



PREHOSPITAL OPERATIONS COMMITTEE

Meeting Report
12 March 2015
1000 hours
EHSF Conference Room

Attendance

Present:	Scott Buchle	Chair
	Duane Nieves	Cumberland County EMS Council
	Shannon Fouts	York County EMS Council
	Phillip Beck	East Pennsboro EMS
	Ryan Elborne	Fayetteville FD
	Nathan Harig	Cumberland Goodwill Fire EMS
	Amy Lebo	Adams County EMS Council
	Robert Patterson	Lancaster EMS
	Dennis Shelly	WellSpan EMS
	Bryan Smith	First Aid & Safety Patrol
	Herb Ingram	Wellspan-Ephrata
	Suzette Kreider	Northwest EMS
	Mark Moody	Memorial Hospital-Medic 102
	Mark Moure	SVEMS
	Ray Birkmire	JeffStat
Staff:	Megan A. Hollinger	Director of System Operations
	Celia M. Fraticelli	System Coordinator-Clinical
	Katelyn Galer	Program Coordinator
	Michael Guerra	Resource Coordinator

CALL TO ORDER

Mr. Buchle called the meeting to order at 1002 hours and asked for introductions.

OLD BUSINESS

ePCR Project Update

Ms. Hollinger reported that an email had been sent to all agencies currently subscribed to ESO discussing the MCD zones. Agencies are not required to have all of the PA zones listed in their program and can just list the ones that they currently need. Web based training is available for unlimited use if needed by an agency. If agencies are getting repeated error messages it can be reduced by not having multiple programs running on the desktop while working within the ESO program. If using a mobile device you may get error messages if you are in a weak internet area and the device is searching for internet access.

There was discussion about what to use for an MCD code if there is an ALS intercept with a BLS transport unit. The majority of those present stated that they use the scene location and subsequently the code assigned. Moving forward the QA/QI committee will address this specific area.

Community Paramedicine/Mobile Integrated Healthcare (CP/MIH)

Ms. Hollinger discussed the status of CP/MIH in our region. Ms. Hollinger stated that she and Steve Lyle will be meeting with the DOH and the Community Health Worker agency this afternoon to discuss how CP/MIH can be utilized in our region. Ms. Hollinger and Mr. Lyle will also be going to Erie, PA (EMMCO West, Inc.) next week to gain more information on the Northwest Region implemented CP/MIH. There is a Public Health Conference on May 5th at Penn State. Ms. Hollinger will forward information if an agency is interested in attending.

EMS Resource Utilization

A working group between Prehospital Operations and the Regional Communication Committees met twice to initiate conversation for a solution. There has been no identified solutions as yet as each area will have unique needs. LEMSA has addressed this issue by having a Supervisor vehicle dispatched to their public service calls. Dr. Reihart is addressing using the Omega system of stacking public service calls in the region. Robert Patterson suggested contacting the Philadelphia region to see how they have handled this type of call for the past 2 years. More information will be forthcoming. Suzette Krieder requested that the work group look at the reason why EMS is dispatched to an obvious death cardiac arrest patient. Ms. Hollinger will present the concern at the next RCC meeting, 1 May, 2015.

Naloxone for BLS Providers

To date this office has not received any BLS applications for the administration of Naloxone. Protocols are in place for BLS but the LMS training has not yet been made available and DOH advised it would be several weeks until it was.

The basic life support (BLS) protocol for Naloxone administration is included in BLS Protocol 831: Behavioral and Poisoning: Poisoning/Toxin Exposure. As in the past, once EMS agencies complete the appropriate update, they may begin using protocols earlier than the effective date.

In regards to the protocol involving the administration of Naloxone, BLS providers may administer Naloxone via two routes.

- 0.4 mg intramuscular via autoinjector
 - o BLS providers may repeat in 5 minutes if inadequate response
 - o If after second dose there is still an inadequate response, maintain airway and contact medical command
- 2 mg intranasal via mucosal atomizer device
 - o If after initial dose there is an inadequate response, maintain airway and contact medical command

NEW BUSINESS

Cribs for Kids – Agency Programs

Ms. Fraticelli discussed the regional initiative for safe sleep education Through EHSF's partnership with Cribs for Kids, EHSF can supply EMS agencies with the pack-n-play and education resources at the cost provided by the Cribs for Kids organization. EHSF has partnered with the Children's Miracle Network (CMN) to provide cribs to any referred family in need of a crib and safe sleep education. HMC has offered their facility for provider training with an anticipated first offering in April. All that agency will need to offer is time for their providers to distribute the cribs to the family and provider safe sleep education. CMN has money earmarked specifically for this initiative in our region. Ms. Hollinger and Ms. Fraticelli will be meeting with Sue at HMC next Tuesday to finalize the training and referral process. More information will be forthcoming.

ALS Provider Expirations

Ms. Hollinger explained the recent process of printing cards for providers expiring on 1/1/2016, 4/1/2016, 7/1/2016 and 10/1/2016. Letters notifying all ALS providers and reminder to send in CPR, as they are tracking that again, were called/emailed/regular mail. Providers expiring starting 4/1/2015 will receive their cards closer to the expiration date. It was asked that all agencies remind their providers to keep track of their continuing education credits and remember to forward a copy of their current CPR card so their certification does not lapse. ALL ALS providers will get a new issue date that is 2 years prior to their expiration date.

CPR Certification Requirement

DOH recently turned the tracking of CPR expiration dates so it is important that all providers have a current CPR card in their profile. MAC has forwarded a letter to DOH BEMS requesting that this tracking process be terminated as it has been in the past. Please email any CPR copies to Katelyn Galer.

Recruitment and Retention Analysis

A survey to identify gap analysis concerns will be forwarded to all agencies in the future. As example of a gap is HACC reporting that they only fill approximately 15 seats out of 25 for their certification classes. There is concern of agencies not being able to fill the slots they have open and also having trouble keeping employees for long term employment. The recent increase in some of the larger retailers raising their wages to \$10-11 dollars and hour impacts how many people may go into EMS for less starting wages. Many states to the south had hiring freezes in

the last 5 years which increased the amount of EMS providers gaining employment in PA. However, most of these agencies are now advertising for providers at a higher rate of pay and many PA providers are leaving to work in those states. Ms. Hollinger explained that the budget for next year will be decreased by 8% and some deep cuts will have to be implemented to make up the difference for our region.

PA Scope of Practice

The most recent version of the Scope of Practice was published 19 January and there are more changes anticipated for the 1 July publish date. MAC has sent a letter asking DOH to reconsider their stance on chest tubes, in-dwelling catheters and ventilator use.

BLS Protocols

The BLS protocols have been published and there are significant changes in c-spine protocols and hospitals will receive education on this new protocols so they are aware of the changes. BLS providers will be able to administer ASA and are now mandated to carry a pulse ox on their vehicles. July 1 will most likely have new licensure requirements reflecting these new protocols. Of note is EMR's cannot use a pulse ox under the PA Scope of Practice. There is also significant changes to the ground transport and pediatric transport guidelines (there will be no change to these protocols).

GENERAL DISCUSSION

EHSF Staffing

Ms. Hollinger introduced Katelyn Galer as the new Program Coordinator and gave a brief overview of her tasks. We are still looking to fill 29 evaluator positions and will continue to take resumes.

Heart Rescue Project-Survivor Celebration 25 April 1200-1430 at University of PA. This day will bring together survivors and crew. If anyone is interested Ms. Hollinger will forward information.

Updates from DOH

No updates to report.

EMS Week

EMS week schedule was reviewed. If anyone has any of their own events for that week they would like published please let Ms. Galer know.

Mr. Buchle adjourned the meeting at 1107 hours.

The next Prehospital Operations Committee meeting is scheduled for 14 May, 2015 at 1000 hours.

Respectfully Submitted,

Celia M. Fraticelli
System Coordinator – Clinical