take the BLS call is not preferred as it creates ALS gaps and is not cost effective.

BLS Responding to Non-Emergent Police Calls

A situation that is increasing in frequency in Pike County is related to Type 302 – Mental Illness or Intoxicated Person calls. When 911 is called, law enforcement is dispatched to handle these situations where there is no medical need. Unfortunately, BLS winds up being called in secondarily at the request of law enforcement that was originally dispatched to the scene. With there being no actual need for

medical attention, the arriving BLS provider is unable to handle true emergencies in other parts of the community. Type 302 – Mental Illness or Intoxicated Person calls need to remain the responsibility of Law Enforcement unless actual medical attention is needed.

Coverage Times/Out-of-Service (OOS)

On several occasions a week, Pike County EMS agencies are having 5-6 ambulances dispatched at once in different municipalities than they are responsible for. The increased strain has led to complaints about response time, turnaround time from hospitals, and more wear and tear on apparatus and personnel.

Compounding the lack of BLS coverage, units are calling out of service when they are not staffed. While reporting OOS will get a backup unit to respond quicker to a patient, it provides difficulties in our busiest areas. Over the past 10 years, Milford Ambulance has been one of the busiest ambulances as far as dispatched calls (Lehman #'s unavailable). Milford covers Milford Township, Milford Borough, as well as parts of Dingman, Westfall and now Shohola Township

Since 2012, Milford has been dispatched nearly 900 times every year. The BLS unit ran 2 BLS transport capable ambulances until late in 2017 when they downsized their fleet to one ambulance. Staffing has made this agency resort to being out of service nearly 60 hours a week. This has increased the call volume to Westfall, Dingman, and Delaware to cover the over 800 calls when they are out of service.

The taxing call volume has made some agencies change policy on how to handle their own personnel and calls. Several responders have been heard stating they may not go to cover other areas anymore. This also leads to a chain reaction to other agencies covering outside of their first due and leaving their first due unattended. Additionally, this has some municipal leaders questioning the funding they provide and response time for their municipality when their local BLS is several municipalities away. Mutual aid is a great benefit to areas; however, when it not reciprocal, concerns are being raised.

Financial Support for Emergency Services

Municipalities are generally providing insufficient funding for their emergency services. Both the Township and Borough Codes allow for an ambulance, rescue, and emergency services tax, as well as a Fire Tax to support fire departments, apparatus, and training. However, not all of Pike County municipalities are exercising this option. Only four (4) of the thirteen (13) municipalities have an EMS tax in place, and only nine (9) have a dedicated Fire Tax. (*though a portion of Westfall's Township tax does cover fire).

Dingman, Milford, and Westfall Townships rely heavily on volunteers for EMS services. After providing EMT's a per diem rate, there are nominal funds left to invest in future equipment needs and supplies.

Future Complications

To supplement the information found in this assessment, first-hand interviews were held with several EMS agencies inside and outside of the county lines. Some volunteer agencies, while short staffed, are still trying to maintain good response numbers and an adequate staff to fulfil the needs of the area. While some entities have gone to paid career staff, some still maintain volunteer status. Several of these agencies help fund the fire department as well as provide fire staffing.

Some departments have set up membership for just EMS and just fire. Many departments report that the same personnel, who respond on the ambulance, are the same personnel who respond later to a fire related emergency. In these cases, some volunteers are taxing themselves more than just the one side of Emergency Services. It is important to realize that this shortage of units and staffing will soon affect the response on the fire department side as well.

Strict training requirements and higher amounts of hours required to gain certification has put a significant strain on the Emergency Medical side. The cost of an Emergency Medical Technician has more than tripled since 2013. In 2005, a Pike County EMT course was \$135.00. In 2015, the cost increased to \$650.00. Now in 2017, the cost for EMT was over \$1,000.00. Funding for this certification is often put on the person looking to obtain the certification. While passing the National Registry Test has proven difficult, Pennsylvania has not advertised many ways to recruit future responders, especially EMT's, other than advertising it as a paid career.

Still, many departments who continue to fund EMT certifications are finding it harder since many grants received will not allow for "medical training." Municipalities need to look at the lack of personnel in and out of volunteer agencies and realize that volunteerism is the main issue.

SECTION 4. POTENTIAL RECOMMENDATIONS

In evaluating the variables contributing to the current BLS/ALS problem in the County, some recommendations quickly became evident. Other recommendations discussed below may require more thorough planning, funding and coordination, but are included as feasible options. Each potential solution has been evaluated based on cost, its positive and negative impacts, and whether it's a Long-Term or Short-Term fix.

There have been numerous scenarios discussed in the past several months to try to overcome the gaps in certain areas. They include retaining many of the services in place and operating on a regular basis and some thoughts on replacing all the BLS and ALS with either contracted services or County owned and operated services. Most BLS agencies, both paid, paid/volunteer, and full volunteer, seem to be doing a good job at this time. We cannot predict the long term outcome.

One easy recommendation that could be implemented immediately and would alleviate a lot of strain on ALS would be that BLS calls be answered by BLS units so ALS units can be at the ready when needed for actual ALS emergencies. This can be implemented by improving and expanding BLS skills.

All figures are estimated based off research of current EMS contracts throughout the country. **The below costs do not reflect the cost associated with housing the ambulance, and represent an annual cost.**

LEAVE EXISTING AMBULANCE IN PLACE BUT PAY STAFF									
PROS	Ambulances would remain in same geographical area; fire dept. ambulances would still be able to bill insurance companies for services; reduction in "burn out" from volunteers trying to cover both fire and medical calls								
CONS	Would need financial and organizational support from ALL municipalities and ambulance corps								
LONG/SHORT TERM	Short								
COST	<table> <tr> <td>\$\$</td> <td>10 Existing Salaries & Benefits for Staff = \$2,292,400</td> </tr> <tr> <td></td> <td>2 – ALS Contracted Fly Cars @ \$356,000 x 2 = \$ 712,000</td> </tr> <tr> <td></td> <td style="text-align: right;">TOTAL COST: \$3,004,400</td> </tr> <tr> <td></td> <td style="text-align: right;">Avg Cost Per Tax Parcel: \$50.42</td> </tr> </table>	\$\$	10 Existing Salaries & Benefits for Staff = \$2,292,400		2 – ALS Contracted Fly Cars @ \$356,000 x 2 = \$ 712,000		TOTAL COST: \$3,004,400		Avg Cost Per Tax Parcel: \$50.42
\$\$	10 Existing Salaries & Benefits for Staff = \$2,292,400								
	2 – ALS Contracted Fly Cars @ \$356,000 x 2 = \$ 712,000								
	TOTAL COST: \$3,004,400								
	Avg Cost Per Tax Parcel: \$50.42								
RESPONSIBLE PARTY	All Municipalities								

Municipal ambulances are currently housed in suitable locations across the County. Keeping these intact eliminates the need to find housing for new ambulance units. In order to effectively provide basic BLS coverage across the county, going to a paid staff would ensure that units will be able to be dispatched as needed, whenever needed.

REPLACING BLS AND ALS WITH CONTRACTED SERVICES									
PROS	Availability as needed								
CONS	Volunteers likely to be displaced								
LONG/SHORT TERM	Short or Long/TBD								
COST	<table border="0"> <tr> <td>\$\$\$</td> <td>10 – BLS UNITS @ \$372,000 x 10 = \$4,070,639 (contract unit)</td> </tr> <tr> <td></td> <td>2 – ALS UNITS @ \$585,000 x 2 = \$1,170,000 (transport unit)</td> </tr> <tr> <td></td> <td style="text-align: right;">TOTAL COST: \$5,240,639</td> </tr> <tr> <td></td> <td style="text-align: right;">Avg Cost Per Tax Parcel: \$88.02</td> </tr> </table>	\$\$\$	10 – BLS UNITS @ \$372,000 x 10 = \$4,070,639 (contract unit)		2 – ALS UNITS @ \$585,000 x 2 = \$1,170,000 (transport unit)		TOTAL COST: \$5,240,639		Avg Cost Per Tax Parcel: \$88.02
\$\$\$	10 – BLS UNITS @ \$372,000 x 10 = \$4,070,639 (contract unit)								
	2 – ALS UNITS @ \$585,000 x 2 = \$1,170,000 (transport unit)								
	TOTAL COST: \$5,240,639								
	Avg Cost Per Tax Parcel: \$88.02								
RESPONSIBLE PARTY	Municipalities/County-wide Authority								

Ideal coverage determined for Pike County would be a **minimum** of 10 BLS and 2 ALS units. Contracting with a third party provider encompasses 24/7 BLS Service. Above costs include 2 EMT's and Vehicle.

Cost for a third party provider shown above is for 24/7 ALS transport-cable unit that includes Medic, Vehicle, and EMT.

Note: These costs amounts do not include the 10% - 30% the contracted company will receive from Medicare and third party insurance as stated in their contracts.

REPLACING BLS AND ALS WITH COUNTY OWNED AND OPERATED SERVICES									
PROS	Round the clock coverage; Greater oversight								
CONS	Would require legislation change; Volunteers may be displaced								
LONG/SHORT TERM	Long								
COST	<table border="0"> <tr> <td>\$\$\$</td> <td>10 – BLS UNITS @ \$545,639 x 10 = \$5,456,390 (county units)</td> </tr> <tr> <td></td> <td>2 – ALS UNITS @ \$356,000 x 2 = \$712,000 (ALS fly car unit)</td> </tr> <tr> <td></td> <td style="text-align: right;">TOTAL COST: \$6,168,390</td> </tr> <tr> <td></td> <td style="text-align: right;">Avg Cost Per Tax Parcel: \$103.59</td> </tr> </table>	\$\$\$	10 – BLS UNITS @ \$545,639 x 10 = \$5,456,390 (county units)		2 – ALS UNITS @ \$356,000 x 2 = \$712,000 (ALS fly car unit)		TOTAL COST: \$6,168,390		Avg Cost Per Tax Parcel: \$103.59
\$\$\$	10 – BLS UNITS @ \$545,639 x 10 = \$5,456,390 (county units)								
	2 – ALS UNITS @ \$356,000 x 2 = \$712,000 (ALS fly car unit)								
	TOTAL COST: \$6,168,390								
	Avg Cost Per Tax Parcel: \$103.59								
RESPONSIBLE PARTY	Pike County								

A complete overhaul of the existing system will require legislative changes, financial commitment, and good administration. Currently, most BLS services have more ambulances than they can staff on a normal day but during certain times or events may be able to operate more than usual. Most current ambulances are in good condition and are newer models that can transport more than one patient if they are non-life threatening injuries. The services take pride in their equipment and usually purchase the best equipment possible. Caution for a full County solution should be exercised to ensure proper placement of units, correct number, quality of both staff and ambulances for either a County owned or contracted service and proper administration.

As outlined in other parts of this assessment, there are 23 BLS units licensed that have primary response area in the County, not all being staffed 24/7. If a full County plan is selected, assessment is recommending a **minimum** of 10 BLS units and 2 ALS fly car type services along with other recommendations. This is based on current call volume and would need to be reassessed before such a plan is put in place. These units would need to be properly placed throughout the County to provide the best response times.

24-7 BLS Full-time ambulance cost calculations

Wages (including workers comp, payroll taxes, and disability insurance) costs includes a 40hr/ wk Office Administrator	\$319,967
Annual Maintenance of the Ambulance	\$2,802
Cost of billing company charges	\$12,770
Fuel cost for a full year	\$3,100
Cost of new Ambulance	\$195,000
Medical supplies	\$12,000
	\$545,639

JOINT VENTURE	
PROS	Concentrated Emergency Services personnel; Maximizes available staff during limited coverage times of day; Cost shared by participating municipalities
CONS	May increase average response time as service area increases
LONG/SHORT TERM	Short
COST	\$ TOTAL COST: \$150,000
RESPONSIBLE PARTY	Multi-Municipal

One of the most common best management practices is where a group of municipalities work together on a Joint Venture to staff one existing ambulance for a 12 hour day from 6:00am to 6:00pm. The advantage of this practice is the ambulance is staffed during the daytime hours when volunteers are at a minimum and the cost can be split by the municipalities involved in the partnership. It would also repair the lack of BLS coverage that presently exists in some municipalities.

IMPROVED TRAINING FOR EXISTING BLS PROVIDERS	
PROS	More skilled EMTs; Less demand put on ALS; Greater utilization of County Training Center; Flexibility to schedule trainings as needed
CONS	Trained personnel leave for paid career positions
LONG/SHORT TERM	Short
COST	\$ Emergency Medical Technician Initial Training \$1,050 - 200 HOURS
RESPONSIBLE PARTY	Pike County Training Center

With a state of the art, new training facility, the Pike County Training Center currently offers courses for emergency personnel to satisfy licensing requirements and safety. Courses could be added to the schedule more frequently, or with a dedicated focus area, to ensure that EMTs are staying confident in their skills and adequately certified.

In an effort to increase the number of EMS volunteers, municipalities could consider offering financial assistance to those who pass training courses.

HOSPITAL WITHIN THE COUNTY	
PROS	Quicker transport times; Faster patient care time; Decrease call volume as people may drive themselves; Job creation for county residents
CONS	Financially improbable
LONG/SHORT TERM	Long
COST	\$\$\$\$ Cost - TBD
RESPONSIBLE PARTY	Unknown

A local hospital would be capable of housing and supplying ALS service while also re-stocking units. There would be less wear and tear on apparatus and county personnel. Benefits would include quicker turn-around times; people more likely to drive themselves to hospital for non-emergent calls; and would provide more county jobs with family-sustaining wages.

ASSISTED & SKILLED LIVING SOLUTION	
PROS	Less call burden on responders
CONS	None
LONG/SHORT TERM	Short
COST	\$ Cost - None
RESPONSIBLE PARTY	Individual Facility

Due to the high volume of non-emergent calls to Assisted Living and Skilled Nursing facilities, the facilities should be encouraged to contract out this type of service such as lifting assistance or routine non-emergent type transports to a hospital facility.

CHANGE IN LEGISLATION THAT LIMITS EMS TAX	
PROS	Municipalities could adequately support EMS services via taxation
CONS	Legislation may be changed undesirably
LONG/SHORT TERM	Long
COST	n/a
RESPONSIBLE PARTY	State Legislators

Current tax revenues generated by a municipality “to support ambulance, rescue and other emergency services” (as permitted in both Township and Borough Code) do not cover the costs of mandated paid requirements. In the case of Boroughs, who are capped at a 2.0 millage rate for EMS services, the resulting tax revenues are insufficient to provide BLS services. While the Township Code offers more availability in tax millage rates, anything over 0.5 mill requires voter approval. It is recommended that this legislation be reviewed and changed to enable municipalities to levy an appropriate EMS tax.

VOLUNTEER FIREFIGHTER TAX CREDIT (ACT 172 of 2016)	
PROS	Tax credit serves as an incentive to increase volunteers; Volunteers realize tax savings for their service; Municipalities can structure their own tax credit program based on a number of considerations.
CONS	Must be implemented in municipality in order for volunteers to take advantage of this tax credit
LONG/SHORT TERM	Short
COST	n/a
RESPONSIBLE PARTY	Municipality

Act 172 of 2016 enables municipalities to offer a Real Estate or Earned Income (EIT) Tax credit to active members of volunteer fire companies and nonprofit emergency medical services agencies. Active volunteers who meet the criteria established by their municipality (in consultation with Fire

Chief or EMS Supervisor) would be eligible for the tax credit. The municipality may choose to offer one or both tax credits under this new legislation. To successfully utilize this benefit, it's important to note the distinctions between the Real Estate Tax credit and the Earned Income Tax credit.

For years, only one municipality had an EIT tax in place. In the past year or so, two (2) additional municipalities have added the EIT tax. This leaves 10 municipalities who are not utilizing the EIT tax, thereby not being able to offer this credit to their emergency volunteers.

The other portion of Act 172 is for Real Estate taxes which makes up a small percentage of the overall municipal tax income. As this tax credit pertains only to Real Estate taxes, its benefit may not be as far reaching if emergency volunteers are renters or young volunteers living at home.

In either case, residency requirements may limit volunteers' ability to use these credits. Some volunteers live in one municipality and volunteer for a service in another municipality. Either the municipality does not have a Fire or EMS service in the volunteer's residing municipality, or the volunteer served with a service and then moved across the border to another municipality and continued to serve with their original service. Regardless of the reason, it is important that neighboring municipalities also consider implementing this tax credit program so that all Pike County volunteers can take advantage of these tax credits.

MUNICIPAL LEVY OF EMS TAX	
PROS	Dedicated annual funding to secure quality emergency medical services; May assist with paid staff rather than relying on volunteers
CONS	Millage rate limitations (as called out in Township/Borough Code; May not be well received by residents
LONG/SHORT TERM	Short
COST	n/a
RESPONSIBLE PARTY	Municipality

As shown in Municipal Status, only four (4) municipalities currently levy an EMS tax in their municipality. In the Township Code, a township can levy an EMS tax up to 0.5 mill. If an annual tax is proposed to be set higher than one-half mill, the question must be submitted to the voters of the township. According to the Borough Code, a Borough can also levy an EMS tax up to 0.5 mill. In the case of Boroughs, a referendum must also appear on the ballot in order to levy a higher millage rate; however, Boroughs are not permitted to exceed a rate of two mills. The following table shows how an EMS tax could benefit funding municipal EMS services.

POTENTIAL FUNDING FOR EMERGENCY SERVICES IF TAX IMPLEMENTED IN EACH MUNICIPALITY

TOWNSHIP OR BOROUGH	TOTAL # OF TAXABLE PARCELS	TOTAL TAXABLE ASSESSED VALUE	Current EMS Tax	Current 2018 EMS Tax	Min EMS Tax	Minimum EMS Tax (no vote needed)	Potential EMS Tax (with voter approval)	EMS Tax (if voters approve)
BLOOMING GROVE TOWNSHIP	5,000	129,143,060	\$64,571.53	0.50	\$64,571.53	0.50		
DELAWARE TOWNSHIP	7,457	106,673,580			\$53,336.79	0.50		
DINGMAN TOWNSHIP	9,380	172,390,110			\$86,195.06	0.50		
GREENE TOWNSHIP	4,936	69,821,520			\$34,910.76	0.50		
LACKAWAXEN TOWNSHIP	7,967	159,075,190	\$397,687.98	2.50	\$397,687.98	2.50		
LEHMAN TOWNSHIP	9,365	179,251,810	\$59,690.85	0.33	\$89,625.91	0.50		
MATAMORAS BOROUGH	957	20,541,590			\$10,270.80	0.50	\$41,083.18	2.00
MILFORD BOROUGH	556	20,285,560			\$10,142.78	0.50	\$40,571.12	2.00
MILFORD TOWNSHIP	915	29,746,030			\$14,873.02	0.50		
PALMYRA TOWNSHIP	5,738	130,579,330	\$65,289.67	0.50	\$65,289.67	0.50		
PORTER TOWNSHIP	1,087	16,308,830			\$8,154.42	0.50		
SHOHOLA TOWNSHIP	4,775	48,189,520			\$24,094.76	0.50		
WESTFALL TOWNSHIP	1,409	46,601,400			\$23,300.70	0.50		
COUNTY TOTALS	59,542	1,128,607,530	\$587,240.02		\$882,454.15		\$81,654.30	

Appendix A

Appendix B

**2008 Act 7: SECOND CLASS TOWNSHIP CODE – ESTABLISHMENT OF FIRE
AND EMERGENCY MEDICAL SERVICES**

**2004 Act 224: SECOND CLASS TOWNSHIP CODE – TOWNSHIP AND SPECIAL TAX
LEVIES**

**2008 Act 8: BOROUGH CODE – SPECIFIC POWERS RELATING TO EMERGENCY
SERVICES**

2004 Act 223: BOROUGH CODE – TAX LEVY