



State of Maryland

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Emergency Medical
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Region V EMS Advisory Council
General Membership Meeting Agenda
ONLINE ONLY
12 October 2023
1100-1300

Conference Number: +1 662-441-3146
Participants Passcode: 547 119 853#
Google Meet Link:
<https://meet.google.com/bkq-qmmb-dec>

- I. Attendance/Roll Call
- II. Welcome and Introductions
- III. Review/Approval of Minutes
- IV. Report of Chair
- V. Medical Director's Report
 - a. Dr. Chizmar, State Medical Director
 - b. Dr. Stone, Region V Medical Director
- VI. MIEMSS Report
 - a. MIEMSS, Dr. Delbridge/Randy Linthicum
 - b. MIEMSS Clinician Services, Beverly Witmer
 - c. Region V,
 - d. EMSC, Cynthia Wright-Johnson
- VII. Old Business
- VIII. New Business
- IX. Announcements
- X. Clinician Kudos / Save of the Quarter
- XI. Regional Round Table
- XII. Next Meeting
 - a. 11 January 2024

Region V EMS Advisory Council Meeting Minutes

ONLINE
12 October 2023
1100-1300

Attendees:

Michael D. Cooney, Dr. John Sanfuentes, Heather Howes, Shawn Davidson, Cynthia wright Johnson, Bryan Ebling, Dr. Jeffrey Uribe, Brittany Keyes, Andy Robertson, Mimi Martin, Paul Schneiderhan, Randy Linthicum, Mike Menefee, Dawn Rose, Chief Terrell Buckson, Dr. Tim Chizmar, Nicole Brown, Dr. Roger Stone, Danielle Joy, Yonnia Waggoner, Emily Dorosz, Stephanie Cleaveland, Chief Ben Kaufman, Chief Lori Cherry, Melissa Dunkerson, FX O'Connell, Dr. Finklestein, Chief Alan Butsch, Mark Bilger, Rashida Stewart, Jim Richardson, Dr. Karen Keller Baker, Dr. Ian Tornberg, James Laska, Dr. Karen O'Connell, Dr. Jason Finklestein, Dr. David Feist

1. Attendance/Roll Call
2. Welcome and Introductions
3. Review of Minutes
 - a. Motion: Cherry
 - b. Second: Howes
 - c. Vote: Approved
4. Report of Chair:
 - a. Nothing to Report
5. Medical Director's Report
 - a. Dr. Chizmar, State Medical Director
 - a. TOC times are improving.
 1. 90th percentile goal at 35 minutes
 2. Times are being reported in the HSCRC / MHA website
 3. Thank you for your efforts to accurately capture these times.
 - a. EMSOP leadership, please continue to commit to accurately documenting handoff times.

- b. King Airways up to size 2.5: recommending against use due to incomplete FDA approval process. May substitute other Supraglottic/Extraglottic airways (Air-q, I-Gel, LMA).
- c. Pre-arrival EMS for cardiac arrest. Asking PSAPS to report pre-arrival CPR times to EMSOP leadership
 - 1. Training organized on how to retrieve the data (PSAP call time to OHCA recognition; PSAP call time to first T-CPR compression)
- d. EMS board reviewed “Limited Scope Medical Direction” regulation
 - 1. Currently only via Base Station or Jurisdictional Medical Director
 - 2. For low acuity patients only (Priority 3, 4), after MIEMSS approval of an EMSOP-sponsored telemedicine plan: a Maryland-licensed, base station trained physician can provide telemedicine (if patient consents) for treatment on scene (or referral). Essentially, the interface with EMS would be as follows: patient is stable and can be treated on scene, or needs to go to the hospital/FSED for further evaluation.
 - 3. Telemedicine Physicians, invited by EMSOP must be:
 - a. MD Licensed
 - b. Base station trained
 - c. Board Certified
 - 4. Not a protocol change. It’s a regulation change to allow innovation. Requires EMSOP to submit a plan for approval, addressing QA/QI and other requirements that base stations need to meet.
- e. Legislative:
 - 1. Vaccine: Flu/COVID for public: Sunsets on 1/1/2025. Need to work with legislators during this session (2024) to extend the sunset date.
 - a. EMSOP leadership – please provide concrete plans on how you plan to use the vaccination legislation - such as scheduling vaccination clinics with EMS and Hospitals. This will help support the request for an extension past 1/1/25.

- b. If you are using vaccination, please share with us and be specific and concrete in your description (especially MIH Programs).

2. ESPP Supplemental Payment Program

- a. Report specifications have not changed per MDH.
 - i. EMEDS report should still work for the next cycle.
 - ii. ESPP has provided millions of dollars back to the EMSOPs for some unreimbursed costs of providing EMS service.

3. Base Station Consultation:

- a. Clarification was made in the protocol consultation vs. notification
 - i. Notification: brief sharing of information that a patient is inbound.
 - ii. Consultation with physician is requested or required by protocol.
- b. Previously: every Priority 1 patient had to have a consultation with physician:
 - i. Priority 1 notifications would be appropriate if no physician orders are required
 - ii. Priority 1 consultation are requests for medical orders or physician inputs.
- c. Notification and consultation best practices are listed on page 22 of the 2023 Protocols. For all patients the following are recommended:
 - i. Priority
 - ii. Age
 - iii. Chief complaint
 - iv. Clinician impression
 - v. Pertinent sign, symptom, or finding

vi. Vitals

1. HR
2. RR
3. BP
4. Pulse Ox

vii. ETA

d. For specialty referral patients, Add:

i. Trauma:

1. Number of patients
2. Categories
3. GCS

ii. Stroke:

1. Last known well
2. Cincinnati or LAMS Score

iii. STEMI:

1. 12-Lead findings
2. Length of symptoms

e. All specialty alert, priority 1, and priority 2 consults and notifications should be routed through EMRC to allow recording and auditing.

f. Priority 3 patients: Notification can be done via local communication device (ex. MCFRS EMS-700).

i. Structure: MIEMSS/protocol does not require notification to contain any of the above elements.

4. Chief Davidson: I have a PPT that covers this that I am willing to share.

5. Dr. Stone: Can stable priority 2 patients be notified outside EMRC?

- a. Dr. Chizmar: All priority 2 patients should go via EMRC. However, we removed the “consultation” requirement for “all priority 1 and priority 2 patients with ongoing symptoms that don’t require further orders” that was found in prior versions of the protocols.

6. Dr. Uribe:

- a. How does this affect the QA requirement if we don’t have recordings of EMRC consults of priority 3 notifications? Primarily focus audits on priority 1 and 2 consults and notifications.
- b. How do we differentiate between Priority 2 notification and consults for audit. Not currently a way to mark these in the MDEMSAR software. Can use the checkbox on the radio report form (bottom) that designates “consultation” or “notification only” to sort.

b. Dr. Stone, Region V Medical Director:

- a. Virology: infection rates are down but hospitalizations are on a slight rise. Infection rates may be down due to reduced testing.
 - 1. PPE is still critical in the clinical settings. Our clinicians should not let our guard down.
- b. TOC times (“wall times”).
 - 1. Thank you to the hospitals for improvement.
 - 2. Opportunity to increase direct to triage.
- c. Hyperbaric facility in Baltimore. Staffing issues are ongoing. Keep an eye out for memos.
- d. New protocols:
 - 1. Vector Change Defibrillation is out there. Some EMSOPs are already doing it.
 - 2. Whole Blood is on the ground in Howard County
 - 3. IV Nitroglycerin for CPAP Patients
- e. Get vaccinated!

1. We are heading into a season of reduced masking to blunt influenza along with COVID.
 2. We have 3 viruses hitting: Flu, COVID, & RSV
- f. Kudos:
1. 2 New base Station Instructors:
 - a. Dr. Jordan Rogers, Doctor's
 - b. Dr. Ian Tornberg, Shady Grove
- g. BLS Affiliation:
1. Jurisdictional Medical Directors will have to sign off on a BLS affiliation if an ALS clinician is surrendering to a lower level of care

6. MIEMSS Report

- a. MIEMSS, Randy Linthicum: Nothing to add.
- b. MIEMSS, Dr. Chizmar: Office of Clinical Integration: Base Station questions should go to Jeffrey Huggins regarding Base Station Status jhuggins@miemss.org. Please copy your regional coordinators.
- c. MIEMSS, Clinician Services, Not Present
- d. Region V, Andy Robertson: Cardiac Devices Grant and the FY24 ALS Training Grants.
- e. EMSC, Cynthia Wright-Johnson,
 1. Info went out before the meeting, thank you Mike Cooney.
 2. PEPP is closed but we have a few slots available.
 3. Look for pediatric preconference for Winterfest in Queenstown. This year's subject is: Trauma.
 4. Preconference for Miltenberger will be half trauma and half medical. Working with the staff to do outdoor and indoor scenarios
 5. Pediatric Champions meeting is Coming in November.

Lost connection

7. Old Business

- a. None

8. New Business

- a. None

9. Announcements

- a. None

10. Clinician Kudos / Save of the Quarter

- a. Self-Inflicted Gunshot wound: Patient was resuscitated and transferred for organ harvesting. With the joint effort we are able to impact more lives than the one lost.

11. 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.
- UM Bowie Medical Center – Dr. Baker: No update.
- UM Laurel Regional Medical Center-
- UM Cap Region Health – Nothing to report.
- Doctors Community Hospital – Rashida Stewart: EMS Drop zone has been implemented. Would like to have notifications for priority 3 patients so we can be ready to receive incoming patients and reduce TOC times.
 - Dr. Chizmar: there are apps that allow secure texting and notifications. Would Doctors be willing to be a "use case"? It will be free of charge for EMS to ED.
- Adventist Fort Washington –Brittany Keys: Nothing to report.
- MedSTAR Southern MD – Not present.
- UM Charles Regional – Not present.
- Calvert Health – Stephanie Cleaveland: Nothing to report.
- MedSTAR St. Mary's Hospital – Danielle Joy: Nothing to report.
- WOMC Adventist – Dr. Sanfuentes: Thanks to chiefs for TOC drops.
- Holy Cross Hospital –Not present.
- HCH Germantown –Not present.
- Shady Grove Adventist – Dr. Tornberg: Regarding strokes, can we get glucose in the notifications?
 - Dr. Chizmar: it's in the protocols but not on the suggested notification pages. We need to change that.

- MedStar Montgomery – Mike Menefee: Nothing to report.
- Children’s National Hospital – Yonnia Waggoner: I am the new Base Station Coordinator. Emily is still here with me assisting with handoff. We will have some construction starting on October 17th. Ambulance arrival is the same but internal pathways will be different, there will be signage. We expect a 2 to 3 week duration, hopefully. Free lecture series on October 25th from 10 to 11am and it’s a free CE. Email Emily or myself to get on the list.
- Shock Trauma – Not present.
- Malcolm Grow/JBA – Not present.
- Walter Reed – Dr. Sanfuentes: Nothing to report.
- MSP Aviation – Not present.
- US Park Police – James Laska: Nothing to report.
- US Secret Service – Not present.
- MSFA – Not present.
- MFRI –Not present.
- Prince George’s County Fire/EMS- Chief Buckson: Thank to Children’s for assisting us with our annual ALS Skills program. Working on an endpoint in Image trend for automated billing. Would like to talk to other EMSOPS that are doing it.
- Montgomery County Fire/Rescue – Chief Kaufmann: Communication from EMS to the hospital should be something that the hospital needs to take action on patient care. Expanded POC ultrasound for TOR decisions based on Carotid flow. Actively training on IV pumps and IV nitroglycerine. We are working on ventilators for EMS Supervisors and considering Whole Blood again on the heels of Howard County has done. TOC Documentation: We inputted validation rules into EMEDS that required the clinician to verify and explain extended times and TOC signature from Nurse will match actual TOC. Seeing an improvement in total times but hospital drop times haven’t improved too much. Provided an update to County Council on 10/2.
- Calvert County EMS – Dr. Finkelstein: TOC time is the signature time? Chief Kaufman: yes, and If no signature is captured the Clinician agrees with Hospital staff.
 - Had a K9 treatment course. Successful class with other participants.
 - Going live with RSI in the next year. Small number of Medics at first. Willing to talk to hospitals about receiving RSI patients. Dr. Stone: How did credentialing with OR time for Clinicians: Hospitals have been open but the competition for slots have been difficult and takes some time.
- Charles County EMS – Chief Cherry: I think we are starting an academy on the 23rd of 11 people, 2 Medics and 9 EMTs because we are adding more BLS ambulances in the county.
- St Mary’s County EMS- Chief Davidson: Interviews were conducted for the Director of Emergency Services position. Hopefully that will be filled by the end of October. EMS Chief position is re-advertised. Upgraded CAD system going live in April.

Dr. Stone: Would like to recognize that this is the close of the 50th anniversary of Maryland EMS and recognize the legion of great people who took us this far.

Next meeting January 11, 2024

I. Adjournment

Moved:

Seconded:

Adjourned: 1219