

State EMS Advisory Council (SEMSAC)

September 12, 2013

Meeting Minutes

(Corrected at the November 7, 2013 meeting)

SEMSAC Members Present: Murray Kalish, MD, Chair, Roland Berg, Vice Chair; Karen Doyle; Eric Smothers; Steve Edwards, Jeffrey Fillmore, MD; Wade Gaasch, MD; Will Bethea (by phone); Scott Haas ; Keith McMinn for Frank Lioi; Wayne Tiemersma; Linda Dousa; Kathryn Yamamoto, MD; Michael DeRuggiero; Nathaniel McQuay, MD; Alan Faden, MD; James Fowler, MD; Melissa Meyers ; Jim Scheulen; Kathleen Grote; Joan Fortney; Roger Simonds; Elliott Ganson; Michael DeRuggiero (by phone); Wayne Dyott.

Members Absent: Allen Walker, MD; Joe Brown; Jack Markey; Tom Gianni; Marian Muth; Lisa Tenney.

Others Present: Bill Dousa; Johnie Roth; Michael O'Connell.

MIEMSS: Robert Bass, MD; Lisa Myers; Carole Mays; Richard Alcorta, MD; Les Hawthorne; Jim Brown; Barbara Goff; Pat Gainer.

OAG: Fremont Magee; Sarah Sette.

Dr. Kalish opened the meeting at 1:05 pm.

Action: A motion was made, seconded and passed unanimously to approve the minutes of the May 2, 2013 meeting of SEMSAC.

MIEMSS Executive Director's Report: Dr. Bass reported that all but three EMS jurisdictions are participating in eMEDS: two jurisdictions are actively in transition with ongoing discussions with the third jurisdiction.

Ms. Gainer reminded SEMSAC that MIEMSS staff had developed draft revisions to the State EMS Plan. She said that the EMS Plan is a foundational document for the EMS system, required by statute. She said that the draft Plan had been posted online and that MIEMSS had held a series of meetings in each region to receive comments on the draft. An additional meeting has been scheduled at MIEMSS to receive public comment on the draft. The meeting is set for October 7, 2013 at 10 am in room 212.

Dr. Bass said with the revenues to the EMSOF from the vehicle registration fee increase from the last legislative session were helping to fund the SYSCOM/EMRC communications upgrade project, which is underway.

Dr. Bass announced his retirement from MIEMSS effective January 1, 2014. Dr. Bass said that he has been extraordinarily fortunate to have had the opportunity to lead MIEMSS and the Statewide EMS System and to work on many varied issues. Dr. Bass thanked everyone for the opportunity to have served and for the support and friendships during his tenure as Executive Director.

SEMSAC Chairman's Report: Dr. Kalish introduced the newest member of SEMSAC, Mr. Wayne Dyott, who will be representing the General Public with a population >175,000. Dr. Kalish also introduced Mr. Johnie Roth, newly elected Second Vice president of the MSFA.

Dr. Kalish reported on the action items from the May, June and August 2013 EMS Board meetings.

EMS Board - May 2013

The Board approved the following:

- ∞ A memorandum of Understanding with Nanticoke Memorial Hospital.
- ∞ The Advanced Life Support Education Programs of Community College of Baltimore County, Essex, Wor-Wic Community College and Frederick County DFRS for a period of five years.
- ∞ Franklin Square Medical Center, Anne Arundel Medical Center, and St. Agnes Hospital as Level IIIB Perinatal Referral Centers for a period of five years as follows
- ∞ Shady Grove Hospital, Howard County General Hospital and Calvert Memorial Hospital as Primary Stroke Centers for a period of five years.

EMS Board - June 2013

The Board approved the following:

- ∞ A change to COMAR regulations that removes a prohibition against freestanding emergency facilities becoming base stations.
- ∞ A budget amendment for the MSP Aviation Command in the amount of \$1,359,332
- ∞ Designation of Meritus Medical Center as a Level III Trauma Center for a provisional period of one year.

- ∞ Peninsula Regional Medical Center as a Level III Trauma Center for a period of five years.
- ∞ Suburban Hospital as a Level II Trauma Center for a period of five years.
- ∞ Johns Hopkins Hospital as a Comprehensive Stroke Center for a period of five years.

EMS Board - August 2013

The Board approved the following:

- ∞ Endorsement of the “Toward Zero Deaths” Policy Resolution.
- ∞ The “Intranasal Naloxone for BLS Providers Optional Supplemental Program” to include syringe-based administration, as clarified that BLS includes EMTB and EMRs.
- ∞ Proposed modifications to COMAR 30.01.01.01 and .02 e: (1) the 2013 Maryland Medical Protocols for Emergency Medical Services Providers; and (2) the Maryland State Trauma Registry Data Dictionary for Burn Patients – 2012 Edition; this second item changes the COMAR definition of an electronic ambulance information system from “EMAIS” to “eMEDS.”
- ∞ Proposed amendment to COMAR 30.03.04.04 that will require the submission of an eMEDS patient care report to MIEMSS, instead of submission of data “in a form acceptable to MIEMSS effective December 31, 2013.”
- ∞ Proposed modifications to the MOLST form and to the MOLST regulations to include Physicians Assistants.
- ∞ The University of Maryland Charles County Regional Medical Center (Civista) as a primary stroke center for a period of five years; and MedStar St. Mary’s Hospital for the remainder of a five year period.
- ∞ Upper Chesapeake Medical Center, Harford Memorial Hospital, Johns Hopkins Hospital Pediatric Emergency Department, Carroll Hospital Center and Johns Hopkins Hospital Adult Emergency Department as Base Stations for a five-year period.
- ∞ Howard County General Hospital and Johns Hopkins Bayview Medical Center as Level IIIB Perinatal Referral Centers.

Dr. Kalish said the CoAMESP had a webinar on September 11, 2013 with 360 attendees nationwide regarding the definition of airway competency (a recommendation not a standard that CoA currently incorporates). The Critical Care Medicine Committee submitted a resolution to the American Society of Anesthesiologists to encourage hospital anesthesiology departments to participate in airway management training for paramedic students.

Hopefully, this resolution will assist in providing additional availability for airway management training of paramedic personnel.

Legislative Update: Ms. Gainer said two proposed bills have been submitted to the Governor's Legislative Office for approval. If approved, they will be submitted as departmental legislation for the upcoming 2014 Legislative session.

1. Adding EMS providers, Hospitals and MIEMSS to the list of exclusions from regulation by the Maryland Health Care Commission as a Health Information Exchange (HIE). Mr. Magee added that in 2011 the General Assembly passed a law which required the Maryland Health Care Commission to regulate HIEs which is "an infrastructure that provides organizational and technical capabilities for the exchange of protected health information electronically among entities not under common ownership". Exclusions from regulation has an HIE included a hospital and credentialed members of its medical staff and a hospital and ancillary clinical service providers affiliated with a hospital with a signed business agreement. Mr. Magee said eMEDs with hospitals and EMS providers should be treated similarly and MIEMSS which MIEMSS proposed legislation would accomplish.
2. Creating a new statutory framework whereby hospitals across the state could enter into a "Hospital Assistance Pact" where resources (personnel and equipment) could be shared statewide during a disaster.

National Study Center: Dr. Faden said that the National Study Center (NSC) and STAR which is the research arm of Shock Trauma has had a substantial increase in research funding. There is also an increase in peer-reviewed publications from 52 last year to 99 this year. In addition to the substantial increase in research funding, two junior faculty members have received NIH research grants.

Emergency Medical Dispatch (EMD) Committee: Les Hawthorne reported on EMD personnel changes. Lt. Scott Brillman is the new Acting Director of 911 & Emergency Communications for Baltimore City, and Tara Milardo is now the Senior Account Manager and point of contact for Maryland at PowerPhone.

At the last EMD meeting on August 20, 2013, Dr. Seaman presented an overview on future protocol changes to CPR for EMDs. There will be an EMD track at the Resuscitation Seminar on September 30, 2013.

Version 13 of the National Academy of Emergency Medical Dispatch Protocols should be released in late fall or early winter.

MIEMSS is seeking Advanced Automatic Collision Notification (AACN) policies to share with PSAPs.

Next meeting is October 15, 2013 at MIEMSS.

JAC: Mr. Simonds said the last meeting was held on August 14, 2013. Informational CDs regarding delivering news of death to a family member, "Break It to Me Gently," were distributed.

JAC discussed the Naloxone shortage. It was recommended that a 2ml version for the EMT Basic in vial form be purchased.

Mr. Simonds reported that John Donohue presented a draft protocol on Multiple Casualty Incidents and Unusual Events. John also spoke on the Ambulance Strike Team initiative and the status of chemical antidote caches which have expiration issues. Dr. Alcorta added, for clarification purposes, "regarding the Mark I Kits (antidote for nerve gas exposures), a statewide strategy is being developed to provide limited capability in every county for nerve agents, in addition to the existing CHEMPACK system". Ten of the twenty six EMS Operational Programs in Maryland that have optional supplemental protocol for Mark I Kits; a flyer / invitation will be sent to all operational programs not currently utilizing the optional protocol to ask them to submit a request to ensure training and management of Mark I utilization. The protocol review committee reviewed the draft MCI protocol, made some minor operational changes and will be going into effect July 2014 with EMS Board approval.

MSFA: Mr. Roth reported that President Olsen will submit three nominations, as required, for the MSFA representative to SEMSAC, and that the current SEMSAC member, Linda Dousa, as their preference to represent the MSFA. He also said that MSFA has met individually with all EMSOF partners and would like to meet with all partners together soon.

MSP Aviation Update: Lt. McMinn represented Major Lioi and gave the following report. Trooper 3 fully transitioned to the AW139 helicopter with 24 hour coverage two weeks ago. Trooper 6 starts service with the AW139 for daytime operations, training for NVGs and additional specialty training such as aerial rescue on September 13, 2013. MSPAC continues to make progress regarding pilot vacancies. The next base to be transitioned will be Trooper 4 sometime in mid-October.

Scott Haas thanked Lt. McMinn and MSPAC for the quick turnaround regarding the landing zone training for ground first responders on the AW139. Lt. McMinn said that a nine (9) minute safety video on the capabilities and the safety issues with the new aircraft will be posted to the LMS soon.

New Business

Open Meetings ACT: Mr. Magee distributed the Training Requirements for Public Bodies. Effective October 1, 2013, each public entity subject to the Open Meetings Act must designate a member, officer, or employee to receive training within 90 days of the designation. Because the legislation also specifies that the training must be completed “within 6 months after the effective date,” training received before October 1 will not satisfy the requirement. The legislation requires each public body to send a list of its designees to the Open Meetings Compliance Board. That can be done by an e-mail to opengov@oag.state.md.us. The designee can receive the training either through the online class or a class on the requirements of the Open Meetings law offered by the Maryland Association of Counties or the Maryland Municipal League through the Academy for Excellence in Local Governance.

Proposed COMAR Changes-ACTION: Ms. Sette discussed proposed regulations changes to comply and align COMAR with the requirements of the Veterans Full Employment Act of 2013. She said that it is likely that most service members seeking to become licensed / certified in Maryland will do so through reciprocity. As has been the case at MIEMSS, each application will be handled on an individual basis depending on the service member’s experience and military training. There was a question regarding .03 Requirements E which states “an applicant for initial CRT shall” and F which states “an applicant for EMT-P licensure shall.” Ms. Sette that that represents existing language in COMAR, but she consider whether it should be modified. She noted that currently existing language is not part of the proposed change.

A motion was made, seconded and passed unanimously to approve the requested changes in COMAR 30.02.01.01.

Mr. Berg, Vice Chair, thanked MIEMSS, John Donohue and the Region V team, Jon Bratt and Amy Robinson, for their assistance with the recent power outage at Prince George’s Hospital Center.

There being no further business, the meeting was adjourned by acclamation.