



MEDICAL ADVISORY COMMITTEE

03 November 2016
0930 hours
EHSF Conference Room

ATTENDANCE

Present:	Michael Reihart, DO Sal Alfano, MD R Daniel Bledsoe, MD Christine Dang, MD Jeff Lubin Jessica Mann, MD Steven Meador, MD Chad Nesbit, MD Steven Schirk, MD Thomas Westenberger, DO	Regional Medical Director, Chair Holy Spirit EMS Pinnacle Health, Life Team EMS Lancaster Regional Medical Center Penn State Hershey Medical Center Penn State Hershey Medical Center Penn State Hershey Medical Center Penn State Hershey Medical Center WellSpan – York Hospital West York EMS
EMS/Hospital:	Mark Berry Scott Buchle Chris Buchmoyer Janet Bradley Darrell Fisher Andrew Gilger Suzette Kreider Darryl Mitchell Mark Moody Holly Pinamonti Andrew Snavelly Joshua Worth	Ephrata Hospital ALS Life Lion EMS Warwick EMS First Aid & Safety Patrol of Lebanon New Holland EMS Lancaster EMS Northwest EMS Manheim Township EMS Memorial Hospital ALS Memorial Hospital ALS Holy Spirit Hospital Susquehanna Valley EMS
Staff:	Megan A. Ruby Michael J. Guerra Timothy S. Melton	Director of System Operations Resource Coordinator System Coordinator

CALL TO ORDER

Dr. Reihart called the Medical Advisory Committee meeting to order at 0930 hours and asked those present to introduce themselves.

OLD BUSINESS

ePCR Update

Ms. Ruby reported additional EMS agencies still continue to join and begin implementation, and some EMS agencies are returning to emsCharts. Ms. Ruby provided she will be discussing ESO's Hospital Link Up and Health Data Exchange with the hospitals during the medical command facility inspections.

Ms. Bradley reported she previously attended the Trauma Foundation's conference and issues associated with data collection were discussed. Ms. Bradley provided the hospitals are looking for access to the ePCR programs to collect data for the trauma registry.

Mr. Gilger reported ESO now has a link available to auto-populate the CARES registry. The system has the ability to add retrospective data. Mr. Gilger will e-mail the committee the information obtained from ESO.

Mr. Gilger asked when Pennsylvania plans to switch to NEMSIS v. 3.0. Ms. Ruby replied no exact date has been provided. However, communication through the data information task force suggests the switch will occur within 2017.

Community Paramedicine/Mobile Integrated Healthcare (CP/MIH)

Ms. Ruby reported a workgroup to develop needed legislation is meeting, and Mr. Lyle is representing the EHSF region. Ms. Ruby announced the movement with the Perry County Health Coalition. Ms. Ruby also announced the EHSF's committee will be hosting a CP/MIH Summit in April. This event will provide agencies within Pennsylvania to showcase their programs. More information will be provided once a date is set.

Naloxone

Dr. Reihart asked the committee of concerns regarding naloxone administration for opioid overdoses. Dr. Reihart shared there is various pricing for naloxone from different vendors and encouraged agencies to research for lowest cost.

Ms. Bradley asked if there is consideration for naloxone administered via nebulizer. Dr. Lubin shared his experience and provided, as long as, the patient is breathing the route works well.

Spinal Care

Dr. Reihart asked those present if the receiving facilities are still experiencing patients not properly immobilized. Dr. Bledsoe shared some interfacility transfers are requesting a patient be immobilized for transport. If a facility makes this request, the patient is immobilized for transport.

Sternal IO

Dr. Reihart reported the regional pilot is just about ready for the sternal intraosseous for IV initiation and medication administration. Interested ALS agencies are to e-mail Ms. Ruby. The cost of the device is \$80, and the pilot will utilize ALS providers who are supervisors or experienced providers.

Stroke Care

Dr. Reihart reminded the committee about the previous presentation for Acute Ready Hospitals. Dr. Reihart and Dr. Lubin shared there are some legislation changes underway. More information will be shared as learned.

Proposal for Ketorolac and Ibuprofen

Dr. Reihart reported at the previous MAC, Josh Worth from Susquehanna Valley EMS presented information to add two optional medications (ketorolac/Toradol and ibuprofen) to use in lieu of narcotics. The physicians present collectively questioned the value of adding additional medications to the approved list. The MAC was unsure how many patients would value for NSAIDs. Since the previous meeting, Mr. Worth requested information from Fort Lauderdale, Wake County, and Austin-Travis County who are currently using ketorolac and ibuprofen, but no responses have been received to date. Dr. Bledsoe shared West Virginia has a statewide protocol adopted for approximately six years. Mr. Worth will make contact to learn additional information about their program. Dr. Reihart announced non-opioid pain management is on the agenda for the State MAC.

NEW BUSINESS

Proposal for Syringe Epinephrine Kits by EMTs

Ms. Ruby presented the proposal for syringe epinephrine kits by EMTs. Ms. Ruby reminded the previous discussion regarding the increased costs of epi-pens negatively impacting EMS. Ms. Ruby explained the EHSF experienced a decrease of BLS agencies participating on the optional epi-pen program over the past six years. When a BLS agency is questioned why they no longer carry the epi-pens, the answer is always the cost burden on the agency. Ms. Ruby's presentation included findings along with a sample template and educational model for EMS agencies to follow if EMTs would be permitted to administer epinephrine via intramuscular injection.

ACTION ITEM: Mr. Moody motioned for the EHSF to approve the proposal and submit to the State Medical Advisory Committee for approval by the Department of Health for a pilot program for EMTs to administer epinephrine via intramuscular route with additional education and using a kit as viewed at the MAC. Mr. Worth provided a second to Mr. Moody's motion. The motion was carried.

Intermediate ALS

Dr. Reihart asked to discuss the future vision of Intermediate ALS (IALS). Dr. Lubin shared the best utilization is in rural areas experiencing a delay in advanced level care. Dr. Bledsoe suggested IALS should be an augmentation for low acuity ALS incidents. Dr. Bledsoe provided he will provide a pilot for use of IALS in Harrisburg at the February MAC meeting. Mr. Buchmoyer discussed the IALS program at Warwick EMS.

Discussion ensued among the committee resulting in the EHSF position on IALS as a supplement for a BLS response, and it is not to be considered as a replacement to ALS. The county PSAPs are to dispatch according to the EMD process already approved within the EHSF region. If an ALS service that is also operating as an IALS service wishes to respond with AEMTs on an IALS ambulance or squad unit, the agency must respond based on the dispatch according to the respective county PSAP. This means if the dispatch is a class 1 dispatch, the EMS agency must respond with an ALS ambulance or squad. The EMS agency may not choose to send an IALS ambulance or squad in lieu of the ALS unit. Once the providers are on scene, if the provider's assessment shows the patient can be treated by an AEMT, then the agency may

contact medical command to downgrade from ALS to IALS. In addition, if the agency is dispatched class 2 or 3 for a BLS response, the agency may choose to send an IALS ambulance or squad in lieu of BLS to offer a higher level of care than dispatched.

Mr. Buchmoyer reported frustration with his county PSAP not providing a unit identification or call sign for their IALS unit. Ms. Ruby explained in communicating with the county PSAPs, the IALS unit is to be treated as a BLS unit. IALS may not be dispatched in lieu of ALS when ALS is warranted. The IALS agency can respond under their BLS call sign. Ms. Ruby explained the licensed IALS agency is responsible for working with surrounding EMS agencies regarding their response plan for the IALS level of response. A unit identifier is not to be used in lieu of working local relationships.

Left Ventricular Assist Device

Dr. Alfano questioned EMS's capabilities for routine transports for patients with implanted left ventricular assist devices. Dr. Alfano noticed the EMS scope of practice, line 65, provides "intra-aortic balloon pump or invasive cardiac assist device monitoring/assist" is listed as "no" for all levels of EMS providers. It is the interpretation of the EHSF MAC the scope refers to the management of the device which is not permitted by an EMS provider. However, if the device is self-maintained by the patient and EMS is not expected to operate it, then EMS can transport the patient. This is similar to pacemakers or ventilators maintained by the patient.

PA Train

Ms. Ruby reported the PA Train for online continuing education is live effective 01 October. There are issues with user accounts, so anyone having trouble should contact the EHSF office. Additional training modules will be added in the near future. The medical command course is available on Train.

Cardiac Arrest Survivor Symposium

Dr. Reihart announced the Heart Rescue Project is seeking the EHSF region to host a cardiac arrest survivor symposium in March. Dr. Reihart asked the EMS agencies to obtain a list of survivors to invite to this event.

GENERAL DISCUSSION

Medical Command Facility Reaccreditations

Ms. Ruby announced all but one hospital is due for their medical command facility reaccreditation. The EHSF began conducting on-site inspections and will continue throughout the month of November.

EHSF Future Growth

Ms. Ruby reported the growth of the EHSF region by two additional counties (Chester and Delaware Counties) effective 01 July 2017, is now on hold. Ms. Ruby provided the Pennsylvania Department of Health shared the legislators asked to hold meetings to further discuss the planning prior to any changes.

EHSF Staffing Updates

Ms. Ruby announced there is still an open System Coordinator position.

EHSF Website

Ms. Ruby announced the EHSF website will be live in the early spring. The website will be robust and offering communication tools to share information with various EMS stakeholders.

Dr. Reihart questioned whether the new EHSF website will allow for status updates associated with divert. Ms. Ruby provided the EHSF position on hospital divert but provided future discussion for hospital communication with EMS would be entertained.

Meeting Dates

Ms. Ruby reminded the committee of the upcoming meeting dates for FY 2016-17:
02 February 2017, and 04 May 2017

ADJOURNMENT

Dr. Reihart adjourned the meeting at 1040 hours.

The next Medical Advisory Committee meeting is scheduled for 02 February 2017 at 0930 hours.

Respectfully submitted,

Megan A. Ruby
Director of System Operations