

**Emergency Medical Services Board
October 13, 2009
Minutes**

Board Members Present: Donald DeVries, Chairman; Victor A. Broccolino, Vice-Chairman; David Fowler, M.D.; David Hexter, M.D.; Murray Kalish, M.D.; Lt. Robert Maloney; Dean E. Albert Reece, M.D., PhD.; Sally Showalter; Dany Westerband, M.D.; Eugene L. Worthington.

Board Members Absent: Mary Alice Van Hoy, R.N.

Others Present

MIEMSS: Dr. Bass; Dr. Alcorta; Ms. Bailey; Mr. Brown; Mr. Dubansky; Ms. Fechter; Ms. Gainer; Ms. Gilliam; Ms. Goff; Ms. Myers; Mr. Seifarth; Mr. Schaefer.

OAG: Mr. Magee; Ms. Sette.

Maryland State Police Aviation Command: Jimmie Meurrens.

R Adams Cowley Shock Trauma Center: Brenda Fosler Johnson; Jim Radcliffe; Jaime Huggins.

Maryland State Firemen's Association: Mr. Cox; Mr. Lewis.

INTRODUCTION

Chairman DeVries called the meeting to order at 9:12 a.m. He noted that one year had passed since the September 28, 2008, crash of Trooper 2 of the MSP Aviation Command and the loss of MSP Pilot Stephen H. Bunker, MSP Flight Paramedic Mickey C. Lippy, EMT-B Tonya Mallard from the Waldorf Volunteer Fire Department, and patient Ashley Younger, all of whom died. He asked for a moment of silence to remember those who lost their lives in the Trooper 2 crash and also to think of Jordan Wells who survived the crash and continues her medical treatment.

ACTION: Moved (Dr. Kalish), seconded (Dr. Westerband) and passed unanimously to approve minutes of the September 8, 2009, Board meeting.

EXECUTIVE DIRECTOR'S REPORT

H1N1 Update. Dr. Bass said that MIEMSS had been performing daily bed counts at Maryland hospitals to monitor the impact of the H1N1 virus. He said that there had been a slight increase in the number of individuals with reported influenza-like illnesses (ILI), but that hospital occupancy rates for adult and pediatric medical and surgical units were

generally running at about 90% occupancy which was typical. He said that adult ICU's were at about 81% occupancy, with pediatric ICU's (including Children's in the District) at about 90% occupancy. He said that the current number of ILI patients is well below the number projected by the President's Council on Science and Technology, which had predicted thousands of hospitalized patients due to H1N1. He said that while doctor's offices were reporting seeing many patients, relatively few were being hospitalized.

Dr. Bass said that based on H1N1 experiences in other countries, the virus appeared to be affecting more young people, children and pregnant women than older adults, possibly because older adults had acquired some immunity to the disease. He said that studies conducted in three countries (Canada, Australia and Mexico) had reported the median ages for severe flu symptoms to be 32, 34 and 44 respectively.

Dr. Hexter said that since September 21st, his hospital ED had had six of its top seven volume days, although most patients were not being admitted. He asked whether MIEMSS would be issuing a press release to instruct ILI patients not to go to the ED unless they were sick. Dr. Bass said that Johns Hopkins Hospital and the University of Maryland had held a press conference with information for the "worried well" not to go to the ED unless they are experiencing priority symptoms, e.g., confusion, dehydration, fast breathing, etc. He said that the Department of Health & Mental Hygiene and the Centers for Disease Control (CDC) are putting out similar messages.

Dr. Westerband asked whether the fear of the flu was affecting EMS personnel and how EMS personnel were being protected from the flu. Dr. Bass said that MIEMSS had worked with the CDC to develop guidelines for EMS providers. He said that dispatchers were being asked to identify ILI patients so that EMS providers could use appropriate protection when responding to those patients.

STATEWIDE EMS ADVISORY COUNCIL

Dr. Kalish said that the Board members had received a copy of the minutes from the SEMSAC meeting held on September 3, 2009. He said that the SEMSAC Bylaws are being revised and will likely be voted on in November. He said that Major McAndrew had advised SEMSAC of the recent safety recommendations issued by the National Transportation Safety Board.

R ADAMS COWLEY SHOCK TRAUMA CENTER

Ms. Fosler Johnson reported that admissions were slightly ahead of the same period last year and bed occupancy was at about the same level. She said that the number of OR cases was 15 ahead of September 2009. She said there had been five capacity alerts during the first quarter of FY10. She said that STC staff had made given two oral presentations and four poster presentations at the meeting of the American Association for the Surgery of Trauma in October. She summarized the STC's educational activities

during the first quarter and said that STC was holding a two-day conference on “Special Topics in Trauma Care” on October 29th and 30th.

LEGISLATIVE REPORT

Ms. Gainer reported that Dr. Bass will provide an update on Medevac Utilization to the Joint Committee on Health Care Delivery and Financing on Wednesday, October 21, 2009.

OLD BUSINESS

Update on Medevac Utilization: Dr. Bass provided a presentation to the Board on medevac utilization. He noted that the information in the presentation was based on data that MIEMSS had received to date.

Dr. Bass said that data regarding Medevac requests to SYSCOM represented one full year since the Crash of Trooper 2. He said that during the year since the crash, there had been 2,858 requests for helicopter scene response, and that 2,094 (73%) of those had resulted in helicopter dispatch. He said those requests that had not resulted in helicopter dispatch, 36% had been directed through medical consultation to transport the patient by ground ambulance, 30% of the requests had been cancelled by the field provider, 17% had been cancelled due to weather, and, in 17% of the cases, the field providers had decided to transport the patient by land.

Dr. Bass said that, in general, requests for helicopters were increasing and that, based on current utilization, it appears that there would be about 2,300 helicopter requests annually. He said that the MSP continued to provide the vast majority of the helicopter scene responses.

Dr. Bass reviewed the trends in outcome data for helicopter-transported patients, including patient discharge within 24 hours, the percent of seriously injured patients transported by helicopter, and trends in mortality. He also reviewed trends in patient volumes and transport destinations.

EMAIS Update – Dr. Bass updated the Board on the status of the various jurisdictions in submitting patient run forms and on the status of the EMAIS replacement project. He reminded the Board that MIEMSS had developed its own electronic patient care reporting system in early 2000 which had been used by a number of jurisdictions for many years. He said that the system was now outdated and needed to be replaced and that EMAIS replacement was a priority for the agency and the jurisdictions. He said MIEMSS had been working with the Maryland Department of Information Technology to develop a RFP for EMAIS replacement. Because of the issues with the viability of the EMS Operations Fund, however, MIEMSS had worked to secure federal funding through State Highway Administration for a new electronic patient care reporting system. He said that

\$300,000 had been secured from Highway Safety for that purpose, but it was possible that the cost for the new system might exceed that amount. Because MIEMSS' budget is very tight, it was prudent to ensure that additional funds might be available, should they be necessary.

Dr. Bass reminded the Board that, for the past several years, MIEMSS had used \$400,000 of its budgeted funds as matching grants to help jurisdictions purchase defibrillators and AEDs. He said that MIEMSS was considering moving forward with processing about half of these monies to purchase the equipment that needed to be purchased by year's end and waiting to process the remainder until it could be determined whether additional funds were needed for EMAIS replacement. He said that the SEMSAC Regional Affairs Committee, which coordinates the equipment requests, had agreed with this plan. He said that the decision whether to use the remaining monies for EMAIS replacement would be made after bids were received.

Dr. Bass said that the need to move ahead with EMAIS replacement was underscored by the fact that some companies with jurisdictions were working to procure their own electronic ambulance run forms for billing purposes and that some larger jurisdictions had been using other electronic patient care reporting systems. As a result, some jurisdictions were significantly behind in submitting ambulance data to MIEMSS. Dr. Bass reviewed a chart that summarized data submission from the various jurisdictions. He said that jurisdictions were required to submit data to MIEMSS, regardless of whether they used EMAIS, another electronic system, or paper MAIS. He said that MIEMSS had been developing a regulation to specify the state's data submission requirements which would include timely completion of a patient care ambulance run record. He noted that some providers were taking over a month to complete a patient care record. He said that this issue had been discussed at SEMSAC, and SEMSAC had agreed that records should be completed within 24 hours of a patient encounter.

Dr. Reece said that data should be submitted on a regular basis. Dr. Bass said that jurisdictions are currently required to submit data in order to be eligible to receive AMOSS Fund monies, but that could be modified to include eligibility for matching grants, radio equipment, etc. Dr. Bass said that MIEMSS would provide a further report to the Board on this issue at next month's meeting.

STEMI Regulations. Dr. Bass reported that MIEMSS continued efforts to develop a draft of the STEMI regulations. He said that he hoped to provide a draft of the regulations at next month's Board meeting.

NEW BUSINESS

Perinatal Designation Regulations – Ms. Sette and Ms. Bailey said that the Perinatal Clinical Advisory Committee, comprised of perinatal stakeholders through the state, had completed a revision of the perinatal standards, for incorporation into the MIEMSS Perinatal Regulations. Ms. Sette said that MIEMSS designates Level III perinatal centers

and that only the standards for Level III hospitals are incorporated into MIEMSS regulations. Ms. Bailey said that the revised standards include a requirement perinatologist in-house urgently (i.e., within 30 minutes) which is new.

Dr. Bass said that typically when the Board approves revisions to designation standards, MIEMSS applies those standards during the next re-verification process. Dean Reece expressed concern that this would mean a lag of several years in actual hospital compliance with a changed regulation. Mr. DeVries said that a hospital should be notified of the changed regulation with the expectation that they would comply as soon as possible, although it would not be checked on until the next designation. Ms. Sette said that all perinatal centers participated in the process to update the regulations, so there are no surprises. She said that the new requirement was higher than the current national standard, but that the group had felt it was an appropriate requirement for Maryland.

Dr. Bass said that MIEMSS had had communications with one hospital that is concerned about the change – Peninsula Regional Medical Center (PRMC). He said that PRMC is concerned that it will not be able to be in compliance with this new requirement because of difficulty in recruiting a perinatologist. He said that the risk of this type of situation was that a hospital would have to go back to Level II and transfer patients for treatment, which would leave a large portion of the eastern shore uncovered. He said that MIEMSS had been discussing a telemedicine pilot test with PRH that would be conducted over the next year or two to address this concern. Mr. DeVries said that if a regulation was approved, hospitals would have to be in compliance with the regulation. He said that while it was fine to work with hospitals, compliance with regulations should not be set aside.

ACTION: Moved (Dr. Westerband), seconded (Ms. Showalter) and passed unanimously to adjourn to Closed Session.

The purpose of the closed session was to carry out administrative functions under State Government Article 10-502 (b), to obtain legal advice from counsel under State Government Article 10-508 (a) (7) and to discuss certain site reviews and maintain certain records and information in confidence as required by Health Occupations Article 14-506 (b) under State Government Article 10-508 (a) (13).

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Others Present

MIEMSS: Dr. Bass; Dr. Alcorta; Mr. Dubansky; Ms. Gainer; Mr. Schaefer.

OAG: Mr. Magee; Ms. Sette.

The results of educational site reviews and the status of applications for program designations were discussed.

Possible disciplinary actions for jurisdictions which fail to report data to MIEMSS as required by law were discussed.

Specialty center compliance issues were discussed.

The Board approved the minutes of the September 8, 2009, closed session.

The Board considered appointments to the Statewide EMS Advisory Council.

The Board reviewed and took action on pending disciplinary cases.

The Board reconvened in Open Session at 12:09 p.m.

ACTION: Moved (Dr. Hexter), seconded (Dr. Westerband) and passed unanimously to approve the Baltimore County Fire Department EMS Advanced Life Support Education Program for a period of five (5) years.

ACTION: Moved (Dr. Hexter) seconded (Ms. Showalter) and passed unanimously to approve the EMS Refresher Education Program of LifeStar Response of Maryland and of Peninsula Regional Medical Center for a period of five (5) years.

ACTION: Moved (Dr. Hexter), seconded (Dr. Westerband) and passed unanimously to grant one-year provisional approval to the Baltimore City Community College Advanced Life Support Education Program with quarterly monitoring by MIEMSS.

There being no further business, the meeting was adjourned.