

**STATE OF MARYLAND**

**STATEWIDE EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL**

**MEETING MINUTES**

October 4, 2007

**SEMSAC MEMBERS PRESENT:** Jeffrey L. Fillmore, M.D.; Scott A. Haas, EMT-P; Ronald Lipps; Carole Ann Mays, RN; Major A.J. McAndrew; Deputy Chief David H. Balthis; George Delaplaine, Jr.; James Fowler III, EMT-B; James Scheulen; Jim Hern (representing Steven T. Edwards); Zeina Khouri RN.

**SEMSAC MEMBERS ABSENT:** Chief Roger Simonds, NREMT-P (Chair); Murray A. Kalish, M.D., (Vice Chair); John Spearman; Kathleen Grote, EMT-P; Kathryn Yamamoto, M.D., F.A.C.E.P.; Wendell Baxter; Tom Reilly; David M. Crane, M.D., F.A.C.E.P.; Charles Wills; Tom Scalea, M.D., F.A.C.S.; Wade Gaasch, M.D.; Denise Graham; Allen Walker, M.D.; Sharon Henry, M.D., F.A.C.E.P.; Kenneth May.

**MIEMSS STAFF PRESENT:**

Dr. Robert Bass; John New; Lisa Myers; Chris Hyzer; John Donohue; Marie Warner; Jim Brown; Page Trissell; Phil Hurlock; Andy Trohanis; Dr. Alcorta; Dr. Floccare; Leroy Marshall; Robert Dubansky.

**OAG:** E. Fremont Magee.

**Shock Trauma Center/UMMS:** Jim Radcliffe; Jaime Higgins; Robbi Hartsock

**Baltimore County Fire Department:** Joseph Brown;

**MSFA:** President Sterling; Second Vice President Powell

**Others present:** Michael Millin, Johns Hopkins;

The meeting was called to order at 1:09 PM without a quorum. Mr. Scheulen chaired the meeting by acclamation.

The minutes of the September 9 meeting were reviewed without comment.

**Executive Director's Report – Dr. Bass**

A draft of the voluntary ambulance inspection program standard with the latest changes is circulating through the EMS community and is expected to be before SEMSAC in December for action before being taken up by the EMS Board. Dr. Alcorta can supply a copy.

Good progress is being made on the report to the General Assembly regarding whether there is a need for AEDs at public swimming pools and other locations.

Progress is also being made on the report to the General Assembly regarding ATV crashes. A draft is available to SEMSAC members who should submit comments to Pat Gainer. A copy of the final report will be made available to SEMSAC members upon request.

MIEMSS is waiting for instructions on the AED bill which it has submitted to the Administration regarding AED program possible statutory changes.

MIEMSS continues to monitor yellow alerts which have been relatively stable since 2000. A spike in early 2007 for Region 5 appears to be caused by the Montgomery County's free standing emergency medical facility combined with its parent hospital showing a combined increase in activity. Data is being monitored by MIEMSS, MHCC, and Montgomery County Fire and Rescue.

Version 2 of the NHTSA scope of practice model has been released and materials are in the members packet. Comments are being accepted until February. The new proposal reduces the number of EMT hours except that it calls for 10 hours of clinical time which is of concern to several states. The proposed removal of the EMT-I raised a question of how to transition CRTs in Maryland.

Election of the SEMSAC chairperson and vice-chairperson will be held in December in accordance with the by-laws.

**SEMSAC Report – no report.**

**National Study Center Report – no report.**

**Regional affairs report – no report.**

**ALS Committee Report – Mr. Haas**

The ALS committee continues to work on distributive learning methods. The trauma decision tree DVD is expected to be released soon. The committee is working to update the BLS protocol exam and to review the use of simulation technology in training. The next meeting will be November 11.

There was discussion of the use and validation of simulation technology as a training medium.

**BLS Committee – Mr. Seifarth**

The BLS Committee continues to develop educational programs for instructors. The second program covers lower extremities. The committee is seeking a method of consistent delivery and a central location for its training programs. Statistics on current provider numbers were distributed and discussed. A decline in the number of first responders is attributed to an increase in law enforcement agencies seeking less time consuming training programs.

### **Stroke Center Update – Dr. Bass**

Dr. Bass gave a PowerPoint presentation which reviewed the stroke statistics that were the impetus for the designation of primary stroke centers by MIEMSS in an effort to bring time sensitive treatment modalities to acute stroke patients by transport to designated centers. Under the guidance of John Young MIEMSS has designated 25 primary stroke centers, and since September 1, 2007 has instituted protocols for transport of appropriate patients to the newly designated primary stroke centers. Dr. Bass also indicated that there are possibilities for the development of a statewide telemedicine system in the future that would help address issues with shortages of on call specialists especially in rural areas of the state.

### **Helicopter Replacement – Major McAndrew**

Major McAndrew gave a PowerPoint presentation which explained the mission of the Maryland State Police helicopter fleet and the maintenance challenges which an aging fleet presents. He pointed out that as the fleet approaches 25 years in age a large increase in aircraft unavailability caused by maintenance issues can be expected. This problem coupled with the advantages of new generation equipment on new aircraft provides a strong incentive to develop a program to replace the current fleet of helicopters.

### **Protocol review – Dr. Alcorta**

Cases of high pressure injections (such as oil gun injections) will need to be treated at the Curtis Hand Center at Union Memorial Hospital.

Included with the 2008 protocol updates will be the transport of pediatric patients with upper extremity trauma to the Johns Hopkins Children's Center where a team from Johns Hopkins and the Curtis Hand Center at Union Memorial Hospital will be assembled for particular cases of pediatric upper extremity trauma.

The 2008 protocol updates are expected to go before the EMS Board on November 13, 2007 and anyone with comments should contact Dr. Alcorta in advance of that meeting.

### **Centralized Routing – Dr. Alcorta**

The centralized routing pilot procedure involves active participation in routing decisions based on hospital availability conditions as measured by yellow alerts, active communications with EMS units at hospitals and other available data.

A meeting on the centralized routing pilot will take place at the Branchville Volunteer Fire Department on October 11<sup>th</sup>. Currently Prince George's County, Montgomery County, Charles County, Baltimore City and the District of Columbia have shown interest in participation. Anne Arundel County and Howard County have also been invited to the meeting.

### **CRT Extension – Dr. Bass**

Dr. Bass discussed the consideration of extending the period in which CRTs who have not updated to the EMT-I level to continue to service through 2010 in order to allow for the possibility of them changing to the AEMT designation contained in the new scope of practice model from NHTSA.

Following a lengthy discussion, in light of the small number of CRTs who have not updated and the length of time the update has been available, consideration will be given to allowing any remaining individuals to become EMT-Bs by the current 2008 expiration date who can then upgrade to the AEMT designation if that becomes available.

### **HC Standard – Mr. Donohue**

Mr. Donohue presented a power point presentation on the newly acquired HC Standard program which is expected to replace CHATS and FRED when certain modifications are made to the current program. Also discussed were the additional capabilities of the program such as integration with CAD data and implementation of patient tracking.