



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

July 14, 2020
Virtual Meeting
Agenda

1. Call to Order – Mr. Stamp
2. Approval of the June 9, 2020 EMS Board minutes
3. MIEMSS Report – Dr. Delbridge
4. SEMSAC Report – Mr. Tiemersma
5. MSPAC Update – Captain McMinn
6. RACSTC Update – Dr. Snedeker
7. MSFA Update – Ms. Tomanelli
8. Old Business
9. New Business
 - Optional Supplemental Protocol – Pediatric Ventilated Patient Transports – Dr. Chizmar
 - Optional Supplemental Protocol - Mobile Integrated Health – Dr. Chizmar
10. Adjourn to Closed Session

Adjourn to closed session to carry out administrative functions, 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 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
July 14, 2020
Via Conference Call Only**

Minutes

Board Members Present:

Clay Stamp, Chairperson; Sherry Adams, Vice Chairperson; Stephan Cox; William J. Frohna, MD; Dany Westerband, MD; James Scheulen, PA; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy, MSN; Dean E. Albert Reece, MD (arrived @ 9:18am)

Board Members Absent:

Others Present:

MSPAC: Capt. McMinn; Mr. Wood

MIEMSS: Dr. Delbridge; Ms. Gainer; Ms. Abramson; Ms. Aycock; Dr. Bailey; Mr. Barto; Mr. Bilger; Mr. Brown; Ms. Chervon; Dr. Chizmar; Dr. Floccare; Mr. Huggins; Mr. Kelly; Ms. Mays; Mr. Linthicum; Mr. Buckson; Mr. Naumann; Mr. Sidik; Mr. Schaefer; Ms. Wright-Johnson; Ms. Goff

OAG: Mr. Magee; Ms. Sette

RACSTC: Dr. Snedeker

MSFA: Ms. Tomanelli

Others: Mr. Malone

Chairman Stamp called the meeting to order at 9:00 am and called the roll.

Mr. Stamp commended Dr. Delbridge and the MIEMSS team on their outstanding work during the continuing COVID pandemic. He also thanked the MSFA, MFRI and RACSTC for their partnership and commitment to the health of the citizens of Maryland.

Mr. Stamp asked for approval of the June 9, 2020, Board meeting minutes.

ACTION: A motion was made by Dr. Westerband, seconded by Ms. Adams and unanimously approved to accept the June 9, 2020, minutes of EMS Board with one correction under the SEMSAC report: “[t]he Regional Affairs committee reported that the unused monies from the 50/50 grant were reallocated, leaving \$1,000.00 unused.” Change the amount of unused funds to \$1800.

MIEMSS REPORT

Dr. Delbridge highlighted information available through the MIEMSS Dashboard tracking, including staffed in-patient beds available statewide and mechanical ventilators in Maryland.

He said the number of acute care beds occupied by COVID patients has significantly declined since April. He added that Maryland is keeping a close watch for any upticks in COVID-19 cases and hospital admissions.

Dr. Delbridge said that pending issues including ongoing data acquisition are continuing in coordination with CRISP and MDH and EMS “Staging” areas to avoid overload on hospital emergency departments.

Dr. Delbridge said that hospital Yellow Alerts were low during the busiest period of COVID cases in Maryland, but are now beginning to increase. Mr. Scheulen will be added to the daily pre-hospital activity emails.

Ms. Adams said that the changes in the federal data collection requirements is a “heavy lift” for hospitals. This data will determine the distribution of Remdesivir. She said that the NIH and the VA hospital have been added to Maryland reporting.

MIEMSS’ @HA (Ambulances at Hospitals) Dashboard

Dr. Delbridge gave an update on the Hospital Dashboard “@HA” (Ambulances at Hospitals) platform that provides real-time information on the number of ambulances waiting at hospital EDs, which is an indication of offload / transfer of care times. He said there are currently twelve jurisdictions downloading CAD data into the ePCR and one (Talbot) field-testing the program. MIEMSS continues to work on including additional jurisdictions to provide real time awareness of EMS-ED interface. He added that Montgomery County and Baltimore County are working on a CAD update and cannot participate at this time.

Dr. Delbridge said MIEMSS continues to work with Chesapeake Regional Information System for our Patients (CRISP) on an App for an Emergency Department Advisory based on ED patient census.

A lengthy discussion followed regarding the intended uses, outcomes and possible unintended consequences of @HA and the Emergency Department Advisory applications.

Dr. Delbridge said that MIEMSS has processed 705 Clinical Nurse Externs, with another 121 pending and 85 Clinical Respiratory Externs with 1 additional pending.

Dr. Delbridge gave an update on the number of Provisional EMS licenses and certifications. He said the information on the new regulation that permits Provisional EMS clinicians to become fully certified or licensed has been sent to the clinicians and several have initiated the process.

Dr. Delbridge said the regulation requiring an Internship prior to the practical test has been suspended.
Education Updates

MIEMSS has appealed to Base Station facilities and EMS agencies to resume providing clinical site training for EMS personnel.

Hagerstown Community College, averaging 12 EMT and 10 Paramedic students per year is closing its EMS education program in part due to cost constraints.

Cardiac Arrest Cases

Dr. Delbridge said that the number of out-of-hospital cardiac arrests is going down.

Termination of Resuscitation – COVID-19 Testing

Dr. Delbridge said that an emergency protocol has been issued stating that after termination of resuscitation in the field, a BLS or ALS clinician may perform nasopharyngeal testing for COVID-19 if the deceased person is not anticipated to be a medical examiner's case. This protocol is intended to alert for possible EMS exposures and to facilitate contact tracing by MDH. Montgomery County is piloting the protocol, which will be expanded to other jurisdictions.

Ready Responders

Dr. Delbridge provided an update on the Ready Responders, an in-home health care delivery company, employing EMS clinicians and Maryland licensed practitioners. Dr. Delbridge said that Ready Responders has no connectivity to CRISP or the EMS System, including Base Station medical direction. Dr. Delbridge added that MIEMSS is currently unaware of any incidents involving Ready Responders.

A lengthy discussion ensued regarding the legality of using Maryland EMS clinicians and appropriate training of clinicians. The future of EMS in Maryland “are we more than 911” needs more discussion. The morphing of the EMS System needs a thoughtful planning process.

EMS Plan Vision 2030

The draft EMS Plan Vision 2030 was distributed via email for review.

Dr. Delbridge said that, although the COVID pandemic suspended work on the Plan for some time, a considerable number of hours by staff, conference participants and Steering Committee, with multiple Plan drafts and reviews have produced the EMS Plan Vision 2030 document. He added that the Plan is different from the work list.

Dr. Delbridge said the draft Plan was presented to SEMSAC on July 2, 2020 for review and comment. Any suggested changes will be reviewed by the EMS Plan Steering Committee and taken back to SEMSAC and the Board for approval at the next meeting.

SEMSAC REPORT

SEMSAC Chairman, Mr. Tiemersma, reported that SEMSAC met on July 2, 2020. He said that the EMS Plan 2030 was distributed to SEMSAC for review and comment.

Chairman Tiemersma reported that the Cardiac 50/50 grant closed with \$1800 unused funds.

Chairman Tiemersma said there were no other Committee Reports.

Chairman Tiemersma said that the amendment to the Pediatric Ventilated Patient Transport protocol was approved for recommendation to the EMS Board.

Chairman Tiemersma reported that at the Mobile Integrated Health (MIH) kick off meeting, a statewide definition for Maryland MIH programs was discussed along with a boilerplate list of required training to be used as a starting point for personnel that make up a MIH team.

MSPAC REPORT

(A copy of the written report was distributed via email)

Captain McMinn said that on July 1, 2020, the Board of Public Works voted to approve the Governor's list of reductions for fiscal year 2021. The reductions included reduced funding for aviation insurance, helicopter maintenance, overtime, and fuel. The achieved savings are associated with closing one helicopter base and selling one helicopter.

MSPAC is working with the Department's Executive Staff to determine a timeline for both a helicopter base closure and sale of one of the AW139's. Dr. Delbridge and MSPAC Command Staff held a phone conference with the basing study vendor, Arkenstone Technologies, who has agreed to provide a portion of the mission analysis and modeling in early August.

Chairman Stamp said that the Board's involvement in deliberations regarding the helicopters and base configuration is critical. Ms. Vanhoy added that it is important to keep everyone informed of any changes within the Aviation Command.

Captain McMinn added that the MSPAC is committed to working with the EMS Board to make decisions in the best interest of Maryland citizens and the EMS System.

Mr. Cox said that this issue should have come to the EMS Board prior to going to BPW. He asked if funds from the sale of the helicopter revert to the EMSOF.

Mr. Tiemersma said the cost of aviation must be addressed and to balance fiscal reality with the goals of EMS. He added that a discussion regarding the medical necessity of a helicopter transport, also needs to be held.

Dr. Floccare said that the Basing Study should consider how the closing of a base will affect response times throughout the state; the ability to respond to simultaneous requests in the same region of the state; and the ability to send multiple aircraft to a motor vehicle crash where there is more than one seriously injured patient. He added that there is a need to know the effect of the base closure on the ability to respond to other time-critical emergencies, e.g., stroke, STEMI, and post-cardiac arrest patient response. With the regard to the sale of an aircraft, Dr. Floccare said there is a need to know how the additional flight hours that would be put on the remaining aircraft would affect their availability, as well as the anticipated life of the fleet. The helicopters are in their seventh year of operation, and there will be

increasing occurrences of unscheduled maintenance problems, which could affect the ability to keep bases open, just as occurred with our previous Dauphin helicopter fleet.

Dr. Floccare noted how the state went to great lengths when procuring the current fleet to make sure that all of the aircraft were identical. This was done for purposes of safety, so that pilots would not be switching between helicopters with differing navigational control systems, and for more efficient maintenance, so that there could be a uniform supply of parts and as well as technician expertise. Should the state recognize the need to return to a 10-aircraft fleet in the future, it would not be possible to purchase an aircraft truly identical to the current ones built seven years ago?

Mr. Malone expressed his concerns over the loss of a base and helicopter. He said this is a “slippery slope”.

A lengthy discussion ensued on the Governor’s MSPAC Budget amendments.

MSFA

Ms. Tomanelli said that the MSFA has a soft office opening and is trying to determine how to keep safe and distanced. She said she could be reached 24/7 on her cell.

The Phase One virtual convention went well; the MSFA plans to hold Phase Two of the convention as a two-day, in-person event at Arundel Mills on September 12 & 13.

Ms. Tomanelli said the MSFA leadership sent a letter to the Governor requesting assistance with the 10 million dollar shortfall in fund raising due to the pandemic.

Mr. Stamp thanked the MSFA for their continued support of the EMS System.

R ADAMS COWLEY SHOCK TRAUMA

Chairman Stamp said that due to another commitment, Dr. Snedeker had left the meeting. She said a report would be forthcoming at the next meeting.

OLD BUSINESS – None

NEW BUSINESS

Proposed Amendment to the Pediatric Ventilated Patient Transports

Dr. Chizmar presented the proposed amendment to the Optional Program: Transport of Chronic and Scene Ventilated Patients. (For patients greater than 8 years of age; for patients less than 8 years of age, jurisdictional EMSOP approval from State EMS Medical Director is required).

Upon the motion of Dr. Westerband, seconded Mr. Tiemersma, the EMS Board voted to unanimously to approve the amendment to the Pediatric Ventilated Patient Transports.

Modification of Mobile Integrated Community Health (MIH) Program Optional Supplemental Protocols

Dr. Chizmar requested that the EMS Board approve the Emergency modification to the Mobile Integrated Community Health Optional Supplemental Protocol, originally approved by the EMS Board Chair and MIEMSS Executive Director on March 26, 2020 under the Executive Order, as a permanent modification to the Protocol.

The Board had a lengthy discussion regarding the education, training, evaluation and oversight of MIH program paramedics and the tracking of outcomes. The future and goals and expectations of MIH programs and the role of Maryland paramedics was also discussed.

Upon the motion of Mr. Tiemersma, seconded by Mr. Cox, the EMS Board approved the modified Mobile Integrated Community Health (MIH) Program Optional Supplemental Protocols as a permanent protocol with following caveat: the identification of baseline education for and training of the MIH Paramedic and development of a process for baseline outcome measures to be evaluated in one year.

ACTION: Upon the motion of Ms. Vanhoy, seconded by Ms. Adams the EMS Board adjourned to closed session.