



State Emergency Medical Services Board

October 9, 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
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- I. Call to Order – Mr. DeVries
- II. Approval of Minutes from August 14, 2018
- III. MIEMSS Report – Dr. Alcorta
- IV. SEMSAC Report – Dr. Kalish
- V. R Adams Cowley Shock Trauma Updates – Dr. Snedeker
- VI. MFRI Test – Mr. Cox
- VII. MSP Aviation Command – Captain McMinn
- VIII. MSFA Update – President Blair
- IX. Old Business
 - Incorporation by Reference of the Maryland Medical Protocols for 2018 – ACTION – Mr. Magee
- X. New Business
 - Minor Definitive Care Now Program Pilot – INFORMATION/ACTION - Dr. Alcorta
 - UM Shore Medical Center at Dorchester Conversion to a Freestanding Medical Center – INFORMATION – Ms. Myers and Ms. Sette
- XI. Reconvene in Open Session

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

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

Board Members Absent: Dean E. Albert Reece, MD; Steve Cox

Others Present:

MSPAC: Major Tagliaferri; Captain McMinn; Director Woods

MFRI: Mr. Cox; Mr. Marlatt

RACSTC: Dr. Snedeker

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

MSFA: Mr. Worthington

OAG: Mr. Magee; Ms. Sette

Mr. DeVries called the meeting to order and asked for a moment of silence in memory of Chief James P. Seavey, who lost his courageous battle with cancer; Assistant Chief Danny Lister, who died in the Line of Duty while providing care at a motor vehicle crash; and Mr. Dale Hill, Chairman of the MSFA Legislative Committee, who suffered a massive heart attack.

Mr. DeVries presented Dr. Alcorta a plaque and framed timeline of MIEMSS milestones over the last 25 years. He said the sentiment on the plaque understates the contributions that Dr. Alcorta has made during his years of service and that we cannot adequately express our appreciation for all Dr. Alcorta has done to advance the Maryland EMS system. Mr. DeVries noted that Dr. Alcorta had suspended his retirement for a lengthy period in order to help provider leadership during the search for an Executive Director.

Mr. DeVries asked for the approval of the minutes from August 14, 2018, meeting.

ACTION: Upon the motion by Dr. Frohna, seconded by Ms. Vanhoy, the Board voted unanimously to approve the minutes of the EMS Board meeting held on August 14, 2018.

MIEMSS Report

A copy of the report was distributed.

Dr. Alcorta gave an overview of some of the upcoming protocol changes for 2019, including the addition of Physician Assistants to the MOLST, the inclusion of contact information for tissue donors in Baltimore and Washington DC; the Sinai Stroke Protocol; the PD Tree and the Trauma Arrest protocol.

Medication Shortages

Dr. Alcorta said that IV Benadryl has been added to the list of shortages of prehospital medications which includes Magnesium Sulphate, Zofran and Calcium Chloride.

Opioid Issues

Dr. Alcorta reported that opioid overdoses are still at crisis level, with an average of six deaths per day in Maryland. Ten (10) EMS jurisdictions are currently participating in the Maryland Department of Health's Naloxone Leave Behind program. The Opioid Operational Command Center will provide another \$200,000 in grant funds for MIEMSS to pass through to EMSOPs to offset the costs of naloxone administered to patients who are not subsequently transported.

House Bill 359, which became law earlier this year, requires MIEMSS to report drug overdose and survival data to the Washington/Baltimore High Intensity Drug Trafficking Area Overdose Detection Mapping Application (ODMAP). MIEMSS is submitting data as required under the law.

eMEDS® Elite

Dr. Alcorta said MIEMSS is actively working to link eMEDS with the Chesapeake Regional Information System for our Patients (CRISP), the state's health information exchange. To date, three jurisdictions (Anne Arundel, Frederick and Queen Anne's Counties) have MOUs with CRISP for this linkage.

EMS Reimbursement (SB 682)

Dr. Alcorta said MIEMSS and the Maryland Health Care Commission (MHCC) continue to work with other named state partners on the report to the Legislature on the potential of EMS compensation for mobile integrated health, treat and release without transport, and transport to alternate destinations.

Dr. Alcorta thanked the Board for its support during his tenure as State EMS Medical Director and Acting Co-Executive Director. He said that Dr. Chizmar, who will become the new State EMS Medical Director on November 1st, has tremendous depth and breadth of knowledge of Maryland EMS and has demonstrated dedication and commitment to the Maryland EMS System. Dr. Alcorta said that he will do very well as the new State EMS Medical Director. Mr. DeVries thanked Dr. Alcorta for his years of dedicated service.

SEMSAC

Dr. Kalish reported that at the October 4th meeting, SEMSAC voted to support MIEMSS in retaining National Registry for initial testing of Basic Life Support candidates. He said that SEMSAC also approved a recommendation to the Board to approve the protocol for the Baltimore City Minor Definitive Care Now Program Pilot, the Incorporation by Reference of the 2018 Maryland Emergency Medical Services Protocols and the EMSOF partner budgets, as presented.

RACSTC – Dr. Snedeker

A copy of the report was distributed.

Dr. Snedeker reported for comparison time periods FY18 and FY19(Q1) a decrease in the following: patient volumes, inter-facility transfers, OR and Clinic volumes. She said that Hyperbaric Chamber hours have also decreased. She said average Length of Stays in FY19 is 9.11 days and that capacity hours are up due to longer stays and an aging population.

Dr. Snedeker gave an overview of the Global Outreach and Injury Prevention programs, including the Stop the Bleed Campaign. She added that that STC has received very positive feedback on the EMS Outreach airway simulation enhanced skills program.

Mr. Scheulen said that hospitals are currently running at 85% capacity which impacts EMS wait time.

MFRI

Mr. Cox reported that MFRI had discovered that an online Study Guide contained the answers, in order, for a current MFRI exam. Upon discovery of the online document, MFRI immediately notified MIEMSS. With the assistance of MIEMSS' AAG, MIEMSS issued a subpoena to the company that posted the study guide, Quizlet.com, for the information regarding the person who submitted the materials that were posted online. He said that because the name and address the company had on file apparently was fake; as a result, it was determined the person who submitted the information could not be identified. Mr. Cox thanked Ms. Gainer and Ms. Sette for their assistance with this investigation.

MSPAC

A paper copy of the MSPAC report was distributed.

Captain McMinn introduced Major Michael Tagliaferri who was recently appointed as Commander of the MSP Aviation Command. Captain McMinn will become Assistant Commander/Executive Officer. Mr. DeVries welcomed Major Tagliaferri.

Captain McMinn gave an update on the MSPAC operational and organizational changes, including the hiring of two (2) pilots and four (4) Rescue Technicians who have qualified for crew chief.

Captain McMinn said that MSPAC continues work on the legislative-required AW-139 Maintenance Study. He said that report will include information to help forecast major aircraft component overhauls and to consider maintenance plan options. He said the report will be presented to the Board before it is submitted to the Legislature.

Director Woods said parts availability should be improving since the military will now be using the AW139.

MSFA

Mr. DeVries welcomed Mr. Worthington to the EMS Board meeting. Mr. Worthington said he was attending to wish Dr. Alcorta well at his last Board meeting.

Mr. Hurlock conveyed the gratitude of the MSFA to Dr. Alcorta for his over 25 years of dedication to the Maryland EMS System.

Mr. Hurlock announced that the next MSFA Executive Committee will be held on December 1st and 2nd, 2018, at the Snow Hill Volunteer Fire Company.

OLD BUSINESS

Mr. Magee requested approval for the Incorporation by Reference of the Maryland Medical Protocols for 2018.

ACTION: A motion was made by Dr. Kalish, seconded by Ms. Vanhoy and unanimously agreed upon to approve the Incorporation by Reference of the Maryland Medical Protocols for 2018.

NEW BUSINESS

Minor Definitive Care Now Program Pilot - Dr. Marcozzi, Dr. Browne & Chief Fletcher

Dr. Marcozzi thanked Dr. Alcorta and Ms. Gainer for their support and leadership and gave an overview of the Baltimore City program to pilot a public-private collaboration that provides West Baltimore individuals with medical and social support for improved health. Baltimore City's vision is to reduce health care utilization and decrease costs by appropriately addressing the non-emergent health care needs of West Baltimore residents and provide value to the health system. The objective of this pilot program is to assess the impact, accuracy and safety of providing low-acuity patients with immediate on-scene care by a two-person team comprised of a BCFD MDCN Paramedic provider and one of the following Advanced Level Providers: a UMMC Nurse Practitioner, a Maryland-licensed physician affiliated with UMMC with board certification in emergency medicine, or a UMMC Physician Assistant.

Ms. Adams asked if Baltimore City will be completing comprehensive home assessments especially with aging populations. Dr. Marcozzi said the Operations Center will make sure prescriptions are filled and link with primary care is up to date. Operations Center logs and registers patient information within EPIC which is translated to CRISP. He said the program supports the best patient healthcare along with social concerns, such as home safety inspections, and will assess low acuity patients in the home instead of the ED.

Dr. Marcozzi said that the program's geographic area is around the University of Maryland Mid-Town Campus with up to 18,000 patients. It is anticipated that the program will save approximately 45 minutes per EMS call. All referrals will be from UMMC. He added that Dr. Browne hired a health care economist to assist questions surrounding program sustainment.

Ms. Adams said that the public needs to be reassured that this is not a substandard means of care provided to the poorer community. Dr. Browne said that the West Baltimore community health care needs have been poorly served with insufficient alternatives and that this program is an improvement in health care. He said that messaging from program leaders are conveying this to the community. He added his thanks to Dr. Alcorta for his support in exploring options in EMS Healthcare.

Chief Fletcher thanked Dr. Alcorta for his service and wished him well in his retirement.

ACTION: Upon the motion by Mr. Scheulen, seconded by Ms. Adams, the Board voted unanimously to approve the Baltimore City Minor Definitive Care Now Program Pilot.

UM Shore Medical Center at Dorchester Conversion to a Freestanding Medical Center –
Ms. Myers and Ms. Sette

A copy of the MIEMSS Report and Recommendation to the EMS Board was distributed.

Ms. Myers said that UM SMC Dorchester is currently an acute care hospital located at 300 Byrn Street, Cambridge, Maryland, with 18 licensed medical/surgical/ gynecological/addictions (“MSGA”) beds and 24 licensed psychiatric beds. It is currently a MIEMSS-designated Base Station. The Applicants are seeking to convert UM SMC Dorchester to an FMF at a new location located in the Cambridge Marketplace at the intersection of Route 50 and Woods Road, approximately one mile away from the existing hospital. The proposed new FMF will formally be called the “University of Maryland Shore Medical Center at Cambridge.” Seventeen (17 of the existing 18) MSGA beds and 12 (of the existing 24) psychiatric beds will be relocated at UM SMC Easton, an existing acute care hospital with 104 licensed acute care beds, located approximately 15 miles away at 219 South Washington Street in Easton, Maryland.

Ms. Myers reviewed the 11 required factors for EMS Board Consideration under COMAR 30.08.15.03(A). She said that MIEMSS has completed an analysis of each of the required factors. Based on its review, MIEMSS recommends that the EMS Board make a determination that the conversion of UM SMC Dorchester to a freestanding medical facility will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system

Ms. Showalter asked where Easton was placing the additional med-surge and psych beds within the Easton facility. Ms. Vanhoy said that Easton plans to move administrative staff out of the building and convert the space to patient in-service.

ACTION: Upon the motion by Mr. Scheulen, seconded by Dr. Westerband, the Board voted to approve the UM Shore Medical Center at Dorchester Conversion to a Freestanding Medical Center MIEMSS Report. Ms. Vanhoy abstained.

ACTION: Upon the motion by Ms. Vanhoy, seconded by Dr. Kalish, 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; Sherry Adams, Vice Chairperson; Murray Kalish, MD; Dany Westerband, MD; Mary Alice Vanhoy, RN; Sally Showalter, RN; Jim Scheulen; Bill Frohna, MD

Board Members Absent: Dean E. Albert Reece, MD; Steve Cox

Others Present:

MSPAC: Major Tagliaferri; Captain McMinn; Director Woods

MFRI: Mr. Cox; Mr. Marlatt

MIEMSS: Ms. Gainer; Dr. Alcorta; Dr. Chizmar; Ms. Abramson; Ms. Aycock; Ms. Mays; Mr. Schaefer; Mr. Fiackos; Ms. Goff

OAG: Mr. Magee; Ms. Sette

MSP: Maj Taliaferro; Capt. McMinn; Director Wood

MFRI: Mr. Cox; Mr. Marlette

Major Taliaferro; Capt. McMinn; Director Wood, Mr. Cox and Mr. Marlette departed after the presentation of the Budgets.

In closed session:

1. The Board considered EMSOF Budgets;
2. The Board considered an Educational Program;
3. The Board considered an Adult Trauma Center re-verification;
4. The Board considered a SEMSAC nomination; and
5. 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; Sherry Adams, Vice Chairperson; Murray Kalish, MD; Dany Westerband, MD; Mary Alice Vanhoy, RN; Sally Showalter, RN; Jim Scheulen; Bill Frohna, MD

Board Members Absent: Dean E. Albert Reece, MD; Steve Cox

MIEMSS: Ms. Gainer; Dr. Alcorta; Dr. Chizmar; Ms. Abramson; Ms. Aycock; Ms. Mays; Mr. Schaefer; Ms. Goff

Upon the motion of Ms. Vanhoy, seconded by Dr. Kalish, the Board approved Hagerstown Community College as an ALS Educational Program for five years.

After a motion was made and seconded, the Board approved the one-year provisional designation of the Johns Hopkins Bayview Medical Center Level II Adult Trauma Center by a vote of six to one.

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