

Region IV EMS Advisory Council

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

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AGENDA **May 16, 2023**

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 19, 2023
@ 1330 hrs.
605 Port Street
Easton, MD 21601

REGION IV EMS ADVISORY COUNCIL

May 16, 2023

Minutes

Attendees: Rick Koch, Bryan Ebling, Michael Parsons, Chris Truitt, Dr. Ochsenschlager, Cyndy Wright Johnson, Shari Donoway, Mark Sheridan, KJ Marvel, Matt Watkins, FX O'Connell, Mark Bilger, Bobbie Jo Trossbach, Andi West McCabe, Doug Walters, Matt McCormick, Dr. Chiccone, Zach Yerkie, Nicole Leonard, Logan Quinn, Dr. Ciotola, Mary Alice Vanhoy, Sgt. Jenna Turner, Dr. Chizmar, Dr. White, Morganne Castiglione, Scott Haas.

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

Approval of Minutes: A motion was made by Mary Alice Vanhoy to approve the March 21, 2023 minutes as written, seconded by Matt Watkins and passed.

Regional Medical Director's Report:

Dr. Chiccone – I would like to start by covering some information from our last Medical Director's telephone call which was held on May 9 as well as information from the Protocol Review Committee which took place on May 10. So first update item from the state, I had spoken to you previously and told you that the state legislature was looking in earnest to study the problem of Ed overcrowding. The subcommittee that was going to be looking at that went from six to twelve to almost 36 people. However, ultimately the motion to study did not pass. Therefore, this would be a change from what I told you previously. Therefore, at this time there is no formal work group in the state to study Ed overcrowding.

Dr. Chizmar – There has been a very recent update on the topic of ED overcrowding. According to our leadership, everything you just said was correct, and I know that is what we conveyed on the Medical Director's call. The bill was not signed on Ed crowding, however, one of the legislators reached out to the Maryland Hospital Association and asked them to essentially do the work anyway without a bill. I think it is fair to say there are some conversations occurring that may lead the MHA to get a group together to tackle Ed crowding.

Dr. Chiccone – Thank you for the update Dr. Chizmar. To my fellow Medical Directors who may not have been on the call, if you have business with the Office of Controlled Dangerous Substance the process has proved to be slow for any medical director who is re-categorizing under the category of EMS Medical Director. In addition, you should be aware that if you are a non-W-2 employee, it is likely you will not be exempt from a licensing fee.

Some big news for the Maryland State Police, Dr. Floccare has worked on the whole blood program for a few years now and on May the 10th the incept date has finally occurred. Troopers 1 and 2 will now be carrying whole blood products **and** based on how that goes, it will hopefully spread to the other troopers. A big congratulation to the Maryland State Police, and to Dr. Floccare who has clearly been working hard on this for years.

This applies to all Jurisdictions; Dr. Janelle Martin presented some information that was troublesome. There was a pattern two weekends ago of overdoses in the areas of Hagerstown and west of Hagerstown. In all cases, the overdoses were presumed to be of the narcotic or opioid origin, and all persons had been administered Narcan prior to the arrival of EMS by either law enforcement or by person or persons at the scene. Unfortunately, a subset of individuals emerged from that Narcan administration and displayed what appeared to be a stimulant toxicity picture reminiscent of PCP. The behavior was a

violent and agitated state, which resulted in EMS personnel and patients being injured. There were blood and body fluid exposures and some of these patients went on to require very large amounts of sedation in the emergency department and even endotracheal intubation. The point in my announcing this is to make you aware that this occurred. There was just a single additional incident since that first cluster, also in the same geographic area. Therefore, our hope is that this was simply a bad batch of opiates that was adulterated with some other stimulant that caused this violent behavior. This brings us back to a teaching point, which I would like to reinforce. In no case do we believe that this was a simple emergence from a narcotic overdose. Nonetheless, I would like to remind you that the recommended usage of the Narcan is to keep people breathing as opposed to returning them to an alert wakeful and sadly in this case a violent state.

I would like to congratulate Caroline County Department of Emergency Services for achieving a 35th Anniversary!

Also, in anticipation of May 21st through 27th, Happy upcoming EMS Week!

Some highlights from the Protocol Review Committee held on May 10. The committee got a second look at Droperidol for nausea. We are looking now to fine-tune this to nausea and vomiting secondary to migraines. Nausea and vomiting secondary to phenomena, which caused cyclic vomiting. Contraindications will be children less than 13 years of age. The education will be geared as slow IV push particulars and that passed so that will be coming a new protocol soon.

A Protocol was introduced as an optional supplemental for norepinephrine drip for shock. Now let me be clear the treatment for anaphylactic shock has not changed, and the treatment for hypovolemic shock secondary to hemorrhage has not changed. This would be for causes of shock other than those two i.e. neurogenic post resuscitation shock - septic shock. Norepinephrine is an alpha one strong drug and beta one, but weaker to moderate therefore it makes a better choice than Epinephrine for these indications. In addition, there is literature to show there had been improved outcomes with early initiation for the treatment of shock. Now, the pros would be that this is a drug which when you turn it on has a rapid onset and when you turn it off, it has a rapid offset. The con would be that this would require an intravenous pump. We are looking at it for ages 15 and over and it will come back to the committee in July so that we can fine-tune the blood pressure recommendations.

We also took a brief look at the Asthma and COPD Management protocol. We are considering dropping the need for consult regarding continued Albuterol administration. We are considering dropping consultation for Magnesium provided Bronchodilators have been used first. We are also taking another look at Terbutaline, this has to do mostly with the sometimes scarce availability of Albuterol.

The big item now is Refractory Ventricular Fibrillation; it looks like there is good outcome data for double sequential external defibrillation. The committee is considering making a recommendation to insert this after three conventional shocks if the second defibrillator is available. By the way, you do not need the protocol review committee's permission to do this now if you happen to have two sets of defibrillators available. So if you have done three shocks and you have another defibrillator, then you can try your double sequential. Remember this is supported as part of the package of treatments for Refractory Ventricular Fibrillation. The new encouraging data suggest that the number needed to treat is four, now we are seeking the input of the cardiac intervention centers. We are also considering their educated input on beta blockade for this group of people with Refractory V-fib. Also again, we are seeking outside input on those two last mentioned interventions.

Dr. Chizmar – Just a few things to add briefly. We mentioned the ED crowding bill already that was not signed; however, MHA may do the work. There was also an AED bill that requires AEDs in restaurants and grocery stores of significant size and that will be based on gross receipts. The actual number escapes me, but it is not the mom and pop style grocery stores. However, restaurants and grocery stores that meet the criteria are required to register with us. They have eliminated some of the training requirements that are required in other places, and our hope is that eventually we can get the legislature convinced to make it easier on other places to have AEDs in the future. However, this bill will require AEDs in larger restaurants and grocery stores starting on January 1, 2025.

In some of the in the other regions there have been some hit and miss issues with use of the language line. I hope that all of the dispatch centers have some language line translation capability. Therefore, if you have that capability it might be worth reminding your clinicians how access it. **Whether** it is using a special radio channel or calling a number, it is good for clinicians to know that there is a translation resource available. If you do not have a language line resource, we need to have a discussion offline.

I have a couple reminders that will be built into the protocol update about eMEDS reports. This might sound silly, but checking to make sure the correct facility it being marked. We actually have had several reports per month that the hospitals are missing and they are not able to see because the wrong hospital was marked inadvertently. Also, make sure that the times that are recorded are accurate. I know that the CAD feeds eMEDS and sometimes there can be issues with the CAD, however, we really need to make sure that we are conscious about changing those times to make sure they reflect reality. So both the making sure the appropriate hospital is on the report and also that at the times are adjusted if you're working off of a CAD feed to make sure those times reflect reality are two important things.

For the hospitals on the call, on the signature page of the eMEDS report that crewmembers bring you to sign we have highlighted the conformation of destination area right above where you sign the report. So, if you see the destination is different than where you are currently working, that is your cue as the nurse or the person receiving the patient to say something that way we can try to correct errors right on the spot. Hopefully this will make things a little easier for the Base Station Coordinators and the QA Officers.

Meg Stine and I are working on the protocol updates. We have managed to tape all of the updates, and she is in the editing process. We aim to get those out within the next week or two.

The last thing I will mention is a big thanks to several of you who have helped with the SWOT in Somerset County. We had the opportunity to present those findings to the Somerset County Commissioners and I hope to continue that dialogue with not only appropriate funding, but also appropriate resourcing for EMS and Somerset County. A copy of that report is in the public domain, we have left several printed copies at the Somerset County Commissioners meeting, and Bryan Ebling and Mike Parsons have copies of the electronic version of that.

The long and the short with that is that we as a group recommended that Somerset County Fund at least three full-time, ALS ambulances, to start with the goal of moving towards a fourth quickly in order to cover the call volume which is increasing in certain parts of the county there. Thank you to Matt McCormick, Somerset County and the Regional Coordinators for all of your help on that. We will continue to stay engaged with Matt and support Somerset County in any way we can in trying to get appropriate resources for them.

Scott Haas – Dr. Chizmar, I know this is kind of out of left field and has nothing to do with your report, but we received the email about an upcoming Seal of Excellence meeting. One thing that we have batted around internally since we were unable to attend that meeting is upping the amount of tourniquets that are on the ambulances of the first responders unit for active assailant and was hoping that the group would consider that.

Dr. Chizmar – We did not anticipate a whole lot of updates this year from a protocol standpoint, since no new medications were added. That said, Bryan and Michael are actually coordinating that meeting on behalf of all the Regional Coordinators and we would be happy to put in that recommendation. Did you have a specific number from the active assailant document that you were looking to propose?

Scott Haas – We do not have an actual recommendation at this time from the Active Assailant Committee. However, this is something that we can ask this group; we were thinking on a primary ambulance having 12, and on a first responder unit and engine having 6.

Dr. Chizmar – I would defer to this group for some preliminary feedback if the Chairman thinks it is appropriate. I certainly have never had a problem with more rather than less, However, I am not the one writing the checks on the equipment side. Chairman Koch, if it is appropriate to talk about here, or under a different section, I would be happy to have the conversation.

Rick Koch – We can we can definitely talk about here.

Dr. Chizmar – As of right now, the requirement is two per unit. I do not know what the feeling is of the group going from 2 to 12, or maybe finding a place in between.

Matt Watkins – Scott, is this something that was discussed in a work group and who sets the standards there?

Scott Haas – There is not a set recommendation on how many to carry and at this point, it has not even been discussed with the Active Assailant Committee because I received the Seal of Excellence meeting email just after our last Active Assailant Committee meeting. However, wanted to put the recommendation of upping the number of tourniquets before the next Seal of Excellence meeting took place. Twelve might not be the magic number; however, I do think that number needs to be upped because we clearly are not carrying enough on a unit to handle one of these events.

Dr. Chizmar - I think there is room to up the number, if you were to use a methodology and say, two tourniquets for me, two for my partner and two for the patient, you could get to six tourniquets without a lot of reach. So you may want to pick a number to propose to the group that might be somewhere between 2 and 12.

Rick Koch – So, from what I have heard here today six sounds like a good starting number and if you want to exceed six, that would be up to you.

Scott Haas – Rick I think that is a reasonable number.

Rick Koch – So do we have a recommendation of six from this group to take to the next VAIP meeting?

Matt Watkins – Rick, I think six is a good number because a mass shooting is defined as three or more patients. So if you figure two tourniquets for those three patients that gets you to six.

Rick Koch – Okay, so is anyone opposed to upping the number of tourniquets to six? Hearing none, if you want to take this recommendation of upping the number of tourniquets to six to the next VAIP meeting you have the support of this group.

Dr. Chizmar - Thank you that would be great. Bryan and Michael would you mind making a note for the agenda?

Pediatric Medical Director's/EMSC Report:

Cyndy Wright Johnson – PMAC has been very busy, we had our in person meeting in May with very good attendance. Following that, we also had our Family Advisory Network meeting. There are a number of protocols that we will be working on for 2024. Currently, our focus is to work on the educational rollout that will enhance what will be in the protocol rollout. As I mentioned in January, there are not that many changes. We have just taken CPR, BLS and ALS high performance CPR procedure, and TOR procedure and made them consistent because they all had differences on them. Therefore, the take-home message is to stay. We know children are little, but please do not pick them up and please stay for the same amount of time you are staying for adults on scene, our goal is 30 minutes. The second goal is an ALS goal and that is to get Epinephrine in as soon as possible and not worry about an ET tube, but rely on good BLS skills for airway as well as the Super Glottic Airways. We have a work group that will be working to update the materials that we gave you in 2018 when we rolled out pediatric high performance CPR. The scenarios are going to be looked at as well as the skills checklists. We will make those available to everybody and post them on the Web. They go out to our Pediatric Champions in a packet and Dr. O'Connell and Dr. Anders are going to redo the online video. If you actually go to MIEMSS YouTube, or if you go to the LMS, it follows the current CPR, which does not include the high performance CPR, and the TOR so that will all be consistent. My goal is to record that in June but they are both doing a lot of travel so we will get that out to you as soon as possible.

As I talked about at the March meeting, we have received a lot of constructive feedback on how to redo the pediatric reference materials and our goal is to get those designed, edited, and printed during July. Your current pediatric reference resources will be fine with the exception of the trauma decision tree. So as of July 1 take a big black marker and put it through that page because it will not have all of the details you will need. We may do a run of just that, however, I do not want to step on anyone's toes. We did meet at Children's last week with all 11 trauma centers and they may want to take that lead and work with Meg and Dr. Chizmar.

We have a lot of initiatives coming out of the Family Advisory Network. We will be working on some new trainings for Ocean City for our steps to safety focusing on teens, and tweens. We also gave out 30 more Safe Sleep Family Education kits. The good news is that the doll is much smaller; and the crib is doll size and fits on a table, and the intentionally large signs are the same. This is so that we can work collaboratively with the Health Departments, EMS, and our Safe Kids Coalitions to make families aware of the criteria and what it means to have safe sleep. I met with Jason Cantera this morning and we will have a new feedback tool that you can scan and submit your answers online.

We had a great EMS Care; our Pediatric Champion forum went really well. We had almost 100% participation. We mentioned that we are desperate to have someone in Somerset, as it is our last county, and before Sunday afternoon. Danielle had three suggestions. Two of them was for the same person and since she has not been in conversation with that individual I do not want to give out that name.

I want to say thank you to Mary Alice Vanhoy for doing one last Moulage class for us on Thursday morning. If you did not see it on Facebook, it was a lot of fun. We are looking at some resources, and we know of a theater artist that does Moulage work in Washington County for Washington and Frederick EMS. Therefore, we do have someone in the wind who might be able to help us with some additional work.

The focus this year for our EMS Champions was trauma so we will be putting together for Winterfest as proposed, not in ink yet but proposed to do the same thing we did last year. Last Winterfest we focused on medical emergencies and this year we will focus on trauma. The evaluation said make it a full day and if we are coming to the college, we want to make it a full day. Therefore, we will have two lectures in the morning related to trauma assessment, and then four or five scenarios that we will go through. We believe that Aaron Davidson has the college reserve for us or it will be. This will take place on a Friday and they do not have classes on Friday so I do not envision any conflict.

From a nursing standpoint, we have just hired Mary Ellen Wilson. She will be working on a part-time basis working collaboratively with me to expand and find a Pediatric Nurse Champion and ultimately a Physician Champion in each of the hospitals. She technically started with us on May 1. You may have seen her; she was the Base Station Coordinator for many years at Hopkins and knows EMS well.

I did bring with me and sent two handouts to everyone. There will be a webinar that has CAPCE accreditation being held in the evening on EMSC Day, which is next Wednesday. I did learn from our colleagues in Texas that it will be taped and if you participate and answer the questions on the recorded version, you can still get your CAPCE accreditation.

EMS Board Report:

Mary Alice Vanhoy – The EMS board did not meet so I do not have a report this month. Would you like me to do my shore report?

Rick Koch – Sure.

Mary Alice Vanhoy – All of the UMMS facilities are moving to a new IV catheter and I have emailed out links to the five counties that come here. We did get our CIC re-designation and we are very excited

about that. For the interim, I am back to being Director of Emergency Services and I am assisting with Easton so if anybody has any questions you can give me a call.

SEMSAC Report / Regional Affairs Report:

Scott Haas – SEMSAC did not meet this month, however, I do want to highlight one thing from the last meeting that I noticed. Our Chairman has stepped up to the plate and now is the Chairman of Regional Affairs. So Chairman, thanks for stepping up, you are making the region proud.

Rick Koch – Thank you, Scott.

So with that being said, I did want to mention that the Cardiac Device grants for 2023 has been distributed; or everybody has been offered their funds and all the PO's have been sent back to the companies. What I am asking is please make sure these devices are being ordered, the money is being spent, and they getting their reimbursement. If you do not know who has received funds within your jurisdiction let either myself, Bryan, Michael, or Dawn know and one of us can give you that list. What we cannot do as in FY22 is leave funds on the table. Even though I will not be chair of this committee, I will be chair of Regional Affairs and we are going to stay on top of this. I know Bryan has already been on top of it and we were fortunate enough this year to pick up additional funds that were not being used in other regions.

KJ Marvel – My grant person asked me to make sure I brought her question to this committee. Kelly is stressing because the FY23 grant is supposed to be turned in at the end of this month and we still do not have our equipment or our bill. She said they have offered to send us a bill but she does not want to prepay before we receive our equipment, which is projected to be received sometime in October. So how would you like us to address that?

Rick Koch – As long as the monitor is ordered, we are okay with that. I am just asking for your word to say, yes, we ordered our equipment. Until you have the equipment, you cannot ask for reimbursement. Bryan, do you want to add anything?

Bryan Ebling – If you have a projected date of October, we can put that in the spreadsheet and let Baltimore know. We just need to make sure they are ordered. We are fine to do that for FY 22 and FY23, however, once the supply chain catches up I do not know that MIEMSS will give that grace period.

MIEMSS Report:

Bryan Ebling – Happy EMS week! MIEMSS is celebrating 50 years of being an EMS agency this year. So if you have suggestions on how MIEMSS can celebrate that milestone, I would certainly take those back to Baltimore and let them know.

Region IV is hosting the Star Life Awards presentation for the recipients hailing from Region IV. That will occur on Wednesday, May 24 at 2:30 pm at the Oxford Firehouse. The Leon Haze award will be presented at that time, along with the EMS Provider of the Year award and a Citizens award. Therefore, we would appreciate as many Region IV folks as possible to join us on May 24 at 2:30 pm at the Oxford Firehouse. **I know** Dr. Delbridge will be there along with EMS Board Chair Clay Stamp. Dr. Chizmar, were you planning to attend?

Dr. Chizmar – I would not miss it.

Bryan Ebling – Great!

I want to follow up on what Rick talked about regarding the Cardiac Device grant for FY22. We still have nine recipients from the 2022 grant that have not filed for reimbursement. They are all in various stages of doing that; however, if you are one of those nine recipients and I have not talked to you in the last month,

please give me a call or I will be contacting you. We need to get canceled checks into MIEMSS and get FY22 wrapped up. So if you need help on that, please let me know.

The next Seal of Excellence meeting will be held on May 31 virtually at 1400 hours. We would like to congratulate Hack's Point Fire Company who were recently inspected and passed their Seal of Excellence.

The last thing I have are two training opportunities to put on your calendars. The first one is the Trauma Conference at PRMC Tidal Health on September 22 and that is being held on the campus at Tidal Health this year. **The second one** is Winterfest 2024, which is slated for February 2nd through the 4th. I think you can probably put that as ink, but the committee has not officially received written confirmation from the school.

We have been fielding quite a number of questions and inquiries regarding issues pertaining to folks trying to get their initial license or trying to get a renewal. So, if you continue to have issues, please reach out to us and we will help you through that. However, using licensure-support@miemss.org is the best way to start that process because that email creates a ticket within the licensure system.

Agency / Regional Reports:

Matt McCormick – I just want to say thank you to Dr. Chizmar, Bryan Ebling, Mike Parsons, and everyone that participated in the SWOT Analysis. I greatly appreciate your help and it is my understanding that the Commissioners took it to heart.

Rick Koch – In Ocean City we just got our 12 new positions so we're moving forward and by July 1 we will have all 12 of those in place.

Chris Truitt – Just to kind of piggyback off what Dr. Chizmar said about the language line. I have an email into Temple University for one of those communication cards. On their website, it shows English Spanish and Haitian Creole, however, the only ones that you can see are the Spanish and English. So I asked them about the Haitian Creole, and as soon as I get a copy of those, I will gladly send those out. We are going to laminate them and put them on the ambulances so there is something to point to and communicate with if you cannot get through to language online.

Sergeant Jenna Turner – Good afternoon everyone, I am a new face here on the shore taking the place for First Sergeant Larson. I would like to thank Dr. Chiccone for his kind words earlier about the whole blood program. I can personally speak to Dr. Floccare's intense amount of effort himself and the entire crew at Martin State as well as the Air Crew Training Division, for their countless years of work. We thank you for your support and look forward to having that program here on the shore very soon. First Sergeant Larson wanted me to hop on and kind of give a few updates regarding whole blood and maybe when Region IV is going to see it. Also, some of the other things that we have brought to the table over the last several months. Trooper 1 in Baltimore and Trooper 2 in Prince George's County are up and running with two units of whole blood on their aircrafts. For the units here on the shore, Trooper 6 and Trooper 4 will be going to whole blood training May 25 and 26. We are looking for an anticipated rollout in the beginning of June dependent upon quantities, and availability from the blood bank.

We are offering open houses here at Trooper 4. We invite our partners across the lower Eastern Shore, and upper shore to come down and learn more about whole blood. How we carry it, why we carry it, why we carry what we have onboard and to kind of dispel some of the myths and questions as we start to get closer to the date that we actually go live. I have a flyer that will be coming out to all of the Chiefs, to the Regional MIEMSS personnel, and to the different departments.

Andi West-McCabe – I just wanted to say Happy EMS week to everyone. We look forward to celebrating with you and all that you do.

Zach Yerkie – There is a Doctors First Integration that MIEMSS has put in place with ImageTrend. Right now, Queen Anne's County is piloting this along with Frederick County. It is basically the same premise that we use for backline on our phone app except it automatically happens and imports the meds into ImageTrend for you. We have had good success with it. We had initial issues with a server roll out, but so far we have been using it for the last week and a half and it has been going well. As long as things continue to work out well with us, this should be rolled out to all of the other MIH programs in the state.

Old Business:

None

New Business:

None

Rick Koch – The final thing on our agenda is the nomination and electing of officers. Looking at who we have online, Kent County, Queen Anne's County, Caroline County, Talbot County, Wicomico County, Somerset County, and Worcester County we have the quorum to be able to hold the elections. The elected Chair, Vice Chair and Secretary serve a two-year term and can serve two consecutive terms.

Rich Koch – Chair, I nominate Chris Truitt for Chair, seconded by Matt Watkins.

Scott Haas – I make a motion to close nominations for Chair, seconded by Rick Koch.

Rick Koch - Vice Chair, I received a text from Chris Shaffer of Ocean City saying that he would take that position if it were open. KJ Marvel made the motion to nominate Chris Shaffer for Vice Chair, seconded by Chris Truitt.

Scott Haas – I make a motion to close nomination for Vice Chair, seconded by Rich Koch.

Rick Koch – Secretary, I nominate KJ Marvel, seconded by Matt Watkins.

Scott Haas – I make a motion to close nominations for Secretary, seconded by Rick Koch.

Rick Koch – Since we have all of the nominations in place, please raise your hand to vote for Chris Truitt as Chair, Chris Schaffer as the Vice Chair and KJ Marvel as Secretary. I see each voting member has raised their hand, and none opposed. Congratulations!

I just want to thank everybody for the last two years; everyone has done a great job!

Adjournment: The meeting was adjourned at 2:48