



State EMS Advisory Council (SEMSAC)

September 1, 2016

Meeting Minutes

State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

Larry Hogan
Governor

Donald L. DeVries, Jr., Esq.
Chairman
Emergency Medical
Services Board

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Executive Director

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SEMSAC Members Present: Jim Scheulen, Chairman; Karen Doyle; Jack Markey; Jonathan Lerner; Eric Smothers; Steve Edwards; Jeffrey Filmore, MD; Melissa Meyers; Rosemary Kozar, MD; Wayne Tiemersma; Roger Simonds; Jennifer Anders, MD; Lisa Tenney; Linda Dousa; Tim Chizmar, MD; Kathleen Grote; Scott Haas; Scott Lowman; Wayne Dyott; Michael DeRuggiero; Murray Kalish, MD

In attendance by phone: James Fowler

Members Absent: Tom Gianni; Karen Vogel; Wade Gaasch, MD; Elliot Ganson;

Others Present: Les Hawthorne; Anna Sierra (phone)

OAG: Fremont Magee

MSFA: President Johnie Roth; Fred Cross, Bill Dousa

MIEMSS: Kevin Seaman, MD; Richard Alcorta, MD; Pat Gainer; Carole Mays; Rae Oliveira; Doug Floccare; Lisa Myers; John Donohue; Cyndy Wright-Johnson; Barbara Goff.

Mr. Scheulen opened the meeting at 1:10 pm.

Mr. Scheulen said in accordance with the SEMSAC By-laws, as Vice Chair, he is assuming the role of Chairperson due to the resignation of Roland Berg. Mr. Scheulen added that nominations for officers will be accepted at the October 2016 meeting and voted upon at the November 2016 meeting. Mr. Scheulen indicated that he is interested in continuing as SEMSAC Chairperson for the 2017 term, if elected.

Mr. Scheulen introduced the new Director of the National Study Center, Dr. Rosemary Kozar. Dr. Kozar, a trauma surgeon and intensivist, is currently a Professor of Surgery and Director of Translational Research and Associate Director of Research at Shock Trauma Anesthesia Research (Star) at Shock Trauma. She has recently moved from Houston where she served as trauma medical director at the Level 1 trauma center at the University of Texas. In addition to her clinical practice, she is active at the national level in trauma verification and trauma related societies and has a strong interest in both clinical and basic science research.

After highlighting Mr. Berg's long standing career and dedication to EMS as a leader and career provider in Prince George's County and as a member and of late Chairman of SEMSAC, Dr. Seaman and Mr. Scheulen presented Mr. Berg with a plaque in appreciation of his service.

MSFA Past President Roth announced that Ms. Karen Doyle, Vice President of the R Adams Cowley Shock Trauma and SEMSAC member, was inducted into the MSFA Hall of Fame during the awards ceremony at the 2016 MSFA Convention. Past President Roth presented Ms. Doyle, who was unable to attend the ceremony in June, the induction proclamation and materials.

Action: Upon the motion by Dr. Kalish, seconded by Mr. Simonds the SEMSAC unanimously approved the minutes of the May 5, 2016 SEMSAC meeting with one correction – the removal of Roland Berg as being in attendance.

MIEMSS Report: Dr. Seaman

Dr. Seaman announced that his last day as the Executive Director of MIEMSS is September 23, 2016.

A paper copy of the Executive Director's report was distributed to attendees and Dr. Seaman highlighted the following items.

Licensure: Dr. Seaman said that implementation of the new Licensure System has started with the state EMS Medical Directors. MIEMSS anticipates completing the roll out within the next few weeks with notifications being sent to the MSFA, Highest Jurisdictional Officials, Educational Programs, and providers. Any questions regarding the transition should be directed to the MIEMSS Licensure and Certification department at 410 706-3666 or 800 762-7157.

eMEDS Elite: Dr. Seaman said, in order to complete all elements needed, the Elite project implementation has been moved to mid-2017.

CARES: Dr. Seaman said that presently there are 27 jurisdictions that have cardiac arrest data being exported to the Cardiac Arrest Registry to Enhance Survival (CARES). The remaining two jurisdictions have planned implementation in the fall of 2017.

Communications Project: Dr. Seaman announced that the RFP will be released on Monday, August 29, 2016 for the upgrade to the Statewide EMS Communications Systems.

National Registry Testing: Dr. Seaman said that the EMS Board Committee on National Registry would be meeting today.

Mr. Scheulen posed the question "Can Quality metrics for EMS be measured and if so, how?" Dr. Alcorta said that there is a national EMS Compass Committee whose goal is to help EMS systems measure and improve the quality of care at the local, regional, state and national levels.

EMS Compass is funded by the National Highway Traffic Safety Administration (NHTSA) Office of EMS and led by the National Association of State EMS Officials (NASEMSO). The EMS Compass initiative has engaged a wide range of EMS stakeholders to develop performance measures that are relevant to EMS agencies, regulators, and patients. The measures will be based on the latest version of the National EMS Information System (NEMIS) and will allow local and state EMS systems to use their own data meaningfully. Proposed performance measures were published for public comment on April 15, 2016 and can be found at:

http://www.emscompass.org/wp-content/uploads/2016/09/08312016_EMS_Compass_Measure_v4.pdf

Dr. Chizmar added that the Region III Medical Directors have been working on individual compass measures on clinically relevant metrics; but have had challenges with data collection due to how it is organized in eMEDS®. Dr. Chizmar encourages other regions to report through QI process. Dr. Anders suggested that the Pediatric Quality Improvement Committee (QIC) meet with other QICs to discuss. Mr. Scheulen said this would be taken under advisement.

SEMSAC Chairman's Report: Chairman Scheulen

Mr. Scheulen said, at the last meeting of the EMS Board, the Freestanding Medical Facility Regulation was discussed. The EMS Board also approved Carroll Community College as an ALS Education program for five years; the Hatzalah of Baltimore Training Center's EMS Refresher education program for five years; and the Shady Grove Germantown Emergency Center Base Station re-designation for five years.

MSFA – No Report

MSPAC: Major Lioi

Major Lioi said, after nearly four years in the Aviation Command, he has been transferred to the Field Operations Bureau effective August 31, 2016. Major Scott Lowman, a prior medic in the Aviation Command, will be the new Commander at the Aviation Command. Captain Elizabeth Beck will also be transferred back to the Aviation Command. She brings with her 17 years of Aviation Command experience and we welcome her back to the Command. Major Lioi introduced Major Lowman and Captain Beck.

Major Lioi said due to some minor discrepancies found during the pre-delivery inspection of the Flight Training Device, delivery is now tentatively scheduled for late Fall 2016. In order to meet code, an elevator and 3 hour fire wall will need to be installed in the Flight Training Building. Construction is expected to begin in September 2016. Recurrent training for pilots is being outsourced to Rotorsim to reduce flight time on the AW-139 fleet.

It is anticipated that the contract for the Master Services Agreements be presented to the Board of Public Works (BPW) on October 5, 2016. If approved by BPW, the 5 year contract will commence on October 17, 2016.

COMMITTEE REPORTS

MIH Workgroup: Dr. Chizmar & Ms. Doyle

Dr. Chizmar said that due to scheduling conflicts, the MIH Workgroup did not meet this morning. The Phase #2 MIH Workgroup continues to assess the different mobile integrated health initiatives from around the country. The next meeting is scheduled for October 6, 2016 at 9am in room 212 at MIEMSS. There are scheduled presentations on "Telemedicine and ETHAN in the Houston FD" and "Evolution Health - Integrated Care and Community Paramedicine".

OLD BUSINESS: N/A

NEW BUSINESS

Conversion of a Hospital to a Freestanding Medical Facility (FMF) Regulation – Ms. Myers

A paper copy of the proposed regulation was distributed.

Ms. Myers said that hospitals do not currently need to notify or consider the impact on emergency medical services when deciding to close or reduce services provided. SB 707 exempts the conversion of a licensed general hospital to a freestanding medical facility from the requirement to obtain a Certificate of Need (CON) and establishes the procedures for obtaining an exemption. To qualify for an exemption, the conversion must not be inconsistent with the State Health Plan; must result in the delivery of more efficient / effective health services; and must be in the public interest. Further, the

EMS Board must make a determination that the conversion will maintain adequate and appropriate delivery of emergency care within the Statewide EMS System.

The EMS Board is to advise MHCC on the impact of conversion from a full service hospital to a freestanding medical facility on EMS resources and the delivery of adequate and appropriate emergency medical care. She said the proposed regulation identifies the factors the EMS Board will consider in making such a determination.

Conversion of a hospital to a FMF, the impact on EMS and the implications and consequences of the EMS Board's decisions regarding conversion were discussed at length.

ACTION: Upon the motion of Dr. Kalish, seconded by Mr. Dyott the proposed regulation Determination of Adequacy and Appropriateness of Emergency Care Delivery Associated with Conversion of a Hospital to a Freestanding Medical Facility (30.08.15.03) was recommended for approval by the EMS Board.

Mobile Integrated Community Health Pilot Protocol

A paper copy of the proposed protocol was distributed.

Dr. Alcorta said that the proposed protocol was a generic pilot protocol based on the Queen Anne's pilot protocol for mobile integrated health and allows EMS providers to receive referrals from other healthcare providers. This is an interim pilot protocol to determine community needs and gaps in healthcare.

Phase two of the mobile integrated health program will address nursing, home health, and other providers who could partner to provide needed services. Next month a report is expected on alternative destinations and other features. Dr. Alcorta noted that the Maine model requires special courses and 6 months training. Prince George's County is anxious to move forward, but the Region 5 Council needs to appoint a new chairman and vice chairman.

ACTION: Upon the motion of Dr. Chizmar, seconded by Ms. Doyle the SEMSAC approved the Mobile Integrated Health Pilot Protocol for recommendation to the EMS Board.

SEMSAC adjourned to closed session under General Provisions Article §3-301(a)(1)(i) and 305(b) (13) to carry out an administrative function, and to comply with a specific constitutionally imposed requirement that prevents public disclosures about a particular proceeding or matter by acclamation.