



State Emergency Medical Services Board
December 9, 2014
Minutes

State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

Martin O'Malley
Governor

Donald L. DeVries, Jr., Esq.
Chairman
Emergency Medical
Services Board

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Board Members Present: Attended in person: Donald L. DeVries, Jr., Esq., Chairman; David Hexter, M.D.; Fred Cross; Sally Showalter; Sherry Adams; Kyrle Preis
Via phone: Vic Broccolino, Vice-Chairman; Roland Berg; Dean E. Albert Reece, MD;

Board Members Absent: Dany Westerband, M.D.; Mary Alice Vanhoy.

Others Present:

MIEMSS: Dr. Seaman; Ms. Gainer; Dr. Alcorta; Ms. Abramson; Ms. Aycock; Dr. Bailey; Mr. Brown; Mr. Deckard; Mr. Darchicourt; Ms. Goff; Ms. Mays; Ms. Myers; Ms. Oliveira; Mr. Schaefer.

OAG: Mr. Magee; Ms. Sette.

MSPAC: Major Lioi; Lt. King

MSFA: First Vice President Roth.

RACSTC: Ms. Doyle

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

ACTION: Upon the motion of Mr. Cross, seconded by Ms. Showalter, the Board voted unanimously to approve the minutes of the November 18, 2014, meeting of the State EMS Board as written.

Mr. DeVries welcomed Dr. Seaman to MIEMSS and the EMS Board.

Dr. Seaman thanked the Board members for their support and said he would like to meet with internal and external stakeholders over the next six months.

MIEMSS REPORT

Dr. Kevin Seaman said that he attended the MSFA Executive Committee meeting in Pocomoke City on December 6, 2014.

Dr. Seaman highlighted items on the distributed MIEMSS Report.

National Registry Training. National Registry testing for initial EMR and EMT certification began with the classes that started this fall. Over the next year, MIEMSS will be monitoring the test results to gauge how well Maryland providers are performing on the test. There are currently 11 NREMT / Pearson VUE testing sites that have been established for this testing in various locations throughout Maryland.

SYSCOM/EMRC. The work to renovate and upgrade SYSCOM /EMRC is continuing. After completion of the relocation of the existing center to other space within MIEMSS and the teardown / removal of the old modules, the technical portion of the upgrade began in November 2014 and will continue for approximately the next 6 months. SYSCOM / EMRC remain fully operational (24/7) during this project.

Reverification. MIEMSS has started the re-verification process for EMS Operational Programs. The re-verification process will ensure that jurisdictions remain compliant with requirements contained in COMAR regulations. It is anticipated that the process will be completed in early 2015.

Ebola. Dr. Alcorta said that the CDC has designated 35 hospitals across the US as “Ebola Treatment Centers” for treatment of confirmed Ebola cases. In our area, designated hospitals are: Johns Hopkins and the University of Maryland Hospital in Baltimore and NIH in Bethesda; and, in D.C., MedStar Washington Hospital Center, George Washington University Hospital, and Children’s National Medical Center. Maryland has two waived commercial transport services, MedStar and LifeStar Response; Express Care, Butler and FreeState have also submitted waiver applications for the inter-facility transfer of Ebola patients. Maryland will be following a two-tiered system vs. the CDC recommended three-tiered system. Dr. Alcorta reminded everyone that the Secretary of DHMH has determined that every emergency department must be capable of receiving a PUI; EMS must go to the closest ED and should not redirect to other facilities.

Dr. Alcorta added that a link to the MIEMSS Infectious Disease web page has been added to eMEDS. The Infectious Disease web page <http://www.miemss.org/home/InfectiousDiseases/tabid/214/Default.aspx> includes minutes from the now bi-weekly infectious disease conference calls and all other pertinent documents. The infectious disease web page also contains links to the latest CDC PPE standards and guidance for identifying patients. Dr. Alcorta gave an overview of the current CDC PPE recommendation to EMS.

Ms. Adams added that the reason for the decision to follow a two tiered system vs. the three tiered system recommended by the CDC is due to Maryland’s small geographical area. All EVD test are conducted at the DHMH Laboratory which can run 24/7, moving patients two or three additional times causes more exposure and doubles or triples the consumption of PPE.

Ms. Adams said that Maryland is second only to New York State in the number of travelers from affected countries. Ms. Adams reported on the processes, including the quarantining of affected persons and the writing of new protocols, for following travelers; and discussed the joint monitoring with HHS of healthcare workers, from affected areas. So far, DHMH is following more than 450 travelers (150 travelers per day).

Ms. Adams reported that all DHMH testing of PUIs for Ebola has been negative; but, EVD testing has caught a number of Malaria cases and undiagnosed HIV cases.

Ms. Adams gave an overview of the National Health Security Preparedness Index which is an attempt to provide a way of measuring health security in the US. The Trust for America’s Health will be releasing a report next week which is focused on emerging infectious diseases and how well states manage and monitor infectious diseases.

Active Assailant Workgroup. Dr. Seaman said an awareness training video that will help introduce the concepts and recommendations contained in the “Guidance for First Responders for the Active Assailant Incident” will be released soon. MFRI has been instrumental in producing this training video which should help local jurisdictions began the process of planning an integrated response for such events. The Governor has awarded the Certificate of Merit for an Outstanding Crime Prevention Program for the Guidance to First Responders for the Active Assailant Incident. Dr. Seaman commended John Donohue, MIEMSS’ Chief of Field Operations, along with MSP, who were instrumental in the completion of this guidance document.

Public Access AED. MEIMSS has contracted with a company (Atrus, Inc.) to establish a web-based public access AED registration process. An important feature will allow jurisdictions to see all the PAD locations within their jurisdictions without having to manually enter AED addresses into the CAD.

Legislature. MIEMSS is gearing-up for the Maryland General Assembly that convenes on January 14th. We anticipate devoting significant efforts over the 90-day Session to educate new legislators about Maryland’s statewide EMS system.

The joint EMS Board / SEMSAC meeting will be held on Tuesday, January 13th, beginning at 10:00 am at MIEMSS.

SEMSAC REPORT

National Study Center. Mr. Berg reported that Dr. Faden said that the National Study Center’s Center for Aging is moving forward with grant submissions.

Minimum Equipment Standards Workgroup. Mr. Berg said that Mr. Simonds reported that the Workgroup is in the process of assessing jurisdictional and company level reasons for not utilizing the Voluntary Ambulance Inspection Program. The concept of Minimum Equipment Standard in the state does not seem to be an issue with jurisdictions; but, a few of the larger jurisdictions indicated concerns over the inspection and implementation of standards i.e. the impact of the inspection process on daily operations. The next meeting will be held on November 5th at 10am at MIEMSS.

Patient Care Reporting (PCR) Workgroup. Dr. Anders said the Workgroups first objective was to understand the scope of issues. Over 30 receiving hospitals representing all 5 Regions have responded to a survey regarding the handoff of patients by EMS. Dr. Anders said that the results of the survey with recommendations by the Workgroup will be presented to SEMSAC in early 2015. The next meeting of the PCR workgroup will be determined after the first of the year.

Perinatal Standards. Mr. Berg said that SEMSAC members raised concerns regarding the consistency with the terminology used in different specialty centers. It is difficult for the hospitals to interpret and apply different standards between different specialty programs. Immediately available is the term used by the Joint Commission and so should be used. “Readily Available or Short time” is too flexible and could mean 30 minutes, 45 minutes or longer.

The SEMSAC recommended requesting the Perinatal Committee to reconsider the language “Readily Available” to be consistent with the JACHO standards terminology.

Mr. DeVries said a committee will be formed to discuss the Perinatal Regulation terminology.

MSP AVIATION COMMAND UPDATE

Major Lioi welcomed Dr. Seaman as Executive Director.

Major Lioi stated that MSPAC has completed transitional training at 6 of 7 Sections. Members at the Trooper 1 Section are in the process of finishing the ground school portion of transition training and sortie-based training will follow in the coming weeks. Due to training slots not being available at Rotorsim until after January 1, 2015, we anticipate a delay in completing the transition by 2-4 weeks (end of January).

Major Lioi said that the 20 Second in Command (SIC) PINs have been filled. There are three pilot vacancies due to attrition.

Major Lioi said that the monies from the sale of the Dauphines will go into the general fund.

MSFA UPDATE

1st Vice President Roth welcomed Dr. Seaman and thanked Dr. Alcorta and Ms. Gainer for their roles as Co-Acting Executive Directors of MIEMSS during the transition.

Mr. Roth said the MSFA has sent a letter to Governor Elect Hogan requesting the move of the Windows and Orphans fund out of the EMSOF and back to the Governor's fund. The MSFA is working on a legislative orientation package for the newly elected officials and staff.

The MSFA Legislative Reception will be held on February 10, 2015 from 5-7pm in the Miller Senate Building.

R ADAMS COWLEY SHOCK TRAUMA CENTER

Ms. Doyle congratulated Dr. Seaman and welcomed him on behalf of Dr. Scalea and the RACSTC Team.

Ms. Doyle said that all of the regulators have signed off on the new helipad and RACSTC should have "Use and Occupancy" within the next two weeks.

RACSTC is working collaboratively with MSPAC to identify two appropriate alternate landing sites.

Upon the motion of Dean Reece, which was seconded by Dr. Westerband, 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., Chairman; Vic Broccolino (by phone), Vice-Chairman; Roland Berg (by phone); David Hexter, M.D.; Sally Showalter; Fred Cross; Sherry Adams; Dean E. Albert Reece, MD. (by phone); Kyrle Preis.

Board Members Absent: Dany Westerband, M.D.; Mary Alice Vanhoy

Others Present:

MIEMSS: Dr. Seaman; Ms. Gainer; Ms. Abramson; Ms. Myers; Ms. Goff; Mr. Brown; Dr. Alcorta; Mr. Schaefer; Ms. Myers; Ms. Aycock; Ms. Oliveira; Dr. Bailey.

OAG: Mr. Magee; Ms. Sette.

In closed session the Board:

The Board considered provider disciplinary matters.

The Board reconvened in Open Session which was attended by:

Board Members Present: Donald L. DeVries, Jr., Esq., Chairman; Vic Broccolino (by phone), Vice-Chairman; Roland Berg (by phone); David Hexter, M.D.; Sally Showalter; Fred Cross; Sherry Adams; Dean E. Albert Reece, MD. (by phone); Kyrle Preis.

Board Members Absent: Dany Westerband, M.D.; Mary Alice Vanhoy

Others Present:

MIEMSS: Dr. Seaman; Ms. Gainer; Ms. Abramson; Ms. Myers; Ms. Goff; Mr. Brown; Dr. Alcorta; Mr. Schaefer; Ms. Myers; Ms. Aycock; Ms. Oliveira; Dr. Bailey.

OAG: Mr. Magee; Ms. Sette.

Upon the motion of Mr. Preis, which was seconded by Ms. Adams, the Board voted unanimously to approve the Perinatal Regulations.

Upon the motion of Mr. Preis, which was seconded by Ms. Showalter, the Board voted unanimously to approve Baltimore City Fire Department as a BLS Educational Program for the remainder of the 5 year designation (4 years).

Upon the motion of Mr. Cross, which was seconded by Ms. Adams, the Board voted unanimously to approve Baltimore City Community College ALS Educational Program for 5 years.

Upon the motion that was made and seconded, the Board voted unanimously to approve Washington County EMS Operational Program, which is currently approved as an ALS Education Program, be downgraded to a BLS Education Program for the remainder of the current designation period which ends September 14, 2015.

Upon the motion of Mr. Broccolino, which was seconded by Ms. Showalter, the Board voted unanimously to approve MedStar Southern Maryland Hospital Center, St. Agnes Hospital, Shady Grove Adventist Hospital and Washington Adventist Hospital as Cardiac Interventional Centers for five years.

The Board adjourned by acclamation.