



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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***Statewide EMS Advisory Council (SEMSAC)***

***AGENDA***

**June 3, 2021 - 1:00pm**

**Virtual Meeting**

- I. Call to Order – Mr. Tiemersma
  - Call the roll
- II. Approval of the May 6, 2021 SEMSAC meeting minutes
- III. MIEMSS Report – Dr. Delbridge
- IV. SEMSAC Chair Report – Mr. Tiemersma
  - EMSOP Review
- V. MSPAC Report – Major Tagliaferri
- VI. MSFA Update
- VII. Committee Reports
  - BLS Committee – Ms. Dousa
  - Regional Affairs Committee – Vice Chairman Smothers
- VIII. Old Business
- IX. New Business
  - Protocol Rollout – Dr. Chizmar



## State EMS Advisory Council (SEMSAC)

June 3, 2021

### Via Conference Call Only Meeting Minutes

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**SEMSAC Members Present:** Wayne Tiemersma, Chairperson; Eric Smothers, Vice Chairperson; Alan Butsch; Justin Orendorf; Tim Burns; Scott Haas; Murray Kalish, MD; Tim Kerns; Rosemary Kozar, MD; Kathryn Burroughs; Jennifer Anders, MD; Linda Dousa; Michael Millin, MD; Jeffrey Sagel, DO; Michael Cox; Kathleen Grote; Lisa Tenney; Michael DeRuggerio; Melissa Meyers; Karen Vogel; Kristie Snedeker

**SEMSAC Members Not Present:** Jim Matz; Jeffrey Fillmore, MD; Michael Rosellini; Wayne Dyott

**Baltimore City FD:** Timothy Cullen

**MSPAC:** Major Tagliaferri

**MSFA:** First VP Mr. McCrea

**OAG:** Mr. Magee; Ms. Sette

**MIEMSS:** Ted Delbridge, MD; Pat Gainer; Tim Chizmar, MD; Doug Floccare, MD; Jeannie Abramson; Anna Aycock; Lisa Chervon; Scott Legore; Luis Pinet Peralta; Jim Brown; Mark Bilger; Carole Mays; Nick Seaman; Sheilé McAllister; Barbara Goff

Chairman Tiemersma called the meeting to order at 1:00 pm. The roll was called.

Chairman Tiemersma asked for approval of the May 6, 2021, SEMSAC meeting minutes.

**ACTION: Upon the motion of Dr. Kalish, seconded by Ms. Burroughs, SEMSAC unanimously approved the May 6, 2021 SEMSAC minutes as written.**

### SEMSAC Report

Chairman Tiemersma asked the membership to consider how and when to resume in-person meetings, including conducting hybrid meetings for those who do not feel comfortable meeting in person yet.

### EMSOPs

Chairman Tiemersma said that COMAR regulations include a few requirements for being an EMSOP, such as having a medical director and a certain number of personnel. He said that it does not include specific reasons for when to create an EMSOP separate from other agencies. Chairman Tiemersma asked members to volunteer to sit on a committee to determine if there is a need to develop criteria on creating an EMSOP; and, if so, work on developing the criteria to give guidance to MIEMSS. If you have an interest in participating on the committee to review and consider if there is a need for recommended changes to the EMSOP regulations, please email Chairman Tiemersma at [wtiemersma@garrettcounty.org](mailto:wtiemersma@garrettcounty.org)

## EMS Staffing

Chairman Tiemersma said there are difficult staffing issues on the horizon for career and volunteer EMS throughout the state. He asked SEMSAC members to send their suggestions on ways to assist with mitigating staffing issues to him.

## **MIEMSS Report**

### COVID-19 Update

Dr. Delbridge said that, since April, the numbers of hospitalized COVID patients have steadily decreased. Mass vax clinics will be shutting down over the next few weeks. There are three alternative care sights in Maryland (Baltimore Convention Center, Laurel and Takoma Park); discussions continue on the best ways to downsize or close as alternative destinations for COVID patients, but to maintain the ability to staff up if a resurgence occurs. Epidemiologists and Infectious Disease specialists have concerns for the upcoming flu season as COVID 19 wanes and people become more complacent.

### Cardiac Arrest Termination Of Resuscitation (TOR) COVID Test Positive Rate

TOR COVID testing had a zero positivity rate in May.

### Critical Care Coordination Center (C4)

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 over 1,000 calls requesting assistance with ICU patient transfer since the start of C4, averaging six calls per day. Every Maryland hospital has worked with the C4 in placing and receiving patients. Several hospitals receive almost as many patients as they transfer to other facilities. The C4 assisted with the handling of about 40% of calls via physician consultation only, with no patient transfer required. The C-4 is funded until September 2021. There is a great interest in sustaining the C-4 and finding the funding to continue the program. MIEMSS is working to secure funding to continue the program.

### 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 the App allows clinicians to filter the display to show hospitals of interest. Sign up for the App at <https://aha.miemss.org> for desktops, iPhones and androids.

### Yellow Alerts

Dr. Delbridge said that Yellow Alert days had risen considerably over the last few weeks. The number of COVID patients is not a significant factor for the increase in yellow alert hours in most hospitals at this time. He added that MIEMSS is in conversations with the Health Care Commission and HSCRC seeking objective evaluations of the capabilities of hospital emergency departments across the state to assure the emergency healthcare system is successful for treating patients especially for EMS arrivals.

### 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 data submitted to CRISP. CRISP is currently working to ensure that the data feeds from hospitals provides the most reliable and easily interpreted information. MIEMSS continues to work with hospitals individually on what the data means for the facility and to represent a reasonable articulation as to how busy a particular ED in the EMS system.

### Vision 2030 - Medicaid Supplemental Payment Program

Dr. Delbridge said that the System Finance section of the EMS Plan includes promoting EMS care as part of the continuum of health care appropriate for commensurate remuneration, seeking maximum appropriate remuneration for care delivered, and sharing best practices among EMS operational programs. He said that MIEMSS has been working with Maryland Medicaid and CMS for over a year on the Medicaid Supplemental Payment Program for EMS that will help rebalance Medicaid reimbursement by providing the federal portion of Medicaid reimbursement. Dr. Delbridge gave an overview of the qualifying requirements for participating in the program and said that executed MOUs with Maryland Medicaid are due by July 15, 2021.

### EMS Operational Programs (EMSOPS)

Dr. Delbridge said that there are three types of EMS Operational Programs: (1) Jurisdictional, (2) Commercial Ambulances Services and (3) other entities such as the military, wilderness rescue programs, law enforcement and MFRI. He said that our approach to EMSOPs is based on perspective of the EMS system at the time the regulation covering EMSOPs was approved, which was in 1999. At that time, existing JEMSOPs that were recognized by MIEMSS for the purpose of provider affiliation on 12-31-1998 did not have to apply to become a JEMSOP if they met the requirements of the new regulations, so were essentially “grandfathered-in.” Although the regulations indicated that other entities wishing to become a JEMSOP must apply to MIEMSS for recognition as a JEMSOP, there was no specificity for the types of entities in the third category. Under the MIEMSS statute, Ed. Art. 13-517 (a) (5), a JEMSOP is defined as an “...institution, agency, corporation or other entity that has been approved by the EMS Board to provide oversight of emergency medical services for each of the local government’s State and federal emergency medical services programs.

Dr. Delbridge said certain other governmental entities not currently approved as JEMSOPs had inquired about applying for approval. He said a definition of a JEMSOP (or some updated term) is needed as the authority responsible for ensuring the delivery of EMS, more specificity regarding JEMSOPs responsibilities and required commitments; and identification of other types of JEMSOPs (or some updated term), their responsibilities, and how they fit in the EMS system.

Dr. Delbridge advised that this is not a quick turn-around project and may require “build-in-flight” aspects. He has requested that SEMSAC take on this task and provide advice regarding steps toward possible regulatory updates.

### **MSPAC**

Major Tagliaferri gave an overview of the Lt. Governor’s visit to MSP Aviation Command.

The Major shared information on employees who recently received awards from Aviation Command, the State Employees Risk Management and for the EMS Stars of Life. He also announced two Aviation Command retirements.

### **MSFA**

First VP McCrea brought greetings from President Walker and the Officers of the MSFA. He said the virtual MSFA convention begins in a few weeks. He expressed the MSFA’s gratitude to Dr. Delbridge, Dr. Chizmar and other MIEMSS Staff for their part in contributing recordings for the convention.

## **SEMSAC Committee Reports**

### BLS Committee

The BLS Committee met on May 21, 2021. Ms. Dousa said the Committee discussed issues with incomplete paperwork, including rosters, from instructors in the EMT and EMR programs. This is causing a delay in student approvals. These issues are being addressed with MFRI and the teaching Academies.

Ms. Dousa said the EMT Field Internships are going well; many of the instructors and students are completing paperwork online. It was reiterated that completed ride-alongs consist of six of ten patient encounters, which can include refusals if the student did the assessment. The others can be simulated cases in the classroom. Students can take the NR written test prior to the completion of the ride-alongs. Students can become provisional clinicians prior to completing ride-alongs; but affiliation is required. After completion of ride-alongs, students can convert to full status EMTs.

National Registry applications for new EMT students are now later in the class schedule due to early dropouts and failures.

The instructor workshop will likely be held in late summer or fall.

### Regional Affairs Committee (RAC)

Vice Chair Smothers said that the Regional Affairs Committee did not meet in June. The Committee is following up with jurisdictions that have not submitted their cardiac arrest grant paperwork to see if any redistribution of funds need to be made.

### **Old Business – N/A**

### **New Business**

#### 2021 Maryland Medical Protocols Rollout

Dr. Chizmar provided an overview of the features available within the new online version of the 2021 Protocols for EMS. The online version was posted to the MIEMSS website on June 2, 2021.

Dr. Chizmar acknowledged the efforts of Mike Reynolds, Jim Brown, Patrick Tandy and Dr. Anders in making these significant changes to the protocols.

**A motion was made by Ms. Grote, seconded by Ms. Tenney and unanimously approved to adjourn SEMSAC.**