MINUTES

PUBLIC SAFETY AD HOC COMMITTEE    LOWER ALLEN TOWNSHIP
REGULAR MEETING    JULY 1, 2019

The following Committee Members were in ATTENDANCE:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tr>
<td>Dave Holl</td>
<td>Director of Department of Public Safety</td>
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<tr>
<td>Tony Deaven</td>
<td>EMS Captain</td>
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<tr>
<td>Frank Williamson</td>
<td>Fire Chief – Lisburn Comm Fire Company</td>
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<td>Dave Murdoch</td>
<td>Fire Chief – Lower Allen Fire Company</td>
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<td>Tom Vernau</td>
<td>Township Manager</td>
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<td>H. Edward Black</td>
<td>Board of Commissioners</td>
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<td>Dean Villone</td>
<td>Board of Commissioners</td>
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<td>Peddrick Young</td>
<td>Board of Commissioners</td>
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<td>Don Smith</td>
<td>Capital City Mall</td>
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<td>Terry Lenker</td>
<td>Township Resident – Sheepford Area</td>
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<td>Dick Hammon</td>
<td>Township Resident – Rossmoyne Area</td>
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<td>Chris Pushart</td>
<td>Township Resident – Allendale Area</td>
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<td>Dick Bonneville</td>
<td>Township Resident – Beacon Hill</td>
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<tr>
<td>Brian Granger</td>
<td>West Shore School District</td>
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The following members of the audience were in attendance:  Janette Swade, Pennsylvania Emergency Health Services Council, 600 Wilson Lane; Chris Trace, Lower Allen Township Fire, and Henri Lively, Bethany Village.

WELCOME
Director Holl called the July 1, 2019 meeting of the 2019 Public Safety Ad Hoc Committee to order at 6:03 pm in the Emergency Operations Center of the Lower Allen Township Municipal Building, 2233 Gettysburg Road, Camp Hill. Mr. Holl asked if there were any questions from previous meetings. There were none.

APPROVAL OF MINUTES
Director Holl requested a name correction of the previous meetings’ minutes. Mr. Bonneville moved to approve the minutes from the June 18, 2019 Public Safety Ad Hoc Committee meeting. Mr. Vernau seconded the motion. Motion carried unanimously.

PRESENTATION: EMERGENCY MEDICAL SERVICES
Tonight’s presentation was led by EMS Captain Tony Deaven. Captain Deaven asked why the future of EMS in Lower Allen Township is important. Some suggestions were because the citizens want good health care, it makes better use of Township resources, and it makes Lower Allen Township a better place to live. The basic function of EMS is to provide emergency services to keep a patient alive until they reach the
hospital. Mr. Deaven stated that EMS is involved in public health, health care, and emergency services but most people are only aware of the public safety side. He also said that EMS is society’s medical safety net and it will always be. The question is how strong do you want your safety net and where do you want it to be located?

**Lower Allen Township EMS**

Lower Allen Township has a municipal based system which is not common in Pennsylvania. As of July 1st, the Township provides its own ALS and BLS services. There are 24 paid staff members which is considered a small service. There are currently 3 ambulances and one squad which provides ALS response. There is also an MOU, or Memorandum of Understanding, with the Lower Allen and Lisburn fire departments and EMS to support each other with equipment.

Mr. Deaven spoke about the 57% increase in request for EMS services in the past 17 years. As the population has increased by 5% in the past 3 years, the EMS service calls have increased by 17.89%. This is partly due to an aging population and changes in health insurance. He stated that last year, 389 calls were missed because EMS was not available to respond. He hopes that this number can be decreased. The following are factors which affect EMS growth:

- **Arcona** – This large area of development is predicted to bring in approximately 3,000 new residents to the Township and will generate additional EMS calls.
- **Commercial Development** – Areas such as the Capital City Mall and the Bon Ton site will bring more people into the Township.
- **Health Systems** – Various health systems are in the area and they try to keep patients within their own health care systems. This can result in ambulances having to travel farther than the closest hospital, putting them out of service longer.
- **Health Insurance** – Higher deductibles can mean that people wait longer to seek medical help and end up calling for an ambulance. EMS is often not a covered service for high deductible plans. EMS is also facing reduced reimbursement rates.
- **ET3** – This new model of healthcare created by the federal government is called Emergency Triage, Treat, and Transport. The plan is to try it out for five years. Care will be based on needs not just transporting patients.
- **Baby Boomers** – This group makes up 28% of the population currently and includes those age 54 to 72 years of age. With an aging population, EMS calls will also increase.

Mr. Deaven stated that the most valuable resource for the Township is the EMS staff who work here. EMS of the future will be community-based health services. EMS will improve community health and the use of acute health care resources. EMS will remain the public’s emergency medical safety net. In the future, EMS must have partnerships with health care systems. The ability to finance our system and keep revenue where it needs to be is essential. EMS must be active in the community through education, prevention, and access. This could include follow-up with discharged patients to eliminate a return trip to the hospital. Clinical care is also important in the form of Mobile Integrated Health Care, or MIHC.

**Recruitment – Challenges and Recommendations**

Mr. Deaven spoke about recruitment being a big challenge in EMS. Most places are using an experience based pay scale which does not distinguish between part time and full time positions. EMS systems also turn to sign-on and recruitment bonuses to in an attempt to find new employees. EMS workers often have a
second job and a traditional platoon schedule with a two week rotation is popular for this. The pool of EMS Professio-
nals is drying up.
Mr. Deaven provided a hand-out of an experience based pay scale. It is recommended that Medics start at
$20 per hour and EMT’s at $15. He recommends converting to a PTO system to reduce sick call offs.
Changing the pay period to 0600 on Sundays would help people working two jobs. The Township currently
has an educational reimbursement plan but it does not address certificate programs as it should. This would
help to retain employees.

System Finance – Challenges and Recommendations
Mr. Deaven spoke about Finance challenges. One of the challenges with system finance is the unknown
operating cost. It is difficult to come up with rates. Revenues are decreasing and revenue recovery is much
more complicated, but it can be done. Technology is an important part of this. Community Health Care is a
new revenue source. Hospitals will pay for patient education and prevention of re-admission. Lower Allen
Township is not limited to one health system which is an advantage.

Captain Deaven suggested getting a consultant in to evaluate Lower Allen’s EMS System Finance. He is
working on determining operating costs. The cost of readiness and cost of EMS annually for the tax payer
should be determined. It may be advantageous to partner with a health care system as suggested in the ET3
Model. Money drives healthcare.

Integration – Challenges and Recommendations
Mr. Deaven stated developing relationships with multiple health systems is key. This is in the early stages
without staff or funding but EMS must change how it responds to calls and become more community
based. Increased prevention equals decreased call volume.

Recommendations include establishing a community paramedicine program as soon as possible and
evaluating opportunities that might be available through health insurers. Mr. Deaven stated that EMS needs
to take a team approach with other public safety disciplines. Opportunities exist for working together with
Fire and Police which would benefit both parties.

Public Outreach – Challenges and Recommendations
Staffing and funding for equipment and supplies are challenges. Captain Deaven also stated that this area
needs to have a community risk assessment completed to find gaps. This is usually funded by a hospital or
the Department of Health.

Recommendations include commitment to staff funding and equipment funding. This determines the level
of service that can be provided to Lower Allen Township residents.

Clinical Care Challenges and Recommendations
Mr. Deaven stated that missed calls and taking too long to reach calls are some of the challenges faced. The
EMS station is not in the center of the Township and not all areas can be reached in four minutes or less.
BLS providers and EMT’s are certified to do things that they are currently not doing in Lower Allen
Township.
One recommendation Mr. Deaven provided is to increase hours of operation to improve service levels. As call volumes increase, service levels will suffer and more calls will be missed. This would increase flexibility. Lower Allen Township currently has a 24 hour ALS and 2 EMT’s (BLS) 12 hours per day. Mr. Deaven recommends adding an ALS (single paramedic squad) who would respond only to ALS level dispatches while still having time to see patients. This would require 3 to 4 full time staff to be phased in over a period of 2 to 3 years. An additional full time staff member would allow 3 calls to be handled instead of 2. Over time and as call volume increases, EMT A’s can help with the paramedics’ case load. Mrs. Swade explained that the goal of the state is for the EMT position to be advanced through education.

Mr. Deaven has let his staff know that all optional BLS clinical programs will be implemented by December 31, 2019. The courses will be offered to outside groups as well for a cost. Becoming a training site could also bring in new employees for the Township.

An independent third party consultant is recommended to evaluate our current EMS system on finance systems, operations and station locations, education, salary and benefits, and leadership. This could help us find things we are missing. Accreditation by the Ambulance Services Commission is a cost but would also add value to the program. It increases performance and clinical quality as well as facilitates change. This will be considered in the future 2021 or 2022.

CONCLUSION
In conclusion, Mr. Deaven stated that the Township has a good EMS foundation to build upon but a decision must be made as to what level of service they want to provide the citizens. It is important to follow the trends of the health care system to be ready for the future.

COMMITTEE QUESTIONS AND DISCUSSION
Mr. Vernau asked about how mutual aid factors into increased taxes. Captain Deaven stated that we need to receive mutual aid sometimes as well as to provide it, but that should be done within reason.

Mr. Hammon questioned why an outside consultant from outside the Township is needed. Mr. Pushart also feels that more should be known about how EMS has been operating in the past and what the operating costs are. Mr. Vernau stated that there has not been leadership in EMS for a long time. In the past, the costs were known because Lower Allen Township billed other municipalities for service.

Mr. Black would like Captain Deaven to provide costs to the Board of Commissioners for items he is requesting before budget negotiations.

Mr. Pushart suggested that a dollar amount be established that everyone is comfortable with and that would determine the level of service that can be provided.

Director Holl said that a consultant could look at specific issues and then the Ad Hoc Committee could reconvene for a few meetings to discuss the findings. There are immediate problems that can be addressed and some that will be coming down the road. He stated that healthcare is always changing. Mr. Deaven stated that since the Township does not have a large staff, everyone must be multirole and make use of downtime to accomplish more.
Mr. Vernau spoke about all of the Public Safety services needing more money to improve their programs, not just EMS. He does not see this happening in the upcoming budget but gradually in the future.

**AUDIENCE PARTICIPATION**
There was none.

**ADJOURNMENT**
Director Holl adjourned the Ad Hoc Committee meeting at 8:44 pm. The next meeting of the Ad Hoc Committee is on Monday July 29th at Christian Life Assembly, Room 704.