



PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

**PEHSC BOARD OF DIRECTORS MEETING
Hampton Inn Mechanicsburg, PA – The Rossmoyne Suite
Wednesday, June 15, 2016 - 10:00 am**

Minutes

BOARD MEMBERS PRESENT

Allegheny County EMS Council – Douglas Garretson
Ambulance Association of PA – Donald DeReamus
Ambulance Association of PA - Heather Sharar
Center for Emergency Medicine of Western PA – Walt Stoy, Ph.D.
Cetronia Ambulance Corps. – Christopher Peischl
City of Allentown EMS – Eric Gratz
First Aid and Safety Patrol – Anthony Deaven
Good Fellowship Ambulance and EMS Training Institute – William Wells
*Harrisburg Area Community College – Robert Bernini
Lehigh Valley Health Network – Joel Calarco
*Pennsylvania ACEP – Bryan Wexler, MD
Pennsylvania Committee on Trauma (ACS) – Susan Baro, DO
Pennsylvania Fire and Emergency Services Institute – Donald Konkle
Pennsylvania State University – J. David Jones
Pennsylvania Trauma Systems Foundation – Juliet Altenburg, RN
Philadelphia University – Jean Bail, RN, Ed.D.
Reading Health System – Mervin Wertz
Seven Mountains EMS Council – Patrick Shoop
Susquehanna Health System – Timothy Shumbat
Tioga County – John Getty
UPMC- Myron Rickens
Valley Ambulance Authority - J.R. Henry
Valley Ambulance Authority – Melvin Musulin
Wellspan York Hospital – Steven Schirk, MD
Wellspan York Hospital – Thomas Yeich, MD
Williamsport Area Ambulance Service Cooperative – Gregory Frailey, DO
Williamsport Area Ambulance Service Cooperative – Steven Bixby

***FY 2016-2017 Board Members**

COUNCIL MEMBERS PRESENT

Chester County Department of Emergency Services – Harry Moore
Cumberland Goodwill EMS – Nathan Harig
Eastern Lebanon County School District- Don Kilheffer
Eastern PA EMS Council – Jason Smith
Horsham Fire Company No. 1 – Duane Spencer
LTS EMS Council – Wendy Hastings
Main Line Health – Christopher Knaff
Myerstown First Aid Unit – David Kirchner
Non-Profit Emergency Services of Beaver County – Steve Bailey
Pennsylvania Athletic Trainers Society – Robert Shank, Ed.D
Pennsylvania Society of Physician Assistants – Sarah Lewis
Pennsylvania Society of Physician Assistants – Amanda Lee

BEMS STAFF

Raphael Barishansky, Deputy Secretary of Health
Richard Gibbons, Director

PEHSC STAFF

Janette Swade, Director
Thomas Winkler
Patricia Morrison

OTHERS

Community Paramedicine Co-Chair, Dan Swayze, DrPH
EMSC Chair, Josh Stuart
Pennsylvania State University – Tiffany Spiroff-Walstrom

CONVENE 15-16 BOARD OF DIRECTOR’S MEETING

Mr. Jones, President, began the meeting at 10:05 am.

WELCOME/INTRODUCTIONS

Mr. Jones welcomed Mr. Barishansky, Deputy Secretary of Health and asked everyone to introduce themselves and tell everyone how long they have been in EMS and their area of specialty.

APPROVAL OF MINUTES

A motion was made by Mr. Henry and seconded by Dr. Frailey to approve the previous Board meeting minutes of March 16, 2016. (Motion passed.)

PRESIDENT’S REPORT

Mr. Jones, President, gave the following report:

- Mr. Jones asked for a moment of silence for the victims of the Orlando shootings.
- Budget cut for July 1 – initially given an approximately 8K cut then last week it was actually approximately 23K cut. Staff waiting for approval to hire a position to proceed with the additional 15K cut.
- 2 VTR’s in the meeting packet were approved by the Executive Committee in an effort to fast track them for the DOH. VTR’S 0416-01 and 0516 -0.1
- Rebranding the Air Medical Task Force. This will be explained later in their report.
- HB 2058(Paramedics and blood draws) is pending in the senate. Mr. Jones requested any comments for consideration, should we need to respond.

TREASURER’S REPORT

In the absence of the treasurer, Dr. Roth, Mr. Henry provided the following report:

PEHSC – FY 2015-2016

		CASH BALANCE AS OF:						
ACCOUNT	ACCOUNT DESCRIPTION	7/31/15	8/31/15	9/30/15	10/31/15	11/30/15	12/31/15	1/31/16
Contract Fund	2015-2016 Contract Amount \$561,139.00	97,671.05	77,246.53	20,395.17	22,873.13	16,079.60	5,161.85	77,379.01
Payroll Account	Transfer Account	31,250.30	31,404.35	31,554.39	3,708.37	5,854.86	6,426.34	3,650.36
Investment Income Fund	Income from Previous Investments HRA	19,028.45	19,080.07	18,607.23	18,535.33	18,589.98	2,785.65	6,292.52
Secondary Income	Conference & Secondary Income	65,445.39	43,440.01	57,074.99	37,662.83	41,399.25	3,539.19	56,247.48
Investment Funds transferred to PAEMSA 8/2015	Monthly Dividends into Balance	216,438.78	210,412.40	207,627.40	213,333.91	213,078.60	210,561.07	206,219.77
		CASH BALANCE AS OF:						
ACCOUNT	ACCOUNT DESCRIPTION	2/28/2016	3/31/2016	4/30/2016	5/31/2016	6/30/2016		
Contract Fund	2015-2016 Contract Amount \$561,139.00	68,079.27	48,938.33	125,149.24				
Payroll Account	Transfer Account	2,893.24	17,458.99	4,243.56				
Investment Income Fund	Income from Previous Investments HRA	5,699.98	5,877.41	17,360.35				
Secondary Income	Conference & Secondary Income	56,947.93	63,310.50	65,591.98				
Investment Funds transferred to PAEMSA 8/2015	Monthly Dividends into Balance	206,405.67	214,351.31	215,922.58				

Dr. Bail motioned and Mr. Rickens seconded to accept the Treasurers Report. (Motion passed.)
 (The Treasurer's Report is on file for members to review.)

EXECUTIVE DIRECTOR'S REPORT

Ms. Swade, Executive Director, provided the following report:

- Mr. Potter is on vacation in Florida.
- Mr. Woodyard has accepted a position at the BEMS and will start there on June 27th. He is currently on paternity leave. Congratulations to Travis.
- Unsure of status for hiring Pre-hospital staff person pending DOH approval.
- EMS Funding Plan – staff is working on white paper from the last meeting of the task force.
- A bank account for the Pennsylvania Emergency Medical Services Association was opened last month.
- PEHSC website document access –see flyer, for meeting documents.
- EMS document Update summary in packets – this was developed to stream line recommendations into their final form to assist BEMS.
- Grant bill – (HB 1877 passed House now in Senate appropriations.) reauthorization but allows for For Profit EMS with a primary response area to apply.

DEPARTMENT OF HEALTH

Mr. Gibbons, Director, provided the following report:

Deputy Secretary of Health Planning and Assessment

Raphael "Ray" Barishansky is the new Deputy Secretary. Please join us in welcoming Ray to the Commonwealth. Ray has extensive experience in both EMS and preparedness serving in a variety of roles in both areas. He has also lectured and written extensively.

Administrative

Staff Updates BEMS

1. Administrative Officer position filled – Jay Browning
2. Administrative Assistance position – Rachel Rice – 6/27/16 start date
3. Preparedness position filled – Travis Woodyard --- 6/27/16 start date
4. LMS coordinator position in process

EMSOF Distribution Workgroup

1. DRAFT process proposal by July 15

Direct Pay Tracking

1. Process in development
2. Goal is to be ready by Sept. 1

Licensure

Nothing to report at this time.

Clinical Care / QI

Community Paramedicine

1. Regulation writing work group has been formed.
2. Continue to work with the legislators regarding proposed legislation

Education

Learning Management System

1. Learning Management System will be changing. – URGENT messaging to all providers
 - a. Get con-ed completed early
 - b. Full implementation is scheduled for September 30.
 - c. Will remain free to all registered PA EMS providers

Preparedness

- Ebola and other emerging disease preparedness continue
 - a. Some regional exercise funding available

Other

Statewide Safety Initiative

1. Program was kicked-off during EMS week in honor of Janice Keen-Livingstone
 - a. Includes an emphasis on Traffic Incident Management System (TIMS)
 - b. Will include other aspects of safety and safety education
 - c. Also includes physical and mental wellness
 - i. CodeGreen Campaign
- There is no more Narcan available to be distributed from the Department
 - Mr. Spencer said that the CodeGreen Campaign was raising awareness of suicide at the EMS Memorial Bike Ride.
 - Mr. McCaughan said that EMSI launched a call to action to raise awareness of suicide, bringing groups together for talking and counseling.

TASK FORCE/COMMITTEE REPORTS

Medical Advisory Committee – In the absence of Dr. Reihart, Chair, Dr. Frailey gave the following report: The MAC met on April 13th; today we have 3 VTRs for the board's consideration and would like report on supplemental recommendations related to a VTR approved by the board at the March meeting.

I. VTR# 0616-01 Alternative Forms of Oral Glucose

The Pennsylvania Department of Health should amend the list of Required Ground and Air Ambulance Equipment and Supplies include food-grade glucose or sucrose as an acceptable option to current requirement for "Instant Glucose (40% dextrose-d-glucose gel) 45 grams."

- This recommendation is in response to stakeholder inquires requesting an alternative to the current requirement for pharmacy-grade instant glucose. A tube of instant glucose currently retails for \$20-\$28; the stakeholders would like

the option to carry a food-grade glucose or sucrose product, such as a tube of cake icing, which has a much lower price point.

- The use of alternative sources of oral glucose is supported in the 2015 AHA first aid guidelines for the treatment of suspected hypoglycemia.

A motion was made by Mr. Pieschl and seconded by Dr. Bail to approve VTR #0616-01 which recommends: The Pennsylvania Department of Health should amend the list of Required Ground and Air Ambulance Equipment and Supplies include food-grade glucose or sucrose as an acceptable option to current requirement for “Instant Glucose (40% dextrose-d-glucose gel) 45 grams.” (Motion passed.)

II. VTR# 0616-02 Addition of Hydroxocobalamin to the EMS Medication List

The Department of Health should add hydroxocobalamin as an option to the “Approved and Required Medications Lists for Emergency Medical Services Agencies and Emergency Medical Services Providers” for providers above the level of AEMT; and amend Statewide ALS Treatment Protocol #8081 Cyanide Compound Exposure to include hydroxocobalamin as a treatment option.

- Hydroxocobalamin is a form of vitamin B₁₂ that binds cyanide to form cyanocobalamin, which is excreted in urine. It is commonly known under the brand name CynoKit.
- Cyanide is a major component of fire smoke, and cyanide poisoning must be considered in victims of smoke inhalation and can cause rapid cardiovascular collapse.
- Patients presenting with signs and symptoms of known or suspected cyanide poisoning should receive cyanide-antidote therapy with a cyanide scavenger, such as hydroxocobalamin followed as soon as possible by IV sodium thiosulfate, which enhances its effectiveness. Current PA protocol only authorizes the use of sodium thiosulfate.
- Current AHA guideline recommends treatment for suspected or confirmed cyanide toxicity consisting of 100% oxygen and hydroxocobalamin, with or without sodium thiosulfate.
- The MAC is recommending hydroxocobalamin as an optional medication at this time due to its high price point and single-source availability.

A motion was made by Mr. Henry and seconded by Mr. Deaven to approve VTR #0616-02 which recommends: The Department of Health should add hydroxocobalamin as an option to the “Approved and Required Medications Lists for Emergency Medical Services Agencies and Emergency Medical Services Providers” for providers above the level of AEMT; and amend Statewide ALS Treatment Protocol #8081 Cyanide Compound Exposure to include hydroxocobalamin as a treatment option. (Motion passed.)

III. VTR# 0616-03 Changes to Statewide BLS Protocol #831 (Poisoning)

The Department of Health should amend statewide BLS protocol #831 to permit intranasal administration of naloxone at 2-4 mgs.

- This recommendation is in response to an issue that was raised by a board member during the March meeting.
- The FDA recently approved the first naloxone intranasal administration system; this is a preloaded, one-piece device that contains 4 mgs of naloxone.
- The price point on this product appears to be less than that of a preloaded 2 mg naloxone syringe and separate atomizer device.
- First responder agencies not under the Department of Health’s oversight are able to purchase this product. In order to make it available to licensed EMS agencies, the current statewide protocol should be amended from its current 2 mg dosage, to one that permits an intranasal dosage range of 2 – 4 mgs.

A motion was made by Dr. Frailey and seconded by Mr. Wells to approve VTR #0616-03 which recommends: The Department of Health should amend statewide BLS protocol #831 to permit intranasal administration of naloxone at 2-4 mgs. (Motion passed.)

IV. Additional recommendations related to VTR#0316-01; Addition of Ketamine

A letter was sent to Director Gibbons on April 27th by President Jones and Dr. Mike Reihart to provide additional implementation recommendations for this VTR:

- The current ALS protocol for agitated delirium should be amended to include ketamine as an optional medication at the dosages/routes used in the pilot. Consider intranasal administration if appropriate.
- Ketamine should be evaluated for other potential appropriate uses, e.g. pain control, drug-facilitate airway control, etc.
- There should be regional involvement through their quality improvement program and review/approval of agencies by the regional MAC that wish to carry this medication. The process could be similar to that used

previously for etomidate; however regional MACs should not be permitted to opt-out of participation. The expectation is that an agency would be reviewed by the regional MAC and only be excluded from participation “for-cause.”

- If the training module and protocol modification is ready in advance of the 2017 protocol update release, do not delay its release and implementation.

V. Education Program for BLS Glucose Testing

The Council received correspondence from the BEMS requesting the MAC to draft an education program on BLS glucose testing for LMS or live delivery. Dr. Duane Siberski from the Eastern PA Regional EMS Council volunteered to coordinate the project; Dr. Siberski is currently working with the staff at Reading Hospital’s School of Health Sciences to develop the program.

VI. Special Operations Workgroup: Tactical Paramedic and Wilderness EMT

Several members of the special operations workgroup presented the preliminary draft tactical paramedic and wilderness EMT project document. At this point a proposed expanded scope of practice and medication list along with educational objectives has been established. The elements of both the scope of practice and education have been divided into either an “essential” or “optional” tier to recognize the different operational needs across the state. Using the feedback provided by the MAC, the workgroup will be further refining the documents and adding sections related to recommended best practices.

VII. Protocol and Document Update

The MAC is working with Dr. Kupas on the 2017 statewide protocol update. PEHSC has launched an online stakeholder survey to solicit input on needed changes or additions. The goal is to have all the protocol changes completed in a timeframe that allows for publication and review in the 1st quarter of 2017.

The Department is also in the process of updating all the documents that require publication in the Pennsylvania Bulletin; those being the EMS provider scope of practice, medications and the required equipment/supply list. A list of needed updates has been compiled and forwarded to the Bureau – most of these are derived from previously accepted or pending VTRs. A concept draft that pulls all the various required equipment and supply lists into one document was also sent to the Bureau for consideration.

The next meeting of the MAC is a conference call scheduled for Wednesday, August 17th at 10:00 a.m.

Critical Care Transport Task Force – Mr. Spencer, Chair, provided the following report:

The Task Force met on March 31st at Seven Springs in conjunction with the EMS Update 2016 conference.

Task Force Re-Branding

The task force, in recognizing the changes occurring in critical care transport in Pennsylvania with the advent of licensed ground critical care transport vehicles, discussed the need to re-brand the group and realign its charge in order to provide the Board with comprehensive advice on matters involving both air and ground based critical care transport. Several options were reviewed; in the end, the task force made a recommendation to President Jones that they believe accomplishes this goal in an efficient manner. The task force will be re-branded as the PEHSC Critical Care Transport Task Force and its charge will be to provide the Board with advice on matters concerning air and ground critical care transport operations, education and clinical care.

We would like to report on two (2) VTRs that have been reviewed and accepted by the executive committee on the Board’s behalf and present an additional recommendation today for the Board’s consideration.

VTR# 0416-01 Additional Educational Requirements for PHRN

The Department of Health should adopt the recommendations contained in the attached document entitled, “Air and Critical Care Ground Transport Ambulance Services: Additional Education Requirements for Prehospital Registered Nurses”

- Question originated from a regional council as to how an air or critical care agency would comply with the EMS regulations with regard to “at least one EMS providers ... who has successfully completed a [air or critical care] transport education program approved by the Department.”

- Agencies employing expanded scope of practice paramedics are in compliance with the regulations, however, those whose crew configurations include an ALS paramedic/PHRN or two (2) PHRNs are technically not in compliance with the regulation as written.
- This in NO WAY suggests that those nursing professionals practicing on air or ground critical care ambulances are not providing excellent care; but rather the challenge is to identify compliance pathways based on the PHRN's nationally recognized specialty nursing certifications.
- The proposal also contains a recommendation on a compliance strategy, based on agency medical director endorsement, for PHRNs currently practicing on licensed air and critical care ground ambulances. This will accomplish compliance with the regulations without being overly burdensome to PHRNs or their agencies.

VTR# 0516-01 Revisions to Air and Critical Care Transport Ambulance Equipment Requirements

The Department of Health should adopt the recommended revisions to the “Vehicle, Equipment and Supply Requirements for Ground and Air Ambulances” as published in the Pennsylvania Bulletin on May 30, 2011 [41 Pa.B. 2296] and updated on July 5, 2014 [44 Pa.B. 4259] and the “Vehicle, Equipment and Supply Requirements for Critical Care Transport Ambulance Services” as published in the Pennsylvania Bulletin on May 30, 2015 [45 Pa.B. 2680].

- In June 11, 2014, the PEHSC Board of Directors accepted and forwarded VTR# 0614-01 to the Department of Health, which recommended minimum equipment requirements for critical care transport ambulances and revised requirements for air ambulances.
- On May 30, 2015, the Department of Health published equipment requirements for critical care transport ambulances; however the recommended revisions related to air ambulances were not published at or since that time.
- On March 31, 2016, the PEHSC Air Medical Task Force, now referred to as Critical Care Transport Task Force, reviewed the unpublished air ambulance equipment recommendations from 2014 and made additional changes. Also, in response to concerns raised by the regulated community, the task force is recommending amendments to the published equipment requirements for critical care transport ambulances.

VTR# 0616-04 Critical Care Transfer of Care Data Elements and Form

The Department of Health should adopt essential data elements to be reported when transferring care during a critical care patient transport. The Department should also make available the critical care transport transfer of care form developed by PEHSC, but also provide agencies the option of designing a custom form containing the identified essential critical care transfer of care data elements.

- The current transfer of care form designated by the Department was primarily intended for use by ALS and BLS agencies when transferring care of an acutely ill or injured patient in the emergency department.
- Following the form's implementation, it became apparent to air and ground critical care transport agencies that the form was inadequate to appropriately document care during high acuity transports.
- The task force worked to first identify essential critical care focused data elements to supplement those contained in the current form (10 additional data points), then proceeded to develop a critical care transfer of care form that incorporated all the identified essential data elements.
- Early in the process, the task force identified this could not be a “one size fits all” form; its design, while appropriate for most transports would still likely be inadequate for specialty transports, e.g. neonatal, pediatric or high-risk obstetrical retrieval teams.
- For those hospital-based critical care agencies, internal institutional approval process for forms is extensive and agency representatives stated it would be easier to add data elements to their existing form than submit a new form for approval.
- For this reason, the task force strongly recommends flexibility be afforded to these agencies by permitting them to either use the PEHSC designed form or an agency developed form that contains the required essential data elements.
- During the presentation of this draft critical care form in March, Director Gibbons indicated his support of affording agencies flexibility with regard to form design given the unique nature of critical care transport.

A motion was made by Dr. Frailey and seconded by Mr. Getty to approve VTR #0616-04 which recommends: The Department of Health should adopt essential data elements to be reported when transferring care during a

critical care patient transport. The Department should also make available the critical care transport transfer of care form developed by PEHSC, but also provide agencies the option of designing a custom form containing the identified essential critical care transfer of care data elements. (Motion passed.)

Community Paramedicine/MIH Task Force – Dr. Swayze, Co-Chair, provided the following report:

- I. Provide an update on national happenings and initiatives, e.g. Structure/Program Design Measures
- II. Report of legislative hearing for HB1113 before the House Veterans Affairs and Emergency Preparedness Committee (April 7, 2016):
 - a. Testimony from PEHSC, PSNA, AAP, Insurance Federation of PA and Bureau of EMS et al
 - b. Testimony general supportive of community paramedicine as an emerging area of prehospital practice
 - c. Based on the testimony provided, bill may be amended by the sponsor, Rep. Ryan Bizzaro
- III. Bureau of EMS forming workgroup to draft language to integrate community paramedicine into PA's current EMS rules and regulations:
 - a. PEHSC has been asked to join group
 - b. Current regulations permit the addition of new agencies and providers through the regulatory process, which avoids the need to amend the EMS Act
 - c. Bureau will be working on this initiative even while legislation to amend EMS Act moves through the legislature. If the legislation becomes law, rules and regulations will still be needed so work by group is still important.
- IV. PEHSC Task Force will develop regulatory content recommendations:
 - a. TF members have volunteered to form to two workgroups:
 - i. Agency related requirements
 - ii. Provider related requirements
 - b. Will be looking at national trends, initiatives and performance measures when making recommendations
 - c. Goal is to have final draft work product to BEMS by early fall of 2016.

EMS for Children Advisory Committee- Mr. Stuart, Chair, provided the following report:
VTR 0616-05 was presented to the board.

A motion was made by Mr. Calarco and seconded by Mr. Deaven to approve VTR #0616-05 which recommends: The Department of Health should amend the required equipment list to include "the availability of a pediatric safe transport device." This requirement would only apply to EMS vehicles capable of patient transport. (Motion passed.)

Pediatric Symposium Webinar Series

- Next presentation will be July 06, 2016 at 6pm. Dr. Minoj Mittal from St. Mary Health & CHoP will present on pediatric sepsis
- This program is incredibly popular, with the last webinar having over 150 EMS providers attending, but we still need speakers – please contact Tom with recommendations

Pediatric Voluntary Recognition Program

- 156 agencies recognized under the Program
- Annual review will occur at the November EMS for Children Committee meeting

STABLE for the EMS Provider

- Next course is June 23, 2016 at Cetronia Ambulance Corps in Allentown
- Seats are still available – see the flyer given out today for more info or talk to Tom
- Special thanks to Cetronia Ambulance Corps for allowing us to use their classroom at no cost

Athletic Trainer & EMS Interaction Video

- We continue to make progress on the development of the A/T & EMS Interaction video. We are working with Final Focus Productions and hope to have the video complete before the fall school year

QI Collaborative

- On May 25th and 26th, Tom, Amy Morgan from Penn State Hershey Children’s Hospital, and Joyce Foresman-Capuzzi from Lankenau Medical Center travelled to Bethesda for a two day collaborative session related to improving hospital emergency department pediatric readiness and developing a pediatric facility recognition program for emergency departments. This collaborative brought together experts from across the country to discuss the importance of a facility recognition program and how to implement such a program. The EMSC Program, along with partners from the American Academy of Pediatrics, Emergency Nurses Association, Pennsylvania Trauma Systems Foundation, the Department of Health, and other stakeholders, will be working in the coming months to set the ground work for a medical recognition program in PA.

Pediatric Safe Transport Devices

- At last week’s EMSC Advisory Committee meeting, the Committee unanimously approved a recommendation that the ‘availability of a pediatric safe transport device’ be added to the required equipment list. This would apply to all EMS vehicles capable of patient transport. As a majority of EMS agencies already carry some form of restraint and there are a host of devices available from different suppliers, we believe this should be a relatively easy requirement for EMS agencies to follow. I present to you VTR 0616-05 for your consideration and will gladly take any questions or comments.

A list of available pediatric transport products will be made available on the PEHSC EMSC website.

EMS Information Task Force – In the absence of Mr. Heile, Chair, Ms. Swade provided the following report: The EMS information task force met on Tuesday, June 7th:

1. The Bureau of EMS is working towards the implementation of NEMSIS 3.4
 - a. Anticipate selection of “state fields” along with defining field values to be complete by July 15, 2016
 - b. Projecting an implementation date for Bureau to be able to accept NEMSIS 3.4 data on or about January 1, 2017
 - i. Current NEMSIS 2.0 data will still be accepted as agencies work with their PCR vendors on the change-over
2. Mr. Heile and Mr. Rhone led the task force members through a review and discussion of numerous proposed “state fields.” The goal is to balance the system’s information needs, but also recognize the service-level costs involved with increased PCR completion time.
3. Mr. Heile reported that NEMSIS 3.4 provides a number of data QI reports that will assist the BEMS in identifying data integrity issues.
4. There was also a concept discussion of creating a state-level data cube, similar to the federal NEMSIS project, where state level EMS data can be accessed by stakeholders for QI and research activities.
5. Given the significant impact PCR data has on reimbursement, the task force resolved to reach out to our partners at the Ambulance Association of PA as needed regarding data fields potentially effecting timely claim processing.

The next meeting of the task force is tentatively scheduled for August 2016.

EMS Education Task Force – Mr. Deaven, Co-Chair, provided the following report:

- The EMS Education Task Force met on June 1st to discuss issues that were brought up at the March Board of Directors meeting related to the National Registry Cognitive Exam and student pass rates.
- Data was requested and received from BEMS with NREMT pass rates for 2014 and 2015. A review of the data showed that Pennsylvania pass rates are in line with the national average. For 2014 the NREMT reports a national average of 67% First-Time Pass Rate, which they consider as being in the first 3 attempts, for the same year. Pennsylvania has a first time pass rate of 69%.
- Overall the task force felt there is still room for improvement in the First Attempt Pass Rate. Possible reasons for poor performance were discussed, including:
 - Students are less prepared to take certification classes than previous years.
 - Length of time between course completion and testing has increased due to the use of Pearson Vue Testing Centers.

- Students may not be comfortable with computer based testing.
- Some possible solutions were discussed at length, but the task force would like more time to review the data and the possible solutions, so no recommendations were made at this time. The task force has also requested data for 2012 and 2013 to compare the “state” test results to the NREMT test results.
- The idea was brought forth that Pennsylvania should consider options other than the NREMT exam, however, Mr. Englert emphasized that it is the Bureau’s intention to stay with the NREMT. The Bureau does not have the staff, time or money to produce a state exam.
- Following the meeting the committee chairs and PEHSC staff continued to discuss the issue and believe that while there are issues that can be improved with the testing process and scores, there is also a lingering overall perception and public opinion issue associated with the national registry. A broader recommendation to address the perception and public opinion issue may be forthcoming at the next Board of Directors meeting.

Communications Task Force –Mr. Musulin, Chair, provided the following report:

- The communications survey received 423 responses.
- Only 50% of 12 leads are transmittable
- 44% of providers do not gauge response on priority.
- FirstNet- EMS continues to work to develop the system..

Membership Committee Report – Mr. Bernini provided the following report:

- Mr. Bernini presented four new applications for Affiliate membership: Adams Regional Emergency Medical Services, PAR Medical Consultant, LLC, Radnor Fire Company and Wakefield Ambulance Association.

Mr. Henry motioned and Dr. Stov seconded to approve all four membership applications for Affiliate membership. (Motion passed.)

Nominating Committee Report – The Chair, Ms. Altenburg, provided the following report:

- The Executive Nominating Committee met by conference call on May 3, 2016.
- Ms. Altenburg read the following slate of candidates for the 2016-2017 Executive Committee:
 - President – J. David Jones
 - Vice-President – Anthony Deaven
 - Treasurer – Ronald Roth, MD
 - Secretary – Gregory Frailey, DO
 - Member-at-large – Douglas Garretson (Allegheny County EMS Council)
 - Member-at-large – William Wells (Good Fellowship Ambulance Corps.)
- The new Board of Directors will vote for the 16-17 Executive Committee when the meeting reconvenes.

ORGANIZATION REPORTS

Pennsylvania Trauma Systems Foundation- Ms. Altenburg provided the following update:

- 16 hospitals currently pursuing certification
- Current information was posted online with a map of hospitals.

Ambulance Association of PA- Ms. Sharar and Mr. DeReamus provided the following update.

- Working on a Medicaid increase; will need support on this activity.

Pennsylvania Fire & Emergency Services – Mr. Konkle provided the following update:

- SB1055 fireworks making some progress but still much debate.
- The PEHSC Board maintains that they do not support the fireworks legislation but will support the PFESI position in negotiations.

ADJOURNMENT OF 2015-2016 BOARD MEETING

President Jones asked for a motion to adjourn the last meeting of the Board of Directors at 11:39 am.

Mr. Rickens motioned and Mr. Getty seconded to adjourn the meeting. (Motion passed.)

CONVENE 2016-2017 BOARD OF DIRECTORS MEETING

Mr. Jones, President, convened the 2016-2017 Board meeting at 11:40 and thanked the board members that are leaving, due to term limits, for all of their work. He also thanked all of the committees for all of the work that they do.

EXECUTIVE COMMITTEE NOMINATIONS

President Jones reviewed the slate of candidates for the Executive Committee FY 16-17 and asked for any nominations from the floor. Following no nominations from the floor, **Mr. McCaughan motioned and Mr. Calarco seconded to close the nominations.** (Motion passed.)

Mr. McCaughan motioned and Mr. Calarco seconded to accept the committee report and cast the ballots in the affirmative. (Motion passed.)

OTHER BUSINESS

EMS Week Update – Ms. Swade provided the following update:

- Resolutions and Proclamations were secured.
- Channel 21 (CBS) provided coverage for EMS Week to showcase success stories – can be found on our Facebook

2016 Conference Report – Ms. Swade provided the following update:

- Ms. Swade encouraged all members to attend the conference.
- The EMS Awards Banquet is returning to the conference this year.

Community Heroes Day- The Stripe out Game, Saturday, September 17th -Penn State vs Temple. Watch for another email to order tickets.

Please keep George Aupperlee and his wife in your prayers as she is ill.

Mr. Kirchner announced that the National Registry pass rate for Elco has improved.

ADJOURNMENT OF BOARD OF DIRECTORS MEETING

Following the business of the day, Mr. Rickens motioned and Mr. Deaven seconded to adjourn the Board of Directors meeting. (Motion passed)

Respectfully Submitted,

J. David Jones
President

JDJ/JS/pm

Please Note: Recommendations voted upon at meetings are reflective of the consensus of the group present at that meeting, and does not guarantee a policy or procedural change by the Pennsylvania Department of Health and the regional EMS councils.