

STATE OF MARYLAND

STATEWIDE EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

MEETING MINUTES

September 6, 2007

SEMSAC MEMBERS PRESENT: Chief Roger Simonds (Chair); Murray A. Kalish, M.D., (Vice Chair); John Spearman (representing John Ashworth); Steven T. Edwards; Jeffrey L. Fillmore, M.D.; Scott A. Haas; Ronald Lipps; Carole Ann May; Major McAndrew; Kathleen Grote; Kathryn Yamamoto, M.D., F.A.C.E.P.; Kenneth May; Sharon Henry, M.D., F.A.C.E.P.; Deputy Chief David H. Balthis; Wendell Baxter; George Delaplaine, Jr.; Tom Reilly;

SEMSAC MEMBERS ABSENT: David M. Crane, M.D. Charles Wills; James Fowler III; Tom Scalea, M.D.; Wade Gaasch, M.D.; James Scheulen; Denise Graham; Zeina Khoury; Allen Walker, M.D.

MIEMSS STAFF PRESENT:

Dr. Robert Bass; John New; Lisa Myers; Beth Magee; Phil Hurlock; Joe Davis; John Barto; Sherry Alban; Pat Gainer; Jim Brown; Dr. Alcorta;

OAG: E. Fremont Magee.

Shock Trauma Center/UMMS: Jamie Higgins, Robbie Hartsock

Maryland State Police: Captain Cornwell

Anne Arundel County Fire Department: Chief O'Connell

Baltimore County Fire Department: Joseph Brown; Wayne Tome

Carroll County Volunteer Emergency Services Association: Jeffrey Powell

MSFA: President Sterling; First Vice President Underwood; Second Vice President Powell

Others present: Michael Millin, Johns Hopkins

The meeting was called to order by the Chair at 1:09 PM.

Action: Moved (Mr. May), seconded (Dr. Fillmore), passed unanimously to support the minutes of the May 3, 2007 SEMSAC meeting.

Executive Director's Report – Dr. Bass

As a result of John Young's hard work several hospitals have applied for and have been designated by MIEMSS as primary stroke centers with several additional applicants expected to be approved shortly. Field providers have been notified by memo that as of September 1, 2007 stroke patients who meet the stroke triage criteria are to be transported to designated stroke centers as provided the protocols.

MIEMSS will soon begin work on designating hospitals for the triage of cardiac patients in order to provide primary angioplasty to patients where appropriate. An early draft of proposed regulations is being prepared which will be reviewed with the stakeholders in the coming months.

MIEMSS is reviewing the Montgomery County freestanding emergency department experience for assistance in determining protocols for a freestanding emergency department in Queen Anne's County recognizing that the different location presents different challenges with regard to the availability of hospitals for patient transfer and direct transport.

Doctor Alcorta noted that most of the transfers experienced in the Montgomery County freestanding emergency department were from walk in patients. In addition, based on the experience with that facility it was determined that the number of patient transfers could be lowered when certain cases were transported directly to hospitals rather than the freestanding emergency department.

The new scope of practice model from NHTSA would result in the elimination of the EMT- I, changing the term "First Responder" to "Emergency Medical Responder", changing the term "EMT B" to "EMT", and creating a new "Advanced EMT" (AEMT). AEMT education and training would require 150 to 200 hours more than the EMT education and training to include proficiency in certain additional medications, advanced airway procedures and IV training which should qualify the AEMT to cover 70 to 80% of all calls.

Applying the new NHTSA criteria to Maryland would eliminate the CRT. This will require a decision as to whether to grandfather existing CRTs and how to handle CRTs who have not upgraded. One possibility would be dropping of those individuals who have not upgraded back to AEMT. The matter will be under consideration and discussion during the next few months.

The graphs and the materials distributed concerning alert status show that in Regions III and V there was not much change with a mild summer and a winter that was not extreme. A spike in the Region V data is attributable to the closure of beds at Malcolm Growe air force base which then went on perpetual red alert.

Dialog continues with DHMH, HSCRC, an MHCC to decrease turnaround time at the various hospital emergency departments.

MIEMSS continues to work on two general assembly reports, one on ATV crashes and a second on AEDs.

Preliminary indications show the demand for AEDs at swimming pools to be relatively low in rank. The highest demand for AEDs appears to be the Baltimore Washington International Thurgood Marshall Airport as well as jails, skilled nursing facilities and dialysis centers.

MIEMSS expects to be resubmitting AED legislation that was proposed last year with some changes designed to streamline public access to AEDs by reducing barriers and disincentives to use and bolstering liability protection.

MIEMSS has been looking for an upgrade or update to FRED for the past several months. A decision has been made to purchase a commercial product to replace FRED, and a demonstration should be available sometime this fall.

Helicopter replacement continues to be discussed as the current fleet approaches an age of 20-25 years. The consultant's report is expected to highlight replacement specifications and will include a draft RFP. Consideration is now being turned to a funding source.

Major McAndrew noted helicopters over 25 years old display a substantial decrease in mission availability.

SEMSAC Report – Chairman Simonds.

The Chair welcomed Dr. Henry as a new member of SEMSAC and President Sterling, the new president of the MSFA. The members of SEMSAC were introduced.

The volunteer ambulance inspection program is being updated to include the latest protocol changes.

National Study Center Report – Chris Handley.

Dr. Gordon Smith has joined as a researcher for the Study Center. The center is seeking defense funding for treatment studies.

Regional affairs report –Chief O'Connell

New by laws were approved and will be submitted to SEMSAC at the next meeting. A small portion of education grant funds were returned for reallocation, and the use of education grants will be monitored monthly. Fiscal year 2008 funding and highway safety grants were reviewed.

The next Regional Affairs meeting will be November 1, 2007.

BLS Committee Report – Mr. Seifarth

The committee is working on the second series of skills workshops which includes long bone injuries. The end product will be a cd or dvd which is expected to be available next summer as a resource.

ALS Committee – Mr. Haas

The ALS Committee met twice during the summer. Matters discussed included distance learning, and simulation technology.

The problem of students who appear for the National Registry practical exam but are not listed on the test roster was also discussed.

The committee is working on the ALS protocol exam.

The committee will meet next on September 26, 2007.

MSFA

At the invitation of the Chair, MSFA President Sterling introduced First Vice President Frank Underwood and Second Vice President Roger Powell who were in attendance, and recognized Phil Hurlock as a past president of the MSFA. Mr. Sterling remarked that he looks forward to working with SEMSAC in the coming year.

Old Business

EMS Provider Status Report – Mr. Seifarth

A current summary of the numbers of EMS providers currently certified or licensed in Maryland was distributed and commented upon by Mr. Seifarth.

EMAIS® Presentation – Mr. Handley

Mr. Handley presented an update on EMAIS® , the web based EMS data submission tool which is made available by MIEMSS free of charge to Maryland EMS operational programs that wish to adopt it. EMAIS® replaces the former system of using paper reports to submit prehospital data to MIEMSS for public health oversight purposes.

The presentation demonstrated some of the many analyses that are available using EMAIS® data by illustrating how particular EMS usage patterns can easily and effectively be shown on graphs.

Dr. Bass noted that a large number of Maryland EMS Operational Programs are currently reporting data electronically – either by EMAIS® or some other electronic system. It is anticipated that the entire state will be reporting prehospital data electronically within 18 months. Among other things, there will be a savings of approximately \$100,000 with the elimination of buying paper forms plus additional savings from the elimination of paper form processing.

Budget overview – Dr. Bass

A graph showing revenue versus expenditures for the Maryland Emergency Medical System Operations Fund (MEMSOF) by year from 1993 through 2006 was distributed. MEMSOF is funded by a surcharge on Maryland motor vehicle registrations.

By statute MEMSOF is used exclusively to fund State Police MedEvac expenses, MIEMSS, The R Adams Cowley Shock Trauma Center, the Maryland Fire and Rescue Institute, grants under the Senator William H. Amoss Fire, Rescue, and Ambulance Fund, and The Volunteer Company Assistance Fund.

Dr. Bass noted the fund is a relatively steady source of income but lacks any adjustment for inflation. Increased draws on MEMSOF revenue in recent years include AMOS Fund increases, R Adams Cowley building upgrades and increases in the Volunteer Company Assistance Fund. In addition, the number of motor vehicle registrations declined somewhat last year.

Current projections indicate MEMSOF revenue will be exceeded by the statutory expenses in 2010 or 2011.

Major McAndrew noted that aircraft maintenance was a big issue in MedEvac expense. In an effort to reduce operating time, the State Police propose to purchase a flight simulator to handle a large part of the training load. The estimated cost for the simulator is \$300,000.

Mr. Edwards commented that MFRI teaches nearly 1,700 courses a year for more than 33,000 students. Many of those trained are volunteers who in turn provide valuable contribution to the community.

The demand for ALS instructors continues to exceed the supply. National changes in ALS and BLS education will result in increased training hours. In addition to ordinary operating revenues, MFRI is seeking to purchase thermal imaging cameras which cost \$7,500 each to improve safety in live fire exercises and thermal tile to replace sprayed on foam for fire exercise buildings which will yield much longer facility life.

Mr. Spearman reported that the R Adams Cowley Shock Trauma Center is reconfiguring beds to accommodate more than 7,500 cases per year in a facility built for 3,500 per year. It will be seeking an inflationary increase and funding to cover stand by nurses in the trauma recovery unit.

Dr. Bass noted that MIEMSS' budget request had been flat for the last few years. Additional funding will be sought to add a needed position to EMRC, which operates 24/7 in order to reduce overtime costs. In addition \$250,000 per year is needed to replace radios affected by the FCC requirement that by 2013 public safety radios will be required to reduce bandwidth. The alternative would be to reduce grants to local jurisdictions.

Licensing and certification expects to switch to an electronic test generator system along with other members of the Atlantic council. It offers better security and better psychometric measurement. The alternative would be to go to National Registry testing which would cost providers some \$220,000 per year.

President Sterling indicated that Amos fund requests go to several jurisdictions and have not increased in past few years. Draws against the Volunteer Company Assistance Funds are being paid back at one million dollars a year and no increase is expected.

The MSFA is studying the need for a permanent staff including an executive director with annual expenses in the \$285,000 range and possible funding from MEMSOF.

A modest increase is needed for the Widows and Orphans assistance fund to raise lump sum payments from \$5,000 to \$6,000 and monthly benefits from \$400 to \$450. Approximately \$50,000 will be sought for those costs.

The \$7.50 surcharge on moving fine violations has yielded less revenue than anticipated since that statute requires a finding of guilt and the administrative expenses drew \$250,000 from the first funds available. Legislation will be requested to increase the surcharge on traffic fines to \$20.

Other current plans are to seek an increase in the tax reduction for volunteers to \$5,000 per year and to obtain 5% of any slots revenue.

The MSFA is concerned with increasing the hours of EMS education required under the proposed changes to the NHTSA scope of practice model which will place an added burden on volunteers.

Physicals are needed for volunteers as a safety matter, but there is concern with funding the average cost of \$500 per physical.

Centralized Routing Pilot – Dr. Alcorta

Dr. Alcorta has been working with a committee to create a centralized routing procedure built upon the success Baltimore City achieved in a similar program run from MIEMSS a few months ago. The procedure involves active participation in routing decisions based on hospital availability conditions as measured by yellow alerts, active communications with EMS units at hospitals and other available data.

A draft of the proposed procedure is being circulated. Those with questions are urged to contact Dr. Alcorta who would like to begin implementing the procedure in interested jurisdictions this fall.

Protocol Review – Dr. Alcorta

Dr. Alcorta reviewed the 2008 Protocol Update Summary which was circulated.

Action: By acclamation the meeting was adjourned.