

REGION IV EMS ADVISORY COUNCIL

May 21, 2024

Minutes

Attendees:

In Person: Dr. Delbridge, Dr. Chizmar, Bryan Ebling, Michael Parsons, Cyndy Wright Johnson, Chris Truitt, Chris Shaffer, Dr. Ochsenschlager, Wayne Tome, Patrick Campbell, Steve Cummins, Shari Donoway, Kathy Jo Marvel, Tina Kintop, Doug Walters, Dr. White, Ryan Whittington.

Online: Bobbie Jo Trossbach, Debbie Wheedleton, Dr. Uribe, Jonathan Larsen, Dr. Ciotola, Mark Bilger, Morganne Castiglione, Nicole Leonard, Lisa Lisle, Scott Haas, Yelitza Hernandez.

The meeting was called to order at 1:53 by Chris Truitt

Approval of Minutes: A motion was made by Kathy Jo Marvel to approve the March 19, 2024 minutes as written, seconded by Patrick Campbell and passed.

Regional Medical Director's Report:

Dr. Chizmar – The documents for the 2024 protocols have been completed. We took the picture here (Talbot County) on Friday and you should see the PDF document on the MIEMSS website by the end of the week. The video is in its final editing phase with Media Services and we should have that done within the week as well.

The next protocol cycle for 2025, we have been working on hypertensive emergencies. We are evaluating two different proposals on the use of Labetalol for hypertensive emergencies. We are evaluating use of Magnesium and Labetalol specifically for obstetric use and preeclampsia hypertensive emergencies in pregnancy.

We had an update request for the Wilderness EMS protocols to modernize that a bit since it has been about 10 years. We have already looked at Ancef for open fractures that was in an earlier meeting this year. Therefore, there is the potential depending on how things go for a couple of new medications in 2025.

At our last Medical Director's meeting, we discussed what 16 to 18 year old EMTs can and cannot do on a call. We asked the AAG's to look at the law and they did not identify anything that would prohibit an EMT who is under the age of 18 from serving as a witness, which is what we ask them to do in many cases. They did not find anything that would prohibit a 16 or 17 year old EMT from doing anything that we ask them to do. That said it is still your prerogative at the jurisdictional level to say what you feel their abilities are on certain calls.

The Quality Improvement Committee is asking that we continue to improve upon our T-CPR times. Dr. Delbridge, and I have a memo that we are about to send to all of your PSAPS which you and the Medical Directors will be copied on. We really want to try to focus on reducing the

time to first compression and measuring the time to first compression. About nine months ago, we had Priority Dispatch come in and do some education training for all the PSAPS on how to pull that data. Essentially, from the time of the 911 call to the time that the cardiac arrest was recognized by the 911 specialist and then time from 911 call to the first Telecommunicator assisted CPR compression. What we have been asking the QA/QI folks to do is to meet up with your PSAP officials and start asking them for that data.

We will have a JAC meeting in June. This is year five where we are going into a jurisdictional EMSOP reverification cycle. I have asked Stephanie Ermatnger to look through all the OSP's and she has prepared a spreadsheet to share with you at the JAC meeting.

Pediatric Medical Director's/EMSC Report:

Cyndy Wright Johnson – The Pre-hospital Pediatric Readiness assessment is underway. Thanks to Ocean City, Worcester County, Salisbury, Wicomico County, Talbot and Caroline County for completing their assessments. This assessment is 207 questions and takes about 45 to 50 minutes to complete. Our goal is to have all of these done by May 31st however, you technically have until July 31st, however, I would ask that the Pediatric Champions not wait that long.

ENA by the Bay for the nurses went really well. We had the Pediatric Pre-hospital day this time; it was half Obstetrics and half Pediatrics. We also had participation from University of Maryland John's Hopkins and Children's National to do handoff transfer simulation. They each did them six times with six different groups of emergency department nurses. Their summer task is to write those up so that you would then have that in your hospitals to use.

Tomorrow is EMS for Children's day. We do have some ongoing projects most people picked up the Pediatric reference cards I brought on the 24th. The assessment posters are in and Danielle and Sue Catterton will be mailing those out fairly soon. We have not met with the Trauma Centers however, by the end of the summer you have a burn and trauma small poster that echoes the changes in the protocol.

A CPEN review course will be held on September 18th & 19th at TidalHealth Peninsula Medical Center.

EMS Board Report:

No Report

SEMSAC Report:

Scott Haas – Dr. Chizmar gave an in depth report on Pedi-PART I do not know if he wants to talk about that research today or not. However, he is probably the best one since he is sitting in the meeting.

The EMS Board Chair formed a bylaws committee that is to review the current bylaws and bring them up to date. They are going to go through the bylaws and refine them to align with how we

are currently functioning. They are supposed to bring back a report at the next meeting on recommended changes.

The only action item was for commercial service drivers giving them the capability to have a driver non-certified. The requirement does require two certified providers to be in the back of the unit, however, the driver can be non-certified.

Dr. Chizmar – The Pedi-PART research protocol that Scott mentioned was presented at the EMS board meeting in April then we did it somewhat backwards and presented it at SEMSAC as well. It is a multi-site research project, the timeline on this will probably be around five years, and they are looking to enroll about 3000 children nationwide. If we get any updates along the way, we will share them.

Regional Affairs Report:

Chris Schafer – Rich Koch wanted to remind everyone to get anything outstanding turned in with regard to the Cardiac Devices grant.

MIH:

Dr. Ciotola – A week ago we presented to the Healthcare Cost Review Commission on the 10-year results of Queen Anne's County's program and they were looking at the amount of reduction in unnecessary ED visits as well as avoidance a 30-day readmissions. The question was asked what would be my recommendation for sustained funding. I said the community benefit money that the hospitals are receiving each year for their budgets would be an ideal way to continue to sustain funding.

Kathy Jo Marvel – We unfortunately did not get our Disparity grant. We have meetings schedule coming up to see where we go from here. We are not giving up we are just regrouping and going in a different direction.

Tina Kintop – We did get the Disparities grant, we were awarded with Talbot County Health Department and it was all about partnerships. It is a very large grant award and we are getting small part of funding to help with our MIH program.

Chris Truitt – We worked with the Health Department and we got a little bit of the grant money so we are getting a new vehicle with that. It is going to be wrapped in opioid awareness because we will start with buprenorphine on July 1st. We have training starting the second week in June and we are also working with TidalHealth's population health to do some kind of global A1C checks to see how that might tie into things.

MIEMSS Report:

Dr. Chizmar – Since you brought up buprenorphine we have had four doses administered thus far and there is lots of ongoing discussion about how we can grow the use of buprenorphine.

There has been reports that sedatives Bromazolam and Medetomidine are being used on the street, which can prolong a person's unconscious state. We have no way of knowing if the

patient ingested one of these sedatives or an opioid so we still want to make sure the first step is good ventilation and then administer naloxone.

I think everybody probably remembers we had a proposed regulation that did a couple of things. One being for EMT renewals, we moved the dates from December 31st to January 31st, and June 30th to July 31st and that part has gone into effect. The part that we received additional feedback on was that EMTs really need more time focused on the skills portion of the renewal process. What we had proposed initially was light on skills and was deferred as a check-off to the BLS education programs. The feedback we received was that the little bit of time left for skills was probably not enough.

What we would like put out there for consideration is that we perhaps dial the skills portion back to around 9 hours and that we bring the didactic hours up from 12 to 15 so we still preserve the 24 hours.

Our goal in increasing the didactic content at the EMT level and I call it didactic but the non-in-person non-skills based education is to try to do a couple of things. First is to try to make sure that it aligns a little bit more closely with the NCCP model. We increasingly see EMTs who although they don't have to maintain National Registry EMT are choosing to maintain the National Registry EMT and right now the way we've got things structured they end up doing 12 hours from Maryland and they can't count most of it towards their National Registry renewal.

The second component that we are trying to do is to take the feedback that we get from the council meetings, the QIC meetings and what we discover through the testing process and make sure that the topics that we are having trouble with are incorporated into the EMT renewal education as well. Right now, you could go 20 or 30 years and not do any pediatric or maternal education and I do not think that is right.

We are trying to follow the NCCP model closer than we did before and then bring in those State QA/QI topics, things that we see can be improved through working with existing EMTs on refreshing their skills proficiency.

Dr. Chizmar – Dr. Delbridge, did you want to add anything additional?

- Dr. Delbridge discussed with the council the regulatory process that is being reviewed for EMT renewals and continuing education. He also acknowledged various stakeholders and the feedback they provided.
- Dr. Delbridge also updated the council on initial EMT practical testing. He emphasized the need to schedule practical evaluations in advance of their desired date. In addition, he explained how the EMT testing process is evolving to be more critical thinking.

Bryan Ebling – First, I wanted to share a couple of role changes at MIEMSS. Jeffrey Huggins has been promoted to Director of EMS Operations. Jeff will be maintaining his role as Chief Innovation Officer. Randy Linthicum was promoted to Deputy Director.

This is National EMS week and a couple of hospitals have provided some of the things that they are doing to recognize clinicians. Therefore, we want thank the hospitals for taking the time to recognize clinicians.

MEMRAD Next Generation – We worked with hospitals in the region to get their six names and contact information to Jeff Huggins who is actually putting together the database. As far as I know, Region IV has completed their submissions.

We are looking for qualified evaluators for EMT testing. If you know anyone that is interested in being an evaluator please reach out.

Transfer of Care Times – Region IV is doing fairly well with TOC times. EMSOPs should be receiving weekly reports from Dr. Chizmar, if you are not receiving them please let me know.

FY24 Cardiac Devices Grant

- The Regional Affairs Committee reallocated funds for three additional AEDs in the State. Kent Queen Anne's Rescue Squad received one of those awards.
- Please make sure your devices are ordered. As soon as they are received, please submit for reimbursement.

VAIP

- We inspected not only Queen Anne's County Emergency Services, but also the volunteer companies within Queen Anne's County. We have just a couple of stations that have not completed their inspection process, however, all of Queen Anne's County EMS units passed with the exception of two units that are out for repairs.

I will ask Michael to provide an update on the VAIP for July 1st.

Michael Parsons – We had our statewide meeting April 30th where we discussed a few changes to the VAIP. Some of the changes going into effect are from last year's meeting and some are from the April 30th meeting. These changes will all be taking effect on July 1st so keep an eye out for them.

Bryan Ebling – Crisis Standard of Care exercise will be held on June 7th at MITAG and Region IV will participate from the Queen Anne's County Health Department.

It is my understanding the funding for C4 is in jeopardy to continue through July 1st. It looks like that program will be ending or at least suspended on June 30th pending identification of additional funds.

If there are any PSAPS or EMSOPS in Region IV that need assistance on the T-CPR, please let me know and I will do what I can to assist you.

I wanted to share with you some upcoming training opportunities.

- The International Critical Incident Stress Foundation Group and Individual Crisis Intervention class is being held June 7th, 8th and 9th in Southern Maryland. There is no

charge for this class for Maryland first responders and it is being funded through a grant through MIEMSS.

- TidalHealth trauma conference will be held on September 20, 2024
- Winterfest will be held January 31st, February 1st and February 2nd 2025. That is a tentative date pending approval by the school system.
- Miltenberger will be held March 7 & 8, 2025
- Pax River EMS conference is scheduled for November 2nd and 3rd, 2024
- Mid Atlantic Life Safety conference is November 3rd and 4th, 2024

Agency / Regional Reports:

No Reports

Old Business:

None

New Business:

Bryan Ebling – The Region IV EMS Council Education committee met last week and one of the goals of the committee was to come up with an outline of what their duties would be moving forward, reorganizing the committee and having an active committee within the council. The outline shown on the screen was distributed to the HJO's and is the language that we are proposing as a committee to adopt. The intent is not to vote on this today, however, if this language is adopted or something similar is adopted, there needs to be an adjustment to the bylaws within the Region IV Council. If you did not receive the draft outline for review, please let me know and I will get a copy to you.

Chris Truitt – Dr. White has graciously volunteered to step into Dr. Ochsenschlager shoes as the Pediatric Medical Director. This appointment has been discussed with Dr. Anders and Dr. Chizmar. The Executive Committee met last week, and we are in favor of it. Therefore, as long as the Council is all right with this decision we will put together a letter of recommendation to Dr. Chizmar.

A grant came out this year from MDH for novel cancer reduction programs in the fire service. Four agencies in the State that actually received grant funding this year. They were Salisbury, Howard, Carroll and PG counties. Salisbury is using the funds to buy the One Test cancer blood test screening. I have it on good authority that they are increasing the grant funding next year to five hundred thousand so I encourage everyone who can to apply.

Adjournment: The meeting was adjourned at 2:48.