I. Call to Order – Mr. DeVries
II. Approval of Minutes from July 10, 2018
III. MIEMSS Report – Ms. Gainer
IV. SEMSAC Report – Dr. Kalish
V. R Adams Cowley Shock Trauma Report – Dr. Snedeker
VI. MSP Aviation Command – Captain McMinn
VII. MSFA Update – President Blair
VIII. Old Business
   • Harford Memorial Hospital’s Conversion to a Freestanding Medical Facility Update – Ms. Sette
IX. New Business
X. Reconvene in Open Session

Adjourn to closed session to carry out administrative functions, to discuss the appointment of appointees and officials under General Provisions Article §3-305(b) (1), to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(b) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (b) (13).
Board Members Present: Donald L. DeVries, Jr., Esq., Chairman; Sherry Adams, Vice Chairperson; Murray Kalish, MD; Dany Westerband, MD; Mary Alice Vanhoy, RN; Sally Showalter, RN; Dean E. Albert Reece, MD (phone); Jim Scheulen; Steve Cox; Bill Frohna, MD; John Butler

Board Members Absent:

Others Present:

MSPAC: Captain McMinn;

RACSTC: Dr. Snedeker

MIEMSS: Ms. Gainer; Dr. Alcorta; Dr. Chizmar Ms. Abramson; Ms. Aycock; Dr. Bailey; Mr. Brown; Mr. Hurlock; Ms. Mays; Ms. Myers; Ms. Goff

OAG: Mr. Magee; Ms. Sette

Mr. DeVries called the meeting to order at 9:10 am. He announced his appointment of EMS Board member, Sherry Adams, as Vice Chairperson.

Mr. DeVries asked for the approval of the minutes from July 10, 2018, meeting.

ACTION: Upon the motion by Dr. Frohna, seconded by Ms. Vanhoy, the Board voted unanimously to approve the minutes of the EMS Board meeting held on June 12, 2018.

MIEMSS Report

A copy of the report was distributed.

Dr. Alcorta introduced Dr. Timothy Chizmar, MIEMSS new State EMS Assistant Medical Director. Dr. Alcorta said Dr. Chizmar will become the State EMS Medical Director upon his retirement at the end of October 2018.

Dr. Timothy Chizmar has served as the Medical Director for MIEMSS Region III and Harford County EMS. He has been an active member of the MIEMSS Protocol Review Committee and the State EMS Advisory Council. He is board-certified in Emergency Medicine and Emergency Medical Services. Dr. Chizmar will be transitioning from full time practice of emergency medicine at the University of Maryland, Upper Chesapeake Medical Center and Harford Memorial Hospital in Harford County and as the Base Station Medical Director for UM Upper
Chesapeake Health and Co-Chairperson for the hospital’s Emergency Management Committee.

Mr. DeVries congratulated Dr. Chizmar and welcomed him to MIEMSS.

Statewide EMS Communication System Upgrade
Ms. Gainer said the communications project is on schedule and that (183) of the (186) microwave path surveys, to collect information necessary to develop an implementation design specific to each hospital/location, have been completed.

Opioid Crisis
Ms. Gainer said the $200,000 grant provided in FY18 by the Maryland Behavioral Health Administration EMS Naloxone Grant Program and administered by MIEMSS to provide financial relief to EMSOPs that are currently carrying the increased burden of providing naloxone without reimbursement from the patient or insurance providers has been distributed. Ms. Gainer added that (10) EMS jurisdictions are currently participating in the “Leave Behind Naloxone” program.

OD Mapping
Ms. Gainer said MIEMSS has received the local data copy from ImageTrend for submission of statewide eMEDS® data into the OD map for High Intensity Drug Trafficking Areas (HIDTA). The requirement for this requirement went into effect on July 1, 2018.

Active Assailant Interagency Workgroup
Ms. Gainer said that the Active Assailant Interagency Workgroup will be meeting the 2nd Thursday every month. The Workgroup is currently in the process of updating the 2014 guidance document to reflect additional best practices and new courses and working on state agency plan development.

eMEDS® Elite
Ms. Gainer said MIEMSS is actively working to link eMEDS with the Chesapeake Regional Information System for our Patients (CRISP), the state’s health information exchange. To date, two jurisdictions have MOUs with CRISP for this linkage.

Voluntary Ambulance Inspection Program (VAIP)
Ms. Gainer said the first meeting of the VAIP Committee will convene in September 2018. MIEMSS anticipates having revisions complete for review by Spring 2019.

EMS Reimbursement (SB 682) Workgroup
Ms. Gainer said the Steering Committee of the recently met and heard a presentation by UMM Dr. David Marcozzi, Dr. Brian Browne and Baltimore City FDs Chief Fletcher about the Baltimore City FD EMS Mobile Integrated Health Program and Alternate Destination program. This initiative received a one million dollar grant from the Health Services Cost Review Commission. Ms. Gainer said this is innovative program for EMS.

Ms. Gainer reported that the R Adams Cowley Shock Trauma Center and the Johns Hopkins Hospital are submitting a proposal on August 15th to the Office of the Assistant Secretary for Preparedness and Response for a Regional Disaster Health Response Grant. State Agencies that would participate, should the proposal be funded, include the Department of Health and MIEMSS; Walter Reed will be included as an Ex-Officio participant. MIEMSS has submitted a letter of support for the proposal.
**Medication Shortages**
Dr. Alcorta said additional medication shortages affecting EMS and hospitals are magnesium sulphate, Zofran and Calcium Chloride. He said Fentanyl, Morphine, Ketamine, Cardizem and Dopamine are still in short supply.

**SEMSAC**
No report

**MSFA**
Mr. Cox said the MSFA held its first Executive Committee meeting under President Blair on August 11th and 12th in Hagerstown; with State partners presenting on Saturday. The MSFA leadership met to set this year’s agenda.

**MSPAC**
No report.

**RACSTC – Dr. Snedeker**
A copy of the report was distributed.

Dr. Snedeker reported a decrease in the following: patient volumes, inter-facility transfers, capacity hours, OR and Clinic volumes. She said that Hyperbaric Chamber hours have increased. She added that the “Go Team” was requested (16) times with (3) deployments. Dr. Snedeker gave an overview of the Global Outreach and Injury Prevention programs, including the Stop the Bleed Campaign.

After an inquiry, Dr. Snedeker said that STC does not currently have a formal Stop the Bleed program for schools but will consider any requests for training. Ms. Mays, MIEMSS’ Director for Trauma & Injury Specialty Care Programs, added that all Maryland Trauma Centers are providing Stop the Bleed training across the state. The Maryland Trauma Quality Improvement Committee (TQIC) is working with the Maryland State Department of Education to provide training initially with the Specialists for School Safety statewide. The trainings are to begin in September/October 2018. The Stop the Bleed Program is in partnership with the American College of Surgeons.

Dr. Snedeker said that STC has received very positive feedback on the EMS Outreach airway simulation enhanced skills program.
OLD BUSINESS

Harford Memorial Hospital’s Conversion to a Freestanding Medical Facility Update

Ms. Sette advised that MIEMSS had been advised the original site for the Harford Memorial Freestanding Medical facility, as described in “MIEMSS Report and Recommendation to the State Emergency Medical Services Board Regarding the Proposed Conversion of Harford Memorial Hospital to a Freestanding Medical Facility without a Certificate of Need (CON),” which the Board approved on October 10, 2017, is no longer viable. Ms. Sette said that the proposed new site is within five (5) miles of the original site and will not change the ability to maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system.

The Board felt there was no need to redo the analysis and determination at this point as the factors are not impacted by the site change; however, the Board indicated it wanted to learn of any future developments which, if significant, could result in the need to conduct another analysis. Ms. Sette said that if a new site would be beyond a five-mile radius from the current hospital, it no longer qualify for the CON exemption, so it is critical to maintain that same geographic area. Ms. Sette will continue to monitor.

NEW BUSINESS - NA

ACTION: Upon the motion by Dr. Kalish, seconded by Dr. Westerband, the Board voted unanimously to adjourn to Closed Session.

The EMS Board adjourned to closed session to carry out administrative functions, to discuss the appointment of appointees and officials under General Provisions Article §3-305(b)(1), to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(a) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (a) (13).

In Closed Session:

Board Members Present: Donald L. DeVries, Jr., Esq., Chairman; Murray Kalish, MD; Dany Westerband, MD; Mary Alice Vanhoy, RN; Sally Showalter, RN; Sherry Adams; Dean E. Albert Reece, MD; Jim Scheulen; Steve Cox; Bill Frohna, MD; John Butler

Board Members Absent:

MIEMSS: Ms. Gainer; Dr. Alcorta; Ms. Aycock; Ms. Mays; Ms. Goff;

OAG: Mr. Magee; Ms. Sette
In closed session:

1. The Board considered Primary Stroke Center designations;
2. The Board considered Adult Trauma Center re-verifications;
3. The Board considered a SEMSAC nomination; and
4. The Board considered EMS provider disciplinary actions.

The Board returned to open session.

In open session:

**Board Members Present:** Donald L. DeVries, Jr., Esq., Chairman; Murray Kalish, MD; Mary Alice Vanhoy, RN; Sally Showalter, RN; Sherry Adams; Jim Scheulen; Steve Cox; John Butler; Bill Frohna, MD; Dany Westerband, MD

**Board Members Absent:** Dean E. Albert Reece, MD

**MIEMSS:** Ms. Gainer; Dr. Alcorta; Ms. Aycock; Ms. Mays; Ms. Goff

**OAG:** Mr. Magee; Ms. Sette

The Board approved by acclamation the re-designation of Atlantic General Hospital as Primary Stroke Center for the remaining four years of a five-year designation period.

The Board approved by acclamation the re-designation of UM Baltimore Washington Medical Center as Primary Stroke Center for the remaining four years of a five-year designation period.

The Board approved by acclamation the re-designation of Peninsula Regional Medical Center as Primary Stroke Center for the remaining four years of a five-year designation period.

The Board approved by acclamation the re-designation of Meritus Hospital as Primary Stroke Center for the remaining four years of a five-year designation period.

The Board approved by acclamation the designation of Calvert Health Medical Center as a Primary Stroke Center for a five-year designation period.

The Board approved by acclamation the one-year provisional designation of Holy Cross Germantown as a Primary Stroke Center.

The Board approved by acclamation the one-year provisional designation of UM Charles Regional Medical Center.
The Board approved by acclamation the re-designation of MedStar Union Memorial Hospital as a Hand and Upper Extremity Trauma Center for a five-year period.

The Board approved by acclamation the re-designation of Sinai Hospital as a Level II Adult Trauma Center for a one-year provisional period.

The Board approved by acclamation the re-designation of Western Maryland Regional Medical Center as a Level III Adult Trauma Center for a one-year provisional designation.

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