



State Emergency Medical Service Board
September 12, 2017

State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

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Baltimore, Maryland
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*Larry Hogan
Governor*

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

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Minutes

Board Members Present: Donald L. DeVries, Jr., Esq., Chairman; Vic Broccolino, Vice-Chairman; Murray Kalish, MD; George A. Cross, Jr.; Sally L. D. Showalter, RN; Sherry Adams, RN; Dean E. Albert Reece, MD; Kyrle W. Preis III, NREMT-P; Dany Westerband, M.D

Board Members Absent: Mary Alice Vanhoy, RN; David Hexter, M.D.

Others Present:

MSPAC: Captain Konold, Lt. McMinn

MIEMSS: Ms. Gainer; Dr. Alcorta; Ms. Abramson; Ms. Aycock; Ms. Mays; Mr. Schaefer; Ms. Goff

OAG: Mr. Magee; Ms. Sette

Mr. DeVries opened the meeting by recognizing the 16th anniversary of the 9/11 attacks on the World Trade Center and the Pentagon.

Mr. DeVries asked for the approval of the minutes from the August 2017 meeting.

ACTION: Upon the motion Dr. Kalish, seconded by Mr. Preis, the Board voted unanimously to approve as written the minutes of the August 8, 2017 meeting.

MIEMSS

A written copy of the MIEMSS Report was distributed.

National Registry Testing

Ms. Gainer said that the Maryland BLS pass rates for NREMT testing continue to surpass the national average. MIEMSS provides financial support for up to (2) two NREMT test attempts for BLS testing at a cost of over \$280,000 to date.

Licensure

An eLicensure Steering Committee that includes all interested stakeholders was formed and has had the first meeting to work on issues associated with implementing the electronic eLicensure System. The next Steering Committee meeting is scheduled for September 21, 2017.

Opioid Operational Command Center (OOCC)

Ms. Gainer said that the (OOCC) is investigating bulk purchasing of naloxone for Maryland EMS to assist with better pricing. The OOCC is also exploring options for reimbursement of naloxone cost when provided to patients who refuse transport. EMS is unable to bill for services provided unless a patient is transported to a hospital.

Communications Upgrade Project

As part of the RFP evaluation process, MIEMSS recently received oral presentations from potential vendors. MIEMSS hopes to have completed the process and selected a vendor later this fall.

Freestanding Emergency Medical Facility

Ms. Gainer said that the University of Maryland Harford Memorial Hospital submitted their application for conversion to a Freestanding Medical Facility without a Certificate of Need on August 4, 2017. Ms. Sette said the role of the EMS Board is to advise MHCC on the impact of conversion from a full service hospital to a freestanding medical facility on EMS resources and the delivery of adequate and appropriate emergency medical care. The EMS Board must make a determination that the conversion will maintain adequate and appropriate delivery of emergency care within the Statewide EMS System by October 16, 2017. This item will be on the EMS Board agenda for October 10, 2017.

Legislative Studies

Ms. Gainer said that MIEMSS has been tasked with three (3) Legislative Studies that are due on or before December 31, 2017.

- An AED Placement Recommendation Study requires MIEMSS to conduct a study regarding the location of automated external defibrillators, and to provide information on the costs associated with owning, using and training individuals to use automated external defibrillators and potential liability issues.
- A Mobile Integrated Healthcare Evaluation Study to evaluate the financial impact of existing MIH programs and the potential for expansion. A workgroup has been established to help develop the report that includes EMS Operational Programs (EMSOPs) that currently have MIH programs and EMSOPs in the planning stages for MIH programs.
- An ED Overcrowding Study to evaluate the impact on EMS and patients of Emergency Department overcrowding. MIEMSS has met with HSCRC, MHA and hospital leadership. MIEMSS is in the process of scheduling a meeting with several EMS jurisdictions and HSCRC to continue discussions on issues surrounding ED Overcrowding.
 - Dr. Alcorta said that ED overcrowding is due in part to the hospital patient flow processes. Additionally, the financial incentives created for hospitals to reduce patient re-admissions are not in alignment with the financial incentives of other participants in the health care system, e.g., emergency department physicians and EMS.

EMS Training Benefit

Dr. Douglas Floccare announced he will be participating as a "Chef for a Day" at Sotto Sopra Restaurant on Thursday, September 28, 2017. The special evening of Italian food and libations at the restaurant, located at 405 N. Charles Street in Baltimore, will benefit training for Advanced Rescue and Life

Support for Emergency Medical Responders. The restaurant will donate 15% of the evening's proceeds for EMS Training.

SEMSAC

Dr. Kalish said that the SEMSAC approved for recommendation to the EMS Board the Proposal for further exploration of the Integration of eMEDS® and the Maryland Health Information Exchange; and the Trauma Center Designation and Verification Standards and Trauma Definitions. He said the Regional Affairs Committee submitted their by-laws for review.

OLD BUSINESS

Trauma Center Designation and Verification Standards and Trauma Definitions

A copy was distributed to the membership.

Ms. Sette and Ms. Mays presented the Trauma Center Designation and Verification Standards and Trauma Definitions for approval for publication in the *Maryland Register*. Ms. Sette said that the Standards and Definitions are the same as those submitted for information to the Board a few months ago, the only difference in the new version was in the formatting of the information, which is required for publication. Ms. Mays added that consensus on the standards was achieved among all (9) Trauma Centers.

Upon the motion Dr. Kalish, seconded by Dr. Reece, the Board voted unanimously to approve the Trauma Center Designation and Verification Standards and Trauma Definitions for publication in the Maryland Register.

NEW BUSINESS

EMS Electronic Patient Care Report (eMEDS®) / Health Information Exchange (HIE) Integration

A paper summary of the proposal was distributed.

Dr. Alcorta presented the proposal for integration of eMEDS® with the State Health Information Exchange. This proposal would develop a real-time bidirectional data exchange between the State of Maryland's EMS Electronic Patient Care Report, eMEDS®, and the Chesapeake Regional Information System for our Patients (CRISP), which is the Health Information Exchange (HIE) designated by the Maryland Health Care Commission and the Health Services Cost Review Commission as the State Health Information Exchange under Health General Article §19-143.

Dr. Alcorta gave an overview of the perceived benefits from the proposed integration, including patient care and family reunification during a disaster and discussed potential barriers such as financial (upload and download fees), legal issues regarding HPPA and credentialing for EMS providers having real-time access to patient medical information.

Mr. Magee added that every patient has the right to opt out of the system and that notice of patient rights would need to be distributed.

Upon the motion of Dr. Kalish, seconded by Mr. Cross, the EMS Board unanimously approved the exploration by MIEMSS of the integration of eMEDS® and the Health Information Exchange.

Regional Affairs By-laws

A paper copy was distributed.

Dr. Kalish presented the SEMSAC Regional Affairs Committee by-laws for review.

Hurricane Irma Repatriation

Ms. Adams said that MDH is preparing for the repatriations of approximately 3,000 US citizens from the Caribbean islands impacted by Hurricane Irma. She said all patients should be healthy, but the department is working with MIEMSS in the event EMS transport is necessary.

Ms. Adams said that MDH is working on the HHS Preparedness Guidelines that are due by November.

Ms. Adams said that, contrary to current rumors, psych units that are being re-engineered to meet federal code may be down for a few days, but will re-open.

Upon the motion of Mr. Broccolino, seconded by Dr. Westerband, the EMS Board adjourned to closed session.

The EMS Board adjourned to closed session to carry out administrative functions, to discuss the appointment of appointees and officials under General Provisions Article §3-305(b)(1), to consult with counsel to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(a) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (a) (13).

In Closed Session:

Board Members Present: Donald L. DeVries, Jr., Esq., Chairman; Vic Broccolino, Vice-Chairman; Murray Kalish, MD; George A. Cross, Jr.; Sally L. D. Showalter, RN; Sherry Adams, RN; Dean E. Albert Reece, MD; Kyrle W. Preis III, NREMT-P; Dany Westerband, M.D

Board Members Absent: Mary Alice Vanhoy, RN; David Hexter, M.D.

Others Present:

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In closed session:

1. The Board considered a SEMSAC membership;
2. The Board considered Hospital Designations;
3. The Board considered EMS provider disciplinary actions; and
4. The Board discussed the Executive Director position.

Dr. Reece left the meeting.

The Board returned to open session.

The Board unanimously approved by acclamation the following Hospitals for re-designation as Primary Stroke Centers for five (5) years:

- **Anne Arundel Medical Center**
- **Greater Baltimore Medical Center**
- **Holy Cross Hospital**
- **MedStar Harbor Hospital**
- **MedStar Montgomery General Hospital**
- **MedStar Southern Maryland Hospital**
- **MedStar St. Mary's Hospital**
- **Mercy Medical Center**
- **Sinai Hospital**
- **University of Maryland Harford Memorial Hospital**
- **University of Maryland Midtown Campus**
- **University of Maryland Shore Medical Center @ Easton**
- **University of Maryland St. Joseph Medical Center**
- **University of Maryland Upper Chesapeake Medical Center**
- **Western Maryland Regional Medical Center; and**
- **Doctor's Community Hospital for the remaining 4 years of a 5 year designation.**

The Board unanimously approved by acclamation the following Hospitals for one 1 year re-designation as Primary Stroke Centers:

- **Atlantic General Hospital**
- **Meritus Medical Center**
- **Peninsula Regional Medical Center**
- **University of Maryland Baltimore Washington Medical Center**

The Board unanimously approved by acclamation the following Hospitals for re-designation as Perinatal Level III Centers for 5 years:

- **Sinai Hospital of Baltimore**
- **Frederick Memorial Hospital**

- **Greater Baltimore Medical Center**
- **University of Maryland Saint Joseph Medical Center**

The Board unanimously approved by acclamation the Johns Hopkins Hospital Pediatric Burn Center Re-designation for the remaining 3 years of a 5 year designation period.

The Board adjourned by acclamation.