



## *Statewide EMS Advisory Council (SEMSAC)*

### *AGENDA*

September 6, 2018

1:00pm – 3:00pm

State of Maryland

**Maryland  
Institute for  
Emergency Medical  
Services Systems**

653 West Pratt Street  
Baltimore, Maryland  
21201-1536

*Larry Hogan  
Governor*

*Donald L DeVries, Jr., Esq.  
Chairman  
Emergency Medical  
Services Board*

410-706-5074  
FAX 410-706-4768

I. Approval of the June 7, 2018 meeting minutes

II. SEMSAC Chair Report

I. MIEMSS Report – D. Alcorta

II. MSFA Update

III. MSPAC Update – Captain McMinn

IV. National Study Center – Dr. Kozar

V. Committee Reports

- ALS – No Report
- BLS – Mr. Tiemersma
- EMD – No Report
- Regional Affairs – Mr. Smothers

VI. Old Business

VII. New Business



## State EMS Advisory Council (SEMSAC)

September 6, 2018

### Meeting Minutes

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**SEMSAC Members Present (all by phone):** Murray Kalish, MD, Chairman; Michael Cox; Karen Doyle, Vice Chair; Eric Smothers; Jeffrey Fillmore, MD; Wade Gaasch, MD; Bobby Pattison; Kathleen Grote; Tim Burns; John Filer; Kelly Melhen for Tom Gianni; Keith McMinn; Wayne Dyott; Jason Day; Melissa Meyers; Wayne Tiemersma; Roger Simonds; Brian Frankel; Linda Dousa; Tim Chizmar;

**Members Absent:** Michael DeRuggiero; Karen Vogel; Lisa Tenney; Scott Haas; Jay Fowler; Jack Markey; Jonathan Lerner; Rosemary Kozar; Jennifer Anders; John Filer.

**OAG:** Fremont Magee.

**MIEMSS:** Richard Alcorta; Pat Gainer; Phil Hurlock; Terrell Buckson; Lisa Myers; Jim Brown; Leandrea Gilliam; John Barto.

Chairman Kalish called the meeting to order at 1:02 pm.

Roll was called to determine SEMSAC members present by phone.

Dr. Kalish wished Ms. Goff a speedy recovery from recent surgery.

**ACTION: A motion was made by Mr. Dyott, seconded by Dr. Gaasch and unanimously agreed upon to approve the minutes of the June 7, 2018, meeting as written.**

#### **SEMSAC Chairman's Report**

Dr. Kalish reported that at the June EMS Board meeting, the EMS Board approved the following:

Wor-Wic Community College as an ALS education program for a five-year designation period;

Shady Grove Adventist Hospital as a Primary Stroke Center for a five-year designation period;

Meritus Medical Center as Level III Trauma Center for a five-year designation period;

Peninsula Regional Medical Center as a Level III Trauma Center for a one-year provisional designation period;

Suburban Hospital Johns Hopkins Medicine as a Level II Trauma Center for a one-year provisional designation period; and

University of Maryland Prince George's Hospital Center as a Level II Trauma Center for a one-year provisional period.

Dr. Kalish reported that at the July EMS Board meeting, the EMS Board approved the following:

R Adams Cowley Shock Trauma Center as a Primary Adult Resource Center and as a Neuro-trauma Center for a five-year designation period;

For publication in the *Maryland Register*, the proposed amendment to incorporate the current edition of the Pediatric Data Dictionary into COMAR Title 30;

The UM Laurel Regional Hospital Conversion to a Freestanding Medical Center.

Also at the July Board meeting, Dr. Alcorta announced that Dr. Chizmar would serve as Assistant State EMS Medical Director until Dr. Alcorta retires October 31, 2018, and, thereafter, serve as State EMS Medical Director.

Dr. Kalish reported that at the August EMS Board meeting, the EMS Board approved:

MedStar Union Memorial Hospital as a Hand and Upper Extremity Trauma Center for a five-year designation period;

Sinai Hospital as a Level II Trauma Center for a one-year provisional designation period;

Western Maryland Regional Medical Center as a Level III Trauma Center for a one-year provisional designation period;

Atlantic General Hospital as a Primary Stroke Center for the remaining four years of the current designation period.

UM Baltimore Washington Medical Center as a Primary Stroke Center for the remaining four years of the current designation period.

Meritus Medical Center as a Primary Stroke Center for the remaining four years of the current designation period.

Calvert Health Medical Center as a Primary Stroke Center for a five-year designation period; and

Holy Cross Germantown as a Primary Stroke Center for a one-year provisional designation period; and

University of Maryland Charles Medical Center as a Primary Stroke Center for one-year provisional designation period.

Dr. Kalish also reported that the Board discussed the Harford Memorial conversion to a freestanding medical facility and the proposed new location. Harford Memorial proposed the new location due to zoning issues at the original proposed site at Bully Rock. The Board determined it was unnecessary to redo analysis of the 11 factors that impact EMS since there is no significant change in distance as the Bully Rock location.

## **MIEMSS Report**

Dr. Alcorta reported:

Following a national search for a State EMS Medical Director to serve upon Dr. Alcorta's retirement in November, Doctor Timothy Chizmar has been selected. In order to achieve a smooth transition, Dr. Chizmar will serve as Assistant State EMS Medical Director until November 1, 2018, at which point he will become State EMS Medical Director.

Dr. Chizmar is currently the Region III medical director, serves on the Protocol Committee, and chairs the medical director's subcommittee of the Region III Council. He grew up in Bel Air and is a graduate of the University of Maryland School of Medicine. He completed his residency training at the University of Maryland Medical Center in Baltimore, and he has earned board certification in emergency medicine and a sub-specialty certification in emergency medical services. The Maryland American College of Emergency Physicians named Dr. Chizmar the EMS Physician of the Year for 2015.

The search for an Executive Director has narrowed to two strong candidates who are scheduled for interviews at MIEMSS on October 1<sup>st</sup> and 3<sup>rd</sup>.

The communications upgrade project continues underway, and there are weekly status meetings with MIEMSS communications and the contractor. It is anticipated the project will be completed in three years.

Fentanyl, cardizem, dopamine, ketamine, magnesium sulfate, calcium, zofran, and morphine remain in short supply. Thanks to the hospital representatives who have stepped up to assist with the short supply.

Opioids, primarily fentanyl and heroin analogs, continue to be responsible for 5 to 6 deaths in Maryland each day.

More than 10 EMS programs are participating in the naloxone leave behind program designed to provide naloxone for future use to those deemed at high risk or overdose. The Maryland Opioid Operational Command Center (OCCC) chaired by Clay Stamp continues to make strides in supporting this program.

MIEMSS has distributed \$189,000 to EMSOPS to cover unreimbursed naloxone costs. The OCCC is making an additional \$200,000 available for this program in 2019.

House Bill 359 requires MIEMSS to report drug overdose and survival data to the Washington/Baltimore High Intensity Drug Trafficking Area Overdose Detection Mapping Application (ODMAP). As of July 1, data is being submitted which includes date, time location, naloxone administration, and survival information. Dr. Thompson is attending to minor issues with the software.

Multiple stakeholders will participate in the September 27<sup>th</sup> meeting of the Voluntary Ambulance Inspection Program. Persons interested in attending should contact Brittaney Spies.

Participation in the Chesapeake Regional Information System for our Patients (CRISP), Maryland's statewide health information exchange, via eMEDS® is replacing MEMRAD for patient tracking. MIEMSS is no longer supporting hardware or software for patient tracking. EMSOPs wishing to participate in CRISP need to enter participation agreements with CRISP.

There is a new MIEMSS short form for use when the eMEDS® patient care report is not available at patient transfer. The new form includes time of first vitals, IV start time, and CMS evaluation criteria.

Work is underway to meet the requirements of SB682 which requires MIEMSS and the Maryland Health Care Commission (MHCC) a report to the Legislature on the potential of EMS compensation for mobile integrated health, treat and release, and alternate destination. Meetings among the State partners to develop the report are ongoing. The University of Maryland Law School is assisting the effort by researching the approach employed by other states.

The University of Maryland Shock Trauma Center and Johns Hopkins Medicine have jointly applied to the Department of Health & Human Services Office of the Assistant Secretary for Preparedness and Response for a 1-year grant of up to \$ 3 million to improve the capacity of the health care system to plan for and respond to medical surge events. MIEMSS and MDH are supporting the grant.

The MSFA Recruitment and Retention committee will meet on September 30<sup>th</sup>. One item on the agenda is likely to be eliminating the requirement for NREMT testing for initial BLS (EMT & EMR) provider certification in Maryland. Dr. Alcorta said that NREMT testing for BLS in Maryland has been a valuable addition to EMS. The NREMT exam insures that BLS providers have the minimum qualifications needed to perform emergency medical services. Dr. Alcorta also noted that there is no comparable alternative test available. He said that MFRI tests are designed to show proficiency in a particular course of study, but is not an indication of overall mastery of BLS and readiness to provide field treatment of emergency patients. He said that MIEMSS and MFRI have invested substantial resources to help ensure that EMS students interested in becoming Maryland BLS providers are prepared, ready and able to be successful on the NREMT exam. He said that removing the NREMT requirement for initial BLS certification would be a grave mistake.

Dr. Kalish asked if any states have removed NREMT from their requirements.

Dr. Alcorta stated that as far as he knows, no states have gone backwards and developing legally valid, psychometrically appropriate and legally defensible certification tests is too burdensome for State EMS offices.

Dr. Kalish noted SEMSAC members should calendar Executive Director candidate interviews for October 1st at 10:15 and October 3rd at 1:15.

Ms. Doyle asked what kind of support is needed from SEMSAC to prevent a retreat from NREMT.

Dr. Alcorta stated that this was an opportunity for SEMSAC to advocate for maintaining Maryland's requirement of NREMT testing for initial BLS certification in Maryland.

Moved (Ms. Doyle), seconded (Dr. Fillmore) to support the continuation of NREMT testing be retained for initial Maryland Basic Life Support (EMT/EMR) certification.

Mr. Day suggested a letter of support from SEMSAC.

Dr. Kalish stated he would take the matter to the EMS Board.

Mr. Smothers said that one effect of dropping the NREMT requirement would mean that consideration of new levels of care, e.g., Advanced EMT, would not be possible without NRMET certification. He said that there is no sound validation of overall EMS abilities without the NREMT. He noted that MFRI tests only relate to particular courses.

Mr. Cox stated that MFRI is not willing to create a certification exam. He said that no other profession takes a licensing exam from an instructional body.

Mr. Pattison stated the vote should not be taken by phone.

Ms. Doyle noted that a meeting via telephone qualifies as an official meeting.

Mr. Pattison noted the numbers show a rise in number of students in BLS courses but a decline in the number of people running calls. If a provider files for reciprocity, MIEMSS provides a protocol exam. He also noted that MFRI is teaching to the National Registry standard.

Dr. Alcorta stated that a provider applying for reciprocity into Maryland is already NREMT certified and only needs a protocol exam. Lack of NREMT certification poses a significant barrier for a Maryland provider who wishes to practice elsewhere. The NREMT exam process is effective with Maryland providers performing at the national norm for success rates. There is a challenge with the number of available EMTs, particularly in certain areas, but noted that that is a separate issue from the NREMT testing.

**ACTION: (Ms. Dousa and Mr. Smothers abstained) Moved (Ms. Doyle), seconded (Dr. Fillmore) to support MIEMSS position that that NREMT certification be retained for initial Maryland BLS certification, passed - 16 ayes (Murray Kalish, MD, Chairman; Michael Cox; Karen Doyle, Vice Chair; Jeffrey Fillmore, MD; Wade Gaasch, MD; Kathleen Grote; Tim Burns; John Filer; Keith McMinn; Wayne Dyott; Jason Day; Melissa Meyers; Wayne Tiemersma; Roger Simonds; Brian Frankel; Tim Chizmar, MD), one Nay (Mr. Pattison).**

Dr. Alcorta thanked the members for their support on this matter.

Dr. Fillmore asked for a copy of the monthly report on all of the recent MIEMSS activities (known as “the Executive Director’s Report”) which is typically provided at SEMSAC meetings.

### **MSFA Update**

Ms. Dousa reported that the MSFA EMS Committee will meet at the Pikesville VFC on Sunday September 16th. The next meeting will be in December. The MSFA Executive Committee will meet on December 1st and 2nd, 2018 at the Snow Hill VFC.

### **MSPAC Update**

Captain McMinn reported that six qualified paramedics will enter the MSP academy on September 17. MSPAC is recruiting to fill pilot vacancies, and three new pilots will start on September 17. Seven more will be entering at the end of October. MSPAC is advertising for four pilot in command positions.

Dr. Kalish asked about the status of the flight simulator. Captain McMinn reported it is working out well. The first actual training for five (5) pilots in command has taken place. A ribbon cutting is expected in November, and invitations will be sent when a final date is selected.

### **National Study Center**

No report.

### ALS Committee

No Report.

### BLS Committee

Mr. Tiemersma reported new practical exams have been instituted and appear to be working well with some adjustments. As a result, the time for completing the practical exam has been reduced.

### EMD Committee

No Report.

### Regional Affairs Committee

Mr. Smothers reported the committee met by conference call last month. Existing grants are moving forward smoothly. Naloxone grants are appreciated. Regions not using their allotment of funds should advise the Regional Affairs Committee to allow unused funds to be reassigned.

### **Old Business**

None.

### **New Business**

None.

Dr. Kalish announced the next SEMSAC meeting will take place on October 4, 2016.

**ACTION: Moved (Ms. Doyle), seconded (Dr. Fillmore) passed unanimously to adjourn.**