



State Emergency Medical Services Board

November 13, 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 October 9, 2018
- III. MIEMSS Report – Ms. Gainer
- IV. SEMSAC Report – Dr. Kalish
- V. R Adams Cowley Shock Trauma Update
- VI. MSP Aviation Command – Captain McMinn
- VII. Old Business
- VIII. New Business
 - 2019 Maryland Medical Protocols proposed changes – INFORMATION - Dr.Chizmar
- IX. 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).



**State Emergency Medical Service Board
November 13, 2018**

State of Maryland

Minutes

**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

Board Members Present: Donald L. DeVries, Jr., Esq., Chairman; Sherry Adams, Vice Chairperson; Murray Kalish, MD; Dany Westerband, MD (phone as of 9:12am); Sally Showalter, RN (phone); Jim Scheulen; Bill Frohna, MD (phone); Steve Cox

Board Members Absent: Dean E. Albert Reece, MD; Mary Alice Vanhoy, RN

Others Present:

MSPAC: Captain McMinn; Director Woods

RACSTC: Ms. Doyle; Dr. Snedeker

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

OAG: Mr. Magee; Ms. Sette

Chairman DeVries called the meeting to order at 9:01am.

ACTION: Upon the motion by Mr. Cox, seconded by Ms. Adams, the Board voted unanimously to approve the minutes of the EMS Board meeting held on October 9, 2018.

MIEMSS Report

A copy of the report was distributed.

A copy of the MIEMSS Annual Report was distributed.

Opioid Crisis. Ms. Gainer reported that the Opioid Operational Command Center will provide another \$200,000 in grant funds for MIEMSS to pass through to EMSOPs to offset unrecoverable naloxone costs they incurred in FY18.

Ms. Gainer said that MIEMSS is in compliance with the requirements of HB359, which became law earlier this year. The law requires MIEMSS to report drug overdose and survival data to the Washington/Baltimore High Intensity Drug Trafficking Area Overdose Detection Mapping Application (ODMAP). Data, which is sent weekly to the Opioid Overdose Command Center (OCC) includes date, time, address, whether Naloxone was administered and if a fatality was involved.

MIEMSS is in the process of compiling a special edition of the EMS Newsletter focusing on Opioid issues.

Harford Memorial Freestanding Medical. Ms. Gainer said that MIEMSS had been advised that the original site for the Harford Memorial Freestanding Medical facility which the Board approved on October 10, 2017, is no longer viable. The proposed new site is within five (5) miles of the original site and will not change the ability to maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system.

UM Shore Medical Center at Dorchester – Ms. Gainer said that the EMS Board approved the UM Shore Medical Center at Dorchester Conversion to a Freestanding Medical Center at the October meeting.

UM Laurel Regional Hospital – Ms. Gainer said that UM Laurel Regional Hospital’s conversion to a Freestanding Medical Center, which was approved by the EMS Board in July 2018, is scheduled for January 1, 2019.

Regulations. Hospital Programs and the Stroke QIC are currently working on updating the Primary Stroke and Burn Center Regulations along with writing a proposal for Acute Stroke Ready regulations. Pediatric Trauma, Base Station and SOCALR regulations will be updated in 2019.

SEMSAC

Dr. Kalish reported that at the November 1, 2018, meeting, SEMSAC elected officers for calendar year 2019. Dr. Kalish was elected to serve as chairperson and Ms. Doyle to serve as Vice Chairperson.

RACSTC – No Report

MSPAC

A paper copy of the MSPAC report was distributed.

Captain McMinn said that following the Office of Legislative Affairs (OLA) fiscal audit report, MSPAC is reviewing the current statewide facility lease agreements to ensure they comply with “fair market value” requirements. Review of fueling contracts will coincide with the lease reviews. MSPAC will report any budget impacts due to renegotiations to the EMS Board.

Captain McMinn said that MSPAC is experiencing manpower challenges. Currently, there are 14 pilot vacancies with another 6 pilots on military deployment. Captain McMinn expects MSPAC pilots to return from military deployment by March 2019. There are 5 paramedics in the current Trooper class and 17 paramedic applications for the next Trooper class. MSPAC has made an offer of employment for the Director of Operations and anticipates a January 1, 2019, start.

At this time, the Cumberland and Easton Sections are out of service on overnight shifts during weekdays, but staffed on weekdays and 24/7 on weekends. The SYSCOM Duty Officers have protocols in place to use commercial services as back-up to MSP helicopters.

The AW-139 Maintenance study required by the Joint Chairman’s Budget Committee is near completion and will be presented to the EMS Board in December 2019.

MSFA

Mr. Hurlock sadly reported on the recent passing of MSFA Trustee Danny Carpenter and Retired EMS Chief Charlie Wills both from Potomac Heights Volunteer Fire Department.

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

Mr. Hurlock announced that the MSFA Legislative Committee will be hosting its first meeting for the 2109 Legislative session on December 14, 2018.

OLD BUSINESS – N/A

NEW BUSINESS

2019 Maryland Medical Protocols proposed changes.

A copy of the proposed changes was distributed.

Dr. Chizmar gave an overview of the proposed protocol changes for EMS Board review:

- **Adult Tachycardia:** The algorithm has been significantly revised, including the removal of medical consultation prior to the administration of diltiazem and the addition of blood pressure parameters.
- **DNR/MOLST:** The list of acceptable procedures for DNR and MOLST B patients has been expanded to include the use of Magill forceps for obstructed airways and capnography.
- **Fentanyl:** The use of fentanyl has moved to the general patient care section and morphine has moved to an optional supplemental protocol. The preferred route of administration for fentanyl will be intranasal.
- **Needle Decompression:** The flutter valve will be an optional piece of equipment. The preferred location for needle decompression will be moved from the mid-clavicular line to the mid-axillary line.
- **Medical Consultation Requirement:** Changes have been made to the consult requirement for Priority 2 patients. The decision of hospital notification versus medical consultation will be based on the need for procedures or medication that require physician approval.
- **Stroke:** The last known well time window has been changed from 3.5 hours to 20 hours. EMS providers will also be required to relay the last known well time to the hospital with the Stroke Alert, which aligns the Maryland Medical Protocols with the latest science regarding care for stroke patients. A new prehospital stroke assessment for the detection of posterior circulation stroke has been added, which employs the BE-FAST mnemonic.
- **Tissue Donation:** Contact information for Living Legacy and Washington Regional Transplant Community has been added for reference.
- **Trauma Arrest:** The use of epinephrine for ADULT patients in traumatic arrest has been discontinued.

ACTION: A motion was made, seconded and unanimously voted upon for the EMS Board 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 (phone); Sally Showalter, RN (phone); Jim Scheulen; Bill Frohna, MD (phone); Steve Cox

Board Members Absent: Dean E. Albert Reece, MD; Mary Alice Vanhoy, RN

Others Present:

MIEMSS: Ms. Gainer; Dr. Chizmar; Ms. Abramson; Ms. Aycok; Mr. Brown; Ms. Mays; Mr. Schaefer; Ms. Goff

OAG: Mr. Magee; Ms. Sette

In closed session:

1. The Board considered a Primary Stroke re-verification;
2. The Board considered an Adult Trauma Center re-verification;
3. The Board considered a SEMSAC nomination; and
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; Sherry Adams, Vice Chairperson; Murray Kalish, MD; Dany Westerband, MD (phone); Sally Showalter, RN (phone); Jim Scheulen; Bill Frohna, MD (phone); Steve Cox

Board Members Absent: Dean E. Albert Reece, MD; Mary Alice Vanhoy, RN

Others Present:

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

OAG: Mr. Magee; Ms. Sette

ACTION: A motion was made, seconded and unanimously voted upon by the EMS Board to re-designate:

- 1. Johns Hopkins Hospital as a Level 1 Adult Trauma Center for five years; and**
- 2. Med-Star Good Samaritan Hospital as a Primary Stroke Center for the remaining four years of a five-year designation.**

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