

**Emergency Medical Services Board
September 8, 2009
Minutes**

Board Members Present: Donald DeVries, Chairman; Victor A. Broccolino, Vice-Chairman; David Fowler, M.D.; David Hexter, M.D.; Mary Alice Van Hoy, R.N.; Murray Kalish, M.D.; Lt. Robert Maloney; Dean E. Albert Reece, M.D., PhD.; Sally Showalter; Dr. Dany Westerband; Eugene L. Worthington.

Board Members Absent: None

Others Present

MIEMSS: Dr. Bass; Ms. Alban; Ms. Bailey; Ms. Beachley; Mr. Brown; Mr. Dubansky; Ms. Fechter; Dr. Floccare; Ms. Gilliam; Mr. Hurlock; Ms. Myers; Mr. Seifarth; Mr. Schaefer;.

OAG: Mr. Magee; Ms. Sette.

Maryland State Police Aviation Command: Major McAndrew; Mike Gartland; Corie Cosgrove; Jimmie Meurrens.

R Adams Cowley Shock Trauma Center: John Spearman; Jim Radcliffe; Jaime Huggins.

MSFA: Mr. Powell; Mr. Cox; Mr. Lewis.

Department of Health and Mental Hygiene: Dr. Russell Moy.

INTRODUCTION

Chairman DeVries called the meeting to order at 9:14 a.m.

Action: Moved (Dr. Kalish), seconded (Ms. Showalter) and passed unanimously that the minutes of the July 2009 Board meeting be approved.

EXECUTIVE DIRECTOR'S REPORT

Dr. Bass announced the appointments of Dr. Dany Westerband, trauma surgeon, and Lt. Robert Maloney, Mayor's Office of Emergency Management in Baltimore City, to the EMS Board. On behalf of the EMS Board, Mr. DeVries welcomed the new Board members.

Staff Changes. Dr. Bass reported that David Balthis, who retired as a Battalion Chief from Howard County, has joined MIEMSS as the Chief of Information Technology and Communications. He said that Mr. Balthis will be responsible for SYSCOM / EMRC, Communications, IT and Data. Dr. Bass also announced the retirement of Nando Tosti, videographer.

H1N1. The H1N1 virus has been the focus of much activity and planning. There is evidence of an increase in the number of cases. A vaccine should be ready by mid- to late-October. Young people and others with pre-existing conditions are most susceptible. Information on precautions is being circulated. FRED and CHATS are being upgraded which should help improve MIEMSS' ability to monitor the outbreak. Vaccines for the regular seasonal flu are ready and available.

EMAIS®. MIEMSS is finalizing the RFP for the next generation eMAIS®. Highway Safety funding has been made available. If additional funds are needed, MIEMSS may have to re-program funds from its current budget.

National Study Center. Dr. Alan Faden has been named director.

Taskforce for Trauma Regulations. This group is meeting to consider potential changes to the current trauma center regulations which have not changed significantly for many years. Potential changes under discussion include combining level II and III, as well as adding a new level for rural jurisdictions. Any proposed changes will be presented to the Board for approval.

REPORT OF THE STATEWIDE EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

Dr. Kalish reported that SEMSAC met in August.

SEMSAC approved the Infectious Disease regulations.

An education standards implementation committee was formed to plan for and implement the EMS education standards in Maryland. The education standards are tentatively scheduled to be implemented by the middle of 2012 and will align Maryland with other states in the country in fulfilling the national *EMS Education Agenda for the Future*. The committee will periodically report its progress to SEMSAC and will work in conjunction with other committees to ensure that all educational and operational issues involved with the education standards are addressed.

Dr. Kalish reported that the CoAEMSP Board met in August and approved public safety academies, including fire academies, to apply for paramedic education accreditation on their own. Historically, fire academies had to be affiliated with post-secondary educational institutions (colleges) in order to be eligible for accreditation as a paramedic

program. This action taken by CoAEMSP's Board is a very positive move for Maryland, as it allows for highly successful programs to gain national accreditation.

SEMSAC will consider revised by-laws at its October meeting.

Roland Berg was elected vice chair for SEMSAC.

SEMSAC recommended approval of the budget requests of MFRI, MIEMSS, the Shock Trauma Center and the MSP Aviation Command. The Finance Committee had suggested that MFRI work towards replacing outdated breathing apparatus as soon as possible.

REPORT OF THE R ADAMS COWLEY SHOCK TRAUMA CENTER

John Spearman reported that Shock Trauma Center admissions for July and August were ahead of last year. He said that bed occupancy and operating room cases were also higher. He noted that July and August were particularly busy months. As a result, there had been more capacity alerts, totaling 19 hours in those two months. Lastly, he reported that inter-hospital transports were up by 13%.

Dr. Bass added that the pace of Medevac transports had increased over the summer as expected. The MSP is now on a pace of approximately 2000 to 2100 transports per year, not 1700 as indicated in the early months after the crash. There appeared to be a small increase in the number of transfers from non-trauma to trauma hospitals. Dr. Bass will provide a full update at the next Board meeting.

LEGISLATIVE REPORT

No report.

OVERVIEW OF MARYLAND'S PERINATAL SYSTEM

Dr. Moy from the Department of Health and Mental Hygiene provided an overview of Maryland's perinatal system.

Dr. Moy reported that Maryland's goal is to reduce infant mortality in Maryland by 10% by 2012. The approach is to assess data and target disparities, build on strengths and partnerships and develop a comprehensive systems approach. The goals are to help ensure that women gain access to good care, to encourage planned pregnancies and to improve the quality of perinatal and post-delivery care. The strategy is based on developing comprehensive women's health centers, expediting Medicaid eligibility, and implementing standardized hospital discharge protocols.

Infant mortality in Maryland has been reduced by 32% in Maryland since 1982, but recent progress has stalled. Baltimore City, Prince George's, Somerset and Dorchester

counties have the highest infant mortality rates. Rates of mortality are 3 times higher for blacks than whites. Preterm delivery, low birth weight and congenital anomalies are the leading causes of infant mortality. Unintended pregnancies increase risk two-fold, and over 43% of pregnancies in Maryland are unintended. Lack of early prenatal care increases infant mortality by 40%. Multiple births, which have increased by 70% since 1980, also put the infant at greater risk. Racial disparities go beyond socio-economic factors, as college educated black women have worse pregnancy outcomes than educated Whites, Hispanics and Asians. Comprehensive prenatal care and risk-appropriate care are the proven interventions to reduce mortality. Maryland centers are identified as level I, II and III, with III being the highest level. The mortality rates for Level III hospitals have improved by 22% since 1994. The intervention points being addressed are pre-conception, pre-natal and post-delivery. DHMH uses community-based interventions, increasing cultural competency and health literacy, tracking trends, and partnering with other programs that address poverty, poor housing, etc., in its efforts to reduce infant mortality.

Ms. Bailey provided information on how Maryland's perinatal designation process fits into the state's plan. MIEMSS, with Board approval, designates and verifies each hospital's compliance with specialty care standards and evaluates appropriateness and capability to provide specialty care services according to the standards by reviewing hospital designation applications and conducting on-site hospital visits with expert teams. The goals of the process are to reduce infant harm, decrease infant mortality and ensure safe and quality perinatal care. MIEMSS also receives and evaluates patient care data to help monitor for compliance and quality assurance. MIEMSS, along with DHMH, MPSV and NPIC are also using e-mail/listserv, monthly conference calls, site visits, workshops, critical event training and the use of simulation to practice emergencies to educate and improve outcomes.

OLD BUSINESS

12-Lead Education Standards. Dr. Alcorta presented an overview of the educational standards for the 12-lead competency program that were developed in consultation with MSFA and ED experts throughout the State.

Action: Moved (Mr. Broccolino), seconded (Ms. Van Hoy), and passed unanimously to adopt the 12-lead standard educational competency program as presented.

MSP Helicopter Safety Equipment. Major McAndrew reported that TAWS systems has been purchased and pilots are being trained in its use. Electronic locator transmitters have been purchased and installed. Three sets of night goggles have been purchased for the aircraft that most frequently travel in mountainous areas. The MSP is negotiating with a bidder for the flight simulator; initial bids were over the amount allocated.

Draft STEMI Regulations. After earlier drafts were written and discussed over the past year or 18 months, staff is working on further revisions to the draft STEMI regulations.

After consensus building with the MHCC and other interested parties, a draft will be brought back to the Board.

Infection Control Regulations. Ms. Sette provided a brief overview of the regulations which had been previously presented to the Board. The MSFA and other interested parties are in agreement with the document.

Action: Dr. Kalish moved, and Ms. Van Hoy seconded a motion to approve the Infection Control Regulations. The motion passed.

NEW BUSINESS

There was no new business.

Action: Moved (Dr. Reece), seconded (Dr. Fowler), and passed unanimously to adjourn to Closed Session.

The purpose of the closed session was to carry out administrative functions under State Government Article §10-502(b), to obtain legal advice from counsel under State Government Article § 10-508 (a) (7) and to discuss certain site reviews and maintain certain records and information in confidence as required by Health Occupations Article §14-506 (b) under State Government Article § 10-508(a) (13).

The closed session was attended by:

Board Members Present: Donald DeVries, Chairman; Victor A. Broccolino, Vice-Chairman; David Fowler, M.D.; David Hexter, M.D.; Mary Alice Van Hoy, R.N.; Murray Kalish, M.D.; Lt. Robert Maloney; Dean E. Albert Reece, M.D., PhD.; Sally Showalter; Dr. Dany Westerband; Eugene L. Worthington.

Others Present:

MIEMSS: Dr. Bass; Dr. Alcorta; Mr. Brown; Mr. Dubansky; Ms. Myers; Mr. Schaefer.

OAG: Mr. Magee; Ms. Sette.

MSP: Major McAndrew.

STC: John Spearman.

The Board reviewed and approved the proposed budgets of the entities which require such Board action before submission to the Governor.

The Board approved the minutes of the June 9, 2009, and July 14, 2009, closed sessions.

The Board reviewed and took action on pending disciplinary cases.

There being no further business, the meeting was adjourned.