



Commercial Ambulance Services Advisory Committee

Meeting Minutes

Wednesday, May 21, 2019

MIEMSS Room 212

Representatives Present:

CASAC Chair: *Will Rosenberg – Butler Medical Transport*

SOCALR: *Scott Barquin – eMeds Admin/Ambulance Inspector, Lisa Chervon - Director, Marty Johnson – EMS Manager of Ambulance Programs, Deb Shaw - Administrative Officer*

MIEMSS Staff: *Terrell Buckson (MIEMSS L & C), Jason Cantera (MIEMSS-EMS Applications Coordinator), Dr. Theodore Delbridge (MIEMSS Executive Director), Randy Linthicum (MIEMSS Emergency Operations), Andrew Naumann (MIEMSS Regional Programs), Sarah Sette (MIEMSS AAG),*

Attendees: *Brian Ashby (MedSTAR), William Beresford (GEM), Adam Cole (Vesper), Donald DeGraves (Chesapeake Medical Transport), Heidi Hubble (JH Lifeline), , Justin Kinsey (Pulse Medical Transport), Laura Knopp (iCare), Dr. Asa Margolis (JH Lifeline), Devin Meyers (Hart to Heart), Richard Newman (GEM), Jim Pixton (AAA/Vice Chair), Venetia Roberts (Lifestar Response), Brandon Ruble (iCare), Jonathan Siegel (AMR) Tyler Stroh (MedCare), Rob Weis (Pulse Medical Transport),*

Remote Attendees: *Chuck Boone (ProCare), Marc Buckholtz (Procare), John Damiani (Christiana Care LifeNet), Tarik Fadly (Smarttrans), Jim Harsh (County Medical), Robert Harsh (County Medical), Matt Larrabee (Freestate), Mike Moretti (Keystone), Susan Rainey (Nemours),*

Introductions:

The meeting was called to order by Chairman Will Rosenberg at 13:02 hours and introductions were made. A motion was made by Brian Ashby and seconded by Jim Pixton to accept the minutes as submitted. Minutes accepted by the group from the March 2019 CASAC meeting. Chairman, Will Rosenberg introduced Dr. Ted Delbridge, MIEMSS Executive Director.

State EMS Medical Director's Report: Dr. Theodore Delbridge – MIEMSS Executive Director

Dr. Delbridge addressed the group and shared a bit of his EMS background, which includes time in Fairfax VA, Pittsburgh PA, and Greenville NC. He also gave a presentation regarding his vision for the EMS Plan update and encouraged participation of the commercial ambulance community. The Plan was last updated in 2014. MIEMSS staff and external system stakeholders will work collaboratively to



Commercial Ambulance Services Advisory Committee

develop the document, which will be continually evaluated throughout its application. Lisa Chervon will forward a list of the Plan sub-committees to all services.

The floor was opened for questions, and Will asked Dr. Delbridge how he plans to bridge the perceived disparity that exists between EMS jurisdictional operational programs and the commercial EMS community. He specifically referenced safety and equipment requirements, which as outlined in COMAR, are different for the commercial industry. Dr. Delbridge relayed that Lisa Chervon had previously briefed him on some of these issues, and that he views the development of the EMS Plan as an opportunity to address matters such as these.

Will also asked Dr. Delbridge about the requirements for National Registry EMT's entering the Maryland system, and the inconsistencies that currently exist as compared to ALS provider requirements. Dr. Delbridge stated that consistency is crucial and that he is aware of the need for these inconsistencies to be looked at and addressed.

SOCALR Report – Lisa Chervon, Director

Lisa Chervon shared that SOCALR has been reviewing PCRs and will be contacting individual companies in an attempt to collect more complete and accurate data. Many ePCRs are missing data such as vital signs, DOBs, destinations, etc.

Regulation revisions continue. The most recent draft will be distributed to CASAC once the Neonatal workgroup clarifies an outstanding matter. Please be on the lookout in your email for the latest revision in the next few weeks.

Marty stated that annual renewals are ongoing.

Scott stressed the importance and necessity of providing the names and titles of all crew members when completing ePCRs. The only providers that may be recorded as "other" when completing an ePCR are nurses, respiratory therapists, and students, all of which should have their name documented in the narrative. Those that are not affiliated with a commercial service should not be providing care or operating an ambulance for that service.

MIEMSS Licensure and Certification Report – Terrell Buckson, Director

Terrell and Sarah have initiated a review of Licensure and Certification regulations in an attempt to minimize any existing barriers to becoming a licensed EMS provider.

With regard to Will's previous question, Terrell shared that there are many variations of the EMT training, which requires EMTs to take the refresher course as part of the reciprocity process.



Commercial Ambulance Services Advisory Committee

MIEMSS EMSC Report – Cyndy Wright-Johnson

Report to accompany minutes as attachment

Committee Report – SCT Subcommittee – Will Rosenberg

No report.

Committee Report – PEMAC Report – Jill Dannenfelser, RN

Report to accompany minutes as attachment

Committee Report – SEMSAC – Justin Kinsey

Justin reported that he had given a presentation on the yellow and red alert usage in Maryland hospitals.

Committee Report – Ambulance Safety – Cory Skidmore

No report.

Committee Report – Legislative Subcommittee Report – Justin Kinsey

Justin stated that there were no new discussions.

Committee Report – MIH Committee – Deb Ailiff

No report.

Old Business – Open to the Floor

No Old Business

New Business – Will Rosenberg – and Open to the Floor

BLS Staffing

The floor was opened up for new business. At this time, Justin Kinsey made a presentation, via power point, addressing the dire need for BLS Providers and demonstrating how the lack of employed and volunteer EMS personnel is negatively impacting the commercial industry. The data presented revealed that most commercial companies are running at a 66-75% staffing rate, and that companies are engaged



Commercial Ambulance Services Advisory Committee

in a “wage war” with each other in an attempt to recruit and keep staff. Justin’s presentation also focused on the decline in the number of students passing the EMT National Registry exam, as many are not testing. Dr. Delbridge mentioned the current pilot programs that are being rolled out have thus far had promising results in most cases.

Discussion that followed suggested other contributing factors such as high school literacy rates, and the increasing number of inactive EMTs. Many present agreed that newly credentialed EMTs are leaving the commercial industry for career academies once they obtain their six to twelve months of experience.

Justin distributed a proposed change to COMAR 30.09.01 and 30.09.07, pertaining to driver staffing for BLS ambulances. The proposal would allow commercial ambulance companies the option to employ qualified, non-certified ambulance drivers for BLS units, through obtaining a PSC certification. Lisa Chervon asked if this would imply that all of those operating an ambulance, regardless of certification, would need to complete an EVOC course since there is no EVOC component to the current BLS curriculum. Justin said that the proposed changes would allow the commercial companies to have the option. Sarah Sette expressed concern that MEIMSS would have no regulatory or disciplinary authority over non-licensed or non-certified drivers. Jim Pixton shared that obtaining a “for-hire” drivers license from the PSC requires the sponsorship of a company that is registered/licensed by the PSC. Only those services who offer wheelchair or sedan service would meet these criteria. Marty Johnson inquired about the inclusion of EMR data in Justin’s presentation. Justin stated that the majority of EMRs are law enforcement, and were therefore excluded. Will Rosenberg shared that Butler Medical Transport has had recent positive results with in-house EMR course offerings.

Heidi Hubble questioned the availability and quality of for-hire driver personnel. Justin stated that this model would enable services to hire current EMT students before course completion.

It was recommended that a small workgroup be formed to more closely examine the issues raised by Justin, and to work towards finding solutions to the staffing issue. Jim Pixton stated that he felt that the group needed time to digest the information presented, as he fears that there may be some unintended consequences associated with the proposed change. Dr. Delbridge emphasized the importance of the workgroup maintaining focus on solutions for staffing shortage in the most cost effective way possible.

CRISP

Andrew Naumann provided a brief presentation on CRISP (Chesapeake Regional Information System), a regional health information exchange enabling Maryland’s healthcare community too appropriately and securely share data, facilitate and integrate care, and to improve overall patient outcome. Many jurisdictional EMS operational programs are currently providing data to CRISP with great success. We have been testing this program over the last six months over several districts with great success. However, Maryland is not just regional, but state wide with its health information exchange. In the near future, MIEMSS would like to begin submitting data to CRISP for commercial service transports to hospitals. Per Andrew, it is envisioned that the data exchange will be two-way in approximately one year.



Commercial Ambulance Services Advisory Committee

NDMS Exercise

Randy Linthicum addressed the group informing them of the National Disaster Medical System exercise that is coming up. Randy explained that NDMS is a federal program that assists Maryland in accepting hospital patients from other states in the event of a disaster declaration. In the past, the commercial industry has helped to provide necessary transportation for those patients. A table-top NDMS exercise is planned for June 28th, and a full-scale exercise will take place on September 21st at BWI. All information will be provided to Lisa and forwarded to all commercial companies.

Protocol Review Committee

Will mentioned that their PRC rep asked that CASAC revisit the acute vent and trach protocol discussion from the January meeting so that he can relay the information to the Protocol Review Committee. After brief discussion, it was requested that the PRC be asked to clarify the level of transport necessary for trach'ed patients with consideration given to their intended destination as the group feels that an SCT transport is not necessary for a patient going to a lower level of care.

For the Good of the Committee – Open to the Floor

Nothing to report or discuss.

Adjournment – Will Rosenberg, CASAC Chairman

CASAC meeting was adjourned at 15:06 hours. Chairman Rosenberg suggested that the July CASAC meeting be cancelled unless an unforeseen matter arises; the group agreed to cancel the July meeting. The next CASAC meeting will be on Wednesday, September 18th, 2019 at 13:00 hours in Room 212 at MIEMSS.