Region IV EMS Advisory Council

Chris Truitt, Chair
Chris Shaffer, Vice-Chair
KJ Marvel, Secretary

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AGENDA
September 19, 2023

1. Call to Order & Introductions
2. Approval of Minutes
3. Regional Medical Director's Report
4. Pediatric Medical Director's/EMSC Report
5. EMS Board Report
6. SEMSAC/Regional Affairs Report
7. MIEMSS Report
8. Agency/Regional Reports (Circle "yes" on the roster if you want to make a report)
9. Old Business
10. New Business
11. Adjournment

Next meeting
November 21, 2023
@ 1330 hrs.
605 Port Street
Easton, MD 21601

REGION IV EMS ADVISORY COUNCIL
September 19, 2023
Minutes

Attendees: In person: Chris Truitt, Bryan Ebling, Michael Parsons, Rick Koch, Dr. Ochsenschlager, Dr. White, Shari Donaway, KJ, Marvel, Matt Watkins, Zach Yerkie, Dr. Ciotola, Mark Hess.

Call In: Falon Beck, Melissa Bragg, Patrick Campbell, Dr. Chiccone, Yelitza Hernandez, Beverly Witmer, Dr. Chizmar, Logan Quinn, Jonathan Larsen, Bobbie Jo Trossbach, Dr. Uribe, Debbie Wheedleton, Laura Sturla, Nicole Leonard.

The meeting was called to order at 1:30 pm by Chairman Chris Truitt

Approval of Minutes: A motion was made by Zach Yerkie to approve the May 16, 2023 minutes as written, seconded by Rick Koch and passed.

Regional Medical Director's Report:

Dr. Chiccone – Thrombectomy capable stroke centers will now be able to receive patients that are within a 45-minute transport time and Dr. Chizmar will be reaching out to regions that are affected by this to provide the appropriate education. This is going to be for patients with LAMS scores of four or greater that will be able to benefit from this new transport decision.

We managed to remove a required consultation for adults and children who will need additional albuterol nebulization while on route to a facility.

We also removed the need for consultation to administer magnesium for adults. PMAC had no issues on the repeat albuterol, but they did not reach a consensus on the issue of consultation for magnesium.

Terbutaline has had a role change; it will be a medication that can be used only if other medications are not available.

Dr. Anders talked about needle decompression and optimal sizing in our last (PRC) meeting. They will be selecting a recommended needle length for pediatric decompression for the zero to four year old age group. After an audit of pediatric anaphylaxis cases, Dr. Anders and PMAC discovered that epinephrine was being underutilized in that age group potentially due to some of the verbiage. So the verbiage will be addressed and hopefully that deficiency in the treatment of pediatric anaphylaxis cases will go away.

A table was presented of medications for specialty care transport and who is able to administer which medications. This will continue to be a work in progress.

The persistent V-tach V-fib protocol was given a whole new look. None of these things have gone into effect yet except for the ability to use vector change or double sequential defibrillations; those require no special permissions at this time.

Two Hopkins fellows in association with Dr. Margolis gave a comprehensive review of a new protocol that they are going to put forward. Dr. Cheskes studied the placement of pads during persistent V-tach and V-fib from the conventional anterolateral position to the vector change position anteroposterior and then double sequential which is actually both of those positions with a shock delivered one second apart for the latter. To summarize his finding, standard defibrillation worked 67.6% of the time. The vector change worked 79.9% of the time and finally double sequential 84% of the time and no defibrillators were damaged in his study at any point. Therefore, those will appear as guideline changes, where to put those pads and when to introduce them. The substance of the protocol is now up for review and none of this has been finalized. So this would include, you arrive on the scene, you recognize the rhythm as soon as possible and you defibrillate once, if it persists you defibrillate again, then proceed to intravenous or IO access and then administer 300 milligrams of Amiodarone before you give Epinephrine. The evidence was presented for that change and again, these are all things up for discussion and the protocol has not officially changed. Amiodarone is an antiarrhythmic with excellent evidence and epinephrine is kind of an old school drug with weaker evidence not to mention the fact that epinephrine itself is arrhythmic and known that in repeat dosages to be associated with worse neurologic outcomes.

Now we switch over to the new pathway, for the jurisdictions that are fortunate enough to have the capacity to conduct extracorporeal CPR, which by the way is not every hospital that would have ECMO capabilities, etc. It is with screening patients that would be 75 years or less, and would have a transport time of 30 minutes could proceed to such a destination with adequate notification of that facility. Then for those of us who are not in that situation, the option would exist with a single defibrillator to continue perhaps employing a vector change defibrillation; or for those who would have a second defibrillator available could do the dual sequential.

Therefore, this is a very different protocol than we are accustomed concerning V-tach and V-fib. All of these things were rolled out at once after a bit of thought and research for the committee to study, and that study will continue into the next meeting. I hope we are able to arrive at a consensus in time for the November meeting so that they can be presented to SEMSEC and the Board to approve they can make it into the next cycle of EMS protocol changes.

The whole blood pilot continues and a request came forward for the ability to administer calcium since the whole blood has the preservative EDTA that is known to chelate calcium. So, under consideration is a protocol that would allow the administration of calcium.

There was a Dive optional supplemental protocol presented by Dr. Kemp, who gave a very comprehensive approach to the management of dive emergencies. If approved it would have the same status as the tactical and wilderness protocols.

A proposal was made and I saw a subsequent email for Medical Directors to read and render an opinion about the disposition of burned patients who also have carbon monoxide exposure.

Dr. Chizmar – So to piggyback off the last protocol Dr. Chiccone mentioned the CO exposure question is essentially something like this: If the patient has both thermal burns and CO exposure it is not as clear as to the optimal destination. Some people would read that as going to the hyperbaric chamber for the CO exposure, and some would read it as going to the burn center for the thermal burns. What is being proposed is to clean that up to say that CO exposures without significant thermal burns would still go to the hyperbaric chamber and would still go to shock trauma provided the transportation is reasonable. However, those that have significant airway burns would be better triaged to the adult burn center or pediatric burn center.

Pediatric Medical Director's/EMSC Report:

Dr. Ochsenschlager – There is a hybrid PEPP course is being held on October 19th at MIEMSS headquarters and the deadline for registration is Monday October the 2nd.

ACEP 23 is October 9th -12th in Philadelphia.

The ENA Conference is on November 10th held at Holy Cross Hospital.

The AAP National Conference is on October 20th – 24th

The Pediatric EMS Champions meeting is on October 18th in person training will be at MIEMSS HQ.

A physician Forum will be held on September 27th

ED Pediatric Nurse Champion Webinar will be held on October 11th

Webinar on the revised EIF form for Children will be on September 26th

The handouts will have all of the details on the above classes that I have mentioned.

EMS Board Report: No report.

SEMSAC Report: No report.

Regional Affairs Report:

Rick Koch – There are still a couple 2022 Cardiac Device Grants pending from our region. I know that I have reached out to one of them and I think Bryan reached out to the other one. Not sure if they turned anything in but we gave him a drop-dead date of this week.

As far as the 2023 Cardiac Device Grants, everybody has received their PO from MIEMSS, there are a few that have already received re-imbursement. If you have received your equipment and have not received your reimbursement, please complete the process to receive your reimbursement so we can close out FY2023 Grants.

The 2024 cardiac device grant was sent out yesterday to all of the HJO's. We would like to see all of the HJO's being aware what each individual company is submitting. The deadline for the submissions will be on October 16, so it is a relatively short turnaround. Our Region was awarded the same amount this year as last year.

MIEMSS Report:

Dr. Chizmar – I just sent out a memo that I received from Bound Tree and Ambu regarding the King Airways in the pediatric sizes, zero through 2.5. They have asked services that are using those sizes to place those items out of service as they are currently under review by the FDA. I do not have any more details than what was shared with me in that memo or a timeline as to how long this review is going to take. An acceptable alternative would be a Supraglottic airway either i-Gel, LMA or Air-Q.

The ESPP program is now going into its third year, and last year Maryland jurisdictions actually were able to recover over 100 million dollars in total for an additional funding for Medicaid transported patients. Therefore, that is a wonderful win for the EMS system and we look forward to continued success in years to come. The Maryland Medicaid office has advised us at the Federal Government has noticed the success of these programs and may in future tighten the screws a little bit but we will keep an eye out for that. For now, there are no new reporting requirements according to the Maryland Medicaid Office for this year. So those of you that have been doing ESPP, there should be very minimal change and for those that are interested in ESPP, reaching out to Bryan or Michael would be a good first step so we can get you connected.

We plan to go back to the legislature this year regarding vaccinations for both Flu and Covid-19 for the public and have the sunset date extended. Currently that legislation that enables us to give Flu and Covid vaccines to members of the public sunsets on January 1, 2025. That leaves us with just the 2024 legislative session to try to get that sunset moved to a later date. For those that are in the legislative know, that seems to be the most appropriate move at this point until we can recalibrate and send a more comprehensive bill through the legislature.

Dr. Chiccone mentioned the stroke routing pilot and in essence, what that is doing is extending the drive time from 30 minutes to 45 minutes for patients who have a suspected large vessel occlusion, which would be a LAMS score of 4 or 5. The idea would be if they are within 45 minutes of a comprehensive or Thrombectomy capable center we would bypass the closer primary stroke center to go to the comprehensive Thrombectomy capable center. For most of the Shore, this is not terribly relevant. For the one or two places on the Shore that this would be relevant routinely fly strokes because they are more than 30 minutes from any stroke center. As we look to push the envelope on this, I am sure we may extend that window even further, but for right now, we are looking to go from a 30 to a 45-minute drive time.

I just want to emphasize and please make sure you are spreading the word on this that we don't want to be positioning patients in a prone position for any length of time during the transport. If they are positioned in that way or they find themselves rolled over onto their stomach for any reason, we want to make sure to get them into the face up position as soon as possible.

I want to thank everybody for their attention to the accurate EMS transfer of care times. I know Jurisdictions are continuing to work on that. This becomes particularly important in light of the HSCRC's EDDIE program. They are looking closely, and will be publishing the 90th percentile times on a monthly basis, and evaluating that as a part of hospital reimbursement.

The last thing I will discuss is a topic we covered with QA/QI officers. That is looking at the pre EMS arrival phase for out of hospital cardiac arrests. There are goals from the American Heart Association, that regard the time of a 911 call until an out of hospital cardiac arrest is recognition. In addition, there is another time metric from PSAP call to first T-CPR. In an ideal system, we would want to be able to recognize the cardiac arrest within 60 seconds or less and we want to make sure that we have our first compression going within 90 seconds or less from the time of that initial PSAP call. Therefore, the proposal to the QA/QI Officers was to begin adding these times into their CARES record.

Beverly Witmer – I was asked to give a report on the exam module update. I want to share that we have been processing certificates for EMTs over the years and it has been taking more than three weeks sometimes, longer than that, depending on different factors. However, with this new processing of the exam module, we have really narrowed that down to if they have everything else complete after they take the practical exam we are processing certifications between five and seven days. What we are looking for is that the internship packet is complete, the course completion date and status from the education program is sent in to MIEMSS, the practical is complete, and we have EMSOP approval. If all we are waiting for is EMSOP approval, we will process those clinicians as unaffiliated; we will hold their card until they are affiliated. This allows students to go apply for jobs with the caveat that they have completed everything. They just do not have a Maryland certification yet, and this has been helpful to clinicians. Truthfully, our biggest holdup is the education programs, they are not sending in course completions in a timely fashion and we are working with them to try to make it easier and to help them.

We created a correspondence in licensure so that when one of us logs in to submit the practical data and we see that we have everything back including the National Registry exam and all we are waiting for is their EMT course completion data; we send them [educational program] a correspondence reminding them that students are waiting on them. Therefore, it is doing what we intended on doing. However, we still have some programs that have not submitted course completions for like six months and students are waiting to be certified.

The practical exams seems to be working and we have tested over 400 students now. The pass rates are matching previous years, the only thing different is we are not holding verbal retesting. We are having the students retest and they are not getting the same scenario. Students usually are successful on their retest and so I feel like our statistics are identical to previous exam model.

Bryan Ebling – Any updates on the EMT stipend?

Beverly Witmer – The information that I have from senior leadership is that we are trying to make sure the money from the first round of stipend is spent in its entirety. Once we have done that, and can prove all the money has been spent, we will then go back and discuss other options for an additional grant funding.

Bryan Ebling – Protocol books are available through our Region IV office.

Just a reminder, if you have a matter for the Office of Clinician Services the best way to reach them is to send them an email at licensure-support@miemss.org.

We sent out a survey about the transfer of care times for Region IV, which Michael has an update.

Michael Parsons – Looking over the surveys we received, they seem to be all over the place. One of the things we asked for is if anyone had any policies. We have only seen one policy turned in so far within our jurisdictions. We are still missing at least five jurisdictions. When we got down to the lower shore, Wicomico, Worcester and Somerset, we had to push it out to the individual stations. We do not have anything ready to share today, however, once we get all of the surveys turned in from everyone we will have more to share at our next meeting if not before.

Bryan Ebling – I wanted to announce a few upcoming training opportunities. Topics in Trauma will be held this Friday, September 22 from 8am to 3:30pm at Tidal Health Regional Medical Center. There is a virtual option as well.

Winterfest 2024 will be February 2 through February 5. They have all of their continuing education identified and working with MIEMSS to get Con-Ed credits established. The target is to have the flyer ready and be in the November edition of the EMS newsletter.

Tidal Health is offering an ALS refresher class that's begins on October 20.

The Maryland Resuscitation Academy will be Tuesday October 24 and Wednesday October 25.

You have received some emails from various people about backboards at Hopkins and backboards at Shock Trauma. Michael and I try to stop at both of those locations at least once a month and grab what we can to bring back to the shore. The Region IV bin at Shock Trauma was fairly empty when there was an email stating backwards were piling up. Michael and I will stop and get them as time allows, however, do not rely on us to grab them. If you have folks up there, please pick up backboards and return them to the shore.

Rich Koch – While we still have Dr. Chizmar on the call I wanted to mention that at our last QIC meeting they put out EMS performance measures from January of 2021 through August of 2023. So check with your HJO to see where your jurisdiction stands, where you can approve, where you have improved or where you have not improved. Dr. Chizmar, I did not know if you wanted to add anything.

Dr. Chizmar – Just very briefly if you need your EMSOP identifying letter, please just shoot me a quick email and I will send it right back to you. We try to keep things de-identified because some jurisdiction are okay with their data being known, and some are not and I do not want to

assume that you are. These are core measures for those that are not familiar for trauma, stroke and acute coronary syndrome.

Several of these measures we are doing quite well on and again these are clinically oriented measures. These are not just measures that I picked or we picked out of a hat. These are measures that have been validated through the National EMS Quality Alliance. We are really trying to advance our clinical care so thank you again for emphasizing that message.

Agency / Regional Reports:

Cecil County:

Patrick Campbell – We just finished with a couple new RSI providers in the county. We are actually fully staffed with paramedics for once in a long time. Therefore, that is a good thing.

We have a new EMS Chief Operations, Steve Cummings. We are currently in the process of looking at applicants for promotion to Captain, and then subsequently Lieutenant. We will then have a paramedic vacancy after the promotional process concludes.

Kent County: No report.

Queen Anne's County:

Zach Yerkie – We now have all of our EMTs and our Paramedics into LEOPS, which will go into effect this month.

We just recently implemented the Sapphire IV pumps. I don't know if anyone else is looking at them, but if you do decide to go with the Sapphire IV pump get in contact with us because we went and built our whole drug library and then realized that you can just copy someone else's drug library. I do not want to see anyone else duplicate the work like we did, so feel free to get in contact and we will share what we have.

The 10K across the bay will be held on November 12. I sent an email out yesterday to all the jurisdictions that have historically participated. We are doing something a little different this year, we are doing a MEMAC request with it, so your Emergency Management shop will have to submit your response to the request. With that being said, if there are any jurisdictions that have not participated in the past and are interested, please let me know. Operational period is going to be from 4 am to 2 pm with check-in at 3:30 am and we are looking for transport units and gators.

Caroline County:

KJ Marvel – Starting January 1 our dispatch center will be going to a 24/72 staffing schedule.

We are meeting next week with Tetra Tech. So, thank you to everyone who participated in the study meeting with them. They are going to give us the results so hopefully in FY25 will be working on getting our MIH program up and running.

Talbot County:

Matt Watkins – We are working on LEOPS for our EMTs and I fully expect that to be done for the FY25 budget.

As many of you are aware, I am retiring as of next Friday, so this will be my last EMS Advisory Council meeting. My replacement has been selected and that is Tina Kintop. She comes to us by way of Annapolis Fire Department and she spent some time with Caroline in their health department. She also has a public health background as well as an infectious disease background. Thank you to Chief Truitt and Chief Koch for their help in that selection process.

Dorchester County:

Debbie Wheedleton – We are going to have a class for 12 leads, STEMI and critical thinking on October 18th at Rescue Fire Company starting at 8am. If anyone is interested, contact me to sign up.

Dr. White – We had our Iron Man competition this past Saturday. It went well from an EMS standpoint and from a race standpoint having fewer injuries.

We are still working on ultrasound training for our ALS clinicians, which is progressing nicely.

Wicomico County: No report.

Salisbury:

Chris Truitt – We have the Maryland Folk Fest going on this weekend. For anybody transporting to Tidal Health, this will not affect access points to the hospital. We actually down staffed a little bit this year just because it is a smaller footprint. In years past, it seemed like we had a paramedic for every five people there so we are definitely taming it a bit down this year.

We just signed on an assistant medical director, Dr. Jarriel from Emergency Services Associates. She was an EMT on the western shore before she went to med school. She has also done a lot of trauma research and ultrasound research. Dr. Todd is still the medical director, but they will be working hand in hand.

The hospital was able to secure a grant so we are going to be able to move our MDCN program to five days a week. That said we are going to move a paramedic from shift work to day work, so we will be hiring paramedics again, very soon and our next testing will be on October 21st.

Worcester County: No report.

Ocean City:

Rick Koch – If you have not heard, there is a little concert series going on in a couple weeks. It is going to bring about 50 to 60K people to town. If you happen to come down, from North Division Street all the way down to the inlet lot is completely closed from September 21st through 28th. The boardwalk will be closed within that same area as well. Therefore, it is going to be a little different this year and we will see how it goes.

We are having our airway lab over the course of the next month to month and a half. We are training some new RSI clinicians and we just received our next shipment of ultrasounds. Therefore, we will have them on every one of our units going forward.

Somerset County:

Yelitza Hernandez – Matt McCormick was not able to make it, we had a very long shift yesterday and it pushed us late into this morning, which pushed back his plans. So unfortunately, he could not make it but he did want me to relay for Somerset County. He said that the BLS 12 lead in Somerset County started on August 1 of this year and it is going very well. He did want to thank Dr. Chizmar and the Region IV office for all the help in getting that up and running. Therefore, our EMTs do have 12 lead capabilities in which they can transmit it into PRMC and so far that has actually been going very well. We did actually catch a STEMI two weeks ago, so definitely very successful.

Maryland State Police:

Jonathan Larsen – Ocean City Bike Week, I am happy to report from the EMS standpoint was uneventful for us. I do not think we transported any serious motorcycle related patients, or there are any motorcycle related fatalities over here on the shore related to the bike week.

TidalHealth: No Report.

SRH Easton:

Nicole Leonard – We had a stroke and STEMI meeting this morning and I wanted to recognize Talbot County EMS for their quick recognition of a priority one stroke patient. With their collaboration, we were able to get that patient transferred out to a comprehensive stroke center in 71 minutes.

Atlantic General Hospital:

Yelitza Hernandez – ER Manager Laura Sturla was on line earlier and apologizes for having to leave. We had a very, very busy weekend with bike week. Shout out to our friends for having the extra EMS staffing in Ocean City, which seemed to help our Ocean City folks significantly with some of the ones that were helping to handle the event with different transports to AGH.

The Worcester County EMS Advisory meeting is being held at AGH this Thursday at 4 pm. I will be sending out the zoom option within the next few hours.

ChristianaCare Union Hospital:

Falon Beck – I have a question for Dr. Chizmar or anyone from the State. We have had a few questions from EMS being that we supply medications. Has there been any discussion of a backup plan for ketamine with it being on a national back order? Eventually we as a hospital may no longer have it and wanted to see if there is a backup plan for that medication

Dr. Chizmar – In the protocols, the default backup for Ketamine is Midazolam.

Falon Beck – Okay, thank you. I just want to ensure that our pharmacy will have the ability to support the county as needed.

Dr. Chizmar – Sure and for moderate agitation the other agent that they might be able to stock is Droperidol.

Old Business:

Dr. Chiccone – I just wanted to recap some noteworthy items from the summer.

MIEMSS had its 50th Anniversary celebration in Annapolis on July 28, 2023.

I had the opportunity to do base station surveys at Howard County General and at Johns Hopkins. We (Regional Medical Directors) sometimes have to do that whenever there is a situation where the regional medical director, which in this case is Matt Levy, would have a conflict of interest because he is credentialed at both facilities.

I want to give a shout out to the Iron Man Dr. Steve White for having me again. I always have a good time at that event and I learn a good deal from his encyclopedic knowledge of ultrasound. I also want to say thanks for some activities over the summer to my fellow road warrior friends, Bryan Ebling and Mike Parsons.

New Business:

Chris Truitt – I know about half of us on the shore are about to come up for ambulance inspections soon. So make sure you get your VAIP applications filled out and submitted online. It is a much easier process to take care of now using the smart sheet.

Adjournment: Motion to adjourn was made by Zack Yerkie, seconded by Rick Koch. The meeting adjourned at 2:55pm.