



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

September 8, 2020

Virtual Meeting

Agenda

- I. Call to Order – Mr. Stamp
 - Call the roll
- II. Approval of the August 11, 2020 EMS Board minutes
- III. MIEMSS Report – Dr. Delbridge
- IV. SEMSAC Report – Mr. Tiemersma
- V. MSPAC Update – Major Tagliaferri
- VI. RACSTC – Dr. Snedeker
- VII. MSFA Update – Ms. Tomanelli / President Walker
- VIII. Old Business
 - MD Register 2020 07 31 IBR Regulation Amendment – ACTION - Mr. Magee
 - Provisional EMS to Regular EMS Regulations – ACTION – Ms. Sette
- IX. New Business
 - Neonatal Commercial Ambulance Services Regulations – INFORMATION – Ms. Sette
 - Grace Medical Center Conversion to a Freestanding Medical Center – ACTION – Ms. Sette
 - ProCare/Kaiser HSCRC Grant MIH Pilot Program Protocol – INFORMATION – Ms. Gainer, Dr. Chizmar, Dr. Melville, Ms. Ailiff
- X. 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 Emergency Medical Services Board
September 8, 2020
Via Video Conference Call Only
Minutes

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*

Board Members Present:

Clay Stamp, Chairperson; Stephan Cox; William J. Frohna, MD; Dany Westerband, MD; James Scheulen, PA; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy (left at 0930); Sherry Adams, Vice Chairperson; Dean E. Albert Reece, MD, MSN (left at 1120).

Board Members Absent: None

Others Present: Ms. Ailiff; Mr. Boone; Dr. Melville; Mr. Bucholtz; Ms. Hooff; Dr. Sabi; Dr. Kache

OAG: Mr. Magee; Ms. Sette

Others:

RACSTC: Dr. Snedeker

MSFA: President Walker; Ms. Tomanelli; Mr. McHenry

MSPAC: Major Tagliaferri

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

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

Chairman Stamp thanked our EMS partners MSFA, MFRI, MSPAC and RACSTC for their commitment in providing the citizens of Maryland with a premier healthcare system. He also thanked Dr. Delbridge and the MIEMSS leadership and staff for ongoing work each day to achieve our goals.

Mr. Stamp asked for approval of the August 11, 2020, Board meeting minutes.

ACTION: A motion was made by Mr. Tiemersma, seconded by Dr. Frohna, and unanimously approved by the Board to accept the August 11, 2020, minutes as written.

MIEMSS REPORT

Budgets

Dr. Delbridge announced that the MEMSOF budgets will be presented for approval at the October EMS Board meeting.

COVID-19 Updates

Dr. Delbridge reported that daily intelligence continues to be gathered 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-19 patient's shows a decrease since August, and we are moving in the right direction.

Dr. Delbridge shared the number of PUI contacts by EMS public safety and commercial services over the last 28 days. He said that the numbers have leveled off.

Dr. Delbridge said that number of patients treated and transported by EMS public has also leveled off; but is still slightly higher than a normal day pre-COVID. A typical day for public safety EMS is about 1500 transports.

Chesapeake Regional Information System for our Patients (CRISP)

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. CRISP receives a data feed from the hospital emergency departments on numbers of patients throughout the day and would provide information to MIEMSS. He said that MIEMSS' base station regulations may need to be updated to reflect this change.

A discussion regarding a stakeholder buy-in followed ensued.

Dr. Delbridge clarified that there will be no changes to what the hospitals report and what CRISP currently provides under the Emergency Order.

MIEMSS' @HA (Ambulances at Hospitals) Dashboard

Dr. Delbridge gave the overview of @HA Dashboard, which provides information on the number of ambulances at hospital EDs He said there are currently 14 jurisdictions downloading CAD data into the ePCR. MIEMSS continues to work on including additional jurisdictions to provide real time awareness of EMS-ED interface. Once completed, EMS Clinicians will be able to view the information displayed in @HA.

EMS Clinicians

Dr. Delbridge gave an update on the number of Provisional EMS licenses and certifications and clinicians applying for full licensure status.

Terminated Resuscitation COVID-19 Testing

Dr. Delbridge said that an emergency protocol was issued permitting a BLS or ALS clinician to perform nasopharyngeal testing for COVID-19 after termination of resuscitation in the field 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. Several jurisdictions are using this protocol and have identified a 4.5% positive COVID-19 result.

EMS Plan Vision 2030

MIEMSS continues to work on the final publication of the *EMS Plan Vision 2030* approved by the Board in August.

Paramedic Vaccination

Under Public Order #6, issued by the EMS Board Chair and MIEMSS Executive Director, a paramedic may administer a seasonal influenza or Corona Virus vaccine (when available) if the vaccine administration is (1) under the direction of an EMS Operational Program Medical Director as part of an EMS Clinician occupational health program; or (2) part of a public health outreach effort coordinated by a local health department or Maryland hospital or health system. Public Order #6 is in force as long as the public health emergency continues. MIEMSS plans to seek legislation make this change permanent.

Ketamine

Dr. Delbridge said that there are three primary uses for Ketamine: analgesic for pain, induction for rapid sequence intubation (RSI), and sedation for severe agitation. Ketamine as a chemical restraint requested by law enforcement for severe agitation has come under some recent scrutiny.

Drs. Delbridge and Chizmar authored a memo clarifying the use of Ketamine by EMS clinicians that stated EMS clinicians are to obtain online medical direction unless there is imminent and immediate harm to the patient or EMS and to receive online direction for administering midazolam or Versed after patient has received Ketamine. The memo also clarified that monitoring of the patient in a supine position during transport requires two EMS clinicians, one being ALS, with cardiac monitoring, ETCO₂ and pulse ox. Jurisdictional medical directors have committed to review all cases where Ketamine is administered for agitation.

SEMSAC REPORT

SEMSAC Chairman, Mr. Tiemersma, reported that SEMSAC met on September 3, 2020.

Mr. Tiemersma reported that Dr. Delbridge gave an update on current COVID activities; Dr. Chizmar gave a comprehensive report on Ketamine. The MSFA reported they are getting back to holding in-person meetings, but requiring social distancing. The Regional Affairs Committee reported that the new 50/50 grant information has been disseminated and advised that Physio is discontinuing the replacement of motherboards in LifePack15s (models #1 & #2) under 8 years of age.

Mr. Tiemersma said that SEMSAC approved for recommendation to the Board a regulation regarding the Requirements for Individuals with a Provisional License or Certificate to Obtain a Full License or Certificate. He added that SEMSAC is reviewing revised Neonatal Transport Regulations for a vote at the next meeting.

Mr. Tiemersma said that the MIH committee is scheduled to meet on September 17, 2020, and will discuss further the commonality of definitions and training needs. The plan is to make this a standing committee.

MSPAC REPORT

Major Tagliaferri said that the MSPAC continues to work with Arkenstone Technologies on the Basing Study. He said that the MSPAC is in a holding pattern to see if there is going to be a reversal of the budget cuts made by the Board of Public Works at the July 1, 2020, meeting. He added that MSPAC is working on a contract to sell the fixed wing King Air.

R ADAMS COWLEY SHOCK TRAUMA

Dr. Snedeker announced that Dr. David Efron has joined Shock Trauma as Chief of Trauma. She added that the new Program Manager is Becky Gilmore.

MSFA

President Walker said that the MSFA Executive Committee has cancelled the Phase #2 two-day convention scheduled in September. The Executive Committee members will distribute the pertinent documentation and will present awards at County or Association meetings.

The MSFA Executive Committee meeting will meet at the Flintstone VFC on October 10 & 11, 2020. Partner reports will be on Saturday. Full CDC COVID protocols will be in effect.

The MSFA is monitoring the MSPAC Budget cut issues.

OLD BUSINESS

MD Register 2020 07 31 IBR Regulation Amendment
(Documents previously distributed)

Mr. Magee presented the Incorporation by Reference of the August 1, 2020, Maryland Medical Protocols and the May 21, 2020, Maryland State Trauma Registry Data Dictionary for Burn Patients into COMAR regulations for final action.

ACTION: On a motion made by Dr. Reece, and seconded by Mr. Cox, the Board voted unanimously to approve the Incorporation by Reference of the August 1, 2020, Maryland Medical Protocols and the May 21, 2020, Maryland State Trauma Registry Data Dictionary for Burn Patients into COMAR regulations.

Provisional EMS to Regular EMS Regulations

(Documents previously distributed)

Ms. Sette presented the Provisional EMS to Regular EMS Regulations for approval by the EMS Board. She said that the regulation establishes criteria and time limits for individuals with provisional certificates or licenses to transition to a full certificate or license. This proposed regulatory change was published in the Maryland Register June 19, 2020, and no comments were received. The regulation is currently effective as an emergency regulation, which expires on October 30, 2020. EMS Board Final Action will allow it to become permanently effective before expiration of the emergency regulation.

ACTION: On a motion was made by Dr. Westerband, seconded by Mr. Cox, the Board voted unanimously to approve the Provisional EMS to Regular EMS Regulations.

NEW Business

COMAR 30.09.12 Revised Neonatal Transport Regulations

(Copy previously distributed)

Ms. Sette presented the revised Neonatal Transport Regulations for information only.

Ms. Chervon gave an overview of the revised regulations. She said that the goal is to improve standards for neonatal and infant transports, while ensuring appropriate utilization of a limited resource. The Neonatal Transport Subcommittee is composed of subject matter experts: neonatologists, nurse practitioners, paramedics, transport service representatives, and members of PEMAC. The subcommittee developed the draft regulations through many meetings, which were then reviewed and approved by Commercial Ambulance Services Advisory Committee, MIEMSS Leadership and the MIEMSS Assistant Attorneys General.

Among the changes in the revised regulations, the definition of “neonate” was changed and definition of “infant” was added. The Services, instead of vehicles, will be licensed, which gives Services the flexibility in utilization of various units and models Specialty Care Transport (SCT) licensing. The Services will be required to have an MOU with a hospital, which provides the neonatal transport equipment, medication, and personnel, recognizing this is the primary model for neonatal services in Maryland. MIEMSS will keep a copy of the MOU. The regulation also clearly delineates the triage process for the transport of neonates and infants requiring certain kinds of care (G, H, I); allows for flexibility in determining appropriate equipment and medications for specific patient needs; and removes some obsolete equipment.

Grace Medical Center Proposed Conversion to a Freestanding Medical Center without Certificate of Need (CON)

Ms. Sette said that under the statute and regulations regarding conversion, Grace Medical Center (formerly Bon Secours Hospital) must demonstrate that it will maintain adequate and appropriate delivery of emergency care within the Statewide Emergency Medical Services (EMS) System.

As part of the process, Grace Medical Center held public hearings, one specifically for EMS, solicited comments from EMS by posting notice to facility’s website, and conducted outreach to EMS. She said MIEMSS also posted a notice on its website. Ms. Sette said that MIEMSS had conducted a review of the eleven required factors for consideration. She said that MIEMSS staff had concluded that the

conversion of Grace Medical Center to a freestanding medical facility would maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system.

Ms. Sette said that Grace Medical Center is licensed for 34 med surge beds and 35 psych beds. The psych beds will be transferred to Sinai. A new ED will be constructed along with an outpatient behavioral health facility at Grace Medical Center. Grace Medical Center stopped admitting inpatients on November 1, 2019. The primary jurisdiction affected by the conversion is Baltimore City Fire Department, which has informed MIEMSS that the conversion presents no issues for EMS.

Regarding interfacility transports, Ms. Sette said the Pulse Ambulance maintains a 24/7 ALS unit at Grace Medical Center to transfer the approximately 89% of patients to Sinai or Northwest Hospital; the remaining transfers go to UMMC, UMMS Midtown or St. Agnes. Surrounding hospitals have not seen a dramatic increase in yellow or red alert hours; however, this may be due, in part, to the decline in ED visits due to the COVID-19 pandemic.

MIEMSS recommends that the Board determine that the conversion of Grace Medical Center to a freestanding medical facility will maintain adequate and appropriate delivery of emergency care within the statewide EMS System.

Ms. Sette said that Grace Medical Center will apply to the Maryland Health Care Commission and will need to follow the plan for constructing a new ED with the behavioral healthcare facility.

Ms. Myers said that, under reimbursement guidelines, freestanding medical facilities are required to transfer patients to their parent hospitals. An exception would be if the parent hospital does not take the patient's insurance.

Mr. Scheulen said that every time a hospital converts to a freestanding medical facility, which reduces the number of inpatient hospital beds, it affects everyone in the system. This leads to diversion and boarding in the EDs. He added that even though a patient should be transferred to the parent hospital, other hospitals must accept the transferred patient under EMTALA regulations.

Dr. Snedeker said that Grace Medical Center has an inpatient unit that services in-patient prisoners from the Department of Corrections. She said that since Grace Medical Center closed to in-patient services, the prisoners that need longer-term care remain in hospitals, as most skilled nursing facilities do not take prisoners. UMMS is monitoring this issue and is in discussions with the Department of Corrections.

ACTION: On a motion by Dr. Frohna, seconded by Mr. Tiemersma, the Board unanimously approved MIEMSS staff report that the conversion of Grace Medical Center to a freestanding medical facility will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system.

ProCare/Kaiser HSCRC Grant MIH Pilot Program Protocol

Ms. Gainer, Dr. Chizmar, Dr. Melville, Ms. Ailiff

Ms. Gainer introduced the project to the Board. She said that since 2014, MIEMSS and the EMS Board have been working to further development of new models of EMS care. The model being presented today is one of the next steps in this work. She reminded the Board that we have been focused on issue for the past six years because that healthcare in Maryland will be unlikely to achieve optimal outcome in

patient care or anticipated cost savings unless EMS is more fully integrated into the larger health care continuum.

MIEMSS has been working with the Legislature, HSCRC and MHCC to elevate the issues of ED overcrowding, new models of care and the reduction of potential avoidable utilization. The HSCRC and MHCC, in particular, have been working to find ways to help these programs to grow, become more established and acquire funding. The model presented today is being funded under a grant from the HSCRC. There were four grants awarded under a program to expand the Medicare Advantage market in Maryland: two grants to Kaiser, one grant to Johns Hopkins and one grant to the University of Maryland.

Ms. Gainer also said that MIEMSS is currently working with HSCRC and the MHA to develop a new method for reimbursing EMS when EMS collaborates with a hospital and with Maryland Medicaid to improve Medicaid reimbursement to EMS.

Dr. Chizmar commended the Procure staff for their collaboration on this project. He said, similar to the Baltimore City model, Procure is focusing attention on a MIH program for patients recently discharged from the hospital (particularly from Kaiser facilities). This program will meet earlier with patients (within the first 4 to 48 hours) for a more seamless transition. The program's focus is on asthma, CHF and Diabetes. He said that Procure would engage telemedicine consultations with a Maryland licensed physician who will receive the Maryland Base Station training, and would be following MIH protocols with a few additional protocols to fit this particular niche, since they may be seeing the patient earlier than some MIH programs. Dr. Chizmar added that ProCare is planning to advance the communication between Kaiser and the patient and to provide a smooth transition to home healthcare agencies that will come after them. He said this project is a team effort between Procure, Kaiser Permanente and HomeCentris home healthcare agency.

Procure President and CEO, Ms. Ailiff, thanked MIEMSS and the EMS Board and introduced the ProCare staff. Introductions by the Kaiser Permanente and HomeCentris Healthcare staff were made.

Ms. Ailiff thanked the EMS Board and MIEMSS for their efforts and support on advancing MIH in Maryland. She said that ProCare has had success with their MIH program, which led to the opportunity to participate in the HSCRC grant pilot with partners Kaiser Permanente and HomeCentris Healthcare. This is a two-year grant.

Dr. Melville gave an overview of the Procure, Kaiser Permanente and HomeCentris Healthcare partnership MIH program. He said the goal is to improve patient care and to reduce the growth in healthcare spending. The program follows the Total Cost of Care Model (TCCM).

Dr. Melville said that the principles of the HSCRC Medicare Advantage Partnership Grant are to foster collaboration between providers, increase access to 4+ star rated Medicare Advantage plans, improve services for high-cost and high-risk populations and extend healthcare transformation efforts to the Medicare Advantage market. He added the partnership is developing strategies to improve care coordination and quality, leading to long-term health improvement.

Dr. Melville said process measures, outcome measures, patient identification and referral process will be identified by Kaiser. He added that telemedicine visits will also be provided. Support partners include Anne Arundel Medical Center and Doctor's Community Hospital (Luminis System).

Procure is to provide safe and effective transition from hospital to home to Home Healthcare; a role not currently filled. Patients with significant symptoms will be transported to an ED in accordance with Maryland EMS Protocols. If medical treatment is provided for a patient with non-significant symptoms, there will be a return visit the following day to monitor and continue care.

In summary, Dr. Melville said that this has been a collaborative approach with MIEMSS involved with every step of the process. Stable, specifically-chosen patients by Kaiser, medical director development of the program with the Procure team, dynamic telemedicine by physicians with Base Station training on every visit with access to the Kaiser Virtual Homecare team 24/7. A robust 3-day training program for Paramedics was developed and approved by the MIEMSS team. He added that case simulations have been completed and warm handoff management procedures have been established with HomeCentris. Zoll MIH Patient Care Reports will be part of the communications tool. There will be recorded phone and video by both Kaiser and Procure for CQI and QA, and that 100% of cases reported will be reviewed.

Dr. Chizmar said that there would be a few adjustments to the MIH protocols that will be presented to the Board at the October meeting.

Chairman Stamp thanked Ms. Ailiff and the Procure, Kaiser and HomeCentris team for their thoughtful and detailed presentation. He said the first step was the completion of the EMS Plan providing an umbrella for the EMS System and now it is about hearing the challenges and providing creative solutions. He said that this program is one of the creative solutions. The EMS Board supports and looks forward to working with our HSCRC and MHCC partners.

ACTION: Upon the motion of Dr. Westerband, seconded by Mr. Scheulen the EMS Board voted unanimously to 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).

In closed session:

Board Members Present:

Clay Stamp, Chairperson; Stephan Cox; William J. Frohna, MD; Dany Westerband, MD; James Scheulen, PA; Sally Showalter, RN; Wayne Tiemersma; Sherry Adams, Vice Chairperson.

Board Members Absent: Mary Alice Vanhoy; MSN; E. Albert Reece, MD

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

OAG: Mr. Magee; Ms. Sette.

The Board discussed a disciplinary action.

Action: Moved (Mr. Scheulen) seconded (Ms. Showalter) passed unanimously to adjourn.