



## State Emergency Medical Services Board

October 13, 2020

Virtual Meeting

Agenda

State of Maryland

**Maryland  
Institute for  
Emergency Medical  
Services Systems**

653 West Pratt Street  
Baltimore, Maryland  
21201-1536

*Larry Hogan  
Governor*

*Clay B. Stamp, NRP  
Chairman  
Emergency Medical  
Services Board*

*Theodore R. Delbridge, MD, MPH  
Executive Director*

*410-706-5074  
FAX 410-706-4768*

- I. Call to Order – Mr. Stamp
  - Call the roll
- II. Approval of the September 8, 2020 EMS Board minutes
- III. MIEMSS Report – Dr. Delbridge
- IV. SEMSAC Report – Mr. Tiemersma
- V. MSPAC Update – Captain DeCoursey; Director Wood
- VI. RACSTC – Dr. Snedeker
- VII. MSFA Update – Ms. Tomanelli / President Walker
- VIII. Old Business
  - Neonatal Commercial Ambulance Services Regulations – ACTION - Ms. Sette
  - Incorporation by Reference of MD Register 2020 07 31 IBR Regulation Amendment – ACTION - Mr. Magee
- IX. New Business
  - Educational Program – ACTION – Mr. Fiackos
    - i. Hart to Heart Ambulance Service
  - ProCare/Kaiser HSCRC Grant MIH Pilot Program Protocol – ACTION – Dr. Chizmar/ Dr. Melville/ Ms. Ailiff
  - Base Station Regulations proposed changes – INFORMATION/ACTION – Mr. Naumann
- X. Adjourn to Closed Session
- XI. Return to Open Session

Adjourn to closed session to carry out administrative functions, to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(b) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (b) (13).



**State Emergency Medical Services Board  
October 13, 2020  
Via Video Conference Call Only  
Minutes**

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**Board Members Present:**

Clay Stamp, Chairperson; Sherry Adams, Vice Chairperson; Stephan Cox; William J. Frohna, MD; Dany Westerband, MD; James Scheulen, PA; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy, RN; Dean E. Albert Reece, MD, MSN

**Others Present:** Ms. Ailiff; Mr. Boone; Dr. Melville; Dr. Sabi

**OAG:** Mr. Magee; Ms. Sette

**RACSTC:** Ms. Doyle; Dr. Snedeker

**MSFA:** Ms. Tomanelli; 2<sup>nd</sup> VP McCrea

**MSPAC:** Captain DeCoursey; Director Wood

**MIEMSS:** Dr. Delbridge; Ms. Gainer; Ms. Abramson; Ms. Aycock; Dr. Bailey; Mr. Bilger; Mr. Brown; Ms. Chervon; Dr. Chizmar; Mr. Fiackos; Ms. Mays; Mr. Buckson; Mr. Naumann; Mr. Parsons; Dr. Pinet-Peralta Mr. Schaefer; Ms. Goff

Chairman Stamp called the meeting to order at 9:01 am and called the roll.

Chairman Stamp thanked Dr. Delbridge, the MIEMSS staff, the EMS partners and all hospitals for their coordinated commitment in providing the citizens of Maryland with a premier EMS system.

Mr. Stamp said that this week is Emergency Nurses Week (October 11-14, 2020). He commended EMS Board member Ms. Vanhoy and all the emergency nurses for their dedication and commitment to the seriously ill and injured.

Mr. Stamp asked for approval of the September 8, 2020, Board meeting minutes.

**ACTION: A motion was made by Ms. Vanhoy, seconded by Dr. Reece, and unanimously approved by the Board to accept the September 8, 2020, minutes as written.**

**MIEMSS REPORT**

Dr. Delbridge thanked the emergency nurses for all they do for Maryland and the country.

Dr. Delbridge recognized Mr. Ron Schaefer for his over 40 years of service. He said today would be Mr. Schaefer's last report to the Board as he is retiring at the end of October.

Chairman Stamp said that Mr. Schaefer has been a valued employee and a cornerstone for all we have accomplished.

Mr. Schaefer thanked Dr. Delbridge and Chairman Stamp for their kind words.

### COVID-19 Updates

Dr. Delbridge reported that daily COVID-related intelligence continues to be gathered through the MIEMSS Dashboard tracking; data elements include available staffed in-patient beds statewide and mechanical ventilators in Maryland. This provides situation awareness for the entire State COVID-19 planning team.

Dr. Delbridge said the number of acute care beds occupied by COVID-19 patients increased over the last ten days, with 402 hospitalizations this morning. Currently, COVID patients are approximately 5% of acute care patients and 11% of ICU patients.

Dr. Delbridge shared the number of PUI contacts by EMS public safety and commercial services over the last 28 days. He said that there is an approximate nine-day lag between the EMS System and the hospital experience, i.e., hospitals experience an uptick nine days after there is an uptick in EMS COVID encounters.

COVID patients make up approximately 10% of total EMS volumes.

Dr. Delbridge said that number of patients treated and transported by EMS public has leveled off; but is still slightly higher than a normal day pre-COVID. A typical day for public safety EMS is about 1500 transports.

### Yellow Alert Hours

Hospital Yellow Alert hours are back to pre-COVID levels. This equates to 10 hospitals or 25% of all hospitals on Yellow Alert for a full day. MIEMSS continues to monitor Yellow Alert status.

### MIEMSS' @HA (Ambulances at Hospitals) Dashboard

Dr. Delbridge updated the Board on the @HA Dashboard, which provides information on the number of ambulances at hospital EDs. He said that Dr. Thompson continues to work with Apple to get the App approved for IOS. He said there are currently 14 jurisdictions downloading CAD data into the ePCR. MIEMSS continues to work on adding jurisdictions to provide a more complete real time awareness of EMS-ED interface. Once the App is completed, EMS Clinicians will be able to view the information displayed in @HA.

### Chesapeake Regional Information System for our Patients (CRISP)

CRISP receives a data feed from hospital emergency departments on numbers of ED patients admitted, discharged, and transferred (ADT) throughout the day. Dr. Delbridge said that Mr. Naumann would be discussing a proposed regulatory change to allow CRISP to share ADT data with MIEMSS. He added that this would not require any changes to what the hospitals currently report, or hospital processes, or to what CRISP currently provides under the Emergency Order. Dr. Delbridge added that a communique updating the Collaborative for Hospital Emergency Services was sent last week advising participants of the current Alert initiatives. It is anticipated that this initiative will come to fruition during the Spring 2021.

### EMS Clinicians

Dr. Delbridge gave an update on the number of Provisional EMS licenses and certifications that have been issued and provisional clinicians applying for full licensure status. Conversion of provisional EMS clinicians to regular status has begun. Ten percent of the provisional clinicians have completed the transition to regular status.

Dr. Delbridge advised that some of the EMTs under extension, especially in rural areas, have reported difficulties meeting the requirements for certification renewal. All EMS certificates and licenses are extended until 30 days after the end of the State of Emergency per the Governor's Order. MIEMSS is evaluating providing additional extension to clinicians in certain circumstances.

### Proposed Legislation

Dr. Delbridge said the MIEMSS is exploring potential statutory changes in the following areas:

- Commercial licensure of non-transporting EMS services
- EMS clinicians participation in vaccination program initiatives
- Inclusion of COVID-19 in reportable disease requirements

### Ready Responders

Dr. Delbridge provided an update on the Ready Responders, which uses EMS clinicians and Maryland licensed practitioners to facilitate telehealth visits with a physician or physician surrogate.

### Terminated Resuscitation COVID-19 Testing

Dr. Delbridge said that an emergency protocol was issued permitting a BLS or ALS clinician to perform nasopharyngeal testing for COVID-19 after termination of resuscitation in the field if the deceased person is not anticipated to be a medical examiner's case. This protocol is intended to alert for possible EMS exposures and to facilitate contact tracing by MDH. Several jurisdictions are using this protocol and have identified a 4.5% positive COVID-19 result.

### Ambulance Supplemental Payment Program

Dr. Delbridge said that MIEMSS is working with the Maryland's Medicaid Program to implement an ambulance supplemental payment program.

The ambulance supplemental program would allow Jurisdictional EMS Operational Programs to claim the federal share of Medicaid funds to reimburse for certain costs associated with providing EMS services.

Dr. Delbridge said that this program has been implemented in several areas in the country. Maryland State Medicaid is in the process of developing amendments to the State Medicaid Plan, which must be submitted and approved by and would then administer the Supplemental Payment Program in Maryland. Maryland Medicaid published intent to amend the State Medicaid Plan on September 29, 2020. In order to participate in the ESPP, providers must meet all of the following:

1. Be enrolled as a Medicaid provider for the period being claimed on their annual cost report;
2. Provide ground emergency transport services to Medicaid recipients; and
3. Be a “Jurisdictional Emergency Medical Services Operational Program,” defined in COMAR 30.03.02, i.e., “an institution, agency, corporation, or other entity that has been approved by the EMS Board to provide oversight for each of the local government and State and federal emergency medical services programs.”

## **SEMSAC REPORT**

SEMSAC Chairman, Mr. Tiemersma said that, due to having no pressing business, the September SEMSAC meeting was cancelled. The perinatal regulation revisions were distributed for comment at the August meeting. Mr. Tiemersma did not receive any comments.

Request for nomination of SEMSAC Officers was sent to the membership for elections at the November meeting.

Mr. Tiemersma said that the MIH committee continues to work on the commonality of definitions and training needs.

## **MSPAC REPORT**

Captain DeCoursey reported that in April 2020, the Maryland State Police Aviation Command contracted the services of Arkenstone Technologies, a Pennsylvania firm focusing on healthcare industry changes, to conduct a detailed analysis of the helicopter deployment throughout the State. The firm evaluated more than 17,000 Flight Vector records, trauma registry data and budgetary information from a three-year period.

Arkenstone’s analysis showed the MSPAC responds to 95% of its requests; and arrives on the scene within 25 minutes. If the Command takes a section offline, the response rate would drop below 83% and the average response time could increase by more than eight minutes. Arkenstone’s program included a computer-generated modeling project geared to assist the MSPAC with future operational planning.

Arkenstone is nearing completion of the modeling tool as the second deliverable of the project to permit computerized modeling tools can be used to manipulate system components so the potential effects of system changes can be estimated. Parameters that could be adjusted include number and locations of helicopter bases, helicopter staffing or in-service times, and process times (e.g., elapsed time to dispatch, take-off, etc.)

Captain DeCoursey said that in July 2020, the Board of Public Works approved the Governor’s list of reductions for fiscal year 2021, which included closing one MSPAC helicopter base and selling one Agusta Westland AW139 helicopter. This week, however, after receiving a copy of the Arkenstone’s 40-page MSPAC Basing Study, Colonel Woodrow W. Jones III, the superintendent of Maryland Department of State Police, announced the Agency would not be close a section, nor would it be selling

any of the Department's helicopters. With the Colonel's announcement, Governor Larry Hogan reaffirmed all MSPAC bases will remain open.

During the first nine months of 2020, the MSPAC crews have responded to 1,323 EMS missions transporting 1,373 patients; responded to 363 law enforcement calls and 176 search and rescue missions.

This year, the MSPAC trained six trooper medics for deployment around the State who will be assigned to sections on October 21, 2021. The Command currently has five rescue technicians tackling the Crew Chief upgrade training program; they are slated to be tested on more advanced clinical decision-making and air operation skills starting next week. The MSPAC Medical Training Section is hoping to start a rescue technician school in January for four trooper medics, who are currently assigned to patrol at Field Operations Bureau barracks.

Nine civilian pilots have been released to serve as crewmembers following intense ground school and flight training over the last four months. The Command actively continues to work to hire additional replacement pilots.

Currently, the MSPAC owns 19 Propaq Generation 1 monitors; 14 monitors are assigned to field serviceable aircraft, one unit is in the command's training division and one is assigned to the Special Operations Division for use during State Team deployments. As of February 2021, the monitors will no longer be supported by the manufacturer. The estimated cost to replace the monitors is \$665,000, which has been included in Fiscal Year 2022 budget.

MSPAC currently maintains seven bases 24 hours a day, seven days a week with 9 serviceable AW-139 helicopters. The tenth aircraft is awaiting a heavy inspection; late Wednesday, the Command received notification to proceed with completion of the inspection. Currently, two AW193s are undergoing detailed heavy inspections and are slated to be returned to service in next month.

## **MSFA**

Ms. Tomanelli said the MSFA Executive Committee was held at the Flintstone VFC on October 10 & 11, 2020. She thanked Dr. Chizmar attending for presenting the MIEMSS report. Full CDC COVID protocols were in effect.

Ms. Tomanelli reported that the MSFA continues to work with the Maryland Department of Health (MDH) on serology testing for volunteer first responders. MSFA anticipates a google survey to be sent this week to EMS departments for gaging department needs in order to accomplish the testing. She added that the MSFA received another request from MDH for volunteers to participate in a COVID vaccine efficacy study.

Ms. Tomanelli said that the MSFA was happy that MSPAC will be able to retain all bases and helicopters.

## **R ADAMS COWLEY SHOCK TRAUMA**

(A written report was distributed)

Dr. Snedeker said that the COVID-19 pandemic drove most of the changes in the reporting numbers. She said that the COVID-19 Unit (BCU) was established, the LRU became part of CSICU (no longer

a separate unit) and the CCRU moved to SICU (no longer a separate unit. Data for this unit is being reviewed. This is a temporary change until the end of the COVID 19 Pandemic and, as of Labor Day, capacity levels are returning to normal.

Dr. Snedeker reported that FY20 had shown a decrease in patient volumes, inter-facility transfers, but that OR and Clinic volumes are ticking back up. She said that, from April until June 2020, patient length of stay was down. STC is focusing on moving patients home safely and quickly which will open beds for capacity. Due to COVID, the Clinic has started telehealth opportunities.

Dr. Snedeker said that working with infection prevention, instituting robust screening and testing and social distancing, STC reopened the Hyperbaric Chamber, which had been suspended for non-emergent patients and staff redeployments due to COVID. Although still limited for safety, Chamber hours are beginning to increase.

Dr. Snedeker said that the “Go Team” had been requested (5) times with (1) deployment. She added that Organ and Tissue Donations are at 52%, believed to be due, in part, to COVID-19 with limited family presence.

Due to the pandemic, Global Outreach programs remain suspended. These programs will be reassessed in 2021.

The Center for Injury Prevention and Policy has held 33 events, with limited numbers due to COVID. EMS Outreach and Education programs are still suspended due to COVID. She added that plans are underway to restart all EMS Outreach activities safely.

Dr. Snedeker said that the Trauma Elevator controlled access goes live on November 2, 2020.

## **OLD BUSINESS**

Neonatal Commercial Ambulance Services Regulations  
(Documents previously distributed)

Ms. Sette presented the revised Neonatal Transport Regulations for approval.

**ACTION: On a motion made by Mr. Tiemersma, and seconded by Dr. Frohna, the Board voted unanimously to approve the revised Neonatal Transport Regulations.**

Incorporation by Reference of MD Register 2020 07 31 IBR Regulation Amendment  
(Documents previously distributed)

Mr. Magee presented the Incorporation by Reference of the August 1, 2020, Maryland Medical Protocols and the May 21, 2020, Maryland State Trauma Registry Data Dictionary for Burn Patients into COMAR regulations for final action.

**ACTION: On a motion made by Ms. Vanhoy, and seconded by Ms. Showalter, the Board voted unanimously to approve the Incorporation by Reference of the August 1, 2020, Maryland Medical Protocols and the May 21, 2020, Maryland State Trauma Registry Data Dictionary for Burn Patients into COMAR regulations.**

## **NEW BUSINESS**

### Educational Program Hart to Heart Ambulance Service

Mr. Fiackos presented the Hart to Heart Ambulance Service's request to provide initial certification courses at the EMR level. After review of the application and corresponding documentation, MIEMSS recommends approval for Hart to Heart Ambulance Service as an as an Emergency Medical Responder Education Program for five years, in accordance with COMAR 30.04.03.

**ACTION: On a motion made by Mr. Scheulen, and seconded by Dr. Westerband, the Board voted unanimously to approve Hart to Heart Ambulance Service as an initial EMR education program for 5-years.**

### ProCare/Kaiser HSCRC Grant MIH Pilot Program Protocol

(Documents were distributed)

Dr. Chizmar, Dr. Melville, Ms. Ailiff

Dr. Chizmar summarized the Procure Mobile Integrated Health Pilot program. He said Procure is seeking to perform home visits for recently discharged Kaiser patients; limiting the time frame to the first two days post-discharge, with a handoff to a home healthcare agency HomeCentris. Partners in this program are Kaiser, Luminis and HomeCentris. Procure has met the requirements of the existing MICH optional protocol.

Procure is asking for approval supplements to the existing protocol. All patient encounters will include telemedicine connection to the Kaiser physicians who discharged the patient.

The Pilot has the ability to demonstrate the utility of additional medications and procedures that may be helpful to all MIH programs in Maryland. The program will be evaluated monthly during the first year and quarterly during the second year. Procure has requested to participate in the SEMSAC MIH workgroup.

Dr. Melville thanked Dr. Chizmar and said that all Kaiser participating physicians will complete the required courses for interfacing with the care team. The program will not begin until all participating physicians have completed the training.

Chairman Stamp thanked Ms. Ailiff for her support of the EMS system.

A lengthy discussion followed regarding additional aspects of the program, including system treatment gaps between hospitals and home healthcare and sustainment of the program. Dr. Chizmar will be providing periodic updates to the Board on this program.

**ACTION: Upon the motion of Mr. Tiemersma, seconded by Dr. Reece the EMS Board approved the ProCare/Kaiser HSCRC Grant MIH Pilot Program Protocol.**

### Base Station Regulations proposed change

(Document was distributed)



Mr. Naumann presented the proposed change to the Base Station regulations 30.03.06.02, adding a line allowing state designated HIE to share ADT messages with MIEMSS. This change is a continuation of the MEMRAD / CHATS replacement project that has been ongoing for several years. There will be no additional work for hospitals as it is already a process from hospitals to CRISP. MIEMSS is currently in the technical development of a software tool, by CRISP to replace CHATS. CRISP and MIEMSS are working to engage hospital stakeholders on operational design.

**ACTION: Upon the motion of Dr. Westerband, seconded by Ms. Vanhoy the EMS Board approved the regulation change to COMAR 30.06.03.02 Base Station Regulation.**

**ACTION: Upon the motion of Dr. Westerband, seconded by Mr. Scheulen, the EMS Board voted unanimously to adjourn to closed session.**

Adjourn to closed session to carry out administrative functions, to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(b) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (b) (13).

**In closed session:**

**Board Members Present:**

Clay Stamp, Chairperson; Sherry Adams, Vice Chairperson; Stephan Cox; William J. Frohna, MD; Dany Westerband, MD; James Scheulen, PA; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy, RN; Dean E. Albert Reece, MD, MSN

**Board Members Absent: None**

**OAG:** Mr. Magee; Ms. Sette

**RACSTC:** Ms. Doyle; Dr. Snedeker

**MSPAC:** Captain DeCoursey; Director Wood

**RACSTC:** Ms. Doyle, Dr. Snedeker

**MFRI:** Mr. Cox

**MIEMSS:** Dr. Delbridge; Ms. Gainer; Ms. Abramson; Dr. Chizmar; Mr. Schaefer; Ms. Aycock; Dr. Bailey; Ms. Goff

**In Closed Session:**

1. The Board considered MEMSOF Budgets; and
2. The Board considered EMS clinician disciplinary actions; and
3. The Board considered SEMSAC nominations; and
4. The Board considered a Hospital re-designation;
5. The Board considered JEMSOP reverifications.

The Board returned to open session by acclamation.

**In open session:**

**Board Members Present:** Clay Stamp, Chairperson; Sherry Adams, Vice Chairperson; Stephan Cox; William J. Frohna, MD; Dany Westerband, MD; James Scheulen, PA; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy, RN; Dean E. Albert Reece, MD, MSN

**OAG:** Mr. Magee; Ms. Sette

**MIEMSS:** Dr. Delbridge; Ms. Gainer; Ms. Abramson; Dr. Chizmar; Mr. Schaefer; Ms. Aycock; Dr. Bailey; Ms. Goff

**ACTION:** Upon the motion of Mr. Cox, seconded by Mr. Scheulen, the EMS Board approved the following as Jurisdictional EMS Operational Programs under COMAR 30.03.02:

1. Allegany County Department Emergency Services Board
2. Garrett County Emergency Services
3. Frederick County Division of Fire & Rescue Services
4. Washington County Division of Emergency Services
5. Anne Arundel County Fire Department
6. City of Annapolis Fire Department
7. Baltimore City Fire Department
8. Baltimore County Fire Department
9. Carroll County Volunteer Emergency Services Association, Inc.
10. Harford County Department of Emergency Services
11. Howard County Department of Fire & Rescue Services
12. Cecil County Department of Emergency Services
13. Kent County Office of Emergency Services
14. Queen Anne's County Department of Emergency Service
15. Talbot County Emergency Services
16. Caroline County Department of Emergency Services
17. Dorchester County Department of Emergency Services
18. Wicomico County Chief's Association
19. Worcester County Emergency Medical Services
20. Montgomery County Department of Fire & Rescue Services
21. Prince George's County Fire / EMS Department
22. Calvert County Fire-Rescue-EMS
23. Charles County Emergency Medical Services
24. St. Mary's County Emergency Medical Services

**ACTION:** Upon the motion of Ms. Vanhoy, seconded by Ms. Adams, the EMS Board voted unanimously to adjourn.