State Emergency Medical Services Board
March 12, 2013
Minutes

Board Members Present: Donald L. DeVries, Esq., Chairman; Vic Broccolino (by phone); David Hexter, M.D.; Murray Kalish, M.D.; Dean Albert Reece, M.D. Ph.D. (by phone); Sally Showalter; Mary Alice Vanhoy, R.N.; Dany Westerband, M.D.; Gene Worthington.

Board Members Absent: Sherry Adams; Robert Maloney.

Others Present:

MIEMSS: Dr. Bass; Dr. Alcorta: Ms. Aycock; Ms. Bailey; Mr. Balthis; Mr. Brown; Mr. Darchicourt; Mr. Fiackos; Ms. Gainer; Ms. Gilliam; Ms. Goff; Mr. Hurlock; Ms. Mays; Ms. Myers; Ms. Oliveira; Ms. Wright-Johnson.

OAG: Mr. Magee; Ms. Sette.

Maryland Fire & Rescue Institute: Steve Edwards.

Maryland State Police Aviation Command: Deputy Director Chris Lovejoy.

R Adams Cowley Shock Trauma Center: Karen Doyle; Jaime Huggins.

Peninsula Regional Medical Center: Jamie Hall, MSN; Diane Hitchens, BSN, RN.

TLC Community Services: Floyd Gray, M.D.

Center for Maternal & Fetal Medicine – Anne Arundel Medical Center: Michael Lantz, MD.

Mr. DeVries called the meeting to order at 9:14 a.m. He indicated that the agenda items would be taken out of order.

ACTION: Upon the motion of Dr. Kalish, which was seconded by Ms. Showalter, the Board approved the minutes of the February 12, 2013, meeting of the State EMS Board and the minutes of the January 22, 2013, Joint Meeting of the State EMS Board and the Statewide EMS Advisory Council.

MSP AVIATION COMMAND UPDATE

Deputy Director Chris Lovejoy reported that delivery of seven (7) of the new AW-139 helicopters is expected in late March, and that all ten (10) helicopters should be delivered by the end of the year. He said the next step is to train instructor-pilots and

pilots. He anticipates that Trooper 3 will be the first base to transition to the new helicopters; transition will likely start in April / early May and take several months. After Trooper 3 is fully transitioned, the remaining bases will be brought up in the following order: 6 and 5 together, depending on personnel availability; 7 and 4; finally, 2 and 1. He also reported that MSPAC had recently hired two pilots; nine pilots remain to be hired. Mr. Lovejoy said that at present, MSPAC is about $990,000 over budget for this year.

Mr. Lovejoy said the Capital Budget hearing for the MSPAC request for the flight training device was today. He said the purchase of the device should result in cost savings of over $3 million. He said the Department of Legislative Services' analysis of the request for the training device included a recommendation to increase bond funding to allow for the purchase of another helicopter (the 11th) and to restrict $200,000 of funding for the flight simulator until completion of a cost benefit analysis of flight simulator training proposals. He said that MSPAC disagreed with the recommendation for the purchase of an 11th helicopter. He noted that the "Helicopter Trooper Base Assessment Update," submitted to the legislature in 2011, recommended a total of ten helicopters, and MSPAC, MIEMSS and the EMS Board had accepted that recommendation. He noted that MSPAC has other, more urgent needs, such as additional vehicles for MSPAC personnel.

OLD BUSINESS

Telemedicine Pilot Project. Mr. DeVries welcomed those from Peninsula Regional Medical Center (PRMC), TLC Community Services, Inc., and the Center for Maternal & Fetal Medicine at Anne Arundel Medical Center (AAMC) who are participating in the Telemedicine Pilot Project at PRMC. Ms. Jaime Hall, PRMC's Clinical Nurse Specialist, Labor & Delivery, and Dr. Michael Lantz, Center for Maternal & Fetal Medicine, AAMC, briefed the Board on the Pilot Project. Ms. Hall explained that the Maryland Perinatal System Standards had been revised in 2008 to require "…a maternal-fetal medicine physician (MFM) on the medical staff, in active practice and, if needed, in-house within 30 minutes" (Standard 4.5). When PRMC was unable to secure an MFM physician to meet this standard, PRMC worked with MIEMSS to develop a Pilot Project to explore whether MFM physician services provided by telemedicine would be an acceptable method of meeting Standard 4.5. Ms. Hall said that between 2010 and 2012, PRMC tried unsuccessfully to obtain telemedicine coverage. In 2012, however, PRMC entered into an agreement for telemedicine perinatology coverage and medical leadership with Mike Lantz, M.D., Center for Maternal Fetal Medicine, AAMC. The Pilot Project officially began on June 18, 2012.

Dr. Lantz said that he and the obstetricians at PRMC had identified 17 medical indications for MFM consultation, e.g., "Complications of Preeclampsia" and "Hypertensive Disorders of Pregnancy," as well as a general "Consultation Requested by OB." He explained that the MFM consultation process is initiated via a phone call and, depending on the MFM's schedule and the nature and urgency of the consult, the requesting physician and the MFM will determine when the consultation will occur. The MFM is able to access the patient's lab and diagnostic reports, sonography images,

fetal monitor tracing, vital signs and nursing documentation in the patient's electronic medical record. The actual consultation occurs via a WebEx video meeting where a live, interactive meeting occurs with the obstetrician, the MFM, the nurse, the patient, and any support persons, and a plan of care is established and agreed upon. Dr. Lantz provided a demonstration of a WebEx telemedicine consultation.

Ms. Hall said that certain metrics were being followed as part of the Pilot Project. These include maternal metrics (e.g., maternal mortality, maternal ICU admissions), neonatal metrics (e.g., neonatal mortality rate, need for extensive resuscitation), and telemedicine metrics (e.g., time from request for consultation until contact made, initial impression vs. final impression / diagnosis). She summarized the results of the 31 inpatient telemedicine consults to date. She noted that delays in the implementation of the Pilot Project, as well as the time needed for Obstetricians to feel comfortable using the telemedicine link, had slowed the implementation of the project, but the project was now well-established and practitioners felt comfortable with telemedicine usage. She said that in the future, PRMC might consider making available real-time ultrasonography and advanced ultrasound procedures for the Pilot Project.

Floyd Gray, M.D., obstetrician at PRMC, said that the Project had evolved naturally because of Dr. Lantz and was going very well. He also said that the video connections seemed to be especially appreciated by the patients.

Dean Reece asked about the physician response time in the event of high-risk OB problems. Dr. Lantz said that as of January 1, 2013, an obstetrician was in-house 24/7, as was a neonatologist. Ms. Van Hoy asked about back-up for the technology used in the Project. Dr. Lantz said that there was occasional static with the video display. Dr. Alcorta asked whether the MFM not being at physically present at the patient's bedside was a disadvantage. Dr. Lantz agreed it was a disadvantage, but said that an MFM typically focused on objective parameters, as opposed to hands-on patient care.

Dean Reece asked what the difference was between the eICU Program and the Pilot Project. Ms. Showalter said that the Pilot Project was very basic, while the eICU Project was much more technologically sophisticated and included real-time access to a variety of patient status indicators. Ms. Van Hoy said the Pilot Project technology was more akin to "skyping" and noted that vital sign information was not available until it was recorded in the patient's chart or discussed it during the consultation. Ms. Hitchens said that the iPAD offered good resolution, but it could not be used to access patient information or strips.

SHOCK TRAUMA CENTER REPORT

Ms. Doyle presented the written Shock Trauma Center report. She said that patient volumes remain steady. She summarized the pre-hospital educational activity outreach during the last six months of 2012. She reported that the construction on the new facility was continuing, with completion anticipated in August. She reminded the Board that the Shock Trauma Gala is scheduled for April 27th.

EXECUTIVE DIRECTOR'S REPORT

EMS Week. Dr. Bass reported that National EMS Week will be celebrated this year on May 19 – 25. He said that MIEMSS will honor EMS providers and Maryland citizens at The Star of Life / Right Care When It Counts Awards ceremony during the week.

eMEDS. Dr. Bass said that eMEDS implementation continues statewide. He reported that Charles, Howard and Caroline counties are all in the final set-up phases and should be able to migrate to eMEDS in the near future.

Yellow Alert Activity. Dr. Bass reported that while hospital alerts remained relatively slow during 2012, there had been an increase in alerts during the year most likely due to the fact that Maryland had two flu seasons. He said that five (5) hospitals' alerts accounted for approximately 45% total of the total statewide yellow alert hours. He said that MIEMSS is following-up with these hospitals to urge reduction in alert hours.

REPORT OF THE STATEWIDE EMS ADVISORY COUNCIL

Dr. Kalish said that SEMSAC met on March 7th. He said it was an informative meeting, and there had been no action items.

LEGISLATIVE REPORT

Ms. Gainer reported that the Governor's "Transportation Infrastructure Investment Act of 2013" had been introduced in the General Assembly on March 4th. She said that the bill proposed an increase motor fuel taxes and also included a $3.50 increase in the vehicle registration fee surcharge, the revenue from which is credited to the Maryland EMS Operations Fund. Ms. Gainer said that the House EMS Workgroup had met on March 6th and had approved proposed uncodified language for possible inclusion in the bill to indicate the intent of the General Assembly on how the proposed increase, if passed, would be used to support the statewide EMS system. She said the Transportation bill would be heard in the House Ways & Means Committee on March 15th.

MARYLAND STATE FIREMEN'S ASSOCIATION REPORT

Mr. Hurlock reported that the MSFA was working on various bills that had been introduced in the General Assembly, including the Transportation bill that proposed the increase in the vehicle registration fee surcharge.

NEW BUSINESS

EMT Testing. Dr. Bass said that MIEMSS is continuing to explore the issue of how to provide testing for EMTs and EMRs in Maryland. He said that for many years,

Maryland has used tests provided by the Atlantic Council, but by 2015, the Council would no longer have the ability to provide those tests. Consequently, the only viable option was to transition testing to the National Registry. He said that an issue with transitioning to National Registry testing would be the costs of the tests, as National Registry charges for such testing. Dr. Bass said that MIEMSS continues to explore this issue and will bring it back to the Board at a later date.

EMS Licensing Software. Ms. Oliveira reported that MIEMSS was continuing work with Image Trend to develop and implement a new computerized licensure/certification management software program for MIEMSS. She said that the software will provide tracking for licensing, certification, and continuing education and will allow providers to update their affiliations online. She said a version of the program should be available for internal testing sometime in the spring.

Accreditation of Teaching Programs. Ms. Oliveira reported on the efforts of Maryland's Advanced Life Support Training Programs to meet the requirement that ALS programs be nationally accredited by the Commission on Accreditation of Allied Health Education Programs. She said that most ALS training programs in Maryland had either achieved accreditation or were in the process of obtaining accreditation. Four (4) other training programs have determined either not to seek accreditation or to postpone seeking accreditation until a later date.

EMR-to-EMT. Ms. Oliveira reported that MIEMSS has been considering developing an EMR-to-EMT transition program. Mr. Worthington commented that high-school students interested in emergency medical services may be especially interested in such a program.

Christiana HealthCare Designation. Mr. Magee said that Christiana Hospital in Newark, Delaware, has been serving as an out-of-state trauma center for many years under a Memorandum of Understanding (MOU) with MIEMSS. He said that the MOU had expired and MIEMSS had negotiated a new MOU to replace the expired one. He asked the Board to approve the MOU.

ACTION: Upon the motion of Ms. Van Hoy, which was seconded by Dr. Kalish, the Board approved the Memorandum of Understanding between MIEMSS and Christiana Hospital.

OLD BUSINESS

Law Enforcement Medical Care Course. Mr. Magee said that the Law Enforcement Medical Care Course (LEMCC) curriculum that MIEMSS had developed for law enforcement officer training needed to be approved by the Secretary of the Department of Health & Mental Hygiene so that individuals who were LEMCC-trained would be covered by Good Samaritan protections found in state law. He reported that the Secretary had approved the curriculum on February 15, 2013. Dr. Bass said that this should be communicated to the counties that are using LEMCC to train their law enforcement personnel.

Medication Shortages Update. Dr. Alcorta said that because of the continuing shortages of various medications, some medications were available only in forms or concentrations that differed from what was available in pre-loaded emergency syringes typically available for EMS. He said that MIEMSS had distributed information to providers and medical directors on ways to ensure that the delivery of medications in these alternative forms complied with the dosage requirements specified in the Maryland Medical Protocols.

Trauma Registry Update. Ms. Mays provided an update on the changes to the Maryland Trauma Registry ("MTR"). She said that all Maryland Trauma Centers participated in the MTR by collecting and entering disease-specific trauma patient data which was used by MIEMSS to monitor trauma system performance, identify areas for improvement, epidemiologic purposes and statewide projects. She said that the MTR had moved to a web-based platform ("Web MTR") in January that allowed for use of the most up-to-date versions of the ICD-9 and ICD-10 diagnostic codes, Abbreviated Injury Scoring, and entry of data into the National Trauma Data Bank. She said that the full transition to the new Web MTR should be completed by July.

Hospital Programs Update. Ms. Aycock updated the Board on the various hospital designations underway or upcoming in the near future.

> Perinatal Programs: 16 Level III Perinatal Centers are up for re-designation in 2013.
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> Cardiac Interventional Centers: 23 Centers are up for re-designation in 2014.
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> Trauma Centers: Ten (10) trauma centers and one specialty trauma center are up for re-designation in 2013.
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> Primary Stroke Centers: Five (5) primary stroke centers are up for re-designation in 2013.
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> Comprehensive Stroke Center: Three (3) hospitals have applied for initial designation; site surveys will take place in 2013.

Pediatric Readiness Project. Ms. Wright-Johnson reported on the results of the Pediatric Readiness Project. She said that all civilian hospitals in Maryland had participated in the field test from November through January. She also reported that MIEMSS had received the EMS for Children's Grant at a 75% funding level because of the federal sequester.

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

Upon the motion of Ms. Van Hoy, which was seconded by Ms. Showalter, 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 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).

The closed session was attended by:

Board Members Present: Donald L. DeVries, Esq., Chairman; David Hexter, M.D.; Murray Kalish, M.D.; Dean Albert Reece, M.D. Ph.D. (by phone); Sally Showalter; Mary Alice Vanhoy, R.N.; Dany Westerband, M.D.; Gene Worthington.

Board Members Absent: Sherry Adams; Robert Maloney.

Others Present:

MIEMSS: Dr. Bass; Mr. Fiackos; Ms. Gainer; Ms. Goff; Ms. Oliveira.

OAG: Mr. Magee; Ms. Sette.

Maryland Fire & Rescue Institute: Steve Edwards.

The Board approved the closed session minutes from the February 12, 2013, meeting.

The Board was provided information regarding approval of educational programs.

The Board was provided information regarding designation of a freestanding emergency center.

The Board considered nominations to fill vacancies on the Statewide EMS Advisory Council.

The Board was provided information on MFRI educational instructor policy and procedures.

The Board reconvened in Open Session at 11:52 a.m.

Board Members Present: Donald L. DeVries, Esq., Chairman; David Hexter, M.D.; Murray Kalish, M.D.; Dean Albert Reece, M.D. Ph.D. (by phone); Sally Showalter; Mary Alice Vanhoy, R.N.; Dany Westerband, M.D.; Gene Worthington.

Board Members Absent: Sherry Adams; Robert Maloney.

Others Present:

MIEMSS: Dr. Bass; Mr. Fiackos; Ms. Gainer; Ms. Goff; Ms. Oliveira.

OAG: Mr. Magee; Ms. Sette.

Maryland Fire & Rescue Institute: Steve Edwards.

ACTION: Upon the motion of Ms. Van Hoy, which was seconded by Dr. Westerband, the Board approved the Garrett College Paramedic Education Program for a period of five (5) years.

ACTION: Upon the motion of Ms. Showalter, which was seconded by Ms. Van Hoy, the Board approved the Prince George's County Fire and Emergency Medical Services Department ALS and BLS EMS Refresher Education Program for a period of five (5) years.

ACTION: Upon the motion of Ms. Van Hoy, which was seconded by Dr. Westerband, the Board approved the designation of the Bowie Health Center as a Freestanding Medical Facility.

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