



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

***Statewide EMS Advisory Council (SEMSAC)***

***AGENDA***

December 6, 2018

1:00pm – 3:00pm

- I. Approval of the November 1, 2018 meeting minutes
- II. MIEMSS Report – Ms. Gainer
- III. SEMSAC Chair Report – Dr. Kalish
- IV. MSFA Update
- V. MSPAC Update – Captain McMinn
- VI. National Study Center – Dr. Kozar
- VII. Committee Reports
  - ALS – No Report
  - BLS – No Report
  - EMD – No Report
  - Regional Affairs – Mr. Smothers
- VIII. Old Business
  - 2019 Maryland Medical Protocols proposed changes – ACTION - Dr. Chizmar
- IX. New Business
  - SEMSAC Chair's Survey – Dr. Kalish
- X. Adjournment



## State EMS Advisory Council (SEMSAC)

December 6, 2018

### Meeting Minutes

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

**SEMSAC Members Present:** Murray Kalish, MD, Chairman; Karen Doyle, Vice Chair; John Filer (phone); Eric Smothers; Michael Cox (phone); Jeffrey Fillmore, MD; Keith McMinn (phone); Bobby Pattison (phone); Jason Day (phone); Melissa Meyers; Wayne Tiemersma (phone); Tim Burns; Roger Simonds; Linda Dousa (phone); Lisa Tenney (phone); Rosemary Kozar (phone); Brian Frankel; Wayne Dyott; Wade Gaasch, MD (phone); Kathleen Grote (phone).

**Members Absent:** Michael DeRuggiero; Scott Haas; Karen Vogel; Jay Fowler; Jennifer Anders;

**MFRI:** Pat Marlatt

**MSPAC:** Lance Wood (phone)

**Others:** Michael Millin, MD

**OAG:** Mr. Magee

**MIEMSS:** Pat Gainer; Anna Aycock; Carole Mays; Phil Hurlock; Tim Chizmar, MD; Terrell Buckson; Michael Cooney; Doug Floccare, MD; Andrew Naumann; Cyndy Wright Johnson; Barbara Goff

Chairman Kalish called the meeting to order at 1:03 pm.

Dr. Kalish called for the approval of the minutes from the November 1, 2018 meeting.

**ACTION: A motion was made by Mr. Dyott, seconded by Mr. Tiemersma and unanimously agreed upon to approve the minutes of the November 1, 2018, meeting with attendance corrections.**

#### **MIEMSS Report**

Ms. Gainer provided the MIEMSS update; a copy of the MIEMSS Report was distributed.

#### **Opioid Items.**

The Opioid Operational Command Center will provide another \$200,000 in grant funds for MIEMSS to pass through to EMSOPs to offset unrecoverable naloxone costs. MIEMSS is in the process of compiling a special edition of the EMS Newsletter focusing on Opioid issues.

## HB 359 – Reporting of Overdose Information.

As of July 1, 2018, MIEMSS began submitted opioid overdose information to the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) Overdose Detection Mapping Application Program (ODMAP) in compliance with a new State law. MIEMSS identifies patient care reports for submission to ODMAP where there is suspicion that an individual is suffering from an opioid overdose based on the administration of naloxone as reported in eMEDS. Information is reported electronically to ODMAP every few minutes. The following elements are reported: the date and time of the overdose; the approximate address of the overdose patient; whether an opioid overdose reversal drug, i.e. naloxone, was administered, and whether the overdose resulted in a fatality or not.

The Maryland Department of Health has requested that EMS jurisdictions and companies share, within 24 hours, information regarding naloxone administration with their local Health Departments in order for the local health departments to provide timely interventions. MIEMSS supports this initiative.

## SB 682 EMS Reimbursement Legislative Report.

Ms. Gainer said that work continues on the report to be submitted to the Legislature on EMS Reimbursement. MIEMSS and MHCC have received a 30 day extension for report submission. The draft report will be presented to stakeholders on December 8, 2018, with the final report to be submitted to the Legislature by January 31, 2019.

## Voluntary Ambulance Inspection Program (VAIP) Committee

Ms. Gainer said that the VAIP Committee is now being re-constituted. The next meeting is schedule for the morning of January 8, 2019.

## eMEDS Upgrade.

Baltimore City is rolling out Elite this week, with Howard County going live next week. MIEMSS anticipates Carroll County rolling out the Elite upgrade early in calendar year 2019.

## Grants

Ms. Gainer said that MIEMSS is reviewing the historic purchasing formula for the 50/50 grants, along with securing Dr. Chizmar's and Dr. Seaman's vision for the future of cardiac care in Maryland.

## MIEMSS Executive Director

Ms. Gainer said that Theodore R. Delbridge, MD, MPH, FACEP, FAEMS, who was appointed by the EMS Board and approved by the Governor will start as MIEMSS Executive Director on February 13, 2019.

## **SEMSAC Chairman's Report**

Dr. Kalish welcomed Dr. Habeeba Aliyya Salaam Park, MD, as the Maryland College of Surgeons Representative to SEMSAC.

Dr. Kalish reported that at the November EMS Board meeting, the EMS Board approved the Johns Hopkins Hospital as a Level 1 Adult Trauma Center for five years and Med-Star Good Samaritan Hospital as a Primary Stroke Center for the remaining four years of a five-year designation.

## **MSFA**

The MSFA Executive Committee was held December 1<sup>st</sup> and 2<sup>nd</sup>, 2018 at the Snow Hill Volunteer Fire Company.

The next MSFA/MIEMSS/MFRI meeting is scheduled for December 11, 2018.

The MSFA Leadership and membership wished everyone a safe and happy holiday season.

## **MSPAC Update**

Captain McMinn addressed the current temporary service reduction and said that MSPAC anticipates returning military personnel should alleviate the limited service hours at the Easton section by March 1, 2019. He said that the Cumberland section will continue with reduced service hours for the foreseeable future. He added that duty hours play a role in overtime use and number of hours pilots can work. Captain McMinn stated that MSPAC's policies to ensure against pilot fatigue exceed what is required under Part 135.

Mr. Burns asked what the impact of reduced service hours is to EMS. Captain McMinn said that all providers should continue to follow EMS protocols for requesting a helicopter. SYSCOM Duty Officers have protocols in place to use commercial services as back-up to MSP helicopters. At this time, MSP helicopters have covered all calls at the Easton section with one mission missed in October at the Cumberland section; this patient was transported by ground services.

## **National Study Center (NSC)**

Dr. Kozar said that the NSC continues to work with MIEMSS and College Park on transportation data for Crash Injury Research. She added that Dr. Tim Kerns, the new Maryland State Highway Safety Officer, formerly of the NSC, is working with the Transportation Institute at College Park on a new Transportation Health Initiative.

## **Committee Reports**

### Regional Affairs.

Mr. Smothers said that the Regional Affairs Committee is reviewing initiatives for successful completion and testing of EMT students including the use of MFRI Platinum testing and the Frederick County EMT pilot program. He said it is important for companies to develop mentoring programs to assist students with successful outcomes for EMT testing.

Mr. Smothers said that with stagnant funding and inconsistent pricing, the 50/50 State Highway grant funding is still an issue. Securing additional monies, basic and consistent pricing for equipment and changes in distribution for the 50/50 grants was discussed.

The next meeting of the Regional Affairs Committee is scheduled for January 3, 2019.

## Old Business

### 2019 Maryland Medical Protocols proposed changes.

A copy of the proposed changes was distributed.

Dr. Chizmar highlighted the proposed protocol changes for to include:

- **Adult Tachycardia:** The algorithm has been significantly revised, including the removal of medical consultation prior to the administration of diltiazem and the addition of blood pressure parameters.
- **DNR/MOLST:** The list of acceptable procedures for DNR and MOLST B patients has been expanded to include the use of Magill forceps for obstructed airways and capnography.
- **Fentanyl:** The use of fentanyl has moved to the general patient care section and morphine has moved to an optional supplemental protocol. The preferred route of administration for fentanyl will be intranasal.
- **Needle Decompression:** The flutter valve will be an optional piece of equipment. The preferred location for needle decompression will be moved from the mid-clavicular line to the mid-axillary line.
- **Medical Consultation Requirement:** Changes have been made to the consult requirement for Priority 2 patients. The decision of hospital notification versus medical consultation will be based on the need for procedures or medication that require physician approval.
- **Stroke:** The last known well time window has been changed from 3.5 hours to 20 hours. EMS providers will also be required to relay the last known well time to the hospital with the Stroke Alert, which aligns the Maryland Medical Protocols with the latest science regarding care for stroke patients. A new prehospital stroke assessment for the detection of posterior circulation stroke has been added, which employs the BE-FAST mnemonic.
- **Tissue Donation:** Contact information for Living Legacy and Washington Regional Transplant Community has been added for reference.
- **Trauma Arrest:** The use of epinephrine for ADULT patients in traumatic arrest has been discontinued.

**ACTION: Upon the motion of Mr. Dyott, seconded by Dr. Fillmore, the SEMSAC voted unanimously to recommend the 2019 Maryland Medical Protocols to the EMS Board for approval.**

## New Business

### SEMSAC Survey

A paper copy of the completed survey was distributed.

Dr. Kalish gave an overview of the SEMSAC survey regarding member goals, SEMSAC committees, finance, and grants. Dr. Kalish said there was approximately a 30% response from members. Some things to be addressed, request for increased participation by SEMSAC on the EMS Board Finance Committee, reevaluation of 50/50 grant distribution, alerting system and QA reporting to SEMSAC.

Mr. Simonds announced his resignation as Region III EMS Advisory Council representative to SEMSAC.

**ACTION: Upon the motion by Mr. Dyott, seconded by Ms. Doyle, the SEMSAC voted to adjourn.**