



State Emergency Medical Services Board

December 8, 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 November 10, 2020 EMS Board minutes
- IV. MIEMSS Report – Dr. Delbridge
- V. SEMSAC Report – Mr. Tiemersma
- VI. MSPAC Update – Major Tagliaferri
- VII. RACSTC – No Report
- VIII. MSFA Update – President Walker / Ms. Tomanelli
- IX. Old Business
- X. New Business
 - Thrombectomy-Capable Primary Stroke Center- TCPSC & Revised Comprehensive Stroke Center (CSC) Regulations – INFORMATION - Ms. Sette and Ms. Aycok
 - ETC & NTC Definitions; Eye Trauma Center – Neuro Trauma Center Regulation Revisions –INFORMATION - Ms. Sette, Ms. Mays
 - PEMAC By-laws – ACTION - Ms. Wright-Johnson
 - Whole Blood Transfusion Pilot Protocol – ACTION - Dr. Floccare
- XI. 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
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Via Video Conference Call Only
Minutes

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Board Members Present:

Clay Stamp, 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

Board Members Absent:

Sherry Adams, Vice Chairperson

OAG: Mr. Magee; Ms. Sette

RACSTC: Dr. Snedeker

MSFA: Ms. Tomanelli; 2nd 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. Balthis; Dr. Bailey; Mr. Bilger; Mr. Brown; Ms. Chervon; Dr. Chizmar; Mr. Fiackos; Mr. Legore; Mr. Linthicum; Ms. Mays; Mr. Buckson; Mr. Naumann; Mr. Seaman; Ms. Wright-Johnson; Ms. Goff

Chairman Stamp called the meeting to order at 9:00 am and proceeded with calling the role.

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 while in the midst of a pandemic.

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

ACTION: A motion was made by Dr. Westerband, seconded by Mr. Scheulen, and unanimously approved by the Board to accept the November 10, 2020, minutes as written.

MIEMSS REPORT

COVID-19 Updates

Dr. Delbridge said the number of acute care beds occupied by COVID-19 patients was increased from 763 hospitalizations on November 10, 2020, to 1663 this morning. Currently, hospitalized COVID patients account for approximately 21% of acute care

patients and 35% of ICU patients. This is creating challenges in managing space for patients who need to be hospitalized. Dr. Delbridge said that each day, Regional Programs staff spends significant time acquiring and correlating information from every hospital and then sends the data to CRISP, who provide the graphs that are distributed to decision-makers and stake holders.

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 trending still shows an approximate nine-day lag between the EMS encounters and the increase in hospitalizations of COVID patients.

Dr. Delbridge said that EMS clinicians continue to follow the COVID-19 triage protocol for confirmed COVID patients. This is critically important to avoid overwhelming the healthcare system with COVID-19 patients who can convalesce at home, especially while the number of COVID positive persons increases.

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. 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. Dr. Delbridge reported that a notification was sent to hospitals to cease the reported practice of keeping patients in the ambulance until ED staff can come out to get the patient.

COVID Testing for EMS

Dr. Delbridge said that, in conjunctions with MDH, PCR testing has been available for EMS and Fire Department personnel since late spring. The positivity rate in May was about 5% with sporadic testing. Test positivity rate in November is 14% which is much higher than the general population. It is theorized that exposures are not occurring through exposure to COVID patients, but rather at places like fire stations where personnel are gathering and eating together. Stations are curtailing these types of activities.

Dr. Delbridge said that plans for rolling out 15-minute rapid antigen testing for EMS have been implemented.

COVID testing of patients whose resuscitation efforts were terminate in the field continue, where warranted. Out-of-hospital incidents of Cardiac arrests are up 25% over 2018 and 2019. This started in the spring with the arrival of COVID-19.

Clinical Externs

Dr. Delbridge said that MIEMSS has processed over 850 Clinical Nurse Externs and just shy of 100 Clinical Respiratory Externs. These personnel augment the existing hospital workforce.

Critical Care Coordination Center (C-4)

Dr. Delbridge said that the Critical Care Coordination Center (C-4) has been operational for a week. MIEMSS is facilitating communications for the referral and transfer of patients needing ICU care from hospitals without sufficient ICU beds to other hospitals with ICU bed availability. A dashboard has been created that includes CRISP data and EM feeds between hospitals and CRISP. MIEMSS is contracting

with Intensivists across the state to assist with coordination. Over a 6-day period, working with 16 receiving hospitals, 37 were patients transferred, 22 of whom were non-COVID patients. Dr. Delbridge said additional full-time positions dedicated to the C-4 in EMRC would need to be established in order to maintain the C-4.

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 starting October 1, 2020. The CMS review process for the proposed amendment will likely take several months. Reimbursements could be received as early as late 2021.

MIEMSS' @HA (Ambulances at Hospitals Dashboard)

Dr. Delbridge provided screen shots of the @HA Dashboard from this morning's @HA app showing locations of ambulances at hospitals. A few jurisdictions cannot be viewed due to variations in CAD feeds to MIEMSS. Depending upon the jurisdiction, some major system software updates would need to be made. MIEMSS' IT/Data personnel continues to work with Apple on the app for the IOS platform. Barring any additional requirements from Apple, MIEMSS anticipates having the Apple app within the next few months.

SEMSAC REPORT

SEMSAC Chairman, Mr. Tiemersma said that Zach Yerkie (Queen Anne's County) gave SEMSAC an overview of the MIH Workgroup efforts in producing the draft MIH Vision Statement that includes standardizing some of MIH definitions, training and other components of jurisdictional MIH programs in Maryland.

The Regional Affairs Committee continues to work on assuring timely paperwork for the cardiac devices grant.

MSPAC REPORT

Major Tagliaferri recognized Sgt. Donald Laymen upon his retirement after 25 years of dedicated service with the Aviation Command.

Major Tagliaferri reported that the MSPAC has secured a \$45,000 grant for the purchase of Tiger Respirator masks for all pilots and paramedics.

Major Tagliaferri said that MSPAC is managing the current COVID outbreaks within the Command with minor interruptions in service.

MSFA

1st VP McCrea brought greetings from the officers and members of the MSFA. He said that the next MSFA Executive Committee meeting would be a virtual meeting held on January 9th & 10th. VP McCrea 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. He added that the MSFA officers and members wish everyone a safe and healthy holiday season.

OLD BUSINESS – N/A

NEW BUSINESS – N/A

Thrombectomy-Capable Primary Stroke Center (TCPSC) & Revised Comprehensive Stroke Center (CSC) Regulations: Ms. Sette and Ms. Aycock

The draft new TCPSC and updated CSC regulations were distributed

Ms. Sette said that the Thrombectomy-Capable Primary Stroke Center (TCPSC) is a new level of care in Maryland between Primary and Comprehensive Stroke Center care. A center that meets all requirements for a Primary Stroke Center and be Thrombectomy capable. Ms. Sette gave an overview of the goals, processes and vetting of the regulation.

Ms. Sette said in general the regulations fit within the EMS plan for getting the “right patient at the right time to the right place”.

Ms. Aycock gave an overview of the research presented by Dr. Urrutia at the November meeting. Research indicates that there is efficacy for shaving-off transfer times for better patient outcomes. She said Maryland currently has three (3) Comprehensive Stroke Centers in Maryland (University, Johns Hopkins main and Johns Hopkins Bayview) and three (3) Thrombectomy capable centers (Sinai, Suburban & Peninsula Regional). She added that there are seven (7) hospitals currently interested in becoming a Thrombectomy capable center.

Ms. Aycock said this fits with the research piece for specialty centers and patient treatment and under the EMS education portions of the EMS plan.

Ms. Sette provided an overview of the proposed revisions to the Comprehensive Stroke Center (CSC) regulations as described in the distributed written draft. She said that the processes and vetting procedures for the regulation were completed. She added that CSCs have already begun to incorporate the changes into their stroke care.

Ms. Aycock gave an overview of some of the major changes within the proposed CSC regulations which were included in the distributed draft regulations and the provided bullet points.

ETC & NTC Definitions; Eye Trauma Center – Neuro Trauma Center Regulation Revisions

Ms. Sette and Ms. Mays

A copy of the proposed regulations were distributed.

Ms. Sette said that the regulation revisions are to update the Eye Trauma Center, Neuro-Trauma Center and Telehealth in subtitle 08 under specialty center definitions. She said that the telehealth definition, in particular, changed to refer to the Board of Physician (BOP) definition. This will avoid changing the MIEMSS regulation every time the BOP changes their regulation. Ms. Sette reported that the BOP is in the process of changing the current regulation.

Ms. Mays and Ms. Sette gave an overview of the proposed changes to the Eye Trauma Center and Neuro-Trauma Center regulations to update the current treatment standards to include changes to medical staff availability, equipment/supply changes and continuing educational requirements. Ms. Mays added that a documented research plan was also included in the Neuro-trauma regulation.

Pediatric Emergency Medical Advisory Committee (PEMAC) By-laws

Ms. Wright-Johnson

A copy of the PEMAC By-laws was distributed.

Ms. Wright-Johnson said the last update to the PEMAC Bylaws occurred 2010. She presented the proposed revisions, which include changes to membership, changes to HRSA EMSC Grant language, addition of a disaster liaison, the removal of the attendance requirement for surgeons and critical care specialists, and a new pediatric subcommittee to the Board.

ACTION: Upon the motion of Mr. Scheulen, seconded by Ms. Showalter, the EMS Board voted unanimously approve the 2020 PEMAC Bylaws as proposed.

Whole Blood Transfusion Protocol – Pilot - Dr. Floccare

A copy of the proposed pilot protocol was distributed.

Dr. Floccare gave an overview of the transfusion of whole blood pilot protocol for patients in hemorrhagic shock. He said that the protocol was written after discussions with RACSTC surgeons, anesthesiologists at the University of Maryland and Pediatric Trauma Centers and PEMAC. He added that the pilot protocol has gone through the approval process with the Protocol Committee.

Dr. Floccare described the mechanics and necessary equipment for transporting whole blood and the estimated costs of transporting whole blood. He said that initially two helicopters would carry whole blood which would subsequently be expanded to the remaining fleet. He also described how the whole blood would be stored in a temperature-regulated cooler. There may be some minor revisions to the protocol as discussions continue with pediatric centers regarding patient ages.

ACTION: Upon the motion of Dr. Westerband, seconded by Ms. Vanhoy, the EMS Board voted unanimously to approve the Whole Blood Pilot Protocol.

ACTION: Upon the motion of Dr. Frohna, 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

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.