

PECC Models

EMS systems vary greatly across the state as does the EMS model of a PECC.

At the EMS agency level, a PECC can be an individual, dedicated to the role or taking on the role as additional duties. This is the simplest form of a PECC but in no way the only way to meet the needs of a PECC program. An EMS agency may institute a PECC team where more than one individual assumes different roles of the PECC in order to meet objectives and share workload. When a team model is utilized there should be one individual who is identified as a contact person in representing the team's activities for the EMS agency.



Examples of an **Agency model** include;

- A clinical coordinator, lead paramedic or agency medical director taking on the role either as a dedicated responsibility or as an additional duty.
- A clinical care committee, QA Committee or group of individuals with specific qualifications and interests that would support the role of a PECC and work collaboratively towards effecting successful objectives.
- A Paramedic with pediatric expertise.
- An EMS agency who utilizes the expertise of a Nurse from an ED, a physician from an ED or within the Emergency Medicine community, or a pediatric specialist to support their internal resources and PECC role.

When an EMS agency cannot support the PECC model internally, a collaborative approach may be successful and meet the needs of several EMS agencies through a shared effort and utilizing shared resources between the agencies and within the local geographical community. These community resources may be a hospital, a Pediatrician, a pediatric specialty facility or a healthcare specialist. This Community Model serves multiple agencies and lightens the load on those EMS agencies who are challenged for pediatric specific expertise within their organization. An individual should be identified as a contact person and who assumes the role of the PECC in representing the Community Model's activities and each agency it supports.

Examples of a **Community model** include;

- One or more transport capable agencies and one or more non-transport agencies working together as a collaborative. Typically, a QRS service is aligned with at least one transport service simply based on shared geographical coverage area and would benefit from a Community model.
- One or more transport or non-transport EMS agency working with a hospital (of any type). Hospital partners frequently offer higher levels of clinical expertise and may already have a PECC identified in their ED and who can assist with PECC objectives not available within the EMS agency.

At a larger geographic level, a Regional Model would support multiple agencies and utilize regionally available resources either through a healthcare system or EMS Regional Council. The Regional Model serves multiple agencies and lightens the load across those agencies where community resources are not readily available and where the EMS agency cannot support the objectives of a PECC internally. An individual should be identified as a contact person who assumes the role of the PECC in representing the Regional Model's activities for each member EMS agency.

Examples of a **Regional model** include;

- Multiple EMS agencies, both transport and non-transport, integrated with a regional healthcare system who can offer clinical support, program guidance and facilitate integration into public health and community programs across broad geographical boundaries.
- Multiple EMS agencies, both transport and non-transport, integrated within a Regional EMS Council program to support the agencies needs, through a dedicated PECC committee or through integration with other Regional activities.

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