

COMMERCIAL AMBULANCE SERVICES ADVISORY COMMITTEE

Meeting Minutes

Wednesday May 16, 2018
MIEMSS Room 212

Representatives Present:

CASAC Chair: *William Rosenberg-Butler*

SOCALR: *Lisa Chervon, Director*

Marty Johnson, Licensing Specialist

Attendees: *Deb Ailiff (Procare), Richard Alcorta (MIEMSS), Jill Dannenfels (MD ExpressCare), Evan Feuer (AMR), Bob Harsh (County Medical), Jim Harsh (County Medical), Justin Kinsey (PLMD), Matt Larabee (Freestate), Joshua Myers (Hart to Heart), John Oliveira (JH Lifeline), Jim Pixton (AAA), Susan Rainey (Nemours), William Rosenberg (Butler), Cynthia Wright John (MIEMSS EMSC)*

Introductions:

- J Meeting called to order at 13:00 hours by Chairman William Rosenberg and introductions were made. A motion was made by Jill Dannenfels, and seconded by Jim Pixton, to approve the minutes from the March 2018 CASAC meeting.

State EMS Medical Director – Richard Alcorta, MD

- J Dr. Alcorta reminded those present that the National Registry will no longer be licensing CRTs after December 31, 2019. He went on to stress that CRTs in Maryland will remain CRTs as long as they complete the required continuing education and have an affiliation. Use of the AEMT is still being weighed statewide and was discussed at length during a “town-hall” meeting held in Howard County in April.
- J The Executive Director search is still ongoing. There is a national search firm leading the effort and it is the hope of the agency that someone will be onboard in the fall.
- J Dr. Alcorta announced his retirement effective October 31, 2018. MIEMSS is currently searching for a replacement and hopes to have one in place prior to his departure.
- J There have been multiple changes to the EMS Board membership: Fred Cross, Vic Broccolino, Kyrle Preis, Dr. David Hexter, , and are being replaced by Stephen Cox, Jim Scheulen, John Butler, and Dr. Bill Frohna respectively.
- J Terrell Buckson has replaced Rae Oliveira as the Director of Licensure and Certification. Jon Bratt has left MIEMSS and Andrew Nauman is currently the acting Director of Regional Programs.
- J Medication shortages – numerous medications are on national backorder. Dr. Alcorta stated that Verapamil is an acceptable substitute for Cardiazem, and an epinephrine drip is an acceptable substitution for Dopamine.

- J eMeds Elite migration – many services are in the process of migrating. Dr. Alcorta thanked those commercial services that have initiated the process and encouraged others to follow suit. The only area of difficulty has been for those providers that have not updated their profiles in licensure.
- J CRISP – MIEMSS is working to integrate eMEDS into CRISP so that ambulance transports, both commercial and public safety are documented in the system and accessible to healthcare providers.
- J PD Tree Research Pilot – conducted by three EMS operational programs and is looking at appropriate first-time destinations for children with medical conditions with the goal of reducing secondary inter-facility transfers while providing the appropriate pediatric care.
- J Opioid Crisis – Baltimore City is now operating a stabilization center that is providing treatment to alcohol intoxicated individuals, as well as opioid overdoses that have responded to naloxone.
- J Naloxone Leave Behind Project is a State Department of Health pilot project that is examining the concept of leaving naloxone with overdose victims. The Secretary of Health has made dispensing the medication legal for EMS providers for the purposes of this pilot. Anne Arundel County has seen a 60% success rate of getting addicts into rehab with their Safe Station Program.
- J There have been several deaths across the nation related to synthetic cannabinoids.
- J MIEMSS LMS is up and operational
- J Drowsy and Distracted Driving Campaign took place in April. Dr. Alcorta believes that this is an issue for both commercial and municipal ambulance services.
- J EMS Week is May 20 -26 with Star of Life Awards to be presented in Annapolis.
- J Maryland 2018 SB682 did not pass (allows ambulances to bill for MIH, alternative destinations and treat and release.)
- J Legislation has passed that allows EMS Services to enter information into the HIDTA (High Incidence Drug Trafficking Administration) database, however MIEMSS is now mandated to do so by law.
- J Per the Maryland Legislature, organ procurement services have now been approved by the Department of Transportation to run lights and sirens in Maryland with the completion of an EVOC process. Noratrans is currently up and running in Maryland. Chairman Rosenberg expressed concern regarding the ability of these services to operate an SUV with a lone operator while commercial services are required to have two providers onboard to perform organ transport.
- J Next Generation 9-1-1 Commission has established a development committee to integrate emerging technology into current practices.

Licensure and Certification – Terrell Buckson

-)] Anticipating enhancements to the Licensure System in July that will enable the Licensure System Service Directors to log into the service and remove affiliations. Bulk course upload will also be an enhancement in the near future that will significantly reduce the time required to upload course rosters. Also coming in July is the ability for Service Directors to log in and check the status of an application that was previously submitted. Jim Pixton asked if the passwords for the MIEMSS LMS and the Licensure System will ever merge. Terrell advised that once a password is updated in eLicensure that it will merge the two resulting in a single password moving forward.

SOCALR

-)] Lisa Chervon stated that annual inspections are underway and that several large services have been completed. So far there have been no difficulties encountered. Lisa thanked those that have completed the process for their efforts. Those services that will not be inspected prior to June 30th will be sent temporary decals that expire on October 31st 2018 for each of their vehicles.
-)] It was reiterated that SOCALR no longer accepts checks via the lockbox system and now has the ability to accept ACH (electronic) transfers. This is NOT a wire transfer, and there are no fees associated with this process. If the opportunity presents, please make every effort to use the process prior to the payment of annual inspection fees. Marty Johnson suggested that everyone add their service license number and name to the “details” field for verification of payment. SOCALR is available to assist with any difficulties that you may encounter in setting up this process.
-)] Neonatal program site surveys are complete and findings were briefly discussed. Internal meetings are being conducted by the survey team to compile and analyze data collected. A stakeholders group will be assembled in the near future to review the findings and to provide input for regulatory changes. Justin Kinsey of Pulse requested that a memo be issued to all commercial services stating that they are not to be transporting discharged patients that are still a neonate by definition. Discussion ensued as to the requirements for those services that are transporting neonates for back-transport.
-)] Scott Barquin has been working closely with services to migrate to Elite. There are multiple services actively importing from third party vendors into Elite. Many eMEDS services are in process and one service has completed the transition. Although a deadline has not yet been set, this transition will be mandatory and all services are encouraged to begin the process as soon as possible.

MIEMSS EMSC Report

-)] Cyndy provided a handout, which is also available on the website, that details the following:
 - o There will be a one-day hybrid APLS course offered on July 12th at MIEMSS.
 - o The high performance CPR rollout is complete via multiple conferences. The teaching kit will be completed within the next 6 weeks and available to loan.
 - o Pediatric reference cards will be re-written this summer. The revised content will be based on data gathered via a survey that was conducted at conferences. If you are interested in participating in a conference call re the content of the card, please send an email to PEPP@miemss.org.

-) Cyndy also distributed a flier regarding not leaving children in cars as there have been numerous unfortunate outcomes recently.

SCT Subcommittee - No report

PEMAC:

-) Jill Dannenfels reported that the bulk of the previous meeting was focused on 2019 protocols. A universal protocol for response to children with special needs that would provide each of them with a unique directive for their care. Enhancements to pediatric cardiac arrest protocols and protocols for spinal protection are also being examined.

Ambulance Safety Workgroup: No Report

MIH - Deb Ailiff from Procure referenced Dr. Alcorta's report regarding the bill regarding MIH reimbursement that did not pass. She will attempt to get a status of the sobering center project and report back to the group.

Legislative Subcommittee Report: Legislature attempted to formalize the fire / EMS caucus and Justin was not invited to initial meetings. Justin requested that he be included in the group as a commercial ambulance representative and was voted onto the group with opposition from the Professional Firefighters of Maryland.

SEMSAC: No Report

Old Business:

-) Lisa Chervon advised the group that Dr. Dan Morhaim currently has an initiative underway to repurpose expired medications for use in other countries. Justin was not able to reach Dr. Morhaim prior to today's meeting however he will report at the next meeting
-) There was a brief discussion regarding reimbursement for chronic vent patients. Jim Pixton reiterated to the group that the feds have the right to determine reimbursement levels for ambulance transports, without regard for requirements of Maryland EMS protocols.

New Business:

Cyndy will be running a CPEN course this fall; more to follow.

Next Meeting:

The July CASAC meeting will be cancelled unless any matters requiring attention arise. The next CASAC meeting will take place on Wednesday, September 19, 2018 @ 1:00 in MIEMSS conference room 212. Meeting adjourned @ 1420 hours.