



State of Maryland

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## Region V EMS Advisory Council General Membership Meeting Agenda

St. Mary's County Emergency Center  
23090 Leonard Hall Dr  
Leonardtown, MD 20650  
12 December 2019  
1100-1300

Conference Number: [REDACTED]

Participants Passcode: [REDACTED]

GoToMeeting Link:  
[REDACTED]

- I. Welcome and Introductions
- II. Review of Minutes
- III. Report of Chairman
- IV. Medical Director's Report
  - a. Dr. Chizmar, State Medical Director
  - b. Dr. Stone, Region V Medical Director
- V. MIEMSS Report
- VI. Old Business
- VII. New Business
  - a. 2020 Meeting Schedule
  - b. Location for March RVEMSAC meeting
  - c. EMRC Radio Usage for non-emergent transports (Nicole Norris)
  - d. EMSAC Chair Vacancy
- VIII. Announcements
  - a. Clinician Kudos / Save of the Quarter
- IX. Regional Round Table

# Region V EMS Advisory Council Meeting Minutes

St. Mary's County Emergency Center  
23090 Leonard Hall Dr  
Leonardtown, MD 20650  
12 December 2019  
1100-1300

## **Attending in Person:**

Michael Cooney, Mark Pettit, Dr. Roger Stone, Capt. Lori Cherry, Shawn Davidson, Candice Bourgeois, Dr. Rebecca Foster, Danielle Joy, Erin Parks, Mary Sullivan, Katie Wells, Leonard Simmons, Heather Howes, Michelle Khan, Nicole Norris, Sgt. James Laska, Chief Michael Lambert, Katy Wheeler, Bob McHenry, Cynthia Wright-Johnson, Dr. Karen O'Connell,

## **Attending by Phone:**

Barry Contee, Patricia Gabriel, John Dimitriatis, Dawn Moreland, Alan Butsch, Mimi Martin, James Richardson, Joel Buzy, Rose Melendez, Dr. Pinet Peralta, Dr. Karen Baker, Emily Dorosz, Sean O'Donnell, Susan Vincent, Tina Kennedy, Bethany Shane, Marisa Trantin. Jennifer Metcalf

- I. Welcome and Introductions
- II. Review of Minutes: Moved to accept (Davidson) & approved.
- III. Report of Chairman
  - a. Apologies for not showing in person. Honored to participate in EMS Plan Steering Committee. We have a really good document. There is a symposium to go over the plan on Sept 18<sup>th</sup> in Annapolis. Please sign up and give your input. If unable to attend, please connect via MIEMSS.org, download the plan and provide your feedback.
  - b. QI Symposium last month: excellent representation and examined quality measures compiled by MIEMSS and looked at their use and value.
  - c. Honored to participate in a workgroup to look at alternative reimbursement models. Meeting next week. Hoping to convince other payers to be in line with ET3.
  - d. Promoted at MCFRS. Moving to HR. Resigning as Chair of RVEMSAC. Wonderful 3 years as chair. Collaborative and mutually beneficial.
- IV. Medical Director's Report
  - a. Dr. Chizmar, State Medical Director
  - b. Dr. Stone, Region V Medical Director
    - i. **Old Business**

1. Reimbursement for non-transport work of EMS
  - a. ET3 applications (Five jurisdictions) pending spring
  - b. HSCRC remains in the loop for discussions (Deputy Director Gainer)
  - c. Individual payers are at least at the table of early discussions of their involvement
2. CRISP and EMSOPs: MCFRS uses for multiple applications (MIH, FirstWatch)
  - a. Any feedback from other 2 jurisdictions with access?
3. Alternative Transport Destinations: Fall start in Montgomery Co; new cases to come
4. Annual MIH Symposium 3.0 took place 9/19/19 Elkridge VFD:
  - a. Multiple EMSOPs reported on the progress of their programs
  - b. Speaker from CMS laid out application requirements and limitations of program
5. CHATs – Statewide meeting invitation 9/24/19 for hospital leadership @ MIEMSS;
  - a. New system proposed to be advisory and dynamic
  - b. Any Comments from Council Members? Erin Parks: Universally agreed that CHATS doesn't work. The challenge is to get all facilities to find something that works.
6. Base Station Coordinators meeting occurred 10/22/19
7. Systems Metrics QI: Statewide Summit Glen Burnie 11/14/19 – 6 working groups used Nominal technique to shake out best areas to measure to promote quality improvement;
  - a. KPI, NHTSA NEMS Q Alliance, Peds QICs, CARES & COMPASS Data
  - b. Just Culture in EMS lecture
8. EMS Plan 2020 Plan Summit on 12/18/19 > Electronically there is a waiting list as I understand
  - a. Quick Roll call for planned attendees from Region V (5 raised hands)

ii. **New Business**

1. 2020 Legislative Session – Dr. Chizmar can update any main bills
2. Base station Instructors: MedSTAR Southern MD, UM Charles Regional, White Oak (Ft. Washington TBA)
3. MHA Stakeholder's Innovation group met 10/22/19: Dr. Delbridge presented a ED utilization case for stream of reimbursement for all work EMS does besides just transports across all payers
4. MIEMSS QAO Class at MCFRS Germantown 11/7-8/2019 was open to all interested: Attendees from not only municipal EMS but also SOCLAR and DC/Northern Virginia

- a. Added a curriculum on Improvement Science
- b. If anyone interested, MIEMSS has notes on QI from speaker and slides available for those interested in being a site for a class with a QI component
- 5. Resuscitation Academy occurred on 11/7-8/2019
- 6. Charles County is an early adopter of RQI-Telecommunicator
  - a. Quality improvement program of low-dose high frequency education and review
  - b. <https://rqipartners.com/rqit/>
- 7. Open Forum or rest of meeting

## V. MIEMSS Report

- a. Call for presentations for the VA EMS Symposium is now open; November 11-15, 2020. This is a great forum to share innovations in the region, so please encourage your folks to submit presentations.
  - i. Cindy Wright-Johnston: Out of state presenters 4 hours of presentation Over 3k attendees, from 7 states. Multiple submission acceptable for the 4 hours per presenter. Symposium covers travel, per diem, lodging and attendance. Conference Coordinator is Debbie Akers
- b. NCR jurisdictions are actively developing and/or enhancing Mobile Integrated Health Care (MIHC) approaches, with a variety of staffing models, deployment strategies and financing mechanisms. Region V can benefit from lessons learned in these jurisdictions and can share their experience as well. We will keep everyone posted about this.
- c. NEW item: GWU opened its helipad on Nov 8. It is not a MD designated specialty referral center, but it is an ACS-designated Level I trauma center and a Joint Commission and AHA-designated comprehensive stroke center.
  - i. Have communications in ICU & Emergency Room. DC Airspace restrictions allow unlimited medevacs to the area but only 100 interfacility transports per year.
- d. There are also multiple conversations around narcotics, both for Narcan distribution and for internal accountability. Kudos to Montgomery County for presenting their “Narcotics Accountability Approach” recently to the COG EMS Subcommittee, it was well received.
- e. Welcome Chief Michael Lambert to the council representing PG. Happy to have him on board
- f. Our office is working with the Maryland Region V Healthcare Coalition Emergency Planning Committee to develop a Medical Surge and a Resource Management plan, all part of a comprehensive emergency preparedness plan.
- g. Dr. Pinet Peralta: CHATS & Diversion: we don’t know when we’re going to have a replacement tool for CHATS but we’ve heard that some hospitals are not using CHATS at all and some may not use it at all next year.

## VI. Old Business

- a. Diversion Plan Review Committee: Completed its work of the 2 roundtables. There were very frank exchanges of views and they were well attended. We have passed our summary off to MIEMSS.

VII. New Business

- a. 2020 Meeting Schedule Approval
  - i. Charles County Will Host March.
  - ii. Calvert County will host June
- b. EMRC Radio usage for Non-emergent transports (Nicole Norris, WOMC)
  - i. Priority 1 consults: EMRC: WOMC receives notifications for every transport over the EMRC radio. The load of consult requirements makes it burdensome. Ideal world: Notification via county radio versus EMRC for Priority 3 patients.
  - ii. Katy Wheeler (Doctor's). Sometimes cat 2 or 3 sometimes upgrade to 1 after consult. Would like to capture those on a recorded line
  - iii. Norris: Would like to keep priority 1 on EMRC. Would like notifications on radio for priority 3 versus EMRC. EMRC notifications require a base-station trained person
  - iv. Davidson: We have to make sure the receiving Hospital has notification of incoming patients. Currently in St. Mary's we use EMRC because that's what they got & what they're told to use.
  - v. Norris: Alternate notifications? Is there another means? All hospitals have other means of communications, usually local to their EMSOP.
  - vi. Department radios recorded at their PSAP.
  - vii. Chief Lambert: What's the data that drives the need for this change?
  - viii. Norris: Alarm Fatigue: Staff is continuously documenting calls and such that are eating up staff hours. Using county radio provides ease of use and doesn't require specific staff to answer every time.
  - ix. Davidson: Units in St. Mary's have had pri 1 calls wait behind other calls at EMRC.
  - x. Laska: Can this be brought up with MIEMSS or the protocol review?
  - xi. Davidson: Priority 1 must use EMRC and Pri 2 and orders: Stable 2 & 3 may be made through EMSOP communications
  - xii. Cooney: Calls in EMRC are queued in order received not priority. Sometimes priority calls wait behind non-priority.
  - xiii. Emily Dorosz: Lots of EMRC Low priority notifications. Direct radio notifications are possible but can cause a problem when units don't know if they need to consult or not. May be problematic to switch over,

especially when a 2<sup>nd</sup> hospital is needed. Against putting more calls on EMSOP Radios.

- xiv. Rose Melendez: What is the MIEMSS policy? Are we following it? We're trying to be efficient. We recently had our chest pain accreditation visit where we were told that the consult form needs to be signed by physician.
- xv. CWJ: Forms need to be signed by a physician only for priority 1 and physician orders.
- xvi. Stone: What do the hospitals want for hearing vs. not-hearing of incoming calls? Priority 1 & 2 or all? There are differences among the different hospitals and the way they are staffed & structured to receive incoming calls. Different EMSOPs may not have interoperability with the channels. There may not be a one-size-fits-all solution for the region
- xvii. Butsch: MCFRS has allowed other EMSOPs use their 700 for notifications. Can be made available to other EMSOPs is needed. However, all this tech is not perfect, neither is the people using it. – MCFRS is tentatively exploring use of other technologies for notifications. Why is a nurse doing a form in 2019 on paper?
- xviii. Cooney: Good point: PGHC has 1st watch.
- xix. Dr. Baker: don't get full notifications for all patients. Lower priorities are asked to just show up and use the monitor to see what's coming. Is a very useful too.
- xx. Candice Bourgeois: Not used as much as it can be but it's up and running. Can see cat 3 coming and don't need consults. Priority 1 & 2 patients need the consult. All have access to 1<sup>st</sup> watch, Prince George's & Charles.
- xxi. Danielle Joy: Open Pandora's Box. We see a lot of mis-prioritization: Priority 3 that should be 2. Clinicians that don't want to use lights & sirens so they downplay patient priority. Divorce priority & use of Lights & sirens and will get more appropriate notifications.
- xxii. Chief Davidson: I'm all for using the best tool for the job. Are we over using "the box" and priority 1 consults are delayed?
- xxiii. Cooney: There is no one size-fits-all solution, even for Region V. Each Hospital and EMSOP relate differently. St. Mary's is different than WOMC.
- xxiv. Norris: Is there a historical perspective?
- xxv. Stone: Varied history. Does RVEMSAC Agree that hospitals don't need to know 2 & 3?
- xxvi. Lambert: Should we make a workgroup?

- xxvii. Nicole Norris Moves to form & chair EMRC usage workgroup. Endorsed by Chief Butsch.
- c. RVEMSAC Chair Vacancy
  - i. As per bylaws
- d. Dr. Foster: MedSTAR Southern Maryland has begun construction and the emergency department is divided into a side for walk-ins and one for patients delivered by EMS. There will be two different emergency departments, one for walk-in patients and one for those transported by EMS.
  - i. Lambert: Does that affect our ability to put low acuity into the waiting room? Dr. Foster: We hope not. We will take low- acuity in the ED & limit the amount of patient shuffle by EMS.

VIII. Announcements:

- a. Clinician Kudos / Save of the Quarter
  - i. Captain Cherry: on November 8<sup>th</sup>, 2019, EMS crews were dispatched at 2am for OB. They found an imminent delivery of twins at 36 weeks. One medic had never assisted in childbirth. Baby girl was delivered without complications. Baby boy was breech birth. Soon after, a second crew arrived and assisted. Both children were delivered safely at the home.
  - ii. Chief Davidson. Near the end of October, a husband and wife were exercising at the gym when the wife experienced sudden cardiac arrest. Gym staff performed CPR and deployed AED which delivered one shock. ALS crew arrived within 6 minutes. One week later, the wife walked out of the hospital.

IX. Regional Round Table

- Prince George's Health Department – Not Present
- Montgomery County Health Department – Nothing to add.
- Charles County Health Department – Not present.
- Calvert County Health Department – Not present.
- St Mary's Health Department – Not present.
- UM Bowie Medical Center – Nothing to add.
- UM Laurel Regional Medical Center- Nothing to add
- UM Prince George's Hospital – Nothing to add.
- Doctors Community Hospital – Kathleen Wheeler Nothing to report.
- Adventist Fort Washington - Not present.
- MedSTAR Southern MD – Nothing to add.

- UM Charles Regional –Starting construction plans. Should not affect ambulance bay. Will be deployed in stages and will be planned. No timeline on EMS Entrance changes.
- Calvert Health – Erin Parks: Went on Mini disaster on 11/26. First time in 13 years. Thanks to all for support.
- MedSTAR St. Mary’s Hospital – Nothing to add.
- WOMC Adventist –Still working through growing pains. Thank you to all EMS & MIEMSS and other facilities for support and assistance. Norris: How are other hospitals dealing with EMEDS & Pt records?
- Holy Cross Hospital – Nothing to report.
- HCH Germantown – Nothing to report.
- Shady Grove Adventist – Thanks to Chief Butsch for his service & wish him best.
- Suburban – Nothing to report.
- MedSTAR Montgomery – Nothing to report.
- Children’s National Medical Center – Emily Dorosz; Nothing to report other than maternity leave coming soon. There will be appropriate contact information on her reply message. Returning in March.
- EMSC – Update for state program distributed. Winterfest schedule is up. Talbot County is including pediatric high-performance CPR the EMT Refresher course. (12-hour skills). Miltenberger conference is coming. No EMSC pre-conference this year. CPEN review course is being offered again. EMS Care 4/22-26. Call for speakers are out. Jeff Sexton is current chair. Looking for new speakers. Open until 12/31. PEPP Classes are set up for spring & Fall. Region V Has 5 EMS Champions, one for each EMSOP. Will start asking Hospitals who their Pediatric Champion is by January 6<sup>th</sup>. Survey incoming.
- Shock Trauma – Not present.
- Malcolm Grow/JBA – Not present.
- Walter Reed – Not present.
- MSP – Not present.
- US Park Police – James Laska, Nothing to add.
- MSFA – Not Present
- MFRI – Not Present
- Prince George’s County Fire/EMS – Nothing to report.
- Montgomery County Fire/Rescue – Chief Butsch: on December 4. Semi-annual Awards. Recognized about 12 teams on EMS incidents. Several survivors of OOH CA. Thank Dr. Joel Buzy & Dr. Delbridge & Dr. Chizmar who came. About 100 people in attendance. Started alternative destination pilot with 1 unit & added a couple more. About 45 patient encounters, 3 were clinically viable but none agreed to the request. Investigating why. Channel 5 did a nice story about it. Appreciate everyone’s collaboration. Will be at the EMS Plan meeting & EMS Care.
- Calvert County EMS – Heather Howes: Career EMS positions are still open. Governmentjobs.com Interviews & Hiring ongoing. Hoping to have people on board by February.
- Charles County EMS – Capt. Cherry, Certified as an NAEMT training site. All staff trained in TECC. Will make it available to outsiders after current staff trained up. Approved by



MIEMSS to do in-house refresher courses. Will be hosting classes in the spring. MIH team has received subscription for telemedicine & secure platform is running. Waiting on equipment.

- St Mary's County EMS- Chief Davidson: Beefing up QI processes. Working on staffing shortages. May be implementing optional protocols. Overhauling Narcotic accountability process and purchasing. Almost done. Thanks to Charles County for sharing policy information. Thanks to MedSTAR St. Mary's for working with us on Patient flow. Seeing decreased drop times. Waiting to hear from county government & legislature about whether St. Mary's EMS can bill for services without losing tax subsidy. PETTIT: EMS Operation position is still hiring. Expect to be filled by end of January. Thanks to Chief Butsch for the work.

X. Adjournment