



# Jurisdictional Advisory Committee

December 12, 2018  
10:00 AM to 12:00 Noon  
653 West Pratt Street  
Baltimore, Maryland

**Meeting called by:** Christian Griffin, Chairman

## Agenda

<b>10:00 AM</b>	<b>Welcome and Introductions</b>	Christian Griffin
<b>10:00-10:15 AM</b>	<b>OMD Update</b>	Dr. Chizmar
<b>10:15-10:30 AM</b>	<b>Emergency Operations Update</b>	Randy Linthicum
<b>10:30-10:45 AM</b>	<b>Update on Elite</b>	Jason Cantera
<b>10:45-11:00 AM</b>	<b>Infectious Disease Update</b>	Michael O'Connell
<b>11:00-11:15 AM</b>	<b>Regional Programs Update</b> <ul style="list-style-type: none"><li>• <b>CRISP/eMEDS Interface Project</b></li><li>• <b>Grants Administered by Regional Programs</b></li></ul>	Andrew Naumann
<b>11:15-11:30 AM</b>	<b>Licensure Update</b>	Terrell Buckson
<b>11:30-11:45 AM</b>	<b>EMS-C Update</b>	Cyndy Wright-Johnson
<b>11:45-12 Noon</b>	<b>Jurisdictional Roundtable</b>	Christian Griffin

## JAC Meeting – December 12, 2018

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, Allegany County, Robert Pattison; Anne Arundel County, Timothy Mikules; Baltimore County, Richard Schenning; Calvert County, Heather Howes; Frederick County, Mike Cole; Garrett County, Wayne Tiemersma; Queen Anne's County, Scott Wheatley; Talbot County, Brian LeCates; Washington County, David Chisholm; MFRI, James Radcliffe; and Region I, Dwayne Kitis.

Chairman Griffin accepted a motion by Howard County to approve the Minutes as posted, second by Charles County. Motion passed.

Dr. Chizmar: Discussed the malware attack at UMMS over the weekend. As a result, some hospitals were asking to divert stroke and stemi patients; did keep Mid-Town and UMMC on mini-disaster for a very brief time. No other health system advised they were affected, this was confined to University of Maryland Medical System which operates 14 to 15 hospitals throughout the state. More to come as forensic investigators take a closer look at this. We have not been provided information as to the cause. The situation was brought under relative control from an EMS standpoint within 24-48 hours from the time first alerted.

National Registry: Meetings have been conducted jointly with MSFA as well as MFRI to try and identify ways to continue to increase EMT recruitment and retention. Dr. Chizmar was at Snow Hill December 1<sup>st</sup> for the MSFA Executive Committee Meeting. There was a great presentation by Frederick County at their joint meeting yesterday at their Frederick County Training Academy. He discussed the bullet points of that presentation: they have seen about an 82 to 100 percent pass rate with the changes they have made. Some of the changes they made are introducing computer adaptive testing early, as early as the first module and also switched to the Jones and Bartlett book. They are using the data from the computer adaptive testing to try and target the learner. MFRI has plans to work with Frederick County to pilot this in volunteer jurisdictions next year. Need to make sure all of the EMT candidates who want to succeed are successful. From MIEMSS perspective, will also be looking to identify additional Pearson Vue testing sites.

Dr. Chizmar has been asked by Ms. Pat Gainer to look at the 50/50 grant process for AED and cardiac monitors. There was discussion at the regions to use that grant money for Lucas devices. Ms. Gainer and Dr. Chizmar have discussed as a first step to meet with Dr. Seaman and the Cardiac Arrest Steering Committee (CASC). It is a discretionary line item in the budget and it has not been adjusted for inflation by the State over the history. Will look at the formula that was developed.

Opioids: Naloxone reimbursement funding renewed up to \$200,000. If you do have significant cost for naloxone and want to be reimbursed, reach out to Andrew Naumann. Jurisdictions asked to be open to sharing protected health information with the local health departments, it's permissible. Reason for this is so the Health Department can go back and interface with the patient and get them into treatment. Six to ten percent of the time running repeat overdose calls. There have been over 14,000 overdoses and 1000 to 1500 repeat overdose patients within this current calendar year. It takes partnerships to get the patient into treatment. MIEMSS is submitting data into ODMAP software.

Software: Essence Surveillance System. Maryland DOH is going to be incorporating some of the eMEDS data into the Essence Surveillance System which is essentially trying to capture epidemiological factors

to try and target outbreaks like influenza like illness, etc. Feeding into that system and CRISP which Andrew will cover.

Protocol Updates: Reviewed the protocols Dr. Alcorta discussed at the October JAC Meeting, Undergone a significant Adult tachycardia algorithm. Asking providers, if patient stable transport without Diltiazem, if patient unstable cardiovert them. Diltiazem as of July 1, 2019 will no longer be a consult drug. It will require a systolic blood pressure greater than 100 in order to give it. Verapamil will continue to be a consult drug due to the risk of hypotension. Based on consensus from Trauma, moved needle decompression site from mid-clavicular to mid-axillary. Fentanyl is the standard formulary analgesic. Moved Morphine to optional supplemental. Those jurisdictions wanting to maintain Morphine, you may, but need the Optional Supplemental Protocol Application from you. Really just switching Fentanyl and Morphine. Also recommending Fentanyl be administered by the intranasal route, realizing patients may not receive pain management because we are not establishing an IV or not able to get an IV in some cases. MOLST B patients, Magill's has been added. Added the capnography ability for MOLST B as well. Removed epinephrine from trauma arrest for adults.

Some revisions were made to the Minor Definitive Care Pilot that Baltimore City has underway. This is in addition to the MIH project. Baltimore City will be dispatching a separate minor definitive care unit to assist with Alpha dispatches in trying to get those folks care on site when possible.

Providence Hospital has markedly decreased its level of emergency service to the point where this facility is not an appropriate destination for patients transported by Maryland jurisdictional (911/public safety) EMS operational programs. The OMD issued a memo December 6, 2018 on this; memo can be found on the MIEMSS website under OMD memos.

As of January 1<sup>st</sup>, UM Laurel Regional Medical Center will become a Freestanding medical facility. The OMD will be sending a memo on this and the memo will also be placed on the MIEMSS website.

Will be putting out some guidance on Verapamil for those jurisdictions need to carry it. You are able to either pre or post treat with calcium chloride for borderline blood pressure. Want to enable providers to be able to consult and get their dose of calcium up front to try and prevent blood pressure drop.

The memo regarding the Short Form was reviewed with the Committee. In light of recent Joint Commission Surveys, various hospitals have told us they have been cited for lack of pre-hospital information. We want to give hospitals the ability to first go to you, whom they should, and if not successful, report to MIEMSS and identify where the shortfalls are. Hospitals are a partner and we need to help them get the form in the hospital record, as a record of pre-hospital care.

There is a plan for a MIEMSS statewide quality improvement plan. Looking at a mix of Compass and California performance measures. Dr. Alcorta provided Dr. Chizmar with a draft which they are still working to add to. Want to try and standardize to some degree at the state level the Compass and California measures. Looking at the 2017 California measures. Will bring back to this group at a later time.

VAIP: John Barto will be chairing this committee. Linda Dousa and Chief Mikules will be co-chairs. There are currently 19 jurisdictions participating in VAIP.

Andrew Naumann: Emergency Operations survey was sent out regarding nerve agent antidotes to each jurisdiction. About five years ago MIEMSS received Federal funding to push out nerve agent antidotes to the jurisdictions and DuoDote was contacted to work through the process. Two weeks ago he was contacted informing him that the DuoDote that was on back order is complete and the DuoDote would be received, five years later. Andrew wants to get a survey out to identify what everyone's levels of DuoDotes are and make a good decision on how to move the DuoDotes out to the field.

CRISP: Working to integrate eMEDS and CRISP, the State's health information exchange. That integration will help jurisdictions with MIH to allow the MIH EMS providers to have access to CRISP for MIH purposes and to allow physicians, hospital staff and primary care providers on the back end to see what treatment was provided in the field. Future phases will involve getting CRISP data in the provider's hands. On January 2<sup>nd</sup>, the HJO's should be seeing a memo and application to participate. The Application to participate should be signed by the HJO and returned. Upon receipt, MIEMSS would then validate the HJO signed off and that you identified the person who is the designated jurisdictional quality assurance officer and MIEMSS would then push out the CRISP participation agreement and EMS addendum to those jurisdictions who applied and that will take MIEMSS out of the mix. You will then deal with CRISP in getting that Participation Agreement signed and moved forward. Will be scheduling informational Webinars throughout the first quarter of 2019.

Andrew then discussed the grants that are administered to the jurisdictions. The first is the 50/50 matching grant and hardship grant. That was released this year, \$402,000 and set to be adjudicated by the SEMSAC Regional Affairs Committee on January 3<sup>rd</sup>.

Yesterday released Year II of the Naloxone funding at \$200,000. That amount is further broken down by the treat/no transport Naloxone usage in each jurisdiction. Each jurisdiction had at least some cases. All eligible to apply for the funding.

State Homeland Security Grant Program for FY 18 will be closing out in the next couple of months. In May will be releasing FY 19. Notified by MEMA that the State Homeland Security Grant Program funding allocation has been decreased by \$50,000. In past years the grant was \$250,000, this year \$201,000 this year.

Two Associate Administrator positions are open in Region III and IV. Andrew was asked to send out the job specifications for the positions.

Jason Cantera: Howard County switched to Elite on Tuesday and next will be Carroll County. Following their switch to Elite, every jurisdiction will have switched except for a few Federal entities. Overall going very well.

There are a couple of regular tickets that are being seen and Jason wants to see how he can help with this. There are a lot of, "I can't log in," "I need my password reset," "I'm locked out of the system," and the provider is being told they have to contact MIEMSS. Currently Jason is working on a training video that goes through all that, where you can see the settings, how you can change the password, from start to finish how we handle it when we get those tickets here at MIEMSS.

Provider sends frantic e-mail, "The system lost my report." Jason reassured the Committee, a report is not lost. 99 percent of the time able to find the report in the field incident cloud. He tells the provider that it is just not posted. He tells the provider to go back to the device, post the report and it's there

and they can finish it. In reference to the field incident cloud, he has been getting more requests to allow permission to pull from the cloud, or administrators on my service need to be able to pull from the cloud. They want to let the billing company pull reports from the cloud to process for billing. When Jason gets such requests, he urges great caution because the cloud is not meant for that. The cloud is only meant to pull reports if that device gets destroyed. When you pull from the cloud, it does not pull attachments. Also there is the potential you could have two versions of the report. The provider needs to go back and actually post their own report. There is a setting in Elite you can turn on called Post Reminders. Any time the person logs on, tries to log off, syncs, want to be able to turn that on with the reminder the provider has a couple of reports that need posting. You can set a reminder off line also.

Another concern, "My provider not showing up in Elite." Need to make sure they are affiliated. When they complete the affiliation application and go through that process within two to three minutes it syncs over and they are going to be good on Elite.

In reference to the DataMart issue, the only service that has DataMart is Montgomery County. There was a brief time (4 to 5 days) where Image Trend discovered that Montgomery County was able to see all services and their supplemental questions added to the bottom of the narrative. They were not able to see what service it came from. It was just here's the question, here's the answer. There was no PHI information. There is a meeting scheduled with Image Trend on Friday. If you have items for discussion, forward to Jason.

Terrell Buckson: There are roughly 800 BLS providers who need to get certified by 12/31.2018. Terrell asks for assistance from the group; reach out to your BLS providers. December 20<sup>th</sup> at 1:00 pm there will be an eLicensure Steering Committee Meeting; Terrell is asking for feedback on eLicensure functionality that MIEMSS implemented over the past month.

Cyndy Wright: Handouts were provided to Committee prior to today's meeting. Is there an interest in holding a one day advanced pediatric workshop way beyond PALS. Cecil in favor but allow to poll folks for interest. Would be appropriate to use MIEMSS newsletter to poll, to identify courses? Cyndy – will start this after the first of the year. HP-CPR rollout out have started with one scheduled here at MIEMSS tomorrow, scheduled the 18<sup>th</sup> in Washington County. Pulling in all of the pediatric champions to get them up and running. Have not scheduled a date for Region 1 yet. EMS Care preconference will be Friday, April 26<sup>th</sup>. Open to topics for EMS Care. Handouts provided to Committee members regarding highway safety grants. Buy anything with wheels, buy a helmet.

### **Jurisdictional Roundtable**

Annapolis City: There are significant issues with hospital wait times, ranging from two to three hours. They are about to finish modified fire school.

Allegany County: Hospital tracking Short Form given to Emergency Room secretary. They find that a central place for the Short Form placement is beneficial. Tracking trends, finding that some are transports and not leaving kits behind. They are working with their health department with the vulnerable or at risk individuals who they can leave kits with. They found that a central place for Short Form placement was beneficial.

Garrett County: They had system at Western MD. With electronic reporting, people were getting signatures but there was no report back into the system. The receipt system was the way for them.

AA County: The fire school certified 42 starting end of February. Critical case management program. Working with both BWMC with the common goal of trying to provide appropriate services for some of the frequent flyer patients. Will reach out after the first of the year to try case management. Currently waiting to hear back from their law office on the CRISP Agreement. Good holiday to all. Safe stations still up and running. Within past month most patients are critical incident management folks.

Baltimore City: On December 3<sup>rd</sup> they transitioned to Elite. They are continuing to refine their MIH Program. Looking to expand beyond the Alpha. With regard to Leave Behind, up to 484 as of November 30<sup>th</sup> with now over 1000 doses.

BWI: Thanked AA County for letting them piggyback on training. Captain Saurusaitis posed a question: "Why are the Short Forms not paperless?" Jason Cantera will be called back to the meeting for clarification. If the provider posts, completes the report electronically, no need for a paper transmission. Per Dr. Chizmar, as for what the requirement is in COMAR it always has said, MIEMSS approved short form or eMEDS form is delivered. The interpretation at least from Dr. Alcorta, and Dr. Chizmar would not change it, has always been it does not need to be printed out and handed to them that electronic submission is sufficient as delivered.

Jason Cantera: If the provider posts the report, completes it and it's done on the provider's end, there is no need for a paper transmission. If they are not able to finish it completely and post it and mark as done, then they need to fill out a paper short form and give that to the nurse or whoever. In COMAR it says the paper form must be submitted. In COMAR it says the completed report must be submitted within 24 hours after a short form is given. If the provider can't truly mark it complete and done, they then must complete a short form.

Dr. Chizmar asked Jason to summarize the question that was recently added, "What was done at the time of handoff." Took out what type of documentation was left and that was a single select. Added a total of three or four questions, however depending on how you answered them, it could only be a couple that you will answer.

Repatriation: This was in the 2018 protocols. Question was asked if this went out to the hospitals. Dr. Chizmar: Nurses and doctors are required to take the same updates. Can re-emphasize the repatriation because getting together the education for next year.

Carroll County: Switched to Elite.

Cecil County: Currently dealing with an upgrade to the radio system. There is an open position for an Emergency Planner. Wish happy holiday and an awesome New Year.

Charles County: They received a grant through the last round of the MIEMSS Homeland Security Funding. Providing at no cost, two slots to each approved TEMS operational program in the state with 30 slot maximum, for the advanced COMTOMS Course scheduled for February 19, 21, 22 at MFRI, College Park. Thank you extended to MFRI.

Howard County: Just completed move to a new facility closer to the public safety training center. Recruit Class 41 started February 3<sup>rd</sup> with two or three more classes starting after that. They

transitioned to Elite with Jason's help. Stop the Bleed Program has been completed in 5 of the 13 schools, Grades 6<sup>th</sup> and 9<sup>th</sup>.

MFRI: There has been a transition in personnel. Assistant Director of Field Operations, Larry Preston is retiring as of January 4th. In the meantime, Jim Radcliffe has been named the Assistant Director of Field Operations in the interim. From an ALS standpoint, they are seeing an increase in no shows, sometimes as 30 to 40 percent in the canned classes, and also seeing a decline in registration in canned classes, BLS/ALS. One of the causes we believe is the decreased number of hours that ALS providers need to recertify. One of the strategies they are looking at for next year is regionalizing the courses and look more to bringing the jurisdictions together or rotating around, looking at what courses you want to offer and rotate. EMT Pilot idea in discussion with Frederick County to look at their model. If prescreen students for MFRI, what is done with that information. Want to be sure not to exclude anyone from taking the program. Tablets are provided for students as well as internet access. EMT continuing to promote the idea of mentoring students at the station level because they see a number of EMT students not making it to the National Registry exam. They pass their EMT class, but do not go on to take the NR exam. We see when students use the Pearson Vue free tool available to them, they do have success. The Director is interested in piloting a couple of the courses in the format Frederick is doing and re-evaluate from there. Happy holidays.

MSP: There are a handful of pilots coming back from military leave; there have been a lot of challenges staffing pilots. Flight training device they have has been very instrumental with the new hires. Recruitment efforts in place to try and recruit medics; doing everything they can to recruit medics. Have gone to several seminars and conferences. However the salary is a recruitment challenge. Dr. Chizmar emphasized, on a consistent basis all providers are to make aviation requests through SYSCOM. Reason: SYSCOM will generate flight plan to determine rather it is safe to have the aircraft take off and land; 2) we don't have other aircraft dispatched or taking the patient if another aircraft closer or available; and 3) heard again from some of the jurisdictions if the MSP had an aircraft out of service. The problem with that is oftentimes a section may be temporarily out of service for maintenance or personnel issues and they may be able to cross cover that area within their allotted time. Dr. Chizmar would like them not to do is to make sure the provider's decision to transport by aviation or ground is not influenced by what they think might or might not be available. In the cases where some of the sections have shortages they are able to reposition the aircraft or make use of an MOU to get the flight there if the patient needs it. SYSCOM Duty Officer has the most up-to-date information.

MSFA: The next MSFA EMS Committee Meeting is January 12<sup>th</sup> at Pleasant Valley in Carroll County.

Howard County: Posed question – How many new ALS candidates tested in 2018 out of all colleges, etc. There are nine jurisdictions hiring right now and looking for 100 percent paramedic classes and they cannot be filled. Will look to Terrell Buckson to answer this question.

Next JAC Meeting February 13<sup>th</sup>. Happy holidays to everyone.

Meeting adjourned at 12 Noon.