

**Chester County
EMS Council, Inc.**



CLOSURE OF BRANDYWINE AND JENNERSVILLE HOSPITALS WHITE PAPER



BACKGROUND

Definitions

Advanced EMT: Intermediate level care provider. Scope of practice is above an EMT but below that of a Paramedic. Their scope of practice includes basic medication administration, intermediate airway management, IV access, and the ability to obtain 12-lead EKGs.

ALS: Advanced Life Support. A level of care provided by a Paramedic. This scope of practice includes advanced assessment, cardiac monitoring, IV access, medication administration and advanced airway management.

ALS Capable: An EMS agency that is licensed to provide Advanced Life Support with Paramedics on staff.

BLS: Basic Life Support level of care. Basic level care provided by an EMT. Includes bandaging, splinting, oxygen administration, and some medication administration.

BLS Capable: An EMS agency that is licensed to provide Basic Life Support with EMTs on staff.

EMS: Emergency Medical Services. Encompasses the entire emergency medical system and all levels of EMS care providers.

EMS Provider: Generalized, an individual that is certified at any level to provide Emergency Medical Services.

EMT: Emergency Medical Technician. Basic Life Support level provider.

ED: Emergency Department within a Hospital.

Fire Police: Volunteers that control the flow of vehicle and pedestrian traffic to ensure emergency vehicles have a quick, safe entrance and egress to an incident.

Mutual Aid: Neighboring agencies covering calls or providing assistance within another EMS agency's coverage area.

QRS: Quick Response Service. Provides Basic Life Support and not transport capable.

Wall Time: The time an ambulance crew waits with a patient on their stretcher inside of an emergency department for an available bed.

Emergency Medical Services in Chester County

Chester County, Pennsylvania is protected by thirty-two (32) EMS agencies providing response to 9-1-1 medical emergencies. Chester County utilizes a tiered EMS system, consisting of Quick Response Service (QRS), Basic Life Support (BLS), and both transport and non-transport Advanced Life Support (ALS) levels. All 32 of Chester County's BLS and ALS EMS agencies are either non-profit, non-governmental or fire department based. Quick Response Service (QRS) providers remain largely volunteer and fire department based. All of the EMS agencies in Chester County are 501c3 non-profit organizations. Many of the agencies receive minimal municipal subsidy and rely primarily on funding from fee for service and subscriptions.

Chester County EMS Council, Inc.

The Chester County EMS Council, Inc. is comprised of EMS agencies, EMS consumers, hospitals, allied health, and public safety agencies having a vested interest in the provision of emergency medical services; it is established to bring together the various elements of EMS service in Chester County, Pennsylvania. The purpose of the Council is to "serve as a uniformed voice of EMS in providing advice and recommendations to local and county governments, EMS agencies, consumers, and other emergency services entities to promote the maintenance and improvement of the EMS system and public safety in Chester County, PA." The Council works in close collaboration with the Chester County Department of Emergency Services daily on matters impacting emergency medical services in Chester County, PA. The Council meets regularly to conduct normal business as well as having ad hoc meetings with Council Board members to handle emergent concerns or to provide in the moment guidance.

EXECUTIVE SUMMARY

The Chester County EMS Council, Inc., being the lead agency that serves as a uniformed voice of EMS in providing advice and recommendations to local and county governments, EMS agencies, consumers, and other emergency services entities to promote the maintenance and improvement of the EMS system and public safety in Chester County, PA has determined the need to compose a document that outlines the impacts of two hospital closures in Chester County, PA. Tower Health closed Jennersville Hospital as of 12/31/2021 and will be closing Brandywine Hospital effective 1/31/2022. It is anticipated that the remaining Chester County hospitals will absorb about 77% of the EMS volume from the hospitals that are closing. These closures will directly impact the entire EMS and healthcare system in Chester County in a multitude of ways ranging from staffing, finances, provider well-being, system overload, and decline in volunteerism. This document outlines these concerns along with highlighting potential solutions, needs for regulation changes, and alternative ideas to combat the challenges that face EMS.

Surveying the EMS agencies in Chester County revealed that most agencies currently have open and unfilled positions and will need to employ additional staff to meet the increased demands due to the hospital closures. This, coupled with increasing expenses and the lack of direct pay legislation will negatively impact the EMS agencies and require them to seek subsidies from the municipalities they serve. Additional impacts to both the fire and police agencies will be felt as they will have greater wait times for EMS to arrive at incidents, decreased availability of dual role firefighter/EMS personnel, and increased transport and wait times at hospitals for suspected DUI offenders during the collection of blood samples.

Chester County's EMS agencies will be faced with unprecedented circumstances in the coming weeks and months. It is imperative that EMS agencies initiate and maintain open lines of communication with the municipalities they serve. The agencies should be prepared to share all types of information including: operational data, the challenges that they are facing, alternative ideas and methods of service delivery, and their financial records with full transparency. Candid conversations and data/financial transparency will allow for EMS agencies and their municipalities to work in tandem for the best interests of the communities they serve.

THE SITUATION

Closure Announcements

September 28, 2021

Tower Health President & CEO P. Sue Perrotty announces the closure of Jennersville Hospital, effective January 1, 2022.

Chester County EMS agencies, especially those in southern Chester County, immediately begin preparing for the impacts on their communities and agencies. Impact assessments are completed by several EMS agencies and initial dialogue begins with local and county officials.

November 22, 2021

Tower Health President & CEO P. Sue Perrotty announces that Tower Health has entered into a definitive agreement with Canyon Atlantic Partners, LLC which will transfer the ownership of Brandywine and Jennersville Hospitals effective January 1, 2022.

EMS agencies, especially those in southern Chester County, breathe a sigh of relief after several weeks of planning for the closure of Jennersville Hospital. The Chester County EMS Council shifts gears to welcoming a new hospital partner and engaging their leadership in dialogue.

December 9, 2021

Tower Health President & CEO P. Sue Perrotty announces that “Canyon Atlantic Partners, LLC has not been able to demonstrate that it is capable of making an effective transfer of ownership and operations of these two hospitals.” That communication also outlines the intent to close Jennersville Hospital on December 31, 2021 at 11:59 p.m. and Brandywine Hospital on January 31, 2022 at 11:59 p.m.

This announcement comes as a shock to Chester County’s EMS agencies and the Chester County EMS Council, Inc. Stakeholders are immediately gathered to assess further impacts to the community, the emergency medical services system in Chester County, and the tri-state healthcare system as a whole.

These ever-shifting announcements have continually changed the focus of the Chester County EMS Council, Inc. from a single closure, to new hospital partners, to most recently, the devastating news of two closures.

THE CURRENT CHALLENGES

Reimbursements & Funding

For more than two decades, EMS agencies nationwide, especially throughout the Commonwealth Of Pennsylvania, have struggled with declining reimbursements for the services they provide. EMS receives below cost reimbursements from government plans such as Medicare and Medicaid. These poor reimbursements have placed all Chester County EMS agencies in financial difficulty. EMS agencies are totally different from other healthcare providers:

- EMS cannot demand proof of payment up front
- EMS is not able to collect copayments at the time of service
- EMS has a duty to respond regardless of payment/insurance

Like many other industries and communities, EMS agencies have been dramatically impacted by the financial devastation of the COVID-19 pandemic. When COVID-19 struck Chester County in early 2020, EMS agencies saw steep declines in call volume that lasted until early to mid 2021. This decrease in EMS call volume led to significant decreases in reimbursement while the cost of readiness remained the same.

Chester County's EMS agencies and the Chester County EMS Council, Inc. have worked tirelessly at the local, state, and federal level to address these funding issues, even as the majority of efforts have proven to be futile. The most recent example of this is the failure of the Pennsylvania House of Representatives Insurance Committee to move House Bill 1293 out of committee for a vote. This bill would have allowed our EMS agencies to be reimbursed directly by private insurance companies without having to chase down the money for the staff, equipment, and resources expended. These insurance payments are currently sent directly to the patient and it's up to each EMS agency to collect it after their services have been provided.

The 73 municipalities of Chester County have an increasing responsibility to fund EMS agencies to ensure emergency medical services are provided to their communities, just as all other operating costs continue to grow and budgets become more difficult to balance. The Chester County Fire & EMS Strategic plan, published in 2020, specifically cites the generalized "lack of adequate financial support from municipalities relative to the true costs of providing services." Admittedly, the Chester County EMS Council, Inc. is aware of inconsistencies in funding requests, funding formulas, and in some cases, the unwillingness to demonstrate financial need by our individual EMS agencies, which continues to exacerbate this issue. Local funding for EMS continues to be a priority for the Chester County EMS Council, Inc.

Staffing

Nationwide, Emergency Medical Services are struggling to recruit and retain EMS providers. A multitude of factors has contributed to this issue, including but not limited to:

- High stress work environments
- Significant reduction in volunteer EMS providers over the past 15 years
- COVID-19 pandemic
- Lower overall pay rates compared to other healthcare providers
- Generational differences

Chester County EMS agencies were surveyed in December 2021, revealing the current staffing need within our County:

- 80% of agencies report difficulty recruiting new EMS providers
- 57% of agencies report 3 or less current openings
- 26% of agencies report 4 to 6 current openings
- 13% of agencies report more than 7 current openings

A specific breakdown by EMS provider level reveals:

- 19% of all BLS capable agencies have open **full-time EMT or Advanced EMT** positions
- 76% of all BLS capable agencies have open **part-time EMT or Advanced EMT** positions
- 54% of ALS-capable agencies have open **full-time Paramedic** positions
- 77% of ALS-capable agencies have open **part-time Paramedic** positions

Expenses

- Salaries - With the staffing challenges present and the overall cost of living increasing, EMS agencies are providing higher compensation to their employees. The Chester County EMS Council, Inc. supports higher wages for EMS providers, but recognizes the limitations in reimbursements and funding to support it.
- Benefits - EMS agencies are seeing rising costs to provide health benefits and workers compensation insurance to their EMS providers. Many are offering additional benefits as a recruitment/retention tool.
- Medical Supplies and Medications - Costs of supplies and medications continue to rise, especially in the current state of affairs with public health and supply chain disruptions.
- Fuel - In the past year, there has been more than a 35% increase in fuel costs for EMS agencies in Chester County.

Hospital Emergency Department Volume

Today, Chester County EMS agencies are reporting an average of 15 minutes of additional wall time inside of the hospital emergency departments within Chester County.

Increased wall time inside of emergency departments leads to an overall increase in the time it takes to handle one emergency incident. In our December 2021 survey, when we asked Chester County EMS agencies if they were experiencing longer wall times in the emergency departments; 100% of the EMS agencies reported an increase. Additionally, we asked how much longer it is taking their ambulances to handle one emergency incident due to increased wall times:

- 14% reported 35-45 minutes longer
- 18% reported 25-35 minutes longer
- 32% reported 15 to 25 minutes longer
- 36% reported less than 15 minutes longer

Anecdotally, in the last few weeks wall times have skyrocketed beyond what our survey is reporting. Due to the impending hospital closures, ambulance volume is already shifting towards the remaining hospitals. Wall times have been seen as long as 3+ hours due to heavy emergency department volume. With these increased wall times, individuals who call 9-1-1 may have to wait longer for an ambulance as their primary ambulance may be unavailable as it is waiting in the emergency department to offload their current patient. The next closest EMS unit (mutual aid) will respond however their response time is usually increased due to coming from a more distant station.

In our December 2021 survey, 64% of EMS agencies said they are **currently** relying on mutual aid more often due to extended wall times in emergency departments. Overall, we anticipate most EMS agencies to see notable increases in the total time it takes to handle one emergency call. More than half of our EMS agencies will now transport to further hospital destinations and all EMS agencies will experience increased wall times in emergency departments.

ANTICIPATED CHALLENGES AS A RESULT OF HOSPITAL CLOSURES

Emergency Department Wait Times Increased

Citing the existing increased wait times present today, EMS agencies in Chester County are bracing for significant increases as the three remaining hospitals in Chester County see more patients in their emergency departments.

Five years of data from Chester County Department of Emergency Services reveals:

- An average of 5,747 patients were transported to Brandywine Hospital annually by ambulance
- An average of 2,669 patients were transported to Jennersville Hospital annually by ambulance

The Chester County EMS Council, Inc. anticipates approximately 77% of this ambulance patient volume will be transported to remaining in-county hospitals, primarily Chester County Hospital and Paoli Hospital. We anticipate these two hospitals are expected to receive over 6,500 additional ambulance patients annually due to the closure of Brandywine and Jennersville Hospitals.

More concerning, ambulance arrivals typically account for only 25% of the total patient volume in the county's emergency departments. The other 75% arrive by other means. Our remaining hospitals will see extraordinary patient volumes as these walk-in patients now seek emergency care in these more distant facilities.

With the closure of Brandywine Hospital's inpatient 60-bed Behavioral Health Pavilion, the remaining in-county hospitals are going to have significant increases in bed placement times for behavioral health patients. There is no longer an inpatient behavioral health option in Chester County. Typically, these patients are evaluated in the emergency department and in many cases remain there while placement in an inpatient facility is arranged. Currently, this can take several days. With the loss of Brandywine's inpatient beds, this time will only increase. Exacerbating this issue, behavioral health patients previously transported to Brandywine and Jennersville Hospitals' emergency departments for initial evaluation will now be taken to other hospitals, increasing the volume of behavioral health patients being boarded in those emergency departments.

These types of patients also create a multitude of issues within the emergency departments. When a patient is at risk for self harm or a danger to others, the emergency department must keep this patient as a 1:1. A 1:1 is where a hospital staff member is assigned to the behavioral health patient throughout their stay in the emergency

department as long as they remain a risk to themselves or others. The staff member cannot leave the patient's bedside for any reason.

A recent daily status update from a local hospital had 11 behavioral health patients all in 1:1 status on one particular day in their emergency department. In this example, 11 staff members were pulled away from direct patient care to monitor these 11 patients. This did not include allowance for those staff members to take breaks (i.e. meals, bathroom, etc.) Another staff member had to be allocated to rotate so these staff members assigned to 1:1 status could leave the patient. At minimum, these 11 patients took 12 staff members away from the care team. This had a great impact on staffing, both in the emergency department and in the hospital, as most emergency departments do not have that level of staffing to handle that many 1:1s. This pull on resources greatly reduced the emergency department's efficiency and increased wall time, wait time, and disrupted patient flow. While this was one example from a recent day, it is a pattern that is being seen on a daily basis now.

Lastly, these patients tend to be the most dangerous and time consuming. They typically are in acute crisis with signs and symptoms that run the full range of outright rage to uncontrollable sobbing. A recent report from a local emergency department had a patient so disruptive that the police department had to be called. Police officers stood in the emergency department for hours working with this patient and his care team until he could be managed medically. Ultimately he had to be restrained by a mix of 5-6 police officers, hospital security, and staff before being brought under control. Again, this type of patient is not an outlier and this story has been more common during COVID times. The considerable amount of time that it takes to bring this patient to a resolution further impacts the wait times and wall times in the emergency department.

Increased Reliance on Mutual Aid

The increase in total time to handle one emergency call will result in some patients having to wait for an ambulance to respond from a neighboring area. In these situations, the neighboring ambulance also becomes unavailable for emergencies in their home coverage area.

Annually, Chester County EMS agencies respond to over 40,000 emergency medical calls. These calls are handled by approximately 40 ambulances during the day and 36 ambulances at night.

To assist with increased total time to handle one emergency, 64% of Chester County EMS agencies reported they were anticipating adding additional units and staff to reduce the reliance on mutual aid. The addition of more staff will be a challenge considering the existing personnel shortages.

EMS Provider Safety and Wellness

The members and staff of EMS agencies in Chester County are working hard to ensure exceptional care for each patient along with their fellow team members. With the increased physical and emotional stressors since the COVID-19 pandemic was declared, the members and staff have battled to remain focused on their goal of caring for others. In many instances, providers are unable to care for themselves resulting from a disrupted work-life balance. At the onset of the pandemic, the Chester County Critical Incident Stress Management (CISM) team was engaged to provide support to all Chester County emergency responders and their families.

Many of the emergency responders have and continue to spend time away from their families either due to increased workload or quarantine. The Chester County CISM team has been regularly holding county-wide all-call virtual sessions to provide tactics for the emergency responders to combat the stress.

Burnout is on the rise across all EMS providers nationwide and we are seeing the same effects and impacts here in Chester County. Some EMS agencies normally operate at critical staffing levels which are compounded by members or staff being ill from COVID-19. Many EMS agencies are experiencing a higher than normal attrition rate.

Due to increasing limitations and protective measures within our EMS stations, we are seeing a significant decrease in morale. This is coupled with increased call volume, the potential for exposure or contraction of COVID-19, and now an increase in turnaround time due to longer transport distance and increased wall time.

Increasing wait and turnaround times will directly impact provider safety and wellness as there will be shift holdovers, an increased demand to care for patients longer than normal, thus causing an increase in provider stress. These impacts will greatly affect the providers and other EMS agencies as many providers work for multiple EMS agencies, at times working jobs back-to-back.

Increased Expenses

EMS agencies that were surveyed reported several areas of concern for increased expenses that their agency will experience due to the closures. In no particular order, the agencies reported the following expected increased expenses:

- Additional unit/staff - due largely in part to agencies needing to add staffing due to increased transport times and emergency department wait times.
- Increased overtime costs - will be felt across all agencies as they have increased transport times and emergency department wait times causing shift holdovers.

- Increase fuel & maintenance costs - EMS agencies will see a marked increase in vehicle maintenance and fuel costs due to increased transport distances and idling wait times.
- More supply and medication use due to longer transport and wait times - EMS agencies will use more supplies and medications as their transport and wait times increase.
- Increases in salary and/or benefits to retain current staff - To combat growing attrition rates that may be further impacted because of the issues outlined in this paper, EMS agencies are increasing their salary ranges and benefits packages to incentivize their providers to remain with their agency.

The negative impact of increased expenses will dramatically affect the longevity and sustainability of the non-profit EMS agencies in Chester County. This will also impact the municipalities served by the agencies as those agencies will require additional subsidies in order to combat the increasing expenses.

Increased Use Of 9-1-1 For Ambulance Transport

EMS agencies in the southern and western portions of Chester County will likely see increased use of the 9-1-1 system for injury and illness. Though discouraged in some situations, many patients currently self-transport to their local hospitals because of close proximity. Recognizing the distance and time to other hospitals post closures, and the misconception that arriving via ambulance reduces wait times, these patients may opt for ambulance transport instead.

Increased Contact Time With COVID-19 Patients

The Omicron variant is once again increasing the positive COVID-19 case count in Chester County. Chester County's EMS agencies have been on the frontlines of the pandemic since early 2020. For almost two years, EMS providers have selflessly provided emergency medical care to these infected patients. With the closure of Brandywine and Jennersville Hospitals, EMS providers transporting from the southern and western portions of the county will now have increased contact time inside of ambulances with these patients. Even with the appropriate personal protective equipment, longer contact periods can increase the risk of infection to the EMS provider. The health and safety of Chester County's EMS providers is the predominant concern for the EMS Council. EMS agencies, already struggling with staffing, must allow their providers to quarantine or stay home sick after exposure to COVID-19.

Additional Challenges for EMS, Police, Fire, and Fire Police Responders

Surveying all of the emergency response agencies in Chester County, including Police, Fire, Fire Police, and all EMS agencies, they voiced the below challenges. These challenges will impact all facets of the emergency response community in Chester County.

- Primarily all volunteer Quick Response Services will be required to provide patient care longer until mutual aid ambulances can arrive on location if the primary EMS agency is not available.
- EMS volunteers may become more limited as the increased time on task and wait times will impact their livelihood or home life. Volunteers still contribute a large number of hours daily, weekly, and monthly to the residents of Chester County.
- Dual role (cross trained) Firefighter/EMTs and Firefighter/Paramedics will be committed to EMS calls more often and for longer durations, reducing their availability for fire responses. Many fire departments rely on the availability of their dual role personnel to provide primary fire protection to the residents of their communities.
- Police departments will be required to transport suspected DUI offenders greater distances to collect blood samples. This will cause longer wait times inside of emergency departments to collect the sample and will leave municipalities underprotected for longer periods of time.
- In the unfortunate event of an emergency responder injury or illness in the southern or western areas of Chester County, it will take longer to get the responder to a hospital for treatment.
- Fire, Rescue, Fire Police, and Police will have increased wait times for EMS to arrive at their incidents due to the increased transport and wait times for ambulances.
- During periods of inclement weather where travel can be hazardous there is an increased potential for accidents and/or injuries to EMS providers due to the increased travel times to hospitals.
- Recent severe flooding in Chester County cut off access roads to many of the hospitals in the region. Closing two hospitals will limit or significantly delay an ambulance's ability to transport a patient to an emergency department when this type of flooding occurs in the future.

POTENTIAL SOLUTIONS

Legislation, Regulations, and Alternate Ideas

Reopen Closed Hospitals: The single most beneficial solution is reopening closed hospitals within Chester County. The Chester County EMS Council, Inc. has no knowledge of a potential sale or intent to reopen at this time. We will continue to collaborate with our local and state elected officials, hospitals, and any potential buyer seeking to reopen a closed acute care hospital within Chester County.

Freestanding Emergency Departments: Current regulations in Pennsylvania make it unrealistic for a hospital or health system to even consider opening a freestanding emergency department. Consideration should be made to review the current regulations and engage hospital stakeholders in a potential update. Reducing regulation on freestanding emergency departments may entice regional health systems to open such a facility in the impacted areas of Chester County. Ambulances could transport certain patients to freestanding emergency departments, thus reducing the burden on our remaining acute care hospitals.

Chester County's Own Behavioral Health Facility: Due to the significant increase in recognition, reporting, and efforts towards mental health awareness, the behavioral health patient population has grown. There is a benefit to our society to address mental health issues before they become a crisis. However, the demand is far outstripping the supply of providers, resources, and beds.

The Chester County EMS Council, Inc. supports discussion and serious consideration that Chester County have their own behavioral health facility. Reliance on health systems to provide this service singularly is not working and outsourcing the service to many partners is not covering the demand.

We can easily look to our neighbors in Montgomery County for a model of a possible solution. They have a 73 bed facility that “provides crisis intervention, short-term inpatient, and residential treatment and education related to life-threatening psychiatric emergencies and the diversion of persons with serious mental illness from inappropriate criminal justice involvement because of their disability” (<http://mces.org/WordPress/>).

Creation of a Chester County Behavioral Health Facility would demonstrate a commitment to mental health in our community as well as a stable, locally controlled asset that would solve many of the issues across the health continuum.

Transport to Alternative Destinations: By current regulations, EMS agencies may only be reimbursed when they transport a patient to a licensed emergency department. Many patients transported by EMS could be appropriately cared for at their primary care provider's office or an urgent care center. EMS agencies need an easier process to transport

patients to alternative care destinations with appropriate reimbursement by insurance plans.

Improve Reimbursement: Multiple pieces of legislation have been proposed, introduced into committees and never made it to the floor in Harrisburg for a vote. EMS agencies in Chester County and the rest of the Commonwealth NEED to be reimbursed directly from private insurance payers.

EMS reimbursement from Medicaid and Medicare remain significantly below cost for EMS agencies. Immediate action is needed to increase Medicaid and Medicare reimbursement to offset substantial losses incurred by EMS agencies caring for and transporting those patients covered by these government plans.

EMS agencies need improved reimbursements for the care and transportation they provide to better offset skyrocketing operating expenses.

Treatment, No Transport Reimbursement: Many patient's medical needs could be managed in their homes by EMS, without being transported to an emergency department. Currently, the majority of insurance plans do not reimburse EMS for their care provided unless the patient is actually transported to an emergency department. A reimbursement plan for these services would allow patients to stay in their homes and be treated by EMS providers for minor illness/injury or chronic medical issues that need preventative care.

EMS Resource Management

There should be consideration for, at least, a temporary avoidance of sending multiple EMS units to one incident as dictated by existing municipal resolutions. EMS agencies in Chester County could immediately establish mutually beneficial agreements to handle these incidents with the minimum amount of resources necessary. This would maximize our available EMS units for other emergencies.

Many allowances were made during the height of the COVID-19 pandemic through state regulations by the Bureau of Emergency Services regarding EMS staffing. These should be extended and further discussion should be had on how to create even more efficiency and creativity for staffing EMS units across the state.

Collaboration & Transparency

The Chester County EMS Council, Inc. will continue close partnerships with our remaining hospital emergency departments to improve processes that reduce wall times for EMS. Both EMS and hospitals should look beyond Chester County for possible solutions to patient surge management and allocation of resources.

Chester County's EMS agencies will be operating under unprecedented circumstances over the coming weeks and months. It is more important than ever for agencies to maintain

open lines of communication with the municipalities they serve. Communication should include operational data, the challenges that agency is facing, and transparency with financial records, especially when requesting financial support. Candid conversations and data/financial transparency will allow for EMS agencies and their municipalities to work in tandem for the best interests of the communities they serve.

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