

D53T00
Maryland Institute for Emergency Medical Services Systems

Operating Budget Data

(\$ in Thousands)

	<u>FY 09</u> <u>Actual</u>	<u>FY 10</u> <u>Working</u>	<u>FY 11</u> <u>Allowance</u>	<u>FY 10-11</u> <u>Change</u>	<u>% Change</u> <u>Prior Year</u>
Special Fund	\$12,041	\$12,132	\$12,471	\$339	2.8%
Contingent & Back of Bill Reductions	0	0	-219	-219	
Adjusted Special Fund	\$12,041	\$12,132	\$12,252	\$121	1.0%
Federal Fund	169	100	130	30	30.1%
Adjusted Federal Fund	\$169	\$100	\$130	\$30	30.1%
Reimbursable Fund	1,866	771	1,129	358	46.4%
Contingent & Back of Bill Reductions	0	0	-3	-3	
Adjusted Reimbursable Fund	\$1,866	\$771	\$1,126	\$354	46.0%
Adjusted Grand Total	\$14,076	\$13,003	\$13,508	\$505	3.9%

Note: For purposes of illustration, the Department of Legislative Services has estimated the distribution of selected across-the-board reductions. The actual allocations are to be developed by the Administration.

- The Governor's fiscal 2011 allowance for the Maryland Institute for Emergency Medical Services Systems (MIEMSS) increases by \$0.5 million, or 3.9%, over the fiscal 2010 working appropriation.
- Reimbursable fund support from other State agencies accounts for \$0.4 million of the total increase in the fiscal 2011 allowance. Funding is received from the Maryland Department of Transportation for an information technology (IT) project and from other State agencies for grants to health providers disbursed by MIEMSS.
- Back of the Bill reductions for the agency reduce funding for personnel expenses by \$0.2 million due to the inclusion of employee furloughs and reductions to health insurance and workers' compensation payments.

Note: Numbers may not sum to total due to rounding.

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Personnel Data

	<u>FY 09 Actual</u>	<u>FY 10 Working</u>	<u>FY 11 Allowance</u>	<u>FY 10-11 Change</u>
Regular Positions	95.10	94.10	94.10	0.00
Contractual FTEs	<u>9.40</u>	<u>6.20</u>	<u>7.30</u>	<u>1.10</u>
Total Personnel	104.50	100.30	101.40	1.10

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	3.76	4.00%
Positions and Percentage Vacant as of 12/31/09	6.00	6.38%

- The Governor’s fiscal 2011 allowance for MIEMSS includes the addition of 1.10 full-time equivalent contractual positions for an Emergency Medical Service (EMS) communications technician.
- As of December 31, 2009, the agency had 6.0 vacant positions, accounting for 6.38% of the total workforce.

Analysis in Brief

Major Trends

Maryland Trauma Care Exceeds the National Norm: Maryland continues to demonstrate consistent outcomes above the national norm as measured by the survivability rate of trauma care center admissions.

Emergency Department Overcrowding Continues to Be an Issue in Certain Regions of the State: Hospitals in Region III, consisting of Central Maryland, and Region V, consisting of the Washington, DC metropolitan area, experience high levels of emergency department demand and overcrowding.

Issues

Upgrade to the Maryland Ambulance Information System: As part of its oversight of Maryland's EMS system, MIEMSS licenses and certifies EMS providers, develops the protocol under which EMS providers deliver prehospital care, and monitors trauma and specialty hospitals. In order to determine how well the Maryland EMS system is functioning, MIEMSS must gather and analyze appropriate data. To that end, MIEMSS is moving forward with an IT project that will create a new electronic medical records system aimed at improving the quality of data and data sharing by EMS providers.

Recommended Actions

1. Concur with Governor's allowance.

Updates

Medevac Transport Trends: Following a Maryland Medevac helicopter crash in late September 2008, MIEMSS issued revised guidelines for emergency triage protocol directing that all Medevac requests for trauma patients with certain injuries to consult with the receiving trauma center before requesting a helicopter to be dispatched. In the year since the crash, the number of Medevac flights taken has decreased by 43% due to a number of factors, including protocol changes.

D53T00 – Maryland Institute for Emergency Medical Services Systems

Analysis of the FY 2011 Maryland Executive Budget, 2010

D53T00

Maryland Institute for Emergency Medical Services Systems

Operating Budget Analysis

Program Description

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) was established as a State agency under legislation that became effective July 1, 1993. MIEMSS had been in existence for 20 years prior to that – first under the Department of Health and Mental Hygiene (DHMH) and then the University of Maryland, Baltimore.

Under the 1993 law, MIEMSS became a State agency under the direction of an Emergency Medical Services (EMS) Board appointed by, and directly responsible to, the Governor. The EMS Board is tasked with developing, adopting, and monitoring a statewide plan to ensure effective coordination and evaluation of emergency medical services. As structured, the EMS law established a system that encourages statewide participation and feedback through membership on the EMS Board and its advisory body, the State EMS Advisory Council. The EMS Board appoints the Executive Director of MIEMSS, who serves as the administrative head of the State's emergency medical services and of the operations of MIEMSS. Funding for MIEMSS comes primarily from the Maryland Emergency Medical System Operations Fund (MEMSOF), created by the 1992 General Assembly. Support for the fund comes from a surcharge on motor vehicle registrations, which was increased from \$8 to \$11 by Chapter 33 of 2001.

MIEMSS' mission is to provide the resources, leadership, and oversight necessary for Maryland's EMS system to function optimally and to provide effective care to patients by reducing preventable deaths, disability, and discomfort. MIEMSS develops a Maryland EMS Plan that is periodically updated and that is designed to enable MIEMSS to fulfill this mission.

MIEMSS coordinates a statewide emergency medical services system that includes over 30,000 licensed or certified EMS providers and works to integrate the delivery of prehospital emergency care with the State's 48 hospital emergency departments; nine adult and two pediatric trauma centers; as well as specialty referral centers, primary stroke centers, and perinatal centers. MIEMSS regulated the dispatch of 2,414 Medevac helicopter transports from accident scenes in fiscal 2009, primarily transported by the Maryland State Police Medevac helicopter system and supplemented by U.S. Park Police helicopters, Delaware State Police helicopters, and private carriers. The number of flights dispatched in fiscal 2009 is significantly lower than the number dispatched in fiscal 2008, almost 4,200, due to a number of factors, including the field triage protocol changes. In addition to the commercial air transport services, MIEMSS also regulates commercial ground ambulance services.

The Emergency Medical Resource Center (EMRC), responsible for coordinating medical consultation between emergency personnel at the scene and hospital physicians, handled over 360,000 telephone and radio calls in fiscal 2009; the System Communications Center (SYSCOM), responsible for helicopter dispatch and monitoring of the transport of critically ill or injured patients by helicopter to area hospitals, handled almost 32,800 telephone and radio calls, a sharp decrease in the number of calls due to changes in the field trauma triage protocols.

Operationally, the EMS system is divided into five regions:

- Region I: Allegany and Garrett counties;
- Region II: Frederick and Washington counties;
- Region III: Central Maryland, including Baltimore City;
- Region IV: the Eastern Shore; and
- Region V: Metropolitan Washington.

The MIEMSS mission addresses the need to:

- provide high quality medical care to individuals receiving emergency medical services; and
- maintain a well-functioning EMS system.

Performance Analysis: Managing for Results

MIEMSS collects a wide array of data concerning the State's EMS system. The Managing for Results measures reflect the various roles of MIEMSS:

- as promulgator of standards for EMS personnel and emergency departments with a measure monitoring compliance with those standards;
- as a facilitator/communications center for EMS services with measures about handling of calls for assistance by EMRC/SYSCOM for appropriate transportation of seriously injured patients; and
- as the leader of the EMS system with outcome measures related to overall system performance.

The first goal of MIEMSS is to provide high quality, systematic medical care to individuals receiving emergency medical services. The agency measures the achievement of this goal by maintaining the system's trauma patient care performance above the national norm and monitoring the survivability rate of patients that are admitted to a trauma center, as shown in **Exhibit 1**.

Maryland's nine adult- and two pediatric-designated trauma centers maintain electronic registry data on all patients transported for trauma care services. Patients are coded according to a Trauma and Injury Severity Score (TRISS). TRISS data is used to run reports to show mortality/morbidity among trauma center patients. These reports are reviewed by both the hospitals

and MIEMSS to monitor trends in outcomes and to identify any deviations. Notable deviations are flagged and reviewed with the respective trauma center.

Exhibit 1
Program Measurement Data
Maryland Institute for Emergency Medical Services Systems
Calendar 2004-2009

	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Maryland Trauma Patient Care Exceeds National Norm	Yes	Yes	Yes	Yes	Yes	Yes
Survivability Rate for Trauma Center Admissions (%)	94.7%	94.3%	96.0%	96.4%	96.6%	96.5%

Source: Maryland Institute for Emergency Medical Services System

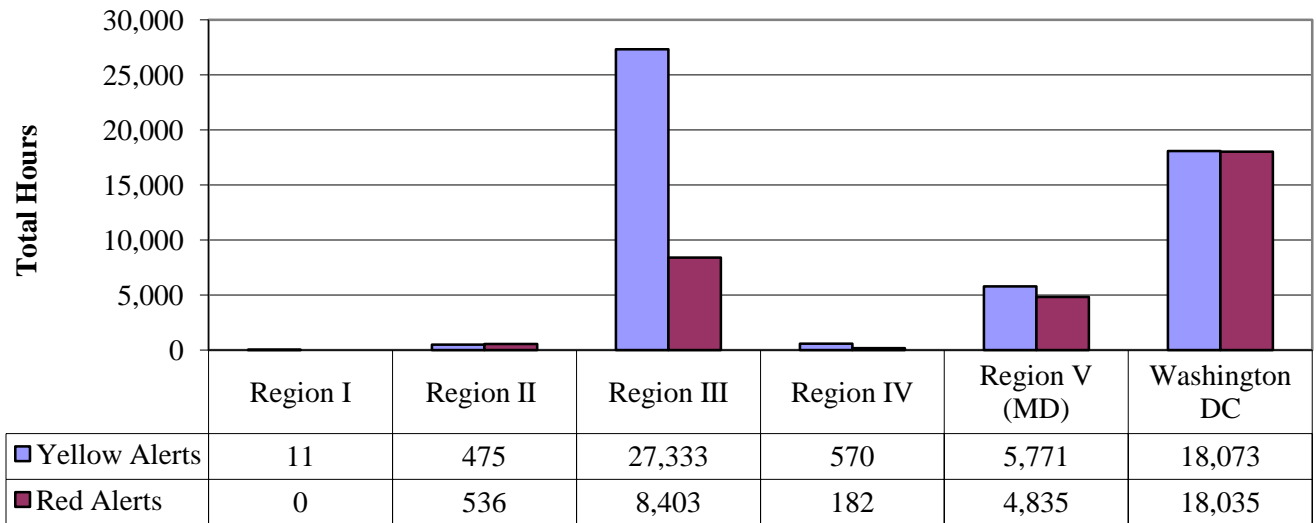
Emergency Department Overcrowding

The County Hospital Alert Tracking System (CHATS) is a real-time computerized monitoring system of emergency department status throughout Maryland. Hospital emergency departments that are temporarily unable to accept ambulance-transported patients due to overcrowding or hospital overload are identified so that ambulances can be diverted to other, less crowded emergency department facilities.

MIEMSS utilizes CHATS to determine hospital bed availability, and while participation is not mandatory, the reporting system aids MIEMSS in diverting ambulances to hospitals with adequate capacity. MIEMSS tracks “yellow” alerts when an emergency room requests to receive absolutely no patients in need of urgent medical care by ambulance with the exception of certain priority cases and “red” alerts when a hospital has no inpatient electrocardiogram monitored beds available.

Exhibit 2 shows the total number of hours of yellow and red alerts across the five regions of Maryland. Region III and Region V show considerably higher overcrowding outcomes. For comparison purposes, the Washington, DC hospitals have been separated out from the rest of Region V, which surrounds the Washington, DC area. As the chart indicates, there was considerable overcrowding in the Washington, DC metropolitan area hospitals.

**Exhibit 2
Yellow and Red Alerts
Fiscal 2009**



Source: Maryland Institute for Emergency Medical Services System

Communications Center

Another goal of the agency is to maintain a well-functioning emergency medical services system. A key component of the operational coordination of MIEMSS is the statewide EMS communications system. From the communications center in Baltimore, Medevac helicopters and ground ambulance services are dispatched, and hospitals are alerted to incoming patients. Reliable and quality radio communications from the scene of an accident to the nearest appropriate hospital facility is essential to quality medical direction and the coordination of resources to ensure a positive outcome for the patient.

MIEMSS uses SYSCOM and EMRC to link EMS providers in the field with hospital-based consultation. Consultation facilities and multiple hospitals can be patched into a single line of communication. The EMS communication system ensures a coordinated response to major incidents or catastrophic events. In fiscal 2009, EMS radio communications were successfully completed 98% of the time, which is consistent with level experienced over the past three years. The percent is based upon the number of EMS responses that were discernible and did not require repeated transmission beyond normal operations. Preventive maintenance to the SYSCOM and EMRC communication system is the main reason for the high reliability rate.

Fiscal 2010 Actions

Proposed Deficiency

The fiscal 2011 allowance includes a deficiency appropriation for the fiscal 2010 working appropriation for MIEMSS to reflect higher-than-expected special and federal fund revenue totaling \$90,000. The special fund appropriation for fiscal 2010 increases by \$60,000 due to higher commercial ambulance licensing and inspection fees and other miscellaneous charges. The federal fund appropriation for fiscal 2010 increases by \$30,000 due to higher revenue from the Emergency Medical Services for Children (EMSC) grant, which MIEMSS uses to develop statewide guidelines and resources for pediatric care, review of pediatric emergency care and facility regulations, coordination of pediatric education programs, collaboration with other agencies and organizations focused on childhood health, and illness and injury prevention.

Impact of Cost

The Board of Public Works (BPW) reduced personnel expenses for MIEMSS to implement statewide employee furloughs in fiscal 2010.

Proposed Budget

The fiscal 2011 allowance as proposed by the Governor increases by \$0.5 million over the fiscal 2010 working appropriation, as shown in **Exhibit 3**. Special fund support increases by \$0.1 million, or 1.0%; federal fund support increases by \$30,000, or 30.1%; and reimbursable fund support increases by \$0.4 million, or 3.9%.

Personnel

Personnel expenses increase by \$160,000 compared to the fiscal 2010 working appropriation. The fiscal 2011 budget reflects several across-the-board actions to be allocated by the Administration. This includes a combination of employee furloughs and government shut-down days similar to the plan adopted in fiscal 2010; a reduction in overtime based on accident leave management; streamlining of State operations; hiring freeze and attrition savings; a change in the injured workers' settlement policy and administrative costs; and a savings in health insurance to reflect a balance in that account. For purposes of illustration, the Department of Legislative Services has estimated the distribution of selected actions relating to employee furloughs, health insurance, and the Injured Workers' Insurance Fund cost savings.

The increases to personnel expenses in the fiscal 2011 allowance include contributions to employees' retirement system (\$98,830); employee and retiree health insurance, accounting for the Back of the Bill reductions mentioned above (\$56,510); workers' compensation payments, accounting for the Back of the Bill reductions mentioned above (\$16,638); and other fringe benefits (\$7,472).

Exhibit 3
Proposed Budget
Maryland Institute for Emergency Medical Services Systems
(\$ in Thousands)

How Much It Grows:	<u>Special</u> <u>Fund</u>	<u>Federal</u> <u>Fund</u>	<u>Reimb.</u> <u>Fund</u>	<u>Total</u>
2010 Working Appropriation	\$12,132	\$100	\$771	\$13,003
2011 Allowance	<u>12,471</u>	<u>130</u>	<u>1,129</u>	<u>13,730</u>
Amount Change	\$339	\$30	\$358	\$727
Percent Change	2.8%	30.1%	46.4%	5.6%
 Contingent Reductions	 -\$219	 \$0	 -\$3	 -\$222
Adjusted Change	\$121	\$30	\$354	\$505
Adjusted Percent Change	1.0%	30.1%	46.0%	3.9%

Where It Goes:

Personnel Expenses

Contributions to employees' retirement system.....	\$99
Employee and retiree health insurance (including Section 19 reductions)	57
Workers' compensation premium assessment (including Section 21 and 23 reductions)	17
Other fringe benefit adjustments.....	7
Regular earnings, including furloughs (per Section 18)	-20

Other Changes

Grants to health care providers for bioterrorism projects	252
Maryland Ambulance Information System information technology project	200
Decrease in travel expenses	-13
Other changes.....	-46
Decrease in communication expenses.....	-48

Total **\$505**

Note: Numbers may not sum to total due to rounding.

The main decrease in the personnel budget is for regular salary expenses, which decrease by \$19,771 as a result of the inclusion of employee furloughs for fiscal 2011.

Operating

Operating costs for MIEMSS increases by \$345,000 in the fiscal 2011 allowance. There are two main increases in the operating budget for MIEMSS in fiscal 2011: grants to health care providers and the information technology project to create a new electronic medical records system that will improve the quality of data and data sharing by EMS providers.

First, grants to health providers increase by a little over \$252,000. The total amount allocated for these grants is \$1,049,864 in the fiscal 2011 allowance, up from \$797,694 in fiscal 2010. The grants are disbursed to counties, hospitals, and other providers and provide for the purchase of EMS equipment, training, emergency dispatch programs, bioterrorism activities, and highway safety initiatives. The funding for the grants are derived from MEMSOF special funds and reimbursable funds from DHMH's Office of Preparedness and Response, Family Health Administration, and the Military Department. The reimbursable funds are derived originally from federal grants received by the State agencies and passed along to MIEMSS.

Next, MIEMSS has been approved to move forward with an information technology project to create a new Maryland Ambulance Information System (MAIS) increasing the budget by \$200,000. The funds for this project are split between special funds and reimbursable funds. The system replaces an existing system that EMS providers utilize to deliver MAIS data to MIEMSS monthly. The current system that MIEMSS operates, called "EMAIS," does not comply with the new standard data requirements approved by the National Highway Traffic and Safety Administration (NHTSA) through its National Emergency Medical Services Information System (NEMSIS) standards. Additionally, EMAIS is incompatible with the data systems that some jurisdictions in Maryland use, making the data collected by MIEMSS incomplete in some cases.

The fiscal 2011 allowance includes decreases in communication expenses (\$47,819) and in-state and out-of-state travel expenses (-13,350).

Issues

1. Upgrade to the Maryland Ambulance Information System

MIEMSS is responsible for the coordination and public health oversight of the Maryland EMS system. As part of its duties, MIEMSS licenses and certifies EMS providers, develops the protocol under which EMS providers deliver prehospital care, and monitors trauma and specialty hospitals. In order to determine how well the Maryland EMS system is functioning, MIEMSS must gather and analyze appropriate data. To that end, MIEMSS is moving forward with an information technology project that will create a new electronic medical records system aimed at improving the quality of data and data sharing by EMS providers. The project supports the strategic goals of MIEMSS through:

- collecting statewide EMS call data for the purposes of patient care reporting;
- gathering data for continually monitoring and improving the centralized statewide system;
- providing for surveillance, including patient tracking;
- providing for simple data entry for EMS providers and easy data export for appropriate analysis; and
- allowing for eventual interface with other patient care and system databases.

The new MAIS will be a software system that Maryland jurisdictions will be able to access in order to more efficiently and fully report prehospital patient care data. Currently, jurisdictions use various systems to report this data. A uniform data set will improve the ability of MIEMSS and the jurisdictions to effectively evaluate and improve services provided by the Maryland EMS.

Background

Maryland regulations (COMAR 30.03.04.04) requires EMS providers to deliver MAIS data to MIEMSS monthly via electronic or paper submission. Public Safety Article § 8-103 requires counties to participate in MAIS reporting as a condition of receiving certain public funding. However, the current system that MIEMSS operates, called “EMAIS”, does not comply with the new standard data requirements approved by NHTSA through its NEMSIS standards. Additionally, EMAIS is incompatible with the data systems that some jurisdictions in Maryland use, making the data collected by MIEMSS incomplete in some cases. There are three factors that will determine the success of the new system:

Interoperability: The new system should comply with data standards established by NHTSA and NEMSIS and interface with the existing prehospital certification and licensure database to be able to link between multiple sources and provide measurable outcome data for the system.

Centralization: The new system should create a centralized reporting system for patient care reports for the purpose of oversight of the Maryland EMS system and to improve the quality of care rendered.

Functionality: The new system should provide reliable, user-friendly data entry for EMS providers and data retrieval by the individual jurisdictions and by MIEMSS.

Leveraging Federal Funds

The new system will comply with NHTSA and NEMSIS standards, a requirement for obtaining certain federal funding. MIEMSS has received approximately \$365,000 in federal funding for this project to date. Total project funding from fiscal 2009 through 2013 totals approximately \$1.1 million, of which approximately \$560,000 is projected to be federal funds received by the Maryland Highway Safety Office within the Maryland Department of Transportation (MDOT). The remainder will be covered by special funds from the agency's operating budget.

Status Update

In June 2009, MIEMSS was notified that it would receive a \$300,000 federal matching grant that will be processed through MDOT. Prior to this award, MIEMSS established a project team which sought to identify the needs of the Maryland EMS community in regard to the new reporting system. The project team held stakeholder meetings and identified and refined the needs, requirements, and limitations of what is needed for a NEMSIS compliant data collection system.

The Department of Information Technology approved the project in 2009 and a request for proposals is expected to be released to the appropriate vendor community and through eMaryland Marketplace.

The agency should comment on the status of securing a vendor to administer the new MAIS system and whether local jurisdictions will be able to access and submit data more efficiently. The agency should also comment on whether sufficient special funds from the agency's operating budget will be available to run the project and support the system once it has been implemented.

Recommended Actions

1. Concur with Governor's allowance.

Updates

1. Medevac Transport Trends

The crash of Trooper 2, a Maryland Medevac helicopter, in late September 2008 prompted a systemwide inquiry into the appropriateness of the Maryland EMS system and the triage protocols on which emergency vehicles are dispatched to the scene of an accident. In October 2008, MIEMSS convened a multidisciplinary, independent panel of seven experts from around the country to meet and review Maryland's EMS system related to helicopter EMS transport. Additionally, the Maryland House of Delegates formed a workgroup to study Maryland's EMS system following the crash of Trooper 2, as well as the State's upcoming plans to begin replacing its Maryland State Police Aviation Command (MSPAC) helicopter fleet.

Background: Trauma Triage Protocols

A key responsibility of MIEMSS is the development and distribution of Maryland Medical Protocols for EMS providers. These triage protocols provide a system of determining priority and appropriateness of medical treatment, transportation, and place of care in emergent situations. The protocols guide the actions of EMS field providers as they respond to emergency transport calls and promote uniformity of care throughout the State. All State-licensed and certified EMS providers, whether public or commercial, are required to function within the scope of practice defined by the protocols.

In a regional system of care such as Maryland's, field protocols provide that more acutely injured patients are transported quickly to designated trauma centers. In Maryland, the most severely injured patients are transported to the State's Primary Adult Resource Center, the R Adams Cowley Shock Trauma Center or to the State's Level I trauma center, the Johns Hopkins Hospital Adult Trauma Center. Less critically injured patients are transported to Level II or III trauma centers, and some patients are directed to specialty centers based on the etiology of their injury (*e.g.*, burn victims to specialty burn centers).

In the field, EMS providers classify patients as Category A, B, C, or D based on the severity of their injuries with Category A being the most severe. This assessment requires EMS providers to evaluate visible and detectable injuries to patients and also to consider injuries that are not apparent but are likely to have occurred based on the mechanism of injury. For instance, a patient who has been ejected from a moving vehicle has a high likelihood of internal injury regardless of whether the injury can be detected based on outward appearance and immediate vital signs.

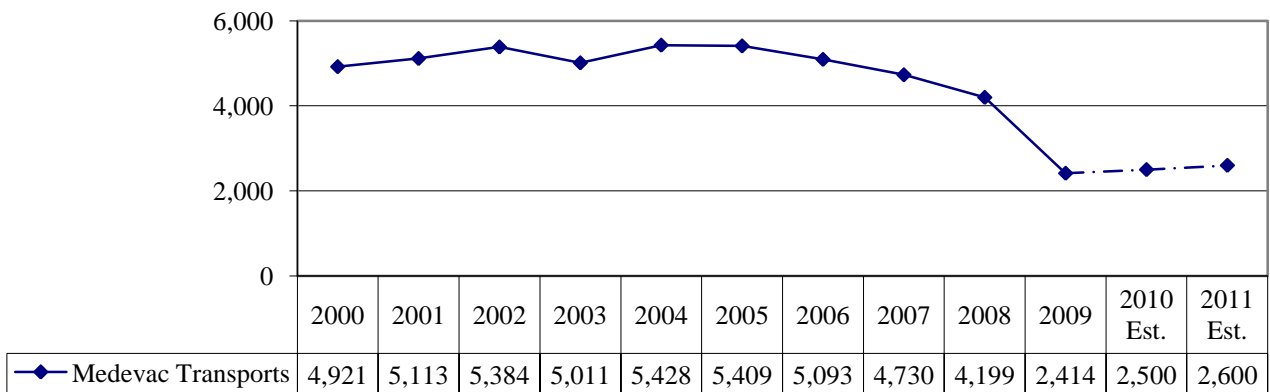
Protocol Change Following September 2008 Accident

Prior to the crash of Trooper 2, MIEMSS was engaged in a comprehensive review of the protocols for determining when a patient should be transported by Medevac helicopter. The review included an internal review of data from within the State and an external review of protocols and processes used in other states. However, as a direct result of the crash, effective October 9, 2008,

MIEMSS changed the protocol for helicopter transport of Category C and D patients to require consultation with the receiving trauma center before requesting helicopter transport. Previously, this decision was made in most instances solely in the field based on an injury assessment and drive time to the nearest trauma hospital. Patients with Category C or D injuries may not be visibly injured, but due to the nature of the accident, internal injuries may be present. This change was made to give EMS providers working under difficult field conditions the opportunity to review with medical personnel the patient's condition and to discuss the most appropriate transport mode and destination, given the patient's condition.

In the year following the protocol change, there has been a marked reduction in helicopter scene transport. **Exhibit 4** shows Medevac transports between fiscal 2000 and 2011. The number of Medevac flights taken in fiscal 2009 decreased by 43% below the number flown in fiscal 2008. Even before this precipitous change, the number of Medevac flights flown annually had been steadily declining between fiscal 2004 and 2008. The agency expects the lower utilization to continue in fiscal 2010 and 2011.

Exhibit 4
Medevac Transports
Fiscal 2000-2011



Source: Maryland Institute for Emergency Medical Services Systems

Current and Prior Year Budgets

Current and Prior Year Budgets **Maryland Institute for Emergency Medical Services Systems** (\$ in Thousands)

	<u>General</u> <u>Fund</u>	<u>Special</u> <u>Fund</u>	<u>Federal</u> <u>Fund</u>	<u>Reimb.</u> <u>Fund</u>	<u>Total</u>
Fiscal 2009					
Legislative Appropriation	\$0	\$11,766	\$100	\$733	\$12,599
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	0	566	104	1,300	1,970
Cost Containment	0	-136	0	0	-136
Reversions and Cancellations	0	-155	-35	-167	-356
Actual Expenditures	\$0	\$12,041	\$169	\$1,866	\$14,076
Fiscal 2010					
Legislative Appropriation	\$0	\$12,325	\$100	\$771	\$13,197
Cost Containment	0	-193	0	0	-193
Budget Amendments	0	0	0	0	0
Working Appropriation	\$0	\$12,132	\$100	\$771	\$13,003

Note: Numbers may not sum to total due to rounding.

Fiscal 2009

In fiscal 2009, the budget for MIEMSS closed at \$14.1 million, an increase of \$1.5 million over the legislative appropriation. The budget increased by nearly \$2.0 million due to budget amendments but decreased by \$0.1 million for cost containment actions and by \$0.4 million in cancelled appropriations.

Budget amendments increased the special fund appropriation by nearly \$0.6 million for a cost-of-living adjustment (\$126,591); to cover consultant costs for the helicopter study (the SMART contract) following the crash of a Medevac helicopter in 2008 (\$210,710); to provide a grant for the Widows and Orphans Fund, administered by the Maryland State Fireman's Association (\$127,000); to recognize additional funds collected for licensing, inspection fees and the EMS Providers Program (\$97,500); and for an annual salary review adjustment for the Epidemiologist III position within MIEMSS (\$3,984).

Cost containment actions by BPW reduced the special fund appropriation by approximately \$0.1 million for personnel expenses and employee furloughs in fiscal 2009. Finally, almost \$0.2 million in special fund appropriation was cancelled at the end of the fiscal year due to adjustments in estimated special fund revenue for fiscal 2009.

The federal fund appropriation increased by roughly \$0.1 million due to a budget amendment that accessed additional funds for the EMSC program (\$103,200). At the end of the year, approximately \$35,000 in federal funds was cancelled due to adjustments to estimated federal fund grants for fiscal 2009.

Lastly, the reimbursable fund appropriation increased by a net amount of \$1.1 million due to a budget amendment for the Voice over Internet Protocol infrastructure expansion and a Public Safety Interoperable Communications project to connect hospitals, public health facilities, and 911 call centers to the State communications network (\$1.3 million); and cancelled reimbursable funds (\$166,563) due to adjustments in actual grant awards in fiscal 2009.

Fiscal 2010

The fiscal 2010 working appropriation for MIEMSS is \$13.0 million, a reduction of \$0.2 million below the original legislative appropriation. The only reduction to the budget has been by BPW to implement furloughs for State employees in fiscal 2010.

Major Information Technology Projects

Maryland Institute for Emergency Medical Services Systems Maryland EMS Prehospital Data Management Enhancement

Project Description:	Upgrade to the Maryland Ambulance Information System							
Project Business Goals:	Improve the quality of data and data sharing by Emergency Medical Service providers and the State.							
Estimated Total Project Cost:	\$1,099,700					New/Ongoing Project:	Ongoing	
Project Start Date:	June 2009			Projected Completion Date:	December 2010			
Schedule Status:								
Cost Status:								
Scope Status:								
Project Management Oversight Status:	The project has been approved by the Department of Information Technology.							
Identifiable Risks:								
Additional Comments:	This project will be jointly funded with Maryland Emergency Medical System Operation Funds and funding from a federal grant.							
Fiscal Year Funding (000)	Prior Years	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	Balance to Complete	Total
Personnel Services	0.224	0.100	0.100	0.0	0.0	0.0	0.0	0.424
Professional and Outside Services	0.300	0.100	0.100	0.0	0.0	0.0	0.0	0.500
Other Expenditures	0.096	0.0	0.0	0.080	0.0	0.0	0.0	0.176
Total Funding	\$0.620	\$0.200	\$0.200	\$0.080	\$0.0	\$0.0	\$0.0	\$1.1

**Object/Fund Difference Report
Maryland Institute for Emergency Medical Services Systems**

<u>Object/Fund</u>	<u>FY09 Actual</u>	<u>FY10 Working Appropriation</u>	<u>FY11 Allowance</u>	<u>FY10 - FY11 Amount Change</u>	<u>Percent Change</u>
Positions					
01 Regular	95.10	94.10	94.10	0	0%
02 Contractual	9.40	6.20	7.30	1.10	17.7%
Total Positions	104.50	100.30	101.40	1.10	1.1%
Objects					
01 Salaries and Wages	\$ 7,465,565	\$ 7,536,801	\$ 7,918,277	\$ 381,476	5.1%
02 Technical and Spec. Fees	425,099	290,746	344,699	53,953	18.6%
03 Communication	1,756,165	1,480,187	1,432,368	-47,819	-3.2%
04 Travel	154,647	100,850	98,940	-1,910	-1.9%
06 Fuel and Utilities	130,771	131,000	131,000	0	0%
07 Motor Vehicles	215,210	204,495	201,978	-2,517	-1.2%
08 Contractual Services	1,831,698	1,397,187	1,456,043	58,856	4.2%
09 Supplies and Materials	204,891	136,060	168,060	32,000	23.5%
10 Equipment – Replacement	157,729	58,500	58,500	0	0%
11 Equipment – Additional	116,670	86,100	86,100	0	0%
12 Grants, Subsidies, and Contributions	1,531,417	1,502,694	1,754,864	252,170	16.8%
13 Fixed Charges	86,435	78,639	79,334	695	0.9%
Total Objects	\$ 14,076,297	\$ 13,003,259	\$ 13,730,163	\$ 726,904	5.6%
Funds					
03 Special Fund	\$ 12,041,126	\$ 12,131,950	\$ 12,471,123	\$ 339,173	2.8%
05 Federal Fund	169,014	99,900	130,000	30,100	30.1%
09 Reimbursable Fund	1,866,157	771,409	1,129,040	357,631	46.4%
Total Funds	\$ 14,076,297	\$ 13,003,259	\$ 13,730,163	\$ 726,904	5.6%

Note: The fiscal 2010 appropriation does not include deficiencies.

Fiscal Summary
Maryland Institute for Emergency Medical Services Systems

<u>Program/Unit</u>	<u>FY09 Actual</u>	<u>FY10 Wrk Approp</u>	<u>FY11 Allowance</u>	<u>Change</u>	<u>FY10 - FY11 % Change</u>
01 General Administration	\$ 14,076,297	\$ 13,003,259	\$ 13,530,163	\$ 526,904	4.1%
02 Information Technology Project	0	0	200,000	200,000	0%
Total Expenditures	\$ 14,076,297	\$ 13,003,259	\$ 13,730,163	\$ 726,904	5.6%
Special Fund	\$ 12,041,126	\$ 12,131,950	\$ 12,471,123	\$ 339,173	2.8%
Federal Fund	169,014	99,900	130,000	30,100	30.1%
Total Appropriations	\$ 12,210,140	\$ 12,231,850	\$ 12,601,123	\$ 369,273	3.0%
Reimbursable Fund	\$ 1,866,157	\$ 771,409	\$ 1,129,040	\$ 357,631	46.4%
Total Funds	\$ 14,076,297	\$ 13,003,259	\$ 13,730,163	\$ 726,904	5.6%

Note: The fiscal 2010 appropriation does not include deficiencies.