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

April 13, 2021
Virtual Meeting
Agenda

I. Call to Order – Chairman Stamp

- Call the role

II. Approval of the minutes from the January 12, 2021 Joint EMS Board/SEMSAC and the February 9, 2021 EMS Board minutes

III. MIEMSS Report – Dr. Delbridge

IV. SEMSAC Report – Mr. Tiemersma

- MIH Vision Statement

V. MSPAC Update – Major Tagliaferri

VI. RACSTC – Dr. Snedeker

VII. MSFA Update – President Walker/ Ms. Tomanelli

VIII. Old Business

- Regulations for Final Adoption – ACTION – Ms. Sette
  - 30.08.11 Designated Primary Stroke Center Standards
  - 30.08.18 Designated Acute Stroke Ready Center
  - 30.09.12 Commercial Neonatal Transport Service Regulation

IX. New Business

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).

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State Emergency Medical Services Board
April 13, 2021
Via Video Conference Call Only
Minutes

Board Members Present: Clay Stamp, Chairperson; Sherry Adams, Vice Chairperson; Stephan Cox; William J. Frohna, MD; Dany Westerband, MD; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy, RN;

Board Members Absent: Dean E. Albert Reece, MD; Mr. Scheulen

OAG: Mr. Magee; Ms. Sette

RACSTC: Ms. Gilmore

MSFA: Ms. Tomanelli; 2nd VP McCrea

MSPAC: Major Tagliaferri; Captain DeCourcey

Others Present: Bill Estright, Arkenstone Technologies; Kenneth King; Arkenstone Technologies; Christopher Montera, MHL, NRP, Director of State and Federal Business – ESO

MIEMSS: Dr. Delbridge; Ms. Gainer; Ms. Abramson; Ms. Aycock; Mr. Bilger; Mr. Brown; Ms. Chervon; Dr. Chizmar; Dr. Floccare; Ms. Mays; Ms. McAllister; Mr. Naumann; Dr. Pinet Peralta; Ms. Wright-Johnson; Ms. Goff

Chairman Stamp called the meeting to order at 9:00 am and proceeded with calling the role.

Chairman Stamp thanked Dr. Delbridge and the MIEMSS Team for their work during this extraordinary time. Under Dr. Delbridge's leadership, MIEMSS continues to have a cohesive coordinated effort with EMS System partners meeting the clinical needs of Marylanders. Mr. Stamp also commended the efforts of Maryland EMS clinicians who provide care every day.

Chairman Stamp asked for approval of the January 12, 2021, Joint EMS Board/SEMSAC meeting minutes.

ACTION: A motion was made by Mr. Tiemersma, seconded by Ms. Vanhoy, and unanimously approved by the Board to accept the January 12, 2021, minutes as written.

Chairman Stamp asked for the approval of the February 9, 2021, meeting minutes.

ACTION: A motion was made by Dr. Frohna, seconded by Mr. Cox, and unanimously approved by the Board to accept the February 9, 2021, minutes as written.

MIEMSS REPORT

COVD-19 Updates

Dr. Delbridge said the number of acute care beds occupied by COVID-19 patients has increased in recent weeks. Current concerns are that the new variants in general populations will not respect the antibodies built up by previously infected or vaccinated persons. The UK variant is currently the most prevalent variant in Maryland.

Dr. Delbridge said that the MIEMSS Regional Administrators spend a significant amount of time diligently compiling and validating the data provided by the hospitals through MEMRAD seven days a week. CRISP provides the graphs using this data.

Dr. Delbridge said that MIEMSS continues to track the number of PUIs transported by EMS and the number of PUI contacts by EMS public safety and commercial services. Dr. Delbridge added that a paper, authored by Drs. Tim Chizmar, Matt Levy, and MIEMSS' IT Program Analyst Teferra Alemayehu, regarding the correlation showing an approximate nine-day lag between the EMS encounters and the increase in hospitalizations of COVID patients, is scheduled to be published in the July 2021 edition of *Prehospital Emergency Care*.

Cardiac Arrest TOR COVID

Dr. Delbridge Maryland is the only state testing cardiac arrest TORs for COVID on a statewide basis. In some cases, the first symptom of COVID is cardiac arrest. He said that, although clinicians continue to test for COVID in TOR cardiac arrests, testing is not always consistent in all jurisdictions.

Yellow Alerts

Dr. Delbridge said that the number of Yellow Alert hours are surging upward and are approximately 50% more than the same period last year.

Transfer of Care (TOC) Reports

Dr. Delbridge reported that in Region 3, the median TOC is 20 minutes with the 90th percentile at 49 minutes. The number of patients with TOC upward of 60 minutes is 6.2%. The UM St. Joseph has the highest TOC times and is in the process of making improvements to address this issue. Union Memorial has the best TOC rates with the median TOC of 11 minutes and a 90th percentile of 28 minutes. MIEMSS is working with hospital EDs on ways to improve current TOC rates.

MIEMSS' @HA (Ambulances at Hospitals Dashboard)

Dr. Delbridge provided screen shots of the @HA Dashboard from the @HA app showing locations of ambulances at hospitals. Due to variations in CAD feeds that are available to MIEMSS, a few jurisdictions cannot be viewed. MIEMSS' IT/Data personnel continue to work with Apple on the app for the IOS platform. MIEMSS anticipates having the Apple app within the next few months.

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 submitted to CRISP. MIEMSS anticipates working with ED staff in the first quarter of 2021 on the operationalization of the data collection effort.

Clinical Externs

Dr. Delbridge gave a status update on the Clinical Externs program. He said that MIEMSS has processed 1378 Clinical Nurse Externs and just shy of 100 Clinical Respiratory Externs. MIEMSS sends the updated list to MDH and Hospital executives weekly.

EMS Clinicians

Dr. Delbridge gave a status update on Provisional EMS clinician licenses and certifications. He added that clinicians on extended certificates and licenses, issued under the Governor's Executive order, would end on October 31, 2021 for Paramedics and CRTs and would end on December 31, 2021 for EMTs.

Critical Care Coordination Center (C-4)

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 828 calls for assistance with patient transfer since the start of C4, averaging 7 calls per day. Every Maryland hospital has worked with the C-4 in placing and receiving patients. The C-4 assisted with the handling of about 40% of calls via physician consultation only, with no patient transfer required.

Vaccinations

Dr. Delbridge said that most EMS agencies have engaged with their local health departments assisting with vaccination efforts. EMS Clinicians are also vaccinating and monitoring at Mass Vaccination sites. As of yesterday, MIEMSS vaccination clinic has provided 8868 vaccines to 5568 people.

Legislative Report

Dr. Delbridge said that 100% of the MIEMSS and MSPAC (including over-target requests) budget requests and RACSTC request for $3.6 million within the EMSOF were approved. MFRIs budget was approved without the requested salary increases at this time.

Bills That Passed

SB 67: Emergency Medical Services – Paramedics – Vaccination Administration

MIEMSS departmental bill. Alters existing law to permit both public safety and commercial EMS to administer Hepatitis B, influenza vaccines and tuberculin skin testing to their own personnel. In addition, until January 1, 2023, permits paramedics to continue to assist LHDs, hospitals, and health systems in vaccination initiatives for COVID-19 and influenza targeted to address population health needs. MIEMSS, in consultation with interested stakeholders, must report to the Legislature on efforts to include paramedics in public health vaccination programs, including programs in other states. Report is due December 1, 2021.

SB 78: Maryland Institute for EMS Systems – Administration of Ketamine – Data Collection

Requires MIEMSS, by October 1, 2022, and annually through 2024, to collect and report to the General Assembly specified data from State and local emergency medical services (EMS) providers on the administration of ketamine by EMS providers in the prior 12-month period. The required data must include:

- whether the administration of ketamine to each individual by an EMS clinician was directed or requested by a law enforcement officer;
- the dosage of ketamine administered to each individual by an EMS Clinician;
- if known, the height, weight, age, gender, and race of each individual administered ketamine by an EMS clinician; and
- the diagnosis for which ketamine was administered by the EMS clinician.

The bill terminates December 31, 2024.

SB 658: Maryland Department of Emergency Management – Establishment and Transfer of Maryland 911 Board

Establishes the Maryland Department of Emergency Management (MDEM) as a principal department of the Executive Branch of State government and as the successor to the Maryland Emergency Management Agency (MEMA). All duties and responsibilities associated with MEMA's existing functions continue under MDEM. The bill also transfers the Maryland 9-1-1 Board from the Department of Public Safety and Correctional Services (DPSCS) to MDEM.

SB 714 – Public Safety – 911 Emergency Telephone System -- Alterations

Changes the regulatory structure governing the State's 9-1-1 system related to 9-1-1 service outages (requires specific notifications); Maryland 9-1-1 Board composition (expands Board from 17 to 24) and responsibilities (training standards for psychological well-being and resilience; onboarding standards for new hires; supporting recruitment); authorized uses of the 9-1-1 Trust Fund (OK for recruitment; cannot be used for 9-8-8 suicide prevention); and multi-line telephone systems. The bill also establishes study and reporting requirements for the University System of Maryland (USM) and the Commission to Advance Next Generation 9-1-1 Across Maryland.

Bills That Did Not Pass

SB 389/HB 552: Maryland Medical Assistance Program - Emergency Service Transporters – Reimbursement

This bill would have modified the requirements for Medicaid reimbursement to an emergency service transporter for services provided in response to a 9-1-1 call by (1) requiring reimbursement for medical services provided to a Medicaid recipient in response to a 9-1-1 call in situations when the recipient is not transported to a facility; and beginning in fiscal 2022, the Maryland Medicaid would have increased the amount of reimbursement for transportation and medical services by $25 each fiscal year until the reimbursement rate was at least $300.

SB 570 – Emergency Services – Exposure to Contagious Disease and Viruses – Notification & Other Requirements

This Administration bill would have altered the definition of "contagious disease or virus" to include 2019-nCoV as a reportable disease for which notification of exposure would have to have been communicated to EMS personnel, firefighters, law enforcement, correctional officers and other persons. The bill also would have redefined emergency medical technician as "emergency medical services clinician (EMS clinician)." Passed Senate; no action in House.

SB 389/HB 552: Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement

This bill would have modified the requirements for Medicaid reimbursement to an emergency service transporter for services provided in response to a 9-1-1 call by (1) requiring reimbursement for medical services provided to a Medicaid recipient in response to a 9-1-1 call in situations when the recipient is not transported to a facility; and beginning in fiscal 2022, the Maryland Medicaid would have increased the amount of reimbursement for transportation and medical services by $25 each fiscal year until the reimbursement rate was at least $300.

SB 865: Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement

This bill would have required Medicaid to reimburse an emergency service transporter for the cost of transportation provided to a Medicaid recipient in response to a 9-1-1 call and medical services provided to a Medicaid recipient during transport regardless of whether the recipient is transported to a hospital, i.e., would have required reimbursement for transport to an alternative destination.

SB 712: Vehicle Laws – Protective Headgear Requirement for Motorcycle Riders -- Exception

This bill would have exempted, from the requirement to wear specified protective headgear while operating or riding on a motorcycle, an individual age 21 or older who (1) has been licensed to operate a motorcycle for at least two years; (2) has completed an approved motorcycle rider safety course; or (3) is a passenger on a motorcycle operated by a rider who meets either of these criteria.

SB 867: Criminal Law – Hate Crimes – First Responders

This bill would have the expanded the State's hate crimes statutes by prohibiting a person, motivated either in whole or in substantial part by another person's actual or perceived employment as a "first responder," from willfully (1) intimidating, harassing, or terrorizing that person; (2) causing damage of at least $500 to any real or personal property of that person without permission; or (3) causing death or serious bodily harm to that person. Violators are guilty of a felony and subject to imprisonment for at least one year and up to five years and a fine of up to $5,000.

HB 509: 9-1-1 Specialists – Classification as First Responders

Would have established a statutory definition for the term "first responder" in Title 1, Subtitle 3 of the Public Safety Article (that relates to Maryland's 9-1-1 Emergency Telephone System) and established the intent of the General Assembly that jurisdictions employing 9-1-1 specialists appropriately classify those specialists as first responders in recognition of the training, knowledge, and skills that they possess and demonstrate in answering and handling requests for emergency assistance.

Dr. Delbridge announced that Andrew Naumann, Director of Regional Programs, has accepted another position and will be leaving MIEMSS at the end of April 2021.

SEMSAC REPORT

Chairman Mr. Tiemersma said that due to COVID activities, the SEMSAC did not meet in March or April. He said he anticipates that SEMSAC will meet in May and will discuss cardiac arrest responses.

The draft MIH Vision document, submitted to the Board for review, has been approved by SEMSAC.

RACSTC REPORT

A copy of the report was distributed.

Ms. Gilmore highlighted the RACSTC's third quarter statistics on patient admissions, occupancy rates, OR volumes, clinic volumes and Lost Interfacility Transfer volumes.

Ms. Gilmore said that since the beginning March 2020, the combined Lung Rescue Unit/Biocontainment Unit (LRU/BCU) has managed eighty-one (81) COVID-19 ECMO patients, of which nine (9) remain on ECMO. The COVID-19 ECMO in -hospital survival rate is 68%. During the same timeperiod, the LRU/BCU also managed twenty-six (26) non-COVID ECMO patients, of which one remains on ECMO. Non-COVID survival from ECMO is 64%. Outcomes exceed the ELSO benchmarks for all categories.

The capacity of the LRU/BCU will expand as COVID-19 case volumes increase. She added that bed capacity has increased from six to 12 beds for ECMO.

Ms. Gilmore said that the RACSTC Go-Team was requested six (6) times with one (1) deployment. She said that Organ and Tissue donations are down to about 56% and that due to COVID-19 most Observation and Outreach Events were suspended. She added that EMS Outreach and educational activities resumed in December 2020. Online EMS Education Courses are currently being developed and that plans are underway to safely re-start additional EMS outreach activities in 2021.

Ms. Gilmore said that the virtual RACSTC Gala is scheduled for April 15, 2021 from 7 pm – 8pm.

MSFA

1st VP McCrea brought greetings from the officers and members of the MSFA. VP McCrea said the MSFA is continues planning for the virtual Convention 2021.

Ms. Tomanelli said that the MSFA appreciates the support of all of the EMSOF partners.

OLD BUSINESS

30.08.11 Designated Primary Stroke Center Standards

Ms. Sette presented the Primary Stroke Center regulations, as published in the Maryland Register, for final action.

A motion was made by Mr. Tiemersma seconded by Ms. Showalter and voted upon to approve the Primary Stroke Center regulations unanimously.

30.08.18 Designated Acute Stroke Ready Center

Ms. Sette presented the Acute Stroke Ready Center regulations, as published in the Maryland Register, for final action.

A motion was made by Mr. Tiemersma seconded by Ms. Vanhoy and voted upon to approve the Acute Stroke Ready Center regulations unanimously.

30.09.12 Commercial Neonatal Transport Service Regulation

Ms. Sette presented the Commercial Neonatal Transport Service regulations, as published in the Maryland Register, for final action.

A motion was made by Mr. Tiemersma seconded by Dr. Frohna and voted upon to approve the Commercial Neonatal Transport Service regulations unanimously.

NEW BUSINESS – N/A

MSPAC REPORT

Helicopter Basing Study
A copy of the report was distributed.

Major Tagliaferri gave a detailed history of the Helicopter Basing Study conducted by Arkenstone Technologies, explaining the background, purpose and scope of work, responsibilities and tasks for the Study. Major Tagliaferri introduced the team members from Arkenstone Technologies who worked on the Study and who were in attendance at the Board meeting.

Major Tagliaferri said that Arkenstone used a three-phase methodology:

- Phase #1 focused on analyzing the available information such as the Flight Vector data and the current basing plan and EMS plans.
- Phase #2 involved synthesizing all of the available information and then augmenting that with stakeholders and subject matter experts to understand details that would not be included in the data. This was essential in order to provide perspective and insight into the operations and maintenance areas.
- Phase #3 formulated how the team could model the operations to understand the relationships between critical entities. The goal was to provide MSPAC with insight into how changes to their operations, future requirements or approaches to the mission could impact the overall system. During this phase, the Helicopter Basing Model was prototyped and made available for input by project stakeholders.

Additional analysis was completed, including interviews with personnel.

Recommendations included:

1. Renegotiate the maintenance contracts. The AW139s are expensive assets and should not be taken offline for 6-8 weeks for heavy maintenance. The study recommended that MSPAC establish a team to identify the root causes of the current maintenance times and then develop alternative solutions to reduce the overall time that each AW139 is out of service.

2. MSPAC is providing exceptionally high response rates (over 90%) and under 25-minute on-site times with its current basing structure. If there is no pressure to reduce the number of bases, there is no data-driven reason to do so. There is significant variability in demand between bases, but the data illustrated that there were two different driving forces causing this. First, there were high-concurrent volume demands in the Baltimore to Washington, D.C. corridor that often required multiple helicopters to meet that demand. A reduction in one of these helicopters would negatively impact MSPAC's ability to meet peak demand. In Maryland's outlying counties, there was lower peak demand, but a reduction in one of these helicopters would negatively impact MSPAC's ability to respond within a 25-minute

timeframe. In addition, the AW139 brings medical expertise and equipment that is sometimes unavailable in outlying areas.

3. Any reduction in the number of bases would result in a lower mission response rate, higher times on site and more flight hours on fewer helicopters based on the 4-year data set. If MSPAC must decommission one base, it should select the least-worst option as measured by the lowest number of additional flight hours required, fewest concurrent missions, highest basing cost and lowest response rates. Using those parameters, Trooper 6 in Easton would be the likely candidate for decommissioning.

4. Evaluate the option of selling (1) AW139. This is contingent upon renegotiating the maintenance contracts to reduce the out of service time required for heavy maintenance. The fleet is out of warranty, and the AW139 is an expensive asset to maintain. The study recommended that MSPAC establish a team to perform an impact analysis to understand the implications and evaluate the unintended consequences of reducing the fleet by one helicopter and to analyze the market potential of selling the asset. Then the team could conduct a cost/benefit analysis for this option.

5. Consider using the AW139 seasonally at certain bases. Trooper 4 in Salisbury had 50 EMS missions in December, January and February, half of which were cancelled. However, Trooper 4 had that number in August alone.

6. Consider multiple helicopters at the same base. In the high-volume Baltimore to DC corridor, MSPAC often has concurrent flights in multiple locations. To meet peak demand for services in this corridor, it may be opportune to either base, or temporarily forward deploy, two aircraft to Joint Base Andrews.

Major Tagliaferri said that according to the independent study of MSPAC's basing structure, the strategic locations of the seven bases and the integrated emergency medical system within which the helicopters operate, result in an outstanding response rate of over 90% and an ability to be on-scene within 25 minutes. The elimination of one helicopter base would significantly and negatively affect both the response rate and the response time. Analysts estimated that closing one base would decrease the response rate to less than 83 percent and increase response time by eight minutes.

ACTION: Upon the motion of Ms. Vanhoy, seconded by Ms. Showalter, 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; Sherry Adams, Vice Chairperson; Stephan Cox; William J. Frohna, MD; Dany Westerband, MD; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy, RN;

Board Members Absent: Dean E. Albert Reece, MD; Mr. Scheulen

MIEMSS: Dr. Delbridge; Ms. Gainer; Dr. Chizmar; Ms. Goff; Ms. Chervon.

OAG: Mr. Magee; Ms. Sette.

In Closed Session:

1. The Board considered disciplinary matters.