

**State Emergency Medical Services Board
August 13, 2013
Minutes**

Board Members Present: Donald L. DeVries, Jr., Esq.; Vic Broccolino, Vice-Chairman; Sherry Adams; David Hexter, M.D.; Murray Kalish, M.D.; Dean Albert Reece, M.D. Ph.D. Sally Showalter; Mary Alice Vanhoy, R.N.; Dany Westerband, M.D.; Gene Worthington.

Board Members Absent: Robert Maloney.

Others Present:

MIEMSS: Dr. Bass; Dr. Alcorta; Ms. Abramson; Ms. Aycock; Mr. Balthis; Mr. Brown; Mr. Bussey; Ms. Gainer; Ms. Gilliam; Ms. Goff; Mr. Hurlock; Ms. Mays; Ms. Myers; Mr. New; Mr. Schaeffer; Mr. Slack; Ms. Warmack.

OAG: Mr. Magee; Ms. Sette.

Maryland State Police Aviation Command: Walter Kerr.

Shock Trauma Center: Karen Doyle.

1199 SEIU: Erin Schumann.

Mr. DeVries called the meeting to order at 9:12 a.m.

ACTION: Upon the motion of Dr. Westerband, which was seconded by Ms. Van Hoy, the Board approved the minutes of the June 11, 2013, meeting of the State EMS Board.

REPORT OF THE STATEWIDE EMS ADVISORY COUNCIL

No report.

EXECUTIVE DIRECTOR'S REPORT

eMEDS. Dr. Bass reported that the eMEDS rollout was nearing completion. He said that eMEDS implementation in Prince George's County should occur in November and that Charles County was working toward implementation. He said that Montgomery County was still considering eMEDS adoption.

MIEMSS Communication Project. Dr. Bass reported that the MIEMSS Communication Project was well underway and moving ahead.

Draft EMS Plan. Dr. Bass reported that MIEMSS had held meetings in Regions I, III and IV to receive comments on the draft EMS Plan. He said that meetings in the remaining regions would be held in the next few weeks, after which the comments received would be compiled and reviewed.

Ambulance Safety. Dr. Bass announced that MIEMSS will hold the next Ambulance Safety Summit on November 5, 2013.

MIEMSS Learning Management System (LMS). Dr. Bass said that the vendor that hosts the MIEMSS LMS had experienced a hacking event and had elected to shut down their server that housed our LMS. Dr. Bass said that, as a result, MIEMSS would be migrating to a new educational platform that will include all the previously-available programs.

LEGISLATIVE REPORT

No report.

SHOCK TRAUMA CENTER REPORT

Ms. Doyle submitted a written report to the Board. She reported that patient volumes for FY13 were decreased from last year's, but OR cases had increased over the same period. She said that FY13 neurotrauma cases were increased over FY12. Ms. Doyle also reported that interhospital transfers to STC had increased over the year. She noted that Trauma Registry data indicated that trauma volumes were also down for all trauma centers, with the exception of Prince George's Hospital and Western Maryland. She said that Shock Trauma physicians also staff the trauma service at Prince George's Hospital. She reported that STC admissions by air had also decreased 13%. She also noted that volumes for the Hyperbaric Chamber had decreased, most likely due to the ambulatory wound chambers that are now located across the State.

Ms. Doyle summarized the education, outreach, and prevention activities for the STC. She reported that Ms. Jaime Huggins was now working with TransCare and thanked her for all her hard work on behalf of STC.

MSP AVIATION COMMAND UPDATE

Lt. Walt Kerr presented a written report. He said that the 8th AW-139 should be delivered within the week. He said that the transition to the new fleet was in progress at the Frederick base where nighttime training was underway, which should take about a week to complete. He noted that the tracker beam light on the AW-139's had not

worked out as planned; as a result, pilots would be using night vision goggles (NVG) instead. He said that while some MSPAC pilots had experience with NVG, others did not; consequently, MSP were providing NVG training for those pilots. He reported that the transition had also begun for Trooper 6. He expected that the transition for this base would be completed more quickly than Frederick.

Lt. Kerr also reported that MSPAC was working with the Department of Budget & Management to secure the needed positions for the Second-in-Command (SIC) pilot. He said that MSPAC anticipates that those positions will be relatively easy to fill, since fewer flight hours are required as a prerequisite. He said that many returning veterans with flight experience would fit this category. Regarding recruitment of pilots, he said that MSPAC has identified six candidates who are being actively recruited. He noted that MSPAC pilot training typically takes about three months after hiring.

He noted that with the AW-139s, MSPAC's medevac service is now a 4-person operation, instead of a 2-person operation. For that reason, crew coordination is even more important, and training to ensure crew coordination was going very well. He also noted that with the transition to the new fleet, MSPAC was becoming a more regionalized aeromedical service, with allied bases that are close geographically and personnel moving in and out of allied bases, as needed.

Mr. DeVries said that the transition to the new AW-139 fleet was a significant challenge. He said that the Board had reconvened its Helicopter Committee to help try to coordinate the challenges presented by the transition for statewide EMS operations.

MARYLAND STATE FIREMEN'S ASSOCIATION

No report.

NEW BUSINESS

Toward Zero Deaths. Dr. Bass summarized the "Toward Zero Deaths" program – a national safety program with the goal of reducing highway fatalities in each state, as well as nationally. He noted that over the years, much progress has been made to reduce these fatalities, but there is more than can be done. He said that SEMSAC had endorsed the Toward Zero Deaths Policy Resolution Board and asked the Board to do the same.

Upon the motion of Dr. Kalish, which was seconded by Ms. Showalter, the Board unanimously endorsed the Toward Zero Deaths Policy Resolution.

Optional Jurisdictional Protocol for EMT – Naloxone. Dr. Alcorta introduced MIEMSS' new Protocol Administrator, Mr. Ian Bussey. Dr. Alcorta distributed an updated "Intranasal Naloxone for BLS Providers Optional Supplemental Program." He said that legislation passed during 2013 had established the ability of lay individuals to

administer Naloxone to overdose victims. He said that Maryland Protocols currently permitted only ALS personnel to administer Naloxone, but that BLS personnel are typically first to arrive on the scene. He said that the Protocol Committee had approved an Optional Jurisdictional Protocol that would allow EMTs and EMRs to administer intranasal Naloxone and said that it would be standard for all EMTs beginning in July 2014. He said that there is a similar program in New York for EMTs that had been very successful. He noted that some jurisdictions are experiencing an increase in overdose of opioids and was very interested in permitting BLS personnel to administer Naloxone.

Ms. Vanhoy said that she agreed the protocol was much needed. She noted that the protocol should address Naloxone administration via either vial or syringe, but as drafted, only addressed administration via vial. She also said that the availability of Naloxone would be an issue, since it has been in short supply. Dr. Alcorta agreed that the protocol should be modified to include syringe-based administration.

Upon the motion of Dean Reece, which was seconded by Mr. Broccolino, the Board approved the “Intranasal Naloxone for BLS Providers Optional Supplemental Program” with the change proposed by Ms. Van Hoy.

COMAR Regulation Changes. Mr. Magee asked the Board to approve two changes to COMAR regulations. The first change would incorporate by reference in COMAR regulations: (1) the 2013 Maryland Medical Protocols for Emergency Medical Services Providers; and (2) the Maryland State Trauma Registry Data Dictionary for Burn Patients – 2012 Edition. The second change would change the COMAR definition of an electronic ambulance information system from “EMAIS” to “eMEDS.”

Upon the motion of Dr. Kalish, which was seconded by Ms. Vanhoy, the Board approved the proposed modifications to COMAR 30.01.01.01 and .02.

OLD BUSINESS

Proposed Amendment to COMAR 30.03.04.04. Dr. Bass said that the proposed modification to the regulations would require the submission of an eMEDS patient care report to MIEMSS, instead of submission of data “in a form acceptable to MIEMSS.” He said that the transition to eMEDS had been underway for several years and that nearly all jurisdictions had adopted the use of eMEDS as their patient care reporting system. He said that the proposed regulation would become effective December 31, 2013, indicating the final date for jurisdictions to adopt eMEDS. He said that Montgomery County is considering adopting eMEDS, and the new regulation should help nudge them into compliance in that regard.

Ms. Vanhoy said that the lack of uniform submission of prehospital care data is detrimental to conducting research and securing funding for research. Ms. Adams said that from a public health perspective, everything is data driven, and there is a great need for statewide prehospital data.

Upon the motion of Ms. Vanhoy, which was seconded by Ms. Showalter, the Board approved the proposed amendment to COMAR 30.03.04.04.

Maryland Medical Orders for Life Sustaining Treatment (“MOLST”). Ms. Sette reported that the rollout of the MOLST program had been very successful throughout Maryland. She said that the Legislature had modified the scope of practice for Physicians Assistants to authorize them to sign the MOLST form. She asked the Board to approve modifications to implement this change to both the MOLST form and the MOLST regulations.

Upon the motion of Ms. Vanhoy, which was seconded by Dr. Hexter, the Board approved the proposed modifications to the MOLST form and to the MOLST regulations.

Mr. DeVries announced that the Board would be adjourning to closed session, after which it would reconvene in Open Session.

Upon the motion of Mr. Broccolino, which was seconded by Ms. Vanhoy, the Board adjourned to Closed Session.

The purpose of the closed session was to carry out administrative functions under State Government Article §10-502 (b), to obtain legal advice from counsel under State Government Article § 10-508 (a) (7), and to discuss certain site reviews and maintain certain records and information in confidence as required by Health Occupations Article §14-506 (b) under State Government Article § 10-508 (a) (13).

The closed session was attended by:

Board Members Present: Donald L. DeVries, Jr., Esq.; Vic Broccolino, Vice-Chairman; Sherry Adams; David Hexter, M.D.; Murray Kalish, M.D.; Dean Albert Reece, M.D. Ph.D. Sally Showalter; Mary Alice Vanhoy, R.N.; Dany Westerband, M.D.; Gene Worthington.

Board Members Absent: Robert Maloney.

Others Present:

MIEMSS: Dr. Bass; Dr. Alcorta; Ms. Abramson; Ms. Aycock; Ms. Gainer.

OAG: Mr. Magee; Ms. Sette.

Maryland State Police Aviation Command: Walter Kerr.

The Board approved the closed session minutes from the June 11, 2013, meeting.

The Board was provided information regarding the MSPAC budget.

The Board was provided information regarding designation of primary stroke centers, base stations, and perinatal referral centers.

The Board considered provider disciplinary matters.

The Board reconvened in Open Session at 11:29 a.m.

Upon the motion of Ms. Vanhoy, which was seconded by Dr. Westerband, the Board approved the following hospitals as primary stroke centers:

**University of Maryland Charles County Regional Medical Center (Civista)
as a primary stroke center for a period of five (5) years; and**

MedStar St. Mary's Hospital for the remainder of a five (5) year period.

Upon the motion of Dean Reece, which was seconded by Dr. Hexter, the Board approved the following base stations for a five-year period:

**Upper Chesapeake Medical Center
Harford Memorial Hospital
Johns Hopkins Hospital Pediatric Emergency Department
Carroll Hospital Center
Johns Hopkins Hospital Adult Emergency Department**

Upon the motion of Ms. Adams, which was seconded by Dean Reece, and with Mr. Broccolino abstaining, the Board approved the Howard County General Hospital and Johns Hopkins Bayview Medical Center as Level IIIB Perinatal Referral Centers.

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