



State of Maryland

Maryland Institute for Emergency Medical Services Systems

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Maryland Institute for Emergency Medical Services Systems Fiscal Year 2025 Operating Budget Response to Department of Legislative Services Analysis Theodore R. Delbridge, MD, MPH Executive Director

**House Appropriations Committee
Health & Social Services Subcommittee
Delegate Emily Shetty
February 15, 2024**

**Senate Budget and Taxation Committee
Health & Human Services Subcommittee
Senator Cory V. McCray
March 1, 2024**

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is an independent State agency that coordinates all components of the statewide emergency medical services (EMS) system in accordance with policies set by the State EMS Board and Maryland statute and regulation. MIEMSS' areas of responsibility include medical oversight, promulgating statewide clinical protocols, coordinating and supporting EMS educational programs, licensing and certifying EMS clinicians, maintaining and operating a statewide communications system, designating trauma and specialty centers, licensing and regulating commercial ambulance services, and participating in EMS-related public education and prevention programs.

We appreciate the opportunity to present MIEMSS' FY 2025 budget request. MIEMSS and the State EMS Board are very appreciative of the General Assembly's support of MIEMSS and our Statewide EMS system. The analysis by Naomi Komuro is comprehensive and focuses on important issues. We thank her for her work, as well as that of the Department of Budget and Management and Cristina Jorge-Tuñón, MIEMSS' DBM budget analyst.

We concur with the recommendations of the DLS analyst. We would like to provide a brief update to the Subcommittee about some of our initiatives over the past year and share information about areas noted by the analyst.

Overdose Response. In FY 2018 and 2019 MIEMSS received grants from the Opioid Operational Command Center as a pass through to support local EMS agencies' costs for naloxone they administered to overdose patients. Applications for funding in subsequent years was not successful, and we don't anticipate future awards.

MIEMSS continues to transmit information regarding naloxone administration by EMS to Maryland's Office of Overdose Response, and to OD Map. Data that is shared with the Chesapeake Regional Information System for our Patients (CRISP) is being used by CRISP and MDH to develop a dashboard for local jurisdictions.

Critical Care Coordination Center. In December 2020, as Maryland's hospitals we experiencing a surge of COVID-19 patients, MIEMSS developed the Critical Care Coordination Center ("C4") to help hospitals identify available critical care resources patients who needed them. The C4 is staffed 24/7 with a Critical Care

Coordinator who has a near real-time view of critical care bed capability statewide and a Central Intensivist Physician who works with referring physicians to identify patients' anticipated critical care needs, match patients with available resources, and assist in arranging patient transfer, if necessary. It has proven effective in freeing clinicians to continue to provide necessary care, obviating the need for many would-be transfers, identifying appropriate critical care resources to match patients' needs, and distributing patients more optimally within Maryland's health care system. MIEMSS subsequently expanded the C4 to include pediatric patients. "C4 Peds" is particularly important since there are limited hospital resources in Maryland to treat children. Approximately 40% of Maryland hospitals have no capacity for pediatric inpatient care. Similar to C4 for adult patients, a C4 pediatric specialist provides consultation to referring physicians and facilitates identification of appropriate pediatric care resources. To date, the C4 has fielded more than 6,600 calls for help in managing critical patients.

The demand for C4 services fluctuates, and staffing and physician support is adjusted accordingly to maintain efficiency and reduce expense. Funding for C4 is provided through the Maryland Department of Health under a COVID Crisis Response Cooperative Grant which, because of savings in the prior year, has been extended to June 30, 2024. MIEMSS is currently working with MDH's Office of Preparedness & Response to identify continued funding for this project through FY25.

Telecommunications. MIEMSS maintains and operates a statewide EMS communications system that enables EMS clinicians anywhere in the state to consult with an EMS base station physician to help direct the care of patients. The system is undergoing a multi-year upgrade from antiquated analog technology to a modern digital platform. The first phase of implementation, parallel operations, is to begin this month. The decrease in telecommunications funding is due to regular realignment based on existing contracts and budgetary needs in the context of ongoing capital improvements.

Position Vacancies. MIEMSS has been challenged to recruit candidates for technical positions such as those in communications engineering and information technology. We are fortunate to have a highly dedicated team, including post-retirement folks working under contracts, who help us keep the pace. We are also pleased to report that we recently fully staffed our communications engineering department and have pending offers to fill information technology positions. Recruitment is an ongoing effort.

Trauma System. MIEMSS participated on the Commission to Study Trauma Center Funding in Maryland. In 202, approximately 25,000 of the 558,000 people the EMS system took to hospitals were seriously injured patients taken to one of ten trauma centers designated by MIEMSS. Recommendations generated by the commission include exploring potential to link the statewide trauma registry with HSCRC and MHCC data, effectively linking clinical and financial data. We will explore options in the coming months. Also, we will work with the state's Trauma Quality Improvement Council, which includes representatives from MIEMSS and every Maryland trauma center, to develop a public-facing report card that expands information conveyed in each MIEMSS Annual Report.

Emergency Department Operations: MIEMSS is keenly aware of challenges faced by hospital emergency departments and the patients who seek care there. In the past year, we have continued to query hospitals each day, via our Maryland Emergency Medical Resource Alerting Database (MEMRAD), to provide a snapshot of the emergency department census and "boarding" patients. We participated in efforts led by the Maryland Hospital Association to evaluate emergency department patient throughput. Finally, among our concerns is the elapsed time it takes for EMS personnel to effect transitions of patients after arrival at an emergency department, the EMS-to-ED transfer interval, which has meaningful impacts on the EMS system and the communities it serves. Thus, we share performance data each week with every hospital, and monthly with the HSCRC to help inform its EDDIE (Emergency Department Dramatic Improvement Effort) project.

Thank you for the opportunity to discuss these initiatives. We are grateful for your support and look forward to continuing to work with you. We are happy to answer any questions.