Meeting Minutes

Regional Medial Advisory Committee

Quarterly Meeting –March 13, 2020 – 10:00 AM

Roll Call: J. Urban (SMEMSC);Dr R . McLeod (SMEMSC);Dr. D. Kupas(Danville); R. Kelley (Mt. Nittany); D. Schoenwetter (Geisinger); E. Gailey (MNMC); K. Shoop (SMEMSC-CARES); Dr. Clifford Neal (Centre LifeLink); Kent Knable (Centre LifeLink); T. Long (Fame); Dr. Catherine (Goodwill); Dr. Reed (AREA); J. Zablosky (AREA); G. Widger (GCMTS); B. Hare (Americus); C. Gavason(Americus); R. Kelley (MNMC)

Meeting was called to order at 10:00 by Dr. McLeod via teleconference.

An introduction of members in attendance was conducted.

***NEW BUSINESS:***

***REPORT FROM STATE MAC:*** Dr. McLeod along with Dr. Kupas provided a report from the State MAC meeting. The updated AEMT protocols are completed with implementation in September. The AEMT update course is competed and requires a 4 hour in person delivery with skill stations. The equipment list and course outline is included with the meeting materials. Jim has the power point presentation. With the small number of AEMTs in the region, Jim suggested one class centrally located instead of multiple classes. Chad Gavason requested the update ASAP. Jim and Chad will discuss this along with other concerns off line. Dr. Kupas stated that the Antibiotic for Open Fractures will be presented at the Regional Director’s meeting on Monday but rather than wait, he wanted to present this to the MAC now instead of waiting 3 months. A presentation will be given later in the meeting.

***CORONAVIRUS:*** Dr. McLeod started the exchange by stating that at the regional level, we have reminded the agencies regarding the PPE requirements and also sent a notice to the PSAPs with a modified Caller Query. Dr. McLeod stated he had an inquiry from Dr. Ganti about the possibility of using EMS to perform tests for the virus and possibly pick up the tests from a patient. He indicated that he attempted to contact him without success. Dr. Kupas indicated that could be a function of MIHC, the use of EMS might work in the short term, but long term might not be feasible. This led to discussion.

Dr. Neal asked Dr. Kupas if the state was going to provide guidance to EMS regarding the possibility of transporting to an alternate site or instructing the patient how to care for themselves at home and not go to the ER. Dr. Kupas said there was the possibility of transporting to alternate facilities under the ET-3 plan. Discussion ensued. Dr. Schoenwetter requested Jim send an email to the committee members inquiring if any of the members agencies or ERs had any contingent plans for patients to be taken to a site other than the ER.

***CARES:*** Kimbra Shoop, State CARES Coordinator indicated that they are in the process of closing out 2019 with work on the annual report to be done April 15-17. Presently there are services working to enter data from 2020.

***ETOMIDATE/KETAMINE***; - Dr. McLeod indicated that since the last meeting there has been one case. Jim indicated that there have been no Ketamine cases for Excited Delirium. Dr. Kupas asked if anyone has been using Ketamine for pain relief. He indicated he has experienced a 50/50 success rate stating there are better agents for pain relief. Discussion ensued. Jim stated that now that Ketamine is available for use in Musculoskeletal injuries, the guidelines and CQI form has been changed to reflect this. Dr. Schoenwetter asked about LifeFlight, Dr. Kupas indicated that the ground protocols do not really effect LifeFlight. Discussion ensued. Jim indicated that there has been a service interested in both Etomidate and Ketamine. The application for Etomidate has not yet been submitted, but this service has had some difficulty with adherence to regional procedures. This service was carrying Etomidate without being approved. This was discovered during a normal ambulance inspection. Unknown if the drug was administered during that time. This agency has also had difficulty meeting the staffing requirements and since Etomidate requires two Etomidate trained providers, it is hard to determine if staffing will be met if approved. This agency has also been the subject of Department investigations. Discussion followed. It was suggested by the committee that the Regional Medical Director and Jim meet with the Agency Medical Director

***ANTIBIOTICS FOR OPEN FRACTURES:*** Dr. Kupas presented the program that will allow the pre-hospital administration of antibiotics for open fractures. This program will be presented to the regional directors next week, but rather than wait, Dr. Kupas wanted to give the RMAC a preview rather than wait three months. The region can opt to participate or not participate. The power point package has been finalized and will be distributed at the Director’s meeting. Dr. Kupas reviewed a few slides as well as some of the paperwork for the program. He said the empahasis will be on the 911 time and the administration time of the antibiotic. Discussion ensued. Motion was made by Dr. Neal seconded by Dr. McLeod that the region participate in the program. All were in favor. The RMAC recommendation will be presented at the next council meeting.

***JOINT DRUG PURCHASES:*** Ann Banfill from Lock Haven EMS brought up the issue that distributors are requiring drug purchases to be made in bulk. For example purchasing 10 bags of Dopamine when only two are needed. This is cost prohibitive for standalone ALS services. Kent Knable addressed this topic also. Hospital based services do not seem to be effected since hospital pharmacies have an increased chance of utilizing a larger quantity of a medication. Discussion ensued. Dr. McLeod suggested the possibility of working something out with your local hospital. George Widger advised that he spoke directly to a supplier and was able to purchase what he needed, not an entire case or bulk. George and Ann will further discuss this off-line.

***IALS:*** Jim reported that an agency has applied to upgrade their license from BLS to a part-time IALS agency. The application has been submitted and an on-site inspection needs to be scheduled in order to proceed. Discussion ensued. Questions on how this agency will fit in with the county response plan were raised. It was stated that this agency expressed no interest in becoming involved in a county wide response plan and has always done things on their own. However, this decision will now effect other agency’s operations. A question was raised if arrangements were in place with surrounding ALS agencies regarding the advanced care when this agency in not IALS. Questions on the dispatch protocols were also raised and if the PSAP was aware of this. Jim said he did not know. Further discussion ensued. Following the discussion, it was suggested that the Regional Medical Director, Jim and the Agency Medical Director meet to discuss these issues. It was also suggested that the PSAP also be involved in this meeting. Dr. Schoenwetter volunteered to attend if Dr. McLeod could not.

***NEXT MEETING:***  Tuesday-June 2, 2020 @ 10:00 AM-Mt. Nittany Coorporate offices via teleconference

With no further business to discuss, a motion to adjourn was called for. On a motion by Dr. Schoenwetter and seconded by all the regional MAC meeting was adjourned at 1134.

Respectfully Submitted by

James P. Urban, EMTP

EMS Licensure Coordinator

Seven Mountains EMS Council