Region IV EMS Advisory Council

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

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AGENDA
November 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
January 21, 2025
@ 1330 hrs.
605 Port Street
Easton, MD 21601

REGION IV EMS ADVISORY COUNCIL
November 19, 2024
Minutes

Attendees:

In Person: Chris Truitt Bryan Ebling, Michael Parsons, Dr. Chiccone, Cyndy Wright-Johnson, Dr. White, Dr. Chizmar, Kathy Jo Marvel, Stephanie Forbes, Scott Haas, Zach Yerkie.

Virtual: Patrick Campbell, Lisa Lisle, Debbie Wheedleton, Tina Kintop, Dwayne Kitis, Wayne Tome, Randy Linthicum, Logan Quinn, Yelitza Hernandez, Dr. Uribe, Kristie Hull, Falon Beck, Aaron Edwards, Bobbie Jo Trossbach, Dr. Todd, Shari Donoway, Andi West-McCabe, Matt McCormick.

The meeting was called to order at 1:38 by Chairman Chris Truitt

Approval of Minutes: A motion was made by Zach Yerkie to approve the September 17, 2024 minutes as written, seconded by Kathy Jo Marvel and passed.

Regional Medical Director's Report:

Dr. Chiccone – At our most recent state call, something was brought up that I thought might affect the EMS Chiefs so I thought I would bring it up here. I do not know whether you should call it an agency, a phenomenon or a collaborative referred to as EMS compact. No less than 24 States are using EMS Compact collaboratively through changes in their state law to credential providers. This means if a provider were credentialed to practice in any of the states within the EMS Compact system, they would not have to re-credential to practice in those states. If you go online and look up EMS compact, it says advancing EMS mobility and public safety through collaborative state law, which standardizes EMS licensing across participating states, and facilitates movement for providers in organizations that participate. Now on the surface, this sounds good; however, I suggest you do your homework, as there are some caveats to this as well. This is not an immediate action item and would require a change in Maryland, i.e. a change in COMAR, however I wanted to share in case someone came to you as a chief or a medical director to say, "Hey, what are your thoughts on this?"

The opioid numbers are trending downward statewide, which is good news.

A discussion surrounding hemostatic sprays came up recently. If you wish to use hemostatic sprays that contain chitosan or kaolin, it is okay to use those and it does not require any special permission.

I have a few items that have passed the protocol review committee, and will now move forward to SEMSAC and the EMS Board review.

1. A proposal was made to modify the sepsis protocol to allow a pressor infusion at the same time as a fluid bolus for a subset of sepsis patients.
2. An alcohol withdrawals protocol will use not the CIWA scale, but the BAWS scale because it is simpler and it grades the following five items: tremor, diaphoresis, agitation, confusion and hallucinations.
3. Dr. Anders added a distal femoral IO site and she proposed preferred sites would be proximal tibia first followed by the distal femur, distal tibia and proximal humerus.
4. Labetalol was again discussed; the use of Labetalol for hypertension control is data dense because the patients break down into specific categories each with different qualifying numbers. It is moving forward, but it will return to the committee for additional work.
5. A Cold Emergency proposal was made to add into the destination determination the ability to visit an ECMO capable center or even a trauma center, which might be more capable of warming interventions than that of an average facility.

Pediatric Medical Director's/EMSC Report:

Dr. White – PEMAC met on November 6, 2024 and there was a lot of discussions about the protocols that we were just talking about especially the IO protocol and the hypothermia protocol which we are happy to see progressing through. There was also a robust research forum in the afternoon that had multiple interesting article discussions as well as outcome research and some informational talks on ultrasound.

Cyndy Wright-Johnson – You should have received the two-page update and we sort of rebranded ourselves by putting all of the information about Pediatric EMS Nursing and Physician Champions on the back of our updates so that Danielle Joy for EMS and Mary Ellen Wilson for Nursing are populating that and making that information available to folks.

We are entering the third quarter of the grant, which will run through March 2025. Yesterday I received the grant renewal, which is due in 17 days to the Federal Government. I have a series of funding opportunities with our carryover to do training and I am going to ask more of your Champions in the next four and a half months to be sure that we can get this training out there while we still have funding.

Maryland has had consistent EMSC funding since 1993 and I hope that will not change. We talked briefly about this at the Maryland Resuscitation Academy last week, we touched on it again this morning, and I met with Doug Walters during the TidalHealth Trauma Conference. One of the pushes that we want to be sure of is that the Infant and Child High Performance CPR gets into every jurisdiction. We have seen a slight increase in the length of time children are remaining on scene through our Pediatric QIC (Quality Improvement Committee) Dr. Anders

will be presenting that not only as part of the pre-conference at Winterfest and Miltenberger but also to the Medical Directors in April.

We are looking for a group of people to create a resource for our hospitals using 360 I-simulate. We are planning a simulation retreat in February 2025 for all of the Physician and Nurse Champions who would like to participate.

We had a great meeting on the 30th with many of the Pediatric Champions. If your Champion was not able to be there, we did a Train the Trainer on Burn Assessment. We will be rolling out a poster and some simulations for practicing the Palmer method of estimating body surface area involvement.

The second major focus was Crash Scene Assessment and we will most likely have a second training on that once a hot wash document is finalized.

EMS Board Report:

No Report.

SEMSAC Report:

Scott Haas – I pushed out my monthly report on SEMSAC through the Region IV office so if anyone has any questions on it just let me know. I will also send out Dr. Delbridge's presentation at that meeting just so everyone has a copy of it.

Regional Affairs Report:

Dwayne Kitis - We went over and finalized the Cardiac Devices Grant this morning. Region I had a little extra money so they shared that with all of the other Regions. The agreements should be coming out within the next couple of weeks, probably right after Thanksgiving. Other than that, 2023 grant has been completed. This took much longer to close out due to the devices being on backorder. As far ae 2024, we still have seven left to be reimbursed.

MIH Reports:

Queen Anne's County:

Zach Yerkie - Nothing significant to report other than we are waiting to see who will be the Health Officer / Local Health Department Medical Director after Dr. Ciotola retires on December 31, 2024.

Caroline County:

KJ Marvel – I would like to introduce Stephanie Forbes; she is our new Training Coordinator. Stephanie is working on her doctorate in public health and so she is using Caroline County and the potential to put an MIH in place for her research project. Therefore, our plan is to budget for some time this year to put some Paramedics up and the Health Department plans to budget some money to actually get things started.

Salisbury:

Chris Truitt - We have buprenorphine up and running. We have a new vehicle in the program it is a Durango and it is purple and black to match the state opioid branding. Chris related a story about someone calling to see if the purple car was working. Turns out it was not in service that day and the person said they would be okay until it was. Moral of the story is … the message is getting out there.

Talbot:

Tina Kintop - Our MIH is going very well. Our MIH coordinator is now in a day work position and can respond real time if there is an issue during the day. We just finished updating our MOU with the University of Maryland Shore Regional and we have received our first referral from them. Grant funding for the program is through a collaboration with Talbot Health Department.

Worcester County:

Andy West-McCabe – The MIH program is going very well. We are still looking for funding opportunities and possibly expanding to five days a week. Other than that, things are going well.

MIEMSS Report:

Aaron Edwards, Director, Office of Clinician Services – Thank you and I appreciate the invite to this meeting and hope to make many more including some in person. I am relatively new to this position so I am still learning. I lived on the Eastern Shore in Caroline County for about 20 years and I look forward to working with you all. Currently we are interviewing for our ALS position, which is why I will need to run. However, if you have any questions please email me; I have put my email address in the chat.

Dr. Chizmar - I thought I would just spend a few minutes talking about the modernization of the BLS renewal process. We want to make sure that EMTs are receiving the same level of continuing education that advanced life support clinicians have through the national registry process. To be clear, in this proposal the total number of hours to renew the EMT will not change; the total number of hours will remain at 24 hours every three years. For those that wish to renew their National Registry EMT card, which is optional for them to do in Maryland, that is 40 hours every two years. Those hours are a National Registry requirement and although we can offer feedback, we cannot change that number of required hours.

As far as the state process, we obviously always want everybody to complete his or her protocol updates. Historically, MIEMSS has relied upon the jurisdictions to make sure that was done. Moving forward, we are proposing that licensure would make sure that the last three years of protocol updates are completed before their EMT license would be renewed.

As I mentioned, the total number of hours would not change. Initially we brought to you a split of 20 hours of what I would call didactic, whether that is online or in person. However, based upon feedback from the educational programs, we have reduced that number to 15 hours of continuing education with assigned topics that are pulled from the National Registry and what we are noticing in statewide QAQI.

We would update these topics at least three years in advance. Therefore, if you were set to re-verify in 2027, we would be releasing those topics now. Again, the training can be done online, in person or a little of both, that is up to the individual. Then up to nine hours dedicated to hands-on or technical proficiency verification would be completed to get to those 24 hours. There are some services out there that believe they can complete the technical proficiency far quicker, however the general consensus from across the State is that we take the opportunity with EMT renewals to refresh a lot of skills and that they needed more than just two or three hours. If you think you can do hands on in less than nine hours, not suggesting that you do that but if you do, those remaining hours would fall into the didactic education bucket so that people are not incentivized to just rush through the skills or technical proficiency evaluation part of things.

Much like you see when you log into licensure now, we would establish a bucket system and you would see the buckets fill up so that you can better visualize what is needed. So instead of the 12 and 12 or 4, 4 and 4 we would make sure that there are areas in there that address the relevant topics like obstetrics and pediatrics and other areas that potentially some EMTs who have previously recertified may not have had any continuing education in those areas.

We are presenting this to you for your feedback. Dr. Delbridge has presented it to the EMS Board and SEMSAC, but it has not been approved yet. Again, it is just a proposal right now, however if this passes we are looking at an implementation date of July 2025.

The following are some COMAR amendments are being proposed.

- 30.02.02: waives licensure fee for commercial ambulance service employees.
- 30.02.03:
    1. Clarifies requirement for protocol orientation for Paramedic applicants.
    2. Clarifies requirement for EMD
- 30.02.04: Clarifies requirements for reciprocity
- 30.02.05: No re-take EMT class if practical exam failed three times (proposed to extend to 6 attempts)
- 30.02.07: Renewal update

We did push out a memo that spoke to defibrillation at the highest setting recommended by the manufacturer. For Zoll, that is 200 jules and for Physio/Stryker, that is 360 jules. The literature from says either approach is reasonable. Escalating dosages are not. The Ventricular Fibrillation (VF) conversion rates are a little bit better at the higher jule setting. There is also literature is emerging stating we are probably getting some better VF conversion out of the anterior posterior pad placement as opposed to anterior lateral. While the Protocol Review Committee did not specifically go one way or the other on that, we leave it to the jurisdiction. Many of the jurisdictions have already gone to anterior posterior pad placement just for operational efficiency with the Lucas device.

I will be pushing out a brief memo about the hemostatic agents. We are not endorsing any specific agents. We are just taking the restriction that it has to be hemostatic gauze and broadening that.

Bryan Ebling - I have not had an update recently on the MEMRAD system, but we do know that the hospital connectivity to MEMRAD is moving forward. The next level of MEMRAD deployment will be the 911 centers and then after that we are looking at the EMSOPs and Emergency Management folks. We are waiting on some server configurations at MIEMSS.

There were 11 recipients in Region IV of the FY25 Cardiac Device Grant. There were nine AEDs and seven Cardiac Monitors awarded. The total funds awarded to Region IV was $98,811.54, which includes some leftover funding from Region I.

If you are an FY24 recipient, please do not forget to turn in your paperwork. We would like it sooner than later, but no later than June 15, 2025.

We would like to congratulate the Veterans Affairs MD Health Care System at Perry Point Fire Department for passing their VAIP. The VA Fire Department at Perry Point recently put two ALS ambulances in service and both passed inspection with no issues.

We are still working on the beta testing of the VAIP module within ImageTrend. If there are any jurisdictions that are interested in helping us beta test that, please let us know.

Winterfest will be held January 31 – February 2, 2025

Miltenberger will be held March 7th and 8th 2025.

Agency / Regional Reports:

Kent County:

KJ Marvel for Logan Quinn – The groundbreaking of the new station is happening today. They are fully staffed and are looking to expand their county career services to a third volunteer EMS house in the coming months.

Caroline County:

KJ Marvel – As I mentioned Stephanie Forbes has joined us and she has hit the ground running. We are in the process of putting a cardiac arrest improvement group together to do some revamping. We see the need for improvement after reviewing some of the statistics.

Stephanie Forbes – One thing that we have discussed and I know it has been mentioned to a couple of jurisdictions so far, but in February, we are going to have some training done at Chesapeake College. We are bringing in MSP aviation to talk about aviation usage, possibly do a demo, talk about their whole blood program, and then we have arranged for lectures from the GO team. I will send more details out, but it will be February 5th and February 19th starting at 8 a.m.

Somerset County: No Report.

Cecil County:

Wayne Tome – We just put our first new Life Pak 35 in service. Water Witch will be putting theirs in service shortly and Rising Sun as well. So, we're breaking the ice with the new technology on board that we're looking forward to replacing the fleet within the next couple years. I will be handing the baton off to Chief Campbell. I will leaving Cecil and my command will end on 12/2 at noon. So good working with you all in Region IV and good luck in the future.

Queen Anne's County:

Zach Yerkie – I want to thank Kent, Talbot, Caroline and Salisbury for your support at the Chesapeake Bay Bridge Run. It was a very successful event and much less eventful than last year.

We are good staffing wise, we have one new paramedic that is just wrapping up and getting ready to hit the field. I have a new EMT that is coming in tomorrow which will put us fully staffed.

Talbot County:

Tina Kintop – We are good staffing wise as well. We just finalized our plans for our north station that is going to be located of off Rt.309. We were told that we should be breaking ground in about six months.

We had a very successful training yesterday at the college. We have a mirror-training day tomorrow where all of our EMTs and Paramedics will be working together on CPR and code training. I am happy that we have this relationship with the college as KJ I am sure you are as well.

Dorchester County: No Report.

Wicomico County: No Report.

Salisbury:

Chris Truitt – We have a couple part timers that are going to go through our two-week academy after the New Year.

Worcester: No Report.

Ocean City: No Report.

MSP: No Report.

AGH:

Yelitza Hernandez – We are still having the IV fluid shortage issue and after speaking several times with Doug, it appears that TidalHealth is experiencing this as well The operating room is reaching out to let individuals know to really hydrate prior to procedures to try to help with getting vascular access without IV fluids. For EMS just be mindful that we are not keeping extra storage IV fluid bags so it will be a one for one exchange. In addition, we are asking that you leave those fluids still attached and the nurses are aware that they will continue to run it based off of patient presentation and physician orders so do not automatically disconnect the IV fluids like we have done in the past.

We are getting many great consults, for example last week we actually had a Wicomico unit pick up a patient that was very close to PRMC and they consulted to AGH very appropriately. The patient had surgery at AGH and were admitted to and discharged from AGH so the patient was requesting to go back to AGH even though the patient was significantly closer to PRMC at that time. Job well done to our EMS folks on that one. Again, if it's any kind of specialty consult, if it's that the patient's physician is through AGH we are asking that you do please consult into the ER and just make sure that your providers are giving as much specifics as possible such as who was the provider, what specialty whether it's orthopedics or gastro and who the physician was. Therefore, we appreciate the consults and please do if in doubt, consult it out, as far as accepting over at AGH.

Shore Health:

Bobbie Jo Trossbach – We are doing the one to one switch for IV fluids throughout all four of our facilities as well.

TidalHealth:

Dr. Todd – I just want everyone to know that Tidal Health is widely open for business. We continue to expand our residency training in particular our surgical residents. We are still a level three trauma, but we are hungry for more trauma.

Old Business:

Scott Haas – I was not able to get a group together to review the bylaws, I got one response back from the whole region. If you read the bylaws under the bylaw section, I have to have at least three people help me do that task. Therefore, I need a couple more people to volunteer.

I would like at least one person from the education committee to join the bylaws committee because the education committee wants a section placed into the bylaws on their behalf.

Therefore, I need somebody from the education committee to kind of guide us on what exactly they want put in.

Zach Yerkie – I apologize I was a little late getting the MCI stuff out to everyone. We did have a few core groups that came through and put our draft policy together. We put it out for everyone to take back to your stakeholders in your jurisdiction for feedback. I did not receive anyone that directly reached out to me so at this point, I want to open up the floor to see if anyone did have feedback for us to discuss today.

Chris Truitt – I ran it up our chain and we think it is a great idea to have at least, if nothing else, a skeleton for people to go by. I mean, it's not going to be the same for every jurisdiction or every EMSOP, but at least, when we all end up on the same scene, we are all playing from the same book.

Zach Yerkie – We pushed it out to our folks and I really did not get a whole lot of feedback from our volunteer side either. At this point, I do not know if we want to take a vote on this or if we want to table a vote until January.

Chris Truitt – Based on the little to no feedback we have gotten back, I would say let us keep it moving.

New Business:

Chris Truitt – Those of us who attended the resuscitation academy last week, we met some folks from CPR LifeLinks who are out of Seattle. They are very interested in doing a telephone CPR class and some dispatch stuff. They wanted to gauge our interest as Region IV about hosting something for all our folks to get together. I think it would be a great idea.

Adjournment: The meeting was adjourned at 2:55.