

Region IV EMS Advisory Council

Rick Koch, Chair
Chris Truitt, Vice-Chair
Brian LeCates, Secretary

AGENDA May 18, 2021 (THIS MEETING WILL BE HELD VIRTUALLY)

Joining info Join with Google Meet

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Join by phone

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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
11. Adjournment



Next meeting
September 21, 2021
@ 1330 hrs.
TBD

REGION IV EMS ADVISORY COUNCIL

May 18, 2021

Minutes

Attendees: Rick Koch, Michael Parsons, Cyndy Wright Johnson, Dr. Chiccone, Dr. Ochsenschlager, David Rice, Brian LeCates, Shari Donaway, Chris Truitt, Dr. Chizmar, Andy Fulton, Scott Haas, Chief Budzialek, Falon Beck, Lisa Lisle, Dr. White, Dr. Krohmer, Dozia Rahilly, Wayne Tome, Michelle Lloyd, Dr. Aswegan, Jason Shorter, Nicole Leonard, Dr. Ciotola, Mark Bilger, Melissa Bragg, Rebecca King.

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

Approval of Minutes: A motion was made by David Rice to approve the March 16, 2021 minutes with corrections, seconded by Brian LeCates and passed.

Rick Koch – Happy EMS week everyone!

Regional Medical Director's Report:

Dr. Chiccone - There was a protocol review committee on May 12 and we had some more discussion on the crashing patient protocol. This is where a patient is loaded into the ambulance with vital signs but goes into cardiac arrest en route to the hospital. The goal of the crashing patient protocol is to identify those patients at risk and to be able to make an informed decision to stay and treat or load and go. National data would suggest that there is an element of clinician panic that occurs which causes a tendency to want to load and go. When I joined the protocol discussion, a checklist was being discussed in order to keep the protocol as short as possible. This protocol is still a work in progress and was deferred until the next meeting.

The Hydrofluoric Acid protocol from the adult side presented by Dr. Levy passed and it will now go to PEMAC for some minor refinement. We are anticipating when that comes back to the protocol review committee it would be ready to pass.

I am not sure if I mentioned the expansion of the Acetaminophen protocol. The question was, if Acetaminophen could be administered for pain why not for fever as an indication as well. That expansion did clear the adult side and went through PEMAC for some recommendations. There was finally an agreement on the temperature criteria to institute that protocol and it was approved and passed.

There was some information that had been presented to us previously in another format was re-presented, again by Dr. Anders. The purpose of this was to try to divorce the airway management Extraglottic or Supraglottic airway devices for being married to a specific brand name. In anticipation of presenting information in the future, she gave an introduction of several types of airways other than endotracheal airways, which can suffice for airway control devices in

both adults and children. Therefore, this is another example of where the pediatric side will make recommendations to the adult side. Dr. Anders's information was to show devices other than the King and there were not any over \$50.00 for an individual unit. She spoke briefly about i-Gel, the King and LMAs, which she presented as an introduction that will come back to the committee.

You may not be aware, but documented in eMEDS approximately 100 children are subjected to attempted intubation in the field statewide. It is entirely possible that number is higher but that is the number that is actually documented. It may come as a surprise to you that somebody actually reviews all of those charts at the State level. This information is being collected and used for education and improvement of patient care.

Dr. Chizmar gave a review on some of the information that may ultimately be used in our crashing patient protocol. Literature suggests that by vital signs alone it may be possible to screen individuals who are likely to arrest en route to the hospital by a simple scoring system.

In regards to the treatment of Refractory Ventricular Fibrillation and Ventricular Tachycardia, Researchers have identified a subset of patients who appear to be undergoing a phenomenon like electrical storm or Catecholamine surge, which helps to sustain i.e. make v-tach and v-fib refractory. There has been a look at whether beta-blockers for that subset of patients in v-tach and v-fib may actually restore them to a return of spontaneous circulation. Interestingly, according to the paper this actually works. There may be more on this to follow, it is a little too early to say whether there is more of an appetite for this as it was relatively new information for us.

Chris Truitt - Dr. Chiccone, I heard you say that Tylenol for fever for adults was making core progress, was there talk about pediatrics as well?

Dr. Chiccone - Yes, it has been approved for both adults and children and it did pass through protocol review.

Pediatric Medical Director's/EMSC Report:

Cyndy Wright Johnson - Happy EMS week!

I am happy to announce that we have 27 of 27 jurisdictions that have a Pediatric Champion. Queen Anne's County is in the process of transitioning two new people. Danielle Joy has a new person in Prince Georges County and we anticipate having a few more new people as well. Therefore, we will be doing an update for those pediatric champions sometime in June through a conference call. We will also be bringing out some of the instructor trainer materials and helping folks get caught up on some of the equipment that is already in the Regions.

Tomorrow is EMS for Children's day and we will be starting our morning at John's Hopkins with an award. We will also be going to Montgomery County for a few awards including two

children. On Friday, we will be heading to Easton and we will be doing some pediatric high performance research with some EMS Clinicians who are volunteering their time. In the early afternoon there will be an award ceremony, Right Care When It Counts for a young man who I believe is now 18 but was 17 at the time he responded and performed CPR on someone and that individual survived.

Next, we will heading down to see Chris Truitt and we will be presenting two awards in Salisbury. This will be the second year in a row that we had a young person or persons from the Salisbury area help educate people in the community. Please realize that our Right Care When It Counts awards are for those who step up and dial 911 or perform CPR and we have three young adults this year who have done that. However, it is also for individuals who see a problem, see a need, put together a program and educate their community. I believe we will be staying to do some high performance CPR research in the afternoon. We still have opportunities to do that, as this is an IRB approved project that Dr. Jen Anders and Dr. Karen O'Connell are doing as a pilot. If the pilot moves forward, you might see another federal grant only time will tell.

Safe Kids updates are in my handouts. We just acquired our fifth outdoor heat temperature display to educate the public on preventing heat stroke. We also believe that child passenger safety training will start again. I think we have a backlog of at least 10 scholarships to pay for the course if anyone is interested. Susanne came down to do an update for Queen Anne and Talbot County EMS clinicians who are child passenger safety technicians to keep them current. We do anticipate that this grant will be re-awarded in the fall.

PEPP Hybrid has gone very well. We have done a course in Allegany County and a course in Easton. We have had small groups, many masks, and many sets of gloves. We will be doing another course on June 12th in Southern Maryland and I have a request to do one on the lower shore. Danielle will work with Doug regarding a physical location and the three lower counties to set up a course.

The National Pediatric Readiness Project opened on May 1, 2021 and it is a full re-assessment. I will send the hospital representatives some additional information after the council meeting. We do have eight hospitals that have completed the assessment so far and the main question is what do we do about the three data elements? There are only three data questions and they have to do with volume, please use either calendar year 2020 or fiscal year 2020. The federal government is well aware that ED volumes have decreased and anticipate those numbers to be smaller. However, as we compare pediatric readiness across the country we are looking at categories of volume. We do not anticipate it will alter groups dramatically but they want real numbers. They want to know how many patients and how did COVID affect all 5,000 hospitals. I do bi-weekly office hours for the hospitals and I am happy to set up a dedicated Eastern Shore hospital webinar if that would be productive for the hospitals to complete this 21 page online assessment.

EMS Board Report:

Dr. Chizmar – Just a broad update:

- Vaccinations have been key; most of our jurisdictions are participating in a vaccination campaign.
- We still have funding for the C4 and we intend to run that as long we continue to have funding to help get patients placed appropriately thus freeing up some of the ED space.
- There was an update regarding commercial services. Dr. Delbridge and Chairman Stamp exercised their powers given to them by the Governor for the State of Emergency to relax the driver requirement for commercial services to make it mirror the 911 driver requirements. They can use uncertified drivers in certain circumstance for the State of Emergency and that was based on feedback from both commercial services and hospitals saying that they had prolonged wait times trying to get patients transferred out of hospitals.
- MSP missions were up year to date for 2021. Medivac missions were 506 from the start of the year compared to 448 from the previous year.

SEMSAC Report / Regional Affairs Report:

Scott Haas – Dr. Chizmar pretty much covered everything SEMSAC covered with the exception of one thing. Dr. Seaman did a presentation on improving cardiac arrest survival rates. I apologize to the group, I have not had a chance to push out the SEMSAC meeting minutes but once I do, it will contain Dr. Seaman's presentation.

MIEMSS Report:

Dr. Chizmar - Happy EMS Week everyone! We sincerely appreciate everything you have all done and continue to do throughout the communities.

Today we are going to push out to the Jurisdictional Officials a memo regarding mask use following the Governor lifting the public mask mandate. The Governor and the CDC still recommend mask use in health care settings. The memo will say that we should continue to use masks when we are transporting patients, the patient should wear a mask and the clinician should wear a mask. If the patient has PUI symptoms, we should continue to use PPE. Regarding mask use in the stations, the State is going to go on record saying what the CDC has said. If you are in groups of vaccinated individuals, it is reasonable to drop the mask. However, if you are in a communal setting such as a firehouse or otherwise and there are unvaccinated individuals there, the prudent thing to do would be to wear a mask and distance. I know it is somewhat tricky in knowing and you really cannot ask a vaccination status, but we ask that you do your best to protect yourself during this transitional time.

The 2021 protocols are nearing their final stages. They were sent to a couple of people to look through for inaccuracies as well as to Pediatrics for their review. We hope to have that input back shortly. Once finalized, we will be printing pocket, spiral and full size protocol books. The protocols will be made available in both electronic and paper formats.

Andy Robertson who hails from Region IV was promoted to the Region III Coordinator. We would like to congratulate Andy on his new position and we wish him well.

Some of the challenges have been identified with Poison Control. I have reached out to their director, Bruce Anderson. The patching to the poison control center has not been optimal. The reason for that is poison control went to remote work during COVID. According to their director, they plan to return to their offices in June. I expressed our concerns and they were validated, however, they had to take into consideration the wellbeing of their staff during pandemic.

Michael Parsons – There has been a recent change in Caroline County; Anna Sierra's last day was April 30th. With that being said, I would like to welcome Andy Fulton as the acting EMS Chief and HJO for Caroline County.

You should have received some information from Barbara Goff in regards to the Maryland Emergency Service Transporter Supplemental Payment Program. Hopefully everyone was able to join us for the slide show presentations. If not, Barbara did include the slide presentation in the email she sent out. If you did not get that email, please do not hesitate to reach out to me.

On behalf of the Region IV office, I would just like to say Happy EMS week to all of our EMS Clinicians. We thank you for everything you do day in and day out especially during this challenging year with COVID-19. We are grateful for every one of you and please stay safe out there.

Agency / Regional Reports:

Wayne Tome – We responded to a cardiac arrest where a home health care provider out of Pennsylvania refused to do CPR saying it was against their policy. Has anyone else has been running into this issue with out of state home health care providers? I intend to call the agency and challenge them on this policy.

In addition, we ran into a recent push back from the barrack commander from Northeast MSP. He stated that once a Trooper's two-year CPR certification expires, and they decide against taking a refresher, they no longer have to preform CPR. I do not know if any other MSP barracks are doing the same thing, but this is something we are running into and it is very frustrating. We as an EMS community need to address this if we are going to have any degree of cardiac arrest survival with our allied partners on scene.

Wayne asked Dr. Chiccone what beta-blocker seems to be the most effective for what you were discussing.

Dr. Chiccone replied, that is a great question and I am going to have to defer to Dr. Chizmar to see if he remembers from the article because I do not recall.

Dr. Chizmar replied it was Esmolol or Metoprolol that they looked at in that particular article.

Dr. Chizmar asked Wayne to keep him updated on any communication with the home health care agency and MSP because that is disturbing and the first time I am hearing anything about this.

Wayne Tome - Dr. Chizmar, I will. Happy EMS Week from the top of the shore to you all!

Old Business:

None

New Business:

Dr. Chizmar – I have just a single item: Since COVID, the Medical Directors have been getting together on an informal basis every two weeks on Tuesday in the afternoon. Sometimes there can be as many as two dozen or as few as 8 to 10. These are sessions where we can hobnob with our fellow wizards and try to see what creative solutions they are applying to new issues. An invitation was extended to all of the Region IV Medical Directors. A link for the meeting will be provided for those who wish to attend. The current meeting time is from 2:00 pm to 3:00 pm and the next meeting scheduled for next Tuesday.

Adjournment: The meeting was adjourned at 2:17 pm. motion made by Scott Haas, seconded by Brian LeCates.