

COMMERCIAL AMBULANCE SERVICES ADVISORY COMMITTEE

Meeting Minutes

Friday, November 16, 2018

MIEMSS Room 212

Representatives Present:

CASAC Chair: *Will Rosenberg – Butler*

SOCALR: *Lisa Chervon, Director, Marty Johnson, Licensing Specialist and Deb Shaw, Administrative Officer and Scott Barquin, SOCALR Inspector*

Attendees: *Tim Chizmar, MD (MIEMSS), Sarah Sette (AAG MIEMSS), Terrell Buckson (Director of L&C, MIEMSS), Jill Dannenfels, RN (MD Express Care), Bob Harsh (County Medical), Jim Harsh (County Medical), Justin Kinsey (General Manager for PLMD), Jim Pixton (General Manager for AAA), Venetia Roberts (Lifestar), Cynthia Wright-Johnson (MIEMSS EMSC), Cory Skidmore (Hart to Heart), Brian Ashby (Chief Paramedic-MedStar), Ed Powers (Regional Director for AMR), Andrew Spruce (Vesper), Deb Ailiff (ProCare), Mike McCabe (PHI), and John Damiani (Christiana Care LifeNet).*

Introductions: Meeting called to order at 13:04 hours by Chairman Will Rosenberg and introductions were made. A motion was made by Justin Kinsey from PLMD and seconded by Cory Skidmore from Hart to Heart to approve the minutes from the September 2018 CASAC meeting.

State EMS Medical Director – Timothy Chizmar, MD

Dr. Chizmar discussed the following protocol updates for the 2019 Maryland Medical Protocols for EMS Providers:

- There were revisions made to the adult tachycardia algorithm, removing the requirement for consultation when administering diltiazem, and replacing it with a blood-pressure parameter of a systolic greater than 100. Also in the adult tachycardia algorithm, stable Wolff-Parkinson-White Syndrome patients may be transported without medication administration. If they are unstable, electronic cardioversion is the treatment of choice.
- For DNR-B patients we have expanded the protocols to include the use of Magill forceps in choking patients regardless of their DNR.
- We have switched fentanyl and morphine meaning that morphine will now require an OSP while fentanyl will become the standard opioid administered by EMS providers.
- The flutter valve will become an optional piece of equipment for needle chest decompression. Additionally, the site for decompression will be moved from midclavicular to the mid-axillary line citing increased success at the mid-axillary site. Training will be provided.
- We have removed the consult requirement for priority 2's if there is no procedure that would warrant a consultation.
- The stroke window has been extended for "last known well time" from 3.5 hrs to 20 hours. This may result in more interfacility stroke transports. The important change is that endovascular intervention for strokes with high LAMS or Cincinnati stroke scores is now 24 hours.
- We are also adding the 'BE FAST' mnemonic.
- The use of Epinephrine for adult patients in traumatic arrest has been discontinued.

- Dr. Chizmar reviewed the current requirements of the short form and questions/concerns were raised by Mike McCabe (PHI) regarding the flight services short forms that require different or more in-depth information from the commercial ambulance services are required to provide. The goal is to come together (all SCT services) and collaborate to create a more streamlined and consistent critical care short form to capture all the necessary information. It was also asked that the form include a customizable piece. Dr. Chizmar reiterated that until an updated form is developed and approved, all services, ground and / or air, need to use the MIEMSS approved short form as stated in the regs. Deb will send out a Doodle Calendar to all the SCT services to get a date for the SCT sub-committee to meet and discuss this further.

Licensure and Certification – Terrell Buckson, Director

- Bulk import process was not functioning as it was supposed to, however that glitch has been fixed and therefore should be working properly.
- Still in the midst of BLS recerts for those expiring 12/31/18. We are currently sending out reminders bi-weekly.
- We are also testing bulk processing for applications to improve efficiency.

SOCALR – Marty Johnson, Licensing Specialist

- Annual Inspections: we have already started scheduling the annual inspections for next year and we are scheduled out through May of 2019.
- The application will be reduced and will be adding vehicle fee worksheets that have been updated on the website and in the renewal packets, as this will affect invoicing moving forward.
 - The renewal packet will be sent to the service, who will complete and submit the fee worksheet. Once verified, an invoice will be generated and sent back to the service. This will be the amount that will need to be paid **at least 10 days PRIOR** to the scheduled inspection date.
 - This process will decrease the number of mistakes and keep a paper trail not only for MIEMSS but for the commercial companies as well.
 - There was some discussion regarding the concerns that commercial companies have to pay a \$50.00 transfer fee for downgrading a vehicle when the license fee was already more expensive than that which they would have had to pay if the vehicle was renewed as a BLS vs. ALS. It was explained that you are paying for the service, new license, and decal.
- COMAR 30.09 revisions – Sarah Sette reviewed all the changes/revisions to the regs that have been made to date. Some discussion on specific changes are listed below:
 - There was some strong discussion regarding COMAR's requirement for an annual Maryland State Vehicle inspection of a vehicle that was bought 'brand new' but was manufactured 2 years prior. The commercial ambulance community doesn't see the need to have the 'new' vehicle be required to obtain a Maryland State inspection when the vehicle only has 9 miles on it as shared by Jim Pixton. The commercial companies feel this is unfair because this is not a requirement on any other type of vehicle and costs them additional fees. Sarah stated she is only allowed to go by the current statute which states that an ambulance must be inspected every 12 months. Will stated that there are 2 separate certificates of origin for the vehicle, one of which is specifically for the chassis. This may be something that we have to look at, according to Lisa, who said the need may be to define what is meant by 'an ambulance' in the regs as it is defined in the statute.

- Sarah mentioned a new provision for out of service vehicles and a \$30.00 transfer fee per occurrence. Lisa explained that this originated from a situation in Region I where one ambulance company had its ambulance in need of extensive repairs and had to be put out of service for a few months. The 911 service offered to allow this commercial ambulance company to use one of their reserve ambulances so they could continue to service the community because otherwise it would fall back on them. This would still require the ambulance to be fully inspected according to Maryland regs. Will asked how it would meet the lettering requirements in COMAR as they are not optional, to which it was shared that temporary magnets have been used to meet that regulation. It was also clarified that this is not to be confused with a commercial ambulance requesting a temporary upgrade for one of their ambulances. Will and Jimmy expressed concerns over this revision stating that there is potential financial impact to services that will lose “loss of use” claims coverage from insurance companies when a vehicle is out-of-service after a crash. It was suggested by Jimmy to make this a waiver and keep it out of the regs.
- There was some discussion surrounding digital social media and advertising where there was specific digital social media accounts, i.e.: Twitter, Facebook etc., mentioned. It was agreed to change the wording to say any ‘service website’.
- Services present were pleased with the proposed changes to allow for organ transports, and the proposed change allowing an ALS truck to do BLS runs with a BLS crew.
- The suggested edit to allow for electronic copies of provider ID cards during spot inspections was reviewed favorably.
- There were some wording changes to clarify NEMSIS required fields in an ePCR. The wording will now say ‘any data fields as required by NEMSIS in the State of Maryland’.
- The PPD screening requirements were changed to mirror the CDC required 5 years instead of the current annual requirement by the State of Maryland, with the exception of when there is exposure.
- There was a suggestion to incorporate the equipment lists into the protocols similar to an ‘appendix’. It was agreed that further discussion would be useful and therefore tabled for a separate meeting. It was also agreed that the equipment lists are in need of updating.
- Jimmy brought up for discussion the requirement to carry a large quantity of linens such as 2 pillows, 4 sheets, 4 blankets as currently stated in the regs. He feels that this is excessive. As long as there is a satisfactory amount of linens for the patient they are serving should be enough. It was suggested that he submit a change request form for consideration.
- There was a question raised as to whether or not you can use a physician assistant in place of a nurse on an SCT vehicle and the current answer is no. There is room for discussion on this topic, however, this should be covered by the SCT sub-committee.
- MIEMSS will forward copies of the changes proposed and made for review along with the meeting minutes.
- Neonatal Stakeholder meeting went well and all but one hospital was present. The biggest take away was that the definition of ‘neonate’ needs to be changed/updated before any other changes can be made. The central issue here is the part of the definition that states that the child has never been discharged from the hospital’, which is a Maryland addition, and seems to be creating an obstacle for many transports. Collaboration on a more concise definition is warranted.

- With regards to Elite, we are looking at ways in which we can clean up the data that is currently in Elite to lessen the congestion and enable the reports that Elite generates to be more accurate. As a follow-up to this meeting, an instructional email will be sent to all services who use Elite, providing instruction on the removal of invalid reports that should be marked for deletion

MIEMS EMSC Report – Cyndy Wright-Johnson

- We received the carryover grant for high performance CPR.
- Reviewed the dates and location for classes for the coming year.
- American Heart Association is requiring CPR training to include and have visual feedback.
- Discussed the requirement and need for pediatric champions and has asked that this topic be put on January's agenda.

SCT Subcommittee - No report

PEMAC – Jill Dannenfeller - EMS Care is in Ocean City, MD in April of 2019

Ambulance Safety Workgroup - Nothing to report

MIH - No report

Legislative Subcommittee Report – Justin Kinsey

- Had a meeting regarding Senate bill 682 – a taskforce was put together for reimbursements for select patient refusals, MIH, and alternative destinations.
- There are more meetings scheduled moving forward and will update us in January.

SEMSAC - No report

Old Business –

- As a reminder regarding state inspection and registrations, Deb is sending out monthly reminders to all commercial services identifying the vehicles in your fleet that have an expiring registration, inspection, or insurance for the coming month. Please understand that even though this is a service we are providing, ultimately you are responsible for knowing your fleet and that there are NO grace periods for lapses in any of these requirements. If a lapse should occur that vehicle will be placed out of service until the updated documents have been received by MIEMSS.

New Business

- Will received a letter from Pat Gainer, Acting Executive Director, asking CASAC for 3 nominees with their CV's for SEMSAC. Justin Kinsley, Will Rosenberg, and Jay Fowler have volunteered.
- Dr. Chizmar reviewed a memo directed at hospitals that feeds into the short form issue. The hospital needs to capture who is bringing their patients. In the memo, hospitals and specialty referral centers are asked to voluntarily complete a follow up form if they are not getting the information that they need from the services. MIEMSS will use these forms to better understand the problem in hopes of facilitating a more efficient data exchange between hospitals and services.

Next Meeting

- Meeting adjourned at 14:57. The next CASAC meeting will on January 16, 2019 at 1:00 p.m.