



**Joint Meeting of the
State Emergency Medical Services Board and the
Statewide EMS Advisory Council**

January 12, 2016

Minutes

State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

*Lawrence J. Hogan, Jr.
Governor*

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

*Kevin G. Seaman, MD, FACEP
Executive Director*

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Board Members Present: Donald DeVries, Esq., Chair; Roland Berg, SEMSAC Chair; Sherry Adams; David Hexter, M.D.; Dean E. Albert Reece, M.D., Ph.D.; Sally Showalter; Mary Alice Vanhoy, R.N.; Fred Cross; Kyrle Preis.

Board Members Absent: Victor A. Broccolino, Vice-Chair; Dany Westerband, M.D.

SEMSAC Members Present: Murray Kalish, MD; Karen Doyle; Steve Edwards; Jeff Fillmore, MD; Kathleen Grote; Scott Haas; Frank Lioi; Nathaniel McQuay; Roger Simonds; Jennifer Anders, MD; Lisa Tenney; Jonathan Lerner; Linda Dousa; Wayne Tiemersma; Alan Faden, MD; Jack Markey; Tim Chizmar, MD; Melissa Meyers; Wayne Dyott; Tom Gianni; Marian Muth; Joe Brown; Karen Vogel.

SEMSAC Members Absent: Jay Fowler; Eric Smothers; Wade Gaasch; Elliot Ganson; Michael DeRuggiero; Jim Scheulen.

MIEMSS: Dr. Seaman; Ms. Gainer; Dr. Alcorta; Ms. Aycock; Mr. Brown; Ms. Abramson; Ms. Myers; Dr. Floccare; Ms. Mays; Ms. Oliveira; Mr. Bratt; Ms. Goff; Ms. Gilliam; Ms. Wright-Johnson.

OAG: Mr. Magee

MSP Aviation Command: Captain Konold; Lt. King

Maryland State Firemen's Association: President Johnie Roth; 1st VP Michael Davis

R Adams Cowley Shock Trauma Center: Sam Tisherman, MD

Others Present: Bill Dousa; Jared Smith, QAC; Joseph Ciotola, MD, QAC; Lauren Kahl

Mr. DeVries called the Joint Meeting to order at 10:06 a.m.

Mr. DeVries thanked the EMS Board, SEMSAC members and partners for their ongoing commitment to the Maryland EMS System. He said that the totality of the statewide EMS system, what it accomplishes and how it is accomplished by pulling together in the spirit of cooperative excellence is truly amazing. He said that, as the best EMS system in the U.S., we

need to strive to assure this continued success.

Mr. Berg agreed with Mr. DeVries' comments and said that in the last year SEMSAC has taken on multiple projects including Minimal Equipment Standards, Mobile Integrated Health, Patient Care Reporting from EMS to the hospitals, and training initiatives. SEMSAC and the various workgroups will continue with these and other initiatives in 2016.

Mr. Berg introduced the newest SEMSAC member, representing the Emergency Nurses Association, Karen Vogel.

MIEMSS REPORT

Dr. Seaman noted that he had completed his first year of service at MIEMSS and highlighted a few of the agency accomplishments and future initiatives. In 2015, MIEMSS completed the EMRC/SYSCOM upgrade and renovations; transitioned the remaining EMS jurisdictions to eMEDS®; continued the implementation of CARES; and continued work on Mobile Integrated Community Healthcare in Maryland. Dr. Seaman added that the EMS Board Committee on National Registry Testing, MIEMSS, MFRI and MSFA leadership have been working diligently to resolve concerns regarding the transition to National Registry testing for EMT and EMR. He provided an overview of the solutions for those students who completed an EMT course at a Maryland Educational Program during the period October 1, 2014 – September 30, 2015 and passed all modules during the EMT course but who had either failed the NREMT exam or had not taken the NREMT exam (Students in Process or “SIPs”). Those solutions included issuing EMR cards to those students, contacting each SIP to offer assistance with NREMT test registration, and encouraging teaching programs to offer EMT Test Prep Course to interested SIPs.

Chairman DeVries said that addressing concerns regarding National Registry Testing has been challenging; but the EMS Board Committee, which includes MFRI and MSFA leadership, continues to work diligently and is moving forward, cooperatively, for solutions to reduce the number of SIPs. The Committee is also exploring the possibility of an EMR-to-EMT Bridge Course in the future. The Chairman stated that the volunteers in Maryland play a significant role in the EMS system and we could not do what we do without them.

Dr. Seaman said that in 2016, MIEMSS will continue work on the communications system upgrade throughout Maryland.

Legislative Update: Ms. Gainer

Budget Hearings

MIEMSS: House - February 3rd; Senate – February 4th
EMSOF: Senate - February 9th; House – February 10th

Briefings

Sexual Assault Medical Forensic Exam study (SAFE) – House Health and Government Operations Committee – January 20th

Free-Standing Medical Facilities – February 24th

- ∞ Proposed legislation developed by MHA to permit hospitals to convert from acute care facilities to free-standing medical facilities.

Bills

Senate – 113 pre-filed

House – 67 pre-filed

MIEMSS has no departmental Bills this year.

HB 19 – would essentially roll-back the requirement for fire sprinkler systems for new residential construction of townhouses and one and two family dwellings.

HB 419 – Would prohibiting a critical incident stress management team member from be compelled to disclose specified communications or information acquired from a law enforcement officer, a correctional officer, or an emergency responder in the course of providing critical incident stress management services..

HB 24 – would require that the Overdose Response Program, overseen by DHMH that authorizes individuals to administer naloxone, train individuals seeking authorization in the requirement to immediately contact medical services after the naloxone is administered.

Sexual Assault Forensic Exams (SAFE): Ms. Carole Mays

A paper copy of Ms. Mays' presentation was distributed to attendees.

Ms. Mays summarized the charges within 2014 HB963/Chapter 627 for the Planning Committee to Implement Improved Access to Sexual Assault Medical Forensic Examinations (SAFE) in Maryland. The SAFE Committee reviewed current statutes and COMAR regulations, all hospital emergency departments, EMS and law enforcement protocols; reviewed and investigated barriers across the state for individuals seeking sexual assault forensic exams, reimbursement for providers that offer exams, best practices for educating communities on how to access exams, optimum practitioner caseloads, geographical difference, hospital reporting and practices in other states.

Ms. Mays gave an overview of the recommendations in the final report submitted to the Governor, the Senate Finance Committee and the House Health and Government Operations Committee on 12/1/15. She highlighted the recommendations for EMS providers contained in the report which include the addition of a list of SAFE programs in the Protocols; the revision of sexual assault treatment, transport and training in the Protocols; the review of national guidelines for Emergency Dispatch Centers to include and maintain a list of SAFE programs; and the reimbursement for patient inter-facility transfer costs.

Mobile Integrated Community Health (MICH) Pilot: Mr. Jared Smith

A paper copy of Mr. Smith's presentation was distributed to attendees.

Mr. Smith gave an overview of the MICH pilot program. The Mobile Integrated Community Health (MICH) Pilot Program is a joint effort of the Queen Anne's County Department of Health and the Queen Anne's County Department of Emergency Services. The Pilot program, which began on July 1, 2014, is intended to identify individuals who frequently use 9-1-1 for non-life-threatening or medical reasons and assist in linking them with community resources and unexplored medical / social programs to most appropriately meet their needs. Other health care partners in the pilot program include: the University of Maryland Shore Regional Health; the Queen Anne's Area Agency on Aging; the Queen Anne's County Addictions and Prevention Services; the Department of Health & Mental Hygiene; and MIEMSS.

Individuals enrolled to the Mobile Integrated Community Health Pilot Program (MICH) may be identified through 911 calls and the Queen Anne's County Department of Emergency Services (DES). Adults ages 18 and over who live in Queen Anne's County and who frequently call 911 (i.e., ≥ 5 calls to 9-1-1 per six-month period) are contacted to ask if they would like to participate in the program. Participation in the program is voluntary and there is no fee. An appointment for a home visit is then arranged with those wishing to participate in the program.

The MICH home visit is conducted by a Queen Anne's County Department of Emergency Services Paramedic and a Queen Anne's County Department of Health Nurse or Nurse Practitioner. The Paramedic – Nurse Team assesses the individual's home and makes referrals to appropriate community resources. The MICH visit may include:

- ∞ Past medical history
- ∞ Medication review
- ∞ Home safety check
- ∞ Discussing health goals and ways to improve the individual's health
- ∞ Health Education
- ∞ Physical assessment

The FY2015 report on the MICH Program indicated enrollment in the program averaged 2.4 patients a month, for a total of 29 patients for the 12-month period. The average time spent by the Paramedic – Nurse Team per home visit was 94 minutes. The most frequently diagnosed condition among patients in the program was hypertension, although many patients also have a number of comorbidities. Only two (2) of the patients participating in the program did not have a primary care physician. Home safety checks identified hazardous conditions, such as unmarked prescription pill bottles; soft floors and sagging ceilings; and electrical hazards.

A primary goal of the MICH program was to reduce the number of 911 calls. First-year data indicated a 35% reduction in the number of 911 transports for patients enrolled in the program.

Mr. Smith said the vision for the future of MICH is to team up with SPACC (Short Post -Acute Care Clinic) to receive post-discharge referrals for at risk patients, incorporate telemedicine technology and

practice into home visits, explore permanent funding options and obtain funding and MOUs to improve dental health services for MICH patients and to utilize the CRISP HIE to monitor patients.

MFRI

A paper copy of Mr. Edwards' presentation was distributed to attendees.

Mr. Edwards thanked the EMS Board and SEMSAC for their support for MFRI.

Mr. Edward gave an overview the statistics for student participation in various trainings and said there have been many evolving challenges over the last year regarding National Registry EMT testing. Mr. Edwards said that MFRI has made some improvements to EMT training by adopting Brady 13th edition of *Emergency Care*, MyBradyLab, chapter pre-tests and post-tests and module exams from a test bank of National Registry type questions. He added that students now receive individual mastery reports after each module and a final cumulative exam for preparing students for NR testing. MFRI has also added a test prep class on a statewide basis.

Mr. Edwards said that current MFRI EMT training is more difficult and time consuming for instructors and students.

R ADAMS COWLEY SHOCK TRAUMA

Ms. Doyle distributed a written report for RACSTC.

Ms. Doyle introduced Dr. Sam Tisherman a Professor of Surgery and Director of the Center for Critical Care and Trauma Education and the Director of the Surgical ICU of the University of Maryland Medical Center. He joined UMMC in 2014 after 20 years at the University of Pittsburgh, where he held several titles including Associate Director of the Safar Center for Resuscitation Research, Professor in the Departments of Critical Care Medicine and Surgery and Director of the Neurotrauma Intensive Care Unit. Dr. Tisherman's research is focused on novel approaches to managing severe hemorrhagic shock and cardiac arrest, with a special interest in therapeutic hypothermia.

Dean Reece added that the University of Maryland School of Medicine promotes discovery-based medicine and that the very best care is the result of vigorous research. Specific efforts have been made to launch a series of research initiatives that brings the research prowess of the RACSTC closer to its clinical and outstanding nature and recruiting Dr. Tisherman is part of this effort.

Emergency Preservation and Resuscitation for Cardiac Arrest from Trauma:
Samuel A Tisherman, MD, FACS, FCCM

A paper copy of Dr. Tisherman's presentation was distributed.

Dr. Tisherman said that it has been shown that standard care CPR is does not work for a trauma patient who exsanguinates when in cardiac arrest and gave an overview of the research and outcomes for placing a patient suffering cardiac arrest after penetrating trauma in a hypothermic state.

Dr. Reece said that the University of Maryland School of Medicine has a full time Television Crew on campus doing for the Discovery Life Channel that is doing a five show series called Shock Trauma the Edge of Life. The series is being aired on Friday nights from January to the first week in February. Major Lioi added that the primary focus of the show is on Shock Trauma, but it also features the entire Maryland system.

MARYLAND STATE FIREMAN’S ASSOCIATION (MSFA): President Roth

Mr. DeVries said “we cannot do what we do without MSFA and all of the volunteers”.

President Roth extended an invitation to the group to attend the MSFA Legislative Reception to be held in the Miller Senate Building on January 19, 2016 from 5:00 to 7:00pm.

President Roth gave an overview of current legislation including the Assault Bill and HB19 which would allow an “opt out” for installation of sprinkler systems in new residential construction.

President Roth thanked the Chairman DeVries, Dr. Seaman, Steve Edwards and all the members of the Committee on National Registry testing for working diligently on the NREMT testing issues. President Roth introduced Mr. Dousa, Chairman of the MSFA EMS Subcommittee, to summarize the discussion regarding NREMT testing from the recent EMS subcommittee meeting.

Mr. Dousa said the EMS Board Committee on National Registry testing has resolved many of the issues surrounding NREMT testing and highlighted a few of the student concerns.

President Roth said that members are appreciative of the EMS Board’s decision to issue EMR certifications to the SIPS; but also noted that not all jurisdictions recognize EMR as minimum staffing. The MSFA is in favor of an EMR-to-EMT Bridge Course and said the future looks very bright. President Roth attended and was very impressed with Richard Brook’s Test Prep Course in Cecil County. Mr. Dousa added that the Test Prep course addresses most of the NREMT testing issues for Students in Process.

President Roth reminded everyone of the Polar Bear Plunge Fire/Rescue/EMS plunge at 12:30pm on Friday, January 29, 2016 and the full event on January 30, 2016.

The next MSFA Executive Committee meeting is scheduled for February 6 & 7, 2016 at the Hollywood Volunteer Fire Department. During the Executive Committee weekend, there will be a “Buzz-off” to raise funds for the Scully family whose three year old has been diagnosed with cancer.

MSP AVIATION COMMAND REPORT

A paper copy of Major Lioi's presentation was distributed.

Major Lioi said that the MSP Aviation Command is a multi-mission platform and gave a statistical mission summary for 2015 which included 2,107 Medevacs with 2,205 patients, 134 search and rescue missions and 58 criminal apprehensions.

Major Lioi highlighted some of the milestones in the Aviation Command, including AW139 transition completion in February 2015, the continued forward deployment at Ocean City and Harford/Cecil Counties, the construction and dedication of the Trooper 2 Memorial, the addition of five (5) civilian hires and the addition of nine (9) medical providers trained to flight crew status.

Major Lioi gave an overview of ongoing initiatives including the Flight Training Device (FTD) scheduled for July 2016 delivery and the modification of the Martin's hanger to accommodate the FTD which has been fast tracked DGS to be completed by the delivery date of the FTD; the bidding closes January 28, 2016. The Master Services Agreement is scheduled to go out for bid in February 2016.

Major Lioi showed a video on the rescue mission at Lake Linganore in Frederick County on June 27, 2015, as just one example of the multi-faceted MSPAC mission.

Major Lioi said he is very proud to be the MSPAC Commander and part of the Maryland EMS System.

NATIONAL STUDY CENTER (NSC): Dr. Faden

A paper copy of Research Activities was distributed.

Dr. Faden said the National Study Center (NSC), set up by a congressional mandate in 1987, focusses on a number of research areas, including the epidemiology of motor vehicle crashes to increase the understanding of trauma and emergency medical system response. Dr. Faden gave an overview of partnerships and current research activities and initiatives involving motor vehicle related injuries, alcohol related injuries, prehospital and in-hospital care and training activities.

The NSC is a part of the Shock, Trauma and Anesthesiology Research Organized Research Center (STAR-ORC) which serves as a research umbrella for the Department of Anesthesiology and the Program in Trauma at UMMS. Many of the researchers working in the new research center are doctors who care for trauma patients at the Shock Trauma Center. The STAR-ORC is a multi-disciplinary research and educational center focusing on brain injuries, critical care and organ support, resuscitation, surgical outcomes, patient safety and injury prevention.

Shock Trauma is host to the largest C-STARS (Center for the Sustainment of Trauma and Readiness Skills) program in the country, providing real-time training in trauma and critical care for U.S. Air Force physicians, nurses, OR technicians, Special Operations medics and chaplains. Funding for CSTARS is expected to increase to \$35,000,000.00 in 2016.

Through a cooperative MOU, the NSC continues to support data management and data analysis needs as requested by MIEMSS. The focus of the past year has been on the development of benchmark reports generated from MIEMSS data sources including eMEDS® and Flight Vector™.

OLD BUSINESS

None

NEW BUSINESS

Maryland's Strategic Highway Safety Plan 2016-2020: Mr. Tom Gianni

A paper copy of the Strategic Highway Safety Plan (SHSP) was distributed.

Mr. Gianni gave an overview of the state crash data, the “Toward Zero Deaths” approach and ways to involve EMS more in Highway Safety initiatives. He said the overall objective of the plan is to reduce fatalities and serious injuries with a goal of halving fatalities by 2030. He noted that in 2014 there were 443 fatalities which is the lowest number since 1948, although the number of fatalities increased to 511 in 2015. Mr. Gianni said that the reduction in the rate of serious injuries is mainly due to safer cars, safer highways and the use of seat belts. Three major indicators for crash fatalities are unbelted occupants (36-50%), speed (27%) and impaired driving (33%).

Maryland's new SHSP emphasizes curbing aggressive, distracted and impaired driving, promotes pedestrian and bike safety and occupant safety, and contains 31 strategies involving action steps and recommendations for attaining reduced fatalities and serious injuries. The SHSP framework is data driven with four cornerstones Engineering, Enforcement, Education and EMS.

EMS collaborations include presentations at EMS events and conferences, a one-day Highway Safety Summit on April 26, 2016, community presentations by medics and improved electronic reporting (eMEDS).

In closing, Chairman DeVries thanked everyone and said the reports presented highlighted the cooperative excellence within the Maryland EMS system.

The Joint Meeting adjourned and the EMS Board adjourned by acclamation at 12:40 pm.