



Public Hearing Testimony on the EMS Crisis in the
Commonwealth of Pennsylvania

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Justin Gattorno, Fire Chief

Neil D. Vaughn, President

Gary Vinnacombe, Career
Staff / EMS Manager

Good afternoon,

Thank you for your time and for allowing the West Grove Fire Company to speak with you today regarding the current state of affairs in emergency medical services (EMS) in Pennsylvania. Our department serves just under 100 square miles in the southern portion of Chester County, an area experiencing rapid growth and development. Historically we have seen our call volume increase by approximately 100 calls for service per year, having increased by 1000 calls annually in the last ten years. We recently sustained the loss of two hospitals in Chester County, which has had a tremendous impact on our day-to-day operations, our staff, and our financial obligations.

When we received word of our local hospital closing (Jennersville Hospital), we were able to develop models and project the impacts to our service delivery. As we braced for that closure, we learned of the closure of a second hospital in the county (Brandywine Hospital), which included the only in-patient behavioral health unit in Chester County. This added additional complexities to our originally identified impacts and presented challenges that nobody was prepared to face when we completed our budgets for 2022. As EMS agencies across the Commonwealth were hard hit by the COVID-19 pandemic, we faced challenges with maintaining our staff's wellness, both physically and mentally. Supply chain issues, additional staffing to meet the demand for service and mitigating COVID-19 within our own departments were a daily challenge. The loss of two hospitals is simply something we were not prepared to face. With less than 90 days to prepare we were left to craft operational plans and meet with stakeholders from all facets of public service, our elected officials, and our mutual aid partners. One thing we never lost sight of was our commitment to continue to provide superior patient care to people in need and ensure a timely response to those utilizing 911 for medical emergencies.

Our vision was clear and our message to the community and those we serve was direct, “everything will be okay.” We respond to emergencies every day, this is a public health emergency, and we will respond like we do every day, utilizing our knowledge, training and experience to ensure the proper delivery of service.

Jennersville Hospital was geographically situated in our first due coverage area, surrounded by a nursing home, two, multi-building senior living facilities and a recently constructed 55+ year senior living community. The hospital was a fixture in southern Chester County since 1959 and was a health care facility thousands of people relied on every year for care. Our EMS service alone transported 1015 patients there in 2021, with their normal emergency department volume was approximately 1400 patients per month. From anywhere in our first due coverage area, a ten-minute ride to the emergency room was what we were accustomed to. The loss of Jennersville Hospital has now put our service into a position to transport to hospitals 30-40 minutes away routinely, as nothing is closer. These transports can be challenging when patients are unstable, such as having uncontrolled bleeding or an obstructed airway. Interventions for these life-threatening emergencies were always less than ten minutes away, that time has now increased three to four times. Patients under the influence of mind-altering substances and behavioral health patients who become combative present a significant threat to the safety of our EMS crews. We are forced to take these patients much farther distances, knowing there is no longer a facility in the county to offer them treatment. These patients sit in emergency department beds for days at a time while social workers try diligently to find them a bed in a behavioral health facility that can get them the help they need.

A hospital in your first due territory, or even regionally for our mutual aid partners, made it easy to respond to another emergency after you have safely delivered a patient to the

emergency department. Now that two of the five hospitals have closed within Chester County, it puts almost half of the geographical area of Chester County without a hospital close by. With rising call volume annually, coupled with an increase in COVID-19 patients, having EMS resources able to return to service quickly is essential. It took our crews approximately 12 minutes to go available after arriving at the emergency department, cleaning and re-stocking for the next emergency call. That time has grown to approximately one hour with extended travel times, in good weather, and increased emergency department volumes. Waiting one to two hours in the emergency department with a patient on an EMS stretcher has become the norm, not the exception, as hospitals have neither the physical space nor the staff to manage these volumes of patients. These challenges are typically compounded by no available beds in the hospital, which causes patients to be “admitted” in the emergency department and behavioral health patients waiting for placement to an appropriate treatment facility. Our total call time, from the time the ambulance is dispatched for an emergency, transports a patient to the hospital and is available for another call has increased 150%, from 46 minutes to 116 minutes.

Increased transport distances present several challenges to our agency with increased fuel usage and increased “wear and tear” to our vehicles being the top challenges. It has forced our department to change our replacement schedule from seven years to five years for an ambulance as well as adding an additional unit to our fleet. Our vehicles have seen an increased need for service and preventive maintenance, traveling approximately 8 miles round trip to the emergency department with Jennersville Hospital to approximately 50 miles round trip to alternate hospitals. Our department ordered a new ambulance six months ago, because of known supply chain issues our chassis just went into production, a challenge we have never faced before. A new ambulance was always a nine to ten-month production time from the day we ordered. We remain uncertain

what production schedules will look like and what type of supply chain issues will be encountered when our new unit does go in to production.

The physical and mental wellness of our EMS crews remains our highest priority; the people who come to work every day and deliver pre-hospital care to our citizens are our greatest asset. Many of these EMS providers work 24-hour shifts and maintain multiple jobs to make ends meet. EMS provider retention is a key area of focus for volunteer and career EMS providers alike. Since COVID-19 began EMS workers have left the field to seek non-medical careers or different areas of public service. Historically, EMS is an industry that is a steppingstone for people seeking higher level careers in healthcare such as nursing, physicians assistants and medical school. Lower wages, minimal room for career advancement, the physical, and mental demands of the job affect our ability to recruit and retain an adequate number of EMS providers to maintain our operation. This leads to staff working overtime, longer hours and working with less staffed units which increases fatigue and leads to burn out.

All of these challenges are occurring in real time and will continue to exacerbate if not adequately mitigated. While we take full responsibility for operating our service and the challenges associated with it, nobody can plan for a global pandemic and the loss of two of the five hospitals in a rapidly developing county. We were forced to ask our municipalities for an additional 15% on top of our normal annual funding request. Understanding those finances will help us through this rough period, we understand in the coming years these requests will begin to become non-sustainable. Stagnant, inadequate reimbursements from insurance companies, remaining competitive with maintaining high quality staff and increasing day to day operating costs will all negatively impact our financial ability to provide EMS service. The long-term

closure of these two key hospitals in Chester County will continue to put the lives of county residents at risk and overwhelm the remaining hospitals.

We appreciate your time today and your willingness to understand the seriousness of the challenges our agency and numerous other agencies in Chester County face every single day. Understanding a problem is the first step in solving it, inviting us to come to speak with you today encourages us and reminds us how valued and important our EMS crews are to the continued well being of those we are committed to serving.