



State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

*Larry Hogan
Governor*

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

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State Emergency Medical Services Board

November 15, 2016

Meeting Agenda

- I. Call to Order – Mr. DeVries
- II. Approval of Minutes from October 11, 2016
- III. MIEMSS Report – Ms. Gainer
- IV. R Adams Cowley Shock Trauma Update – Ms. Doyle
- V. MSP Aviation Update – Major Lowman
- VI. MSFA Update
- VII. Old Business
 - Maryland Medical Protocols for EMS Providers Incorporation by Reference – FINAL ACTION – Mr. Magee
- VIII. New Business
 - UM Upper Chesapeake Health - Healthcare Trends – Mr. John Ashworth, Mr. Lyle Sheldon and Dr. Fermin Barrueto
 - 2017 Protocol Updates – INFORMATION ONLY - Dr. Alcorta and Mr. Reynolds
- IX. Adjourn to closed session to carry out administrative functions, 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).
- X. Reconvene in Open Session



State Emergency Medical Service Board
November 15, 2016
Minutes

State of Maryland

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Board Members Present: Donald L. DeVries, Jr., Esq. Chairman; Vic Broccolino, Vice-Chairman; Fred Cross; Kyrle Preis; Dany Westerband, M.D (phone); Sherry Adams (phone); Sally Showalter; Jim Scheulen; Mary Alice Vanhoy

Board Members Absent: Dean E. Albert Reece, MD; David Hexter, MD; Jim Scheulen.

Others Present:

MIEMSS: Dr. Alcorta (phone); Ms. Gainer; Ms. Abramson; Ms. Aycock; Ms. Mays; Mr. Schaefer; Ms. Goff; Mr. Brown.

OAG: Mr. Magee; Ms. Sette

RACSTC: Ms. Doyle; Dr. Kristie Snedeker

MFRI: Mr. Edwards

MSPAC: Captain Konold

UMMS: Mr. Ashworth; Ms. Jacobs

UCHC: Mr. Sheldon; Dr. Barrueto; Dr. Chizmar

Mr. DeVries opened the meeting at 9:10 am.

ACTION: Upon the motion Mr. Broccolino, seconded by Ms. Vanhoy, the Board voted unanimously to approve as written the minutes of the October 11, 2016, meeting of the State EMS Board.

Mr. DeVries said that agenda items would be taken out of order and the UMMS presentation would be first order to accommodate the speakers' time.

UM Upper Chesapeake Health and Healthcare Trends

Printed copies of the presentation were distributed.

Mr. DeVries introduced Mr. John Ashworth, Mr. Lyle Sheldon and Dr. Fermin Barrueto.

Mr. Ashworth said current health care services are changing from a volume-based, fee-for-service model to a value based payment system. He said that with the current political changes it uncertain if this healthcare model will be modified; but with the decrease in costs, it will most likely remain.

Mr. Ashworth said there are challenges in certain areas as care to the citizens of Maryland changes. Scale, consolidation and scope of services for the continuum of care and providing access to those served will also need to change. There will be a higher level of integration. Healthcare vs. sick care is leaning toward a less expensive model which requires an innovative reconfiguration of healthcare services. Patients will be going to the right place at the right time for the right care. Mr. Ashworth added that UMMS and UCHC are working to alleviate the concerns of the community and to minimize the impact on EMS.

Mr. Sheldon said that the goal is to fundamentally transform the Maryland Healthcare System to provide person-centric care; improve care delivery and outcomes; and to improve the health of the population while moderating the growth in costs. The UM UCHCs vision is to create an optimal patient care delivery system for the future health care needs of both Harford and Cecil County residents by caring for patients in the right setting, at the right time and reducing costs.

UCHCs objective is to convert the UM Harford Memorial Hospital (HMH) acute care hospital to a Free-standing Medical Facility (FMF) and Psychiatric Specialty Hospital at a new location; and to create a contemporary, innovatively designed facilities with future expansion capability. The timeframe for this endeavor is FY2106 – 2020 at an approximate investment of 180 million dollars.

Mr. Sheldon gave an overview of the new facility site which is 2 ½ miles from HMH and the proposed expansion plans. He said the new medical complex will include 22 emergency bays which will include 2 trauma bays, 10 behavioral health bays, 12 observation beds and public education/conference space. The ancillary services to support the FMF will include imaging, cardiovascular diagnostic testing, pharmacy services and laboratory services. He added that there is also a proposal to add a bed tower to UCHC that would house 60 med-surge beds (subject to change as in preliminary discussions).

Dr. Barrueto gave an overview of the FMF ED plans and said that they envision handling more patients not requiring admission. The emergency department will be a 24/7 operation. Dr. Barrueto said the FMF would seek to be an Acute Stroke Ready facility in anticipation of Maryland adopting the Acute Stroke Ready designation recently added by AHA and the Joint Commission.

The FMF will also have a dedicated onsite ambulance and a helipad for inter-facility transfers and will seek Base Station designation. Public Service EMS will not be utilized for inter-facility transfers.

UM UCHC will include ambulatory services and a medical office building containing primary and specialty care physician office space, rehab facilities, chemotherapy/infusion center, imaging and prevention wellness services.

A discussion ensued regarding the number of psych beds closing in current facilities and opening in the proposed facility.

Ms. Adams asked what plans were being proposed for mass casualty capabilities. Dr. Barrueto said that the proposed facility has approximately 3 times the square footage of the current UM HMH site and would integrate MCI plans with UCHC.

Ms. Gainer said that MIEMSS is in the process of developing proposed regulations for a new lower level of stroke center, the “Acute Stroke Ready Stroke Center,” and the Protocol Review Committee is considering what patients should be transported to such a center.

Mr. Sheldon said UM UCHC is sensitive to EMS needs and welcomes any comments on the plans for the conversion of HMH to a FMF. A discussion regarding the QAs FMF and effective management of the priority 2 patient and any possible changes in regulation and/or protocol for EMS ensued.

Chairman DeVries thanked Mr. Ashworth, Mr. Sheldon and Dr. Barrueto for the presentation.

MIEMSS Report

Paper copies of the report were distributed.

Ms. Gainer said that advertising for a new Executive Director continues and resumes are being received. Notifications will be sent when interviews are scheduled.

Ms. Gainer made note of recent staff changes, including Mr. Phil Hurlock's return from retirement to fill the role of interim MIEMSS Ombudsman.

Ms. Gainer highlighted a few items from the written report including:

Licensure System.

MIEMSS is requesting that all EMS providers access the on-line Licensure System to update provider profiles. How to videos are located on the MIEMSS website homepage.

Legislation.

Ms. Gainer said there are no departmental Bills for the upcoming 2017 Legislative session and that the Budget hearing with DBM was a positive meeting that went well.

Freestanding Medical Facility Regulations.

The draft regulations approved by the EMS Board for promulgation are scheduled to be published in November 14, 2016, *Maryland Register* for 30 days for formal public comment.

Statewide EMS Communication System Upgrade.

The RFP to upgrade the MIEMSS EMS communications systems and capabilities to meet current and future needs has been released. Vendor proposals are due back in late January. The proposals will then undergo technical and financial reviews. The anticipated projected contract award date is March 2017.

Ms. Gainer reported that MIEMSS has received a request from Walter Reed Hospital for consideration to be designated as a Trauma and Stroke Center. This could have a significant impact on the EMS system.

R Adams Cowley Shock Trauma Center (RACSTC) Report

Paper copies of the report were distributed.

Ms. Doyle introduced Dr. Snedeker, RACSTC Director of Clinical Operations.

RACSTC Helipad Refurbishment

Ms. Doyle said the official start of refurbishment of the helipad began on 9/19/16. Barring any weather related issues, completion of the project is anticipated to be in approximately 9 months. During refurbishment the south pad is the Primary Landing Zone. The refurbishment consists of demolition of north pad with existing parking, the placement of a new snow melt system with aluminum decking and a facelift to the bunker. An MOU with BGE to utilize the site at Spring Garden as an Alternate Landing

Zone (ALZ) was completed in December of 2105 with a full scale simulation exercise completed in June 2016. Ms. Doyle noted that to date the ALZ has not been required.

MSFA

PP Hurlock thanked the partners for the moral support shown to Tom Mattingly while Ms. Mattingly was in the RACSTC.

The next MSFA Executive Committee meeting is February 25 & 26, 2017.

MSP Aviation Command

Paper copies of the report were distributed.

Major Lowman said that the Flight Training Device (FTD) remains under construction. Pre-delivery inspection was conducted by MSPAC personnel in July 2016. Delivery of the FTD will be coordinated as the temperature and humidity controlled building nears completion in May 2017.

To assist in reducing flight time on the AW-139 fleet, recurrent training for pilots will continue to be outsourced to RotorSim until the installation of the FTD is completed.

OLD BUSINESS

Maryland Medical Protocols for EMS Providers Incorporation by Reference

Mr. Magee asked for the EMS Boards to adopt as proposed Incorporation by Reference of the 2016 EMS Protocols.

ACTION: Upon the motion Mr. Broccolino, seconded by Ms. Vanhoy, the Board voted unanimously to adopt the Incorporation by Reference 2016 EMS Protocols.

NEW BUSINESS

Maryland Medical Protocols for EMS Providers

Dr. Alcorta highlighted the major changes in 2017 Maryland EMS Medical Protocols which included the following:

- Terbutaline has been removed from the Advanced Life Support formulary.
- The Pediatric Section of the Termination of Resuscitation has been modified to allow providers in consultation with a Pediatric Base Station to stop efforts in rare circumstances.
- A new Syncope protocol has been added for adult and pediatric patients.
- A new Overdose/Poisoning: Carbon Monoxide/Smoke Inhalation exposure protocol has been added which includes more formal direction for referral to the Hyperbaric Chamber replacing the Overdose: Inhalation protocol.
- The Fibrinolytic checklist has been removed in the evaluation of Stroke patients at the recommendation of the State Stroke Committee. The Fibrinolytic checklist should still be used in the STEMI patient evaluation.
- The site identification criteria for Intraosseous (IO) insertion has been improved.

- The optional Pelvic Binder protocol has been expanded to allow for pediatric appropriately size Pelvic Binder use.
- The Medical Consultation requirement has been removed for the administration of midazolam for the Bucking Endotracheal Intubated Patient Protocol.
- Freestanding Medical Facility (FMF) Pilot protocol has been expanded to allow EMS to transport stable priority 2 patients to the FMF with a required medical consultation.
- The Mark I/Duodote Optional Supplemental Program have been revised in order to reflect consistency with the standardized dosing that is delivered with the CHEMPACK.

Dr. Alcorta gave an overview of the pertinent requirements in phases 1 and 2 of the proposed Montgomery County Pilot Protocol for an EMS transport to an alternative destination.

Paper copies of the proposed pilot protocol were distributed.

ACTION: Upon the motion of Mr. Preis, seconded by Mr. Broccolino, the Board voted to go into closed session.

Adjourn to closed session to carry out administrative functions, 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; Vic Broccolino, Vice-Chairman; Dany Westerband, M.D. (by phone); Fred Cross; Kyrle W. Preis III, NREMT-P; Mary Alice Vanhoy, RN; Sally Showalter; Sherry Adams (by phone).

Not present: David Hexter, M.D.; Dean E. Albert Reece, M.D.; Jim Scheulen

MIEMSS: Ms. Gainer; Dr. Alcorta (by phone); Ms. Aycock; Ms. Mays; Ms. Goff; Mr. Schaefer; Mr. Fiackos.

OAG: Mr. Magee; Ms. Sette.

In closed session the Board:

In closed session the Board:

1. Discussed an educational program;
2. Discussed a Primary Stroke Center application and Level III Perinatal re-designations; and
3. Considered EMS provider disciplinary actions; and
4. Considered nominations to fill vacancies on the Statewide EMS Advisory Council.

The EMS Board returned to open session

Upon the motion of Mr. Preis, seconded by Mr. Cross, the Board unanimously approved Procure as an EMS Refresher Education Program for a five year designation.

Upon the motion of Ms. Vanhoy, seconded by Ms. Showalter, the Board unanimously approved the re-designation of MedStar Franklin Square Medical Center and Mercy Medical Center as Level III Perinatal Centers for 5 years.

Upon the motion of Ms. Showalter, seconded by Dr. Westerband, the Board unanimously approved Prince George's Hospital Center as a Primary Stroke Center for a 5 year designation.