



PREHOSPITAL OPERATIONS COMMITTEE

Meeting Report
08 January 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
	Darrell Fisher	New Holland EMS
	Nathan Harig	Cumberland Goodwill Fire EMS
	Tim Moench	Duncannon EMS
	Robert Patterson	Lancaster EMS
	Dennis Shelly	WellSpan EMS
	Bryan Smith	First Aid & Safety Patrol
	Christopher Yohn	Lower Allen Township EMS
Staff:	Megan A. Hollinger	Director of System Operations
	Ann Marie Christie	Program Coordinator
	Michael Guerra	Resource Coordinator
	Celia M. Fraticelli	System Coordinator – Clinical
	Matthew Sterndale	System Coordinator – Operations

CALL TO ORDER

Mr. Buchle called the meeting to order at 1003 hours. He asked for a moment of silence to remember two recent provider deaths: EMT Raymond Barth and EMT Bonnie Shellenhammer. Mr. Buchle expressed appreciation to Mr. Fisher for providing the meeting refreshments.

SPECIAL PRESENTATION

Ms. Susan Rzcudlo, Pediatric Trauma and Injury Prevention Program Manager, Penn State Hershey Medical Center presented their goals to build relationships with EMS:

- Incorporation of EMS providers into workgroups for input in clinical care, education, and quality improvement
- Solicit EMS provider feedback for continuing education offerings and provider quarterly topics
- Partner with EMS providers for prevention activities

OLD BUSINESS

Videos

Ms. Hollinger updates the status of the EHSF video. The video should soon be complete pending some additional filming

ePCR Project Update

Ms. Hollinger reported on recent activity to progress the regional ePCR project. EHSF and ESO recently discussed the concerns with the cardiac monitor interface of monitors without Bluetooth capabilities. ESO plans to release a future update, which will provide a solution to the concern. The second concern involves the routine transport documentation, specifically for wheelchair transports. ESO plans to alter the validation requirements for the wheelchair transports so providers can document within the same ePCR charting system. Computed Aided Dispatch (CAD) import was also discussed. ESO is also working on a solution to document the minor civil divisions (MCD) codes. Ms. Hollinger ensured the committee ESO is meeting the requirements of the request for proposal and continue to provide prompt response to questions and concerns. Mr. Buchle suggested a completion clause be considered to the current contract. Ms. Hollinger reported EHSF could discuss the project timeline compared to the current project status with ESO.

Annual Advance Level Provider Competencies

Members present reported there have been no problems associated with completing the annual skills competencies for advance life support (ALS) providers and the optional regional form has been shared among EMS agencies for providers working at multiple organizations. Ms. Hollinger reminded the committee to complete their annual competencies by 10 April 2015, which is one year from when the Rules and Regulations went into effect. EMS agencies with the EMS agency medical directors may choose the process to verify skills. Ms. Hollinger reminded the regional form is optional to use.

Mr. Nieves reported Holy Spirit EMS is working with Harrisburg Area Community College (HACC) to create a skills verification course. More information will be provided in the future.

Community Paramedicine/Mobile Integrated Healthcare (CP/MIH)

Ms. Hollinger discussed the status of CP/MIH in our region. Highmark is interested in the concept and requested additional information to identify differences between CP/MIH and home health. EHSF also met with the Secretary of Aging and plan to work with his Department in the future.

EMS Resource Utilization

Ms. Hollinger reported the use of EMS for public service calls, when someone calls 9-1-1 with no medical complaint or injury but has a need for assistance within their home, has created resource utilization issues in multiple counties. A working group between Prehospital Operations and the Regional Communication Committees met once to initiate conversation for a solution. Anyone still interested to participate should contact Ms. Hollinger.

Naloxone for BLS Providers

Ms. Hollinger reported the Department of Health, Bureau of EMS (BEMS) provided additional information regarding Naloxone for BLS providers. First, concerns were raised over referring to the trade name "Narcan" rather than the official name for the medication "Naloxone".

Ms. Hollinger reported EMS agencies desiring to participate in the administration of Naloxone for BLS providers must ensure BLS providers completed the approved training and received approval from their EMS agency medical director. The BEMS provided there is one Department-approved course. They do not intend to approve additional courses. The approved course is "Naloxone Administration by EMT and EMR" which can be found on Centrelearn as course number 007622. No additional courses will be approved by BEMS in the future. However, EMS agencies can include additional information to the approved course if desired.

Each participating EMS agency is required to have a signed agreement from their EMS agency medical director along with a list of BLS providers approved by the EMS agency medical director permitted to administer Naloxone.

The basic life support (BLS) protocol for Naloxone administration is included in BLS Protocol 831: Behavioral and Poisoning: Poisoning/Toxin Exposure. The updated BLS protocols are not yet published. The BEMS anticipates publication in the near future with an effective date of 01 July 2015. 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

Ms. Hollinger stated EHSF created an Administration of Naloxone packet to assist EMS agencies wishing to participate. This packet will be provided to the EMS agencies in the near future.

The committee members discussed the need for hospitals to be educated on the change of BLS providers administering Naloxone. Ms. Hollinger stated the hospitals will be advised of the changes.

There was also discussion regarding dispatching and pre-arrival instructions to know if a patient received Naloxone from a bystander. Ms. Hollinger discussed Emergency Medical Dispatching (EMD) and the inability for dispatchers to ask freelance questions but will take the discussion highlights to the Regional Communications Committee.

The committee raised concern about patient refusals after receiving naloxone either from EMS or a bystander. EMS providers are encouraged to contact medical command.

Naloxone for Fire and Law Enforcement

Ms. Hollinger reported Act 139 permits fire and law enforcement to administer Naloxone. The BEMS provided clarity to the requirements for non-licensed EMS agencies. Fire and law enforcement wishing to participate must enter into an agreement with a licensed EMS agency and their EMS agency medical director or physician within the EMS agency. Personnel within the fire and law enforcement agency must complete the approved training which is posted on givaloxone.org. EMS agencies may choose whether they wish participate. EMS agencies and their medical director may set additional requirements, such as extra training, minimum equipment, documentation, and quality assurance. It is also the EMS agency medical director's discretion to request payment for services rendered. EHSF created a partnership packet to assist EMS agencies and their local fire or law enforcement agreements. It is also noteworthy; the BEMS has no authority to investigate complaints regarding fire and law enforcement administration of Naloxone.

NEW BUSINESS

Provider Wellness/Prevention Newsletter

Ms. Hollinger announced EHSF created a new monthly electronic newsletter to provide provider health and safety messages. This newsletter is distributed on the 15th of each month.

Mission LifeLine

Ms. Hollinger reported American Heart Association Mission LifeLine would like to host an event in our region to present ways to improve cardiac care. This event will be available to EMS agency leadership and hospital representatives. EHSF will provide more information in the future.

Cribs for Kids – Agency Programs

Ms. Fraticelli discussed the regional initiative for safe sleep education. EHSF will be providing information packets to the EMS agencies interested in assisting with the safe sleep initiative within their communities. 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. EMS agencies interested in participating should contact Ms. Fraticelli. Ms. Rzucidlo stated there are websites and organizations offering the education materials for free or at a reduced cost.

Licensure Update

Mr. Guerra discussed the importance to timely complete licensure applications for the renewal process and mentioned a change to how EHSF typically inspects new units. The EHSF is offering if EMS agencies can bring their new units to the EHSF office, then faster service can be provided for the inspection. Certainly, EHSF will work with any EMS agency to accommodate as needed.

Dispatching EMS Resources

Mr. Harig reported Cumberland County is evaluating the possibility of dispatching EMS units using Alpha, Bravo, Charlie, Delta, Echo, and Omega rather than the current class 1, 2, and 3 process. The committee discussed the importance for this change to occur regionally rather than independently. The committee discussed challenges associated with this change along with the possibilities to better manage future changes. There needs to be discussion with the Regional Communications Committee regarding this topic.

GENERAL DISCUSSION

EHSF Staffing

Ms. Hollinger provided a staff directory and a list of responsibilities assigned to each coordinator.

Ms. Hollinger provided the announcement for the program coordinator job opening

Hands-Only CPR

Ms. Hollinger announced EHSF will be providing Hands-Only CPR demonstrations at the Pennsylvania Farm Show on Wednesday, 14 January 2015 from 0900 to 1600 hours. EMS providers are encouraged to assist. Ms. Hollinger will provide parking passes to interested participants.

Updates from Department of Health

Ms. Hollinger announced the BEMS filled the EMS Program Manager position by promoting Mr. Aaron Rhone. The BEMS is still operating with vacant positions.

Cardiac Arrest Registry to Enhance Survival (CARES)

Ms. Hollinger reminded EMS agencies are reminded to enter their CARES data by the end of January 2015.

Suspension of Driving Privileges

Ms. Hollinger announced the BEMS is prohibited by the EMS Act to provide waivers to drivers with suspensions from moving violations. An EMS provider with a suspended license will not be permitted to drive an ambulance for four years or two years if accelerated rehabilitative disposition (ARD) was awarded.

ePCR Compliance

Ms. Hollinger reported the BEMS can hold an EMS agency accountable for providers who do not complete ePCRs as required by law. EMS agencies are encouraged to be responsible ensuring providers are compliant with ePCR completion.

Suggestion for Photos

Ms. Hollinger advised cameras and cell phones used to take photos can be discoverable in the court of law. The BEMS provided guidance to the regional EMS council for their investigation and licensure activities, which is also relevant to EMS operations. With providers taking pictures to attach to the ePCR, it may be best practice to provide a camera owned by the EMS agency.

Confidentiality of Complaints

Ms. Hollinger reported the Rules and Regulations provide confidentiality for the complainant, and therefore, the BEMS will no longer provide the provider or EMS agency under investigation a copy of the complaint.

ALS Provider Certification Expirations

Ms. Hollinger reminded the first expiration period for ALS providers is 01 April 2015, which contains 145 ALS providers within EHSF's region. Providers are encouraged to ensure they met the recertification requirements.

ADJOURNMENT

Mr. Buchle adjourned the meeting at 1302 hours.

The next Prehospital Operations Committee meeting is scheduled for 12 March 2015 at 1000 hours.

Respectfully Submitted,

Celia M. Fraticelli
System Coordinator – Clinical