

State Emergency Medical Services Board

July 8, 2008

Meeting Agenda

- I. Call to Order – Chairman DeVries
- II. Approval of Minutes
- III. Executive Director’s Report
- IV. MSFA Past President Paul H. Sterling, Jr.
- V. SEMSAC Report
- VI. Shock Trauma Report
- VII. Old Business
  - STEMI Presentation –Dr. Bass-Information
  - Protocols for EMS Providers-Dr. Alcorta-Action
    - STEMI Protocol-Technical Correction
    - Freestanding Medical Facility-Addition to Patient without Patent Airway
- VIII. New Business
  - Maryland Law Enforcement Emergency Medical Care Course-Mr. Seifarth-Information
- IX. Adjourn to Executive Session
- X. Recess to Closed Session to Carry Out Administrative Functions, and to maintain certain records and information in confidence as required by Health Occupations Article §14-506 (b) under State Government Article §10-508 (13)
- XI. Reconvene in Open Session
  - Educational Programs – Mr. Seifarth – Action
  - Perinatal Designation –Ms. Sette-Action
- XI. Adjourn

**State Emergency Medical Services Board**  
**July 8, 2008**  
**Minutes**

**Board Members Present:** Donald L. DeVries, Jr., Esq., Chairman; David Fowler, M.D.; Chief Scott Graham; David Hexter, M.D.; Dean E. Albert Reece, M.D., Ph.D.; Sally Showalter; Roger Simonds; Eugene L. Worthington.

**Board Members Absent:** Victor A. Broccolino; Mary Alice Van Hoy, R.N.

**Others Present:**

**MIEMSS:** Dr. Bass; Ms. Alban; Dr. Alcorta; Mr. Brown; Mr. Dubansky; Mr. Fiackos; Dr. Floccare; Ms. Gainer; Ms. Gilliam; Mr. Hurlock; Ms. Magee; Ms. Myers; Mr. New; Mr. Schaeffer; Mr. Seifarth; Mr. Slack.

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

**Maryland State Firemen's Association:** President Frank Underwood; First Vice-President Roger Powell; Paul Sterling.

**Maryland State Police Aviation Command:** Major A.J. McAndrew; Corie Cosgrove; Mike Gartland, Jimmie Meurrens.

**R Adams Cowley Shock Trauma Center:** John Spearman; Robbie Hartsock; Jim Radcliffe.

**INTRODUCTION**

Chairman DeVries called the meeting to order at 9:10 a.m.

**Action: Moved (Dr. Fowler), seconded (Chief Graham), passed unanimously to approve as written the minutes of the May 13, 2008, meeting of the State EMS Board.**

**EXECUTIVE DIRECTOR'S REPORT**

Maryland State Firemen's Association. Dr. Bass congratulated the Maryland State Firemen's Association on their successful Annual Convention. He said that Frank Underwood had been elected President, Roger Powell had been elected First Vice President and Doyle Cox had been elected Second Vice President. He said that he looked forward to working with the new MSFA officers during the upcoming year. Dr. Bass also reported that at the convention, Phil Hurlock had received the Robert H. Shimer

Administrator of the Year Award and that Pat Gainer had been inducted into the MSFA Hall of Fame.

700 MHz system. Dr. Bass reported that Governor O'Malley plans to issue an Executive Order next week creating the Maryland Statewide Communications Interoperability Program. Dr. Bass said that the statewide communications interoperability plan will implement efforts to permit seamless communications among emergency first responders, public safety offices and all law enforcement agencies. He said that a new statewide 700MHz communications system is incorporated into the plan, as is a statewide computer-aided dispatch / records management system for statewide law enforcement and public safety usage, connectivity for all jurisdictional 9-1-1 centers and hospitals, and other features.

MSP Helicopter Replacement. Dr. Bass said that work was continuing on the efforts associated with the Request for Information.

Maryland Fallen Firefighter's Memorial. Dr. Bass said that the video, "In the Eyes of Glory," which documents the creation and construction of the Maryland Fallen Firefighter's Memorial was scheduled to air on Maryland Public Broadcasting this evening. He said that the outstanding video had been produced by MIEMSS employee Nando Tosti.

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

No report.

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

Mr. Spearman provided an end-of-fiscal-year report to the Board. He said that total admissions for the fiscal year were slightly ahead of FY07, and that actual admissions were slightly less than the number budgeted. He said that with the exception of November and December, the number of beds occupied by month exceeded 90. He reported that the number of operating room cases were slightly behind the number last year. Mr. Spearman concluded his reported by summarizing the efforts of the STC in providing a relief medical team to assist in the aftermath of the earthquake in China on May 12<sup>th</sup>. He said that several physicians and an ICU / CC nurse had traveled to China to provide assistance in dealing with earthquake victims who had been severely injured.

## **OLD BUSINESS**

STEMI Presentation. Dr. Bass provided a briefing and update to the Board on the development of the STEMI System. He said that in 2003, a Maryland Health Care Commission Task Force recommended that MIEMSS develop a system to address the care of patients with acute ST segment elevation myocardial infarction (STEMI) and transport of those patients to facilities capable of providing primary percutaneous coronary intervention (PCI). He said that this recommendation was based on developing scientific evidence regarding the safety and effectiveness of PCI. He said that the recommendation was approved by the Maryland Health Care Commission and incorporated into the State Health Plan for Facilities and Services-Cardiac Surgery and Percutaneous Coronary Intervention Services COMAR 10.24.17. He noted that in 2007, an American Heart Association Task Force, using an evidenced-based approach, also recommended that communities develop STEMI systems that are capable of identifying patients with acute STEMI in the field through the use of 12 lead EKGs by EMS and transporting them to facilities that provide primary PCI.

Dr. Bass said that EMS jurisdictions in Maryland have been developing the capability to acquire 12 leads in the field since the mid 1990's and currently all jurisdictions are doing 12 leads in the field. He said that EMS systems in Boston and more recently in southern California are now successfully triaging STEMI patients to primary PCI centers.

Dr. Bass said that time-to-balloon treatment was a key issue; consequently, a STEMI system must ensure that patients needing primary angioplasty are able to access the system and receive treatment within nationally-accepted time standards. Treatment outside those standards is associated with increasing mortality. Consequently, the STEMI system needed to ensure rapid field identification and hospitals needed to be capable of ensuring that patients receive primary PCI as rapidly as possible after arrival.

Dr. Reece asked whether it was justifiable to transport a STEMI patient to a hospital without surgery-on-site. Dr. Bass responded that the C-PORT study that was conducted in Maryland demonstrated that these patients could be appropriately treated at so-called "waiver hospitals" as long as those hospitals had adequate experience in treating STEMI patients. He also noted that these hospitals would need to have appropriate transfer agreements in place, should the patient need to be transferred to a surgery-on-site hospital. Dr. Bass said that hospital performance was an issue of growing importance and door-to-balloon times were gaining prominence as an indicator of quality. Dean Reece asked about the possibility of a patient receiving primary PCI in combination with thrombolytics. Dr. Bass said that research had demonstrated poorer patient outcome when the two therapies were used in combination.

Mr. DeVries said that it was important to achieve consensus on the draft STEMI regulations. He asked what process would be used to achieve consensus. Dr. Bass said that an initial draft of regulations was presented at an MHA meeting that MIEMSS was invited to attend in May 2008. He said that MIEMSS had invited hospitals to a briefing in June 2008 that had been well-attended by hospital administrators, healthcare providers,

state agencies, and national organizations such as the MD Chapter of the American College of Cardiology and the American Heart Association. He said that as a result of these meetings, and in response to informal comments received to date, MIEMSS would soon complete a second draft that would be circulated among interested entities for further discussion.

Protocols for EMS Providers. Dr. Alcorta asked the Board to approval several changes to the current Maryland Medical Protocols for Emergency Medical Services Providers. He asked the Board to make a technical correction to the protocol for “Cardiac Emergencies: ST Elevation Myocardial Infarction (STEMI).” He said that “New Left” needed to be added to item (c) on page 65, so that, as revised, the item would read: “c) New Left Bundle Branch Block...” **Upon the motion of Dr. Hexter, which was seconded by Chief Graham, the Board approved the change to the protocols.**

Dr. Alcorta asked the Board to modify the protocol involving patent airway. He said that the term “free-standing medical facility” needs to be added to the protocol since EMS may transport patients to such facilities. **Upon the motion of Ms. Showalter, which was seconded by Mr. Simonds, the Board approved the change to the protocols.**

Dr. Alcorta said that the third protocol change would clarify the protocols in several places in order to permit CRTs to take certain actions without consultation. Specifically, the protocol for “Cardiac Emergencies: Chest Pain / Acute Coronary Syndrome” (page 58, item n) and the protocol for aspirin on page 214 (item g) both need to be modified to remove the phrase “(Paramedic may perform without consult.)” **Upon the motion of Dr. Hexter, which was seconded by Dean Reece, the Board approved the change to the protocols.**

## **NEW BUSINESS**

Maryland Law Enforcement Emergency Medical Care Course. Mr. Seifarth summarized the Maryland Law Enforcement Emergency Medical Care Course (MLEEMCC) which was developed in 2007 / 2008 in response to a request from the law enforcement community to create a medical course applicable to law enforcement needs. He said that MIEMSS had been working to developing a curriculum that met this need and, at present, was pilot-testing the curriculum and modifying it based on test results.

## **ADJOURN TO EXECUTIVE SESSION**

**Action: Moved (Dean Reece), seconded (Chief Graham), 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; David Fowler, M.D.; Chief Scott Graham; David Hexter, M.D.; Dean E. Albert Reece, M.D., Ph.D.; Sally Showalter; Roger Simonds; Eugene L. Worthington.

**Others Present:**

**MIEMSS:** Dr. Bass; Dr. Alcorta; Mr. Dubansky; Ms. Gainer; Ms. Myers; Mr. Schaeffer; Mr. Seifarth.

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

**MSP Aviation Command:** Major A.J. McAndrew.

Matters covered by executive privilege, disciplinary matters, applicants for approval as EMS educational programs, and applicants for perinatal re-designation were discussed.

#### **RECONVENE IN OPEN SESSION**

The Board reconvened in open session at 11:44 a.m.

Educational Programs. Mr. Seifarth presented the Hagerstown Community College Advanced Life Support Education Program for full five-year re-approval.

**Action: Moved (Dr. Hexter), seconded (Dean Reece), passed unanimously to approve the Hagerstown Community College ALS Education Program for five-year approval as an ALS Educational Program.**

Perinatal Re-Designation. Ms. Sette presented the Prince George's Hospital Center for re-designation as a Level IIIB Perinatal Center.

**Action: Moved (Dr. Hexter), seconded (Dean Reece), passed unanimously to approve the re-designation of Prince George's Hospital Center as a Level IIIB Perinatal Center.**

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