CRISIS SCENE COLLABORATION WORK GROUP

October 20, 2022

2:00 P.M. - 4:00 P.M.

PURPOSE & INTENDED OUTCOMES

- Review draft guidance outline and receive feedback for improvement and path forward
- Discuss clarifications to concerns with Emergency Petitions and determine pathway forward
- Determine common consistencies with existing cases involving joint law enforcement and EMS response to agitated persons

AGENDA

2:00 P.M. **1. CALL TO ORDER / INTRODUCTIONS**
Randy Linthicum, Director, EMS Preparedness & Operations Division, MIEMSS
Sgt. Travis Nelson, Liaison Officer, MDSP/MDEM
Roundtable introductions

2:05 P.M. **2. OPENING REMARKS**
Dr. Ted Delbridge, Executive Director, MIEMSS
Dr. Delbridge will provide opening remarks to the group

2:10 P.M. **3. SEPTEMBER MEETING REVIEW**
Randy Linthicum, Director, EMS Preparedness & Operations Division, MIEMSS
Sgt. Travis Nelson, Liaison Officer, MDSP/MDEM
Director Linthicum and Sgt. Nelson will provide a recap of the September meeting. Meeting members will also have the opportunity to provide updates to action items

2:15 P.M. **4. REVIEW CASE STUDY REPORT**
Randy Linthicum, Director, EMS Preparedness & Operations Division, MIEMSS
Sgt. Travis Nelson, Liaison Officer, MDSP/MDEM
A review of current case studies will be introduced and discussed to identify any potential consistencies/patterns and how it will relate to the guidance provided in Maryland

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3:00 P.M. **5. EMERGENCY EVALUATION PROCESS FOLLOW-UP**

Sgt. Travis Nelson, Liaison Officer, MDSP/MDEM
Dawn Luedtke, Asst. Attorney General, OAG
Based on review introduced in the last meeting, follow-up to relevant emergency petition questions will be addressed

3:10 P.M. **6. PROGRAM OUTLINE UPDATES**

Dawn Luedtke, Asst. Attorney General, OAG
Ms. Luedtke will provide any updates regarding the outline and feedback received

3:55 P.M. **7. ACTION ITEMS, CLOSING REMARKS & ADJOURN**

Randy Linthicum, Director, EMS Preparedness & Operations Division, MIEMSS
Sgt. Travis Nelson, Liaison Officer, MDSP/MDEM

Please be advised that the Work Group may move into a closed session, if needed, pursuant to Maryland Code, § 3-305 of the General Provisions Article.

Attendance

Travis Nelson – Sergeant, MSP Liaison to MDEM
Randy Linthicum – Director, EMS Preparedness & Operations Division, MIEMSS
Dr. Ted Delbridge – Executive Director, MIEMSS
Jerome Lechasseur – Student Intern, MIEMSS/UMBC
Dr. Tim Chizmar – State Medical Director, MIEMSS
Clinton Pfarr– Firefighter/Paramedic, Montgomery County FRS
Josh McCauley – Lieutenant, Washington Co. Sheriff's Office
Sharon Lipford – MD Behavioral Health Administration
Kyla Hanington – PG County Office of Human Rights
Dr. Steven Whitefield – Medical Director, Behavioral Health Administration
Shannon Lacey – Public Safety Dispatcher, St. Mary's County
Dr. Matthew Levy – Medical Director, Howard County DFRS
Dawn Luedtke – Assistant Attorney General, Maryland Office of Attorney General

1. Call to order – 1405hrs 10/20/2022
    a. Introductions
2. Opening Remarks
    a. Dr. Delbridge – Thanks the workgroup members for their expert contributions
3. September Meeting Review
    a. Sgt. Nelson – Lots of good conversation regarding emergency petitions. Would like to focus in on joint response scenes.
        i. Consider information release to EMS clinicians
    b. Ms. Luedtke – Police are now legally obligated to de-escalate whereas EMS de-escalation was not addressed in the new law.
        i. Dr. Chizmar – There is a requirement for EMS to de-escalate through the Maryland Medical Protocols and therefore integrated in regulation, but this is an area of opportunity to improve education.
        ii. Also, we need to avoid scripting EMS actions into law. Does not allow needed flexibility in making medical decisions
    c. Dr. Levy – Has been working on scripted/guided discussion between partners on scene
        i. Are they in immediate danger to self or others? If no, is the problem here potentially time-critical where delay in diagnosis & treatment could cause unnecessary harm?
    d. Dr. Whitefield – Could consider using existing de-escalation education for inpatient psychiatric units
    e. Sgt. Nelson – Maryland Fire Rescue Institute (MFRI) has reached out to notify that they are creating a verbal de-escalation class.
4. Review Case Study Report
    a. Mr. Lechasseur – Aurora, Colorado case. Information gathered from official third-party investigation report available at (LINK)
        i. Patient was Elijah McClain

ii. EMS called after Aurora Police used force (carotid/choke holds). The patient had lost consciousness once prior to EMS arrival
iii. Aurora Fire and Falck Rocky Mountain responded. Fire arrived, directed responding ambulance to draw up 500mg of Ketamine
iv. Ambulance arrived, administered Ketamine to the patient and he eventually went into cardiac arrest. The patient had already been restrained by handcuffs and was minimally responsive before Ketamine was administered
v. Areas of failure
    1. Delays in clear transfer of scene control from police to EMS
    2. Lack of clear communication between partners on scene
    3. Delayed and incomplete primary assessment of Mr. McClain
    4. Failure to use appropriate medical equipment
    5. Inaccurate estimation of patient's weight
    6. Cognitive errors in medical decision making
vi. Helpful recommendations
    1. Implement a formal transition of care procedure between police and EMS
    2. Continuous evaluation of current policies, procedures, and protocols against high-quality evidence
    3. Formal interdepartmental training between EMS and police
    4. Building continuing education to address medication errors and cognitive errors/biases
    5. Statewide checklists for high-risk, low-frequency events such as chemical sedation

b. Mr. Pfarr – Was there only one or more than one paramedic on the scene?
    i. Mr. Lechasseur – there were two, one from Aurora Fire and one from Falck, the transporting unit
c. Dr. Whitefield – What was the process for these providers to choose Ketamine? Did they need verbal orders from physician?
    i. Mr. Lechasseur – Paramedic administered Ketamine as a standing order from their Excited Delirium protocol. Did not need to obtain verbal order
    ii. Dr. Chizmar – We have improved our medical agitation protocols. To use Ketamine, the patient needs to be severely agitated and posing an immediate/imminent danger of injury to self or others. Follow up medications needs consultation. Regional medical directors review all Ketamine uses retrospectively
    iii. Dr. Levy – Recent regional safety practices implemented have been: increased EMS resources at the scene and having an emergency airway plan. Can meet offline to provide more EMS perspective
d. Dr. Chizmar – We don't want EMS to tell Police how to use force and we don't want police to tell EMS to give someone medication. Need to use open ended communication

   e. Dr. Levy – Consider systems issues, past medical practices used in this case which worsened all other events that happened on the call.
   f. Mr. Pfarr – Thoughts on improving scene dynamics
      i. Crew Resource Management, assigned roles/duties before incident response
      ii. Importance of clinical decision maker to perform own assessment
   g. Sgt. Nelson – Could EMS document de-escalation steps through dispatch like law enforcement?
      i. Ms. Lacey – Definitely a possibility. All that is said on radio can be logged
      ii. Dr. Levy – Have to consider/review HIPAA implications. Could assign a scene timekeeper crew role.
      iii. Mr. Pfarr – Could use Medical Duty Officer in dispatch to facilitate certain protocols and expert guidance
   h. Sgt. Nelson – Does EMS have substantial bias training like law enforcement?
      i. Dr. Chizmar – This is an area of growth/opportunity
5. Emergency Evaluation Process Follow-Up
   a. Ms. Luedtke – there is a list of hospitals that do not accept EP patients. Question was raised as to why.
      i. Dr. Whitefield – Unclear why, decision made decades ago, don't have the authority to force hospitals to get on the list.
      ii. Crisis Stabilization Centers (CSC) coming online around next summer, will allow EPs to be transported to non-hospital facilities
   b. Discussion on whether EMTALA is applicable to CSCs. Does not but will be designed to receive as many EPs from police as possible.
   c. Ms. Luedtke brings up statewide inpatient psychiatric bed registry. Will send Washington Post article via email to workgroup members
      i. Dr. Whitefield – opportunities for growth, there is a registry being used but not as much as hoped
   d. Lt. McCauley asked last meeting how long clinician-initiated EPs are valid
      i. Dr. Whitefield – Parallel court ordered EPs, 5 days
6. Program Outlines Updates
   a. Ms. Luedtke
      i. Question was raised last meeting, providing formal advice on use of force law. Office of Attorney General had concerns it wouldn't address our issues. Next steps will come at direction of Drs. Delbridge and Chizmar
   b. Sgt. Nelson – Propose to release a one-page summary of the goals of this workgroup to clinicians and police agencies.
      i. Will work with Ms. Luedtke to put together. Will need input from everyone to address each topic
   c. Ms. Lipford – Can we partner with Maryland Police and Correctional Training Commissions?
      i. Sgt. Nelson – We can approach them if the group wishes
7. Action Items & Closing Remarks

a. Sgt. Nelson
    i. One-page executive summary on what this workgroup is working on
    ii. Workgroup members to work on and write the guidance document
        1. Immediate focus on a checklist and guided communication
    iii. Ms. Luedtke will figure out how to share the guidance document to the whole workgroup
    iv. Sgt. Nelson will send out a poll to set date of next meeting