#### MINUTES

#### PRESENT:

David Gerstner, GMVEMSC President/DFD Mark Senseman, Tipp City EMS/Pres.-Elect Leslie Dalton, Enon Fire/ Clark County Alt./Treas. Brian Leciejewski, Springfield Fire Ryan Burke, WCH Lindsay Sanders, KHN Heather Koss, Dayton Children's Nicole Mowell, Springfield Regional Brad Kennedy, St. Paris Fire Dept Andy Harp, MVFD Elizabeth Evans, MVHS/MVHJ Brendan Deere, MVH/Drug Bag Chair Wendell Mackie, EMT Inc. Tony Alexander, Premier Health Bryan Eagle, Buckeye Ambulance Brian Phillips, Greenville Twp Rescue Brandy Yundt, Wavne Healthcare Chris Marker, Monroe Fire Dept Bryan Betsinger, Beavercreek TWP Fire Meredith Lawhorn, Soin Medical Center Laura Clark, GSH Evan Brumbaugh, UVMC John Russell, Huber Heights Fire Athena Haus, Bellbrook Fire Mike Dodds, Quincy EMS

Mike Miller, Kettering Fire Kristi Branson, Wilson/Houston Jared Riley, No entity given Wade Dexter, Troy Fire Dept Patrick Aldrich, Englewood Fire Bill Engelland, Ohio Medical Transport Chris Batz, Butler Twp Fire Chris Kyer, KHN Adam Howard, Fairborn Fire Dept Barbara Hammersly, Box 21 Steven Milliken. Trotwood Fire Zach Shafer. West Alexandria Brian DeVilbiss, Dayton Airport Fire Dept Lori Oda, Dayton Sports Med Institute Megan Torres, Dayton Sports Institute Bryan Roger, Dayton Sports Institute Andv Riddiouah, JEMS Jenny Hartman, Pitchin Fire Chad Garver, Vandalia Fire Sara Beckman, Minster Area Life Squad Daniel Welty, Christiansburg Fire Alex Kuhn, AHA Jack Mix, Dayton Fire Dept Jill Neitzel, GDAHA/GMVEMSC

<u>Call to Order</u>: The July 28, 2015 general meeting of the Greater Miami Valley EMS Council was called to order at 2:02 p.m. by President David Gerstner. All attendees were introduced.

<u>Secretary's Report</u>: provided the group with the minutes of the May 26, 2015 Council meeting. The minutes were accepted as presented. A correction will be made to note that Bryan Eagle from Buckeye Ambulance was in attendance.

**Treasurer's Report:** Leslie Dalton provided an overview of the current financial status of Council regarding expenses and revenue, deferred income and accounts receivable.

<u>President's Report:</u> David Gerstner is in the process of reactivating Council's Infection Control Committee and the Communications Committee. He noted that a discussion was held at a Greater Miami Fire Chief Association meeting regarding recent issues and concerns with EMS personnel that had been exposed to bloodborne or other pathogens. David reported that he has asked Laura Clark to chair the committee and Chad Follick to be co-chair. He sent them a list of things he is aware of that need to be addressed and noted that if anyone has problems or issues related to infection control or if they would like to participate they can contact Chad and Laura.

Communications Committee – David Gerstner reported that many agencies in the region are moving to MARCS radio communications and he felt it was important for the GMVEMSC to be involved. An invitation to participate on the committee will be sent out on the listserv. The committee is in need of members and co-chairs; if interested in heading up this committee let David Gerstner know.

In process – we are aware that there is a major issue with an epidemic of deaths as a result of narcotic overdoses. Some public health agencies in the region are trying to address the problem. One of the agencies put out a press release saying they were working with law enforcement on this. David addressed that they should also be including hospitals and EMS personnel and the agencies agreed to include hospital and ems personnel in the future in efforts as they move forward.

Issues with transportation of mental health patients: Committee Ethics Consortium has hosted discussions, and has a long-standing history of working with issues around behavioral health care. No easy answers. There is a crisis in this region due to a dearth of mental health facilities (a shortage). Not enough psychology/psychiatry doctors or mental health beds. Estimated years ago that the region has a 30-35% shortage in mental health staff and facilities. We are now trying to find ways to ensure transportation is not contributing to the problem by transporting patients to wrong facilities.

We are continuing our project on integrating electronic health records at the hospitals with EMS electronic PCRs. There will be another meeting in August. The good news is that there is more than one vendor to investigate.

**Executive Committee Report:** David Gerstner noted that everything that was to be discussed in Executive Committee Report will come up in the committee reports. No issues to bring forward.

## **Committee Reports:**

#### A. Administration

Budget & Finance: No report.

**Code of Regulations/Legal:** Jack Mix noted that the proposed trauma legislation, House Bill 261 – goes to Health and Humans services sometime in September. To read the current version go to <u>www.legislator.ohio.gov</u>. House and Senate both have sponsors. In summary, it creates a trauma board separate from the current board which creates concerns because if two boards don't agree there isn't anything in there to solve that. Mostly the bill is about hospitals, but there reads that it takes away some of our choices on where first responders can take patients. It is estimated to cost \$3 million. The bill is 80+ pages with definitions. Leslie and Mark are keeping us updated on this issue. It will impact EMS – a board like this will have rule making authority, and is therefore a concern for GMVEMSC.

**Nominating:** Mr. Marker – Champaign County is short an alternative representative and they are working with Dan for a potential candidate. Brad Kennedy nominated as alternate.

**Public Relations:** Lindsay Sanders – Next meeting is August 10 at Bethel Clark. The address will be posted on the GMVEMSC Facebook page and Sandy will send the information to the list serve. Meeting time is 6:30 with a standard rotation on the 2<sup>nd</sup> Monday of every month. Many projects that are in process that will be discussed at the Aug 10 meeting and participation is requested. Amy Maycheck is co-chair and Jennifer Bowman is the secretary. David mentioned Dixie Kirkland is on extended sick leave and Lindsay is taking her place while she is gone. David commended Lindsay for her great enthusiasm. So far there 12 members that include representation from Clark, Montgomery, Darke and Greene Counties as well as Kettering Health Network. The committee will be active for recognition to retirees, milestones, and accomplishments. Please send suggestions on how people want to recognize and be recognized to boost morale in EMS career fields.

**Website Advisory Committee:** Bill Mangas suggests we move forward with the secured version of Quest base. Quest base is a software program that will allow computer based testing. The program allows upload of lectures, PowerPoint presentations, and allows educational materials, examinations, and can also generate CEU's. It is a secured system and allows installation on as many computers as necessary; there is no limit. Started using Questbase a couple years ago when MMRS funded it to use for the Rescue Task Force Training and it has worked very well. This will be an expansion to what is being currently used.

Terri Norris has a group of people working hard on updating the website and that will be moving forward in the near future.

**Social Media Committee:** Bryan Phillips provided an update regarding Council's Social Media progress. There are currently 820 Facebook subscribers which seem to consistently increase on a daily basis. He thanked everyone for helping spread the word about the page. Other than the information that goes on the listserve we are looking to introduce some new material so keep an eye out on the webpage. The next Social Media committee meeting is Sept 30<sup>th</sup> at 1400. Statistics from Facebook –5 to 6000 hits per week. Tyler Hall (the social media specialist from the City of Dayton) helped get FB started. Statistics from Facebook – the hiring posts receive the most attention. Starting to introduce educational material. Dr. Pickett has posted interesting material.

#### B. Medical:

**Drug Bag Exchange:** Brendan Deere announced you will start seeing new drug bags that will be nicer and easier to clean. About 36 bags will be exchanged during the next two months. Then as people request drug bags there will be more. With the opening of the Preble and the Good Samaritan North ER's that will be another 36 bags there. The plan is to continue these type bags as long as they continue to work, so keep a look out for these bags. Brendan requests feedback on the new bags such as do the bags tear easily, and how are they wearing. Since the bags aren't washed often, the goal is to have bags that are safer when it comes to cleanliness. The bags are brighter in color, the blue is much lighter. We went with just one style so all the new drug bags will all look the same. With the Narcan pocket – what the company did was put a big net inside so it is up against the drug bag instead of being loose because personnel have found broken vials there. Hopefully this will make the product more secure.

A big thing that may affect everyone is the FDA has come out with a Drug Supply Chain Act. Federal requirement. This is something that came out so people are not buying counterfeit drugs. It affects us on two fronts: One, whoever you buy drugs from must provide this document, and you are required to keep this for six years. If the FDA decides to come in and do a side inspection at a department, the organization has 48 hours to produce the document. It will have all information pertaining to the type and when the product was purchased etc. Some companies that drugs are purchased from are willing to keep the files. Brendan says in the hospitals the companies are keeping these records for them. However this may affect the drug bag side, and he is waiting on clarification about the paperwork. For example: If someone gave Narcan in the field when the bag goes to MVH (or anywhere) to have the drug replaced, then a piece of paperwork with that drug lot number should follow that drug. This will create a tremendous amount of paperwork in a binder over a 6 year period. It was suggested to do this electronically, but if there were a lost flash drive and there would be a loss of the paper trail. Brendan is waiting to learn if there is a waiver because a lot of hospitals didn't think we would be affected by this because we are considered an emergency dispenser of the drugs. Hospitals are requesting clarification. There are a lot of fire departments across the nation that bombarded the FDA with auestions on this. Right now one of the pharmacists at Reed is taking the lead to see where this issue

is going. At this time we are good but there are many concerns across the board with all the pharmacists across all hospitals because if this comes into effect, the GMVEMSC could probably lose the drug bag program because there isn't any way to track the sheer amount of bags and drugs. Brendan doesn't think this will go in effect because the drug bag program is an asset to the community and a lack of the program is a detriment to the community and Brendan doesn't think they will take it that far. But as an FYI it is being investigated.

David Gerstner asked if drugs like oxygen and IV's would apply to this Act. Brendan believes so but has not investigated the Act to that level, but he believes that they would be included because of current Ohio laws. The act says any drug and it did not make any exclusion. The legislation was signed into effect 2012 or 2013 then there was a period for organizations to get up to standard. This slipped through the cracks until the drug companies explained that this act applied to everyone no entities were exempt. Then corporate compliance became involved and it has everyone concerned. Please contact Brendan with any concerns and questions on the FDA.

Local level – make sure that all your letters of completion are in to Sandy and all your people are protocol tested. All drug licenses are turned in – only a few missing. Coordinators have gotten reports that there are people running on departments and private companies that are not protocol tested as a crew. This is a violation of the drug bag policy and the drug license. It can have huge ramifications so please make sure all your people are protocol tested. If personnel is not protocol tested, they are not to have use of the drug bags. As GMVEMSC becomes larger this is becoming harder to keep under control. Not only can they not use the drug bags, personnel cannot do anything that requires medical control under protocol, including such things as defibrillation. It is also an issue if the board of pharmacy inspects and there are drug bags on the trucks with personnel that are unlicensed.

Many areas have been inspected by the OBP recently. Make sure bay doors are down if there aren't any personnel in that area. The inspectors will randomly check for drug bags in the bay, so make sure you are secured with your vehicles at all times.

**Quality Assurance:** Chris Kyer announced next meeting is Tuesday August 4 11:30 -1300 with food provided. Topics include Trauma and Pediatric Trauma, Drowning and Near Drowning. There has been an increase in people attending. 5 -6 departments involved in acquiring data for this meeting. Trying to match the Ohio compass data.

**Standing Orders:** Jack Mix provided an update and noted that the QRG books are ready. Agencies should contact Sandy to obtain them. He noted that they are close to the end of editing for next years' books and hope to have them completed by November. The Continuing Education committee hopes to begin Train the Trainer sessions in December and then start computerized testing for everyone in January 2016. If you have suggestions, changes, or corrections let Jack know now. The final presentation for changes to the Standing Orders is at the August 11<sup>th</sup> RPAB meeting.

They are in the process of creating new test questions for the test bank because of a couple of events that took place in 2015. Too many questions include optional item answers which make these type questions invalid to use on a test. Questions regarding optional skills are being compared to the state website, such as several items that will be mandated by the state of Ohio in 2021. Examples include that EMS must be able to transmit 12-Lead EKGs and EMS must have capnography. All sessions of the book were revaluated and the proposal was that next year those items will no longer be optional but will be required for the standing orders.

The proposal was to implement some things right away, including EtCO2, which is becoming a standard of care. Most units have 12 lead and transmission capabilities but some don't. MAD and IO (any kind of device) will no longer be optional.

Executive committee originally took no action so it can be voted on today here at the Council meeting.

Proposal – all the items on the list are to be required on all transport units/apparatus that carry an ALS or BLS drug bag and must meet the changes on the handout by May 31, 2016 as a requirement to use the EMS Council drug bag. Exceptions – 1 - the items with 2021 next to them would not go into effect until 2021. Second – items highlighted in green only applies to ALS transport units. Approved unanimously. Motion carries.

Amendment proposed: Change effective date to correspond with when all the training will be conducted for the drug bags and testing with May 31, 2016. Testing will be testable as of Jan 1 regardless. Amendment was approved. Motion carries.

Send potential test questions for 2016 to Jack.

#### Pre-Hospital Care:

**Education Committee:** Bill Mangas. The standing orders and education committees have been reviewing information from several perspectives and recommended that we conduct computer base testing starting in 2016.

To go before the Executive Committee:

1-Recommendations for protocol testing: Allow departments to administer the 1<sup>st</sup> and 2<sup>nd</sup> attempt by the department, and the 3d attempt to be administered by an EMS Coordinator or proctor outside the organization. 2- have all 1<sup>st</sup> round testing be conducted by March 31, 2016.

Still discussing how to implement this and the Committee is requesting suggestions.

**Research:** Adam reported that the Community Paramedicine legislation passed and signed by Governor Kasich and is to go into effect Oct 1, 2016. Adam and Jeff Bruggeman are representatives on the state Mobile Integrated Health Committee - please send all questions to them. This committee is going to decide OAC/rules and regulations on how to proceed. This is approximately an 18 month process. The GMVEMSC Research Committee meets 12 times a year for 2 hour increments – 1<sup>st</sup> Monday from 3-5pm at GDAHA. They are working on optional EMS programs to address unique needs to share with all departments. Submit needs/ideas.

**Infection Control:** Laura Clark and Chief Follick. Trying to stream line the process so all hospitals do the same things the same way. Email Laura with input. She will be emailing soon with a date and time for this meeting.

## C. Ad Hoc Committees:

Run Sheets/ Data: No report

Ohio Incidence Run Report Form: No report.

## **Organization Reports:**

**MC Fire Chiefs Association:** Denny Bristow, regional hazmat coordinator is back from extended medical leave.

**Miami Valley Fire/ EMS Alliance:** Announced everyone should have received a newsletter about a joint purchasing program tied with GDAHA and in theory the savings will be 10-20% on almost everything. Initially the program is being offered to fire departments.

For fire chiefs that are dealing with ISO or the potential of ISO there is a program Frank Low will be working on and will be able to assist to get the departments ready and reviewing what is already in place.

Ohio Emergency Medical Services: Name change to Ohio EMFTS Board. Nothing else to report.

**RPAB**, **Division 2**: Jack Mix emphasized now is the time to submit suggestions changes etc. for 2016. The amiodarone change and the EtCO2corrections have been made. The orders also address concerns about transporting when a field termination would be more appropriate. Zofran changes include delivery via ODT or IV. Ketamine will no longer be optional. Dosing for ketamine –give every patient 250 and see if a second dose of 250 if needed.

**SORTS:** David Gerstner reported that SORTS has not met since January. A joint meeting with SORTS and RPAB representatives will take place August 6 to discuss proposed changes to the Trauma Triage Guidelines.

#### GDAHA: No report.

**Metropolitan Medical Response System (MMRS):** David Gerstner reported The Regional Radiological plan is almost finished, then it will be rolled out to the region. Many task Rescue Task force drills have been conducted for the region and active shooter drills. Dayton did an active shooter drill that worked out very well with police involvement. These drills are continuing. MMRS is in the process of updating the Regional Biological Response Plan. It is almost finished. If you want to read the final draft you have until August 10 to offer any modifications. Email David

#### Membership:

Clyde Dishman of West Elkton Gratis Township Fire and Rescue was introduced and it was noted that they have submitted a GMVEMSC membership application. Clyde indicated that their EMS first responders will begin transporting patients January 2016. He noted that the township is currently using Gratis EMS. A motion was made to accept West Elkton Gratis Township Fire and Rescue as new members. Motion passed.

#### Old Business:

- David said they already covered old business with the Trauma Bill update under legal.
- For those organizations that bill: October 1 ICD9 ends and ICD10 Starts. This may change the way
  data is submitted to the state. NEMSIS hasn't decided what they are going to do. For Medicaid and
  Medicare if you send the incorrect codes they will reject your claim. Keep in contact with the billing staff
  and EPCR vendors to make sure they are up-to-date. The codes went from 9000 to 14000 codes.

• There is a new requirement thru Medicaid and CMS.gov. There is a powerpoint presentation to view.

## New Business:

• No new business

#### Educational/Organization Announcements:

- Evan Brumbaugh– A new EMT Class starting August 20. A flyer will be posted.
- Box 21 wants to put on a First Responders class but does not have enough participants. Please contact Barb Hammersly.
- Information regarding one at Fortis was sent out on the listserv.
- Cedarville University is interested in having an Intermediate Course but do not have enough participants.
- June 30 the Institute of Medicine released updates around cardiac arrest care in the US and gave guidance on what to concentrate on for resuscitative care. On October 16 ECC guidelines come out. Look for changes.
- Starting to roll out the 2016 recognition for Mission Lifeline..
- Lindsey Sanders announced KHNetwork is putting on an EMS symposium September 16. Registration starts Monday. The class is free and breakfast and lunch will be provided.
- The Greater Cincinnati EMS Coordinators are having an EMS Conference September 29 at Nathaniel Green Lodge in Greene Township. Full day of CEUs with food. It is free.
- Butler County EMS Conference on November 7 at the Butler County Public Safety Complex, free.
- August 5 Dinner and a show at GSH-N. Cohosting with the City of Union Fire. Topic: Firefighters and Cancer.
- August 24, 25, 26 from 9 to 5 an advanced 12-Lead class at Premier Health on 110 N. Main Street building.
- EMT education is putting together classes for basic and intermediate. They will be posted.

Adjournment: There being no further business, the meeting was adjourned at 4:59 pm.