

Calvert County EMS Advisory Council

Wednesday, January 15, 2025 Draft Minutes

Members Present:

- Quorum established: meeting called to order at 2903 hours
- Pledge of Allegiance
- Approval of Novembers minutes by Chad Lankford, seconded by Michelle Weems via Steven Bailey

Guest- None present

Calvert County Sheriffs Office- No report

MSP Barrack U- Not present

MSP Aviation- Not present

American Red Cross- Not present

Calvert County Health Dept- No report

Old Business -

- a. Limited Resources-Rick Hargrave is now the Assistant Chief for Solomons and will no longer serve as the point of contact; Chief 4 Carlos Gantt will be taking over.

New Business -

- a. Nomination and Elections-
 - a. Chair- Michelle Weems nominated by Chief 4 Carlos Gantt, accepted by Michelle. Christian Bennett nominated by Richard Sewell, accepted by Chrisitan Vote __7__Michelle; __2__Christian
 - b. Co-Chair- Carlos Gantt nominated by Chard Lankford, accepted by Carlos Brian Bowen nominated by Kailin Case (Co. 3) Vote__7__Carlos; __2__Brian
 - c. Secretary- Erin Parks nominated by Heather Howes (DPS); unanimously approved by the voting body
- b. Co. 5 backboard pick up
 - a. Mike Cooney from MIEMSS picked them up last time and brought them to Co. 4, Co. 5 can stage them at Co. 4 for pick up.
- c. Bystander Support Response-
 - a. New program that will allow providers to fill out a card with the incident number and date of event, providers will give these cards to bystanders and if they are experience trauma related to the incident, they can contact

the health department (number on the card). This will allow for free-flowing dialogue between EMS and the health department on information and events that impact citizens. Regina and Denise want to visit each department and talk about the role the EMS providers on scene will be responsible for. The program is going to be piloted for 6 months. This program will help when MCT is not dispatched on events, but bystanders witnessed something tragic or traumatic. Providers at the health department will work with the bystanders to offer support, like how EMS does a hotwash after a major event. Sean McKeever asked for a soft copy to be sent to the departments, the health department has already ordered 1000 cards to be distributed.

d. MIH grant-

- a. Chief 20 also reported that 2 weeks ago his division was approached by Dr. Polsky at the health department for data for a grant to implement a MIH program. Data was provided to the health department, if the grant is awarded there will be collaboration between care managers, career EMS, the health department and paramedics that are certified in community paramedicine. There is hope down the road that the volunteers will be able to support and be a part of the MIH grant but at this time there needs to be consistency and most of the work will be done during the day. The health department and career EMS are waiting to see how much money they will get and the longevity of the program to see how they want to move forward with it.

Open Discussion -

Co. 1 - Not present

Co. 2 - No report

Co. 3 - No report

Co. 4 - No report

Co. 5 - No report

Co. 6 - No report

Co 7 - No report

Co. 10 - No report

Co. 20 Emergency Response - Temporary medic positions are being posted, it is a rolling admissions process, some merit positions available for ALS.

Medical Director- Dr. Finkelstein thanked everyone who attended the dialysis zoom lecture the previous night. He also wanted to share updated respiratory recommendations with the increase admissions due to COVID, Flu, RSV, and Pneumonia. He recommended masking and wearing appropriate PPE, a

memo came out advising that the percent of admissions to the hospital from respiratory illnesses was 10% which is 10:100,000 causing the state to advise all health care workers to wear a mask when treating patients. Currently, I am NOT mandating mask use in the field. If patients are having respiratory complaints, please place a simple surgical mask on them. If providers start getting sick, he will re-evaluate the situation.

- o Tasers- Any call involving a taser is an ALS call. Recently there was a BLS proceed call for a patient who was shot with a taser, ALS need to be there, patients should have an EKG done and no clinician can remove the barbs. Chief 20 said just because the county doesn't mandate ALS on the call, the departments can.
- o Following up from 2 months ago on offload times, incremental offload at CHMC. It is a priority to get EMS units back on the street quickly, CHMC does an amazing job getting the patients offloaded and the units released, it is the exception when there are prolonged offload times and that is when a conversation needs to be happening between EMS and hospital staff. Incremental offload time happens when EMS units are on the wall longer than 45 min. Be mindful not to abandon patient care. Chief 6 added, the county will be going to implement forced offload, but to do that there needs to be accurate times. The control centers' times do not match the states. CHMC gives their staff 15 minutes before talking with the patient and triaging them. When the patient is offloaded the unit needs to clear to get accurate times and data. There is an option for a geofence to be implemented that would automatically place units in service when they reach a specified location away from the hospital. Units are not going back into service until they get near their departments for various reasons, and this would eliminate that. Chief 20- The problem with the geofence is that it will put the unit back in service, but it doesn't show which units are still at the hospital waiting. Crews should bring their portables into the hospital to give accurate times to the control center through a time stamp with communications when they do handover of care and not drive off time. We need to get good information. The EMS council should task the departments with having their crews take their portable in with them and time stamp with Calvert when they turnover care. Mike Cooney (MIEMSS)- added the definition of turnover per the state is when report is given AND the patient is off the stretcher. This is a reportable data point for reimbursement for the hospitals and it is important to get accurate data. It is against the law to falsify times for offloading and MIEMSS will pursue disciplinary action up to loss of license for anyone who falsifies times. Sean McKeever (Co. 10) added- clearing the hospital with the geofence

should help and as providers we need to do better documenting turn over and getting signatures. Dr. Finkelstein asked what the hurdles were; Kelly (EMS 20) said their has never been accountability before and for some departments like CALS they cannot get their tablets out of the units to get signatures so the ALS providers are dependent on BLS to get the signature when clearing. Using a radio to document a time stamp for turnover would improve transparency and accountability. Chief 6 added Stanley from the control center has been working with him because having a time stamp in CAD does not transfer over to EMEDS, but status messaging can help. Stanley is waiting to see if EMS council wants to add status messaging to the radios which will allow providers to click a button each time on the radio and it will time stamp various events. He will work with Motorola to get that implemented if we want it. Chief 20 felt that the leaders of the departments need to hold providers accountable to use the tablet as a primary source of documentation for accurate times and providers need to have full access to the tablets to make sure the whole system works. Kalin (Co. 3) suggested when the provider gets the signature to click a button that time stamps it; drawback is Imagetrend allows for providers to go back in and edit times. Yonnia (CHMC ED Director) advised that many times EMS providers are working with hospital staff with turnover and helping with patient care which causes a delay in the time from true patient turnover. Nurses are not going to stop taking care of patients to give a signature and EMS is a part of the team, so they are often helping with that patient's care even after they have turned over care. Providers should have integrity in their documentation all the time. Kelly (EMS 20) advised there is a report that can be used to audit reports to see if providers are editing times. Heather (Public Safety) recommended taking the information back to the departments for discussion. MIEMSS is going to be getting stricter with their policies. Michelle (Co. 7) asked when we should revisit this topic? Chief 6 advised the process is moving forward and going to be implemented regardless, the chief's council wants good data and recommendations on whether EMS council wants the geofence and what status messaging EMS council wants. Motion was made by Mike Eversol (Co. 6) to implement the geofence and all recommended crew force applications for status messaging. Seconded by Carlos (Chief 4) vote taken.

Turning on Geofence- Co. 2-yes, Co. 3-yest, Co. 4- yes, Co. 5- yes, Co. 6- yes, Co. 7- yes, Co. 10- yes, Co. 20-yes Motion Passed

Turning on applications in crew force/status messaging- Co. 2- yes, Co 3- yes, Co. 4- yes, Co. 5- yes, Co. 6- yes, Co. 7- yes, Co. 10- needs to take it back to the department, Co. 20- yes. Motion Passed

- o Co. 10 is buying new tablets which should help with allowing ALS providers to get signatures as well. Yonnia (CHMC) added that whether there is data or no data the hospital is going to continue to move forward with various process improvements to get patients offloaded timely. The hospital has already added 60 hours of nursing care and a flow nurse to open up more bedspace, a new chemistry analyzer is being bought that will decrease the time to run lab work, new defibrillators are being purchased, and new process to help with patient throughput. Kelly (EMS 20) added that Calvert is one of the best in the state for offload times. Yonnia (CHMC) said last month there were 165 EMS calls and 10-12% of those calls were out of county.
- o Direct to triage is coming and training will be provided. There are strict inclusion/exclusion criteria that has to be met. If you bypass and do not use the protocol to the "T" I will not be happy. There are concerns being brought up that patients can potentially get hurt in the lobby so we have to follow the rules and have a high moral compass. Carlos (Chief 4) asked if the patient going to CT is part of the 45 min to off load? Per Dr. Finkelstein, he has never worked where that the practice, we should be avoiding stretcher-CT-stretcher. It's not an ideal situation or the standard of care. Yonnia (CHMC) agrees. Stretcher to bed only! Chad (CHMC) expressed that the hospital was working on this. As a charge RN, when the patient goes to CT there is often not a nurse available so the charge goes and that takes them away from the computer where they can see which beds are open and sometimes putting the patient back on the stretcher in CT until they get to the department so they can be assigned a room might happen. Dr. Finkelstein agrees that might occasionally happen, but it is not advisable. CHMC is working on a new process to avoid that from happening.

CalvertHealth Medical Center- (Yonnia/Chad) In the event that the EMS crew is in station 1 they sometimes get hidden by the door and if nobody has come and talked to them in 15 min please come up so the charge doesn't forget you are there. Please remember to get a complete set of vitals including respiratory rates. Do a LAMS and Cincinnati scale on all possible stroke patients and when doing dual consults please remember to give a priority. There is a new vendor doing our linen, please be conscious of how many pieces are being taken and if you have any not being used at the station, please bring it back. Yonnia advised that the hospital will be renewing their contract with Lifenet. It is more expensive now but it is very important for our patients. The data will be stored in a cloud set up. Sean Mckeever (Co. 10) is working on collecting VAD information for those patients to go in CAD.

Calvert Emergency Communications- No report

Calvert County EMS Coordinator- (Heather) This is a new year with new representatives, I will reach out to each department to get a point of contact and gather all the information I need at one time Pet CPR is scheduled for February 1st from 9-12 pm at Huntingtown. Upcoming zoom drills are Trauma in pregnancy January 28, 2025, MSP blood program Feb 18, Introduction to Handtevy for BLS March 4th. Information to follow. There is a GEARS class January 25th at Huntingtown, the sign up is on the website, there is currently a wait list. I am going to try and set up a drill on Autism awareness with Pathfinders in March. Please encourage providers to attend the educations. If anyone has a specific topic they want, please let me know. Kenny (Chief 20) said thank you to Sterling, Kelly, Erin Ward, Michelle, and Co. 3 for a successful conference this year. Charles County will be taking it on next year.

Citizen Rep- (Erin) I just wanted to thank everyone for having me on the committee, I look forward to a successful year and offering any insight into making the EMS system better than it already is. I've been doing this a long time and at the end of the day we all have a job to do and that is to take care to the citizens of Calvert no matter what department you belong to.

Chiefs Council Rep- (Sterling) No report

MIEMSS Rep- (Mike Cooney) No report

Public Comment- Michelle advised this is the time to speak if you are not a representative. Chief 6 asked that his phone number be put in the minutes for everyone to have. If they need anything, please feel free to reach out. 301-399-9722

Motion to adjourn- Mike Eversol (Co. 6), seconded by Carlos Gantt (Chief 4). The meeting ended at 2029.