



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

Statewide EMS Advisory Council (SEMSAC)
AGENDA
December 3, 2020 - 1:00pm
Virtual Meeting

- I. Call to Order – Mr. Tiemersma
 - Call the roll
- II. Approval of the November 5, 2020 SEMSAC meeting minutes
- III. MIEMSS Report – Dr. Delbridge
- IV. SEMSAC Chair Report – Mr. Tiemersma
- V. MSPAC Report – Major Tagliaferri
- VI. MSFA Update
- VII. MIH Vision Statement - Mr. Zach Yerkie
- VIII. Committee Reports
 - Regional Affairs – Mr. Smothers
- IX. Old Business
- X. New Business
 - Thrombectomy-Capable Primary Stroke Center- TCPSC & Revised Comprehensive Stroke Center (CSC) Regulations – INFORMATION - Ms. Sette and Ms. Aycock
 - ETC & NTC Definitions; Eye Trauma Center – Neuro Trauma Center Regulation Revisions –INFORMATION - Ms. Sette, Ms. Mays
 - Whole Blood Transfusion Pilot Protocol – ACTION - Dr. Floccare



State EMS Advisory Council (SEMSAC)

December 3, 2020

Via Conference Call Only

Meeting Minutes

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

SEMSAC Members Present: Wayne Tiemersma, Chairman; Karen Doyle, Vice Chairperson; John Filer; Wynnee Hawk; Eric Smothers; Jeffrey Fillmore, MD; Michael Rosellini; Justin Orendorf; Tim Burns; Scott Haas; Murray Kalish, MD; Wayne Dyott; Tim Kerns; Rosemary Kozar, MD; Kathryn Burroughs; Jim Matz; Jennifer Anders, MD; Karen Vogel; Brian Frankel; Linda Dousa; Michael Millin, MD; Michael DeRuggiero; Melissa Meyers; Lisa Tenney; Jeffrey Sagel, DO; Michael Cox; Kathleen Grote

SEMSAC Members Not Present: Habeeba Park, MD

MSPAC: Major Tagliaferri for Keith McMinn; Captain DeCoursey

MSFA: Ms. Tomanelli; 1st VP Mr. McCrea

OAG: Mr. Magee; Ms. Sette

Others: Chief Butsch, Mr. Yerkie

MIEMSS: Ted Delbridge, MD; Pat Gainer; Tim Chizmar, MD; Doug Floccare, MD; Jeannie Abramson; Anna Aycock; Terrell Buckson; Lisa Chervon; Michael Cooney; Pete Fiackos; Jeff Huggins; Dwayne Kitis; Scott Legore; Randy Linthicum; Carole Mays; Andrew Naumann; Luis Pinet Peralta; Cyndy Wright Johnson; Jim Brown; Mark Bilger; Carole Mays; Nick Seaman; Barbara Goff

Mr. Tiemersma called the meeting to order at 1:00 pm.

Mr. Tiemersma asked for approval of the November 5, 2020, SEMSAC meeting minutes.

ACTION: Upon the motion of Dr. Kalish, seconded by Ms. Burroughs, SEMSAC unanimously approved the November 5, 2020, SEMSAC minutes as written.

MIEMSS Report

COVID-19

Dr. Delbridge said that COVID-19 PUIs are steadily increasing. He said statistical data shows that the number of PUIs seen by EMS usually precedes an uptick in hospital admissions approximately nine days later. The steady increase in PUIs portends that hospitalizations will continue to rise. EMS COVID-related data is shared with hospitals and the Governor's office.

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.

MIEMSS continues to track the number of available Acute Care and ICU beds. When hospitals reach 90% capacity or above, it becomes increasingly difficult for the hospitals. The Governor has said when hospitalizations reach 8000; hospitals will need to increase bed capacity by 10%.

Dr. Delbridge reported on the current number of available adult ICU and Acute Care beds as depicted on the MIEMSS COVID-19 Hospital Status Dashboard.

Critical Care Coordination Center (C4)

Dr. Delbridge gave an overview of the Critical Care Coordination Center (C4). MIEMSS, in conjunction with Maryland hospitals, developed the novel C4 project to assist physicians in identifying available hospital intensive care resources when inter-facility patient transfer of critical patients is necessary.

C4, located within the Emergency Medical Resource Center (EMRC) at MIEMSS, functions 24/7 and is staffed with an EMS critical care coordinator and a virtual central intensivist physician (CIP). C4 coordinators have a near real time view of statewide hospital critical care bed capacity, and CIPs work with referring physicians to identify patients' anticipated critical care needs. The coordinator and the CIP, in conjunction with the sending facility, work to match the patients with available critical care resources that can manage the patient's condition.

Alert Hours

Dr. Delbridge said Yellow Alert hours have increased and are around the same number as during the same period last year. He said hospitals are as busy as they were last year, and patients are backing up in emergency departments, which affects EMS.

CRISP

Dr. Delbridge said that MIEMSS continues work with CRISP on the technical aspects for access to near real-time census data from hospital emergency departments submitted to CRISP. MIEMSS anticipates working with ED staff in the first quarter of 2021 on the operationalization of the data collection effort.

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. MIEMSS' IT/Data personnel continue to work with Apple on the App for the IOS platform.

COVID-19 Antigen Testing

Dr. Delbridge said that MIEMSS is working to distribute antigen tests, provided through a cache to MDH from the federal government, to first responders. MIEMSS is also working on the logistics for the reporting of positive and negative tests.

COVID-19 Vaccines

Dr. Delbridge said that it is anticipated that the first batch of vaccines will arrive in Maryland in about three weeks. Since there will not be enough vaccine for everyone, prioritization plans should be established. MIEMSS developed and distributed a guidance document to help consider prioritization of vaccine administration.

SEMSAC Report

Chairman Tiemersma said that the EMS Board met on November 10, 2020. Discussions and presentations included:

- Dr. Delbridge updated the Board on MIEMSS activities and the current COVID response.
- Dr. Urrutia gave the presentation on Phase II EMS Re-Routing Pilot for Large Vessel Occlusion Strokes
- Yellow Alert upticks
- EMS clinicians Provisional-to-Full status
- EMS clinicians being made to wait with patients in the ambulance or being rerouted after arrival at EDs.
 - Dr. Delbridge said that concerns have been conveyed to hospital CEOs regarding the issues, which may be EMTALA violations. Chairman Tiemersma said that MIEMSS has been responsive in efforts to address this problem with hospitals.
- The Governor has approved the appointment of Major Tagliaferri to assume Captain McMinn's term on SEMSAC.

MSPAC

Major Tagliaferri said that MSPAC recognized Sgt. Donald Laymen upon his retirement after 25 years of dedicated service.

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

MSFA

Ms. Tomanelli wished everyone well and sent greetings from President Walker and the Officers of the MSFA. She said that the MSFA continues to work with MDH regarding the serum surveys for first responders. The MSFA is working on getting volunteers for COVID testing sites.

Planning for MSFA Convention 2021 continues.

MIH Vision Statement Presentation – Zach Yerkie

A copy of the draft Vision Statement was distributed.

Chairman Tiemersma introduced Mr. Yerkie who gave an overview of the MIH Workgroup and its efforts in producing the draft MIH vision statement that includes standardizing some of the definitions, training and other components of jurisdictional MIH programs in Maryland. Mr. Yerkie listed the generalized categories for patient encounters. He stressed the importance of having standardized categories to collect data for assessing the need for future program changes.

A discussion followed regarding the Workgroup's proposed credential for the MIH programs of "Community Health" (CH) clinician, i.e.. Paramedic-CH. It was suggested that this terminology was too close to the Community Health Workers that are employed in population health. Mr. Yerkie will take this information back to the MIH Workgroup for additional discussion.

As is preferred by the NAEMSP, it was recommended to change “online medical control” to “medical direction” or “medical oversight,” and also to change from “EMS Base Station Medical Director” to “EMS Base Station” or “Jurisdictional Medical Director.”

Chairman Tiemersma thanked Mr. Yerkie for bringing the first draft recommendations to SEMSAC.

SEMSAC Committee Reports

Regional Affairs Committee (RAC)

Mr. Smothers said that the Regional Affairs Committee did not meet this morning. Regional Affairs will continue to monitor the invoice submissions for the 50/50 grant allocations.

Mr. Smothers said that after the first of the year, the Regional Affairs Committee would investigate statewide purchasing for other high-ticket medical items to achieve standardized pricing.

The next Regional Affairs meeting is scheduled for January 7, 2021.

Mr. Smothers wished everyone a Happy Holiday season.

Old Business – N/A

New Business

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 and is a center that meets all requirements for a Primary Stroke Center and is Thrombectomy capable. Ms. Sette gave an overview of the goals, processes and vetting of the regulation.

Ms. Aycock said that in Maryland, hospital specialty centers must be designated by MIEMSS and that it is optional for hospitals to receive national accreditation. She added that out of the 39 stroke centers in Maryland, only 15 have Joint Commission (JC) accreditation. Ms. Doyle said national accreditation is more costly for a shorter length of time for a hospital. Ms. Aycock added that although MIEMSS aligns some of the designation requirements with the JC, MIEMSS requirements include a focus on EMS, e.g., providing ongoing education and patient feedback to EMS, whereby the JC does not include these requirements in national accreditation.

Ms. Aycock provided an overview of the proposed revisions to the Comprehensive Stroke Center regulations as described in the distributed written draft.

Ms. Burroughs said that “physician assistant” should read “Physician Assistant” and that under operating room 30.08.17.07 it reads “at nay tie” should read “at one time”. Ms. Sette thanked Ms. Burroughs for the catching the errors. Ms. Sette will correct for the final draft.

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 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, is 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 their current regulation.

Ms. Sette and Ms. Mays gave an overview of the proposed changes to the Eye Trauma Center and Neuro-Trauma Center regulations to update to the current treatment standards to include changes to medical staff availability, significant equipment/supply changes and continuing educational requirements.

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 estimating costs of transporting whole blood. He said that initially two helicopters would carry whole blood which would subsequently expand to the remaining fleet. There may be some minor revisions to the protocol as discussions continue with pediatric centers regarding patient ages.

A motion was made by Mr. Haas, seconded by Dr. Kalish and unanimously voted upon to approve the Whole Blood Transfusion Pilot Protocol

Chairman Tiemersma thanked Ms. Doyle for her years of service. Ms. Doyle said she is keeping her current position at RACSTC, but believes in strong succession planning. She added this is the perfect opportunity to coach and mentor Dr. Kristie Snedeker, Senior Director of Operations at RACSTC. Dr. Snedeker will be taking a broader role in EMS and learning the legislative process. Ms. Doyle said she is grateful for the mentors she has had at RACSTC and MIEMSS.

Chairman Tiemersma wished everyone a safe and happy holiday season.

SEMSAC adjourned by acclamation.