

**State Emergency Medical Services Board  
December 9, 2008  
Minutes**

**Board Members Present:** Donald L. DeVries, Jr., Esq., Chairman; Victor A. Broccolino; David Fowler, M.D.; Chief Scott Graham (by telephone); David Hexter, M.D.; Sally Showalter; Roger Simonds; Mary Alice Van Hoy, R.N.; Eugene L. Worthington.

**Board Members Absent:** Dean E. Albert Reece, M.D., Ph.D.

**Others Present:**

**MIEMSS:** Dr. Bass; Dr. Alcorta; Ms. Beachley; Mr. Brown; Mr. Davis; Mr. Dubansky; Dr. Floccare; Ms. Gainer; Mr. Handley; Mr. Hurlock; Ms. Magee; Ms. Myers; Mr. Schaeffer; Mr. Seifarth; Mr. Slack.

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

**Maryland State Police Aviation Command:** Major McAndrew; Mike Gartland; Jimmie Meurens.

**R Adams Cowley Shock Trauma Center:** John Spearman; Jim Radcliffe; Brenda Fosler Johnson.

**INTRODUCTION**

Chairman DeVries called the meeting to order at 9:08 a.m. He said that the agenda items would be taken out of order.

**Action: Moved (Ms. Showalter), seconded (Dr. Fowler), passed unanimously to approve as written the minutes of the October 24, 2008, meeting of the State EMS Board.**

Mr. DeVries reported that the Expert Panel met on November 24<sup>th</sup> and 25<sup>th</sup> to review and make recommendations regarding Maryland's triage protocols. He said the Panel provided a verbal summary of their findings and recommendations at the close of their meeting. He said that Dr. MacKersie, Chairman of the Expert Panel, would be calling-in to the Board meeting at 10 a.m. to provide an update. Mr. DeVries also announced that Board member Roger Simonds had decided not to seek re-election as the SEMSAC Chairman; as a result, this would be the last Board meeting he would be attending as a Board member. Mr. DeVries said that Mr. Simonds had been an outstanding Board member and SEMSAC Chairman for many years and that he would be missed.

Mr. DeVries announced that the annual Joint Meeting of the EMS Board and SEMSAC would be held on Friday, January 9, 2009, at MFRI in College Park, MD.

## **REPORT OF THE STATEWIDE EMS ADVISORY COUNCIL**

Mr. Simonds reported that SEMSAC had met in November, but not in December. He said that Murray Kalish, M.D., had been elected SEMSAC Chairman and Dave Balthus had been elected Co-Chairman.

## **REPORT OF THE R ADAMS COWLEY SHOCK TRAUMA CENTER**

Mr. Spearman reported that admissions were 31 ahead of last year's figure, but 73 fewer than had been budgeted. He said that bed occupancy was about the same as last year's, as were the number of operating room cases. He said that there had been no capacity alerts during the period. He said that the STC would be presenting a two-hour continuing education program for nurses and EMS personnel in December regarding trauma during pregnancy.

## **EXECUTIVE DIRECTOR'S REPORT**

All-Terrain Vehicle (ATV) Safety Task Force. Dr. Bass reported that the ATV Safety Task Force had completed its work ahead of schedule and had submitted an interim and final report to the General Assembly.

Law Enforcement Training. Dr. Bass reported that MIEMSS was continuing its efforts to develop a training course and materials for law enforcement officers.

MIEMSS Staff. Dr. Bass announced that the American College of Emergency Physicians (ACEP) had recognized Dr. Alcorta as a "Hero of Emergency Medicine" who had made significant contributions to emergency medicine. Dr. Bass also announced that the Air Medical Physician Association recognized Dr. Floccare as Medical Director of the Year at their national meeting in November in recognition of his outstanding contributions to the Maryland State Police Aviation Command's medical program.

Ambulance Safety. Dr. Bass reported that the EMS Safety Subcommittee of the National Academies Transportation Research Board held its first interdisciplinary Ambulance Transportation Safety Summit last month. He said that the meeting included experts in automotive safety and occupant protection, EMS vehicle operations, transport and fleet management, ergonomics and human factors, standards and safety data capture – in addition to policy makers and EMS leaders.

Yellow Alerts / ED Overcrowding. Dr. Bass said that flu season had not yet started in Maryland; consequently, emergency department yellow alerts had not yet increased as would be expected in flu season.

STEMI. Dr. Bass said that MIEMSS was continuing reviewing and considering the comments received on its most recent draft of STEMI regulations.

## **NEW BUSINESS**

AED Regulation Revisions. Ms. Myers presented proposed revisions to the AED regulations. She said that the changes that are being proposed would make the regulations consistent with changes made in the authorizing statute in the last legislative session. These changes include removing the requirement for medical direction and certain record-keeping requirements, as well as removing references to authorized facilities.

Maryland Medical Protocols. Dr. Alcorta presented the proposed modifications to the Maryland Medical Protocols for EMS Providers. He said that, if approved, the proposed modifications would become effective July 1, 2009. He reviewed the proposed changes. Dr. Hexter asked why vaccinations for EMS providers were not handled via occupational medicine personnel. Dr. Alcorta explained that the law had been changed in 2002 to allow paramedics to provide required vaccines to other EMS providers under the auspices of their medical director. **Upon the motion of Ms. Van Hoy, which was seconded by Chief Graham, the Board approved the proposed modifications to the Maryland Medical Protocols.**

Infection Control Regulations. Ms. Sette presented proposed regulations that would require jurisdictional programs to have an infection control program. She said the draft was developed with the assistance of the MIEMSS Infection Control Committee, which had representation of Infection Control officers from jurisdictions. She said that the requirements mirrored federal requirements which the jurisdictions were already subject to. She also said that the proposed regulations would put in place certain requirements to report exposure to blood borne pathogens that were contained in legislation that passed several years ago. She said that the draft had been reviewed by the Infection Control Committee, SEMSAC, and by the Jurisdictional Advisory Committee. She said that the draft regulations were being presented today for informational purposes.

## **OLD BUSINESS**

Update on Medevac Issues. Mr. DeVries said that the Trooper 2 crash had resulted in a number of follow-up actions, one of which was the convening of the Expert Panel. He said the charge to the Panel was threefold: 1) to review Maryland field triage protocols specific to the use of helicopter transport of trauma patients from the scene of an incident;

2) to review trends in helicopter utilization for scene transport of trauma patients in Maryland; and 3) to make recommendations for changes or improvements.

Dr. Bass made the presentation to the Board that he had given to the Expert Panel regarding “Field Trauma Triage and Scene Helicopter Utilization in Maryland.” He summarized data specific to various aspects of trauma patients transported from the scene to trauma centers via helicopter and ambulance. He also summarized post-crash flight information which indicates, among other things, a decrease in request for scene helicopter response.

Dr. MacKersie, Chairman of the Expert Panel, joined the Board meeting by telephone. He indicated that he had just sent a three-page draft summary that contained the findings and recommendations that the Panel had read at the close of the Panel meeting. Copies of the document were distributed to the Board and those present at the meeting. He said he hoped to have the final document completed by mid-January.

Mr. DeVries asked whether the Panel would include in their final report an analysis of the number of helicopters needed. Dr. MacKersie indicated that the Panel would not be prescriptive about how many helicopters were needed in Maryland, but rather would recommend that a needs assessment be completed and that those results should provide guidance. Mr. Worthington asked whether the Panel’s comment regarding over-triage was a finding or an opinion. Dr. MacKersie responded that that was based on the data presented, particularly the 24-hour discharge data which he said was generally not commensurate with the need for helicopter transport. He said that the use of the Consultation Requirement for C & D patients, which was instituted post-crash, should help reduce instances of unnecessary over-triage.

Mr. DeVries asked Dr. MacKersie to comment on the reasonableness of the C & D Consultation Requirement. Dr. MacKersie said that the use of the C & D Consultation Requirement was reasonable and should continue. Mr. DeVries asked Dr. MacKersie to include in the final report the Panel’s opinion on how long data monitoring should continue to determine the impact of the post-crash changes; Dr. MacKersie responded that he would request the Panel to include an opinion in that regard. Mr. DeVries asked whether helicopter EMS is generally effective; Dr. MacKersie said that the effectiveness of helicopter EMS is an underlying assumption that is embedded in the report.

Dr. Hexter asked about the Panel recommendation indication that the Maryland helicopter program should evolve to a program which emphasizes time-driven critical care goals which has implications for crew configuration, education, and expansion of the mission profile to include provision of STEMI and stroke intervention to underserved areas of the state. Dr. MacKersie responded that the Maryland system is currently a time-driven system and places less emphasis on providing critical care in the field than other contemporary systems. He said that the Panel’s was focusing on the potential implications evolving from Maryland’s current time focus and that this should not be misconstrued as a recommendation that the usage be expanded to STEMI or

stroke. He said that the Panel's focus was solely on trauma and did not include other areas, such as STEMI or stroke.

Mr. DeVries thanked Dr. MacKersie for his and the Panel's efforts and said that he looked forward to receiving the Panel's report.

## **ADJOURN TO EXECUTIVE SESSION**

**Action: Moved (Mr. Broccolino), seconded (Ms. Showalter), passed unanimously to adjourn to Executive Session and then to reconvene in Open Session.**

The purpose of the closed session was to carry out administrative functions under State Government Article §10-502(b), to maintain certain records and information in confidence as required by Health Occupations Article §14-506 (b) and COMAR 30.08.02.05(B)(9) under State Government Article §10-508 (13) and to discuss matters under executive privilege.

The closed session was attended by the following:

**Board Members Present:** Donald L. DeVries, Jr., Esq., Chairman; Victor A. Broccolino; David Fowler, M.D.; David Hexter, M.D.; Sally Showalter; Roger Simonds; Mary Alice Van Hoy, R.N.; Eugene L. Worthington.

**Others Present:**

**MIEMSS:** Dr. Bass; Ms. Beachley; Mr. Dubansky; Ms. Gainer.

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

**MSP Aviation Command:** Major McAndrew; Mike Gartland; Jimmie Meurens.

Matters discussed during Executive Session were disciplinary cases and matters covered by executive privilege.

The Board reconvened in open session at 12:10.

**Upon the motion of Ms. Showalter, which was seconded by Ms. Van Hoy, the Board approved the following motion:**

**The State EMS Board strongly supports the MSP Aviation Command's ongoing efforts to improve safety, including securing 14 CFR Part 135 certification, as well as additional safety equipment, and requests MSP Aviation Command to submit to the Board a proposal for those**

**improvements with accompanying budget amendment request no later than the Board's January meeting.**

**Upon the motion of Ms. Van Hoy, which was seconded by Mr. Broccolino, the Board approved trauma center re-designations as follows:**

<b>R A Cowley Shock Trauma Center</b>	<b>PARC</b>
<b>Johns Hopkins Adult Trauma Center</b>	<b>Level I</b>
<b>Suburban Hospital Center</b>	<b>Level II</b>
<b>Prince Georges Hospital Center</b>	<b>Level II</b>
<b>Sinai Hospital of Baltimore</b>	<b>Level II</b>
<b>Johns Hopkins Bayview</b>	<b>Level II</b>
<b>Washington County Hospital</b>	<b>Level III</b>
<b>Western Maryland Health System</b>	<b>Level III</b>
<b>Peninsula Regional Medical Center</b>	<b>Level III Provisional</b>

**Upon the motion of Dr. Hexter, which was seconded by Dr. Fowler, the Board approved the proposed draft changes to the AED regulations.**

Dr. Alcorta apprised the Board of the results of the “National Report Card on the State of Emergency Medicine” that had been issued by the American College of Emergency Physicians. The report gave Maryland an overall grade of “B-.” He said that the Report cited Maryland’s strengths in the areas of Quality & Patient Safety Environment and Disaster Preparedness (both receiving a grade of “A.”), and Maryland’s greatest weakness was in the area of Medical Liability Environment (receiving a grade of “D-.”)

**Upon the motion of Dr. Fowler, which was seconded by Ms. Van Hoy, the Board adjourned.**