

JAC Meeting –December 14, 2022

Motion to accept the October Minutes by Chief Sabat, 2nd by Chief Matz. Motion unanimously passed.

Dr. Chizmar: Infectious Diseases: tripledemic: flu, RSV, Covid. Dr. Chizmar sent out a memo urging masks on all EMS calls and to be more vigilant about infection control and infection precautions. Flu A is prevalent at this time.

Medication Shortages: Glucagon, Ketamine (various concentrations), Etomidate (may be short through March/April), Fentanyl. Dr. Chizmar provided a web link that will be sent out after the JAC meeting. He asks that you let him know when you have meds that are short. He also referenced some of the medication substitutions.

PRC: In a prepare for the Board scenario right now. Highlights are Trauma Decision Tree (revisions); will be a rewrite of the Pediatric cardiac arrest/respiratory rates (revisions); pacing/cardioversion (revision); also a more liberal use of TXA expanding to postpartum hemorrhage which has good evidence and made a variety of additions/revisions to wilderness.

Quality Improvement: Restarted EMS QIC, next meeting scheduled for March 9, 2023. Set up as a medical review committee. The Cardiac Arrest Steering Committee is meeting every other month. Dr. Luis Pinet-Peralta is the liaison with Dr. Seaman. Focus on bystander CPR, bystander intervention. The PRC and medical directors' call are looking at some of these other novel and not so novel methods of resuscitating patients which include vector change defibrillation. If you start with the pads on the right and left sides of the chest and are unsuccessful with the first three shocks, move to a one pad anterior and one pad posterior, and try and do the shock again. There is data that says that approach may work. This is a relatively new presentation not requiring a protocol change. There is a procedure code in eMEDS that if your clinicians do that, allows them to document that was done. The second piece, a bit more controversial is double sequential defibrillation involving two monitors, not pushing the shock button on both monitors at the same time. It's pushing them in very close succession. You have a total of four pads on the patient's chest. They will take a fresh look at that with all the partners. In addition to doing high quality CPR, is maintain the head in an upright position. An attachment to their Lucas device that allows the head to be elevated. This may take some jurisdictions in the New Year piloting this.

Discussed SB-295, passed the General Assembly: Medicaid reimbursement for EMS. \$150 for MIH visits. The MIH visits have to comply with the protocol (in-person, must have an assessment, documentation of the MIH visit). Provides for Medicaid beneficiaries, reimbursement for treatment on-scene, and reimbursement for transport to alternative

destination. Medicaid will make this available to jurisdictions on January 1, 2023. This will be a soft launch.

ED Advisory System: Hospital crowding – does not fix hospital crowding. Nearly complete with ER visits throughout the state. Looking to replace red and yellow with a numerical score of 1 through 4. Score of 1: less than 70% of their capacity registered in their ED, including their inpatient boarders and wait room; Score of 2 70 to 100% capacity; Score of 3 100 to 130% of capacity; Score of 4 would be over 130% of capacity. Looking for internal validity. Scoring system will update in real time.

CAD Upgrades: When you do a CAD upgrade you need to interface with the PSAP manager because they have had some jurisdictions fall off.

Collaboration of hospitals and emergency services: This was a meeting Dr. Delbridge had prior to COVID-19 with all the hospital decision makers, he's looking to bring that back. Aiming to meet with the hospitals to discuss reasonable expectations of the hospitals with regard to EMS transfer of care time. Looking to try and find common ground. Refer to his power point (graphs) that will be sent to the Committee after the meeting.

Wished everyone a safe and happy holiday season.

Provide feedback to Medicaid Office – more time. Definitely interested in the reimbursement.

Scott Haas: App can be downloaded MDIMT Field Guide. Looking for comments from the group, thanked everyone for the comments that have been provided. Main focus is on the active assailant. Thanked Dr. Chizmar for pushing it out.

Bev Witmer: Provided an update on the stipend Program. To date they have approved and released 500 vouchers, however 90 of those students are missing forms. There are about 50 students who have not yet enrolled at MFRI, college or an academy. There is a Wait List and they may go to that so they can be offered the stipend.

Starting 2023 will be changing the expiration dates of BLS to July 31 and January 31 of 2023; ALS will remain the same.

Licensure Updates: Have combined the epins. Image Trend has offered a new feature. They can update/renew reset their password on their own. This was opened two weeks ago and there have been 50 less tickets as a result. There will be a time banner at the top of the screen as a reminder to update their password.

Inactive Status – Update: Want everyone to understand that while on Inactive Status means not able to function in the State of Maryland. To reapply for active status you will be asked to

apply with an affiliation application in order to come off inactive status and be affiliated. If someone is inactive for more than one year, they will be required to complete a protocol update and skills review session approved by MIEMSS. Military, there is no limit on inactive status.

Reciprocity: If someone coming from another state applies for MIEMSS certification/ licensure, they are to prove they are licensed in another state, active and in good standing or licensed through national registry. They complete an application and must be affiliated with an EMSOP or will be put on inactive status when they prove in good standing in another state. They come into Maryland and complete the education requirement they will put them on an inactive status until affiliated. EMRs if registered with national registry all they have to do is complete the application and they will be granted reciprocity; they do not have to be affiliated with an EMSOP. EMTs if registered with national registry all they need to do is file for reciprocity, complete a competency verification and complete a protocol orientation. Protocol Orientation is a new addition to this regulation. Paramedic: Must be active with national registry; currently affiliated with an EMSOP and when they apply with reciprocity they will be asked to complete protocol orientation.

Reinstatement: Reason for reinstatement is people don't meet the renewal requirement deadline. Bev provided a detailed explanation for the change. For all clinician levels, within six months to complete the process. If past one year but within the three years, there are requirements. See handout provided for EMR, EMT, CRT, and Paramedic.

Next stop for these will be SEMSAC then the EMS Board.

Cyndy Wright-Johnson: Handouts were sent out to the Committee prior to the meeting this morning. EMS for Children: Pediatric EMS Champions, EMS in 59 states and territories invited to take an online survey for the EMS for children program.

2023 National EMS Assessment: Survey will open in early January 2023 from the EMSC Data Center and closes in March 2023. Goal is 100% participation. Maryland EMSC will again provide the numerical data for three questions to each EMS Pediatric Champion.

2023 today there are active Pediatric EMS champions in 25 EMSOPs. Some EMSOPs have ALS and BLS, others have senior and mentee recruitment ongoing in Cecil, Somerset and Dorchester counties.

2022 reported use of pediatric specific education 22.2% and they need to get to 60% in 2023. Using pediatric high performance CPR, practice pediatric high performance CPR as a skill, those count as two skills, demonstrate skills via a simulated event; demonstrate skills via a field encounter. All will help to get them to their target.

Continue to expand the "SIM To Go" kits.

Child Passenger Safety Project: Refunded all, Washington, DC, Ocean City and Calvert County have the already. Suzanne is the lead on this. This seat is for the child whose parent or grandparent gets sick and needs transport with EMS Supervisor. Piloted in Maryland. Need to know why it will or won't work. Huge thank you to all council chairs. There are four things the federal government told them they will be moving forward on. Create pediatric readiness in EDs; pediatric disaster readiness in hospital EDs and prehospital EMS. You will be seeing a lot more work with the Family Advisory Committee.

Thank you and enjoy time with your family over the next few weeks.

Randy Linthicum: Still have PPE and test kits available. Still have some available here at MIEMSS as well as Department of Health. Will continue to supply as long as they can get it. Ebola outbreak in Uganda, continuing to monitor and he will keep group updated. He is involved in the planning of the new Governor's inauguration, January 18th. Continues to work through a multi-disciplinary crisis team coordination work group. Looking at the interface of fire and law and EMS on scene of agitated patients trying to work through how those calls should work. This group includes fire, EMS, mental health, Drs. Chizmar and Levy are on this workgroup. They have a draft form and hope to get out to everyone soon. Discusses how the call comes into the 911 Center, what the initial dispatch is and the fire, law interface is.

Active Assailant Interagency Workgroup: Already mentioned by Scott. Documents sent out earlier for review. Mass Casualty Events: About to be released and will be on the active assailant website soon.

Jurisdictional Roundtable:

Anne Arundel County: There will be a new class in February with ALS providers in the group.

A group is going through the Anne Arundel County College paramedic program.

Baltimore City: One firefighter class at the academy with about 10 EMTs.

Baltimore County: An EMS academy class currently in. Process of hiring a new medical director as Dr Pollak will be leaving shortly. Their nurse who developed referrals for their eye care program through the Health Department retired; they are now looking to fill that position.

Carroll County: First written test given to hires for Carroll County. There were 11 ALS clinicians that put in for lieutenant positions.

Caroline County: Met with a consulting firm to see what a MIH program would look like in Caroline County. They feel that is where they are and looking at next steps laying the ground work.

Cecil County: Currently have seven openings.

Dorchester County: Two new passed paramedic program and will get preceptored. Volunteer fire companies had a couple who passed paramedic.

Harford County: North Harford Station continues construction. Placed full time medic in Joppa in service and mutual aid to Baltimore County.

Queen Anne's County: This is the last JAC meeting for Scott Wheatley. Scott was told it was an honor to work with him, especially Protocol Review Committee. He reported nine are starting at the academy January 1st. Zach Yerkie is his successor and was introduced. Thanked for all his years of service on the PRC.

St. Mary's County: Super excited to extend an offer to a medical director.

Washington County: They are recovering from a cyber-attack. Their CAD was taken out along with IT system for two weeks. Paramedic class continues, wrapping up sometime this summer.

Wicomico County: Staffing issues.

MSP: January 11th starting a new RT class.

Prince George's County: 22 recruits in the academy.

MSFA: EMS Committee Meeting will be held at Level on January 7, 2023; Executive Committee Meeting is scheduled at Prince Frederick on February 11 & 12, 2023.

Good of the Order: Nominate people for awards

Next meeting is February 8, 2023

Chair Griffin wished everyone happy holidays and enjoy time with family.