Statewide EMS Advisory Council (SEMSAC)

AGENDA

July 1, 2021 - 1:00pm

Virtual Meeting

I. Call to Order – Mr. Tiemersma
   - Call the roll

II. Approval of the June 3, 2021 SEMSAC meeting minutes

III. SEMSAC Chair Report – Mr. Tiemersma

IV. MIEMSS Report – Dr. Delbridge

V. MSPAC Report – Major Tagliaferri

VI. MSFA Update

VII. Committee Reports
   - BLS Committee – Ms. Dousa
   - Regional Affairs Committee – Vice Chairman Smothers

VIII. Old Business

IX. New Business
   - MIH Curriculum Proposal – Mr. Tiemersma
Chairman Tiemersma called the meeting to order at 1:00 pm. The roll was called.

Chairman Tiemersma asked for approval of the June 3, 2021, SEMSAC meeting minutes.

**ACTION: Upon the motion of Dr. Kalish, seconded by Ms. Burroughs, SEMSAC unanimously approved the June 3, 2021, SEMSAC minutes as written.**

**SEMSAC Report**

Chairman Tiemersma said that he has heard from two members interested in participating on the committee assessing the regulations regarding Jurisdictional EMS Operational Programs for recommended updates. He requested additional volunteers from EMS SEMSAC members to join the committee. Please email Chairman Tiemersma at wtiemersma@garrettcounty.org to volunteer.

**MIEMSS Report**

**COVID-19 Update**

Dr. Delbridge said that since April, the numbers of hospitalized COVID patients have steadily decreased. 72% of Maryland hospitals have no COVID patients with 15% of COVID patients being treated at the alternative care sites in Laurel and Takoma Park.
Cardiac Arrest Termination of Resuscitation (TOR) COVID Test Positive Rate
TOR COVID testing had a zero positivity rate in May; but has ticked back up to 3.4% in June.

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 the App allows clinicians to filter the display to show hospitals of interest. Clinicians can see the number of ambulances for all jurisdictions at each hospital, which adds to situational awareness. Sign up for the App at https://aha.miemss.org for desktops, iPhones and androids.

Yellow Alerts
Dr. Delbridge said that MIEMSS continues to monitor Yellow Alerts noting that they have risen considerably over the last few weeks. He noted that 244 hours of yellow alert time collectively means that essentially 25% of hospitals are offline in a 24-hour period. For several hospitals in the state, Dr. Chizmar provides weekly reports on transfer of care time in terms of the medium and the 90th percentile.

CRISP
Dr. Delbridge said that MIEMSS continues work with CRISP to achieve a more objective advisory system based on ED patient census. Since the technical phase is not complete, MIEMSS is assessing upgrading the CHATS system with the current vendor to ensure stability.

Vision 2030 - 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 executed MOUs with Maryland Medicaid are due by July 15, 2021, and cost reports due 6-months thereafter to complete the cost accounting for reimbursement. Jurisdictions that do not qualify this year have the opportunity to be eligible in the future. Dr. Delbridge said of the current eligible jurisdictions, there are ten that have confirmed participation, two that are pending and one that has declined. He added that this initiative will bring tens of millions of dollars to participating EMS jurisdictions in Maryland.

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. The order is rescinded as of August 15, 2021.

Dr. Delbridge provided a status of the Public Notices under the Executive Order.

Public Notice “#1
- Created provisional EMS clinicians
  - >1600
  - Emergency Regulations provide path for full credentialing by February 15, 2022
- Altered crew configuration of MIH teams
  - Single paramedic
  - Expires September 15, 2021

Public Notice #2
- Created Clinical Externs
  - >1500 nursing students
Public Notice #3
- Commercial Ambulance Service
  - Personnel requirement waiver possible
    - As long as patient needs met
  - Out-of-state licensure acceptable
  - Expires September 15, 2021

Public Notice #4
- Created Provisional EMDs
  - Few
- Path to full credentialing by February 15, 2022

Public Notice #5
- Allowed EMT psychomotor testing to occur after completing the cognitive exam
- Expires August 15, 2021

Public Notice #6
- Allowed Paramedics and EMTs to vaccinate the public under appropriate supervision
- EMTs as vaccinators
  - Expires August 15, 2021
  - Option as laypeople per MDH order; not as EMS system
- Paramedics
  - New statute
  - May administer flu and COVID-19 vaccines to the public under appropriate circumstances

Dr. Delbridge will check on the status of CRT’s as vaccinators.

Public Notice #7
- Permitted EMS clinicians to provide non-EMS care at state-facilitated alternative care sites
  - BCCFH
- Expires August 15, 2021

Public Notice #8
- Extends 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) personnel to drive a BLS ambulance
  - Early in assessment of effects
  - Expires October 15, 2021 unless there is a regulation change.

This protocol assists EMS in identifying patients who are able to care for themselves appropriately at home, as opposed to being transported to an emergency department. Dr. Chizmar will consult with the protocol committee regarding continuation of the protocol.
Dr. Delbridge announced that Dave Balthis, Chief of IT and Communications, retired on June 30, 2021. He said Dave had a global knowledge of IT and Communications. MIEMSS will be seeking to fill this position.

Chairman Tiemersma said Dave was an asset to MIEMSS and thanked him for his service.

**MSPAC**
A written report was provided.

Major Tagliaferri said that MSPAC has started the replacement process for the Zoll Propaq defibrillator monitors. At the request of the EMS Board, MSPAC is splitting the purchase over FY22 and FY23 budget years. Total cost is $662,031.84.

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

Major Tagliaferri gave an overview of the aircraft maintenance schedules.

Major Tagliaferri said that Ret. F/Sgt Paul Crutchley passed recently after a lengthy illness at the age of 82. He added that Sgt. Crutchley was a US Navy veteran, Ret. F/Sgt. Crutchley joined the Maryland State Police in the late 1960s, initially serving at the Rockville Post. In the mid-1970s, after obtaining a helicopter rating, he transferred to the Aviation Division and was assigned to Trooper 2. In the mid-1980s, Paul was back in Frederick flying at Trooper 3. He would serve as the assistant supervisor and, later, supervisor in charge of the section during some very difficult times, including the fatal crash in 1986, and the transition to the Dauphin helicopter. Paul retired in 1990 and returned as a civilian pilot flying eight more years.

**MSFA**
A written report was distributed.

President McCrea brought greetings from the Officers and members of the MSFA. He said the virtual MSFA convention went well. The new officers are Joel McCrea-President, Ben Kurtz-1st VP and Eric Smothers-2nd VP. He expressed the MSFA’s appreciation to MIEMSS, Maryland Fire Chiefs and Shock Trauma for their contributions to the virtual Convention.

The next MSFA Executive Committee meeting will be held in person and live-streamed at Western Enterprise Fire Company in Hagerstown on September 18th & 19th. Please send all reports to reports@msfa.org in advance of the meeting. If there are any questions, please reach out to Executive Committee Chairperson Doug Simpkins.

President McCrea wished everyone a fun and safe July 4th holiday.

**SEMSAC Committee Reports**

**BLS Committee**
Ms. Dousa said that the next meeting of the BLS Committee is scheduled for July 19, 2021.

**Regional Affairs Committee (RAC)**
Vice Chair Smothers said that the Regional Affairs Committee did not meet in July. The Committee continues to follow-up with jurisdictions that have not submitted their cardiac arrest grant paperwork.
Old Business – N/A

New Business

**MIH Curriculum Proposal**

A copy of the documents was distributed.

Chairman Tiemersma gave an overview of the 40 hour online educational training and 20 hours of jurisdictional instruction for MIH programs contained in the proposal. He said that after conversations with MIEMSS leadership, hours of the proposed online training curriculum will be re-evaluated for justification or possible streamlining by the MIH workgroup.

Mr. Yerkie, QUACDES and co-chair on the MIH workgroup, said the training will be delivered in a hybrid format with asynchronous self-based learning that can be managed on a learning management system. Each section has a didactic portion which would be asynchronous learning environment for clinicians work on scenarios as a group.

Chairman Tiemersma said that the end result is to have an MIH Educational training for all Maryland jurisdictions. This will not be a certification, rather a credentialing of a specific skill set.

Ms. Burroughs suggested defining for what level of clinician the MIH Educational training is designed. Chairman Tiemersma said that this was noted in the MIH Vision document but may need better defining for all clinicians in the Curriculum cover. Mr. Yerkie said this training would be open to all EMS clinicians.

Dr. Snedeker asked who is teaching the courses such as motivational interviewing or trauma informed care. Mr. Tiemersma said that they are using current experts, but will also be utilizing adjunct subject experts to teach. Dr. Snedeker asked how the MIH programs link back to health information prior to discharge. Mr. Yerkie said that this is accomplished through the referral intake process that is a dual pathway which feedbacks to the hospital. Mr. Yerkie will add to the document as a bullet point.

Chairman Tiemersma will take to the EMS Board for review and feedback. He will take the recommendations back to the MIH workgroup for inclusion.

Chairman Tiemersma commended Mr. Yerkie and the MIH workgroup team for their extraordinary diligence in organizing and writing the MIH Educational training.

**A motion was made by Ms. Grote, seconded by Ms. Burroughs and unanimously approved to adjourn SEMSAC.**