

Joint Committee of the EMS Board and SEMSAC
January 8, 2008

MINUTES

Attendance:

EMS Board: Mr. DeVries, Chair; Mr. Simonds (SEMSAC Chair); Scott Graham; Gene Worthington; Mr. Broccolino; Dr. Fowler; Ms. Vanhoy; Dr. Hexter; Ms. Showalter.

SEMSAC: Mr. Simonds; Mr. Berg; Mr. Haas; Ms. Grote; Major McAndrew; Dr. Gassch; Dr. Kalish; Dr. Filmore; Mr. Edwards; Dr. Henry; Dr. Scalea; Dr. Crane; Ms. Khouri; Ms. Mays; Ms. Kernan; Mr. Baxter; Jay Fowler.

MSP: Dan Cornwell.

MSFA: Mr. Sterling; Mr. Powell; Mr. Underwood.

STC: Mr. Radcliffe; Ms. Johnson; Ms. Hartsock.

MIEMSS: Dr. Bass; Ms. Gainer; Mr. Dubansky; Ms. Alban; Mr. Davis; Ms. Myers; Ms. Hyzer; Mr. Hurlock; Mr. Barto; Ms. Gillian; Mr. Brown; Dr. Floccare; Dr. Alcorta; Ms. Chervon; Ms. Warner Crosson; Ms. Wright Johnson.

I. Opening Remarks

Mr. DeVries welcomed everyone. He stated that he looks forward to this meeting as a time to review where we've been and where we're going. He always feels good about where Maryland is as an EMS system after this meeting.

Chief Simonds also welcomed everyone. He noted that this will be a busy year and that he looks forward to the new challenges.

II. Agency Overviews

A. MIEMSS: Dr. Bass outlined the issues that will highlight 2008. In the area of Medevac services, the helicopter replacement issue will be at the forefront during the legislative session. There will also be discussions regarding the role of commercial air services in EMS

transport. Discussions will touch on the appropriate use of air medical resources.

In the area of trauma and specialty care, redesignations will continue as will the finalization of the first round of designations for stroke centers. MIEMSS and the Board will embark on the regulation and designation processes related to STEMI centers. Access to on-call specialists at trauma centers will be monitored.

The agency along with the MHA and hospital CEOs will continue to monitor the ED overcrowding issues. MIEMSS will work with the MHCC to collect more data and will consider expanding active re-routing strategies.

In the area of education, the state will be transitioning to new educational standards, dealing with the future of CRT-Is and defining the role of the new AEMT in Maryland EMS.

In Communications, the 700 MHz system will continue its rollout as we review new opportunities related to broadband access and interoperability. FRED and CHATS will be consolidated and updated within the HC Standard system. MIEMSS hopes to develop patient-tracking systems, explore interoperability with NCR and develop the capacity to upload bed status to HHS.

EMAIS will be enhanced and reporting will be improved. MIEMSS hopes to strengthen EMAIS linkages to other databases like CAD, the trauma registry and MFIRS.

During the legislative session, in addition to budget and EMSOF hearings, there will be much attention paid to helicopter issues. There may be follow-up to MIEMSS' studies on AED and ATV, and there will be issues related to exposure to providers as well as MIEMSS' PAD legislation.

In closing, Dr. Bass displayed the Maryland model of EMS which reflects the unique integration of all levels. Other states continue to envy Maryland and the IOM has again recognized Maryland for its EMS system.

Mr. DeVries agreed that there were a host of challenges, but that he expects MIEMSS, the Board, SEMSAC and the system to rise to meet them.

- B. MFRI: Steve Edwards provided statistics regarding total programs, students and student hours at MFRI, particularly the growth since

1992. All measures have increased approximately 70% over that time period. He noted the expansion of ALS programs and the integration of training related to terrorism and national incidents into other courses. He highlighted the new emphasis on safety in training, and the importance of hydration for responders. He thanked the Board and SEMSAC for their support of MFRI.

- C. Maryland State Police: Major McAndrew offered to bring final 2007 statistics to the next meeting. He provided a timeline of the process for replacement of the helicopter fleet. The RFP will be completed within 6 months and \$110 million is included in the 2009 budget for replacements. After an award, it will take approximately two years for completion of the first replacement helicopters. Major McAndrew noted that maintenance issues are easing, parts replacement has improved, and as a result the fleet's readiness and availability have been improved.

Mr. DeVries noted the critical role MSP plays in the EMS system and stated that the system is prepared to rally around the replacement effort.

- D. Shock Trauma Center: Brenda Johnson provided an overview of Statistics related to the growth of admissions and virtual elimination of diversions. She offered that 67% of admissions are directly from the scene. Victims of motor vehicle accidents are responsible for most admissions, followed by people hurt in falls and victims of violence. Seventy-nine percent of admissions are from the Region III area. She also provided an overview of the missions and visions of the Trauma Center as defined in their Trauma 2010 document.

III. National Study Center

Dr. Scalea noted that he has been active in the Center for the last 6-9 months. During that time, grants and grant income have grown, staff has expanded, mostly with investigators, and the Center has become the research center for the School of Medicine as the School of Medicine and the Anesthesia department have invested in the Center. His next missions are to find an Administrator and a permanent Director for the Center.

Mr. DeVries applauded Dr. Scalea for the dramatic progress shown by the Center.

IV. MSFA

President Sterling noted that the MSFA is working with the Governor's Office on various funding issues related to the

Association including their new request for an Executive Director's office. He thanked the Board and SEMSAC for their support.

V. Closing remarks

Chief Simonds thanked SEMSAC for their diligence and encouraged continued participation in the coming year.

Mr. DeVries thanked everyone in attendance and noted that virtually all of the leadership in EMS was represented in the room. He noted that this is not a complacent system but one that is committed to staying the very best. He comes away from this meeting very proud. "Cooperative Excellence" continues to be the lynchpin to the success of EMS in Maryland.

The meeting adjourned at 10:45.