Jurisdictional Advisory Committee Agenda

October 9, 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
10:00-10:15 AM	**Executive Director Update**	Dr. Delbridge
10:15-10:30 AM	**OMD Update**	Dr. Chizmar
10:30-10:45 AM	**Emergency Operations Update**	Randy Linthicum
10:45-11:00 AM	**Regional Programs Update**	Andrew Naumann
11:00-11:15 AM	**Licensure Update**	Terrell Buckson
11:15-11:30 AM	**EMS-C Update**	Cyndy Wright-Johnson
11:30-12 Noon	**Jurisdictional Roundtable**	Christian Griffin

JAC Committee Meeting
October 9, 2019

The Jurisdictional Advisory Committee Meeting was called to order by Chair, Christian Griffin. He welcomed everyone in attendance and asked for introductions of both those attending here in Baltimore as well as on the phone. Attendance Sheet updated to document jurisdictions attending via GoToMeeting.

Dr. Delbridge: Provided the Committee with a power point presentation to include, "Hospital Alert (CHATS)" and "EMS Plan." A survey was e-mailed within the last week and many have responded to it. The first query was sent to approximately 300 folks, EMS, regional councils, and to everyone who participated in the Hospital Summit. Approximately 110 responses were received. One question, if the hospital is unsafe because of a physical plant failure of some sort, should there be a way to communicate with EMS? He asked, basically, do we need a notification system like the one we currently have or some version of it? Everyone who responded to the survey said yes, there was not a single no. Dr. Delbridge said, it seems we are headed towards an advisory system. There was also a draft of Black Alert, i.e. physical plant failure or active assailant or something that would make the ED an unsafe place to go. 93 percent of those responding said the draft was good. However the objections from the 7 percent said it was morbid and they preferred mini-disaster. They did not like the idea of public notification as they thought it would embarrass the hospital. Know that mini-disaster is going away. If you did not get the last one and want to be included in the next one, let Barbara Goff know (bgoff@miemss.org). There will be more to follow on this.

EMS Plan: Dr. Delbridge advised the Committee that what they had in front of them is the first draft of an important endeavor over the next several months. The first of the EMS Plan was in l994 and there were 15 categories. The current plan was made is 2014. This plan is more of a MIEMSS plan, with 8 goals, 29 objectives and 122 action steps. It is time to refresh. What the Committee has in front of them is an early draft. The idea is a living document. It should lead to MIEMSS and the EMS Board worklist that can be frequently refreshed.

The next step is the Steering Committee oversight. Your feedback is welcome; there is a great opportunity for this on December 18th in Annapolis. There will breakout sessions with approximately 20 people in each group with stakeholder input.

If anyone in attendance would like the power point presented today, contact Dr. Delbridge.

Dr. Chizmar: A Save the Date went out regarding the QI Summit scheduled for November 14th at Michael's 8th Avenue to discuss state quality performance measures and key performance indicators. This will bring medical directors and QA officers together for the first time to discuss this. We are limited to two participants per county. Goals are to take a look at what we drafted internally and then get your feedback as to rather this is good, not good, workable or not. This is not to put additional work on the jurisdictions, rather this is something for you to look at content and ask the MIEMSS data folks to run reports for you. This is not to create additional

work for you in report writer. Dr. Krohmer from the NHTSA will be speaking about the national EMS quality measures.

Region III went live with the Stroke Routing Pilot on October 1st. To date, seven patients have bypassed primary stroke centers for a comprehensive stroke center or a thrombectomy capable primary stroke center. One question that has arisen, what if the patient's LAMS was four and when reassessed, the score dropped. If the patient's LAMS score was four at any time, we would prefer that the patient go to a comprehensive stroke center or a thrombectomy capable primary stroke center. The LAMS score is not perfect, it is an estimate for a patient who has a suspected large vessel occlusion, LAMS score of four or greater with a 30 minute drive time. Flight is not a part of the research pilot.

The Protocol Review Committee has been very active. As many of you know traditionally the November PRC meeting is cancelled. This year the November meeting will be an active work meeting where additional protocol will be proposed. Looking forward to next year the PRC meeting will be a monthly meeting as opposed to every other month. They want to get evidenced based interventions out sooner rather than later, this instead of waiting 18 months for a protocol to go live. If there is truly something ground breaking release it before July 1st in some cases.

You will see a memo come out soon regarding CDS. It has always been held that in EMS there had to be a double lock or two lock system. At the request of one of the jurisdictions, Dr. Chizmar did a deep dive with the DEA as well as the Office of Controlled Substance Administration which is the State's version of the DEA. If you have a safe and the safe is secured to the ambo you do not need to add additional locks. If you want, put an inventory control tag on it. Where there is a gray area, it's when you have a cabinet that is locked and a case that is mobile that you can pick up and carry. The guidance from OCSA is to still maintain a double lock in that situation. A pelican case you are putting inside a cabinet that locks, you should probably have a lock on the pelican case as well. If you have a knox safe that is bolted physically to the unit, a controlled access system, you do not need to put a second lock inside of that. You will be receiving a memo from Dr. Chizmar regarding all of the relative regulations.

Twelve counties are engaged in Naloxone Leave Behind. There are at least two counties that are bringing mobile crisis teams into the field to try and take care of folks who refuse after naloxone is given. MIEMSS would like to know about that and share in some of that data; what is working and what is not working. It's not only allowed, but encouraged to share opioid information with your health department. It is not a HIPPA violation/breach.

OD Map: There were suggestions on how to refine the OD Map reporting criteria. Now in the final test phases with that. Those of you who use OD Map realize it was triggered based off naloxone only. The problem with that was there was some over reporting where patients who were not a suspected overdose received naloxone because they were in cardiac arrest and no one knew why. Moving forward they are changing the reporting criteria to be naloxone is equal to yes and either the primary impression is overdose or opioid overdose or the service define

question which says, “does the EMS clinician suspect an overdose,” is yes. Extra filters have been added and they realize they are over-reporting to OD Map by 10 – 12 percent. Those of you who use OD Map to drive discussions with your health departments, we are going to be refining the criteria, your numbers will drop, do not be alarmed. There is another reason for the drop. Right now they are in the test phase. Will let you know when the reporting criteria goes live.

Aware of nine MIH programs, nine counties who had a successful symposium at Howard County. Dr. Chizmar working with the MIH group who are in the initial planning phases of holding a spring symposium on the Eastern Shore. Congratulations to jurisdictions we have sent letters of support for, Baltimore City, Annapolis City, Montgomery County, Charles County and Howard County for ET-3. Those jurisdictions have enrolled in either the State’s Alternative Destination Pilot or plan to in the near future to take patients to urgent care centers or to treat on scene.

Randy Linthicum: Ambulance Strike Teams – encouraged jurisdictions to become part of the strike team program. Going back many years from Katrina on, have sent strike teams to out-of-state disasters successfully. One of the problems with the deployments was they are slow. Teams are put together on the fly and they are not able to tell the State where they are being sent that we have minimum training standards, equipment standardization. A program was developed a few years ago, it was a multi-agency, multi-jurisdictional group that set minimum training standards, minimum equipment, deployment command and control, patient care reporting, standardized how they operate when responding out of state. Currently they have three EMSOP’s and one commercial company who are part of their signed MOU for an ambulance strike team. The idea is to get a cadre of teams who can deploy rapidly during an event. If there is an MOU in place and the minimum training and equipment standards in place and have a mission ready packet they are able to deploy strike teams more rapidly during an event. They worked with some during Hurricane Dorian recently and it was a challenge to pull teams together because they do not have a lotof predesignated teams.

Active Assailant Interdisciplinary Workgroup continues to meet regularly. As most of you know the Governor issued an Executive Order for Active Assailant Preparedness last February. The workgroup continues to work. There are nine active subcommittees: planning and preparedness, prevention, community outreach, EMS protocol, equipment, family information and resources, integrated response, communications, training and exercise. The initial workgroup when formed in 2013 was focused mainly on getting fire, EMS and law to work together. As you can tell from the subcommittees, it has really expanded to everything to do with active assailant preparedness. The idea is to have an updated guidance.

Emergency Services Personnel Health and Wellness Workgroup: MIEMSS has for the last six or seven years has chaired symposiums with all CISMs and peer support groups across the state. There is a mutual aid network for all the teams. A small network from that larger group started meeting in April with the idea of developing best practices and encouraging health and wellness for responders across the state. Not just fire and EMS, but law, dispatchers, correctional

officers and others. The current vision is to have every Maryland first responder have the health and wellness knowledge and support necessary to thrive. The workgroup has met three times.

Dr. Delbridge presented this idea to the EMS Board at the September meeting and they directed MIEMSS to lead and coordinate that workgroup. Develop tools for every part of the state; Howard, Montgomery and some of the larger jurisdictions have great health and wellness programs covering cardiac, stroke, suicide programs.

The Workgroup is made up of: Baltimore County Police, Howard County Fire/EMS, Charles County DES, East Coast Ambulance Service, Howard County Sheriff's Office, Region II Mental Health Coordinator, International Critical Incident Stress Foundation, Prince George's County Police, Prince George's County Professional Firefighter and Paramedic Association, Talbot County DES, a post doctoral fellow from the University of Rochester Medical Center and MIEMSS.

Andrew Naumann: Andy Robertson provided Mr. Naumann's report. CRISP update provided. Majority of the state is on CRISP. Those who are not participating, Andrew would like them to provide him with an update as to where they are in the process or if they need assistance. Essence Program, MIEMSS is in the final stages of developing a syndrome surveillance system with MDH looking at eMEDS data looking at outbreak data. MIEMSS has tentatively secured funding for the Image Trend MIH Module from the Maryland Medicaid Office. Will be going to the Board of Public Works for project approval in the next few months.

Cyndy Wright-Johnson: She provided hard copies of the updates to the regional councils. Regarding the QI Summit, those e-mails have gone out to the medical directors as Dr. Chizmar has reported. An invite will be arriving within the next day or two to the QA officers. There is a PEP Class scheduled here at MIEMSS tomorrow; the class is full. Dr. Anders is the chair of the PEP re-write. The research forum will be held here at MIEMSS on the 6th on pediatric resuscitation. There is a new grant for Safe Kids Risk Watch.

Jurisdictional Roundtable

Anne Arundel: A new lateral class will be starting in November. Also in November will be adding another EMS Supervisor for 24 hours. They currently have 21 folks going through the RSI process that will bring the total number up, county wide, to 60 folks qualified to perform RSI's.

Baltimore City: Currently awaiting the delivery of 17 vending machines for medical supplies. They will be placed in both the EMS district officers' offices and hopefully all inner city hospitals.

Baltimore County: Currently have a recruit class. Hired a public health nurse assigned to the EMS Division and working with the Department of Aging and several other behavioral health,

using county resources not quite hospitals at this point. Looking at implementing with at least one partner hospital a fall prevention program. They found that falls are a second leading cause of dispatch of 17,000 last years. Continue to have problems with hospital wait time.

BWI: In the second phase of bleeding control initiative. Have recently installed kits at the Martin State Airport. Have had a delivery of another pallet; 65 kits with 8 individual kits throughout the terminal. Have added bleeding control to CPR. CPR kiosk, 37,000 people have visited which means they have actually initiated the training with 19,000 actually completed the training. Four recruits just completed the training at Anne Arundel. Closed yesterday recruitment for two new EMS Lieutenants. Rescue task force training is now complete with all shift personnel.

Calvert County: Still in the process of hiring field personnel. Process expected to wrap up by January at the latest.

Cecil County: Three new EMTs start within the next two weeks; will be driving ambulances to the south for them. Discussed drug shortages at last meeting, Cecil still having problems. Now having problems getting Verapamil.

Charles County: An academy class of 12 will be graduating on the October 25th. A new unit will be going into service. Thank you to Drs. Delbridge and Chizmar and Pat Gainer for help on approval letters and recommendation letters for the ET-3 application. Also, thank you to Dr. Chizmar for the support he gave on the RQI partnership application and funding. They have entered into a pilot partnership. Charles County is recruiting for a new director of emergency services.

Howard County: Recruit class currently going on. November 7th and 8th is the RA academy. There is a program available through HSCRC that is a ET-3 model available to state entities. Howard County is looking into currently and will send information out on it.

Prince George's County: Department is in the midst of leadership changes. They have a new Assistant Fire Chief of EMS, Michael Lambert. Still dealing with medication shortages sodium bicarbonate and Cardizem, both on back order. There are a couple of classes coming up, ALS annual skills class starting October 16th and also started an ALS intern class for new ALS providers. Working with Maryland ERS to do a mass casualty training top training.

MFRI: Completed five pilots in the spring and early summer. As a result, 78% of the students who successfully completed the program completed their national registry. Significant increase over the last twelve months. Encouraged by that. As a result have scheduled six more pilots. The Frederick model, used the platinum testing as the model exam. Switching gears, staying with the same book. Will continue the online testing. The College Park center is up and testing. If you have people who are not nationally registry certified and are interested in becoming proctors and have no ties to the training process, MFRI is trying to recruit people who want to be proctors. The Frederick testing center is moving online. They hope to have approval for the

upper Eastern Shore testing site, 15 seats that are not a set up take down by the first part to mid-November. It will be by appointment only. Following by first of year Northeast and Southern Maryland regional training center up and online with 15 sears. The lower shore will be the last. If you have folks who are interested in instructional design, they are hiring.

MSFA: Next EMS Committee Meeting will be November 10th at Pleasant Valley. The next Executive Committee will be December 7th and 8th at Sudlersville VFC.

Jim Brown: Getting ready to do the Opioid Special Edition of the Newsletter. Are there any jurisdictions that are working on any opioid related safe station type projects, let him know. Send him an e-mail at jbrown@miemss.org

Meeting adjourned at 11:30 am