

**State Emergency Medical Services Board
November 10, 2009
Minutes**

Board Members Present: Donald L. DeVries, Esq., Chair; Victor A. Broccolino, Vice-Chair; David Fowler, M.D.; David Hexter, M.D.; Mary Alice Van Hoy, R.N.; Robert Maloney; Sally Showalter; Dany Westerband, M.D.; Eugene L. Worthington.

Board Members Absent: Murray Kalish, M.D.; Dean E. Albert Reece, M.D., PhD.

Others Present:

MIEMSS: Dr. Bass; Ms. Alban; Dr. Alcorta; Ms. Aycock; Ms. Bailey; Mr. Brown; Mr. Dubansky; Mr. Hurlock; Mr. Fiackos; Dr. Floccare; Ms. Gainer; Ms. Gilliam; Ms. Goff; Ms. Myers; Mr. New; Mr. Seifarth.

OAG: Ms. Sette

MSP Aviation Command: Walt Kerr; Mike Gartland; Jimmie Meurrens; Tim Dash.

Maryland State Firemen's Association: President Roger Powell; First Vice President Doyle Cox; Second Vice President David Lewis.

R Adams Cowley Shock Trauma Center: Jim Radcliffe.

Mr. DeVries called the meeting to order at 9:07 a.m.

ACTION: Upon the motion of Dr. Westerband, which was seconded by Dr. Fowler, the minutes of the October 13, 2009, meeting of the EMS Board were approved.

EXECUTIVE DIRECTOR'S REPORT

House of Delegates EMS Workgroup. Dr. Bass reported that the National Transportation Safety Board would provide a briefing to the House EMS Workgroup at 3:00 p.m. on their findings and recommendations relative to the crash of MSP Trooper 2 in September 2008. Dr. Bass said that he will brief the Workgroup on medevac transports and system issues.

STATEWIDE EMS ADVISORY COUNCIL

Ms. Myers provided the SEMSAC report in Dr. Kalish's absence. She reported that SEMSAC had approved revisions to the SEMSAC Bylaws at its November 5, 2009 meeting and said that those revisions would be presented to the Board for approval. She said that SEMSAC had also approved draft revisions to MIEMSS regulations regarding the Maryland Ambulance Information System (COMAR 30.03.04.04). She noted that the October 1, 2009, SEMSAC minutes were included in the Board packet.

R ADAMS COWLEY SHOCK TRAUMA CENTER REPORT

Mr. Radcliffe distributed a written Shock Trauma Center report to the Board. There were no questions.

LEGISLATIVE REPORT

Ms. Gainer indicated that other than the House EMS Workgroup briefing that Dr. Bass had discussed, there was no further report.

OLD BUSINESS

Draft Maryland Ambulance Information System Regulation. Dr. Bass presented a draft of proposed regulations relating to ambulance patient care reports and submission of patient care data to MIEMSS. He explained that the draft regulation would require that each EMS Operational program ensure that EMS personnel complete a patient care report within 24 hours of dispatch of a call. The EMS provider in charge would be responsible for ensuring that reports are accurately and timely completed. Additionally, the draft requires that EMS personnel leave at the receiving facility either a completed patient care report or an abbreviated report, with the full report to be provided within 24 hours. He said the abbreviated form would be a short version of the patient care report that included information on patient condition and pre-hospital interventions.

He said that the draft also addressed how patient care data was to be submitted to MIEMSS. He said that regulation provides three submission scenarios: (1) for jurisdictions using MAIS or CMAIS forms, data is to be submitted monthly; (2) for jurisdictions using EMAIS, data is to be submitted electronically as it is completed; or (3) if another electronic system is used, the data is to be submitted at least once every 24 hours. The regulation would also require all-electronic data submission after December 31, 2010. The regulation would also standardize the numbering system for the patient care reports which would allow linkage of pre-hospital care data to the hospital data that is submitted to the Health Services Cost Review Commission. He said that compliance with the regulation would be required for eligibility for Amoss Funds and MIEMSS grants.

Dr. Bass said that staff had met with several stakeholders to discuss the draft. He said that the Maryland State Firemen's Association had asked for an implementation date to be pushed back to October 1, 2010.

Dr. Westerband noted that the draft did not address how non-compliance with the regulations would be addressed. Dr. Bass said that if jurisdictions were not in compliance with the regulations would lose eligibility for certain funding.

MSFA President Powell said that Dr. Bass will be discussing the draft at the MSFA Executive Committee meeting on December 5th. Mr. DeVries said he would like to hear the results of that meeting before the Board votes on the draft regulation.

New Electronic Patient Care Reporting System. Dr. Bass said that for the past six years, EMAIS had been available as the statewide electronic patient reporting system that is used by the majority of jurisdictions in Maryland. He said that EMAIS is an aging application, however, and its complex database structure had hampered the ability to analyze data. He said that many providers, jurisdictions, the Maryland State Fireman's Association, and others were interested in replacing EMAIS as soon as possible.

Dr. Bass said that MIEMSS had determined that due to the age of the EMAIS application, it was more cost-effective to replace the application, rather than to upgrade it; however, budgeting constraints had made it difficult for MIEMSS to move forward. He said that for the past several years, MIEMSS had requested funding to purchase a replacement through the Maryland Highway Safety Traffic Records Coordinating Committee using Section 408 (State Traffic Safety Information System Improvement Grants). He said that this year, MIEMSS was awarded a grant, but for only \$150,000 which is insufficient to fund a replacement. He said that MIEMSS requested additional funding through Section 408, but was advised instead to use the Section 402 (State and Community Highway Safety Grants). The 402 funding is what MIEMSS has "passed through" to local jurisdictions for various projects over the years. He said that MIEMSS would have preferred additional funding through Section 408, but needed to take what was offered in order to proceed with the EMAIS replacement.

He said that by combining both 402 and 408 funding, MIEMSS would have available a total of \$300,000 from Highway Safety which we are required to match on a 60/40 basis. He said that MIEMSS has sufficient funding to do this as long as the replacement costs do not exceed \$500,000. If the cost were greater, however, MIEMSS would not be able to purchase the replacement and could potentially lose the highway safety grant funding. As a result, MIEMSS financial personnel recommended that we set aside additional funding in case it were needed. He said that MIEMSS had already distributed half of the MIEMSS 50/50 matching grant, but is currently holding the balance in case it is needed for EMAIS replacement. Dr. Bass said that the draft Request for Proposal for the replacement has been completed and is being reviewed by the Department of Information Technology.

Dr. Bass said that there had been some concern expressed by providers about the possible loss of the remaining 50/50 matching funds, should they be needed for the EMAIS replacement. He said that there are two possible options: (1) to continue to hold the 50/50 funds; or (2) to release that remaining 50/50 funds and request the remaining amount through a deficit budget request. He said that the latter would use EMSOF funds and would require approval of the Department of Budget and Management, the Governor, and the Joint Chairmen's Committee which is comprised of the Chair and Vice-Chair of each Legislative Committee.

Dr. Bass said that MIEMSS will continue to discuss with providers and to consider the options. He said that he hopes to arrive at a final recommendation in the next 30 to 60 days and will report back to the Board.

Mr. Worthington asked about the 50/50 funds already provided. Ms. Alban said that all five regions have gotten half of the original allocation.

Draft STEMI Regulation. Dr. Bass said that this issue has been under discussion for several years. He said that similar to trauma, STEMI patients need time critical interventions at hospitals with special capabilities and sufficient volume to ensure good patient outcome. He said that in 2003, the Maryland Health Care Commission had recommended that MIEMSS develop a system to transport STEMI patients to hospitals with the ability to perform primary PCI. He said that this approach is supported in the medical literature.

Dr. Bass said that Maryland has about 5,600 STEMIs per year, approximately 50% of which go to an emergency department via 911. He said that of the two available therapies, fibrinolytics or primary PCI there had been increasing evidence over 10 years that PCI is preferable in most cases because it has a higher success rate with fewer contraindications and fewer complications.

Dr. Bass said that the key elements of approach to STEMI patients include 12-lead EKGs in the field, transport to a designated center capable of performing primary PCI unless more than 30 minutes transport time, and integration of pre-hospital and hospital care. He said that the draft regulation incorporated these key elements. He said that the regulation was very minimal because the Maryland Health Care Commission regulates hospitals that provide primary PCI. He summarized the various provisions of the draft regulation.

Mr. Broccolino asked whether there had been any studies of the STEMI patients in Maryland. He also asked whether the impact of the regulations would be to lower the number of hospitals that perform primary PCI. Dr. Bass said that the Maryland Health Care Commission determines which hospitals provide primary PCI. He said that MIEMSS designation would allow submission of more comprehensive data from more hospitals so that patient outcome can be evaluated. He said that the draft regulation also sets up interface between EMS and hospitals for STEMI patients. He said that this is

important because STEMI patients need to be identified in the field and get to right hospital with seamless, efficient transmission of care.

Dr. Hexter said that in many PCI centers, there are multiple interventionalists, and patients may be attached to one or the other. Dr. Bass said that in Maryland, as in many areas, there is an increasing number of hospitals are becoming affiliated with systems of health care. He said that this is an issue to look at in the future.

Ms. Showalter asked how patients who were not within 30 minutes of center would be handled. Dr. Bass said that MIEMSS would be working with those hospitals and where they were aligned with a designated facility of their choice, would help develop a process so that when EMS arrives at first hospital, the cath lab at second hospital would be activated.

Mr. Maloney asked whether paramedics in rural jurisdictions will be trained and equipped to handle STEMI patients. Dr. Bass said that 12-leads had been in the field for a number of years and EMS personnel are trained in treatment of STEMI patients.

NEW BUSINESS

Maryland Medical Protocols for EMS Providers. Dr. Alcorta presented the proposed modifications and updates to the Maryland Medical Protocols for EMS Providers. He reviewed the major changes to the protocols, medications and procedures. He said that the protocols also included a new Optional Supplemental Protocol for Induced Hypothermia after Cardiac Arrest, as well as new Pilot Protocols for Pandemic Flu and for a Glidescope.

Dr. Bass noted that on pages 198-1 and 198-2, all of the helicopter transport protocols had been consolidated into one location. He also noted the protocols also included a provision that permitted use of a helicopter if ground transport of a trauma patient would be greater than 60 minutes and ambulance use would deplete limited EMS resources in the community. He said that this provision would help ensure continued EMS coverage in rural communities, e.g., Southern Maryland.

Dr. Alcorta said that the Governor had recently issued an Executive Order to allow Paramedics and CRTs to administer H1N1 (Swine) flu vaccine (LAIV and IM injection) to public safety personnel, health care providers and members of the general public subject to rules established by the EMS Board. Dr. Bass said that information on the Order would be on the MIEMSS website.

Provider Wellness Initiative. Mr. Seifarth said that MIEMSS had been working on developing a provider wellness initiative that would provide a pro-active approach to wellness issues, including substance abuse, stress, depression, diet, smoking cessation, etc. He said that recommendations for the program would be presented at a future meeting.

2010 EMT 24-Hour Refresher Syllabus: Mr. Seifarth presented a draft of the 2010 EMT 24-Hour Refresher Syllabus. He said that the content had been compiled by SEMSAC BLS Committee and included a greater focus on medical terminology.

Mr. Worthington asked whether this syllabus would conflict with the MFRI's on-line training. Mr. Seifarth responded that MFRI's training included 12 hours of on-line training and 12 hours of skills training. He said that MFRI would likely modify their training slightly, but there should be no problems.

SEMSAC Bylaws. Ms. Myers presented the SEMSAC Bylaw changes. She said that the changes had been approved at SEMSAC's November meeting.

ACTION: Upon the motion of Mr. Broccolino, which was seconded by Dr. Fowler, the Board approved the revisions to the SEMSAC Bylaws.

Dr. Bass introduced Anna Aycock, R.N., the new MIEMSS Director of the Stroke Program. He said that Ms. Aycock was highly experienced in both stroke and STEMI programs and was a valuable addition to the MIEMSS staff.

Mr. DeVries announced that the Board would be adjourning to Closed Session, after which it would reconvene in Open Session.

ACTION: Upon the motion of Ms. Showalter, which was seconded by Ms. Van Hoy, the Board adjourned to Closed Session.

The purpose of the closed session was to carry out administrative functions under State Government Article 10-502 (b), to discuss personnel issues under State Government Article 10-508(a)(1), to obtain legal advice from counsel under State Government Article 10-508 (a) (7) and to discuss certain site reviews and maintain certain records and information in confidence as required by Health Occupations Article 14-506 (b) under State Government Article 10-508 (a) (13).

Board Members Present: Donald L. DeVries, Esq., Chair; Victor A. Broccolino, Vice-Chair; David Fowler, M.D.; David Hexter, M.D.; Mary Alice Van Hoy, R.N.; Robert Maloney; Dany Westerband, M.D.; Eugene L. Worthington.

Board Members Absent: Dean E. Albert Reece, M.D., PhD.; Sally Showalter; Murray Kalish, M.D.

Others Present:

MIEMSS: Dr. Bass; Mr. Dubansky; Dr. Alcorta; Bailey; Mr. Seifarth; Mr. Fiackos; Ms. Gainer.

OAG: Ms. Sette.

The results of educational site reviews and the status of applications for program designations were discussed.

There was discussion of the performance of medical directors, provider levels in certain jurisdictions, and MSP aviation budget issues.

The Board considered appointments to the Statewide EMS Advisory Council.

The Board reviewed and took action on pending disciplinary cases.

The Board reconvened in Open Session at 12:07 p.m.

ACTION: Upon the motion of Dr. Westerband, which was seconded by Dr. Hexter, the Board approved the following educational programs for a period of five (5) years:

- **Anne Arundel Community College Advanced Life Support Education Program;**
- **Howard Community College Advanced Life Support Education Program;**
- **Montgomery County DFRS Advanced Life Support Education Program;**
and
- **The College of Southern Maryland's Advanced Life Support Education Program.**

There being no further business, the meeting was adjourned.