

***State EMS Advisory Council (SEMSAC)***

November 7, 2013

Amended March 6, 2014

**Meeting Minutes**

**SEMSAC Members Present:** Murray Kalish, MD, Chair; Roland Berg, Vice Chair; Eric Smothers; Steve Edwards, Jeffrey Fillmore, MD; Wade Gaasch, MD; Scott Haas; Keith McMinn for Frank Lioi; Wayne Tiemersma; Linda Dousa; Kathryn Yamamoto, MD; Michael DeRuggiero; Alan Faden, MD; James Fowler, MD; Melissa Meyers; Roger Simonds; Elliott Ganson; Michael DeRuggiero (by phone); Wayne Dyott; Jack Markey; Diana Clapp for Karen Doyle; Lisa Tenney.

**Members Absent:** Karen Doyle; Nathaniel McQuay, MD; Kathleen Grote; Will Bethea; Allen Walker, MD; Joe Brown; Tom Gianni; Marian Muth; Jim Scheulen; Joan Fortney.

**Others Present:** Bill Dousa; Walter Kerr.

**MIEMSS:** Robert Bass, MD; Lisa Myers; Carole Mays; Richard Alcorta, MD; Jim Brown; Barbara Goff; Anna Sierra; Anna Aycock; Leona Rowe.

**OAG:** Fremont Magee; Sarah Sette.

Dr. Kalish opened the meeting at 1:05 pm.

Dr. Kalish submitted a correction to the September 12, 2013 minutes as follows: page 3, second to last paragraph: “The Critical Care Medicine Committee submitted a resolution to the American Society of Anesthesiologists to encourage hospital anesthesiology departments to participate in airway management training for paramedic students.”

**Action: A motion was made, seconded and passed unanimously to approve the minutes of the September 12, 2013 meeting of SEMSAC with the noted correction.**

Dr. Kalish submitted a correction to the May 2, 2013, meeting minutes as follows: page 1, last paragraph “Christiana Care Health Services located in Newark, Delaware as an Out of State Adult Trauma Center.”

**Action: A motion was made, seconded and passed unanimously to approve the corrected minutes of the May 2, 2013, meeting of SEMSAC.**

**Executive Directors Report: Dr. Alcorta for Dr. Bass**

Dr. Alcorta said that Dr. Bass would be retiring as Executive Director effective January 1, 2014, and the process has begun in the search for a new Executive Director. Dr. Alcorta added that Dr. Bass' retirement is a loss to the system. Dr. Bass will be missed as a leader, friend and mentor. A retirement celebration luncheon is scheduled for November 22, 2014. Please contact Barbara Goff for more information.

The Medical Directors Symposium is scheduled for April 19, 2014, at the Howard County Training Center.

The Maryland State Emergency Medical Services (EMS) Plan is being updated. MIEMSS has solicited input from the EMS community and the general public through a series of public meetings that were held across the State.

The Maryland Ambulance Safety Summit was held on November 5, 2014 and was a successful conference with the adoption of five statewide recommendations. A summary of the conference is forthcoming. Several initiatives including the reduction in use of lights and sirens to and from a scene were proposed for future review by SEMSAC.

The Veterans Full Employment Act of 2013, effective July 1, 2013, expedites licensing for US Armed Forces service members seeking EMS licensure or certification. MIEMSS has implemented procedures to credit appropriate training and education for service members who are seeking Maryland licensure/certification as EMTs, CRTs, or Paramedics and to expedite licensure/certification. Certain service members may not be NREMT-registered, e.g., US Navy Corpsmen. For these individuals, MIEMSS (1) identifies creditable training already completed, (2) determines which training requirements the individual is able to "test-out," and (3) only requires further training where previous training has been insufficient to meet State standards. This process allows these personnel to meet the State requirement of completing an EMS course without having to take a full course and then to qualify to test for State licensure/certification.

eMEDS implementations continue statewide, for both public safety and commercial services. Charles County has moved onto eMEDS and Prince George's County will migrate in the near future. MIEMSS has also successfully begun importing legacy data from other electronic Patient Care Reports (ePCRs) vendors into the new Maryland system. MIEMSS is also currently working with several jurisdictions and hospitals to begin a completely paperless EMS-to-Emergency Department documentation transition.

MIEMSS and MSP are coordinating a workgroup to discuss Active Shooter response models.

MIEMSS is working with the Mental Hygiene Administration and the Maryland Hospital Association to bring the Psychiatric Bed Registry online which is built within HC Standard. The Registry allows psychiatric in-patient bed availability to be seen statewide, and assists Emergency Departments in matching patients with needed beds.

MIEMSS has worked to create an out of hospital sudden cardiac arrest steering committee to address multiple components including 9-1-1 dispatch, pre-hospital provider treatment, community response, and data collection and reporting. The Steering Committee Chairman is Dr. Kevin Seaman. One of the ways the EMS and EMD components of the Cardiac Arrest initiative are being addressed is through the Maryland Resuscitation Academy. A component for emergency medical dispatchers was also recently added to the course to facilitate early dispatch and dispatch assisted CPR instructions to bystanders prior to EMS arrival.

EMS protocols were revised and became effective July 1, 2012, to direct EMS providers to begin therapeutic hypothermia when patients meet certain criteria and to transport patients to hospitals that can provide continued cooling. Ideally, those patients would go to a Cardiac Interventional Center (CIC) if possible. All 23 CICs have reported the ability to provide therapeutic hypothermia. MIEMSS and MHCC have begun obtaining data from the CICs. The data has occurred is in the process of being analyzed for completeness. Additionally, to the extent possible, data is being collected from transferring hospitals (non-CICs) and EMS providers and reported to the regional STEMI committees.

Jurisdictional Advisory Council (JAC): Dr. Alcorta for Roger Simonds

- The Mark I duo-dote application process was discussed. Almost all jurisdictions have expressed interest. Training, management and distribution will need to be included in the process.
- A standardize database hospital nomenclature has been developed for EMS; if there are any concerns please contact Dr. Alcorta.
- MOLST: Under Maryland law, Physician Assistants may now sign the Maryland Orders for Life-Sustaining Treatment (MOLST) form.
- Ambulance Strike Team concepts have been explored in an effort to expedite the identification of resources for deployment within the State or for mutual aid outside of the State.
- To improve monitoring for adults and pediatrics, the Rapid Sequence Intubation (RSI) report form has been updated.
- In an effort to reduce opioid/ narcotic related deaths, MIEMSS, in collaboration with the Maryland Poison Center has approved the use of naloxone (the medication that reverses the respiratory depressant effects of opioids/ narcotics) for Emergency Medical Responders and Emergency Medical Technicians as an optional supplemental protocol for EMS operational programs. Currently, every public safety and commercial service Advanced Life Support unit carries naloxone. The addition of naloxone to the law enforcement services or Basic Life Support units would reduce the time to administration of this potentially lifesaving medication.

- A more robust reporting process for Mass Casualty Incidents in regards to system and asset response was discussed.

### **SEMSAC Chair Report:** Dr. Kalish

The Board approved the proposed regulation change to formalize MIEMSS' processes for service members seeking Maryland EMS licensure / certification.

The Board approved the trauma center designations for a period of five (5) years for The Johns Hopkins Hospital Level I Adult Trauma Center; R Adams Cowley Shock Trauma Center and Neurotrauma Center; and MedSTAR Union Memorial Hand Trauma Center.

The Board approved a one-year extension to the provisional approval of the Baltimore City Fire Department, EMS Division, Training Section as a BLS Education Program and an ALS Refresher Education Program.

The American Society of Anesthesiologists passed a resolution to encourage hospital anesthesiology departments to participate in airway management training for paramedic students. The resolution will be posted to the CoAMESP website.

### **National Study Center:** Dr. Colin Mackenzie for Dr. Faden

Dr. McKenzie gave a presentation on the preliminary findings of the ONPOINT Study of Care Providers (Pre-Hospital Providers (PHP), Shock Trauma nurses (RN) and Attending/Fellows (MD)) clinical judgment by the National Study Center.

The object of the clinical judgment questionnaire was to compare trauma clinical experts (PHP, RN, MD's) with algorithms the ONPOINT Study has generated that make predictions of future events from features of Pulse Oximeter data (waveform, O<sub>2</sub> saturation and heart rate +/- continuous non-invasive hemoglobin). The ONPOINT Study algorithms generate decisions automatically with no user input other than placement of the sensor on a finger. The study compares clinical judgment of the expert trauma clinicians with the algorithms by asking the experts to complete a Yes/No questionnaire as to whether they thought blood, tracheal intubation, chest decompression, emergency surgery or fluid bolus etc. (life-saving interventions or LSI's) would be required. The questionnaire is completed within 5 – 10 minutes before the LSI occurred.

Results: Overall 325 questionnaires were completed by at least one clinical expert and 311 were completed by PHP. In 209 patients all 3 experts (PHP, RN and MD) completed questionnaires. Thirty seven patients of PHP participants needed blood and 16 patients needed emergency surgery within 3 hours. PHP predicted blood use with area under the receiver operating curve (AUROC) of about 0.75 and emergency surgery with AUROC about 0.73. (FYI AUROC 0.5 = by chance alone, AUROC > 0.7 is useful, AUROC > 0.8 good, AUROC > 0.9 outstanding prediction and AUROC 1.0 is impossible to achieve (always 100% correct predictions)). When all 3 groups of experts completed the questionnaires on the same 209

patients, AUROC for blood prediction was 0.73-0.77 and prediction of emergency surgery AUROC was 0.66 and there were no statistical differences among the groups in predictions. When Injury Severity Scores (ISS), 16 (mild injury) v ISS 16 or more (severe injury) and between blunt and penetrating injuries were examined, there were again no differences among the predictions of the 3 experts. AUROC for ISS 16 or more was 0.8 for < 16 it was 0.72 for penetrating injuries 0.65- 0.8. When Pre-Hospital Providers by type (EMT v Paramedic) was examined, in most circumstances, Paramedics had better predictions than EMT's.

Our automated system using 30 "features" of pulse oximetry signal (no user input required) gave predictions of blood use of AUROC about 0.8 and for Emergency Surgery and Massive Transfusion of 0.77. Not statistically different from the expert predictions.

CONCLUSION: Essentially NO DIFFERENCES in blood use and emergency surgery predictions among providers Shock Trauma Nurses and physicians. NO differences between a fully automated prediction based on one device (the pulse oximeter) in predictions of blood use and emergency surgery.

Limitations: Still further analysis needed. Small population in which all 3 experts gave clinical judgment and these were not always the most injured patients as patient care took precedence over data collection and questionnaire completion.

For additional information regarding the study please contact: Principal Investigator Colin Mackenzie [cmack003@gmail.com](mailto:cmack003@gmail.com)

## **Committee Reports**

EMD Committee – The following written report was submitted.

- Personnel Changes at MIEMSS and Jurisdictions:
  - o Chad Moreland is the new Training Officer and Quality Assurance Officer for Montgomery County
  - o Stanley Harris is the Communications Supervisor for Calvert Control Center.
- Vendor Issues:
  - o National Academy of Emergency Dispatch/Priority Dispatch:
    - Version 13 of EMD has been pushed back to 2014
    - Version 6.0 of Fire is due out in one month
    - Version 5.0 of Police should be out by the end of the year
    - *Note: These will require the use of the current version of Paramount*
  - o PowerPhone: Dispatch eLearning and Just-In-Time Training are being offered to supplement the needs of the dispatch community.
- Grant Fund Deadlines:
  - o EMD Training Grant – Signed agreements are due November 1st.
  - o MIEMSS CAD Interface Grant – August 15, 2013
  - o Radio Grant – as funds allow
- Critical Incident Stress Management (CISM): EMDs were not invited to recent debriefing.
  - CISM Coordinator will work with Regional CISM leaders to prevent reoccurrence

- CISM Coordinators will create a checklist to include all affected agencies
- Old Business:
  - MIEMSS is looking for Automated Crash Notification Policies to share with PSAPs statewide.
- New Business:
  - There are nomenclature changes taking place in the regulations that change the title First Responder to Emergency Medical Responder, but no changes in EMD regulations.
- Next Meeting: December 17, 2013 at 10:00 AM in room 212 at MIEMSS

ALS Report – Leona Rowe for Terrell Buckson

Please be reminded that after December 31, 2013, I 99s will be certified by National Registry (NR). Registry sent letters to all pending I 99s informing them that cognitive and psychomotor examinations must be completed by 12/31/2013. After that date, candidates will still be required to complete NR cognitive and psychomotor examinations. However, it will be a MD-only certification issued by MIEMSS and maintained by MIEMSS. Registry has advised that they will continue to offer the cognitive examination until at least 2019.

MIEMSS is continuing to explore the possibility of setting minimum requirements for ALS exam evaluators in addition to the recommendations that are set forth by the National Registry. The goal is to increase efficiency and establish consistency, therefore, the matter will be revisited at future ALS meetings.

There are currently 818 CRTs and over 3100 Paramedics in Maryland. CRTs make up approximately ¼ of the Maryland ALS providers.

**MSFA:** Linda Dousa

Ms. Dousa thanked MIEMSS for the Ambulance Safety Summit which provided excellent information.

The next MSFA Executive Committee meeting is scheduled for December 7 & 8, 2013 in Anne Arundel County.

**MSPAC Report:** Major Frank Lioi

Delivery of the New Helicopters: In August, the MSPAC took delivery of the 8th AW139. The MSPAC will take delivery of the 9th AW139 tomorrow, November 8, 2013. The 10th AW139 should be delivered during July of 2014.

AW139 Transition Plan: Trooper 6 (Easton) has completed its transition training for the AW139 and is now operational 24/7. Trooper 4 (Salisbury) began its transition training for the AW139 on October 28 and is anticipated to be operational for daytime missions on November 20th.

Second in Command (SICs): On September 18th, the Board of Public Works approved 10 additional pilot PINS. On September 30th, DBM approved the SIC position for MSPAC. Under DBM rules, those SIC positions must be posted for 14 days before the MSPAC can begin the hiring process. Therefore, the MSPAC anticipates beginning to hire SICs in the next month.

Pilot Recruiting: Currently, the MSPAC has 14 civilian pilot vacancies (which includes the 10 PINS just approved). The MSPAC is in the process of making a final offer of employment to one PIC who will begin in February and another who will begin August. Additionally, the MSPAC has 6 additional PIC candidates who are in the hiring process. The MSPAC has received 103 applications in the new DBM employment website since September. Note: those applications still need to be graded by DBM and once they are the MSPAC will be interviewing quality candidates to fill its pilot vacancies.

Flight Training Device (FTD): MDOT continues to work on the procurement for the FTD with an anticipated delivery date of January 2016. The FTD will be housed at Martin State Airport. On October 9th, DBM visited the MSPAC HQ at Martin State Airport to evaluate the proposed location of the FTD.

#### **Old Business:**

Open Meetings Act – Mr. Magee reviewed the requirement that each public body designate at least one member, officer, or employee to be trained on the requirements of the Open Meetings Act and to notify the Open Meetings Board of the names of the designee or designees. Melissa Meyers, Maryland TraumaNet representative, volunteered to be the designee.

#### **New Business:**

COMAR 30.03.02.02 – Neonatal Ambulance Service Regulation – Ms. Sette reviewed the proposed changes in the regulation and said these proposed changes were developed after a lengthy consensus process by the Commercial Ambulance Services Council (CASAC) and the Pediatric Emergency Medical Council (PEMAC) and review and approval by SEMSAC. Service providers who do not currently meet the proposed standards will have until July 2014 to meet the standards. MIEMSS will be providing training sessions across the state for providers on the new training requirements.

**A motion was made, seconded and passed unanimously to approve the proposed changes in COMAR 30.03.02.02.**

COMAR 30.09.11.05 – Specialty Care Transport (SCT) - Ms. Sette reviewed the proposed changes in the regulation and said these changes were developed after a lengthy consensus process by the (CASAC) and its SCT subcommittee which included members from the Board of Nursing (BON) who requested the transfer of training responsibilities for a nurse providing

specialty care transports to MIEMSS. Dr. Alcorta said that any EMS Operational program that has issues with hospitals not using SCT services should contact him.

**A motion was made, seconded and passed unanimously to approve the proposed changes in COMAR 30.09.11.05**

**Protocol Updates:** Dr. Alcorta

Dr. Alcorta disseminated the written proposed protocol updates.

Dr. Alcorta presented draft changes to the 2014 Medical Protocols for EMS Providers. He highlighted the items that are changed from the 2013 Protocols.

**A motion was made, seconded and passed unanimously to approve the proposed changes in to the protocols.**

#### **SEMSAC Election of Officers**

Dr. Kalish that Roland Berg is the only nominee for Chairperson and Jim Scheulen is the only nominee submitted for Vice Chairperson. Dr. Kalish called for a vote on the slate of nominees.

**A motion was made, seconded and passed unanimously to approve Roland Berg as SEMSAC Chair and Jim Scheulen as Vice Chair.**

Dr. Kalish thanked the council members for their support over the last five years as Chair.

**A motion was made, seconded and passed unanimously to adjourn the meeting.**