



State EMS Advisory Council (SEMSAC)

March 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: Roland Berg, Chairman; Jim Scheulen, Vice Chairman; Jack Markey; Eric Smothers; Lisa Tenney; Jennifer Anders, MD; Linda Dousa; Michael DeRuggiero; James Fowler; Roger Simonds; Kathleen Grote; Scott Haas; Murray Kalish, MD; Jeffrey Fillmore, MD; Wayne Dyott; Melissa Meyers; Joe Brown (phone); Alan Faden, MD; Tim Chizmar, MD; Tom Gianni; Wade Gaasch, MD; Nathaniel McQuay, Jonathan Lerner; Elliot Ganson; Karen Vogel.

Members Absent: Frank Lioi; Marian Muth; Wayne Tiemersma

Others Present: Alan Butsch; Bill Dousa; Tara Carlson for Karen Doyle; Larry Preston for Steve Edwards; Roger Stone, MD.

OAG: Fremont Magee; Sarah Sette.

MIEMSS: Kevin Seaman, MD; Richard Alcorta, MD; Pat Gainer; Jim Brown; Anna Aycok; Lisa Myers; Carole Mays; Mike Deckard; Rae Oliveira; Doug Floccare, MD; John Donohue; Cyndy Wright Johnson; Brian Slack; Barbara Goff.

Mr. Berg opened the meeting at 1:00 pm.

Action: Upon the motion made by Mr. Haas, which was seconded by Dr. Kalish, the SEMSAC unanimously approved the minutes of the November 5, 2015, SEMSAC meeting.

MIEMSS Report: Dr. Seaman

A paper copy of the Executive Director's report was distributed to attendees.

Communications Upgrade: Dr. Seaman said the upgrade to EMRC/SYSCOM has been completed. The next phase is the statewide communications system upgrade project.

EMR/EMT National Registry Testing: Dr. Seaman said that MIEMSS has contacted each of the Students in Process (SIPs) and offered one-on-one assistance. The National Registry Test Prep Course to prepare SIPs to either test or re-test is now being sponsored by 12 Educational Programs and course information is located on the MIEMSS website with nine programs currently underway. There are currently 203 student enrolled in a test prep course. The number of National Registry Testing Sites has increased to 17 sites. MIEMSS has worked to increase flexibility in scheduling students for taking the National Registry exam through group scheduling to assist in the process.

The MIEMSS educational regulations are being modified to remove any perceived barriers to testing or re-testing. NREMT EMT student pass rates by educational program will be posted on MIEMSS website.

Dr. Seaman said that Physio Control has extended the life of the 2G modem. Physio Control representatives will be reaching out to EMSOPs and hospitals to work with entities that have not yet upgraded.

Dr. Seaman said the SEMSAC BLS Committee has been tasked with investigating an EMR to EMT bridge course.

Legislative Update: Ms. Gainer

Ms. Gainer gave an update on Bills and Hearings and said that the MIEMSS Budget Hearing went smoothly. A couple of days prior to the EMSOF Budget Hearing, the Department of Legislative Services (DLS) released their projections on the viability of the EMSOF. After the increase to the vehicle registration surcharge in FY14, the EMSOF was projected to be viable through 2022; the recent DLS updated projections show viability through 2019. The new projection is due to two factors; DLS is projecting lower revenues due to the decrease in vehicle registrations and higher costs to the MSPAC helicopter maintenance and fuel. MIEMSS will be analyzing the DLS projections, but at this juncture the projections are deemed to be accurate and we will need to start planning for the potential insolvency.

Bills

HB 19 – Would essentially roll-back the requirement for fire sprinkler systems for new residential construction of townhouses and one and two family dwellings.

HB 419 – Would prohibit a critical incident stress management team member from being compelled to disclose specified communications or information acquired from a law enforcement officer, a correctional officer, or an emergency responder in the course of providing critical incident stress management services.

HB 24 – Would require that the Overdose Response Program, overseen by DHMH that authorizes individuals to administer naloxone, train individuals seeking authorization in the requirement to immediately contact medical services after the naloxone is administered.

SB 707 – Would permit acute care hospitals to convert to a free-standing medical center without a Certificate of Need provided that the MHCC consider the potential impact of a proposed conversion on a number of factors. One factor to be considered is whether the conversion will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system as determined by the state Emergency Medical Services Board.

SB 434 and HB 1194 - Would require certain food service facilities to establish an automated external defibrillator (AED) program that meets the requirements of Maryland's Public Access AED Program.

Mr. Scheulen said that there is legislation seeking further cuts to funding for state psychiatric services which Johns Hopkins and MedStar are opposing. Mr. Scheulen added that the volume and length of stay of behavioral health patients in hospital emergency departments is large.

State Office of Commercial Licensing and Regulation (SOCLAR): Mr. Sexton

Mr. Sexton said that on February 19, 2016 the University of Maryland Express Care program notified MIEMSS that it would be terminating its contract with TransCare in 90 days. On February 24, 2016, TransCare Corporation closed eleven operations across the US including the Baltimore market in Maryland. TransCare seized all units, records and assets as part of their Chapter 7 bankruptcy. Maryland Express Care has entered into an agreement with American Medical Response (AMR).

There are now 4 commercial services with ebola waivers - MedSTAR Transport with MedStar Washington Hospital Center, Lifestar Response of Maryland with John Hopkins Lifeline, Butler Medical Transport with Children's National Medical center, and Maryland ExpressCare with University of Maryland.

SEMSAC Chairman's Report: Mr. Berg

No Report

National Study Center (NSC): Dr. Faden

Dr. Faden said that NSC, now under Shock Trauma Anesthesiology Research (STAR) umbrella, has completed numerous research recruitments which have led to increased grant funding from 12m to almost 20m. The increase in NIH funds since initial funding is about 350%. Dr. Faden said that there is a rejuvenated Septicemia research program at STC and reminded everyone of the development of the Center for Sports Medicine, Health & Human Performance. The Center will develop innovative diagnostics and treatments for a broad spectrum of athletic injuries. Research efforts will focus on a range of areas, including concussion, traumatic brain injury, muscle-brain physiology and biochemistry, functional recovery and rehabilitation, exoskeleton-robotic treatments and clinical and medical biomechanics.

COMMITTEE REPORTS

ALS Committee: No Report.

BLS Committee: Next meeting will be held on March 18, 2016

- Best Practices Subcommittee: Ms. Dousa said the subcommittee is meeting every other week working on the EMR to EMT Bridge course.

EMD Committee:

Mr. Deckard said the committee was unable to meet in February due to weather. The next meeting will be held on March 14, 2016. There will be a presentation from the Harford County CISM Team.

ePCR Workgroup: Dr. Anders

A paper copy of the ePCR Workgroup's Patient Care Report / Handoff Report was distributed.

Dr. Anders said the Workgroup had two policy recommendations:

- Require all Maryland providers to complete the electronic short form or complete the full eMEDS® patient care report so that one or the other is ready for download from the dashboard, prior to leaving the hospital at the time of patient drop off, and
- All receiving hospitals establish 24/7 eMEDS® dashboard access and retrieve available documentation (short form or complete eMEDS®) at the time of patient drop off.

After a lengthy discussion regarding the recommendations and how to best to attain them, it was determined that the Workgroup would regroup to discuss regulation revisions. The possible revisions under discussion will include the possibility of mandating at the bedside electronic patient care reporting within 24 months. The Workgroup will also work with MIEMSS IT to investigate costs for the option of an auto-fax or auto-print from eMEDS® to a secured printer/fax at the hospital, as well as potentially requiring EMS to have hand held computers available.

Mobile Integrated Healthcare (MIH) Workgroup: Mr. Haas

A paper copy of Mobile Integrated Healthcare Workgroup report was distributed.

Dr. Seaman thanked the members of the SEMSAC MIH Workgroup for all of their hard work to date.

Mr. Haas thanked Alan Butsch, Dr. Stone, Anna Sierra, Jared Smith and Kelly King as primary writers of the Summary report. Mr. Haas gave an overview of the Workgroup's Phase #1 Summary report with proposed framework and recommendations for EMS providers for information and review. Mr. Haas said recommendations include the formation of a MIH Advisory Council for data collection, interaction with the Protocol Committee, MIH strategies and guidelines, reimbursement, interaction with various other EMS Committees and to provide an annual report to the EMS Board. Also recommended is the formation of a Committee to investigate alternative destinations and for the ALS Committee to evaluate the relevance of advanced practice paramedic for MIH in the future and for MIEMSS to investigate a component for capturing home care by an EMS provider in eMEDS®. Mr. Haas added that the Workgroup anticipates working on Phase#2 which will include input on the Phase #1 Summary and any additional recommendations from all other healthcare partners in the near future.

Minimum Equipment Standards Workgroup: No report. The next is being scheduled for May 2016.

Regional Affairs Committee: No report

MSFA – Linda Dousa

Ms. Dousa said the next MSFA EMS Committee meeting is scheduled for March 5, 2016 at Harford County DES and the next MSFA Executive Committee meeting is scheduled for April 16 & 17, 2016 at Level VFC in Harford County.

MSP Aviation Command:

Mr. DeRuggiero said that Major Lioi and Aviation Command staff were in Annapolis testifying.

Mr. DeRuggiero said that the RASTC has developed a Localizer Performance with Vertical Guidance (LPV) approach to the Trauma Center. This adds one more component and gives a helicopter, on approach to the Trauma Center, vertical guidance as well as lateral guidance. The Flight Training Device, which should be operational toward the end of 2016, can be programmed with LPV approaches.

FAA has grant funding to assist with the development of additional approaches in Maryland.

OLD BUSINESS:

NEW BUSINESS

International Traffic Records Forum: Mr. Gianni

Mr. Gianni said that the International Traffic Records Forum will be held in Baltimore this year. The forum will present information on various traffic records components including injury surveillance. Mr. Gianni added that injury surveillance is the most difficult piece within traffic records; the Highway Safety office is linking eMEDS® with traffic reports for more accurate data. The Maryland Highway Safety Office has 10 scholarships available and is offering 2 to SEMSAC members. It is a three day forum August 7-10, 2016. The forum will include information on how traffic records data is handled globally.

Alternate Destination Pilot Protocol: Dr. Alcorta, Chief Butsch, Dr. Stone

A paper copy of the proposed pilot protocol, including a list of the receiving facilities, was distributed.

Dr. Alcorta gave an overview of the proposed Montgomery County pilot protocol for alternate destination for patients transported by EMS to alleviate the disproportionate share of staff and financial resources providing non-urgent care to patients in Emergency Departments. He said that Montgomery County Fire and Rescue Service proposed a three month pilot protocol, which has been approved by the Protocol Review Committee and agreed upon by the local hospital. There is an option to extend the protocol if deemed safe and appropriate.

Dr. Alcorta said the proposed protocol would consist of certain low acuity priority 3 patients, who match the protocol criteria and are within the geographic bounds and available hours of the pilot, who will be offered transportation to an alternative receiving facility other than the hospital ED. The Pilot proposes that an alternative receiving facility will be chosen based on the medical needs of the patient, the corresponding capabilities of the receiving facility, and the insurance status of the patient. Dr. Alcorta stressed that this is a voluntary program for patients between the ages of 18 and 60; patients can decline being sent to an alternative destination. Montgomery County EMS cannot bill when taking a patient to an alternate destination.

The protocol requires that Dr. Roger Stone, Montgomery County Fire and Rescue Service's medical director, will review all alternative destination patients and submit a monthly report to the Office of the Medical Director at MIEMSS.

Chief Butsch said for the purpose of the pilot and in order to maintain good quality control, the pilot is limited to the Silver Spring area. There will be a designated EMT and a BLS ambulance sent to the patient by dispatch.

A lengthy discussion regarding costs, insurance coverage, being transported to an alternate destination and then re-transported to an emergency center, the difference in services at the alternate destinations and the content of the consent form ensued.

Dr. Alcorta said if anyone has concerns or comments regarding the pilot protocol, please email him at ralcorta@miemss.org prior to the next meeting.

SEMSAC Committees:

Chairman Berg said there are several standing committees in need of a chairperson:

- ALS
- EMD
- Regional Affairs

It is preferred, but not mandatory, that a SEMSAC member chair the committees.

Anyone interested in chairing or participating in a standing committee should contact Vice Chairman Jim Scheulen JSICHEULE@JHMI.EDU

Medical Directors

Mr. Haas said pay for Jurisdictional EMS medical Directors was discussed at the last MIH Workgroup meeting. Dr. Chizmar said that Maryland ACEP has a subcommittee for EMS that is writing proposals for changes in COMAR regarding EMS Medical Director requirements and compensation as such. Dr. Chizmar said he can share with the proposal with SEMSAC.

There being no further business, SEMSAC adjourned.