



State Emergency Medical Services Board

October 12, 2021

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
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- I.** Call to Order – Chairman Stamp
 - Call the role
- II.** Approval of the minutes from the September 14, 2021 EMS Board minutes
- III.** MIEMSS Report – Dr. Delbridge
- IV.** SEMSAC Report – Mr. Tiemersma
- V.** MSPAC – Major Tagliaferri
- VI.** RACSTC – Dr. Snedeker
- VII.** MSFA Update – President McCrea / Ms. Tomanelli
- VIII.** Old Business
 - MIH Curriculum – Mr. Tiemersma
 - Comprehensive Stroke Center Regulations (CSC) and Thrombectomy Capable Stroke Center Regulations – ACTION – Ms. Sette
 - CSC non-substantive change to regulation - ACTION
 - Incorporation by Reference Maryland Medical Protocols – ACTION - Ms. Sette
- IX.** New Business
 - Direct to Triage Protocol (Optional Supplemental Protocol) - INFORMATION/ACTION – Dr. Chizmar
- X.** 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
October 12, 2021
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; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy, RN

Board Members Absent: Jim Scheulen; Dany Westerband, MD; Dean Reece, MD

OAG: Ms. Sette; Ms. Langrill

RACSTC: Dr. Snedeker

MFRI: Mr. Michael Cox

MSFA: President McCrea; Ms. Tomanelli

MSPAC: Major Tagliaferri

MIEMSS: Dr. Delbridge; Ms. Gainer; Ms. Abramson; Ms. Aycock; Dr. Bailey; Mr. Bilger; Mr. Brown; Mr. Buckson; Ms. Byrd; Ms. Chervon; Dr. Chizmar; Mr. Ebling Dr. Floccare; Mr. Huggins; Mr. Legore; Mr. Linthicum; Ms. Mays; Ms. McAlister; Mr. Pinet-Peralta; Ms. Wright-Johnson; Ms. Goff

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

Chairman Stamp thanked Dr. Delbridge and the MIEMSS staff the work they do every day for the citizens of Maryland. He said that the Board appreciates the fortitude of the EMS clinicians on the front line that keeps the Maryland EMS system strong.

Chairman Stamp recognized Emergency Nurses week (October 10th – October 16th). He said that Emergency Nurses are the backbone of the healthcare system, and we recognize the extreme pressure that nurses work under.

Chairman Stamp welcomed Bryan Ebling as the Region IV Coordinator. He said that Bryan was a highly experienced Emergency Manager on the Eastern Shore who has long-standing relationships with EMS and the emergency services community and will do well in this new position.

Chairman Stamp asked for approval of the September 14, 2021, EMS Board meeting minutes.

ACTION: Upon the motion made by Dr. Frohna, seconded by Ms. Showalter, the EMS Board unanimously approved the September 14, 2021 minutes as written.

MIEMSS REPORT

Dr. Delbridge welcomed Ms. Langrill from the Attorney General's Office.

COVID-19 updates

Dr. Delbridge said that COVID hospitalizations have leveled off and have remained stable over the last month.

Cardiac Arrest Termination of Resuscitation (TOR)

Dr. Delbridge said testing of cardiac arrest TORs for COVID continues in order to facilitate contact tracing. Dr. Delbridge added that, as vaccination rates have increased, cardiac arrest TORs have declined.

Prehospital Respiratory Illness

Dr. Delbridge reported that the EMS System across the State is noting a higher than usual number of respiratory illnesses for this time of year. This translates into busier emergency departments.

Yellow Alerts

Dr. Delbridge said that MIEMSS staff (Michael Cooney, Alex Kelly and Jeffrey Huggins) through the MEMRAD system, spearheaded the effort to facilitate daily queries of the hospitals and coordinate with other stakeholder to validate the information. One of the data points collected is the number of boarded patients in emergency departments which exceeded 300 patients yesterday representing approximately 20% of emergency department bed space occupied by patients waiting to be admitted to the hospital. The combination of busy EMS system, increased respiratory illness, boarded patients in emergency departments (for multiple reasons) has led to an increase use of the Alerting System.

The median time to transfer a patient from EMS to hospital staff is 22 minutes; the 90th percentile is 56 minutes and more than 9% of cases take longer than an hour. It is incredibly challenging for the EMS System to manage EMS units unpredictably sequestered in hospital emergency departments for that amount of time. Dr. Delbridge provided a snap shot of the Region III emergency department alert status in CHATS indicating most facilities under yellow and red alert status. He said that if many EDs are on alert it renders the alert system meaningless.

MIEMSS' @HA (Ambulances at Hospitals Dashboard)

Dr. Delbridge provided screen shots of the @HA Dashboard and @HA App for cell phones showing locations of ambulances at hospitals. He said that this is not a reflection of ED efficiency, but allows the EMS clinician to see the number and length of stay of ambulance units at any given hospital, which adds to EMS situational awareness. Sign up for the App at <https://aha.miemss.org> for desktops, iPhones and androids.

Montgomery, Allegany and several counties on the Eastern shore continue to work on their CAD systems to allow them to participate with the Ambulance at Hospitals dashboard.

Critical Care Coordination Center (C4)

Dr. Delbridge said that, to date, MIEMSS has exceeded 1500 calls requesting assistance with ICU patient transfers. The C-4 capabilities have been expanded to include all pediatric patients, not just intensive care pediatric patients. It is predicted that pediatric services will become oversaturated with high respiratory infections and COVID. Dr. Jen Anders, State Associate Pediatric Medical Director, and

Ms. Wright-Johnson, Director, EMSC, have worked diligently to catalog the pediatric capabilities across the state.

Port of Baltimore Immunizations

Dr. Delbridge said that Mr. Linthicum and Mr. Huggins continue to lead the team providing the Johnson & Johnson vaccine to the crew members of ships that come into the Port of Baltimore. This has been a very positive development for the Port Authority.

ImageTrend Elite

Dr. Delbridge said that legal counsel at the Governor's office and MIEMSS are very confident that there is a low probability that the inadvertent data distribution was misused and/or compromised in any way. ImageTrend has deleted the information in the two "Data Marts" and repopulated it with the correct information. Dr. Delbridge added that ImageTrend has the capability to let a jurisdiction know which data was included in the inadvertent data distribution.

Medicaid Supplemental Payment Program

Dr. Delbridge said that Medicaid Supplemental Payment Program for EMS will help rebalance Medicaid reimbursement by providing the federal portion of Medicaid reimbursement, which is half of the remainder of allowable costs after Maryland Medicaid pays \$100.00 per transport State portion. He reported that fourteen jurisdiction have confirmed participation by completing MOUs with MDH. Collectively, the fourteen jurisdictions (not including Baltimore City) could receive over \$40 million in federal reimbursement in mid-2022 for these costs.

MIEMSS in conjunction with MDH and the auditing firm Meyers and Stauffer have conducted two educational webinars to answer some of the questions posed by the participating jurisdictions for proper completion of the cost accounting forms. It has been recommended that jurisdictions consult with an outside firm who can assist with the technical aspects of completing the required cost accounting reports which need to be submitted by the end of 2021 in order to be eligible for payment for services from October 1, 2020 through June 30, 2021.

Jurisdictions that did not participate this year have the opportunity to do so in the future. Ocean City and Salisbury have expressed interest in becoming a jurisdictional program in order to participate. MIEMSS is waiting on additional documentation from both entities.

MIEMSS Employee Notices

Dr. Delbridge announced Monty Magee, Assistant Attorney General assigned to MIEMSS, retired as of October 1, 2021. Adam Malizio has been assigned as the new MIEMSS AAG and will start on October 18, 2021.

MIEMSS continues the recruitment process for an IT & Communications Director and the Director of Clinician Services (formerly Licensure & Certification).

MIEMSS has had a number of meaningful retirements over the last year which have been very low key due to the pandemic. The EMS Board and MIEMSS would like to have a reception to recognize all of recent retirees when people begin to socially congregate again.

Legislative

MIEMSS is preparing for the 2022 Legislative session which begins on January 12, 2022. Legislators will likely be going into early session in December 2021 to address redistricting. Several pieces of

legislation will be presented that will codify policies that were part of the Emergency response to the pandemic.

Whole Blood

At the last meeting, Dr. Reece offered to facilitate a meeting with UMMC to assist with MSPAC's ability to carry whole blood on helicopters. The administrative personnel are working to resolve the logistical issues including requesting a project manager.

SEMSAC REPORT

Chairman Tiemersma reported that SEMSAC voted to support the EMS Boards approval of the Direct Triage Protocol.

MSPAC

A written report was provided.

Major Tagliaferri gave an update on current mission statistics including mission type and total flight hours which are down by 3%. Commercial Operator responses are down by 22%.

Major Tagliaferri gave a detailed report of the aircraft maintenance.

Major Tagliaferri provided an overview of the Hoist Training Platform and said that a meeting with the contractor is scheduled for October 21, 2021.

Major Tagliaferri said that Maryland State Treasurer Nancy Kopp; Joanna Kille, Board of Public Works Liaison for the Treasurer; and Rebecca Bizzarri, Department of Budget Management Analyst and Madelyn Miller, Department of Legislative Services Budget Analyst visited Trooper #1 and toured the maintenance facility and the flight training simulator.

RACSTC REPORT

A copy of the report was distributed

Dr. Snedeker highlighted the STC's FY22 first quarter statistics on patient admissions, occupancy rates, OR volumes, clinic volumes and Lost Interfacility Transfer volumes.

Dr. Snedeker said that Shock Trauma (ST) visits were down by approximately 300 visits in the first quarter. The number of capacity hours are up significantly due to the unprecedented nurse bed-side staffing constraints. Shock Trauma is fully committed to all recruitment and retention efforts. Shock Trauma still accepts patients when on capacity utilizing the ST Triage line taking the sickest of the sick and supporting the diversion to other trauma centers. Dr. Snedeker added that she and Dr. Efron had met recently with Jim Scheulen, Johns Hopkins, to discuss the effects the increasing hours ST was on capacity alert is having on other Maryland Trauma Centers.

Dr. Snedeker also reported that patient length of stay was up at 9.96 days. She said again, this is due to staffing shortages along with staffing shortages at acute rehab and skilled nursing facilities across the

state. She added that each day there is a waiting list of patients needing to move to acute rehab and skilled nursing facilities.

MSFA

President McCrea said the next MSFA Executive Committee meeting will be held in Berlin, Maryland, on December 4 & 5, 2021. Please send all reports to reports@msfa.org in advance of the meeting.

President McCrea reported that the MSFA and Maryland Fire Chiefs were successful in securing a 2.36 million dollar (over a four year period) SAFER Grant to address recruitment and retention abilities and provide training opportunities. The grant will permit five contract positions to be hired, including one full time and three part time recruiters and a grant administrator. Information regarding these positions is posted to the MSFA website and social media platforms.

OLD BUSINESS – N/A

Mobile Integrated Health (MIH) Curriculum

A copy of the proposed curriculum was distributed.

Mr. Tiemersma said that the curriculum was widely circulated and that SEMSAC has approved the curriculum for recommendation to the EMS Board for approval.

ACTION: Upon the motion made by Ms. Showalter, seconded by Mr. Cox, the EMS Board unanimously approved the Mobile Integrated Health Curriculum.

Comprehensive Stroke Center (CSC) Regulations and Thrombectomy Capable Stroke Center Regulations

A copy of the regulations was distributed.

Ms. Sette said that the updated CSC regulations were approved by the Board to begin the promulgation process. The CSC was published in the Maryland Register on August 27, 2021. A comment was received from the Board of Nursing (BON) regarding a changed standard for nurse practitioners. The non-substantive change was made to comport with BON standard. Ms. Sette said that the CSC regulations is ready for final adoption by the Board.

Ms. Sette said that the updated Thrombectomy Capable Stroke Center Regulations were approved by the Board to begin the promulgation process. The Thrombectomy Capable Stroke Center Regulations was published in the Maryland Register on August 27, 2021; no comments were received. Ms. Sette said that the Thrombectomy Capable Stroke Center Regulations is ready for final adoption by the Board.

ACTION: Upon the motion made by Dr. Frohna, seconded by Ms. Vanhoy, the EMS Board unanimously approved the Comprehensive Stroke Center Regulations and Thrombectomy Capable Stroke Center Regulations.

Incorporation by Reference of the Protocols COMAR 30.01.02.01

Ms. Sette said that the 2021 Maryland Medical Protocols for EMS had been previously approved by the Board to begin promulgation process and published in the Maryland Register on August 27, 2021. No comments were received. The 2021 Maryland Medical Protocols for EMS are ready for final adoption by the Board.

ACTION: Upon the motion made by Ms. Adams, seconded by Ms. Vanhoy, the EMS Board unanimously approved the Incorporation by Reference of the 2021 Maryland Medical Protocols for EMS COMAR 30.01.02.01.

NEW BUSINESS

Direct to Triage Protocol (Optional Supplemental Protocol)

Dr. Chizmar presented the Direct to Triage Protocol and requested to move the protocol from Pilot status to a statewide protocol. He said that although the median transfer of care time is between 20 & 25 minutes, the 90 percentile transfer of care time is an hour or more. Part of this is due to hospital staffing issues and boarding patients in the emergency department.

A lengthy discussion followed regarding patient outcome follow-ups, patient priority and length of transfer of care times, and Regional Council participation to assist with hospital and jurisdiction understanding of the protocol.

ACTION: Upon the motion made by Ms. Vanhoy, seconded by Mr. Tiemersma, the EMS Board unanimously approved to change the Direct to Triage Protocol from a Pilot Protocol to an Optional Supplemental Protocol.

Chairman Stamp announced the resignation of Vice Chair Sherry Adams from the EMS Board as she is retiring from state service at MDH on November 1, 2021. He added that it has been an absolute pleasure working with Sherry over the years and applauded her work and dedication to the EMS system and the citizens of Maryland. The Board and the MIEMSS staff wished Sherry well on her retirement.

ACTION: Upon the motion of Mr. Tiemersma, seconded by Ms. Showalter the EMS Board adjourned 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) (7).

In closed session:

Board Members Present: Clay B. Stamp, NREMT P, Chairperson; Sherry Adams, Vice Chairperson; Mary Alice Vanhoy, RN; Sally Showalter; Stephan Cox; William J. Frohna, M.D.; Wayne Tiemersma, NREMT P

Board Members Absent: Dany Westerband, M.D.; James Scheulen; Dean Reece

MIEMSS: Dr. Delbridge; Ms. Gainer; Dr. Chizmar; Ms. Goff; Ms. Chervon; Ms. Abramson

OAG: Ms. Sette; Mrs. McAllister

In Closed Session:

1. The Board considered SEMSAC appointments; and
2. The Board considered disciplinary matters.