

**State Emergency Medical Services Board**  
**September 11, 2007**  
**Minutes**

**Board Members Present:** Donald L. DeVries, Jr.; Victor Broccolino, Vice-Chairman; Edward Cornwell, M.D.; David Fowler, M.D.; David Hexter, M.D.; Sally Showalter; Gene Worthington.

**Board Members Absent:** Chief Scott Graham; Dean Albert Reece, M.D.; Roger Simonds; Mary Alice Vanhoy.

**Others Present:**

**MIEMSS:** Dr. Bass; Dr. Alcorta; Ms. Alban; Ms. Bailey; Ms. Beachley; Mr. Brown; Mr. Dubansky; Dr. Floccare; Ms. Gilliam; Mr. Handley; Mr. Hurlock; Ms. Magee; Mr. Marshall; Mr. New; Mr. Seifarth; Mr. Schaeffer; Mr. Trohanis.

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

**Maryland State Firemen's Association:** Paul Sterling, President.

**Maryland State Police Aviation Command:** Major A.J. McAndrew.

**R Adams Cowley Shock Trauma Center:** Robbie Hartsock; Brenda Fosler Johnson; John Spearman.

**INTRODUCTION**

Chairman DeVries called the meeting to order at 9:17 a.m. He asked for a moment of silence in memory of the victims of the attacks on 9 / 11 / 01 and their families.

**EXECUTIVE DIRECTOR'S REPORT**

Stroke. Dr. Bass said that MIEMSS had made good progress with the designation of Primary Stroke Centers. He said that the first round of designations had been completed and that additional designations would be presented for Board approval at this meeting. He said that as of September 1<sup>st</sup>, patients were being triaged to designated stroke centers which should help ensure that stroke patients receive timely care.

Cardiac Centers. Dr. Bass reported that staff had met with the Maryland Health Care Commission and interested cardiologists to discuss the development of draft regulations for the designation of Acute Cardiac Interventional Centers. These centers would receive

ambulance-transported patients with acute ST-elevation myocardial infarction (STEMI) who need rapid primary percutaneous coronary intervention. Dr. Bass said that the draft regulations would be based on national guidelines that would be tailored to Maryland. He said that it was important to dovetail MIEMSS regulations with existing regulations that had been promulgated by the Maryland Health Care Commission which issues Certificates of Need (CON) or CON waivers to interested hospitals.

Free-Standing Emergency Department. Dr. Bass reported that staff was considering the impact of the free-standing facility in Germantown in anticipation of another free-standing emergency facility that would be developed by Memorial Hospital of Easton and located in Queen Anne's County. He said that MIEMSS would be considering various factors that would impact protocol for that facility, such as the likelihood of traffic backups on the Bay Bridge, particularly during the summer months.

New Scope of Practice. Dr. Bass said that comments for the first draft of the National EMS Education Standards have been submitted and MIEMSS continues to monitor the status of the draft national EMS Education Standards. He said that the new standards will likely be published by August 2009. He said that the standards call for the following providers levels:

- Emergency Medical Responder which is similar to Maryland's existing First Responder.
- Emergency Medical Technical to provide basic emergency medical care and transportation for patients under medical oversight.
- Advanced Emergency Medical Technician to provide basic and limited advanced emergency medical care and transportation for patients under medical oversight.
- Paramedic to function as an allied health professional to provide advanced emergency medical care for critical and emergent patients under medical oversight.

Dr. Bass said that there were a number of issues to be considered, including whether or not to adopt the Advanced EMT level and how Maryland's CRTs could be integrated into a new system. He said that Maryland was under no obligation to follow the national standards, which should serve as a guideline, not a "requirement." He noted, however, that following national standards could be beneficial to EMS providers in certain respects, e.g., it would make it easier for Maryland providers who wished to practice in adjacent / other states that required compliance with national training standards.

ED Diversions. Dr. Bass said that the Baltimore City Commissioner of Health had recently issued a report that concluded that Yellow and Red Alerts in the City had leveled off. He said that the City's Active Ambulance Routing practices had contributed to the positive results.

FRED. Dr. Bass said that MIEMSS had started the process to upgrade the original FRED and CHATS systems that MIEMSS had developed several years ago. He said that MIEMSS would be purchasing and customizing software for this purpose.

Helicopter Replacement. Dr. Bass said that the House Appropriations and Senate Budget & Taxation Committees had recently visited MIEMSS and had received updates on the helicopter replacement process. He said that the helicopter consultant's report would likely be completed very shortly and that the Helicopter Committee would be convened to review the report. He said that one outstanding issue – funding for helicopter replacement – remained unaddressed at this point.

Approval of Minutes. **Action: Moved (Mr. Broccolino), seconded (Dr. Cornwell), passed unanimously to approve as written the minutes of the July 10, 2007, meeting of the State EMS Board.**

## **SEMSAC REPORT**

Dr. Bass reported that SEMSAC had met in September.

## **SHOCK TRAUMA CENTER REPORT**

Mr. Spearman distributed the Shock Trauma report to the Board. He said that patient volume was slightly behind the same period last year. Regarding bed occupancy, he said that the STC's bed limit was 104 and in July the bed occupancy was 102. He said that OR cases were slightly ahead of last year's number and that there had been several capacity alerts in July and August. He said that the renovations underway on the STC's sixth floor should help ensure that patients can be accommodated. He also noted that the ambulatory care clinic would be completed which would provide about 9,000 square feet of space for treatment of discharged patients who need follow-up care.

## **LEGISLATIVE REPORT**

Ms. Gainer reported that the Senate Budget & Taxation Committee had visited MIEMSS in late August and the House Appropriations Committee had visited MIEMSS in early September to hear about agency initiatives and to tour the SYSCOM / EMRC Communications Center. She said that MIEMSS had submitted to the Governor's Legislative Office the proposed AED legislation that the Board had approved in July. She said that MIEMSS had been working on several studies that were required by legislation passed during the 2007 session. She said that MIEMSS will report to the Legislature in October on all-terrain vehicle crashes in Maryland that resulted in ED, hospital, and trauma center visits. In December, MIEMSS will report to the legislature on whether AEDs should be made available at swimming pools and whether AEDs should be made available at locations other than swimming pools.

## OLD BUSINESS

Quality Assurance Regulations. Ms. Sette reported that the proposed Quality Assurance Regulations for EMS jurisdictions had been published in the July and that no comments had been received. She asked the Board to approve the proposed regulations as final regulations. **Upon the motion of Mr. Broccolino, which was seconded by Ms. Showalter, the Board approved the proposed Quality Assurance Regulations as final regulations.**

## NEW BUSINESS

Active Central Routing. Dr. Alcorta presented the draft “Active Centralized Jurisdictional Routing Project” to the Board. He said that the project would strategically direct certain patients to specific hospital emergency departments. He said that the concept had been used in Baltimore City and in Washington, D.C., which used a “gatekeeper” who was located in the dispatch center. He said that the Project had already been reviewed by several jurisdictions and would soon be forwarded for review by hospitals and physicians. He said that the Project should help reduce the time it takes EMS to complete the transfer of patient care to the receiving emergency department which should help EMS jurisdictions to optimize their return-to-service time. The Board discussed various aspects of the project.

Update on Electronic Patient Care Reporting. Mr. Handley provided an update on EMAIS, the electronic patient care reporting system. He summarized progress to date in terms of jurisdictional use of EMAIS. He said that the following jurisdictions were using EMAIS:

Garrett	St. Mary’s	Hartford
Allegheny	Cecil	Kent
Washington	Queen Anne’s	Caroline
Frederick	Talbot	Dorchester
Carroll	Wicomico	Somerset
Charles	Annapolis City	BWI Airport
Calvert	Aberdeen Proving Ground	Ft. Dedrick
MSP Aviation Command		

He also said that Prince George’s was scheduled to begin using EMAIS in October, Baltimore City was scheduled to begin using EMAIS in the fall of ’07, and Montgomery would be field-testing EMAIS in the fall. He also outlined the variety of EMAIS reports that are available to participating jurisdictions. Dr. Bass said that the Board will soon need to consider setting a definitive timeframe for ending the use of paper patient care run forms and for requiring jurisdictions to adopt some form of electronic reporting.

Finance Committee. Mr. Broccolino reported that the Finance Committee had met and had reviewed the FY09 EMSOF budget requests for MIEMSS, MFRI, STC and the MSP Aviation Command. He said that the requests were very reasonable. He thanked the members of the Committee, as well as Mr. Dubansky, for their work on the budget requests.

## **ADJOURN TO CLOSED SESSION**

**Upon the motion of Dr. Hexter, which was seconded by Dr. Cornwell, the Board adjourned to closed session to carry out administrative functions and to consult with counsel to obtain legal advice on pending disciplinary actions under State Government Article § 10-508(7), to consult with staff and counsel on pending litigation under State Government Article § 10-508(8), 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), and to thereafter resume open session.**

**Board Members Present at the Closed Session:** Donald L. DeVries, Jr.; Victor Broccolino, Vice-Chairman; Edward Cornwell, M.D.; David Fowler, M.D.; David Hexter, M.D.; Sally Showalter; Gene Worthington.

**Others Present:** Dr. Bass, Ms. Bailey, Ms. Beachley, Ms. Gainer, Mr. Dubansky, Major McAndrew, Mr. Magee, Ms. Sette, Mr. Schaeffer, Mr. Spearman, Mr. Trohanis, Mr. Young.

The administrative function was the review of confidential hospital information, the review of educational program information, the application of provider disciplinary rules to existing cases, and the discussion of agency budgets.

## **RECONVENE IN OPEN SESSION**

The Board reconvened in open session at 11:20 p.m.

Agency Budgets. **Upon the motion of Mr. Broccolino, which was seconded by Dr. Hexter, the Board approved as submitted the FY2009 budgets of the Maryland Institute for EMS Services Systems, the Maryland Fire & Rescue Institute, and the EMSOF-funded portions of the 2009 budgets of the R Adams Cowley Shock Trauma Center and the Maryland State Police Aviation Command.**

Perinatal Referral Center. Ms. Beachley reported that MIEMSS staff and site review teams had completed re-designation determinations for Greater Baltimore Medical Center and St. Joseph's Hospital. **Upon the motion of Mr. Broccolino, which was seconded by Ms. Showalter, the Board approved the re-designation of the Greater Baltimore**

**Medical Center as a Level IIIB Perinatal Referral Center and the re-designation of St. Joseph's Hospital as a Level IIIB Perinatal Referral Center.**

Primary Stroke Center Designation. Ms. Beachley said that the hospitals listed below had received Joint Commission Disease Specific Care certification as Primary Stroke Centers and that in accordance with COMAR 30.08, MIEMSS had made the following designation determinations:

Franklin Square Hospital Center	Full five-year designation
Harbor Hospital Center	Full five-year designation
Mercy Medical Center	Full five-year designation
St. Agnes Hospital	Full five-year designation
Union Memorial Hospital	Full five-year designation

Ms. Beachley also reported that MIEMSS had completed the survey process for Primary Stroke Center designation for Southern Maryland Hospital and had made the following designation determination:

Southern Maryland Hospital	Full five-year designation
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**Upon the motion of Mr. Broccolino, which was seconded by Mr. Worthington, the Board approved the Primary Stroke Center designation determinations as presented, with Dr. Hexter abstaining from voting as to Harbor Hospital Center.**

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