



State Emergency Medical Services Board

December 14, 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
FAX 410-706-4768*

- I. Call to Order – Chairman Stamp
 - Call the role
- II. Approval of the minutes from the November 9, 2021 EMS Board minutes
- III. MIEMSS Report – Dr. Delbridge
 - Non EMS Driver Regulation (COMAR 30.09.04.08) – ACTION
 - EMS Operational Programs - INFORMATION/ACTION
- IV. SEMSAC Report – Mr. Tiemersma
- V. MSPAC – Major Tagliaferri
- VI. RACSTC – Dr. Snedeker
- VII. MSFA Update – President McCrea / Ms. Tomanelli
- VIII. Old Business
- IX. New Business
 - Perinatal Regulations – INFORMATION – Ms. Sette, Dr. Bailey
- 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
December 14, 2021
Via Video Conference Call Only
Minutes**

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Board Members Present: Clay Stamp, Chairperson; Stephan Cox; William J. Frohna, MD; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy, RN; Jim Scheulen; Dany Westerband, MD

Board Members Absent: Dean Reece, MD

OAG: Ms. Sette; Ms. Bainbridge

RACSTC: Dr. Snedeker

MSFA: President McCrea; Ms. Tomanelli

MSPAC: Major Tagliaferri

MIEMSS: Dr. Delbridge; Ms. Gainer; Ms. Abramson; Ms. Aycock; Dr. Bailey; Mr. Bilger; Mr. Ebling; Ms. Witmer; Ms. Wright-Johnson; Ms. Wooster; Mr. Huggins; Mr. Tandy; Mr. Linthicum; Mr. Legore; Ms. Chervon; Dr. Chizmar; Ms. Mays; Ms. McAlister; Ms. Goff

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

Chairman Stamp asked for approval of the November 9, 2021, EMS Board meeting minutes.

ACTION: Upon the motion made by Dr. Westerband, seconded by Ms. Vanhoy, the EMS Board unanimously approved the November 9, 2021, minutes as written.

MIEMSS REPORT

COVID-19 Update

Dr. Delbridge said that the current rise in COVID hospitalizations is unprecedented, compared to previous waves and rises. Accumulated cases week-over-week is approximately 30%. Dr. Delbridge added that the difference with this wave of COVID is not the number of hospitalizations, but the reduced number of staffed beds in hospitals. Last winter, at the peak of COVID hospitalizations, hospitals staffed approximately 8400 beds; currently, hospitals can only staff 7800-7900 hundred beds.

Yellow Alerts

The current median time-to-transfer a patient from EMS to hospital staff is 24 minutes; the 99th percentile is over an hour; and more than 12% 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 over an hour to transfer the patient care responsibility from EMS 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 Dec. 13th showing nearly every hospital on alert, including four hospitals on re-route. He said when nearly every ED is on alert, it renders the alert system meaningless.

Emergency Department Patient Boarding

Dr. Delbridge said that this morning, 366 patients are boarded in the emergency department for multiple reasons. Some 15%- 20% of ED patients are stuck without a disposition (e.g., psych) or are holding for a disposition destination to become available (e.g., no available staffed beds).

Dr. Delbridge said that currently there is no standard for the length of time considered for reporting a patient as “boarding in the emergency department” waiting for an in-patient bed. Dr. Delbridge said the 10-day ED survey to obtain more detailed information on the types of patients that are being boarded in the ED showed that a disproportionate number of hours are for psych patients boarding in the ED. Psych patients account for 25-30% of boarded ED patients without disposition. He added that results of the survey are still being collated in part due to inconsistent hospital responses. Dr. Delbridge said that MIEMSS is part of an effort to present some findings to the legislature regarding the boarding of patients in the ED.

Critical Care Coordination Center (C4)

Dr. Delbridge said that, to date, MIEMSS C4 has handled more than 2000 patient cases. MIEMSS has received an international request to assist with repatriating a Marylander for medical treatment. 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.

The C4 was funded with CARES money through July 1, 2021. MIEMSS was advised that we are the recipient of a CDC workforce grant to fund the C4 through June 30, 2023; but the funding has yet to be received. Dr. Delbridge said that the MDH is working on a Memorandum of Agreement to receive the funding.

Medicaid Supplemental Payment Program

Dr. Delbridge said that the participating jurisdictional cost reports are due to the audit company (Meyers and Stauffer) by December 31, 2021. Jurisdictions that do not qualify this year have the opportunity to redefine how funding flows through their system to be eligible in the future.

MIEMSS Employee Notices

Dr. Delbridge introduced Bev Witmer as the new EMS Clinician Services Director. Prior to Bev’s position at MIEMSS, she was the Director of the EMS Program at Hagerstown Community College and subsequently the Paramedic Instructor at the Howard County FRS Training Academy.

EMS and Law Enforcement

Dr. Delbridge said that MIEMSS is developing a directive and protocols for interactions with Law Enforcement. Along with statewide law enforcement, EMS clinicians, crisis intervention personnel, attorneys, social workers and other allied partners, MIEMSS has convened the Crisis Scene Collaboration Workgroup to develop a multi-disciplined guidance for EMS and law enforcement case interactions.

Ambulance Drivers – Proposed Amendments: COMAR 30.09.04.08

Dr. Delbridge said subsequent to the Governor's Emergency Executive Order, MIEMSS proposed and the Board adopted an emergency regulation to permit SOCALR to waive certain personnel requirements for a licensed/certified driver for a BLS ambulance and to set requirements to be met by a service seeking the waiver. The approval of a waiver, if granted, would be for one-year with the option to request a renewal.

Dr. Delbridge said the original motivation for changing the regulation was to help ensure and augment the availability of commercial ambulances to move patients from one facility to another, thus avoiding protracted wait times. After the Board approved COMAR 30.09.04.08 as a permanent regulation, it was published in the Maryland Register and received one comment.

ACTION: Upon the motion made by Dr. Westerband, seconded by Ms. Showalter, the EMS Board unanimously approved COMAR 30.09.04.08 as a permanent regulation.

Jurisdictional EMS Operational Program (JEMSOP)

JEMSOP requests from the Town of Ocean City and Salisbury were distributed.

Dr. Delbridge said that there are few requirements needed to become a JEMSOP, under COMAR 30.03.02. To become a JEMSOP, a jurisdiction needs to retain an EMS Medical Director, maintain a quality assurance program with a designated quality assurance officer and infection control officer or a jurisdiction is considered approved if it was a functioning program on December 31, 1998. The EMS Board can approve new JEMSOPs if it is consistent with the EMS Plan (Vision 2030: Plan for the EMS System).

SEMSAC is in the process of forming a workgroup to evaluate the criteria for JEMSOPs and EMSOPs. There are currently 26 jurisdictional EMS operational programs representing each county, Baltimore City, the City of Annapolis and BWI. There are also a number approved EMS operational programs at other entities, e.g., MFRI, the Secret Service, a Wilderness Rescue Program to name a few. The criteria for being an EMS operational program is not well-defined in statute or regulation. The purpose of a SEMSAC workgroup is to evaluate and provide guidance for defining an EMS operational program.

Dr. Delbridge presented the requests and supporting documents from the Town of Ocean City (currently part of the Worcester County JEMSOP) and Salisbury (currently part of the Wicomico County JEMSOP) to become individual Jurisdictional EMS Operational Programs.

A lengthy discussion ensued highlighting the advantages and benefits to the Salisbury and Ocean City Fire Departments and some of the concerns surrounding maintaining the current EMS services within the counties.

The importance of the SEMSAC workgroup working on guidance and possible proposed regulation changes to COMAR 30.03.02 was also discussed.

ACTION: Upon the motion made by Mr. Scheulen, seconded by Dr. Frohna, the EMS Board unanimously approved the Ocean City Fire Department as a Jurisdictional EMS Operational Program with a review of the program by MIEMSS in one year.

ACTION: Upon the motion made by Mr. Cox, seconded by Mr. Tiemersma, the EMS Board unanimously approved the Salisbury Fire Department as a Jurisdictional EMS Operational Program with a review of the program by MIEMSS in one year.

SEMSAC REPORT - No report

MSPAC

A written report was distributed.

Major Tagliaferri highlighted personnel additions and changes, current aircraft maintenance, the MedHub grant project with the Army, the whole blood program, the unmanned aircraft systems, hoist platform construction at Martins and the receipt of 10 New Zoll Propaq which will be placed into service in the near future. Major Tagliaferri gave an overview of the notable missions over the last year. He said he will be providing an end of year report at the joint EMS Board and SEMSAC meeting in January.

RACSTC REPORT – No report

MSFA

A written report was distributed.

President McCrea said work has begun on the 2022 MSFA Convention to be held in person in Ocean City, MD. He asked that RFPs be submitted: www.convention.msfa.org/registration/instructorproposal
There is also a link on the MSFA website.

President McCrea said that the MSFA Presidents and membership wished everyone a healthy and safe holiday season. He added for those who have a live tree in their home and office, to please water it twice a day!

OLD BUSINESS – N/A

NEW BUSINESS

Perinatal Regulation Update

A copy of the proposed regulation changes was submitted.

Ms. Sette gave an overview of, and presented to the Board for information only, the proposed changes to the perinatal regulations recommended by The Maryland Department of Health's (MDH) Maryland Perinatal Clinical Advisory Committee that periodically updates the Maryland Perinatal System Standards, a set of voluntary standards for Maryland hospitals providing obstetric and neonatal services. These Standards are incorporated into COMAR Regulations for MIEMSS designation of Level III and Level IV perinatal referral centers.

Ms. Sette said that the Perinatal Clinical Advisory Committee was reconvened in 2018 to revise the Standards in order to be consistent with the 8th edition of the Guidelines for Perinatal Care, issued in 2017 by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG).

ACTION: Upon the motion of Ms. Vanhoy, seconded by Dr. Westerband, 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) (7).

In closed session:

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

Board Members Absent: Dean Reece

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

OAG: Ms. Sette; Ms. Bainbridge

In Closed Session:

1. The Board considered a SEMSAC appointment; and
2. The Board considered disciplinary matters.