



State of Maryland

**Maryland  
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Services Systems**

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## ***State EMS Advisory Council (SEMSAC)***

March 6, 2014

### **Meeting Minutes**

**SEMSAC Members Present:** Murray Kalish, MD, Jim Scheulen, Vice Chair; Eric Smothers; Steve Edwards, Jeffrey Fillmore, MD; Wade Gaasch, MD; Scott Haas; Frank Lioi; Wayne Tiemersma (by phone); Linda Dousa; Kathryn Yamamoto, MD; Michael DeRuggiero (by phone); Alan Faden, MD; Roger Simonds; Elliott Ganson; Wayne Dyott; Jack Markey; Karen Doyle; Lisa Tenney; Allen Walker, MD; Joe Brown; Tom Gianni; Marian Muth; Kathleen Grote.

**Members Absent:** Nathaniel McQuay, MD; Will Bethea; Joe Brown; Melissa Meyers; Joan Fortney.

**Others Present:** Bill Dousa; Steve Konold.

**MIEMSS:** Richard Alcorta, MD; Lisa Myers; Carole Mays; Barbara Goff; Anna Sierra; Anna Aycock; Aleithea Warmack; Rae Oliveira; Sherry Alban; John Donohue.

**OAG:** Fremont Magee.

Mr. Scheulen opened the meeting at 1:00 pm.

**Action:** A motion was made, seconded and passed unanimously to approve the minutes of the November 7, 2013, meeting of SEMSAC as amended.

**Executive Directors Report:** Dr. Alcorta

Dr. Alcorta said the EMS Board had approved Pat Gainer and himself as Co-Acting Executive Directors at the February EMS Board meeting. Applications are still being accepted for the position of Executive Director.

MIEMSS is currently involved with the following proposed legislation: HB 534 -- Hospital Intrastate Assistance Compact; HB1313 -- Mobile Integrated Healthcare Study; and SB 102 -- Use of Alternate Care Sites during a State of Emergency.

**eMEDS® Steering Committee:** The eMEDS® Steering Committee has been working on strategies to address visibility of the prehospital ePCR by the secondary facility when a patient has been transferred. Also, a new disposition category has been added to eMEDS® allowing for visibility of transport options under "Transport" and non-transport items under "Non-Transport."

Cardiac Arrest Steering Committee: Based on recommendations from the Cardiac Arrest Steering Committee, MIEMSS has issued a memo to Public Safety Answering Points (PSAPS), EMS Operational Programs (EMSOPS) and state / jurisdictional Medical Directors indicating the dispatch specific areas where expediting interrogation and rapidly moving to dispatch directed CPR can significantly extend the resuscitation success window. MIEMSS is also working with some PSAPS in updating their versions of “Medical Priority Dispatch” to 12.2 or 13.0 when available. High Performance CPR has been included in the 2014 Protocols as an option.

Dr. Alcorta said that under Preparedness efforts, MIEMSS is assisting hospitals having challenges with keeping power in facilities during power outages. MIEMSS is assessing the process for including Nursing homes in HC Standard.

In response to Dr. Walker’s inquiry, Dr. Alcorta said he was not aware of any current legislative action regarding the Psych Bed Registry. The Psych Bed Registry is a HC Standard tool where Psychiatric facilities can post bed availability and Emergency departments can indicate if they have patients awaiting psych beds. Dr. Alcorta said a study was previously requested by the Legislature and a report has been submitted.

The Medical Directors Symposium is scheduled for April 19, 2014, at the Howard County Training Center.

**SEMSAC Chair Report:** Jim Scheulen, Vice Chairman

Mr. Scheulen said the Board approved the changes to the 2014 Protocols. The Board approved the changes to COMAR 30.01.01 “removing eMAIS and COMAR 30.03.04 requiring EMS Operational Programs to use eMEDS® for data reporting. The Board also approved the re-designation of the following Level III Perinatal Centers: Greater Baltimore Medical Center (GBMC), University of Maryland St. Joseph Medical Center (UMSJMC), Shady Grove Adventist Hospital (SGAH) and Holy Cross Hospital (HCH). The Board also approved the re-designation of the Western Maryland Regional Medical Center as a Level III Adult Trauma Center and Johns Hopkins Bayview Medical Center and Sinai Hospital as a Level II Adult Trauma Centers; and approved a pediatric burn center MOU between MIEMSS and Children’s National Medical Center.

The Board appointed Richard Alcorta, M.D., and Patricia S. Gainer, JD, MPA, acting Co-Executive Directors of the Maryland Institute for Emergency Medical Services Systems until such time as a new Executive Director commences employment with the Maryland Institute for Emergency Medical Services Systems.

The Incorporation by Reference of the Maryland Medical Protocols and the SCT Regulations were also approved.

**National Study Center:** Dr. Faden

Dr. Faden said the Shock Trauma Anesthesiology Research Organized Research Center (STAR-ORC), parent organization of the National Study Center has formed the Program on Aging Trauma and Emergency Care (PATEC). PATEC includes more than 45 faculty members across campus and other schools in the UM system who are carefully examining outcomes and care in elderly patients, either seen in the ED or a Trauma Center. The initial data will be based on “falls in the elderly,” traumatic brain injury and hip fractures.

The second major initiative STAR has undertaken in the last two years involves pain research. The University is establishing a university-wide pain center that will be initially comprised of the Schools of Nursing, Dentistry and Medicine.

Dr. Faden said the ONPOINT Study, if funded, will be moving to the pre-hospital setting; he said the study involves real time algorithms for care in route.

### **Committee Reports**

EMD Committee – The EMD Committee submitted a written report from the February 18, 2014, meeting of the Committee. The next meeting of the EMD Committee is scheduled for April 15, 2014, at 10:00 AM in room 212 at MIEMSS.

#### BLS Report – Rae Oliveira

Ms. Oliveira said the BLS Committee continues to move forward with the National EMS Education Standards. It was suggested to survey each Board approved EMT teaching agency regarding their current teaching practices for module exams, written practical and performance measures. She said that the scenarios for the initial practical EMT exam need to be updated.

Revisions to the curriculum for EMR to EMT bridge and updated scenarios for EMR practical are in process.

She also discussed moving to the BLS cognitive exam through NREMT.

MIEMSS is working on an electronic Affiliation and Student Release of Information Form.

The new NREMT refresher requirements will need to be assessed for possible changes at the BLS level in Maryland.

The next BLS meeting is March 21, 2014.

#### ALS Committee: No Report

The next meeting is March 19, 2014. Standardization of evaluators will be addressed.

#### Jurisdictional Advisory Council (JAC): Dr. Alcorta

Medication Shortages: Dr. Alcorta said the Food and Drug Administration (FDA) has reported a severe shortage of IV fluids across the nation, particularly 0.9% sodium chloride (normal saline). The shortage

is being compounded by increased demand during flu season and recent issues with manufacturers. MIEMSS has issued an awareness memo to hospitals and EMS Operations regarding the shortage. Over a three year period, an average of 300 medications have been noted to be in short supply at any given time. Dr. Alcorta has been discussing the medication shortages with the Protocol Committee to assess a system approach for handling medication shortages. Expired medication usage and numbers of USA medication in short supply was discussed.

Queen Anne's Emergency Center has been recognized as a Base Station. Queen Anne's EMS will be conducting a pilot project to assess the effectiveness of Free Standing Hospital as an Emergency Department giving Base Station direction.

#### **MSFA: Bill Dousa**

Mr. Dousa, MSFA EMS Committee Chair, said the MSFA Presidents (Olsen, Keller and Roth) were unable to attend due to business at the Legislature. Among the bills the MSFA is supporting is SB 503 - Public Schools-Cardiopulmonary Resuscitation and Automated External Defibrillator Instruction-Graduation Requirement (Breanna's Law).

The MSFA Executive Committee voted to support the six recommendations from the 2013 Ambulance Safety Summit. The Committee also discussed the Ambulance Strike teams and had concerns related to the significant administrative burdens associated with Strike teams.

Mr. Dousa said although the MSFA supports the work of the Cardiac Arrest Steering Committee, there have been a few spirited discussions regarding the implementation of High Performance CPR. There seems to be differences in the training of High Performance CPR that needs to be addressed.

The Executive Committee is waiting for the final update of the Voluntary Ambulance Inspection Program for review.

#### **MSPAC Report: Major Frank Lioi**

Major Lioi said the Trooper 4 ribbon cutting ceremony took place yesterday and marked the third section to be formally recognized as having completed their transition training. On January 27<sup>th</sup>, Trooper 7 began the AW139 transition. It is anticipated that Trooper 7 will be operational for daytime missions on March 10<sup>th</sup> and operational 24/7 on March 24<sup>th</sup>.

Major Lioi said that the MSPAC has received 115 applications for the SIC position and, after grading the applications, there are 62 "Best Qualified" applicants. The MSPAC began interviewing candidates on January 21<sup>st</sup> and have completed 23 interviews to date. Background investigations are being completed for 7 candidates who have interviewed and passed the polygraph test. These candidates would be eligible for hire in 30 days. An additional 30 applications have been received and are going through the review process.

The Legislature's Joint Budget Chairmen have reviewed the Cost Benefit Analysis for the Flight Training Device (FTD) submitted by MDOT and have released funds to begin the design phase of the FTD. MDOT is expected to appear before the Board of Public Works (BPW) to seek approval for the

FTD in April/May. Once approved, the FTD will be housed at MSPAC HQ at Martins Airport. Once approved by the BPW, it will take 18 months for the FTD to be built and delivered to Martins.

Major Lioi introduced Lt. Steve Konold, a fixed winged pilot, who will assist MSPAC with the transition to the AW139.

### **Old Business:**

Ambulance Safety Summit – Dr. Alcorta referenced the one page summary of the 2013 Ambulance Safety Summit which was disseminated to the members and listed the six recommendations:

1. Implement initial and periodic driver screening to identify ambulance drivers whose driving records, excessive risk-taking, or medical conditions may make them poor candidates for the responsibility of driving an ambulance
2. Ensure effective initial ambulance driver training and periodic refresher training – Ambulance specific driving training should be uniformly required by jurisdictions and available for ambulance drivers in Maryland
3. Increase use of restraints in all seating positions of Ambulance and Fire vehicles
4. Reduce the incidence of excessive ambulance speeds and routine use of “lights and sirens”
5. Improve monitoring of ambulance safety issues and enforcement of safety practices
6. Continue the ongoing statewide forum for ambulance safety issues

Dr. Alcorta will submit available ambulance crash data at the next SEMSAC meeting.

There needs to be a clear minimum standard for EVOC training specific to ambulances; driving a fire truck is different than driving an ambulance. Mr. Edwards said that the course content encompasses all vehicles and the practical should be taken on the vehicle to be used. Dr. Alcorta said there should be initial and refresher training. Mr. Dousa added that the committee recommended a specialized course for EMS drivers to include the restraint of all persons on an ambulance. Mr. Scheulen said it is a culture of safety that needs to be implemented.

Dr. Alcorta asked for support of the six recommendations by SEMSAC to take to the EMS Board for approval. With the approval of SEMSAC and the Board, the Ambulance Safety Taskforce would begin to devise strategies for implementation including the voluntary collegial sign on by jurisdictions and individual fire/ems stations saying that they support this culture of safety. Mr. Simonds says that this would go well with the Voluntary Ambulance Inspection Program.

**A motion was made, seconded and unanimously voted upon to support the six recommendations for a culture of safety from the Ambulance Safety Summit.**

### **New Business:**

Active Assailant Workgroup – Mr. Donohue said the Workgroup has been meeting since November 2013 and its objective is to provide a guidance document for jurisdictions to use to plan for and provide response during an active assailant event that will also assist in maintaining consistent operations across the state. The Department of Homeland Security (DHS) is also preparing a guidance document. Maryland is attempting to align general principals with federal recommendations while providing a more detailed guidance document for Maryland jurisdictions. There are four Workgroup sub-committees:

- Planning committee will develop the response model, the operations plans, and local drills
- Training committee will draft curriculum for awareness, operational plans, technical and tactical medicine
- Protocol committee will draft protocol to allow quick patient care under fire
- Dispatch committee will draft protocol for coordination of dispatch, appropriate use of channels/talk groups, and how to secure communications, community involvement

Mr. Donohue said that the overarching premises are to subdue the assailant, get quick care to the patients, law enforcement basic patient care, and face-to-face command. Mr. Donohue added that PPE equipment is still under consideration due to the sizing, storage and maintenance of PPE issues. The draft guidance document should be released for comment by April 2014.

EMS Plan Goals: Dr. Alcorta reviewed the circulated written EMS Plan Goals document.

**A motion was made by Dr. Walker, seconded by Dr. Kalish and passed unanimously to approve the EMS Plan Goals as written.**

Dr. Walker asked if a memo should be sent to alert first responders on the effects of the new extended release hydrocodone. At this time the FDA plans to release the drug for use sometime in March 2014. Dr. Alcorta is working with the coroner's office and the poison center on an educational piece regarding drug overdoses and will include the new hydrocodone if released.

**A motion was made, seconded and passed unanimously to adjourn the meeting.**