



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*

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Statewide EMS Advisory Council (SEMSAC)

AGENDA

June 4, 2020

1:00pm – 3:00pm

- I. Call to Order – Mr. Tiemersma
- II. Approval of the May 7, 2020 SEMSAC meeting minutes
- III. MIEMSS Report – Dr. Delbridge
- IV. SEMSAC Chair Report – Mr. Tiemersma
 - Grants
 - SEMSAC Committees
- V. National Study Center – Mark Scarboro
- VI. MSFA Update
- VII. MSPAC – Captain McMinn
- VIII. Committee Reports
 - ALS – Dr. Fillmore
 - BLS – Ms. Dousa
 - Regional Affairs – Mr. Smothers
- IX. Old Business
 - MIH Update – Dr. Chizmar
- X. New Business
 - Primary Stroke Regulation – Ms. Sette, Ms. Aycock
 - Acute Stroke Ready Regulation – Ms. Sette, Ms. Aycock



State EMS Advisory Council (SEMSAC)

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Via Conference Call Only Meeting Minutes

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SEMSAC Members Present: Wayne Tiemersma, Chairman; Karen Doyle, Vice Chair; John Filer; Wynnee Hawk; Michael Cox; Jeffrey Fillmore, MD; Michael Rosellini; Habeeba Park, MD; Justin Orendorf; Kathleen Grote; Tim Burns; Scott Haas; Keith McMinn; Murray Kalish, MD; Wayne Dyott; Melissa Meyers; Tim Kerns; Rosemary Kozar, MD; Kathryn Burroughs; Jim Matz; Karen Vogel; Jennifer Anders, MD; Brian Frankel; Linda Dousa; Michael Millin, MD

Members Absent: Michael DeRuggiero

MFRI: Steve Cox

MSPAC: Major Tagliaferri, Captain DeCoursey

MSFA: Kate Tomanelli

OAG: Mr. Magee; Ms. Sette

MIEMSS: Ted Delbridge, MD; Pat Gainer; Tim Chizmar, MD; Doug Floccare, MD; Dwayne Kitis; Jeannie Abramson; Sherry Alban; Dave Balthis; John Barto; Terrell Buckson; Alex Kelly; Randy Linthicum; Nick Seaman; Cyndy Wright Johnson; Jim Brown; Carla Baily; Mark Bilger; Anna Aycok; Carole Mays; Mustafa Sidik; Barbara Goff

Mr. Tiemersma called the meeting to order at 1:00 pm.

Mr. Tiemersma asked for approval of the May 7, 2020, SEMSAC meeting minutes.

ACTION: A motion was made by Dr. Kalish; seconded by Mr. Smothers and unanimously approved to accept the May 7, 2020, minutes of SEMSAC as written.

MIEMSS Report

COVID-19

Dr. Delbridge presented the current statistics from the Maryland COVID-19 Status Dashboard, including the number of mechanical ventilators; patients hospitalized, bed availability, and ECMO patients.

Dr. Delbridge reviewed current EMS statistics on pre-hospital respiratory illness and COVID-19 PUIs treated and transported by public safety and commercial ambulance services. He said that the number of PUIs transported by EMS was declining, while the

average number of overall patient transports were beginning to return to more normal levels.

Dr. Delbridge said the Governor's Executive Order Number 20-03-19-03, augmenting the Emergency Medical Services Workforce to improve EMS response during the COVID emergency is still in effect. He said the Order permitted certain statutory or regulatory provisions to be temporarily suspended.

Dr. Delbridge said that MIEMSS has processed 655 Clinical Nurse Externs, with another 121 pending and 82 Clinical Respiratory Externs with 1 additional pending. He said that the EMS workforce had grown with the addition of over 900 provisionally licensed or certified EMS clinicians to Maryland.

Dr. Delbridge provided an overview of the requirements for EMS clinicians to transition from provisional status to full certification or licensure for each level of EMS clinician.

EMS Plan Vision 2020

Dr. Delbridge said that the work continues on incorporating suggested changes to the draft EMS Plan. He anticipates having a document for presentation in the near future.

@HA (at Hospital Ambulances)

Dr. Delbridge gave an update on the Hospital Dashboard "@HA" (Ambulances at Hospitals) platform to provide real-time information on the number of ambulances waiting at hospital, which can provide an indication of offload / transition of care times.

Dr. Delbridge said that Yellow Alerts are starting to increase from the downward trend experienced during the height of the pandemic.

Dr. Delbridge said that MIEMSS continues work with CRISP for near real time awareness of the status of crowding at Hospital Emergency Departments.

Dr. Delbridge said that much of MIEMSS' work is occurring on a virtual basis to include meetings, inspections and testing. MIEMSS will also be conducting some specialty center designation site visits virtually, modeled in part, on the Joint Commission's experience in conducting these types of visits virtually.

SEMSAC Report

Chairman Tiemersma reported that Dr. Delbridge briefed the EMS Board on current COVID 19 operations and planning at the May 12th Board meeting. He said that the EMS Board had approved the Emergency Regulation for transitioning from provisional status to full certification or licensure, the updated perinatal and neonatal referral center standards, and the updated regulations for Commercial Ambulance Services that originally had been approved as an Emergency Regulation in 2019.

SEMSAC Committees

Chairman Tiemersma suggested organizing an ad hoc committee to review the existing status and develop recommendations for advancing MIH programs throughout the state.

He said the list of committees from the SEMSAC by-laws had been distributed and asked for everyone to review the list to see if they have interest in participating in the coming months.

Chairman Tiemersma asked the Regional Affairs Committee to review all EMSOF grants for suggested updates and revisions.

National Study Center Report (NSC)

Mr. Scarboro gave an update on the NSCs programs and activities:

COVID Impact

- All NSC staff are working from home, except for two staff members.
- The NHTSA funded study on blood samples and toxicology for MVC has expanded to COVID surveillance in trauma patients.
- The NSC submitted two research proposals on COVID one to NIH and one to MPOWER

New Initiatives

- NSC received a new award from MDOT to evaluate ICD-10 diagnostic coding
- A new initiative was created to assist on development - Center for Innovation in Clinical and Translational Shock and Injury Research (CISIR) that will serve as a data source that tracks patient demographics, types of injuries and illnesses and recovery timelines to enable researchers to track trends and outcomes in patients

On-going work

- MHSO grants continue work in the areas of Occupant Protection, Impaired Driving, Pedestrian/Bike Safety, Development of a Crash Prediction Model and Traffic Records.
- The CODES project, which is related to the MHSO Traffic Records work, has recently finalized a Data Use Agreement with MIEMSS for access to the eMEDs data to help improve data linkage and analytical power.
- CIREN – Researchers are getting back out in the field as COVID restrictions lift. NSC is currently looking at injury pattern changes in relation to the evolution of vehicle safety restraints.
- CDC grant examining costs, toxicology and driving citations for older drivers.
- THI w/College Park – NSC teamed up for the MPOWER COVID submission.
- Continuing work EMS triage and transport modeling.
- Statistical and epidemiological support is continuing for other STAR initiatives.
- Lung transplant research.
- Acute Care Emergency Surgery (ACES).
- Various STC and Anesthesia research initiatives.
- STC Registry support for research.

Ms. Tenney said that every year a Bill is introduced at the State Legislature to repeal the motorcycle helmet law. She asked if any crash data is available on wearing and not wearing a helmet in a motorcycle crash. Ms. Gainer said that each time a bill to repeal the motorcycle helmet law is introduced; MIEMSS provides information to the Legislature on Trauma data from the Maryland Trauma Registry. Dr. Kerns said he would keep on the State Highway Safety's radar for next year, also.

Ms. Doyle said that Dr. Scalea's vision for the Center for Innovation in Clinical and Translational Shock and Injury Research (CISIR) is to integrate longitudinal data over the spectrum of injury care.

Integrating data about critically injured patients as they pass through many phases of care has never before been done. However, this data is critical to understanding multiply injured patients. The data platform created by CISIR will serve as the foundation by which to launch innovative clinical trials to improve both short and long-term outcomes and to improve the quality of life of survivors of trauma. This is to be funded through philanthropic avenues and grants.

MSFA

Ms. Tomanelli said that the MSFA leadership continues to work on the virtual MSFA convention and thanked MIEMSS and MFRI for their presentations. The MSFA plans to hold a two-day convention in the Fall.

Ms. Tomanelli said that the MSFA polled its volunteer companies to identify losses due to the inability to fundraise during the pandemic. With 164 responses out of 354 companies, the MSFA estimates approximately 10 million dollars in lost funding. The MSFA leadership has appealed to Governor Hogan for additional funding to alleviate the shortfall.

MSPAC

Captain McMinn said that consistent with the overall decrease in EMS call volume, MSPAC has seen a 27% decrease in medevac mission requests since the beginning of the pandemic. He said that the last two weeks have shown a trend to return to normal summer operational tempo.

MSPAC has evaluated and implemented several pandemic-related service bulletins from Leonardo to isolate the aircraft cockpit from the cabin where patient care takes place.

Captain McMinn said that the Salisbury Section has returned to a 24/7 operational posture and the Cumberland Section has returned to a near 24/7 posture.

Captain McMinn advised that on May 1, 2020, MSPAC awarded a five-month contract to Arkenstone Technologies from Pittsburgh, Pennsylvania, to conduct a helicopter basing study. MSPAC and MIEMSS Leadership agreed on their scope of work.

Committee Reports

BLS Committee Report

Chairman Tiemersma said that he asked co-chair of the BLS Committee, Linda Dousa, to take over as Chair of the Committee.

Chairman Tiemersma said the BLS Committee met on May 15th and discussed EMT test planning and concerns regarding licensure renewals for expiring EMTs and provisional applications. Also discussed was the NREMT written testing (home-based), identification as “provisional” on EMT cards and psychomotor evaluations.

New business items included current scenarios adjustments for laptops, evaluation station procedure changes, and social distancing and safety procedures during the evaluation process.

There was a brief discussion regarding the re-opening of field internships.

Regional Affairs Committee (RAC)

Mr. Smothers said that all but \$1000.00 of the 50/50 grant has been reallocated. RAC is working to ensure all paperwork is completed on time.

New Business

Primary Stroke Center and Acute Stroke Ready Center Regulations

Ms. Sette and Ms. Aycock provided an overview of the updated Primary Stroke Ready Center regulation and new Acute Stroke Ready Center designation regulation, which were distributed for information.

Ms. Burroughs asked for “Physician’s Assistant” be changed to “Physician Assistant” in both documents.

Chairman Tiemersma asked for a discussion on transitioning back to in-person meetings responsibly. The consensus was to wait until the State allows in-person meetings to resume.

A motion was made by Ms. Burroughs; seconded by Ms. Dr. Kalish and unanimously approved to adjourn the SEMSAC adjourned at 2:13 pm.