



State Emergency Medical Services Board

October 10, 2017

Meeting Agenda

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. Call to Order – Mr. DeVries
- II. Approval of Minutes from September 12, 2017
- III. MIEMSS Report – Ms. Gainer
- IV. SEMSAC Report – Dr. Kalish
- V. R Adams Cowley Shock Trauma Report – No Report
- VI. MSP Aviation Update – Major Konold
- VII. MSFA Update
- VIII. Old Business
 - Harford Memorial Hospital Conversion Report – ACTION - Ms. Sette & Ms. Myers
 - MIH Phase #2 Report – ACTION – Dr. Kalish
- IX. New Business
 - Emergency Protocol Change: Naloxone administration by Maryland-certified Emergency Medical Responders (MR) – ACTION – Dr. Alcorta
 - Protocol Review Committee By-laws – INFORMATION – Dr. Alcorta
 - MIH Legislative Report – INFORMATION - Ms. Gainer
- X. Adjourn 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(b) (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 (b) (13).



**State Emergency Medical Service Board
October 10, 2017**

Minutes

State of Maryland

**Maryland
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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 (phone); Sherry Adams; RN; Dany Westerband, M.D (phone); Mary Alice Vanhoy, RN;

Board Members Absent: Dean E. Albert Reece, MD; Kyrle W. Preis III, NREMT-P; David Hexter, M.D.

Others Present:

Maryland Health Care Commission: Mr. Parker

MSPAC: Major Konold, Lt. McMinn

MIEMSS: Ms. Gainer; Dr. Alcorta (phone); Ms. Abramson; Ms. Aycocock; Dr. Bailey; Mr. Cantera; Mr. Darchicourt; Ms. Gilliam; Mr. Hurlock; Ms. Mays; Ms. Myers; Mr. Schaefer; Ms. Goff

OAG: Mr. Magee; Ms. Sette

Upper Chesapeake Medical Center: Dr. Fermin Barrueto

Mr. DeVries called the meeting to order and asked for the approval of the minutes from September 12, 2017.

ACTION: Upon the motion by Dr. Kalish, seconded by Ms. Adams, the Board voted unanimously to approve the minutes of the September 12, 2017, meeting as written.

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.

Licensure

An eLicensure Steering Committee that includes all interested stakeholders has been formed and is working to develop statewide consensus on improvements and changes that are needed for the system. The Committee has held two meetings, and the next meeting will be held on November 16, 2017, at MIEMSS.

Cardiac Rescue Technician (CRT)

Ms. Gainer advised that the National Registry will stop testing for Maryland's CRT licensure in 2019. Discussions on the future for CRT Licensure are in progress.

Opioid Operational Command Center (OOCC)

Ms. Gainer said that MIEMSS continues to share allowable EMS data with the OOCC.

Currently, EMS is not reimbursed for the cost of naloxone administered to patients who refuse transport to an Emergency Department. The OOCC has approved a grant of \$200,000 to offset these costs to EMS Operational Programs. MIEMSS will be the administrator for this grant.

The OOCC is also investigating a statewide bulk purchasing program of naloxone to keep costs down.

MIEMSS is compiling a special edition of the EMS newsletter devoted to the Opioid Crisis in Maryland.

Communications Upgrade Project

MIEMSS is in the process of reviewing the bids received. 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 an acute care 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.

Legislative Studies

Ms. Gainer said that MIEMSS has been tasked with three (3) Legislative Studies that are due on or before December 31, 2017. The Mobile Integrated Healthcare Study will be presented to the Board under New Business.

SEMSAC

No Report

MSPAC

Major Konold said that construction of the flight training building continues. Officials from Leonardo have begun to coordinate the delivery of the Flight Training Device and will arrive for a site visit around December 1, 2017.

MSPAC published updated parameters for responding to out-of-state medevac requests, replacing a 30 year old legacy policy. MSPAC has a responsibility to ensure the aircraft is available for the citizens of Maryland first and foremost. The policy ensures that an out-of-state requestor is using its own state's resources first before requesting an aircraft from MSPAC. If an the out-of-state requestor cannot secure resources from its own state, or those resources cannot provide a timely response or is unable to respond, MSPAC will then respond in the best interest of the patient. MSPAC continues to place a high level of screening on out-of-state SAR and law enforcement missions.

MSFA

Mr. Cross said that over 5,000 people were in attendance at the National Fallen Firefighters 25th Memorial Ceremony.

OLD BUSINESS

Phase II MIH Committee Recommendations

A paper copy was distributed to the members.

Dr. Kalish presented the final recommendations document to the Board for consideration.

Upon the motion Mr. Cross, seconded by Mr. Broccolino, the Board voted unanimously to approve the Phase II MIH Committee Recommendations.

OLD BUSINESS

Harford Memorial Hospital (HMH) Conversion to a Freestanding Medical Center

A paper copy of the "MIEMSS Report and Recommendation to the State Emergency Medical Services Board Regarding the Proposed Conversion of Harford Memorial Hospital to a Freestanding Medical Facility without a Certificate of Need (CON)" was distributed to the members.

Ms. Sette said that the Applicants notified MIEMSS and the MHCC of their intent to convert HMH to a freestanding medical facility on August 4, 2017. The EMS Board must submit its determination regarding HMH's ability to maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system to the Maryland Health Care Commission by October 16, 2017.

Ms. Myers said that MIEMSS solicited comments via its website and engaged in dialogue with EMS providers in the affected jurisdictions. Informal meetings and a public hearing were held in Harford County to discuss the conversion. Although concerns were raised regarding additional transport times for Cecil County EMS, letters of support for the conversion from Cecil and Harford Counties were included in the HMH application. Ms. Sette said that the applicants know they cannot rely on EMS for inter-facility transports.

Dr. Barrueto, University of Maryland Upper Chesapeake Hospital Center, said that EMS traffic flow/patterns were the biggest areas of concern that were expressed at the public hearing. The eleven (11) factors specified in COMAR regulations for consideration by the EMS Board were discussed.

Dr. Barrueto said that the freestanding facility will be seeking designation as an Acute Stroke Ready facility which should alleviate some concerns about additional travel.

Dr. Barrueto said that the existing level of surge all hazmat capabilities at HMH will be maintained at the freestanding facility and may even be improved. He gave a breakdown of the type and number of Emergency Department beds, highlighting the increase in the number of available behavioral health beds.

Upon the motion of Mr. Broccolino, seconded by Mr. Cross, the Board unanimously determined that the proposed conversion will maintain adequate and appropriate delivery of emergency care within the Statewide Emergency Medical Services System... Ms. Vanhoy abstained from the vote.

The Board's determination will be conveyed to the Maryland Health Care Commission.

NEW BUSINESS

Emergency Protocol Change: Naloxone Administration by Maryland-Certified Emergency Medical Responders (EMRs)

A paper summary of the protocol change was distributed to the members.

Dr. Alcorta said pursuant to COMAR 30.03.05.02 I, appearing that a delay would pose a threat to the health and welfare of patients and, with the concurrence of the Chair of the State Emergency Medical Services Board, an emergency protocol change authorizing EMRs throughout Maryland to administer naloxone was issued on October 1, 2017. EMR providers must complete approved training before administering naloxone in the clinical environment. The Protocol Review Committee and the Maryland State Firemen's Association supported authorizing Maryland-certified EMRs to administer naloxone.

Protocol Review Committee By-laws

A paper copy was distributed.

Dr. Alcorta presented the Protocol Review Committee by-laws for review.

Maryland Mobile Integrated Health (MIH) Programs Involving Emergency Medical Services (EMS)
Executive Summary

A paper copy of the MIH Summary was distributed.

Ms. Gainer said that the 2017 Joint Chairmen's Report directed the MIEMSS to evaluate the impact of existing MIH Programs, including a cost-benefit analysis, explore the potential for further expansion and potential solutions to the lack of secured funding for EMS participation. She said a study workgroup was formed that included representatives from MIEMSS, Prince George's County Fire and EMS Department, Montgomery County Fire & Rescue Services, Charles County Department of Emergency Services, Queen Anne's County Department of Emergency Services, Dorchester County Department of Emergency Services, and Baltimore City Fire Department.

Ms. Gainer summarized the report and recommendations for the continuation and sustainment of MIH programs in Maryland.

Upon the motion of Ms. Adams, seconded by Ms. Vanhoy, the EMS Board voted unanimously to approve the submission of the MIH Study to the Governor's office.

Upon the motion of Mr. Broccolino, seconded by Mr. Cross, 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; George A. Cross, Jr.; Murray Kalish, MD; Sherry Adams; Dany Westerband, M.D. (phone); Sally L. D. Showalter, RN. (phone); Mary Alice Vanhoy, RN

Board Members Absent: David Hexter, M.D.; Kyrle W. Preis III, NREMT-P; Dean E. Albert Reece, M.D.

MIEMSS: Ms. Gainer; Dr. Alcorta (by phone); Ms. Abramson; Ms. Goff; Mr. Schaefer.

OAG: Mr. Magee; Ms. Sette.

In closed session:

1. The Board considered a SEMSAC membership;
2. The Board discussed EMT-I/99 (CRT) Licensure;
3. The Board considered EMS provider disciplinary actions; and
4. The Board discussed the Executive Director position, preliminary negotiations concerning a search firm, and appointed Board members to assist in that process.
5. The Board reviewed two hospital designation matters.

The Board adjourned by acclamation.