



Jurisdictional Advisory Committee Agenda

December 11, 2019
10:00 AM to 12:00 Noon
653 West Pratt Street
Baltimore, Maryland

Meeting called by: Christian Griffin, Chairman

10:00 AM	Welcome and Introductions	Christian Griffin
10:00-10:30 AM	OMD Update	Dr. Chizmar
10:30-10:45 AM	Regional Programs Update	Andrew Naumann
10:45-11:00 AM	Licensure Update	Terrell Buckson
11:00-11:15 AM	EMS-C Update	Cyndy Wright-Johnson
11:15-11:30 AM	Nominations and Election of officers: Chair and Vice-Chair	Christian Griffin
11:30-11:45 AM	Jurisdictional Roundtable	Christian Griffin

JAC Meeting
December 11, 2019

The meeting was called to order by Chair Christian Griffin. Around the room, introductions were conducted. Those calling in via GoToMeeting: David Chisholm, Washington County; Dwayne Kitis, MIEMSS Region I; John Barto, MIEMSS Region IV; Mark Pettit, St. Mary's County; Alan Butsch, Montgomery County; Janelle Martin, MD, Region I; Brian LeCates, Talbot County; Denise Hill, Cecil County; Chad Gainey, MSP; Michael Cole, Frederick County; Michael Cooney, MIEMSS Region V; Lisa Chervon, SOCALR; Dozia Rahilly, Dorchester County.

Motion by BWI to approve the October Minutes, second by Baltimore County. Motion passed; Minutes approved.

Dr. Chizmar: Many attended the First Annual Quality Improvement Summit. Reports were distributed based on clinical benchmarks from EMS Compass and California performance measures to all of the jurisdictions to let you know which letter your jurisdiction was so you know how you are performing relative to other counties of similar size as well as the state. Your QA/QI officer should have a packet with your specific information in it. The feedback from that conference has been very good. There were suggestions for some new measures for some modifications to measures and look forward to continuing that conversation on an ongoing basis as they try to measure things that are more clinically relevant. His interim plan is to get that group back no later than April.

Go-Team Process: Shock Trauma provides the Go-Team but requires partnership with MSP Aviation Command and ExpressCare. The only thing that was changed was the phone number for the 911-center to call here to request the Go-Team. There was a memo that went out to all PSAPs, all 911-center managers regarding the Go-Team request process. When your PSAP makes that call, SYSCOM will loop in ExpressCare so that ExpressCare, who dispatches the Go-Team can be in the loop from minute one. This is so everyone is getting the same information; ExpressCare is starting to page out the doctors and nurse anesthetists who are coming to the scene and at the same time MSP aviation command is checking to see if they are able to make a flight to the scene. Check with your PSAP managers to make sure they received that memo. If they have not, we will put the memo in with the JAC Minutes. Again, the only change is the phone number used for requests. Goal is to try and get them out the door as soon as possible. Hopefully this will lead to a faster response time overall for the Go-Team to get to your scene. Sometimes when weather prohibits flight, the Go-Team comes by ExpressCare ambulance. Keep the Go-Team in mind regardless of the weather.

Remind everyone scene aviation requests, the requests for the scene helicopters should go through SYSCOM/EMRC and that is to ensure multiple helicopters are not being sent to the same scene and also to ensure that the closest helicopter is being dispatched. On a daily basis, there are sections that have to go in or out of service for maintenance reasons and even though you may think a helicopter may not be close by, there are movements during the day that allow them to make a timely response. The bottom line is have everyone make his or her requests for a scene helicopter by calling your PSAP and then have the PSAP call SYSCOM/EMRC.

Currently up to one-half of the counties in our state, 13 jurisdictions, are participating in Naloxone Leave Behind. Dr. Chizmar said they are seeing a flattening of the curve as far as the rate of rise. He feels this is in part due to jurisdictions' partnership with your health departments. Dr. Chizmar knows Naloxone is not the answer to the crisis, but in some cases it can prevent the fatality and allow people to be engaged

in treatment on a long-term basis. If your jurisdiction is not doing Naloxone Leave Behind, and you are thinking about it, speak with Dr. Chizmar. There is no cost to you and it can have an impact on your community.

There was an EMT field-training packet. For all new EMT's, they were asked to complete a field internship which was essentially 10 patient assessments. Up to one-half of them can be simulated assessments which means done in the class and it does not require a transport. They are in the process of updating the packet; it has gone to MFRI and MSFA for comment. He is sending the packet electronically to the Committee also. One key addition is they are asking clinicians to use eMEDS. As part of their field internship, they will be exposed to the use of eMEDS.

Dr. Chizmar related that he has been approached by the hospitals and is asking for feedback. Many patients, rather stroke or cardiac, whatever the nature of their illness, end up getting a CAT scan. The J Loops or extension sets that are used in some cases cannot support the pressure used with the CAT scan machine. There are pressure rated catheters that right now, you put an IV in or a J Loop in, if that J loop is accidentally used by the hospital to deliver high pressure through it, it can cause the J loop to split apart. There are pressure rated J loops available. The cost is about \$1.00 higher per J loop in some cases. The ask on behalf of the hospitals was for the Committee to consider how to put pressure rated J Loops on patients. This so the patient doesn't have to have the J loop exchanged or have the potential risk of someone not checking the J loop and accidentally giving it to them and splitting it apart. Dr. Chizmar asked for thoughts or ways for solutions.

Howard County was approached and felt it was too expensive. Both Baltimore County and BWI agreed with Howard County. Dr. Chizmar then asked, if the hospitals were to be on board with supplying, what are the thoughts of the Committee? Baltimore County does not do hospital exchange. From the patient's perspective, if an IV had been started, would not want it changed over. Christian Griffin: Consider straight connection instead of using J-loop? This is tabled for now.

Dr. Chizmar spoke with David Sabat, Howard County and a few others about hospital wait times. This is being addressed with hospital leadership through a workgroup that Dr. Delbridge has convened. One of the asks has been to consider either as a state or as a pilot to develop criteria to establish patients who would be stable/suitable to go to triage/waiting rooms. In early 2020, Dr. Chizmar would like to get a broad representation of hospitals, jurisdictional officials and medical directors together around this idea to build out criteria much like was done for alternative destination. Criteria as to who we think might be stable to go to triage and not need to wait in the hallway on a stretcher for a bed. This will be the Destination Protocol. If you want to be involved in this workgroup, contact Chris. If this checklist were to be put together today, would your jurisdiction be interested in piloting today? By a show of hands: responding to the question were Baltimore City, Baltimore County, Anne Arundel, Prince George's and Howard Counties. More to come on this.

Andy Robertson (for Andrew Naumann): All jurisdictions except Anne Arundel, Cecil and Prince George's counties are on CRISP. Any questions on QA or MIH access contact Andrew Naumann. MIEMSS has completed its integration of eMEDS data into the State's surveillance system to allow the MDOH to utilize the EMS data to track the disease detection. Awarded a \$200,000 grant for Narcan reimbursement. Will be released to jurisdictions in the near future.

Dr. Chizmar: FDA put out a notice regarding AED's and defibrillators. There are certain AED/s non-FDA approved on February 3, 2021. Life-Pac 12 is one listed as non-FDA approved as 2021. Life-Pac 15 is

approved. Life-Pac 500 and Life-Pac 12 will not be FDA approved. Dr. Chizmar listed the ones that will be approved. Following today's meeting, this announcement will be e-mailed to JAC members.

Melissa Meyers provided the report for Licensure and Certification. The Department is working with the ALS Subcommittee to create courses for the state content hours requirement for National Registry renewal for ALS providers. This content will be effective from May 1, 2020 through April 30, 2022. For this recertification cycle, there will be ten hours of state content and five hours of local content. Of the state content, seven hours will be distributive, and three hours will be in-person.

Cyndy Wright-Johnson: Provided the Committee with a power point presentation, "EMS for Children 2020 EMS Assessment." The assessment is confidential; online entry time is estimated to take 10-15 minutes and questions are in four parts. Gather the numerical data needed to complete the survey. Also, data on EMS professionals. How many EMS providers currently work at your agency for the provider levels (EMR, EMT, and NRP)? Survey opens January 7, 2020. You have until March to complete this. However, Dr. Anders came up with a rewards program. Anyone who completes this within the month of January will be entered into a drawing for a free registration and hotel room at an EMS conference of your choice. They will provide Miltenberger, EMS Care, or Winterfest registration for one person.

Bi-Annual Elections for Chair and Vice-Chair of JAC: Nomination for Chair, Christian Griffin nominated by Chad Packard, BWI, Second by Richard Schenning, Baltimore County. James Brothers Chair nominated for Vice-Chair by Chad Packard, BWI and Second by Richard Schenning, Baltimore County. Unanimous for both to continue in their current positions: Christian Griffin will remain Chair of JAC and James Brothers Vice-Chair.

Jurisdictional Roundtable

Anne Arundel: In the process of hiring 70 additional folks, ALS providers.

Baltimore City: The fire academy just graduated a suppression class of EMTs/firefighters in October. There is a suppression/EMT class there now with 38 members and an EMS class with EMT/Paramedics of 34 total members there. Currently working with the hospitals for the MOU process. Deputy Chief Fletcher is retiring; Battalion Chief Matz is Acting Deputy Chief for EMS for Baltimore City.

Baltimore County: Working with hospitals regarding wait times. A few are starting to show significant improvements in their offload times. Revisiting nursing home programs. They go out and provide the nursing homes information on the appropriate use of 911 vs other mechanisms of getting to the hospitals. They are looking to drive that down some with educational relationships with nursing homes, nursing directors. They do have a public health nurse now who has been assigned to the EMS division. Working with the Department of Aging and several other behavior health, looking like integrated health but mainly using County resources not quite hospitals at this point. Looking at implementing with at least one partner hospital a fall prevention program. What they found was that falls are the second leading cause of dispatch, for about 17,000 calls last year. Looking to partner with some of the CDC resources to provide that and make interagency referrals for fall prevention programs to help drive some of those numbers down.

Baltimore County and Dr. Chizmar have met with some of the hospitals 1:1. It has been multipronged: 1) the theme is to highlight the issue; 2) start sending them reports of their offload times derived from eMEDS. We have started doing this on a weekly basis for some hospitals in Baltimore County who have

struggled with offload times; 3) reach out to Office of Health Care Quality Management (OHCQ) with your concern. This is an option that is available to you, generally as a last step. You essentially say to the hospital that they are not meeting their EMTALA obligations. OHCQ is required to go to the hospital and conduct an investigation.

When you look at median offload times statewide the numbers are around 19 minutes. In those meetings attention is drawn to the long stays which in some places have approached three, four or five hours. At that point the patient has declared himself or herself as imminently sick and in need of a bed or imminently stable and probably could have gone to somewhere other than a bed immediately. There is really not any logical reason to have the stretcher there three, four or five hours. Criteria of who is stable from the clinician and recommend to the hospital/nurse by taking a proactive step forward and say, "I really think this patient is stable, here's the checklist."

BWI: They have taken on five new recruits. Hope to start the academy early next year. They are taking applications for two EMS Lieutenants to test and promote right after beginning of the New Year. 20,000 persons have now been trained at the kiosks.

Cecil County: In the middle of interviews this week for the paramedic positions. An EMT started over one month ago and is doing fantastic.

Howard County: There is currently a recruit class now and they are scheduled to graduate in March. Right behind them, Recruit Class 33 will start. They are scheduled to start billing in 2020 and have hired a full-time QA/QI Officer and a billing manager. Plan is to start billing the first quarter of 2020.

Montgomery County: Recruit class in session. Started their Alternative Destination pilot. Started with one transport unit and have since added three more. MIH Program: they have a Community Health Nurse who will be starting within the next month. Talking with the Health and Human Services folks about sharing data on diabetics. That's the number one health priority in the state. Alan Butsch announced that he is being promoted and will be leaving his position in EMS and moving to the Human Resources Division. Chair Christian Griffin thanked him for his many years of service in EMS and his efforts in EMS. He also thanked him for spearheading MIH, Alternative Destinations on the local and national level.

Prince George's County: The recruit class graduates on January 3rd. Looking forward to 2022, hopefully there will be two recruit classes. The MIH partnership with the UM National Capital Region will bring on a nurse practitioner in 2020. That will change the role of their program.

Talbot County: The brochure for Winterfest is out. Registrations have begun.

Washington County: Working with the Health Department to enhance their mobile crisis availability in the field for opioid overdoses that are refusing transport but still want to enter into some type of treatment program. Working diligently to get that spun up.

Wicomico County: As the Committee knows, they are not a county system, companies are trying to work with Salisbury to get on board and enhance the MIH program.

MSP: Class 150 is getting ready to graduate on the 20th from the academy. There are seven medics in that class that will be graduating and one that will be starting training. There will be eight rescue

technician medics out there soon. Currently recruiting for the next class. There are five medics who will be in the next class.

MSFA: The Executive Committee was held on the 7th and 8th. The next EMS Committee will be held at Darlington VFC on January 5th, and all are welcome to attend.

Calvert County: Working their way through the hiring process for 9 EMTs, 9 paramedics and 5 paramedic supervisors. Interviews have been completed. The Behavioral Health Unit has put a mobile crisis team in place that is being dispatched on opioid overdoses; they are a resource that is in place when they do not transport due to a patient refusal that has medical staff and peer counselors there on scene immediately. This went into service in late October and has been dispatched on approximately 30 incidents; no statistics on outcomes to date. They are dispatched over public safety fire/rescue/EMS side, non-emergency response. Per Dr. Chizmar, who has been working with their Health Officer on this, the one unique piece is offering patients buprenorphine or suboxone induction therapy if appropriate on scene or shortly thereafter if appropriate. They are not going through EMS. New Jersey is doing some of this through EMS, called medication assisted therapy. This is the first set up in Maryland. Great job extended to Calvert County by Dr. Chizmar.

Dorchester County: They currently have paramedic's in the preceptor process and they still need more in order to fill the vacancies they have had for a few years now. Actively recruiting and continuously hiring.

Christian wished all happy holidays. Motion to adjourn at 11:30 am