



## State Emergency Medical Services Board

November 10, 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
- II. Call the roll
- III. Approval of the October 13, 2020 EMS Board minutes
- IV. Phase II EMS Re-Routing Pilot for Large Vessel Occlusion Strokes –
  - Dr. Urrutia – Director, Johns Hopkins Hospital Comprehensive Stroke Center
- V. MIEMSS Report – Dr. Delbridge
- VI. SEMSAC Report – Mr. Tiemersma
- VII. MSPAC Update – Major Tagliaferri
- VIII. RACSTC – No Report
- IX. MSFA Update – President Walker / Ms. Tomanelli
- X. Old Business
- XI. New Business
- XII. 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  
November 10, 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

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

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

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

**MSPAC:** Major Tagliaferri

**Others Present:** Christopher Montera, MHL, NRP –  
Director of State and Federal Business - ESO

**MIEMSS:** Dr. Delbridge; Ms. Gainer; Ms. Abramson; Ms. Aycock; Mr. Bilger; Ms. Byrd; Mr. Brown; Ms. Chervon; Dr. Chizmar; Mr. Fiackos; Mr. Huggins; Mr. Legore; Mr. Linthicum; Ms. Mays; Mr. Buckson; Mr. Naumann; Mr. Seaman; Ms. Goff

Chairman Stamp called the meeting to order at 9:00 am and called the roll.

Chairman Stamp said he and the Board thank the EMS System partners, Dr. Delbridge and the MIEMSS staff for their commitment and hard work ensuring Marylanders receive optimum healthcare during this challenging year.

Mr. Stamp asked for approval of the October 13, 2020, Board meeting minutes.

**ACTION: A motion was made by Dr. Westerband, seconded by Ms. Vanhoy, and unanimously approved by the Board to accept the October 13, 2020, minutes as written.**

**MIEMSS REPORT**

**COVID-19 Updates**

Dr. Delbridge said the number of acute care beds occupied by COVID-19 patients increased from 402 hospitalizations on October 13, 2020, to 763 this morning. Currently, hospitalized COVID patients account for approximately 9% of acute care

patients and 15% of ICU patients. This is creating challenges in managing space for patients who need to be hospitalized.

MIEMSS continues to track the number of PUIs transported by EMS and the number of PUI contacts by EMS public safety and commercial services. Dr. Delbridge said that there is an approximate nine-day lag between the EMS encounter and increase in hospitalizations, i.e., hospitals experience an uptick nine days after there is an uptick in EMS COVID encounters.

Dr. Delbridge reminded everyone of the viral pandemic Triage Protocol. He said that EMS clinicians continue to follow the COVID-19 triage protocol for confirmed COVID patients. This is critically important as the number of COVID positive persons increases, so as to not overwhelm the healthcare system with COVID-19 patients who can convalesce at home.

### Yellow Alerts

Dr. Delbridge said the numbers of Yellow Alert hours has increased significantly and are near or above the number of Alert hours during the same period last year (October 2019). He added that hospitals are almost as busy as they were last year, and patients are backing up in the emergency department, which is affecting EMS.

### ICU Clearinghouse

Dr. Delbridge said that MIEMSS has been asked to consider serving as an ICU bed clearinghouse to assist hospitals, especially those facilities that are not affiliated with a large healthcare system, by facilitating communications for the referral of patients needing ICU care from hospitals without sufficient ICU beds to other hospitals with ICU bed availability. He said that there are many moving parts to implementing this initiative. Dr. Delbridge added that an additional full-time position dedicated to the clearinghouse in EMRC would likely be needed.

Mr. Scheulen noted that patients still have the ability to refuse the recommended transfer to another facility. Dr. Delbridge said that options are being explored; but there is no easy solution at this time. A discussion on alternative care sites for COVID patients ensued.

### OHCQ Investigations

Based on EMS system complaints, MIEMSS has learned of three EMTALA investigations related to EMS attempting to deliver patients to hospital emergency departments. MIEMSS is supportive of the ongoing investigations.

### EMS Clinicians

Dr. Delbridge gave an update on the number of Provisional EMS licenses and certifications that have been issued and the number of provisional clinicians applying for full licensure/certification status. He said that the EMS workforce had grown with the addition of about 1000 provisionally licensed or certified EMS clinicians to Maryland. Conversion of provisional EMS clinicians to regular status is ongoing.

### Clinical Externs

Dr. Delbridge said that MIEMSS has processed over 700 Clinical Nurse Externs and 85 Clinical Respiratory Externs. These personnel augment the existing hospital workforce.

### Emergency Service Transporter Supplemental Payment Program (ESPP)

Dr. Delbridge said Maryland Medicaid had submitted a State Plan Amendment to CMS, which, if approved, would create an ESPP program for public safety ambulance services. If approved, the program would allow eligible JEMSOPs to receive increased funding through a Federal match for certain qualifying expenditures. The CMS review process for the proposed amendment will likely take several months.

### Vision 2030

Dr. Delbridge said the EMS Plan Vision 2030 has been printed and is being mailed.

### UM Prince George's Hospital Center

Dr. Delbridge said that UMPGHC requested to suspend their designation as Level III Perinatal Center. MIEMSS approved UMPGHC's request. The hospital anticipates using the upcoming months before their move into their new facility in 2021 to pursue an action plan for ensuring the high quality of care. UMPGHC understands that they will need to start a new perinatal designation process. In the interim, UMPGHC will operate as a Level II Perinatal Center.

### Communications Upgrade Project

Dr. Delbridge said that the Communications Upgrade Project is on time and within budget. Currently, work is being conducted in Region 5.

### Phase II EMS Re-Routing Pilot for Large Vessel Occlusion Strokes

Dr. Chizmar introduced Dr. Victor Urrutia, Associate Professor of Neurology, Director of the Comprehensive Stroke Center at Johns Hopkins Hospital, and PI for the research protocol. Dr. Chizmar said the research protocol examined the ambulance routing of patients experiencing ischemic stroke with a LAM score of 4 or 5. Last year, the research was expanded to a 30-minute drive time to a comprehensive stroke center or a thrombectomy capable stroke center.

Dr. Urrutia presented preliminary findings of the Phase II EMS re-routing pilot for large vessel occlusion strokes. He said organization of Stroke Systems of Care is essential for effective stroke treatment. The AHA Guidelines and Scientific Advisory recommends changes to EMS routing to increase access to mechanical thrombectomy. He gave an overview of number of cases reviewed and viability comparisons of drive times. He said the study concluded that implementation of LAMS-based EMS routing within a 30-minute travel time is feasible and safe. There were no instances of missed IVT due to being past the time window. EMS routing resulted in significantly faster times from last know well (LKW) to mechanical thrombectomy. Outcomes for thrombectomy were better for diverted compared to transferred patients; this did not reach statistical significance, likely due to small numbers.

Dr. Chizmar said that he submit a modified protocol, based on Dr. Urrutia's findings, to the Board for approval at a later date.

## **SEMSAC REPORT**

SEMSAC Chairman, Mr. Tiemersma said that Dr. Urrutia also presented his research to SEMSAC.

The Regional Affairs Committee reported to SEMSAC that \$423,000 of the 50/50 grants were awarded. Approximately \$2,000 is being held in reserve to accommodate any price changing after the awards have been granted.

Mr. Tiemersma said that the election of Officers took place at the November 5, 2020 meeting. Mr. Tiemersma will continue as Chair pending the Governor's approval. Mr. Eric Smothers was voted-in as Vice Chairperson.

Mr. Tiemersma said that SEMSAC thanked outgoing Chairperson Karen Doyle for her service as SEMSAC Vice Chairperson for the last three years.

Mr. Tiemersma reported that the MIH Workgroup should have a deliverable for SEMSAC at the next meeting.

### **MSPAC REPORT**

A written report was distributed.

Major Tagliaferri said that MSPAC met with Ms. Abramson and DBM. He reported that the costs for a helicopter base and a helicopter have been restored to the budget requests.

Interviews for and hiring and/or transitioning of pilots and paramedics continues. Major Tagliaferri anticipates a few upcoming promotions within the Command.

Major Tagliaferri gave an update of the current fleet maintenance.

Major Tagliaferri said that Leonardo presented MSPAC with an achievement award for reaching 20,000 flight hours on its fleet of 10 AW139 helicopters.

Major Tagliaferri said that once the modeling tool portion of the Basing Study is completed, he will present the summary of findings to the Board and SEMSAC.

### **MSFA**

Ms. Tomanelli thanked the EMS system partners, especially Dr. Delbridge and the MIEMSS team, for their hard work for getting out the COVID data in near real time. She said the MSFA is in the beginning stages of planning Convention 2021. It is unclear at this time whether it will be an in-person convention or virtual at this time. The MSFA is currently soliciting proposals for educational sessions to be held during the Convention.

### **OLD BUSINESS – N/A**

### **NEW BUSINESS – N/A**

Chairman Stamp recognized the 245<sup>th</sup> anniversary of the United States Marine Corps.

**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

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

**MSPAC:** Major Tagliaferri

**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 SEMSAC nominations.