PREHOSPITAL OPERATIONS COMMITTEE

Meeting Report
08 September 2016
1000 hours
EHSF Conference Room

Attendance

Present:	Eric Zaney	Adams County EMS Council
	Duane Nieves	Cumberland County EMS Council
	Doug Bitner	Franklin County EMS Council
	Kraig Nace	Perry County EMS Council
	Mark Moody	York County EMS Council
	Kelly Altland	Northeastern Area EMS
	Chris Buchmoyer	Warwick EMS
	Kevin Dalpiaz	Community Life Team
	Eric Durham	Hanover Hospital Medic 46
	Darrell Fisher	New Holland EMS
	Devin Flickinger	Holy Spirit EMS
	Nathan Harig	Cumberland Goodwill EMS
	David Hayes	National Ski Patrol
	Elizabeth Heller	Fayetteville EMS
	Darryl Mitchell	Manheim Township EMS
	Jerry Schramm	Lancaster EMS
	Denny Shelly	WellSpan – York Hospital
	Newt Shirker	Northwest EMS
	Joshua Worth	Susquehanna Valley EMS
	Christopher Yohn	Lower Allen Township EMS
Staff:	Megan A. Ruby	Director of System Operations

CALL TO ORDER

Ms. Ruby called the meeting to order at 1000 hours in the absence of Chair Scott Buchle. Ms. Ruby asked for introductions.

OLD BUSINESS

ePCR Project Update

Ms. Ruby stated EHSF is funding the ePCR program with ESO through the current fiscal year of 2016-2017. Additional EMS agencies continue to join and begin implementation. Ms. Ruby announced the EHSF is strategizing partnerships for cost sharing for project sustainability.

Mr. Yohn questioned how much it would cost each agency if EHSF stopped funding the project. Ms. Ruby assured EMS agencies the EHSF would not just stop funding the ePCR system through ESO without notice and discussion with the EMS agencies. However, with funding decreasing more each year, the EHSF must prepare for alternative funding sources. The EMS agencies are encouraged to share ideas with EHSF. Ms. Ruby also provided when the EHSF originally calculated the total cost of the program by the number of agencies, the cost would be around $0.52 per PCR.

Mr. Dalpiaz questioned the status of the cardiac monitor interface to avoid the use of a cable. Ms. Ruby will ask ESO to provide an update.

Community Paramedicine/Mobile Integrated Healthcare (CP/MIH)

Ms. Ruby reported the status of CP/MIH in the region. Ms. Ruby also announced the movement with the Perry County Health Coalition.

Mr. Schramm announced Lancaster EMS launched a new CP/MIH program by deploying EMTs in the community. The program has been successful so far with providing home visits for recently discharged patients.

Commendation Program Update

Ms. Ruby reported the EMS county council presidents met in early August and discussed the Commendation Program resulting in the following determinations:

1. The verbiage in the clinical save award will not change. The EHSF will continue to recognize clinical saves as a patient who presents or becomes apneic. The committee asked the EMS county council presidents to consider removing apneic to only recognize pulseless with the expected number of patients presenting apneic from overdoses.
2. A provider will only receive one pin/bar for each award offered by the EHSF. If a provider receives multiple clinical save awards, the provider will receive a bar on the first commendation. Additional commendations in the same category will receive a certificate and letter.

Ms. Ruby also reported the clinical save bars are currently out of stock. The EHSF is awaiting shipment from a previous order. Any requests submitted will receive letters and certificates until the bars arrive. The EHSF is also seeking a new vendor and would appreciate any suggestions.

PA DOH Licensure Update
Ms. Ruby announced the DOH released the updated minimum equipment list for licensure in June 2016. There has been discussion regarding some items listed (i.e. folding litter for ALS squad and lettering on squad vehicles), and the EHSF is waiting on clarification from the DOH.

BLS Blood Glucose Testing
Ms. Ruby reminded EMS agency leadership while the DOH approved the use of glucometers by BLS, BLS providers cannot yet use the device. The EHSF is awaiting information on the protocol and education requirements. It is likely the optional use of glucometers will be included in the next protocol update for July 2017.

Sternal IO
Ms. Ruby reported Dr. Reihart discussed the status of the sternal intraosseous pilot at the MAC meeting last week. He is waiting for an eligible patient at Lancaster General Hospital for insertion of the sternal intraosseous to provide successful use. The EHSF anticipates a future pilot project for the use of sternal intraosseous for IV initiation and medication administration.

NEW BUSINESS

EMSVO Continuing Education Credits
Ms. Ruby reported the EHSF office received written notification from the Bureau of EMS to accept any type of safe driving or EMS vehicle operation classes as continuing education for EMSVO continuing education credits. While the current EMS Registry cannot currently track EMSVO continuing education, the new EMS Registry will begin tracking these credits.

Ms. Ruby also reported the increased requests by EMS agencies for the VFIS DVD because they lost the one assigned to their agency. The EHSF does not have enough copies to replace lost DVDs. EMS agencies are encouraged to keep their DVD in a safe location. The EHSF will maintain a copy per county to loan to EMS agencies requesting them.

EMSVO Application
Ms. Ruby announced the Department of Health provided a shorter application for providers seeking EMSVO only. This application should be used moving forward.

EMS Continuing Education
Ms. Ruby reported the Bureau of EMS will now allow any type of EMS continuing education to be applied for credit regardless the level of certification held by the provider.

Investigation Process
Ms. Ruby announced the Bureau of EMS recently changed their process for handling investigations. When the Bureau of EMS receives a complaint and issues the authorization for investigation, the Bureau of EMS will send letters directly to the subject(s) of the investigation and the complainant. The Bureau of EMS will then notify the regional council who will contact those involved to investigate. Ms. Ruby stated the letter sent by the Bureau of EMS has verbiage providing the recipient has 15 days to respond if desired. This sentence has already caused anxiety within our region. EMS agencies should know they have a choice to respond directly to the Bureau of EMS within 15 days. However, they are not required to provide a response because the region will be seeking the information needed to investigate.

EMS Registry
Ms. Ruby reported the new EMS Registry will be live 15 October 2016. Ms. Ruby announced the Bureau of EMS is still testing the beta site. Once there is access to provide training to the EMS agencies and providers, the EHSF will communicate the information.

LMS – Train
Ms. Ruby announced the new Learning Management System (LMS) through Train will be live 01 October 2016. Ms. Ruby provided there is not a training site for EMS agencies and providers available yet. Once the Department of Health site is established, the EHSF will work to provide training. Ms. Ruby reported Train is a national training database and will offer more options to providers for continuing education credits.

Ms. Ruby also stated after Friday, 09 September 2016, no new accounts can be created in the current LMS through Centrelearn. If anyone has a provider who needs a way to complete continuing education online between now and 01 October, they should create a profile within the next day. Providers are also encouraged to print their continuing education record via the transcript or certificates before 30 September 2016.

Intermediate ALS
Ms. Ruby announced the licensure process for Intermediate ALS (IALS). Currently, a licensed EMS agency wishing to add a licensure level of IALS (ambulance or squad) may do so by submitting an amendment to their licensure application with information in their response plan to explain their intent to provide IALS. The EMS agency medical director must also provide notice on letterhead authorizing this level of licensure. If the agency is licensed as an ALS agency, then there is no need for a vehicle inspection. However, if the agency is licensed as a BLS agency, then the agency must have the unit(s) inspected because there is additional minimum equipment. Also, if an ALS agency chooses to operate as a licensed IALS agency, then the ALS level of service (ambulance or squad) must be the level in service 24 hours a day because this is the highest level of license for the respective agency. The ALS agency may use IALS less than 24 hours a day. If a BLS agency chooses to operate as a licensed IALS agency, then the IALS level of service (ambulance or squad) must be in service 24 hours a day because this is the highest level of licensure for the respective agency.

Discussion occurred regarding proper placement, dispatching, and billing concerns.

AEMTs
Ms. Ruby provided the use of AEMTs in the prehospital setting is permitted on an ALS level service if the AEMT is under the direct supervision of a provider certified as a Paramedic or higher level. Once an EMS agency acquires licensure at the IALS level, then AEMTs can perform within their scope independently.

24 Hours Requirements for Service
The discussion involving IALS prompted questions and discussion about an EMS agency required to be in service 24-hours a day. Ms. Ruby provided the staffing requirements according to the Rules and Regulations.

Mr. Bitner questioned the use of a county-wide response plan as acceptable to meet the requirement. Mr. Nace and Mr. Dalpiaz discussed the history of the Perry County EMS response plan.

EMSIB 2016-09: Statewide ALS Protocol Update to Reflect Increased Naloxone Dosing in Altered Mental Status Protocols

Ms. Ruby reported the Bureau of EMS recently released EMSIB 2016-09 to increase the dosage of naloxone in response to some opioid substances requiring higher doses of naloxone. The dosing is as follows:

- Adult: titrate naloxone every 2-4 minutes until adequate spontaneous respirations:
  - IV/IO: 0.4 mg, then 1.6 – 2 mg, then 2 mg (up to 4.4 mg total)
  - IM/IN: 2 mg, then 2 mg (4 mg total)
- Pediatric: dosed every 2-4 minutes until adequate spontaneous respirations:
  - IV/IO/IM/IN: 0.1 mg/kg (up to 0.4 mg initial dose), then 0.1 mg/kg (up to 2 mg), then 0.1 mg/kg (up to 2 mg)

Ms. Ruby announced the change to dosage was effective immediately when the EMSIB was released.

Proposal for Ketorolac and Ibuprofen

Ms. Ruby announced Josh Worth from Susquehanna Valley EMS approached the EHSF about a future pilot project to determine value of adding two optional medications (ketorolac/Toradol and ibuprofen) to use in lieu of narcotics.

Ms. Ruby reported Mr. Worth presented information about using ketorolac and ibuprofen for certain types of pain management in lieu of narcotics at the recent MAC. During Mr. Worth's presentation, he provided examples of algorithms from other EMS systems using other pain management options, such as Wake County EMS and Fort Lauderdale.

Ms. Ruby summarized the discussion following the presentation at the MAC. The physicians were concerned of patients receiving nonsteroidal anti-inflammatory drugs (NSAIDs) in the prehospital field in case the patient would need surgery. The physicians collectively stated if a patient receives NSAIDs rather than narcotics, it will delay their surgery. The physicians collectively questioned the value of adding additional medications to the approved list. The MAC was unsure how many patients would value for NSAIDs. Data will be acquired to determine on average how many patients would benefit from the administration of NSAIDs compared to narcotics. The proposal will be discussed further at the next MAC.

Ms. Ruby is now asking if EMS agencies in the Prehospital Operations Committee agree with the value to provide two optional medications to decrease narcotics.

The Committee discussed the potential value from the EMS agency leadership perspective to include additional non-narcotic medications to control pain as optional medications. Ms. Heller stated her EMS agency encounters past opioid addicts who refuse narcotics for pain management in fear of relapse. The availability for pain management without using narcotics would eliminate patient refusals while maintaining patient satisfaction for pain control. The Committee is interested in conducting a pilot to determine EMS agency interest, numbers of patients eligible, and highlight case studies for use. Additional information will be presented at the November MAC.

Epi-Pens Cost Increase

Ms. Ruby reported the increase cost of epi-pens is 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 encouraged

the EMS agencies to contact the EHSF to provide notification if they plan to cease participation in the optional epi-pen program.

Ms. Ruby stated at the previous MAC, there was discussion of the use of kits where BLS providers draw up epinephrine to administer intramuscular. Currently, there are four states permitting their BLS providers to draw epi and administer the medication intramuscular. The kit used by BLS contains a marked, 1 ml syringe with an IM needle and one vial of 1:1,000 epinephrine. It is noteworthy to mention these states provided this option to assist their BLS agencies because epi-pens are required for BLS unlike Pennsylvania where epi-pens are approved but optional for BLS. Mr. Worth presented a kit for view by the Prehospital Operations Committee. The cost for one kit ranges from $65-95. Vendors will prepare kits to meet state requirements. The additional education for a BLS provider is a four-hour training module.

Ms. Ruby announced the MAC passed a motion for the EHSF to seek 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. The Prehospital Operations Committee was supportive of the motion and stated this would be a step in the right direction for EMS to better manage patients with allergic reactions at an affordable cost.

Reinstatements/Reciprocities

Ms. Ruby announced the Bureau of EMS provided a change involving reinstatements and reciprocities. In the past if a provider's EMS certification expired, the only way for the provider to receive active certification was by completing the reinstatement process even if the respective provider held current EMS certification with the National Registry or another state. Now the Bureau of EMS will permit reciprocity or certification by endorsement for expired Pennsylvania certified providers if they hold current certification with the National Registry or another state.

Mr. Bitner questioned the reason for the affiliate verification form with the reciprocity packet. Discussion among the Prehospital Operations Committee expressed the conflict with the EMS agency manager and EMS agency medical director signing a form to confirm future employment or a volunteer position or to be deemed eligible for certification when they do not know anything about the EMS candidate. Ms. Ruby stated Mr. Lyle is currently discussing the EMS affiliation verification form with the Bureau of EMS.

Coroner Interaction with EMS

Mr. Nace presented information regarding the Perry County coroner activity and EMS interaction. The county is inconsistent regarding the role or expectations of EMS with victims in the coroner's custody. Representatives from other counties provided the experience in Perry County is not occurring across the region. Mr. Nace drafted a guideline for EMS and would like the Prehospital Operations Committee's support before presenting to the Perry County Coroner's Office. Ms. Ruby stated the EHSF staff will work with Mr. Nace to finalize the guideline so it could be applicable to any county in the event issues arise in other locations throughout the region.

Patient Restraints by Law Enforcement

Ms. Ruby stated Mr. Buchle approached EHSF regarding law enforcement applying handcuffs to restrain patients in the ambulance but then do not want to ride in the ambulance or follow the ambulance to the hospital. Mr. Buchle provided Life Lion EMS researched various options when these situations arise. Discussion among the Prehospital Operations Committee resulted in learning other agencies are not experiencing a similar issue, and EMS should meet with law enforcement to discuss best practice.

RCC Manual Review
Ms. Ruby announced the RCC updated the RCC Manual. The manual should be approved during the November meeting. Once approved, the EHSF will provide copies to the EMS agencies.

Hospital Notifications
Ms. Ruby reported during the review of the RCC Manual, one area of change involved the information EMS providers were to report to the hospital during a notification. There is differencing of opinions regarding the information hospitals wish to receive during an EMS notification. Ms. Ruby stated the EHSF will be working with the hospitals to learn what information is best provided during a hospital notification during on the medical command facility accreditation onsite visit.

Med Radio System
Ms. Ruby reported the med radio system across the region is active and being monitored by every county. When an EMS agency is transporting outside their respective county, EMS providers can use the med radio system to contact the hospital to provide notification or seek medical command. Mr. Bitner asked for an updated med radio channel assignment for each county.

ED Divert
Ms. Ruby reported another change in the RCC Manual is the removal of the hospital divert status program. The EHSF no longer supports the use of divert to eliminate receipt of patients by EMS agencies when busy. Ms. Ruby discussed the meeting with Cumberland County hospitals during the Cumberland County EMS Council meeting. Mr. Powell presented the use of Knowledge Center during the meeting. Ms. Ruby reminded EMS agencies to use information delivered by the PSAP regarding hospital status to educate the patient and make the best destination decision.

Ms. Ruby also discussed the recent trends of hospitals stating they are on “psych divert” when having a high volume of mental health patients. Ms. Ruby explained the receiving facilities use psych divert when they do not have the internal resources to safely care for mental health patients in hopes EMS will transport the patient to a different hospital. Ms. Ruby discussed the safety concerns for EMS to increase transport time by honoring the hospital’s request. Ms. Ruby also explained the county mental health intervention program. When a patient resides in the same county treatment is provided, the patient may be eligible for follow-up through the county’s mental health intervention resource program. However, when the patient crosses county lines, the county where the patient is treated will not follow the patient to their home county for follow-up intervention and the county of the patient’s residency will not pick-up intervention for the patient.

EHSF Website
Ms. Ruby announced the EHSF responded to the feedback from various stakeholders regarding the website. The EHSF selected a new vendor to redo the website. The website will be live by May 2017, but the EHSF anticipates it will be available sooner.

Ms. Ruby stated the input from EMS agency managers, providers, and other stakeholders will be vital for the design and functionality of the website. Any suggestions should be directed to Ms. Ruby. Mr. Moody suggested a survey to send to providers to determine the options desired.

EHSF Future Growth
Ms. Ruby announced the growth of the EHSF region by two additional counties. Effective 01 July 2017, the EHSF will also be the regional EMS council for Chester and Delaware Counties. Ms. Ruby provided Mr. Lyle is working with the current staff of those regions to prepare for a successful transition. Ms. Ruby also suggested inviting the Chester and Delaware Counties communication staff to upcoming committee meetings to learn more about their system.

GENERAL DISCUSSION

Provider Certification Photos
Ms. Ruby reported the EHSF is still trying to acquire pictures and signatures for currently certified EMS providers. The EHSF will accept photos and signatures from EMS agencies to upload into provider profiles.

PA EMS Conference
Ms. Ruby announced the Pennsylvania EMS Conference is 21-23 September 2016 in Lancaster.

Staffing Update
Ms. Ruby announced two positions became open since the previous MAC. The Program Coordinator has been filled by Carol Kauffman. The System Coordinator is vacant, and the EHSF intends conducting interviews for this position in the near future.

2016-2017 Meeting Dates
Ms. Ruby reminded the committee of the upcoming meeting dates for FY 2016-17:
10 November 2016, 05 January 2017, 09 March 2017, and 11 May 2017

ADJOURNMENT

Ms. Ruby adjourned the meeting at 1201 hours.

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

Respectfully Submitted,

Megan A. Ruby
Director of System Operations