

STATE OF MARYLAND
STATEWIDE EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL
MEETING MINUTES

May 3, 2007

SEMSAC MEMBERS PRESENT: Murray A. Kalish, M.D., (Vice Chair); David M. Crane, M.D.; Steven T. Edwards (represented by Mr. Pat Marlette); Jeffrey L. Fillmore, M.D.; Scott A. Haas; Ronald Lipps; Carole Ann May; Major McAndrew; Charles Wills; Kathleen Grote; Kathryn Yamamoto, MD., F.A.C.E.P.; Kenneth May; Anne Marie Kuzas, RN.

SEMSAC MEMBERS ABSENT: Chief Roger Simonds (Chair); John Ashworth; Deputy Chief David H. Balthis; Wendell Baxter; James Fowler III; Tom Reilly; Tom Scalea, M.D.; Wade Gaasch, M.D.; James Scheulen; Denise Graham; Zeina Khoury; Allen Walker, M.D.; Elaine Wedding; George Delaplaine, Jr.;

MIEMSS STAFF PRESENT:

Dr. Robert Bass, John New, Lisa Myers, Beth Magee, John Young, Jim Brown, William Seifarth, Chris Hanley, Chris Hyzer, Joe Davis, Dr. Floccare, Renee Fechter, Zoe Cooper, Danielle Dunn, Lisa Chervon, Terrell Buckson; Chad Packard; Andy Trohanis; Phil Hurlock; Barbara Goff.

OAG: E. Fremont Magee.

Shock Trauma Center/UMMS: Robbi Hartsock, Jim Radcliffe

Anne Arundel County Fire Department: Chief O'Connell

The meeting was called to order by the Vice Chair at 1:07 PM.

A moment of silence was held in honor of the tireless and dedicated service to Maryland emergency medical services provided by former State Emergency Medical Services Board Member Chief John Frazier of the Baltimore City Fire Department who died on April 6, 2007.

Executive Director's Report – Dr. Bass

The closing of the medical facilities operated by Dimensions Health Systems which include the Prince George's County Medical Center, Laurel Regional Hospital, in addition to a freestanding medical facility and a nursing home in Prince George's County was narrowly averted by last minute action from the Prince George's County government which has partnered in a financing arrangement which will maintain operations for

proximately fifteen months. This action has temporarily maintained these medical facilities which handle a sizable portion of the healthcare for residents of the area which they serve. The General Assembly was unable to reach agreement with all the interested parties on what may have been a more permanent resolution during the last session. The intense efforts to stave off the closing of these facilities has caused all of the stakeholders to fully appreciate the impact such a closing would have on the surrounding health care services and provided a catalyst for Virginia, DC, and Maryland authorities to engage in planning which could be implemented if a more permanent resolution cannot be achieved or if a similar disruption to health care facilities occurs due to another cause.

House bill 1048 received strong opposition in the committee hearing where only one person spoke in favor of the bill and approximately 30 fire, EMS and medical personnel from all over the state testified against the bill affirming that the 1990's legislation which resulted in the current Maryland EMS system is working very well and that the stakeholders have no reason or desire to return to the previous system.

Senate Bill 742 as originally written would have required swimming pools to become AED facilities. The bill was amended to require MIEMSS to report by December 1, 2007 on whether swimming pools should provide AEDs and to make recommendations as to whether AEDs should be required at other locations. MIEMSS will be able to use data from its cardiac study in making its recommendations. Individuals wishing to participate in making recommendations should contact Doctor Bass.

There were hearings in both houses of the General Assembly on the EMS Operations Fund. The hearings highlighted the fact that the vehicle registration surcharge provides steady revenue but slow growth in light of and is not able to keep up with inflation, maintenance costs and creases in demand for fund revenues. The Finance Committee will begin to look at these issues under the leadership of Doctor Kalish as well as representatives from the Maryland State Police, The Maryland Fire and Rescue Institute, the R A Cowley Shock Trauma Center and others who are encouraged to volunteer their services.

House Bill 1298 was introduced to improve AED program liability protection and to deregulate use of AEDs by individuals. The term of the legislature expired before the bill could be favorably acted on, but it is expected to be resubmitted next session.

Other new legislation authorizes a freestanding freestanding medical facility in Queen Anne's County. This facility is a second pilot facility similar to one previously authorized in Germantown, Maryland.

Yellow alert data indicates that after some recent improvement the problem of increasing yellow alerts has returned.

The Centers for Medicare and Medicaid Services issued a memorandum on April 27, 2007 which points out that a receiving hospital cannot condition acceptance of a patient on the use of a particular ambulance service. The memorandum also softens somewhat

the implication from last year's memorandum that patient parking could be an EMTALA violation. The new memorandum stresses the care of the patient is paramount and recognizes that there are situations where it may be appropriate for a hospital to ask EMS staff to stay with the transported individual when the hospital does not have the capacity or capability to immediately assume full responsibility for the individual.

MIEMSS continues to meet with colleagues at MHCC and DHMH on a regular basis to dialog and share data concerning trends in yellow alerts.

MIEMSS is awaiting the report from the helicopter replacement consultant, and once the report is available a dialog on helicopter replacement can begin.

The American Heart Association is expected to issue a paper shortly on ST-Elevation Myocardial Infarction (STEMI) systems which finds that based on recent history STEMI is best treated by intervention and that a system similar to the trauma system is needed.

EMS week will take place from May 20 through May 26, 2007. MIEMSS is waiting on an exact date for the Star of Life Presentations.

Joe Davis has recently joined MIEMSS as the EMAIS coordinator bringing with him a longstanding EMS background from Middle River. Chris Hyzer, who formerly worked in EMRC/SYSCOM, is now working in the office of the medical director and handling day-to-day issues.

Anne Kuzas, who will be relocating to South Carolina shortly, was presented h a certificate recognizing her long and dedicated service to SEMSAC and to the Maryland EMS community.

SEMSAC Report – no report.

National Study Center Report – no report.

Regional affairs report –Chief O'Connell

Regional affairs did not meet today, but will meet in June. Jurisdictions are currently prioritizing their grant requests. Requests for matching grant expressions of interest were sent out April 11th, and for highway safety grant expressions on April 4th. Information has yet to be received on the bioterrorism grant program.

BLS Committee Report – Mr. Wills

The committee is completing instructor rollouts which to date have been well received. There has been one in each of MFRI regions of and two for career providers. 75 to 80% of the instructors have participated in the rollouts. The committee met today and plans to continue the rollout of skills with upper and lower extremity expected to be covered in the next round.

ALS Committee – Mr. Haas

A meeting was held on April 4 which included a discussion of simulation technology. The Maryland Fire and Rescue Institute explained the costs and benefits of their current program. The costs for the program are the cost for equipment and maintained. Also discussed was funding and putting a committee together to explore the matter further. IT was decided that MIEMSS would probably take the lead in this endeavor.

Doctor Bass noted that Region Five has been discussing whether it would be beneficial to discontinue yellow alerts. While MIEMSS is interested in listening to all suggestions, areas which have done away with red and yellow alerts, such as Memphis and California have seen the ambulance delays exacerbated. On May 16th from 1:00 PM to 3:00 PM there will be a meeting at MIEMSS with representatives from Region Three and Region Five regarding whether there are steps that can be taken to make the system function more smoothly. Others are welcome to attend.

EMS Provider Status – Bill Seifarth

The total number of new certifications and licenses issued this year is down slightly from last year as indicated on the chart circulated at the meeting. However the total number of providers is up, and the decline in new certifications and licenses this year is attributed to an unusual number of March tests in 2006.

AED regulations – Lisa Myers

The AED regulations were amended on an emergency basis to conform the algorithm to the new American Heart Association protocol. The EMS Board is expected to vote to make the regulations final at its next meeting.

Stroke Center Update – John Young

MIEMSS has conducted site visits at ten hospitals seeking designation as primary stroke centers under the State site review program and a similar number under the JCAHO certification program. Certification by JCAHO does not affect ambulance routing. The current plan is to provide protocols to require routing to designated stroke centers near the end of the summer when all of the designations are completed. Also at that time a stroke Quality Assurance Committee will be convened with representatives from each designated stroke center to review aggregate stroke care data and improvements for stroke care.

Burn and Trauma Center Update – Mary Beachley

Reverification of designated trauma centers is underway, and letters have been sent to all of the chief executive officers of the currently designated trauma centers asking if they desire to continue to participate in the program. When their responses are received the

required advertisement will be placed seeking comments on the existing centers and applications from any hospitals not presently designated which would like to become trauma centers.

The burn center designation process is completed, and MIEMSS is reviewing the reports. A decision letter is expected to be sent out shortly. The Johns Hopkins health systems burn program is changed to a over arching program which includes an adult burn center at Johns Hopkins Bayview and the Pediatric Burn Center at Johns Hopkins children's center.

Action: Moved (Mr. Wills), seconded (Mr. Haas), passed unanimously to support the minutes of the March 3, 2007 SEMSAC meeting.

Specialty Care Transport – Bill Seifarth

Specialty care transport regulations are now in effect which provide the requirements for becoming a specialty care transport commercial ambulance service. Through an agreement with UMBC MIEMSS has selected an education curriculum for training specialty care transport providers which is outlined on the report circulated at the meeting. The curriculum will be presented to the EMS Board for approval.

Department of State Police Aviation Division Update - Major Mc Andrew

Helicopter rotor caps are receiving special safeguards and undergoing an engineering review by the manufacturer following the discovery in April of a cap which came off one helicopter in flight. The missing cap was not discovered until the aircraft landed. There was no damage to the helicopter or to anyone on the ground from the incident.

On March 29, 2007 the crew of Trooper One risked high winds to successfully hoist 3 boaters from rocks after they abandoned a motor boat that developed engine trouble and were swept over a spillway on the Susquehanna River in Pennsylvania.

It is proposed that the SYSCOM commercial helicopter dispatch policy for commercial helicopters operating under MOUs with MIEMSS and the State Police be changed to make clear deviation from the policies is allowed under unusual circumstances. A copy of the proposed changes was circulated and will go to the EMS Board for approval.

Dr. Bass asked for feedback on the policy change before the May 8th Board meeting.

Ms. Grote inquired as to when the current protocol changes would be available and Mr. Brown indicated they were expected in three weeks.

There was a discussion of summer SEMSAC meeting dates which indicated meetings would not take place in July and August.

Action: Moved (Mr. Lipps), seconded (Dr. Crane), passed unanimously to adjourn.

