

State EMS Advisory Council (SEMSAC)

March 7, 2013

Meeting Minutes

SEMSAC Members Present: Murray Kalish, MD, Chair, Roland Berg, Vice Chair (by phone); Tara Carlson (for Karen Doyle); Jack Markey; Eric Smothers; Steve Edwards, Jeffrey Fillmore, MD; Wade Gaasch, MD; Will Bethea; Scott Haas (by phone); Frank Lioi; Marian Muth; Tom Gianni; Wayne Tiemersma; Jim Scheulen; Roger Simonds; Lisa Tenney; Linda Dousa; Kathryn Yamamoto, MD; Michael DeRuggiero.

Members Absent: K. Doyle; Nathaniel McQuay; James Fowler; Elliott Ganson; Kathleen Grote; Melissa Meyers; Alan Faden, MD; Joan Fortney; Allen Walker, MD.; Joe Brown

Others Present: Ken May; John Denver; Walter Kerr; Patrick King; Christopher Lovejoy.

MIEMSS: Robert Bass, MD; Brian Slack; Jim Brown; Carole Mays; John Donohue; Richard Alcorta, MD; Pat Gainer; Anna Aycock; Dwayne Kitis; Doug Floccare; Dave Balthis; Barbara Goff; Sherry Alban; Pete Fiackos; Jim Darchicourt; Bill Adams.

OAG: Fremont Magee.

Dr. Kalish opened the meeting at 1:07pm.

The minutes from the November and the January Joint EMS Board / SEMSAC meetings were approved by acclamation.

Dr. Kalish welcomed and introduced Wayne Tiemersma, the new SEMSAC member representing the Region I EMS Advisory Council.

SEMSAC Chairman's Report: Dr. Kalish reported that at the Joint EMS Board / SEMSAC Meeting of the State EMS Board and SEMSAC, the Board approved two protocol revisions: (1) manual vs. mechanical chest compressions; and (2) pronouncement of death by EMS providers in the field. The new protocols will be effective July 1, 2013. At the February 2013 meeting, the EMS Board approved the UMBC ALS Education Program for a period of five years.

Legislative Update: Ms. Gainer said that the top legislative concern is the looming insolvency of the Maryland EMS Operations Fund (MEMSOF) which funds MIEMSS, MSP, MFRI, Shock Trauma and the AMOSS Fund. She said that the Governor's Transportation Infrastructure Investment Act of 2013 includes a proposal for a \$3.50 increase in the vehicle registration fee surcharge which would go to the MEMSOF. Ms. Gainer said the MEMSOF partners have been working with the House EMS workgroup and Senate supporters on how the increase should be used partners if the bill passes.

Years of Service Award: Dr. Kalish and Dr. Bass presented a Years of Service plaque to Mr. Ken May. Drs. Bass and Kalish thanked Mr. May for his many years of service and for his dedication and commitment to improving the EMS system while serving on SEMSAC.

MIEMSS Executive Director's Report: Dr. Bass reported on the continued implementation of eMEDS throughout Maryland. He showed updated maps of current eMEDS participation, with all counties, except Montgomery, participating in eMEDS within the next few months, and jurisdictions with CAD linkages.

Dr. Bass reported that hospital alerts increased in 2012 which is most likely due to the fact that Maryland had two flu seasons during the year. He said that five (5) hospitals' alerts accounted for approximately 45% total of the total statewide yellow alert hours. MIEMSS will follow-up with these hospitals to determine the cause of the increase in hours and to identify a plan to address these issues.

Dr. Bass said that the Cardiac Arrest Steering Committee, chaired by Dr. Kevin Seaman, continues its work. He said that another Resuscitation Academy, sponsored by Howard County FRS, will be held in May 2013 to teach EMS personnel the unique Seattle approach to resuscitation.

Dr. Bass said that MIEMSS continues with Quality Assurance efforts with respect to STEMI systems, a regional-based process, and are working on ensuring access to the needed data.

BLS Committee: BLS Committee continues to move forward implementing the National EMS Education Standards. The Committee would like to develop an EMR to EMT Bridge; rebuild questionnaire database for certification testing of the EMT and continue developing educational/skills materials.

ALS Committee: No report.

EMD Committee: PSAPs have had many changes in leadership due to promotions and retirements. All three national training agencies are now represented at every EMD Committee meeting. Maryland appears to be the only state with this level of cooperation. Committee members have been encouraged to become active with the CISM by participating in debriefings that affect the PSAP. Members have been invited to the upcoming certification training, (May 1-3, 2013).

JAC: Roger Simonds reported that the process regarding accurate reporting of transported patients within eMEDS was the primary focus of the February 13, 2013 meeting. Mr. Simonds said a representative from JAC has been requested to sit on the CASAC and PRC. JAC anticipates knowing who will be representing JAC on both committees by the June 2013 meeting. The April JAC meeting will be supplanted by the Medical Directors Symposium. The benefit of revitalizing Triage Tag Day was also discussed; this will also be discussed at the Medical Directors Symposium.

MSFA: John Denver said that the MSFA legislative issues included the MEMSOF solvency, distribution of the AMOSS Fund and a bill creating the Charles W. Riley Firefighter and Ambulance and Rescue Squad Member Scholarship (a scholarship program) to replace the existing reimbursement.

MSP Aviation Update: Deputy Director Lovejoy reported that MSP has taken possession of the first six AW139 helicopters. He said the seventh helicopter should arrive by the end of March 2013, helicopters eight and nine should arrive by summer's end, with the tenth helicopter arriving by year's end. He also said that current efforts were focusing on training the Instructor Pilots, Medics and Pilots. MSP Aviation anticipates standing up the new helicopters on a section-by-section basis, with Trooper 3 (Frederick) activating late spring or early summer. Deputy Director Lovejoy thanked all of the EMSOF partners for their support during this process.

New Business

Star of Life Awards: Dr. Bass said the Maryland Star of Life Award nominations are due April 1, 2013. Forms are available at www.miemss.org and can be completed and submitted online or printed and faxed/mailed. Paper copies are also available.

EMS Licensing Software: Mr. Fiackos said that ImageTrend expects to have the licensing software available by the end of March for MIEMSS internal testing. The first function that will be available for users outside of MIEMSS will be a web-based affiliation process that will allow users to interface with eMEDS to streamline the affiliation process.

EMS Education Standards: Mr. Fiackos said that all ALS training programs are in compliance with EMTP - Paramedic transition requirements deadline between now and 2016. Ten Maryland programs are CoAMESP accredited and seven have letters of review and are in the accreditation process. There are three programs have not submitted for accreditation. Baltimore County, BCCC are in restructuring mode and have reserved their right to submit for CoAMESP at a later time. Prince George's County has decided to drop their ability to teach ALS and will be applying to the EMS Board to be a Refresher Course Training only and using MFRI for their EMT training. The current EMT and EMR refresher programs meet the requirements for the current BLS programs. Dr. Bass clarified that the ALS training programs that have not submitted a CoAMESP application by January 1, 2013, are not eligible to do primary ALS training leading to National Registry Paramedic certification.

Dr. Bass said that MIEMSS has been printing new renewal cards for EMT and EMR providers eligible for January 1, 2013, recertification. The new card stock will continue with the issuance of ALS renewals eligible for April 1, 2013, licensure. These cards are printed on new stock allowing for self-lamination of the provider card.

EMT Testing: Dr. Bass said that MIEMSS has been investigating the possibility of requiring National Registry Testing for Maryland EMTs since the Atlantic EMS Council (NC, MD, NJ, VA, WV, DE, & DC) has decided to no longer generate test questions after 2015. MIEMSS is considering the feasibility of assuming the cost of the initial National Registry exam for EMT

applicants; thereafter, providers could choose either to recertify their EMT with National Registry, which Maryland would recognize, or recertify with the Maryland 24-hour refresher. Estimated cost to the State for the initial EMT National Registry exam is just under \$140,000.

Old Business

Medication Shortages: Dr. Alcorta said that certain medication shortages, which are being experienced nationwide, continue to impact Maryland. These national medication shortages have been variable in severity, length of shortage, and impact on the system. During times of shortage, some medications are being provided in alternative forms or concentrations, rather than the pre-loaded emergency syringes that are usually available to EMS. Medications in short supply include: atropine, calcium chloride, epinephrine 1:10,000, dextrose 50%, lidocaine 2%, naloxone, and sodium bicarbonate. Some of these medications are now being supplied as vials, pre-mixed bags, or ampoules in a concentration different from the emergency pre-loaded syringe form. The Maryland Medical Protocols define the dose of a medication given to patients, but generally does not specify the type of container or concentration. Therefore, the medications being supplied in alternative forms (vials, pre-mixed bags, ampoules) are acceptable substitutes for medications typically supplied in pre-loaded emergency syringes. MIEMSS has sent a memo to all EMS providers and EMS Medical Directors regarding strategies that will assist EMS providers in administering the correct substitute dosage of medication for their patients. He said that jurisdictional leadership must ensure awareness and training for all personnel on how to deliver the correct dose of the substitute medication when using these alternative concentrations. Dr. Alcorta also noted that there have been no FDA waivers for use of expired drugs.

Trauma Registry Update: Ms. Mays gave an update on the data uses of the Trauma Registry which has been in existence since the 1990s. The Maryland Trauma Registry web based platform with updated ICD-9 and ICD-10 diagnostic codes, abbreviated injury scoring and the ability to enter data into the national trauma data base, was launched on January 1, 2013. She reported that all areas of the Registry will be interfaced on April 2, 2013 and, by July 1, 2013, all Maryland Trauma Centers will be up and running on the Web-based Trauma Registry. Mr. Gianni asked if there were any discussions regarding the merging of the Trauma Registry with the (K-fatal, A-incapacitating, B-non-incapacitating, C-possible, O-no-injury) injury scale. Dr. Bass said that he has not heard of any possible merging, but would check into it.

700MHz and Communications Issues: Mr. Balthis said that the 700 MHz system implementation is progressing as anticipated with completion of Phase #1, which include Baltimore City, Cecil County, Kent County and partial coverage in nearby counties. State agency completions include, MDTA, MSP, DNR and Kent County (Bay Bridge/I-97/I-95 North plus Kent Co.). Phase #2 is currently underway on the Eastern Shore with scheduled completion date of December 2013. Phase #3 includes finishing Central MD and Carroll, Howard and Frederick with completion in 2014. Phase #4 includes the NCR and Southern MD with completion in 2015 and Phase #5 includes Western MD with completion in 2016. Approximately 12,195 radios will be operational on the system at completion of this phase.

Maryland has been working towards The Nationwide Public Safety Broadband Network (FirstNet). Grant guidance was released on February 6, 2013. Maryland is eligible for \$2.5M for planning, staffing and requirements development. Due date is March 19, 2013.

Mr. Balthis said that the work on the upgrade of the EMRC/SYSCOM Communication Center will remain operational during the upgrade.

Hospital Programs – Trauma & Specialty Center Update: Ms. Mays reported that 16 Level III Perinatal Centers are due for re-designation this year. Currently, six (6) centers have completed the re-designation site survey process and have received their re-designation letters. The remaining ten (10) site surveys will occur between now and the end of the year. The 2013 Guidelines for Perinatal Care has been published which will be reviewed by the Perinatal Advisory Committee for possible incorporation into the Maryland Perinatal Standards and COMAR. MIEMSS continues to work with Peninsula Regional Medical Center (PRMC) on a telemedicine pilot project to determine whether telemedicine can be used to meet the COMAR requirements of having a Maternal Fetal Medicine physician available and in-house within 30 minutes of notice. She said that PRMC will present their first seven (7) months' findings to the EMS Board later this month.

Regarding Cardiac Interventional Centers (CIC), 23 CIC's were initially designated in 2011 and will be due for re-designation in 2014. A written request has been sent to each CIC requesting submission a "letter of intent" for centers interested in maintaining their designation. The re-designation process and site surveys will take place in 2014. MIEMSS continues to participate on the MHCC Cardiac Clinical Advisory Group on Cardiac Surgery and PCI. This group is in the process of identifying key requirements for establishment of percutaneous coronary intervention services, as well as for existing providers, identifying standards for evaluating the performance of providers, and determining how these standards should be applied through regulatory oversight by the MHCC.

There are ten (10) Trauma Centers and the Hand Specialty Center are due for re-designation in 2013. All re-designation applications have been received and site surveys will begin in April with completion by November 2013.

Maryland has 35 Primary Stroke Centers, with five (5) due for site surveys and re-designation in 2013. All site surveys have been scheduled and will start in March with completion by July 2013. Three (3) hospitals have applied for designation as a Comprehensive Stroke Center (CSC) which is defined as a facility with the necessary personnel, infrastructure, expertise, and programs to diagnose and treat stroke patients who require a high intensity of medical and surgical care, specialized tests, or interventional therapies. These site surveys will take place between April and October 2013.

Regarding the National Pediatric Readiness Project, Guam, Maryland and Minnesota's field tests of the Project closed on February 28th. Maryland has a response rate of 98%, with all civilian hospitals and freestanding EDs participating. State-average data is anticipated by the end of March 2013. The Pediatric Readiness Tool Kit is available online to help hospitals develop internal procedures, policies and education that were identified in this self-report process.

(www.pediatricreadiness.org)

There being no further business, the meeting was adjourned by acclamation.