



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
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Statewide EMS Advisory Council (SEMSAC)

AGENDA

May 6, 2021 - 1:00pm

Virtual Meeting

- I. Call to Order – Mr. Tiemersma
 - Call the roll
- II. Approval of the February 4, 2021 SEMSAC meeting minutes
- III. MIEMSS Report – Dr. Delbridge
- IV. SEMSAC Chair Report – Mr. Tiemersma
- V. MSPAC Report – Captain DeCourcey
- VI. MSFA Update
- VII. Committee Reports
- VIII. Old Business
- IX. New Business
 - Improving Cardiac Arrest Survival Rates – Dr. Seaman



State EMS Advisory Council (SEMSAC)
May 6, 2021
Via Conference Call Only
Meeting Minutes

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SEMSAC Members Present: Eric Smothers, Vice Chairperson; Jeffrey Fillmore, MD; Michael Rosellini; Justin Orendorf; Tim Burns; Scott Haas; Murray Kalish, MD; Wayne Dyott; Tim Kerns; Rosemary Kozar, MD; Kathryn Burroughs; Jim Matz; Jennifer Anders, MD; Linda Dousa; Michael Millin, MD; Jeffrey Sagel, DO; Michael Cox; Kathleen Grote; Wynee Hawk

SEMSAC Members Not Present: Wayne Tiemersma; Alan Butsch; Michael DeRuggerio; Melissa Meyers; Karen Vogel; Lisa Tenney; Alan Butsch

MSPAC: Captain DeCoursey

MSFA: Ms. Tomanelli; First VP Mr. McCrea

Charles County DES: Kevin Seaman, MD

OAG: Mr. Magee; Ms. Sette

MIEMSS: Ted Delbridge, MD; Pat Gainer; Tim Chizmar, MD; Doug Floccare, MD; Jeannie Abramson; Anna Aycock; Terrell Buckson; Lisa Chervon; Scott Legore; Scott Legore; Luis Pinet Peralta; Jim Brown; Mark Bilger; Carole Mays; Nick Seaman; Sheilé McAllister; Barbara Goff

Mr. Smothers called the meeting to order at 1:00 pm. The roll was called.

MIEMSS Report

Dr. Delbridge wished everyone a happy “early” EMS Week which begins on May 17th. He said that, once again, MIEMSS will be taking the STAR of Life Awards on the road to present to the recipients. He added that there were a record number of nominees for each award.

COVID-19

Dr. Delbridge said that, although COVID numbers are going down, there are still three times the number of hospitalized COVID patients as there was last Fall. He added that although the percentage of vaccinated persons is important, we need to be mindful of the number of COVID hospitalizations. There are currently 118 COVID patients in alternative care sites: the Convention Center, the hospital in Laurel and the hospital in Takoma Park. As of this morning, there are 901 hospitalized COVID patients. These numbers continue to decline.

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. He said that trending still shows an approximate nine-day lag between the EMS encounters and the increase in hospitalizations of COVID patients. The theory is that EMS sees in communities what the hospitals sees 9 days later. The largest single disposition of PUIs is in “no transport.” The number of PUIs has decreased to 100 or below each day.

Dr. Delbridge said that EMS clinicians continue to follow the COVID-19 triage protocol for confirmed COVID patients, but some clinicians need better documentation. MIEMSS is reviewing a subset of cases that were not well documented, where patients did not go to the hospital, to assure that that when protocol is applied, it is not a function of documentation..

Cardiac Arrest TOR COVID Test Positive Rate

The positivity rate for TOR COVID testing through February 2021 was over 20%. It dropped considerably in March and April to around 5%. Messaging should be not to ignore shortness of breath and chest pain symptoms.

Yellow Alert Hours

Dr. Delbridge said that Yellow Alert days had risen considerably over the last few weeks. COVID patients are not a significant factor for the increase in yellow alert hours in most hospitals at this time. He said patients are backing up in emergency departments, which affects EMS. He said that hospitals that meet the 90th percentile transfer of care interval of 30 minutes are in the minority (less than 20 Maryland hospitals). This means that it takes longer than an hour to transfer a patient from EMS to hospital care for one in every ten transports to the ED. MIEMSS is in conversations with the Health Care Commission seeking objective evaluations of the capabilities of hospital emergency departments across the state to assure the emergency healthcare system is successful for treating patients especially for EMS arrivals.

MIEMSS’ @HA (Ambulances at Hospitals Dashboard)

Dr. Delbridge provided screen shots of the @HA Dashboard from this yesterday’s @HA App showing locations of ambulances at hospitals. Sign up for the App at: <https://aha.miemss.org> for desktops, iPhones and androids.

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. CRISP is currently working on validating the ADT received from hospitals. MIEMSS continues to make progress on this program anticipates having more information to share in the next few months.

EMS Clinicians

Dr. Delbridge gave an update on the almost 1200 Provisional EMS clinicians. He said that approximately 250 provisional clinicians have converted to full status as a fully credentialed EMS clinicians. Although some of the provisional clinicians only wanted to help with the pandemic, it is hoped more will wish to continue as part of the Maryland EMS system.

Vaccinators

Under the Governor’s State of Emergency Declaration, 831 EMTs have completed the didactic training with 420 completing the educational process for becoming vaccinators.

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; however, the increases were subsequently included in the supplemental budget and approved.

Dr. Delbridge gave an overview of legislative bills that MIEMSS has participated in or monitored during the 2021 session.

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 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 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 gave an overview of some personnel changes within MIEMSS Regional Programs.

Vision 2030

Dr. Delbridge said that the System Finance section of the EMS Plan includes promoting EMS care as part of the continuum of health care appropriate for commensurate remuneration, to seek maximum appropriate remuneration for care delivered and to share best practices among EMS operational programs. He said that MIEMSS has been working with MDH and CMS for over a year on the Medicaid Supplemental Payment Program.

The Supplemental Payment Programs helps to rebalance reimbursement by calculating the appropriate portion of federal reimbursement. Qualifying factors include being a designated jurisdictional EMS operational program that is funded directly by public (tax) dollars, billing Medicaid for EMS transports and documenting expenses paid with public (tax receipt) funds.

Dr. Delbridge said there are a series of educational online meetings taking place with interested JEMSOPS, MDH, CMS and MIEMSS.

Public Notice #9

Under the Emergency Order, EMS Board Chair Stamp and Dr. Delbridge released Public Notice # 9 which allows a Commercial Ambulance Services a waiver to staff licensed Basic Life Support (BLS) ground ambulances with (1) EMS Clinician to provide patient care and (1) non-EMS licensed or certified individual to drive the BLS ambulance with certain caveats. The Public notice has been posted on the MIEMSS website.

A discussion regarding the relaxing of COVID restrictions ensued.

Dr. Kalish said, to clarify the misconception of several colleagues, the product insert with each vial of Ketamine states “it is a rapid acting general anesthetic producing an anesthetic state characterized by...”

A discussion regarding the legislative strategy for EMS vaccinators ensued.

SEMSAC Report – No Report

MSPAC

Captain DeCoursey highlighted some of the items in the distributed written report, including an eleven percent increase in MedEvacs from the same time last year, a 36% decrease in search & rescue missions and a 4% decrease in flight hours.

MSPAC will be hosting a third virtual open house for potential paramedics. More information can be found on the MSPAC website.

MSFA

First VP McCrea brought greetings from President Walker and the Officers of the MSFA. The MSFA Executive Report was distributed. He said that 174 departments had applied support for lost revenue under the Maryland Relief Act.

The MSFA would like to thank the State partners for providing classes for the virtual convention this year.

SEMSAC Committee Reports

Regional Affairs Committee (RAC)

Vice Chair Smothers said the Regional Affairs Committee did not meet in May, but is moving forward with 50/50 grant applications.

Old Business

Chairman Smothers said a quorum has been determined and called for approval of the February 20221 meeting minutes.

A motion was made by Dr. Kalish, seconded by Mr. Burns and unanimously passed to approve the February 2021 minutes as written.

New Business

Cardiac Arrest and Survival Rates – Dr. Seaman, Chairman, Cardiac Arrest Steering Committee and Medical Director of the Maryland Resuscitation Academy. A copy of Dr. Seaman’s presentation was distributed.

Dr. Seaman thanked all of the front line workers throughout the EMS system for their ongoing dedication during the pandemic.

Dr. Seaman said that the goal of the Cardiac Arrest Steering Committee is to enhance the response to and care of patients with sudden out-of-hospital cardiac arrest in a way that will improve outcomes from sudden out-of-hospital cardiac arrest in all communities and populations in Maryland.

Dr. Seaman provided a history of the implementation of CPR and its evolution to high performance CPR. He also provided statistics on cardio vascular disease and cardiac arrest. It continues to be the #1 killer in the US.

Dr. Seaman gave an overview of the Resuscitation Academy work. He said education and implementation of the science is key. He stressed the need for frequent repetitive training with Resuscitation Quality Improvement (RQI) training.

He said that RQI for EMS Providers and RQI-T is a low-dose, high frequency CPR for EMS Clinicians and 15 minute every three months training for 911 specialists that AHA certifies competence in performing CPR and accepted by Priority Dispatch/IAED as CPR certification. It has shown a cost savings.

RQI Summary

- Education custom designed for 911 Specialists and EMS Clinicians
- Low-dose, high-frequency education
- High fidelity simulation

- Safe socially distant CEUs
- Improved Performance Metrics during simulation over the course of the first year of the pilot for both RQI offerings
- QI review of 911 cardiac arrest calls demonstrates improvements in actual care provided for cardiac arrest calls during the pilot
- Excellent Key Performance Indicators for CPR by EMS Clinicians
- Doubling of cardiac arrest patients with return of pulse after RQI
- High quality, Time Saving, Cost Savings SEMSAC adjourned by acclamation.

Dr. Chizmar said that possibly 911 and ALS grant monies could be steered toward this program.

A discussion regarding the program and funding sources ensued.

A motion was made by Dr. Kalish, seconded by Mr. Burns and unanimously approved to adjourn SEMSAC.