

**Joint Meeting of the
State Emergency Medical Services Board and the
Statewide EMS Advisory Council
January 22, 2013
Minutes**

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

Board Members Absent: Robert Maloney; Mary Alice Vanhoy, R.N.; Dany Westerband, M.D.; Gene Worthington.

SEMSAC Members Present: Murray Kalish, Chair (by phone); Karen Doyle; Elliot Ganson; Michael DeRuggiero; Nathaniel McQuay; Katherine Yamamoto; Kathleen Grote; Roger Simonds; Joan Fortney; Linda Dousa; Scott Haas; Allen Walker; Steve Edwards; Lisa Tenney; Alan Faden; Tom Gianni; Melissa Meyers; Eric Smothers.

SEMSAC Members Absent: Jack Markey; Jay Fowler; Jeff Fillmore; Jim Scheulen; Joe Brown; Marian Muth; Roland Berg; Wade Gaasch; Will Bethea.

MIEMSS: Dr. Bass; Ms. Alban; Dr. Alcorta; Ms. Aycocock; Mr. Balthis; Mr. Brown; Mr. Darchicourt; Mr. Dubansky; Mr. Hurlock; Ms. Gilliam; Ms. Goff; Ms. Myers.

OAG: Mr. Magee; Ms. Sette.

MSP Aviation Command: Major Frank Lioi; Deputy Director Chris Lovejoy; Lt. Keith McMinn.

Maryland State Firemen's Association: President John Denver

R Adams Cowley Shock Trauma Center: Karen Doyle, Jamie Huggins.

Mr. DeVries called the Joint Meeting to order at 10:03 a.m. He thanked the Board and SEMSAC members for their efforts during the past year.

Mr. DeVries said that the Maryland EMS Operations Fund (MEMSOF) which provides critical support for the EMS system is projected to become insolvent in FY14. He said that the entities supported by the MEMSOF are working to identify solutions to address the long-term MEMSOF funding needs. .

Mr. DeVries said that the agenda items would be taken out of order.

STATEWIDE EMS ADVISORY COUNCIL

Dr. Kalish reported that SEMSAC did not meet in February. He agreed with Mr. DeVries regarding the importance of addressing the looming solvency of the MEMSOF.

NEW BUSINESS

Protocol Revisions. Dr. Alcorta presented two proposed revisions to the 2013 EMS Protocols. (1) manual vs. mechanical chest compressions and (2) pronouncement of death by EMS providers in the field. Protocols will be effective July 1, 2013.

ACTION: Upon the motion of Ms. Showalter, which was seconded by Dr. Kalish, the Board approved both protocol revisions.

MIEMSS

Dr. Bass reviewed the major accomplishments and issues of 2012.

Education: Dr. Bass highlighted the updates for Education and Licensure standards and testing. He said Maryland adopted the new national EMS Education standards which had become effective in July 2012. He said that Maryland had decided to retain the CRT-level certification and that the National Registry will continue testing for that level through 2020. He also said that Maryland's ALS education programs had begun the transition to national accreditation. Dr. Bass also said the Law Enforcement Emergency Medical Course had been well received. Dr. Bass said that MIEMSS will be considering whether to require National Registry testing for initial EMT certification.

Protocol Updates: Dr. Bass gave an overview of protocol changes that will become effective in July 2013.

eMEDS: Dr. Bass reported that the implementation of eMEDS throughout Maryland continues to be successful. He thanked the Maryland Highway Safety office for their continued support of the eMEDS project.

Trauma and Specialty Care Centers: Dr. Bass said there are currently 23 cardiac interventional centers (CIC) designated by MIEMSS, and three (3) out-of-state CICs operating under a Memorandum of Understanding with MIEMSS. He said that EMS will transport a STEMI patient directly to a CIC. He said that if the CIC is over 30 minutes additional drive time from the closest ED, EMS will transport the patient to the closest emergency department. That limit will be increased to 45 minutes in the 2013 protocols.

Cardiac Arrest: Dr. Bass thanked Howard County Fire and Rescue for supporting the Resuscitation Academy and Dr. Kevin Seaman for chairing the Cardiac Arrest Steering Committee. He said that the Committee had been constituted during the year and had quickly

started work. He said that future improvements in cardiac arrest outcomes will entail early bystander care, high-quality uninterrupted CPR, therapeutic hypothermia, and a more utilization of PCI post resuscitation.

Helicopter Utilization Trends: Dr. Bass provided updated information on the numbers of patients transported by helicopter. Dr. Bass noted that attention to the appropriate utilization of helicopter resources continues.

2013 Legislative issues: Dr. Bass said that the main legislative issue for MIEMSS during the upcoming session of the Maryland General Assembly is to address the projected insolvency of the MEMSOF. He said that MIEMSS had been working diligently with the entities supported by the MEMSOF, as well as the Department of Budget & Management and key legislators, including the House EMS Workgroup, to find the best solution.

MSP AVIATION COMMAND

Deputy Director Lovejoy introduced Major Frank Lioi, the new Commander. Mr. Lovejoy provided an update of Command initiatives over the past year.

AW139 Helicopters: Mr. Lovejoy said that MSPAC was anticipating arrival of the first six (6) of the AW139 helicopters in February or March 2013.

Missions & MedEvacs: Mr. Lovejoy reported that total helicopter missions had increased by 2% in 2012, and MedEvacs had increased by 11%.

Recruitment & Retention: Mr. Lovejoy said recruitment and retention of civilian pilots, maintenance technicians and Trooper/Flight Paramedics continued to be problematic. He said that, in particular, pilot recruitment and retention was difficult due to salaries well below industry standards.

Second Pilot: Mr. Lovejoy said that although the AW139 is certified for single pilot visual flight rules, MSPAC has decided to operate with two pilots during nighttime hours. He said that after MSPAC gains additional operational experience with the new AW139 helicopters, it will make a final determination on the need for two pilots.

SHOCK TRAUMA CENTER

Ms. Doyle reported that the new building will be completed and open in July or August 2013. She reviewed FY 2012 and FY 2013 statistics, including patient admissions, bed occupancy and inter-hospital transfers received by Shock Trauma. She said there had been a significant drop in patients utilizing the Hyperbaric Chamber. Ms. Doyle also presented information on the Center's current and continual education, prevention, and outreach initiatives.

MARYLAND FIRE & RESCUE INSTITUTE

Mr. Edwards provided an annual update with 2012 statistics on the number of programs conducted, the number of students trained, total student hours by program, and number of students enrolled by discipline, as well as enrollment history and EMT and EMR completion and pass/fail rates. He also provided an overview on the transition of the EMT-B to Paramedic course.

MARYLAND STATE FIREMEN'S ASSOCIATION

President Denver expressed thanks to the EMS Board and SEMSAC on behalf of the statewide volunteer companies for the coordinated EMS system of care in Maryland. He stressed the importance of continued growth as a system. He said ensuring continued solvency of the MEMSOF was a priority for MSFA and that he looked forward to working with the Board and SEMSAC to secure necessary funding.

OLD BUSINESS

None

Mr. DeVries thanked the Board and SEMSAC members for their service. He said that the Maryland EMS system continues to be a model system because of the effective partnerships and the spirit of cooperative excellence among all those individuals, organizations and agencies that participate in our statewide system.

The meeting adjourned at 11:35 a.m.