



State Emergency Medical Services Board
December 13, 2022
Via Video Conference Call Only
Minutes

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*

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Board Members Present: James Scheulen, Mary Alice Vanhoy, RN; Sally Showalter; Stephen Cox; William J. Frohna, M.D.; Molly Marra; Wayne Tiemersma, NREMT P

Board Members Absent: Clay B. Stamp, NREMT P, Chairperson; Dany Westerband, M.D.

OAG: Mr. Malizio; Ms. Sette; Ms. Pierson, Ms. McAlister

MIEMSS: Dr. Delbridge; Ms. Gainer; Mr. Abramovitz; Ms. Abramson; Dr. Barajas; Mr. Bechtel; Mr. Bilger; Ms. Chervon; Dr. Chizmar; Mr. Ebling; Dr. Floccare; Ms. Hall; Mr. Huggins; Mr. Legore; Mr. Linthicum; Mr. Parsons; Mr. Tandy; Ms. Witmer; Dr. Wooster; Ms. Wright-Johnson; Ms. Goff

MSFA: Ms. Loveless

MSPAC: Major Tagliaferri; Capt. DeCoursey; Capt. Thomas; Mr. Hawkins, Mr. McMahon

RACSTC: Dr. Snedeker

Mr. Scheulen called the meeting to order at 9:03 am and proceeded with calling the role.

Mr. Scheulen asked for approval of the October 11th and 24th, 2022, minutes.

ACTION: Upon the motion made by Ms. Vanhoy seconded by Ms. Showalter, the EMS Board unanimously approved the October 11th and 24th, 2022, minutes as written.

MSPAC

A written report was distributed.

Major Tagliaferri introduced members of the Aviation Command attending the meeting. He presented updates to the MSPAC Intermittent Flight Rules (IFR) policy and weather policy. He said that the policy changes could increase medivac missions by 75-100 patients per year.

Major Tagliaferri introduce Mr. Hawkins, director of flight operations, who gave a detailed report on the changes in weather related home base, LZ, and hospital helicopter departures using IFR including all safety measure within the weather policy. The new weather policy is ready to be implemented.

Mr. Scheulen requested for MSPAC to include the number of IFR missions in the MSPAC reports to the EMS Board.

MIEMSS Report

COVID-19 Update

Dr. Delbridge said that the number of hospitalized COVID patients is rising to the levels experienced during the second week in August. Hospitals, reliably, respond to a query of approximately 30 questions each day through the MEMRAD system in order for MIEMSS to provide the updated numbers. As of mid-November, MIEMSS split out questions pertaining to pediatric patients to assure pediatric capabilities are not over stressed.

Critical Care Coordination Center (C-4)

Dr. Delbridge said that the number of patient cases handled by the C-4 has risen to over 4900 (1200 in the past two months). Most of the cases are not related to COVID-19 but RSV and influenza. Every hospital in Maryland is a referring and receiving facility. Up until a month ago, approximately 1/3 of pediatric patients were transported to facilities outside of Maryland. This was only attenuated when out-of-state facilities would no longer accept patients.

Dr. Delbridge said that through additional funding from MDH, MIEMSS opened the Pediatric Surge Operations Center, hired a second pediatric doctor, added administrative support and created a pediatric surge report. In addition to the morning query, a daily (now weekly) pediatric call is conducted to assist with daily pediatric bed counts. At the end of October into November 2022, outstripped the pediatric ICU capacities due to the surge in RSV patients. Pediatric patients needing ICU care were boarded in local emergency departments. C-4 pediatric intensivists provided consultation and guidance to the ED's for providing care until an ICU bed could be found or the patient recovered enough for care to be continued locally. Dr. Delbridge said that Dr. Anders, C-4 pediatric medical director, coordinated and collaborated with the pediatric intensivist for countless hours to support ED's with critically ill children. Dr. Delbridge said the current data indicates that Maryland hospitals may be past the peak in pediatric respiratory cases.

The C-4 has CDC grant funding through June 2023. MIEMSS is investigating a no cost extension and other avenues for continuing funding to this well received initiative.

Yellow Alerts

MIEMSS continues to see an up surge in Yellow Alert status in great part due to ED boarding of patients. Approximately 80% of hospital EDs are at capacity between 10am and 11am each day.

Emergency Department Advisory System (EDAS)

Dr. Delbridge gave an update on the Maryland EDAS. He said that in conjunction with the @HA dashboard, EDAS will assist EMS clinicians to identify how busy an ED actually is based on bed availability. He added that EMS would be able to monitor how many patients are in the ED vs. how many designated treatment spaces the ED has, allowing the EMS unit to know what they should experience when they arrive at the ED.

Dr. Delbridge said that he and Dr. Chizmar continue to visit hospital EDs across the state. The intention is to visit all Maryland hospitals to tour the ED's, to ascertain bed availability, and to discuss the EDAS with staff.

Dr. Delbridge said that EDAS will provide an advisory level from 1-4.

- (1) ED has a patient census of less than 70% of ED capacity
- (2) ED has a patient census of 70% - 100% of ED capacity
- (3) ED has a patient census of 130% of ED capacity
- (4) ED has a patient census above 130% of ED capacity

Patient census includes patients in the waiting room. Hospitals need to agree to the capacity of the ED. Dr. Delbridge discussed the different types of census data needing to be captured within EDAS to achieve the most accurate patient census data.

Transfer of Care Operational Policies

Dr. Delbridge said several jurisdictions have established or are establishing policies regarding what is expected in terms of delays in patient care transfers at emergency rooms. While comparable, not all policies are the same. Extreme ED wait times have been reported to negatively impact EMS jurisdiction's capacity to respond to subsequent EMS calls. Since the majority of hospitals receive patients from various jurisdictions, Dr. Delbridge mentioned that hospitals have complained that having separate EMS transfer of care policies is problematic. He continued by saying that hospitals and EMS operational programs are asking MIEMSS to take action. Unless it violates a clinical protocol, MIEMSS has no regulatory authority over a jurisdictional EMS operational program policy that it develops. Furthermore, MIEMSS has no control over how quickly emergency departments accept a patient for transfer of care from EMS. The jurisdictions have consented to wait so that MIEMSS can call a meeting of the Collaborative of Hospital Emergency Services (CHES) group, which was established before COVID, to discuss experiences and best practices for accepting patient transfers from EMS at a more suitable time and for suggesting a statewide strategy rather than one-off individual jurisdictional policies. CHES will meet next week to discuss.

A discussion regarding the new jurisdictional patient transfer of care policies and the need for EMS/hospital collaboration ensued. The Maryland hospital reimbursement system and the certificate of need system's restrictions were also discussed.

2022 Legislative Reports

Dr. Delbridge said that MIEMSS has submitted the legislative report on the use of Ketamine and will submit the report on ambulance transportation for Medicaid patients who are not experiencing an emergency by the end of the month. The most recent statistics on EMS use of Ketamine in Maryland were provided by Dr. Delbridge. EMS medical directors are tracking the use of Ketamine in Maryland.

Base station renewals

Dr. Delbridge said the following hospital have been re-designated as EMS base stations.

- Anne Arundel Medical Center
- Baltimore-Washington Medical Center
- Franklin Square Medical Center
- Greater Baltimore Medical Center
- Harbor Hospital
- JH Bayview Medical Center
- Mercy Medical Center
- Northwest Hospital
- Sinai of Baltimore
- St. Joseph Medical Center
- Union Memorial Hospital
- University of MD Med Center

- Calvert Health Hospital
- Charles Regional Medical Center
- Children’s National Hospital
- RACSTC

Education Program Update

Dr. Delbridge presented the following MIEMSS recommended educational programs for approval:

- LifeStar Response
 - EMR & EMT initial education
 - EMS, EMT, & ALS refresher education
 - Through 12/13/2025
- Talbot County DES
 - ALS and BLS refresher education
 - Through 12/13/2027

ACTION: Upon the motion of Mr. Tiemersma, seconded by Ms. Marra, the EMS Board voted unanimously to approve LifeStar Response and Talbot County DES educational programs as presented.

Dr. Delbridge updated the Board on the following educational programs. He said that MIEMSS continues to work with Baltimore City Community College on the educational program. He added that the Hagerstown Community College, who discontinued its EMS educational program has collaborated with Washington County DES to provide EMS educational programs by reactivating its program that will renew its accreditation in 2023.

- Baltimore City Community College (year # 2 provisional)
- Hagerstown Community College / Washington Co. DES
 - Updates HCC Inactive to consortium “Active”
 - Re-accreditation by CoAEMSP and approval by MIEMSS in 2023

MIEMSS Personnel

Dr. Delbridge announced the following MIEMSS personnel changes:

Chris Bechtel has been promoted to Chief of Information Technology and Systems Management. Jeannie Abramson, Sarah Sette and Pat Gainer will be retiring at the end of 2022.

RACSTC

Dr. Snedeker wished everyone a happy holiday and said she would have a report at the joint meeting in January.

MSFA

A written report was distributed.

Ms. Loveless said that planning for the 2023 MSFA Convention is already underway. The convention committee intends to offer the necessary number of EMT refresher courses on a range of subjects. A third meeting will be held by the MSFA prior to the beginning of the session in January 2023 to discuss

the upcoming legislative session with EMS partners. The meeting invite will come from President Kurtz and be held in Crofton. Ms. Loveless added that the MSFA continues to work with the SAFER funds for the recruitment and retention cadre across the state.

OLD BUSINESS

Documents Incorporated by Reference

Ms. Sette said the proposal to incorporate the July 1, 2022 edition of the Maryland Medical Protocols, the March 12, 2022 edition of the Maryland State Trauma Registry Data Dictionary, and the May 25, 2022 edition of the Maryland State Trauma Registry Data Dictionary for Pediatric Patients into COMAR regulations was published on the September 9, 2022 Maryland Register and is ready for final action. There were no comments submitted on the proposed incorporation by reference.

ACTION: Upon the motion made by Ms. Marr, seconded by Dr. Frohna, the EMS Board unanimously voted to adopt the regulations as published.

NEW BUSINESS

Emergency Protocol – 15.2A Optional Supplemental Protocol – AIRWAY MANAGEMENT: HEATED/HUMIDIFIED HIGH-FLOW NASAL CANNULA (HHFNC)

Dr. Chizmar presented the HHFNC emergency protocol for approval. He said that there has been an increasing numbers of pediatric transfers and use of HHFNC for respiratory illness. He said that he consulted with the Pediatric Medical Advisory Committee on use the pediatric high flow nasal cannula. He added that this is a relatively new technology and MIEMSS is seeking Board approval for use by Specialty Care Transport (SCT) paramedics to continue to using for patients that are 3months to 12years of age, stable on HHFNC at sending hospital for 6 hours, and on lower-moderate level flow rates and oxygen concentration. For consistency, a few non-substantive changes were also made to the adult high flow nasal cannula optional protocol.

ACTION: Upon the motion made by Ms. Vanhoy, seconded by Mr. Tiemersma, the EMS Board unanimously voted to approve the HHFNC emergency protocol.

COMAR 30.09.12.04 A (2) (b)

Ms. Sette said proposed changes for the Commercial Services regulations were vetted through the Commercial Ambulance Services Advisory Council and are being presented today for information.

Mr. Legore gave an overview of the proposed staffing changes to COMAR 30.09.12.04 neonatal and specialty care commercial ambulance services.

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) (7).

ACTION: Upon the motion made by Ms. Showalter, seconded by Mr. Scheulen, the EMS Board unanimously voted to adjourn to closed session.

In closed session:

Board Members Present: James Scheulen, Mary Alice Vanhoy, RN; Sally Showalter; Stephen Cox; William J. Frohna, M.D.; Molly Marra; Wayne Tiemersma, NREMT P

Board Members Absent: Clay B. Stamp, NREMT P, Chairperson; Dany Westerband, M.D.

OAG: Mr. Malizio; Ms. Sette; Ms. Pierson, Ms. McAlister

MIEMSS: Dr. Delbridge; Ms. Gainer; Dr. Chizmar; Ms. Goff; Ms. Chervon; Mrs. McAllister

The Board considered:

- (1) SEMSAC nominations; and
- (2) disciplinary matters