

## CASAC Meeting Minutes – September 20<sup>th</sup>, 2023



Meeting called to order by Chairman Rosenberg.

Approval of minutes – the minutes from the July meeting were sent out by SOCALR.

Are there any additions or corrections to the minutes? None

Motion to approve – Jim Pixton, Seconded by Jonathan Siegel

No objections to the motion – minutes approved

### **State Medical Director’s Report – Dr. Chizmar**

STC Protocol Revisions: We have been working on the STC Protocol Revisions and those revisions are moving forward through the PRC with the plan to launch those with the 2024 Update. What we have done is moved some medications over from the RN column to the STC Paramedic column. The protocol is tied together with a regulation change on staffing that Scott Legore is working on. Scott will cover that regulation change in more detail. What we are going for is if there is only one critical care intervention for a patient, that patient can go by STC Paramedic alone. If there is more than one critical care intervention for a patient, that patient would still need to go with a team. This will elevate the STC Paramedic level based on the additional training they have received and they will not have to rely on an STC Paramedic/RN team combination for one critical care intervention. What we can’t do, for patient safety reasons, if we have a patient ventilated and on a vasopressor that patient will still need to go with a team for the extra hands needed for patient care. We will be moving forward with these changes and it will be a “big win” for Commercial Services.

King Airways: King Airways, Sizes 0 – 2.5 Pediatric are not being formally recalled, but they are being held out by the FDA and the FDA is asking for these to be pulled out voluntarily, for safety reasons, until the FDA can complete their review. Dr. Chizmar does not know how long that FDA review process is going to take. Dr. Chizmar, Scott Legore, and the Senior Leadership have been discussing what they can do from a funding standpoint to make this change palpable for all the Commercial Services.

Vaccine Bill: The vaccine bill that we got in just after Covid to continue vaccines is going to sunset on January 31<sup>st</sup>, 2025. That give us one General Assembly session to accomplish an extension. In the past we had sought out to make this vaccine bill broaden out so we could more than just Covid vaccines. The General Assembly and community members have indicated that they will not accept that change. So, in the interim, we are looking to extend the sunset date out from January 31<sup>st</sup>, 2025 to a several more years while we continue to negotiate. We are in the process of revising the vaccination plans submission process and Jeff Huggins is working on that process. Jeff will communicate back to Dr. Chizmar and Scott Legore, and then they will get that information out to Commercial Services so those of you who have not been doing vaccines and would like to, can move forward with this process. If you are vaccinating only your own personnel and you have a small number of personnel, it is a fair amount of work. You have to registrar with ImmuNet, meet certain provisions, and store the vaccine. Just do a risk benefit

analysis before you get too far invested. It may be better to work with another organization than go through this additional workload for a smaller group.

Stroke Protocol: Mainly for 9-1-1 services, but so that Commercial Services is aware, the stroke routing protocol now says that if you are within 30 minutes of a comprehensive stroke center and you have a suspected large vessel occlusion stroke and the patient's LAMS is 4 or 5, that you should bypass the closer primary stroke center and go directly to the comprehensive thrombectomy capable center. We are going to modify that protocol and push that 30 minute drive time out to 45 minutes. That may affect Commercial Ambulance Services as you may have less stroke patient transfers. This will affect transports in the Region III and Region V areas. Dr. Chizmar advised the research on this change has been ongoing for a couple of years now and he feels the change needs to be made. This change in protocol will be pushed out to the affected jurisdictions around October 15<sup>th</sup>, 2023.

Protocol Review Committee: There are several proposals going through review with the protocol review committee.

STC Protocol: Discussed earlier.

Jonathon Siegel did ask for some clarification regarding the staffing and their training. He wanted to confirm or clarify that the STC certified paramedic will not be limited to the CCMT/EMTP level, that the IFTC credentials are going to be valid at a certain point in the near future. Scott Legore advised the clarification has already gone through the regulatory process. At the last EMS Board Meeting they had the final approval for it so it is out for public now. It should be in effect in the very near future. The changes that Dr. Chizmar spoke about will be in the next regulatory cycle. We are hoping to get it to the EMS Board for the October meeting for review, the November meeting for a vote, and then out for public comment over the holidays. We are looking for it to go into effect with the July 2024 protocols. To change the protocols to a single paramedic requires a regulatory change. Zach Risoldi did ask for clarification regarding to make sure we can still use a CRT-I or STC Paramedic can be used with another paramedic. Dr. Chizmar agreed. He indicated we are looking to grow the number of STC Paramedics that are available and not to rely on the nurses, who are down 20%+ at the hospitals.

CPR Protocol: Changes to CPR if reference to persistent VF and VT. We are looking at dual sequential defibrillation, giving esmolol for refractory VF and VT, eliminating epinephrine, and going to amiodarone sooner. This is a whole package of changes that we are looking to improve cardiac arrest survival rates.

Procedures – Intravenous Maintenance Therapy for EMT, 12.2

Protocol in reference to who can take IV Fluids and which IV Fluids they can take. It is a dated protocol and was written in a different time, before the wide spread use of infusion pumps. What it says now is an EMT may transport patients that are on IV fluids and it specifies LR, normal saline, dextrose, and fluids that contain up to 20 mEq of potassium if they are given by a peripheral line as long as they are not given at a rate of an infusion pump. If the patient is on an infusion pump, the patient must be transported by a paramedic or nurse. It allows the EMTs to give fluids, but it is not clear on how an EMT

will regulate the flow of the fluids. EMTs should be able to transport a patient receiving fluids KVO (LR, normal saline). Patients that are getting fluids on their own (PPN, TPN, and chronic fluids), EMTs should be able to transport. Dr. Chizmar is not sure an EMT should be taking a patient who is on potassium containing solutions, given that they won't allow nurses in the hospitals to administer more than 10 mEq per liter. There are several services that are asking about certain fluids and if they can go BLS. Dr. Chizmar feels the protocol needs to be reviewed and possible changes. He would like to work on getting this protocol written with more clarification.

### **SOCALR Report – Scott Legore**

Inspection/License Update – Marty Johnson couldn't join us today so Scott Legore provided a quick update. September inspections are in progress. We are waiting for a couple to submit their renewal packet so if they could get those in we will get September inspections on the schedule. October inspections are being scheduled so please submit your renewal packets.

### **QA Review/Data Imports:**

Monthly Data Reports – We switched over to a new format to submit the required monthly data reports last month. For August only 20 of the 29 services submitted data and so far for September only 17 of the 29 services have submitted data. We sent you reminders. Next up is a non-compliance notice because you are two months behind in getting your data in. Be looking for some non-compliance notices if you haven't submitted your monthly data reports. Jimmy Pixton spoke up and asked that before SOCALR takes an action against a service, are you going to notify the manager or owner? Jimmy said the bigger services have staff members who handle those reports. They would hate to receive a notice of non-compliance because of a staff member's lack of work. Can we give the managers of the companies a "heads up" that the monthly data reports haven't been done? Scott Legore advised we will probably send out one more reminder and include the owner/manager before the non-compliance letters go out.

NEMSIS 3.5 – Scott Barquin has been working with several services. They tested the imports successfully. If you are ready to transition just work with Scott Barquin to get some test reports sent over to make sure it's properly sending over your data. Scott Barquin joined in the report and advised the official "going live" date is October 1<sup>st</sup>, 2023. We will be accepting 3.5 and we are accepting it now as long as you have successfully sent in a test. One of the things Maryland is focused on is the hospital receiving dashboard. This is 100% required for all submissions and we are starting to get a little more strict on the 3 that are least used. This includes the nursing home, residence, and other medical facility. Those codes are easy to put in and it would make everything a lot easier if we had the ability to search for those codes as well. Scott Barquin is finding that this is one of the biggest problems the services are having with the data. We need to work on getting this information entered correctly. Several services have indicated this is a dispatch thing. Dispatch can put in any name that they want to enter into their CAD system and it doesn't necessary associate with the required code. Maryland requires the hospital destination name and code. Currently we have 5 services currently importing

and they are all doing great. So, if anyone else is ready, please send Scott Barquin an email and we will get it going. The cutoff date is January 1<sup>st</sup>, 2024. After that date we have been advised that we will not accept 3.4 data. Jimmy Paxton spoke up and stated that they are submitting data now. But, at some point, did some of the codes change? Barquin advised sometimes the codes do change when hospital names change. Dr. Chizmar stated that the codes change when the hospital changes their physical address. Barquin advised the hospital names and codes are on the MIEMSS website in the area of the protocols. That is the most up-to-date accurate information we have on the hospitals and codes. Jim Paxton asked if we would notify them when a code is changed. Both Dr. Chizmar and Barquin agreed and said yes, that information should go out by a memo. Dr. Chizmar mentioned that the next code that is coming up for a change is Aberdeen. Jim Pixton mentioned that the services that use TraumaSoft, the patient's residence was an issue. TraumaSoft has a fix for that issue. You just have to notify TraumaSoft of the changes and they will update them. Patient's residence is not a hospital facility in TraumaSoft, because of our change TraumaSoft is going to make a change in order to make it work. Barquin said that John, over at TraumaSoft, has enabled it with LifeStar and ProCare. It is working. Jimmy Paxton said they are updating all their codes now, then they must submit them to TraumaSoft, so they can fix it, and the codes will go in right. That's what the holdup is with his service. Jimmy said they manually did it to get the test completed. Barquin said the test came back fine. Dr. Chizmar asked for clarification of the dates. Barquin advised the live date is October 1<sup>st</sup>, 2023 and Jason Cantera is talking about public safety might be delayed. Dr. Chizmar advised public safety's date is going to be December 1<sup>st</sup>, 2023. Barquin said the last he heard ImageTrend was not be accepting 3.4 after January, but feels that could be pushed back. Several spoke up about public safety and their jurisdictions going live. Dr. Chizmar explained public safety has more reconfiguring to do to make the integration work. This is new information that public safety is delayed. They don't have to be cut over by October 1<sup>st</sup>, but they do need to be cut over by January 1<sup>st</sup>, 2024. It was discussed that Commercial Services is not being required to cut over by October 1<sup>st</sup>, but they will have to be cut over by January 1<sup>st</sup>.

#### Equipment Updates:

King Airways: Scott Legore advised Dr. Chizmar already discussed the King Airways are under FDA review. What we have come up with so far is that if your service has these devices, reach out to us and we will look to issue a short term equipment waiver while your work on a replacement brand. He is looking to reestablish the airway grant program when we initially added the pediatric sizes. That grant program gave you a reimbursement to your costs. Looks like we have approval so we just need to confirm we have the funding to support it. If your service falls into this situation, reach out to him so we can put some numbers together and get you a waiver. Dr. Chizmar asked how services this situation will affect and Scott does not know that information at this time. Dr. Chizmar asked which services were currently carrying King Airways and several spoke up (Keystone, LifeStar, ProCare, and Pulse). Dr. Chizmar's suggestion was to issue a 90 day waiver to see what happens. Will Rosenberg asked if Scott would be putting together a waiver and Scott advised he would. Emails went back and forth quickly and he hasn't

put together the waiver yet, but with so many services being affected he will get the waiver written.

Needle Decompression: Follow up... We found that the 1.5 pediatric length is not readily available so the committee changed their recommendation. They are looking for pediatrics under the age of 4 years old to use an 18 gauge 1.16 standard angiocatheter, which you are probably already carrying with your IV supplies. This should not require any additional changes to the ALS equipment list.

ET Tubes: Follow up... the recommendation from PEMAC was the pediatric sizes 2.0 through 5.5 could be cuffed or uncuffed. We have updated the ALS equipment checklist to reflect both cuffed and uncuffed ET tubes. All the adult sizes remain the same. They must be cuffed.

SCT Regulations: We already talked about these regulations briefly. The change to the solo paramedic, we hope will go to the EMS Board's October meeting for review, the November meeting for a vote, and then they will go out for public comment.

Pediatric EMS Champions: There is a program for the Commercial 911 systems called "Pediatric EMS Champions". It's a program that identifies a member of an EMS organization who is passionate about the care and treatment of pediatric patients. The Pediatric EMS Champion is responsible for the coordination of pediatric specific activities within their organization or service. In speaking with Cyndy, Scott thought this would be very beneficial, if there was an interest with the Commercial Services, to expand this program to them. It give you a bunch of training opportunities and training materials. We are looking to add Commercial Services to the program. If you have someone within your service that you think would interested in becoming a Pediatric EMS Champion, please send Scott their name and contact information. He will get them hooked up with Cyndy and the group. The next EMS Champion forum is October 18<sup>th</sup>, here at MIEMSS. If someone is interested, they can come, sit in the back, see what the program is all about, and if it is something they would be interested in joining. The entire scope of the program will not be open to Commercial Services because there are some federal grant money and reporting that is required that won't include Commercial Services. But, we feel the training aspect and the training material gives the services the potential to get involved. If you have someone interested, let him know.

Medicaid Update: Medicaid is looking to a statewide system. They issued the RP last December and then pulled it back. Dr. Delbridge passed on to Scott the revised RP is set to go out the end of the month. Look for some movement on that.

CASAC Meetings: Scott will send out the dates for the 2024 CASAC meetings. There are no conflicts with the 3<sup>rd</sup> Wednesday of the month through the entire year on the odd months.

#### **Clinician Services – Bev Witmer**

New Exam Tool is working very well. We have tested hundreds of students and the results are very similar to the old exam tool. The only thing different that people are noticing and getting a

little excited about is that they eliminated the verbal retesting. It seemed like the students were passing on the first round and they did not. What they are doing differently is requiring the student to go through the test again with a new scenario. The results are very similar to the second time pass rate as well.

EMT Stipend Program: Dr. Delbridge has asked that she close out the 2023 program. When they were reviewing some of the students that were in progress on their spreadsheet they have found that some of the students had since dropped or failed out. We do have about \$77,000 left in vouchers. We are going to go back to the wait list to give out the vouchers to students on the wait list. Dr. Delbridge has also given his approval that if there is money left over after vouchers have been given to the students on the wait list, then the vouchers can be given to students who recently have begun their EMT program. After we have completed out the stipend program and given out the money, we will go back to discuss the option of a round two of the EMT Stipend.

Third item, they have started a new work group called the EMT Skills Minimum Compensatory Work Group. We will begin creating an EMT skills guideline to be used by the education programs. This work group will consist of their staff members, Dr. Chizmar, and 5 education program directors. Those meetings will start next week.

License regulations were approved by the EMS Board and they are now out. They will be released for public comment very shortly.

They are hiring BLS evaluators and one of the things that they have changed about our qualifications is that they have dropped the MICRB requirement. If we have anybody that works for Commercial Services that you think would be a good evaluator for the BLS exams, please share that they are hiring. They also added a background check to that qualification list and we do have an application now which she can send to Scott. Scott can send it out to the CASAC committee.

#### **PEMAC – Jill Dannenfelser**

Scott Legore covered most of the pediatric updates. November 1<sup>st</sup> is the research forum that reviews any new evidence based research that has been completed for pediatrics. It is usually very well done and Jill encourages others to attend.

**SEMSAC – Danny Platt –** August meeting was canceled. Nothing new to report. Danny mentioned that he has applied several times for appointments and hasn't heard back from anyone. He is not on anyone's email list regarding the calendar. Dr. Chizmar asked him to reach out to Barbara Goff. She will be his contact for the Governor's Office.

**MIH – Mark Buchhotlz -** No report.

**SCT – Will Rosenberg -** Dr. Chizmar covered the SCT information.

**Old Business –**

Teddy Baldwin mentioned that there was some discussion about expanding the Non-EMS Driver to drive for the ALS providers, but the regulations said no. Is there any work on putting in a change on that regulation? Scott mentioned that several services have expressed an interest in this change. Scott believes the regulation change can be made as long as there is interest. It would require a full regulatory change. It would have to go through the process. We also looked at the entire Non-EMS Driver program and the way the regulation is written. We would like to see some additional language in there that would give us some regulatory authority over the actual driver. The way the current regulation is written the only regulatory authority we would have is over the service and whether the service issues a waiver or not. We would be looking to put some language in there similar to the regulatory authority we have over the EMS clinicians, so if there is a situation, they could be pulled from the Non-EMS Driver list. We can bundle them both and try to push them forward. We will start that process. Will Rosenberg asked if we wanted to take some regulatory authority, why wouldn't we take out the PSC? Scott advised we would like some authority, but we don't want to be involved in the background check and all of the associated work that the public service commission does on issuing a license. Jimmy Pixton mentioned that we could hire a service and we have funding. Will pointed out that the PSC works so slow. Scott advised he hadn't looked that far ahead, but we could look at that. In order to change the Non-EMS Driver, there are two regulations that would need to be changed regarding the crew configuration. Jimmy asked if we could do this for the next legislative session. Scott said if we could get it written up with the exact wording. Dr. Chizmar said there is a freeze on new regulations. Clair Pierson said they if you are looking at getting regulations changed, you are probably looking at publishing it in April. You can't publish during the session and you have to have it ready a couple of weeks ahead of the session. You have to publish it for 30 days for public comment and then it comes back to the EMS Board to vote on the final. Then it goes out for public comment for the final and then goes into effect 10 days after that. Due to the process, you are effectively locked out for approximately 4 months while it goes through the process. Due to the time, Will suggested that we use that time to look over the whole group of these regulation changes. Scott said we could put something together for the group.

### **New Business –**

Dr. Chizmar advised he received an email from a provider who would like to have the interfacility protocols reviewed. His advice to this provider was for him to reach out to his service and their medical director to help review and help with the effort to make the changes.

Motion to adjourn by Jim Pixton, seconded by Mark Buchholtz. Meeting adjourned.

### **Attendance:**

In Person: Will Rosenberg, Jim Pixton, Dr. Tim Chizmar, Scott Legore, Donna Geisel, Scott Barquin

Virtual: Jonathan Siegel, Bobby Harsh, Jimmy Harsh, Claire Pierson, Teddy Baldwin, Justin Webster, Jeff Kreimer, Zach Risoldi, Mark Buchholtz, Mike Moretti, Tyler Stroh, Bev Witmer, Kelly Hammond.

Callers: #1 – Danny Platt  
#2 – John Damiani  
#3 – Scott Spangler  
#4 – Matt Larrabee  
#5 – Jill Dannenfelser