

Region IV EMS Advisory Council

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THE NOVEMBER MEETING WILL BE HELD VIRTUALLY

When Tue Nov 17, 2020 1:30pm – 3:30pm Eastern Time - New York

Joining info Join with Google Meet

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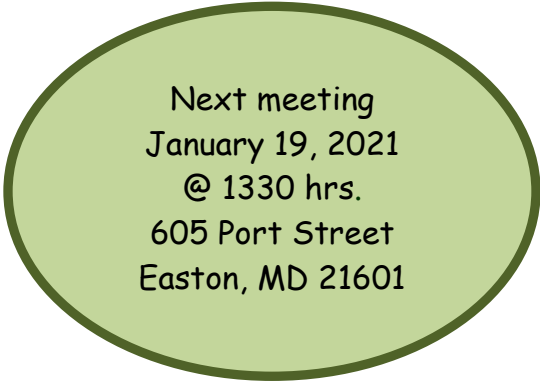
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Scott Wheatley, Chair
Rick Koch, Vice-Chair
Brian LeCates, Secretary

AGENDA

November 17, 2020

1. Call to Order & Introductions
2. Approval of Minutes
3. Regional Medical Director's Report
4. Pediatric Medical Director's/EMSC Report
5. EMS Board Report
6. SEMSAC/Regional Affairs Report
7. MIEMSS Report
8. Agency/Regional Reports (Circle "yes" on the roster if you want to make a report)
9. Old Business
10. New Business
11. Adjournment



Next meeting
January 19, 2021
@ 1330 hrs.
605 Port Street
Easton, MD 21601

REGION IV EMS ADVISORY COUNCIL
November 17, 2020
Minutes

Virtual Attendees: John Barto, Michael Parsons, Scott Wheatley, Scott Haas, Kevin Brenner, Dr. Chiccone, Cyndy Wright Johnson, Shari Donaway, Mark Fletcher, Dr. Jon Krohmer, Dr. Steven White, Dr. Andy Aswegan, David Rice, Mary Alice Vanhoy, Rebecca King, Lisa Lisle, Nicole Leonard, Andy West-McCabe, Dr. Ted Delbridge, Dr. Ochsenchlager, Denise Hill, Timothy Gunderson, Dozia Rahilly.

The meeting was called to order at 1:30 by Scott Wheatley.

Scott Wheatley:

Before we get started, we want to congratulate Clay Stamp, as we understand he is now the County Manager for Talbot County. We wish you well!

Approval of Minutes: A motion was made by Rick Koch to approve the September 2020 minutes as written, seconded by Mary Alice Vanhoy and passed.

Regional Medical Director's Report:

Dr. Chiccone:

Since our meetings are slightly out of sequence, I would like to tell you what is on the agenda for tomorrow's Protocol Review Committee. The meeting that is being held tomorrow is traditionally thought of as the drop-dead meeting. What is passed usually will make it into the recommendations to be presented to the board for institution in July of 2021.

- Spinal Motion Restriction is back on the agenda tomorrow. At the last meeting, I was asked to comment on what the issue was regarding Spinal Motion Restriction. When Spinal Motion Restriction was proposed years ago, the backboard would literally become a tool of extrication and not a tool for transportation. The issue becomes is this too big a pill for the general membership to swallow. Therefore, there will be more to follow on that.
- The Hypoglycemia protocol has been revised and I think the revisions to the protocol were modest enough that if the membership accepts those revisions it should pass.
- We are going to be looking at Patient Initiated Refusal of EMS protocol. This protocol has been through the committee before and has been heavily edited. We will see what happens this time.
- There is a new proposal for BLS Albuterol administration. If there were a jurisdiction with only BLS ambulances, this would require a capital expenditure.
- There is a proposal for a whole blood transfusion protocol. The whole blood product would likely be a freeze-dried product. This would be for trauma patients for use in the

field. In reading this proposed protocol, it is my understanding that this will not be restricted to patients just going to a trauma center destination.

- The American Burn Association updated its resuscitation guidelines in 2018. Those recommendations have now been put into protocol form.

Pediatric Medical Director's/EMSC Report:

Cyndy Wright-Johnson:

A couple of quick updates on what we anticipate changing and where we are headed in the future.

- From a PEMAC protocol standpoint, looking to delete the SIDS protocol in an effort to go from a 500 some odd pages to a goal of 200 pages since the SIDS information is covered in the new TOR protocol. When we put the TOR protocol in place we did not delete the SIDS protocol so we are making that suggestion. We will not be deleting the SIDS protocol from training or continuing education.
- We will be adding the term BRUE for those who do a topic search or an index search to the ALTE protocol but we will not be getting rid of ALTE.
- Based on input from our Pediatric Champions from their October educational call we are looking at revising, with Dr. Anders taking the lead and working with Dr. Chizmar the Supraglottic Airway so that it is not just an optional protocol. This may take some time, but our goal is to move to a more generic terminology.

I did send a handout and would like to highlight a couple quick things.

- We are working with all of the regional conferences to find a safe way in small groups to introduce the PEPP Course. We are in tentative planning at this point.
- The EMS for Children EMS Survey is scheduled to launch on January 6, 2021.
- The Hospital survey is scheduled to launch in May and we will do tutorials. I gave a 10-minute update to the Base Station Coordinators. We will get specific questions by the first of the year and I will set up town hall meetings virtually and walk people through the survey.

EMS Board Report:

Mary Alice Vanhoy:

We had a very good meeting and you have already heard a lot about the upcoming protocols, which were discussed. We had a very good presentation on large vessel occlusion. Some of the pilot that was done as research projects will probably have an impact as we get more system hospitals able to address that patient population. There may be some additional transportation decisions that will need to be made.

SEMSAC Report / Regional Affairs Report:

Scott Haas:

Regional Affairs proposed Grant awards went in front of SEMSAC as an action item and it was approved. Elections were held and Wayne Tiemersma, the current Chairman was re-elected to that position and Eric Smothers was elected as Vice Chairman.

Scott Wheatley:

We have prioritized all the 50/50 Cardiac Devices Grants throughout the State. John will follow up with more details during the MIEMSS Report. It was brought up that we need to continue to make it known that more money needs to be added to this budget as the cost of monitors have gone up.

MIEMSS Report:

Dr. Delbridge:

I have talked about CHATS and how it will be going away but we were delayed by COVID and really hope to have something out in the springtime that would rely on the information that hospitals routinely convey to CRISP the health information exchange by way of ADT method. This was divided into two phases, a technical phase and an operational phase. The technical phase is do the ADT Messages flow, are they reliable and are they really counting what we think they are counting and that work is ongoing with CRISP as we speak. Then there is an operational phase, you have a number, you know how many patients are in the ED in terms of that particular ED. That requires up to circle back with the ED leaders for all the hospitals in the state and that process looks to be early winter, after the new year. The hope is to have something onboard that you can reference by sometime in the spring.

The other tool that we are creating is called AHA (At Hospital Ambulance) which will give us the ability track the number of ambulances that are at the hospital's emergency departments at any given time. If a unit from Queen Anne's County is heading to Anne Arundel for example, they in theory will be able to pull out their cell phone and see how many ambulances are sitting at the AAMC to know whether that is a good choice. This tool will give the user the ability to see how many ambulances are there when the most recent one got there, and how long the longest one has been there. This information will help you determine what type of delay you may encounter. As of right now this is available in a little more than half the counties including some counties on the eastern shore. It is a beta test on our web right now but we are in the process of doing what it takes to make this an available application on iPhones. Once that is complete, we will make it available on android devices as well.

We are involved in helping develop the EMS Plan Vision 2030 that is out in hard copy form. You can download if from our website or if you would like your own personal hard copy, you can email Barbara Goff at bgoff@miemss.org.

COVID update, the numbers are bad and we foresee them getting worse. We are deep into Corona virus vaccination planning to try to ensure that EMS personnel get the vaccine early in line. It will all cycle through local health departments and will be issued based on who is at higher risk using a few key factors. Get your flu shot if you have not done so already and make sure your people are getting their flu shots. Please make sure you are taking advantage of the PCR testing that are being made available.

Coming up we will have access to Antigen testing which is a more rapid test which will give results in 15 minutes. If you are interested there will be information coming out about a video call on Friday. There will be more information and details to follow.

One of the things we are starting to do here at MIEMSS is adding on a function at the EMRC we are calling C4, Critical Care Coordination Center. What we are doing is when a hospital has a need to transfer a critical care patient and may not be sure where an available space may be; they can call the C4 center and we will have the awareness on where potential beds are, and the ability help coordinate getting patients where they need to be more quickly.

Many questions have been asked regarding the extension of licenses and when they need to renew amidst the COVID 19 pandemic. Please note, that information can be found on the MIEMSS website. In addition, we are encouraging people to renew as soon as they possibly can.

John Barto:

The cardiac devices notification should be going out to those departments that were funded within the next 10 days. I will be sending out to everyone the Executive Director's report, which covers many of the items that Dr. Delbridge has covered so that you will have that in writing.

Agency / Regional Reports:

No report given

Old Business:

No report given

New Business:

Mary Alice Vanhoy:

We have two new Base Station Coordinators, which are Rebecca King and Lisa Lisle. They will be splitting up the four hospitals of Shore Regional Health.

Winterfest will be a winter of Winterfest. We are still looking at what we will be doing with our preconference and skills but for the didactic pieces; we will be working with MIEMSS in getting

it loaded up to the LMS system free of charge so anyone can get their 12 hours of ConEd for free in a different format.

John Barto:

We have an opening on the Protocol Review Committee as Scott Wheatley is stepping down. I would like to inform the council that Mr. Rich Koch was offered up to serve on that committee. Unless Mr. Wheatley has any other way to handle this, I would like to get an affirmative for Rich Koch to take the position on the Protocol Review Committee.

Scott Wheatley – I think that is great. Just for clarification, I know this has to go to JAC with the other names and JAC makes a decision, is that correct John?

John Barto – Yes, that is correct.

Scott Wheatley – I will need a nomination and a second for Rich Koch's name to be submitted.

Scott Hass nominates Rich Koch, seconded by Mary Alice Vanhoy and passed.

John Barto – The next item is elections for the Region IV Council seats. I would like to thank Scott Wheatley for staying on for an extended period.

Nominations to fill the seats were made, seconded, and passed.

Secretary – Scott Haas nominates Dawn Rose, seconded by David Rice and passed.

Vice Chairman – Rick Koch nominates Chris Truitt, seconded by Scott Wheatley and passed.

Chairman – Scott Wheatley nominates Rich Koch, seconded by Mary Alice Vanhoy and passed.

John Barto – Thank you to everyone for expediting this meeting and the elections of the new officers. Mike Parsons and Dawn Rose look forward to working with all of you. I would like to thank the Council for all of their years of service, as this is my last Regional Council meeting. I wanted to let you all know that I have enjoyed working with each of you and appreciate all of your hard work.

Scott Wheatley:

I would like to say thank you to the Region IV Council. We have had many challenges over the last few years that we have worked on together as a group. We are thankful for Dr. Delbridge and Dr. Chizmar's leadership and I just want to thank each and every one of you that have been supportive to me and the Region IV office that have helped me through some challenging issues that have been taken up the chain.

Adjournment: The meeting was adjourned at 2:14 Mary Alice / Rick Koch seconded