



Region III Emergency Medical Services Advisory Council

Providing Emergency Medical Care to Metropolitan Baltimore

Region III Jurisdictional Medical Directors Meeting September 28, 2016

Attendees: Richard Alcorta (MIEMSS), James Brothers (Howard County), Tim Chizmar (Region III Medical Director), Charles Dorsey (MIEMSS), Bill Dousa (Harford County), Linda Dousa (Harford County), Mark Dubel (Anne Arundel County FD), Christian Griffin (Baltimore County), Dan Grimes (Annapolis City), Jeffrey Huggins (MIEMSS), Matthew Levy (Howard County), Libby Luebberman (Carroll County), Chad Packard (BWI Airport FRS), Mike Reynolds (MIEMSS) Jeff Schaffer (Carroll County), Allen Walker (MIEMSS EMSC), Jon Wendell (Anne Arundel County FD), James Wilkison (Anne Arundel County FD)

- I. **Welcome & Introductions:** Dr. Chizmar welcomed everyone to the meeting.
- II. **Chair Report - Tim Chizmar, MD:** The minutes from the May 25, 2016 meeting were submitted to everyone electronically and in the meeting for review. The minutes motioned to approve by Matthew Levy and James Brothers. Lisa Chervon is now the Acting SOCALR Director and Jeffrey Huggins is the Acting Region III Administrator. Dr. Seaman has resigned from MIEMSS to pursue cardiac arrest endeavors. Dr. Chizmar asked the group to send any Region III correspondence to Jeffrey Huggins at jhuggins@miemss.org. The next meeting is scheduled for Wednesday, November 30, 2016 at 10:00am in MIEMSS Conference Room 212.
- III. Program Reports
 - A. **State EMS Medical Director Report - Richard Alcorta, MD:**
 - i. Dr. Kevin Seaman has stepped down as Executive Director of MIEMSS and Dr. Alcorta and Pat Gainer are acting as Co-Executive Directors. Dr. Seaman will work with the Resuscitation Academy to pursue improved cardiac arrest survival. He will also continue to serve as Chair on the Cardiac Arrest Steering Committee and assist in the completion of the CARES implementation.
 - ii. The Cardiac Arrest Steering Committee meeting will take place Thursday morning.
 - iii. The licensure tool for EMS field providers is now online. Providers need to make sure they log in and update their profile and clear their passwords. There were three doctors that need to complete their profile: Dr. Heller, Dr. DiNapoli and Dr. Polic. This is necessary for electronic affiliation.
 - iv. Dr. Alcorta sent out to everyone a memo speaking about the electronic recognition of the MOLST letter. Commercial ambulance companies received the letter from Jeff Sexton prior to stepping down from his position. The electronic signature is valid and may be printed in that format. This will be put in the Learning Management System (LMS) for the 2017 rollout.
 - v. The National Registry has lowered the number of CME credits for ALS and paramedics from 72 to 60. It remains 72 credits for intermediates. MIEMSS



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- will lower the number of credits to 60 for intermediates and CRTs for state licensure.
- vi. CARES will go live in Prince George's County on November 1st and in Montgomery County on December 1st. By then, every hospital, EMS Operational Program and free standing emergency department in Maryland on CARES. NASEMSO has put forward three resolutions during their fall conference last week: (1) CARES will be the database where we will collect cardiac arrest data; (2) vendors will need to incorporate the CARES fields in their core element and (3) CARES needs to come into alignment with NEMSIS.
 - vii. The EMS Board has approved an expansion of the Mobile Intergraded Community Health Queen Anne's Project with 12 performance measures, which included a need for a nurse practitioner and a paramedic. Prince George's and Charles County have submitted applications for the project. Jurisdictions who would like to pursue this model should e-mail the Office of the Medical Director to request a copy of the final version. Medical Directors and Highest Jurisdictional officials will be receiving a Mobile Intergraded Health survey to complete.
 - viii. MIEMSS is working with CRISP and will be running the pilot with Prince George's County. Their Medical Directors and Quality Assurance officer team will be given privileges in going to the health exchange for EMS patients they transported. Currently EMEDS reports do not go into CRISP. In addition, the MOLST report does not have a page in CRISP. The timeline on the pilot will be at least 6 months and could go up to 1 year. Dr. Alcorta would have to go the CRISP Board to make sure there were no violations, prove concept, provide performance measures to the Board and to make sure that it is used appropriately in order to expand the program.
 - ix. Dr. Alcorta and members of the Active Assailant Workgroup had an opportunity to go Aberdeen Proving Grounds to see how ballistic gear was tested. There have been issues with the gear including money, weight, proper fitting, exertion, thermal fatigue and maintenance. Those who wear the ballistic gear will be doing LSI and extraction, not EMS care. The workgroup is encouraging and trying to survey how each operational program has taken the active assailant guidelines and implementing them.

IV. Old Business

- A. **Quality Assurance:** Dr. Chizmar sent the Quality Assurance report to the group electronically. He praised the group for doing a good job. More than 50% of the jurisdictions are doing 100% review of all calls. The jurisdictions that are not at 100% are increasing their numbers. The jurisdictions are focusing on more meaningful clinical data.
- B. **Triage Tag Data:** There is no new data from Christina Hughes. The next triage tag days are October 3rd and 7th. Jeff Schafer inquired about how we get the numbers.



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Dr. Chizmar explained that the hospitals put their data on the spreadsheet and submit their data to Christina Hughes and then forward them to the Region III Office.

V. New Business

- A. **Seizure Data:** Dr. Levy worked with Dr. Chizmar, Dr. Alcorta and Angela in running the statewide reports to look at the raw data and raw compliance. One of the items that was reviewed involving whether patients received glucose. Dr. Levy presented to the group a spreadsheet showing data from Harford and Howard counties collected in April 2016. The data showed that the ages from newborn to geriatric. The raw compliance from the two counties was from 40% to 45% and had between 80% and 100% of compliance checked for glucose with a small sample. The next step would be to see how this can be done regionally. Jon Wendell asked if it was possible if this can be mandatory by chief complaint so it doesn't have to be done constantly. Dr. Alcorta responding that the challenge would be validating every field in the document, which would harm the system and by chief complaint, some fields can be validated. Dr. Chizmar asked the group if it would be unreasonable to review a months' worth of data. James Wilkison suggests that they can create a reports folder in EMEDS for Region III to be run ahead of time. Christian Griffin asked if the data can be part of the semi-annual QA report and Dr. Chizmar approved.
- B. **MOLST Discussion:** There are 4 different MOLST codes: Full Code, MOLST A1, MOLST A2 and MOLST B. Many hospitals and EMS agencies have asked about how we handle MOLST B patients. Many of the patients transported out of nursing homes are categorized as MOLST B. There have been calls come in for acute stroke where the family wants the level of care for the patient above what MOLST B tells us what can be done. Dr. Chizmar's interim guidance for the providers is that if the patient is alert and want intervention that are not on the MOLST B, remind everyone that the patient can overturn the MOLST. If the patient cannot speak for themselves, have providers engaged in early medical consultation at that facility. There are MOLST forms that are not accurately caption what the patient is asking for. Dr. Alcorta states that the override of the MOLST form with medical consultation can be done on a case-by-case basis, but the law says that EMS and doctors have to abide by what the MOLST form says. Dr. Alcorta added that with the new MOLST form and the built-in authorities, both EMS providers and physicians must comply with the form and cannot override it unless the patient rescinds it.
- C. **Volunteer Ambulance Inspection Program (VAIP):** The 2016 VAIP document is has been finalized and approved by the EMS Board and SEMSAC. The document may be on the MIEMSS website by the end of week.
- D. **Highly Contagious Infectious Disease Update (HCID) Grant:** The invitation to submit an Expression of Interest has been sent out for specialized response teams to the Highest Jurisdictional Officers this morning. There will be several information sessions to answer questions on the grant.
- E. **Mobile Intergraded Health (MIH) Survey:** Chris Hyzer sent the Mobile Integrated Health Survey to the jurisdictions this morning to be completed and returned.



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- F. **Fleet Week** will be occurring the week of October 12th – 17th with the main events taking place October 14th – 16th. There is a lot of unknown information at this time. Jurisdictions are asked to keep those dates in remind and they may receive requests from Baltimore City or things may change.
 - G. **Minimum Equipment Process:** One paragraph needed to be fine-tuned for the criteria for suspension of the unit – if you don't have any medical necessary equipment to take care of someone, the vehicle cannot go back on the street. The mandatory section is on hold in part of transition of leadership and to address priorities.
- VI. **EMSC Update – Cyndy Wright Johnson/Dr. Allen Walker:**
- A. A Hybrid PEPP class at MIEMSS schedule for Friday, October 28th. The cost is \$25.
 - B. APLS Course for Physicians and Peds and PAs Friday, September 30th and Tuesday, November 29th for local hospitals. Both courses will be conducted at MIEMSS.
 - C. Emergency Departments will be reassessed based on their pediatric readiness using the same scoring from the 2013 survey. Some have increased their score by 20 points, some decreased by 20 points and others fell in between. There will be an update in the next meeting.
- VII. **2017 Protocol Preliminary Update – Mike Reynolds:**
- A. Revisions and changes to the Freestanding Medical Facility: Transport to Queenstown Medical Center will be removed and will be replaced with a generic version of transport to a freestanding medical facility. All priority 2's, regardless of whether the patients symptoms resolve, will require consultation in the communications section of the general patient care. Priority 1 patients who are in extremis or have an airway issue will still be accepted.
 - B. Terbutaline will be removed from the formulary.
 - C. There will be a new stand-alone protocol for syncope.
 - D. New protocol in the overdose section for CO/smoke inhalation. The old hyperbaric protocol will be removed.
 - E. Sexual Assault Protocol received an extensive overhaul in updating what providers should look for
 - F. MIEMSS will put in a list of hospitals that are recognized by Maryland Coalition Against Sexual Assault (MCASA).
 - G. The current EMT acquisition of 12-lead pilot will be moving to an optional program. Currently it requires an annual report to the Medical Director's Office. This will eliminate the reporting requirement to the State.
 - H. MOLST Revision: The Office of Medical Director cited some COMAR items for the sending facility responsible for providing the transport unit the copy of the DNR MOLST paperwork; the electronic copy is acceptable.
 - I. Some language will be removed referring providers to a 1998 document that is not relevant to current protocols.



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- J. Pelvic Binder Pilot: the contraindication of patients who not reached their 15th birthday has been removed. It is not mandatory if you are currently participating in the protocol as it currently to buy any additional versions of the pelvic binder.
 - K. On the Oxygen Pharmacology page there is a significant difference between ALS and BLS. They should be the same.
 - L. The consultation requirement for ALS providers to administer versed to patients has been removed
 - M. Revision to Mark I: the treatment protocol will be different; Chempack will be delivered with pamphlets.
 - N. Humeral IO: the language was cleaned up for the IO procedure, is now contraindicated for any patient now has not reached their 13th birthday as of July 1st.
 - O. Slight modification to the pediatric termination of resuscitation protocol: with consultation with the pediatric basestation, Childrens National or Johns Hopkins, the provider can request termination of resuscitation for a patient under 18 years old.
- VIII. Jurisdictional Roundtable Reports
- A. Annapolis City
 - i. Hired 4 laterals to begin in October
 - ii. Began the process for 12 new hires to start in October
 - B. Anne Arundel
 - i. Working on improving data collection
 - ii. Academy graduation will be in December with 8 ALS recruits
 - iii. Jon Wendell passed the MFRI course
 - C. Baltimore City – not present in today’s meeting
 - D. Baltimore County
 - i. Working with Department of Health heroin overdose and cardiac arrest
 - E. BWI
 - i. 6 Paramedic fire recruits currently in the academy thru this Winter
 - ii. Lieutenant interviews were held and waiting for an official announcement
 - iii. Granted permission to promote an EMS Captain
 - iv. CPR kiosk had double the use as other airport kiosks
 - v. Working a project with MTA Police and the Anne Arundel Crisis Team on the increasing homeless population and the violence at the airport over the last few months. There also have been security breaches.
 - F. Carroll County – no report
 - G. Harford County
 - i. Working on the EMS review study due to CHHS by December
 - H. Howard County
 - i. Will soon begin a training class of 13 ALS providers and 34 total recruits
 - ii. Resuscitation Academy will take place on Thursday, November 3rd with 80 participants
 - iii. Meeting on addressing the opioid overdose problem in December
- IX. Meeting adjourned



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