Meeting was called to order at 1250 hours by Chair Eric Smothers. He thanked Chestnut Ridge Fire Department for hosting the meeting. EMS Lieutenant Scott Weiner welcomed everyone.

Linda Dousa passed around the sign in sheet and asked everyone to verify that the information is correct. Committee members and partners present: Vicky Cunningham, Bill Dousa, Linda Dousa, Jeff Flemming, Roger Marks, Carolann McHenry, Susan Mott, Steve Mroczek, Jeana Panarella, Sam Sauers, Sherrie Sauers, Charlie Simpson, Eric Smothers, Chris St. John, Rick Udell, Marianne Warehime, Russell Zaccari, Mark Bilger (MIEMSS), Dr. Delbridge (MIEMSS), Todd Dyche (MFRI), Carla Aresco (Shock Trauma). Guests were Bob McHenry and Rob McHenry (Montgomery County).

**Chair report:** Eric Smothers welcomed and thanked everyone for their commitment to serve on the committee. He would like to get all meetings scheduled today so they can be placed on everyone’s calendars. Charlie Simpson has been made co-chair of the committee along with Rick Udell. He has also been named the Director of the EMS Division. Linda Dousa is the MSFA representative on SEMSAC; Rick Udell will represent MSFA at the Region 3 meetings. Charlie Simpson stated President Faust was planning on being here but had another commitment.

**Association Officers:** Charlie Simpson stated the Executive Committee meeting will be held September 21 – 22 at Bay District in Hollywood. There will be a meeting of the committees and partners on Saturday from 0900 to 1015 prior to the start of the full meeting. MIEMSS and the EMS committee are scheduled to brief right after lunch. Executive Director Kate Tomanelli is busy with the functions of MSFA including traveling across the nation at various events representing the organization. The Legislative committee is very busy working toward the upcoming legislative session to include reviewing some of the bills that may be coming up. They are also looking at increasing the tax incentive to $10,000.

**SEMSAC:** Linda Dousa stated there hasn’t been a meeting since May. The next meeting is scheduled for September 5 at 1pm at MIEMSS.

**ALS Sub Committee:** Marianne Warehime stated the committee met today. There was a lively discussion about certifications (both BLS and ALS) being consistent throughout the state with the ability for clinicians to function anywhere in the state. Charlie Simpson stated that every jurisdiction functions differently; this needs to fall to the state EMS Medical Director and his regional Medical Directors to make a unified standard across the state. Susan Mott stated there should be a standardized program for the EMT and ALS programs to train students the same. Dr. Delbridge feels that the jurisdiction has the responsibility to insure that clinicians have the appropriate skills to function in their jurisdictions. He feels that because there are differences in
jurisdictional capabilities, those differences need to be addressed by the local Medical Director. He would like to have more streamlined standardization but EMS clinicians are one of the professions that don’t enjoy wide region credentialing. There was also discussion of maintaining National Registry for new EMT’s. Dr. Delbridge said the problem MIEMSS was trying to solve with National Registry was the testing problem. They weren’t trying to convert the entire state to National Registry. He believes that having National Registry EMT’s stay Nationally Registered would help MIEMSS simplify the process of recertification. There is the issue with cost of maintaining National Registry, the requirement for recertification (48 hours vs 24 hours for Maryland certification) and the 2 year cycle for National Registry vs 3 years for Maryland. Eric Smothers stated the Medical Directors need to look at optional and pilot protocols across the state to standardize the function of clinicians, both BLS and ALS.

BLS Sub Committee: Chris St John handed out documents for review. He thanked those that called him after his knee replacement. He stated the SIREN Act has recently been passed. It’s an HHS and HRSA grant, not FEMA. It allows companies to purchase anything up to $200,000 per award. This grant is only for companies serving a rural base or located in a rural area. According to HHS, all of Maryland is considered rural. The application process should be open soon. There is a 10% match.

Standards: John Sullivan was not present. He had no report.

VAIP: Linda Dousta and Charlie Simpson stated there has been no movement since January. Charlie’s concern is that you don’t know the capability of mutual aid units coming since there’s no standard. Mark Bilger stated the committee has been dormant but is going to be reinstated soon and will move forward. The inspections are supposed to be done every other year by representatives from MIEMSS. There was discussion of the jurisdictions that don’t participate and who is making sure they meet some sort of standard. Dr. Delbridge stated no chief has contacted him to opt out of the VAIP. The challenge is that the VAIP is voluntary. Unless there’s a move to make it mandatory, this will continue to be an issue. 19 of the 23 jurisdictions currently participate. 2 jurisdictions have a modified version of the program. The current program was modified in 2016 to align with the protocols. There was discussion of modifying the current program so that all jurisdictions participate. Charlie talked about the effort a few years ago to set up a minimum standard that everyone would comply with, however that has been put on hold. There was also discussion of making the current VAIP a minimum standard and questions on how jurisdictions currently not following it are billing. Sam Sauers asked if the MSFA standards say that ambulances must follow the MIEMSS inspection. Motion by Jeana Panarella, second by Marianne Warehime to recommend to SEMSAC that the word “voluntary” be removed from the program and make it a “standardized” ambulance inspection, working toward a statewide compliance program in the next 3 years. Motion carried.

MIEMSS: Dr. Ted Delbridge
Thanked everyone for lunch and having him. He has been here for about 6 months and has been working across the state. He wants to spend time in every jurisdiction. He
had a report for review. There were also several other flyers provided by Mark Bilger. He explained his philosophy on clinicians vs providers. He spoke about ET3, the CMS program to fund EMS activity that doesn't result in transporting patients to a hospital. Options include refusals, transport to alternate destination, and telemedicine. Alternative destination protocol is available for jurisdictions that are ready to move that way for low risk, low acuity patients. Telemedicine mostly a Communication tool. They are investigating having an individual at a telemedicine base station who knows Maryland EMS. He and several others from MIEMSS will be traveling to Houston to see how their program works. This would probably be run through EMRC if Maryland goes to something like this. Everyone in the system from EMS to hospitals knows that CHATS is not functioning the way it needs to. A broad range of options are being considered from go anywhere from no system to even more finite levels of by-pass. They are working on the EMS plan. He stated the current plan is all about MIEMSS and they are trying to create a plan that includes all facets of the system. There are several groups looking at different parts of the plan. He is looking for input from everyone. If interested, there's information on the MIEMSS website; there's also a form available at the meeting to fill out. Jeana Panarella talked about the homeless population in Frederick County and the drastic increase in low acuity patients overwhelming the ED. Dr. Delbridge stated many issues are community based and needs others in the community other than EMS to help with resolutions. Roger Marks talked about the cost of pocket protocols and MIEMSS providing a phone app in its place. At the last meeting, Dr. Chizmar talked about making the app more user friendly specific to Maryland. Dr. Delbridge stated the entire protocol is being revised and moving forward toward a smaller (less pages) book as well as a user friendly app. He also stated it's a law that the protocol needs to be published but not necessarily printed.

**MFRI:** Jim Radcliffe ALS (not present). Todd Dyche BLS and ALS. They are moving toward more Pearson-Vue testing centers. College park is approved and functional. First test was August 12. There are currently 11 seats and will expand to 30. They have an MOU with Frederick County to locate a center there. This center and Upper Region 4 office will be operational in October. They are moving forward with other regional centers. The pilot EMT courses are winding down. He stated they started with 85 to 90 students; 39 students have completed the classes. In his region 9 completed the class (1 unable to test due to paperwork), 8 tested with 7 successful and 1 has to retest (30% overall success rate). This class started with 24 students. They are winding up the Maryland portion of the training and practical is coming up. They plan to launch additional pilot courses later this fall (he didn’t have a break out for the other pilots). Traditional programs continue to run throughout the state. He’s not sure where the additional pilots will take place. EMT refresher programs are in full revision and should be released in the next several weeks. ALS courses are in full swing and are available on line. MFRI is currently going through a strategic plan review. They have identified areas for improvement. Fall skills are occurring on September 28 – 29 and October 12 – 13. They hope to get several new instructors. Maryland weekend brochures should be out soon. Eric requested numbers on pilot programs (how many started, how many finished, how many tested) and a comparison to other MFRI programs (including fire classes). This will be a topic at the Executive Committee
meeting. Charlie talked about the committee not being kept up to date with the progress of the pilots. He also asked about the length of the program. The pilot is 222 hours with 77 sessions. He also talked about the EMT skills and changes coming. Bob McHenry stated we have a systemic problem with students not adept at reading and math. Marianne stated the EMT recertification online program is not Maryland specific and is a problem when testing. MFRI is working on fixing this.

**MSP aviation:** Eric Smothers stated several EMS clinicians are currently in the academy. 3 are finishing up entry level training and should be out by the end of September. They are losing pilots from the Western Maryland area. There is an industry wide shortage across the country. Starting in September, Trooper 5 (Cumberland) will be staffed daytime (7a – 7p) until they can hire pilots and medics. Other areas may be affected due to staffing shortages. They are actively recruiting.

**RAC Shock Trauma:** Carla Aresco stated they are working on getting rid of EMS equipment cluttering their storage areas. They have had boards there since 2016. Please pick them up. Airway classes are going on. Case studies will start back up in September. They will have an online sign in. Eric asked that units transporting to Trauma pick up all equipment from their jurisdiction.

**Old Business:** nothing

**New Business:** Charlie asked about a pediatric survey. No one is familiar. Eric asked for availability to host any future meetings. November 10 at Pleasant Valley. January 5 at Darlington. March 15 at Montgomery County training facility. May 3 in Frederick County (location TBD).

**Good of the committee:** Next EMS committee meeting will be Sunday November 10 at Pleasant Valley. Next Executive Committee meeting will be September 21 – 22 at Bay District.

Meeting adjourned at 1550.

Respectfully submitted
Linda Dousa