# PEHSC Board of Directors Meeting Wednesday, December 4, 2019 Webinar (PEHSC Office) 1000 hours

#### **Minutes**

## CONVENE BOARD OF DIRECTORS MEETING

Mr. Jones, President, called the meeting to order at 1004 hours

➤ Welcomed the attendance

# **BOARD MEMBERS PRESENT**

Allegheny County EMS Council – Douglas Garretson

Allegheny General Hospital – David Lindell

Ambulance Association of PA – Donald Dereamus

Burholme EMS - Tim Hinchcliff

Center for Emergency Medicine of Western PA – Walt Stoy, Ph.D./Ron Roth, M.D.

Centre LifeLink EMS – Kent Knable

Chester County Department of Emergency Services – Harry Moore

Community Life Team – Barry Albertson

Cumberland Goodwill EMS – Nathan Harig

Emergency Nurses Association, PA - Kay-Ella Bleecher, CRNP

Good Fellowship Ambulance and Training Institute - Kimberly Holman, RN

Harrisburg Area Community College – Robert Bernini

Horsham Fire Company No 1 – Duane Spencer

Hospital & Healthsystem Association of PA – Mark Ross

Non-Profit Emergency Services of Beaver County – Steve Bailey

Pennsylvania ACEP – Bryan Wexler, M.D.

Pennsylvania Fire and Emergency Services Institute – Jerry Ozog

Pennsylvania State University – J. David Jones

Pennsylvania Trauma Systems Foundation – Juliet Altenburg, RN

Second Alarmers Assoc & Rescue Squad of Montgomery County, Inc – Ken Davidson

Southern Alleghenies EMS Council – Carl Moen

Thomas Jefferson University – Jesse Coale

Tower Health – Mervin Wertz

Valley Ambulance Authority – JR Henry/Mel Musulin

Western Berks Ambulance Association – Anthony Tucci

#### **COUNCIL MEMBERS PRESENT**

Cetronia Ambulance Corps. - Chris Peischl

Chester County EMS Council, Inc. - Leo Scaccia III

City of Allentown EMS – Eric Gratz/Matthew Brett

Community Life Team – Barry Albertson/Anthony Deaven

Emergency Health Services Federation - Michael Reihart, DO

Main Line Health – Keith Laws

Portage Area Ambulance Association – Terry Sloan

UPMC Presbyterian – Myron Rickens

#### **BUREAU OF EMS**

Dylan Ferguson, Director

## **OTHERS**

Bucks County Regional EMS - Michele Rymdeika PA ACEP - Greg Hellier, DO

#### PEHSC STAFF

Janette Swade, Director Donald Potter, Sr. EMS System Specialist Andy Snavely, EMS System Specialist Kelli Kishbaugh, Administrative Assistant

# **APPROVAL OF MINUTES**

A motion was made by Ms. Bleecher and Mr. Harig seconded the motion to accept the September 4, 2019 Board of Directors meeting minutes as prepared. Motion carried.

## PRESIDENT'S REPORT

- J. David Jones reported
  - 1. Greg Frailey was recently recognized by the American College of Osteopathic Emergency Physicians (ACOEP) with the "Excellence in EMS Award."
  - 2. EMS Report from CCAP:
    - The County Commissioners Association of PA recently published a report acknowledging the looming EMS resource crisis in the commonwealth. The report proposes a number of possible solutions, including the establishment of county authorities to operate EMS.
    - This approach would require the support of local governments to join a county authority and could also require legislative action. Please read the report, which is contained in today's meeting materials. A follow up email will be sent to board members to solicit their comments.
  - 3. 911 Commission Minutes
    - o 911 Board meeting tomorrow 12/5
    - O We had a meeting scheduled for Dec. 5 I was going to call in rather than travel back to PFM Δ
    - o Act 17 of 2019 extended the 911 program until January 31, 2024. Includes funding and the advisory board.
      - AAP was added as a non-voting board member. Other additions:
        - i. State Fire Commissioner voting
        - ii. Chairperson of the State Geospatial Coordinating Board voting
        - iii. PA Association of Councils of Governments non-voting
    - Other changes with Act 17
      - City PSAPs (Allentown and Bethlehem) are no longer funded.
      - Next generation 911 (NG911) is moving forward. NG911 GIS Final Report is to be presented at the meeting Dec. 5.
    - o Federal grant of \$4.9 million received to support NG911 fifth highest in the nation. If the recipient of this grant uses any 911 surcharge revenue (state funds) for anything other than 911 these grant funds must be returned to the federal government.
    - O State funds for 2018 totaled \$316 million \$2 million of this is interest. Still running at a deficit of \$36 million. \$352 million cost for 2018.
    - PEMA adopted standards for training, certification and QA for 911 centers (PSAPs) in March 2019. Effective January 1 2020 PSAPs must document training and QA/QI programs.
  - 4. Replica Recognition of EMS Personnel Licensure Interstate Compact

- o Would allow EMS personnel to work across state lines, especially for mutual aid or disasters, without requiring licensure in other states.
- PA is currently not part of this compact; joining would require legislative action. Some previous concerns included a requirement to perform a background check on all EMS personnel, which can be costly.
- o Information on REPLICA is included in today's meeting materials. PEHSC is considering forming a task force to review compact requirements, their potential impact for PA and possibly providing a recommendation to the Department of Health. President Jones solicited interest for someone to chair the task force; however, there were no volunteers at present. (Staff note Tony Deaven will chair)

#### DEPARTMENT OF HEALTH REPORT

Director Dylan Ferguson reported on the following topics:

- o EMSC grant At the Comptroller's office as of the middle of November.
- O Director Ferguson stated that it is the Department legal counsel's opinion community paramedicine programs are not covered under the current PA EMS Act. As such, these programs do not have the immunity protections afforded under the EMS Act, nor does the Department have regulatory authority to add community paramedicine to PA's EMS system without legislative action.
  - Absent being part of the EMS Act, community paramedicine activities would likely be covered under the EMS agency medical director's delegated practice authority provided by the Medical Practice Act.
  - Director Ferguson encouraged EMS agencies providing community paramedicine services to review this with their medical director, liability carrier and legal counsel.
  - When asked if the Department will issue an EMS Bulletin on this issue, Director Ferguson stated this is still be discussed internally.
- O Director Ferguson announced that PEHSC will be taking the lead on continuing the development of the tactical paramedic program.
- o The updated AEMT protocols are on-track to be published in January 2020, along with an educational program being developed by EMS West.
- Personal changes at Bureau of Emergency Response & Preparedness, shared positions, Cathy Curly left to go to Department of Labor. Will begin interviewing soon. Additional investigator position requested and approved, working to fill that position.
- o Director Ferguson provided a legislative update.
- o The Department will no longer require a formal job offer or PA residence of an out of state EMS provider as a condition of issuing certification. Many PA EMS agencies will not even consider a job candidate without PA certification.
- o Mr. Jones asked if something will go out on this? Director Ferguson said he will put out information soon.
- o The 2019 annual data report should be released in March 2020.
- o Governor Wolf signed the 8<sup>th</sup> Disaster Relief Declaration related to the opioid crisis.

## TREASURER'S REPORT

Dr. Roth, Treasurer provided a report, a copy of which is on file for the member's review. The reduction in funds with the Secondary Income Account is due to of the Conference expenses that were paid.

A motion to accept the Treasurer's report was made by Mr. Wertz and Mr. Harig seconded the motion. Motion carried.

## **Membership Committee**

Mr. Jones reported

Applications were received from Cranberry Township and Lower Allen to join the Council.

A motion to accept Cranberry Township was made by Mr. Spencer and Mr. Knable seconded the motion. Motion carried.

A motion to accept Lower Allen Township EMS was made by Ms. Bleecher and Mr. Harig seconded the motion. Motion carried.

## **EMS Conference Overview**

Mr. Snavely reported

Thank you to everyone that helped to make the 2019 PA EMS Conference a success. Over 3 days we were able to offer 29 educational sessions as well as 4 preconference workshops for a total of 56 continuing education hours. Attendance increased significantly with just under 500 paid attendees, vendor staff, and faculty participating. We also achieved our other internal objectives of leveraging new technology and increasing corporate sponsorship to help improve the guest experience. Feedback from the post-event survey was overwhelmingly positive. The full conference final report document was shared with the group.

Planning for the 2020 conference already underway. We have signed a contract to return to the Spooky Nook Sports Complex on September 2-4, 2020. We have included feedback from the 2019 post event survey in the planning and will be increasing the number of available continuing education hours, adding more practical sessions, and holding sessions at multiple times to allow attendees to have more options. We are also beginning to reach out to potential keynote speakers, reviewing our sponsor and vendor packages, and researching more new technology. Solicitation for speakers is planned for January 2020. Social media accounts specific to the event have been created on Facebook and Instagram and will be a primary marketing tool moving forward.

## **Audit Report for PEHSC**

Mr. Furjanic, CPA reported

- o On October 25<sup>th</sup> the PEHSC audit was completed with clean opinion.
- o Email Director Swade if you have any questions.
- o No problems found. The staff was cooperative and there were no other issues.
- O DOH has already approved and accepted the report.

# **EXECUTIVE DIRECTOR'S REPORT**

Director Swade reported on the following:

- o Andy Snavely welcomed a son after the conference.
- o Robert Porter who developed an EMS Report for PA died recently
- o Reminder to Board members to send in your Conflict of Interest forms if you haven't done so already.
- o Update to the Rural Health Grant, Pennsylvania was not selected this year. We will work again with them for the next grant.
- o Currently working with bank on our line of credit for 2020
- o Interviews for the EMSC Manager have begun and we anticipate a new hire in January (staff note: we are pleased to announce Duane Spencer is the new EMSC Manager for PA).
- The National EMSC Agency Survey will be released around Jan 7, please complete the survey when you receive the information, PA needs an 80% return rate. A second assessment for hospitals will start in June.
- O We will be coordinating a Task Force to develop a work plan for PEHSC similar to the Agenda for the Future for 2050. More details will be provided in March

 We have submitted Dr. Frailey's name to the PA Trauma Systems Foundation as our representative

## TASK FORCE/COMMITTEE REPORTS

#### **Medical Advisory Committee**

Dr. Reihart reported

The medical advisory committee met on November 13<sup>th</sup> in Mechanicsburg, PA:

- 1. Director Ferguson reported the AEMT protocols are being finalized and expected to be released in early January. Given the significance of the changes, EMS West is developing bridge education for existing AEMTs.
- 2. There will be updated scope of practice and approved medication lists published before the end of 2019 for AEMT, ALS and Critical Care Transport.
- 3. Dr. Alvin Wang provided an update on Montgomery County's sedation assisted intubation project utilizing ketamine as the sedative agent.
  - i. To date, the pilot has enrolled 87 cases, among 7 different EMS agencies with no adverse outcomes. This project is scheduled to conclude in December 2019.
  - ii. Dr. Wang believes the success of the project is such that ketamine should be considered for addition to the existing ALS sedation assisted intubation protocol during the 2021 update cycle.
  - iii. In order to allow the participating agencies to continue using ketamine for ALS airway control and gather additional project data, Dr. Wang is seeking the MAC's support to extend the current pilot until the next protocol update.
  - iv. A suggestion was made to invite ALS agencies currently using etomidate for SAI to join the project Dr. Wang indicated his support as it may result in enrolling additional cases for the final analysis.
  - v. A letter of support was sent to the Bureau of EMS indicating its support for the pilot to continue and to invite those additional agencies to participate.
- 4. Dr. Chris Martin-Gill gave an update on the work being done by the Critical Care Resource Workgroup on the previously adopted PACEP PEHSC Critical Care Transport Resource Guide.
  - i. The current PACEP-PEHSC document has been expanded to include additional reference links related to medication, scope of practice publications and other related regulatory documents.
  - ii. Three (3) resource pages were added; a matrix to assist the sending physician to select the appropriate level of care and mode of transportation; a decision algorithm on the ideal vs. available transport resource; a CCT Resource Contact map for the east, central and western regions of the state.
  - iii. In the ideal vs. available algorithm, one mitigation strategy calls for an ALS crew to transport the patient after receiving what amounts to just-in-time training on a medication or device. There was considerable debate among the committee on this issue; concerns were expressed about patient and provider safety, while others questioned how this could occur in the current regulatory environment. The committee recommended removing this strategy since it would require significant system change to prevent a provider from exceeding their scope of practice.
  - iv. The document will be revised according to the MAC's recommendations; shared with the PACEP EMS Committee and then returned to PEHSC for concurrence.
- 5. Dr. Wang provided an update on a related piece of work from the Critical Care Resource Workgroup.

- i. The group reviewed the current expanded scope paramedic medication list and scope of practice to identify additional opportunities for a CCT paramedic to transport a stable patient outside the presence of a PHRN.
- ii. When discussing how a lack of certified PHRNs sometimes causes delays in patient transport, Director Ferguson provided some quick data on the number of certified and practicing PHRNs; currently there are 1,065 certified PHRNs in the Commonwealth, with only 635 (60%) appearing on a PCR in the last year.
- iii. The subcommittee identified one (1) new medication (Kepra) and changes to two others (Levophed and Phenylephrine) for CCT paramedic monitoring. They also recommended removal of a redundant line in the scope of practice document related to chest tubes in closed systems.
- iv. One area where the CCT task force nor the MAC could reach consensus is CCT paramedic monitoring of thrombolytics; for now, this will still require a PHRN or facility nurse to accompany the patient.
- v. The CCT task for will send a VTR to the PEHSC board recommending the previous outlined changes the MAC supports this recommendation.
- 6. Dr. Reihart raised a concern regarding iALS agencies that may be holding themselves out to be ALS agencies.
  - i. Even though these agencies/providers are technically functioning at an ALS level when providing certain types of care, they are not full-fledged ALS agencies with which the community is familiar.
  - ii. It is important these agencies accurately portray themselves in the community, especially when speaking to local elected officials or PSAPs.
  - iii. [I] Dr. Reihart asked what the BEMS could to ensure iALS agencies are not misrepresenting themselves in the community. Director Ferguson agreed that they need to take care not to misrepresent themselves or confuse local elected officials about their capabilities, to do so could be construed as a violation of their license. Director Ferguson reminded the committee that the Department of Health has no regulatory authority over which EMS agency a local government selects as its primary responder nor do they have authority over PSAPs.
  - iv. The MAC asked Director Ferguson if the BEMS would be willing to publish general information and voluntary best practices for local governments and PSAPs.
- 7. Dr. Kupas provided an overview of a possible future pilot project involving the prehospital administration of antibiotics in patients who have sustain an open extremity fracture. This protocol is current in use in other parts of the country and is showing positive results in preventing infection. Dr. Kupas is also working with the PA Trauma Systems Foundation to obtain data related to antibiotic time-to-administration in open fractures.

Mr. Henry commented that it is important that AEMT and iALS agencies are recognized as advanced life support providers/agencies. This continued recognition allows these agencies to higher level reimbursement when providing advanced care. Director Ferguson said that these providers and agencies are defined in regulation as advanced providers and agencies.

President Jones stated that PEHSC would be interested in assisting the Department in developing the informational document.

# VTR #1219-01 The Pennsylvania Department of Health should develop a document containing frequently asked questions and best practice recommendations to assist local governments and public safety answering points related to intermediate advanced life support agencies.

- o Mr. Hellier applauded the idea critical transfers, mention not meeting scope of practice, like idea of two paramedics in the truck. Problem to be solved needs to be accepted.
- o Mr. Jones states: recommendation for local to understand, represent has a paramedic service.

- o Mr. Reihart states: we/MAC needs education document explaining ALS, BLS, elected official will understand/clarity needs.
- O Director Ferguson states billing purposes, CMS does not have an intermediate billing code, not a licensed IALS
- o Mr. Henry states: PEHSC be involved in the VTR
- o Mr. Jones states: may need a current ALS agency, love to be involved with this educational.

# A motion to accept VTR 1219-01 by Mr. Tucci and seconded by Ms. Bleecher. Motion carried.

# **Critical Care Transport Task Force**

Mr. Potter reported

The critical care transport task force met for its fall meeting on October 10<sup>th</sup> at the Kalahari Resort in conjunction with the CODE EMS Conference.

1. Safety issues related to interference in air medical operations by unmanned aircraft systems, aka drones, was discussed. This is a concern for all Pennsylvania air ambulances, some of which have had inadvertent close encounters with these aircraft, which can be difficult to visualize due to their size, speed and agility.

Penn State LifeLion briefed the group on their "No Drone Zone" public information and education campaign, for which they have won national recognition. To expand upon the work done by LifeLion and other air ambulance providers, the task force believes the Department of Health should consider a statewide public information campaign on drone safety.

VTR #1219-02 recommends the Department of Health partner with other appropriate state agencies to initiate a public information and education campaign to increase awareness of the dangers unmanned aircraft systems (UAS) pose to air ambulances on emergency incidents.

- 2. So as not to be duplicative of the information provided during the MAC report, the task force reviewed the work product of the critical care resource workgroup which consisted of:
  - a. The PACEP PEHSC Critical Care Transport Resource Guide, which. Dr. Martin-Gill, will be review with PACEP and then returned it to PEHSC for concurrence and;
  - b. The current expanded scope paramedic scope of practice and medications list to identify additional opportunities where an expanded scope paramedic could transport a patient outside the presence of a PHRN.
    - o Mr. Reihart complimented Mr. Potter for bringing this up, risk to our helicopters with these drones.
    - Mr. Jones stated that public services also use drones as an additional tool. Mr. Potter commented the VTR includes PEMA and the Office of State Fire Commissioner. Mr. Jones commented that this would be a great educational campaign.
    - Mr. Reihart asked if around a trauma center, how do you shut down that airspace? Maybe include PTSF in the discussion? Mr. Potter commented that airspace restriction of any kind is solely controlled by the FAA.

A motion to accept VTR 1219-02 was made by Mr. Harig and seconded by Mr. Knable. Motion carried.

VTR #1219-03, recommends the Department of Health make changes to the critical care transport scope of practice and approved medications lists as outlined.

> Require action from the Bureau to change the scope.

A motion to accept VTR 1219-03 was made by Mr. Tucci and Mr. Stoy seconded. Motion carried.

## **SR 6 Commission update**

Mr. Jones reported the following:

- o Have not had a face-to-face meeting in a while.
- o Fire related legislation, especially the fire commission is a focus now.
- O December 19th meeting scheduled and it is a face-to-face meeting.
- o PFESI took a vote to request an LBFC study to look at funding of relief and EMSOF.

## **Organizational Reports**

#### **Ambulance Association of PA**

Mr. Dereamus provided a legislative update and discussed:

- O Treatment/No Transport meetings with (how is this going to be paid) no directive on how claim will be paid, standard of payment, get away from insurance's paying what they want to pay for it. Drafted a document for legislation relief on this issue.
  - Mr. Jones asked Mr. Dereamus to send us the document and we will send out.
- o Request to exempt EMS from HB 1862. Please call your Legislator to get us exempt. (surprise billing)

## **PA Trauma Systems Foundation**

Ms. Altenburg provided the following update:

- ➤ The PTSF Board is scheduled to meet tomorrow, 12/5/19
  - o Maps showing hospitals pursuing trauma center accreditation has been added to the foundation's website.
  - O Under recently passed legislation, hospitals who wish to pursue Level I, II or III accreditation that are closer than 25 miles from the nearest Level I, II or III trauma center, must apply for a waiver. This is to ensure all trauma centers have sufficient patient volume to maintain high quality care.

#### **New Business**

Mr. Jones asked if there is any new business?

No new business was identified.

# **ADJOURN BOARD OF DIRECTORS MEETING**

A motion to adjourn the 2019-2020 Board of Directors meeting was made by Ms. Bleecher and Mr. Wertz seconded. Motion carried.

The next scheduled meeting of the PEHSC board of directors will be on Wednesday, March 18, 2019 at a new location. Hilton Garden Inn, 3943 Tecport Drive, Harrisburg, PA 17111