



Region V EMS Advisory Council

Thursday, March 17th, 2016 @ 1:00 pm to 3:00 pm
Fire Services Building
6820 Webster Street Landover Hills, Maryland 20784

Conference call in information:

Call in: [REDACTED]

AGENDA

Call to Order

Roland Berg, Chairperson

Roll Call

Review of Minutes

Review of January 21st, 2016 minutes

Report of Chairman:

(Presented by Roland Berg)

Medical Director's Report:

(Presented by Dr. Richard Alcorta, Dr. Mike Somers)

MIEMSS Report:

(Presented by David Stamey, Zachary Marselle)

Report of Special Committees:

- Region V EPC
- STEMI
- EMSC

Unfinished Business:

(Presented by Roland Berg)

New Business:

(Presented by Roland Berg)

- Vice Council Chair Election
- Grant Review
- CARES Registry

Announcements:

(Presented by Roland Berg)

Regional Round Table:

Next meeting:

Thursday, May 19th, 2016 1:00 pm Fire Services Building

Adjournment



Region V EMS Advisory Council

Thursday, March 17th, 2016 @ 1:00 pm to 3:00 pm
Fire Services Building
6820 Webster Street Landover Hills, Maryland 20784

Meeting Minutes

In attendance: Roland Berg, Kristine Piazza, Cyndy Wright-Johnson, Emily Dorosz, Zachary Marselle, Jon Bratt, David Stamey, Stanley Williams, Pete Wild, Dr. Terry Jodrie, Heather Howes, Lori Cherry, Jim Radcliffe, Karen Baker, Jovana Portillo, Arbrey Butler, Brian Frankel, Dr. Michael Somers, Kamelah Jefferson, Jhonni Jones, Robbie Jones, LaTonya Hackley, Amanda Garret, Rosanne Herbert, Andrew Foster

Conference Line: Dr. Alcorta, Melanie Gertner, Mike Deckard, Dr. Brendan Cole, Emily Dorosz, Trisha Anest, Erin Parks, Stephen Stowers, Reggie Singleton

Call to Order

Roland Berg, Chair

Minutes: Review of January 21st, 2016 minutes. They were accepted.

Report of Chairman

(Presented by Roland Berg)

- Dave Stamey was introduced as the new Region V Administrator.
- SEMSAC asked a workgroup to look at PCR handoffs. We asked them to look at the obstacles and to determine some recommendations. Dr. Anders chaired the committee. They did a survey of base station hospitals and pre hospital providers throughout Maryland. The data contained many variances. Many jurisdictions require the eMeds report to be completed at patient handoff. Not doing this creates a liability risk to the hospitals and to the patient. The jurisdictions that require this had better results than jurisdictions that did not. The workgroup created various policy changes in response to this:
 - o All Maryland providers are required to complete the electronic short form so that they are ready for download from the dashboard prior to leaving the hospital.
 - o All Hospitals should require 24/7 dashboard access.
 - o It was noted that some jurisdictions do not have electronic tablets on apparatus. This is one of the issues of the jurisdictions. Every transport unit on Region V has a tablet available. The committee has made six suggestions to facilitate the policies:
 - 1) Revise the electronic short form.
 - 2) Add a box to the short form stating that the associated eMeds report is complete.
 - 3) Consider if hospital logins can be altered in order to maintain an open dashboard.
 - 4) Consider an auto print function between EMS and the hospital.
 - 5) Provide education for providers expressing the need to stay in a single Wi-Fi zone for the upload progress.

- 6) Provide education to providers regarding the care that they provide and the importance of report writing.
- Once the EMS board agrees with the plan they will publish the recommendations. They are still working on the action plan.

Medical Director's Report

(Presented by Dr. Somers)

- The protocol review committee did not meet this month. They will be meeting in May. The Regional Medical Directors Meeting occurred. Out of state specialty care centers were discussed. This is something that is being addressed.
- April 13th is the annual Medical Directors Meeting.
- Presented by Dr. Alcorta:
 - MIEMSS has sent out a short memo on Zika. We would like all providers to understand that the virus is not new; it has been around since 1948. The virus is linked to fetal abnormalities. Pregnant females need to avoid the virus at all costs. There are over 150 cases of Zika from travelers who have returned to the US. No active transmissions have occurred in the state of Maryland. The virus looks like the flu with conjunctivitis. We are monitoring patients.
 - The ambulance safety committee is working to improve the culture of safety within Maryland. A component within the new LMS addresses the recommendations of the committee.
 - TransCare Ambulance Transport has declared bankruptcy. AMR has bought them out.
 - Many facilities are trying to either downsize or eliminate their inpatient capabilities and become freestanding emergency departments. These issues are being discussed. These changes will have an effect on EMS transports. Any patient who requires specialty services should not go to these facilities.
 - Report from SEMSAC: The Mobile Integrated Healthcare Committee has been working on three projects:
 - A template or draft protocol. This has been submitted to SEMSAC for review.
 - Defining education requirements for mobile integrated providers.
 - Alternative destination standards.
 - Montgomery County has submitted an alternate destination protocol to SEMSAC and the EMS Board for review.
 - The eMeds steering committee recently met. They have provided a page layout and access to the page layout including definitions for eMeds 3.4 and the Elite platform. We hope this transition occurs by 12/1/16. We need to continue vetting all data that will work with eMeds.
 - The ALS LMS will be two and a half hours total. The BLS LMS will be two hours. The Base Station update is around 50 minutes. We will have DVDs to distribute as well as online access.
 - NREMT Testing: We are working with students who have struggled to pass the various tests required for licensure within the state and National Registry. Many students are participating in a testing enhancement program. Preliminary results are showing an 80% success rate if they have completed the testing course. We believe that we are on a path to successfully educating our EMT students.
 - We have three levels of hospitals. Every ED should be a "frontline" facility, capable of receiving patients either by walk in or by EMS that are classified as a person under investigation (PUI). This is for any emerging infectious diseases. We also have treatment level hospitals (University of Maryland, Children's, and Johns Hopkins). We do not have any assessment level hospitals that are online

- yet. In the new protocol assessment level hospitals are identified as the primary facilities for PUIs. Frontline hospitals should be ready to receive PUIs.
- The Minimum Ambulance Standards Committee has been working to finalize the minimum equipment standard for ambulances and the inspection process.
 - The Interstate Specialty Hospital memo was in response to a series of communications with an EMSOP that was having difficulty understanding where Maryland patients, as well as out of state patients, should be transported to if they are in need of a specialty care center. If an out of state facility is recognized as a specialty center by that state for an out of state patient, transport them there. The question has been asked if a Maryland patient needs to go to a specialty center, and if an out of state unrecognized specialty center is the closest facility, can they transport the patient to that facility? This is a legitimate question, and we are in the processing of trying to identify how surrounding specialty centers outside of Maryland have been credentialed. We have no means of assuring EMS patients that they will receive the level of care that Maryland facilities are held to, especially if the out of state facility was self-designated. The policy will stand at this time. There are exceptions to the rule, such as Children's in DC and Kent in Delaware. These are examples of specialty centers in communities that lack those specific specialties.

MIEMSS Report: (Presented by Jon Bratt, David Stamey, and Zach Marselle)

- HC Standard:
 - Patient tracking software will now be known by the acronym MEMRAD, which stands for the Maryland Emergency Medical Resources Alert Database. This will allow us to stay consistent with terminology vs referring to product names.
 - We are making progress on the HC Standard 4.4 update. We will be reconvening the HC training committee in order to prepare for the rollout.
 - Instructions to apply the certificate update for the MC65 handheld devices will be distributed in upcoming weeks. We have already started to update the devices at MIEMSS HQ. The certificate update will take approximately one hour.
- EMS Care – Ocean City 4/28/16 – 5/1/16
 - Registration is live and brochures are available
- Diversion Hours
 - Diversion hours are up. Remote jurisdictions have been receiving patients from other Jurisdictions. These patients are considered displaced and this is not the best way to care for our patients. The MIEMSS alert status definitions state that a patient should not be displaced more than 15 minutes away from the closest facility.
 - A question was asked if patients are being forced to go to specific facilities due to a diversion status.
 - Roland responded that it made more sense as a provider to go to the further facility than to sit at a facility for multiple hours waiting for a bed.
 - Brian Frankel displayed the Firstwatch dashboard in order to show how PGFD is trying to monitor and maintain the situation in Prince George's County. Providers are able to transmit when patients are transferred from the stretcher to a bed. The provider functions have not been rolled out yet. CHATS will be added in. The CHATS status and the numbers in Firstwatch do not match up. Time based incompliance records are recorded and those numbers are provided to hospitals.

- Dr. Stone commented that diversion statuses that send units to distant facilities are not effective. Montgomery County has developed a best practice that will cancel out diversion statuses if a certain number of hospitals are all on diversion.
- NEDOCS remains on going. Two hospitals dropped out. One facility is going to increase their data entry to every two hours.
- The Associate Administrator role will be posted in the upcoming weeks.

Report of Special Committees:

Region V EPC – presented by Jim Stoddard

- The April 13th full scale exercise is scheduled.
- Regional coalition building:
 - Approval was received from DHMH for the regional proposals. We will be working on an information sharing plan and a medical surge plan. We have contractors who are already working towards these plans.

STEMI – presented by Zachary Marselle

- STEMI remains on hold.

EMSC/PEMAC – presented by Cyndy Wright-Johnson

- Star of Life and Right Care When it Counts:
 - Five children have been nominated for the Right Care When it Counts awards.
 - We have received 25 - 30 nominees for the Star of Life Award, as well as one EMS Provider of the Year nominee and one Citizen of the Year nominee.
 - Other awards include EMD Provider Award, Outstanding EMS Program Award, EMS for Children Award, Maryland EMS Geriatric Award, and one nomination for the Leon Hayes Lifetime Achievement Award. They are open online. They are due on April 1st.
- Pediatric trauma and burn centers are working on injury prevention projects. Both have been visited and will be looked at again this summer.
- We are working on our family advisory groups. We will be doing work this spring and summer conducting training for families. This training will teach families what is reasonable to expect in an ambulance and in the ED, what to bring with them, etc. This will prepare families for the experience. We will pilot this with two or three family groups. We expect by the fall to have a CD to distribute. We hope to have this in both English and Spanish.
- The Data Analysis Research Team:
 - Dr. Anders presented for us last November. She will present for the Trauma Coordinators in April. Her research, which was pilot research conducted internally, was on the trauma decision tree. She presented at all of the conferences. If you participated, you were allowed to select what you would do in various scenarios including trauma priority, transport priority, and destination. She then conducted a survey of over 3000 providers. She received a 60% return rate from providers. Focused interviews were conducted on 50 people. If we do a Southern MD conference, we are sure she would bring that information back to us. By May we will have a generic fact sheet for children on the types of pediatric

transports we do. We are looking for more detailed information over the summer. We can conduct a QI officer class if you are interested in more information.

Unfinished Business

(Presented by Roland Berg)

- None

New Business

(Presented by Roland Berg)

- Stanley Williams is retiring; we will need a new Vice Chair of the council. We will have to elect a new chairperson at the May Meeting. They will fill in and run the meetings if the Chair is not at the meetings. Bylaws stipulate who is eligible for chairmanship. Medical directors are not eligible. We plan to eliminate the secretary position. We will verify that we can vote to eliminate the position.
- ALS Training and AED 50/50 grant funds will be reviewed at the next meeting.
- Stanley was presented with an award thanking him for his 40+ years of service to the Maryland EMS system.
- CARES Report Presented by Melanie Gertner:
 - o Thus far, we have 12 counties and the hospitals within those counties submitting their records to CARES. In early April, we plan to have three additional counties as well as the hospitals within those counties come on board and in mid-May, we plan to have two additional counties and more hospitals come on board. The counties and their hospitals that are in shown in pink will be phased in at a later date to be determined. We are phasing in the counties and hospitals approximately every six weeks or so. Those counties and hospitals that are coming on board and are already on board have been chosen by the order in which the hospitals have sent us letters of intent and if the EMS and hospital coordinators have all had training. CARES has a policy of having a 1% lost to follow up rate meaning that we need to know the outcome for all of the patients with records exported to CARES. Therefore, the counties and all of the hospitals within those counties must be participating in order to be brought on board.
 - o The list of hospitals who have returned letters was shared.
 - o The following reports were presented by Melanie:
 - CARES Overview
 - CARES Hospital report
 - CARES Summary Report
 - Utstein Survival Report
 - o For any changes made within the CARES registry, please remember to document those changes in "General Comments".
 - o The three main areas of discrepancies were shared.
 - o A jurisdiction must have between 80-90% of hospital participation in order to participate in CARES.
 - o If patients are sent out of state, we expect the sending facility to have a relationship with the receiving facility. If you are denied information, Dr. Alcorta will reach out to the receiving facility to obtain patient information.
 - o Some hospitals are experiencing some frustration finding staff willing to enter the data into the CARES system.

Regional Round Table

- Prince George's Health Department – Not Present
- Montgomery County Health Department – Not Present
- Charles County Health Department – Not Present

- Calvert County Health Department – Not Present
- St Mary's Health Department – Not Present
- Laurel Regional Hospital – No Report
- Bowie Health – Not Present
- Prince George's Hospital – The new Stroke Coordinator was introduced.
- Doctors Community Hospital – Will be designated a primary stroke center on June 1st. Our EMS quarterly meeting is this Monday. All are welcome.
- Fort Washington – Andre Foster our new ED Director.
- Southern MD – New ED Director was introduced, Ryan White.
- Charles Regional – No Report
- Calvert Memorial – No Report
- St Mary's Hospital – No Report
- WAH – No Report
- Holy Cross Hospital – Not Present
- HCH Germantown – Not Present
- Shady Grove Adventist – Not Present
- Suburban – Not Present
- Montgomery General – Not Present
- Children's Hospital – No Report
- Shock Trauma – Not Present
- Malcolm Grove – Not Present
- Walter Reed – Not Present
- MSP – No Report
- US Park – Not Present
- MSFA – No Report
- MFRI – No Report
- Prince George's EMS – We are supporting PGPD with any needs over the next few days. One of our ambulances was shot at. We need to make sure that we are paying attention to our crews. We are helping out Dr. Anders with her study and Children's National Medical Center with asthma studies. UMD has reached out to us and are researching the issues of EMS patients who misuse the 911 system. We are happy to support this and hope that this will help us roll out telemedicine. Lucas devices are being deployed throughout the next few weeks. Every ambulance will have a Lucas device. The Hospital status dashboard rollout is ongoing. We are replacing 13 ambulances in our system. As of April 1st, Dr. Mike Millen will join the PGFD Medical Direction Team.
- Montgomery County EMS – Not Present
- Calvert County EMS – No Report
- Charles County EMS – Thanked Prince George's County for providing QA support.
- St Mary's County EMS – Will provide the interim points of contact to MIEMSS.

Announcements

- None

(Presented by Roland Berg)

Next meeting: Thursday, July 21st 2016

Adjournment