



MEDICAL ADVISORY COMMITTEE

07 May 2015
0930 hours
EHSF Conference Room

ATTENDANCE

Present:	Michael Reihart, DO Daniel Ammons, MD R. Daniel Bledsoe, MD Greg Codori, DO Christine Dang, MD James Leaming, MD Chadd Nesbit, MD Tiffani Russ, DO Steven Schirk, MD	Regional Medical Director, Chair Susquehanna Valley EMS Pinnacle Health Gettysburg Hospital Lancaster Regional Medical Center Northwest EMS Hershey Medical Center – Life Lion Memorial Hospital WellSpan Health – York Hospital
EMS/Hospital:	Bradley DeLancey Darrell Fisher Shannon Fouts Nathan Harig Suzette Kreider Mark Moody Robert Patterson Steven Poffenberger Newt Shirker	Susquehanna Township EMS New Holland EMS White Rose Ambulance Cumberland Goodwill EMS North West EMS Memorial Hospital ALS Lancaster EMS West Shore EMS Warwick EMS
Staff:	Megan A. Hollinger Katelyn M. Galer Michael J. Guerra Matthew S. Sterndale	Director of System Operations Program Coordinator Resource Coordinator System Coordinator

CALL TO ORDER

Dr. Reihart called the Medical Advisory Committee meeting to order at 0930 hours. Dr. Reihart announced the death of Paramedic Ralph Backenstoos and asked for a moment of silence in his memory.

OLD BUSINESS

ePCR Update

Ms. Hollinger reported many EMS agencies are still working through the implementation process. Ms. Fouts questioned if the original ePCR project working group could reconvene to discuss best practices. Ms. Hollinger plans to discuss this suggestion at the next Prehospital Operations Committee. Mr. Poffenberger suggested asking ESO Solutions to create a master list of destinations to use across multiple EMS agencies to decrease redundancy during implementation.

Community Paramedicine/Mobile Integrated Healthcare (CP/MIH)

Ms. Hollinger reported highlights from the 2nd Annual Penn State Public Health Day Symposium discussing the Affordable Care Act on 29 April 2015 and the 2015 Community Health Worker Summit on 05 May 2015. She mentioned the topic of CP/MIH has caught the attention of legislators.

Dr. Bledsoe announced Pennsylvania Emergency Health Services Council (PEHSC) will host its CP task force conference call on 13 May 2015. The task force has discussed needed legislation, credentialing of providers, and needed programs.

Naloxone

Dr. Reihart reinforced the concern regarding opioid addiction throughout the Commonwealth. Members present discussed current law enforcement partnerships.

Ms. Hollinger advised the online training for fire and law enforcement personnel is not always generating certificates upon completion. Ms. Hollinger suggested if this was presented to EMS agencies, they may accept a roster of personnel who completed the training from the department's police or fire chief. The approved training can be found at www.getnaloxonenow.org.

EMS Protocols

Ms. Hollinger announced the 2015 statewide protocols for BLS providers have been released. However, the required training is not yet available. Once the training is complete, it will be available on the learning management system. The PowerPoint for the training will be released to the EMS agency's medical director, who will determine authorized personnel to conduct training internally.

Dr. Reihart noted the change to spinal care in the new protocols. Dr. Reihart has been working with PEHSC to communicate with the Pennsylvania Trauma Systems Foundation (PTSF) to provide standardized education for the hospitals. Dr. Reihart foresees concern with trauma services.

Dr. Reihart announced there is a State MAC meeting on 15 May 2015 to finalize the ALS protocol.

Scope of Practice

Ms. Hollinger announced the letter addressing concerns with the scope of practice, as discussed at the previous MAC meeting, was sent to Director Gibbons. EHSF has not received a response to the letter.

Dr. Reihart provided PEHSC submitted a VTR to delay the ventilator changes until July 2016. The Bureau of EMS (BEMS) responded with a modified ventilator protocol.

NEW BUSINESS

Child Abuse Reporting and Background Checks

Ms. Hollinger provided a FAQ document sent by the BEMS to explain the requirements. Some highlights include:

1. EMS providers are mandatory reports. If there are signs of child abuse, a report by the paper form, website, or telephone call is required. The BEMS suggest best practice is for every provider on the call to complete a report because if the primary care provider fails to complete the report, every provider will be held accountable. The EMS agency management team is responsible for ensuring a report is completed by the providers.
2. EMS providers are not required to take the training at this time.
3. EMS providers will be required to obtain criminal history and child abuse clearances. The BEMS stated the EMS agencies are not required to cover the cost of the clearances but ensure every provider has the initial clearances and repeats every three years. Compliance of this requirement will be checked at the time of licensure.
 - a. Volunteer providers living in Pennsylvania for more than ten years are required to have a Pennsylvania State Police (PSP) criminal history and child abuse clearance.
 - b. Volunteer providers living in Pennsylvania for less than ten years are required to have a PSP criminal history, child abuse, and FBI clearance.
 - c. Paid providers are required to have a PSP criminal history, child abuse, and FBI clearance regardless of their length of residency in the Commonwealth.
 - d. These reports must be repeated every three years.

GENERAL DISCUSSION

EMS Resource Utilization

Ms. Hollinger announced the working group is still trying to determine potential solutions to decrease the burden of public service calls. There is an interest to activate the omega-response card for EMD to allow call stacking or a non-traditional response for needs that do not warrant an EMS response.

Sudden Cardiac Arrest Survivor Celebration

Dr. Reihart reported the first annual Heart Rescue Project survivor celebration in Philadelphia was well attended. He encourages more agencies to attend next year's event.

Dr. Reihart stated there is a push to mandate CPR as a requirement for high school graduation. He encourages those who speak with legislators to discuss the importance of this legislation.

CARES Data

Dr. Reihart mentioned for the previous two years, EMS agencies have been using Cardiac Arrest Registry to Enhance Survival (CARES) data as a marketing tool. Discussion among members occurred regarding the purpose and appropriate use of this data.

Excited Delirium

Dr. Reihart reported the use of synthetic marijuana has negatively impacted hospitals. Hospitals do not have enough ventilators or restraints to properly manage these patients. The State MAC is evaluating this topic and reviewing the pilot project in Montgomery and Chester Counties using Ketamine. Members discussed suggestions to better manage these patients in the prehospital environment to avoid provider injury: avoid naloxone, consider using intramuscular midazolam for speed of absorption, and be aware of positional asphyxia.

Situational Awareness

Dr. Reihart cautioned members about sodium hydroxide bombs where individuals take water bottles filled with Drano and aluminum foil to create an explosion.

Tourniquets

Dr. Reihart mentioned a county in Florida has placed tourniquets with every public access AED to prepare for potential terrorist attacks. Lancaster is working to place tourniquets in public schools.

EMS Agency Medical Director Communications

Ms. Hollinger reported EHSF is working to increase communications with EMS agency medical directors. Mr. Guerra is collecting current e-mail addresses for each EMS agency medical director within our region to provide notification following licensure inspections.

Ms. Hollinger also provided EMS agency medical directors have two choices regarding access to their agency's ePCRs within ESO: access to view all ePCRs within their respective agency, or access to only see the ePCRs the EMS agency leadership assigns for their review.

EMS Week Activities

Ms. Hollinger announced details for upcoming EMS Week events.

2015-2016 Meeting Schedule

Ms. Hollinger provided tentative dates for the FY 2015-2016 meeting schedule.

ADJOURNMENT

Dr. Reihart adjourned the meeting at 1150 hours.

The next Medical Advisory Committee meeting is scheduled for 03 September 2015 at 0930 hours.

Respectfully submitted,
Megan A. Hollinger

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Director of System Operations