

## JAC Meeting – October 10, 2018

JAC Meeting was called to order at 10:00 am by Chair, Christian Griffin. Introductions of those attending were conducted. Next order, introductions of those attending via conference call:

Montgomery County, Alan Butsch; MSFA, Bill Dousa; Harford County, Linda Dousa; Talbot County, Brian Ebling; Washington County, Dave Chisholm; Cecil County, Denise Hill; Calvert County, Heather Howes; Charles County, John Filer; St. Mary's County, Mark Petit; Frederick County, Michael Cole; Anne Arundel County, Timothy Mikules; Region V, Luis Pinet Peralta; Garrett County, Wayne Tiermersma; Carroll County, Curtis Wiggins; Queen Anne's County, Scott Wheatley; Caroline County, Ryan Todd; MSP, Chad Gainey; Region 1 Medical Director, Janelle Martin, MD.

Chair Griffin called for a motion to approve the August Minutes as posted, motion by Howard County, motion unanimously passed.

Dr. Alcorta: Will be stepping down effective October 31<sup>st</sup>; his replacement is Dr. Timothy Chizmar, who will step in November 1<sup>st</sup> as the State EMS Medical Director. Dr. Alcorta provided a bio on Dr. Chizmar.

Protocol Updates: Improving the decision strategy within the Tachycardia Protocol. No new medications just an educational approach to improving the ability to take care of patients with adult tachycardia; BiPAP: loosening the transport definition. Currently says Interfacility only will be fixed to say using a more general more term "transport."; CA management for pediatrics: eliminated the provision prohibiting on scene resuscitation of pediatrics. Need to make sure all EMS are shocking, doing good HP-CPR as promptly as possible to save at scene. DNR will allow capnography and Magill forceps for choking; Moving Fentanyl into the formulary and Morphine will be an option. Needle decompression thoracotomy, flutter valve is going to become an option. The flutter valve is a cost issue and does not do much for that small catheter insertion; LAMS 4 or greater research project will be expanding with the addition of Sinai as a destination. Currently waiting for the final IRB approval before turning on Anne Arundel County, Baltimore County, Harford County, and Howard County. All are lined up to allow for LAMS four or greater to go to an endovascular capable center. Preliminary evidence shows that of those four or greater, large vessel occlusive stroke, only about 10 percent qualify for an endovascular intervention; new onset stroke window now moved to 20 hours or less to get to a primary stroke center; medical consultation, changes are being modified. PR-1's and PR-2's, which require physician approval of medications or treatments, you have to consult. MOLST Form, Physician Assistants can now sign a MOLST form. PD Tree: modified some of the research hospital designations; Sepsis: one of the bench marks hospitals measure is when the IV was started and an initial temperature.

Sinai stroke neurologist consultation; Baltimore City is the pilot for this.

Tissue Donation: have worked with the Medical Examiner and two tissue donation centers, Living Legacy and Washington Regional Transplant Community. EMS should help the family connect with the tissue donation center.

Baltimore City and University of MD Protocol: Minor definitive care with EMS Board approval today. Baltimore City has a stabilization project for opioids and alcohol. Another is alternate destination protocol, has not met expectations as yet. Another is Urgent Care, very minor BLS. Baltimore City MIH

team goes into the hospital to meet with the patient before discharge and also reviews the patient's hospital medical record. The alternate care team and a paramedic with additional training, will be going with an ALP to the scene. If patient allows the team to treat them, the 911 responders will be released after obtaining a refusal. If the patient deteriorates, 911 can be called and transported. We think patient satisfaction will go up; patients will receive home health services. The services are not billable as of today. This is where Senate Bill 682 plays an important role.

MIEMSS is working on updating the primary stroke regulations as well as the acute stroke ready regulations, looking at a couple of rural hospitals for this.

Active Shooter: There have been several active shooter events in Maryland. A report was provided on the Aberdeen event. Dr. Alcorta challenged jurisdictions to look at the 2014 white paper and develop a strategy before the real world event.

MIEMSS Annual Report is complete. This is the 25<sup>th</sup> year since MIEMSS was created in law.

Discussed medication shortages. Jurisdictions were reminded to notify Mike Reynolds, Protocol Administrator if you know of other medication shortages.

VAIP meeting. The VAIP is underway. See Brittany Spies if interested in participating.

Opioids: Lose about six people a day in the State of Maryland. We have strategies to address the opioid crisis, the leave behind program. There are 10 jurisdictions participating in this.

Opioid Naloxone Reimbursement for Expenses: Regional Administrators working with jurisdictions on this. Provide documentation so that expenses can be recovered.

Executive Director: EMS Board has interviewed a candidate, Dr. Ted Delbridge, who is an internationally recognized EMS and emergency medicine physician. The Board is entertaining bringing him on board.

There have been several deaths recently in the fire/EMS service, recently losing three. James Seavey, Danny Lister (LODD) and Dale Hill and recently a Prince George's County death related from cancer. Keep their families in your thoughts and prayers.

Christian Griffin: Thanked Dr. Alcorta for his 25 years of service, 16 as the State EMS Medical Director. He served as an excellent source of guidance to all.

Randy Linthicum: Active Assailant – workgroup has now split into two sub-committees. He read through the list of sub-committees. The sub-committee has just begun to meet. EMS Protocol Committee, led by Dr. Levy, more updates to follow. Conference Planning Sub-Committee dedicated to active assailant response bringing in keynote speakers from Las Vegas. NDMS Exercise will be September 21, 2019; will begin planning in November.

Jason Cantera: 19 counties live on Elite, Baltimore City, then Carroll and Howard. Inactivity timer: as a reminder it is set that after 15 minutes you will get a warning on your device that you have had 15 minutes of inactivity. Demo user log in: people are logging in using their true credentials into your site. There is no other info in the report, i.e. date/time, the narrative may or may not be blank and it's pulling that info and they have no idea when/where it was given. Jason stressed to the Committee to use the

demo user log in. Do not log in with actual credentials working with CRISP integration, things are moving. Cad download, make sure to try and review your CAD file that is being sent to Image Trend. See what data is in there, are you able to add any additional data points. Howard County: asked if there are updates on report writer to make user friendly. Jason: report writer has not been changed, no major revisions.

Michael O'Connell: Provided power point to the Committee.

Andrew Naumann: Introduced new Region V Administrator, Luis Pinet Peralta. The VAIP workgroup has reconvened and he wants to make this a valuable program for everyone and get more jurisdictions to participate. Electronic patient tracking program, decided to discontinue the use of this. A memo went out to the HJO's and in the memo discussed the mechanism of DHS's ability to track patients in the healthcare system. Also included in the memo was contact information for DHS. If you have a scenario where you cannot find a patient, reach out to them, they are glad to help.

CRISP Project: CRISP is the State's health information exchange. All acute care hospitals in Maryland are reporting both encounter and clinical data for patients. In our neighboring states of Delaware, D.C. and West Virginia, all encounter data is being uploaded. Understand there is an issue with EMS providers accessing data on the scene. A connection has successfully been established between eMEDS and CRISP. In the upcoming weeks you should be hearing from your regional administrators in the form of a memo that describes the program that talks about being involved and then will provide each jurisdiction a Participation Agreement and EMS addendum that we worked out in the pilot program. A special thank you was given to Scott Wheatley, Queen Anne's County and Michael Cole, Frederick County for providing tireless data and concerns they had with the Participation Agreement. Phase 1 involves the linkage. Phase 2 and 3 will involve outcome and integration into eMEDS as well as clinical data elements. In Phase 1 it is critical all jurisdictions participate. Grant year is October to September.

Released the 50/50 matching funds grants. Each jurisdiction has received guidance from the regional council as to when the grants are due back for adjudication at the council level. MIEMSS' 50/50 contribution has remained flat for many years. There will be a SEMSAC review of this and Dr. Alcorta asks that the regional councils look at this as well to identify what would be a reasonable incremental increase in the MIEMSS participation. Initial goal many years ago was to offset the expense of monitor defibrillators. Work with your regional administrators on reasonable recommendations to modify MIEMSS' contributions from the EMSOF. The Regional Affairs group, a committee of SEMSAC, will work to continue to evaluate those funds in the future. Deep into the 2017 Homeland Security grant period year and for those who have not completed your projects, please work to get them completed. Happy to report, did get feedback from almost every jurisdiction that they have purchased, awaiting supplies or that they have a plan to implement whatever process they have. Town of Ocean City received the largest single grant, doing a great job.

The administered Naloxone grant, they have the \$200,000 and just waiting on a signed agreement between us and the actual original grantee, State Health Department. Once received will receive a copy of the grant SOP. Encouraged everyone to participate; gave back about \$11,000 last year.

Regional Programs staff has completely taken over the base station designation process. Provide feedback to Andrew or the Regional Administrators. Want to know about the performance of the programs.

MIH: Seven jurisdictions; questions reach out to your regional administrators. Frederick County was successful with funding assistance.

Regional Programs Division: want to be responsive to the jurisdictions needs; they want to reorganize the program. If you have questions, comments or concerns don't hesitate to reach out.

Terrell Buckson: BLS recertification cycle is underway. Sent out to 2700 providers who are due for recertification by December 31, 2018. Encourage BLS providers to submit their application through the public portal prior to the December 31, 2018 expiration date. About two weeks ago, Terrell sent out a document outlining the process for bulk import of training for your providers who completed the training. There is a developmental issue with this. Image Trend was made aware and the issue has been elevated to "critical," Image Trend is working on a fix. Regarding the filter, Terrell sent out a document explaining how to log in and filter applications so when the provider submits the application and you are notified by e-mail to log in, you see the applications you must approve, the default filter sent to "Awaiting EMSOP Approval," when you log in, click on "Review" you see all the applications in that status of "Awaiting EMSOP Approval." You must approve. Terrell has received many calls from the medical directors because once you approve as an EMSOP, the medical director receives an e-mail to log in and approve the application, however, the filter is defaulted to "Awaiting EMSOP Approval." The medical directors are logging in and can't see the application. You must show them how to log in and change to "Awaiting Medical Director Approval."

Steve Goff: October is training and recertifying month for staff. Working with Rich Berg for the IT and EMRC/SYSCOM upgrades.

Cyndy Wright-Johnson: The Child Passenger Safety Grant renewed. Successful in getting an outdoor heat thermometer display for Western Maryland. At BWI there is a safe travel display; BWI thanked for their support. Drafted the language for the baby POD. Today is International Walk to School Day. EMS for Children Grant: carryover fund approved. Will be offering HP-CPR pediatric, infant and child training. Goal is to get out to the instructors. Will be offering the 90 minute hands on training with a lecture with Dr. O'Connell at the BLS Sub-Committee Meeting November 16<sup>th</sup>. Mark New is encouraging evaluators to attend. Research Forum November 7<sup>th</sup> at 12:30 pm. Dr. Kathy Brown has been piloting with a team in PG County a pediatric asthma severity score as part of the pediatric national research network. Dr. Seaman and Melanie Gertner will be presenting 18 months of survival with CARES data.

### **Jurisdictional Roundtable**

Anne Arundel: A recruit class recently graduated. Anne Arundel Medical Center reached out and is asking for verification on MCI notification – field provider is the first point of contact, then Michael O'Connell for training, and the regional administrators. Chief Mikules was advised to reach out to Jeff Huggins and Brittany Spies. He is working with Brittany spies and Linda Dousa on the VAIP project. Sponsoring a CISM Seminar entitled, "Techniques for Delivering Bad News," on November 8<sup>th</sup> at their training facility, Dr. Jeffrey Mitchell is the keynote speaker. There is room for approximately 50 folks. Reach out to Chief Mikules if you are interested in attending.

Baltimore City: Actively working on MIH.

Baltimore County: Continuing to work with the Health Department and the Narcan, Leave Behind Program. Looking to expand the program. Thanked Dr. Alcorta for his years of service, really appreciated.

BWI: Elite is up and running. There are six new paramedic firefighters. CPR kiosk has had its 25,000th visitor and 13,000 just completed training. Chad thanked Dr. Alcorta for BWI and also as a former co-worker for everything.

Carroll: Recently approved through FEMA for several TECC courses November 16, 17, 18, and December 8, 9. Curtis will send an e-mail announcement to everyone.

Cecil: Cecil County celebrated 30 years of service; thanked Dr. Alcorta for his years of service.

Charles: Academy class graduates tomorrow and will be sworn in.

Garrett: Wished Dr. Alcorta good times in his retirement.

Harford: Moved their career medic unit to its permanent location to their EMS garage. Have hired three paramedics who are on their shift and doing well. Dr. Alcorta wished well and thanked for everything.

Howard: Resuscitation academy November 6<sup>th</sup> which is one day. Two day is announced for May 1<sup>st</sup> and 2<sup>nd</sup>, 2019. Stop the Bleed program in high schools in the county now have the trainer kits and have been trained in the train the trainer program. Stop the Bleed hoping this will gain momentum throughout the State. 13 students are now in the paramedic program. Class 31 starts in February. Congratulations to Dr. Alcorta.

Queen Anne's: Cross the Bay 10-K is scheduled for November 4<sup>th</sup>. Specialty centers will be notified of the event. They are currently recruiting and hiring for a recruit class of six full time and six part time starting January 2019. Dr. Alcorta wished the best and thanked for all he has done for QA County and the entire EMS system.

Talbot: Winterfest will be held at Easton High School, January 25<sup>th</sup> starts the pre-conference through January 27, 2019.

Washington: Leave Behind Narcan rolled out. Wished Dr. Alcorta the best and thanked him for his leadership throughout the years.

MFRI: BLS – in July MFRI went with a new vendor, Jones and Bartlett. Pass on to folks fielding phone calls from providers having issues. If providers say they did not get a log in code when enrolled in a class, tell them to check their Spam folder. From the vendor, if playing on social media while doing the training, it will not record their progress. Provider must do the training in order to get credit. If provider walks away for 15 minutes, it will time them out. They must log back in. Regarding ALS Courses, there are plenty being offered.

MSP: Welcome to Major Michael Tagliaferri. A new academy class was started on September 17<sup>th</sup> with five paramedics. Just acquired nine vents for the aircrafts.

MSFA: The EMS Committee meeting was held last weekend and one of the outcomes is they created a list of possible solutions to issues of the EMT training. They will pass this along to all involved, MIEMSS, MFRI, MSFA and the companies. The next MSFA Executive Committee meeting to be held at Snow Hill VFD December 1 and 2, 2018.

Next meeting will be December 12<sup>th</sup>.

Meeting adjourned at 12 Noon.