



State of Maryland

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Emergency Medical
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Region V EMS Advisory Council General Membership Meeting Agenda

Prince George's County Fire & EMS Fire Services Building
6820 Webster Street
Landover Hills, MD 20784
13 June 2019
1300-1500

Conference Number: [REDACTED]

Participants Passcode: [REDACTED]

GoToMeeting Link:
[REDACTED]

- I. Welcome and Introductions
 - a. Introducing Dr. Theodore Delbridge, Executive Director, MIEMSS
- II. Review of Minutes
- III. Report of Chairman
 - a. Welcome Vice Chair, Captain Lori Cherry, Charles County DES.
- IV. Medical Director's Report
 - a. Dr. Chizmar, State Medical Director
 - b. Dr. Stone, Region V Medical Director
- V. MIEMSS Report
- VI. Old Business
 - a. Diversion Plan Review Committee
- VII. New Business
 - a. Location for September RVEMSAC meeting
- VIII. Announcements
- IX. Regional Round Table

Region V EMS Advisory Council General Membership Meeting Minutes

Prince George's County Fire & EMS Fire Services Building
6820 Webster Street
Landover Hills, MD 20784
13 June 2019
1300-1500

Attending In Person: Chief Alan Butsch, Chief Shawn Davidson, Mark Pettit, Dr. Roger Stone, Michael Cooney, Dr. Luis Pinet Peralta, Chief Ernest Lindqvist, James Laska, USPP, Captain Lori Cherry, Leonard Simmons, Dr. Ted Delbridge, Dr. Priya Kuppusamy, Tessa Smith, Heather Howes, Barry Contee, Susan Gonzalez, Candace Bourgeois, Latonya Hackley, Nicole Duppins, Emily Doroz, Mark Bilger, EMS Fire Liaison, MIEMSS, Kyle Remick, Chief Brian Frankel, Vivaria Wilson, Doctor's; Nicole Norris, Washington Adventist.

Attending by Phone: Michael Oxenford, James Richardson, Dr. Kevin Reed, Cindy, Karen Baker, Michael O'Connell, Dr. Michael Millin, Susan Vincent, Mary Sullivan MedStar St. Mary's, Rebecca Vasse, Mordy Tusk.

- I. Welcome and Introductions
 - a. Thanks to Chief Lindqvist, & PGFD for hosting
 - b. Introducing Dr. Theodore Delbridge, Executive Director, MIEMSS
 - i. Thanks for having me. Getting to know everyone.
 - ii. Working on the new State EMS plan and is looking for a lot of input from stakeholders. It's a plan not just for MIEMSS but for the whole state system. The first draft is on the website and available for viewing. Look for your place to contribute.
 - iii. There are 14 committees that welcome people to volunteer. By the end of next calendar year, new EMS Plan & agenda for the future. Looking to make a vision that lasts a long time without becoming obsolete.
- II. Review of Minutes: Misspelled Chief Butsch's name. Moved to accept with corrections. Seconded. Accepted. No opposed.
- III. Report of Chairman
 - a. Hospital readiness drill happened in May with MCFRS & Region V participation.

- b. Infectious disease transport drill with MIEMSS grant money with Holy Cross Hospital.
- c. Welcome Vice Chair, Captain Lori Cherry, Charles County DES.

IV. Medical Director's Report

- a. Dr. Chizmar, State Medical Director
 - i. EMS plan: Dr. Delbridge covered it.
 - ii. Alternative Destination & ET3. EMS board has approved a triage algorithm for alternative destination and any jurisdiction that is willing to participate, we will welcome them warmly, even if they're not participating in the federal ET3 grant program.
 - iii. Within the next few weeks, we'll be releasing guidance to the EMSOP leaders on how to submit a plan to implement these programs and quality metrics.
 - iv. Kudos to MCFRS & Baltimore city for already implementing the plan.
 - v. Deciding destinations will be tailored to jurisdictions but may include Doctor's offices as well as urgent care. These are for low acuity patients.
 - vi. Protocol review committee has a full load lately. Working to hone & focus the protocols to make them more usable & concise for EMS Clinician usage.
 - vii. Questions?
 1. Tessa Smith: Are behavioral health facilities included on alternate destinations? Dr. Chizmar: all are on the table. Dr. Delbridge: State is keen on improving access to care for all mental health patients. Many end up in ED which may not be the best place for them. We want to take advantage of available resources to best care for these patients.
 2. Need to make sure these facilities are fully ready to receive these patients and provide proper care before we approve them as destinations.
 3. Is alternate transport being considered as well (POV, Uber, etc.)? Dr. Chizmar: We are focusing on the destination but if your EMSOP wants to implement that, it's in your wheelhouse. Dr.

Delbridge: Right now focusing on opportunities for EMS to hand off the patient to a facility who will best provide for the patients' clinical care. Dr. Chizmar: Use of telemedicine will factor into that.

b. Dr. Stone, Region V Medical Director

- i. Nationwide drug shortages: Diltiazem has come to my attention. Is anyone having shortages? St. Mary's, Calvert, yes. How are you handling them: Considering refrigeration on the EMS units. Charles is using verapamil. Calvert is short on mag sulfate & ketamine. Charles: Prefilled are in short supply, going to vials and draw-up.
- ii. Dr. Chizmar: Consult is going away for Cardizem in July but not verapamil.
- iii. Dr. Stone: Any new news about subcommittee for SB682 in light of the ET3 announcement?
 - a. Dr. Delbridge: A coalition is talking about it but I don't believe there will be any progress legislatively. More committee reports. Payers don't have a dollar amount to decide what to pay. The concept is too amorphous for the payers to get on board. Medicaid also lacks that data. We (EMS) don't reliably indicate what the patient's health insurance status is on our eMEDS reports. Met early this week with UMBC for some actuarial analysis of payer and transport data. We need to keep the conversation going until someone can assign a dollar figure to the transport to alternate destination or treat & release. MIEMSS is trying to create the momentum to study the financial impact up front so there is something tangible to work from. No payer wants to be first. Next meeting of that group is towards the latter end of July.
- iv. EMSOP CRISP enrollment Numbers? Dr. Delbridge: MIEMSS is acutely aware of the enrollment numbers. Every county except Cecil is either sharing with CRISP or working up their agreements. EMS Patient care information is valuable to the continuity of patient care. The fact that leadership is recognizing this is a sign of the maturity of EMS. Two way sharing of information back to EMS Clinicians is a ways off but will give a lot more power to those Clinicians to make good decisions.

1. Chief Davidson: Most of the underserved community is being served by EMS clinicians. Having the CRISP information will greatly improve that care.
 2. Hilltop Institute is analyzing this specifically.
- v. Initial BLS certification Exams: Has MSFA made a final determination on NREMT B?
1. Mr. Bilger: MFRI is running pilot programs for EMT to better prepare students for EMT-b NREMT exam. Frederick too. Students will be tracked by MFRI until they pass the EMT NREMT Exam. The whole class will test as a class. MFRI is negotiating with Pearson to facilitate. Students will receive no training in MD EMS until NREMT is completed and passed. Studying this pilot. MSFA is still interested in offering a course to the volunteers via MFRI that will help ensure success. Must pass to graduate.
 2. Chief Davidson: Teaching College park class: Like the new textbook. 204 hours of instruction includes test prep for NREMT, test taking, field clinicals, etc. Though 204 sounds like a large jump in hours, it accurately reflects the time requirement to leave the class with a card in hand.
 3. Mr. Bilger, Tablet-based learning: Davidson: Very useful for the students and teacher and seems to help student who may not be traditional learners. Textbook available in audio form. All of the in-class testing & sectional Exams are all on the tablet. Going really well. Bilger: Tablets help ensure the tests are secure and allow students to more easily study at work or at home. All drop outs have happened due to life changes, not the material. We'll have a better assessment at the end of August when the courses end. Frederick has had an excellent pass rate in their academy. No volunteers being trained there. MFRI is bearing that load and this is the first time with volunteers using new format.
- vi. Summer is coming and will be quiescent as far as meetings. Has EPS been affected for OD Patients? Dr. Chizmar: That proposal was killed in legislature.
- vii. Anything we should know about next legislative session?

1. OD Maps & info sharing: If your EMSOPs are resistant to sharing OD data with health department, please reach out to MIEMSS. Health department is a HIPAA entity and its legal to receive info.
 2. Dr. Delbridge: Not every EMSOP is using leave behind Narcan. Only 11 out of 24 EMSOPs. We realize there are a lot of reasons they may not want to but where Naloxone is more available there are fewer OD deaths. MIEMSS encourages participation for the simple facts that it's free and saves lives.
 3. Davidson: is there data on patients who have benefitted from leave behind and went into treatment. Is that a trigger for treatment? Dr. Chizmar: hard to tell but opioid deaths are down even if use is not. Leave behind may be a part of that reduction. Especially as the kits are provided free.
 4. Dr. Delbridge: We are at risk of being legislated to do so, especially data sharing if we don't take charge of this problem.
 5. Tessa Smith & Heather Howes: MDH & Health departments are distributing and getting some usage from the public. Davidson: St. Mary's augments the kits with literature.
- viii. ET3 & Alternate Destination Protocol: Future protocol recognizes all 25 EMSOPS and has the flexibility to accommodate each one into its protocol.
1. Howes: Treat & release for OD? Stone & Chizmar: Look at Dr. Markozi's (SP?) model for Baltimore.
- ix. Mental Health: MoCo attended meetings by the National Sobering Center Practice: next meeting is in Washington. MoCo intends to attend. October 11th at Eaton Hotel in Washington DC.
1. Chizmar, that concept has been addressed in our new program.

V. MIEMSS Report

- a. Welcome Mark Bilger, Our Fire/EMS liaison
 - i. Active volunteer in MD. Retired from the office of the state fire marshal. Did fraud investigation and Worked at MCAC as fire/EMS coordinator. 3 years at MFRI in charge of upper eastern shore regional training center. AA fire protection BS Criminal Justice. MS in executive management. Look

forward to getting to know everyone and thinks that a lot of good things are coming. EMS is what we do now. With construction, better codes & prevention, Fire is no longer our primary job.

- b. Andrew Naumann is no longer Acting Director of Regional Programs he has filled the position of Director.
- c. Job Opening as ALS Training Coordinator Upcoming job opening in Region II

VI. Old Business

- a. Diversion Plan Review Committee:
- b. Had a conversation & shared notes with Region V Staff. Committee has decided to meet again and continue conversation. July 11th is proposed as a day to meet for lunch: Chief Frankel offered to host. Any further thoughts (Briefly)?
- c. Dr. Delbridge: It's a huge problem. This is not the only region having this issue and each region has a sense of ownership on the issue. Would like to see less parochialism and more of a state-wide approach though urban and rural areas have very different issues with diversion. There is a value letting EMS Clinicians know what they're getting into at overloaded hospitals. There is a difference in how Hospitals apply the colors and difference in How EMS Clinicians interpret those colors. Hospitals should have the right to ask to receive no patients but that should be released to the press. Much like a closed road is announced in a traffic report. It's also important to know if a specialty center is overwhelmed to provide better care for patients.
 - i. Get rid of the whole thing? CHATS servers are overloaded and old. MIEMSS is paying a lot of money to keep the legacy system running. (also FRED & MEMRAD). That change is onerous but must be made. The timing is difficult.
 - ii. We would still like to know what any given hospital is doing at any particular moment. Though it's not good to drive all the way across the state to find a hospital that's not on colors.
 - iii. Encourage the discussion as the regional level & will take cues for our direction at the state level from the discussion from Regions III & IV.
 - iv. Chief Butsch: Invited Dr. Delbridge to join us on the 11th of July.

VII. New Business

- a. Location for September RVEMSAC meeting: Montgomery County: Earlier Meeting: 11am. MCFRS Headquarters.
- b. Clay Stamp: New chair of the State EMS Board and director of Talbot county EMS. Pleased to have him on board.

VIII. Announcements-

- a. Cyndy wright Johnston
 - i. EMS Champions for children is now up to 28. Very good progress. Working with Somerset County.
 - ii. Great conference eat EMS Care and will be doing 2 summer updates.
 - iii. Another national survey in January on EMS Champions.
 - iv. National Pediatric Readiness policy: in 2020 will be doing the full assessment for hospitals comprehensive. Between June & august. Anticipate a spring meeting to plan and prepare.
 - v. Presence at Convention: Room 213 on Injury Prevention.
 - vi. Update: CPEN review course in March as a pre-conference for Miltonberger to provide more coverage central and west. 12-13 March.
 - vii. Conference dates have been sent out.

IX. Regional Round Table

- Prince George's Health Department – FSE with healthcare coalition. 5-year exercise is coming up for the NCR. 3-day exercise. July 17-19.
- 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
- Bowie Medical Center – Not Present
- Laurel Regional Medical Center- Dr. Kuppusamy: Transitioning to FMF> Thanks to EMS for being "awesome" and patient. Please keep communicating on how we can streamline our process. Lots of good consults and communication going on. Largely able to take all patients being asked to deliver. Appreciate the consults.
- Prince George's Hospital – Just had MIEMSS Visit. Dr. Karen Keller Baker is now the Base Station Medical Director. Can no longer take EMS Sharps disposal. Contractor will no longer take them for disposal.
- Doctors Community Hospital – Nothing to report
- Fort Washington - Not present.

- Southern MD – New base Station Coordinator and medical director. Preparing to start construction to expand ED in September
- UM Charles Regional –Not Present
- Calvert Health – Not present
- Medstar St. Mary’s Hospital – New medical director.
- Washington Adventist Hospital – Nicole Norris: Moving on August 25th. New Base Station Medical Director Dr. Woodward. Behavioral Health Unit will not be opening up right away. They will be boarding in the ED. May be open in “a couple of months.” Old facility will be an urgent care.
- Holy Cross Hospital – Not Present.
- HCH Germantown – Not Present
- Shady Grove Adventist – Nothing to Report
- Suburban – Nothing to report
- MedStar Montgomery– Nothing to report
- Children’s National Medical Center – Flyers for August 10 EMS pediatric Conference
- EMSC – Already reported
- Shock Trauma – Not present
 - Pickup your backboards
- Malcolm Grow/JBA – Not present
- Walter Reed –Dr. Kyle Remick: NCR Military Trauma System: Effort to organize the trauma effort for Military Personnel in the NCR. Paul Rozko is the NDW EMS director but currently on deployment.
- MSP – Not present
- US Park Police – Welcome James Laska, New USPP Aviation Representative
- MSFA – Not present
- MFRI- Not present
- Prince George’s County Fire/EMS – Very interested in Participating in ET3 & are meeting with Billing Vendor and staff. Want to be ready for the open enrollment and apply early.
- Montgomery County Fire/Rescue – Leave behind: Participating: working with Health Department to properly deploy the kits. Process involves the EMS Supervisor leaving a kit with an OD refusal to transport. For transported ODs, work with counselor and & follow up. Alternative Destination & ET3: Neck deep & hope to launch a pilot this summer and plans to apply to ET3. Webinar on the 18th at 2pm. MCFRS will be attending & they have room in their conference room. Captain Bob Lindsey, the 1st QA office and work with Resuscitation Academy and HP CPR has retired. Being replaced by Tim Burns. 3rd MIH Symposium is September 19th at 9am at the Elkridge Volunteer Fire Department. Sponsored by PGFEMS, Howard, & MCFRS.
- Calvert County EMS – Heather Howes/Barry Contee: In the process of establishing Career Staffing: Introducing Barry Contee, new Career EMS Chief. Anticipate October as having career staff in operation. One north one south & a supervisor 24/7 staffing
- Charles County EMS – Captain Lori Cherry: MIH team won a national award on their work. 58% reduction in Hospital admits for pts enrolled in their MIH Program. Hiring 8 new people. Starting an academy in September.

- St Mary's County EMS – Chief Davidson: Working with Hospital partners to look at MIH and is looking at ET3. Largely because St. Mary's operates often at capacity. 2 Major pressures right now: Looking to replace a pile of LP12s that will lose service at the end of the year and trying to implement LifeNet: Large cost.

X. Adjournment