

MARYLAND REGISTER

## Proposed Action on Regulations

<b>Transmittal Sheet</b>  <b>PROPOSED OR REPROPOSED</b>  <b>Actions on Regulations</b>	<b>Date Filed with AELR Committee</b>	<b>TO BE COMPLETED BY DSD</b>
	06/20/2016	Date Filed with Division of State Documents
		Document Number
		Date of Publication in MD Register

1. **Desired date of publication in Maryland Register: 7/8/2016**

2. **COMAR Codification**

**Title Subtitle Chapter Regulation**

30 03 06 .01-.09

3. **Name of Promulgating Authority**

Maryland Institute for Emergency Medical Services Systems

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**Title 30**  
**MARYLAND INSTITUTE FOR EMERGENCY MEDICAL**  
**SERVICES SYSTEMS (MIEMSS)**  
**Subtitle 03 EMS OPERATIONAL PROGRAMS**

**30.03.06 Base Stations**

Authority: Education Article, §§13-509, 13-510, and 13-516, Annotated Code of  
Maryland

**Notice of Proposed Action**

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The Maryland EMS Board proposes to adopt amendments to Regulations .01-.09 under COMAR 30.03.06 Base Stations.

**Statement of Purpose**

The purpose of this action is to clarify the requirements for base stations in Maryland to ensure consistency with current standards.

**Comparison to Federal Standards**

There is no corresponding federal standard to this proposed action.

**Estimate of Economic Impact**

The proposed action has no economic impact.

**Economic Impact on Small Businesses**

The proposed action has minimal or no economic impact on small businesses.

**Impact on Individuals with Disabilities**

The proposed action has no impact on individuals with disabilities.

**Opportunity for Public Comment**

Comments may be sent to Anna Aycock, Chief, Health Facilities & Special Programs, Maryland Institute for Emergency Medical Services Systems, 653 West Pratt Street, Baltimore, Maryland 21201, or call 410-706-3930 , or email to [aaycock@gmail.com](mailto:aaycock@gmail.com), or fax to 410-706-0853 . Comments will be accepted through August 8, 2016. A public hearing has not been scheduled.

## Economic Impact Statement Part C

- A. Fiscal Year in which regulations will become effective: FY 2016
- B. Does the budget for the fiscal year in which regulations become effective contain funds to implement the regulations?  
Yes
- C. If 'yes', state whether general, special (exact name), or federal funds will be used:  
Maryland Emergency Medical Services Operating Fund
- D. If 'no', identify the source(s) of funds necessary for implementation of these regulations:
- E. If these regulations have no economic impact under Part A, indicate reason briefly:  
These regulations were developed by consensus and reflect standards that all designated base stations are currently meeting. Hospitals will not be required to purchase additional equipment, hire additional staff or otherwise increase expenditures to meet standards.
- F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason and attach small business worksheet.  
The regulations apply to hospitals which are not small businesses.
- G. Small Business Worksheet:

Attached Document:

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# **Title 30 MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS (MIEMSS)**

## **Subtitle 03 EMS OPERATIONAL PROGRAMS**

### **Chapter 06 Base Stations**

Authority: Education Article, §§13-509, 13-510, and 13-516, Annotated Code of Maryland

#### **.01 Scope and Definitions.**

- A. This chapter governs the approval and operation of EMS base stations as part of the Maryland Emergency Medical Services Plan.
- B. *In this chapter, the following terms have the meanings indicated.*
- C. *Terms Defined.*
- 1. "The Hospital Dashboard / Hub" means the application that allows Hospital Personal/Users to access a Prehospital Care Report (PCR) produced by the EMS Personnel.*
  - 2. "Digital Emergency Medical Services Telephone System (DEMSTEL) Telephone" means the telephone system by which hospitals and Public*

*Safety agencies statewide can maintain communications in emergency situations when the Public Switched Telephone Network may not be available.*

3. *“Emergency Medical Resource Center (EMRC) Communications” means the medical channel radio communications system that links EMS providers in the field with hospital-based medical consultation. The EMRC operator receives calls from EMS providers in the field, directs the provider to the appropriate med-channel, and establishes a patch to the appropriate medical facility. Consultation facilities and multiple hospitals can be patched into a single consultation. The EMRC plays a critical role that aids in ensuring a coordinated response to major incidents and catastrophic events. The EMRC can also be accessed by local and 800-service dial telephone.*

4. *“Maryland Emergency Medical Resource Alert Database (MEMRAD)” means the internet-based program that alerts all components of the Maryland Emergency Medical Services (EMS) System of an emergency medical situation.*

*(a) “MEMRAD” includes The County Hospital Alert Tracking System (CHATS) which shows health care providers the status of hospitals throughout Maryland and in surrounding jurisdictions.*

*(b) “MEMRAD” includes the Facility Resource Emergency Database (FRED) which alerts all health care response partners of an incident and allows them to indicate what resources they have to lend to the response.*

*(c) “MEMRAD” includes the Maryland patient and resource tracking system.*

#### **.02 Base Stations in General.**

[A.] An EMS base station designated by MIEMSS shall:

(1) Be a unit of a licensed hospital;

(2) Operate 24 hours a day;

(3) Have communications equipment as required by MIEMSS to provide necessary communications with ambulances and MIEMSS;

(4) [Provide online medical direction by a licensed physician or through a licensed registered nurse or a house officer under the direct supervision of that licensed physician] *In collaboration with MIEMSS, maintain all MIEMSS required communications equipment in working order, including:*

*(a) EMRC Radio with voice recorder; and*

*(b) Demstel Telephone., where deployed;*

(5) [Designate a licensed physician as base station director] *Monitor and respond to MEMRAD (Maryland Emergency Medical Resources Alert Database);*

(6) [Designate a licensed registered nurse as base station coordinator; and] *Develop and implement a process to ensure utilization of State standardized and approved Quality Improvement/Quality Review tools and retain reviewed records for 5 years;*

(7) *Have a designated EMS space with computer, and internet connectivity suitable for EMS provider eMEDS® reporting;*

[(7)] (8) *Participate in and provide [a] clinical sites for training EMS personnel[.]under a current MOU with one or more EMS academies, educational institutions, or EMS Operational Programs, and maintain documentation of EMS participation;*

(9) *Shall receive from the EMS personnel at time of hand off either the completed EMEDS report on the hospital dashboard or MIEMSS standardized and approved short form;*

(10) *Include in the patient’s hospital medical record. the downloaded eMEDS® patient care report forms from the eMEDS® Hospital Dashboard /Hub and when used, the MIEMSS standardized and approved short forms; and*

(11) *Develop and implement a process for linking the MIEMSS approved Prehospital Consultation/Interventions Radio Report Forms to the radio consult and incorporation into the hospital patient medical record.*

[B. A base station and EMS provider shall ensure that online communications are understood by speaking:

- (1) Slowly;
- (2) Clearly; and
- (3) At a proper volume to be heard.]

### **.03 Personnel.**

#### **A. Base Station Medical Director**

*The Base Station Medical Director shall be a licensed Maryland physician authorized to provide online medical direction who has been appointed by the Hospital pursuant to a written job description.*

#### **B. Base Station Coordinator**

*The Base Station Coordinator shall be a licensed Maryland registered nurse authorized to participate in online medical direction who has been appointed by the Hospital pursuant to a written job description.*

#### **C. Physician Authorized to Provide Online Medical Direction**

A physician [who] *authorized to provide[s] online medical direction [personally or through a licensed registered nurse or house officer under the direct supervision of that physician] shall:*

(1) Be licensed or otherwise authorized to practice medicine [by the State Board of Physicians or its predecessor under Health Occupations Article, Title 14, Annotated Code of Maryland] *in Maryland;*

(2) Be Board certified or Board [prepared] *eligible* in a specialty approved by the American Board of Medical Specialties appropriate for a base station;

(3) Have successfully completed a MIEMSS-approved base station course *with a minimum score of 80%; and*

(4) Annually complete a Maryland Medical Protocols for Emergency Medical Services Providers update *by July*

*1st of each year.*

[B](D). A licensed registered nurse, *a Physician Assistant or a Nurse Practitioner authorized to participate* [who participates] in online medical direction at a base station under the direct supervision of a licensed physician shall:

(1) Be licensed as a registered nurse, *a Physician Assistant or a Nurse Practitioner* in Maryland;

(2) Have successfully completed a MIEMSS-approved base station course *with a minimum score of 80%; and*

(3) Annually complete a Maryland Medical Protocols for Emergency Medical Services Providers update *by July*

*1st of each year.*

[C](E). A [house officer who participates] *physician resident or fellow authorized to participate* in online medical direction at a base station under the direct supervision of a licensed physician *authorized to provide medical direction* shall:

(1) *Be a licensed Maryland physician;*

(2) Have successfully completed a MIEMSS-approved base station course *with a minimum score of 80%; and*

(2) Annually complete a Maryland Medical Protocols for Emergency Medical Services Providers update *by July*

*1st of each year.*

### **.04 Online Medical Direction**

**A. Online medical direction as required in the Maryland Medical Protocols for Emergency Medical Services Provider shall be:**

(1) *Given directly by a physician authorized to provide medical direction; or*

(2) *Given directly by a resident or fellow under the direct supervision of a physician authorized to provide medical direction; or*

(3) *Relayed from a physician authorized to provide medical direction through a Registered Nurse, a Physician Assistant or a Nurse Practitioner authorized to participate in medical direction.*

**B. The Base Station Medical Director and Base Station Coordinator shall participate in and attend a combined minimum of 50% of the scheduled MIEMSS Regional Council meetings;**

**C. All personnel providing online medical direction and all EMS providers shall ensure that online communications are understood by speaking:**

(1) *Slowly;*

(2) *Clearly; and*

(3) *At a proper volume to be heard.*

### **.05 Quality Improvement.**

**A. The hospital of which the base station is a unit, or the Free Standing Emergency Center, if the base station is within a Free Standing Emergency Center, shall:**

(1) *Monitor and participate in MEMRAD (Maryland Emergency Medical Resources Alert Database);*

(2) *Monitor their utilization of County Hospital Alert and Tracking System (CHATS) alerts; and*

(3) *Participate in mitigation strategies to improve systems efficiencies and patient safety.*

**B. The base station director and base station coordinator shall:**

(1) Assure that online medical direction and consultation provided by the base station is:

(a) *Timely,*

(b) *Appropriate, and*

(c) *Otherwise consistent with Maryland Medical Protocols for Emergency Medical Services Providers;*

- (2) Assure the MIEMSS approved Prehospital Consultation/Interventions Radio Report Forms are complete, signed and linked to the patient record through a patient identifier;
- (3) Develop and implement a process which facilitates monthly Quality Assurance/Quality Improvement review of EMS consults which:
- (a) Reviews all priority one/critical patient consults and select lower priority consults for a minimum of 30 consults per month;
  - (b) Allows for ongoing documentation of tracking, trending, loop closure and retention of Quality Assurance/Quality Improvement review findings for five years;
  - (c) Notifies EMS operational programs upon discovery of patient care, quality or protocol variance issues involving EMS providers or the EMS system;
  - (d) Notifies EMS operational programs and MIEMSS Office of the State Medical Director upon discovery of conduct that is specifically prohibited under the requirements of COMAR 30.02.04.01;
  - (e) Monitors hospital's response rates to MEMRAD (Maryland Emergency Medical Resources Alert Database) notifications and alerts;
  - (f) Participates in local, [and] regional, and State EMS quality improvement activities;
- [(3)] (g) Provides patient follow-up data as required by MIEMSS for public health oversight purposes to determine the appropriateness and outcome of EMS care for:
- [(a)](i) Inpatients, and
  - [(b)](ii) Outpatients; and
- [(4)] (iii) [Provide reports]Reports as required by MIEMSS for quality assurance and performance improvement purposes.
- B. The State EMS Medical Director through the MIEMSS regional medical directors shall:
- (1) Coordinate online medical direction functions; and
  - (2) Regularly review the quality improvement activities of approved base stations.

**[05].06 Base Station Approval and Renewal.**

A. -C. (text unchanged)

D. *Provisional or Full Designation.*

(1) MIEMSS may designate or re-designate a base station which does not fully comply with the requirements of this chapter as provisional on such conditions and for such provisional period, including any extensions thereof, which MIEMSS deems appropriate;

(2) MIEMSS shall require each provisional base station to:

- (a) Have a written work plan to rectify deficiencies; and
  - (b) Demonstrate progress on the work plan throughout the provisional period.
- (3) At the end of the provisional period, including any extension thereof, MIEMSS may:
- (a) Grant full designation to the base station; or
  - (b) Deny the base station's designation under §E of this regulation.

(4) MIEMSS may grant full designation to a base station in full compliance with this chapter for a period not to exceed 5 years.

E. *Denial or Rescission*

MIEMSS may deny initial designation, renewal or re-designation, or rescind designation for a base station that fails to:

- (1) Satisfy the requirements of this chapter; or
- (2) Provide appropriate medical direction consistent with the Maryland Medical Protocols for Emergency Medical Services Providers.

[D] F. The applicant shall be notified by mail of MIEMSS' decision. If the decision is other than a 5-year approval or 5-year renewal, the notice shall:

- (1) State the reasons for the decision;
  - (2) Advise the applicant of appeal rights;
  - (3) Require the Hospital to submit within 45 days a corrective action plan to MIEMSS for approval and
- [(3)] (4) Otherwise comply with State Government Article, §10-207, Annotated Code of Maryland.

[E. Approval and renewal shall be for 5 years.]

[F]G. Applications for renewal or approval shall be filed with MIEMSS at least 90 days before expiration of the approved period.

**[.06 Specialty Base Stations and Consultation Centers.**

A. MIEMSS may designate base stations as specialty base stations consistent with the particular base station's affiliation with a Maryland designated trauma or specialty center.

B. MIEMSS may designate base stations as specialty consultation centers for pediatrics, hazardous materials, and other specialties as necessary.

**.07 Out-of State Specialty Base Stations and Consultation Centers.**

A. Out-of-State trauma and specialty hospitals which have agreements to provide access to trauma and specialty care under COMAR 30.08.01.03 may be designated as base stations by agreement with MIEMSS.

B. Personnel.

(1) Every physician who provides online medical direction at a base station outside Maryland personally or through a licensed registered nurse or house officer under the direct supervision of that physician shall:

(a) Be licensed or otherwise authorized to practice medicine by the State Board of Physicians or its predecessor under Health Occupations Article, Title 14, Annotated Code of Maryland;

(b) Be Board certified or Board prepared in a specialty approved by the American Board of Medical Specialties appropriate for a base station;

(c) Have successfully completed a MIEMSS-approved base station course; and

(d) Annually complete a Maryland Medical Protocols for Emergency Medical Services Providers update.

(2) Every licensed registered nurse who participates in online medical direction at a base station outside Maryland under the direct supervision of a licensed physician shall:

(a) Be licensed as a registered nurse in the state in which the registered nurse is located;

(b) Have successfully completed a MIEMSS-approved base station course; and

(c) Annually complete a Maryland Medical Protocols for Emergency Medical Services Providers update.

(3) Every house officer who participates in online medical direction at a base station outside Maryland under the direct supervision of a licensed physician shall:

(a) Be authorized to practice medicine in the state in which the house officer is located;

(b) Have successfully completed a MIEMSS-approved base station course; and

(c) Annually complete a Maryland Medical Protocols for Emergency Medical Services Providers update.

**.08 Denial or Rescission of Base Station Approval.**

MIEMSS may deny or rescind designation for a base station that fails to:

A. Satisfy the requirements of this chapter; or

B. Provide appropriate medical direction consistent with the Maryland Medical Protocols for Emergency Medical Services Providers.]

**[.09].07 Appeal Process.**

A. -E. (text unchanged)

**.08 Specialty Base Stations and Consultation Centers.**

A. *MIEMSS may designate base stations as specialty base stations consistent with the particular base station's affiliation with a Maryland designated trauma or specialty center.*

B. *MIEMSS may designate base stations as specialty consultation centers for pediatrics, hazardous materials, and other specialties as necessary.*

**.09 Out-of State Trauma and Specialty Consultation Centers**

A. *Out-of-State trauma and specialty hospitals which have entered agreements with MIEMSS under COMAR 30.08.01.03 shall have the equipment necessary to conduct a dual consult between EMS and a Maryland Base Station for each Maryland patient transported to the out of state trauma or specialty center.*

B. *Physicians not authorized to practice in Maryland must have a dual consult with a Maryland base station in order to have a Maryland licensed physician give the orders to Maryland EMS providers.*