

Dr. Reihart speaking:

Lucas is one mechanism to do high-quality CPR. The cheapest and the best thing to do is training, training, training. I still think at the end of the day, the Lucas device is going to be \$10,000 or \$12,000, which is too high. We tried the Lucas 2. We had a Lucas 1 that sat and got dust on it. This is where I see a flaw in medicine - some doctors are saying they don't want to do high-quality CPR and don't want to do all these gadgets to maintain airways because they are going to resuscitate a "vegetable". I say, let's get their pulses back and in 5-10 years when we have all the statistics they'll say Reihart was really, really dumb or they were really dumb, as in Lancaster County. Let's get pulses back and then deal with the consequences in the future. We don't know how many of these people were discharged from the hospital. With this high-quality CPR, I came up with an idea that if you give 50,000 CPR this summer, we have people who are held captive by all sorts of summer events - concerts, fireworks, Clipper Stadium - and we now have a video from the University of Pennsylvania and one from Arizona. One video is 4 minutes long and teaches CPR. Their success rate is incredible by using this video in Arizona, and they have shrunk this down to 2 minutes. My goal here is to encourage all you guys to help partner with us and teach this high-quality CPR. If anyone is interested, e-mail me. This high-quality CPR is also part of the new protocols.

The CARES project (Cardiac Registry) is really the niche. It is an organization that is nationwide and has expanded to PA because of some of our work in hypothermic resuscitation. The contact person is Catherine Tucker at the University of PA, but it's a CDC-sponsored thing and is a collaboration of other universities. It is giving us the ability to collect data on the outcomes of these people. On June 6th, Lancaster General is sending an e-mail out to everyone to come and help partner. There is a 2-phase part of the project - one is EMS reporting. There are 13 specific areas where you have to report, and then the hospital reports 5. It's sent to the national databank, and then we can compare how we're doing vs. the entire country. It's an ongoing project, so it's very, very exciting. It will be at Lancaster General Hospital on June 6<sup>th</sup> around 2 p.m.

We talked a little bit about medical direction. Just another cool thing, the Secretary of Health contacted me about two months ago. I've been named the Commonwealth Director for tactical EMS. The Secretary of Health and the governor have a big interest in increased response. I just met a SEAL team operator from Northwest who I'm going to pull in, so if anyone has diving experience, I am building a cadre of experienced people who will be the first tactical EMS program. It will be a state-certified program for EMS providers in PA and will be rolled out September 11<sup>th</sup>. There will be an announcement. The first class is scheduled by contract to happen in the first quarter of 2012.

EMS Week

Lancaster General spends thousands of dollars on EMS Week. This is the most excitement I've ever seen at LGH relative to EMS. LGH has appointed me as their first EMS Medical Director. This is a part-time position and does not take away from any of my clinical duties. It's a lot of work, but there's a lot of excitement. The EMS picnic will be held on Sunday, May 15<sup>th</sup>. It's great for little kids, as they have games, a helicopter, and lots of fun things.

Ron thanked Dr. Reihart for his contribution to EMS of Lancaster County.

Ron Baier speaking:

With regard to what's going on with the new rules and regulations, I have asked Dr. Kingsboro to pull a group together to actually look at the rules and regulations as we move forward. I'd like input and representation to this group. Scott will chair this group about what it actually means for the rules and regulations and how it will impact the services in Lancaster County. The big services are paying close attention. Some of the rural services are just getting the trickle down stuff, but some of what I'm hearing is kind of scary, because they haven't necessarily really gotten what the meat and potatoes are of the rules and regulations. I think the Council has a responsibility to communicate that and get it out to all its members. Please see Scott about that.

Also, starting next month in alternate months, Newt will be running the Operations Committee, which, interestingly, provides to the ALS services and several BLS services. It was a very active committee when Shirley was here, and I'd like to see it come back. There are opportunities for collaboration, and some of the best collaborative efforts that have occurred in the county were kind of orchestrated by dialogue at that committee as well, so I think that's very important.

New Business:

Ron Baier speaking:

You had talked about radio stuff ahead of time. I had you and Tim on the agenda for the grant. We don't need to rehash it. (inaudible person's name) said if anyone is interested in participating, please send me an e-mail to Tim or myself and we'll get an idea of how many people are interested.

(inaudible person's name)

We have run the Long's Park First Aid Station for many, many years. Somebody must take the initiative and leadership to get volunteers for it. It was almost embarrassing last year. I had to get my own service to volunteer to run it. I don't know who we have on that, recruiting volunteers and assigning them. Some people here have already done it. It's on Labor Day weekend, and you set up on a Thursday. Friday thru Sunday are full days. Monday is about ¾ day. Then there is tear down. Traditionally, it's been our single biggest fundraiser.

Ron Baier asked for volunteers to take it on – Bill            volunteered.

It was discussed that Dave Smith was diagnosed earlier this year with pancreatic cancer. He is doing extremely well at this time. The website was given if anyone is interested in updates. Ron Baier asked if the Council should send a get well card – it was agreed to send a card.

Having no additional business to report, the meeting was adjourned.

Lori Shenk speaking:

If you have a current copy of our constitution bylaw (2008 document), Art. 2 of the constitution, Mission and Values, has 4 components to it (A, B, C, D). We reviewed those 4 and broke that down.

(Lori read the 4 components that are currently in the constitution.)

We looked at each one and really feel that we're not sure what some of that means. We aren't sure how we would provide for these items in disaster situations. We weren't sure how to remain in a non- role. If you look at the other councils and how they function, those councils in other counties are serving as an ear and as a voice for EMS at state, local and federal levels. You have to be able to send a representative to various levels and disseminate the information to the members. We have come up with some proposed amendments. We aren't ready to present them to the Council for a vote, but this is what we have come up with as a revised mission statement:

A. The Council is a not-for-profit organization .

B. The Council shall serve as an advisor to, and an advocate for, EMS in Lancaster County.

The goal is to provide quality health care services to our county. So really, our mission is that of a non-profit for the betterment and advancement of EMS in the county, and that we are an advisor to, and an advocate for, the EMS community.

The next step for us would be a value statement, and one of our members had come up with a proposed value statement. The Committee has not fully reviewed it, but basically it states that the Council feels the changes will be compliant with federal, state and local laws, rules, and regulations.

Ron Baier speaking:

Some of these were not tangible or measurable from a mission or vision perspective, and you have to understand that this organization isn't me. As I've said so many times, its "you". One of the things we also talked about as we move forward with revision of the constitution and bylaws is that I have taken the initiative to contact several regions within the Commonwealth, and some of the things they do that I think are quite interesting include that any major motion that impacts EMS within their geographic boundaries, whether it be a county boundary, regional boundary, or collective process boundary, is actually brought up at one meeting and put in the minutes. It's open to discussion and not voted on until the next meeting. They found that that generated a significant interest among its membership because it the membership that makes the decision, not the executive body. So to that end, as we move forward and we look at where the Council wants to go and what it wants to do, I think that at the next Council Meeting I will collectively take all this information I have gathered and put it in a presentation. There are organizations across the Commonwealth that are saving as much as 15-25% on disposable supplies because they elected to purchase it together. If there is a better way to do to this to decrease your overhead and increase what's going on, there are lots of opportunities. I want to pass this on to you so you see what happens. As we move forward, we will look at the constitution and move forward to the bylaws.

One of the other things discussed at the Executive Committee is that I do believe that based on what's going on, we would like the constitution and bylaws to be reviewed legally, not among ourselves, but from a corporate law perspective and a process perspective as this organization continues to move forward and grow. If that is, in fact, its mission, it needs to clearly have a

very good set of rules and guidelines. Les Marxall is the person who chairs this group. It's Les, Lori, Mike Flynn, myself, and the Executive Committee. It was Chuck Fitz, now it's Steph Brown, and it's open to anybody else who wants to join. It was also Fred and Doris Worfel. I think it's important that we look at this and review it, and move forward.

Frank Splain and I met with Commissioner Martin. We had discussed some concerns in the process of reviewing the constitution and bylaws, and what our role is and where we fit in the process. He was extremely supportive of the Council's role in relationship to the county, but again, without any tangible or measurable parts to that, we aren't sure what that actually translates into. He did offer to have the constitution and bylaws reviewed by the solicitor. We are also looking at an outside entity to possibly look at them. I walked away from the meeting with Commissioner Martin feeling that he is very committed to public safety and EMS of Lancaster County. I am very proud of the fact that we have a person who represents county government who is committed and interested in what goes on. He didn't have to take the time to meet with us, but he chose to. He was very forthright and is very clear and concise about the process. At the end, I walked out of there with what I believe is a good sense of what he thinks the Council should do.

A couple of other things, and then we'll move on:

We changed our PESH representation. PESH is a state-wide advocacy group that has been fostering improvements in the quality improvement of Emergency Health Services throughout the Commonwealth for the last 30 years. Since 1985, PESH has been recognized as the official advisory board to the PA Dept. of Health and all other appropriate agencies on matters pertaining to EMS. To that end, we have representation on PESH's board. I was the alternative on the Lancaster EMS Council, and I also represent Lancaster General Hospital so that there was no confusion about what the process is. We have put Scott Kingsboro and Mike Flynn as the primary and alternative representatives to PESH that represent Lancaster County EMS Council in the future. There is a PESH meeting in June, and we would expect either Mike or Scott to come back with a briefing on what occurred relationship to that. I sit on several advisory boards at the PESH level, and it's a plethora of knowledge and an untapped resource. Some of the most knowledgeable folks that are actively involved in what happens at the state level in EMS sit on the PESH board. I think it's very important for us to continue to have representation there, and I walked away from the March meeting with PESH with more information that was current and spot-on that took several months to disseminate from the Dept. of Health on down that we knew about in March. If anything comes out of the June meeting that needs to be sent to the membership organizations, I will e-mail it to you because I think there is some pretty cool stuff going on as things change.

The ALS/BLS protocols are now up as of July 1, 2011. There is education available in LMS, but at a regional MAC meeting yesterday, Ernie had relayed that there was some discussion if the EMS services could just review the proposed protocols (they are online already) and provide five questions. One of the things about the LMS system is you can easily defeat it. There is no test. Regionally, that's not in our best interest.

Ron Baier called for a moment of silence to recognize all EMS providers who have lost their lives while providing EMS, and to recognize those folks out there working hard every day.

EMS Week is next week (May 15-21), and we should take a moment to say “thank you” to each other.

### **Vice President’s Report**

Secretary was not present

#### **Treasurer**

Balance was \$1,745.89 – two checks were written; one for        for \$249 and a membership dues check to Lancaster County Firemen’s Association. There were two overdues for 2009 and 2010.

2011’s total \$75.00, leaving a balance of \$1,421.89.

Money market account activity:

Beginning balance was \$7,775.45, earning interest of \$1.76, which brings the new balance to \$7,777.21.

Savings account activity: Beginning balance was \$110.63, earning \$.01 interest, bringing the new total to \$110.64.

Total balance is \$9,209.74

Mike questioned why overdue memberships were paid to the Lancaster County Firemen’s Association for 2009 and 2010. Ron Baier said that in 2010 there was a vote to join this time, so when it was time to join, they said back dues had to be paid before we could join now. We had to pay up to join.

A check was supposedly cut to the Lancaster Firemen’s Association, which they claim they never received. They got several phone calls about it. They marked us as paid and kept us as active members. As a good faith gesture, we paid the previous amount and paid the current amount because the membership felt that it was important that we continue to have membership in the Lancaster County Firemen’s Association.

Ron Baier welcomed two new delegates from New Holland: Darryl Fisher and Kenny Allison.

### **Committee Reports**

Ernie speaking:

The protocols are out and go into effect July 1, 2011. We will work with any of the agencies to help roll them out. We are working on protocol booklets, and there are just a couple of revisions to the protocols. We plan on doing the same thing we have in the past, giving the protocol booklets out to everybody.

### **EMS Week**

On Monday, 5/16, we are doing a picnic at the office; Tuesday we aren’t doing anything; Wed., we have the EMS Managers Breakfast; Thursday, the 25-Year Service Award with the combination lunch with Pinnacle Hospital. Also, the Muddy Angels are coming through this area, remembering those who have passed in the line of duty, as well as a motorcycle ride going

on at the same time. There will be a dinner in Gettysburg. There is nothing on Friday and Saturday. This year, we won't be doing any baseball games at all.

We will look to deployment of the mechanical CPR pilot here within the next month or two. We have a full-scale exercise going on in Carlisle with the Hospital System. One of the other requirements with the new protocols is tourniquets for each of the licensed units. We will be purchasing tourniquets for all the EMS services in the region. There was a meeting with regard to air medical, but protocols are really pushing no lights, no sirens for different dispatches. There was a cardiac symposium with Hershey Medical Center. We are going to be working with Perry County on med radio in the near future to replace their radios. Again, this is one of the areas that's not affected by that transition. We did a statewide safety inspection on 4/28. There were 120 different hospitals throughout the Commonwealth that had regional councils present. We looked at 13 units at Hershey Medical Center, crossing 7 counties, through regions with no equipment issues whatsoever.

We have the new website up and running. We are going to stop doing research for Con Ed classes for course announcements, and we will push the Con Ed sponsors toward the website where you can actually look up by county and see what's going on. That will be up to the Con Ed sponsor and the training that they put out there. If they don't put it out, we won't know about it. It's really up to the individual. It's another place for them to advertise things that are going on within your respective county.

Instructor Recertification process – if someone expires, for example, 4/1/2013, they have to have their four signed off between now and 4/1/2013. That's the goal. We are going to encourage EMS instructors to work through the training centers for that evaluation. The majority of EMS instructors within our region are associated with the training centers somewhat. If the EMS instructors aren't associated with their training centers, we will work with them in trying to get back at that respective place. If that fails, then we will work out some other alternative to getting EMS instructors evaluated. This started in 2009, and we are just now doing it. One of the reasons why we are just now getting to the information is because what we don't want to do is have misinformation out there that didn't have some type of sense. You could almost guarantee that it was a subjective evaluation where somebody from the Council or somebody from somewhere just came in and checked the boxes.

Mark speaking:

Southcentral EMS Task Force – 4 organizations participate in it. We are always open to anyone else who is interested. As far as the laptop program we were trying to get and actually have the money approved for it, if you know anything about it, it's no longer going to happen. Everything fell through and there is no longer money for it.

Ron Baier speaking:

Mike Tonkay was going to be here, but he sent an e-mail, which I will read, then we will talk a little bit about what happens with certification changes with the new law, and one of the recommendations that I have. Mike said, "Ron, I will not be able to make today's meeting. If you get this before the meeting, please tell the group that the summer class at the Lancaster County Public Safety Training Center is full, and we are planning an evening class that will run from June thru October in Denver. Any questions, please call Mike at HACC." In March, the

County Council president and the training institutes met at the Regional office to discuss proposed changes to the certification process. If you haven't heard, the EMT class is going to get longer. We have lots of great EMT instructors, but we rely on our CTC's and having classes that overlap in one area and another area just doesn't really kind of work very well, so they have been reevaluating the process and number of classes needed in the county or in the region. Strategically, where is the best place to do that and how do we best accomplish the process and meet the intent of the new rules and regulations when it comes to EMS education? There was a lot of dialogue about that. There won't be nearly as many classes spread out through the county. The number of classes probably won't go down significantly, but the location will because you will need a larger group of students to make it more practical and more economically effective. Those are the two pieces. We all have to remember that we still have to make sure that we are responsible with what goes on with the money. That's the process. One of the things that the County Council will work on is that if we understand there is a class and that you as an organization have an interest in getting some students in, we may be able to help facilitate placing them so that it's the least burden on them. If, for example, HACC says they have a class full and it's in Denver, and somebody in the north side said they have three really good people who want to go to this class, that may be an opportunity for the Council and myself to call Mike and say, "You have this other class you're going to run a couple of months later. Is there somebody you could possibly move from that class to the other class so that they aren't traveling as far geographically and so that we are accommodating everybody?" That was something that all the Council presidents felt strongly about, because like in Adams County, they run one or two classes a year. Sometimes there are people from the western end of York County who want to get into that Adams County class, so at least from a HACC perspective after talking to Mike , there was dialogue about how we could improve the process flow for placing students in classes, and that's where the Council could become more involved in the process. It's going to be a lot of hours.

Ron Baier speaking:

Dr. Reihart graciously agreed several years ago to be the Medical Director for the EMS Council, and I invited Mike today to introduce him as the Medical Director for the EMS Council and give him the opportunity to make any comments. Mike has some news about a new role that he has at Lancaster General Hospital.

Mike Reihart speaking:

It's an exciting time for Lancaster, and it's also a challenging time. We are challenged with a multitude of factors coming at us, and obviously one is money. Money is an issue, and we have new protocols coming out and new rules and regulations. With the new protocols, we know the unspoken word in the room is that there is a need for a Medical Director for pretty much everything, especially bike patrol, mass gatherings, ski patrol and things that haven't even been decided yet, so we need medical direction. It's a state mandate that I have been assured is not going away, but every BLS and ALS service, obviously, has to have a Medical Director. In Lancaster, how do we accomplish this? I don't know. As of 2012, everyone has to have a Medical Director, not just from Lancaster, but across the state. I'm not going to give you any solutions, but I am going to tell you that it is an issue, and I think Ron and I, and Lancaster General Hospital, are sensitive to this issue. There is a need to reach out as a voice to legislators to the hospital systems, whether it's Lancaster General, Heart of Lancaster, or Lancaster Regional. My hope as a representative is that your first call would be to Lancaster General and

say, “guys, we need help here”. From the doctors’ side, we are seeing less reimbursement for EMS services. We are working harder and making less money, so it’s an unfunded burden on both sides. The way I see this working out is that there has to be a partnership between something big and physicians, whether that be the county, a health alliance such as Lancaster, or something else that is a private partnership.

Ron Baier speaking:

In the past, this has been a topic of discussion among several individuals within our institution, and it’s in its infancy. We realize there is an unmet need in the county. We are currently exploring every option available. There has been some dialogue about we would possibly look at doing this if we could figure out a process that was based on call volume and based on BLS vs. ALS service. So for the small services in Lancaster County that run x number of calls, it might be some cost involved in adding a Medical Director, but it would be directly related to your call volume and the service level you provide. That has been bantered about a whole lot. One of the things that happened with that, though, was that we went to the county and asked for the number of calls where the patient is transported to the hospital for each EMS service. We didn’t want the total number of calls, because what we heard is that we can go to the website and see the total number. We don’t want the total number of calls, we want the total number of times that you transport a patient to the hospital. Granted, there is going to be a small percentage where there are AMA’s or refusals, and that data we won’t collect, but we think it’s a better sense of what that volume would be like based on the number of times you take a patient to the hospital, and we haven’t been able to get that data. We aren’t certain of where this will all go, but we want to make sure we have all the pieces in place. I can go to my partners and say we would like to create this process where we might be able to provide Medical Directors for EMS services in Lancaster County at a fee based on call volume.