I. Welcome and Introductions
   a. Introducing Dr. Theodore Delbridge, Executive Director, MIEMSS

II. Review of Minutes

III. Report of Chairman

IV. Medical Director’s Report
   a. Dr. Chizmar, State Medical Director
   b. Dr. Stone, Region V Medical Director

V. MIEMSS Report

VI. Old Business

VII. New Business
   a. Nomination & Election of Chair & Vice Chair
   b. Location for June RVEMSAC meeting

VIII. Announcements

IX. Regional Round Table
I. Welcome and Introductions

II. Review of Minutes: Add Susan Gonzales to previous meeting by phone. (MDC: Done)

III. Report of Chairman

   a. Met Dr. Delbridge: Looking forward to working with him. Deferring rest of report to Chief Brian Frankel & Dr. Stone

IV. Medical Director’s Report

   a. Dr. Chizmar, State Medical Director:

      i. Apologies for not attending in person, I am eager to meet everyone.

      ii. Dr. Delbridge: Joined MIEMSS as Executive Director on February 14, 2019.

      iii. Welcome to Mr. Clay Stamp, new EMS Chairman of the board. Mr. Stamp is also a National Registry Paramedic, the Talbot County Director of Emergency Services and Assistant County Manager. Mr. Stamp is also the Senior Advisor to Governor Hogan for Emergency Management and
the chair of the Governor’s Emergency Management Advisory Council. We are excited to have new leadership in both the EMS Board and the Executive Director Position.

iv. Medical Director’s Symposium April 11th 2019:
   1. Dr. John Ling to discuss mass casualty incidents
   2. Lee Varner: Change management in EMS
   3. EMEDS report writing and direction

v. ET3: Triage, Treat & Transport initiative
   1. Meeting with stakeholders to submit an application that has the best chance of acceptance and will not create competition between our jurisdictions.

vi. Opioids:
   1. Grant renewed
   2. Seeing a flattening of the fatality curve for the first time in 2018
   3. Meeting with MDH: It is safe and encouraged to share data with Maryland Department of Health so they can follow up and get help.
      a. If your legal counsel is road blocking, MIEMSS counsel will provide guidance directly to your legal department. It is totally legal and HIPAA compliant.
   4. CRISP agreements are out and a strong response has been returned. Still finalizing the agreements with many jurisdictions.
      a. 1st step is for MD & QAO to access the outcome
         i. Moving data over to CRISP System
         ii. Working with Regional Programs to get bi-directional flow: CRISP - EMEDS
   5. Dr. Chizmar is committed to refining our protocols so that it is more workable and usable such as a field operations guide.
a. Our clinicians have too many pages to work through currently. The plan is to work on getting something less cumbersome.

6. Ketamine Shortage: Is there a shortage of pre-filled syringes for Epi? (no)
   a. Any other shortages? (no)
   b. There is a medication wholesaler on the Eastern Shore who has helped other jurisdictions: Dr. Chizmar will share information as needed.

7. Alternative Destination will be focused on:
   a. It’s the right thing to do
   b. Push for reimbursement
   c. Alternative destinations need to be actively monitored, checked for safety and scope of care. MIEMSS will have a voice in the designation of these destinations as approved to receive patients.

8. Active assailant workgroup is still meeting:
   a. Subgroups & Committees are working
   b. Hoping to bring up best practices for equipment and protocol before the end of this protocol cycle.

9. Looking into a mechanism to get protocol changes out more rapidly and efficiently, more than once per year. Make the program more nimble & seamless.

10. Felony Assault on Healthcare Workers: MIEMSS supports expanding it to ALL healthcare workers, not just EMS.

11. Four National Registry pilots are ongoing. Defer to MFRI on status.

12. Actively hiring several positions including MIEMSS Fire & EMS Liaison as well as the Director of Regional Programs.

b. Dr. Stone, Region V Medical Director:
i. Medication shortages: Some eased, some short. Anyone still having issues? Has there been any relief?

1. Calvert, Prince George’s & Charles Counties cannot get Ketamine

ii. Multiple Bills in Annapolis:

1. Senate Bill 682 Update

2. Mandatory dependency Counseling for patients on maintenance medications

3. BCFD: MIH update: Tweaking program, new review SWOT analysis pending. High attention may be able to get ideas for future MIH Programs.

4. CRISP: Open to all EMSOPS, who here is signed & involved?
   a. Charles: Yes
   b. St Mary’s: Working on it
   c. MCFRS: Working on it
   d. PGFD: Yes
   e. Calvert: Working on it

5. Support for rescinding NR Exam for EMT? None from MIEMSS, it is here to stay.

6. EMS Agenda for the future for 2050:
   a. National Implementation forum is in effect & touring
   b. Website is available for national updates

7. QA Officer Information share meetings are still going on and all are welcome.

8. JEMS went well and will be back in 2 years. Thank you to the PGFD for hosting this conference.
   a. Chief Frankel: JEMS would like the National Harbor to be home for their conference and exposition permanently. Lots of opportunity for us locals.
9. Annual Medical Director’s Symposium will be held on April 11, 2019 from 8am – 3pm at Sykesville Freedom Volunteer Fire Department. HJO’s, QAQ’s and Medical Directors are most welcome.

10. We will see more hospitals “downgrading” from full service to limited service but leaving services on site, as well as regionalization of care. Protocol Review Committee is looking at updating and finalizing transport to freestanding medical facilities. It is still a pilot, if EMSOP’s want to do it; they have to apply to participate in the pilot.
   a. Dr. Kuppusamy (UM Laurel Regional Medical Center): Nothing more to add other than to emphasize that they are still a full service ED & have a limited number of observation beds. Consult to guide decisions about best patient destination if there’s any doubt.

11. Plug for EMS Care: It will take place on the last weekend in April in Ocean City. Planning committee is finishing the last of the curriculum and then a schedule will be forthcoming.
   a. Preconference is 24th-26th & the conference will be going on through the weekend.

12. CMS announces the ETCO3 Program: Alternate transport destination programs to be tested by EMSOP’s under grant money. RFA will be released in the summer.

V. MIEMSS Report: Nothing to add to above report.

VI. Old Business: None

VII. New Business
   a. Nomination & Election of Chair & Vice Chair
      i. Chief Alan Butch (Montgomery County) Chair
      ii. Captain Lori Cherry (Charles County) Vice Chair
   b. Location for June RVEMSAC meeting
      i. PGFD Fire Services Building.
c. Chief Frankel: Hospital changes in PG County have affected our hospital drop times. PGFD is pushing out further from the county for patients, even to Fairfax. Discussed with DCFEMS: Providence closing has had a larger impact than anticipated by DCFEMS. DCFEMS is pushing patients across the border and it is having a heavy impact on Region V Hospitals.
   i. Region V Diversion Plan: This is a good time to review the diversion plan for Region V.
   ii. Dr. Chizmar: No intention to leave the diversion system as it is but it has the attention of Dr. Delbridge as a fundamental key issue.
   iii. Chief Frankel: Putting real-time information in providers’ hands is essential. PGFD is losing the equivalent of five units per year capacity in total drop time. It is a significant problem.
   iv. Dr. Chizmar: We are continuing to see an increase state wide as far as red & yellow. How much is yellow & red doing other than moving patients out of their catchment area?
   v. Dr. Millen: This is a hospital problem and not an EMS problem. Hospital inefficiencies should not be a problem of the EMS system. It’s a problem of “hospitals not taking responsibility for the patient in their hallways”
   vi. Chief Lindqvist: We have started meeting with the hospital to find the root cause and the solution, it must be approached from both ends. In some cases its hospital staffing, in other instances, it is unavailability of beds. Having the conversations helps us address the problems together. Met with PGHC and Southern Maryland.
   vii. Chief Frankel: Propose for the council: Have a discussion as a committee & have something to give to the state. Appoint Chief Alan Butsch to chair a committee to review our diversion plan and approach to work on efficiencies.
   viii. Michael Cooney: Form a working group?
   ix. Dr. Geary: Encourage the Medical Directors to be involved in the committee.
   x. Dr. Chizmar: Endorsed Dr Geary’s idea & encouraged Medical Directors to cooperate.

VIII. Announcements
a. Welcome Dr. Paul Rozko: EMS Medical Director for Naval District of Washington (NDW): NDW facilities in Maryland are entirely contained in Region V.

   i. Naval Support Activity (NSA) Bethesda in the EMS Program for Walter Reed:

   ii. Dr. Matthew Lawrence is the Director of WRNMMC ED.

   iii. Dr. Rozko’s background is EMS physician in the Navy. Happy to facilitate partnerships and communication.

   1. FYI: What’s going on with WRNMMC: Operating on an overarching body in the Department of Defense (DoD) that oversees ALL medical care in the military. WRNMMC is the first joint facility under this move.

   2. WRNMMC has been recently approved to receive non-beneficiary patients to the hospital (non-Tricare patients). Working on figuring out how that process works. Investigating and will be reaching out to hospitals & EMS agencies in the future to become a good partner in the region & provide best patient care.

   3. Chief Frankel: Col. Remick did a seminar last year: Are there plans for doing more of that?

   4. Dr. Rozko: Working with MIEMSS to move forward on that to make sure it is done properly. Meeting with Andrew Naumann (MIEMSS) on this issue.

   5. Chief Frankel: PGFD is working with Joint Base Andrews to give their providers experience on medical & trauma outside the battlefield.

   iv. Intro: Dawn Rose

IX. Regional Round Table:

- Prince George’s Health Department - Not present
- Montgomery County Health Department - Not present
- Charles County Health Department - Not present
- Calvert County Health Department - Not present
- St Mary’s Health Department - Not present
- Bowie Medical Center – Not present
- Laurel Regional Medical Center- Nothing to add
- Prince George’s Hospital –
  - Up for Base Station Designation.
  - EMS Units take needle boxes: PGHC is no longer accepting sharps disposal from ambulances.
- Doctors Community Hospital – Nothing to report
- Fort Washington - Not present.
- Southern MD – Nothing to add.
- Charles Regional – Nothing to report
- Calvert Health – Nothing to report
- Medstar St. Mary’s Hospital – Nothing to report
- Washington Adventist Hospital – Not present
- Holy Cross Hospital – Nothing to report.
- HCH Germantown – Nothing to report
- Shady Grove Adventist – Not present
- Suburban –
  - Magnet designation site visit: Recognized for Nursing Excellence. Thanks to EMS for being involved & sending a representative to the process.
- MedStar Montgomery–
  - Just went through Joint Commission Accreditation.
- Children’s National Medical Center –
  - 2nd Annual Pediatric EMS Symposium on August 10, 2019 with Pediatric Disaster focus for EMS only. It is free and the skill station will stay the same. Looking for input for skill stations from EMS Providers.
- EMSC –
  - Handouts on the website.
  - Emphasize offering a nursing certification course on April 24th and 25th at the EMS Care Conference $125.
  - Pediatric Champion Workshop at pre-conference.
  - Schools will be in session in June due to snow days: Format for Conference will change.
- Shock Trauma – Not present
  - Pick up your backboards.
- Malcolm Grow/JBA – Not present
- Walter Reed – Nothing to report
- MSP – Not present
- US Park Police – Nothing to report.
- MSFA – Not present
- MFRI- Nothing to report
- Prince George’s County Fire/EMS –
  - Enhancing MIHC with addition of a social worker and possibly a nurse practitioner from UMMS
- Montgomery County Fire/Rescue –
  - Credentialing ALS Providers from within as fast as budgets will allow.
Using blue status with specific criteria involving yellow status on adjacent facilities.
Active in the academic arena
No longer, “EMS Section” renamed to “Emergency Medical and Integrative Health Services” EMIHS.

- **Calvert County EMS** –
  - Intro new career division Chief Barry Contee.

- **Charles County EMS** –
  - Academy class going on
  - 911 Center being renovated. Operating out of alternate site and will be back in full service by the end of April.
  - Survey of staff for center of patient safety to improve safety outcomes
  - MIH team has received a grant for telemedicine.

- **St Mary’s County EMS** –
  - CRISP Agreement: Applications submitted & documents were received.
  - Stop the Bleed: Final Process for Board of Education, all nurses and security have been trained; teachers are next. Private schools are scheduled. Hope to be done by end of the year.
  - Fishing Expo: Giving STB & CPR demonstrations.

X. Adjournment