



MEDICAL ADVISORY COMMITTEE

01 September 2016
 0930 hours
 EHSF Conference Room

ATTENDANCE

Present:	Michael Reihart, DO Daniel Ammons, MD Christine Dang, MD Jeff Lubin Jessica Mann, MD Steven Meador, MD Chad Nesbit, MD Tiffani Russ, DO Steven Schirk, MD	Regional Medical Director, Chair Susquehanna Valley 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 Memorial Hospital WellSpan – York Hospital
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EMS/Hospital:	Ray Birkmire Scott Buchle Chris Buchmoyer Raph Caloia Andrew Gilger Nathan Harig Darryl Mitchell Mark Moody Steve Rosito Steven Poffenberger Andrew Snavelly Newt Shirker Joshua Worth	JeffStat Life Lion EMS Warwick EMS Susquehanna Valley EMS Lancaster EMS Cumberland Goodwill EMS Manheim Township EMS Memorial Hospital ALS Pinnacle Health Holy Spirit EMS Holy Spirit Hospital Northwest EMS Susquehanna Valley EMS
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Special Guests:	Morgan Boyer Kathy Morris Alicia Richardson Angela Grayham Ted Kross Kelly Rotondo Raymond Reichwein, MD Kevin Cockroft, MD Suzanne Glasaksy Casey Swartz	Penn State Hershey Medical Center Penn State Hershey Medical Center Penn State Hershey Medical Center Geisinger Health System Tyler Memorial Hospital Penn State Hershey Medical Center Penn State Hershey Medical Center Penn State Hershey Medical Center Genetech Genetech
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Staff:	Megan A. Ruby Director of System Operations
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CALL TO ORDER

Dr. Reihart called the Medical Advisory Committee meeting to order at 0935 hours and asked those present to introduce themselves.

SPECIAL PRESENTATION

Dr. Reihart introduced Morgan Boyer from Penn State Hershey Medical Center to present information on stroke care. Ms. Boyer and other special guests explained a new level of stroke recognition: Acute Stroke Ready Hospitals. The guests present explained how an Acute Stroke Ready Hospital can meet patient care needs suffering from an acute stroke just like a primary or a comprehensive stroke center. The team expressed the significance in patient outcome if patients receive a longer transport while bypassing an Acute Stroke Ready facility to go to a Pennsylvania approved stroke hospital. The group was encouraged to discuss their project with Dr. Kupas at the next State Medical Advisory Committee. However, there is value in further education surrounding stroke care for our current EMS providers.

OLD BUSINESS

ePCR 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.

Dr. Reihart questioned the status of ESO HDE for the hospitals. Ms. Ruby explained EHSF and EMS agencies within a hospital's catchment area attempted to receive buy-in from hospitals within our region for HDE. However, to date no hospital is willing to pay the annual cost or the discussion was with hospital personnel unauthorized to make a decision about the purchase. Members of the MAC associated with hospital expressed an interest to work with ESO to learn more about the product. Ms. Ruby will arrange a meeting with ESO's director for the HDE program in the future.

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. Birkmire announced JeffStat has a successful CP/MIH program in the southern location of Philadelphia. He will provide contact information for their program to Ms. Ruby.

Naloxone

Dr. Reihart asked the committee of concerns regarding naloxone administration for opioid overdoses.

Mr. Harig announced Cumberland County was evaluating restitution for reimbursement.

Dr. Reihart reminded the committee to maintain awareness with Carfentanil.

Spinal Care

Dr. Reihart asked those present if the receiving facilities are still experiencing patients not properly immobilized. Discussion ensued regarding proper spinal immobilization and concluded with those present stating they have seen an improvement with spinal care. The EHSF will continue to monitor for concerns.

Sternal IO

Dr. Reihart discussed 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.

Ketamine

Dr. Reihart reported the use of ketamine by ALS providers for excited delirium was approved at a previous State Medical Advisory Committee. The use of ketamine will be included in the upcoming state protocol update, which the EHSF anticipates the effective date will be July 2017. Before initiating the new medication into the EMS system, the BEMS will provide the approval process and protocol for administration. From discussion at the State MAC, the process for the administration of ketamine will follow a similar process as the optional etomidate process. More information will be provided as received by the EHSF.

Dr. Meador asked if there will be a regional approval process and reporting forms. Dr. Reihart announced the regions are not yet accepting applications from interested agencies. More information will be available in the future. Ms. Ruby will check with the Bureau of EMS regarding the application creation status.

Supraglottic Airway: i-Gel

Dr. Reihart announced the supraglottic airway, i-Gel, has been approved by the State MAC to add an additional supraglottic airway option. More information will be provided as received by the EHSF.

Glucometers for BLS

Dr. Reihart reminded the MAC of the approval for BLS providers to use glucometers to obtain blood glucose as an optional skill in the future. However, the use of glucometers by BLS is not yet permitted. The EHSF anticipates this option will be available for the upcoming protocol update with an effective date of July 2017.

NEW BUSINESS

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.

Mr. Worth presented information about using ketorolac and ibuprofen for certain types of pain management in lieu of narcotics. Mr. Worth also provided examples of algorithms from other EMS systems using other pain management options, such as Wake County EMS and Fort Lauderdale.

Discussion followed the presentation. Physicians were concerned of patients receiving nonsteroidal anti-inflammatory drugs (NSAIDs) in the prehospital field in case the patient would need surgery. Physicians collectively stated if a patient receives NSAIDs rather than narcotics, it will delay their surgery. 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.

Epi-Pens Cost Increase

Ms. Ruby reported the increase cost of epi-pens is negatively impacting EMS. Mr. Caloia reported the cost of epi-pens increased five to eight percent every quarter for the past few years. However, recently the costs skyrocketed by 600%. Cardinal Health has a version of an epi-pen two-pack available for approximately \$100 less than the traditional Mylan auto injector.

Mr. Caloia also reported four states permit 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. Caloia presented a kit for view by the MAC. 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 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.

Dr. Meador questioned if the region believed more BLS agencies would participate in the optional epi program if the cost were lower by using a kit similar to the discussion today. Ms. Ruby answered she believes more agencies would participate if the cost was not the obstacle.

ACTION ITEM: *Dr. Meador motioned 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. Dr. Ammons provided a second to Dr. Meador's motion. The motion was carried.*

Medical Command Facility Reaccreditations

Ms. Ruby announced all but one hospital is due for their medical command facility reaccreditation. The process was mailed and e-mailed to each medical command facility director. The EHSF attempted to ease the application process by providing new, fillable PDF forms. Also, this accreditation cycle does not require a separate application for every medical command physician. The hospital can enter the physician's information in the provided spreadsheet. Ms. Ruby also provided information relating to the process to enter all medical command physicians into the EMS Registry.

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.

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.

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

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.

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.

Meeting Dates

Ms. Ruby reminded the committee of the upcoming meeting dates for FY 2016-17: 03 November 2016, 02 February 2017, and 04 May 2017

ADJOURNMENT

Dr. Reihart adjourned the meeting at 1155 hours.

The next Medical Advisory Committee meeting is scheduled for 03 November 2016 at 0930 hours.

Respectfully submitted,

Megan A. Ruby
Director of System Operations