Dr. Kalish called the meeting to order at 9:03 a.m.

Dr. Bass introduced Jim Darchicourt, the new director of Information Technology at MIEMSS, David Balthis, MIEMSS Chief of Information Technology and Communications.

Ms. Wright-Johnson reminded the group to submit nominations for the “Stars of Life” and “Right Care When It Counts” Awards when it counts. She also presented a plaque to First Vice-President Cox and Second Vice-President Lewis in recognition of the
efforts by the Maryland State Firemen’s Association to increase seat belt use by fire and EMS providers.

EXECUTIVE DIRECTOR’S REPORT

Dr. Bass reviewed the major accomplishments and issues during the past year. He updated helicopter utilization data and said that in comparing the year after to the crash to the year before the crash, there was less utilization of MSP helicopters, and the mortality and TRISS data was essentially unchanged. He also noted that during the year, SYSCOM had implemented the “HUD” (helicopter utilization database) and completed training and certification of SYSCOM operators as Flight Communicators by the National Association of Air medical Communications Specialists.

Dr. Bass reported that the BLS, ALS, and Regulations Committees were looking at various aspects of the new EMS Educational Standards. He summarized the work regarding potential integration of revised American College of Surgeons guidelines into the Maryland Trauma regulations. He said that MIEMSS was drafting regulations for the designation of Comprehensive Stroke Referral Center, and proposed STEMI regulations would be published in January. He discussed the long-term viability of the EMSOF, noting that increasing costs associated with potential changes in the helicopter program would significantly impact on the Fund. He said that a study regarding the number of helicopter bases was due to the Legislature in December 2010.

MARYLAND FIRE & RESCUE INSTITUTE

Mr. Edwards said that MFRI had conducted 1,763 emergency services programs during 2009 for 33,340 students, about 6,400 of whom were EMS providers and 1900 ALS providers. He said that MFRI’s enrollment during the year was down slightly from 2008. He noted that a number of new and revised courses had been made available for training during the year.

Mr. Edwards said that $8.3 million had been approved for the design and construction of the North East Regional Training Center, with construction expected to begin in late spring 2010. He said that MFRI was incorporating more advanced technology into its training courses, including online training and human patient simulators. He also summarized MFRI’s efforts in firefighter safety research. He closed by discussed future challenges, which included securing sufficient resources for MFRI operations.

MSP AVIATION

Major McAndrew reported that during the year, MSP had completed 2,027 scene missions, involving 2,027 patients, as well as 337 search-and-rescue missions, 371 law enforcement missions and 1,200 homeland security missions.
He summarized the Command’s current safety initiatives, which include compliance with FAA Part 135 regulations, implementation of flight risk evaluation programs, and flight communication certification for duty officers. He also said that procurement for the replacement helicopters had specified the inclusion of several recommended safety-related items, including the Terrain Awareness Warning System, flight data and cockpit video recording devices, and night vision imaging systems. He also said that MSP had adopted new pilot training requirements. He said that these and other safety initiatives have been implemented in response to National Transportation Safety Board’s findings and recommendations.

SHOCK TRAUMA CENTER

Ms. Johnson presented statistics from the past year at the STC. She said that 23% of the STC admissions were from inter-facility transfers. She said that 21% of the inter-facility were from the regional trauma centers, with Prince George’s Hospital Center and Peninsula Regional Medical Center transferring the most patients to the STC of the other trauma centers. She noted during the year, the STC was unable to accept 41 transfers due to a lack of available space. She said that helicopter admissions from the scene were much lower during the year than in the past.

Ms. Johnson summarized the educational initiatives that the STC had completed during the year. She said that the Phase IV construction project planning was proceeding and that the project was currently in the Certificate of Need phase.

NATIONAL STUDY CENTER FOR TRAUMA AND EMS

Dr. Dischinger briefed the group on the Shock, Trauma and Anesthesiology Research (“STAR”) center. She said that the mission of STAR is to facilitate translational research in areas related to trauma, tissue injury, critical care and anesthesiology. She said that Dr. Alan Faden is the Director of the center. She summarized some of the research activities of the center’s faculty.

HC STANDARD PRESENTATION

Mr. Donohue, MIEMSS’ Chief of Field Operations, presented information on “HC Standard’s Health and Medical Dashboard.” He said that the implementation of the HC Standard 3.0 in November 2009 had combined the FRED and CHATS function, added County and Hospital Request System (CHRS) for on-line status changes, added patient tracking capabilities, improved export and data exchange capabilities, and added mapping and charting functions. He said that the upgrade had been funded by hospital preparedness program funds. He displayed examples of the upgraded capabilities. He said that the Health and Medical Dashboard will integrate data from all health and
medical applications into one screen, including FRED, CHATS, ESSENCE, Health Alert Network, Patient tracking, ESAR-VHP, and WebEOC.

OLD BUSINESS – EMS BOARD

Maryland Ambulance Information System Regulation.

A revised copy of the changes to COMAR 30.03.04.04 and related regulations showing corrections that had been made by the workgroup and approved by SEMSAC but inadvertently not reflected in the document proposed by the EMS Board at the December 2009 meeting was presented.

Upon the motion of Ms. Van Hoy, which was seconded by Dr. Westerband, the Board proposed the corrected copy of the amendments to COMAR 30.03.04.04 as presented.

Maryland Medical Protocols. Dr. Alcorta said that the Board received a copy of the final revised version of the Maryland Medical Protocols before Christmas. Ms. Van Hoy indicated that she had several changes:

P102
d.3.a add in "unit" "Standard unit dosing of liquid preparation:"

P 168
b.2.c Instead of "sats" replaced with "oxygen saturation"

p 223 Change title changed by adding "(for Chempack or Mark I Optional Protocol)"
"DIAZEPAM (VALIUM) (for Chempack or Mark I Optional Protocol)"

Upon the motion of Ms. Showalter, which was seconded by Mr. Worthington, the Board approved the above-noted changes to the draft of the Maryland Medical Protocols.

Upon the motion of Ms. Van Hoy, which was seconded by Dr. Westerband, the Board approved the Maryland Medical Protocols.

Upon the motion of Ms. Van Hoy, which was seconded by Ms. Showalter, the Board adjourned 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 maintain certain records and information in
confidence as required by Health Occupations Article 14-506 (b) under State Government Article 10-508(a)(13).

**Board Members Present at Closed Session:** Murray Kalish, M.D.; Mr. Robert Maloney; Sally Showalter; David Hexter, M.D.; Eugene L. Worthington; Mary Alice Van Hoy, R.N.; Dany Westerband, M.D.

**Board Members Absent:** Donald L. DeVries, Esquire, Chair; Victor A. Broccolino, Vice-Chair; David Fowler, M.D.; Dean E. Albert Reece, M.D., PhD.

**Others Present:**

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

**OAG:** Ms. Sette; Mr. Magee

The Board reviewed and took action on a disciplinary case.

There was discussion appropriate trauma center levels for the State and the upcoming legislative session.

The meeting adjourned by acclamation.