



**PEHSC Board of Directors Meeting
Wednesday, March 20, 2019**

Minutes

CONVENE BOARD OF DIRECTORS MEETING

Mr. Henry, President, called the meeting to order at 1000 hours

BOARD MEMBERS PRESENT

Allegheny County EMS Council – Douglas Garretson
Allegheny General Hospital – David Lindell
Ambulance Association of PA – Donald Dereamus/Heather Sharar
Burholme EMS – Timothy Hinchcliff/Blake Bradley
Center for Emergency Medicine of Western PA – Dr. Walt Stoy/Dr. Ronald Roth
Cumberland Goodwill EMS – Nathan Harig
Emergency Nurses Association, PA – Kay Ella Bleecher
Good Fellowship Ambulance and Training Institute – Kimberly Holman
Harrisburg Area Community College – Robert Bernini
Horsham Fire Company No 1 – Duane Spencer
Hospital and Healthsystem Association of PA – Mark Ross/Scott Mickalonis
Non-Profit Emergency Services of Beaver County – Steve Bailey
Northwest EMS – Scott Kingsboro
Pennsylvania ACEP – Dr. Bryan Wexler
Pennsylvania Fire and Emergency Services Institute – Jerome Ozog/Robert Timko
Southern Alleghenies EMS Council – Carl Moen
Thomas Jefferson University – Dr. Jean Bail
Tower Health – Anthony Martin/Mervin Wertz
Valley Ambulance Authority – JR Henry/Melvin Musulin
VFIS Education and Training Services – William Niehenke/Richard Gurba
Wellspan York Hospital – Dr. Steven Schirk/Dr. Thomas Yeich
Williamsport Area Ambulance Service Cooperative – Dr. Gregory Frailey

COUNCIL MEMBERS PRESENT

American Trauma Society, PA Division – Krista Brands
Chester County Department of Emergency Services – Harry Moore
Chester County EMS Council – Leo Scaccia
City of Allentown EMS – Eric Gratz/Matthew Brett
City of Pittsburgh EMS – Mark Bocian
Columbia EMS – Frank Splain
Commonwealth Health EMS – Julian Watras
Community LifeTeam EMS – Barry Albertson
Eastern Lebanon County School District – Donald Killeffer
Eastern PA EMS Council – Jason Smith
Emergency Health Services Federation – Dr. Michael Reihart
EMS West Regional EMS Council – Thomas McElree

COUNCIL MEMBERS PRESENT (cont.)

Marple Township Ambulance Corps – Ali Erbayri
National Collegiate EMS Foundation – Ryan Hay
Pennsylvania College of Technology – Christopher Boyer
Pennsylvania Committee on Trauma, American College of Surgeons – Dr. Susan Baro
Pennsylvania Society of Physicians Assistants – Amanda Lee
Pennsylvania State University – David Jones
Pennsylvania Trauma Systems Foundation – Juliet Altenburg
Southwest Ambulance Alliance – JR Henry/Melvin Musulin
UPMC Presbyterian Hospital – Myron Rickens
Uwchlan Ambulance Corps – Emily McCarthy

BUREAU OF EMS

Dylan Ferguson, Director

OTHERS

VFIS Education and Training Services – Justin Eberly
EMS for Children Committee – Ted Fessides, Chair

PEHSC STAFF

Janette Swade, Director
Donald Potter, Sr. EMS System Specialist
Angela Poorman, EMSC Project Coordinator
Andrew Snavely, EMS System Specialist

APPROVAL OF MINUTES

A motion was made by Dr. Bail and seconded by Dr. Frailey to accept the December 5, 2018 board meeting minutes as drafted. Motion carried.

PRESIDENT’S REPORT

1. Welcome to new Council members and committee chairs joining us today.
2. Moment of Silence for the LODD from December – see document to read.
3. Update on MA rate changes – the rate info was in the online materials – thanks to AAP.
4. Proposed EMSOF Distribution for next FY – AAP to add any info .
5. ET 3 Project discussion – open the floor.
6. Bob Shank for retired from Athletic Trainers –had a stroke but is home recovering.
7. Bill Neihenke from VFIS is retiring but will be joining us as the rep to an agency seeking membership for the June meeting.

TREASURER’S REPORT

Dr. Ronald Roth, Treasurer provided a report, a copy of which is on file for the member’s review.

A motion was made by Mr. Niehenke and seconded by Mr. Dereamus to accept the Treasurer’s report. Motion carried.

EXECUTIVE DIRECTOR'S REPORT

Ms. Swade reported on the following:

1. Please review the online documents – the packet today is a summary of key things for your reference.
2. Patti Morrison submitted resignation in Jan - thanks for her years of service and best of luck in her future plans – will be hiring an Administrative Asst position – the book-keeping duties have been outsourced to a CPA firm which provides an additional level of review of our finances.
3. We received a signed contract amendment for this FY with the Dept on 2-11. Since there was a delay in the receipt of the EMSC and PA Emergency Care Coordinator (PECC) monies we did access 20,000 of the line of credit which we will be paying back soon.
4. Currently we are focused on finalizing expenses for the EMSC grant portion of our contract which transitions to the new federal FY April 1 as well as the PA Emergency Care Coordinator funding which ends March 31.
5. New budget for July 2019 will be \$ 421,500.00 this remains unchanged from our current budget – waiting on the contract template materials or the renewal by letter option information from the department for our contract for FY 19-20.

Legislation –

We have our partners here to give some more updates but in the interest of time the key pieces of legislation in the online meeting materials includes:

1. The addition of post traumatic stress injury PTSI to WC coverages
2. The direct pay legislation that provides for the filing of theft (criminal charges) to patients who with-hold the checks
3. The trauma centers changes to the EMS Act as discussed previously
4. There are a few bills introduced and pending to support the SR 6 activity but Dave will discuss that later

Discussion of HRSA Flex Grant as discussed previously:

1. Working with the office of rural health and the department on the flex grant proposal to sustain EMS agencies in rural communities
2. Several meetings and phone conference calls – the grant will be written in the next week and submitted.
3. The plan for the grant is to link it with our supporting corporation the PA EMS Association.
4. This is a good opportunity for the Assn and PEHSC to work with the office of rural health on a targeted ems issue. The funding is 30000 for this year as part of an assessment and the potential is 250000 each year for 3 years
5. I will share more information and seek input if we are selected.

DEPARTMENT OF HEALTH REPORT

Director Dylan Ferguson reported on the following:

- Legislative activity related to SR6; LODD tax credit; SB 65 tax credit for emerg svcs providers; HB 82 theft of insurance proceeds by patient; HB 208 property tax credit; HB 118 CPR in high school; HB 15 telemedicine; HB 786 PTSF; HB802 changes to VLAP; SB 447 length of service reward program for fire service; Federal Siren Act direct funding for rural and nonprofit EMS

agencies – no appropriation at present (maybe \$20 million with max grant of \$200k requiring a 10% match)

- 2018 year end data report pending, with particular focus on cardiac arrest.
- The Department is working with the PEHSC MAC on the 2019 Statewide EMS Protocol update.
- The BEMS is working on additional courses for PA TRAIN as the contract for some of the current courses has expired
- The NHTSA assessment requested by the BEMS will not start until mid-2020 at the earliest.
- Medicare ET3 pilot program – may require designation of alternate receiving facilities by the Department, which is provided for in regulation.
- The BEMS recently issued an EMS Information Bulletin related to emergency care of K9 or working dogs. Emergency care of a K-9 or working dog falls outside Pennsylvania's EMS Act and therefore, agencies that engage in such activities do so at their own risk.
- Emergency Medical Responders taking an EMT Course can have credit for previous practical testing stations common to both the EMR and EMT practical exams.

PA TRAUMA SYSTEMS FOUNDATION REPORT

Mrs. Altenburg reported on the elements of House Bill 786, which proposes to amend the EMS Act related to trauma centers as follows:

- Requires a minimum distance of 25 miles between new Level 1 and Level 2 centers, consistent with the current requirement for Level 3 centers. Currently accredited centers are not effected.
- Requires Level 1 and Level 2 centers to care for at least 600 trauma patients annually.
- Provides the ability for funds not expended for Level 3 trauma center development to be used by Level 4 centers.

TASK FORCE/COMMITTEE REPORTS

Medical Advisory Committee – Dr. Reihart reported on the following:

The Medical Advisory Committee has met several times since January; during its regularly scheduled meeting on January 16th then during special meetings on February 19th and March 19th. The special meetings focused on reviewing proposed updates to the statewide EMS treatment protocols.

During the January meeting, there was a pilot program presentation from EMS West lead by Dr. Rick Wadas. EMS West is proposing a pilot to expand the scope of practice of the AEMT to reflect the current standards in NHTSA's national scope of practice model. Western Pennsylvania, like many areas of the commonwealth, is experiencing a serious shortage of paramedics.

While everyone agrees the shortage of paramedic personnel is a multifaceted problem, EMS West believes removing the current restrictions on the AEMT will allow them to better serve the community in the absence of paramedic level personnel.

EMS West also intends to initiate a recruitment program to encourage more EMTs to advance their education and practice to the next level. It's important to note that there is no intent to replace paramedics with AEMTs, but rather this program will provide an additional resource in areas struggling to provide 24 hour paramedic staffing. The MAC sent a letter to the Department in support of this pilot program.

The MAC's next meeting will be in-person, at 1000 hours on Wednesday, April 17th at the Hampton Inn and Suites, Mechanicsburg.

EMS for Children Committee – Mr. Fessides reported on the following:

The EMSC Advisory Committee had our first meeting of 2019 on March 07th by webinar/conference call.

During this meeting we were able to have several of our partners present on projects in their prospective disciplines which included: The E.R.I.C. Project, from the PA School Bus Association; a CDC funded project to a team from St. Christophers Childrens Hospital that is developing a tool to assist families and communities to better prepare for disaster/emergencies when children are in the home with medically complex needs; The work Geisinger is doing to get their hospital Emergency Departments Peds Ready and; the EMSC Targeted Issues grant out of CHOP, advancing family centered care and quality self-assessment for pediatric resuscitation readiness. We are excited to work with these partners as their projects progress and continue to support further collaboration including letters of support to several teams throughout the Commonwealth currently pursuing EMSC funded grants at the hospital level to improve pediatric readiness, one of our EMSC performance measures.

Recently we surveyed participating agencies in the Pediatric Vol. Recognition Program (PVRP) to assess for current challenges or barriers to the program, as well as benefits. We received feedback largely citing a lack of available pediatric education to meet the 4 credit hours annual requirement. In an effort to improve access to new content we are asking for anyone who has approved pediatric education, that may be interested in having it recorded and placed on TRAIN to contact Angie to move forward with that.

Additionally, we are bringing Scott DeBoer, a national pediatric educator, back to PA in May to provide two pediatric workshops. One will be in the western side of the state and one will be in the eastern. These are free to attend and sponsored by EMSC. Scott is a phenomenal educator and is back on the road providing workshops after a long year and a half battle with cancer, which he was diagnosed with just before the 2017 conference, causing him to cancel his pre-conference workshop. Please share these courses in your areas, space is limited and registration is required.

EMSC is also continuing to sponsor the Safe Transport workshops upon requests. We have done several so far this year and are seeing a continued interest in requests. These courses are approved for CEU's and count towards your 4-hours of required pediatric education. The PVRP remains active with approximately 160 up to date participating agencies.

We have had about 40 agencies fail to complete the documentation of the 2017 required update. The PECC steering committee had made a recommendation to include a PECC into the PVRP requirements at the Master and Expert level. The committee agreed that this is a good recommendation but had concerns on implementing the update before project resources were complete. This discussion ran out of time in the meeting and will be addressed at the next meeting to make a plan to move forward.

Among the other education we are also sponsoring two Child Passenger Safety (CPS) Technician courses in the upcoming year. This is a 4-day workshop specifically tailored for EMS providers to become certified CPS technicians. This will allow you to open up a community service opportunity with car seat checks as well as improve the safety and education for staff when transporting pediatric patients, and is also a required to meet the Expert level criteria of the PVRP. To date, we have sponsored 45 EMS providers in PA to receive this certification. Seating is limited to 15 persons per class, the course and materials are covered by EMSC but travel and accommodations are not. Services can also go to the PA SCAN website to host a free Suspected Child Abuse and Neglect workshop, which will also count towards the education requirement, as well as educate provides on when and how to respond to instances of suspected abuse. Any additional ideas for pediatric education can be sent to Angie.

We are finishing up our fiscal year for EMSC this month. We had enough funding to support several programs providing pediatric education which include: The Seven Mountains EMS Conference, the EMS Update Conference, a STOP-The-BLEED train the trainer workshop at the School Nurses Conference, providing more than 250 tourniquets to be kept in public schools, PEARS courses in the Northeastern region, and the development of a pediatric education simulation lab out of Delaware County. Additionally, we provided the Emergency Guidebooks for School nurses to every attendee, at their conference, and replenish the pediatric weight conversion cards printed last year for ambulances. Both of

these products have been very well received and we get continued requests for them. Please remember, in the upcoming year; if you are providing pediatric education in your areas you can request for funding assistance through the EMSC program. If you have a need contact Angie to submit your request.

In February we assisted in the dissemination of a survey from Cathy Palm and the Center for Children's Justice, and Teresa Olsen with the AAP and SCAN, out to EMS providers to gain some insight as to the frequency in which children are unattended on the scene of an overdose. We saw a high return rate on this survey with more than 600 responses. This however, does not just apply to overdoses but any medical event in which providers are faced with what to do on scene when an unattended minor is present, the majority of respondents expressed not really knowing what to do, as well as when and when no report suspected abuse. These circumstances come with a complexity of issues and it is important to note that overdosing on drugs in the presence of children is not identified as abuse or neglect in the law. We are working with the Dept. of Health and several partners to provide guidance and resources available to providers on this issue. We will keep you updated as this evolves. Additionally, HB 773 was introduced on March 11th that would mandate the reporting to county youth and family offices of any drug or medication overdose where children are on scene.

With some of the recent discussions coming out of the MAC regarding pediatrics the EMSC committee has formed a clinical subgroup of pediatric medical doctors who will review things like protocols and some of the more clinically advanced topics outside of the regular committee meetings. We will continue with this group moving forward and they will meet as the need arises or requests for input is made.

As we continue to work towards the goals of the EMSC program we are also actively working with our partners to collaborate efforts that will continue to streamline improvements within our EMS and hospital systems. Please check out the PA EMSC website for updates, and the EMSC Facebook page for continued opportunities for education and events. Our next EMSC Committee meeting will be the first Thursday in June via conference call/webinar.

Critical Care Transport Task Force – Mr. Spencer reported on the following:

The Critical Care Task Force's spring meeting is scheduled for Thursday, March 28th at 1:30 pm in conjunction with the 2019 EMS Update Conference at the 7 Springs Mountain Resort.

In advance of this meeting, a workgroup has been meeting to develop recommendations regarding the utilization of critical care transport resources. As you will recall from previous board reports, concern exists in many areas of the commonwealth over the lack of critical care transport resources, which in some cases has resulted in significant delays.

Although the group acknowledges arranging for safe and medically appropriate transportation is a hospital responsibility, the EMS system, as part of the healthcare continuum, has a responsibility to review its current utilization strategies.

The workgroup's discussions have focused on several areas, including:

- Defining the "critical care" patient vs. the stable patient with ongoing therapies outside of the ALS paramedic's scope of practice.
- Appropriate resource utilization for those patients who are stable and not in need of a full critical care team as currently defined in regulation.
- Changes to the critical care paramedic's expanded scope of practice and medication list to facilitate more effective utilization.

- Developing a toolkit for the transferring facility that includes information on the various levels of EMS transport and decision making when the ideal or preferred level of EMS care is not available or will be significantly delayed.

In addition to the workgroup's report-out, the task force will work with Dr. Kupas to review the proposed changes to the statewide critical care transport protocols. This will be the first update to these first-generation protocols. Other tentative agenda items include a discussion on the impact of unmanned aerial vehicles, include those used for electronic news gathering, on aircraft safety at emergency incidents.

Community Paramedicine Task Force – Mr. Martin reported on the following:

Staff recently met with the community paramedicine task force chair and vice chair to discuss a 2019 work plan. As a result, a survey was developed and sent to the task force members to gain a better understanding of their perceptions and priorities for the year.

The results of this survey were not surprising or unexpected; the member's top priorities are: 1) the integration of community paramedicine into Pennsylvania's EMS system, either by regulation or legislation; development of foundational education objectives and operating standards and; working with payers to recognize community paramedicine value as part of a community's healthcare system.

With regard to legislation, Representative Ryan Bizzarro has announced his intent to re-introduce legislation in the current session for community paramedicine and has asked for PEHSC's input. This effort is especially timely; the Department of Health's general counsel recently determined the Department lacks statutory authority to create regulations related to community paramedicine based on the current definition of "EMS" in the statute.

A meeting of the task force is being planned.

EMS Education Task Force – Mr. Wertz reported on the following:

The Education Task Force met on February 26, 2019 and discussed several issues including: AEMT and Education via the BLS Training Institutes – the Dept of Health offered that they do have additional requirements for AEMT to be taught by BLS Institutes as does CoAEMSP. Concerns about available courses in rural areas was discussed however the Departments data shows that 86% of AEMT courses are delivered via ALS institutes, the assumption here is that the ALS institutes would add satellite sites to meet demands.

Degree Requirements for Paramedics – was discussed as part of an on-going national dialogue – it was decided for the task force to prepare a position statement (planned for the next meeting) to take into consideration all of the concerns as discussed. Overall, the group sees the requirement as an opportunity to take control of our profession for the long term.

Further, COAEMSP new class requirements for July 1 were discussed and noted by the group as being challenging and time consuming. The task force also discussed the new requirements for preceptors by COAEMSP and it was decided that the standards are acceptable.

The task force also discussed the updates for the Department's Education handbook. The Department stated that the manual is under review and should be done in the next few months. The task force offered to review the final draft to assist the Department prior to final distribution.

Thanks to the Department for providing a detailed report on Education activity at this meeting.

We do not have any recommendations from this meeting.

PA Pediatric Emergency Care Coordinator Project – Mr. Spencer reported on the following:

The Pediatric Emergency Care Coordinator (PECC) learning collaborative project is a grant funded collaborative program through the Health Resources and Services Administration (HRSA) and specifically was designed to target a group of EMS services who, through a previously published EMSC survey, had expressed an interest in adding a pediatric coordinator. The program and its learning collaborative looks at improving pediatric readiness through improved clinical oversight and competencies by tasking a core of states EMSC grantee programs in order to develop a national effort to improve the care of children by EMS agencies and providers.

This learning collaborative was initiated at the federal level by HRSA and uses their contracted EMSC partner at the EMSC Innovation and Improvement Center (EIIC) which is part of the Texas Children's Hospital and Baylor College of Medicine. Pennsylvania was one of nine (9) states awarded to participate in the learning collaborative through a grant partnership which included the Pennsylvania Department of Health Bureau of EMS (PADOH-BEMS), the Pennsylvania Emergency Medical Services for Children (PAEMSC) and the Pennsylvania Emergency Health Services Council (PEHSC).

The learning collaborative project in Pennsylvania is supported by a steering committee representative of multiple facets of pediatric care and includes current PAEMSC and PEHSC staff, EMSC committee membership, PADOH-BEMS personnel, EMSC Family Advisory Network representation, regional EMS council educators, statewide pediatric experts including two Pediatric Emergency Medicine Physicians, and several current EMS agency Pediatric Emergency Care Coordinators. Physicians, Nurses, Paramedics and EMTs are all represented through steering committee membership.

Over the course of the past five (5) months the steering committee met in various forms including six (6) WebEx meetings and one (1) in-person workshop. Additionally, steering committee representatives participated in five (5) federal partner online learning sessions, attended a federally sponsored Grant Workshop in Austin Texas (which paired state and federal partners together in a working model of brainstorming and information sharing) and facilitated ongoing communication through numerous email threads and shared communications.

Nationally, the PECC learning collaborative worked from a database of over 8000 EMS agencies who participated in the EMSC survey, 262 agencies were from Pennsylvania. The learning collaborative target was set at obtaining 50% of the agencies "interested in adding" a pediatric coordinator to declare they have a PECC by April 1, 2019. Additionally, future targets include 30% of all EMS agencies have a designated PECC by 2020 and 90% by 2026.

The HRSA grant award for the PECC learning collaborative brought nine (9) states together, each with different approaches towards EMS oversight, different levels of current progress towards adding a PECC into EMS agencies and different needs and resources to meet the target and overall objective of adding the PECC role into EMS agencies. Pennsylvania, New York, Rhode Island, Connecticut, Ohio, Kentucky, Wisconsin, Montana and New Mexico are the participating states. The states individual

learning collaborative projects all varied depending on their grant submission goals, internal resources and EMS system components. The project was facilitated through the EIIC.

One key decision that came out of the Pennsylvania project was a defined Mission statement, “to build, implement, and support resources assuring pediatric prepared and confident Emergency Medical Services providers deliver the highest quality care to the pediatric population in Pennsylvania”.

To date, the Pennsylvania project has:

- Identified 16 new PECC’s.
- Engaged Regional EMS Councils for communication support and a contact person.
- Engaged pediatric partners for supplemental subject matter expert support in developing PECC related support resources.
- Identified models for success based on collaborative discussion at federal and state levels to establish a PECC across various sizes and types of EMS agencies.
- Developed an education plan to communicate project information to EMS agencies and PECC partners. and
- Established a virtual presence through social media and project website portals.

The specific function and role of a PECC was commonly discussed both at the state and national level throughout the project and establishing a clear description of what a PECC is became widely varied. Throughout conversations it was clear that a PECC was not solely an individual nor was a PECC considered a role with any specific job description. The Pennsylvania project chose to identify ‘objectives’ for a PECC to meet in order to fulfill needs and expectations. These objectives support:

- Education and Training
- Quality Improvement
- Community Engagement and Preparedness
- Clinical Care

Through an a-la-cart menu of options, the PECC can chose what objectives best fit their organizational needs and resources.

How these objectives were met can be tailored by the EMS agency or a collaborative of agency and support resources based on one of several PECC Models for Success. These models are:

- An Agency PECC can be an individual or team and can share or have specific roles in relation to meeting the PECC objectives.
- A Community PECC is a collaborative approach between more than one EMS agency and may include a community partner such as a local hospital or pediatric healthcare provider. As with an agency model, roles are not defined by individuals but by the effort of the collaborative.

- Lastly, a Regional PECC model allows for a larger collaborative of EMS agencies and may include a regional pediatric healthcare partner or Regional EMS Council whose support allows for smaller EMS agencies to benefit from the group intelligence of a larger collaborative effort with resources and expertise not immediately available to those agencies. Roles remain related to objectives and not individuals.

Additionally, the project has established several key support documents to aid EMS agencies in identifying and implementing a PECC. They include an overview of the PECC program, a more detailed description of PECC Models and a more detailed description of the role a PECC plays in an EMS agency.

Recognition was discussed both at the Pennsylvania and national level with several different approaches towards the topic. The Pennsylvania project has chosen to develop a challenge coin to be awarded to individuals or representatives of EMS agencies who declare themselves as supporting the PECC initiative.

Throughout the project, the steering committee maintained a flexible approach towards meeting the projects target and in establishing the PECC initiative within the Commonwealth. In doing so several key lessons were learned. They are:

- An improved and current EMS agency contact information list is needed.
- The need to engage partners outside of the steering committee earlier in the project for support and resources.
- Have tangible information in hand prior to requesting any commitment from EMS agencies to add a PECC to their service profile.
- Remain flexible. The definition of a PECC was defined and refined throughout the short project term, both nationally and locally. and
- Build on existing programs in order to reduce redundancy of effort and improve overall efficiencies.

Finally, the projects next steps were established in order to maintain momentum, meet future targets and continue to improve the overall preparedness and care of EMS providers related to pediatric patients. These steps are:

- Continue website development and roll out.
- Develop supplemental How 2's to support PECC activities utilizing Subject Matter Experts and current best practices.
- Engage EMS services outside of the projects original target group.
- Distribute program information and engage interested EMS agencies.
- Survey current agencies to identify needs, priorities, challenges and successes. and
- Establish the PECC program for a simplified transition to the Pennsylvania EMSC Committee in six months.

OTHER BUSINESS

Healthcare Coalition Presentation – Mr. Ross, Healthsystem and Hospital Association of PA (HAP)

- Healthcare Coalitions (HHC) started in 2011-12 as directed of federal HSS Assistant Secretary for Preparedness and Response (ASPR).
- The overarching goal is coordination of healthcare resources during major emergencies – part of the after action assessment from Hurricane Katrina.
- Some of the work has been performed by the 9 PA regional terrorism task forces, with the balance being performed by other independent agencies.
- HAP, under contract, staffs the healthcare coalition program with 6 regional managers.

- 4 core coalition partners: hospitals, emergency management agencies, public health agencies and EMS; nationally only 39% of EMS participates in a HCC.
- Resources available to EMS include training, patient tracking technology and equipment/supplies.
- PEHSC has established a small working group on EMS involvement in the HCCs..

Line of Duty Death Workgroup Update – Mr. Snavelly reported on the following:

The LODD Task Force, with some new members, has been meeting to explore some concerns with the legislation surrounding the LODD death benefits in PA. Specifically, certain language has caused confusion at the state level that has led to rejection and delays of benefits for EMS providers who were not employed by a municipal EMS agency. The group’s goal is further examine these issues and offer recommendations that would allow for all EMS providers to be eligible for LODD benefits, regardless of employer.

DMIST Project Update – Mr. Snavelly reported on the following:

A small work group comprised of staff from BEMS, PEHSC, and PTSF is working on a project to streamline the process of transferring patient care at a trauma center. After reviewing various options and best practices, the group is moving forward with the widely accepted “DMIST” (Demographics, Mechanism, Injuries, Signs, Treatments) reporting format as a recommended statewide standard. The group is authoring educational resources that will be distributed to both EMS agencies and trauma centers. This material will also be included in the upcoming protocol updates as a recommended best-practice.

2019 PA EMS Conference Update – Mr. Snavelly reported on the following:

The 42nd annual PA EMS Conference is scheduled for September 4-6, 2019 at the Spooky Nook Sports Complex in Manheim, PA. We are currently still seeking proposals for presentations and are actively working to secure event sponsorship. Registration is expected to be opened in mid-April.

Senate Resolution 6 Update – Mr. Jones reported on the following:

- All committee and sub-committee work has been completed and a final report has been submitted to the legislature.
- The report contains 27 recommendations; 5 recommendations are EMS specific and mostly related to funding issues.
- Testimony on the report’s content will be given on April 1st before new House Veterans and Emergency Preparedness Committee.

911 Advisory Board Update – Mr. Jones reported on the following:

- Enabling act of law sunsets with year, but will likely be extended. The act also provides funding to 911 centers through surcharge on cell phone bills.
- Mapping flights will continue this year to update GIS resources.
- Discussions ongoing regarding the development of statewide reporting system for 911 centers to standardize how incidents are classified and counted.
- The CMS ET3 pilot program has implications for 911 center in terms of alternative destinations and nurse triage line.

ADJOURN BOARD OF DIRECTORS MEETING

A motion was made by Ms. Blecher and seconded by Dr. Frailey to adjourn the board of directors meeting. Motion carried.

DRAFT

**PEHSC Annual Council Meeting
Wednesday, March 20, 2019**

Minutes

CONVENE ANNUAL COUNCIL MEETING

Mr. Henry, President, called the meeting to order at 1145 hours.

NOMINATING COMMITTEE REPORT

Dr. Bail, Nominating Committee Chair, provided the following slate of qualified candidates for election to the board of directors for a 3-year term:

Organization	Type	Geography
Chester County Department of Emergency Services	Regional Council	Chester County
City of Allentown EMS	Ambulance Agency	Eastern PA Region
Community LifeTeam EMS	Ambulance Agency	EHSF Region
Harrisburg Area Community College*	Educational Institute	EHSF Region
PA Chapter – American College of Emergency Physicians*	Statewide Organization	Statewide
PA Trauma Systems Foundation	Statewide Organization	Statewide
Pennsylvania State University	Educational Institute	7 Mountains Region
Second Alarmers Association and Rescue*	Ambulance Organization	Montgomery County
Southwest EMS Alliance	Ambulance Agency	EMS West Region
Western Berks Ambulance Association	Ambulance Agency	

* Nominated for 2nd Term

There were no additional nominations for the floor.

A motion was made and seconded to close the nominations and for the secretary to cast a unanimous ballot. Motion carried.

FOR THE GOOD OF THE ORDER

- The annual Muddy Angels Memorial Bike Ride will come through Pennsylvania during EMS week. Any support of this event is greatly appreciated.

ORGANIZATIONAL REPORTS

Ambulance Associate of Pennsylvania – Mr. Dereamus and Ms. Sharar reported to the following:

- Warm handoff legislation proposed by Representative Heffley
 - Provides for transport of medically stable opioid patient directly to opioid treatment center
- Workers Comp recognition of PTSD
- Treat No Transport Law
 - There is no fee schedule payment included in the law
 - AAP working with insurers to establish consistent payment level
 - Legislation validated with Medicare’s ET3 project language
- Annual Reimbursement Conference
 - May 7-8th at Wyndam Hotel in Gettysburg

ADJOURN ANNUAL COUNCIL MEETING

A motion was made by Ms. Bleecher and seconded by Dr. Frailey to adjourn the annual council meeting. Motion carried.

The next scheduled meeting of the PEHSC board of directors will be on Wednesday, June 12, 2019 at the Conference Center at Central Penn College.

DRAFT