



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*

**State Emergency Medical Services Board**

August 13, 2019

Meeting Agenda

1. Call to Order – Mr. Stamp
2. Approval of Minutes from June 11, 2019
3. MIEMSS Report – Dr. Delbridge
  - Baltimore City Minor Definitive Care Protocol Update – INFORMATION/ACTION
  - CISM – INFORMATION/ACTION
  - Maryland and Mid-Atlantic Wilderness Rescue Squad – INFORMATION/ACTION
4. SEMSAC Report – Dr. Kalish
5. MSPAC Update – Captain McMinn
6. MSFA Update
7. RACSTC Report – Ms. Doyle
8. Old Business
9. New Business
  - Maryland Medical Protocols for EMS – Incorporation by Reference – ACTION – Mr. Magee
10. Adjourn to Closed Session
11. Reconvene in Open Session

Adjourn to closed session to carry out administrative functions, to discuss the appointment of appointees and officials under General Provisions Article §3-305(b)(1), to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(b) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (b) (13).



**State Emergency Medical Services Board  
August 13, 2019**

**Minutes**

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**Board Members Present:** Clay Stamp, NRP, Chairperson; Sherry Adams, Vice Chairperson; Stephen Cox; William J. Frohna, MD; Dany Westerland, MD; James Scheulen, NRP; Mary Alice Vanhoy, RN; Sally Showalter, RN; Dean E. Albert Reece, MD; Murray Kalish, MD

**Board Members Absent:**

**Others Present:**

**MSPAC:** Major Tagliaferri; Capt. McMinn; Lance Wood

**MIEMSS:** Dr. Delbridge; Ms. Gainer; Ms. Abramson; Ms. Alban; Ms. Aycock; Mr. Balthis; Mr. Bilger; Mr. Brown; Dr. Chizmar; Dr. Floccare; Ms. Mays; Mr. Schaefer; Ms. Goff

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

**RACSTC:** Ms. Doyle

**MSFA:** 1st VP Chuck Walker

Chairman Stamp called the meeting to order at 9:03 am. He thanked the MIEMSS staff, EMS Board members and stakeholders for their service.

**ACTION: Upon the motion by Dr. Reece, seconded by Ms. Vanhoy, the Board voted unanimously to approve the minutes of the EMS Board meeting held on June 11, 2019.**

**MIEMSS Report**

A copy of the Executive Director's Report was distributed.

Dr. Delbridge introduced Patrick Tandy, MIEMSS' new Editor/Writer.

Dr. Delbridge gave an update on the following initiatives:

**Communications Upgrade Project**

Dr. Delbridge said that MIEMSS continues to work on the Communications Upgrade Project to replace outdated technology. Phase #1 has begun which encompasses Southern Maryland (Region V). Each Phase will need to be complete before starting on the next Phase.

### EMS Plan

Dr. Delbridge gave an update on the status of the EMS Plan. A suggestion was made to include for Infectious Disease in the EMS Plan. The process for the EMS Plan rollout was discussed.

### ET3 - Evaluation, Triage, Treatment and Transport

ET3 is a 5-year model program developed by the Centers for Medicare & Medicaid Innovation to expand reimbursement to EMS for transportation to an alternate destination other than an ED, and for treatment by a qualified health care practitioner with no transport. The ET3 model does not currently include mobile integrated health programs.

Dr. Delbridge said that the Emergency Department is not always the most appropriate facility for an EMS patient. ET3 provides an impetus for EMS agencies to consider alternative destinations. The EMS Board approved an alternative destination protocol in 2019. Guidance to EMS agencies for plan implementation, reporting and ongoing evaluation has been developed.

### Telehealth Connection

Dr. Delbridge said that telehealth allows EMS to connect with a qualified practitioner who can provide definitive evaluation of the patient and determine if the patient can be treated in place or should be transported to an ED or other health resource, e.g., an urgent care center. MIEMSS staff will travel to Houston to evaluate the Houston ETHAN program.

### Baltimore City Fire Department (BCFD) Minor Definitive Care Now (MDCN)

Dr. Delbridge said that under the current protocol, the BCFD MDCN team responds to low acuity calls as dispatched. Currently, the MDCN team may respond for alpha and bravo (low acuity) dispatch call types. BCFD requests allowing on-scene EMS personnel to consult with MDCN team members regardless of the initial dispatch acuity.

**ACTION: A motion was made by Ms. Vanhoy, seconded by Dr. Kalish and unanimously approved to allow EMS personnel to consult the Baltimore City Fire Department Minor Definitive Care Now team regardless of initial dispatch acuity.**

### Baltimore City Fire Department (BCFD) Mobile Integrated Health (MIH) Protocol

Under the current Protocol, the MIH team that conducts follow-up on recently discharged patients, performs medication reconciliation, manages care coordination and monitoring of chronic conditions, consists of a Paramedic and RN. Due to staffing challenge and advanced Paramedic training in MIH, BCFD requests that the MIH team be permitted to consist of two Paramedics with advanced training. A lengthy discussion ensued.

BCFD will provide data for EMS Board review to ensure appropriate clinician care is provided.

**ACTION: A motion was made by Dr. Westerband, seconded by Dr. Kalish and unanimously approved to allow the BCFD MIH Protocol revision for the MIH field team to consist of two Paramedics with previously approved telemedicine linkage access to the on call MD or Nurse Practitioner.**

### Compliance Activity

Dr. Delbridge presented statistics for EMS clinician compliance trends from 1999 to 2019.

### Emergency Service Personnel Health and Wellness Workgroup

Dr. Delbridge said that the Emergency Service Personnel Health and Wellness Workgroup, which evolved from the Critical Incident Stress Management Team, has proposed to continue the Workgroup under the direction of MIEMSS, as authorized by the EMS Board, to pursue work to improve the health and wellness of the Maryland's first responders and to provide periodic reports to the Board.

**ACTION: Upon the motion by Dr. Kalish, seconded by Ms. Vanhoy, the Board unanimously voted to approve the Emergency Service Personnel Health and Wellness Workgroup to proceed under the direction of MIEMSS with periodic reporting to the Board.**

#### Maryland and Mid-Atlantic Wilderness Rescue Squad

Dr. Delbridge presented the Maryland and Mid-Atlantic Wilderness Rescue Squad's application as an EMS Operational Program to the Board.

Dr. Millin and Dr. Solomon said the program focuses on Medicine in the Wilderness Environment by providing medicine where ambulances cannot go.

**ACTION: Upon the motion by Mr. Scheulen, seconded by Ms. Vanhoy, the Board voted to approve the Maryland and Mid-Atlantic Wilderness Rescue Squad as an EMS Operational Program.**

#### **SEMSAC Report**

Dr. Kalish said that SEMSAC members were participating with EMS Plan Committees, finalizing updated SEMSAC By-laws and working on a presentation regarding the 50/50 Grant program.

#### **MSPAC Report**

A copy of the report was distributed.

Captain McMinn gave a presentation on the MSPAC's pursuit of acquiring Part 135 certification. Captain McMinn said that although MSPAC mirrors much of what Part 135 requires, MSPAC is not pursuing Part 135 certification as research and exploration shows no added benefit.

Captain McMinn said that the Aviation Command continues to struggle with pilot staffing. Due to the recent pilot resignations, the Cumberland section will be operational on weekdays from 7am – 7pm until further notice. There will be no changes in protocol for requesting aviation services.

#### **RACSTC – Ms. Doyle**

A copy of the report was distributed.

Ms. Doyle reported a decrease in the following: patient volumes, inter-facility transfers, OR and Clinic volumes. She said that Hyperbaric Chamber hours have also decreased. She added that the "Go Team" was requested 17 times with (5) deployments. Ms. Doyle said that although the length of patient stays is up overall, over a day was cut from patient length of stay from April – June 2019. She added that Organ and Tissue Donations are at 81%, well over the 75% goal. Ms. Doyle gave an overview of the Global Outreach and Injury Prevention programs.

Ms. Doyle requested that all EMS jurisdictions pick up the EMS equipment left at RACSTC by August 17, 2019.

Mr. Stamp thanked Ms. Doyle, Dr. Scalea and Mr. Ashworth for their continued support of the EMS system.

### **MSFA**

1st VP Walker said that the partners met during the MSFA Convention. He said the MSFA would be attending the Maryland Association of Counties convention in August.

### **MFRI**

Mr. Cox said that MFRI is still working with the pilot test classes. He said that MFRI has been approved as a Pierson Vue testing center and currently has eleven stations at the College Park location.

### **OLD BUSINESS**

N/A

### **NEW BUSINESS**

#### Maryland Medical Protocols for EMS – Incorporation by Reference

Mr. Magee requested approval for the Incorporation by Reference of the Maryland Medical Protocols for 2019.

**ACTION: A motion was made by Ms. Vanhoy, seconded by Mr. Cox and unanimously agreed upon to approve the Incorporation by Reference of the Maryland Medical Protocols for 2019.**

**ACTION: Upon the motion by Dr. Kalish, seconded by Mr. Cox, the Board voted to adjourn to closed session.**

The EMS Board adjourned to closed session to carry out administrative functions, to discuss the appointment of appointees and officials under General Provisions Article §3-305(b)(1), to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(a) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (a) (13).

#### **In Closed Session:**

**Board Members Present:** Clay Stamp, NRP, Chairperson; Sherry Adams, Vice Chairperson; Stephen Cox; William J. Frohna, MD; Dany Westerband, MD; James Scheulen, NRP; Mary Alice Vanhoy, RN; Sally Showalter, RN; Dean E. Albert Reece, MD; Murray Kalish, MD

#### **Board Members Not Present:**

**MIEMSS:** Dr. Delbridge; Dr. Chizmar; Ms. Gainer; Ms. Abramson; Ms. Goff; Mr. Schaefer; Ms. Aycock

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

**In closed session:**

1. The Board considered Hospital reverifications;
2. The Board considered SEMSAC nominees; and
3. The Board considered EMS clinician disciplinary actions.

**The Board returned to open session.**

**In open session:**

**Board Members Present:** Clay Stamp, NRP, Chairperson; Sherry Adams, Vice Chairperson; Stephen Cox; William J. Frohna, MD; Dany Westerband, MD; James Scheulen, NRP; Mary Alice Vanhoy, RN; Sally Showalter, RN; Dean E. Albert Reece, MD; Murray Kalish, MD

**Board Members Not Present:**

**MIEMSS:** Dr. Delbridge; Dr. Chizmar; Ms. Gainer; Ms. Abramson; Ms. Goff; Mr. Schaefer

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

**ACTION:** A motion was made, seconded and voted upon to approve the University of Maryland Medical Center as a Comprehensive Stroke Center for 5 years.

**ACTION:** Upon the motion by Ms. Vanhoy, seconded by Dr. Westerband, the Board voted to approve Peninsula Regional Medical Center for the remaining 4 years of a 5-year designation as a Level III Adult Trauma Center.

**ACTION:** A motion was made, seconded and voted to approve the re-verification of the following hospitals as Primary Stroke Centers for 5 years:

1. Union Hospital of Cecil;
2. Frederick Memorial Hospital; and
3. Carroll Hospital Center

**ACTION:** A motion was made, seconded and voted to approve Holy Cross Germantown for the remaining 4 years of a 5-year designation as a Primary Stroke Center.

**ACTION:** A motion was made, seconded and voted to approve UM Charles Regional Medical Center for an addition 1-year provisional reverification as a Primary Stroke Center.

**ACTION:** Upon the motion by Dr. Westerband, seconded by Mr. Cox, the Board voted to approve the following CIC Re-designations for 5 years:

1. University of Maryland Medical Center;
2. Johns Hopkins Bayview Medical Center;
3. St. Agnes Hospital;

- 4. Sinai Hospital;**
- 5. Carroll Hospital Center;**
- 6. UM St. Joseph Medical Center;**
- 7. MedStar Franklin Square;**
- 8. UM Upper Chesapeake Medical Center;**
- 9. Western Maryland Regional Medical Center;**
- 10. MedStar Southern Maryland Hospital;**
- 11. Frederick Memorial Hospital; and**
- 12. Meritus Medical Center**

**The Board adjourned by acclamation.**