



PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

PEHSC BOARD OF DIRECTORS MEETING

Doubletree Hotel, Lancaster, PA

Wednesday, September 21, 2016

Minutes

CONVENE BOARD OF DIRECTORS MEETING

Mr. Jones, President, called the meeting to order at 3:05 pm and introductions were made.

BOARD MEMBERS PRESENT

Allegheny County EMS Council – Douglas Garretson
Ambulance Association of Pennsylvania – Donald DeReamus
Cetronia Ambulance Corps. – Christopher Peischl
City of Allentown – Eric Gratz
Emergency Medical Service Institute – Thomas McElree, esq.
Emergency Nurses Association, PA – Kay Bleecher, RN
First Aid and Safety Patrol of Lebanon County – Anthony Deaven
Harrisburg Area Community College – Robert Bernini
Highmark, Inc. – Robert McCaughan
Penn State Milton S. Hershey Medical Center – Steven Meador, MD
Pennsylvania ACEP – Bryan Wexler, MD
Pennsylvania State University – J. David Jones
Pennsylvania State University – V. Joshua Fremberg
Philadelphia University – Jean Bail, RN, Ed.D
Reading Health System – Anthony Martin
Second Alarmers Association and Rescue Squad of Montgomery Cty. – David Tepper
Seven Mountains EMS Council – Timothy Nilson
UPMC Presbyterian – Ronald Roth, MD
Valley Ambulance – J.R. Henry
Valley Ambulance – Melvin Musulin
VFIS/Education & Training Services – William Niehenke
Williamsport Area Ambulance Service Cooperative – Gregory Frailey, DO
Williamsport Area Ambulance Service Cooperative – Michael Seiler

COUNCIL MEMBERS PRESENT

Chester County Department of Emergency Services – Harry Moore
Cumberland Goodwill EMS – Nathan Harig
Eastern Lebanon County School District (ELCO) – David Kirchner
Emergency Health Services Federation, Inc. – Michael Reihart, DO
Horsham Fire Company No. 1- Duane Spencer
Hospital & Healthsystem Association of PA – Tom Grace, RN
Main Line Health – Christopher Knaff
Non-Profit Emergency Services of Beaver County – Steve Bailey

Pennsylvania Athletic Trainers Society – Robert Shank, Ph.D.
Temple Health System Transport Team, Inc. – Carl Homa
UPMC Hamot – David Basnak
Uwehlan Ambulance Corps. – Emily McCarthy

BUREAU OF EMS

Raphael Barishansky, Deputy Secretary of Health
John Englert, Bureau of EMS

PEHSC STAFF

Janette Swade, Director
Patricia Morrison
Donald Potter
Thomas Winkler

APPROVAL OF MINUTES

A motion was made by Mr. Deaven and seconded by Ms. Bleecher to approve the previous board meeting minutes of June 15, 2016. (Motion Carried.)

PRESIDENT’S REPORT

Mr. Jones, President, provided the following report:

- Mr. Jones announced that Elizabeth Wertz-Evans died on August 17th and asked for a moment of silence. Her children will be attending the EMS Awards Banquet tomorrow to present the Amanda E. Wertz Memorial EMS For Children Award.
- Mr. Wells recently accepted a new position so Mr. Jones appointed Mr. McCaughan to fill the vacancy on the Executive Committee as Member-At-Large. Mr. Jones asked for a motion to elect Mr. McCaughan to the PEHSC 16-17 Executive Committee as Member-At-Large. Mr. Henry motioned and Mr. Deaven seconded to approve. (motion passed.)
- The PEHSC Annual Report was sent to the Department and is available on the PEHSC website at www.pehsc.org
- We received a letter from the Department stating that our audit for FYE 2015 was satisfactory.
- We received two letters to be included in today’s meeting materials; a letter from Bucks County Emergency Health Services and one from Good Fellowship Ambulance & EMS Training Institute. They are available online.

TREASURER’S REPORT

Dr. Roth, Treasurer, gave the following report:
FY 2015-2016 & FY 2016-2017

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	108,040.63	96,900.28		
Payroll Account	Transfer Account	2,893.24	17,458.99	4,243.56	3,015.25	2,791.35		
Investment Income Fund	Income from Previous Investments HRA	5,699.98	5,877.41	17,360.35	9,814.93	9,361.79		
Secondary Income	Conference & Secondary Income	56,947.93	63,310.50	65,591.98	69,936.87	72,736.39		
Investment Funds transferred to PAEMSA 8/2015	Monthly Dividends into Balance	206,405.67	214,351.31	215,922.58	216,648.72	219,116.65		

DRAFT

CASH BALANCE AS OF:								
ACCOUNT	ACCOUNT DESCRIPTION	7/31/2016	8/31/2016	9/30/2016	10/31/2016	11/30/2016	12/31/2016	1/31/2017
Contract Fund	2016-2017 Contract Amount \$538,224.00	69,683.92	87,115.84					
Payroll Account	Transfer Account	8,509.94	6,735.02					
Investment Income Fund	Income from Previous Investments HRA	14,495.65	14,417.54					
Secondary Income	Conference & Secondary Income	74,733.36	52,962.09					
Investment Funds transferred to PAEMSA 8/2015	Monthly Dividends into Balance	222,246.02	222,641.03					
CASH BALANCE AS OF:								
ACCOUNT	ACCOUNT DESCRIPTION	2/28/2017	3/31/2017	4/30/2017	5/31/2017	6/30/2017		
Contract Fund	2016-2017 Contract Amount \$538,224.00							
Payroll Account	Transfer Account							
Investment Income Fund	Income from Previous Investments HRA							
Secondary Income	Conference & Secondary Income							
Investment Funds transferred to PAEMSA 8/2015	Monthly Dividends into Balance							

DRAFT

Dr. Frailey motioned and Dr. Bail seconded to accept the Treasurer’s Report.
(Motion Carried.)
(The Treasurer’s Reports are on file for members to review.)

EXECUTIVE DIRECTOR’S REPORT

Ms. Swade, Executive Director, gave the following report:
➤ This year’s conference numbers are up from last year.

- Budget cuts – we started with budget of \$561,139 than received a cut to \$553,000. An additional cut was received bringing our current budget to \$538,000. EMSOF funding is now \$430,000.
- We have lost one staff member and Mr. Woodyard has accepted a position with BEMS. Waiting for final budget paperwork to rehire for his position.
- Mr. Jones and I met with Director Gibbons recently to discuss our annual work plan for next fiscal year. The core duties of the AWP are: State Plan, Wilderness Program and Active Shooter education.
- We have requested, via the Department, to reinstate our 12 monthly payments.
- The 17-18 contract and annual work plan is due to BEMS by January 1st.
- We have asked the Department to clarify whether PEHSC remains a sole source contractor and if our next contract will be for 1 or 2 years.
- A meeting has been set up with PEHSC and AAP next week to discuss SR60 goals for EMS.

DEPARTMENT OF HEALTH REPORT

Deputy Secretary Barishansky provided the Department's report:

TASK FORCE/COMMITTEE REPORTS

Medical Advisory Committee – Dr. Reihart, Chair, provided the following report:

The medical advisory committee met on August 17th and on September 16th.

1. Dr. Duane Siberski provided an update and first-look at the training program for BLS blood glucose testing. This project is progressing on schedule and will, among other elements, incorporate a new BLS protocol related to performing this skill. Dr. Siberski will continue to work with staff at the Reading Hospital School of Health Sciences on the final edits and will present the final product at the November MAC meeting.
2. Dr. Ben Usatch presented a final report on the i-gel advanced airway pilot program that was conducted by Second Alarmers Rescue Squad in Montgomery County. The i-gel is an FDA approved pharyngeal airway control device designed to be used in a variety of patient care environments, including the emergency care setting. Dr. Usatch reported the pilot was a success and providers involved with the project indicated a high degree of satisfaction. A copy of Dr. Usatch's presentation is attached to the VTR. Today, for board consideration, is VTR# 0916-01, which recommends the Department:
 - a. Amend the scope of practice for providers at or above the AEMT level to include the use of the i-gel as an alternative/rescue airway device.
 - b. Amend the list of minimum required equipment and supplies for agencies at or above the IALS level to include the i-gel as an option for the alternative/rescue ALS airway device requirement.
 - c. Permit Second Alarmers Rescue Squad to continue using the i-gel device, using the pilot program criteria, until such a time when the device is added to the scope of practice and equipment list.

A motion was made by Dr. Frailey and seconded by Mr. Tepper to approve VTR #0916-01 which recommends: The Department of Health should amend the scope of practice for providers at or above the AEMT level to include the use of the i-gel as an alternative/rescue ALS airway. Furthermore, the Department of Health should amend the list of minimum required equipment and supplies for agencies at or above the IALS level to include the i-gel as an option for the alternative/rescue ALS airway device requirement. (Motion passed.)

3. The MAC had several members express concern related to increased difficulty in their area with getting patients transferred in a timely fashion due to limited critical care transport and in-house nursing resources. This is particularly concerning with time-sensitive illnesses and injury. The

members understand the critical care transport paramedic program is still in its infancy and they don't want to recommend anything that could threaten the program's future viability. However, in the meantime, we will continue to discuss alternative strategies that might provide some assistance to areas that are having a particularly difficult time.

4. The MAC continues to work with Dr. Kupas on updates to the statewide treatment protocols. The recent September 16th meeting was devoted entirely to discussing protocol related issues, as will the upcoming November meeting. At this point it appears the protocol update is tracking for an early 2017 release. Of particular note, the MAC recommended the immediate publication of an increased dosage of naloxone to treat patients' sufferings from heroin laced with fentanyl and other synthetic opioids. The Bureau of EMS published EMS Information Bulletin 2016-09 on September 1st making the recommended change. The Bulletin is available on the PEHSC website under the "Resources" tab.

EMS for Children Advisory Committee – Mr. Winkler, in the absence of Mr. Stuart, Chair, provided the following report:

Pediatric Symposium Webinar Series

- We had two presentations since the last meeting
- July 06 – Pediatric Sepsis – Dr. Manoj Mittal of St. Mary Medical Center & CHoP – 106 providers received con-ed
- August 03 – Pediatric Pain Management – Dr. Christopher Malabanan of St. Christopher's Hospital for Children – 61 providers received con-ed
- As always, we need additional speakers and need a few good individuals to step up

Pediatric Voluntary Recognition Program

- 156 agencies recognized under the Program
- Annual review will occur at the November EMS for Children Committee meeting
- Discussing the inclusion of PSP background checks and the development of the pediatric emergency care coordinator

Athletic Trainer & EMS Interaction Video

- We have completed the video in conjunction with the Pennsylvania Athletic Trainer's Society. It is available on the EMSC website and the PEHSC YouTube page. Special thanks to Hampden Township EMS, Final Focus Productions, Sandy Zettlemyer of Mechanicsburg Area School District, and our own Bob Shank. Next steps for this project involve developing a continuing education program for use distributive.

PTLS Instructor Course

- The EMSC Advisory Committee provided funds to the ITLS PA Chapter to support a 'train the trainer' course to certify additional instructors for Pediatric Trauma Life Support, an 8 hour course created by ITLS. The course was held in August with 19 candidates successfully completing the course. The first course as a result of the train the trainer class is actually going on concurrently today as part of our preconference sessions. We hope to continue to work with ITLS Pennsylvania for future courses throughout the state.

QI Collaborative

- We continue to pursue developing a pediatric facility recognition program for emergency departments. 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. At this point, the second national in

person meeting will be held in November and the initial stakeholder meeting for Pennsylvania is being planned to be held in November, as well.

CPAP Considerations for Pediatric Patients

- At our June meeting, Dr. Kim Roth of UPMC Children's asked the group for feedback related to CPAP utilization on pediatric patients. Current EMS protocols indicate that any patient under the age of 14 is contraindicated for CPAP, needing approval from medical command to perform the procedure. While there are multiple reasons for the current protocol, we are currently pursuing the feasibility of an optional pediatric non-invasive ventilation protocol. At this point, there is little data on non-invasive ventilation for the pediatric patient in general, and this project will continue to develop. Thank you to both Dr. Roth of Pittsburgh and Duane Spencer of St. Christopher's Hospital for Children for leading this effort for the EMSC Program.

Community Paramedicine Task Force – Mr. Potter provided the following update:

PEHSC Community Paramedicine/Mobile Integrated Health Task Force

Provider and Agency Workgroup Consensus Recommendations: July 22, 2016

I. PROVIDER WORKGROUP

1. How should Department authorize CP/MIH providers?

CONSENSUS: The integration of community paramedicine/mobile integrated health care providers from within the Commonwealth's EMS system should be accomplished in a manner consistent with similar areas of specialty practice currently addressed in Pennsylvania's EMS regulations.

- 2. What educational elements are essential for those EMS providers who will provide services at both the basic and advanced level. For example, the group discussed CP/MIH's ability to perform medication reconciliation as it is currently defined in the healthcare industry. Med reconciliation is a complex process; will CP/MIH providers actually perform reconciliation or perhaps limit it to an inventory of a patient's medications. This type of activity needs to be part of the program, but to what extent? The depth and breadth of any function will be primarily driven by the depth and breadth of provider education. Interest was also expressed in incorporating the navigation and advocacy functions of the community health work into the education program.**

CONSENSUS: Education in community paramedicine/mobile integrated health care should be made available to all EMS providers at or about the level of EMT. Providers at both the basic and advanced level should complete the same foundational education; advanced level providers may require additional education in diagnostics and/or interventions based on individual MIH program requirements.

CONSENSUS: A program in community paramedicine/mobile integrated health care for Pennsylvania EMS providers should include the following topic areas:

- *Introduction to the MIH provider*
- *Systems of care*
- *Social determinants of health*
- *MIH operations*
- *MIH Interventions*

- *Cultural competency*
- *Provider safety and wellness*
- *Mental Health*
- *Documentation*
- *Outreach and education*
- *Care of special patient populations*

3. Should there be a minimum number of required hours for the educational program? Should it be delivered as a credit vs. non-credit course and who should be permitted to deliver a program?

CONSENSUS: A program should be competency-based and need not have a defined number of required instructional hours, however it is reasonable to provide range of instructional hours as a reference. A program can be delivered in either a credit or non-credit format; advanced topics in diagnostics and/or interventions could be delivered in a modular fashion according to an CP/MIH program's needs.

In order to ensure program integrity, a CP/MIH educational program should be sponsored by: 1) an EMS educational institution accredited by the Pennsylvania Department of Health and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or; 2) an accredited college, university or institution of higher learning or; 3) by a EMS agency licensed by the Pennsylvania Department of Health who has a formal relationship with an accredited college, university or institution of higher learning.

4. What continuing education requirements for should be established for providers credentialed to deliver CP/MIH services? Note: because this is not an additional certification, the Department has previously determined the number of required hours and topic areas will be determined by the CP/MIH agency medical director.

CONSENSUS: The medical director of a licensed EMS agency engaged in the delivery of CP/MIH services, should require all providers who have completed a Department approved CP/MIH education program to complete continuing education in topics related to delivering CP/MIH care. The medical director should determine the number of required con-ed hours and topics to be completed. Contact hours earned in CP/MIH topics should be eligible for application to a providers biannual or triannual DOH registration requirements when submitted through the established course approval process.

II. AGENCY WORKGROUP

1. Should a separate licensing category be created for agencies engaged in delivering CP/MIH services or can these services be provided under an agency's current license?

CONSENSUS: The delivery of CP/MIH services is specialty area of practice requiring accommodations that may be in conflict with current licensing standards for basic and/or advance life support services. Additionally, future reimbursement for MIH services by insurers and other entities may require specific designation by the Department. It is for these reasons the Department should consider creating new licensing category for mobile integrated health as an enhancement to an agency's existing [BLS or ALS] license.

2. How should we refer to these new agencies?

While the group did not reach a consensus on this question, suggestions offered included Community Paramedicine Agency, Mobile Integrated Health Agency or something that ties EMS to CP/MIH. The point was also made the agency-type name should be something with which consumers can easily identify.

3. Current regulations require, in most cases, an agency to be available 24/7 or be part of a county or region level response plan. Should CP/MIH be exempt from 24/7 rule?

CONSENSUS: Given the varied nature of CP/MIH, these services should be exempt from the current 24/7 requirement. While the group is aware of services that are available on a 24/7 basis, it more common for these services to be delivered on a scheduled basis.

4. Current regulations require a minimum staffing level for all vehicle types; should there be minimum staffing requirements for CP/MIH agencies?

CONSENSUS: Beyond the obvious need for one (1) appropriately trained provider, agencies should determine staffing needs based on the type of services being delivered. Agencies who anticipate using RNs, CRNPs, or Physician Assistants can utilize them under their current identified roles in the EMS system or an agency medical director could opt to utilize them in their more traditional role and scope of practice, however in doing so the agency and medical director must acknowledge this practice outside of the authority and protections of the PA EMS Systems Act of 2009.

If an agency chooses to utilize a vehicle that is currently licensed under the regulations for other EMS uses, e.g. ALS or BLS squad or ambulance, that vehicle should comply with all current staffing requirements for that vehicle type when being utilized for CP/MIH.

5. Current regulations require, in most cases, the completion of an electronic PCR (ePCR) for each response and/or patient contact. CP/MIH documentation requirements are much different from regular EMS activities and the NEMSIS data set is not designed for documenting these activities. How should CP/MIH agencies and providers document their activities and patient interactions?

CONSENSUS: CP/MIH agencies should document their activities/care on a paper or electronic log containing essential data elements defined by the Department in consultation with the Council (similar to that currently required for special events/special operations). Direct patient care activities should be recorded on in paper or electronic form using essential data elements defined by the agency in consultation with the agency medical director. Direct patient care documentation requirements can also be satisfied when the agency's providers are permitted to document directly on a healthcare entity's electronic health care record (EHR) with which the agency has a business relationship. Access to and retention of the aforementioned health care records should subject to current Department and federal regulations.

6. Current regulations require the Department identify equipment, supplies and communications capability for every vehicle type; should minimum requirements in the aforementioned areas be established for CP/MIH?

CONSENSUS: A specialized vehicle or a vehicle with markings beyond that which would be necessary for a consumer to identify the agency's name is not necessary to provide

CP/MIH services. However, if an agency chooses to utilize a Department licensed vehicle, e.g. ALS or BLS squad or ambulance, that vehicle should comply with all current equipment, supply and communications requirements when being utilized for CP/MIH.

A [Department licensed] non-licensed vehicle used to deliver CP/MIH services should be equipped with any [additional] supplies and equipment needed to deliver care based on the scope of services offered by the agency. All vehicles should have communications capability which allows the provider to consult with other members of the patient's health care team, the agency medical director and in case of emergency, the local PSAP and/or a medical command facility.

- 7. Current regulations stipulate that EMS providers may only provide care through: 1) Department approved statewide protocols or, 2) direct medical command from an approved medical command physician when working in a Department accredited medical command facility. This system was designed for episodic and/or emergency care and is not intended for, nor does it comport with needs of CP/MIH. How will the CP/MIH provider collaborate in a meaningful way with other members of the health care team in order to execute the patient's plan of care?**

CONSENSUS: An expanded role/scope of authority for the agency medical director is essential to give providers proper support when delivering CP/MIH services. The agency medical director should be empowered to create agency-level protocols and issue verbal orders to CP/MIH providers within their respective scope of practice. The medical director should also be empowered to authorize CP/MIH providers to accept written and/or verbal orders, within their respective scope of practice, from physicians, registered nurses, nurse practitioners or physician assistants who are part of the patient's health care team. All standing orders or protocols established by an outside physician are subject to approval by the agency medical director.

- 8. How can the EMS system provide support to an agency contemplating or establishing an CP/MIH program?**

CONSENSUS: The Department, in consultation with the Council, should provide resources to assist an agency in performing a community needs assessment, internal assessment of readiness to provide CP/MIH services and/or industry best practices.

III. NEXT STEPS

The Bureau of EMS has formed a working group to develop draft regulatory language related to CP/MIH services. The Department and Council working groups are complementary; the Council will provide consensus recommendations as to the regulation's content and the Department will develop the draft regulatory language in consultation with their Office of Legal Counsel. Drs. Bledsoe, Dr. Swayze, et al, have been invited by the Department to participate in their working group. They will carry consensus recommendations from this and subsequent Council workgroup meetings forward.

Membership Committee – Mr. Bernini, Chair, provided the following report:

- He thanked all the new members who were present at the Board meeting.
- One new Affiliate membership application was received since the last Board Meeting. Blacklick Valley Foundation and Ambulance Service Inc.

A motion was made by Mr. Henry and seconded by Ms. Bleecher to approve Blacklick Valley Foundation and Ambulance Service Inc. as an Affiliate Council Member. (Motion passed.)

Communications Committee – Mr. Musulin provided an update of the activity of FirstNet and the recent communication survey results that are being reviewed.

OTHER BUSINESS

Mr. Garretson thanked Mr. Barishansky for attending the meeting. He asked him how he visualized the state of EMS in Pennsylvania. Mr. Barishansky responded that the three areas of his focus are: The EMS operating fund audit; Operations funding; and getting to know people.

PA EMS Bike Ride – Mr. Spencer spoke about the PA EMS Memorial Bike Ride that was held from September 10-12 this year. He said it was a great event and hopes that it will continue to grow.

Dr. Stoy brought up the subject of paramedic staffing needs for the future and a study that was done in Allegheny county. He will forward a copy to staff. Several discussions were generated by the recruitment and retention discussion. Staff mentioned it may be useful for SR60 recommendations.

Mr. Jones mentioned that the upcoming Board dates are in the meeting packet.

December 14, 2016

10:00 am
Webinar

March 15, 2017

10:00 am
The Conference Center at
Central Penn College
Summerdale, PA

June 14, 2017

10:00 am
The Conference Center at
Central Penn College
Summerdale, PA

Mr. Henry recognized PEHSC staff for their work with putting together the conference.

NEXT MEETING DATE

The next meeting will be held on December 14, 2016 via web conference call.

ADJOURNMENT OF BOARD MEETING

Following the business of the day, Dr. Bail motioned and Mr. Deaven seconded to adjourn the Board of Directors meeting.

Respectfully Submitted,

J. David Jones
President

JDJ/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.