



State EMS Advisory Council (SEMSAC)

June 5, 2014

Meeting Minutes

State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
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SEMSAC Members Present: Roland Berg, Chair; Jim Scheulen (by phone), Vice Chair; Eric Smothers; Steve Edwards; Jeffrey Fillmore, MD; Scott Haas; Frank Lioi; Wayne Tiemersma; Linda Dousa; Michael DeRuggiero; Alan Faden, MD; Roger Simonds; Karen Doyle; Tom Gianni; Melissa Meyers; Jay Fowler; Tim Chizmar, MD.

Members Absent: Murray Kalish, MD; Nathaniel McQuay, MD; Will Bethea; Joe Brown; Joan Fortney; Wade Gaasch, MD; Marian Muth; Jack Markey; Elliott Ganson; Wayne Dyott; Kathleen Grote; Lisa Tenney; Allen Walker, MD; Joe Brown.

Others Present: Kathryn Yamamoto, MD; Bill Dousa; Steve Konold; David Lewis.

MIEMSS: Pat Gainer, JD; Richard Alcorta, MD; Carole Mays; Barbara Goff; Anna Aycok; Rae Oliveira; John Donohue; Randy Linthicum; Dave Balthis; Jim Brown; Cyndy Wright Johnson.

Mr. Berg opened the meeting at 1:05 pm.

Action: A motion was made, seconded and passed unanimously to approve the minutes of the March 6, 2014, meeting of SEMSAC.

MIEMSS Report: Ms. Gainer

Ms. Gainer reminded everyone that she and Dr. Alcorta continue as Co-Acting Executive Directors. Advertising for the Executive Director position has concluded. The next EMS Board meeting will be in July, and it is anticipated that the EMS Board will review the progress on filling the position and determine next steps.

Legislative Session 2014. A written summary of legislation of interest from the 2014 Legislative session was distributed. Ms. Gainer noted that several bills were withdrawn or did not pass, including the Maryland Intrastate Hospital Compact which was MIEMSS' departmental bill. She said that over the summer, MIEMSS will work with DHMH and the Governor's office to consider possible re-submission of the bill next year. Ms. Gainer reported that between now and the start of the 2015 Session of the Legislature, MIEMSS will be working on two studies: (1) a report on payment for patient scene helicopter transport provided by back-up commercial air ambulance services, the requirement for which was contained in the Joint Chairmen's Report; and (2) a report on Mobile Integrated Health Services that was requested by Delegate Hammen after a bill introduced by Delegate Rudolph requiring MIEMSS to conduct the study was withdrawn.

Conferences. Ms. Gainer said the recent Miltenberger and EMS Care Conferences held in April and May 2014 were very successful and well-attended.

Star of Life Awards. Ms. Gainer reported the EMS “Star of Life” and “Right Care When it Counts” Awards were held on May 21, 2014, in Annapolis; a list of awardees and persons who received recognition was included in the SEMSAC packets.

Cardiac Arrest Steering Committee: Ms. Gainer said the Cardiac Arrest Steering Committee continues to meet and is currently working on a mass “hands only” CPR event. Ms. Dousa added that the event is scheduled for June 29, 2014 at Ripken Stadium. There will be a tent in front of the stadium those needing information and kiosks around the stadium with continuous PSAs on “hands only” CPR and how to use an AED. A demonstration with approximately 50 participants doing “hands only” CPR will be performed on the field prior to the game. There will also be tables staffed with CPR instructors around the stadium during the game.

EMS Plan. Ms. Gainer said that a number of comments had been received on the detailed Steps contained in the draft Plan, and that MIEMSS staff continues to work on revisions to the detailed Steps. She reminded SEMSAC that no comments had necessitated changes to the Plan’s Goals and Objectives which have already been approved by SEMSAC and the EMS Board. She said that that once revisions to the detailed Steps were completed, they would be presented to the SEMSAC and the EMS Board for approval.

eMEDS®. Ms. Gainer reported the eMEDS® implementation continues statewide, for both public safety and commercial services. MIEMSS continues to work with Montgomery County on their anticipated move to eMEDS®.

MIEMSS Personnel Changes. Dr. Joseph Wright, Associate EMSC Medical Director, has retired from MIEMSS and Children’s Medical Center and has taken a position as the Pediatric Department Chair at Howard University. MIEMSS has posted the MIEMSS Ombudsmen position that was vacated after Phil Hurlock’s retirement last year.

Hospital Programs. Ms. Gainer said that MIEMSS is in the process of re-designating 23 Cardiac Interventional Centers in Maryland which should be completed in 2014. The Queen Anne’s Emergency Center was designated as a Base Station in March 2014. Perinatal and Trauma designations were completed in 2013. MIEMSS is currently working with DHMH on revising the Perinatal Standards by which the next round of Perinatal designations will occur.

EMS Operational Programs. Ms. Gainer reported that MIEMSS is beginning the process to re-verify EMS Operational Programs compliance with COMAR Regulations;. Ron Schaefer will begin the re-verifications process by the end of the summer. It is expected that this effort will be completed by the end of 2014.

State Office Commercial Licensing and Regulation (SOCLAR). Ms. Gainer said that SOCLAR is in the process of yearly ambulance inspections which need to be completed by June 30, 2014.

Licensure and Certification. Ms. Gainer said that the MIEMSS Office of Licensure and Certification (L&C) is continuing its efforts to replace the current MPPR with a new Maryland Provider Registry. Ms. Oliveira added that the new Maryland Provider Registry (MPR) should go “live” by mid-July 2014. Legacy data will be transferred to the new MPR and instructions for navigating the new site will be available on the login page. L&C will be working with teaching agencies throughout the summer in preparation for the fall semester. MFRI will continue to send data in the current format; other teaching

agencies will have students apply online. New students will need to create provider profile/account including course information. Next steps will include the creation of an online affiliation process.

Ms. Oliveira said her office was also working toward implementing National Registry testing for initial BLS certification in Maryland. She testing for EMRs and EMTs by National Registry will start with courses that begin in this autumn. Teaching agencies will need to submit course notice to National Registry. After successful completion of the Practical test, MIEMSS will notify National Registry and students will receive written notice allowing the student to test with National Registry. There are currently five (5) test sites available, with an additional five (5) sites to be available after July 1, 2014. Maryland will not require the re-certification through the National Registry for EMRs and EMTs after the initial certification; re-certification will occur through the standard MIEMSS requirements. More information regarding National Registry testing and test sites will be included in upcoming issues of the MIEMSS Newsletter.

Ms. Oliveira reported that the platform for the MIEMSS online Learning Management System (LMS) has changed and most of the issues regarding the capture of course grades have been corrected, e.g., a provider who stopped in the middle of a course can now return to that page. If the provider cannot print a certificate showing course completion, the score is not captured in the MIEMSS system; however, the provider can return to the previous page that shows the grade, do a screen print of the page and email it to the onlinetraining@miemss.org MIEMSS continues to work on the non-capture issue with the software company.

EMRC/SYSCOM Upgrade. Ms. Gainer said MIEMSS is poised to begin the renovation and upgrade to EMRC/SYSCOM. At this time, construction is scheduled to begin in July 2014. It is anticipated that the upgrades will be seamless and invisible to those outside of MIEMSS. Mr. Balthis added that renovation construction will take approximately 16 weeks with an additional 8-to-12 weeks for the communications equipment upgrades. A risk assessment has been performed and is under review, with a remediation/response plan based on the risk assessment. MIEMSS will have a temporary in-house work space for EMRC/SYSCOM during the construction phase.

SEMSAC REPORT

Mr. Berg asked for a moment of silence for the line of duty death of Baltimore County Fire Fighter Robert Fogle, III.

Mr. Berg announced the retirement from SEMSAC of Kathryn Yamamoto, MD, who has been a member since 2005. A plaque was presented to Dr. Yamamoto in appreciation of her dedication and commitment to the SEMSAC and emergency medical services in Maryland.

Mr. Berg introduced Tim Chizmar, MD, as the new ACEP representative to SEMSAC.

Mr. Berg reported that the following items were approved at the EMS Board meeting on April 8, 2014:

- The publication of the proposed amendment to regulation COMAR 30.01.02.01 which incorporated by reference in to the regulations the most recent editions of the Maryland Emergency Medical Protocols, the Maryland State Trauma Registry Data Dictionary for Adults and the Maryland State Trauma registry Data Dictionary for Pediatrics.
- The designation of Nemours/AIDHC Critical Care Transport Team Education Program, Alfred I DuPont Hospital for Children BLS Refresher Program Center for a five year period.

- The designation of Sinai Hospital of Baltimore as a Level IIIB Perinatal Referral Center for a five - year period.
- The designation of Shore Health Emergency Center as a Base Station for a five-year period.
- The designation of both Meritus Medical Center and the University of Maryland Medical Center as Cardiac Interventional Centers, each for a five-year period.
- The designation of the University of Maryland Medical Center as a Comprehensive Stroke Center for a five-year period.

Mr. Berg added that the EMS Board approved the following items at the May 13, 2014, meeting:

- DHMH regulation change to COMAR 10.17.02 Automated External Defibrillators for Swimming Pools needed to comply with statutory change requiring all county and municipal pools to have AEDs and to comply with the MIEMSS AED program.
- The Prehospital Point of Care Testing to Detect Shock Protocol Pilot, a research protocol to be conducted by MSPAC Paramedics for the evaluation of blood samples to establish “Shock” indicators. This Pilot is being funded by the military.
- A five-year designation of Franklin Square Medical Center as a Cardiac Interventional Center.
- Five-year MOUs as Cardiac Interventional Centers to the following facilities:
 - Washington Hospital Center, District of Columbia
 - Nanticoke Memorial Hospital, Delaware
 - Christiana Hospital, Delaware
 - Bayhealth-Kent General Hospital, Delaware
- The re-designation of Northwest Hospital as a Primary Stroke Center.
- The re-designation of Meritus Medical Center as a Level III Trauma Center.

NATIONAL STUDY CENTER REPORT

Dr. Faden said the National Study Center (NSC) hosted a one-day Traffic Records Forum on May 29, 2014. Federal and state partners identified areas of success and needs for Maryland’s Traffic Records system. Gordon Smith, NSC faculty member, is collaborating with the new Maryland Center of Excellence on Problem Gambling which will involve monitoring the effects of the new casino in Baltimore on pedestrian injuries in the communities in and around the casino.

In response to a RFA, the NSC submitted a grant proposal to the National Highway Traffic Safety Administration to develop a training module for Advanced Automatic Collision Notification (AACN). If awarded, the NSC will work with MIEMSS and the National Association of State EMS Officials (NASEMSO) over a two year period developing a training module for State EMS Medical Directors and other prehospital care providers.

COMMITTEE REPORTS

There were no Committee reports.

JURISDICTIONAL ADVISORY COUNCIL (JAC)

No Report.

MSFA UPDATE:

Ms. Dousa brought greetings from the MSFA Presidents and said that President Jackie Olsen would be stepping down as President at the MSFA Convention in June; Dave Keller will be the new MSFA President. The MSFA Memorial Service will be held Sunday, June 15, 2014, in Ocean City, Maryland, and the MSFA Convention begins Monday morning.

Ms. Dousa added that at the recent MSFA Executive Committee, concerns were expressed over the new EMT testing.

MSPAC REPORT

Major Lioi gave an update on the AW139 transition, and said Troopers 3, 4, 6 and 7 are currently operational 24/7. Trooper 2 crews have completed ground training, are currently flying sorties and should be operational 24/7 early July 2014. Transition training at Trooper 5 should begin shortly thereafter.

Major Lioi said that nine (9) of the ten (10) Second-in-Command (SIC) positions for FY14 have been filled. The one remaining SIC position should be filled by the end of June. The Personnel Unit will soon begin application review and selection for interview for the ten (10) additional SIC PINs funded in FY 2015.

Major Lioi said MSPAC submitted its Part 135 application and attachments to the FAA on May 7, 2014. While the application is in review with the FAA, MSPAC is preparing to move forward with Phase 3, the Document Compliance Phase, which requires an in depth review of the manuals and documents submitted. MSPAC will also be working on completing and implementing the Safety and Quality Management System (SQMS).

On May 14, 2014, MSPAC celebrated the completion of Trooper 7 (Southern Maryland) transition by holding a ribbon cutting ceremony. Major Lioi thanked everyone who attended this celebration.

Mr. Berg congratulated Major Lioi and his Command for receiving the EMS Program Award at the Stars of Life Award Ceremony.

OLD BUSINESS

Ambulance Strike Teams. Mr. Linthicum said the Ambulance Strike Team Committee (ASTC) has addressed the EMAC request process and has set minimum equipment standards for ambulances and training standards for Strike Team Leaders and Strike Team crews. A suggested list of items for a “go kit” has been developed for ambulance strike team personnel. Two (2) two-day Strike Team Leadership courses have been held with over 50 Maryland providers trained as Ambulance Strike Team Leaders. A deployment rotation for pre-designated Strike Teams has also been developed. A code of conduct has been drafted that would be signed by each Ambulance Strike Team member. A plan for patient care documentation and Incident Command Forms has been compiled. A LifeStar ALS Ambulance Strike Team was deployed to an exercise in Prince George’s County last month.

Mr. Linthicum said there are currently four-to-five Ambulance Strike Teams in various stages of development. The ASTC is working to firm up these teams with the goal of having ten pre-designated Ambulance Strike Teams in Maryland.

Mr. Linthicum added that the ASTC is also working on the development of a Maryland Ambulance Strike Team manual, Maryland training programs for leaders and crew members, a communications system for state deployed teams, the insertion of strike teams in drills and exercises, and identification of additional grant funding.

Active Assailant Guidance Document. Mr. Donohue introduced Trooper First Class Travis Nelson, Maryland State Police's Special Operations Division.

Mr. Donohue distributed a written power point presentation giving an overview of the work by the Maryland Active Assailant Incident Workgroup. He also provided a copy of the "Guidance to First Responders for the Active Assailant Incident" draft document to be published on June 30, 2014 for a 30-day comment period. Comments can be sent to: ActiveAssailantComments@miemss.org until July 7, 2014.

Mr. Donohue highlighted the document's sections on Planning, Training and Response Stages, including 911/EMD, Dispatch/Communications, Command Structure, Scene Security, Zones of Operation, Family Reunification and Public information. Mr. Donohue said that the overarching premises are to subdue the assailant, get quick care to the patients, provide law enforcement basic patient care, and ensure face-to-face command. Mr. Donohue added that PPE equipment is still under consideration due to the issues with sizing, storage and maintenance of PPE.

Mr. Donohue asked that any questions regarding the "Guidance to First Responders for the Active Assailant Incident" document be sent to jdonohue@miemss.org or travis.nelson@maryland.gov

NEW BUSINESS

Emergency Vehicle Crash Data. Mr. Gianni presented a written power point documents and gave an overview of crash trends from 2009 through 2013 in Maryland including Emergency Vehicle Crash Trends (Ambulance, Fire and Police). Mr. Gianni noted that in 2013, Maryland had the lowest fatality rate due to a vehicle crash since 1961 and added if the current trend holds, the number of fatalities will be even less in 2014. Mr. Gianni pointed out that most emergency vehicle crashes were signalized intersection crashes and highlighted the five-year trending of ambulance crashes of non-emergent and emergent transports. The report concluded with information on at-fault ambulance involved crashes (emergency call and other) and all crashes by jurisdiction five year data.

Voluntary Ambulance Inspection Program (VAIP). Mr. Simonds said the VAIP Committee periodically updates the Voluntary Ambulance Inspection Program to assure alignment with current protocols for patient care delivery. He said that the draft 2014 VAIP includes the protocol changes that begin on July 1, 2014. A copy of the draft 2014 VAIP that has been reviewed and approved by the Medical Directors was distributed, and Mr. Simonds asked for approval by the SEMSAC.

After review of the draft 2014 VAIP by Queen Anne's County, in preparation for upcoming inspections, and after a discussion with the Region IV Council Chair, Mr. Haas asked Mr. Simonds to consider changing Line numbers 29 and 30 "Epinephrine auto-injectors, adult" and "Epinephrine auto-injectors, child" for BLS First Responder Units. Mr. Haas said the recent significant increase in cost to the

Epinephrine auto injectors for adults and children has made it cost prohibitive to supply it to all BLS units and that the local hospitals have discontinued carrying the auto injectors for EMS. Mr. Haas said his jurisdiction pulled the data for the last three years; ambulances have used the epinephrine auto injectors, but other first responder units have not. Mr. Haas said although they had representative as the VAIP Committee meetings, the cost increase and the fact that hospitals are no longer supplying the auto injectors was not a known issue at the time. Region IV is requesting that the adult and child epinephrine auto injectors be “optional” on non-ambulance first responder units. Dr. Alcorta said that the Protocol Committee will be considering the use of the vile/syringe-based epinephrine which has a reduced cost. This would require additional training for the BLS provider. Dr. Alcorta said the Medical Director office could see this as optional for non-transport BLS units.

A motion was made by Mr. Haas, which was seconded by Mr. Smothers and unanimously passed to change the VAIP, page 6, lines 29 & 30, adult and child epinephrine respectively, to be optional for BLS First Responder units.

A motion was made by Mr. Haas, which was seconded by Dr. Filmore and passed with Ms. Doyle abstaining, to approve the 2014 Voluntary Ambulance Inspection Program as amended above.

Equipment Standards for EMS Transport Units and Chase Cars. Mr. Berg said he had informed the EMS Board that SEMSAC would be investigating equipment standards for Ambulances and Chase Vehicles and would be convening a workgroup to consider options. Mr. Simonds has agreed to Chair the workgroup. Mr. Berg added that the workgroup will include Medical Directors, JAC, MSFA, EMSC and various county organizational representatives. Mr. Edwards said that any set equipment standards should not be unfunded mandates. Mr. Simonds said the any minimum equipment standards would be separate from the VAIP which is the intended to embody the highest standard. Dr. Chizmar, Mr. Haas, Mr. Smothers, Mr. and Mrs. Dousa and Ms. Wright Johnson have volunteered to be on the workgroup, and Mr. Simonds will be reaching out to other entities, as well. A discussion on the use of VAIP as the minimum standard and the pitfalls of a possible two-pronged standard followed.

Next meeting TBD

The meeting adjourned by acclamation.