

# *Region IV EMS Advisory Council*

Chris Truitt, Chair  
Chris Shaffer, Vice-Chair  
KJ Marvel, Secretary



## AGENDA March 19, 2024

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
7. Regional Affairs Report
8. Mobile Integrated Health Programs
9. MIEMSS Report
8. Agency/Regional Reports
9. Old Business
10. New Business
11. Adjournment

Next meeting  
May 21, 2024  
@ 1330 hrs.  
605 Port Street  
Easton, MD 21601

**REGION IV EMS ADVISORY COUNCIL**  
**March 19, 2024**  
**Minutes**

**Attendees**

**In Person:** Chris Truitt, Bryan Ebling, Michael Parsons, Scott Haas, Matt McCormick, Chris Shaffer, Dr. Ochsenschlager, Zach Yerkie, Tina Kintop.

**On line:** Andrew Budzialek, KJ Marvel, Jeffrey Huggins, Debbie Wheedleton, Lorenzo Copper, Nicole Leonard, Lisa Lisle, Logan Quinn, Cyndy Wright-Johnson, Dr. Jenna Jarriel, Dr. Chiccone, Wayne Tome, Dr. Chizmar, Randy Linthicum, Dr. Kevin Pearl, Patrick Campbell, Doug Walters, Yelitza Davis-Hernandez, Dr. Steven White, Andy West McCabe, Dr. Uribe.

The meeting was called to order at 1:30 pm by Chairman Chris Truitt

**Approval of Minutes:** A motion was made by Matt McCormick to approve the January 16, 2024 minutes as written, seconded by Zach Yerkie and passed.

**Regional Medical Director's Report:**

**Dr. Chiccone** – You may remember that on or about January 8th MIEMSS had issued a document entitled Maryland Medical protocols for Emergency Medical Services, New protocols and revisions for 2024. Since our last meeting, that document passed first to the board, the board deferred to SEMSAC for official recommendations and input and SEMSAC recommended that the whole document be adopted. You can expect to see those implemented July 1, 2024.

I have a few items to share with regards to our recent protocol review committee meeting.

- The protocol for ketamine for CPR induced awareness came up. The dosing being 1mg/kg intravenously or intraosseous. For consistency within the protocols, we accept a total of 3 mg/kg, which would mean that the 1 mg/kg could be repeated two times and that was accepted and passed.
- Ancef for open fractures has two parts. The proposal went to PEMAC; PEMAC queried the trauma registry and shared some data that showed a single digit occurrence rate for osteomyelitis in open fractures in children aged five to eight years. They also rendered an opinion on verbiage and an opinion on dosing. Although verbiage had been proposed that said wording not unlike suspected bone compromised; they felt strongly that they would like to use the words open fracture or words to the effect of visible deformity with overlying open skin. They also recommended a dosage table based on age. There was a second part to this proposal to add to gunshot wounds, punctures, and stabbings which PEMAC did not endorse. This will go into place with the PEMAC accepted dosage range.
- A discussion of a potential modification to the sepsis protocol will come back for more discussion in May.

- A pediatric prehospital Airway research trial is underway which will compare an airway emergencies bag valve mask to a supraglottic airway plus a bag valve mask. This is part of a national research study lead by Dr. Brown of Children's National Medical Center.
- An update is coming regarding infusion pumps meaning there will be a formulary update specific to infusion pumps and indication of dosage ranges, etc., which will be a part of the regular protocol update that will come out in July.

I have one more announcement that would pertain to any jurisdiction that brings patients into the Shore Health System emergency departments. This would include Chestertown, Queenstown, Easton and Cambridge. The employment entity for the emergency medicine doctors within Shore health is called Eastern Shore Emergency Medicine Physicians. Eastern Shore Emergency Medicine Physicians buys its Management Service from a separate entity called Maryland Emergency Medicine Network. Sometime around June 30th, Maryland Emergency Medicine Network will cease to exist. Therefore, the emergency medicine doctors at the four facilities will have a new contract holder. The group is called USACS and they will take over probably on July 1st at the stroke of midnight. As with any transition, there will most likely be some challenges, this is why I wanted to make you aware of this change.

### **Pediatric Medical Director's/EMSC Report:**

**Cyndy Wright-Johnson** – I want to thank Dr. Chiccone for doing a great job of describing the work we are doing at PEMAC. We do not have any other protocols currently on the docket, but I know that we want to work on that at our May and July meetings.

At this time, we do not have any children from the Eastern Shore nominated. We do have a few nominations for some of the Stars of Life and I want to thank those who sent them in.

I think the biggest news I have is that the 2024 pediatric reference cards are not only available, but I have about 19,500 left. We gave out the first case during the Miltenberger conference. They will be distributed through our Pediatric Champions. Our EMS Pediatric Champions will be meeting on April 24th and our Pediatric Hospital Nurse Champions who will be meeting on April 17th. We have already heard from Christiana Union Hospital and all four Shore Health System hospitals that the Pediatric Champions will be attending the in person meeting on April 17th. We would love to have someone from Atlantic General and TidalHealth join us. There will be a pediatric assessment poster coming out as well, which will be laminated for display in hospitals. For best practice, we will also laminate the posters for EMS as well.

We are making a new poster for Trauma and Burn because the two major changes in the protocols for trauma and burn are the way to assess burns as well as the trauma decision tree that came out last year. We are finding that people are still using the old trauma decision tree. There will be some guidance for hospitals on that poster and we are going to try to do it in two ways so you could just put up the trauma EMS part, and then the trauma Hospital part would include both. Therefore, we are going to split trauma and medical separately for the posters.

The National Prehospital Pediatric Readiness Project assessment will launch nationwide between May 1st and May 5th depending on when the EMSC Data Center in Utah launches the platform. All of our Pediatric EMS Champions will be doing a very comprehensive pediatric EMS assessment and will need support from their HJOs. We will be meeting on April 24th to review those questions and address any clarifications if needed. It is probably a 250-item survey and I am estimating it will take about 60 Minutes to complete. I do not think it is going to be difficult to complete. However, I think it is going to be much more time consuming than the original one. It parallels the survey the hospitals have done three times. Obviously, the content is different but it is that comprehensive and it looks at seven different aspects of what being pediatric ready is.

We have completed all our conferences and for those in the room who helped us at Winterfest or Miltenberger, thank you very much. The feedback on our simulations has been excellent. This time we added children, moulage and parents which was very successful and we will probably continue to do that.

**EMS Board Report:**

No Report

**SEMSAC Report:**

No Report

**Regional Affairs Report:**

No Report

**MIH:**

**Zach Yerkie** – We have a crew going down to the National Association of MIH to do a presentation tomorrow.

**Tina Kintop** – We restarted our program in January and so far, we have had good outcomes. We have met with our local For All Seasons Behavioral Health to try to get them incorporated.

**Kathy Jo Marvel** – We are in budget talks and had our first commissioners meeting today. We have not heard any news as of yet about the Disparity Grant, so we are hoping to hear something back soon so we can get the project off the ground.

**Chris Truitt** – As for Salisbury, it is pretty much the same steady as it goes. We have a group going down to Nashville leaving tomorrow. We are also working on a Bupernorphine program. We are in the planning and QA plan stage of it, we are getting good buy-in from some of the addiction centers around us, so we are hopeful it will be a good program moving forward.

## **MIEMSS Report:**

**Jeffrey Huggins** – I know you all were interested in an update on the Next Generation MEMRAD so we wanted to share where that project stands and what that timeline looks like. We are currently in the process of onboarding all of our Hospital Partners to the system. Our goal is to bring the hospitals online towards the first half of April and that will bring them on to the new single wire alerting as well as the new SmartSheet information sharing and resource-tracking platform. Then phase two is likely to occur in July, which will include the new replacement stats, which will be the new emergency department advisory system. Once we get the hospitals on boarded, we will get into the 911 centers and once we get them on boarded we will start working with local Fire EMS and some of our State and local partners that we work with currently. Our goal is to have all of that rolled out by the end of this summer.

**Scott Haas** – On the EMS side, what kind of reporting capabilities does it have and what are going to be the requirements for us to report into it.

**Jeffrey Huggins** – It will largely be similar to the current MEMRAD system.

**Scott Haas** – Has there been any talk to potentially merge with MDEM (Maryland Department of Emergency Management) because we seem to be getting the same reporting from the MJOC (Maryland Joint Operations Center).

**Jeffrey Huggins** – We are working on streamlining the information we share and what that process will look like.

**Scott Haas** – I asked that question because I am just worried about having these two systems online at the same time and how they are going to work together. We can talk more about this off-line.

**Jeffrey Huggins** – I am happy to have a conversation offline and involve Marcia Deppen and some of their response directors.

**Scott Haas** – Is there any chatter inside MIEMSS to do anything with the triage system.

**Jeffrey Huggins** – The electronic patient tracking system was discontinued several years ago and that capability is not being transitioned to any new system.

**Andrea West-McCabe** – I am sorry; I got on a little late. When is the new product coming out?

**Jeffrey Huggins** – We are in the process of rolling it out to the hospitals now. We actually pushed out a memo today that went to the primary and secondary contacts for the project rollout to start onboarding hospital staff. We are looking to go live with that next month for the resource tracking SmartSheet and alerting single wire pieces. Then we are looking at July for the new chats replacement to come online.

**Andrea West-McCabe** – Will it be on a different platform than the Silverlight.

**Jeffrey Huggins** – It will. The hospital interface will actually be through SmartSheet.

**Andrea West-McCabe** – Will the SmartSheet be incorporated into the HC standard or is it still going to come to my email for me to do it. How is that going to work?

**Jeffrey Huggins** – HC Standard will go away completely and it (messages and requests for information) will go to whomever the hospital designated and requested account access for.

**Dr. Chizmar** – At the last meeting we discussed the use of vitamin B12 in vials as opposed to the Caynokit. I looked into that further and it turns out that the Caynokit has very concentrated amounts of vitamin B12, therefore, we cannot use the less expensive generic vitamin B12 because of the dosing and concentration. It looks like we have given about seven doses per year and it is only in about a handful of jurisdictions. It is worth knowing for those of you that do have the Caynokit optional supplemental protocol that if you do use it on a First Responder, Fire EMS, the company will replace it without charged if you send it back to them. I have never tried to do that, but they claim that they will do that and it is quite expensive over a thousand dollars per Caynokit.

We are continuing to work with Wicomico on their SWOT. We had a meeting last week and we will continue to work with them over the next several months.

Senate Bill 210 has a hearing in the house today and Dr. Delbridge along with a couple of others are testifying in support of that bill. That is the bill that started in the Senate is now in the house and would allow us to continue to vaccinate for Covid and flu at the paramedic level in conjunction with hospital and health department partners. It would extend the sunset of the provision, which is currently January 1, 2025 to January 1, 2030.

As Dr. Chiccone mentioned the EMS Board and SEMSAC have approved the protocols Meg Stein and I are going through and doing technical edits.

Bryan and Michael have helped me coordinate the VAIP meeting. We will schedule a very brief VAIP meeting for people to weigh in. The most important medication from the update that's worth knowing about is Esmolol which comes most commonly packaged in a single vial 100 milligrams/10 MLs and given the dosing that we have proposed in the cardiac arrest protocol that single vial would be sufficient for your ALS ambulances. I do not anticipate any other changes to the Voluntary Ambulance Inspection Program for this year.

Dr. Chiccone mentioned the airway study that is proposed to occur in Prince George's County that is not been to SEMSAC or the Board at this point and it is still unclear whether Prince George's County's still intends to do that study.

For those jurisdictions that are using the IV pump optional supplemental protocol. There will be a formulary page in there and as Dr. Chiccone mentioned that will just have the 14 or 15 medications that could go on an IV pump, not to say that they have to put them on an IV pump. However, if they choose to it will be very broad and allow for dosing ranges because essentially the pumps will have to be programmed. I think this primarily affects Queen Anne's, however; it may affect a few others. What we are not going to do is go back through every single protocol and put standard dosing and pump dosing on the same page as long as this is an OSP because the pump dosing will not apply to the majority of the state at this point, only apply to a handful of

jurisdictions. Therefore, the pump dosing will all be in one place for those counties who need to reference it.

For some reason there seems to continue to be a lot of confusion with regard to the MOLST DNR B form. If the patient has capacity, if they are awake, alert, and oriented and they understand what is going on the patient can participate in their own care, even if they have a MOLST DNR B form. The MOLST DNR B Form, the MOLST DNR A1, the MOLST form in general is used when the patients do not have the ability to speak for themselves.

With regard to Base Stations, there is an ability to offer Base Station courses as often as needed. I am aware of the contract change at SRH and it is actually happening in other sites throughout the state as well. We will work with SRH as well as the other hospital systems that are affected to bring up instructors so that the Physicians can be brought up to speed on Maryland EMS protocols. I do not have anything built in to help them understand geography, so that is one piece where you might want to have someone touch base with the new Physician Group shortly before they get underway on July 1, 2024.

There is a grant that may be of interest to several of you, and particularly those with MIH programs. It is a Federal grant that makes up to \$800,000 available. It is primarily geared at First Responders to try to address addiction. It is particularly geared around community efforts on training, administering, and distributing naloxone. Randy Linthicum and I have looked at this to potentially apply for, or help a jurisdiction apply for this program. Therefore, if you are interested in doing so we would be happy to help you with that.

It seems like a lot more Paramedic students are attending online courses that are out of the State. They are not physically situated in the State of Maryland and then we run into some trouble when the student wants to come back to Maryland to do their clinical rotation. The local Jurisdictions and the local Medical Directors have to approve and agree to oversee the clinical rotations within Maryland if those students are going out of state. There are several jurisdictions and several medical directors who do not wish to do so for a variety of reasons. If you have students that are looking to attend online programs out of state, it would be wise for the students to have a discussion with their jurisdiction lead and with their medical director to make sure that the jurisdiction and the medical director are going to support them coming back to do clinical rotation.

**Bryan Ebling** – I would like to announce that last week Dr. Delbridge appointed Randy Linthicum as Deputy Director of MIEMSS.

We are doing much better with regard to documenting transfer of care times in our Region, which is great to see.

Just a reminder to the Cardiac Devices FY23 grant recipients please get your paperwork in and request your reimbursements as soon as possible.

I would like to congratulate Ocean City on their Seal of Excellence. They completed their VAIP on February 15, 2024.

We are, as Dr. Chizmar mentioned working on a statewide VAIP meeting and we will be putting that date out in the next couple of days. The meeting will be sometime in late April early May and then the new VAIP program will take effect July 1, 2024.

We have Queen Anne's County's VAIP scheduled for April 24th and 25<sup>th</sup> for their volunteer units and the county units are scheduled for May 7<sup>th</sup>.

We have two additional exercises coming up under the Hospital Preparedness Program. The first one is MSRE exercise, which will be on April 23rd and I think that one is virtual. The second is the Crisis Standard of Care exercise, which will be held on June 7th at MITAG in Linthicum.

National EMS Week is May 19th to the 25th which falls during our next council meeting. So, if we receive any Star of Life or Right Care When it Counts award recipients, we may try to do some sort of ceremony in conjunction with our May meeting.

The last thing I have are a couple of training opportunities:

- TidalHealth Trauma Conference will be held September 20, 2024.
- The Mid-Atlantic Life Safety Conference is a two-day conference this year. That will be held November 3<sup>rd</sup> and November 4<sup>th</sup> of 2024
- Miltenberger will be held March 7<sup>th</sup> and 8<sup>th</sup> of 2025.

Dr. Chizmar, did you want to add anything with regard to the TCPR initiative since our last meeting?

**Dr. Chizmar** – Yes, we met with the QA officers at the Statewide QIC last week. At this time, Chief Truitt may be the only one contributing his TCPR times for Salisbury to the CARES data set. It is voluntary at this point, however, we are really asking that you work with your dispatch center to put your TCPR times for your non-traumatic cardiac arrests which again help us weave the picture from the start of the call all the way through.

#### **Agency / Regional Reports:**

**Cecil:** Nothing to report.

**Kent:** Nothing to report.

**Queen Anne's:** Nothing to report.

**Caroline:** Nothing to report.

**Talbot: Tina Kintop** – We just put in place our new career ladder. We will have a lieutenant's process coming up and as always, we are hiring with ALS.

**Dorchester:** Nothing to report.



**Wicomico:** Nothing to report.

**Salisbury:** Nothing to report.

**Worcester:** Nothing to report.

**Ocean City:** Nothing to report.

**Somerset: Matt McCormick** – We just had a couple recent meetings with McCready Freestanding Emergency Department to better our relationship with them. We discussed meeting more regularly. Everyone agreed there would be benefit to doing so.

### **Hospitals:**

**TidalHealth:** Nothing to report.

**Union Hospital:** Nothing to report.

**Shore Regional: Lisa Lisle** – I do not have anything specifically new for any of our four emergency departments. I did want to make everyone aware that I have taken over as Nurse Manager at Queenstown.

**Atlantic General Hospital: Yelitza Hernandez** – I have something for PRMC. We have a base station class coming up if any of the Shore hospitals need that base station class for their ER nurses contact Doug. That will be on April 3rd from 8am. to 10am.

### **Old Business:**

**Bryan Ebling** – The Education Committee met last Thursday, the 14<sup>th</sup> and they had a good meeting. Patrick Campbell is the chair of the education committee and the purpose of that meeting was to distribute the FY2024 ALS funding of \$68,000 that is available to Region IV for initial or continuing education. After a long discussion, it was decided by motion to recommend to the Region IV Council that the three recipients in the past recent years would be the same three recipients for this fiscal year. TidalHealth Peninsula Regional hospital, Shore Health Systems / Chesapeake College and Cecil County who in turn grants that back to Cecil Community College. The amount that each would receive for ALS education would be a little over \$22,666. The Region IV Council will first need to approve the distribution before it can move forward to the office of Clinician Services where they will prepare the MOAs to be signed.

In addition to that, there was a discussion and I think Patrick Campbell has created a meeting rhythm of every other month for the education committee. One of the goals being to set up some bylaws and or guidelines for them to use in mission of the education committee. Part of that mission is to identify ways to use the funds most appropriately for this region and to create an internal process, which would include an application process moving forward for the ALS education funds.

**Chris Truitt** – So we need a motion and a second to distribute the FY2024 ALS educational funds to the three agencies.

**Matt McCormick** – Motion to approve the Education Committee recommendation.

**Chris Schaffer** – Seconded the motion.

**Chris Truitt** – Any discussion on the motion?

**Tina Kintop** – How are the funds redistributed once the hospitals received them?

**Mary Alice Vanhoy** – Historically what has happened is if you offer a course and you wish to receive some of those funds, we need the course roster and it has to have at least eight to ten ALS providers attending according to the Region's guidelines.

**Chris Truitt** – We have a motion on the floor, and a second, anyone opposed? Hearing none, so carried.

The only other old business and it is up for group discussion, is to put something in the bylaws saying attendance for meetings maybe in person or virtual. However, EMSOPS and HJOs must attend at least two meetings out of the five in-person and one of those shall be the May meeting because that is when we do nominations and elections.

I will put something in writing send it out, we can talk about it or email back and forth about it. Then maybe make some motion on it in May.

**Dr. Uribe** – Just to add to Dr. Chiccone and Dr. Chizmar a lot of the changes that will come as the Eastern Shore transitions over to the new group applies to the front line ER Physicians, but sometimes those in administration, chair of the department or others up to chain are sometimes affected. In reviewing the monthly drop times, it does not seem to be that bad even in a busy month. As a suggestion, maybe we would want to meet with the leadership in the near future as a show of support.

#### **New Business:**

**Thomas Chiccone** – On Tuesday, April 9<sup>th</sup> following the State Medical Director sponsored phone call Region IV will attempt to have its first Region IV Medical Director's call.

**Adjournment:** The meeting was adjourned at 2:53