State of Maryland
Maryland Institute *for* Emergency Medical Services Systems

Wes Moore
Governor

Clay B. Stamp
Chairman, EMS Board

Theodore R. Delbridge, MD, MPH
Executive Director

JURISDICTIONAL ADVISORY COMMITTEE MEETING

December 11, 2024
10A – 12P

Meeting ID
Jurisdictional Advisory Committee
meet.google.com/yzf-urtg-iov
Phone Numbers
(US) +1 617-675-4444
PIN: 619 793 687 7103#

AGENDA

I.	Call to Order A. Welcome and Introductions B. Approval of the October 8, 2024 JAC Meeting Minutes	Chief Christian Griffin
II.	Office of the Medical Director Updates	Timothy Chizmar, MD
III.	Office of Clinician Services	Mr. Aaron Edwards, MS, NRP
IV.	EMS Preparedness and Operations Update	Jeff Huggins, NRP
V.	EMS For Children Update	Cyndy Wright-Johnson, MSN, RN
VI.	Jurisdictional Roundtable	Chief Christian Griffin
VII.	Closing Remarks and Adjournment	Chief Christian Griffin

The next JAC meeting js scheduled for February 12, 2025

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JURISDICTIONAL ADVISORY

COMMITTEE MEETING

December 11, 2024

MEETING MINUTES

ATTENDANCE:

In Person:

Dr. Timothy Chizmar (MIEMSS), Stephanie Ermatinger (MIEMSS), Jason Cantera (MIEMSS), Aaron Edwards (MIEMSS)

Online:

+1 410-***-**02 is James Metz (Baltimore City), Amanda Bunting (Queen Anne's Co), Andy Robertson (MIEMSS), Bryan Ebling (MIEMSS), Christian Griffin Baltimore Co), Cynthia Wright Johnson (MIEMSS), Danielle Knatz (Baltimore Co), Debbie Wheedleton (Dorchester Co), Dwayne Kitis (MIEMSS), Eric Zaney (Carroll Co), Ethan Freyman (BWI), Forney Buchanan (Harford Co), Heather Howes (Calvert Co), Jason Cantera (MIEMSS), John Cvach (Anne Arundel Co), Justin Orendorf (Garrett Co), Kathy Jo Marvel (Caroline Co), Logan Quinn (Kent Co), Luis M. Pinet-Peralta, PhD (MIEMSS), Mark Sheridan (Caroline Co), Michael Cole (Frederick Co), Michael Parsons (MIEMSS), Mike Salvadge (Allegany Co), Patrick Campbell (Cecil Co), Raymond McRae (City of Annapolis), Rebecca Gilmore (UM-Shock Trauma), Robert Vaccaro (Anne Arundel Co, Shawn Davidson (St. Mary's Co), Stephen Cummins (Cecil Co), Terrell Buckson (Prince George's Co), Tim Chizmar (MIEMSS), Timothy Cullen (Baltimore City), Todd Tracey (MIEMSS) Zach Yerkie (Queen Anne's Co)

MEETING:

I. Call to Order – Chief Christian Griffin (Baltimore County)

A. Welcome and Introductions
   1. The meeting was called to order by Chief Griffin at 1000 hours

B. Approval of the October 8, 2024 JAC Meeting Minutes
   1. Dr. Chizmar placed the minutes on screen and scrolled through these for the group to review
   2. Chief Griffin asked if there are any amendments to the meeting minutes
      a. With no amendments to the minutes, a motion was made by BWI, seconded by Carroll to approve the minutes
      b. With no objections, the Meeting Minutes for the October 9, 2024 JAC Meeting were approved as written.

II. Office of the Medical Director Updates – Dr. Timothy Chizmar (Attachment A: JAC Update Slides)

A. Dr. Chizmar opened his portion of the meeting wishing everyone Happy Holidays
B. He asked all jurisdictions to please email us with any changes in leadership so we have an updated list of everyone on this committee

C. He introduced his overview of the updates in a slide presentation (Slide 2: JAC Update – Dec 2024)
   1. Transfer of Care Time (Slide 3: Transfer Times: 2023/2024)
      a. He stated they are seeing an improvement of the times
      b. He reminded the group to ensure that accurate transfer of care times are being recorded
      c. He said want to try to make this as accurate as possible because of the importance and the visibility of the reports.
      d. Dr. Chizmar reminded the group of the importance of accurate reporting of times on the reports
         i. He reviewed the September 2024 data stating (24) facilities fall within the (35) minute transfer times and (6) are over the (60 minute transfer of care times
         ii. He compared this data to the January 2023 data stating this is a significant improvement of transfer time
      e. He reviewed the Mini Disaster (Code Black) hospital definition with the group
         i. Dr Chizmar said there are some hospitals that will call and ask to be put on mini disaster because of overcrowding
         ii. He thinks this creates an untenable precedent where we would have multiple hospitals on this status at the same time try to coordinate, lightning the load temporarily or something similar
         iii. He stated a mini disaster or code black (as it's going to be called in the new world order) is really designed to have zero EMS patients hit that hospital whether they're cardiac arrests or hangnails. so please try to really guard against this
         iv. Dr. Chizmar said he wants to emphasize, for those that have duty officers, sometimes it's best to recommend the hospital call MIEMSS and ask for a disaster if they feel stretched
         v. He said he tries not to honor that request unless there is an IDLH, there's somebody that's an active shooter, there's sewage backed up into the place, there's a flood, there's some kind of external factor that is reasonably time limited
         vi. He said we really have a challenge is around these technology outages.
         vii. Dr. Chizmar gave the example of a cable that was cut on the shore affecting technology resulting in the Code Black (Mini Disaster) until it was repaired
      i. He also gave the biggest vulnerability, and one of the top reasons a hospital will call is that their CAT scanners are out or some piece of technology is out of service
      ii. Dr. Chizmar reiterated the process to initiate the Code Black or Mini Disaster
      i. The hospitals must call EMRC, who calls Dr. Chizmar (or Dr. Floccare) and we either approve it or work with the hospital to find an alternate plan
      ii. He stated we have many of your duty officers programmed in our phones so we are able to communicate with them directly
   2. Reverification Visits (Slide 4: Reverification Visits)

i. Dr Chizmar stated he, Dr. Delbridge and the regional coordinators during our JEMSOP visits have been visiting every JEMSOP in the state as they are nearly complete.
ii. He thanked all of the group for the inspections going well
iii. Dr. Chizmar stated they had great insights and learning opportunities
iv. Dr. Chizmar indicated some of the smaller jurisdictions, the non-municipal jurisdictions like the military EMSOPs and some of those that are non-county non-city jurisdictions will be probably be visited in early 2025.

3. EMT Renewal Proposed Process (Slides 5-7: EMT Renewal Process (Proposed)

a. Dr, Chizmar stated Mr. Aaron Edwards will go over this in more depth shortly
b. He said they brought this up at all the regional councils, and are proposing 15 hours of continuing educations with up to (9) hours of skills verification
    i. If the EMT is does not meet the total (9) hours, they proposed additional didactic training to meet the (9) hours
    ii. He stated the recertification for EMTs will remain at every (3) years
c. Dr. Chizmar reiterated if the process takes less than (9) hours, the remainder of the hours should be backfilled with didactic training to equal the additional hours of continuing education, (e.g., cardiac, respiratory, operations) up to (9) hours
d. Dr. Chizmar stated he is working with Mr. Edwards in the educations department to craft a policy on this system

3. Protocol Review Committee (PRC) Updates (Slide 8: PRC Updates)

Dr. Chizmar stated they finished their last meeting in November 2024 and he wanted to review the proposed updates to the protocols with the group before they go to the board in the SEAC hopefully in January 2025

a. Alcohol Withdrawal (agitation)
    i. Dr. Chizmar stated alcohol is probably the most frequently abused drug, even though fentanyl gets all the press, we have far more people who are abusing alcohol and subsequently withdrawing
    ii. He stated this will give our clinicians a little bit more guidance, a scale, and a little bit more guidance on how to treat those patients who are in acute withdrawal and at risk for seizure. consistent with some of the state health goals
b. Hypertension in Pregnancy (labetalol)
    i. Dr. Chizmar indicated they be introducing labetalol this year for 2025 to treat hypertensive emergencies in pregnant patients.
    ii. He stated there is talk about expanding beyond pregnant patients, but for 2025, it'll be pregnant patients with hypertensive emergencies and that'll be obviously further defined. for obvious deformities with an open wound over top of them
c. Open Fractures (cefazolin)
    i. Dr. Chizmar stated we are introducing cefazolin, which goes by the brand name Ancef.
    ii. He stated this has been shown to do in other states is reduce the risk of particularly bony infections or osteomyelitis
d. Sepsis/Shock (timing of pressers/fluids)

i. Dr. Chizmar stated we will hone down a little bit on the timing of vasopressors and fluid.
ii. He stated that historically, we've always said, and the medical literature has always said, fill the tank with fluid first before starting vasopressors
iii. He stated the literature recommends waiting to give those vasopressors until \ 30 mls per kilo of fluid is in
iv. He indicated there will be some recommendations around patients who are post cardiac arrest or they are, as we like to say, "circling the drain" or more abound to start those vasopressors a little bit earlier and start the fluid at the same time and then really titrate the vasopressors down if the patient's doing well

e. Video Laryngoscopy (standard protocol)
   i. Dr, Chizmar stated he has been providing everyone the opportunity to make this standard in their areas
   ii. He stated they are changing this from the optional protocol to the standard
   iii. He discussed the use of a disposable scope available for under approx. $100
      a. He stated MIEMSS reviewed and tested the disposable unit and it operated just like the more expensive unit on the market
   iv. He stated there is a significant amount of literature available on the disposable units if anyone is interested
f. Removal of Protocols (Covid, Doppler device)
   i. Dr. Chizmar stated these have not been utilized in the field since antibodies were administered in the Covid outbreak
   ii. He stated they will obviously NOT remove the vaccinations but some of the co protocols that are no longer being used like co monoclonal antibodies we'll put them on the shelf
   iii. They will be removing some these protocols next year
g. Drowning Protocol Revisions

Dr. Chizmar stated they are reviewing the termination of CPR in these patients

i. He said that we have done some extensive revisions with the help of Anne Arundel County to the drowning protocol around termination of resuscitation for witness drownings
ii. He said that there is some literature that says that if we have a drowning with off and on ROSC particularly or showing signs of life to not just take them to a hospital, but if there's one within reach to go to an eCPR capable center. There are currently very few hospitals that can do emergent ECMO, including UMMC, JHH, MedStar, WHC.
iii. He stated there are others like Salisbury and Union Memorial that can do ECMO, but they can they can't do it consistently in the emergency department

v. Labetalol
   i. Proposing labetalol for hypertensive emergencies in pregnancy (pre-eclampsia, eclampsia, etc). Low cost, approx. $5-10/vial.

4. T-CPR (Slide 9: T-CPR)
   i. Some jurisdictions are starting to report T-CPR data into CARES

ii. Dr. Chizmar stated he realizes that CARES cannot yet receive data it in an automated way. He said once CARES does have that capability then we can talk to Image Trend and we can talk to all of you about your CAD transfers
iii. He stated he thinks this is an important enough metric that improving survival from cardiac arrest, we should have our CARES coordinators talking to the PSAPs and for non-traumatic cardiac arrest, putting this data into the system and the two data points
iv. He again emphasized the time interval from PSAP call to recognition out of hospital cardiac arrest which should be 60 to 90 seconds or less and then the time from PSAP call to the first Telecommunicator guided CPR compression which should be 90 to 150 seconds or less
v. He stated, anecdotally, several of you who have started looking at this have seen that your times are much longer and this has led to good QI efforts with the dispatch center
vi. Dr. Kevin Seaman, who is chairing our Cardiac Arrest Steering Committee (CASC), has made it possible through a grant, to do some CPR life links training, which is really more intense training with Telecommunicators in the jurisdictions that have lower cardiac arrest survival rates.
vii. He stated this is one of the reasons why these metrics are starting to lag but we won't be able to measure unless we start capturing this consistently
viii. He added if you haven't had the conversation with your dispatch center and your CARES coordinator, he suggested you to go back in the New Year and get this and keep this on the radar.

III. Office of Clinician Services – Mr. Aaron Edwards, MS, EMT-P

A. Aaron stated since he started in October, he has been good progress in learning the systems
B. He stated his department has a new ALS Coordinator who will be starting early next week
C. He stated that Michelle Bell will be retiring at the end of the year
D. Aaron stated he is working on streamlining processes within the departments
    1. He asked the group if they had any ideas/issues to bring those to his attention
    2. He said they have been requesting training from each jurisdiction to add to our online training web page.
    3. He said our goal is to reduce what the workload on your training personnel
    4. He stated if it's in the MIEMSS online training center, the student can get credit for it immediately and we would have it on record
    5. He again asked if there's any training that any jurisdiction would like, please give it to us
    6. He said they will take a look at it and see if we can put it out for the whole state to use and it would increase the amount of training on our website that all clinicians could use.
E. Psychomotor Examinations
    1. Aaron stated they are cleaning up the process for these exams
    2. He stated instead of the MIEMSS course number for the exam number, it will be the request date of the exam for the number
    3. He stated they are going to try to get as close to the date as possible for the final exam for EMT's for psychomotor exams

F. EMT Recertification/Renewal (Attachment: MD Re-Certification/Renewal (3-years))
   1. Aaron stated a comparison was sent out to the group for their input on the changes
   2. Dr. Chizmar projected the changes on the screen for all to review
   3. He stated they are going through the process, which can be lengthy, to adopt these changes
   4. Aaron asked the group if there are any meeting the OCS could attend, please let him know

G. Questions/Answers
   1. Chief Davidson asked who is maintaining the national registry and using that to recertify their Maryland card because it seems like that application process has changed
      i. He stated specifically what he was asking is there used to be a separate application on the clinician services site where folks said "I'm maintaining my national registry certification" and gave there was a upload your national registry card and all that and it seems like that's gone.
      ii. He said he just wants to understand how that process is working in the background
   2. Aaron stated one of the things that he really wants to do in this position, is to make those who want to be aware of all the processes that are in place
      i. He stated he believes this will make it a lot easier for people to understand
      ii. Aaron stated this falls under the licensure division, but he would look further into the process and contact Chief Davidson direct

IV. EMS Preparedness and Operations Update (Jeff Huggins/Dwayne Kitis/Todd Tracey)

A. Dwayne advised the group that Jeff is out this week
   1. He stated the Cardiac Device Grants are completed and the agreements have been sent out

B. Todd wants to say thanks to the jurisdictions who kept the information flowing with the MCIs we've had over the last few months.
   1. He stated they had the Howard County MCI with the seafood factory
   2. He said he believed yesterday, they had one in Harford County with the school
   3. He just want to say thanks for getting the information flowing and for keeping those pathways open

C. Inauguration Planning
   1. Todd stated the big project on the forefront for then is the inauguration planning for the next president of the United States
   2. He said Andy Robertson has been and will be attending a plethora of meetings over the last few weeks getting ready for the event
   3. He said if you have not heard as of yet, there's a couple extra events that are receiving some attention this time around compared to last time.
      a. Todd said the certification of the votes which will occur on January 6 is a national special security event this year.
      b. He said the DHS has to do some extra things per the law that goes along with events like that and then inauguration itself.
      c. He stated he believes the NSSE period will start the day before and it goes through a couple days after.
      d. He stated that information is still being finalized

D. Excess Inventory
1. Todd stated the spreadsheet from the MD Dept of Health has been sent out
2. Please review and if you are interested in any of the inventory, to email the person listed on the sheet
3. He stated they are giving away equipment that may be of use to you
4. HE stated the fire departments and the hospitals are asking for equipment off of a separate sheet
5. He stated the next group will be the ED's then to the 501(C)3
6. He stated to get any requests into the MD Dept. of Health ASAP or send an email to him and he will direct you to the correct link

V. EMS-C (Cyndy Wright Johnson, MS, RN)

A. 2025 Conferences (EMS-C Attachments Page 3: Life Safety Educational Conferences)
1. Cyndy gave everyone an updated on the EMS-C conferences highlighting Winterfest in Easton and Miltenberger in Flintstone, MD. She highlighted the most important right now is the pediatric critical care at these conferences. She stated if anyone would like to attend, please sign up for one or the other (they are identical).
2. She stated she would send this document and the EMS-C updates for Nov. and Dec. 2024 after the meeting

B. MD EMSC Pediatric Facility Recognition Program (*Attachment: Slides Pages 1-4)*
Below are the highlights:
1. Starting in 2009 and revised most recently in 2018, the Pediatric Readiness for Emergency epartments national policy statement is endorsed by the Academy of Pediatrics, College of Physicians, Emergency Nursing Association and the Federal EMSC program.
2. Maryland EMSC has been working on Pediatric Readiness for many years with a focus on training. Maryland hospitals and free standing EDs have been incredibly cooperative over the last (12) years doing three different pediatric assessments. For Maryland, the average score in 2013 was 76 and in 2021 the average score was up to 79 with a median score of 87.
3. The experience from 2000-2003 during crisis surge times and C4 pediatrics was incredibly helpful to clearly paint the map of where Maryland has pediatrics and where they have strong ERs, but no pediatric inpatient capability
4. Maryland EMSC has identified a ED Nurse Pediatric Champion in 49 of 49 EDs with approximately half of them having ED Physician Champions identified by name.
5. Maryland's Pediatric Facility Recognition Program will be voluntary, include a three-level tiered recognition program, and have a three year cycle. The program was presented to the EMS Board in Summer 2024 with consensus to proceed with an application and site visit process. The criteria and process has been shared over the past twelve months at all of the physician and nurse champions quarterly forums.
6. The program oversight will fall under a subcommittee of PEMAC with applications confidential as part of the pediatric quality improvement committee. Quarterly updates will be provided to SEMSAC and the EMS board
7. The new Pediatric Readiness section of the EMSC MIEMSS website has documents that explain the components of the program that include: pediatric specific equipment, medication, basic radiology and laboratory services, policies and procedures, quality

improvement processes, and an opportunities to work closely with EMS on pediatric preparedness and being involved in pediatric disaster drills

C. Cyndy shared the EMS and ED Pediatric Champion forums that will occur quarterly throughout 2025. (Slide Page 7)
   a. She indicated just as they provide discount PEPP courses for EMS, they are providing for partial scholarships to attend a pediatric nursing course for nursing champions.
   b. She said they do not have a physician course at this time, instead they have created a lecture series online and simulations the hospitals can use internally.
   c. EMSC has an onboarding process and checklist for EMS & ED champions and Danielle Joy has already started to onboard some new EMS champions.
   d. Pediatric EMS Champion is still needed for Somerset County.

VI. eMEDS® Report (Jason Cantera (EMS Applications Coordinator) (Slide-eMEDS® Statewide Meeting Dates 2025-2028)

A. Resource Page
   1. Jason stated all the way down at the bottom there are a couple links that he referred to:
   a. He stated the first one, just a generic reminder to remind your crews as they're doing reports to mark the report as finished, there are statewide settings now in place that we've all talked about, discussed, and have been implemented that when this is done, it changes the status to completed, submitted.
   b. He stated it locks the report and by locking it for the first time, it turns on the audit tracking. So you are able to see (later on) if a report has changed the old value, new value, and the date, time, and who did that change
   c. Jason said it also has a notation within the system to say this report was marked as finished with a yes/no and then also marked as finished with a date/time.
   d. He said then you are able to go through report writer and through a report or calculation
   e. He offered his assistance if anyone was interested
   f. Chief Cummins stated he wanted to reiterate for everybody, this is something we've had in eMeds for a long time, but we've tried to and really strive for consistency on this in the eMeds system
      i. He stated there is a small little hamburger button middle bottom of the screen that creates a gray pop-up menu to finish the incident
   g. Chief Cummins stated this is particularly important that we get consistent consistency because leave it open and rely on auto lock it's really unclear whether you're done with it or not
   h. He stated it's unclear for your leadership billing team and the hospitals whether the clinician who was authoring the report is done with it
   i. He said it also has implications which Jason will discuss with elite field and incidents coming out of the cloud which he sent a couple memos and he will elaborate on, but in the jurisdictional revisits, we have been trying to emphasize this

j. Jason asked to please try to make this a point of emphasis for consistency of eMeds records and ensuring whether it's you or billing or the hospitals have a consistent idea when a report is done or finished.
k. He stated what this also helps with is the hospitals are able to print the report – when is it closed
l. He questioned the group "What does it mean when it says requires review?" He said his goal is the next steering committee, which is January 16th, 2025. He would like to apply statewide definitions to those statuses.
m. He said so that way across the board, we all understand what it means when a report is completed, submitted, or closed, or build.
n. Jason stated if there are more statuses that we need in the system, apply a statewide definition to them so everybody is using it the same across the board
o. Jason reiterated the above information for a few new callers in the meeting
p. Dr. Chizmar gave an example of a situation where a clinician left a report unfinished which caused confusion, blame and unnecessary work

VII. Jurisdictional Roundtable

A. Shock Trauma (Rebecca Gilmore)
   1. Becky invited the group to an EMS Broadcast on December 19th, "On the Fence" from 6pm – 8pm
   2. She stated they will be a discussion a patient they recently had who was in an MVC and was impaled on a fence
   3. She invited the members of the JAC to attend, email her for the information
B. Annapolis (Chief Raymond McRae)
   1. No report
C. Anne Arundel (Assistant Chief Rob Vaccaro)
   1. No report
D. Allegany (Chief Mike Salvadge)
   1. No report
E. Baltimore City (Chief Matz)
   1. Chief Matz reported they had 42 EMT/FF graduate
   2. He stated they have a new class of 51 to start soon, roughly ½ are EMT's the other ½ are going through
   3. He stated they started the Tele Med Program in April through a MACO Award for Innovation in 2024
   4. Chief Matz wished everyone Happy Holidays
F. Baltimore County (Chief Danielle Knatz)
   1. She stated they have (4) in a Paramedic Class to start Monday
   2. She stated they are discussing expanding their Quick Response Team from (2) days a week to (5) days a week with the award from the state opioid funds
G. BWI (Ethan Freyman NRP)
   1. No report
H. Calvert County (Chief Heather Howes)
   1. No report
I. Carroll County (Chief Eric Zaney)

1. Chief Zaney stated they placed (9) Life Pak 35s in service on Dec. 1st and are reporting no issues
2. Je stated the beta set up through Image Trend is working with no issues
3. He stated they have (3) remaining stations to fill (New Windsor will be filled in Jan 2024 and hopefully the others with Carroll County defense people in March 2025)

J. Caroline County (Chief Kathy Jo Marvel)
1. Chief Marvel stated they are (1) week live with the ST EMS program that we're trying for the shore – they have not had any use yet, but are anxiously waiting.
2. She stated they're all competing to see who's going to be the first cruise to do a tea appointment
3. She stated they are fully staffed and have one of our EMTs who just completed the paramedic program and is getting ready to sit for his national registry
4. Chief Marvel said they just took delivery of some Sapphire IV pumps and are starting to set up the training and sending the protocols to MIEMSS probably Friday.

K. Cecil County (Assistant Chief Steve Cummins)
1. Chief Cummings reports a change in staff stating that Patrick Campbell is now the Director of Emergency Services for Cecil County

L. Dorchester County
1. No report

M. Frederick County (Battalion Chief Michael Cole)
1. No report per Chief Griffin (stating Chief Cole had to leave)

N. Garrett County (EMS HFO Justin Orendorf)
1. No report

O. Harford County (Battalion Chief Forney Buchanan)
1. Chief Buchanan reports he and Battalion Chief Drew Owen will be representing Harford County on the JAC
2. He stated Harford County has starting the RSI program and we are through the first didactic training.
    a. He stated they are hoping to have the (11) people involved with it trained and up and running by March 2025

P. Kent County (Chief Logan Quinn)
1. No report

Q. Ocean City (Lt. Amanda Bunting)
1. No report

R. Prince Georges County (Assistant Chief Terrell Buckson)
1. Chief Buckson reports they will be releasing (24) probationary members at the end of the month
1. He stated they should have another recruit class starting early next year

S. Queen Anne's County (Assistant Chief Robert Yerkie)
1. Chief Yerkie wanted to give a message of gratitude and thanks to all the jurisdictions that sent them support for the Bay Bridge
2. He stated they had (13) total jurisdictions in the state involved and it was a successful event

T. St. Mary's County (Chief Shawn Davidson)
1. Chief Davidson stated they are starting the process of searching for a jurisdictional medical director after the first of the year

2. He stated they have (7) Life Pak 35s in service by the end of December 2024
3. Sje stated they have an offer out to fill their vacant EMS-ED Captain position
4. Chief Davidson stated they are going applications for the Chiefs position in house
5. He stated in the last couple of months, they have had (3) significant incidents involving medical patients, identified with STEMIs, who made it into the Cath Lab within (90) minutes of their identification
6. He stated they pad a post arrest transfer where the patient is walking/talking and wants to meet the crew who treated them
7. He wants to shout out to the friends at MSP for their support in these situations
8. Chief Davidson stated the PAX CMS conference went very well
   a. He stated it was a great deal of fun working on that with our partings in Calvert and Charles
   b. He thanked MIEMSS for their support
9. Chief Davidson withed everyone Happy Holidays

IX. Closing Remarks

A. Changes

1. Chief Griffin reminded the group if there are any changes in leadership, please report these changes to MIEMSS

B. Closings

1. Chief Griffin wished everyone a happy holidays
2. He reminded everyone of the next JAC meeting scheduled for February 12, 2024
3. Dr. Chizmar wished everyone a very happy and healthy holiday season

C. Adjournment

1. Motion to adjourn made by Chief Yerkie
2. Chief Griffin adjourned the meeting at 1111 hours

Respectfully submitted,

Stephanie J Ermatinger
Administrator

/sje
Attachments

Attachment A
EMS Medical Director Slides

Jurisdictional Advisory Committee Update

Timothy Chizmar, MD, FACEP, FAEMS
State EMS Medical Director

JAC UPDATE – DEC 2024

- Transfer of Care times
- Reverification
- EMT Renewals
- Proposed new meds / devices for 2025
- QA/QI
  - T-CPR metrics
  - ETCO2; EKG for syncope

TRANSFER TIMES: 2023/2024

- Reminder: ensure accurate TOC time is recorded

- Sept 2024
  - < 35 min: 24 facilities
  - >60 min: 3 facilities
- Jan 2023
  - < 35 min: 15 facilities
  - >60 min: 16 facilities

REVERIFICATION VISITS

- JEMSOP visits nearly complete
- Better understanding of successes, challenges, barriers

EMT Renewal Process (Proposed)

- EMT continuing education modules: 15 hours
- Protocol updates for the previous 3 years: 1.5 hours
- Skills competency verification: 1-9 hours

EMT Renewal Process (Proposed)

- Continuing education: 15 hours total
  - Cardiovascular – 3 hours
  - Medical (General) – 2 hours
  - OB/GYN – 1 hour
  - Respiratory/Airway/Ventilation – 3 hours
  - Toxicology and Environmental – 1 hour
  - Trauma and Burns – 3 hours
  - Pediatrics – 2 hours

EMT Renewal Process (Proposed)

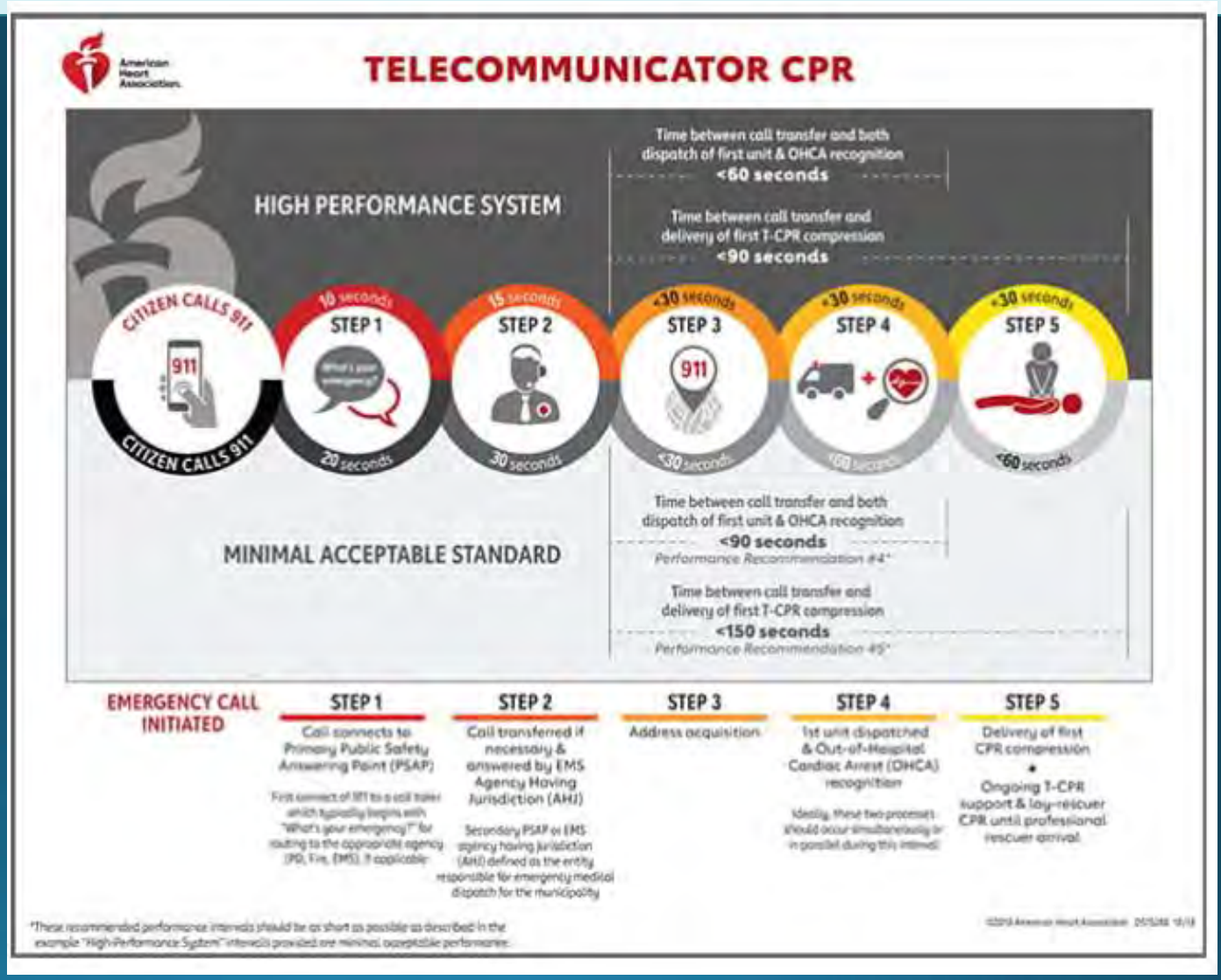
- Technical Proficiency Verification: 1-9 hours
  - MIEMSS-approved verification of skills competency by:
    - EMSOP
    - BLS education program
  - Up to 9 hours
  - If this process takes less than 9 hours, remainder of the hours should be dedicated to additional hours of continuing education (e.g. cardiac, respiratory, operations).

PRC UPDATES

- Alcohol withdrawal (agitation)
- Hypertension in pregnancy (labetalol)
- Open fractures (cefazolin)
- Sepsis/shock (timing of pressors/fluid)
- Video laryngoscopy -> standard protocol
- Removal of protocols (Covid, doppler device)
- Drowning protocol revisions

T-CPR

- PSAP call to OHCA recognition
  - < 60-90 seconds
- PSAP call to first T-CPR compression
  - <90-150 seconds



Attachment B
Clinician Services Slides

MARYLAND EMT RE-CERTIFICATION / RENEWAL (3 YEARS)

CURRENT

1)NREMT active status registration

-or-

2) 24-hour refresher course

-or-

3) a) Approved skills competency evaluation

-and-

b) 12 hours of approved continuing education content

-or-

4) a) 12 hours skills proficiency course

-and-

b) 4 hours, each

i) Medical knowledge training

ii) Trauma knowledge training

iii) Affiliation optional training

PROPOSED

1) a) NREMT active status registration

–and-

b) Completion of the 3 most recent *Annual EMS Protocol Updates*

-or-

2) a) Completion of the 3 most recent *Annual EMS Protocol Updates*

-and-

b) 24 hours continuing education

i) Required technical proficiency verification (i.e., assessment and medication administration, airway management, CPR & AED, wound management, spinal motion restriction, fracture management), which may count for as many as 9 continuing education hours.*

ii) At least 15 hours of continuing education as per State EMS Medical Director assigned allocations in specified topic areas (airway/ventilation/respiratory, cardiovascular, medical (general patient care), OB/GYN, pediatrics, toxicology/environmental, trauma/burns)**

*Technical proficiency verification may take up to 9 hours. If less than 9 hours, the balance shall be devoted to other forms of continuing education.

**Topic areas will be designated in rolling three year cycles, so that an EMT will have access to topic allocations at the beginning of his/her cycle.

MARYLAND EMT RE-CERTIFICATION / RENEWAL (3 YEARS)

** EMT Continuing Education, tentative (15 hours minimum)

- Airway/Ventilation/Respiratory 3hrs
- Cardiovascular 3hrs
- Medical (general) 2hrs
- OB/GYN 1hr
- Pediatrics 2hrs
- Toxicology/Environmental 1hr
- Trauma & Burns 3hrs

Note: National Clinical Competency Program (NCCP) of NREMT requires 40 hours every two years.

Twenty hours are "National," accepted by the State or CAPCE-accredited.

Cardiology 5hrs

Medical (incl OB) 6hrs

Airway 4hrs

Trauma 3hrs

Operations 2hrs

10% must be pediatric content

Attachment C
EMS for Children Slides

Emergency Medical Services for Children

Maryland Institute for Emergency Medical Services Systems

Maryland EMS for Children Department Update: November 2024 Update

Advocacy:

- **November Prevention Messages:**

October Carbon Monoxide Awareness Month – watch for social media infographics to increase awareness

- **Bike Safety Grant** (MHSO funded) has concluded after 7 years**.** Bike Safety remains a priority for both in person and social media education.
- **Child Passenger Safety Grant:**
  - **Webinar: "Cots and Crashes"** focused on reducing the risks for patients and clinicians and is posted on MIEMSS YouTube and MIEMSS Online Learning Center
  - EMS Supervisor Vehicle – 3 in 1 Car Seat project continues to have car seats available for EMSOP to use for non-patient transport of children when they are not able to be left with a responsible adult.

Pediatric Education EMS and Emergency Department Professionals:

Please see the *new* Pediatric Readiness Program Update (page 2)

- Pediatric HPCPR 2024 Version (updated with protocols & new science) is posted in the Online Training Center: https://www.emsonlinetraining.org/
- **2025** EMS Conferences dates have been finalized with topics & faculty planning ongoing.
- **Pediatric Resuscitation Readiness** preconference workshops are being planned for Winterfest & Miltenberger 2025. Eight hours skills and scenarios in teams.

	National EMSC Updates: EMSC is 40 Years Young this year! 1. **EMS Assessment on Pediatric Readiness-** closed 7/31/2024 THANK YOU to the Champions! 2. **EMSC EIIC:** EMSC Reauthorization Act (HR6960) passed in the House of Representatives on May 15, 2024 with a companion Senate Bill (S.3765) in committee. 3. **EIIC PEAK: Multi System Trauma** was posted in August. https://emscimprovement.center/education-and-resources/peak/multisystem-trauma/ 4. **PECARN:** PECARN releases guide on collecting sociodemographic data https://emscimprovement.center/news/pecarn-releases-guide-on-collecting-sociodemographic-data/ 5. **PECARN: A Cervical Spine Injury Prediction Rule for Children After Blunt Trauma** released with an infographic. https://pecarn.org/pecarn_news/clinical-decision-rule-cervical-spine/
	1. **Pediatric Pandemic Network** Disaster Response Collaborative (DRC) is open to children's hospitals with the goal to improve Pediatric Disaster Response- https://pedspandemicnetwork.org/ 2. **Pediatric Disaster Centers for Excellence** have a website that will have products developed by the three ASPR funded regions. https://www.pediatricdisaster.org/
	Maryland EMSC Updates: 1. **EMSC State Partnership Grant 2023-2027:** focuses on Pediatric Readiness criteria and resources for hospitals and EMS, pediatric specific disasters planning, and family engagement that is representative of Maryland's diversity. 2. **FAN:** Committee is expanding and welcome new members. Right Care award criteria language is under revision. 3. **C4 Pediatrics** closed on June 18th 2024 with the end of CDC funding.
	- **Safe Kids Maryland – Toy Safety and Holiday Safety are the November & December focuses** - **CPS Healthcare Project:** CPS Technician courses for 2024 have been posted – https://cert.safekids.org/become-tech . Specific training is available - contact cps@miemss.org. CPS Webinars are posted on MIEMSS website & YouTube accounts. (MHSO grant funded). - **Risk Watch Update – "**Steps to Safety" @ MSFA Convention planning to start in Februrary. . Ocean City PSAP joined the team to lead 9-1-1 Education. Looking for leadership for Burn & Fire Safety.

Pediatric Readiness Program & Education Update
November 2024

Pediatric Readiness Program Updates

Pediatric EMS Champion Update

- Pediatric **EMS Champion** Forum held October 30, 2004
    - 2024 NPPRP Survey discussed – 100% of Maryland EMSOP participated. Thank you to the Champions. EMS Champions discussed the opportunities and challenges with reaching every EMS Clinician with pediatric skills and scenarios. Planning Winter iSimulate 360 training. State and National data will be available in late fall.
    - Next forum will be January 8, 2025 @ 10 – 12 PM Virtually

Pediatric Nurse Champion Update

- Pediatric **Nurse Champion** Forum October 9, 2024
    - Update on the pediatric readiness criteria, designs for a new website, and ShareFile access
    - CPEN and ENPC Courses opportunities discussed and scholarship reminders
    - Next forum scheduled for January 15, 2025 @ 12N Virtual Meeting

Pediatric Physician/APP Champion Update

- Pediatric **Physician/APP Champion** Forum October 30, 2024
    - Guest Presentation by Paul Nestadt MD (JHU) on Gun Safety & Risk Reduction of Adolescent Suicide
    - Next forum scheduled for January 29, 2025 @ 8:30 AM Virtual before PRC & PEMAC

Pediatric Education Updates

- Pediatric Nursing Process (PNP) poster and Pediatric Reference poster have been distributed to requesting EDs. Pediatric Reference card and poster have been distributed to EMS Champions for jurisdictional distribution.

Maryland EMS For Children

2025 EMS, EMSC & Life Safety Educational Conferences

Winterfest EMS Conference: January 31 – February 2, 2025
Easton High School in Easton, Maryland
Pediatric Readiness Preconference to be held at Chesapeake College
More information and registration link coming in the Fall

Public Fire and Life Safety Educator Seminar: March 22, 2025
MFRI HQ in College Park, Maryland
More information and registration link coming in the Fall

Miltenberger Emergency Services Seminar: March 7 & 8, 2025
Rocky Gap Casino & Resort in Flintstone, Maryland
Pediatric Readiness Preconference to be held at Rocky Gap
More information and registration link coming in the Fall

★ **Maryland ENA by the Bay State Conference May 2025**
Annapolis Maryland – Dates & Information to come soon

★ **2025 Topics in Trauma Conference: September 19, 2025**
Tidalhealth Education Center in Salisbury, Maryland
Register online at www.tidalhealth.org/trauma-conference

★ ***Mid Maryland ENA Memorial Conference: November 7, 2025***
Holy Cross Hospital in Silver Spring, Maryland
Information to follow

★ **66th MidAtlantic Life Safety Conference: November 3, 2025**
BWI Airport Marriott Hotel in Linthicum Heights, Maryland
For more information, visit *https://www.fabscom.org*

★ ***This star indicates a new conference posting. More conferences & seminars will be added as dates are finalized***

Please email educational event dates to the EMSC office at pepp@miemss.org.
To reach the Maryland EMSC office, please call 410-706-1758.
Email: Education to pepp@miemss.org and CPS & OP information to cps@miemss.org

As of November 18, 2024

Maryland EMSC Pediatric Facility Recognition Program

Maryland EMS for Children Department
Presentation to Jurisdictional Affairs
December 11, 2024

Maryland EMSC Pediatric Facility Recognition Program

- Launch July 2023
  - Voluntary program following templates used by designation programs in MD
  - Tiered recognition based on BOTH readiness AND capabilities
  - Inclusive to allow every ED in the state to be recognized
- Endorsed by Maryland EMS Board and MIEMSS
- Program oversight: state Pediatric Emergency Medical Advisory Committee (EMSC Advisory), State EMS Advisory Committee, & EMS Board

EMSC Mission: The Right Care when it Counts at the Right center at the Right time

Maryland EMSC Pediatric Facility Recognition Program

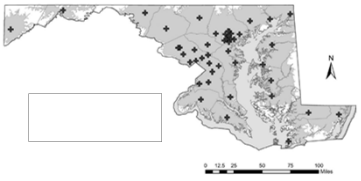
What have we done so far?

- Identified Readiness Champions at Maryland EDs
- Created Readiness Training Opportunities
- Engaged stakeholders to support the program
- Developed Criteria for MD EMSC PFRP application

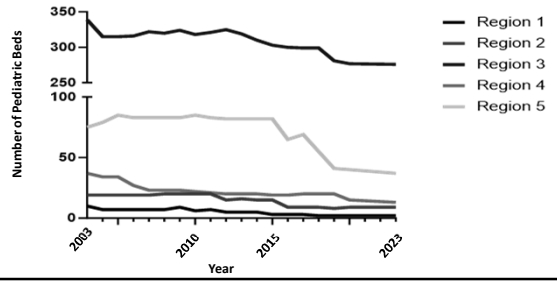
EMSC Mission: The Right Care when it Counts at the Right center at the Right time

What have we done so far?

- **100% participation in NPRP for Maryland EDs**
- **Identified readiness champions at Maryland Facilities with 24/7 EDs**
  - Regular meetings of collaborative groups of facility representatives in 2022, 2023, 2024 currently 49 nurse champions and 20 physician champions



Maryland's Shrinking Pediatric Bed Capacity



Maryland Levels of Pediatric Readiness

Pediatric Ready Emergency Department
- General care or stabilization and transfer

Pediatric Resource Hospital
- Overnight observation/Inpatient care

Comprehensive Pediatric Hospital
- Pediatric critical care & operative care

Pediatric Ready ED Level

- Participate in NPRP Assessment
- Designate a Nurse and a Physician or APP Champion for pediatric readiness
- Have pediatric ready physicians/APPs and nurses available 24/7
- Has a pediatric-focused QI plan
- Essential Pediatric Patient Safety strategies in place
- Policies & Protocols for pediatric care and inter-facility transport
- Has the essential equipment for pediatric care
- Has 24/7 laboratory and radiology services
- Pediatrics included in disaster preparedness efforts

Pediatric Resource Hospital Level

- **All of the above Pediatric Ready ED criteria**
- Designate Nurse and Physician ED champion for pediatric readiness
- Establish a pediatric quality committee to oversee pediatric QI plan and conduct pediatric case review
- Include pediatric patient needs in disaster drills and disaster plans
- Has all essential AND optional equipment for pediatric care
- **Has a pediatric designated space in the ED with dedicated staff 24/7**
- **Capable of providing inpatient or 23-hour observation for children**

Comprehensive Pediatric Hospital Level

- **All of the above Pediatric Ready and Resource Hospital criteria**
- Designate a Nurse and a Physician ED champion for pediatric readiness
- Monitor inter-facility transfer and ensure feedback to referring sites
- Include pediatric patient needs in disaster drills and disaster plans
- **Has on-site pediatric board certified physicians 24/7**
- **Capable of providing inpatient and pediatric ICU care for children**
- **Capable of providing pediatric anesthesia/OR care 24/7**

Facility Recognition Application Process

- Letter of intent from hospital leadership
- Facility completes online application
- Site visit by MIEMSS EMSC staff (no fee)
- MIEMSS EMSC staff verify criteria met with subcommittee under the Pediatric QIC
- Official letter of recognition from MIEMSS
- Recognition renewal required on 3 year cycle

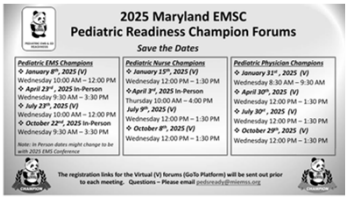
Maryland EMSC
Pediatric Facility Recognition Program

- Recognize facilities that provide pediatric medical care resources to their community and the region
- Voluntary, Inclusive, Statewide (N=49 EDs)
- Support all Maryland emergency departments and hospitals to maximize their pediatric readiness
- Provide transparent information to EMS and Primary Care health care providers, patients and families about the pediatric capability of Maryland hospitals
- Meet federal performance measures to ensure pediatric readiness to all children in our region and across the country

Maryland Pediatric Readiness – next steps

2025 Maryland EMSC initiatives to continue to support Pediatric Champions

- 27 Pediatric Champions in 28 EMS Operational Programs
- 49 Pediatric Nurse Champions in 49 EDs
- 20 Pediatric Physician Champions in 49 EDs
- Quarterly Champion Forums (3 Virtual and 1 in person training day)



Pediatric EMS Champions

- ***January 8th, 2025 (V)***
  Wednesday 10:00 AM – 12:00 PM
- ***April 23rd , 2025* In-Person**
  Wednesday 9:30 AM – 3:30 PM
- ***July 23th, 2025 (V)***
  Wednesday 10:00 AM – 12:00 PM
- ***October 22nd, 2025* In-Person**
  Wednesday 9:30 AM – 3:30 PM

Thank you! We welcome questions!

Email us at pedsready@miemss.org

Attachment D
eMEDS® Slides

eMEDS® BULLETIN

Marking Reports as Finished when Complete

ID#	*Supersedes ID#*	*Revision Date*	*Published Date*
2024.11.18.01	n/a	n/a	Monday, November 18, 2024

Overview

When you are done documenting and there is nothing else you need to do, mark the report as Finished.

Finishing an incident will **lock the incident** and update the incident's status to **Completed/Submitted**. This will move the record into the next step of your agency's incident workflow; this is likely the review stage.

DO NOT LEAVE A REPORT UNFINISHED

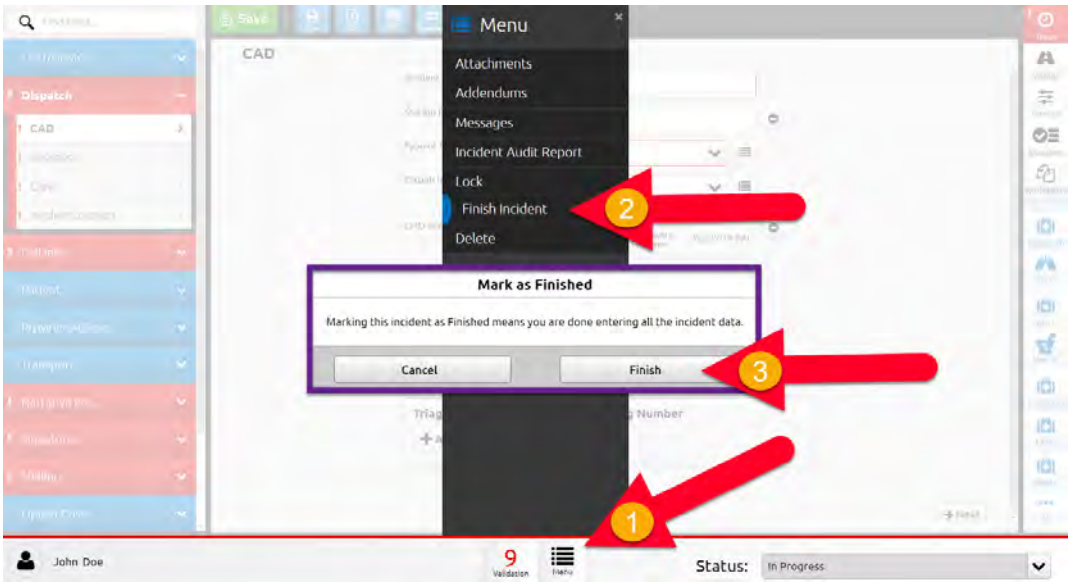
*This will auto-lock the report, making it unclear if it has been **completed and submitted**.*

HOW TO MARK REPORT FINISHED

Elite Online

From inside the eMEDS report,

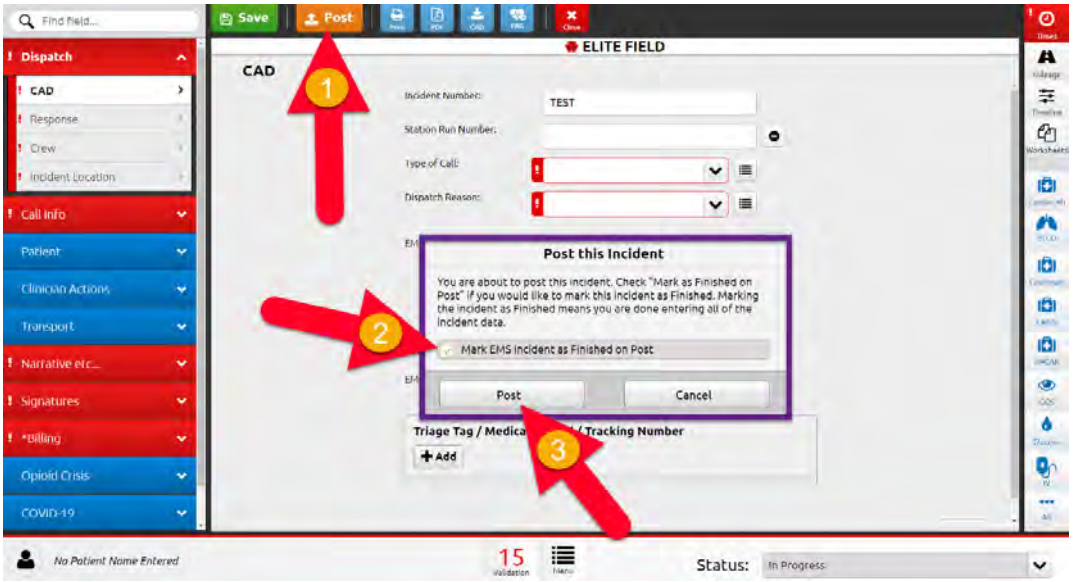
(1) Click **Menu**, located at the bottom of the screen.
(2) Select **Finish Incident**.
(3) Select **Finish** inside the confirmation window.



Elite Field - Option 1

From inside the eMEDS report,

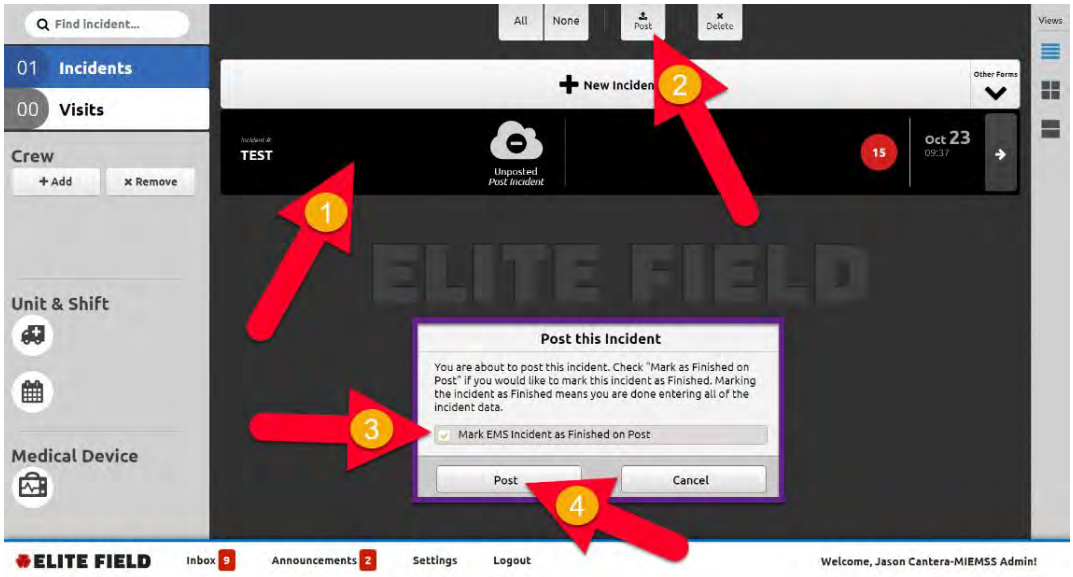
(1) Click **Post**, located at the top of the screen.
(2) Select **checkbox**, "Mark EMS Incident as Finished on Post".
(3) Click **Post**.



Elite Field - Option 2

From the Elite Field Dashboard,

(1) Select the **Incident Row**.
(2) Select **Post**.
(3) Select **checkbox**, "Mark EMS Incident as Finished on Post".
(4) Click **Post**.



DO NOT LEAVE A REPORT UNFINISHED

*This will auto-lock the report, making it unclear if it has been **completed and submitted**.*

Reference: COMAR 30.03.04.04

.04 - Maryland Ambulance Information System.

*A. Each jurisdictional EMS operational program shall, within 24 hours of a call's dispatch, ensure the **COMPLETION AND SUBMISSION** of an eMEDS® patient care report for each unit:*

(1) That responds to a call within the State;
(2) That responds to a call from within the State;
(3) That provides EMS care;
(4) That provides EMS transport; or
(5) That applies the Maryland Medical Protocols...

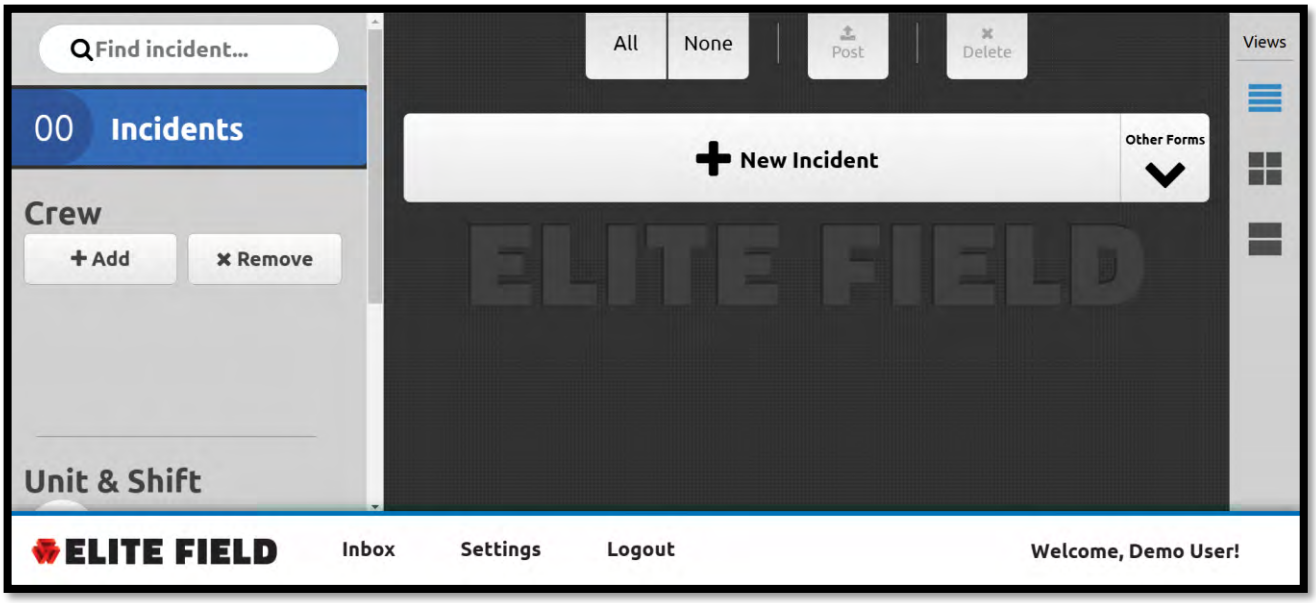
eMEDS® BULLETIN

Turning ON Field Incident Cloud Accessibility

ID#	*Supersedes ID#*	*Revision Date*	*Published Date*
2024.12.04.01	2024.11.22.01	n/a	Wednesday, December 4, 2024

After further investigation, **the Field Incident Cloud has been ENABLED for all users with the permission group of "eMEDS EMSOP Administrator".**

At this time, we have learned that the Elite Field Background Posting will only post if a user's current screen is the Field Dashboard shown below. Future development is planned with ImageTrend to enhance this background posting. However, it is not available today.



Clinicians must post their reports after completing them. If a report is unfinished, it can still be posted without marking it as finished. The clinician can later log in to Elite Online from any computer to complete and mark the report as finished.

Some EMSOP/EMS services have been using the Field Incident Cloud to routinely pull reports. MIEMSS strongly recommends stopping this practice as soon as possible. The cloud feature was designed to be used in specific situations, such as when a device is lost, stolen, irreparably damaged, or affected by browser caching issues.

Reports pulled from the cloud do not include previously saved attachments and may not reflect the latest updates, as syncing occurs periodically. Clinicians must post their reports to ensure the submitted report is the most up-to-date and accurate report. **If a report must be pulled from the cloud, it is imperative that the clinician goes online, completes the report, and marks the report as finished**. This action locks the report, and changes the status to "Completed/Submitted" within eMEDS. This reduces chances of lost information that may result from auto-posting an older version of the report.

The following are the upcoming meetings for the:

eMEDS® Statewide Steering Committee

Quarterly Meeting Dates:

Year	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2025	Thu. Jan. 16	Thu. Apr. 17	Thu. Jul. 17	Thu. Oct. 16
2026	Thu. Jan. 15	Thu. Apr. 16	Thu. Jul. 16	Thu. Oct. 15
2027	Thu. Jan. 21	Thu. Apr. 15	Thu. Jul. 15	Thu. Oct. 21
2028	Thu. Jan. 20	Thu. Apr. 20	Thu. Jul. 20	Thu. Oct. 19

Meeting Time: 1pm to 2pm

Google Meet:
https://meet.google.com/**mgq-rake-aot**
Telephone: Call 218.301.8365 - **PIN:** 406.988.327#

Point of Contact:
Jason A. Cantera, EMS Applications Coordinator
jcantera@miemss.org jason.cantera@maryland.org

Maryland Institute for Emergency Medical Services Systems

eMEDS® BULLETIN

Turning Off Field Incident Cloud Accessibility

ID#	*Supersedes ID#*	*Revision Date*	*Published Date*
2024.11.22.01	n/a	n/a	Friday, November 22, 2024

With the Elite Field Background Post Settings now enabled, **the Field Incident Cloud has been disabled for all administrators**. This was a necessary step to prevent the accidental overwriting of a report with a higher degree of completion.

Reports that are not posted by users, will be automatically posted 24 hours after creation or the last update. Auto-posted reports typically have a higher degree of completion than the versions synced to the Field Incident Cloud, reducing the need for clinicians to re-enter previously completed information.

Some EMSOPs/EMS Services have routinely used the Field Incident Cloud to pull reports. This should only be done if a device is lost, stolen, irreparably damaged, or if there is a browser caching issue.

If you need to retrieve a report from the cloud, submit a ticket to emeds-support@miemss.org, and MIEMSS will locate and retrieve the requested report.

Clinicians should always post their reports after completing them. If they need to finish a report later, they can still post it without marking it as finished. They can then log in to Elite Online from any computer to complete the report. Once a report is finished, clinicians should ensure it is mark finished.