



**State EMS Board / SEMSAC
Annual Joint Meeting
January 18, 2022
9:00 a.m. – 11:00 a.m.
Virtual Meeting**

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
Chairperson
Emergency Medical
Services Board*

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

410-706-5074
FAX 410-706-4768

- I. Call to Order - Mr. Stamp, EMS Board Chair; Mr. Tiemersma, SEMSAC Chair
 - Call the role
 - EMS Board
 - SEMSAC
- II. MIEMSS Report – Dr. Delbridge
 - EMS Clinician Provisional Extension Emergency Regulation – Board Member ACTION – Ms. Sette
 - EMT Testing prior to Field Internship Emergency Regulation – Board Member ACTION – Ms. Sette
- III. MFRI – Mr. Cox
- IV. MSP Aviation Command – Major Tagliaferri
- V. National Study Center – Dr. Kozar
- VI. R Adams Cowley Shock Trauma – Dr. Snedeker
- VII. MSFA – President McCrea
- VIII. Old Business
 - Perinatal Regulations – Board Member ACTION – Ms. Sette, Dr. Bailey
- IX. New Business
 - 2022 EMS Protocol Updates – INFORMATION – Dr. Chizmar
- X. Adjournment



**State EMS Board and SEMSAC
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Minutes**

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Board Members Present: Clay B. Stamp, NREMT P, Chairperson; Sally Showalter; Stephan Cox; William J. Frohna, M.D.; James Scheulen, NREMT P; Dean E. Albert Reece, M.D.; Mary Alice Vanhoy, RN; Dany Westerband, M.D.; Wayne Tiemersma

SEMSAC Members Present: Wayne Tiemersma, Chairperson; Eric Smothers, Vice Chairperson; Kristie Snedeker; Gordon Wallace; Michael Cox; Jeffrey Fillmore, MD; Michael Rosellini; Jeffrey Sagel, MD; Justin Orendorf; Kathleen Grote; Scott Haas; Michael Tagliaferri; Wayne Dyott; Elliott Haut, MD; Tim Kerns; Rosemary Kozar, MD; Kathryn Burroughs; Jim Matz; Lisa Tenney; Lisa Lisle; Jennifer Anders, MD; Alan Butsch; Linda Dousa; Michael Millin, MD

MSFA: President McCrea; Kate Tomanelli

MIEMSS: Dr. Delbridge; Ms. Gainer; Ms. Abramson; Ms. Aycok; Dr. Bailey; Mr. Bilger; Ms. Chervon; Dr. Chizmar; Mr. Fiackos; Mr. Legore; Mr. Linthicum; Ms. Mays; Mr. Buckson; Mr. Naumann; Mr. Seaman; Ms. Wright-Johnson; Ms. Goff

OAG: Mr. Magee; Ms. Sette

Mr. Stamp called the roll of the EMS Board.
Ms. Goff called the roll of the SEMSAC.

Chairman Stamp thanked Dr. Delbridge and the MIEMSS leadership and staff for the excellent work each day to achieve our goals, especially during the last two years of COVID. He also thanked the EMS partners for their commitment in serving the citizens of Maryland. Mr. Stamp welcomed and thanked the SEMSAC members for their continued support and advice to the Board.

MIEMSS Report

COVID-19 Updates

Dr. Delbridge said that, although the number of COVID hospitalizations is down, hospitalizations remain extremely high. The result is the overcrowding in Trauma Centers and Emergency Departments, crisis standards of care in some instances, and excessive transfer-of-care intervals.

Dr. Delbridge said that EMS Regions are beginning to utilize the MIEMSS template for notifying the public of the stress COVID has placed on area hospitals.

Yellow Alerts

Dr. Delbridge said that, even though yellow alert status is down, it is still way above pre-COVID highs. The current median time-to-transfer a patient in Region III from EMS to hospital staff is 24 minutes; the 90th percentile over 70 minutes, and more than 13% of patient transfers-of-care take longer than an hour. This means that 1 out of 10 transports to an ED in Region III will take well over an hour to transfer the patient care responsibility to the ED staff. It is an incredible strain on the EMS System capacity to manage EMS units detained in hospital emergency departments for that amount of time. Dr. Delbridge provided a snap shot of the Region III Chats for January 13th showing 17 of 23 hospitals on alert. He said when nearly every ED is on alert, it renders the alert system obsolete.

MIEMSS conducted a brief survey of EMS and hospital personnel regarding the continuation of the Alert system. 70% of the 60 respondents supported the suspension of the Yellow Alert system.

Governor's Executive Order Augmenting the EMS Workforce

Dr. Delbridge said that, as in the previous Executive Order (EO), the current EO suspends provisions of Section 13-15, 13-516, or 13-517 of the Education Article, or of COMAR Title 30.

Public Notices have been issued for EMTs and CRTs as vaccinators, NREMT cognitive exam testing before completion of required practical experience, the extension of clinician licenses, provisional licensure, and Clinical Externs.

Dr. Delbridge presented two proposed Emergency regulations for the Board's considerations.

- COMAR 30.02.02.13 Requirements for Individuals with a Provisional License or Certificate to Obtain a Full License or Certificate. This emergency regulation extends the current provisional status (scheduled to expire on February 11th) for clinicians to May 11, 2022. Provisional EMS licenses or certificates received after January 4, 2022 will expire on November 30, 2022. All educational requirements will need to be completed prior to the above-stated expiration dates in order to move to permanent status.

ACTION: Upon the motion made by Mr. Scheulen, seconded by Ms. Vanhoy, the EMS Board voted unanimously to approve the amended COMAR 30.02.02.13 as an emergency and permanent regulation.

- COMAR 30.02.02.03: Allows students to complete the required written test, skills test, and internship in any order.

ACTION: Upon the motion made by Dr. Westerband, seconded by Dr. Reece, the EMS Board voted unanimously to approve the amended COMAR 30.02.02.03 as an emergency and a permanent regulation.

Maryland Hospitals Commercial Ambulance Request System (MH-CARS)

Dr. Delbridge reported that MIEMSS has created an online system whereby hospitals can notify all commercial ambulance services when needing an ambulance transport. Commercial ambulance services can, in turn, advise of their availability.

Critical Care Coordination Center (C-4)

Dr. Delbridge said that, to date, MIEMSS C4 has handled nearly 2500 patient cases. A second intensivist has been added to the C4 due to the increased call volume. Dr. Delbridge added that the C4 is

handling approximately 18 calls per day. Each call takes 3-4 hours to resolve. He added that a pediatric C-4 is also available that was added in anticipation of an increase in pediatric COVID patients.

Vaccinations

Dr. Delbridge said that MIEMSS continues to provide COVID vaccinations to cargo ship personnel.

Cardiac Arrest Termination of Resuscitation (TOR)

Dr. Delbridge said testing of cardiac arrest TORs for COVID continues in order to facilitate contact tracing. He added that there has been a significant rise in the number of COVID positive TOR cases in the last month.

Hospital Re-designations

Dr. Delbridge reported that both Holy Cross Hospital and Mercy Medical Center have been re-designated as Primary Stroke Centers. He added that Sinai Hospital has become the first designated Thrombectomy-Capable Primary Stroke Center in Maryland.

Emergency Department Patient Boarding

Dr. Delbridge said that each day, at any given time, between 200 and 350 patients are boarded in Maryland emergency departments for multiple reasons. Between 20%- 25% of ED patients are boarded without a disposition (e.g., psych) or are holding for a disposition destination to become available (e.g., no available staffed beds). 25% of ED Boarders are psych patients, but they make up 68% of ED boarding time.

Legislation

Dr. Delbridge said MIEMSS is supporting HB44, a bill that modifies the requirements for Medicaid reimbursement to an emergency service transporter for services provided in response to a 911 call. Specifically, the bill would require Medicaid to reimburse EMS for responses to Medicaid enrollee patients who call 9-1-1 regardless of whether the patient is transported to the hospital and will provide a modest increase in Medicaid reimbursement of \$25/year to a limit of \$300, the first increase since 1999.

MIEMSS is also supporting HB 286, a bill that would extend until January 1, 2026, the ability of Paramedics to administer COVID-19 vaccinations and influenza immunizations as part of public health outreach efforts conducted by a health department or hospital / hospital system. Current statutory authorization expires January 1, 2023.

EMS Operations Fund (EMSOF)

Dr. Delbridge said that the EMSOF partners (those receiving funds from the EMSOF) will be meeting this week to discuss the EMSOF solvency. DBM projections indicate the EMSOF may be insolvent sooner than had been previously projected.

MIEMSS Employee Notices

Dr. Delbridge announced the retirement Carole Mays as of December 31, 2021. Elizabeth Wooster, PhD, RN, BSN, MA, MsEM is the new Director of the Trauma and Injury Specialty Care Program. He added that MIEMSS has hired a new Webmaster, Kelsey Hood. If you have an opportunity to do so, please welcome Elizabeth and Kelsey.

MFRI

A written report was distributed

Mr. Cox gave an overview of MFRI's mission and vision in 2021. He reported on MFRI's 2021 statistics regarding student enrollment and the disciplines and programs in which MFRI participated. He added that MFRI has administered 1,551 EMT tests since becoming an authorized Pearson Vue testing center.

Mr. Cox highlighted items in MFRI's 2021 operating budget. Mr. Cox said that, due to COVID and some unforeseen issues with construction, MFRI anticipates completion of the Western Maryland Regional Training Center renovation project, which includes remodeling the burn building, sometime during the spring of 2023.

Mr. Cox gave an overview of the equipment purchased with the \$558,000 Assistance to Firefighters Grants award to MFRI.

Mr. Cox gave an overview of the MFRI curriculum updates including the development / revision of the EMR course.

MSPAC

A written report was distributed

Major Tagliaferri reported on the Maryland State Police Aviation Command's 2021 mission data, aircraft maintenance schedules, current numbers of EMS providers and pilots, personnel recruitments, and ongoing projects and initiatives including the Whole Blood Program, the MedHub Grant Project and the Unmanned Aircraft Systems Program.

Major Tagliaferri said MSPAC performed 1,791 EMS missions with 1,840 patients, 132 law-enforcement related calls and 170 search and rescue missions.

Major Tagliaferri gave an overview of the standout missions accomplished in 2021 including Trooper 1's hoist rescue of fire company personnel and three hunters from the silt and mud-laden flats in Havre de Grace.

National Study Center (NSC)

A written report was distributed

Dr. Kozar gave an update of the NHTSA funded 2021 NSC CIREN (Crash Injury Research and Engineering Network) research project statistics from January 21st to December 31, 2021.

Dr. Kozar said the Maryland Highways Safety Office Projects for 2021 included Traffic Records project – CODES project, data management and linkage, the Maryland seatbelt compliance report to NHTSA, the pedestrian fatality review, and the drug recognition expert data linked with citation data. She added that state projects included ICD-10 code validation for the self-harm patient, the MSHA vulnerable roadway user density dashboard and the collaboration with UMD-CP Maryland Transport Institute.

Dr. Kozar said that Dr. ChenFeng Xiong continues his work on the Transportation Health Initiative (THI), a partnership with the Maryland Transportation Institute at College Park which combines expertise and resources in Engineering, Epidemiology and Medicine.

Dr. Kozar highlighted the STAR funded internal grant to understand the changes in travel behavior after recovering from injuries caused by motor vehicle crashes using a smartphone app to track driving behaviors of patients discharged after trauma care, which was developed at UMCP.

The NSC is researching the effects of mobility restrictions (stay at home orders – social distancing index developed at UMCP), combining transportation data with hospital health data.

Dr. Kozar said that the Center for Innovation in Clinical and Translational Shock and Injury Research (CISIR) is an organized system that tracks patient demographics, types of injuries and illnesses, and recovery timelines from cause of the injury to EMS, to shock trauma medical encounter, to rehab and maintenance to post discharge.

Dr. Kozar said that another initiative is the USAMMDA/UMB Interoperable Medical Automated Systems (iMAS) program which seeks to integrate comprehensive injury, physiology, and triage data into one user-friendly system that allows visibility from point of injury to tertiary level care, while also providing user-level decision support including drug, ventilator, resuscitation, and triage calculations.

RACSTC

A written report was distributed

Dr. Kristie Snedeker highlighted the RACSTC's current statistics on patient admissions, occupancy rates, OR volumes, clinic volumes and Lost Interfacility Transfer volumes. Dr. Snedeker said that current average length of stay is ten days and added that the hyperbaric chamber hours have increased significantly.

Dr. Snedeker said that there had been six RACSTC Go-Team requests with one deployment to Charles County. She said that an analysis of Go-Team cancellations will be presented with the next RACSTC report.

Dr. Snedeker acknowledge the increase in trauma capacity alerts mostly due to staffing challenges.

MSFA

President McCrea sent greetings from the Vice Presidents and members of the MSFA. He said the MSFA continues planning an in-person convention and asked that course proposals be submitted to: www.convention.msfa.org/registration/instructorproposal. He added that there is a link on the MSFA website.

Old Business

Perinatal Regulations

A copy of the proposed regulations was distributed.

Ms. Sette highlighted the proposed changes to the Perinatal Regulations presented to the Board at the December 2021 meeting.

ACTION: Upon the motion made by Ms. Vanhoy, seconded by Mr. Scheulen, the EMS Board voted unanimously to approve the proposed updates to the Perinatal Regulations.

New Business – N/A

2022 EMS Protocol Updates

A written copy of the proposed changes was distributed.

Dr. Chizmar gave an overview of the proposed updates to the 2022 Protocols:

New Protocols

- Critically Unstable Patient
 - Directs on-scene resuscitation prior to patient movement
- Ventricular Assist Device (VAD) Protocol
 - Management of unstable patients with VADs

New Medications

- Droperidol
 - ALS; for moderate agitation, in lieu of haloperidol
- Tranexamic Acid (TXA)
 - ALS; for patients with suspected hemorrhagic shock

Protocol Revisions

- Acetaminophen
 - BLS/ALS; for fever and pain
- Extraglottic airway
 - Maintains King-LT, adds other supraglottic airways
- PEA/Asystole algorithm
 - Defines treatments for narrow vs. wide PEA vs. asystole
- Lateral uterine displacement
 - Pregnant patients with hemodynamic instability or cardiac arrest

Removal

- Induced/Neuroprotective Hypothermia
 - Hypothermia (33 C) vs. normothermia (avoidance of fever)
 - No difference in mortality
 - More dysrhythmias in the hypothermia group

New Optional Supplemental Protocol

- Hydrofluoric Acid (HF) Exposure
 - Severe burns, systemic toxicity
 - Glass etching, manufacturing, rust remover
 - Electric car batteries
 - Adds: calcium gluconate (IV, nebulized, topical)

Mr. Stamp thanked all in attendance.

ACTION: Upon the motion made by Ms. Vanhoy, seconded by Dr. Westerband, the EMS Board – SEMSAC Joint meeting was adjourned.