



State of Maryland

**Maryland  
Institute for  
Emergency Medical  
Services Systems**

653 West Pratt Street  
Baltimore, Maryland  
21201-1536

*Larry Hogan  
Governor*

*Donald L DeVries, Jr., Esq.  
Chairman  
Emergency Medical  
Services Board*

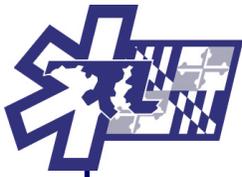
410-706-5074  
FAX 410-706-4768

***Statewide EMS Advisory Council (SEMSAC)  
AGENDA***

November 3, 2016

1:00pm – 3:00pm

- I. Approval of September 1, 2016 minutes
- II. MIEMSS Report – Ms. Gainer
- III. SEMSAC Report – Mr. Scheulen
- IV. MSFA Update
- V. MSPAC Update – Major Lowman
- VI. National Study Center - Rosemary Kozar, MD, PhD
- VII. Committee Reports
  - ALS – Terrell Buckson
  - BLS – Rae Oliveira
  - EMD – John Donohue
  - MIH Workgroup Update – Dr. Chizmar & Ms. Doyle
- VIII. Old Business
- IX. New Business
  - UM Upper Chesapeake Health - Healthcare Trends – Mr. Lyle Sheldon and Dr. Fermin Barrueto
  - 2017 Protocol Updates – INFORMATION ONLY - Dr. Alcorta and Mr. Reynolds
  - Election of SEMSAC Officers – Ms. Goff



## *State EMS Advisory Council (SEMSAC)*

November 3, 2016

### **Meeting Minutes**

State of Maryland

**Maryland  
Institute for  
Emergency Medical  
Services Systems**

653 West Pratt Street  
Baltimore, Maryland  
21201-1536

*Larry Hogan  
Governor*

*Donald L. DeVries, Jr., Esq.  
Chairman  
Emergency Medical  
Services Board*

*Kevin G. Seaman, MD  
Executive Director*

410-706-5074  
FAX 410-706-4768

**SEMSAC Members Present:** Jim Scheulen, Chairman; Karen Doyle; Jack Markey; Eric Smothers; Steve Edwards; Jeffrey Filmore, MD; Melissa Meyers; Rosemary Kozar, MD; Wayne Tiemersma; Roger Simonds; Jennifer Anders, MD (phone); Lisa Tenney (phone); Linda Dousa; Tim Chizmar, MD; Kathleen Grote; Scott Haas; Scott Lowman; Wayne Dyott; Michael DeRuggiero; Murray Kalish, MD; Tom Gianni; James Fowler

**Members Absent:** Jonathan Lerner; Karen Vogel; Wade Gaasch, MD; Elliot Ganson; Wayne Dyott; Marian Muth

**Others Present:** Jim Radcliffe for Steve Edwards; John Kornak, Ellumen, Inc.; Donna Jacobs, UMMS; Lyle Sheldon; UCHC; Fermin Barrueto, MD, UCHC

**OAG:** Fremont Magee

**MSFA:** Bill Dousa

**MIEMSS:** Richard Alcorta, MD; Pat Gainer; Anna Aycock; Carole Mays; Rae Oliveira; Lisa Myers; John Donohue; Jim Brown; Barbara Goff.

Chairman Scheulen opened the meeting at 1:05 pm.

**Action: Upon the motion by Dr. Kalish, seconded by Mr. Simonds the SEMSAC unanimously approved the minutes of the September 1, 2016 SEMSAC meeting.**

Mr. Scheulen said in accordance with the SEMSAC By-laws, the election of officers would take place today under new business. Current nominees for Chairman are Mr. Scheulen and Dr. Kalish and Mr. Scott Haas for Vice Chairman. Nominees will be accepted from the floor.

The UMMS presentation was taken out of order to accommodate the presenters. Mr. Scheulen introduced Mr. Sheldon, Dr. Barrueto and Ms. Jacobs.

UM Upper Chesapeake Health Center (UCHC) – Healthcare Trends – Mr. Lyle Sheldon; Fermin Barrueto, MD

Printed copies of the presentation were distributed.

Mr. Sheldon said current health care services are changing from volume based, fee for service model to a value-based payment system. The goal is to fundamentally transform the Maryland Healthcare System to provide person-centric care; improve care delivery and outcomes; and improve the health of the population while moderating the growth in costs.

The UM UCHCs vision is to create an optimal patient care delivery system for the future health care needs of both Harford and Cecil County residents by caring for patients in the right setting, at the right time for improving costs.

UCHCs objective is to convert the UM Harford Memorial Hospital (HMH) acute care hospital to a Free-standing Medical Facility (FMF) and Psychiatric Specialty Hospital at a new location; and to create a contemporary, innovatively designed facilities with future expansion capability. The timeframe for this endeavor is FY2106 – 2020 at an approximate investment of \$180 million.

Mr. Sheldon gave an overview of the new facility site which is 2 ½ miles from HMH and the proposed expansion plans. He said the new medical complex will include 22 emergency bays which will include 2 trauma bays, 10 behavioral health bays, 12 observation beds and public education/conference space. The ancillary services to support the FMF will include imaging, cardiovascular diagnostic testing, pharmacy services and laboratory services.

Dr. Barrueto gave an overview of the FMF ED plans and said that they envision handling more patients without admission. The emergency department will be a 24/7 operation. Dr. Barrueto said the FMF would like to be an Acute Stroke Ready facility in anticipation of Maryland adopting the Acute Stroke Ready designation recently added by AHA and the Joint Commission.

The FMF will also have a dedicated onsite ambulance for facility transfers and helipad and will seek Base Station designation.

UM UCHC will include ambulatory services and a medical office building containing primary and specialty care physician office space, rehab facilities, chemotherapy/infusion center, imaging and prevention wellness services.

Mr. Sheldon said UM UCHC is sensitive to EMS needs and welcomes any comments on the plans for the conversion of HMH to a FMF.

Dr. Alcorta gave an overview of the Queen Anne's FMFs pilot protocol for the effective management of the priority #2 stable patients and the subsequent 2017 pilot protocol for all FMFs. A discussion of any future protocol changes ensued.

Chairman Scheulen thanked Mr. Sheldon and Dr. Barrueto for the presentation.

Ms. Gainer said that healthcare delivery is changing. The promulgation of the Conversion of a Hospital to a Freestanding Medical Facility (FMF) Regulations and discussions regarding the new "Stroke Ready" Certification continue. The EMS Board must make a determination that any conversion or designation will maintain adequate and appropriate delivery of emergency care within the Statewide EMS System.

Ms. Myers gave an overview of the State Health Planning and Certificate of Need Freestanding Medical Facilities Work Group. She said that the workgroup is closely reviewing the healthcare delivery issues and the impact on EMS. Information on the workgroup can be found at:

[http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups\\_freestanding.aspx](http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_freestanding.aspx) .

The next meeting is scheduled for January 9, 2017. Ms. Myers will be giving updates on to SEMSAC.

Ms. Doyle commented that the UM UCHC proposal is an innovative way to manage the complexity of patients and for EMS to interact and partner in a different way such as Mobile Integrated Healthcare.

## **MIEMSS Report - Ms. Gainer**

The EMS Board appointed Ms. Gainer and Dr. Alcorta as Acting Co-Executive Directors effective September 23, 2016. Advertising for a new Executive Director has begun and resumes are being received. Notifications will be sent when interviews are scheduled.

Ms. Gainer announced that Mr. Phil Hurlock has come out of retirement to temporarily fill the position of MIEMSS Ombudsman that was vacated by Mr. Deckard in August.

### Maryland EMS Licensure System

Ms. Gainer said that the new MIEMSS Licensure System is now self-service and allows users to log-in and perform electronically many of the functions that previously could only be accomplished by MIEMSS staff. Providers need to create their individual profile within the system.

Ms. Grote, Mr. Tiemersma and Mr. Haas said that there have been several problems found with the new Licensure system. Ms. Grote said there have been no instructions for accessing employee provider records, and the system is not user friendly. She added that Administrators no longer have access to records without the employee's password which they should not be sharing. Mr. Tiemersma said that he is unsure what is working within the system and what has been delayed. There is also a "disconnect" between e-MEDS and the Licensure system as far as affiliations are concerned.

Ms. Gainer asked Ms. Oliveira, MIEMSS Director of Licensure and Certification, to contact all jurisdictions for feedback on issues regarding the Licensure system access.

### Legislative

Ms. Gainer said that there is no MIEMSS departmental legislation for the upcoming session. MIEMSS anticipates a reinvigorated effort to access EMS data to identify the overdose patient.

### CARES

Dr. Alcorta said the sixth phase of the jurisdictional implementation began on the 1<sup>st</sup> of October. Prince George's County will now have cardiac arrest data exported to CARES directly from eMEDS<sup>®</sup>. The hospitals within Prince George's County that have received patients will begin to enter outcome data into CARES. There is one remaining jurisdiction to be "phased-in". The goal is to have every jurisdiction on board by the end of 2016.

## **SEMSAC REPORT**

Chairman Scheulen reported the following actions were taken at the September 13, 2016 EMS Board meeting:

- The Base Station Regulations were approved.
- The draft regulation "Determination of Adequacy and Appropriateness of Emergency Care Delivery Associated with Conversion of a Hospital to a Freestanding Medical Facility" was approved for publishing in the Maryland Register as a proposed regulation for formal comment.
- The Mobile Integrated Health Pilot Protocol was approved.
- The 2016 Voluntary Ambulance Inspection Program was approved.

Mr. Scheulen asked the members to consider adding a matrix of identified data items, to be reported by MIEMSS, on the SEMSAC agenda.

Mr. Scheulen commended the EMS system and recognized the EMS teams and partners who assisted at the recent bus crash.

## **MSFA**

Mr. Scheulen recognized MSFA 2<sup>nd</sup> VP Rick Blair and PP Rick Hemphill who congratulated Phil Hurlock for returning as the MIEMSS Ombudsman.

Ms. Dousa said that at the last meeting President Davis thanked MFRI for the high pass rate with NR testing of EMTs. The next MSFA Executive Committee meeting is scheduled for February 25/26, 2017.

Ms. Gainer added that the most recent classes have had a higher pass rate than the national average due to the adjustments in training made by MFRI.

## **MSPAC**

Major Lowman said that the Flight Training Device remains under construction. Pre-delivery inspection was conducted by MSPAC personnel in July 2016.

Delivery of the FTD will be coordinated as the temperature and humidity controlled building nears completion in May 2017.

To assist in reducing flight time on the AW-139 fleet, recurrent training for pilots will continue to be outsourced to RotorSim until the installation of the FTD is completed.

## **NATIONAL STUDY CENTER (NSC)**

Dr. Rosemary Kozar said there is currently a six-month funding gap for CIREN, the Crash Injury Research and Engineering Network, and that the NSC is looking for alternative funding.

## **COMMITTEE REPORTS**

### ALS Committee

Ms. Oliveira said the ALS Committee met on September 21, 2016, and discussed revamping the process for the Maryland Protocol Exam.

Dr. Filmore and Dr. Alcorta will be meeting with the ALS Committee to discuss any changes to the scope of practice for ALS regarding community paramedicine on November 16, 2016.

### BLS Committee

The BLS Committee met on September 16, 2016, and discussed new scenarios for EMTs. The MSFA has requested same-day testing when failing one station.

Also discussed was a proposal to allow a protocol review and skills verification for EMT Reciprocity at the Jurisdictional level COMAR states the following competency requirements for EMT Reciprocity:

C. In addition to the requirements of §A of this regulation, an applicant for emergency medical technician reciprocal certification shall successfully complete a:

- (a) 12-hour skills refresher course approved by MIEMSS; or
- (b) Protocol review and system orientation, including skills check-off, as approved by MIEMSS.

In order to meet (b) the following was approved by the BLS Committee:

- (b) Complete the following steps:
  - a. The applicant receives a protocol review and system orientation at the jurisdictional level by a proctor approved by the jurisdictional medical director. The proctor must be on a list of approved individuals by jurisdiction kept by the MIEMSS Office of Licensure and Certification. This mirrors the ALS protocol review requirements
  - b. The applicant will successfully complete the skills checkoff form used for EMT refresher and skills classes. A MICRB EMT instructor or a proctor approved by the jurisdictional medical director must witness and verify the skills check off. The proctor must be on a list of approved individuals by jurisdiction kept by the MIEMSS Office of Licensure and Certification.
  - c. The applicant must successfully complete the EMT Protocol Quiz for the current Maryland Medical Protocol cycle. The applicant may take the quiz at a MIEMSS regional office, proctored by an MICRB EMT instructor, or a proctor approved by the jurisdictional medical director. The proctor must be on a list of approved individuals by jurisdiction kept by the MIEMSS Office of Licensure and Certification.
  - d. Upon successful completion of step a, b, and c the applicant will receive Maryland EMT certification at the EMT level.

**ACTION: Upon the motion of Mr. Tiemersma, seconded by Ms. Grote, the SEMSAC unanimously approved recommending the proposal to the EMS Board.**

#### EMD Committee

Mr. Markey said that in order to comply with the Open Meeting Act, EMD agendas and minutes (after approval) will be posted to the MIEMSS website.

The Cardiac Arrest Steering Committee continues to work on the training program and is in the process of developing several training modules.

Mr. Markey reported that, at the EMD meeting, Dr Seaman said he is now working full time for the Resuscitation Academy. He will remain active with the State's Cardiac Arrest Steering Committee and will remain active with the EMD Committee. Dr Seaman also informed the group that the American Heart Association recently released draft recommended standards for telephone assisted CPR and performance measures. The standards for telephone assisted CPR is in the comment period.

Mr. Markey said that the FY17 EMD Training funds have been released. EMD Licensure issues were discussed. Any questions regarding funding or Licensure should be directed to the MIEMSS Licensure and Certification department. (410-706-3666)

MIH Workgroup: Dr. Chizmar & Ms. Doyle

Dr. Chizmar provided an update on the Mobile Integrated Healthcare Workgroup which has included presentations on “Telemedicine and ETHAN in the Houston FD” and “Evolution Health - Integrated Care and Community Paramedicine.”. He said there will be a MIH Symposium on November 17, 2016, hosted by Montgomery, Prince Georges and Charles County Fire/EMS departments. Mr. Simonds recommended inviting Metro Fire Chiefs.

**OLD BUSINESS: N/A**

**NEW BUSINESS**

Maryland Medical Protocols 2017

Dr. Alcorta gave an overview of the changes in 2017 Maryland Medical Protocols for EMS including the following:

- Terbutaline has been removed from the Advanced Life Support formulary.
- The Pediatric Section of the Termination of Resuscitation has been modified to allow providers in consultation with a Pediatric Base Station to stop efforts in rare circumstances.
- A new Syncope protocol has been added for adult and pediatric patients.
- A new Overdose/Poisoning: Carbon Monoxide/Smoke Inhalation exposure protocol has been added which includes more formal direction for referral to the Hyperbaric Chamber replacing the Overdose: Inhalation protocol.
- The Fibrinolytic checklist has been removed in the evaluation of Stroke patients at the recommendation of the State Stroke Committee. The Fibrinolytic checklist should still be used in the STEMI patient evaluation.
- The site identification criteria for Intraosseous (IO) insertion have been improved.
- The optional Pelvic Binder protocol has been expanded to allow for pediatric appropriately size Pelvic Binder use.
- The Medical Consultation requirement has been removed for the administration of midazolam for the Bucking Endotracheal Intubated Patient Protocol.
- Freestanding Medical Facility (FMF) Pilot protocol has been expanded to allow EMS to transport stable priority 2 patients to the FMF with a required medical consultation.
- The Mark I/Duodote Optional Supplemental Program have been revised in order to reflect consistency with the standardized dosing that is delivered with the CHEMPACK.

Dr. Alcorta said the protocols will be presented at the next meeting as an action item.

SEMSAC Election of Officers

Mr. Scott Haas elected Vice Chairman by acclamation.

After tabulating the ballots it was determined that Dr. Murray Kalish was elected SEMSAC Chairman for 2017.

SEMSAC adjourned by acclamation.