



Jurisdictional Advisory Committee Agenda

August 14, 2019
10:00 AM to 12:00 Noon
653 West Pratt Street
Baltimore, Maryland

Meeting called by:	James Brothers, Co-Chairman	
10:00 AM	Welcome and Introductions	James Brothers
10:00-10:30 AM	OMD Update	Dr. Chizmar
10:30-10:45 AM	Regional Programs Update: <ul style="list-style-type: none">• CRISP• Essence	Andrew Naumann
10:45-11:00 AM	Licensure Update	Terrell Buckson
11:00-11:15 AM	EMS-C Update: <ul style="list-style-type: none">• 2020 EMS-C National Survey	Cyndy Wright-Johnson
11:15-11:30 AM	Field Operations	Randy Linthicum
11:30-11:45 AM	Infectious Disease Update	Mustafa Sidik
11:45-12 Noon	Jurisdictional Roundtable	James Brothers

JAC Meeting – August 14, 2019

The Jurisdictional Advisory Committee Meeting was called to order by Co-Chair James Brothers who welcomed everyone in attendance and asked for introductions of both those attending here in the room as well as on the phone.

Members attending via conference line were asked to introduce themselves: David Chisholm, Washington County; Denise Hill, Cecil County; James Richardson, Calvert County; Tami Wiggins, Harford County; Wayne Tiemersma; William McCarren, Baltimore City; Michael Cole, Frederick County; Christian Griffin, Baltimore County; Chad Gainey, MSP; Barry Contee, Calvert County; Alan Butsch, Montgomery County.

The Minutes from the June 2019 meeting were approved as posted.

OMD Report: Dr. Chizmar discussed the EMS Plan. Right now, there are 17 sub-categories to the Plan and everyone has the opportunity to participate and offer input. The goal is by the end of the year to present to the EMS Board. The EMS Plan is the guidance document for the EMS system to pursue new areas.

Medication Shortages: Ketamine Survey, 25 responded and 16 of the 25 said they are able to obtain ketamine in some form. One reason for the survey, to connect those who cannot get ketamine with those who can. Dr. Chizmar asked the group if they are comfortable with him sharing the jurisdictions able to get ketamine and all in favor of sharing information. Other medication shortages are prefilled epi which there are workarounds for. Sodium bicarbonate still one of the very few consultation meds. He has spoken to some medical directors and has discussed removing it from the protocols. However, it was kept in for the rare crush syndrome or hyperkalemia. If you are only able to have one box on your ambulances, try to spread the resources. He has spoken with Fremont Magee, Assistant Attorney General and we do not have the legal authority to extend expiration dates on meds at the State level. The other is Diltiazem, with verapamil as the default workaround. One jurisdiction stated they have recently been able to get vials of sodium bicarbonate. Dextrose is the other.

PRC on September 11th making sure people have the morning free for ceremonies. We have an RSI group that has been meeting looking at revising that protocol. There is a trauma group meeting actively, proposing revisions to the trauma protocol as well as active assailant, and making sure, we are explicitly stating in there the use of tourniquets and wound packing that Stop the Bleed has been teaching for a while. The goal for the protocol moving forward is to make it living room material. What he means by living room material is if you do not need it when you are in the patient's living room taking care of them, it should not be in the protocol book. The rest of the administrative guidance should be living somewhere else. He is working with Dr. Delbridge to find the somewhere else. Continuing to try to slim the protocol book down. The EMT field-training packet has come to attention as in need of major revision. Mark New will be working through that. No later than October 1st we will have a new revised EMT field-training packet. For those who are new EMTs and needing to get preceptor calls in the field. Going to steer people to use the demo eMEDS user site. The demo site does not feed live into your data.

Naloxone Leave Behind up to 12 jurisdictions having added Baltimore County and Harford County since we last met. Thanked the 12 who are participating. For the 12 who are not participating, strongly

consider taking back to your leadership. This should not be an added cost item; the Health Department should be paying the cost of the Naloxone. It is just they do not have a way to distribute it.

Stroke Routing Pilot: Waiting on one partner to sign on as part of the IRB agreement. One year ago, we put it in the Protocol to expand the high LAMS score stroke patients being diverted past primary to comprehensive stroke centers. This does have research tied to it and an IRB overseeing it. All participating centers: UMMS, Johns Hopkins, Hopkins Bayview and Sinai have to sign on to the IRB Agreement before it can go live. He has soft launched the education on the LMS site for those jurisdictions participating (Howard, Baltimore City, Baltimore County, Harford and Anne Arundel) for the new stroke routing.

ET3 Program: The request for applications is officially open for ET3 until September 19th. MIEMSS has published an algorithm for use for Alternative Destination. Even if you are not interested in applying for the Medicare ET3 program which allows you to get paid, if you are interested in going to Alternative Destinations, rather ET3 eligible or not, Dr. Chizmar asks that you reach out to him. The administrative guidance for that is with Dr. Delbridge but he will make that connection to get you onboard. ET3 has also brought with it not only Alternative Destination but also the promise of telehealth; MIEMSS is actively pursuing a way to regionalize telehealth to be able to provide a regional telehealth asset. Dr. Delbridge, Pat Gainer, folks from Communications, as well as myself are traveling to the Ethan Site in Houston to see if we can operationalize that in Maryland. The Ethan Site is a telemedicine site for the Houston Fire Department, staffed with nurses and physicians, which allows them to accurately triage folks and to potentially stay on scene and treat.

We do have a few jurisdictions, he believes Commercial Services, who are not leaving the Short Form and not doing a report within 24 hours. Dr. Chizmar asks that you continue to keep the message going.

Dr. Chizmar has spoken with Bruce Autry from Physio Stryker. Those of you who are using the Physio product that has 3G modems, the guidance coming out around December 31st, and jurisdictions need to be making the switch from 3G to 4G modems. That is a piece that some jurisdictions are able to fund some not able to fund. He asked if make the jump to 4G, will there be a jump to 5G. It does not seem like 5G move is on the horizon.

MIH participants: Dr. Chizmar will be sending a survey out to only those participating in MIH to see where you are with MIH and see where we can help you. He wants to make sure we are helping in that process as much as we can.

Dr. Chizmar will be working with Cyndy to identify a meeting date potentially sometime in November to revisit quality metrics for adults and pediatrics. Location will be centrally located and time is between 10 am and 2 pm. The medical directors, lead jurisdictional officials will meet to speak again about quality metrics and where we are with those. Cyndy: really want the QI officer, medical directors, and there is the ability to have three per jurisdiction. Will share the work Dr. Chizmar, William Thompson and Teferra have been working on.

Dr. Wendell: Question regarding the ET3 application. Dr. Delbridge and Pat Gainer met with CMS early on. The State wanted to apply; however, the State does not submit billing and cannot create one large application. Jurisdictions submit billing and can collaborate. Some jurisdictions have talked about collaborating to make their applications stronger. They wanted to target jurisdictions with 7500 or more Medicare fee for service beneficiary trips. That was a soft guideline. Therefore, if you do not have the

7500 Medicare patients transported within the year you can still apply but they will consider your application a bit more highly if you are above that mark. For those of you who are in a more rural area, combining jurisdictions may help boost your application. One thing a little limiting that came down from CMS, they require a 24/7 option. There has to be an ability to have a telehealth or telemedicine option or go to an alternate destination, one or the other 24/7/365. What some of the jurisdictions are planning, an alternate destination plan by day, augmented by telemedicine capability at night. The State is not requiring the 24/7 option but if you are going to submit your application to CMS to try and be compensated, as he thinks you should, that 24/7 has to be on the table. Not many urgent cares are not open at night. Baltimore City and Montgomery are in the application phase. The other piece of funding opportunity is the nurse triage line in your dispatch centers. It is a heavy lift but moving in the right direction.

Andrew Naumann: Dwayne Kitis will be the Regional Administrator for Regions I and II. An Associate Administrator will be hired to assist him. Regarding the CRISP project, Andrew thanked all who are onboard. If you have questions, reach out to Andrew, Jason or Dr. Chizmar. Currently working to integrate the Maryland EMS data set in a near real time fashion with Essence, which is the DOH syndromic surveillance system. There will be opportunities in the future to define what those syndromic surveillance measures are. Will reach out to jurisdictions to see what will be valuable for them to see in real time.

Cyndy Wright-Johnson: The Summer Update from EMS-C was handed out and will e-mail out to those who have not gotten it at regional council meetings. They had a very good response in April and July from the Pediatric Champions to training. Will be offering in October the optional PEP Class for the EMS Champions who want to become PEP faculty, coordinators or instructors. Will be repeating the Pediatric Burn Con-ed that was held in April. It is scheduled for the second Thursday and Friday in October; Pediatric Champions have been notified and know how to register. Hotel rooms will be provided if the participant drives more than 60 miles. Goal by September 1st all of the 2020 dates will be out. Will hold an in person meeting the end of January, will review a number of things, and will have call in for that. Will have in person training at Ocean City. That is the annual conference. She has also asked for a Moulage class on Thursday. Asking for the transfer of knowledge, what is working in one jurisdiction can be tweaked to work well in another. The EMS Champions have been crossing the State over the last year so that there are four or five trained instructors to implement HP-CPR. In January 2020, you will receive a survey, same survey of 2017. It will ask about two Federal performance measures. Cyndy prefers HJO's complete the survey. One question is, do all jurisdictions have a Champion and it should be noted that all jurisdictions have a Champion except Somerset. In addition, answer to Question 5 is yes. Cyndy continued in-depth review of the survey. Thanked everyone who supported heat stroke day. There have been 28 child deaths; they have four heat stroke displays with more coming. Will do child safety work in September.

Mustafa Sidik: Provided stats on Ebola outbreak. Ebola 2837 cases with 1891 fatalities. Increased risk of regional spread. The worldwide spread risk is extremely low. They are testing two vaccines that have shown good treatment, so they are following that. The four HCID teams stand ready to respond. They are exercising at least once a year. April 14 – 17, 2020, MD DOH along with MIEMSS and other State partners will hold a full-scale statewide Ebola exercise with three teams transporting from a field site or front line hospital to an assessment or treatment hospital. Thanked Chief O'Connell for developing an Ebola exercise manual that can be offered to jurisdictions. On February 20th an Emerging Infectious Diseases Symposium is being offered at Johns Hopkins Hospital with panel discussion. More information to follow. See webpage for information: Infectiousdiseases@miemss.org

Michael O'Connell: September 14th DHS and Veterans Administration will be conducting a full scale NDMS exercise at BWI. The storyline was provided in the June 2019 Minutes. There will be two phases to this exercise; one phase will be a direct triage for the aircraft and transportation to participate with Baltimore area hospitals. The second phase testing their triage treatment and holding area. They will not be using public safety assets. Commercial ambulances will transport the NDMS patients. If you have an interest in observing, contact their office.

Randy Linthicum: There is a new workgroup focus, Health and Wellness for Emergency Services Personnel. Since 2014 there have been symposiums with all CISMS and peer, support teams held several times a year as well as State teams and Corrections. A workgroup began in April with the current membership to include Harford County Sheriff's Office, Baltimore County Sheriff's Office, Prince George's County Sheriff's Office, Charles County DES, Howard County Fire and EMS, International Critical incident Stress Foundation, MIEMSS, Talbot County EMS, and Prince George's County Fire and EMS. The idea is to instead of focusing on CISM after a stressful incident, do more front end preparedness for EMS personnel, fire, law, EMS dispatchers and others. Howard County and Montgomery County have great wellness programs. Not everyone in the state has the resources to do the level of support that they are able to provide. This group is going to work on strategies to improve wellness from cancer, heart attacks, stroke prevention, substance abuse prevention, and building on mental health resiliency so people are better prepared before critical stress incidents happen. Dr. Delbridge presented to the EMS Board yesterday and they approved.

Jurisdictional Roundtable:

Annapolis City: Nine paramedics coming out in the field after fire school. The new Fire Chief O'Malley has moved in. Deputy Chief Carol Sprigs has been promoted. Robert Christian was introduced. He will take lead of EMS.

Anne Arundel: Captain Mark Dubel will be retiring. Captain Joe Cvach is his replacement.

Baltimore County: EMS recruit class starting in September. Have been switch out their laptops; will have 33 laptops. Their new Fire Chief, Joanne Rund is getting settled in.

Calvert County: Plan on hiring nine EMTs and five paramedic supervisors.

Cecil County: Down a couple of paramedics, but they just posted this week and are hiring three EMTs. Their EMTs will be driving the volunteer ambulance in Chesapeake City to help supplement things downtown.

Dorchester County: Kenny Tull, Assistant Chief recruited approximately one month ago, introduced himself.

Garrett County: Dr Perry who served as their medical director has retired. Dr. Somi Rikhye is now their medical director. They are rolling out a community resource team in partnership with the Health Department and look forward to sharing the results of that partnership.

Harford County: Dr. Steven Fountain is now the Harford County medical director replacing Dr. Timothy Chizmar.

Howard County: Captain Dave Sabat, who is now Acting Battalion Chief, has taken over for Chief Brothers. Captain Sabat will now be the POC for Howard County Fire. Chief Brothers is now the anchor to the BOSH Program (Bureau of Occupational Safety and Health). The MIH Annual Symposium is scheduled for September 19th, at the Elkridge Volunteer Fire Department, 5700 Rowanberry Drive, Elkridge, MD. It is filling up quickly so if you want to attend, be sure to reach out to Christina or Evan whose information can be found on the flyer. The Resuscitation Academy is November 7th and 8th; applications are being accepted. Merriweather Station is opening Monday, August 19th. Class 32, 45 candidates to start in September. Class 33 will start in May or June. 2020.

Montgomery: Thanked Chief Brothers and Howard County for hosting the MIH Symposium. A really good program is planned and is well worth attending, if you are involved in MIH.

Prince George's County: Field training officer course starting in September. Deputy Chief Pippin Life Pac's will be phased out. Kudos to Chief Frankel and Chief Butsch were down at Pinnacle and they did a great presentation (to standing room only) on their data analysis at the conference on how they have used First watch with first pass on how they make decisions in the field and how they are going to communicate with the hospitals and they were also in one of the journals. If anyone has not read the article, asked to take a look at it as it was very well done.

Queen Anne: Recruit class starting in October. Challenges coming up with the repaving and work on Bay Bridge. Their turnaround times are expected to triple. Getting more staff and units in anticipation. MICH Team treating up to three days a week and all three days are filled with appointments. He is happy the program is growing. His vision is that this program will be its own division under EMS and operating five to six days a week in the future. Communications staff has added a sixth position during the crunch hour.

Washington: Monitoring aviation usage and response time with Trooper 5 going to 12-hour shifts and not covering nights.

BWI: The second phase of their bleeding control plan for the airport. All of the public areas and piers are complete. Now doing the administrative areas and out buildings. We also added Martin State Airport. RTF Training with Transportation Authority Police is about wrapped up as of last week. Request for bleeding control classes from everyone in the airport has increased. Four recruits in Anne Arundel Academy. Taking applications for two EMS lieutenants.

MFRI: MFRI announced at the EMS Board meeting yesterday that they received approval for their PearsonVue testing center at College Park for eleven slots.

MSP: Intention with Trooper 5 at least at this point is to go from 7:00 am to 7:00 pm. They have identified since January 1st, only two MD transports. Due to pilot shortages will staff only during these hours. Dr. Chizmar: the shortages have gotten better at least as far as the pilots go, temporarily at least. One thing he wants to emphasize, all field personnel if someone needs a helicopter, still make the call EMRC/SYSCOM. There are agreements with commercials to back MSP up. One of the things from a medical standpoint that he does not want to see happen, had an asset ready that was non-MSP that was ready and waiting to backup. Air Methods, Stat, and they will not know you have a transport without getting a call from SYSCOM. MSP will not know what they are missing if you do not make the call. That will not support their argument to add resources. It does not look like they are missing calls.

Call SYSCOM so the patient can make the right care and if the call is not being made, that may not support the need for helicopter resource.

MSFA: EMS Committee will meet on Saturday, August 24th at Chestnut Ridge VFD. The Committee will continue to look at EMT program and its effects on the volunteer services. The next Executive Committee Meeting will be held September 21st and 22nd at Bay District.

Shock Trauma: 155 backboards are going in the trash on Friday if not picked up or she is happy to donate.

Winterfest: January 23-26, 2020 at Easton High School.

Miltenberger: Pre-conferences will be offered pediatric nursing course offered March 12 and 13, 2020.

EMS Care: Booked for April 22-26, 2020 at the Clarion Hotel in Ocean City, MD.

Mid-Atlantic Life Safety Conference is scheduled for September 24, 2019 in Howard County. Go to MFRI.org to register. Numbers are low so please take information back to your folks. Appreciate your support.

Next meeting is scheduled for October 9, 2019 at 10:00 am.