Region III Emergency Medical Services Advisory Council

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Providing Emergency Medical Care to Metropolitan Baltimore

# Region III EMS Advisory Council

May 28, 2025 | 1:00 PM

Minutes

## I. Opening Remarks

Chair Danielle Knatz welcomed all to the meeting.

## II. Chair Report - Danielle Knatz

- Called meeting to order @ 13:00.
- Chairperson Knatz noted 34 attendees. Attendee list will be recorded from the virtual login record and will be posted with the minutes.
    - Meeting minutes: March minutes will be address later.

## III. Program Reports

- **SEMSAC/Legislative:**
    - Update highlights provided by Chair Danielle Knatz.
    - Met on March 6, 2025.
    - Chief Matz provided update on the MIH (Mobile Integrated Health). The committee is looking for EMT recommendations to be a part of the MSOP program. The committee is organizing for a SEMSAC presentation.
    - As of the March SEMSAC meeting only 1/3 of the regional hospitals are meeting the 30-minute transfer of care goal. Speculation: due to staffing shortages and other external factors.
    - Dr. Delbridge noted EMS direct to triage is an optional supplemental protocol in Maryland and for providers to be consistent, apply gentle pressure and remember empathy is important.
    - Dr. Delbridge reported EDAS is coming in May 2025 with a power point presentation. Hospital time on EDAS will eliminate red and yellow and provide accurate actual bed capacity data.
    - Maryland Senate Bill 369 mandates defibrillator in all state libraries by 2026.
    - Maryland House Bill 593 to protect automated defibrillation providers from liability.
    - Maryland General Assembly House Bill 246 for adult protective services reform.
    - Maryland General Assembly bill 1131 for Public Health, Buprenorphine training grant program and workgroup.

## IV. State EMS Medical Director Report: Dr. Tim Chizmar

- Dr. Chizmar stated Jeff Huggins has the insight design of EDAS and will provide report.
- July 1, 2025 protocols have been approved by the EMS Board. Selecting several educators from around the state to record the virtual protocol education. Target protocol education release is early May for both documentation and video. Base station release will be shortly after. Base station side should be 10 to 15 minutes in duration and available to upload in your systems.
- 2025 additional protocol medications:
    - The VAIP committee is meeting after this meeting to review/add medication updates.
    - Labetalol – The VAIP will indicate total transport unit amount will be 100mg. Labetalol comes in 100mg vial. Patient dose 100mg.
    - Cephazolin – Adult administration is 2grams. 2 grams mixed in a diluent mini bag of lactated ringers or D5W.
- Video Laryngoscope was removed from optional to state wide requirement. Due to possible fiscal impact in some places, protocol deferred requirement until July 1 of 2026.
- Most jurisdictions are using the VAIP as a checklist if not participating in the VAIP inspection.
- Dr. Chizmar has unblinded the hospital names on the second page of the transfer of care times. The unblinding received a 90% feedback appreciation. It allowed hospitals to refer to the hospitals who “figured it out”. EMS need to be vigilant in accurate transfer of care times.
    - **The definition clarification of transfer of care time:**
        - “The time that we back into the ambulance Bay, until the patient is physically off of our stretcher, onto some other device that the hospital owns or physically offer stretcher period”.
    - “The whole idea is that the EMS crew needs to be liberated from the hospital to be able to take the next call that's out there on the air for service.”
- When you sign the transfer of care using a tablet or Toughbook’s confirm/remember:
    - “Document at the time the patient is in/on a hospital owned device.
    - Try to record the time accurately.
    - There is a duplicate transfer of care date and time on the signature page. This is deliberate so that the nurse/physician, or whoever the receiving hospital representative is can verify, the correct hospital and time, care is being transferred. This puts everyone on the same page in real time.
- Jeff Huggins EDAS report:
    - Jeff stated EDAS will show units enroute to the hospital, as well as, units arrived.
    - Some metrics will change resulting in red & yellow to go away. An index score of 1 – 4 “will be a direct reflection of how busy the

emergency department is as defined by the percentage occupancy of the available treatment spaces."

- Amanda McCartney asked if @Ha & Chats will combine? Jeff confirmed that is correct.

## V. MIEMSS Region III Report Dr. Pinet-Peralta

- Report submitted
- Child & infant manikins request form available.

## VI. Maryland EMSC Report Cynthia Wright Jonson

- Report submitted.
- April 3, 2025: In person Pediatric Nurse Champions meeting to be held at BWMC from 10am to 4pm.
- Wednesday April 23, 2025: In person Pediatric EMS Champion meeting 9:30 to 3:30 at the James N. Robey Public Safety Training Center in Howard County, MD. Agenda will be distributed today.
- Still accepting Star of Life and Right Care When it Counts nominations through Saturday March 28mn, 2025.
- Currently have 8 Star of Life nominations. Several categories are without nominations. Currently no Right Care when it counts nominations.
- Question to Cyndy: Can you submit the form without parent permission? Cindy stated you can submit the nomination without parent permission. Use the phone number and name, that would give us another month to try to reach out and get their permission. You can submit the form with the details and the date of the incident and all the information you have currently.

## IV. Committees

### ❖ Maryland Region III Health & Medical Coalition Christina Hughes

- Report submitted.
- The MRSE exercise will likely be held on May 8, 2025. Planning is underway. Reach out if you need information.

### ❖ Region III Medical Directors Dr. Levy

- Report submitted
- Expanding blood access process due to jurisdictional partner interest.
- Dr. Chizmar reported Dr. Levy is leading a group within the protocol review committee to comprehensively look at bleeding control and our major severe trauma algorithm for this year, not to confuse everybody for the 2026 protocol cycle. Including, the addition of potentially some other novel devices.
- Dr. Levy stated there are two parts:
  - First: The use of extremity tourniquets.
    - ✓ Focusing on the correct application and indication for life-threatening hemorrhage.

        - ✓ How do we empower our EMS clinicians in the field when they encounter a patient that already has a tourniquet on, that may or may not need the tourniquet to address that.
        - ✓ A lot of this is coming from lessons learned around the world, including the Ukraine, where we're seeing maybe some unintended consequence from tourniquets.
        - ✓ Some good stuff they're working on repositioning tourniquets.
    - Second: What are we doing for traumatic circulatory collapse, also known as traumatic cardiac arrest. The trauma patient, even though their heart is probably still beating, it's just running out of blood.

**V. Old Business**

- Chief Knatz:
    - Region III transportation group has met twice since our last meeting. We formulated a regional offload policy. The committee will meet next week to hopefully finalize and come up with something that is amenable to all of the jurisdictions. This will allow the region to follow the same uniform protocol.
    - Once EMS jurisdictional agreement is made, we will reach out to our partner regional hospitals to introduce the policy, also follow up with regularly meetings to discuss all strategies, best practices and develop better communications.
    - The committee found discrepancy between the offload policy, the alert policy and the reroute criteria and time frame. These will all need to be updated.
- Dr. Chizmar asked for conformation if this group was discussing the 30, 60, 90? Chief Knatz confirmed.
- Jon Moles asked the makeup of the transportation committee. Chief Knatz responded the committee is made of region III EMS Operational Program, jurisdictional 9-1-1 and providers. There's no hospital representation. He would like to assist with development of language and terminology.
- Jon reported:
    - 14 days ago, the federal government recognized they will no longer continue with the Maryland Healthcare waiver. Hospital funding and operations as we know it is in complete flux in the state of Maryland. Essentially, the hospitals in Maryland day one of the fiscal year will take care of their patient volumes they expect to see, including the emergency department. For example, Sinai hospital to manage their 70,000 ED visits and daily inpatient census of 400 patients simply monitor and make sure we stay within the expected corridor. It is not a fee for service model as everyone else operates under. We have a single-payer model and that is going away. The replacement is unknown.

- I wanted you to be aware of the timing in the market and how hospital operations and particular hospital funding is completely in flux in the state of Maryland.

Dr. Chizmar & Dr. Levy asked if there was a public notice.
Jon responded: the Trump administration said the Maryland Healthcare waiver would end.

- The Maryland Hospital Association, follows a single payer model.
  - Single payer: instead of each hospital system having to go to all 30+- insurance groups and negotiate for patients with these disease processes we're managing in an inpatient status or this procedure happening in the operating room, insurance company X is going to pay us this amount, or is going to pay us whatever they're going to pay us. Thay decision is handled at the state level. The state negotiates those contracts with all of the insurance vendors. We're hopeful that will continue because none of the Maryland based hospital systems participate. If you were to go to any other state, there's a large negotiating team that works with insurance companies.
  - This does not exist at LifeBridge, Hopkins or University of Maryland. We don't even have that department to go through that process and understand what determination and timing of the waiver is, because again, all the federal government says it's not going to be supported beyond this federal fiscal year. To compete with other hospital systems by showing where there's a shift in the volume resulting in an opportunity to receive extra funding is very difficult to do and has been unsuccessful in most negotiations. We're all in a capitated market and that capitated market is closing, which is probably great for EMS. If the hospital is paid for every EMS patient that arrives, we want to make that experience great for not only the patients, but also the EMS providers.
  - Chief Knatz stated we need to use this as an opportunity to work together better than some jurisdictions or some hospitals have been. So, I think this is a way for us to come together collaboratively for what's best for our patients because we are sharing our patients, that's really the end.

## VII. New Business

- Chief Knatz:
  - Part of the offload strategy is our escalation pathways which started in Baltimore County four years ago. The escalating pathway is a call down list for the hospital to affect offloads in a timely manner. An updated pathway is being created for the region by asking Region III hospitals to provide **ongoing** appropriate names and contact information.
    - Mark Harrington, standing in for the chief of Fort Mead asked how small agencies without constant supervisors on shift and long distances manage this process? Chief Knatz responded by indicating this question should be brought to the transportation committee for clarification. She will send him an invitation for attendance.

## VIII. Regional Roundtable Reports:

### EMS Operations:

- Chief Knatz:
  - Baltimore County EMS Operations is taking a hard look at our transfer of times. Will be implementing the push button on the radio for transfer of care, reducing radio transmissions. CAD data will be pulled into the eMEDS report for better accuracy.

### Hospitals:

- Joe Brown - Carroll Hospital Center:
  - Beginning April 1, 2025, the emergency department will be under construction for 12–18-month. Updates will be provided for possible entrance changes. Beginning last week, commercial services are entering through the main entrance.
- Ammanda McCartney – Johns Hopkins & Bayview:
  - Johns Hopkins (peds & adult) and Bayview need assistance with removal of backboards. In a couple of weeks, the boards will be disposed of.
  - We are encouraging providers to get the patients out of wheel chairs and into alternate seating in the waiting room, specifically if the patient doesn't actually need one.
  - Recent "Directed to triage" training completed for clarification and updated implementation. Please notify her if you have specific individuals she may need to mentor.
  - May 19-23, 2025 EMS week. Save the date EMS Conference agenda will come out soon.
- Jon Moles -Sinai:
  - EMS celebration will be May 20, 2025. Grace's will be May 22. 2025.
- Jennifer - Upper Chesapeake:
  - Reported senior vice president and chief clinical officer Fermin Barrueto, M.D. is leaving the Universality of Maryland Health System on March 28, 2025, with no current replacement information.
- Joe Brown - Carroll Hospital Center:
  - CHC will hold it's annual EMS week picnic Wednesday April 21, 2025. Location to be announced due to construction.
- Laura Roth - St. Agnes:
  - Multiple jurisdiction units offload concern:
    - We get multiple jurisdictions coming in with one or two patients and we are unable to implement reroute because there's only one ambulance from all five jurisdictions. Has this been discussed with possible resolution?
    - Chief Knatz reported this issue is being discussed by the transportation group. The updated policy should resolve the concern/issue.
- Yedidya Benavie – Sinai
  - He is the new EMS medical director for Sinai Hospital.

- Kathryn Burroughs - Union Memorial:
    - Union Memorial and probably most hospitals would benefit if EMS clinicians could/would transport recently discharged (within 30 days for the same complaint) patients to the original discharge facility.
      Hours/beds are waisted/used as the hospital organizes the patient transfer back to the recently discharging facility.
      Chief Knatz suggested individual cases be sent to EMSOP for review.

**Next meeting – May 28, 2025 @ 1pm.**

**IX.** Adjournment:
Motion to adjourn by Kathryn Burroughs.
Second by Amanda McCartney.
Motion carried.