



Jurisdictional Advisory Committee Meeting

February 14, 2024
10:00AM to 12:00 Noon
653 West Pratt Street
Baltimore, Maryland

Meeting called by: Christian Griffin, Chairman

Agenda Topics

10:00 AM	Welcome and Introductions	Christian Griffin
10:05 AM	Approval of JAC Minutes — December 2023	Christian Griffin
10:05-10:30 AM	OMD Update	Dr. Chizmar
10:30-10:45 AM	Office of Clinician Services Update	Bev Witmer
10:45-11:00 AM	EMS Preparedness and Operations Update	Randy Linthicum
11:00-11:15 AM	EMS-C Update	Cyndy Wright-Johnson
11:15-11:30 AM	Jurisdictional Roundtable	Christian Griffin

Meeting ID
Jurisdictional Advisory Committee

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Attendees (in-person):

Scott Haas, Zach Yerkie, Tim Cullen, Michael O'Connell, Mustafa Sidik, Jason Cantera, Dr. Tim Chizmar.

Attendees (online):

Aaron Edwards, Christopher Shannon, Beverly Witmer, Bryan Ebling, Christopher Truitt, Courtney Manzo, Cyndy Wright Johnson, Daniel Ogren, Danielle Knatz, David Chisholm, Debbie Wheedleton, Derek Crippen, Ethan Freyman, Eric Cohn, Jason Cantera, John Cvach, John Ortlieb, Kathy Jo Marvel, Logan Quinn, Mark Bilger, Dr. Matt Levy, Michael Cooney, Michael Parsons, Michael Reynolds, Mike Salvadge, Mike Stoner, Mustafa Sidik, Rebecca Gilmore, John Richter, Rick Koch, Robert Vaccaro, Sam Grant, Scott Gordon, Shawn Davidson, David Svites, Terrell Buckson, Tina Kintop

Vice-Chair Joe Cvach called the meeting to order at 10:01am. He asked if there were any corrections to the December JAC Meeting Minutes. Rick Koch motioned for approval, and the December 2023 JAC Minutes were unanimously approved without further discussion or abstention.

Dr. Chizmar (State EMS Medical Director Report):

EMS to ED Transfer of Care Times:

Dr. Chizmar shared updates on ED-to-EMS transfer of care times (90th percentile). This is part of the ED Dramatic Improvement Effort (EDDIE) project being led by the HSCRC. MIEMSS reports these times, which are based on eMEDS data, on a monthly basis, to the HSCRC. There is no effect on hospital reimbursement at the current time; the Commission is collecting data for now. The goal is for transfer of care to occur in less than 35 minutes, 90% of the time. Overall, we are seeing some hospitals improve, and there are more hospitals improve. For Jan 2024, there were 21 receiving facilities with a 90% time less than 35 minutes. In Jan 2023, there were 15 facilities with a time less than 35 minutes.

2024 EMS Protocols:

The SEMSAC and EMS Board have approved the proposed protocol changes for 2024. We are currently developing online education modules for ALS, BLS and base stations. We anticipate release of the online training in May 2024. Esmolol will be the only new required ALS medication (approximate cost is less than \$5.00 per vial). There are two new OSP meds: norepinephrine and rocuronium (the latter for RSI jurisdictions only).

Legislative Updates:

SB 210 – EMS vaccinations – would extend the ability of paramedics to administer influenza and COVID-19 vaccines to the public, when partnered with hospitals/health depts. until Jan 1, 2030 (currently this capability sunsets on Jan 1, 2025).

SB 374 – MIEMSS would not be able to require an applicant for licensure to provide a social security number. This mirrors similar legislation for other health occupations that was passed in a prior legislative year.

SB 784 – The bill would impose a tax on firearms and ammunition sold in the state to provide additional funding for trauma centers.

HB 1038 and SB 1092 – These bills would modify the vehicle registration surcharge (each bill by differing amounts) to support the Maryland EMS operations fund (EMSOF).

HB 784 – This bill would establish a task force to reduce ED wait times.

HB 1143 – This bill would establish the MD ED Wait Time Reduction Commission, which would focus efforts on best practices for reducing ED wait times. This is a more detailed/extensive version of HB 784.

Limited Scope Medical Direction:

This new regulation went into effect officially on Feb 5, 2024. This enables EMSOPs to contract with physician groups to provide limited scope medical direction for lower acuity patients. The EMSOP must submit a plan that verifies that all physicians will be licensed in Maryland and provided base station training. The EMSOP is also responsible for ongoing QA/QI and reporting to MIEMSS on the status of these projects.

Lights and Sirens NEMSQA Measure:

We discussed the Safety-01 and Safety-02 NEMSQA quality measures. These measures focus on the appropriate use of lights and sirens during response (Safety-01) and during patient transport (Safety-02).

Telecommunicator CPR (T-CPR):

We discussed the importance of prompt Telecommunicator recognition of cardiac arrest along with initiating CPR instructions. Goals include: PSAP call to OHCA recognition: less than 60-90 seconds and PSAP call to first T-CPR compression: less than 90-150 seconds. We are asking for JEMSOP QA/QI and JEMSOP CARES coordinators to submit these two data points in their CARES records. We held three sessions with Priority Dispatch in late 2023 to assist PSAPs with pulling data from CAD. Request that HJOs/EMS Chiefs regularly request these two data points from PSAP managers and report to CARES. Measuring the T-CPR times will ultimately help us to improve upon them, and to improve upon our cardiac arrest survival rate.

Video Laryngoscopy:

Current video laryngoscopy (VL) is an optional supplemental protocol (OSP). However, recent literature has demonstrated marked improvement in success rates with VL compared to direct laryngoscopy (DL). Discussion about making VL a part of standard protocol and taking this out of its current OSP status. Currently 18 JEMSOPs use the OSP. There was general consensus among

the attendees that this would be a move in the right direction. There was a question about grant funding for VL from Dr. Levy. There was a brief discussion and this question could be referred to the Regional Affairs Committee (RAC). The primary role of MIEMSS grant money at this time is to fund cardiac monitors and AEDs.

Annual EMS Medical Directors Symposium:

The symposium is scheduled for Wed, April 10, 2024 (8a-3p) in Millersville, MD (Anne Arundel County). A save-the-date went out to HJOs and medical directors. Our keynote speaker will be Doug Wolfberg from PWW. We will have several other engaging speakers. Look forward to seeing as many of you there as possible.

Questions and Discussion from HJO / Committee membership:

Question on when the new protocols will be distributed. Will distribute draft watermarked copies soon upon request. There are a few technical corrections that Meg Stein is working through. We anticipate distribution of official copies online in May and print versions (full size and spiral bound) in late May/early June.

Further discussion and questions on SB 374 (see above) regarding how EMS clinicians who are granted a license, who do not have a social security number, can be employed. Refer to your county HR and legal offices.

Discussion on HB 649 – T-CPR bill. This bill would provide funding for PSAPs / 9-1-1 Centers for T-CPR education and QA/QI. There were some concerns raised about the appropriate funding sources for T-CPR efforts.

Question on SB 1099 – AED and Naloxone Co-Location Initiative. This bill would require naloxone to be placed with AEDs if the AED is placed in a public building. Questions were raised regarding bill language. Referred back to legislators to ask for clarification.

Courtney Manzo (OCME) Presentation:

Ms. Courtney Manzo from Office of the Chief Medical Examiner (OCME) presented on the topic of chain-of-custody and appropriate transportation for Fire and EMS personnel to their office. The office has had discussions with Baltimore City FD but wanted to reach other departments as well (via this call). The transport of patients, including Fire and EMS personnel, by vehicles other than those designated by OCME for that purpose, proves problematic for chain of custody and may compromise death investigations.

Ms. Manzo provided a copy of her slide, which will be included with these minutes.

She also provided the following summary statements:

Increasingly, personnel from fire departments across the State have been transported to our office in medic units accompanied by other fire department personnel. This has created several issues, the most concerning being a loss of chain of custody.

Obviously, the OCME has established policies and procedures regarding the transport and release of remains. We have licensed transport services and funeral homes transport OCME cases, and processes in place to ensure we maintain chain of custody, preserve evidence, and are able to maintain order at our facility for all cases we are receiving and releasing. Our staff is routinely called into court to testify regarding chain of custody, and we want to ensure that when it comes to fire department personnel, we are able to attest to the fact that those cases were handled appropriately and in accordance with established policies.

Specifically, all cases that fall under OCME jurisdiction are transported as arranged by the OCME investigator assigned to the case. The release of the remains has proven to have fewer issues. However, the Autopsy unit requested that if the decedent is going to be transported to the funeral home in a medic unit, that a representative from the funeral home be present to sign our release forms for chain of custody documentation. We also ask that only the medic unit and funeral home enter the garage, and that our entrances and exits are accessible to other funeral homes/transport services conducting business during that time frame. The rest of the personnel present to escort the firefighter back to the funeral home should set up on the side of the building where the funeral home vehicle and medic will be exiting (Poppleton Street side of the building)

Bev Witmer, MIEMSS Office of Clinician Services:

-Personnel changes in OCS: Nina Crist is no longer with MIEMSS as a full-time employee. However, she is going to stay on board as a part-time evaluator and coordinator for exams. John Tran (Howard Co) and Dave Crossland (Allegany Co) will be joining us on a part-time basis.

-John Cromwell will be joining MIEMSS OCS as our new education program manager, starting on February 21, 2024. He was previously with Baltimore Co FD and CCBC and MedStar. We are excited to have him join our team.

-Information regarding the EMT Stipend Program has been forwarded to all education programs to share with their students. We have received about 125 applications in the last couple of weeks.

-Mark New is collecting and analyzing data on new EMT practical testing scenarios. We will share results of our analysis soon.

-Bev reviewed the new EMT renewal licensure regulations, particularly the breakdown in required hours of continuing education.

-Scott Haas asked a question about the minimum age to be licensed as an EMT in Maryland. Bev answered by saying that candidates who have met all requirements may be licensed at 16 years of age and older. They may also receive NREMT certification at age 16 years. Paramedic minimum age is 18 years. The ability to function on an independent basis depends on credentialing by the jurisdiction(s).

MIEMSS Preparedness and Operations: no report. Dr. Chizmar briefly discussed that Jeff Huggins is having meetings with PSAPs regarding next generation of MEMRAD.

EMS for Children:

-Winterfest conference went well. Will be repeating pediatric champions' session with simulators at the upcoming Miltenberger conference. We will have scenarios and skills written for pediatric champions to roll out with your academies and local training centers. The goal is to increase the exposure to pediatric training across the state.

-Pediatric Champions – next meeting will be April 24th, in-person, at MFRI HQ in College Park.

-Cyndy discussed the HRSA survey that is being conducted with 18,000 EMS agencies across the country. It is a comprehensive assessment to gauge pediatric readiness based on a joint policy statement by the American Academy of Pediatrics, ENA, NAEMT, and NAEMSP. Cyndy and EMS-C will be assisting with the survey.

-There will be no EMS Care Conference (Ocean City) this year. There is a tentative plan for the next EMS Care Conference in fall of 2025.

Jurisdictional Roundtable:

Allegany County: We were approved for scene ventilator with BiPAP usage, with a go-live date of this Friday. Two units in the county will have that capability. We were also approved for RSI that has a go live date of probably about two weeks from now. We also support the video scope becoming standard protocol. We are now live with Handtevy on all of the mobile unit tablets.

Annapolis City: No report.

Anne Arundel County: We have a fire school class that just started the beginning of the month. I believe there to be one or two ALS providers. Other than that, we're still getting some newer folks that just came out of the Community College precepted and ready to operate as paramedics in the field and we are refining First Watch/First Pass. It looks like it's going to be pretty successful for QA program. We are working on getting AEDs in all of the police cars. We now review every cardiac arrest and coach/send information to all clinicians. We are discussing MIH. Preparing to absorb a volunteer station that's closing July 1. New CAD go live date of March 14th, so we should be able to participate in the At-Hospital-Ambulance Dashboard after that. We had a recent Go Team activation and will be reviewing that on Friday.

Baltimore City: We have two classes graduating February 23rd. The EMS class consists of six new paramedics and four EMTs. There is a suppression class of 33 firefighters, and we are starting a suppression class at the end of February, projected to have 60 to 65 firefighter recruits. On the telemedicine tele911 program thanks to Dr. Chizmar for helping us develop that limited scope medical direction plan.

BWI: We have five people starting the academy with Anne Arundel County shortly there to be paramedic firefighters.

Carroll County: We are hiring seven more personnel on February 29th, which will actually bring us to a fully staffed level. We're still in the process of hiring an additional 84 people, which will staff all the ambulances in Carroll County to the ALS level and put a driver on each of the fire engines at the station (sometime after July).

Caroline County: We are launching our first save station in our first county park today. We are ordering more AEDs and will plan to launch save stations in all of our county parks.

Garrett County: New EMS chief, Derek Crippen, has started in Garrett County.

Harford County: We are still hiring ALS clinicians. We have rolled out IV Nitro. We just rolled out iGels and we are working to continue to push out ultrasound in the county.

Ocean City: Going well in OC. We have 10 new part-timers coming on. We're in the middle of finishing up our National Registry recert cycle for the year.

Prince George's: We are in the process of doing a top-down assessment of our program. Secondly, we're replacing all of our Toughbooks for tech tablets and along with a couple of other initiatives. The hope is to improve all things documentation.

Queen Anne's: We are in the process of onboarding three new employees on March 13th. Thanks to Anne Arundel and Annapolis for their assistance with our 43 car MVC on the Bay Bridge last month. We had 13 transports from the incident.

St. Mary's County: Finished interviews for our open Lieutenant position. We expect to see that filled this week. Our new CAD go live will be an April. We are welcoming our new Director of Emergency Services in April. Discussed incident last week. Both assistant EMS chief and medical director were injured. Thankful to all who have reached out to offer support, including those in MIEMSS Region 5 and Shock Trauma.

Talbot County: We are having a large hiring event on March 1st at the Easton Volunteer Fire Dept. We're hiring for ALS and BLS. We're definitely down ALS providers and dispatchers. We are very close to putting our career ladder into effect. We have been providing education on our ultrasound and it's actively being used out in the field.

Washington County: On March 2nd, we assume staffing responsibilities for two of our eight EMS companies in Washington County. They become County Employees on that day. We are in very initial discussions with Meritus Medical Center on whole blood in pre-hospital setting that's very initial, but it does look positive that they're interested. Other than that, we support Dr. Chizmar on the video laryngoscopy change that you suggested.

Mark Bilger: MSFA is continuing to monitor legislation in Annapolis on a daily basis. The next MSFA Executive Committee meeting will be held in Western Maryland on April 6 and 7th at the Grantville VFD. They are open to anyone who wishes to attend.

Next meeting is Medical Directors Symposium – April 10, 2024.

Meeting adjourned at 11:55 am.

Transcribed and submitted by: Timothy Chizmar, MD