



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*

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Statewide EMS Advisory Council (SEMSAC)

AGENDA

February 4, 2021 - 1:00pm

Virtual Meeting

- I. Call to Order – Mr. Tiemersma
 - Call the roll
- II. Approval of the December 3, 2020 SEMSAC meeting minutes
- III. MIEMSS Report – Dr. Delbridge
- IV. SEMSAC Chair Report – Mr. Tiemersma
- V. MSPAC Report – Major Tagliaferri
- VI. MSFA Update
- VII. Committee Reports
 - Regional Affairs – Mr. Smothers
- VIII. Old Business
 - Thrombectomy-Capable Primary Stroke Center- TCPSC & Revised Comprehensive Stroke Center (CSC) Regulations – ACTION - Ms. Sette
 - ETC & NTC Definitions; Eye Trauma Center – Neuro Trauma Center Regulation Revisions – ACTION - Ms. Sette
- IX. New Business
 - 2021 EMS Protocol Updates – Dr. Chizmar



State EMS Advisory Council (SEMSAC)

February 4, 2021

Via Conference Call Only

Meeting Minutes

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SEMSAC Members Present: Wayne Tiemersma, Chairman; Karen Doyle, Vice Chairperson; John Filer; 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; Melissa Meyers; Lisa Tenney; Jeffrey Sagel, DO; Michael Cox; Kathleen Grote; Habeeba Park, MD

SEMSAC Members Not Present: Michael DeRuggerio; Wynee Hawk

MSPAC: Major Tagliaferri

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

OAG: Mr. Magee; Ms. Sette

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 December 3, SEMSAC meeting minutes.

ACTION: Upon the motion of Dr. Kalish, seconded by Ms. Burroughs, SEMSAC unanimously approved the December 3, 2020, SEMSAC minutes as written.

MIEMSS Report

COVID-19

Dr. Delbridge said that COVID-19 hospitalizations have been decreasing over the last week. Dr. Delbridge acknowledged the MIEMSS Regional Administrators for their work in compiling the hospital data every day and for the hospital personnel who enter the information through MEMRAD. EMS COVID-related data is shared with hospitals and the Governor's office.

Dr. Delbridge said that 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. This analysis is the product of Dr. Matt Levy (project lead and a MIEMSS Regional Medical Director) Dr. Chizmar, staff at Johns Hopkins and MIEMSS' Data team.

Dr. Delbridge said that EMS clinicians continue to follow the COVID-19 triage protocol for confirmed COVID patients, but some clinicians need better documentation. There is a 1% hospitalization rate when the protocol has been followed which is better than the return rate for most hospital emergency departments. MIEMSS is reviewing a subset of cases that were not well documented, where patients did not go to the hospital, to assure that when protocol is applied, it is not a function of documentation but actually works for all.

Yellow Alert Hours

Dr. Delbridge said Yellow Alert hours are mostly consistent 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.

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. An update should be available soon.

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. He added that MIEMSS anticipates having something in the field in the next several months.

Cardiac Arrest TOR COVID Test Positive Rate

The positivity rate for TOR COVID testing through January 2021 was around 20%. The positivity rate for the general population is around 5-7%. Messaging should be not to ignore shortness of breath and chest pain symptoms.

Clinical Externs

Dr. Delbridge said that, using the online licensure system, MIEMSS has processed over 1300 Clinical Nurse Externs and just under 100 Clinical Respiratory Externs. Since the school semester has ended, externs are upgrading the level of qualifications. Clinical Externs augment the existing hospital workforce. MIEMSS sends an updated list of clinical externs to hospitals weekly.

EMS Clinicians

Dr. Delbridge gave an update on the number of Provisional EMS licenses and certifications and clinicians applying for full licensure status. He said that about 225 provisional clinicians have converted to full status.

Critical Care Coordination Center (C-4)

Dr. Delbridge said that 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. So far, MIEMSS has taken almost 500 calls as of beginning of February.

Vaccinations

Dr. Delbridge said that over half of Maryland EMS agencies have plans approved to assist with COVID-19 vaccinations. Under the Governor's State of Emergency declaration, 309 EMTs have completed the didactic training with 83 authorized by their EMS Medical Director to administer COVID-19 vaccines.

Legislation

SB67 – This bill is intended to permit paramedics to assist LHDs and hospitals and health systems in vaccination initiatives targeted to address population health needs (including assisting with COVID-19 vaccination efforts), as well as to permit both public safety and commercial EMS to administer vaccines and tuberculin skin testing to their own personnel through occupational health programs. MIEMSS is in favor of this bill.

SB389 - This bill modifies the requirements for Medicaid reimbursement to an emergency service transporter for services provided in response to a 9-1-1 call. Specifically, the bill requires reimbursement for medical services provided to a Medicaid recipient in response to a 9-1-1 call in situations when the recipient is not transported to a facility. In addition, beginning in fiscal 2022, the Maryland Department of Health (MDH) must increase the amount of reimbursement for transportation and medical services by \$25 each fiscal year until the reimbursement rate is at least \$300. MIEMSS is in favor of this bill.

SB078 - This bill prohibits a law enforcement officer from administering ketamine to an individual or directing an emergency medical services (EMS) provider to administer ketamine to an individual. An EMS provider may administer ketamine to a severely agitated individual if (1) the individual is combative, violent, and represents an immediate danger to the individual or others and (2) the EMS provider first obtains "medical direction," with a specified exception. MIEMSS is opposed to this bill.

Vision 2030

Dr. Delbridge asked SEMSAC members to review the EMS Plan Vision 2030 for sections they may be interested in addressing. Terrell Buckson is working on a project and will be developing key performance indicators on how to move progress in making Vision 2030 relevant.

SEMSAC Report

Chairman Tiemersma reported that at the December 2020 EMS Board meeting, the PEMAC bylaws and the Whole Blood Transfusion Pilot were approved.

As requested at the last meeting, corrections to the MIH draft have been made. As there are no additional comments, we will take the document to the Board for information.

Chairman Tiemersma said if you are not a vaccinator, you might be interested in assisting administratively with PrepMod.

MSPAC

Major Tagliaferri said that MSPAC has been heavily involved with vaccination planning and vaccination clinics. MSPAC has held approximately a dozen clinics at this time and have vaccinated over 2500 people. Martins State Airport has been the primary vaccination site and have held a site in Easton and one

in Frederick. MSPAC medics and 30 MSP personnel are running drive through clinics. MSPAC has also vaccinated 230 legislators and staff in Annapolis. Clinics were held with no interruption of services.

MSFA

Ms. Tomanelli wished everyone well and sent greetings from President Walker and the Officers of the MSFA. The MSFA would like to thank the state partners for training and information dissemination. The MSFA submitted written testimony in support of the EMSOF budget today and will be testifying next week.

SEMSAC Committee Reports

Regional Affairs Committee (RAC)

Mr. Smothers said the Regional Affairs Committee met on January 7, 2021. He added that all grant information was distributed to the jurisdictions. The next meeting is scheduled for March 4, 2021.

Old 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 the Thrombectomy-Capable Primary Stroke Center (TCPSC) & Revised Comprehensive Stroke Center (CSC) Regulations were presented to SEMSAC at the December meeting and are being brought today to request recommendation to the Board for approval and the promulgation process in the Maryland Register for comment.

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.

Dr. Sagel inquired as to the reason an anesthesiologist was not included as a requirement in the Stroke regulations. Ms. Aycock said that there is no literature that supports having designated anesthesiologist. Stroke Centers already have anesthesiology in house 24/7.

A motion was made by Mr. Smothers, seconded by Ms. Burroughs and unanimously voted upon to recommend approval by the EMS Board the Thrombectomy-Capable Primary Stroke Center (TCPSC) & Revised Comprehensive Stroke Center (CSC) Regulations.

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

Ms. Sette and Ms. Mays

A copy of the proposed regulations was re-distributed.

Ms. Sette said the ETC & NTC Definitions; Eye Trauma Center – Neuro Trauma Center Regulation Revisions were presented to SEMSAC at the December meeting and are being brought today to request recommendation to the Board for approval and the promulgation process in the Maryland Register for comment.

Ms. Sette 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 said 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.

Dr. Kalish asked that the anesthesiologist to read “Board Certified or Board eligible” as is noted with the other specialty physicians listed in the Neuro Trauma Center regulations. Ms. Mays agreed and Ms. Sette will make the correction before placing in the Maryland Register.

Noted corrections for the Neuro Trauma Center Regulations: Make all identified physician specialties within the regulation “Board Certified or Board eligible”.

A motion was made by Dr. Kalish, seconded by Dr. Sagel and unanimously voted upon to recommend approval by the EMS Board the Neuro Trauma Center Regulation revisions with the noted corrections.

A motion was made by Mr. Smothers, seconded by Ms. Burroughs and unanimously voted upon to recommend approval by the EMS Board ETC & NTC Definitions and Eye Trauma Center Regulations.

New Business

2021 EMS Protocol Updates

A copy of the proposed protocol changes was distributed.

Dr. Chizmar presented the new layout for the protocols moving forward. The new layout was well received.

Dr Chizmar gave an overview of the following proposed changes to the protocols:

Agitation protocol

(Also, reference the August 2020 memo with interim guidance and monitoring required for the seriously agitated patient)

Guidance on specific medications based on suspected etiology (psychiatric, delirium, head injury). Medication first dose can only be administered without medical consult if the patient presents eminent danger to himself/herself or to the clinicians. The clinician is to make a judgement as to the cause of the agitation before determining the particular medication.

Safeguards for ketamine – as noted in memo from Aug 2020 – monitoring ALS equipment and a second EMS clinician on hand.

Albuterol for BLS

To align with national scope of practice BLS may administer MDI or nebulized albuterol; this may be repeated: dose x1 over 30 min.

Burn Patients: Fluid Resuscitation

In accordance with the 2018 ABA guidelines and with input from Maryland burn centers, the protocol limits IV fluids to patients in shock and those with >20% BSA burns. For 15 years of age and above administer 500 mL/hr. LR (120 drops/min using 15 drop-set). Maximum dose 2,000 mL without medical consultation. For children who have not reached 15th birthday: do not administer IV fluid unless the patient is in shock.

Hypoglycemia and Hyperglycemia

Including Glucometer as a standard procedure for BLS (vs. OSP)
Distinct treatment protocol (vs. glucometer procedure protocol)

Snakebite

Removes use of cold packs and removes the request for taking the snake to the ED.

STEMI

Streamlining the STEMI ACS symptoms plus one of the following:
New ST elevation of 1 mm (or greater) in two or more contiguous leads OR
Posterior MI: ST depression greater than 1 mm in V1-V3

Stroke

Moves Baltimore City LAMS Research Protocol to statewide stroke protocol. For the stroke patient with last known normal within 22 hours, and LAMS 4 or 5, and within 30 min of CSC/TC-PSC bypass PSC and transport patient to thrombectomy-capable center.

IV infusion pump protocol for ALS

For more accurate dosing of medications and broad, instead of based upon individual medications

Ultrasound Pilot Protocol

(Limited to Anne Arundel, Dorchester, Frederick and Howard Counties)
Currently used for FAST, abdominal, cardiac; adding lung and extremity ultrasound.

Dr. Kalish expressed his concerns regarding the side effects of ketamine. A lengthy discussion ensued regarding the use of ketamine by EMS.

The membership discussed the training and cost of the Ultrasound Pilot Protocol.

A motion was made by Dr. Fillmore, seconded by Ms. Burroughs and approved for recommendation of approval of the Agitation Protocol by the EMS Board. Drs. Kalish and Sagel disapproved.

A motion was made, seconded and unanimously approved to recommend approval by the EMS Board the Albuterol for BLS, Burn Patients - Fluid Resuscitation, Hypoglycemia and Hyperglycemia, Snakebite, STEMI, Stroke, IV infusion pump protocol for ALS and Ultrasound Pilot Protocol.

SEMSAC adjourned by acclamation.