



Commercial Ambulance Services Advisory Committee

Meeting Minutes

Wednesday, January 15, 2020

MIEMSS Room 212

Representatives Present:

CASAC Chair: *Will Rosenberg – Butler Medical Transport*

SOCALR: *Lisa Chervon – SOCALR Director, Deb Simmont – SOCALR Administrative Officer, Steven Hoffman – Compliance and Licensing Investigator, and Scott Barquin – eMeds Admin & Ambulance Inspector*

MIEMSS Staff: *Dr. Tim Chizmar (State EMS Medical Director), Melissa Meyers (MIEMSS ALS Program Manager), Sarah Sette (MIEMSS AAG), Cyndy Wright-Johnson (Director EMS for Children)*

Attendees: *Katja Abegg (MEC), Stephanie Cain (Pulse), Adam Cole (Vesper), Jill Dannenfels (MEC), Gary Rains (Butler), James Pixton (AAA), Mike Rosellini (East Coast), Jonathan Siegel (AMR), Tyler Stroh (Med-Care)*

Remote Attendees: *Chuck Boone (Procure), John Damiani (Christiana Care LifeNet), Mike Moretti (Keystone), John Oliveira (Johns Hopkins Lifeline), Susan Rainey (Nemours), Heather Stamey (MedStar Transport),*

Introductions:

The meeting was called to order by Chairman Will Rosenberg at 13:04 hours; roll call/introductions were made. Motion by Jim Pixton from AAA was made to accept the minutes and was seconded by Mike Rosellini from East Coast and passed.

State EMS Medical Director's Report – Dr. Timothy Chizmar

Dr. Chizmar reported that the EMS Board has officially approved the 2020 EMS protocol revisions. In summary, the interfacility infusion of Amiodarone and Protonix will be an ALS transport as opposed to an SCT/RN transport. Also approved was the expanded use of Ketamine, the addition of Ketorolac as an optional supplemental for pain. Adult RSI, pediatric RSI, tactical EMS, video laryngoscopy, surgical cricothyrotomy, naloxone leave-behind, and the free-standing emergency medical facility will be moving from pilot programs to OSPs. The amount of epinephrine in cardiac arrest will be limited to four (4) doses; so the dosing recommendation will be 1 mg every four (4) minutes for a total of four (4) doses which was based on CAREs data, emerging literature showing resulting harm from more than 4 doses. Also approved was limitation on fluid resuscitation in hemorrhagic shock to target a blood pressure of 90. The only exception is for the head injury patient, who would have a target BP of 110, which is based on the trauma expert's consensus. The DECC and Maryland Active Assailant guidelines, are being formally incorporated into protocols. Lastly, the protocols will be revised that to say the patients who have received **parenteral** doses of opioids, benzos or Ketamine by the sending facility must be



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transported ALS if the medication was given within the past hour, or if the patient still has an altered mental status without return to their baseline, or the patient has respiratory compromise (defined as a respiratory rate <14 or an oxygen sat < 94%, or clinician judgment). A summary of these approved changes will be forwarded in written format shortly.

Will Rosenberg from Butler asked when trachs and high flow nasal cannulas will be addressed. Dr. Chizmar said that will be on the next PRC agenda, and that anything approved after new protocols are sent to print can be sent out interim.

Chuck Boone from Procure asked for clarification as to the administration of narcotics for pain prior to transport, using the example of a patient with a hip fracture and with orders for pain meds for transport. Dr. Chizmar stated that there is potential risk for the need for additional doses during transport or ALS intervention in the event of respiratory depression and therefore must be an ALS transport.

The Protocol Review Committee is meeting tomorrow, January 16th, to discuss the complete reformatting of the protocols to more of an algorithm based format with a focus of one to two pages per protocol. A “direct to triage” protocol will also be rolled out as a pilot program, which will provide EMS with a checklist to evaluate stable patients for placement in the waiting room when there is no bed available. Mike Rosellini shared that this could potentially cause an issue for some transport units when the patient has no one accompanying them and most hospitals do not permit them to leave a patient without an escort. Dr. Chizmar acknowledged Mike’s concerns.

SOCALR Report

Deb reported that since Marty Johnson’s departure, she will be handling the scheduling of annual renewals. Please be mindful that L&C can no longer take payments from commercial services. SOCALR can accept credit card payments over the phone (Visa, MasterCard, and Amex) and there is still the ACH or Wire Transfer options.

Annual renewal packets will be sent out 60 days prior to your services’ expiration date, and will include a complete instructions for renewal. Please note that annual renewal fees may not be paid until an invoice has been received from SOCALR.

Lisa shared that Marty will continue as a contractual employee with SOCALR. Lisa and Dr. Chizmar will be meeting next week to discuss and review some QA metrics and assemble a small workgroup of people that have previously expressed interest. The next Neonatal Stakeholders meeting is scheduled for February 18th. Concerns expressed at the last CASAC meeting were relayed to Dr. Delbridge. After discussion, it was agreed to revert back to the language previously used with some very minor modifications. This is still in draft form and we will be presented to the Neonatal Stakeholders group next month for finalization. The goal is to complete revisions by the end of the Legislative session so that the regs can be submitted for change. Sarah Sette stated that she anticipates that they would probably get submitted in April or early May, making late August/September a realistic a time frame. In the



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meantime, the EMR reg is in effect on an emergency basis, allowing EMR's to drive any level of ambulance.

MIEMSS Licensure and Certification Report – Melissa Meyers – ALS Program Manager

Melissa Meyers was present on behalf of L & C and reported that applications renewal will be open as of February 1st for those ALS clinicians expiring on April 30th. There will also be new renewal requirements effective May 1st and the ALS protocol exam will be phased out as of July 1st by creating a self-paced online program. It is anticipated that the program will be 4 to 6 hours, and completion will be required to be eligible for State testing and licensure.

MIEMSS EMS for Children – Cyndy Wright-Johnson

EMS Star of Life and Right Care When it Counts award nominations are now being accepted. Please review the criteria and be aware that we continue to struggle to get EMD and Geriatric EMS nominations. Nominations are for the 2019 calendar year, and are due on April 3rd.

Winterfest is coming and registrations are still being accepted until Friday of this week. The Miltenberger conference registrations went live today, and the EMS CARE Planning committee has asked for proposals but we have not had a planning meeting yet. EMSC will conduct a moulage course at EMS CARE on Thursday April 23rd. The class fee is being grant-subsidized, so the cost will be to cover food costs for that day. There will be a Pediatric EMS Champion meeting Thursday afternoon and Friday, with workshops on Saturday and Sunday. The call for presenters for the MSFA convention this year is closed, however there will be a much broader range of class offerings this year. We will be running a C-PEM course at Miltenberger this year which is on March 12th and 13th and registration is now open for that conference as well. Nurses are encouraged to take the course however they will not be required to take the exam unless that is something they choose to do.

Committee Report – SCT Subcommittee – Will Rosenberg

No report.

Committee Report – PEMAC Report – Jill Dannenfelser, RN

No report

Committee Report – SEMSAC – Mike Rosellini

Mike Rosellini has been recommended as the new commercial services representative to SEMSAC, replacing Justin Kinsey. We are currently awaiting approval from the Governor's Office to make it official.



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Committee Report – Ambulance Safety – Cory Skidmore

No Report.

Committee Report – Legislative Subcommittee Report –

No report.

Committee Report – MIH Committee – Deb Ailiff

Deb Ailiff was not present. Chuck Boone read her email into the record:

1. Procure and Medstar in Texas did an MIH Staffing Model Survey recently and found only 5% of the 38 companies who currently provide MIH services across the country utilize an RN as part of the care team; 74% of the companies responding to the survey reported implementing a single (not dual) provider program, typically a paramedic with applicable training.
2. The Trump administration has chosen Brad Smith, a former Anthem executive and Tennessee-based entrepreneur to be the new head of the Center for Medicare and Medicaid Innovation.
3. The ET# Model Go-Live Date has been pushed back to the Spring of 2020, from the originally anticipated date of January 2020. Once the application review process is finished and applicants are selected to be participants in the Model, this delay will allow more time for selected participants to review the terms and conditions of the Model and set up partnerships needed to implement ET3 Model interventions. This is only applicable to 911 systems, not commercial services.

Old Business – Open to the Floor

No Old Business

New Business – Will Rosenberg – and Open to the Floor

Officer Elections: The nominations were made for CASAC Officers last month and votes were taken today. The results are as follows:

- Chair - Will Rosenberg
- Vice Chair - Jim Pixton
- Committee Representatives:
 - PEMAC - Jill Dannenfelser
 - MIH - Deb Ailiff
 - SEMSAC – Mike Rosellini
 - SCT Rep – Katja Abegg
 - Legislative Subcommittee Rep – Adam Cole
 - PRC Subcommittee Rep – ALS Rep is Gary Rains, BLS Rep is Mark Buccholtz and CASAC Member at Large Rep is Tyler Stroh

For the Good of the Committee – Open to the Floor

Nothing to report or discuss.



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Adjournment – Will Rosenberg, CASAC Chairman

CASAC meeting was adjourned at 13:44 hours. The next CASAC meeting will be on Wednesday, March 18, 2020 at 13:00 hours in Room 212 at MIEMSS.