



PREHOSPITAL OPERATIONS COMMITTEE

Meeting Report
17 November 2016
1000 hours
EHSF Conference Room

Attendance

Present:	Scott Buchle	Chair
	Eric Zaney	Adams County EMS Council
	Kraig Nace	Perry County EMS Council
	Mark Moody	York County EMS Council
	Kelly Altland	Northeastern Area EMS
	Mark Berry	Ephrata Hospital ALS
	Chris Buchmoyer	Warwick EMS
	Devin Flickinger	Holy Spirit EMS
	Darryl Mitchell	Manheim Township EMS
	Jerry Schramm	Lancaster EMS
Staff:	Megan A. Ruby	Director of System Operations
	Michael J. Guerra	Resource 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 additional EMS agencies still continue to join and begin implementation, and some EMS agencies are returning to emsCharts. Ms. Ruby provided she will be discussing ESO's Hospital Link Up and Health Data Exchange with the hospitals during the medical command facility inspections.

Ms. Ruby announced the EHSF is evaluating alternative funding sources for project sustainability.

Community Paramedicine/Mobile Integrated Healthcare (CP/MIH)

Ms. Ruby announced the EHSF's committee will be hosting a CP/MIH Summit in April. This event will provide agencies within Pennsylvania to showcase their programs. More information will be provided once a date is set.

Commendation Program Update

Ms. Ruby reported all pins arrived and awards are processed. Future requests should go to Mr. Melton. The requests for the new meritorious status award are going well. The new EHSF website will streamline the request form and provide status updates for processing.

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.

Intermediate ALS

Ms. Ruby reported the EHSF position on Intermediate ALS (IALS) based on discussion at the EHSF MAC and RCC. The EHSF position on IALS is IALS is intended as a supplement for a BLS response, and it is not to be considered as a replacement to ALS. The county PSAPs are to dispatch according to the EMD process already approved within the EHSF region. If an ALS service that is also operating as an IALS service wishes to respond with AEMTs on an IALS ambulance or squad unit, the agency must respond based on the dispatch according to the respective county PSAP. This means if the dispatch is a class 1 dispatch, the EMS agency must respond with an ALS ambulance or squad. The EMS agency may not choose to send an IALS ambulance or squad in lieu of the ALS unit. Once the providers are on scene, if the provider's assessment shows the patient can be treated by an AEMT, then the agency may contact medical command to downgrade from ALS to IALS. In addition, if the agency is dispatched class 2 or 3 for a BLS response, the agency may choose to send an IALS ambulance or squad in lieu of BLS to offer a higher level of care than dispatched.

Ms. Ruby explained in communicating with the county PSAPs, the IALS unit is to be treated as a BLS unit. IALS may not be dispatched in lieu of ALS when ALS is warranted. The IALS agency can respond under their BLS call sign. Ms. Ruby explained the licensed IALS agency is responsible for working with surrounding EMS agencies regarding their response plan for the IALS level of response. A unit identifier is not to be used in lieu of working local relationships.

Ms. Ruby reported as EMS agencies express interest in IALS, the EHSF will contact the respective county PSAP and medical command facilities. If a BLS agency requests to upgrade to IALS, the EHSF will coordinate a meeting with the respective agency and the local ALS agency. Once an agency obtains IALS as the highest level of licensure, the IALS level of service must be available to respond 24-hours a day, seven days a week.

Coroner Interaction with EMS

Mr. Melton reported on his meeting with the Lancaster County Coroner to understand expectations of EMS. While most counties are not experiencing conflicts with the coroner, the EHSF believes a document to provide guidance with the coroners' support will mitigate problems in the future. Mr. Melton will continue to work through the guideline document and provide updates at the future Prehospital Operations Committee meetings.

NEW BUSINESS

Certification: EMSVO Applications

Ms. Ruby reported to process a provider for EMSVO, the provider must complete the new EMSVO application and provide copies of their driver's license and completion of EVOC. The EHSF can no longer accept the spreadsheets used during the initial certification process.

Certification: Certification by Endorsement

Ms. Ruby reported the new process for certification by endorsement and showed an example of the new application. With the changes, the EMS agency must still complete the affiliation form for prospective providers. However, the EMS agency medical director does not need to sign the affiliation form. Prospective providers can also have the form completed by non-EMS agencies for employment or training.

Certification: Reinstatements

Ms. Ruby reported the process for reinstatement when a provider's Pennsylvania certification expires. Ms. Ruby explained if a provider expired in Pennsylvania while still maintaining certification through another state or National Registry EMT, the provider does not need to complete the reinstatement process but can complete the certification by endorsement process.

Certification: Request for Disciplinary Actions

Ms. Ruby announced in the past EMS agency managers would notice a provider had "yes" for disciplinary actions on the active provider registry site. The managers would contact the EHSF office to learn of the disciplinary actions. The EHSF has not been permitted to provide information. However, the providers receive a letter from the Pennsylvania Department of Health, which is to be shared with the EMS agency. Now the Pennsylvania Department of Health, Bureau of EMS provided if an EMS agency's management team wants to learn of the disciplinary actions, they can send a written request to the Bureau.

PA Train

Ms. Ruby reported the PA Train for online continuing education is live effective 01 October. There are issues with user accounts, so anyone having trouble should contact the EHSF office. Additional training modules will be added in the near future. The EHSF can provide suggestions to other websites for free online continuing education, such as Boundtree University. However, when classes are taken from other sites, it is the provider's responsibility to ensure a copy of the certificate or transcript is sent to the EHSF office for endorsement.

EMS Protocols 2017

Ms. Ruby announced the State MAC is working through the final revisions to the 2017 protocols. Once the documents are available to share, the EHSF will disseminate to the agencies.

Proposal for Ketorolac and Ibuprofen

Ms. Ruby reported at the previous MAC, Josh Worth from Susquehanna Valley EMS presented information to add two optional medications (ketorolac/Toradol and ibuprofen) to use in lieu of narcotics. The physicians present collectively questioned the value of adding additional medications to the approved list. The MAC was unsure how many patients would value for NSAIDs. Since the previous meeting, Dr. Reihart announced non-opioid pain management is on the agenda for the State MAC.

Proposal for Syringe Epinephrine Kits by EMTs

Ms. Ruby announced the EHSF MAC motioned and accepted the proposal for syringe epinephrine kits by EMTs to be sent to the State MAC for review as a pilot project.

Ms. Ruby presented the proposal for syringe epinephrine kits by EMTs. 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's presentation included findings along with a sample template and educational model for EMS agencies to follow if EMTs would be permitted to administered epinephrine via intramuscular injection.

PA DOH Licensure Update

Ms. Ruby announced the EHSF recently attended a Pennsylvania Department of Health, Bureau of EMS licensure meeting. The Bureau now requires the regions to mail letters via certified mail for renewal notices. These letters will be sent 180, 120, 90, 60, and 30 days from the date of licensure expiration.

Ms. Ruby announced the Bureau stated they will no longer extend licenses if the agency does not meet the renewal requirements prior to the license expiration date. This means if an agency expires, the Bureau will clearly show an expiration date of the previous quarter and a new issue date of a future quarter. The Bureau provides reports to the insurers, and if the agency is not licensed, the agency will not be able to collect payment for services rendered when not licensed.

Ms. Ruby reported the Bureau will soon provide an updated minimum equipment document to correct errors in the previous Pennsylvania Bulletin. ALS squad units will not be required to carry a folding litter. The flutter valve will only be required for CCT and air. Squad vehicles will have specific lettering requirements to state, "EMS Squad." The Bureau will not require current units to meet the lettering requirement, but all future units must meet the requirement.

Hospital Notifications

Ms. Ruby reported the EHSF is in the process of inspecting the medical command facilities within the region. During the on-site inspections, the EHSF asked the facilities the information desired for BLS and ALS patient notifications. Upon completion of this process, the EHSF will provide a notification recommendation to the agencies within the region. More information will be discussed at upcoming meetings.

Benadryl

Ms. Ruby reported Dr. Reihart provided a document explaining how people are using high doses of Benadryl for a high. While Benadryl is not a controlled substance, EMS agencies are encouraged to monitor their supplies to avoid theft for misuse.

GENERAL DISCUSSION

Provider Certification Photos

Ms. Ruby reminded 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.

Luzerne County No Crew Approach

Ms. Ruby shared a news article at the request of Donald Shutt from the EHSF Advisory Council. The article explains Luzerne County's approach to handle decreased crew availability.

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.

EHSF Future Growth

Ms. Ruby reported the growth of the EHSF region by two additional counties (Chester and Delaware Counties) effective 01 July 2017, is now on hold. Ms. Ruby provided the Pennsylvania Department of Health shared the legislators asked to hold meetings to further discuss the planning prior to any changes.

EHSF Staffing Updates

Ms. Ruby announced there is still an open System Coordinator position.

2016-2017 Meeting Dates

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

ADJOURNMENT

Mr. Buchle adjourned the meeting at 1140 hours.

The next Prehospital Operations Committee meeting is scheduled for 05 January 2017 at 1000 hours.

Respectfully Submitted,

Megan A. Ruby
Director of System Operations