Statewide EMS Advisory Council (SEMSAC)
AGENDA
September 2, 2021 - 1:00pm
Virtual Meeting

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

II. Approval of the July 1, 2021 SEMSAC meeting minutes

III. SEMSAC Chair Report – Mr. Tiemersma

IV. MIEMSS Report – Dr. Delbridge

V. MSPAC Report – Major Tagliaferri
   • Whole Blood Program – Dr. Floccare
   • Medhub Grant project – Dr. Floccare

VI. MSFA Update

VII. Committee Reports
   • ALS Committee – Dr. Fillmore
     o membership
   • BLS Committee – Ms. Dousa
   • Regional Affairs Committee – Vice Chairman Smothers
     o Cardiac Arrest equipment grant update

VIII. Old Business

IX. New Business
**State EMS Advisory Council (SEMSAC)**

September 2, 2021

Via Conference Call Only

Meeting Minutes

**SEMSAC Members Present:** Wayne Tiemersma, Chairperson; Eric Smothers, Vice Chairperson; Justin Orendorf; Scott Haas; Murray Kalish, MD; Tim Kerns; Kathryn Burroughs; Jennifer Anders, MD; Linda Dousa; Jeffrey Sagel, DO; Michael Cox; Kathleen Grote; Lisa Tenney; Tim Burns; Melissa Meyers; Rosemary Kozar, MD; Karen Vogel; Kristie Snedeker; Jim Matz; Alan Butsch; Wayne Dyott

**SEMSAC Members Absent:** Michael Rosellini; Michael DeRuggerio; Michael Millin, MD

**MSPAC:** Major Tagliaferri

**MSFA:** President McCrea; Kate Tomanelli

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

**MIEMSS:** Ted Delbridge, MD; Pat Gainer; Tim Chizmar, MD; Doug Floccare, MD; Jeannie Abramson; Anna Aycock; Jason Cantera; Lisa Chervon; Scott Legore; Jim Brown; Michael Parsons; Melissa Meyers; Carole Mays; Barbara Goff

Chairman Tiemersma called the meeting to order at 1:00 pm. The roll was called.

Chairman Tiemersma asked for approval of the July 1, 2021, SEMSAC meeting minutes.

**ACTION:** Upon the motion of Dr. Kalish, seconded by Mr. Smothers, SEMSAC unanimously approved the July 1, 2021, SEMSAC minutes as written.

**SEMSAC Report**

Chairman Tiemersma asked for a moment of silence in remembrance of Dr. Alan Walker, a longtime member of SEMSAC and Pediatric Medical Director at MIEMSS, upon his recent passing. Dr. Kalish added that Dr. Walker well a well-known Pediatric physician at Johns Hopkins and was on SEMSAC at its inception.

Chairman Tiemersma asked everyone to wish Melissa Meyers well as she is resigning her position as the TraumeNet representative on SEMSAC due to her upcoming retirement from Suburban Hospital after 39 years of Trauma nursing. Melissa will be moving back to Cumberland, Maryland.

Chairman Tiemersma said that the MIH educational/training document will be taken to the Board along with a request to make the MIH Committee a Standing Committee on SEMSAC at an upcoming meeting.
MIEMSS Report

COVID-19 Update
Dr. Delbridge said we are in the midst of what is being considered the 4th wave/surge since the beginning of the pandemic. All hospitals are experiencing challenges with nurse staffing which is resulting in reduced numbers of staffed beds available. Acute care beds are currently at 92% capacity and 87% capacity for staffed ICU beds resulting in less than 500 acute care and 200 ICU beds available and more than 200 hundred boarded patients in emergency rooms needing admission.

Particular attention is being paid to pediatric patients due to concerns regarding students returning to in-person school settings leaving these students with immature and unchallenged immune systems vulnerable to contract respiratory viruses. COVID-19 is a serious risk to children since they are not vaccinated. Currently there are ten children in Maryland hospitals with COVID-19. 95% of pediatric ICU and 75% of pediatric acute care beds in Maryland are full. Most available pediatric acute care beds are available in Community hospitals and not in tertiary medical centers.

In the next few weeks, the Critical Care Coordination Center (C-4) will be expanded to include pediatric cases including non-critical cases. Dr. Anders is assisting in the coordination of the pediatric coordinators for the C-4.

Cardiac Arrest Termination of Resuscitation (TOR) COVID Test Positive Rate
TOR COVID has again exceeded the numbers found in Maryland early in the pandemic; but has begun to wane as the number of positive cases begin to lower.

Vaccination Update
Dr. Delbridge said that EMS should be the strongest advocates for getting the COVID Vaccine. Post-vaccine infections are 3.1 per thousand vaccinated persons with 47% asymptomatic and 8% requiring hospitalization. Risk of infection, hospitalization and death is nine to ten times higher among unvaccinated people.

ImageTrend Elite
Dr. Delbridge reported that ImageTrend, the software vendor that operates eMEDS®, inadvertently distributed data, including elements generated by other EMS services to Howard and Montgomery counties. Preliminary analysis indicated that a specific data filter did not function as designed within ImageTrend’s “Data Mart” software used by both counties to obtain copies of their own eMEDS®. This resulted in the transmission to the two counties of patient-related data generated by EMS services throughout Maryland.

MIEMSS has requested that ImageTrend provide a detailed accounting of the issues surrounding the cause of the erroneous transfer of data, plans to prevent this from happening in the future, a method of communicating what data was transferred to our EMS constituents and how ImageTrend plans to ensure that they can maintain data securely. We have emphasized the urgency and timeliness of ImageTrend’s report and advised them of our concerns regarding the length of time it has taken to produce this report.

MIEMSS has requested that Montgomery County and Howard County to identify how they can assure safe guards keep the data from the inadvertent transmission secure. Dr. Delbridge said that Howard County data management system has been evaluated by their attorney who has determined that there was no breach of data integrity. MIEMSS is satisfied that there was no breach.

A lengthy discussion ensued on what constitutes a data breach and what are the responsibilities of the data collectors and repositories of data.
**Yellow Alerts**
Dr. Delbridge said that Yellow Alerts have risen considerably over the last few weeks and noted that alert times far exceed the average of the last two years. He added that some hospitals do better than others managing ED flows, and that a few hospitals do not utilize Alerts. Although the hospital alerting system is voluntary, he warned that not using the alert system can give the appearance to EMS the ED is not busy which can result in the facility not utilizing the alert system becoming overwhelmed by incoming patient loads.

**CRISP**
Dr. Delbridge said that MIEMSS continues work with CRISP to achieve a more objective advisory system based on ED patient census. He gave an overview of CRISP’s capabilities including trajectory of patient flow.

**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](https://aha.miemss.org) for desktops, iPhones and androids.

**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 fourteen jurisdiction have confirmed participation by completing MOUs with MDH. Collectively, the fourteen jurisdictions could receive over $40 million in federal reimbursement in mid-2022 for these costs.

Jurisdictions that did not participate this year have the opportunity to do so in the future. He gave an overview of the process for applying for reimbursement and the qualifying factors, including being a designated jurisdictional EMS operational program that is funded directly by public (tax) dollars; billing Medicaid for EMS transports; and documenting expenses that are paid with public funds.

**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 was rescinded as of August 15, 2021.

Provisional clinicians under the Executive Order need to move to full status by February 11, 2022.

Public Notice #6 allowed Paramedics and EMTs to vaccinate the public under appropriate supervision. EMT as vaccinators expired on August 15, 2021, but EMTs have the option to vaccinate as laypeople not as part of the EMS system.

Under the new statute, only paramedics may administer flu and COVID-19 vaccines to the public under appropriate circumstances.

Public Notice #8 allowed extension for 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 required) personnel to drive a BLS ambulance. MIEMSS is evaluating, i.e., does it improve commercial ambulance services. MIEMSS has pursued an emergency regulation that will extend this for six months which gives time to pursue a permanent regulation.

MIEMSS Employee Notices
Dr. Delbridge announced that Terrell Buckson, Director of the Office of Clinician Services has resigned and transitioned to the Prince George’s Fire Department. A search for a new director has commenced. If needing to discuss a licensure issue, please contact Michelle Bell mbell@miemss.org who is “minding the shop.”

Dr. Delbridge welcomed Bryan Ebling as the new Regional Coordinator for Region IV.

Dr. Delbridge congratulated Anna Aycock on her collaborative work on an article in Frontier Neurology titled “The Maryland Acute Stroke Emergency Medical Services Routing Pilot: Expediting Access to Thrombectomy for Stroke.” He said this article documents the results of our stroke pilot program conducted in Maryland and a great example of the utility of EMS data.

A discussion on the number of fully COVID-19 vaccinated Marylanders, which currently stands at approximately 70%, and the demographics of the vaccinated ensued.

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

MSPAC
A written report was provided.

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

Major Tagliaferri gave a detailed report of the aircraft maintenance.

Whole Blood Program
Dr. Floccare said that work continues with the University of Maryland Blood Bank. One of the challenges is for the Red Cross to be able to adequately supply whole blood to Shock Trauma. He said overall blood donations are down.

Medhub Grant Program
MSPAC has teamed with the US Army who will be providing grant funds for equipment and training for real time information being broadcast to the Trauma Centers prior to aircraft arrivals.

MSFA
A written report was distributed.

President McCrea said 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.

SEMSAC Committee Reports

ALS Committee
Ms. Meyers presented six persons to the SEMSAC Chair for consideration as ALS Committee members.

- Colleen Lull
- Anne Johnikin
- Diane Flint
- Doug Beitzel
- Rae Oliveira
- Robert Muller

The SEMSAC Chairman approved the appointment of the proposed committee members.

**BLS Committee**
Ms. Dousa said that the next meeting of the BLS Committee is scheduled for September 17, 2021.

**Regional Affairs Committee (RAC)**
Vice Chair Smothers said that the Regional Affairs Committee did not meet in September. There were several jurisdictions that could not fulfill their grant requests due to refunds for old defibrillators. This leaves approximately $9,000 unused grant monies for this grant period.

**Old Business – N/A**

**New Business – N/A**

A motion was made by Chairman Tiemersma, seconded by Vice Chairman Smothers and unanimously approved to adjourn SEMSAC.