



Commercial Ambulance Services Advisory Committee

Meeting Minutes

Wednesday, September 18, 2019

MIEMSS Room 212

Representatives Present:

CASAC Chair: *Will Rosenberg – Butler Medical Transport*

SOCALR: *Lisa Chervon – SOCALR Director, Marty Johnson – EMS Manager of Ambulance Programs, Deb Simmont – SOCALR Administrative Officer*

MIEMSS Staff: *Terrell Buckson (Director, MIEMSS L & C), Dr. Tim Chizmar (State EMS Medical Director), Sarah Sette (MIEMSS AAG), Cyndy Wright-Johnson (Director EMS for Children)*

Attendees: *Stephanie Cain (Ops Manager - Pulse), Adam Cole (Ops Manager - Vesper), Jill Dannenfelser, RN (PEMAC Liaison), Julie Irvine (Director of Ops-East Coast), Leigha McGuin (Inf Control Ofc - MEC), Jim Pixton (General Manager - AAA), Mike Rosellini (CEO - East Coast), Ashley Sampson (QA Officer - Vesper), Rob Weiss (QA Officer - Pulse)*

Remote Attendees: *John Damiani (QA Officer - Christiana Care LifeNet), Susan Rainey, RN (Ops Manager - Nemours), Heather Stamey (Ops Manager – MedSTAR Transport)*

Introductions:

The meeting was called to order by Chairman Will Rosenberg at 13:02 hours; roll call/introductions were made. May's minutes were reviewed, motion by Mike Rosellini from East Coast was made to accept the minutes. Motion seconded and passed.

State EMS Medical Director's Report: Dr. Timothy Chizmar

Dr. Chizmar presented a memo regarding behavioral health transports from hospitals. There has recently been some questions as to whether or not these types of transports could be done using wheelchair vans. Dr. Chizmar stated that it is incumbent upon us to transport those patients suffering from mental health issues at least at a BLS level of care, or possibly to ALS level depending on the type of care the patient may require. This memo is intended to reinforce that behavioral health patients are presenting for emergency care and are in need of transport to a hospital that provides a psychiatric level of care. It is the opinion of the OMD that the mode of transport should be at a minimum, a BLS level ambulance. Mike Rosellini from East Coast Ambulance verified that, using the service's call triage process, it still may be appropriate to provide transports to mental health patients via wheelchair van for transport to a doctor's appointment, that is not of a psychiatric nature. Dr. Chizmar agreed and stated that this is meant to be a guide to help services determine best practices as it pertains to patients



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under these circumstances. He also stated that this issue was primarily concerning those patients who come into the ED stating they have uncontrolled depression, for example, and are in need of psychiatric care, but that particular hospital does not provide psychiatric services. Wheelchair vans do not provide clinical staff and we do not want to minimize the level of care given to any patient, so this helps you to establish and continue best practices when it comes to patient care and future discussions with hospitals and payers.

Dr. Chizmar reminded the group of the continuing work that is being done as it pertains to the EMS Plan and encouraged all to get involved. Dr. DelBridge has appointed a steering committee that will be gathering all of this data and be bringing it to the EMS Board and Stakeholders for final approval sometime in early 2020.

The MIEMSS Protocol Review Committee (PRC) has approved the request for CRTs and Paramedics to have the ability to perform inter-facility transports of morphine and lidocaine. This change will next be presented to the EMS Board for approval at the end of this year. Dr. Chizmar does not anticipate any issue with that provided that the ALS services are documenting their training for all ALS clinicians. The protocol change will not be effective live until the Board approves the change. The next PRC meeting is scheduled for November 13th, 2019.

Medication shortages continue. We are currently aware of the following: prefilled Epinephrine (utilize vial and dilute), diltiazem (substitute verapamil), sodium bicarbonate, prefilled dextrose (use D10 or D25). The Ketamine shortage continues, with approximately 50% of EMS services able to obtain the medication. Some have been successful obtaining from Bound Tree, McKesson, and Cardinal Health.

Dr. Chizmar also shared that there will be a Quality Improvement meeting along with PEMAC on November 14, 2019 and Lisa Chervon will be in attendance representing the commercial services. It is anticipated that this will be a brainstorming session on quality metrics, primarily for 9-1-1 patients, but may be adapted to commercial service transports.

The ET3 deadline: the deadline for application for participation in alternative destination pilots has been extended to October 5, 2019. This is the program that Medicare is putting into place that will allow transport to non-CMS designated facilities, such as Urgent Care Centers, and aims to improve quality and lower costs by reducing avoidable transports to the ED.

Next Dr. Chizmar revealed that the process for reporting to ODMAP is changing so that not every cardiac arrest in which Narcan is administered will be reported. This change is intended to occur at the end of 2019. There has recently been a drop in the number of overdoses reported statewide, and you will continue to see that number drop as we change the way we are reporting the information.

Some commercial services have approached Dr. Chizmar about adding additional vaccines beyond the MMR, TB, and Influenza that are currently allowed. Those are currently in statute which diminishes Dr. Chizmar's ability to easily modify the list of approved vaccines.



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The EMS Stroke Routing Pilot Study is ready to go live on October 1, 2019. Any acute stroke patient with a LAMS 4 or greater, and a drive time within 30 minutes of a comprehensive stroke center, will be directed to take that patient to the nearest comprehensive stroke center. The participating stroke centers (and thrombectomy capable PSCs) are Sinai, UMMS, Johns Hopkins, and Johns Hopkins Bayview. It is believed that the patient will benefit from transport directly to a comprehensive stroke center for clot retrieval purposes.

Lastly, Dr. Chizmar stated that this was announced at the SEMSAC and at the EMS Board meetings that a group is being formed to address clinician wellness. The group will be led by Randy Linthicum of MIEMSS Emergency Operations, and will be meeting for the first time on October 11, 2019. The group is planning to examine clinician wellness, and EMS clinician burnout in an attempt to formulate suggestions on how to better care for those who care for others.

Lisa Chervon asked Dr. Chizmar to address, in a summary fashion, the training piece of the Neonatal Stakeholder Workgroup that is currently address the training requirements for those performing neonatal transports. The primary question discussed during the last meeting was: do board certified Neonatologists need to have NRP and STABLE? Although there was significant discussion on the matter, Dr. Chizmar felt that the majority consensus was that the regulations should continue to require this training, not because they lack knowledge, but because it provides a common platform for communication between doctors, nurses, and paramedics performing transports. Since there was no unanimous consensus from the group, we are leaning towards continuing to require all personnel attending to patients to have NRP and STABLE, including the Neonatologists. It is important to note that some of those who thought it prudent to have NRP and STABLE required, are Neonatologists themselves. Will Rosenberg asked if the topic of documentation requirements had been addressed. Lisa Chervon stated that this subject is to be discussed during the next scheduled meeting.

SOCALR Report – Marty Johnson, EMS Ambulance Program Manager

Marty stated that the last of the annual inspections for 2019 have been scheduled for the month of October. Marty spoke to the changes that have been made to the initial and renewal licensure applications. SOCALR is also in the process of making all the forms that require data from a commercial service fillable pdf forms to eliminate the need for printing and/or faxing.

Marty also stressed to the group that the service verification form issued with the renewal packet is for invoicing purposes. It is therefore important that this document is reviewed carefully. It is also crucial that the service verification be reviewed, verified, signed and returned to SOCALR to expedite processing.

Sarah Sette shared that Lisa and herself have reviewed all of the proposed changes to the regs and have a meeting scheduled with MIEMSS leadership to review the changes. Once approved, the regulatory change process will be initiated in Annapolis.

MIEMSS Licensure and Certification Report – Terrell Buckson, Director



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Terrell stated that there several ALS clinicians who are on extensions, which will expire on October 31, 2019. The BLS applications for renewal will become available as of October 1, 2019. That application will include the BLS clinicians that are current, expiring on December 31st and who are on a 6 month extension from June that will be expiring on December 31st as well. As has been done previously, MIEMSS will be sending out initial relicensure reminders, and then additional reminders on a bi-weekly basis.

MIEMSS EMSC Report – Cyndy Wright-Johnson

Cyndy Wright-Johnson shared that she will send out information (attached to minutes) on the next scheduled PEPP Course. The fee for this course is \$25.00. Two additional PEPP courses will be offered at MEIMSS in the year 2020.

A Pediatric Nursing Review course will be offered as a pre-conference to Miltenberger in March at the request of the Western Maryland hospitals. A APLS course will also be offered to physicians. Both of these courses will be hybrid-type courses with half being conducted online and the skills portion done at MIEMSS.

Committee Report – SCT Subcommittee – Will Rosenberg

No report.

Committee Report – PEMAC Report – Jill Dannenfelser, RN

Significant discussion occurred at the September PEMAC meeting pertaining to CPR for pediatrics. The goal is to have a bundle of revisions for cardiac arrest care for the November PRC meeting. PEMAC continues to work with MIEMSS OMD to condense this information in an effort to be more concise and to emphasize that unless the situation is unsafe, clinicians should stay and continue to perform CPR on an infant, pediatric or adolescent just as you would do on an adult.

The second discussion as it relates to cardiac arrest is to extend the TOR protocol to all ages assuming that the situation is safe and the team as a whole agrees to stop.

Jill mentioned the proposed changes for the heat stroke protocol to include ice baths, not just ice packs, to reduce the patient's core body temperature prior to transport. PEMAC is working with the Athletic Trainers Association to change the language

Committee Report – SEMSAC – Justin Kinsey

Will Rosenberg read aloud to the group the email resignation of Justin Kinsey. There will be an opportunity for those who wish to serve on SEMSAC in representation of the commercial ambulance industry to submit their name for nomination to SEMSAC. Chairman Rosenberg will forward information to all CASAC members.



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Regarding SEMSAC Justin provided a written summary of the last meeting. MIEMSS will be hosting a forum on September 24th with MIEMSS leadership and hospital executives to discuss the current hospital alert system. Dr. DelBridge anticipates movement on this issue by the end of the year.

Committee Report – Ambulance Safety – Cory Skidmore

No report.

Committee Report – Legislative Subcommittee Report – Justin Kinsey

No report.

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

Nominations will take place in November for CASAC Officers and committee reps. Elections will take place in January.

Regarding SEMSAC, at least 3 applications must be submitted to the Governor's Office for appointment as the commercial services rep. Those who are interested must submit a resume for consideration.

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 13:39 hours. The next CASAC meeting will be on Wednesday, November 20th, 2019 at 13:00 hours in Room 212 at MIEMSS.