



**State EMS Board
Meeting
March 8, 2022
9:00 a.m. – 11:00 a.m.
Virtual Meeting**

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
Chairperson
Emergency Medical
Services Board*

*Theodore R. Delbridge, MD, MPH
Executive Director*

410-706-5074
FAX 410-706-4768

- I. Call to Order - Mr. Stamp
 - Call the role
 - Approval of the February 8, 2022
- II. MIEMSS Report – Dr. Delbridge
- III. SEMSAC Report – Chairman Tiemersma
- IV. MSP Aviation Command – Captain DeCoursey
- V. R Adams Cowley Shock Trauma – Dr. Snedeker
- VI. MSFA – President McCrea
- VII. Old Business
- VIII. New Business
 - Pediatric Trauma Center Regulations - INFORMATION – Dr. Wooster, Ms. Sette
- IX. 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
March 8, 2022
Via Video Conference Call Only
Minutes

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Board Members Present: Jim Scheulen; Stephan Cox; William J. Frohna, MD; Sally Showalter, RN; Wayne Tiemersma; Dany Westerband, MD; Molly Marra

Board Members Absent: Clay Stamp, Chairperson; Mary Alice Vanhoy, RN; Dean Reece, MD

OAG: Mr. Malizio; Ms. Sette

RACSTC: Dr. Snedeker

MSFA: President McCrea; 2nd VP Mr. Smothers

MSPAC: Captain DeCoursey

MIEMSS: Dr. Delbridge; Ms. Gainer; Ms. Abramson; Mr. Bilger; Ms. Chervon; Dr. Chizmar; Mr. Cooney; Mr. Ebling; Dr. Floccare; Mr. Parsons; Dr. Pinet-Peralta; Mr. Robertson; Ms. Witmer; Ms. Wright-Johnson; Dr. Wooster; Ms. McAlister; Ms. Goff

Mr. Scheulen called the meeting to order at 9:01 am and proceeded with calling the role.

Mr. Scheulen asked for approval of the February 8, 2022 minutes.

ACTION: Upon the motion made by Dr. Westerband, seconded by Ms. Showalter, the EMS Board unanimously approved the February 8, 2022, minutes as written.

MSPAC

A written report was distributed.

Captain DeCoursey highlighted personnel additions and changes, current aircraft maintenance, the MedHub grant project with the Army, the Whole Blood program, and the unmanned aircraft systems. He said that MSPAC performed one aerial rescue, with no medical intervention, and two search and rescues in February. Captain DeCoursey added that mission numbers are consistent with the same time last year.

MIEMSS REPORT

COVID-19 Update

Dr. Delbridge said that the number of COVID hospitalizations is down considerably. He said that as of this morning, 88% of Maryland hospitals had fewer than 10 admitted COVID patients. It is anticipated, however, that there may be another surge in the fall.

Yellow Alerts

Dr. Delbridge reported on Yellow Alert statuses since October of 2019. He reported that in Region III, the current median time to transfer a patient from EMS to hospital staff is 30 minutes; the 90th percentile is 45 minutes, and 4% of patient transfers of care took just under 60 minutes. Dr. Delbridge said that 90% of patients should be transferred from EMS to ED staff within 30 minutes of EMS's arrival at the ED. He added that weekly reports are sent to Region III and a couple of Region V hospitals regarding the hospital's transfer of care intervals from EMS to ED staff.

Maryland Emergency Department Advisory System (EDAS)

Dr. Delbridge said MIEMSS continues to work with CRISP on the Maryland Emergency Department Advisory System for an intended near real-time data sharing regarding ED patient census. He said that MIEMSS and CRISP are currently working on validating patient status data between the EDs and CRISP.

Dr. Delbridge said that less than 25% of Maryland Hospitals meet the under 30 minute patient transfer of care from EMS clinicians to emergency department staff. The goal of the EDAS and other MIEMSS initiatives is to have all hospitals meet or fall below the 30 minute patient transfer of care time.

Dr. Delbridge shared a graph showing that patients spend more time in Maryland emergency departments than any other state.

ET3 (Evaluation, Triage, Treatment & Transport)

ET3 is a five-year program through CMMI to expand Medicare EMS reimbursement for fee for service patients to cover EMS transportation to a non-ED destination and treatment, via telemedicine, by a qualified practitioner with no EMS transport. ET3 goals:

There are three jurisdictions in Maryland (Montgomery County, Annapolis City, and Baltimore City) that are currently participating in ET3. Dr. Delbridge gave an overview of the logistical and clinical issues faced by participating jurisdictions.

Maryland Medicaid is in the process of implementing Medicaid participation for MA patients transport to alternate destinations in the three jurisdictions participating in ET3.

Dr. Delbridge also provided statistical analysis of patients treated through MCFRS EMS telemedicine which is also encountering logistical and clinical issues.

Mobile Integrated Health (MIH) Initiatives

Dr. Delbridge said that currently twelve jurisdiction have MIH programs which vary in participating patient populations, including 9-1-1 frequent utilizers and recently discharged emergency department patient referrals. MIH capabilities include medication reconciliation, environmental assessments for patient home health, ensuring follow-up medical appointments and referrals to additional social services are made. Dr. Delbridge added that over 1500 patients (some with more than one encounter) were visited by EMS MIH professionals in the past year.

CDC Grant Funding

Dr. Delbridge said that MIEMSS is receiving funding from the CDC through MDH to "...intended to establish, expand, train, and sustain the state and local public health workforce..." Funds will be used to sustain the Critical Care Coordination Center (C4) and to establish an EMT Student Education Stipend program to provide an incentive to increase the number of EMT students across the state. Grant funding end June 30, 2023.

Regarding C4, Dr. Delbridge said that, to date, C4 has handled approximately 2700 patient cases. The C-4 matches patient needs to critical care resources, and MIEMSS has restructured C-4 staffing to be more cost-efficient.

Regarding the EMT Student Education Stipend, Dr. Delbridge the Program will provide financial assistance for up to 500 Maryland EMT students up to \$2,000 each. Stipend payments will be made incrementally as students successfully complete course and testing milestones. Students will be able to apply for the program beginning April 1, 2022. .

EMS and Law Enforcement

Dr. Delbridge said that work continues with the Crisis Scene Collaboration Workgroup to develop a multi-disciplined guidance for EMS and law enforcement case interactions. The workgroup includes statewide law enforcement, EMS clinicians, crisis intervention personnel, attorneys, social workers, allied partners, and MIEMSS personnel.

Maryland EMS Operations Fund (MEMSOF)

Dr. Delbridge said that current projections show the MEMSOF insolvent in FY2024. MIEMSS and the Board have been working with DBM and the Administration toward interim and long term solutions. The Administration has included in the submitted supplemental budget a one-time \$10,000,000 capital infusion into the MEMSOF, diverted \$3,497,416 in HR costs to the general fund for FY 2022, and \$3,497,558 for helicopter maintenance costs in FY2022 and 2023. These allowances should keep the MEMSOF solvent for an additional two-years.

Legislative Update

SB 70 proposes to require the Emergency Medical System plan be modified to account for the treatment of service canines injured in the line of duty.

MIEMSS does not believe including in statute or the EMS plan is necessary. EMS is not currently prohibited from treating a canine. There is already statutory liability protection for public safety personnel treating an injured animal. (SB 70 has been withdrawn.)

SB 515 proposes to require the EMS Board to issue provisional certification to certain Department of Natural Resources Park Service personnel.

Dr. Delbridge said that, although this is not what the bill entails, the main issue is how they would operate within an EMS Operational Program (EMSOP) and highlights the work needing to be done on defining an EMSOP. MIEMSS has received several requests from different entities to be an EMSOP.

SB 295 / HB 44 would increase Medicaid reimbursement to EMS reimbursement by \$25 each fiscal year, beginning in fiscal 2023, until the rate is at least \$300.

HB 286 would extend the sunset on the authority of paramedics to administer influenza and 2019CoV from January 2023 to January 2025.

SB 446 would establish certain confidentiality protections for peer support counseling programs for fire, rescue, or emergency medical services entities; and requires the Behavioral Health Administration, in consultation with MIEMSS.

SEMSAC REPORT

Chairman Tiemersma said that SEMSAC did not meet in March but the EMSOP (EMS Operational Program) Committee met with Dr. Delbridge to begin work on establishing recommendations for updating the requirements needed to become an EMSOP.

Chairman Tiemersma said the MIH workgroup is meeting regularly. He said that a threat to jurisdictional MIH programs is funding sustainability.

RACSTC REPORT

Dr. Snedeker announced that the Gala will be held in the September of 2022 and at a different venue. She added that RACSTC will be celebrating Dr. Scalea's 25 years of service.

MSFA

A written report was distributed

President McCrea said that the MSFA Convention will be held in person June 18th – 23rd in Ocean City, MD. He added that there are over 55 educational offerings that are listed online at: www.convention.msfa.org

President McCrea said that the MSFA is monitoring 50 bills.

OLD BUSINESS – N/A

NEW BUSINESS

Pediatric Trauma Center Regulation Updates

A copy of the proposed Pediatric Trauma Center Regulation was distributed.

Ms. Sette said that the revised standards are ready to begin the regulatory process. The updated regulation is being presented to the EMS Board today for information and will be brought back to the Board at the next meeting for approval.

Dr. Wooster gave an overview of the changes included in the Pediatric Trauma Center regulations:

- Syntax and grammar changes throughout the document
- Additions
 - Capability of extracorporeal membrane oxygenation
 - Capability for all renal replacement therapies
 - Board certified/eligible radiology attending who provides interpretations of films within 30 minutes, in-house or Tele-radiology available 24/7
 - Policy for Procedural Sedation

Dr. Wooster said the following sections in the revised regulations are as follows:

- Trauma Program Manager (1.0 FTE) for trauma and burn
- Trauma Registry (Registrar 1.0 FTE for every 500-750 patients)

○ Emergency Preparedness (follows closely with the Adult Trauma Standards)
Dr. Wooster said to please contact her at: ewooster@miemss.org with any questions or comments.

ACTION: Upon the motion of Ms. Showalter, seconded by Mr. Tiemersma, 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) (7).

In closed session:

Board Members Present: Jim Scheulen; Stephan Cox; William J. Frohna, MD; Sally Showalter, RN; Wayne Tiemersma; Dany Westerband, MD; Molly Marra

Board Members Absent: Clay Stamp, Chairperson; Mary Alice Vanhoy, RN; Dean Reece, MD

OAG: Mr. Malizio; Ms. Sette

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

In Closed Session:

1. The Board considered disciplinary matters.