SEMSAC Members Present: Wayne Tiemersma, Chairperson; Eric Smothers, Vice Chairperson; Justin Orendorf; Scott Haas; Tim Kerns; Kathryn Burroughs; Jennifer Anders, MD; Linda Dousa; Jeffrey Sagel, DO; Michael Cox; Kathleen Grote; Lisa Tenney; Lisa Lyle; Tim Burns; Karen Vogel; Kristie Snedeker; Jim Matz; Wayne Dyott; Michael Rosellini; Major Tagliaferri; Elliott Haut, MD; Gordon Wallace

SEMSAC Members Absent: Michael Millin, MD; Alan Butsch; Rosemary Kozar, MD; Linda Young, MD; Erik Abrahamson

MSFA: President McCrea; Kate Tomanelli

OAG: Ms. Sette

NSC: Mr. Scarboro

MIESSS: Ted Delbridge, MD; Pat Gainer; Tim Chizmar, MD; Jeannie Abramson; Anna Aycoc; Mark Bilger; Becki Byrd; Michael Cooney; Bryan Ebling; Doug Floccare, MD; Dwayne Kitis; Scott Legore; Luis Pinet Peralta; Andy Robertson; Mustafa Sidik; Patrick Tandy; Cyndy Wright Johnson; Elizabeth Wooster; Sheile McAllister; Barbara Goff

Chairman Tiemersma called the meeting to order at 1:01 pm. The roll was called.

Chairman Tiemersma asked for a moment of silence in remembrance of the fallen Baltimore City Firefighters.

Chairman Tiemersma asked for approval of the November 4, 2021, SEMSAC meeting minutes.

ACTION: Upon the motion of Mr. Dyott, seconded by Dr. Sagel, SEMSAC unanimously approved the November 4, 2021, SEMSAC minutes as written.

Chairman Tiemersma welcomed new members Linda Young, MD (MD Society of Anesthesiologists); Erik Abrahamson (Helicopter Pilots); Elliott Haut, MD (TraumaNet) and Lisa Lyle (MD ENA) to the Statewide Emergency Medical Services Advisory Council (SEMSAC).
MIEMSS Report

COVID-19 Update
Dr. Delbridge said that the number of COVID-19 hospitalizations has declined. The number of PUIs has also dropped. The data shows that what EMS sees in the field is reflected in the hospitals nine days later. The numbers correlate well with COVID-19 admissions regardless of the variant.

Dr. Delbridge said that at the recent peak of COVID-19, there have been serious indications of crowding in Trauma Centers and Emergency Departments (EDs) causing excessive EMS transfer-of-care intervals with some hospitals to invoking “crisis standards of care.” The number of EMS transports did not increase but the wait time to transfer patient care increased significantly.

Dr. Delbridge said that MIEMSS referred the Trauma Center crowding to TraumaNet for system-wide consideration. He said that when the trauma system is overwhelmed as it has been, it shows the vulnerabilities of the entire system.

Yellow Alerts
Dr. Delbridge reported that utilization of Yellow Alerts that was at an unprecedented high level in January, has dropped precipitously in February. In Region III, the median time to transfer a patient from EMS to hospital staff is 20 minutes; the 90th percentile is 49 minutes (down from 70) and 5.8% of patient transfers of care in less than 60 minutes (down 13%) to effect transfer.

CRISP
Dr. Delbridge gave an overview of the intended near real-time data sharing regarding ED patient census. He said CRISP is currently monitoring the administrative data feed from hospitals to CRISP for analysis and to work out the disparities in the data flow.

MIEMSS’ @HA (Ambulances at Hospitals Dashboard)
Dr. Delbridge said it is important for EMS clinicians use the @HA dashboard App when transporting a patient. He said that the App allows clinicians to filter the display to show hospitals of interest when determining hospital destination. Clinicians can see the number of ambulances for all jurisdictions at each hospital, which adds to situational awareness. There are only five remaining counties unable to use the @HA due to CAD configuration.

Governor’s Executive Order
Dr. Delbridge said that the Executive Order issued by Governor on January 4, 2022, has expired. This will precludes further use of EMTs and CRTs as vaccinators, students to take NREMT cognitive exams prior to practical experience (although this practice is permissible under a proposed emergency regulation), and issuance of new provisional licenses and Clinical Externs program. Extended licenses are still good.

Critical Care Coordination Center (C-4)
Dr. Delbridge said that, to date, MIEMSS C4 has handled 2616 patient cases. A second intensivist has been added to the C4 due to the increased call volume. Dr. Delbridge said that approximately 25% of the cases are able to remain at the requesting hospital, with the C4 intensivist’s assistance in guiding the case.

Emergency Department Patient Boarding
Dr. Delbridge said that each day, at any given time, between 200 and 350+ patients are boarded in Maryland emergency departments for multiple reasons. Psychiatric patients represent 68% of the ED
Boarding time: but represent approximately 25% of ED patients boarded without a disposition. MIEMSS is working with MDH and the Behavioral Health Administration to assist in establishing a system, such as MIEMSS uses to count COVID patients, to have a more reliable count of available behavioral health beds.

Cardiac Arrest Termination of Resuscitation (TOR)
Dr. Delbridge said COVID testing of cardiac arrest TOR patients continues. He added that there was a significant rise in the number of COVID positive TOR cases in January.

Crisis Scene Collaboration Workgroup
Dr. Delbridge said that workgroup consisting of statewide law enforcement, EMS clinicians, crisis intervention personnel, attorneys, social workers and other allied partners. MIEMSS has convened the workgroup to develop a multi-disciplined guidance for EMS and law enforcement case interactions.

Legislation

**SB 70** proposes to require the Emergency Medical System plan be modified to account for the treatment of service canines injured in the line of duty.

MIEMSS does not believe including in statute or the EMS plan is necessary. EMS is not currently prohibited from treating a canine. There is already statutory liability protection for public safety personnel treating an injured animal.

**SB 515** proposes to require the EMS Board to issue provisional certification to certain Department of Natural Resources Park Service personnel.

Dr. Delbridge said that, although this is not what the bill entails, the main issue is how they would operate within an EMS Operational Program (EMSOP) and highlights the work needing to be done on defining an EMSOP. MIEMSS has received several requests from different entities to be an EMSOP.

**SB 295 / HB 44** would increase Medicaid reimbursement to EMS reimbursement by $25 each fiscal year, beginning in fiscal 2023, until the rate is at least $300.

**HB 286** would extend the sunset on the authority of paramedics to administer influenza and 2019CoV from January 2023 to January 2025.

MIEMSS Employee Notices
Dr. Delbridge announced the retirement Carole Mays as of December 31, 2021. Elizabeth Wooster, PhD, RN, BSN, MA, MsEM is the new Director of the Trauma and Injury Specialty Care Program. He added that MIEMSS has hired a new Webmaster, Kelsey Hood.

SEMSAC Report
Chairman Tiemersma said that the EMSOP designation ad-hoc committee currently has two participating SEMSAC members Dr. Millin and Dr. Snedeker. Chairman Tiemersma reviewed the list of current Standing and ad-hoc committees. The following SEMSAC members volunteered to be on the committee:

**EMSOOP Committee** – this committee will review current regulation, create guidance and make recommendations for any changes for defining an EMS Operational Program.
Chairman Tiemersma said that the updated membership list and copy of the current Bylaws will be sent to SEMSAC members.

MSPAC
A copy of the MSPAC written report was distributed.

Major Tagliaferri reported on the Maryland State Police Aviation Command’s aircraft maintenance schedules, current numbers of EMS providers and pilots, personnel recruitments, and ongoing projects and initiatives including the Whole Blood Program, the MedHub Grant Project and the Unmanned Aircraft Systems Program.

Major Tagliaferri reported year-to-date statistics on MSPAC missions (178) and aircraft flight hours.

MSFA
A written report was distributed.

SEMSAC Vice Chair Smothers announced that this year’s MSFA Convention will be held in person in Ocean City, MD.

SEMSAC Committee Reports

Regional Affairs Committee (RAC)
Vice Chair Smothers said that the Regional Affairs Committee did not meet this morning in honoring the fallen Baltimore City Firefighters.

ALS Committee
Dr. Fillmore said that the ALS Committee meets bi-monthly with approximately 24 participants. The Committee has been working with the AAGs office to overhaul the ALS Committee by-laws, defining membership and meeting participation standards.

The ALS Committee has developed a Protocol Orientation Program in lieu of protocol testing. The Committee is looking at analyzing the Program data for trends and improvements.
Dr. Fillmore gave an overview of the state content renewal courses.

Dr. Fillmore added that the Committee would welcome any SEMSAC member participation.

**BLS Committee**

Ms. Dousa said that the BLS Committee met virtually on January 21, 2022. The process for uploading internship paperwork and eMEDS® reports for EMR and EMT students was discussed.

Class cancellations, due to inclement weather, need to be rescheduled more quickly due to the high volume in testing.

MIEMSS is recruiting for facilitators, coordinators, and evaluators for practical testing.

The Instructor workshop has been delayed due to a computer issues. It is anticipated that the Evaluator workshop will be available soon.

The next meeting is March 18, 2022.

**MIH Committee**

Chief Matz thanked everyone for their kind words of condolence and support of the Baltimore City Fire Department, allowing the Department to attend the services for the three fallen firefighters.

Chief Matz said the MIH committee met in December and reviewed the training content; the committee will be seeking an alternative to the current cultural sensitivity training.

As a Standing Committee, a Chairperson, Vice Chairperson and Secretary will be designated along with formal agendas and minutes. Chief Matz requested that the committee provide agendas and minutes as a Standard Committee under SEMSAC.

Dr. Chizmar said that the data for the 12 MIH program has been captured for 2021. He added that over 1500 patients were seen by MIH programs.

Chairman Tiemersma requested a summer report to SEMSAC on the MIH data.

**Old Business – N/A**

**2022 EMS Protocol Updates**

A written copy of the proposed changes was distributed.

Dr. Chizmar requested approval of the proposed updates to the 2022 EMS Protocols presented at the joint meeting of the EMS Board and SEMSAC on January 18, 2022.

**ACTION:** A motion was made by Ms. Grote seconded by Dr. Fillmore and unanimously approved to recommend the EMS Board approve 2022 EMS Protocols.

**New Business – N/A**
ACTION: A motion was made by Ms. Grote, seconded by Ms. Burroughs and unanimously voted upon to adjourn.