



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

State EMS Board Meeting March 14, 2023 Virtual Meeting

- I. Call to Order – Mr. Stamp
 - Call the role
 - Approval of the December 13, 2022, the joint January 10, 2023, and the February 21, 2023 EMS Board meeting minutes
- II. MIEMSS Report – Dr. Delbridge
- III. MSPAC – Major Tagliaferri
- IV. R Adams Cowley Shock Trauma – Mr. Justin Graves, Director, STC Trauma Program
- V. MSFA – President Kurtz / Ms. Tomanelli
- VI. Old Business
 - COMAR 30.09.12 Neonatal Staffing Proposed Changes - ACTION – Mr. Legore
 - 30.08.05 Trauma Center Designation and Verification Standards – FINAL ACTION – Mr. Malizio
- VII. New Business
 - Educational Programs – ACTION – Ms. Witmer
 - 2023 Maryland Medical Protocols for EMS – ACTION - Dr. Chizmar
- VIII. 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).



**State Emergency Medical Services Board
March 14, 2023
Via Video Conference Call Only
Minutes**

State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
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*Larry Hogan
Governor*

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

*Theodore R. Delbridge, MD, MPH
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Board Members Present: Clay B. Stamp, NREMT P, Chairperson; Dany Westerland, MD; James Scheulen, Mary Alice Vanhoy, RN; Sally Showalter; Stephen Cox; William J. Frohna, M.D.; Molly Marra; Eric Smothers

MSPAC: Major Tagliaferri

RACSTC: Director Graves, STC Trauma Program

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

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

Chairman Stamp called the meeting to order at 9:02 am and proceeded with calling the role. He thanked Dr. Delbridge and the MIEMSS staff for working every day in service to the citizens of Maryland. He said that the MEMSOF Coalition met to discuss the need for sustainable funding for the EMS Operations Fund. He added that the EMS system partners are a cohesive group working to assure the health and wellbeing of the citizens of Maryland and its visitors.

Chairman Stamp asked for approval of the December 13, 2022, the joint January 10, 2023, and the February 21, 2023 EMS Board meeting minutes.

ACTION: Upon the motion made by Mr. Smothers seconded by Dr. Frohna, the EMS Board unanimously approved the December 13, 2022, the joint January 10, 2023, and the February 21, 2023 EMS Board meeting minutes as written.

MIEMSS Report

COVID-19 Update

Dr. Delbridge said that the number of hospitalized COVID patients has decreased to the levels seen in May 2022 at 225 patients. Statewide COVID efforts are ramping down. MIEMSS continues the daily hospital data queries to monitor any trend changes.

ED Patient Data

Dr. Delbridge said that, last year, Maryland EMS transported 532, 166 patients to hospital emergency departments; 3.5% of transports were to out-of-state hospitals. The busiest hospital in the state is Anne Arundel Medical Center.

Patient Transfer of Care Intervals

Dr. Delbridge said that 90% of the time EMS should be able to effect a 30 minute transfer of patient care to hospital emergency department staff. Over half of Maryland emergency department struggle with attaining the 30 minute patient transfer of care time.

Dr. Delbridge said that he and Dr. Chizmar have presented information on this topic to the HSCRC, Anne Arundel Medical Center, Doctors Community and Meritus Medical Center. He said it is encouraging that hospitals want to engage in discussion on finding solutions for meeting this goal. He added that Dr. Chizmar continues to provide hospitals with performance data weekly.

In January 2023, categories of EMS patients waiting over an hour to be transferred to ED personnel:

- Priority #1 patients – 137
- Priority #2 patients – 1546
- Priority #3 patients – 2110

Some of these patients are among the sickest of the sick.

Collaborative of Hospital Emergency Services (CHES)

In an attempt to mitigate the over long EMS to hospital personnel transfer of patient care times, EMS offload policies were developed and implemented in a few jurisdictions. MIEMSS reconvened the CHES in December 2022 and two workgroups were formed:

Workgroup #1 was tasked with drafting a policy for statewide adoption that would hopefully emulate the new EMS policies. The workgroup developed a draft guidance document for transfer of patient care from the hospital perspective. Subsequently, members from workgroup # 1 met with EMS jurisdiction personnel and MIEMSS leadership to discuss. Dr. Delbridge said he is working on an amalgamation of the draft guidance document and the newly developed EMS transfer of care policies that hospitals and EMS jurisdiction can support. He added that due to multiple EMS jurisdictions having varying transfer of care policies and transporting patients to a single hospital, a statewide policy is needed optimize patient transfer of care.

Workgroup #2 is in the process of collecting and creating an anthology of best practices, scientifically based with proven strategies.

Emergency Department Patient Boarding

Dr. Delbridge said that EMS continues to struggle with the numbers of patients boarded in emergency departments.

Dr. Delbridge said that that he and Dr. Chizmar visited Maryland hospital EDs and with the assistance of hospital personnel counted 2,025 active ED `treatment spaces. This does not correspond with the current number of licensed beds. There are approximately 600 patients boarding in Maryland hospital emergency departments by noon each day, nearly a third of ED space; approximately 100 are behavioral health patients. Maryland has the longest wait times in the country.

MIEMSS has participated in six studies in the last 20 years regarding ED overcrowding and EMS patient transfer of care times. Once again, legislation has been introduced (HB 274 / SB 387: Task Force on Reducing Emergency Department Wait Times and SB 493 / HB 675: Commission to Study Trauma Center Funding) in hopes of finding a solutions to ED transfer of care times and how to fund the

Maryland EMS Operations Fund (MEMSOF)

Depending upon the analysis (DLS or DBM), the MEMSOP will be insolvent within the next two fiscal years. Dr. Delbridge said that if the MEMSOF funding source remains the same (vehicle registration fees) an increase of \$4.50 -\$6.00 to the registration fees will be needed to remain solvent for the next ten years. MIEMSS is seeking additional revenue sources including a short term infusion from the administration and perhaps receiving a portion of the tax revenue from cannabis sales.

Hospital Designations

Dr, Delbridge said the following hospital designations have been approved:

Primary Stroke Center

- Greater Baltimore Medical Center (remainder 4-years after 1-year provisional)

Freestanding Emergency Medical Facility (5-years)

- Bowie Health Center

Base Station (5-year renewals)

- UM-SRH Cambridge, Chestertown, Easton, Queenstown
- Garrett Regional Medical Center
- Mercy Medical Center

EMS Educational Program Renewals

Dr. Delbridge requested Board approval of the following educational programs for 5-years:

Baltimore City Fire Department

- EMT education program
- ALS refresher program

Naval District of Washington Fire Department

- EMT refresher program

ACTION: Upon the motion made by Dr. Westerband seconded by Ms. Vanhoy, the EMS Board unanimously approved the Baltimore City Fire Department's EMT education program and ALS refresher program and the Naval District of Washington Fire Department's EMT refresher program renewals for 5-years.

MSPAC Report

A written report was distributed.

Major Tagliaferri highlighted items in the written report including the Maryland State Police Aviation Command's current numbers of EMS providers and pilots, current training, personnel recruitments (16 pilot vacancies), maintenance updates, mission data including IFR flights, and ongoing projects and initiatives including the Whole Blood Program. Major Tagliaferri added that realizing that the MEMSOF is facing insolvency, MSPAC is looking for general funds to upgrade the fleet radio system at a cost of up to 3-million dollars.

RACSTC

Mr. Justin Graves, Director of the STC Trauma Program, said the quarterly report will be provided at the April 2023 Board meeting. He added that Shock Trauma appreciates the support from the EMS system partners during the legislative session.

MSFA

A written report was distributed.

Mr. Smothers, 1st Vice President, said that work continues on the June MSFA Convention in Ocean City. He added that there are several EMS seminars that the MSFA is hosting in March and April; conference information can be found on the MSFA website.

OLD BUSINESS

COMAR 30.09.12 Neonatal Staffing Proposed Changes

Mr. Legore requested approval for the changes to COMAR 30.09.12 regarding neonatal staffing changes as presented to the Board in December 2022.

ACTION: Upon the motion made by Mr. Scheulen, seconded by Mr. Smothers, the EMS Board unanimously voted to adopt the regulations changes.

COMAR 30.09.14 Specialty Transports

Mr. Legore requested approval for the changes to COMAR 30.09.14 regarding specialty care transport staffing change of adding a physician assistant as second clinician and adding the International Board of Specialty Care certification as an educational program for specialty care paramedics as presented.

ACTION: Upon the motion made by Mr. Scheulen, seconded by Ms. Showalter, the EMS Board unanimously voted to adopt the regulations changes.

30.08.05 Trauma Center Designation and Verification Standards

Mr. Malizio requested Board's final approval for the changes to COMAR 30.08.05 Trauma Center Designation and Verification Standards as published in the Maryland Register in January 2023. He said no substantive comments were received.

ACTION: Upon the motion made by Mr. Scheulen, seconded by Marra, the EMS Board unanimously voted to approve the regulations changes.

NEW BUSINESS

2023 Maryland Medical Protocols for EMS

A copy of the written changes was distributed.

Dr. Chizmar gave an overview of the proposed changes to the 2023 Maryland Medical Protocols for EMS and asked for Board approval.

- Atrial Fibrillation Treatment: This modification clarifies the guidelines for treatment of symptomatic atrial fibrillation and flutter by requiring a heart rate of 130 bpm or greater in order to administer diltiazem.
- Buprenorphine Optional Supplemental Protocol for MIH Teams: This addition allows Mobile Integrated Health clinicians to administer buprenorphine to patients that have been recently resuscitated with naloxone. This protocol is intended to provide a bridge to long term care for patients suffering from Opioid Use Disorder.

- Diltiazem Infusion for Interfacility Transport: This protocol allows a qualified CRT or paramedic working for commercial services to monitor an adult patient on a continuous intravenous diltiazem infusion. The infusion must have been initiated by the sending facility, and the rate may not exceed 15 mg/hour.
- General Patient Care Communications: This revision defines the difference between a hospital notification and a medical consultation. It also changes the requirement for online medical consultation for Priority 1, unstable Priority 2, and Specialty Alert patients to a hospital notification for all Priority 1, Priority 2, and Specialty Alert patients.
- Hospice/Palliative Care: This addition allows for patients enrolled in hospice who are receiving locked continuous intravenous infusions to be transported by BLS commercial services. In addition, hospice patients with chest tubes and those on ventilators with stable settings, may be transported by ALS commercial services.
- Nitroglycerin (IV) Pilot: This pilot protocol adds intravenous nitroglycerin by IV bolus or infusion pump for patients with severe CHF requiring CPAP or BiPAP.
- Pain management for Pacing and Cardioversion: This revision allows for low-dose ketamine to be given for pain management to patients who are receiving transcutaneous pacing or cardioversion.
- Refractory VF/VT: This revision to the Ventricular Fibrillation and Pulseless Ventricular Tachycardia Algorithm clarifies that a patient in refractory VF/VT can be defibrillated as long as they remain in a shockable rhythm without a limit on the number of shocks allowed. Use of magnesium sulfate for refractory VF/VT has also moved from a footnote into the VF/VT algorithm.
- Respiratory Rate Changes: This revision changes the recommended ventilatory rate during CPR and rescue breathing for patients under 13 years of age to 1 breath every 3 seconds (from 1 breath every 5 seconds). For patients 13 years of age and older, the ventilatory rate will change to 1 breath every 6 seconds (from 1 breath every 5 seconds).
- Tranexamic Acid (TXA) for Postpartum Hemorrhage: This protocol change adds postpartum hemorrhage with systolic blood pressure less than 90 and heart rate greater than 110 as an indication for TXA.
- Trauma Decision Tree Changes: These revisions incorporate some of the changes in the updated NHTSA National Guidelines for the Field Triage of Injured Patients into the Maryland Trauma Decision Tree.
- Ultrasound (Pilot): This revision allows for point-of-care ultrasound to evaluate carotid blood flow during cardiac arrest and CPR to inform the timing of transport and termination of resuscitation decisions. This change may also serve to limit interruptions in CPR for pulse checks.
- Wilderness EMS: These modifications permit wilderness EMS teams to administer epinephrine and tranexamic acid (TXA) without the requirement for a 100 mL bag.

ACTION: Upon the motion made by Dr. Westerband, seconded by Mr. Scheulen, the EMS Board unanimously voted to approve the changes to the 2023 Maryland Medical Protocols for EMS.

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. Cox, the EMS Board unanimously voted to adjourn to closed session.

In closed session:

Board Members Present: Clay B. Stamp, NREMT P, Chairperson; Dany Westerband, MD; James Scheulen, Mary Alice Vanhoy, RN; Sally Showalter; Stephen Cox; William J. Frohna, M.D.; Molly Marra; Eric Smothers

MSPAC: Major Tagliaferri

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

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

The Board considered:

- (1) MSPAC mission update;
- (2) Disciplinary matters; and
- (3) SEMSAC nominations