



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

***Statewide EMS Advisory Council (SEMSAC)***  
***AGENDA***  
**November 5, 2020 - 1:00pm**  
**Virtual Meeting**

- I. Call to Order – Mr. Tiemersma
  - Call the roll
- II. Approval of the September 3, 2020 SEMSAC meeting minutes
- III. MIEMSS Report – Dr. Delbridge
- IV. SEMSAC Chair Report – Mr. Tiemersma
- V. Phase II EMS Re-Routing Pilot for Large Vessel Occlusion Strokes – Dr. Urrutia – Director, Johns Hopkins Hospital Comprehensive Stroke Center
- VI. MSPAC Report – Major Tagliaferri
- VII. MSFA Update
- VIII. Committee Reports
  - Regional Affairs – Mr. Smothers
- IX. Old Business
- X. New Business
  - Election of Officers – Ms. Goff, Mr. Magee



## State EMS Advisory Council (SEMSAC)

November 5, 2020

**Via Conference Call Only**

**Meeting Minutes**

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**SEMSAC Members Present:** Wayne Tiemersma, Chairman; Karen Doyle, Vice Chairperson; John Filer; Wynne Hawk; Eric Smothers; Jeffrey Fillmore, MD; Michael Rosellini; Habeeba Park, MD; Justin Orendorf; Tim Burns; Scott Haas; Murray Kalish, MD; Wayne Dyott; Tim Kerns; Rosemary Kozar, MD; Kathryn Burroughs; Jim Matz; Jennifer Anders, MD; Karen Vogel; Brian Frankel; Linda Dousa; Michael Millin, MD; Michael DeRuggiero; Melissa Meyers; Lisa Tenney; Jeffrey Sagel, DO

**SEMSAC Members Not Present:** Michael Cox; Kathleen Grote

**MSPAC:** Major Tagliaferri for Keith McMinn; Captain DeCoursey

**MSFA:** Ms. Tomanelli; 1<sup>st</sup> VP Mr. McCrea

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

**Others:** Dr. Urrutia – Director, Johns Hopkins Hospital Comprehensive Stroke Center; Ron Potocki

**MIEMSS:** Ted Delbridge, MD; Pat Gainer; Tim Chizmar, MD; Doug Floccare, MD; Jeannie Abramson; Anna Aycock; Terrell Buckson; Michael Cooney; Scott Legore; Randy Linthicum; Carole Mays; Andrew Naumann; Luis Pinet Peralta; Cyndy Wright Johnson; Jim Brown; Mark Bilger; Carole Mays; Nick Seaman; Barbara Goff

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

Mr. Tiemersma asked for approval of the September 3, 2020, SEMSAC meeting minutes.

**ACTION: A motion was made by Dr. Kalish, seconded by Mr. Smothers and unanimously voted upon to approve the September 3, 2020, minutes of SEMSAC as written.**

### **MIEMSS Report**

#### COVID-19

Dr. Delbridge reviewed current EMS statistics on pre-hospital respiratory illness and COVID-19 PUIs treated by public safety. He said that the number of PUIs transported by EMS usually precedes an uptick in hospital admissions about nine days later. EMS COVID-related data is shared with hospitals and the Governor's office. In the spring, the average number of PUIs were 300-400 per week; in the summer the number of PUIs averaged approximately 100 per week.

EMS clinicians continue to follow the COVID-19 triage protocol for confirmed COVID patients. This is critically important as the number of COVID positive persons increases, so as to not overwhelm the healthcare system with COVID-19 patients who can convalesce at home.

MIEMSS also continues to track the number of available Acute Care and ICU beds. When hospitals reach 90% capacity or above, it becomes increasingly difficult for the hospitals.

Dr. Delbridge said the numbers of Yellow Alert hours has increased and are near or above the number of Alert hours during the same period last year (October 2019). He said hospitals are almost as busy as they were last year, and patients are backing up in emergency departments which affects EMS. MIEMSS is also hearing instances of protracted transfer times. Based on EMS system complaints, MIEMSS has learned of three EMTALA investigations related to EMS attempting to deliver patients to hospital emergency departments. MIEMSS is supportive of these investigations.

### CRISP

Dr. Delbridge said that MIEMSS continues work with CRISP for access to near real-time census data from hospital emergency departments submitted to CRISP. MIEMSS is currently working on a regulatory change to facilitate sharing of this data from CRISP. MIEMSS anticipates this will be achieved by mid-2021.

### EMS Clinicians

Dr. Delbridge gave an update on the number of Provisional EMS licenses and certifications that have been issued and the number of provisional clinicians applying for full licensure/certification status. Conversion of provisional EMS clinicians to regular status is ongoing.

### MIEMSS' @HA (Ambulances at Hospitals Dashboard)

Dr. Delbridge provided screen shots of the @HA Dashboard from this morning's @HA app showing locations of ambulances at hospitals. He said there are currently 14 jurisdictions downloading CAD data into the ePCR which is the source of the data for @HA. MIEMSS continues to work to include additional jurisdictions in order to provide real time awareness of EMS-ED interface throughout the state. MIEMSS IT/Data personnel are working with Apple to obtain approval for @HA to be an app on the iPhone.

Dr. Delbridge emphasized that everyone needs to get a flu shot!

### COVID-19 Vaccines

Mr. Linthicum said that MIEMSS is working with the Department of Health on planning for COVID-19 vaccinations for EMS clinicians and other first responders. The first vaccine to be available will most likely be the ultra-cold storage vaccine which will require two vaccinations 21 days apart. The current plan is for central dispensing at local health departments. MIEMSS is encouraging Fire/EMS to work with their local health departments. MIEMSS is also working on a guidance document to help guide prioritization of vaccine administration.

### **SEMSAC Report**

Chairman Tiemersma gave a brief background and introduced the new SEMSAC member representing MedChi, Dr. Jeffrey Sagel.

Chairman Tiemersma reported that the Board approved the Neonatal Commercial Ambulance Services Regulations; the Maryland Medical Protocols and the Maryland State Trauma Registry Data Dictionary for Burn Patients for incorporation into COMAR regulations; the Hart to Heart Ambulance Service as an

initial EMR education program for 5-years; and the ProCare/Kaiser HSCRC Grant MIH Pilot Program Protocol.

Chairman Tiemersma said the MIH workgroup met today and was joined by the ProCare staff; the workgroup continues to work on documents from MIH jurisdictions on definitions of MIH and minimum educational requirements. The workgroup anticipates having a document for SEMSAC to review at the next meeting.

#### Phase II EMS Re-Routing Pilot for Large Vessel Occlusion Strokes

Dr. Chizmar gave an overview of the 2017 research protocol examining the ambulance routing of patients experiencing ischemic stroke with a LAM score of 4 or 5. Last year, the research was expanded to a 30-minute drive time to a comprehensive stroke center or a thrombectomy capable stroke center.

Dr. Chizmar introduced Dr. Victor Urrutia, Associate Professor of Neurology, Director of the Comprehensive Stroke Center at Johns Hopkins Hospital and PI for the research project.

Dr. Urrutia presented preliminary findings of the Phase II EMS re-routing pilot for large vessel occlusion strokes. He said organization of Stroke Systems of Care is essential for effective stroke treatment. The AHA Guidelines and Scientific Advisory recommends changes to EMS routing to increase access to mechanical thrombectomy. He gave an overview of number of cases reviewed and viability comparisons of drive times. He said the study concluded that implementation of LAMS-based EMS routing within a 30-minute travel time is feasible and safe. There were no instances of missed IVT due to being past the time window. EMS routing resulted significantly faster times from LKW to MT. Outcomes for thrombectomy were better for diverted compared to transferred patients; this did not reach statistical significance, likely due to small numbers.

Dr. Chizmar thanked Dr. Urrutia and the Stroke QIC.

#### **MSPAC**

A written report was distributed.

Major Tagliaferri said that Arkenstone has completed the architecture on the modeling tool as the second and final deliverable of the project. MSPAC personnel will be trained to use the tool during the first week of November. The computerized modeling tool will allow MSPAC and MIEMSS to manipulate system components to estimate likely effects of system changes.

MSP Budget Director is working with DBM personnel to restore the MSPAC budget to reflect a fleet of 10 helicopters and 7 Sections.

Major Tagliaferri said that MSPAC received a hiring freeze exemption (HFE) for its chief pilot vacancy. The position has been posted, and the Command is actively recruiting for qualified candidates through November 30, 2020. He added that MSPAC will be seeking hiring freeze exemptions for two aviation maintenance technicians and aviation maintenance technician leads.

Two former paramedics have expressed interest in returning to the Command.

Major Tagliaferri gave a helicopter maintenance update.

On October 28, 2020 Leonardo Helicopters presented the MSPAC with an achievement award for reaching 20,000 flight hours on its fleet of 10 AW139 helicopters.

## **MSFA**

1<sup>st</sup> VP McCrea wished everyone well and sent greetings from President Walker 2<sup>nd</sup>, VP Kurtz and Officers of the MSFA.

## **SEMSAC Committee Reports**

### Regional Affairs Committee (RAC)

50/50 grant awards were distributed.

Mr. Smothers said that the Regional Affairs Committee met this morning and approved the requests stated in the distributed document for the 50/50 grants. He said some jurisdictions are swapping out AEDs for LifePack 15's for cost savings. Regional Affairs will continue tracking unfunded requests for the 50/50 grant.

## **Old Business**

Dr. Chizmar said that the Protocol Committee is working on a hybrid Ketamine protocol that will be submitted with other protocols in January or February 2021.

## **New Business**

### Election of Officers

Ms. Goff thanked the members for responding to the election of officers via email. She said that Mr. Tiemersma was the only nominee for Chairperson; therefore, upon the approval of the Governor, he will be the Chairperson for calendar year 2021. After tabulating the results between the nominees for Vice Chairperson, it was determined that Mr. Smothers garnered the majority of votes and will serve as Vice Chairperson for calendar year 2021.

Mr. Tiemersma thanked Ms. Doyle for her service for the last three years as Vice Chairperson of SEMSAC. Ms. Doyle said it has been a privilege to be part of this group. She added that is mentoring Dr. Kristie Snedeker to fill her role with the approval of the Governor.

**SEMSAC adjourned by acclamation.**