State of Maryland

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Region V EMS Advisory Council
General Membership Meeting Agenda

PGFD Fire Services Building
6820 Webster St. Woodlawn, MD
20 September 2018
1100-1300

Conference Number: [redacted]
Participants Passcode: [redacted]
GoToMeeting Link:
[redacted]

Meeting Agenda:

I. Welcome and Introductions

II. Review of Minutes

III. Report of Chairman

IV. Medical Director's Report

   a. State Medical Director (Welcome Dr. Chizmar)
   b. Region V Medical Director's Report

V. MIEMSS Report
   a. Electronic Patient Tracking (see memo)
   b. Welcome Dr. Luis Pinet Peralta

VI. Old Business

   a. AEMT Per Dr. Stone: further discussion of AEMT vs. EMT-IV

VII. New Business
   a. ALS Grant Recommendations
      i. $78,000 Available
      ii. Submissions

VIII. Announcements

IX. Regional Round Table

Region V EMS Advisory Council

PGFD Fire Services Building
6820 Webster St. Woodlawn, MD
20 September 2018
1100-1300

In Attendance:

Mark Pettit, Rebecca Vasse, Dr. Terry Jodrie, Denielle Lewis, Craig Smith, Chief John Dimitriadis, Chief Alan Butsch, Paul Baker, Paul Alsobrooks, Capt. Nicole Duppins, BTC. Leonard Simmons, Dawn Leukhardt, Emily Dorosz, Cyndy Wright Johnson, Michael Cooney, Dr. Luis Pinet Peralta, Dr. David Lane, ADC Ernest Linqvist

By Phone:

Katy Wheeler, Dawn Moreland, Dr. Michael Millen, Heather Howes, Dr. Dan Geary, Dr. Joel Buzy, Jim Ryan, Dr. Richard Alcorta, Dr. Tim Chizmar, Melissa Trantin

I. Welcome & Introductions

II. **Review of Minutes from 06/21/2018 Meeting**: Accepted.

III. Report of Chairman, Chief Alan Butsch:

a. Attended ImageTrend Conference.
b. MCFRS Smoothly Transitioned to Elite on 9/4.
c. Chief Butsch participated in final interviews for the MIEMSS Region V Administrator.

IV. Medical Directors' Reports:

a. State Medical Directors; Dr. Richard Alcorta & Dr. Tim Chizmar
    i. Dr. Alcorta: Introduce Dr. Tim Chizmar, assistant MD. Taking on MD on 11/1
        1. Maryland native, Maryland trained EMS EM & Physican mEdical director for Harford county and Region III MD and Harford County Tactical EMS MD
    ii. Executive Director Search is narrowing. Interviews 1st & 3rd of October. All are invited to participate. Check with Cooney for times.
    iii. Medication shortages.
        1. Polling about Benadryl. Anyone having trouble?
            a. No shortages reported by those present
        2. Still short on Cardiazem, fentanyl, morphine, Dopamime, Verapamil, Epinepherine, Ketamine, Magnesium Sulfate, Zofran & calcium.
    iv. Opioid Crisis:
        1. Complement to many services for working on their naloxone leave behind program
        2. Reimbursement of naloxone: Phase two of the Narcan Grant will be beginning
    v. OD Maps ongoing. Moved to Elite caused some July data not to be localized. Backfill will be soon completed & then the data from Elite will be accurate for tracking in OD maps
    vi. VAIP Moving forward. Next meeting is 9/27. Brittany Spies is the lead.
    vii. Came out well from Florence. Lots of preparation.

Region V EMS Advisory Council

viii. EMEDS Crisp interface. Data set is working now for the import. Need EMSOPS to sign on with the MOU, with addendum as needed. Reminder: Agreement is between CRISP and the EMSOPs, not MIEMSS.
ix. New initiatives are going to come out of the CRISP interface & Integration, esp. disease tracking and outbreak. Working with MDH for the Essence surveillance platform. CRISP is a perfect interface platform.
x. HIA for EMS outcomes will grow out of CRISP integration
xi. Reinforce need for Short Form for EMS Handoff and continuity of care when the EMEDS report is not completed at the hospital. Hospitals should work closely with the EMSOPS to ensure the Short form or EMEDS download are integrated with the handover
xii. Legislation Issues: Trying to establish a funding method for
    1. MIH, "Treat & Release," and Alternate Destination
    2. MIEMSS Is working on gathering info for legislature
xiii. ASPYR Grant is out to help hospitals ID & use Expertise to ID appropriate destination and care for Disaster level medical care
xiv. SEMSAC: Discussion on 9/30th RE: Recruitment & Retention & EMS Committees of the MSFA are asking whether National Registry is appropriate for Maryland EMT
    1. We don't have a test to go back to if we abandon National Registry EMT
    2. MFRI Is not interested in administering a certification or Licensing test
    3. Licensing is for the regularty agency and MIEMSS is the regulatory agency.
    4. SEMSAC voted to maintain the registry requirement.
    5. MIEMSS has invested lots of $$$ to help EMTs become successful.
    6. National Registry is a key component for the development for EMTs and is not going away.
xv. DR CHIZMAR: Thanks for the welcomes. Wil be getting out to meet people
xvi. Questions:
    1. Chief Butsch: Reimbursement for narcan: Is new?
        a. DR. ALCORTA Additional $200K same process.
    2. CPT Duppins: Time period?
        a. DR. A 6months. Coordinate with Cooney for details.

b. Region V Medical Director Report, Dr. Roger Stone
    i. Opioid Command Center: Leave behind Narcan Who's doing it:
        1. Charles, St. Mary's, & Calvert
    ii. "OD Map": The inputted data info requested: (Date/Location/Narcan given?/survived or death)Reporting is required by State but voluntary for the EMSOPs
        1. Who's voluntarily participating in the OD maps?
        2. Alcorta: EMSOPS MAY submit data if they choose. The challenge for the collecting agency to weed out duplicate submissions.
    iii. 2nd Annual MIH Symposium: May 11th at Sandy Spring VFD Olney went well
        1. BCFD has newest MIHC as part of a controlled trial of treat and release
        2. Invite other Jursidictions to reach out to support & coordinate their own

programs.

iv. Pleased to have gotten to meet other MDs in Region V. Wants to meet with them regularly to coordinate efforts. Typically just before the Region V EMSAC Meetings.
v. eLicensure system and ePCR: Elite progress in the jurisdictions
    1. Does have PG have a start date: Oct 1st.
vi. Welcome Dr. Luis Pinet Peralta!
vii. Monthly Montgomery County Health Partners meeting are still open for attendance. 3rd Thursday of the month.
viii. Mongomery County Quality Assurance Officer Sawap & Share are held on the 2nd Thursdays of even months at 11am. All are welcome.

c. Chief Butsch: MCFRS had a successful citizen OD rescue due to a leave behind kit from Charles County.

V. MIEMSS Report

a. Electronic Patient Tracking (see memo)
b. Welcome Dr. Luis Pinet Peralta
    i. Happy & Excited to be here. Hoping to catch up with the workload.
    ii. Appreciate the effort to be brough on board
    iii. Wants to meet with everyone in the region
    iv. Thanks for the warm welcome.
c. Chief BUtchs: Brief Bio?
    i. DR. LPP: Borne & raised in Mexico city. Trained as an EMT in HS & Fell in love with it. Volunteered for RC EMS for 7 years. Worked as an emt/paramedic in Mexico. Learned to be creative with limited resources as an EMS provider.
    ii. Paramedic training at University of South Alabama in Mobile. Eye opening experience of culture shock. Had a fantastic experience. Finished Bachelor's degree. Biomedical sciences, Psychology & EMS.
    iii. Married. Moved to Ukraine & then to Mexico City & moved into Hospital Based EMS. Moved to graduate level studies to move into public health. At UMBC pursued Master's in EHS, worked, & completed PHD in health policy at UMBC. Worked in policy consultation. Taught at UMBC in undergrad & MPH Program for 6 years. Then worked for Care First as a quality improvement specialist. TQM.
    iv. Found this job while preparing to recert as a paramedic. Full circle.

VI. Old Business

a. AEMT Per Dr. Stone: further discussion of AEMT vs. EMT-IV
    i. State wide roundtable discussion was done on the 17th of April. Understanding from the meeting is MIEMSS is not in the position to continue to create new CRT-Is unsupported by Registry. Will continue to recertify CRT-Is
    ii. General consensus was that the non-majority wants to transition to alternative level of training, i.e. AEMT. Individual EMSOPS may have a need for the additional level of certification. Not a large amount of support for a replacement for the CRT-I statewide.
    iii. AEMT is not as well-trained as the CRT-I and lower scope of practice
    iv. Region V EMSOPS are not interested in pursuing AEMT.
    v. DO we feel we need to weigh in as the council as the prospect?

1. Personal input (DR. Stone): Requiring AEMT at the state level, creates unfunded mandates and pressure on EMSOPS to have an intermediate level of training. Examples: Locally sanctioned EMT-IV as an acceptable OSP. Vs. Statewide.

vi. Do we agree that if AEMT exists it does as an OSP?

vii. Do we believe as a council that it should be BLS. (opposed to AEMT as a medic dispatch)?

viii. Discussion:

- Dr Terry Jodrie: I fear that EMTA would be seen as a budget version of ALS care. Bad Idea!
- Dr. David Lane: Medstar Southern Maryland: Keep it Simple, Why add another level of Care. BLS & ALS are enough.
- Cooney MIEMSS Region V: Individual EMSOPS have OSPs already for augmented EMTs and it works. Each EMSOP has different needs and structure
- Dr. Stone: Do not force the AEMT to be a standard entity across the state. It would do a disservice to the individual EMSOPS & citizens and further limit EMSOPS from expanding on the EMT scope of practice to suit their particular needs. .
- Cyndy Wright-Johnston, MIEMSS: Scope of practice (BLS vs ALS) is clear in the Hospital. Hopes the states keep ALS as the Paramedic Level, as-is &separate. EMTs can attach & Transmit a 12 Lead but are not treating. Developed with supervision and guidance from medical director. No need for a scope of practice, but we could establish a set of procedure that the individual jurisdictions could pick to add to the EMT scope of practice. Calling AEMT an ALS provider will do a disservice to the patents and citizens. If your providers need to have additional scope, then add the skills with training.
- Dr. Jodrie: What influences good prehospital care is not skills but critical thinking and assessments. Training additional skills or adding skills do basic does not train for ALS level critical thinking.
- Chief Butsch: Consensus seems to be leave it alone at the state level but allow each jurisdiction to choose how they augment their EMTs.
- Chief Siviter, Charles County: (phone) NREMT program for EMT does not include AEMT skills. Charles has a IV tech program. Supports the NREMT Requirement for EMT. Maryland EMT Requirement is 65 hours but EMR requires 72. We are currently getting better quality EMTs but less of them by requiring NREMT. We are in the quality not quantity business. We have enough levels of care with EMR, EMT, & NRP. Need to focus on competence of existing providers.

- Dr. Stone: Any other Medical Directors?
  - Dr. Millen: Entirely Agree with Dr. Jodrie: critical thinking skills is key. They are developed with experience and can be much more valuable than a higher level of training. There is value to different levels of skills & thinking but no value to dumbing down for purpose of adding numbers. PGFD is facing an exodus of Experienced Paramedics in the near future & is challenged to fill the void in knowledge,experience & leadership. Quality of care has increased in PGFD due to requiring a higher level of standards. Lowering standards to fill FTEs is not the best way to go. Prefers a smaller high-quality workforce than a dumb fully staffed one.
  - Chief Butsch: Proffer a motion?

- Dr. Stone: Do we have a consensus as a region to communicate as a council to put forth a consensus statement.
  - No need for additional level
  - Skills of BLS add-ons should be an option for each EMSOP
  - Expansion of skills locally must be classified as additions to BLS care and not ALS Care.
- Michael Cooney: I will have a draft consensus for Council review by EOB on Monday, 9/24.

VII. New Business

a. ALS Grant Recommendations
   i. $78,000 Available
   ii. Submissions:
      1. See table Below

   iii. Chief Butsch: Fund Charles County (combined) & St. Mary's at $21,470 Each. Remainder to be distributed e to PG & Montgomery Evenly

Applicant	Amount Requested	Amount Approved
Charles County DES	$26,000.00	$16,470.00
Charles County Volunteer EMS	$5,000.00	$5,000.00
Montgomery County Fire & Rescue Service	$91,800.00	$17,530.00
Prince George's County Fire Department	$62,720.00	$17,530.00
St Mary's County ALS	$21,470.00	$21,470.00
Totals	**$206,990.00**	**$78,000.00**

   iv. Moved by Busch. 2nd by Pettit. Unanimous.

VIII. Announcements

a. EMSC: Handouts distributed. Quick update:
   i. Child passenger safety month. Seat check & education are going on. Inclusive of Heatstroke in children. Posters and flyers are available. 47 have died nationwide in 2018. Most are unintentional. 27% were children who locked themselves in. 18% are intentional or criminal neglect. 50% are unintentional/change in routine.
   ii. APLS course is upcoming for physicians. Dr. Jen Anders will be teaching it half online half in-person. When new PALS comes out, going to coordinate doing both in one day. Funds are available to support the APLS course for another year. Nurse course will be offered at EMS Care in Ocean City in April 2019. Some free slots may be available.
   iii. PARES course will be offered in Calvert County in the spring. PARES is for BLS providers.
   iv. Grant information is on the handouts. Upgraded bi-monthly.

Region V EMS Advisory Council

IX. **Regional Round Table:**

- Prince George's Health Department - Not Present
- Montgomery County Health Department - Not Present
- Charles County Health Department - Not Present
- Calvert County Health Department - Not Present
- St Mary's Health Department - Not Present
- Laurel Regional Hospital l Not Present
- Prince George's Hospital – Susan Gonzales. Dr. Baker is taking over as Base Station Director. Laurel Regional is closing.
- Doctors Community Hospital – Nothing to report
- Fort Washington – Not present
- Southern MD – Dawn Leukhard new base station coordinator. Upcoming Base station Medical director.
- Charles Regional –Not present
- Calvert Health – Not present
- Medstar St. Mary's Hospital – Not present
- Washington Adventist Hospital – Nothing to report
- Holy Cross Hospital – Nothing to report.
- HCH Germantown – Not present
- Shady Grove Adventist – Not present Dr. Buzy had to drop off.
- Suburban – Not present.
- MedStar Montgomery– Dr Jilson(sp?) will be taking over as Base station medical director. Application Pending to MIEMSS.
- Children's National Medical Center – August Pediatric EMS Symposium was well received. A lot of work. The evaluations show it was enjoyed muchly. Format was 4 lectures. Followed by 4 hands-on session. Lots of people participated. Instructors were appreciated. Looking forward to doing it again.
- EMSC – see attached report and handouts
- Shock Trauma –
    - Not present
    - Pick up your backboards.
- Malcolm Grow – Not present
- Walter Reed – Not present
- MSP – Not Present
- US Park Police – Nothing to Report .
- MSFA – Not Present
- MFRI- Not present
- Prince George's County Fire/EMS – ELITE October 1st. Billing issue has been resolved.
    - Introduce Lenny Simmons as EMS battalion Chief. (Took Melissa Smothers Job)
- Montgomery County Fire/Rescue –
    - Introduce John Demetriatis. Took Barry Reed's position as Barry moves to the field.
    - Working on Leave behind Narcan. Expect roll out in the next couple months
    - Distributed supplies for dynamic trauma care initiative funded by MD ERS.

        - Paid off with recent DV incident & shooting where the equipment was used
    - Concerns about provider discussion on the radio was put on social media Asked MIEMSS to look into it as far as limitations on state medical radio system.
    - Handtevy app implementation will likely be in October. All are welcome to Observe Handevy's visit on October first. No certification will be available. At the academy. Contact Chief Butsch for attendance.
- Calvert County EMS – Nothing to Report.
- Charles County EMS – Nothing to report from Volunteer side DES not present.
- St Mary's County EMS – Active assailant drill on October 13th Invitation to observe is open.
- Bowie health: Nothing to report.

X. Adjourned.

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To: EMS Operational Program Highest Jurisdictional Officials

From: Andrew Naumann
Acting Director of Regional Programs

Date: 27 August 2018

RE: Electronic Patient Tracking System

As of 1 September 2018, MIEMSS will no longer be supporting the legacy Electronic Patient Tracking System (EPTS) developed and supported by the company Global Emergency Response. MIEMSS has been working with jurisdictional stakeholders, as well as regional and national partners on identifying more comprehensive means of tracking patients through the larger healthcare system. This collaboration has included discussions with a multitude of organizations throughout the United States that have experienced devastating mass casualty incidents over the last five years. The lessons learned from these events coupled with the experience of Maryland's own EMS Operational Programs has led us to the development of a patient tracking / family reunification partnership with the Chesapeake Regional Information System for our Patients (CRISP), the state-wide health information exchange, and the Maryland Department of Human Services.

Recent mass casualty events within the United States have come with a number of lessons learned, among them is the fact that a large number of patients at a major incident are likely to be transported by means other than EMS. This realization combined with the fact that the legacy EPTS system only allowed for tracking of patients transported from the scene by EMS, prompted MIEMSS to create a data bridge between eMEDS and CRISP. This data bridge will allow for EMS demographics data, for patients opting into the program, to be seamlessly transferred over to the CRISP database. This data transfer will provide the CRISP database with prehospital and hospital demographics data, which provides the opportunity to electronically track patients who were transported by EMS as well as patients transported by any other transport means from scene to hospital. This new program will provide EMS Operational Programs, County Emergency Managers, and Local Health Departments with a more comprehensive mechanism to identify patient disposition following a mass-casualty incident.

If an EMS Operational program encounters a situation that would require the tracking of a large number of patients (i.e. an active assailant event, bus crash, aviation incident, act of terrorism, etc.) your organization may activate this patient tracking function by contacting the Maryland Department of Human Services 24/7 family reunification hotline at 1-888-756-7836.

We appreciate the patience and assistance of the EMS Operational Programs as we have worked to identify improvements in emergency patient tracking. If your organization has any questions regarding these improvements to the patient tracking program, please contact your assigned MIEMSS Regional Office.

cc: Regional Administrators
Office of the Medical Director
Office of the Executive Director
Emergency Operations Division
Emergency Medical Resource Center