



# Jurisdictional Advisory Committee

August 9, 2017  
10:00 AM to 12:00 Noon  
653 West Pratt Street  
Baltimore, Maryland

**Meeting called by:** Christian Griffin, Chairman

## **\*\*Revised\*\* Agenda**

<b>10:00 AM</b>	<b>Welcome and Introductions</b>	Christian Griffin
<b>10:05 AM</b>	<b>Approval of JAC Minutes</b>	Christian Griffin
<b>10:05-10:20 AM</b>	<b>OMD Update</b>	Dr. Alcorta
<b>10:20-10:35 AM</b>	<b>Emergency Operations Update</b>	Randy Linthicum
<b>10:35-10:50 AM</b>	<b>eMEDS: Receiving Hospital Selection</b>	Jason Cantera
<b>10:50-11:00 AM</b>	<b>Regional Programs Update</b>	Jon Bratt
<b>11:00-11:20 AM</b>	<b>JAC By-Laws Proposed Revisions</b>	Scott Wheatley
<b>11:20-11:35 AM</b>	<b>EMS-C</b>	Cyndy Wright-Johnson
<b>11:35-12 Noon</b>	<b>Jurisdictional Roundtable</b>	Christian Griffin

## JAC Meeting – August 9, 2017

On Phone: David Chisholm, Washington County; Daniel Grimes, Annapolis City; Dwayne Kitis, Region I; Denise Hill, Cecil County; Heather Howes, Calvert County; Mark Pettit, St. Mary's County; Barry Reid, Montgomery County; Ryan Todd, Caroline County; Scott Wheatley, Queen Anne's County; Tim Mikules, Anne Arundel County; Wayne Tiemersma, Garrett County; Denise Hill, Cecil County; Mike Cole, Frederick County; Diana Clapp, STC; Jim Radcliffe, MFRI, David Stamey, Region V

**Minutes:** Motion to approve June minutes by BWI, second by Carroll. Approved.

### **OMD Update:**

We are 11 months into the Executive Director search and interviews are now underway. MIEMSS had the opportunity to work collaboratively with Harford County and the Cardiac Arrest Steering Committee. Provided both a "Stop the Bleed" and hands only CPR training. The event was a success.

For Baltimore City and Baltimore County: Sinai Hospital is in the process of revamping their inpatient behavioral health. They are translocating 12 of their 20+ beds to the ED. The ED is losing two of their seven wings. This will go into effect August 28<sup>th</sup>. Chiefs Fletcher and Griffin were asked to reach out to Sinai for an ongoing dialogue. Sinai will remain available for Stemi and stroke. They will extend their rapid evaluation unit hours until 11 pm in an effort to move people through the system more efficiently.

The EMS Board met yesterday. They have noticed an increase in EMS providers coming before them with some form of substance abuse (alcohol, cocaine, opioids, marijuana, etc.). They want everyone to be aware they want to try and get providers into rehabilitation and get them care. Each of us has some form of a human resources (HR) element that has a rehabilitation addiction service. The Board wants to get the message out that if you have an issue now, get help now before you have to go before them. The Board will probably suspend you. You will not get paid and will probably lose your license. They will put you into a rehabilitation process. It's a stigma; it's on your record. Ideally if you can get your personnel in rehabilitation and get them taken care of so they never come before the Board, their record with the State will be clean because you handled it with your local HR. The Board of Physicians (BOP), and we do not have this today, the BOP has a rehabilitation service that the physician can call and ask for help. This will not show up on his record. They sign a contract with the BOP's addiction service that states if they fail, they will give up their license. The EMS Board is currently exploring the BOP model. Understand if you call MIEMSS and say you have an addictions problem, Compliance gets that call.

The concern in Maryland, as well as nationally, is the significant crisis related to addiction disease. There is a significant amount in the EMS community of sympathy fatigue; burn out for the folks saved two or three times. Dr. Alcorta mentioned that he will be speaking in Carroll County this week on the subject of sympathy fatigue to EMS providers.

There are now six deaths a day related to opioid overdose which exceeds MVC. Naloxone is a part of our safety net but is not the cure all. JAC membership was reminded to hand out the cards that were provided to jurisdictions. If Narcan is given, give the patient a card. You have a responsibility to work with your health departments and provide eMEDS data.

**Terrell Buckson:** Profiles – when a user creates a profile under the Demographics the user will use their personal e-mail and that's okay. With respect to the stand alone affiliation blue form. The electronic

format is not yet available. Licensure is making sure they have all the key players before it becomes available. Medical Director Approval: example - EMT passes NR exam, comes into Maryland and successfully completes the protocol exam. Correspondence goes out, and then some sit in the system. Terrell has discovered the service directors are approving the affiliations but the medical directors are not. He needs the service directors to encourage the medical directors to approve Protocol review and ALS affiliation.

**Dr. Alcorta:** Provided follow up on the local validation rules for the Elite tool when moving forward. MD DOT has off set some expenses, the first \$90,000 to get local validation. That means when testing with the first beta service, we are going to be adding some motor vehicle crash elements and there may be a question or two regarding such elements. He feels it is reasonable to get the local validation. EMS Board approved modifying the rapid sequence intubation program. EZ Tubes are no longer being manufactured. The King Airway will be the alternative rescue airway. Under the Peds RSI, MSP and US Park are the only two doing this; they were approved based on the pediatric emergency medical advisory committee recommendation, intubating LMA's as the alternative rescue airway. With that understanding, the Board approved the optional protocol for LMA's both adult and pediatric which everyone can apply for. King Airways are easier to put in more reliably than an LMA. LMAs have some increased risk of aspiration. Need to train and have your medical director on board. This will be an OSP and has been approved by the Board.

**Jason Cantera:** This was discussed at the eMEDS Steering Committee Meeting in the past. Ideally what happens in eMEDS is when a provider does a report they do the "CAD download" option. In your CAD file, it grabs your hospital ID code, i.e. Shock Trauma, 634. Once 634 crosses over into the eMEDS world, it matches 634 without pre-defined destination list. It auto-populates the name, address, city, state, zip of the hospital in eMEDS automatically. Jason discussed what is being seen and recorded. If there is no match in the pre-defined list, the system will accept any value that is passed. This will cause in reporting, one hospital to be listed many different ways. This will also not allow the hospital to view the patient care report in their Hospital Hub because the number does not match. If your county still uses "STC" instead of 634 as a standard, we can advise Image Trend that "STC" is to be mapped to 634 and then compared to our pre-defined list. This will ensure that all hospitals are matched up. If no mapping is requested, or a wrong code is sent in the CAD file, the provider will have a drop down choice of the hospital they went to.

Image Trend Elite Contract Upgrade Agreement: Four jurisdictions have not completed (Howard County, Baltimore County, Annapolis City and Caroline County. Offered assistance; it is critical in order to have the CAD download option in Elite. This is critical; this is the first step in getting your CAD feed copied from the V-2 site and also pointing it at your V-3 site.

Elite: Hope to do a pilot program in the fall. Jim Darchicourt – try to transition most services within a fairly short timeframe. More information will be forthcoming that will allow jurisdictions to do training. Jason was asked about a training platform, a demo user login. There are a few videos that offer insight. As soon as services synch over, you will have your own logins. Now is a good time to clean up your affiliation lists, including lapsed providers. Current report writer reports you have in the V-2 site will remain in V-2. They will need to be rebuilt in Elite. There will not be any reports that will be moved over since this is a new database. Report Writer functions will be similar if not the same.

Discussed SDK-9 –SDK-10 and Code Stat. Going to Elite, SDK-9 will not work. One of the products being offered by Physio-Control is Code Stat. It does a great job of reviewing the post cardiac arrest. The challenge is how do you make this transition from SDK-9 to SDK-10. Think ahead, plan and budget.

**Regional Programs:** Regional Affairs Committee met in June to approve the State Homeland Security grants for this fiscal year. All award letters have been mailed. State Homeland Security grant money for next year is expected to be released this fall. Grant applications can be accepted this fall with review around New Year's. The grant application will look the same as last year so do not wait on developing your grant application. MEMA will let MIEMSS know what the priorities are.

All three associate administrator positions are vacant (Regions III, IV and V), currently recruiting for these positions. Region II: Andrew Naumann is still in Syria; reporting he is doing well.

EMRC: will be reaching out to jurisdictions V and II starting initiative to review cases and establish more formal guidelines to identify where missed communications with utilization of EMRC.

**By-Laws Update:** Last update of the By-Laws was conducted in 2010. By-Laws review was conducted by Scott Wheatley and John Filer. A copy of their recommendations was sent out prior to the meeting for discussion at today's meeting. Recommendations made today will be included in the Agenda/Minutes sent out for the October meeting.

**Cyndy Wright-Johnson:** Two handouts provided today and will be emailed. Hands on training is being provided with the temperature display. MSFA has purchased three displays. There have been 31 deaths of children across the country. There have not been any in Maryland this year. Great response to child passenger safety ready response kits. If there is a crash where a child dies or if there is a crash where a child is significantly injured and the jurisdiction wants to do education, there are ready response kits with PSA's, public press releases, pictures, etc. Eight have gone out to date. Another kit, Mary Ellen Wilson from Johns Hopkins, in conjunction with the MSFA, the emergency ready family training kit. Intent is to teach families what is reasonable to expect in an ambulance transport. EMS Performance measures have changed for EMS equipment: if Cyndy were to send out a list of federal equipment in survey form, would jurisdictions be willing to circle what you do not carry? These numbers go for every state to Congress. Jurisdictions agreed to complete the survey.

The new survey completed talked about performance measures, five jurisdictions said they have pediatric emergency care coordinators on board: Baltimore County, Howard County, Baltimore City, Wicomico County and Somerset County. Cyndy will be contacting each to learn more about the people in this position. Cyndy will find a way to provide advanced education to each.

**Tessa Smith:** Provided update on the grant program. The applications were reopened and closed in May. Since then the High Consequence Infectious Disease Advisory Panel met to review those applications and since the review, three teams were selected for awards. Award letters are forthcoming for the following: Region V: Prince George's County and Montgomery County; Region IV: Cecil County and; Region I and II: Frederick County. Within the next two weeks meetings are scheduled with two of the three teams selected to start reviewing policies to make sure they are uniform to transport a patient as safely as possible. The teams will be utilized to transport a patient who is under surveillance by the Department of Health who is symptomatic; or if they have come from an identified country or they present to an emergency facility/front line hospital. The applications still under review are in Region III. Additionally, two commercial waivers are currently under review.

### **Jurisdictional Roundtable**

**Anne Arundel:** Will be submitting an OSP, QA program moving along with a steady increase in self-reporting. Going through the process of preparing for the protocol update next July. Expecting delivery of eight transport units. Releasing 18 recruits into the field for Phase 2 training. Currently 24 in the EMT program, graduating on September 22<sup>nd</sup>.

**Baltimore City:** About 120 recruits in the academy currently. Recently switched from Ford to Dodge transport units. Asking for input from jurisdictions as some jurisdictions are switching to Dodge also. Moonrise, a music festival is planned for this weekend. Crowd Rx is providing the medical care for the event. They do a good job across the country and are contracted with AMR to provide transport services. The African American Heritage Festival is also scheduled this weekend and will be held at Druid Hill Park. Will be applying to MIEMSS for the Alternative Destination Pilot.

**Baltimore County:** Just graduated a class of 33 EMTs and paramedics and will be hiring more in the spring of 2018. Continue investigating MIH program. Thanks to Prince George's and Montgomery Counties for providing information. Also expecting delivery of 21 transport units. Consolidation of two volunteer companies: Arcadia and Boring (UpperCo), effective September 1<sup>st</sup>. Kryle Preis is Baltimore County's new fire chief replacing John Hohman who recently retired. Director Schenning and Captain Willets will be taking over the administration of the EMS Division. Christian Griffin will be transitioning to Dispatch role.

**BWI:** Departure of Dr. Millin to Prince George's County; Dr. Nathan Woltman is now the medical director. Barbara Lowman has been transferred back to Shift Lt., supervisor position. They have received approval to hire for a captain EMS position; will be posted any day. Six firefighter/paramedics are on shift, functioning on their own and hiring for more firefighter/paramedics.

**Calvert County:** Getting ready to put Ambulance 77 in service, bringing total to 15. Working on large festivals coming up end of month.

**Cecil County:** Added two new paramedic positions July 1<sup>st</sup>. Applications opening, will be hiring three more. Working on the HCID grant. The 2017-2018 paramedic class was cancelled due to lack of participation, first time in 25 years. They are in desperate need of dispatchers.

**Charles County:** Class of paramedics starting September 5<sup>th</sup>. They will enhance the new station in Waldorf. Getting away from the International chassis, going to Dodge. Short five dispatchers.

**Garrett County:** Ramping up their EMS program. Have assigned some shift coordinators, one advantage is QA duties have been assigned and they now have almost 100 percent review of reports. They have eight transport units, down one. Active Assailant Program plan is out for vetting. Currently trying to firm up some of their educational needs. TECC program coming the 19<sup>th</sup> and 20<sup>th</sup>. Will be providing ICS specific training for division leaders and strike team leaders. The preference is for Region I personnel, but they may have openings if you have someone you want to refer to the class. They also have Stop the Bleed program.

**Harford County:** Director Hopkins, Director of Emergency Services, Harford County thanked everyone for their advice and assistance over the last several months as they start to develop their career based EMS system for Harford County. County Executive Glassman turned over the EMS operational authority to Harford County on approximately April 17<sup>th</sup>. They are hiring eight ALS providers, applications closed last week. Process will start for them soon. Signed work orders for two road rescue units. County Executive Glassman wants to pull together four or five subject matter experts in the field of EMS, business management, and organizational policy and include the volunteer EMS Association for the county to help put consortium together on how this system should grow develop and build. They hope to be operational by January 1<sup>st</sup>. The first station will be located in Hickory. Timothy Chizmar, MD is the medical director; EMS Branch Manager is Tammy Williams, who will manage the program. Linda Dousa is part of the project team, moving forward working with local fire and ems services.

**Prince George's County:** TECC training will be completed by the end of September. Deploying TECC bags on all apparatus by mid-September. Recently they completed ALS standardization upgrade which included deployment of video laryngoscopes and ventilators to ALS transport units to reduce the use of King Airway. August 6<sup>th</sup> increased ALS capabilities by putting paramedic engine units in Capital Heights and Baden.

**Queen Anne's County:** Thanked everyone who assisted them during the tornado strike (Anne Arundel, Annapolis City, Caroline, and Talbot). Appreciate all the support. Will be ramping up for the 10K Across the Bay.

**MFRI:** Getting ready to roll out the new NPPR Refresher October 1<sup>st</sup>. MFRI ALS is fully staffed with its ALS Coordinator position. Your new ALS Coordinator is Brian Pearson from Harford County. He covers Harford County to Garrett County. Next is Jason Shorter, a field instructor covering Cecil County into Ocean City and Nicole Deutsch coming from Baltimore County and MedStar. She has Southern Maryland and the National Capital Region. Reach out to them or Jim Radcliffe. At the request of Prince George's County, Teleflex is contracting with MFRI to do a cadaver lab November 14th. More information on how to sign up will follow.

**St. Mary's County:** Thanked Dr. Alcorta for stepping in as the acting medical director following Dr. Somer's departure. They are in the hiring process currently for a medical director.

**MSP:** Currently in the process of securing vents. Switching to King Vision.

**STC:** September 6<sup>th</sup> Evening Educational Broadcast will be Mangled Upper Extremity; October 4<sup>th</sup> Upper Extremity Amputation, airway classes are ongoing, registration is online. Construction is ongoing in the area.

Next meeting is October 11, 2017.

Motion to adjourn @ 12 Noon.