



**State Emergency Medical Services Board**  
September 14, 2021  
Virtual Meeting  
Agenda

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*

- I.** Call to Order – Chairman Stamp
  - Call the role
- II.** Approval of the minutes from the July 13, 2021 EMS Board minutes
- III.** MIEMSS Report – Dr. Delbridge
- IV.** SEMSAC Report – Mr. Tiemersma
- V.** MSPAC – Major Tagliaferri
- VI.** RACSTC – Dr. Snedeker
- VII.** MSFA Update – President McCrea / Ms. Tomanelli
- VIII.** Old Business
- IX.** New Business
  - Repeal of COMAR 30.08.11.15 – ACTION - Ms. Sette
  - Educational Programs – ACTION - Mr. Fiackos
- 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 14, 2021  
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; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy, RN; Jim Scheulen; Dean E. Albert Reece, MD

**Board Members Absent:** Sherry Adams, Vice Chairperson

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

**RACSTC:** Ms. Gilmore

**MSFA:** President McCrea; Ms. Tomanelli

**MSPAC:** Major Tagliaferri

**Other:** Dr. Anders  
Arvin Singh  
Chris Montera – ESO

**MIEMSS:** Dr. Delbridge; Ms. Gainer; Ms. Abramson; Ms. Aycock; Dr. Bailey; Mr. Bilger; Mr. Brown; Mr. Buckson; Ms. Byrd; Mr. Cantera; Ms. Chervon; Dr. Chizmar; Mr. Fiackos; Dr. Floccare; Mr. Huggins; Mr. Legore; Ms. Mays; Ms. McAlister; Mr. 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 staff for their tireless work during these trying times. He also thanked the EMS clinicians on the front line and all the hospital and specialty care centers staff that keep the Maryland EMS system strong.

Chairman Stamp asked for approval of the July 13, 2021, EMS Board meeting minutes.

**ACTION:** A motion was made by Mr. Tiemersma, seconded by Dr. Frohna, and unanimously approved by the Board to accept the July 13, 2021, minutes as written.

## **MIEMSS REPORT**

### COVID-19 updates

Dr. Delbridge said that COVID hospitalizations have leveled off over the past week. Hospitals report challenges with staffing physical beds as hospital staff dwindles. In the

past week, two hospitals have announced plans for curtailing non-emergent surgeries. MIEMSS continues to monitor.

Dr. Delbridge reported that MIEMSS has changed some of the MEMRAD data points to include additional pediatric patient information. He thanked the hospitals for the response to daily queries to collect the data which is validated by MIEMSS staff.

#### Cardiac Arrest Termination of Resuscitation (TOR)

Dr. Delbridge said testing of cardiac arrest TORs for COVID continues in order to facilitate contact tracing. In some cases, the first symptom of COVID is cardiac arrest. He said that the most prolific testing has been in Montgomery County. Montgomery County will be presenting a paper at the National Association of EMS Physicians meeting in January 2022. Dr. Delbridge added that, as vaccination rates have increased, cardiac arrest TORs have declined.

#### Yellow Alerts

Hospitals are utilizing Yellow Alerts more than ever before, which reflects how busy hospital EDs have become. Yesterday's data showed EDs reported boarding 260 admitted patients; this is not evenly distributed. The median time to transfer a patient from EMS to hospital staff is 22 minutes; the 90<sup>th</sup> 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. Baltimore City FD is facilitating a meeting with Baltimore hospitals to discuss mitigation tactics to alleviate the stress placed on EMS. MIEMSS has advocated taking less acute patients directly to ED triage to be placed in the queue with other patients in the patient waiting room to be seen by ED personnel.

#### CRISP

Dr. Delbridge said that MIEMSS continues work with CRISP to achieve a more objective advisory system based on ED patient census. He gave an overview of CRISP's capabilities, including trajectory of patient flow.

#### 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 this is not a reflection of ED efficiency, but allows the EMS clinician to see the number and length of stay of ambulance units at any given hospital, which adds to EMS situational awareness. Sign up for the App at <https://aha.miemss.org> for desktops, iPhones and androids.

#### Critical Care Coordination Center (C4)

Dr. Delbridge said that, to date, MIEMSS has taken 1350 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. MIEMSS anticipates grant funding through the CDC Workforce Development Grant that will pay for the program.

#### 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.

#### Port of Baltimore Immunizations

Dr. Delbridge said that MIEMSS staff has been providing the Johnson & Johnson vaccine to the crew members of ships that come into the Port of Baltimore.

#### ImageTrend Elite

Dr. Delbridge reported that ImageTrend, the software vendor that operates eMEDS<sup>®</sup>, inadvertently distributed data, including elements generated by other EMS services to Howard and Montgomery counties. Preliminary analysis indicated that a specific data filter did not function as designed within ImageTrend's "Data Mart" software used by both counties to obtain copies of their own eMEDS<sup>®</sup>. This resulted in ImageTrend transmitting patient-related data generated by EMS services throughout Maryland to the two counties.

MIEMSS will distribute the ImageTrend analysis of the inadvertent data distribution as it relates to HIPAA requirements and the Montgomery County and Howard County reports on how the data was handled later. Ultimately, it is each EMS jurisdiction's responsibility to assure themselves that this was not a data breach as defined by HIPAA. Dr. Delbridge said that MIEMSS is very confident that there is a low probability that the data was misused and/or compromised in any way. ImageTrend has a plan to delete the information in the two "Data Marts" and repopulate 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.

A discussion ensued regarding the timely dissemination of information and the sensitivities surrounding cyber security.

#### Medicaid Supplemental Payment Program

Dr. Delbridge said that MIEMSS has been working with Maryland Medicaid and CMS for over a year on the Medicaid Supplemental Payment Program for EMS that 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. Dr. Delbridge said 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.

### The Governor's Executive Order augmenting the EMS Workforce

The Executive Order enabled suspension of the effect of any provision of Sections 13-515, 13-516, or 13-517 of the Education Article, or of COMAR Title 30 to augment the workforce and improve the response to the state of emergency was rescinded as of August 15, 2021.

Provisional clinicians under the Executive Order need to move to full status by February 11, 2022.

Public Notice #6 allowed Paramedics and EMTs to vaccinate the public under appropriate supervision. EMT as vaccinators expired on August 15, 2021, but EMTs have the option to vaccinate as laypeople not as part of the EMS system.

Under the new statute, only paramedics may administer flu and COVID-19 vaccines to the public under appropriate circumstances.

Public Notice #8 allowed extension for all EMS clinician licenses and certification (that would have otherwise expired in April or June 2021) to October or December 2021, depending on level; remains in effect.

Public Notice #9 allows commercial ambulance services to use non-certified (no medical qualification required) personnel to drive a BLS ambulance. MIEMSS is evaluating whether this will improve commercial ambulance services. MIEMSS has pursued an emergency regulation that will extend this for six months which gives time to pursue a permanent regulation which should be available for EMS Board action in November 2021.

### MIEMSS Employee Notices

Dr. Delbridge announced that Terrell Buckson, Director of the Office of Clinician Services has resigned and transitioned to the Prince George's Fire Department. A search for a new director has commenced. If needing to discuss a licensure issue, please contact Michelle Bell [mbell@miemss.org](mailto:mbell@miemss.org) who is "minding the shop."

Dr. Delbridge welcomed Bryan Ebling as the new Regional Coordinator for Region IV.

Dr. Delbridge congratulated Anna Aycock on her collaborative work on an article in Frontier Neurology titled "The Maryland Acute Stroke Emergency Medical Services Routing Pilot: Expediting Access to Thrombectomy for Stroke." He said this article documents the results of our stroke pilot program conducted in Maryland and a great example of the utility of EMS data.

### **SEMSAC REPORT**

Chairman Tiemersma reported that the Regional Affairs has closed out this year's cardiac arrest grant awards. Unfortunately, due to trade-in values for older cardiac devices, approximately \$6,000 was left unspent. Future performance measures will be discussed.

### MIH Educational Training Curriculum

Chairman Stamp asked for the document to be recirculated to the Board members prior to considering as an action item on the agenda.

**ACTION:** A motion was made by Mr. Tiemersma, seconded by Ms. Vanhoy and unanimously approved by the EMS Board to have the MIH Workgroup be included as a MIH Standing Committee on SEMSAC.

## **MSPAC**

A written report was provided.

Major Tagliaferri highlighted a few of the personnel promotions, hires, and recruitment initiatives.

Major Tagliaferri gave a detailed report on aircraft scheduled and unscheduled maintenance.

Major Tagliaferri said that MSPAC has teamed with the US Army who will be providing grant funds for equipment and training for real time information being broadcast to the Trauma Centers prior to aircraft arrivals.

Major Tagliaferri reported that Dr. Floccare continues to work with the University of Maryland Blood Bank, the University of Maryland and Shock Trauma on the legal and finance challenges is for the Red Cross to be able to adequately supply whole blood to Shock Trauma.

Mr. Scheulen asked for MSPAC to update the Board on routine data i.e. number of transports and destinations etc.

Dr. Reece requested a meeting to be set with the University, Shock Trauma and MIEMSS to discuss any obstacles to the program.

Major Tagliaferri said that aircraft maintenance challenges have resulted in recent temporary closures. Assets have been relocated to keep sections open. Commercial assets have been available when needed. Major Tagliaferri added that the older the aircraft the more maintenance intensive they become. Daily inspections have been turning up more maintenance issues.

## **RACSTC REPORT**

A copy of the report was distributed

Ms. Gilmore highlighted the RACSTC's FY21 year-end statistics on patient admissions, occupancy rates, OR volumes, clinic volumes and Lost Interfacility Transfer volumes.

Ms. Gilmore said Shock Trauma had 6983 admissions for an increase of 400 patients over last year. She said that the combined Lung Rescue Unit/Biocontainment Unit (LRU/BCU) has been changed back to two separate units between April and June; the LRU saw 92 patients during that time. She said that Lost Interhospital Transfers increased by 57 patients and also experienced an increase in Capacity Alert hours. Shock Trauma continues to work to mitigate circumstances causing the increase.

Ms. Gilmore reported that patient length of stay was down to 7.65 days and was below anticipated budgeted amount. Clinic, OR and Hyperbaric Chamber volumes were up.

Ms. Gilmore said that the RACSTC Go-Team was requested six (8) times with one (1) deployment. She said that Organ and Tissue donations are at the 75% goal. The Global Outreach-Trauma Observation Program has resumed. EMS Outreach and Education Activities have resumed with 87 observers in prehospital educational activities and one Difficult Airway Course in Prince George's County with 18 participants.

A discussion followed regarding the Shock Trauma Capacity Trauma line for redirecting lower acuity patients to another Trauma Center or another local ED and its impact on the System. It was noted that at

times when EMS knows that Shock Trauma is on capacity alert, EMS may not consult with Shock Trauma and transport to another Trauma Center.

## **MSFA**

A written report was distributed.

President McCrea said the next MSFA Executive Committee meeting will be held in person and live-streamed at Western Enterprise Fire Company in Hagerstown on September 18<sup>th</sup> & 19<sup>th</sup>. Partner reports will be on Sunday the 19<sup>th</sup>. Please send all reports to [reports@msfa.org](mailto:reports@msfa.org) in advance of the meeting.

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.

## **OLD BUSINESS – N/A**

## **NEW BUSINESS – N/A**

### Repeal of COMAR 30.08.11.15

Ms. Sette said that the repeal of COMAR 30.08.11.15 was previously approved by the EMS Board along with other amendments to COMAR 30.08.11 (Designated Primary Stroke Center Standards). When the regulations were published in the Maryland Register, the repeal of 30.08.11.15 was omitted. The other new regulations in 30.08.11 have already become final. The repeal regulation was subsequently published in the June 4, 2021 issue and is now ready for final repeal. The language being repealed, regarding the designation process when a hospital has Joint Commission Certification, has already been replaced in COMAR 30.08.11.01.

**ACTION: Upon the motion of Mr. Cox, seconded by Mr. Scheulen the EMS Board unanimously approved the repeal of 30.08.11.15 (redundant language).**

### Educational Programs

Mr. Fiackos said that MIEMSS recommended the following educational programs for renewal:

- Prince George's Community College as a Paramedic Education Program for 5-years.
- Ocean City Fire Department & Hatzalah of Baltimore Training Center as ALS & BLS EMS Refresher Education Programs for 5-years.
- All American Ambulance as a BLS Refresher Program for 5-years.

**ACTION: Upon the motion of Mr. Scheulen, seconded by Dr. Westerband, the EMS Board approved the renewal of Prince George's Community College as a Paramedic Education Program for 5-years; the Ocean City Fire Department & Hatzalah of Baltimore Training Center as ALS & BLS EMS Refresher Education Programs for 5-years; and All American Ambulance as a BLS Refresher Program for 5-years.**

**ACTION: Upon the motion of Mr. Scheulen, seconded by Mr. Cox the EMS Board adjourned 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).

**Board Members Present:** Clay Stamp, Chairperson; Stephan Cox; William J. Frohna, MD; Dany Westerband, MD; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy, RN; Jim Scheulen; Dean E. Albert Reece, MD

**Board Members Absent:** Sherry Adams, Vice Chairperson

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

**MIEMSS:** Dr. Delbridge; Ms. Goff; Ms. Chervon; Mr. Brown

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

**In Closed Session:**

1. The Board discussed an Educational Program;
2. The Board considered SEMSAC appointments; and
3. The Board considered disciplinary matters.