

**State Emergency Medical Services Board
November 8, 2011
Minutes**

Board Members Present: Donald L. DeVries, Esq., Chairman; David Fowler, M.D.; David Hexter, M.D.; Murray Kalish, M.D.; Sally Showalter; Mary Alice Van Hoy, R.N.; Dany Westerband, M.D.; Gene Worthington.

Board Members Absent: Vic Broccolino; Robert Maloney; Dean Albert Reece, M.D., Ph.D.

Others Present:

MIEMSS: Dr. Bass; Ms. Abramson; Ms. Alban; Dr. Alcorta; Ms. Aycock; Mr. Balthis; Mr. Brown; Mr. Darchicourt; Ms. Gainer; Ms. Gilliam; Ms. Goff; Mr. Hawthorne; Mr. Hurlock; Mr. Kelley; Ms. Myers; Mr. New; Mr. Schaefer.

OAG: Mr. Magee; Ms. Sette.

MSP Aviation Command: Major Mark Gibbons.

Maryland State Firemen's Association: President Dave Lewis; First Vice President John Denver.

R Adams Cowley Shock Trauma Center: Karen Doyle.

Mr. DeVries called the meeting to order at 9:06 a.m.

ACTION: Upon the motion of Dr. Kalish, which was seconded by Ms. Showalter, the Board approved the minutes of the September 13, 2011, Board meeting.

Mr. DeVries said that some agenda items would be taken out of order from the sequence shown on the agenda.

NEW BUSINESS

Maryland Medical Protocols. Dr. Alcorta and Jeff Kelly presented the proposed changes to the Maryland Medical Protocols. Dr. Alcorta summarized the major changes which include: modifications to cardiac algorithms necessitated by changes in the 2010 American Heart Association Guidelines; the addition of aspirin for EMT-B for use with suspected myocardial infarction; the addition of neuroprotective hypothermia for certain patients; the removal of the medications Captopril and Lasix; an updated trauma decision tree; and the addition of patient-initiated refusal which becomes a statewide protocol, instead of an optional protocol.

Dr. Alcorta said that several minor modifications to the proposed protocol changes had been made by SEMSAC at its November meeting. He presented those modifications to the Board. He said that the Protocol Committee and SEMSAC supported all the proposed protocol changes.

Ms. Van Hoy asked about the fiscal impact of the proposed changes. Dr. Alcorta indicated that the changes to the neuroprotective hypothermia would have some fiscal impact, but the impact was not significant.

Upon the motion of Dr. Westerband, which was seconded by Dr. Fowler, the Board approved the proposed changes to the Maryland Medical Protocols for EMS Providers.

COMAR 30.03.05.02 – Protocol Development. Mr. Magee asked the Board to approve as final regulations the proposed regulations regarding the membership of the Protocol Development Committee. He said that the proposed regulations had been published in the September 9, 2011 Maryland Register and no comments had been received. He also asked the Board to approve the non-substantive correction of the terminology referring to ACEP representation on the committee from “EMS Subcommittee of ACEP” to “Maryland Chapter of ACEP.”

Upon the motion of Ms. Van Hoy, which was seconded by Dr. Kalish, the Board approved as final regulations the proposed changes to COMAR 30.03.05.02, with the non-substantive terminology correction.

EXECUTIVE DIRECTOR’S REPORT

Ambulance Safety Task Force. Dr. Bass said that the Ambulance Safety Task Force had held the Ambulance Safety Summit on November 1, 2011 and that the meeting had been very successful. He said that the meeting had started with motivational speakers, followed by presentations from four different jurisdictions regarding their best practices, and then small-group discussions of implementation strategies. He said that the Report of the Ambulance Safety Task Force had been released at the meeting and that Task Force planned to continue its efforts to improve ambulance safety in Maryland.

eMEDS. Dr. Bass reported that eMEDS implementation continued to go well.

EMSOF. Dr. Bass said that recent projections from the Department of Budget & Management regarding the solvency of the EMS Operations Fund (EMSOF) indicated that revenue from the vehicle registration fee surcharge was lower than had been expected. He cautioned, however, that by their nature, projections fluctuate up and down; consequently, the DBM projections could change. Dr. Kalish asked the date of the projected EMSOF insolvency. Ms. Abramson responded that the current projections indicated that the EMSOF would be solvent through 2013.

MOLST. Dr. Bass said that the new MOLST law went into effect October 1, 2011. He said, however, that the Department of Health & Mental Hygiene (DHMH) had rescinded its

proposed emergency regulations in order to allow more time for stakeholder input. Dr. Bass said that although the regulations were not in place, the law was in effect. As a result, EMS providers needed to be trained in application of the MOLST form. He said that MIEMSS had developed training for MOLST on its online Learning Management System. He said that he anticipated that the DHMH regulations would be in place in early 2012. Ms. Vanhoy said that the short timeframe between the passage of the law and its effective date had put pressure on health care providers and institutions to get up-to-speed on the MOLST form.

STATEWIDE EMS ADVISORY COUNCIL

Dr. Kalish reported that SEMSAC met on November 3, 2011, and that the Board packet contained the approved minutes from the October SEMSAC meeting. He said that SEMSAC had approved the Maryland Medical Protocols and that long-time SEMSAC member and the first Chairman of SEMSAC, George Delaplaine, had recently retired.

R ADAMS COWLEY SHOCK TRAUMA CENTER

Ms. Doyle reported that admissions to the Shock Trauma Center remained very strong. She said that inter-hospital transfers are about 25% of the STC's volume. She said that the volume of neurotrauma patients has been growing moderately and that Hyperbaric Chamber hours have increased. She said that the National Training Simulation Center will be used for future training for both military and health care providers. She said that the new Shock Trauma building will open in 2013 and will be approximately 10,000 square feet. Ms. Doyle also summarized the STC's injury prevention and outreach efforts that occurred from July through September.

LEGISLATIVE REPORT

Ms. Gainer said that MIEMSS had received the final report from the communication's consultant detailing EMRC / SYSCOM Communications Needs. She said that the findings from the report will help in planning to address the critical problems associated with aging and outmoded technology in the EMRC / SYSCOM. She reminded the Board that EMRC / SYSCOM handles nearly 400,000 calls each year and that any interruption to that functionality could severely impact EMS operations throughout the State. She said that MIEMSS will be working with DBM and the Legislature to try to find a way to address these communications needs.

UPDATE OF ACTIVITIES

Maryland State Police Aviation Command. Major Gibbons reported that the delivery of the first two new helicopters is on schedule for May 2012. He said that two more helicopters would be delivered every three months after that until all had been received. He said that the

Part 135 consultants started on September 9 and that he will provide periodic updates to the Board on MPSAC progress toward Part 135 certification.

Major Gibbons said that the MPSAC plans to pursue capital funds this year for a new training facility at Sykesville. He also said that MSPAC was continuing its efforts to recruit personnel to function as second providers on the helicopters. He said that 12 road ropers were training to be paramedics and then moving to the Aviation Command. He noted that the training academies may be source of new personnel and that he was also considering moving forward with the cadet program.

Major Gibbons said that the Maintenance Study had been completed and forwarded to DBM for comment before submission to the Legislature. He also said that Flight Vector should be operational in SYSCOM in January.

Maryland State Firemen's Association. President Lewis reported that the next Executive Committee meeting would be held on the weekend in Parsonsburg. He thanked Dr. Bass and MIEMSS for the successful Ambulance Safety Summit. He said that the MSFA had met with the Governor and emphasized the need to work on the EMSOF issue.

OLD BUSINESS

Transition Timeline to EMS Educational Standards. Dr. Bass directed the Board's attention to the "MIEMSS Transition Timelines" in their packet that laid out the timeframe for Maryland's transition to the new national education standards. He said that Emergency Medical Responder courses meeting the new national standard must be taught after July 1, 2012 and that the update from First Responder to Emergency Medical Responder would need to be completed by March 31, 2016. He said that Emergency Medical Technician courses meeting the new national standard must be taught after July 1, 2012 and that the transition from the current EMT-B to the new EMT must be completed by March 31, 2016. He said that Maryland will not be adopting the new Advanced Emergency Medical Technician level. He said that Maryland's EMT-Intermediate 99 (CRT) will continue to be recognized in the State. He said that Paramedic courses meeting the new national standard must be taught after December 31, 2012 and that the EMTP to Paramedic transition course would need to be completed by March 31, 2017. He also said that, by December 31, 2012, all ALS education programs would need to be in the process of obtaining COAEMSP accreditation.

Mr. Maloney said that he has learned that, for a variety of reasons, Baltimore City will soon allow providers to drop their ALS certification. He expressed concern that as the statewide system moves toward more sophisticated and pre-hospital treatment, the importance of ALS care may be undervalued in some areas. Mr. DeVries said that this was an important topic for discussions.

ACTION: Upon the motion of Ms. Van Hoy, which was seconded by Dr. Kalish, the Board approved the MIEMSS Transition Timelines as presented.

COMAR 20.06.03.01 – AED Regulations. Ms. Sette said that changes to the AED Program Regulations had been published as proposed regulations in the Maryland Register and that no comments had been received. She asked the Board to approve the proposed regulations as final regulations.

ACTION: Upon the motion of Dr. Hexter, which was seconded by Ms. Van Hoy, the Board approved the proposed changes to the AED regulations as final regulations.

Mr. DeVries announced that the Board would be retiring to Executive Session, after which it would reconvene in Open Session.

ACTION: Upon the motion of Dr. Westerband, which was seconded by Ms. Van Hoy, the Board adjourned to Executive Session.

The purpose of the closed session was to carry out administrative functions under State Government Article §10-502(b), to obtain legal advice from counsel under State Government Article § 10-508 (a) (7), and to discuss certain site reviews and maintain certain records and information in confidence as required by Health Occupations Article §14-506 (b) under State Government Article § 10-508(a) (13).

The closed session was attended by:

Board Members Present: Donald L. DeVries, Esq., Chairman; David Fowler, M.D.; David Hexter, M.D.; Murray Kalish, M.D.; Sally Showalter; Mary Alice Van Hoy, R.N.; Dany Westerband, M.D.; Gene Worthington.

Board Members Absent: Vic Broccolino; Robert Maloney; Dean Albert Reece, M.D., Ph.D.

Others Present:

MIEMSS: Dr. Bass; Ms. Aycock; Ms. Gainer; Ms. Goff; Ms. Myers.

OAG: Mr. Magee; Ms. Sette.

The Board approved the closed session minutes from the October 11, 2011, meeting.

The Board was provided information regarding procurement issues.
The Board was provided information regarding base station site visit results.

The Board considered nominations to SEMSAC.

The Board reconvened into Open Session at 10:54 a.m.

Board Members Present: Donald L. DeVries, Esq., Chairman; David Fowler, M.D.; David Hexter, M.D.; Murray Kalish, M.D.; Sally Showalter; Mary Alice Van Hoy, R.N.; Dany Westerband, M.D.; Gene Worthington.

Board Members Absent: Vic Broccolino; Robert Maloney; Dean Albert Reece, M.D., Ph.D.

Others Present:

MIEMSS: Dr. Bass; Ms. Aycock; Ms. Gainer; Ms. Goff; Ms. Myers.

OAG: Mr. Magee; Ms. Sette.

ACTION: Upon the motion of Dr. Westerband, which was seconded by Dr. Fowler, and with Ms. Van Hoy abstaining as to Memorial Hospital at Easton and Dorchester General Hospital, the Board voted to approve the designation of the following base stations as indicated:

Full Five-Year Designation:

1. Howard County General
2. Good Samaritan Hospital
3. R Adams Cowley Shock Trauma Center
4. Sinai Hospital
5. Chester River Hospital
6. Dorchester General Hospital
7. Memorial Hospital at Easton
8. McCready Hospital
9. Suburban Hospital
10. Children's National Medical Center

Two-Year Designation:

1. Johns Hopkins Hospital
2. Johns Hopkins Children's Medical Center

One-Year Designation:

1. Garrett Memorial Hospital
2. Maryland Hospital

3. Mercy Hospital

There being no further business, the Board adjourned by acclamation.