



**State EMS Board/SEMSAC Meeting  
Hybrid  
January 15, 2025  
Minutes**

**Board Members Present:** Clay B. Stamp, Chairperson; Stephan Cox; William J. Frohna, MD; Nilesh Kalyanaraman, MD; James Scheulen, Dany Westerband, MD; Eric Smothers

**Board Members Absent:** Sally Showalter;

**SEMSAC Members Present:** Eric Smothers, Chairperson; Scott Haas, Vice Chairperson; Kristie Snedeker; Gordon Wallace; Michael Cox; Jeffrey Sagel, MD; Justin Orendorff; Elliott Haut, MD; Michael Tagliaferri; Linda Young; Jennifer Milesky; Tim Kerns; Bill Teeter, MD; Kathryn Burroughs; Danielle Knatz; Lisa Tenney; Lisa Lisle; Bruce Klein, MD; Farheen Qurashi, MD; Tony Rose, Susan Mott; Doug Beitzel

**SEMSAC Members Absent:** Eric Abrahamson; Danny Platt; Wayne Dyott; Alan Butsch; Kathleen Grote; Mathew Levy, DO; Danny Platt;

**Others:** Kartik Kaushik, MD (NSC); Justin Graves (RACSTC); Mike McAdams (MFRI);

**MIEMSS:** Dr. Delbridge; Dr. Chizmar; Mr. Abramovitz; Dr. Barajas; Mr. Bilger; Ms. Butler; Ms. Chervon; Mr. Ebling; Dr. Floccare; Ms. Geisel; Ms. Hall; Ms. Hammond; Mr. Huggins; Mr. Kitis; Mr. Legore; Mr. Linthicum; Dr. Pinet-Peralta; Mr. Robertson; Mr. Sidik; Mr. Tandy; Mr. Tiemersma; Ms. Wright-Johnson; Ms. Goff

**OAG:** Mr. Malizio, Ms. Pierson; Ms. McAllister

All presentations for today's meeting will be published on the MIEMSS website and can be found at:  
<https://miemss.org/home/Documents/miemss-open-meetings>

Mr. Stamp opened the meeting and proceeded to call the roll of the EMS Board.  
Ms. Goff called the roll of the SEMSAC.

Introductions were made.

Chairman Stamp thanked Dr. Delbridge and the MIEMSS leadership and staff for the excellent work to achieve our Maryland's EMS system goals every day. He said we have built a great consensus based system in the state of Maryland. Consensus based systems are the most secure, stable, and effective and sometimes painfully slow while building consensus. We have tried to speed up the process a bit with Dr. Delbridge and his administration. Consensus doesn't just happen, it happens because of the hard work of MIEMSS staff as well as the partner agencies that work together every day to make a difference across the state. He thanked the EMS partners for their commitment in serving the citizens of Maryland.

Mr. Stamp welcomed and thanked the SEMSAC members for their continued support and advice to the Board.

SEMSAC Chairman Smothers asked for a moment of remembrance for Jimmy Malone, Chief Rick Koch, and Master FF Chris Higgins (line of duty, Montgomery), all of whom represented dedicated commitments of service to the citizens of Maryland. They will be missed.

## **MIEMSS**

Dr. Delbridge provided an updates on current happenings within the EMS system and accomplishments in 2024. He said that, in 2024, there were 578,227 EMS patient transports to Maryland hospitals, representing a 3.5% increase over 2023. The five busiest receiving emergency departments are Anne Arundel Medical Center, Frederick, Franklin Square, Meritus, and Johns Hopkins Bayview showing a 5% increase from 2023.

The goal is for hospitals to receive patients within 35 minutes 90% of the time, allowing five minutes to get out of the ambulance, giving ED staff 30 minutes to accommodate the patient. Approximately 50% of hospitals are attaining this goal. This information is shared with hospitals on a regular basis. Hospital emergency department staff and leadership are paying attention to the data and taking steps to improve throughput for themselves, EMS services, and the patients who are arriving needing care.

Dr. Delbridge said that another extremely important issue is patient board in emergency departments which is unprecedentedly higher levels in last few weeks partly due to the increase in respiratory viruses. There is approximately 2000 treatment spaces across the state.

As of January 1, 2025, restaurants (approximately 4,300) and grocery stores (approximately 1600) are required to have an AED. MIEMSS has developed and deployed a new AED registry that is simpler to use and improves the database. The AED registry has 10 questions and QR code access.

Dr. Delbridge gave an overview of a few departmental happenings in 2024. The Office of Care Integration effectuated 31 hospital designations, 7 out-of-state MOUs, 197 consultative visits, and 44 lectures/presentations. The State Office of Commercial Ambulance Licensing and Regulation (SOCALR), performed 505 vehicle licensing inspections and 153 random inspections, issued 12 non-compliance notices and licensed 3 new ground ambulance services. The Office of clinician Services conducted 155 EMT practical tests, processed 2,272 EMT candidates, and licensed 1,583 new EMTs. The office of Integrity and Assistant Attorneys General performed over 10,000 background checks, handled 61 cases reviewed by the provider review panel (PRP) and EMS Board, and participated in 4 Office of Administrative Hearings (OAH). Actions included 43 probations, 7 suspensions, 3 revocations, 3 surrenders, and 4 remedial educations.

Dr. Delbridge announced the hiring of Kathleen Harne as MIEMSS' new ALS program coordinator and Christian Miele as the new Office of Government Affairs Director.

Dr. Delbridge provided an update of the current legislative actions that MIEMSS is participating and/or following including the streamlining of EMS licensing for military personnel, legislation surrounding Naloxone and AEDs, and proposed legislation regarding EMS' use of Buprenorphine.

Dr. Delbridge said that MIEMSS is in discussions with Walter Reed National Military Medical Center regarding capabilities for providing medical care to varying types of medical conditions when Maryland DOD beneficiaries/patients request public safety EMS units to transport to Walter Reed.

Dr. Delbridge presented language to be used in regulations for allowing hospital accreditation by any accrediting entity approved by CMS for approval by the EMS Board. This will bring MIEMSS regulations in line with MDH regulation with regard to hospital accreditation.

**ACTION: Upon the motion made by Mr. Scheulen, seconded by Mr. Cox, the EMS Board approved the proposed language for changing hospital accreditation regulations.**

### **Maryland Fire and Rescue Institute (MFRI)**

A written report was distributed

Mr. Michael Cox said that MFRI is the state's comprehensive training education system for Maryland's responders. MFRI is part of the University of Maryland, headquartered in College Park with satellite training facilities around the state. He gave an overview of MFRI's mission and vision for 2025. He reported on MFRI's 2024 statistics regarding student enrollment, approximately 24,000 in 2024, and the disciplines and programs in which MFRI participated. He also reported changes being made to increase pass rates. He listed the curriculum pilots and the courses being updated. Mr. Cox highlighted items in MFRI's 2025 operating budget, EMT equipment upgrades, simulation enhancements, high school cadet programs, and federal/state grant funding.

### **MSPAC**

A written report was distributed

Major Tagliaferri gave an overview of the Maryland State Police Aviation Command's 2024 mission data, 2867 missions-down by 32 from 2023, flight hours, section missions, aircraft maintenance schedules and costs, current numbers of EMS providers and pilots, personnel recruitments, and ongoing projects and initiatives including the Whole Blood Program that have utilized 211 units used since inception administered to 163 patients. He highlighted mutual aid training, a few hoist missions, and the deployment of the "go team". Major Tagliaferri reported on the hero awards along with Shock Trauma.

Major Tagliaferri said there is currently a 19% sworn vacancy rate which affects EMS missions. Civilian vacancy rate is 11%. Major Tagliaferri gave a run-down of the current vacancies.

Major Tagliaferri provided an update on current budgets statistics and projected FY26 budget shortfalls due to salary increases. The Major said that MSP is in discussions with DBM regarding the funding source.

### **National Study Center (NSC)**

A written report was distributed

Dr. Kaushik presented the NSC's mission statement, organizational chart, and list of faculty members. He provided an overview of ongoing NSC collaborations with STAR and other research projects, the Research Interest Group (RIG) a collaborative effort with MIEMSS, drug recognition expert data linked with citation data, Linking Investigations in Trauma and Emergency Services (LITES) \$100m DOD funded consortium of nearly 50 trauma centers, partnership with Montgomery County to develop advanced data linkage and analytics tools to support high-level decision-making (analytics, trauma dashboard, etc.), and the Coalition for National Trauma Research (CTR) for developing prehospital Trauma Core Common Data Elements (CDEs) which will

guide the structure of data elements utilized for future trauma research funded by the National Institutes of Health and Department of Defense.

Dr. Kaushik highlighted some of the current and ongoing grant funded projects including the Injury Outcomes Data Evaluation System (IODES), the Center for Innovation in Clinical and Translational Shock and Injury Research (CISIR), Crash Injury Research and Engineering Network (CIREN) which now includes pedestrians and will expand to motorcycle crash reconstruction in 2025, the Maryland Highway Safety Office (MHSO) projects, and the Advanced Driver Assistance Systems (ADAS).

## **RACSTC**

A written report was distributed

Dr. Kristie Snedeker provided on progress made due to the stabilizing additional funding afforded to Shock Trauma by the legislature starting in FY25. She said that having 8 fully operational ORs has improved throughput and shortened length of stay.

RACSTC's current statistics fiscal year to date show OR volumes up by 6%. The downstream effects show decreased length of stay in surgical patients, decreased time on capacity alert, and decreased lost interhospital transfer (IHT) opportunities. The average length of stay for patients discharged to home with an OR procedure down by 1.7 days. Capacity alert status is recognized by MIEMSS whereby non-critically injured patients should be considered for transport to the next appropriate hospital. This ensures that the Shock Trauma Center can accept all critically injured patients from the scene and critically injured/ill interhospital transfers statewide. Capacity alert is implemented when the volume and or acuity of arriving patients require additional beds and resources, with consideration to the current census and acuity of the inpatient units. Shock Trauma continues to direct prehospital care decisions while on capacity alert. There were only 5 incidents of capacity alert in Q1. Lost interhospital transfers was down by 65% fiscal year-to-date.

Shock Trauma's school goals include having all high school students be trained in Stop the Bleed (STB), ensuring all schools have public access STB kits, training for all school nurses and health educators, provide training equipment, incorporate STB training into mandated Health I/II classes. Shock Trauma wants to ensure all Marylanders are trained in STB. Dr. Snedeker said that although funding is now available to build a foundation, this is a partnership and RACSTC is working with every trauma center to make this happen.

Mr. Graves gave an update on the Center for Injury Prevention & Policy initiatives and the EMS outreach and education activities.

Mr. Graves announced that Shock Trauma has created the Art with a Heart program to help create permanent art work for each of the trauma waiting areas. Shock Trauma wished to open the upcoming sessions to the EMS system partners. Sessions:  
Monday 1/27 – 11:30am-2:30pm  
Monday 2/10 – 5:30pm-8:30pm  
Monday 3/10 – 5:30pm-8:30pm  
Email [ksnedeker@umm.edu](mailto:ksnedeker@umm.edu) to register

A discussion regarding Shock Trauma's utilization of the monies appropriated during the 2024 session and the projects being supported especially injury prevention and Stop the Bleed outreach ensued.

## **MSFA**

A written report was distributed

Mr. Cox said that the next MSFA Executive Committee meeting will be held at Ridge VFC on February 22<sup>nd</sup> and 23<sup>rd</sup>. The MSFA Convention is scheduled for June 16<sup>th</sup> through the 19<sup>th</sup>. The convention committee has proposed a few changes including modifying exhibitor times. MSFA is considering placing its current directory online. The MSFA plans to continue to hold regular EMS system partner meetings, which have been most beneficial.

Mr. Smothers added that the MSFA legislative committee tracks every piece of legislation involving the EMS/Fire system. The legislator's EMS committee meets weekly to address any bill related to EMS and Fire. Mr. Smothers said that information is relayed to the EMS system partners as appropriate. Ms. Mott added that the MSFA is active in support groups including cancer support and scholarship programs.

Chairman Stamp said that the MSFA strongly support mental health programs. He added that consideration should be given to include "when to seek mental health support" for new EMS clinicians especially the younger recruits.

## **Old Business – N/A**

## **New Business – N/A**

SEMSAC Chairman Smothers thanked the SEMSAC members for their committee work and dedication to improving the health of Marylanders and taking care of the sick and injured every day. It is a huge commitment entailing a lot of time by multiple disciplines.

Baltimore County Chief Knatz said that ED wait times are again at a point of crisis. Some hospitals are doing better, but it is not enough. Howard County Chief Wallace said that there is only one hospital in Howard County and it was on red and yellow alert for 167 hours straight. The current average wait time is 77 minutes with some between 90 and 100 minutes. He said that he knows that Dr. Delbridge and the MIEMSS staff is working hard to get hospital improvements, but the current wait times are not sustainable for EMS. It was noted that more hospital beds and adult pediatric and adult clinician staff are needed to reduce the wait times and improve throughput. Dr. Snedeker said that on top of limited bed space in hospitals is the ability to transfer appropriate patients to skilled nursing facilities. The patients in the ED increase as the hospital in-patients wait for a skilled nursing facility space to be available. Skilled nursing facilities do not do patient intake on weekends and holidays. Hospitals are doing the best they can with throughput and discharge.

A lengthy discussion on hospital wait times ensued. Chairman Stamp said this is and will remain a chief priority. Dr. Delbridge has been working diligently to make sure this remains a priority for the Legislature, the hospital association, MDH, OHCQ, and MHCC. Ms. Tenney added that Dr. Delbridge has been masterful in getting the parties together to work on these issues. She thanked EMS for their patience.

The EMS Board / SEMSAC meeting closed by acclamation.