

**Joint Meeting of the
State Emergency Medical Services Board and the
Statewide EMS Advisory Council**

**January 17, 2012
Minutes**

Board Members Present: Donald L. DeVries, Esq.; Chair; Victor A. Broccolino, Vice-Chair; Sherry Adams; David Hexter, M.D.; Murray Kalish, M.D.; Sally Showalter; Dany Westerband, M.D.; Eugene L. Worthington; Dean E. Albert Reece, M.D. (phone).

Board Members Absent: Robert Maloney; PhD.; Mary Alice Van Hoy, R.N.

SEMSAC Members Present: Linda Dousa; Karen Doyle; Steve Edwards; Jeffrey Fillmore, M.D.; Wade Gaasch, M.D.; Elliot Ganson; Mark Gibbons; Scott Haas; Jon Mark Hirschon (for Alan Faden, M.D.); Murray Kalish, M.D.; Jack Markey; Ken May (by phone); Carole Mays; Melissa Meyers; Marian Muth; Jim Scheulen; Roger Simonds; Lisa Tenney; Allen Walker, M.D.; Kathryn Yamamoto, M.D.

SEMSAC Members Absent: Roland Berg; Will Bethea; Joe Brown; Erica Carlson; David Crane; Mike DeRuggiero; James Fowler; Kathleen Grote.

Others Present:

MIEMSS: Dr. Bass; Ms. Abramson; Mr. Adams; Ms. Alban; Dr. Alcorta; Ms. Aycock; Mr. Balthis; Mr. Brown; Mr. Contee; Mr. Darchicourt; Ms. Gainer; Ms. Gilliam; Ms. Goff; Mr. Hawthorne; Mr. Hurlock; Ms. Hyzer; Mr. New; Ms. Oliveira; Mr. Slack.

OAG: Mr. Magee.

Maryland State Firemen's Association: President David Lewis; First Vice President John Denver; Second Vice President Jackie Olson.

R Adams Cowley Shock Trauma Center: Jamie Huggins.

MSP Aviation: Chris Lovejoy; Pat King.

ICF International: Patrick Major; John Randall.

Mr. DeVries called the Joint Meeting to order at 9:10 a.m. He welcomed the Board and SEMSAC members and thanked them for their dedicated leadership. He said that the annual Joint Meeting provides both bodies the opportunity to review the accomplishments of our statewide EMS system over the past year and to discuss the continued growth and improvement of the system. He said that the key to Maryland's

continued success is its ethic of cooperative excellence. Dr. Kalish joined Mr. DeVries in his remarks expressing similar sentiments.

Rapid Sequence Intubation (RSI) Protocol. Dr. Alcorta said that the continuing shortage of Midazolam had resulted in problems for jurisdictions that were using the RSI Protocol. He asked the Board to approve the addition of Ketamine to the RSI Protocol. Dr. Kalish noted that Ketamine carried with it the potential for abuse and also caused increased salivary secretions. Dr. Alcorta responded that those issues would be covered in provider training and noted the availability and relative low cost of Ketamine.

ACTION: Upon the motion of Dr. Hexter, which was seconded by Ms. Showalter, the Board approved the addition of Ketamine to the RSI Protocol.

Mr. DeVries introduced and welcomed Ms. Sherry Adams as the representative of the Secretary of the Department of Health & Mental Hygiene (DHMH) to the EMS Board. Ms. Adams replaces Dr. David Fowler as the DHMH representative.

Dr. Kalish introduced and welcomed Lisa Tenney as the new General Public representative to SEMSAC.

Reports by the Entities Supported by the EMS Operations Fund (EMSOF)

MIEMSS. Dr. Bass reviewed the major issues and accomplishments of 2011. The Board of Public Works approved the purchase of six (6) Augusta Westland AW139 Helicopters, with an option on six (6) more. MSP Aviation continues work toward Part 135 certification. The EMS Board concurred with the recommendations of the Helicopter Basing Study which was submitted to the Maryland General Assembly. A new helicopter CAD – “Flight Vector” – is in use and should provide better functionality and data. MIEMSS monitors helicopter utilization and reviews usage data each day. The numbers of MSP Medavac scene and interfacility transports have increased slightly, and review of outcome indicates that severity adjusted mortality has decreased according to TRISS.

Dr. Bass reviews the changes at the national level regarding EMS Education, including the National Core Content, Scope of Practice, Educational Standards and EMS Program Accreditation. He reviewed Maryland’s timeline for transition to the new national standards. He said that MIEMSS is continuing its consideration of National Registry testing for EMTs. He also reviewed the current recertification options for Maryland providers. He said that Protocol Update classes would be available on February 1st, for the 2012 version of the Maryland Medical Protocols that will go into effect on July 1st.

Dr. Bass said that the Legislature had passed the “MOLST” (Medical Order for Life-Sustaining Treatment) law in 2011 that implemented a new form for end-of-life care decisions. MIEMSS has an on-line course for providers regarding the new form. The Department of Health & Mental Hygiene (DHMH) is still working to complete the regulations for the new law.

Dr. Bass reported that the transition from eMAIS to eMEDS was proceeding well throughout the State and thanked the Maryland Department of Transportation's Office of Highway Safety for their assistance in funding eMEDS. He stressed the importance of the eMEDS patient care information.

Dr Bass reported that 23 hospitals had been designated as Cardiac Interventional Centers during the year. He said that implementation of the STEMI Program had been very successful.

Dr. Bass said that MIEMSS would continue to work with the House of Delegates EMS Workgroup on issues important to the statewide system. Chief among those issues is the solvency of the Maryland EMS Operations Fund. He said that ensuring the solvency of the Fund was critical for addressing system needs, including securing adequate funding for the Amoss Fund, improving the EMS Communications systems, and implementing the new national standards.

R Adams Cowley Shock Trauma Center. Ms. Doyle presented the report for the Shock Trauma Center. She said that the Center continued to see an increase in patient volume and that the Operating Room volume had also increased, which was an indication of patient acuity. She reviewed the volume of neurotrauma patients, which include those with traumatic brain injury, spinal cord injuries, or both.

Ms. Doyle presented the volume of interhospital transfer patients. She noted that the number for the current fiscal year was somewhat lower than in previous periods. She said that there were lost transfers during the year most likely due to increased volume of direct admissions, plus the physical constraints of the current facility. Ms. Doyle also presented the Hyperbaric Chamber Dive hours and noted that year-to-date hours were 96 more than the same period the previous year.

Ms. Doyle summarized the Center's 2011 Highlights which included successful base station re-designation. She said that the Center's Critical Care Tower, currently under construction, is now fully enclosed with interior work progressing. She said the Tower is scheduled to open in 2013. Ms. Doyle also summarized the activities of the Center for Injury Prevention and Policy which totaled 70 events during the year with 2,153 attendees. She also described the outreach and education activities of the Shock Trauma Center over the last six months.

Ms. Doyle closed by thanking the Board and SEMSAC for their support of the Shock Trauma Center.

Maryland Fire & Rescue Institute. Mr. Edwards presented the report for MFRI . He said that during the past year, MFRI had provided training to over 34,000 students through more than 866,000 training hours. He said that the Northeast Regional Training Center had opened in September 2011. He said that MFRI's Incident Command Simulation

Center is offering courses to allow providers to maintain their skills and practice them in a variety of scenarios, which is much less expensive than using drills for that purpose.

Mr. Edwards said that over the past year, MFRI had worked on issues surrounding provider Medical Clearance in the interest of improved firefighter health and safety. He noted that there was a great need for this initiative since nationally, about 12% of firefighter deaths occur during training activities. He thanked the MSFA for their participation in this initiative.

Mr. Edwards said that MFRI had trained its instructors to the new national standards and were able to teach the new EMT and EMR Training Courses. Mr. Edwards thanked the EMS Board & SEMSAC for their support and cooperation over the past year

MSP Aviation Command. Major Gibbons reported that he hoped that delivery of the first of the new helicopters would occur in the Spring. He said that the MSP had put together an Operational Planning Team to help with the transition to the new helicopters. He said that the MSP was hoping to add 40 new paramedics and was pursuing different strategies to meet that goal.

Major Gibbons said that the Helicopter Maintenance Study had been submitted to the Legislature. He said that the MSP had instituted the practice of “Dynamic Deployment” in Ocean City during the summer months and also in Cecil County during the period covering Memorial Day to Thanksgiving. He said that these strategies had been successful in both areas.

Major Gibbons said that the availability of the aviation sections had been increased in 2011, although flight times were somewhat decreased due to section-level maintenance. He noted that utilization of commercial services for scene transports was down significantly.

Major Gibbons discussed several new initiatives, including Flight Vector and AV Track, an aviation maintenance software to replace MX Manager. He said that the Air Crew Training Center would be located in Sykesville, and MSP Aviation would be seeking capital monies for this Training Center.

Major Gibbons said that the transition to Part 135 was on-going and introduced two of the consultants from ICF International, Patrick Major and John Randall, who are working with MSP Aviation to accomplish the transition. Mr. Major and Mr. Randall provided an overview of the efforts being directed toward attaining Part 135 status.

National Study Center for Trauma & EMS. Dr. Hirshon reported on the Study Center activities. He said that the Center was celebrating its 25th anniversary this year. He said that the Study Center is holding monthly research seminars, focusing on topics of interest. He said that the Center is actively looking for an EMS Research Fellow and would like to increase the number of publications coming from the Center.

Dr. Hirschon summarized several of the Study Center's research initiatives, including those by Dr. Pat Dischinger and Dr. Mackenzie. He said that the Study Center had been received funding for another five years of injury research training in Egypt

Dr. Hirschon said that the Study Center had been working with MIEMSS on research and program initiatives. He said that the Study Center is helping MIEMSS to create a data dictionary for the eMEDS data elements. He said they are also trying to look at helicopter and GIS and patterns of usage over time, as well as the impact of the Queen Anne's Emergency Center.

Maryland State Firemen's Association. President Lewis thanked the EMS Board and SEMSAC for their support. He said that the MSFA had suffered two significant losses with the deaths of Past President Atkins from Berlin in December and Past President Mattingly the day before.

President Lewis said that the MSFA was committed to working for additional funding for the Amoss Fund, as well as for support for tuition costs for providers. He said that the MSFA would be hosting its Legislative Reception in Annapolis on January 31st.

President Lewis said that Responder Safety had been a big focus during the past year and the MSFA had participated in addressing issues regarding medical clearance, as well as ambulance safety. He also noted that the MSFA had participated in the Emergency Services Life Safety Task Force in November and would participate in another program on May 5th focusing on health & wellness.

President Lewis expressed concerns regarding Maryland's implementation of the new national standards and the potential impact of the changes on volunteers. He said that many departments already have significant challenges in recruitment and retention and that he is concerned that the increase in hours and complexity may further erode recruitment and retention. He recommended that a work group with career work and volunteers be convened to discuss the impact of increased hours; he also suggested that the issue of developing a bridge from EMR to EMT be explored.

OLD BUSINESS

None.

NEW BUSINESS

Trauma System Report. Dr. Bass said that several years ago, the Joint Chairmen had requested that the Maryland Health Care Commission and MIEMSS review the current configuration of trauma centers and develop any necessary recommendations to improve the current configuration. As part of the study, the MHCC and MIEMSS were to include recommendations regarding the addition of new, or the consolidation of existing, trauma

centers. Dr Bass reported that the report, entitled “Report Evaluating the Configuration and Distribution of Trauma Centers in Maryland,” had been completed and was ready for submission to the Legislature. He said that the study recommended that no trauma centers be added or removed from Maryland’s current trauma system configuration.

The Joint Meeting was adjourned by acclamation at 10:59 a.m.