# LOWER PROVIDENCE EMS 2020 ANNUAL REPORT





**Executive Director** Brian J. Kuklinski

### **Chief of Operations**

Christopher J. Reynolds

Deputy Chief Derek Kreyenhagen

Assistant Chief Clark Bush Jr.

### Office of Continuous Quality Improvement

Paramedic Caroline Lawson Paramedic Heather Staley Paramedic Jason Conrad Paramedic Jason Davis EMT Charles Miller Jr. **Prepared By:** Chief Christopher J. Reynolds

### **Board of Directors**

Janet Azarra (President) Eileen Kuntz (Vice-President) Cheryl Peiffer (Secretary) Kelbin Carolia (Treasurer) Kathy Sardella Joseph Pucci Kirke Weaver Susan Tierney

### **Special Thanks To:**

All of the Officers and Members who submitted photos & Information.

# TABLE OF CONTENTS

- 4 Letter from the Chief
- **5** Mission Statement, Vision, & Values
- 6 Summary
- 7 Budget Information
- 9 Call Data
- **13 2020 vs 2019 Call Comparison**
- **14 Response Time Analysis**
- **15 Hospital Service Report**
- **16 Patient Demographics**
- **17 Medication Administration**
- **18 Volunteer Information**
- **19 2020 Accomplishments**
- 22 2021 Goals
- 23 In Memoria



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Dear LPCCA Board of Directors,

I am pleased to present you the Lower Providence Community Center Ambulance's Annual Report for calander year 2020. This report highlights the efforts of our management team, officers, careear staff, and volunteers as they provided excellent and effective emergency medical services to this community.

I am proud of the achievments that have been accomplished this year despite battling through one of the most prolific pandemics in our nation's history. Our membership has perservserd under harsh conditions and continue to provide quality care each and everyday. We adminster care utilitizing the latest techniques and technologies, while also maintaining efficency and fiscial responsibility.

Data-driven processes are changing our need for resource deployment and operational processes for the better. We should all be proud of the accomplishments that have been earned this year, and the effectivness of our membership.

We continue to embrace the challenges of this pandemic, the challenges of the future, and the challenges for improvement. We strive for interagency collaboration and cooperations, and believe that we have laid a solid foundation with our community partners.

Respectfully,

Christopher J. Reynolds Chief

# MISSION

The mission of the Lower Providence Emergency Medical Service is to preserve the health, safety, and welfare of the residents and visitors of Lower Providence, Upper Providence, Worcester, and all surrounding Townships and communities; by providing the highest level of medical services, public education, training, and mentorship with compassion and excellence.

# VISION

The vision of LPEMS is to achieve an optimal outcome for each patient we serve by providing the highest level, most compassionate, and most aggressive service through an all-hazards emergency response capability, while staying at the forefront of medical advancements with training and technology in an atmosphere built on trust, opportunity, and teamwork.

# VALUES

- Integrity
- Compassion
- Respect
- Inclusiveness
- Sacrifice
- Pride
- Education
- Proficiency
- Teamwork

# ÷Q́÷





## PURPOSE

The purpose of this annual report is to systematically describe the responses of Lower Providence EMS occurring in the Municipalities covered. The annual report will also provide an update on organizational stability and completed projects during calendar year 2020. We have synthesized data from the Montgomery County Department of Public Safety to provide the Board of Directors and Community Partners with key information about LPEMS.

### METHODOLOGY

ESO Solutions is the electronic Patient Care Records (ePCR) systems that this agency uses to collect and transmit data to our Billing Company, Regional EMS Council, and State Health Department during year 2020. Any emergency call LPEMS arrived on location of, and/or contacted a subject at, had an ePCR completed.

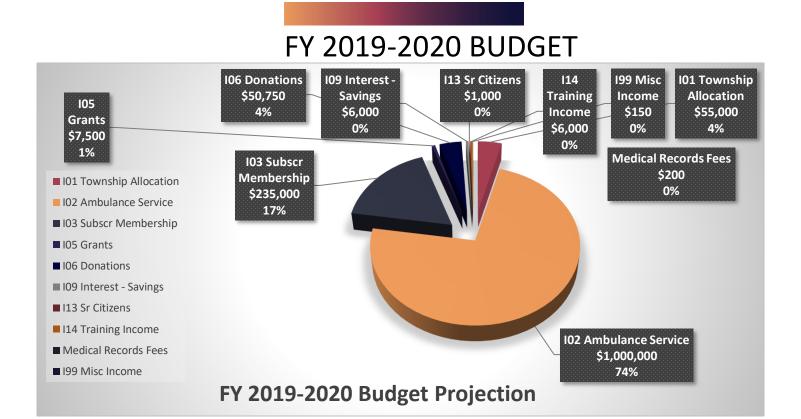
The system includes both required and optional reporting elements and data is validated to meet National EMS Information System (NEMSIS) standards. This system captures information, patient demographics, response times, incident location, and patient treatments.

### ORGANIZATION

Lower Providence EMS is a combination non-profit organization consisting of a volunteer Board of Directors, Full-Time Executive Director and Operations Chief, supplemented by volunteer and career responders.

Funding is obtained via Subscription Drive, Billing for Service, and Township contributions.





# FY 2019-2020 INCOME

Township Allocations	Township	Income	Percentage	Intrest- Checking		Income	Percentage
	Lower Providence	\$67,000.00			Collected	\$0.00	
	Upper Providence	\$4,412.67			Section Total	\$0.00	0.00%
	Worcester	\$0.00					
	Section Total	\$71,412.67	5.64%	Intrest- Savings		Income	Percentage
					Collected	\$6,803.96	
Ambulance Service		Income	Percentage		Section Total	\$6,803.96	0.54%
	Billed	\$2,994,007.58					
	Contractuals & Write-offs	\$2,089,710.22		Sr. Citizens		Income	Percentage
	Collected	\$904,297.36		Pass Thru - For Senior	Collected	\$1,086.00	
	Section Total	\$904,297.36	71.40%	Program	Section Total	\$1,086.00	0.09%
Subscription Membership Income Percentage Training Center	Income	Percentage					
	Collected	\$195,179.63		, see the second s	Collected	\$4,655.00	
	Section Total	\$195,179.63	15.41%		Section Total	\$4,655.00	0.37%
Grants		Income	Percentage	Medical Records Fees		Income	Percentage
	HHS Stimulus	\$27,704.45			Collected	\$125.00	
	Section Total	\$27,704.45	2.19%		Section Total	\$125.00	0.01%
Donations		Income	Percentage	Misc. Income		Income	Percentage
	Collected	\$53,777.75			Collected	\$1,535.14	
	Section Total	\$53,777.75	4.25%		Section Total	\$1,535.14	0.12%
	Total FY 201	.9-2020 Income		\$1,266,576.96	100.00%		

\*NOTE: Contractual & Write offs are the difference between what a healthcare provider bills for the service rendered versus what it will contractually be paid (or should be paid) based on the terms of its contracts with third-party insurers and/or government programs. Often the reimbursement amount is lower than the billed amount \*

# FY 2019-2020 EXPENSES

OPERATIONAL EXPENSES	Budgeted	Actual	Actual vs Budgeted	Percentage Actual vs Budgeted
Salaries	\$625,000.00	\$627,983.61	\$2,983.61	100.48%
Employee Benefits	\$117,000.00	\$108,014.19	(\$8,985.81)	92.32%
Payroll Tax	\$255,000.00	\$255,634.21	\$634.21	100.25%
401(K) Withholdings	\$35,000.00	\$47,423.35	\$12,423.35	135.50%
401(K) Matching	\$10,000.00	10,000.00	\$0.00	100.00%
AFLAC	\$15,000.00	\$14,952.86	(\$47.14)	99.69%
Workers Comp. Insurance	\$75,000.00	\$82,078.42	\$7,078.42	109.44%
Uniforms	\$1,500.00	\$1,678.02	\$178.02	111.87%
Training	\$9,000.00	\$4,341.73	(\$4,658.27)	48.24%
Ambulance Billing	\$38,000.00	\$35,594.97	(\$2,405.03)	93.67%
Refunds / Overpayment	\$2,500.00	\$6,640.30	\$4,140.30	265.61%
Ambulance Supplies	\$24,500.00	\$27,650.12	\$3,150.12	112.86%
Ambulance Equipment	\$2,500.00	\$4,289.40	\$1,789.40	171.58%
Ambulance Equipment Maintenance	\$3,700.00	\$3,563.16	(\$136.84)	96.30%
Ambulance Maintenance	\$14,750.00	\$14,810.35	\$60.35	100.41%
Ambulance Medical Director	\$6,000.00	\$7,363.00	\$1,363.00	122.72%
Lease Payments	\$500.00	\$500.00	\$0.00	100.00%
Communications Maintenance	\$10,000.00	\$8,529.18	(\$1,470.82)	85.29%
General Insurance	\$42,500.00	\$42,992.81	\$492.81	101.16%
Building/Property Maintenance	\$18,500.00	\$10,055.72	(\$8,444.28)	54.36%
Utilities	\$12,000.00	\$11,390.91	(\$609.09)	94.92%
Office Supplies	\$3,750.00	\$1,956.03	(\$1,793.97)	52.16%
IT Services	\$3,000.00	\$273.98	(\$2,726.02)	9.13%
Audit	\$8,000.00	\$8,000.00	\$0.00	100.00%
Legal Services	\$2,500.00	\$752.50	(\$1,747.50)	30.10%
Human Resources	\$5,750.00	\$6,542.51	\$792.51	113.78%
Organization Membership Dues	\$23,500.00	\$21,300.54	(\$2,199.46)	90.64%
Fundraising	\$2,000.00	\$2,198.17	\$198.17	109.91%
Sr. Citizens	\$1,000.00	\$733.56	(\$266.44)	73.36%
Misc. Expenses	\$2,750.00	\$528.96	(\$2,221.04)	19.23%

CAPITAL EXPENSES	Budgeted Actual		Actual vs Budgeted	Percentage Actual vs Budgeted	
Training Room Updates * Grant Funded (FY 2018-2019)	\$10,000.00	\$9,527.29	(\$472.71)	95.27%	
Parking Lot Sealing – Main Station	\$2,000.00	\$1,750.00	(\$250.00)	87.50%	
LP 15 (Heart Monitor) Payment 3 of 4	\$45,000.00	\$43 <i>,</i> 484.67	(\$1,515.33)	96.63%	
New Ambulance Purchase	\$182,910.00	\$169,585.86	(\$13,324.14)	90.64%	

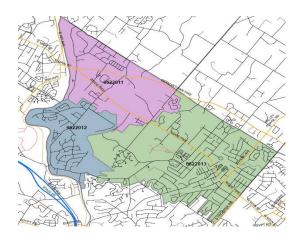
Total Operational Expenses	\$1,370,200.00	\$1,367,772.56	(\$13,324.14)	92.71%
Total Capital Expenses	\$239,910.00	\$224,347.82	(\$15,562.18)	93.51%

# LPEMS CALL DATA

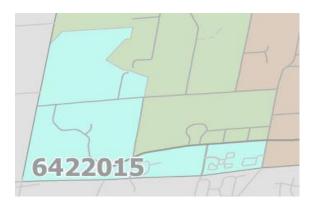
- <u>EMS Dispatch-</u> EMS Dispatch is an event or request for medical service that generates an EMS incident number where a LPEMS unit was alerted regardless of municipality.
  - Example: Medic 322 is dispatched to cover Medic 356 for a Cardiac Emergency in Upper Merion Township; however, unit is recalled by Medic 356.
    - This is counted as a cancelled call and dispatched call but does not count as a first due call or handled call for LPEMS.
- <u>First Due Calls</u>- First Due Call is an event or request for medical service that generates an EMS incident number where a LPEMS unit was alerted or self-initiated within the assigned coverage area for Medic 322 or Medic 322A.
- <u>Covered Calls</u>- Covered Call is an event or request for medical service that generates an EMS incident number where a LPEMS unit was alerted, responded, and arrived on location of the event regardless of municipality.

Medic 322 First Due Coverage Area

### Lower Providence Township

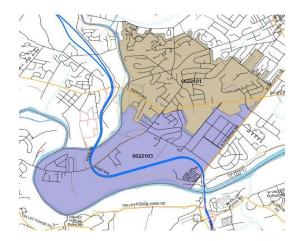


### Worcester Township

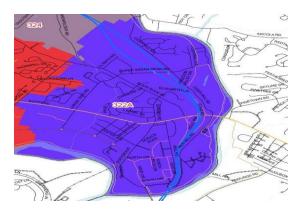


Medic 322A First Due Coverage Area

#### Lower Providence Township

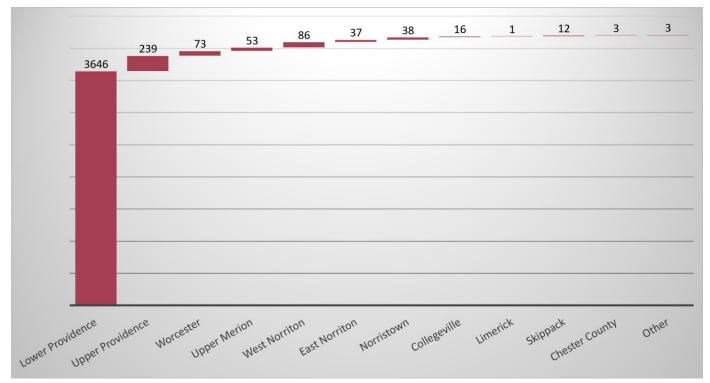


### **Upper Providence Township**

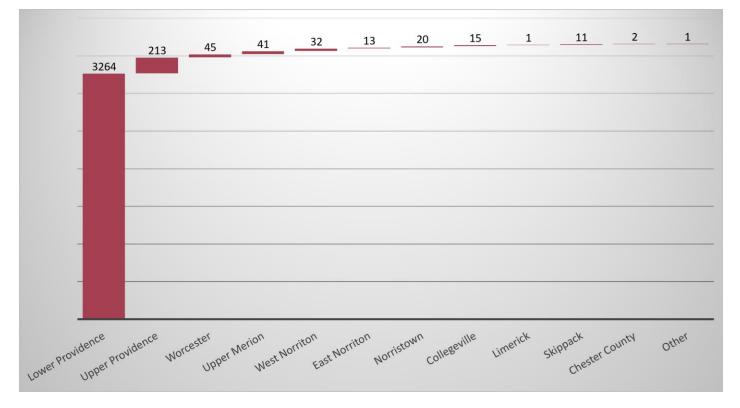


# LPEMS DISPATCH CALL DATA

### Total EMS Dispatches Calander Year 2020



Total EMS Dispatches Handled By LPEMS Calander Year 2020



# LPEMS CALL DATA

Municipality of Dispatch	Dispatches	Dispatches Covered by 322	Percentage	Dispatches Covered by Other EMS	Percentage
Lower Providence	3646	3264	89.52%	382	10.48%
Upper Providence	239	213	89.12%	26	10.88%
Worcester	73	45	61.64%	28	38.36%
Upper Merion	53	41	77.36%	12	22.64%
West Norriton	86	32	37.21%	54	62.79%
East Norriton	37	13	35.14%	24	64.86%
Norristown	38	20	52.63%	18	47.37%
Collegeville	16	15	93.75%	1	6.25%
Limerick	1	1	100.00%	0	0.00%
Skippack	12	11	91.67%	1	8.33%
Chester County	3	2	66.67%	1	33.33%
Other	3	1	33.33%	2	66.67%
TOTALS	4207	3658	86.95%	549	13.05%

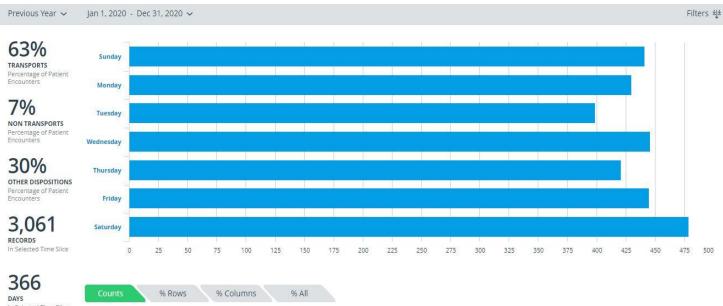
DISPOSITION	LPEMS CALLS	PERCENTAGE
Transport	1922	52.40%
Transport (Flight)	2	0.05%
Refusal	220	6.00%
Lift Assist	378	10.31%
Public Assist	19	0.52%
Assist, Unit	20	0.55%
No Services	143	3.90%
POV	10	0.27%
PD Matter	54	1.47%
MMA (False Alarms)	643	17.53%
Cancelled	170	4.63%
DOA	54	1.47%
Fire Stand-By	33	0.90%
Totals	3668	100.00%
* 10 Incidents with M	ultiple Patients	

# LPEMS CALL DATA

#### Total Call Volume by Month – Calls with ePCR Completed



#### Total Call Volume by Day of Week - Calls with ePCR Completed



In Selected Time Slice

# 2020 vs 2019 CALL STATISTICS

\*\* Note that 2020 call volume was noted to be lighter due to COVID-19\*\*

Municipality of Dispatch	2020 Dispatches	2019 Dispatches	Difference
Lower Providence	3646	3720	74
Upper Providence	239	263	24
Worcester	73	232	159
Upper Merion	53	114	61
West Norriton	86	171	85
East Norriton	37	90	53
Norristown	38	149	111
Collegeville	16	23	7
Limerick	1	2	1
Skippack	12	12	0
Chester County	3	1	2
Other	3	6	3
TOTALS	4207	4783	576



2020 Covered by 322	2019 Covered by 322	Difference
3264	3273	9
213	208	5
45	190	145
41	82	41
32	45	13
13	20	7
20	42	22
15	21	6
1	1	0
11	11	0
2	1	1
1	5	4
3658	3899	241

DISPOSITION	2020	2019	Difference
Transport	1922	2226	304
Transport (Flight)	2	2	0
Refusal	220	280	60
Lift Assist	378	315	63
Public Assist	19	11	8
Assist, Unit	20	8	12
No Services	143	201	58
POV	10	10	0
PD Matter	54	38	16
MMA (False Alarms)	643	570	73
Cancelled	170	139	31
DOA	54	61	7
Fire Stand-By	33	38	5
Totals	3668	3899	231



# LPEMS RESPONSE TIME ANALYSIS

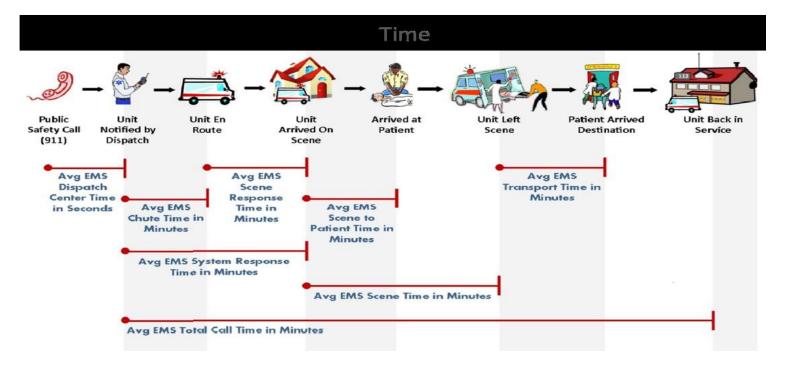
#### **OVERALL AVERAGE TIMES**

AVG Time Disp - Enroute	0:01:31
AVG Time Enroute- Arrival	0:05:32
AVG Time Disp - Arrival	0:07:02

#### **PRIORITY 1 CALL AVERAGE TIMES**

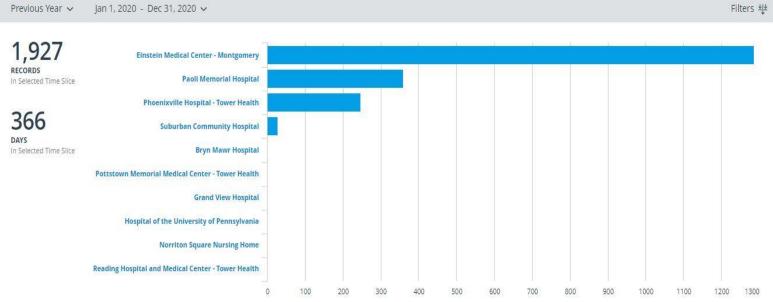
AVG Time Disp - Enroute	0:01:18
AVG Time Enroute- Arrival	0:05:24
AVG Time Disp - Arrival	0:06:42

Currently there is no universally accepted response-time system requirement. However, in Urban areas, the most widely used ambulance response -time standard is eight minutes and 59 seconds (0:08:59) 90% of the time. This target is also consistent with the response recommendation of the NFPA (NFPA 1710,5.3.3.4.2) when adjusted to include call-processing time intervals.



# **HOSPITAL SERVICE REPORT**

Previous Year 🗸 Jan 1, 2020 - Dec 31, 2020 🗸



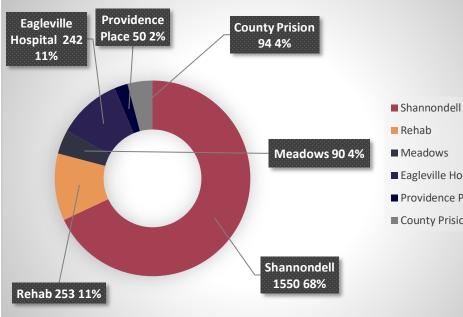
	Jan '20	Feb '20	Mar '20	Apr '20	May '20	Jun '20	Jul '20	Aug '20	Sep '20	Oct '20	Nov '20	Dec '20	Jan '21	Total
Bryn Mawr Hospital	( <b>-</b> )		-	1	-		÷	14	-	1	1		-	2
Einstein Medical Center - Montgomery	131	103	114	79	100	91	107	137	97	108	105	114		1,286
Grand View Hospital	-	υ Ο	4	-	÷		2	4	1	ų.	2	-	2	1
Hospital of the University of Pennsylvania		0		-		5	2	1	-	1	2	1	20	1
Norriton Square Nursing Home	-		·	15	5	15	8		•			1	•	1
Paoli Memorial Hospital	48	41	28	18	18	27	32	31	24	33	30	29	70	359
Phoenixville Hospital - Tower Health	31	24	16	22	13	19	29	18	16	19	22	17		246
Pottstown Memorial Medical Center - Tower Health	1	×		-	÷		÷	-	-	1	-		-	2
Reading Hospital and Medical Center - Tower Health	(a)	÷		14	-		÷	1	-	2	2		-	1
Suburban Community Hospital	2	5	2	2	4	2	1	1	1	2	4	2	-	28
Total	213	173	160	121	135	139	169	188	139	164	162	164	2	1,927

# **2020 PATIENT DEMOGRAPHICS**

### **Top 10 Patient Complaints**

Complaint	Number of Calls	% of Total Calls
Abdominal Pain	755	24%
General Weakness	299	10%
General Injury	234	8%
Chest Pain/Cardiac Emergency	207	7%
Altered Mental Status	204	7%
Respiratory Emergency	162	5%
Overdose	128	4%
Syncope/Fainting	121	4%
Head Injury	120	4%
Seizures	80	3%

### Facility Incidents by Location



## Patient Incidents by Location

Location Type	Total Incident
Assisted living center	131
Doctor's Office / Clinic	22
EMS Provider (Ground)	3
Farm	1
Home/Residence	1854
Hospital	3
Industrial Place	5
Lake, River, Ocean	1
Nursing home	5
Other Specified Place	40
Place of Business	139
Place of Recreation/Sport	16
Police/Jail	92
Public Building	22
Recreation Area	2
Rehabilitation Center	460
Residential Institution	7
School	15
Street or Highway	212
Urgent Care	15
Wilderness Area	8

Eagleville Hospital

- Providence Place
- County Prision



# 2020 MEDICATION ADMINSTRATION

LPEMS carries a variety of medications used to treat patients. Patients may receive multiple medications or doses of medications depending on their condition. Some medication(s) may be given more than once to a patient, while others are rarely administered at all. The following chart indicates the total number of medication(s) given.

Treatment Name	Total	
	396	
Adenosine	4	
Albuterol	15	
Amiodarone	1	
Aspirin	82	
Ativan	22	
Atropine	2	
Benadryl	3	
Calcium Chloride	1	
Cardizem	3	
Dextrose 10%	18	
Diltiazem	1	
Duoneb	14	
Epi Pen	1	
Epinephrine 1:1	6	
Epinephrine 1:10	76	
Fentanyl	29	
Glucagon	3	
Ketamine	1	
Midazolam	2	
Naloxone	1	
Narcan	18	
Nitroglycerin	42	
Ondansetron	29	
Oral Glucose	6	
Saline	1	
Versed	5	
Zofran	10	

#### Medications Administered

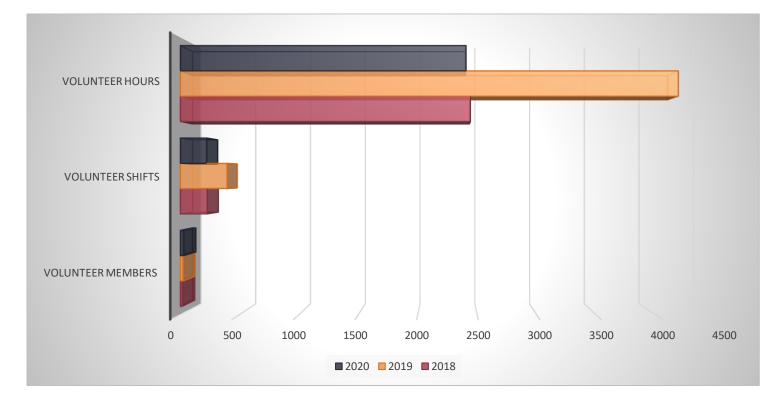






# 2019 vs 2020 VOLUNTEER MEMBERSHIP

LPEMS is a combination organization that pairs Career Members with Volunteer Members for the betterment of the community. Volunteers are often found riding our units as a third member learning the trade from our experienced providers. Volunteers are coached and required to obtain certification as an EMR, EMT, or Paramedic as part of our stringent training process. Once members complete our process, they are tested for the chance to become Corpsman; this status will allow these volunteers to be eligible to complete 911 or stand-by crews and are scheduled in the same manner as Career Members.



Year	Volunteer Members	Volunteer Shifts	Volunteer Hours
2018	19	228	2444
2019	24	395	4195.5
2020	29	222*	2407.5*

\*Due to COVID-19, LPEMS placed restrictions on non-certified members that were not approved Corpsman. From April 2020 until July 2020, Volunteers & Students were restricted from participation. \*

**"Our First** Responders risk their lives to help others. The least we can do is make sure they have the resources they need to do their jobs."

> Ben Nelson Former Governor of Nebraska

# 2020 ACCOMPLISHMENTS

#### Implementation of New Training Room and Technology

The Training Committee along with the Management Team are committed to improving the quality of our providers. This year saw the complete upgrade of our multi-purpose room into a technology driven training facility. Classroom style tables and padded stackable chairs were purchased; to highlight the oversized glass board, and dual 70" Smart TV Monitors mounted on swiveling brackets and affixed at optimal viewing angles. Wall outlets and mounts along with upgraded internet will allow for in person or virtual instruction utilizing our G-Suite or Zoom platforms.

#### **Active Shooter Kits Implemented**

The Montgomery County Department of Health, through grant funding, provided robust kits for EMS units in Montgomery County. LPEMS has placed these kits into service after completing in-service training and labeling the kits with easy-to-read tags that include expiration dates, equipment lists, and equipment locations.

#### Additional Full-Time Paramedic Added

Management viewed the current schedule and evaluated the openings. The decision was made to hire a third full-time Paramedic. Postings were made and multiple candidates interviewed. The Hiring Committee selected Jay Davis to fulfil this position. We are thrilled with this hiring and Jay has become an unbelievably valuable member of the LPEMS family.

### 3<sup>rd</sup> Party Preventative Maintenance Plan

The Chief and Engineer began the process of obtaining quotes for a 3<sup>rd</sup> party company to conduct regular scheduled maintenance on the ambulances in our building to both limit costly breakdowns and keep units local and in service to the community longer. Glick Fire Equipment in Hatfield, PA was selected due to their complete bid package, and familiarity with emergency service vehicles.







# 2020 ACCOMPLISHMENTS

#### **COVID-19 Procedures Developed**

The year 2020 has brought us new challenges in the EMS field and COVID-19 was one of the largest challenges faced by most organizations. LPEMS was affected early in the process with members being exposed and placed into quarantine. LPEMS ensured that the Infection Control Plan was updated, made available, and streamlined for our providers. Online exposure forms and communications directly with the dedicated LPEMS Infectious Control Officer were created to ensure constant coverage of units as well as COVID-19 information placed onto the Official Website. These changes along with special attention to PPE and access to vaccinations has helped dramatically reduce our exposures.

### COVID-19 PPE – Equipment – Hazard Pay

While COVID-19 has affected everyone differently and every organization differently; LPEMS placed its focus regarding this situation in two specific areas: Provider Protection/Safety & Patient Protection/Safety. The Management Team through grants, donations, budget savings, and requests to Local and County partners ensured that we constantly had enough PPE to keep our members and the public safe. N95, Goggles, Gowns, and Disinfectant were acquired early and often to ensure proper stock. P-100 masks with wipeable filters, vented bags, and reusable face coverings were purchased to reduce the usage of disposable PPE. Battery and Air powered disinfecting machines were placed into service to ensure equipment and units were as sanitized as possible. Through smart budgeting all members working during the "Red Phase" of the Pennsylvania shut down were given a Hazard Pay bonus for each hour worked during that time.

#### Minimum Wage Increased

LPEMS strives to be a family type atmosphere for our members with a focus on member health and satisfaction. We believe that happy members work harder and provide better care and are more willing to be open to new ideas and improvements. LPEMS does not start career members at the same rate, but rather compensates using an experience scale. Early in 2020 a salary evaluation led to a raise in the Minimum Wage for LPEMS; the minimum wage for EMT's is \$18 per hour with Paramedics being \$21 per hour for someone hired with 0-1 year(s) of 9-1-1 experience. As a member centered organization all member rates were evaluated utilizing the new scale and raises were seen for all hourly members.







# 2020

# ACCOMPLISHMENTS

### Transition from King Airway to I-Gel

The Clinical Care Coordinator approached the Management Team about recommendations to switch from the King Tube to the I-Gel Airway as the secondary airway device. The proposal was discussed and implemented early in calendar year 2020 with positive reviews from staff.

### **Transition from Scoop Litter to Combi-Carrier II**

We always strive to improve our equipment compliment and provide our members with the best equipment available to assist with their jobs. LPEMS had traditional metal scoop litters that were often difficult to operate and pinched patients when they were used. The new Combi-Carrier is a plastic, more robust, has fewer pinch points, and can be used as both a scoop and backboard allowing for less equipment stored on the units.

### Additional of Non-Narcotic Pain Medication

In coordination with our Medical Command Physician this year we have added the pain medication Toradol to our Medication complement. This is a non-narcotic medication that can be used for additional treatment options that were not currently available with our current pain treatment options. Toradol allows for options of managing pain for patients that have either concerns or a history of abuse with narcotic based medication.

### Pilot Program for Anti-biotic Medication for Open Fractures

In coordination with our Medical Command Physician, this year we have been accepted into the Montgomery County Emergency Medical Services Antibiotic program for patients with open fractures. The program allows for providers to administer an antibiotic to a patient (without an allergy) that has a fractured bone that has pierced the skin. There has been significant medical research that shows that patients that are administered Antibiotics early in these specific trauma cases have better outcomes.



- Decrease spending by 2% for FY 2021.
- Increase member satisfaction.
- Improve overall response times.



### ADDED PRIORITIES

- Improve Social Media
  presence
- Improve effectiveness of Clinical Care Committee
- Improve presence in Local and County Emergency Management.





# GOALS FOR 2021

### **Evaluate & Examine Sub Station Options**

LPEMS prides itself on being a data driven and forward-thinking organization. Our data has shown that we have seen a significant rise in call volume in the coverage are of our Audubon Station. Plans need to be developed and implemented to improve the capabilities of this station in coordination with the Lower Providence Fire Department or develop a plan for an alternative location.

### **Develop a Comprehensive Plan**

To be progressive, you must always keep looking forward and not worry about the past. Successful businesses are always looking to expand and strengthen the organization through increased funding, cost effectiveness, and intelligent strategies. LPEMS will be developing a forward looking 5- and 10-year plan for setting goals and developing strategies to improve the organization for years to come.

### **Place into Service New Ambulance**

Early 2020 saw the order for a new ambulance. We anticipate delivery in the first quarter of 2021. This unit was designed with our new base model specification, and improvements suggested through surveys of the entire operational membership. Once it arrives, we will review it for compliance to our specification, before outfitting it with all the necessary equipment. It will be inspected by the Montgomery County EMS Council for certification before being allowed into service.

### **Order Tablets for Patient Reporting**

LPEMS has been evaluating the purchase of tablets for EMS usage for the past two years. We will be looking to implement a nearly paperless system with electronic signatures and forms for the completion of Patient Care Reports. This will allow more streamlined access to records and better completion times for staff.

### **Order Replacement for Unit 322-3**

As part of our current Comprehensive Plan LPEMS has a replacement cycle for all ambulances. The First Quarter of 2021 will see LPEMS place the order for a new unit to replace our final van style ambulance with our new box style unit per our base specification. This unit will be ordered with expected delivery in the first quarter of 2022.

# IN MEMORIAM

In memory of our dear friend, brother, colleague, and mentor.

# Ronald W. Long Jr. 1972-2020

