Meeting was called to order at 1300 hours by Chair Bill Dousa. He thanked Hollywood Rescue Squad for hosting the meeting and lunch. President Stanley Williams welcomed everyone and wished a productive meeting.

Chair report –

Bill thanked Wayne Tome for his work as chair last year and his continued service to the committee. The report from last year from the convention book is available for review. Some of the priorities for the committee this year are the new EMTB curriculum, ePCR change from emais to Image Trend, and the ambulance safety committee that Dr. Bass has formed. A meeting for the subcommittee for transport is set for August 27. We are looking for information from the counties. He asked for guidance from the committee on our roles and responsibilities. We need to update our definition. Meeting dates and places will be determined by everyone. He thanked President Cox for the opportunity to chair this committee.

Recording Secretary –

Linda Dousa sent around an attendance roster for input and corrections. She will keep this updated for each meeting. If anyone has a change in email or phone number, please let her know.

Association Officers –

President Doyle Cox welcomed everyone and thanked them for their work. He also recognized the new members of the committee. He thanked Wayne Tome for his contributions to this committee and to the MSFA. He asked everyone to take any information from this meeting back to their company and county for dissemination. He also wants input from the companies on what they want or need from the MSFA. He would like to see an article in the Trumpet about EMS. He would also like to see an article every month on the MSFA webpage. Congratulations to Bill Dousa and Marianne Warehime for being inducted into the MSFA Hall of Fame. He stated input is needed from companies and counties regarding ambulance safety before any rules are made. He would also like to the minutes from the meetings forwarded to other committees, Safety and training especially.

Vice President Dave Lewis thanked everyone for what they are doing. He’s looking forward to the working with the committee with the many issues.
Past President Lee Sachs stated the convention was very successful. The “star” of the show was the Jolly Roger event. 1200 people attended. 700 people attended the indoor lunch at the Convention Center on Tuesday. The plan for next year is to repeat the Jolly Roger event; the Tuesday evening event will be cancelled. In its place on Tuesday night they plan on having the movie on the beach instead of Sunday. One of the goals is to have the program set and out by Thanksgiving. They are encouraging comments and any help. Charlie Wills asked if fireworks would be back; Susan Mott questioned who sets up the QA for the convention. Charlie Simpson stated he liked how the convention went this year. He felt it was one of the smoothest run ever. Because of the upcoming construction at the convention center, there will be several changes coming up next year.

Past President Phil Hurlock stated flyers are out for Pyramid; there will be a state EMS seminar that will be held in Ocean City in April 2011.

ALS Sub Committee –

- Marianne Warehime stated they are still dealing with issues from last year. Core instructors that are MICRB trained is still an issue being worked on. Steve Frye stated MFRI is working toward that ending. The facilitators of a class must be MICRB certified now. The subject matter expert instructors do not have to be MICRB certified.
- A paramedic is a paramedic – is at a stand still. One of the issues is that every time a meeting is scheduled a different person attends, therefore causing the chair to repeat information. The career service has been opposed to this from the beginning. This has been a goal of MIEMSS for a number of years. Susan Mott suggested a “go to meeting” format be used so that those who cannot be there in person would be able to attend. MIEMSS will work on getting this done. Right now MIEMSS has a template for BLS.
- RN to Paramedic program – RN’s are screened from people at MIEMSS to see where they need training. She will contact Bill Seifarth for further guidance.

BLS Sub committee –

Joan Williams stated they are looking at the safety, ePCR and EMT B issues they will be discussing. They are also looking at a CPR issue.

MIEMSS–

- Dr. Alcorta thanked everyone for the participation over the last year.
- Pre loaded syringes are in very short supply thus impacting several essential EMS medications. He said to work with your hospital or vender to find a means of delivering the appropriate dose of the medications. This can be creative as outlined in the example: On the shore, instead of D50W (25 grams) they are giving the units D10 bags and patients are being given a 500cc fluid bolus; to give Epi 1:10000, they are using 1:100 (1 cc) and then drawing up an additional 9 cc
Ringers. Most of the meds will be back up by mid July; D50 will be by the end of September. Let him know of shortages and he will work on solutions.

- Image Trend, the new ePCR will be replacing emais. It will come online in October in Cecil, Harford and Queen Anne Counties as a pilot. He is looking at the data sets between emais and NEMSIS gold to see what data needs to be collected. He wants to make sure historic data is not lost. It will have provider enhancements that will make life easier; providers will be able to bring up protocols as well as medication doses, both adult and pediatric.

- HC Standard has the FRED hospital tracking online. John Donohue is working with them on a patient tracking tool.

- VAIP – 2010 document is out. Thanks to Charlie Simpson for his work on this.

- Protocol update – up to the jurisdiction on how to assure providers have completed the MIEMSS protocol update. For next year, the recommendation by the protocol review committee is to require the EMS providers complete the update by June 1. This way jurisdictions will have one month to make sure providers are updated before new protocols go into effect July 1. The committee supports this timing. There was a request to MIEMSS to make the list of completed protocol update providers available to jurisdictions in a timely manner. MIEMSS would also need to get the online training up by February. Some committee members stated they still had issues with connectivity, etc. Dr. Alcorta requested specifics for investigation. Pete Fiakos (pfiakos@miemss.org) is the one who has been working on the online training programs; send him descriptions of problems in detail. A member questioned companies using the DVD for updates and taking a test online. The educational DVD is available through each jurisdiction or MIEMSS regional officer. If there are questions on updates, please contact Bill Seifarth.

- Regional STEMI subcommittees – he stated everyone needs to work with them, especially on STEMI. He said some of the jurisdictions are looking at EMS to be the primary interfacility transport for STEMI patients. Interfacility STEMI patients need to be transported by a commercial service as the patients often need specialty care capability with EMS as a fallback. If EMS does transport, a “transport” nurse (CCU, ICU or ED nurse with base stat station) must transport with the patient.

- Evidence based guidelines (EBG) - they are looking at medevac utilization and pain management in trauma patients (fentanyl or morphine). The EBG work group will provide the MIEMSS Protocol Review Committee with information and they will evaluate the recommendations to see if they will impact future protocols.

- There will be a BDLS course in Hagerstown on July 29. Openings are still available and the class is free. There will be another class on October 8 at Pyramid.

- Pyramid is Oct 7 – 10.

- MIEMSS is working with OHCQ (Office of Health Care Quality) on a document titled Medical order for Life Sustaining Treatment (MOLST). They are incorporating EMS/DNR-A(DNI) and EMS/DNR-B in this. They are working with legal forces to make every nursing home have this form for each patient.
This will help both public safety and commercial services as well as the ED. This will reduce transports when not needed and will stop treatment when it shouldn’t be done. They are also looking to have this mandatory in group homes in the future.

- The EMS/DNR-A (old form) is still to be recognized and intubation is an option for patients with this old form. The new EMS/DNR-A (DNI) form is being completed and will be out soon. The new EMS/DNR-A (DNI) will be offered to existing EMS/DNR-A or EMS/DNR-B patients.

- MIEMSS is working on a pre-arrival 911/public service access point centers protocol for medevac request. Right now an EMS provider must be on scene before the helicopter is dispatched. It will be patient specific criteria information. The patient will be assessed by EMS on arrival, the EMS provider will then communicate with their dispatch center and provide them with a Trauma Decision Tree Category and consult still needs to occur on Category C and D patients. The goal is to get this in place as quickly as possible (September).

- 60 second radio report that Dr. Alcorta did at Shock Trauma can be reviewed online. This is intended to get the order requested from the base station doctor. Jim Radcliffe is the point of contact.

- HUD report – 1400 helicopter requests have been reviewed since October. 79% saved time; 81% demonstrated a clinical benefit per the medical director; 80% were compliant with protocol criteria and documentation. One common error is the GCS is lower than the documentation states. The legislature has this information. MIEMSS will continue to monitor this data base for further protocol revisions.

- Two exercises are coming up October: Vigilant Guard and Capital Shield.

- CMS modification being proposed – mileage must be documented to the 10\textsuperscript{th} of a mile. Wayne Tome suggested writing a letter opposing this.

- A subcommittee of JAC is being formed to look at the ePCR data sheet to be left at the ED for patient information. This committee will standardize a form for everyone to use across the state. They will also be requiring hospitals to establish space for EMS providers to work on ePCR’s in the ED’s. They are looking for a representative from this committee to sit on the committee. This will be a base station requirement.

MFRI –

Steve Frye stated the training schedule for Fall is online; registration has been very vigorous. Les Hawthorne will be the BLS representative.

MSP Aviation – not present. They should be present at the next meeting.

RAC Shock Trauma – not present.

New Business – None.
Old Business – Dr. Alcorta stated MIEMSS is looking at each county to see how they match up with the COMAR regulations. There were some that had no written documentation on Medical director; others had weak QA plans. Many of the issues have been corrected. All but two counties now have written MOU’s with their Medical Directors, QA processes have dramatically improved.

Good of the committee –

- Chris St. John stated Montgomery County has passed a billing program. The volunteers are working on a referendum to have this put on the ballot in September.
- He also stated the VCOS recruitment competition is due the end of August.
- Lee Sachs stated the city of Cambridge has begun billing for fire service. The companies are not receiving the money billed. He encouraged all companies to have errors and omissions insurance, especially if they are billing.

Next meeting – October 16th at Kensington. Lunch at 12 noon, meeting at 1pm.

Adjournment – 1447.

Respectfully submitted
Linda Dousa