



State Emergency Medical Services Board

July 10, 2018

Meeting Agenda

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*

- I. Call to Order – Mr. DeVries
- II. Approval of Minutes from June 12, 2018
- III. MIEMSS Report – Dr. Alcorta
- IV. SEMSAC Report – Dr. Kalish
- V. R Adams Cowley Shock Trauma Update – Dr. Snedeker
- VI. MSP Aviation Command – Captain McMinn
- VII. MSFA Update – President Blair
- VIII. Old Business
- IX. New Business
 - COMAR 30.02.01.01 Pediatric Data Dictionary reference - INFORMATION/ACTION – Mr. Magee
 - UM Laurel Hospital Center Conversion – Ms. Sette

Adjourn to closed session to carry out administrative functions, to discuss the appointment of appointees and officials under General Provisions Article §3-305(b)(1), to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(b) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (b) (13).



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Minutes

Board Members Present: Donald L. DeVries, Jr., Esq., Chairman; Murray Kalish, MD; Dany Westerband, MD (arrived at 9:20am); Mary Alice Vanhoy, RN; Sally Showalter, RN; Sherry Adams; Dean E. Albert Reece, MD; Jim Scheulen; Steve Cox; Bill Frohna, MD

Board Members Absent: John Butler

Others Present:

MSPAC: Captain McMinn; Mr. Wood

RACSTC: Dr. Snedeker

MIEMSS: Ms. Gainer; Dr. Alcorta; Ms. Abramson; Ms. Aycock; Dr. Bailey; Mr. Brown; Mr. Hurlock; Ms. Mays; Ms. Goff

OAG: Mr. Magee; Ms. Sette

Mr. DeVries called the meeting to order at 9:05 am.

Mr. DeVries asked for the approval of the minutes from April 12, 2018, meeting.

ACTION: Upon the motion by Dr. Kalish, seconded by Ms. Vanhoy, the Board voted unanimously to approve the minutes of the EMS Board meeting held on June 12, 2018.

MIEMSS Report

Dr. Alcorta summarized a letter from MFRI Executive Director Michael Cox, commending Mr. Jim Brown and Mr. Brian Slack on their recent work on the MFRI Instructor Orientation Program. Director Cox wrote that their exemplary efforts and professionalism should be a model for all organizations.

Medication Shortages

Dr. Alcorta gave an update on medications shortages and the recommended substitute medications that are affecting EMS and hospitals. He said that current shortage of Fentanyl and Morphine may lead to the utilization of Demerol which is not optimal. Ketamine was added to formulary for pain management and excited delirium but not currently available, requiring use of midazolam as substitute. Cardizem is still short and verapamil is an alternative. Dopamine is short and epinephrine drip as the alternative.

eMEDS® Elite

Dr. Alcorta said that this is a transition year moving from NEMSIS 2.2.1 to the NEMSIS 3.4 standard and the ImageTrend Elite 3.4 rollout. He said currently there are (12) jurisdictions have moved to the eMEDS® Elite platform.

Three research projects are currently underway: 1) Pediatric Decision Tree (Baltimore City, Queen Anne's County, and Prince George's County); 2) Neurologist (Sinai Hospital) real-time consult for stroke at scene; and 3) referral of Cincinnati stroke Scale positive LAMS 4 or greater to an Endovascular capable center in Baltimore City (there is proposal to expand the endovascular research project to allow other counties to participate within 30 minutes of the 4 endovascular centers in region III.

Opioid Crisis

Dr. Alcorta said that the Opioid Crisis continues. The Naloxone \$200,000 grant has been concluded and the funds have been distributed. There are several Opioid Overdose Kit/ Naloxone leave behind pilots where EMS is participating with the local health officers pilot program as the local health departments are the lead and funder of this pilot.

OD Mapping

Dr. Alcorta said that the required submission of statewide eMEDS® data into the OD map (HIDA) started on July 1, 2018 with NEMSIS 2.2.1 data. He said that MIEMSS and ImageTrend are working on getting a local copy so that MIEMSS can submit the NEMSIS 3.4 data.

Active Assailant Interagency Workgroup

Dr. Alcorta said that the Active Assailant Interagency Workgroup has reconvened and includes more state agencies, school representation and other stakeholders. The Workgroup is currently in the process of updating the 2014 guidance document to reflect additional best practices and new courses.

Dr. Alcorta commended the Annapolis City and Anne Arundel County first responders on their exemplary response to the recent mass shooting at the Capital Gazette.

EMS Reimbursement (SB 682) Workgroup

Ms. Gainer said that in the near future she would be meeting with the Maryland Department of Budget and Management to discuss the impact of reimbursement for EMS non-transport services on Medicaid.

Mr. Scheulen asked for more information on the Baltimore City "Treat and Release" program. Dr. Alcorta said that Baltimore City transports approximately 130,000 patients annually and has been approved for MIH and Alternate Destination projects; they are in discussions regarding a treat and release by a Nurse Practitioner. Ms. Gainer added that Baltimore City has received a two-year grant from Maryland HSCRC.

Ms. Gainer said that Senator Middleton, a strong EMS advocate and co-sponsor of SB682, has lost his bid for re-election.

SEMSAC

Dr. Kalish said that SEMSAC did not meet in July.

Dr. Kalish remarked on the passing of Dr. Alex Haller, MIEMSS' former associate EMS medical director for children's programs. Dr. Haller worked closely with Dr. R Adams Cowley to help develop Maryland's statewide EMS system, particularly as it pertained to pediatric patients.

Dr. Kalish asked for an update on the Executive Director search. Mr. DeVries said that the EMS Board Search Committee is scheduled to meet to review CVs for consideration.

MSFA

Mr. Hurlock thanked Mr. DeVries, Ms. Gainer and Dr. Alcorta for attending the recent MSFA Banquet and the MSFA Convention. He said the new MSFA President Richard C. Blair has scheduled the first meeting of the Executive Committee of the Maryland State Firemen's Association for Saturday and Sunday, August 11 and 12, 2018, at the Western Enterprise Fire Company, Inc., 526 Washington Square, Hagerstown, MD.

Mr. DeVries thanked Mr. Hurlock for his report and said the volunteers are the backbone of the EMS system and we could not do what we do without them.

RACSTC - No Report

MSPAC

Captain McMinn announced the promotion of Director of Operations Lance Wood to Deputy Director of Aviation effective July 4, 2018. Recruitment efforts will begin for the Director of Operations position in the near future. Captain McMinn gave an overview of the current recruitment in Aviation Command.

Captain McMinn said that MSPAC has procurement challenges due to the approval processes for maintenance services and repairs.

Captain McMinn said that in order to be compatible with the Maryland First System as Phase II comes online, MSPAC will need to upgrade and procure new radios. The estimated cost is approximately (1) million dollars. This has been discussed with MSP Budget Director and Chief Financial Officer.

MSPAC has received a Joint Chairman's Report directive that the MSP Aviation Command provide the General Assembly with a helicopter maintenance cost plan by January 15, 2019.

The first official training event in FTD occurred the first week in July for a Second-in-Command to a Primary-in-Command upgrade.

OLD BUSINESS – N/A

NEW BUSINESS

COMAR 30.01.02.01 Incorporated by Reference

Mr. Magee asked the EMS Board to approve as final the proposed amendment to update the version of the Pediatric Data Dictionary (effective July 1, 2018) referenced in COMAR 30.01.02.01 for incorporation by referenced as published in the Maryland Register May 25, 2018, no comments having been received.

ACTION: Upon the motion by Dr. Kalish, seconded by Ms. Vanhoy, the Board voted unanimously to approve the Pediatric Data Dictionary (effective July 1, 2018) for incorporation by reference into COMAR regulations.

UM Laurel Regional Hospital Conversion to a Freestanding Medical Center

A written report was distributed.

Ms. Sette gave an overview of the MIEMSS Report and Recommendation to the State Emergency Medical Services Board Regarding the Proposed Conversion of University of Maryland Laurel Regional Hospital to a Freestanding Medical Facility without a Certificate of Need (CON) for determining whether the proposed conversion will maintain adequate and appropriate delivery of Emergency Care within the Statewide Emergency Medical Services System. She said that the Maryland Health Care Commission would make the determination on the CON.

Ms. Sette said during the process, concerns arose over inter-facility transfers being conducted in a timely manner. MIEMSS recommended a dedicated onsite ambulance with back-up service. UM Laurel Regional Hospital has committed to this recommendation with a Commercial Services contract containing performance metrics with monetary penalties for non-compliance.

Prince George's County EMS, the jurisdiction most impacted by the proposed conversion, has implemented a program to mitigate the potential for high turn-around times.

Ms. Gainer commended the University of Maryland Laurel Regional Hospital for quickly changing course in regards to inter-facility transfer and executing a contract with a Commercial Ambulance Service that can handle the patient flow.

Ms. Sette said that MIEMSS recommends that the EMS Board make a determination that the conversion of UMLRH to a freestanding medical facility will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system.

Mr. Scheulen said there could be significant impact on surrounding hospitals, especially with the reduction of Psych beds during the continued opioid crisis. Ms. Adams added that the conversion would further reduce surge capacity during a mass casualty or high consequence infectious disease event.

A lengthy discussion ensued on hospital capacity and the hospital alert system.

ACTION: Upon the motion by Dr. Westerband, seconded by Dr. Kalish, the Board voted to approve the UM Laurel Regional Hospital Conversion to a Freestanding Medical Center MIEMSS Report. Dr. Reece and Ms. Vanhoy abstained.

ACTION: Upon the motion by Mr. Scheulen, seconded by Ms. Vanhoy, the Board voted unanimously to adjourn to Closed Session.

The EMS Board adjourned to closed session to carry out administrative functions, to discuss the appointment of appointees and officials under General Provisions Article §3-305(b)(1), to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(a) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (a) (13).

In Closed Session:

Board Members Present: Donald L. DeVries, Jr., Esq., Chairman; Murray Kalish, MD; Dany Westerband, MD; Mary Alice Vanhoy, RN; Sally Showalter, RN; Sherry Adams; Dean E. Albert Reece, MD; Jim Scheulen; Steve Cox; Bill Frohna, MD

Board Members Absent: John Butler

MIEMSS: Ms. Gainer; Dr. Alcorta; Ms. Aycock; Ms. Mays; Ms. Goff;

OAG: Mr. Magee; Ms. Sette

In closed session:

1. The Board considered Primary Stroke Center designations;
2. The Board considered Adult Trauma Center re-verifications;
3. The Board considered the appeal of a denial of a Specialty Center application;
4. The Board considered EMS provider disciplinary actions.

The Board returned to open session.

In open session:

Board Members Present: Donald L. DeVries, Jr., Esq., Chairman; Murray Kalish, MD; Mary Alice Vanhoy, RN; Sally Showalter, RN; Sherry Adams; Jim Scheulen; Steve Cox; John Butler; Bill Frohna, MD; Dany Westerband, MD

Board Members Absent: Dean E. Albert Reece, MD

MIEMSS: Ms. Gainer; Dr. Alcorta; Ms. Aycock; Ms. Mays; Ms. Goff

OAG: Mr. Magee; Ms. Sette

The Board approved by acclamation the re-designation of the R Adams Cowley Shock Trauma Center Primary Adult Resource Center as an Adult Trauma Center for a 5 years and the re-designation of the R Adams Cowley Shock Trauma Center Neuro-trauma Center for 5 years.

There being no further business, the Board adjourned by acclamation.