Region IV EMS Advisory Council

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AGENDA

March 21, 2023

1. Call to Order & Introductions
2. Approval of Minutes
3. Regional Medical Director's Report
4. Pediatric Medical Director's/EMSC Report
5. EMS Board Report
6. SEMSAC/Regional Affairs Report
7. MIEMSS Report
8. Agency/Regional Reports (Circle "yes" on the roster if you want to make a report)
9. Old Business: Wear and Carry Updates?
10. New Business:
11. Adjournment

Next meeting
May 16, 2023
@ 1330 hrs.
605 Port Street
Easton, MD 21601

REGION IV EMS ADVISORY COUNCIL
March 21, 2023
Minutes

Attendees:

In Person -Yelitza Davis-Hernandez, Doug Walters, Chris Shaffer, Dr. Ochsenschlager, Kathy Jo Marvel, Matt Watkins, Michael Parsons, Bryan Ebling, Matthew McCormick, Chris Truitt, Rick Koch

Call In - Randy Linthicum, Mark Bilger, Dr. White, Dr. Chiccone, Mary Alice Vanhoy, Bobbie Jo Trossbach, Logan Quinn, Patrick Campbell, Shari Donoway, Falon Beck, Doug Walters, Wayne Tome, Beverly Witmer, FX O'Connell, Dr. Chizmar, Scott Haas, Dr. Uribe, Nicole Leonard, Cyndy Wright-Johnson, Morganne Castiglione, Lisa Lisle, Zach Yerkie, Andrew Budzialek

The meeting was called to order at 1:30 by Chairman Rick Koch

Approval of Minutes: A motion was made by Mary Alice Vanhoy to approve the January 16, 2023 minutes as written, seconded by Zach Yerkie and passed.

Regional Medical Director's Report:

Dr. Chiccone – First, let me say happy spring to the group. I will lead off with a reminder, to my fellow wizards that the Medical Directors actually have a very informative but informal call every other Tuesday. This call goes from 2:00 to 3:00 PM. and we can preview business there and get updates. I know it's much easier for folks who are not working during the day to attend, obviously, but just a reminder that would be alternate Tuesdays beginning with the Tuesday upcoming, which would be March the 28th and then every other Tuesday thereafter. So again a useful thing if you are a Medical Director.

The EMS board has met since our last meeting and actually approved the bundle of protocols that was submitted by Dr. Chizmar. Among those was the use of the medication, Droperidol for the indication, nausea and vomiting. The issue specifically is that Zofran, while it is a very safe drug is only a partially to minimally effective drug to control nausea and vomiting. This would allow prehospital providers to have more options to treat cyclic vomiting or undifferentiated nausea and vomiting. It was in the emergency department in regular use when I was in clinical practice years ago, until the FDA slapped a black box warning on the drug which really took it almost completely out of popular use. Since then that black box warning has been parsed and studied a number of ways. The dosage ranges that we would be proposing to use the medication, it will be safe and safeguards are built into that new protocol as well.

Dr. Chizmar mentioned to us that the number one question he is asked by providers is why can't BLS providers use -Supraglottic Airways? We had a lively discussion about this at protocol review. Now that there are mannequins that can measure the effectiveness of bag valve mask ventilation, it turns out that we are not as good as we think we are when using a simple bag valve

mask. Now, this would allow Pre-hospital providers EMTs to use Supraglottic airways, however, there was as much discussion that this would be helpful for difficult bagging as it would be harmful and the spectrum of care would then need to include the ability to monitor not only pulse oximetry but other respiratory monitoring parameters. This is something that will be for long-term discussion, and it will likely not be a pilot or an optional protocol but will be mainstream. The bradycardia algorithm has been cleaned up to de-emphasize the medication atropine and to emphasize the efficacy of transcutaneous pacing. The high performance CPR algorithm has also now had input from our colleagues in pediatrics and so those changes will go forward.

The medication Albuterol for nebulization is now in short supply. A letter was drafted by MIEMSS and MIEMSS will keep us posted on other options. I see Tim is on the call, I do not know if he would like to give the legislative update himself, or whether you would like me to do that now.

Dr. Chizmar – You are doing a great job Tom, please continue.

Dr. Chiccone – The task force that is going to be investigating ED crowding and ED boarding is underway and has grown from approximately 7 to 14 members. So now not only are there Physicians and representatives from the American College of Emergency Physicians, but HSCRC, the Emergency Nurses Association and a MIEMSS Executive Director will also be in the study group. There is another Bill that affects us indirectly in that Midwives, I think they are called Direct Entry Midwives are asking for their scope of practice to include VBACS, which is vaginal births after cesarean section. Because the four letters (VBAC) are associated with hazard, not all organizations are warm to their proposal. This includes organizations like the American College of Obstetrics and Gynecology in Maryland. Therefore, if that bill passes, it could place some particular requirements on EMS.

The Laurel Hospital is going to be relocating to a nearby site around the corner. That relocation will take place on June 4. This will likely not affect Region IV in a large way, but it will occur on Saturday night into Sunday morning in which patients would be moved from the old facility to the new location and therefore would not be in a position to receive new patients.

Some good news on the Covid front, hospitalizations a week ago today were under 250 in the State of Maryland. In addition, the State has demobilized one of its weekly Covid calls. In addition, from a Federal standpoint Covid will be changed from a public health emergency to have the same status for example as influenza and that will occur on May 11th. Let me be clear though, the recommendation for masks in 100% of your patient encounters remains in place as well as PPE.

Some bad news on the front of emergency medicine in general and since pre-hospital medicine is often lumped into the same basket; I guess you should be aware of this as well. For the second year in a row, the specialty of emergency medicine has had a large number of unmatched residency positions. What this means is that there are fewer and fewer residents and this seems to be becoming the trend, as medical students no longer find the practice of emergency medicine attractive from a career standpoint. Many voices have now weighed in including the American College of Emergency Physicians. This is a very interesting change since just a few years ago, it

was a highly sought after. There has been some bad publicity recently and I think that ED boarding and other phenomena are in no small way showing that this is not perhaps not as glamorous a lifestyle as once thought.

Pediatric Medical Director's/EMSC Report:

Cyndy Wright-Johnson – Good afternoon, we sent out a variety of handouts so I am just going to highlight a couple things. One of the handouts that we sent out is the webinar that Suzanne will be offering in two days and will be featuring data related research specific to child passenger safety in crashes and it will include trauma registries, emergency department data, as well as EMS and law enforcement data.

Shout out to both Winterfest and Miltenberger conferences, both were very well received. We asked for feedback on the current Pediatric Reference materials as both and received mostly verbal feedback on what to keep and what to change. Both poster and card for Pediatrics will be updated and reprinted this summer.

We will be asking for volunteers from each region to give us input once we have redesigned the pediatric reference poster and the pediatric reference card. We are doing that for two reasons, one of which is with the protocol changes some of the information is now out of date. The other reason is we made thousands of copies and they are almost all gone. I believe we have 17 posters left and maybe 200 reference cards. There may still be some in the regional offices to help with the VAIP, but as soon as we can get the new materials updated and reprinted, they will all be laminated. We will not make thousands of posters this time; we will make finite numbers and then reprint because we have heard that they need to be laminated not only for the hospitals, but probably also for the classrooms and for station training drills.

We had a great PEPP class out at Miltenberger. Our next scheduled PEPP class is October 19, which will be here in the Baltimore area affiliated with our EMS Champions in-person meeting in October. There is both time and books to do one over the summer of there is an area that would like a PEPP course.

Huge shout out to all the EMS Operational Programs and Mike Parsons who made a couple of them happen. We have 100% participation in the EMS assessment for the Federal EMSC Program. The information is gathered from about 18,000 companies across the country so I will not have aggregate State or National data to share with you probably until summer. However, as soon as we have that it will go out to Jurisdictional Officials as well as to our EMS Champions, I want to prepare everybody that the survey for 2024 will be much more detailed and will follow the pre-hospital Pediatric Readiness National guidelines.

EMS Care is coming, the brochure is out and there is registration available. Bryan, I apologize if I took that from your report. We do want to have all of our Pediatric Champions there, Thursday and Friday for a pre-conference and then there will be pediatric sessions on Saturday and Sunday.

EMS Board Report:

Mary Alice Vanhoy – As Tom mentioned, we did approve in bulk the 2023 protocols. We also approved regulations related to neonate staffing of the neonatal program.

I would like to ask everyone to remind Clinicians that National Registry deadline is due quick, and also make sure they are aware that completing National Registry Process is not getting them a State license, they still must apply for their State license. My recommendation would be that the Highest Jurisdictional Officials make sure that they are going on to complete the state license process.

SEMSAC Report / Regional Affairs Report:

Scott Haas – My report is relatively short, they did not have a meeting. Therefore, I have nothing to report.

I do have a question for Dr. Chizmar regarding a meeting that happened a few weeks ago at MIEMSS regarding ambulance wait times.

Dr. Chizmar – Thank you Director Haas, yes we did have that meeting a couple weeks ago. Dr. Delbridge was taking the documentation from EMS, as well as the documentation from the hospital and the best way I can say this is blending it together into a broad sort of high-level document as to what each side expects and what each team expects of each other. I know that he has drafted an initial draft, and I believe he plans to email that out. I am not sure when that is coming, but it is coming out imminently. I think the next charge out of that was for him to sort of cull the points from the EMS documents and the hospital documents and put it into sort of one unifying document that lays out principles. Did I answer your question?

Scott Haas – So the only other question I have is do you know if there was going to be a second meeting.

Tim Chizmar – I know that he plans to have a follow-up meeting; I have not gotten from him exactly what that is going to look like; although, I know he is planning to bring all the stakeholders together. I do not know the timing of that, I apologize Scott.

Scott Haas – No problem, thank you Dr. Chizmar.

Scott Haas – Rick, I do have one other question, several meetings ago we went through the process to select the representatives for SEMSAC and I believe resumes were given to MIEMSS. Are there any updates?

Mary Alice Vanhoy – I can address that question. At our board meeting this month, all candidates and their resumes were reviewed and our recommendations have been submitted.

Tim Chizmar – Director Haas, Governor Moore's office has told us that while they have received those recommendations, they do not plan to act on them while the General Assembly is in session. Therefore, the current members are actually still active until a replacement is named.

Scott Haas – Perfect, thank you.

MIEMSS Report:

Dr. Chizmar – Good afternoon everyone and I am pleased to be here with you. I would prefer to be with you in person, however, I was not able to make it today so I apologize

Dr. Chiccone covered the albuterol shortage. The only thing I would ask is that if you are a jurisdiction that is impacted by the shortage, please email me and let me know. It was asked that we provide a little bit more detailed guidance on Levalbuterol or Xopenex for jurisdictions that have to cut over to that. I did not want to send that out statewide because some jurisdictions are doing just fine as far as their albuterol supply goes so I did not want to create confusion. We are not looking to add a medication to the formulary, we are just looking for an emergency medicine as a as a stopgap. I can report that there are two Region V jurisdictions that are critically low and had to cut over. One Region III jurisdiction has let me know that they have about three weeks' worth of albuterol left. Therefore, it may end up affecting some of you more so than others. Again, if it is affecting your supply, please shoot me an email. I just want to make sure that we are capturing this for the Department of Emergency Management.

There are a few counties on the Eastern Shore that have reached out about IV Tech. The IV Technician program is an optional supplemental protocol. Most counties signed onto it long before my time, some as far back as the early 1990's. If you are interested in knowing what has been submitted I can tell you, it's probably older than the recruits you have coming into your academies and it may be due for a refresh. Not saying you have to do that right now, however, if you are not sure what you have on file with us, we are happy to pull that out of the file and take a look at it. Our view with IV Tech is that there should be an initial training program, both didactic and practical and there should be some ongoing oversight. In other words, the EMTs that are credentialed to do that should be providing intravenous therapy with some regularity. There is some flexibility on that, but if you are not providing any IV insertions at all, you are probably losing your skill. In similar fashion, if you are providing IV therapy and you are not successful most of the time, we just ask that a jurisdiction have a mechanism in place to remediate those people.

We have been made aware of an issue from Director Tome in Cecil County and this is something that impacts everyone statewide. We have opened some conversation up on Medicaid payment with regard to commercial ambulance services. I know that this sounds somewhat weird for the Region IV Council; however, as it turns out, Medicaid will not reimburse a commercial ambulance service if they are transporting a patient to an emergency department for a non-emergency. The Medicaid grant fund that is given to the counties is earmarked for emergency

transports. I think all of us know that some people who go to the emergency department are not always considered an emergency, but in some cases, these are people who cannot get care anywhere else at that time. I believe that we need to make some ground in reforming this so that commercial services can do these routine non-emergency transports so that these folks are not hitting the 911 system for these type of calls.

Dr. Chiccone mentioned the new protocols, we are working on those and I will be reaching out along with Meg Stein to several of you for volunteers to help us with the educational update. We will be looking to produce that over the next six weeks to have that ready for the late spring. We are also working behind the scenes to get the printed document together so that it can be sent out.

I want to thank the board, Dr. Chiccone and everybody; we received great feedback on the protocol changes this year. There are a couple of pilots in there I think Dr. Chiccone mentioned one is nitroglycerin via the intravenous route for patients with severe CHF. The other one is a buprenorphine pilot for jurisdictions that do MIH. So right now, I think that would be Cecil, Queen Anne's, Talbot, Salisbury SWIFT, and Worcester. Therefore, a good amount of Eastern Shore is actually covered by Mobile Integrated Health programs. There has been some regulatory easing to allow us to give a dose of buprenorphine to patients who are in, or who we put in withdrawal through naloxone. That the more challenging part of that pilot protocol is working with community partners to get these patients same day or next day treatment. We give them the first dose of buprenorphine, but they need to have close follow up if they are going to be successful.

Office of Clinician Services Beverly Witmer, Director – Good afternoon everybody and thanks for inviting me. I have a few things to share with you all. The first thing is we are recruiting for BLS Psychomotor Evaluators and your region in particular only has four so we were really like to recruit some new ones. The criteria or qualifications for Psychomotor Evaluator for MIEMSS would be having MICRB certification, leading at least one EMT class, being a current Maryland EMT, a letter recommendation from your teaching agency or academy and a resume. You can send that to Mark New or I or as well as the licensure-support@miemss.org and we will receive it. That said, we are holding some evaluator workshops that are mandatory for all evaluators and for those coming on that are new, they would be more than welcome to attend. The one that is going to be in your region is April 25th. It will be at Wor-Wic form 11am to 2:00pm. Before that, we will have one on April 4th and Anne Arundel from 9am to noon. There will be one held on April 11th in Washington County, from 11am to 2pm. We will also have one on the April 18th here at MIEMSS from 9am to noon. So there will be an email going out today to all the evaluators that are currently on staff and then if you have any new ones, we will be sure to add them to that.

I just want to remind everybody that we have a new feature in licensure where you can enter your own CAPCE courses. So for those that are ALS providers or BLS providers, who take CAPCE courses you would just log in how you submit your Con Ed and make sure you have the CAPCE number or the certificate from CAPCE and you just enter that and we will zoom it right in there to your report.

We are piloting a new BLS psychomotor assessment schedule starting July 1, through December. We will be taking feedback as we go along and the new schedule is kind of targeting Regions per week so that we can try to get more courses testing at one time. We are implementing the Pre-Covid minimum of 10 students per exam, and we are trying to get two or three classes to test at one time. Therefore, it is not just the four-hour test; it will be an all-day test trying to logistically wise get our staff across the state as well as make better opportunities for our students who are testing. So that being said, there will be a test in Region IV on the fourth Wednesday of every month. The other Regions are as follows: Region I will be the first Monday, Region II will be the second Monday, Region III will be the second and fourth Thursday, and Region V will be the third Tuesday of every month and these exams will be from 9:00 am to 9 pm. In addition, the first Saturday every month we will rotate throughout the Regions going wherever there is a collection of courses that are ending in that month and that exam will be 8am to 4pm.

For everybody who has education course requests, and for those educators in the room please make sure that you are requesting BLS courses for initial and refreshers two weeks before you run those. In addition, make sure that you add your roster and your outline and you will have two weeks to do that. If not, your course will not be approved until we receive those and you definitely cannot get an exam scheduled until we have that documentation. The reason why we are pushing so hard to have that documentation is that we have Clinicians who get lost in the system who have taken a course and they have never created an account or even an EMT application in Licensure. Therefore, what happens is they call us upset because they do not have a card after completing their course some time ago and it is because they do not exist in our system. Therefore, we are trying to get a roster very early in the course so that we can pre-plan and know how many students are going to be testing. As always we ask for an updated roster two weeks before the end of the class so that we can better schedule our evaluators and to better catch the clinicians that kind of fall off the map with the education programs because they did not do what they were asked to do by completing an application. Therefore, we are trying to capture them in multiple ways and that is one way of doing that.

I was asked to share that the RSI application should have been fixed and everybody should be re-certifying by the end of the month. If you are still having trouble with that, please let us know.

The last thing that I have is ALS psychomotor exams will be scheduled through the State instead of through National Registry directly

Rick Koch – To be an evaluator, you have an EMT or higher?

Beverly Witmer – Yes, a minimum of an EMT or higher.

Bryan Ebling – This is the first I have heard of the pilot program for the psychomotor testing. Can you review that again with us because I do not know that I captured everything?

Beverly Witmer – So how this is done now is a program will submit a course request and in that course request, they will put a date that they would like to have their psychomotor exam. So as of right now, we could have anywhere from 10 to 15 exams in a month. With Covid, we were allowing 5 students to test and I think we got into like a pattern where we were having five

students testing and we were traveling all over the state doing this testing. We are trying to get back to a minimum of 10 testing, but also trying to get many of the people to agree to move one day forward or one day back to meet in the middle and test together. Therefore, we would have 25 to 30 or more testing at one time. So what we're doing is we're piloting a new schedule so there's going to be one day per month that's designated for each region that we ran a metric for the last three years where typically each region's test landed on so that's why we pick those dates on the calendar. Did that answer your question?

Bryan Ebling – Yes, thank you for clarifying.

Bryan Ebling – Covid test kits are still available if you are interested in those please fill out the Smartsheet and we will get those Covid test kits out to you.

We are still working through the FY22 Cardiac Device Grant reimbursements. We have one organization that is waiting on equipment, we have three that are waiting on canceled checks, we have three that have not filed for reimbursement, and we have two that are waiting for the Comptroller's office to issue the check. The equipment situation we cannot control. The canceled checks, we will work with those companies to get them filed and those people that have not filed, we really need you to get those completed. I will be working with one organization next week to help them, but outside of that, I have not heard from the other two.

The FY23 grant we have only two companies that have not signed their award documentation, they are aware of that and they are working through that process.

We always like to pass along compliments to SYSCOM and EMRC operations. So any compliments that you all have we would certainly welcome them. We also welcome any concerns that you have in regards to the operations as well. .

I want to congratulate Lower Somerset Rescue Squad for completing and passing their VAIP inspection on their three ambulances.

Congratulations to the University of Maryland Shore Health at Easton, Chestertown, Queenstown, and Cambridge. They have received their Base Station re-designation for the next five years.

I have a few training opportunities to share:

First Responder Mental Health and Wellness will be held in Ocean City on March 30th and 31st. I think there is still an opportunity to get in that class if anyone is interested.

As Cindy mentioned, EMS Care, Ocean City will be April 29th and 30th are the dates with pre-conference dates, I believe on Wednesday, Thursday, and Friday April, 26th, 27th, and 28th.

An 8-hour Rescue Task Force class is being held in Dorchester County, on both April 29th and April 30th and I think that is a MFRI Rescue Task Force class.

Agency / Regional Reports:

Mary Alice Vanhoy – I have something for Nicole, she had to step away. The Statewide Maryland stroke group is working with MIEMSS to develop a PSA on stroke and she hopes to have it and ready to share by the May meeting. This announcement will cover signs and symptoms and when that to activate 911.

Old Business:

Rick Koch – I had two things on old business:

- Heads Up CPR was tabled
- Concealed Carry Update

Dr. Chiccone – No updates at this time regarding Heads up CPR

Rich Koch – Since MSP First Sergeant Larson is not on the call today, we will table the update on concealed carry.

New Business:

Rich Koch – The next meeting will be held here on May 16, 2023 at 1330 at which time we will hold elections for Chair, Vice-Chair and Secretary.

Adjournment: The meeting was adjourned at 2:36