



PREHOSPITAL OPERATIONS COMMITTEE

Meeting Report
10 March 2016
1000 hours
EHSF Conference Room

Attendance

Present:	Scott Buchle	Chair / Dauphin County EMS Council
	Eric Zaney	Adams Regional EMS
	Duane Nieves	Cumberland County EMS Council
	Doug Bitner	Franklin County EMS Council
	Robert Patterson	Lancaster County EMS Council
	Bryan Smith	Lebanon County EMS Council
	Kraig Nace	Perry County EMS Council
	Rich Barner	White Rose Ambulance
	John Brindle	Community Life Team
	Kevin Dalpiaz	Community Life Team
	Darrell Fisher	New Holland EMS
	Devin Flickinger	Holy Spirit EMS
	Nathan Harig	Cumberland Goodwill EMS
	Andrew Snavely	Holy Spirit Hospital
	Christopher Yohn	Lower Allen Township
Staff:	Megan A. Ruby	Director of System Operations
	Ann Marie Christie	Program Coordinator
	Celia M. Fraticelli	System Coordinator
	Michael J. Guerra	Resource Coordinator
	Katelyn M. Hooker	Program Coordinator
	Timothy S. Melton	System Coordinator

CALL TO ORDER

Mr. Buchle called the meeting to order at 1000 hours and asked for introductions.

OLD BUSINESS

ePCR Project Update

Ms. Ruby reported ESO is working with EMS agencies to update the current ePCR software to the new EHR program. So far this has been a positive transition feedback. ESO offered live and web-based training if desired. Ms. Ruby provided the minimum hardware specifications to those present.

Ms. Ruby received a spreadsheet from ESO listing the agencies actively using the ePCR program. There will be a meeting with the county council presidents following the Prehospital Operations Committee to discuss the future of the regional ePCR project. At a minimum, EHSF will continue to fund this program through the next fiscal year of 2016-2017.

Community Paramedicine/Mobile Integrated Healthcare (CP/MIH)

Ms. Ruby stated there are no new updates. The next CP/MIH meeting will be Thursday, 21 April 2016.

Commendation Program Update

Ms. Ruby provided the revised commendation program document to the committee. The clinical save award criteria will be worded to capture patients who become pulseless in the field rather than upon EMS arrival. The changes also capture the additional levels of certification for the BLS and ALS provider of the year.

Ms. Ruby discussed the new meritorious service award to honor providers who provide clinical care resulting in lifesaving intervention during an unusual EMS response.

Mr. Buchle asked for an action item to approve the updated commendation program including the addition of the meritorious service award. Ms. Ruby will notify the committee when the bars are available for the award.

ACTION ITEM: TO APPROVE THE UPDATED COMMENDATION PROGRAM INCLUDING THE ADDITION OF THE MERITORIOUS SERVICE AWARD.

EMD v.13

Ms. Ruby discussed and distributed a copy of the Emergency Medical Dispatch response determinant levels and class designations for the version 13 update.

Ms. Ruby announced the Medical Advisory Committee discussed changing the stroke treatment time window in the future. A working group to include approved stroke centers in the region will meet to discuss current practice.

Mr. Bitner questioned if the omega response will be utilized to decrease public service calls. There was an in depth discussion regarding the increase in public service calls throughout the region. The EHSF previously formed a working group to discuss public service calls. However, the concerns seemed to center on one geographical location in the region rather than a region-wide issue. The consensus of the committee in today's meeting provided public service calls is a regional concern with attention needed by the committee, EHSF and BEMS.

Mr. Buchle suggested a research study to review data and develop a system approach. Mr. Buchle will communicate with Dr. Lubin to inquire if a research fellow from the Hershey Medical Center would be available to assist. Regional data from each county is needed and a partnership with the MAC and PSAP's to help decrease these calls, which are causing an ongoing burden on EMS agencies. Mr. Buchle will talk to Dr. Lubin.

Mr. Patterson provided Lancaster EMS created data reports to review public service calls. Mr. Patterson will share how the report was built in ESO, so other EMS agencies can begin providing data.

NEW BUSINESS

QRS

Mr. Guerra provided an update on the changes as requested by the Bureau of EMS for the QRS agencies. Mr. Guerra noted the EHSF understands the Rules and Regulations increase challenges for volunteer and rural QRS agencies. Many QRS agencies expressed difficulty in meeting the staffing plan to be in service 24 hours a day, seven days a week

Ms. Ruby reported a stand-alone QRS agency must complete the ambulance licensure application in the EMS Registry. A QRS agency under the same organization as a preexisting BLS or ALS agency will add the QRS information to the ALS/BLS application. At this time, the Bureau of EMS provided QRS level of licensure is not required to complete electronic patient care reports. A stand-alone QRS agency does not have to meet the staffing requirements for EMSVO certified providers to drive the licensed units. They are only required to have providers with EVOC.

Mr. Bitner questioned mutual aid by non-licensed agencies, such as, fire departments self-dispatching on EMS responses for a medical assist. The Rules & Regulations provide the definition of EMS. *Section 1027.1* provides the requirement for a license, and *Section 1031.14* provides the ability to impose monetary penalties for organizations providing EMS without a license. A lengthy discussion ensued regarding the difference between mutual aid and EMS responses as a licensed agency.

Critical Care Transport

Ms. Ruby stated the Bureau of EMS created an interim process to apply for the Critical Care Transport (CCT) level of licensure. EMS agencies must submit an amendment to their license application providing a staffing plan for the CCT level, provide a letter stating the request to become licensed as a CCT, and submit a list of eligible providers with the EMS agency medical director's approval. Once EHSF receives the required information, Mr. Guerra will conduct an on-site inspection.

Ms. Ruby announced White Rose Ambulance is in the process of becoming licensed as a CCT with the intent to provide service starting on 01 April 2016.

Mr. Guerra provided information about the required minimum oxygen for the CCT. The ambulance must be capable of carrying a minimum of 7,000 psi. Mr. Guerra reported the one solution to carry this amount of oxygen is a T cylinder carrying 8,500 psi.

PA DOH Licensure Documents

Ms. Ruby stated the District Coordinators worked with the Bureau of EMS to provide updated licensed checklists. These lists went into effect on 01 March 2016. Additional information will be sent to EMS agencies once it is available.

PEHSC VTRs

Ms. Ruby reported the PEHSC submitted three *Vote to Recommend* requests to the Bureau of EMS. The Bureau of EMS approved BLS units carrying glucometers to perform blood glucose testing as optional equipment. The Bureau of EMS approved the request to prohibit BLS providers from administering Glucagon. The Bureau of EMS did not approve training institutes to administer their own psychomotor exams at this time.

Comprehensive EMS Report

Ms. Ruby discussed the required annual report focusing on gap analysis within the region. The EHSF will first focus on two clinical and two operational components of the system for system improvement. The first clinical objective is for 100% compliance of the BLS units to carry and administer aspirin. The second clinical objective is to encourage at least 50% of the BLS units to carry naloxone to manage opioid overdoses. The first operational objective is for 95% compliance by EMS units for response time. The second operational objective is to identify current bariatric resources and establish a regional response.

DOH Staffing Update

Ms. Ruby announced Paul Hoffman is the new EMS Specialist at the Bureau of EMS.

Targeted Temperature Management

Ms. Fraticelli reported on a recent webinar discussing the current updates for targeted temperature management, formerly known as therapeutic hypothermia. She will forward the link to committee members to review. There will be further discussion at the next meeting in May.

GENERAL DISCUSSION

EMS Week

Ms. Ruby discussed the EMS Week activities for 2016. She encouraged agencies to forward names of providers with 25 years or more of service.

State Budget

Ms. Ruby reported on the current state budget impasse, but she offered the emergency funding released provided the release of EMSOF. The EHSF continues to function as usual

Ambulance Attendants

Ms. Ruby reminded ambulance attendants may serve as EMRs without obtaining EMR certification through the Pennsylvania Department of Health until 11 April 2016.

2016-2017 Meeting Dates

Ms. Ruby announced the tentative meeting dates pending the Board of Directors approval for FY 2016-17: 08 September 2016, 10 November 2016, 05 January 2017, 09 March 2017, and 11 May 2017.

Mr. Buchle adjourned the meeting at 1125 hours.

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The next Prehospital Operations Committee meeting is scheduled for 10 May 2016 at 1000 hours.

Respectfully Submitted,

Celia M. Fraticelli
System Coordinator