



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
October 7, 2021 - 1:00pm
Virtual Meeting***

- I. Call to Order – Mr. Tiemersma
 - Call the roll
- II. Approval of the September 2, 2021 SEMSAC meeting minutes
- III. MSPAC Report – Major Tagliaferri
- IV. SEMSAC Chair Report – Mr. Tiemersma
- V. MIEMSS Report – Dr. Delbridge
- VI. MSFA Update
- VII. Committee Reports
 - ALS Committee – Dr. Fillmore
 - Membership – Maryann Warehime
 - BLS Committee – Ms. Dousa
 - Regional Affairs Committee – Vice Chairman Smothers
- VIII. Old Business
- IX. New Business
 - Direct to Triage Protocol (Optional Supplemental Protocol) - INFORMATION/ACTION – Dr. Chizmar
 - SEMSAC Officers Call for Nominations – Ms. Goff



State EMS Advisory Council (SEMSAC)

October 7, 2021

Via Conference Call Only Meeting Minutes

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

SEMSAC Members Absent: Karen Vogel

MSPAC: Major Tagliaferri

MSFA: President McCrea; Kate Tomanelli

OAG: Ms. Sette; Ms. Langrill

MIEMSS: Ted Delbridge, MD; Pat Gainer; Tim Chizmar, MD; Jeannie Abramson; Anna Aycok; Jason Cantera; Lisa Chervon; Bryan Ebling; Doug Floccare, MD; Randy Linthicum; Scott Legore; Luis Pinet Peralta; Michael Parsons; Melissa Meyers; Carole Mays; Barbara Goff

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

Chairman Tiemersma asked for approval of the September 2, 2021, SEMSAC meeting minutes.

ACTION: Upon the motion of Dr. Kalish, seconded by Mr. Matz, SEMSAC unanimously approved the September 2, 2021, SEMSAC minutes as written.

MSPAC

A written report was provided.

Major Tagliaferri gave an update on current mission statistics including mission type and flight hours.

Major Tagliaferri gave a detailed report of the aircraft maintenance.

Major Tagliaferri provided an overview of the Hoist Training Platform and said that a meeting with the contractor is scheduled for October 21, 2021.

Major Tagliaferri said that Maryland State Treasurer Nancy Kopp, Joanna Kille, Board of Public Works Liaison for the Treasurer; Rebecca Bizzarri, Department of Budget Management Analyst and Madelyn Miller, Department of Legislative Services Budget Analyst visited Trooper #1 and toured the maintenance facility and the flight training simulator.

SEMSAC Report

Chairman Tiemersma said the EMS Board met in September. The Board approved the repeal of redundant language in the Primary Stroke Center regulation 30.08.11.15 and approved a MIH Standing Committee of SEMSAC.

MIEMSS Report

COVID-19 Update

Dr. Delbridge said all hospitals are experiencing challenges with nurse staffing which is resulting in reduced numbers of staffed beds available. Acute care beds are remain around 92% capacity and 87% capacity for staffed ICU beds resulting in less than 500 acute care and 200 ICU beds available and more than 200 hundred boarded patients in emergency rooms needing admission.

Cardiac Arrest Termination of Resuscitation (TOR) COVID Test Positive Rate

TOR COVID has again exceeded the numbers found in Maryland early in the pandemic; but has begun to level off as the number of positive cases begin to lower.

Vaccination Update

Dr. Delbridge said that EMS should be the strongest advocates for getting the COVID Vaccine. Post-vaccine infections are 3.1 per thousand vaccinated persons with 47% asymptomatic and 8% requiring hospitalization. Risk of infection, hospitalization and death is nine to ten times higher among unvaccinated people.

ImageTrend Elite

Dr. Delbridge said that Governor's office AAG and MIEMSS is very confident that there is a low probability that the inadvertent data distribution was misused and/or compromised in any way. ImageTrend has deleted the information in the two "Data Marts" and repopulated it with the correct information. Dr. Delbridge added that ImageTrend has the capability to let a jurisdiction know which data was included in the inadvertent data distribution.

Yellow Alerts

Dr. Delbridge reported that utilization of Yellow Alerts is at an all-time high over the last several weeks. Over half of hospitals or either on red or yellow alert at any given time. The median time to transfer a patient from EMS to hospital staff is 22 minutes; the 90th percentile is almost an hour. Transfer times for two hospitals in Region III were in excess of 90 minutes. When one in ten ambulances has a wait time of 90 minutes to transfer the care of a patient to the ED staff, it places severe distress on the EMS system.

Dr. Delbridge said that Shock Trauma has experienced increased Capacity Alert hours due to staffing issues. Shock Trauma has opened the Trauma line to asses and accept patients during Capacity Alert status. Shock Trauma is in discussions with other Trauma Centers to strategize the handling of patient flow.

CRISP

Dr. Delbridge said that MIEMSS continues work with CRISP to achieve a more objective advisory system based on ED patient census.

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. Clinicians can see the number of ambulances for all jurisdictions at each hospital, which adds to situational awareness.

Critical Care Coordination Center (C4)

Dr. Delbridge said that, to date, MIEMSS has taken 1480 calls requesting assistance with ICU patient transfer since the start of C4, averaging six calls per day. The majority of calls are not related to COVID-19. Every Maryland hospital has worked with the C4 in placing and receiving patients. The C4 assisted with the handling of about 40% of calls via physician consultation only, with no patient transfer required. Dr. Delbridge gave an overview of the calls from the 69 requesting and 66 referring hospitals. He added that every Maryland hospital has been both a receiving and a referring hospital.

A growing concern, especially as winter approaches, is the possibility of the number of children needing hospitalization exceeding the number of staffed beds in Maryland. Pediatric capabilities vary across the state with only 40% of hospitals having inpatient services. It is predicted that pediatric services will become oversaturated with high respiratory infections and COVID. MIEMSS is working with Dr. Anders, State Associate Pediatric Medical Director, and the C-4 Intensivist to extend the C-4 to pediatric patients.

Emergency Department Pediatric Preparedness

Recognizing that the levels of pediatric emergency capabilities vary in Maryland hospital emergency departments, Dr. Delbridge said that MIEMSS is moving toward the development of a voluntary hospital recognition/designation program for levels of pediatric preparedness for emergency departments. This is part of the EMSC grant criteria.

Medicaid Supplemental Payment Program

Dr. Delbridge said that Medicaid Supplemental Payment Program for EMS will help rebalance Medicaid reimbursement by providing the federal portion of Medicaid reimbursement, which is half of the remainder of allowable costs after Maryland Medicaid pays \$100.00 per transport State portion. He reported that fourteen jurisdictions have confirmed participation by completing MOUs with MDH. Collectively, the fourteen jurisdictions (not including Baltimore City) could receive over \$40 million in federal reimbursement in mid-2022 for these costs.

Jurisdictions that did not participate this year have the opportunity to do so in the future. He gave an overview of the process for applying for reimbursement and the qualifying factors, including being a designated jurisdictional EMS operational program that is funded directly by public (tax) dollars; billing Medicaid for EMS transports; and documenting expenses that are paid with public funds.

MIEMSS Employee Notices

Dr. Delbridge announced Monty Magee, Assistant Attorney General assigned to MIEMSS, retired as of October 1, 2021. Adam Malizio has been assigned as the new MIEMSS AAG and will start on October 18, 2021.

MIEMSS continues the recruitment process for an IT & Communications Director and the Director of Clinician Services (formerly Licensure & Certification).

MIEMSS is preparing for the 2022 Legislative session. Legislators will be going into early session in December 2021. Several pieces of legislation will be presented that will codify policies that were part of the Emergency response to the pandemic.

MSFA

A written report was distributed.

President McCrea said that the next MSFA Executive Committee is scheduled for December 3 & 4, 2021

President McCrea reported that the MSFA and Maryland Fire Chiefs were successful in securing a Safer Grant which will address recruitment and retention abilities and provide training opportunities with the Maryland Fire Chiefs. Recruitments have begun for a Grant Administrator, a full time Recruitment & Retention manager and three part time regional Recruitment & Retention managers.

SEMSAC Committee Reports

ALS Committee

Ms. Meyers requested Chairman Tiemersma to appoint Maryann Warehime to as a member of the ALS Committee. Chairman Tiemersma agreed and appointed Ms. Warehime to the ALS Committee.

The SEMSAC Chairman approved the appointment of the proposed committee members.

BLS Committee

Ms. Dousa said that the BLS Committee met on September 17, 2021. The Committee discussed the provisional clinicians expiring under the Emergency Order on February 11, 2022.

Ms. Dousa reported that an issue that arose with an instructor and practical testing was resolved by Mark New.

The next meeting of the BLS Committee is scheduled for November 17, 2021 at 9am.

Regional Affairs Committee (RAC)

Vice Chair Smothers said that the Regional Affairs Committee met this morning. He said the Phillips monitors, AED packs and the FDA battery replacement requirements and supply chain issues was discussed.

Plans for next year's grant allocations was also discussed.

Old Business – N/A

New Business

Direct to Triage Protocol (Optional Supplemental Protocol)

Dr. Chizmar presented the Direct to Triage Protocol and requested to move the protocol from Pilot status to a statewide protocol.

A motion was made by Mr. Matz seconded by Ms. Grote and unanimously approved to recommend that the EMS Board approve the Direct to Triage Protocol as a statewide protocol.

The open session meeting closed by acclamation.