

Region IV EMS Advisory Council

Rick Koch, Chair
Chris Truitt, Vice-Chair
TBD, Secretary

AGENDA January 19, 2021 (VIRTUAL MEETING)

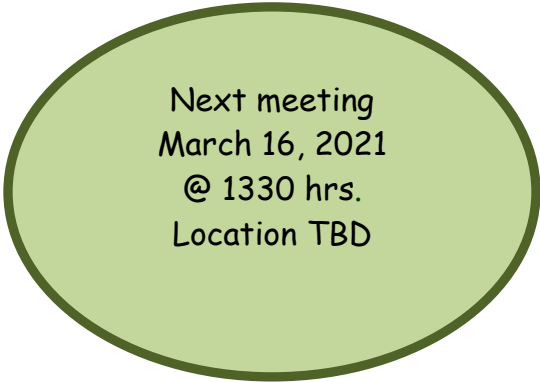
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1. Call to Order & Introductions
2. Approval of Minutes
3. Regional Medical Director's Report
4. Pediatric Medical Director's/EMSC Report
5. EMS Board Report
6. SEMSAC/Regional Affairs Report
7. MIEMSS Report
8. Agency/Regional Reports (Circle "yes"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



Next meeting
March 16, 2021
@ 1330 hrs.
Location TBD

REGION IV EMS ADVISORY COUNCIL
January 19, 2021
Minutes

Attendees: Michael Parsons, Rick Koch, Chris Truitt, Scott Wheatley, Brian LeCates, Cyndy Wright Johnson, Danny Webster, Falon Beck, Doug Walters, Dr. Ochsenschlager, Dr. Jon Krohmer, Jonathan Larsen (MSP), Lisa Lisle, Mark Fletcher, Mark Bilger, Mary Alice Vanhoy, Nicole Leonard, Rebecca King, Shari Donaway, Dr. White, Dr. Chiccone, Wayne Tome.

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

Approval of Minutes: A motion was made by Scott Wheatley to approve the November 17, 2020 minutes as written, seconded by Mary Alice Vanhoy and passed.

Regional Medical Director's Report:

Dr. Chiccone:

The protocol review committee was postponed due to no new agenda items and competing meetings so today's update will be quick. Going forward it remains on the agenda to revise or convert all existing protocols into the new sleeker format.

As a follow-up to a member report I gave, the spinal motion restriction protocol revision for the moment is dead. I do not believe the proposal is dead, but I believe for the time being it is going nowhere so that protocol will not change. Secondly, I wanted to give an update on the freeze-dried whole blood product proposal. That seems to be going forward and they are at a place now where it is going to be a pilot program with the Maryland State Police Aviation Division. They are in the process of finalizing a few things. For example when the product expires, who will replace it and how the product will be billed if the destination is not Shock Trauma. I feel that once those issues are resolved, this could be up and running within the next 60 days which is very exciting.

Dr. White:

Are there any updates on the proposed legislation regarding Ketamine?

Dr. Chiccone:

I have nothing new, I have been watching my emails but I have not heard anything.

With that being said, the Medical Directors have been meeting on a bi-weekly basis since sometime during the Corona virus outbreak. At our last meeting, we received information that there has been a proposal to the State Legislature introduced by one of the litigators to see if they could restrict the use of Ketamine. One of the items in the proposed restriction had to do with a reaction following jurisdictions outside of Maryland where some bad publicity was received and the public developed a perception as in the case I am about to site. This being where the police could actually request that EMS Providers administer Ketamine, and in a situation that they did the patient incurred some difficulty and so it developed a perception that this was a law enforcement tool to control wayward patient behavior as opposed to EMS tool. When that story broke the Protocol Review Committee and the Medical Directors took proactive action to be sure that our protocol was air tight, up to date, and to never create the impression that the purpose of Ketamine would be a tool for law enforcement to dictate patient care to paramedics. Unfortunately, this legislation has been introduced perhaps well intentioned by a litigator who is not aware that we have been addressing this issue all along. The real danger comes from the fact that it would invite an opportunity which I do not think exist now in COMAR for the legislature to tell us how to practice medicine. So that is more our posture, we would rather be granted the authority to do our jobs and to hope that the stewardship we provide is the proper stewardship as opposed to being dictated to say you will use it this way, you won't use it that way. As always, there is a fear the other specialties, anesthesia in particular would then fall in line and reasonably object to this valuable tool's use by EMS in the state.

Dr. Krohmer:

Similar Legislation has also been proposed in North Carolina. This is picking up speed and the FDA is looking at it very closely. Having said that, the FDA is depending on a lot of input from Psychiatrist and Anesthesiologists who both feel that there is no such condition as excited delirium because they have never seen it. They are adamantly opposed to EMS using Ketamine in any way, shape or form.

Pediatric Medical Director's/EMSC Report:

Cyndy Wright Johnson:

I would like to pick up where Dr. Chiccone left off specific to the work PMAC has been doing. I will not elaborate but yes, Spinal Motion Restriction is a long conversation away from being ready. The pilot protocol for administration of blood were submitted to Dr. Chizmar and Dr. Floccare just a week ago with the changes that were suggested by PMAC. One of the changes is we are going to use the trauma definition of adult starting at the age of 15. Therefore, the protocol for those who have reached their 15th birthday will follow the adult protocol.

We so have two quick changes one of which is to redefine the definition of tachycardia within that document so that is mirrors sepsis. We are also going to look at that sepsis protocol and see if that chart can be simplified, but that would be a protocol revision.

We spent a lot of time talking with Hematology Specialist and the Blood Bank Specialist at both Hopkins and Children's hospital. We are going to request that it be a standing order for any patient over the age of one be given whole blood; and for any patient under the age of one, a medical consultation be given prior to receiving whole blood. This has to do with how their system responds and how they will react to whole blood. We think that this is going to happen so infrequently and it is revolutionary in what is going on at least in this part of the country. I know they have been doing it in Texas and out west. We are going to review it similarly to RSI. All pediatric RSI is reviewed annually in a closed meeting. We are also reviewing all of the uses of tourniquets in children and we have not had any yet so we will be adding all of this to what our pediatric quality improvement committee does. The quality improvement group meets in a closed meeting but any suggestions that come out of annual review or quarterly review are then brought to PMAC.

We are continuing to talk about moving forward to a universal Supraglottic airway protocol so we do not have one that is optional and one that is standard. I do not believe that will be a final product by the July 1 changes but it is an ongoing conversation.

My handout has a lot of new information in it and there has been one change. The PEPP Hybrid course that we were going to run January 29 as part of a pre-conference to Winterfest has been postponed until March as the skill for Winterfest has been postponed. This will give us more time for registration and for more people who choose to take to vaccine to do so. The date for the PEPP course is March 26 and you should see a registration flyer coming out of the winterfest committee this week.

I also attached two handouts regarding our Child Passenger Safety Project that is funded through Maryland Highway Safety. Just wanted to highlight the February webinar that is scheduled will be done by crash reconstruction law enforcement partners as well as a couple experts on how to put the most information in as quickly and accurately as possible into an eMEDS form. This is approved both for Child Safety Passenger Technicians as well as EMS credit and if you are both, yes you can double dip.

I want to thank all of the Jurisdictions that applied for the Pediatric Education Grants, they have all been approved and the award letters have gone out to those who did not need to be edited. All are approved for up to \$2000.00.

Thank you to the Jurisdictions that have completed the EMS survey that launched January 6 into the 7th. Office hours will continue to every Tuesday at noon until we have all 27 Jurisdictions completed.

EMS Board Report:

Mary Alice Vanhoy:

We had our Annual joint meeting with SEMSAC and the EMS Board where all of our partners gave end of the year reports and discussed goals for the next year. No real new information to share, this meeting was an encashment of what happened last year.

SEMSAC Report / Regional Affairs Report:

Scott Wheatley:

Just a reminder, if you have outstanding Cardiac Grants get that paperwork submitted and returned back into Regional Affairs group ASAP because they will pull that money back.

MIEMSS Report:

Michael Parsons:

I wanted to quickly discuss the memo that came out on the 11th of this month from the Executive Director / State Medical Director regarding the destination for adult acute stroke patients with a lam score of four or greater. If you did not receive a copy of that reach out to me and I will get that sent to you.

C-4 Critical Care Center has really taken off. If you are interested in coming on contractually and assisting, please contact Andrew Naumann.

The Cardiac Devises Grants should have all been sent out and the agreement should have been signed and returned yesterday. Purchases and reimbursement requests need to be sent back to MIEMSS by March 6, 2021.

John Barto has officially retired as of December 31, 2020. In the meantime, I will be stepping in as Acting Regional Administrator until the position is filled. If anyone that is interested in the position, please keep an eye out for that job posting. In the meantime, if you have any questions or concerns please feel free to reach out to either Dawn or myself in the Region IV office.

Agency / Regional Reports:

Rick Koch:

Ocean City has been business as usual. We are neck deep into Covid as I am sure everyone else is. We have been in partnership with the Health Department in Worcester County providing Paramedics to assist with getting the vaccines out. We have also held our own clinics in Ocean City and were able to get a great number of our EMS provides their first shot and will be starting with the second shots in the beginning of February.

Chris Truitt:

We are about the same as you Rick regarding Covid. I know most of the county and all of Salisbury that wanted their first shot have received it. A lot of us are due for our second shot this week. I will say our Health Department is filling up fast so as soon as you get that link to receive your first or second shot use it because if you wait a day or two, you may have to wait even longer.

Old Business:

Rick Koch:

With Scott Wheatley stepping down from the Protocol Review Committee, I wanted to ask Michael Parsons if he had any information regarding the names that were submitted as potential replacements.

Mike Parsons:

I have not heard anything as of yet, but I will follow up on that and see what I can find out.

New Business:

Scott Wheatley:

We had an episode the other day where a local jurisdiction put Easton on re-route and we did not get the notice. We noticed this in CHATS and when our dispatch called to double check we were told that they were only on re-route for the Jurisdiction that placed them on re-route. I just wanted to say that this is not how the policy works. After hearing back from all of the chiefs, it was not supposed to be relayed that way. It is very clear that if you put a hospital on re-route it remains on re-route until the last unit clears. This will affect any unit going to that hospital until the last unit clears and removes them off re-route. So did anyone have anything back from that?

Brian LeCates:

We talked about that this morning in the 911 supervisors meeting here in Talbot. They were unaware of the re-route status and asked that if any jurisdiction does place them on re-route to please make sure Talbot Center knows as the regional EMRC so that they can make the notifications or whatever needs to happen.

Scott Wheatley:

I appreciate that Brian, I know we worked through it and we do very well communicating but I just wanted to make sure for the regional purposes. I know Salisbury and AGH are not affected very often by this but we are seeing more and more of it right now and it is at no fault of the hospitals. I will clarify that, Dorchester and Easton have been on red quite a bit and it is just

because of staffing and work load. We understand that but we just have to make sure our patients are taken to the right facility as much as possible.

Mary Alice Vanhoy:

Unfortunately, at one time today there were only 11 critical care beds available within all 14 hospitals so everyone is being affected the same way. We do appreciate your patience with us as we try to find space for everyone because we are also doing a lot of boarding at all four facilities due to not having beds available.

Dr. White:

What is the policy when Easton is on red regarding Queen Anne's County?

Scott Wheatley:

We try to go to another hospital. Either Anne Arundel or to even Chester River, but we do not try to override it if that is what you are asking.

Dr. White:

No, I guess my point is I am not sure if it is clear to all providers that red means there are no inpatient monitor beds by definition Queen Anne's does not have any inpatient monitor beds so it would be counterproductive to transport to preferentially Queen Anne's over Easton or another place that might be on red.

Scott Wheatley:

No, this had nothing to do with Queen Anne's ER. We would not be transporting a patient that would need admitting to a monitor bed to Queen Anne's ER.

Dr. White:

I appreciate the clarification, thank you.

Brian LeCates:

Are there any updates on the Ambulance at hospital dashboard link? I know the website is up and they were working through some problems but was just wondering if there was a release date when that was going to up and ready?

Mary Alice Vanhoy:

At the EMS board meeting we were not given a go live date across the state. What is happening is little by little they are bringing different jurisdictions and different facilities up as they get the firewall components completed. The other thing is they are still working with Apple to have an app for the iPhones.

Just a reminder to the providers to be safe, wear your masks and your eye protection appropriately.

Rick Koch:

We need to elect a secretary so I am taking nomination from the floor. This is the easiest job in Region IV because Dawn does all the work for you.

Brian LeCates:

I would be willing to do it if no one else wants to take that position.

Mary Alice Vanhoy:

I second that nomination from Brian

Rick Koch: All in favor, none opposed. Brian LeCates will continue as the Secretary of the Region IV Council.

Andy West McCabe:

I just wanted to reiterate with Mary Alice said, if we call someone out on the PPE we are just trying to be helpful.

Rick Koch:

Dorchester had a very unfortunate event that could have happened to any one of our agencies so please keep that in mind when it comes to social media posts.

Adjournment: The meeting was adjourned at 2:10 motion made by Brian LeCates, seconded by Mary Alice Vanhoy.