State EMS Advisory Council (SEMSAC)  
September 3, 2015

Meeting Minutes

SEMSAC Members Present: Roland Berg, Chairman; Jim Scheulen, Vice Chairman; Karen Doyle; Jack Markey; Jonathan Lerner, PA; Eric Smothers; Steve Edwards; Wayne Tiemersma; Lisa Tenney; Jennifer Anders, MD; Linda Dousa; Tim Chizmar, MD (phone); Michael DeRuggiero; James Fowler (phone); Nathaniel McQuay, MD; Wade Gaasch, MD; Elliot Ganson; Kathleen Grote; Scott Haas; Frank Lioi; Tim Chizmar, MD; Murray Kalish, MD; Wayne Dyott; Marian Muth; Melissa Meyers.

Members Absent: Jeffrey Fillmore, MD; Tom Gianni; Roger Simonds;

Others Present: Bill Dousa; Dr. Kozar for Dr. Faden.

OAG: Fremont Magee; Sarah Sette.

MIEMSS: Kevin Seaman, MD; Richard Alcorta, MD; Doug Floccare, MD; Rae Oliveira; Jim Brown; Anna Aycock; Lisa Myers; Dave Balthis; Mike Deckard; Barbara Goff.

MSFA: President Roth

MSAR: Dr. Millin; Dr. Solomon

MSPAC: Lt. King

Mr. Berg opened the meeting at 1:05 pm.

Action: Upon the motion made by Mr. Haas, which was seconded by Mr. Tiemersma, the SEMSAC unanimously approved the minutes of the July 2, 2015 SEMSAC meeting.

MIEMSS Report: Dr. Seaman

The written Executive Director’s report was disseminated.

EMR/EMT National Registry Testing: Dr. Seaman said that MIEMSS is working with the MFRI and MSFA leadership to assist in resolving student issues regarding EMT training and the National Registry testing process to develop effective strategies to maximize student success in passing the National Registry EMT test. Past discussions have focused on students who have passed the EMT courses but have not tested. Mr. Edwards, Mr. Roth and Dr. Seaman will be meeting in the near future to discuss effective strategies for students to successfully pass the EMT tests.
SEMSAC Chairman’s Report: Mr. Berg

Mr. Berg said the Mr. DeVries reported to the EMS Board at the July 8, 2015 meeting that the MSFA Convention was a great success and was well attended. Mr. DeVries also noted that the video by Jim Brown (MIEMSS) on distracted driving in conjunction with the presentation by Liz Marks on texting and driving was very well done.

Mr. Edwards gave an overview of the MFRI 2015 Strategic Plan which was distributed. Mr. Berg congratulated Mr. Edwards on MFRI's 85th year of providing training to Maryland Fire and EMS.

The Board voted unanimously to approve the following educational programs:
- East Coast Ambulance- BLS Refresher Education Program Renewal for 5 years
- Towson University Police Department- EMR Education Program Renewal for 5 years

The EMS Board is pleased with the progress that the Minimum Equipment Standard Workgroup has made and applaud the efforts and commitment to achieve a consensus by Chief Simonds and the Workgroup members. The Board recommends that SEMSAC submit the recommended Minimum Equipment Standards to the Board for review and have the SEMSAC Workgroup continue to collaborate with MIEMSS on recommendations for statewide implementation.

The Board voted unanimously to delegate course approval for NIEMS to the OAH.

The Board voted unanimously to revoke program approval for NIEMS but hold in abeyance to see if NIEMS’ attempt to renew.

Mr. Berg welcomed and introduced the new Board of Physicians representative to the SEMAC, John Lerner, PA; Senior Physician Assistant Department of Emergency Medicine; Director, PA Emergency Medicine Residency Department of Emergency Medicine Johns Hopkins Bayview Medical Center.

National Study Center (NSC): Dr. Kozar for Dr. Faden

Dr. Kozar reported for Dr. Faden and the NSC and said that the IDIQ was recently signed; CIREN is in its last year and the cooperative agreement between STAR and C-STARS has been renewed.

COMMITTEE REPORTS

ALS Committee: No Report

EMD Committee: Ms. Oliveira said EMD Committee met on the 18th of August and that there were no changes in leadership. The Committee discussed Active Assailant Training for dispatchers. The next meeting is October 20th.

BLS Committee: Mr. Berg said that Ms. Dousa and Mr. Tiemersma have volunteered to Co-Chair the BLS Committee. Ms. Oliveira thanked the Mr. Berg for his assistance in reaching out to the new Co-Chairs for the BLS Committee.
Ms. Oliveira said that the BLS Committee did not meet in August. The Best Practices group met via conference call and will be making recommendations regarding EMT education and testing such as mentorship programs and an EMT information video to the next BLS Committee meeting.

**ePCR Workgroup: Dr. Anders**

Dr. Anders said the committee is still acquiring data from the survey for pre-hospital providers to assist in determining what is and is not working regarding patient handoffs and documentation. Dr. Anders reported that over 500 surveys have been completed and anticipates closing the online survey shortly. The ePCR Committee should have results in a month or so.

**Mobile Integrated Healthcare (MIH) Workgroup: Ms. Doyle / Mr. Haas**

Mr. Haas said the Workgroup is working on the framework/template for how a MICH program should be introduced; either as a pilot or an optional protocol. Mr. Haas anticipates having recommendations to SEMSAC by the December meeting. Mr. Haas said the workgroup is a dynamic group with statewide participation; the workgroup anticipates meeting all of the objectives.

**Minimum Equipment Standards Workgroup: Mr. Simonds**

Mr. Berg said that Mr. Simonds could not be here today. The next meeting for the Minimum Equipment Standards Workgroup is September 10th and will be working on the inspection implementation and compliance policy.

**JAC Update: No Report**

**MSFA – President Roth**

President Roth thanked everyone, especially Jim Brown, for the participation at the Fireman’s Convention in Ocean City. President Roth also thanked all the partners who attended the Cumberland Valley Presidents Council meeting on July 31, 2015 in Delaware City, DE.

President Roth there continues to be concerns regarding NREMT with roughly 442 students who have taken the EMT course but either have not passed or tested. Resolving the issues surrounding NREMT testing is a top priority for the MSFA. The MSFA is committed to getting potential EMS providers trained and on the street to serve the residents of Maryland.

President Roth said that the MSFA leadership will be meeting with Dr. Seaman and Mr. Edwards to work on issues surrounding the NREMT testing.

**MSP Aviation Command: Major Lioi**

Major Lioi said the MSPAC is working on several projects including the building that will house the Flight Training Device (FTD) and the Master Services Agreements for procurement. Major Lioi reported that donations are still being sought for the Trooper 2 Memorial Fund. More information on the fund can be found on Waldorf Fire Department website at: [http://www.waldorfvfd.com/maryland-state-trooper-2-memorial/](http://www.waldorfvfd.com/maryland-state-trooper-2-memorial/)
OLD BUSINESS:

Mr. Berg asked everyone to pause for moment of silence in memory of Governor Mandell.

NEW BUSINESS

Psychiatric By-pass for Emergency Departments: Mr. Scheulen said that law enforcement personnel are frequently involved in the decision to obtain an emergency petition designation for a psychiatric assessment; transport is frequently by law enforcement and not EMS. Some hospitals have let it be known either formally or informally to law enforcement that they are on “Psych By-pass”; this creates a burden for other hospitals who accept all emergent psych patients. Mr. Scheulen said this situation is antidotal in that law enforcement will come to the ED at Hopkins and state that they went to another hospital that stated they were on “Psych By-pass” Mr. Scheulen said after confirming there is not “Psych By-pass” and discussing with MIEMSS leadership, MIEMSS will bring this situation to DHMH’s attention; Mr. Scheulen will also address with MHA.

Maryland Search and Rescue (MSAR): Dr. Alcorta gave an overview of the MSAR EMS Operational Program application which was distributed to SEMSAC members for review and consideration. The purpose of the application is to establish MSAR as a specialized public safety EMS operational program within the Maryland EMS system under regulatory oversight of MIEMSS. Within the state EMS system, MSAR will have the responsibility for patient care in wilderness environments as designated by the Wilderness EMS protocols and will operate in partnership with transporting EMS jurisdictions to ensure that patients are able to be safely transported to an acute care facility once the MSAR providers have transferred care of the patient to the transporting EMS providers at a designated location.

On average, there are two lost persons in the Maryland wilderness areas each month. MSAR is a volunteer organization with an Emergency Medicine medical director and all EMS providers will be Maryland certified and licensed. MSAR is funded by private donations and does not charge for its services. There are currently no state incurred costs. MSAR members rely on personal health insurance.

After a lengthy discussion regarding training, certifications and licensing, it was decided that the wording on page #22 of the MSAR EMS Operational Program application under Wilderness EMS (WEMS) Provider Levels the word “may be trained as” will be changed to “shall be trained as” under all provider levels.

A discussion regarding the equipment required by a WEMS provider vs. a “jump bag” carried by an urban EMS provider and the Incident Command Structure ensued.

Upon the motion made by Mr. Haas, which was seconded by Mr. Tiemersma, the SEMSAC unanimously approved to recommend, with the specified wording changes on page #22 of the application, the EMS Board approve the MSAR as an EMS Operational program. Mr. Berg said that the SEMSAC will be going into closed session and the conference line will be discontinued.

The SEMSAC went into closed session by acclamation.