



State of Maryland
Maryland Institute *for* Emergency Medical Services Systems

Wes W. Moore
Governor

Clay B. Stamp
Chairman EMS Board

Theodore R. Delbridge, MD, MPH
Executive Director

Statewide EMS Advisory Council (SEMSAC)

AGENDA
May 1, 2025 - 1:00pm
Virtual Meeting

- I. Call to Order – Mr. Smothers
 - Call the roll
 - Approval of the March 6, 2025 SEMSAC minutes.
- II. SEMSAC Chair Report – Mr. Smothers
- III. MIEMSS Report – Dr. Delbridge
- IV. MSPAC Report – Major Tagliaferri
- V. MSFA Update – Ms. Mott
- VI. Committee Reports
 - ALS Report – Dr. Fillmore
 - BLS Report – Mr. Zaccari
 - MIH Report – Chief Matz
 - Regional Affairs – Mr. Chisolm
- VII. Old Business
- VIII. New Business



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Meeting Minutes

SEMSAC Members Present: Eric Smothers, Chairperson; Scott Haas, Vice Chairperson; Jeffrey Sagel; Kathleen Grote; Michael Tagliaferri; Tim Kerns; William Teeter; Kathryn Burroughs; Danielle Katz; Lisa Tenney; Lisa Lisle; Jeffrey Fillmore; Justin Orendorf; Danny Platt; Elliott Haut; Doug Beitzel; Susan Mott; Kristie Snedeker; Alan Butsch; Farheen Qurashi; Wayne Dyott; Michael Cox; Bruce Klein; Danny Platt

SEMSAC Members Absent: Erik Abrahamson; Gordon Wallace; Matthew Levy; Linda Young; Wayne Dyott

OAG: Mr. Malizio; Ms. Pierson

Other: Jim Matz, Chair, MIH; David Chisholm; Chair, Regional Affairs; Russ Zaccari, Chair, BLS Committee

MIEMSS: Ted Delbridge; Tim Chizmar; Todd Abramovitz; Chris Bechtel; Mark Bilger; Abby Butler; Jason Cantera; Lisa Chervon; Bryan Ebling; Aaron Edwards; Doug Floccare; Pat Gainer; Kelly Hammond; Jeff Huggins; Dwayne Kitis; Scott Legore; Randy Linthicum; Christian Miele; Michael Parsons; Luis Pinet-Peralta; Patrick Tandy; Todd Tracey; Wayne Tiemersma; Barbara Goff

Chairman Smothers called the meeting to order at 1:05pm. The roll was called.

Chairman Smothers asked for approval of the March 6, 2025 SEMSAC meeting minutes.

ACTION: A motion was made by Ms. Mott, seconded by Ms. Grote, and unanimously voted upon to approve the March 6, 2025 SEMSAC minutes as written.

SEMSAC – No report

MIEMSS Report

Dr. Delbridge wished everyone a happy Nurses week (May 6th – 12th). He said that May 12th is the 50th anniversary of the Emergency Medical Resource Center (EMRC) and that National EMS Week 2025 will be celebrated from May 18th to May 24th, with the theme "We Care. For Everyone."

EMS Transports

Year-to-date, EMS has transported over 150,000 patients to emergency departments. Approximately 3.6% are transported out-of-state; mostly to Virginia and West Virginia. The five busiest receiving emergency departments continue to be Anne Arundel Medical Center, Frederick, Franklin Square, Meritus, and Johns Hopkins Bayview. Dr. Delbridge said that, on average, EMS arrivals to the ED represent a little more than 26% of ED admissions on per hospital basis.

The goal is that 90% of the time for hospitals to receive patients within 35 minutes, allowing five minutes to get out of the ambulance, giving ED staff 30 minutes to accommodate the patient. Approximately 33% of hospitals are attaining this goal. From September 2024 to January 2025 there was measurable improvement with a third fewer red cells than the previous year, but it has been a particular challenging during the first quarter of 2025 due to respiratory illnesses that impacted emergency department efficiency and the number of EMS calls for respiratory viruses. This data is shared with hospitals monthly.

The ED Commission, coordinated by the HSCRC, meets regularly and collects and shares data with that group. Chief Knatz represents the EMS interest along with Dr. Delbridge as we continue to press on for solutions to ED Boarding and EMS to ED transfer intervals.

ED Patient Boarding

Dr. Delbridge reiterated that there are over 2,000 emergency department available treatment spaces throughout the state. Data is collected every day that shows more than 800 of those spaces being occupied by boarded patients that could be waiting to be admitted to an ICU or a medical surgical bed, etc. Boarding patients collapses the capacity of hospital emergency departments to manage incoming patients. Not having the capacity in the emergency room to accommodate newly arriving patients, the e lesser acuity are going to get delayed which delays EMS accordingly. This information is stressed when attending meetings such as the emergency department throughput committee.

Cardiac Arrest Survival Rates

Dr. Delbridge shared the recently release CARES data for 2024. He said that, if the cardiac arrest is bystander witnessed, and the first rhythm encountered is shockable, and if the bystander performed CPR or used an AED, the cardiac arrest survival rate in Maryland is more than 42% which is higher than the national rate.

Although overall survival rate in Maryland is a bit lower than the national rate, Maryland has a higher preponderance of cardiac arrests that occur in nursing homes or are unwitnessed at home. Maryland also has a lower number of cardiac arrests that occur in public spaces and are witnessed, but has a 13% higher AED application rate.

Dr. Delbridge said that the AED registry was activated at the end of 2024. MIEMSS is in the process of merging the old data into the new registry.

Emergency Department Advisory System (EDAS)

Dr. Delbridge said that the MIEMSS' advisory program, whereby hospitals will update its emergency department (ED) census throughout the day, is in the testing phase. He provided a screen shot showing how the EDAS app will appear on clinician phones and tablets and said that the advisory program will be updated by emergency departments (ED) manually throughout the day. MIEMSS recommends that hospitals update data around every three hours, but no less that once in twenty-four hours. If a hospital enters a status of #4 the program will automatically drop back to #3 after a little over three hours.

MIEMSS is working on final testing to assure consistent connectivity over the next couple weeks. MIEMSS plans on an education roll-out for EMS and hospital personnel. MIEMSS anticipates for EDAS to be activated on May 19th and will run concurrent with CHATS for a couple of weeks allowing for a smooth transition. CHATS will be ending sometime in June.

Legislative Update

The written legislative report was distributed.

Dr. Delbridge highlighted a few of the legislative initiatives that passed:

- HB593/SB369 –requires libraries to have an AED
- HB246 – (Human Services – Adult Protective Services)
 - Implementation - October 2026 to provide adequate time for clinician education
 - The “hotline” will suffice as notification
- HB1131 – Buprenorphine – Training grant program and workgroup – MIEMSS is seeking clarification regarding:
 - \$50,000 per year for EMS “grants” to train paramedics
 - establishment of a workgroup to study buprenorphine access in the State

Dr. Delbridge provided an update on the AED registry.

Dr. Delbridge said that the bill that would have penalized people for not registering their cars in Maryland when they live in Maryland did not pass, avoiding the fees in Maryland that would support the infrastructure in the environment in the communities that they're living in. He said this impacts the revenues to be collected supporting the EMSOF.

The full legislative update is posted on the MIEMSS website.

MSPAC

A written report was disseminated. Major Tagliaferri said that he did not have anything to add to the written report and was happy to answer any questions.

MSFA

A written report was distributed.

Ms. Mott said that the Maryland State Firefighters Association (MSFA) EMS Committee met on April the 6th and discussed that the upcoming MSFA convention in June. She said that, although the time of the event has been shortened, the MSFA convention committee has increased educational opportunities. At the meeting, the ALS subcommittee discussed some concerns regarding national registry. Students are coming from out-of-state programs and online programs seeking onsite skills and competencies.

Ms. Mott said the BLS committee discussed the fact that the one-month shift for BLS renewals has created a little bit of confusion. but for the most part things are going well. She added that the committee is reviewing the internship packet for needed updates.

Chairman Smother said that it is National Fallen Firefighters week in Emmittsburg. There is a program online for events recognizing lost firefighters on Saturday evening and Sunday. It is encouraged for everyone to have red light on your porch during this time for those who have been lost in the line of duty. Flags will also be at half-staff.

SEMSAC Committee Reports

ALS Committee

Dr. Fillmore said that policy statement document should be finalized at the next ALS committee advising that Maryland EMS does not support charging students for attending clinical sites.

BLS Committee Report

Mr. Zacarri said that the BLS committee met on March 21, 2025. He said that there are no updates at this time.

MIH Committee

Chief Matz said that the committee met recently and discussed the buprenorphine legislation and the potential protocol implications for those under the age of 18. Also discussed was the MIH integration into eMEDS® and the data flow issues with eMEDS® into CRISP.

Chief Matz reported that the protocol development workgroup was renamed to expanded scope of work group and will start meetings to discuss integrating EMTB's into MIH on May 9th.

Regional Affairs Committee (RAC)

A written report was distributed.

Chairman Smothers said that a written report on grant expenditures for FY24 and encumbrments for FY25 was provided.

Old Business - NA

New Business

Dr. Teeter said that the National Study Center (NSC) is partnering with the LITES Network, a trauma investigation network out of UPIT. He said that the NSC is initiating a community consent protocol for the study for the Calcium and Vasopressin following Injury Early Resuscitation trial, or simply CAVALIER, a research study that will look at whether giving calcium, vasopressin, or both, early in the course of treatment, would help severely injured patients that lose a lot of blood survive their injuries. Dr. Teeter thanked Drs. Delbridge and Floccare for paving the way for the pre-hospital portion of the study.

Chairman Smothers said that the next meeting is scheduled for June 5, 2025.

Upon the motion by Ms. Mott, seconded by Dr. Fillmore, SEMSAC unanimously voted to adjourn.