

**State Emergency Medical Services Board**  
**July 10, 2007**  
**Minutes**

**Board Members Present:** Victor Broccolino, Vice-Chairman; Edward Cornwell, M.D.; David Fowler, M.D.; Chief Scott Graham; David Hexter, M.D.; Dean Albert Reece, M.D.; Sally Showalter; Roger Simonds; Mary Alice Vanhoy; Gene Worthington.

**Board Members Absent:** Donald L. DeVries, Jr.

**Others Present:**

**MIEMSS:** Dr. Bass; Dr. Alcorta; Ms. Alban; Mr. Brown; Ms. Chervon; Mr. Davis; Mr. Dubansky; Dr. Floccare; Ms. Gilliam; Ms. Hyzer; Mr. Hurlock; Ms. Myers; Mr. New; Mr. Packard; Mr. Schaeffer; Mr. Trohanis.

**OAG:** Mr. Magee; Ms. Sette.

**Maryland State Police Aviation Command:** Dan Cornwell; Pat King.

**R Adams Cowley Shock Trauma Center:** Robbie Hartsock; Jamie Huggins; Brenda Fosler Johnson; Ray Keller; Jim Radcliffe.

## **INTRODUCTION**

Vice Chairman Broccolino called the meeting to order at 9:04 a.m. and reminded Board members to declare any potential conflicts of interest before consideration of an issue that might give rise to the potential conflict.

**Action: Moved (Dr. Fowler), seconded (Dr. Cornwell), passed unanimously to approve as written the minutes of the May 8, 2007, meeting of the State EMS Board.**

## **TRAUMA PHYSICIANS FUND UPDATE**

Ben Steffen, Maryland Health Care Commission (MHCC), provided an update to the Board on the Trauma Physicians Fund. He said that 2006 legislation had expanded eligibility to participate in the Fund. As a result of that legislation, on-call payments increased, as did payments for uncompensated care, a one-time capital grants program was implemented, and stand-by payments increased to the National Children's Medical Center. Mr. Steffen noted that over the years, a Fund balance had developed because over several factors, including that the fact that uncompensated care payments had been lower than original estimates and Medicaid elevated payments had been less than estimated. He said that the MHCC had introduced a claim-based processing system in 2007 and he summarized the claims procedures. He said that there were a number of

challenges to be met in transitioning to the new claims processing system for uncompensated care. These include that there are significant differences between uncompensated care and standard third-party processing; the high number of claims had surpassed expectations which resulted in a temporary processing backlog; and physician practices were sometimes confused by payment processes used by the Comptroller's Office. He said that about \$13 million had been disbursed from the Fund in 2007, 36% of which was for uncompensated care, 34% for on-call costs, and 23% for the one-time equipment funding program. He indicated that over the next several months, in order to report to the legislature the on the Fund, the MHCC would be meeting with trauma centers and trauma physician practices to discuss potential future uses of the Fund balance.

## **EXECUTIVE DIRECTOR'S REPORT**

Maryland State Firemen's Association. Dr. Bass congratulated that the Maryland State Firemen's Association on their successful Annual Convention. He said that Paul Sterling had been elected President, Frank Underwood had been elected First Vice President and Roger Powell had been elected Second Vice President. He said that he looked forward to working with the new MSFA officers during the upcoming year.

Free-Standing Emergency Department. Dr. Bass reported that he had participated in several meetings dealing with various aspects of the new free-standing emergency facility to be located in Queen Anne's County. He said that the new facility would be developed by Memorial Hospital of Easton. He said that MIEMSS would be working with EMS providers regarding inter-facility transfers and that he hoped that the agency's previous experience with the free-standing facility located in Germantown would help guide protocol development. He noted that Bay Bridge may be a factor in this regard, given the likelihood of traffic back-ups on the Bridge, particularly during the summer months.

EMS Educational Standards. Dr. Bass reported that MIEMSS had completed its review of a draft of the proposed National Standard Curriculum and was prepared to submit comments which were due by the end of July. He said that one of MIEMSS' major concerns with the new standards was that it required an increased number of training hours (approximately 260 hours). He said that MIEMSS recommended that the number of hours for EMT education be reduced to 150 hours or less. He noted that the reduction in required hours could be accomplished by minimizing the hazmat orientation content, and removing much of the NIMS training from the course. He also suggested that the number of patient contact hours could be reduced to 10 hours or less. He also said that CPR training should be part of the course and, at the very least, CPR skill competency should be verified within the course framework.

Mr. Simonds expressed concern that reducing training standards might increase liability for jurisdictions. Chief Graham agreed and said that he thought NIMS should be a prerequisite. Dr. Bass said that draft of the National Standard Curriculum was an effort to guide curriculum development among the various publishers. He said that Maryland was

under no obligation to follow the national standards, which should serve as a guideline, not a “requirement.” He noted, however, that following national standards could be beneficial to EMS providers in certain respects, e.g., it would make it easier for Maryland providers who wished to practice in adjacent / other states that required compliance with national training standards.

Dr. Bass said that a revised draft of the standards was scheduled to be released in October. Mr. Broccolino asked that a copy of the revised draft of the EMS Education Standards be distributed to the Board as soon it was released. He said that he would not ask the Board members to vote to approve comments to be submitted by MIEMSS. Rather, he indicated that it was the sense of the Board that MIEMSS should submit its comments as planned.

Prince George’ Hospital Center / Dimensions Health System (“Dimensions”). Dr. Bass reported that MIEMSS continued to monitor the Dimensions Health System situation in conjunction with other state health officials and EMS providers.

ED Overcrowding. Dr. Bass said that MIEMSS had met with DHMH Secretary Colmers and staff from the Maryland Health Care Commission and the Office of Health Care Quality to discuss ongoing concerns with emergency department overcrowding. He also said that MIEMSS had been working to complete a draft Centralized Routing Pilot Project that could be implemented in jurisdictions interested in actively managing patient routing. He said that the pilot project routing system would be similar to that currently used in Baltimore City and Washington, D.C.

Cardiac Centers. Dr. Bass reported that MIEMSS was in the process of developing draft regulations for the designation of Acute Cardiac Interventional Centers. Once designated, these hospitals would receive ambulance-transported patients with acute ST-elevation myocardial infarction (STEMI) who need rapid primary percutaneous coronary intervention. Dr. Bass said that staff would soon be meeting with the Maryland Health Care Commission to discuss the draft regulations.

Legislative Studies. Dr. Bass said that MIEMSS was working on two studies to be submitted to the Maryland General Assembly: (1) a study of All-Terrain Vehicle accidents; and (2) a study of cardiac arrests at public swimming pools to include recommendations on locations for potential placement of automated external defibrillators.

Budget. Dr. Bass reported that the budgeting process for FY09 had started and that the agency was awaiting direction from the Department of Budget & Management. He said that the Finance Committee would soon be meeting to consider the draft budgets of MIEMSS, MFRI, the Shock Trauma Center, and MSP Aviation.

FRED / CHATS. Dr. Bass said that MIEMSS was actively considering purchasing software that would replace the original FRED and CHATS systems that MIEMSS had developed several years ago.

Dr. Bass reporting that Judy Lau died in June. He said that she had been active in the Maryland State Firemen's Association and had also worked with Delegate Brian Moe for many years.

### **SEMSAC REPORT**

Mr. Simonds reported that SEMSAC had not met in July. He said the next SEMSAC meeting would be held in September.

### **SHOCK TRAUMA CENTER REPORT**

Ms. Johnson distributed the Shock Trauma report in writing. She noted that the Shock Trauma Center had not been on capacity alert in six months.

Mr. Broccolino congratulated Ms. Johnson on her induction into the Maryland State Firemen's Association's Hall of Fame.

### **MSP AVIATION COMMAND**

Capt. Dan Cornwell, Assistant Commander for MSP Aviation, and Sgt. Pat King updated the Board on the MSP Aviation Command budget. Sgt. King indicated that MSP Aviation would follow-up the verbal report to the Board with a written report after all FY07 budget close-out activities had been completed. He said that it appeared that as of July 2, MSP Aviation had an approximate net adjusted unspent closing FY07 balance of \$123,000 in general funds and \$416,000 in special funds.

Capt. Cornwell reported that due to scheduled and unscheduled helicopter maintenance, there had been temporary section shut-downs because no aircraft was available. He said that two helicopters were in the midst of "T" inspections which were taking longer than anticipated because of the unavailability of needed parts and that some stress fractures had been identified during the inspections. He also said that Keystone was completing one of the required maintenance inspections since it could complete the inspection faster than the MSP. He said that there were 2 "G" and 5 "T" inspections that would need to be completed during FY08. He said that the loss of certain maintenance staff that had left to take other jobs was a further complicating factor. He said that the MSP had four (4) open positions which could potentially be converted to maintenance slots. He also reported that Ron Eaton had resigned from the MSP.

Mr. Broccolino asked about the manufacturer's requirements for supplying parts in a timely manner. Capt. Cornwell said that Major McAndrew had met with the manufacturer to try to address the issue. Mr. Broccolino asked whether all the required inspections could be completed within budget. Capt. Cornwell indicated that it would be

possible to cover the additional personnel costs within the budget, but that completion of the “T” inspections might require additional funding.

## **LEGISLATIVE REPORT**

The legislative update was included in the Executive Director’s report (above).

## **NEW BUSINESS**

Proposed AED Legislation. Dr. Bass said that MIEMSS had drafted proposed legislation that would modify the Facility AED Program to make changes needed to update the Program, to ease requirements on entities participating in the Program and to remove perceived barriers to Program participation. He reminded the Board that MIEMSS had proposed changes to the existing Facility AED Program statute in last year’s legislature, but that action on the bill had not been completed before the legislature adjourned. He said that the draft that the Board would be considering included the changes that were proposed last year, as well as certain new provisions. Ms. Myers said that the AED Task Force had reviewed and made additional suggestions to modify the statute, which were included in the draft.

Ms. Sette summarized the major components of the draft legislation, which include: (1) removal of the requirement for an entity to register with the EMS jurisdiction in which the entity is located, since MIEMSS currently notifies jurisdictions of entity participation; (2) removal of the requirement for independent medical direction, since any necessary retrospective quality assurance can be provided by the Regional AED Council; (3) removal of the \$25 registration fee; (4) removal of restrictions on individual use of AEDs; and (5) extension of immunity to Regional AED Councils and strengthening existing immunities available to facilities and individuals.

Chief Graham said that it was helpful for local jurisdictions to know if an AED is located in a physician’s or dentist’s office since the device could potentially be accessed during a cardiac arrest elsewhere in the building. Ms. Van Hoy said that if the device was located in a public area within that building, it would have been registered with MIEMSS which have already notified the jurisdiction. Dr. Hexter suggested a change to the immunity section, the effect of which would provide blanket immunity for the Regional AED Council and individuals. Ms. Sette said that she would modify the immunity language as suggested. **Upon the motion of Ms. Van Hoy made a motion, which Dr. Hexter seconded, the Board approved the draft legislation as modified by the suggested immunity changes.**

Stroke Center Designation. Mr. Young updated the Board on the Primary Stroke Center designation process. He said that ten (10) hospitals had completed the MIEMSS-designation process and ten (10) had been JCAHO certified, which had been accepted by MIEMSS. He said that as of September 1, 2007, EMS providers were to begin triaging

stroke patients to the designated Primary Stroke Centers. He said that he anticipated that an additional nine (9) hospitals would seek Primary Stroke Center designation and that by the end of the year approximately 30 Maryland hospitals would be functioning as Primary Stroke Centers.

Stroke Registry Program. Mr. Young asked the Board to approve a stroke registry program for the Primary Stroke centers. He said that MIEMSS regulations require designed stroke centers to participate in a stroke registry and to submit certain data for quality assurance purposes. He said that the American Stroke Association's "Get With the Guidelines" was a registry program that monitored the full continuum of stroke care from EMS care to hospital discharge. He said that hospitals must be an annual fee of about \$1,100 for use of the program and that MIEMSS would also pay about \$1,100 annually to access the data, run statewide reports and compare data to national benchmarks. He said that the Primary Stroke Center steering committee had recommended use of the "Get With the Guidelines" Program. **Upon the motion of Ms. Showalter, which was seconded by Chief Graham, the Board approved the "Get With the Guidelines" Program as the approved stroke registry for Primary Stroke Centers.**

#### Proposed Protocol Changes.

- Pilot Program – EMT-B Acquisition of 12-Lead Electrocardiography. Dr. Alcorta distributed a corrected version of the Pilot Program and explained that it would permit the EMT-B level to acquire and transmit a 12-lead ECG to a receiving hospital. He said that EMT-B use of 12-leads might be effective in reducing door-to-perfusion time for the acute myocardial infarction patient. **Upon the motion of Dean Reece, which was seconded by Chief Graham, the Board voted to approve as corrected the Pilot Program – EMT-B Acquisition of 12-Lead Electrocardiography.**
- Removal of Verapamil and Availability of Lycopophilized Diltiazem. Dr. Alcorta said that this protocol change involved discontinuance of Verapamil in favor of Diltiazem since the latter was the superior medication for atrial fibrillation / atrial flutter. Ms Van Hoy said that some jurisdictions had purchased Verapamil and needed a timeframe for the change to be implemented. She suggested that the protocol specify October 1, 2007, as the date for the change to be completed. **Upon the motion of Ms. Van Hoy, which was seconded by Dean Reece, the Board approved as modified the protocol change.**

#### **OLD BUSINESS**

Hand and Upper Extremity Regulations. Mr. Magee and Ms. Beachley reported that the draft Hand and Upper Extremity Trauma Center Standards had been published as proposed regulations on April 27, 2007, and that no comments had been received. **Upon the motion of Chief Graham, which was seconded by Ms. Van Hoy, the Board**

**approved as final regulations the Hand and Upper Extremity Trauma Center Standards.**

**ADJOURN TO CLOSED SESSION**

**Upon the motion of Ms. Van Hoy, which was seconded by Dr. Cornwell, the Board adjourned to closed session to carry out administrative functions and to consult with counsel to obtain legal advice on pending disciplinary actions under State Government Article § 10-508(7), to consult with staff and counsel on pending litigation under State Government Article § 10-508(8), and to maintain certain records and information in confidence as required by Health Occupations Article § 14-506(b) under State Government Article § 10-508(13), and to thereafter resume open session.**

**Board Members Present at the Closed Session:** Edward Cornwell, M.D.; David Fowler, M.D.; David Hexter, M.D.; Sally Showalter; Roger Simonds; Mary Alice Vanhoy, R.N.

**Others Present:** Dr. Bass, Ms. Bailey, Ms. Gainer, Mr. Dubansky, Mr. Magee, Ms. Sette, Mr. Schaeffer, Mr. Trohanis, Mr. Young.

The administrative function was the review of confidential hospital information, the review of educational program information, consideration of nominations to fill vacancies in the Statewide EMS Advisory Council, and the application of provider disciplinary rules to existing cases.

**RECONVENE IN OPEN SESSION**

The Board reconvened in open session at 12:25 p.m.

Primary Stroke Center Designation. Ms. Beachley said that MIEMSS had made the following determinations regarding Primary Stroke Center designation under COMAR 30.08:

Washington County Hospital Association	Full five-year designation
Maryland General Hospital	Full five-year designation
Baltimore Washington Medical Center	Full five-year designation
Memorial Hospital at Easton	Full five-year designation
Atlantic General Hospital	Full five-year designation
St. Mary's Hospital	Full five-year designation
Holy Cross Hospital	Full five-year designation
University of Maryland Medical Center	Full five-year designation
The Johns Hopkins Hospital	Full five-year designation

The Johns Hopkins Bayview Medical Center	Full five-year designation
Sinai Hospital of Baltimore	Full five-year designation
Suburban Hospital	Full five-year designation
Anne Arundel Medical Center	Full five-year designation
Greater Baltimore Medical Center	Full five-year designation
St. Joseph Medical Center	Full five-year designation
Montgomery General Hospital	Full five-year designation
Peninsula Regional Medical Center	Full five-year designation
Good Samaritan Hospital	Full five-year designation
Memorial Hospital & Medical Center of Cumberland, Inc.	Provisional one-year designation
Civista Medical Center	Denial

**Upon the motion of Chief Graham, which was seconded by Ms. Showalter, the Board approved MIEMSS' Primary Stroke Center designation determinations as presented, with Dr. Cornwell abstaining from voting as to the Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center, and Ms. Van Hoy abstaining from voting as to Memorial Hospital at Easton.**

Region V Base Station Re-Designation. Ms. Beachley reported that base station inspections had been completed in Region V and asked the Board to approve the following re-designation determinations made by MIEMSS:

Prince George County Hospital Base Station	One-year re-designation
Montgomery General Hospital Base Station	Two-year re-designation
Civista Hospital Base Station	Two-year re-designation
Shady Grove Hospital Base Station	Two-year re-designation
Washington Adventist Hospital Base Station	Two-year re-designation

**Upon the motion of Ms. Van Hoy, which was seconded by Dr. Cornwell, the Board approved MIEMSS' Base Station re-designation determinations as presented.**

Charles County Advanced Life Support Education Program. Mr. Trohanis reported that MIEMSS had considered the request for re-approval of the Charles County ALS Education Program. He said that MIEMSS inspection of the Program had indicated that a one-year provisional program approval was appropriate and that MIEMSS would monitor the Program during that year. **Upon the motion of Dr. Cornwell, which was seconded by Ms. Vanhoy, the Board approved a one-year provisional re-approval of the Charles County Advanced Life Support Education Program.**

Perinatal Designation and Re-Designation. Ms. Bailey reported that MIEMSS staff and site review teams had visited Frederick County Hospital. She said that, as a result, MIEMSS had designated the Hospital as a Level IIIA Perinatal Referral Center. She also reported that MIEMSS staff and site review teams had visited Sinai Hospital; MIEMSS had re-designated Sinai Hospital as a Level IIIB Perinatal Referral Center. **Upon the motion of Ms. Vanhoy, which was seconded by Dr. Cornwell, the Board approved**



**the designation of Frederick County Hospital as a Level IIIA Perinatal Referral Center and the re-designation of Sinai Hospital as a Level IIIB Perinatal Referral Center.**

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