

Region III EMS Advisory Council

November 26, 2025 | 1:00 PM

Minutes

I. Opening Remarks

Danielle Knatz

- Thank you, everyone, for joining us today on this Thanksgiving Eve

II. Chair Report

Danielle Knatz

- Review of September 24, 2025 minutes
Motion to accept by Ethen Freyman
Second by Danielle Warren
Motion carried
Luis M. Pinet-Peralta, PHD suggested removal of the verbiage regarding the late arriving members. Chair Knatz stated it would be taken care of.
- Roll call attendance completed. See below:

III. Program Reports

- **A. SEMSAC/Legislative Update** **Danielle Knatz**
 - Legislative: Universal ambulance equipment inventory.
 - Public AED statue to simplify public access. Clarify the role of AED coordinator.
 - SEMSC meeting is December 4, 2025 to wrap up the year.
 - EMS Board/SEMSAC joint meeting will be in January 2026.
- **B. State EMS Medical Director Report** **Dr. Chizmar**
 - 2026 Protocol update is in initial phases. The Protocol Review Committee was very active this past year and there were a variety of proposals.
 - Looking at adding TXA for angioedema.
 - Seizures, removing consultation for a second dose of midazolam so we're actually giving a larger dose of midazolam to the patients up front. Potentially with consultation, adding ketamine. So again, seizure, two doses of midazolam and then ketamine with consultation if the seizure remains refractory. We still have a small but important group of patients who continue to seize after midazolam second dose.
 - Major trauma protocol currently does not exactly mirror the most recent versions of ATLS and some of the other trauma documents that are out there. It doesn't go far enough in emphasizing the early attention to exsanguinating

hemorrhage. I've worked with Dr. Levy and we'll have some revisions in the trauma protocol, major trauma and trauma arrest protocols.

- Looking to expand labetalol use in very hypertensive patients, patients with systolic blood pressures that are well north of 220 who have acute CVA.
- We're in the initial phases of establishing a working group to look at a curriculum for basic life support, specifically EMTs to do CPAP. That will not be a change for 2026. Considering introduction in 2027.

○ **Regarding the emergency department Advisory system:**

- Thank you guys, for making us aware when the ambulance is enroute, as well as the ambulance arrived at the hospital, the functionality relies on a couple of different data hops. It relies on a hop from your CAD into e-meds and then from e-meds the EDAS. If any of those links are broken at any point in time, the ambulance part, number of ambulances enroute and the number of ambulances arrived can be broken with any disruption there. The most recent disruption was related to the image trend update. Jason, Jeff and William have all worked with the vendor, Image Trend, on trying to shore that up. We apologize for any gaps that that causes the medical duty officers. The 1 – 4 system maintained and remained active throughout. It was the number of ambulances going to hospitals and arriving at hospitals that were not working properly.
- For the hospitals:
 - I wanted let you know there will be some written communication coming your way reporting migration the base station course being entirely online in the MIEMSS online training center. For the physicians and nurses required to take this course, there is a registration process and we'll have written communication coming. The bulk of the base station online course will allow physicians or nurses to take the course and quiz and retrieve a certificate. Working to change the record collection system so we can keep better track of nurses and physicians who take that course. We see a lot of staff turnover in our emergency departments. Hospitals may supplement with their own education; this option will give you the primer state content material and get the certificate a little bit faster. That is live right now. I will send out written communication which goes over this, so it's clear for everybody.
- **Image trend update:**
 - In the image trend update for all jurisdictions reported the launch of a component within eMEDS called AI Assist.

It's a little bit of a misnomer. I think instead of **artificial intelligence, we're going to call it automated information** because it really isn't artificial intelligence. It is a functionality which Image Trend has released within its own software where you can take pictures of prescription bottles, you can dictate into the software, and it will not only accept your dictation, but it will actually place the items you dictate into the different parts of the Elite report, so you're not having to manually type them in. I've trialed it myself and I think it'll actually cut down the amount of time that it takes to do a report. Our plan is to release it to the MSOP administrators and eMEDS administrators within each MSOP and allow them to determine whether they want to turn it on for their county or not. We realize that there may be some need for discussion before it's turned on. It is not the previous option of auto narrative. There were a lot of issues with the auto narrative, and some services have it turned on and some have it turned off. But our plan is, very shortly, to release it to the eMEDS administrators in each MSOP, let them see it, so they can make the determination as to when to turn it on for their service or if they're going to turn it on for their service. We're not able to turn it on selectively for different levels of people, so we either have to turn it on for all of your county or not within your county. We can't turn it on for just the chief level or just the captain level and not the field clinician level, and that has to do with how Image Trend structures things.

- **Drug Adulterants:**

- I am part of a group that is looking at drug adulterants. The number of drug adulterants is growing. The number of benzodiazepines, tranquilizers and medetomidine that are in the drug supply, is just astounding. If we have an overdose, we support breathing and we give naloxone, which may not see instantaneous recovery. As seen in the Penn North overdoses, we saw really strange, unusual patterns of patients with bradycardia and with prolonged altered mental status. It's not because we're not doing the right thing, supporting ventilation and giving naloxone, it may be there's an adulterant in that drug supply and the patient needs to go to the hospital for a longer period of observation and/or management.

- **Whole blood:**

- The pilot jurisdictions have expanded to three jurisdictions in Region III. Howard was first, then Carroll,

then Harford. There are 10 jurisdictions in the implementation phase or in the immediate pre-launch phase statewide.

- **EMS transfer of care times.**
 - Hospitals and EMS receive emails every Monday.
 - Please, if you're an EMS agency, take the time to review and scrutinize the particularly the high times, as we still have aberrancies, which may not be aberrancies, just very long times. Please take some time with your MSOP to scrutinize those longer times, take a look at the reports.
 - To the hospitals, thank you, because I know a lot of you have used this to drive process improvement. Please continue to use that data to try to refine your processes. The regional coordinators statewide are always available if you're not sure who to contact as people change throughout the year in hospitals and jurisdictions.

- **C. MIEMSS Region III Report**

Dr. Pinet-Peralta

- Region III report on file.
- **Reminder:** we have the Region III EMS Advisory Council smart sheet list which includes both the primary member for the Council and the alternate member. If you do not know who the primary or the alternate is, contact me for the information. Keep in mind every primary member has access and can edit the Smartsheet. If you change the role for the primary member, notify the regional office. Region III will provide Smartsheet access to the new primary. The Smartsheet list is used for meeting invitations.
- **Voluntary Ambulance Inspection Program:** There is a link to submit the application. Keep in mind, the application must be completed. Region III office will review your application to confirm all the documentation is accurate and complete. Once the application is confirmed complete, we'll reach out to the EMSOP to find potential dates for the inspection. Prior to inspection we need to know what vehicles are going to be inspected, which are not, whether they are ALS or BLS or chase vehicles.
- **Region 3 Performance Improvement Work Group:** Created earlier this year to facilitate learning what we do in our jurisdictions and enhancing the value of improvement, not only at the jurisdictional level, but at the regional level, and hopefully to connect what we do in jurisdictions and regions, which can connect to the state effort. The next Meeting is December 11, 2025. We hope that we can move forward with validation processes for pain

scores and for vital signs, which were two of the metrics we wanted to pay attention to for now.

- **Grant cycle:**
EMS grants, both cardiac device and ALS training were submitted as part of the Transportation Council on behalf of the Region III MSAC to the JAC Board. We are funding every single jurisdiction who applied for the cardiac device grants. December 1, 2025 is deadline for submitting ALS training grant applications. We've received applications from Anne Arundel, Baltimore City, and Baltimore County.
 - **Last base station coordinator's call was cancelled;** however, the group has been very productive with good dialogue and we appreciate all the contributions from base stations.
 - **Two important regional exercises:**
 - BWI held an Emergency Plan Exercise (E-PLEX) on November 1, 2025. Mustafa Sidik responded for MIEMSS to assisted the transportation officer.
 - We participated in the Baltimore County Fire Department mass casualty drill on the November 16, 2025. It was a great exercise.
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- **D. Maryland EMSC Report** **Cyndy Wright Johnson**
 - Just a couple highlight dates:
 - We will be offering a EMSC Pre-Conference S.T.A.B.L.E. program focusing on post-neonatal resuscitation, how do I care for this child, either in a long transport, waiting in an emergency department to transfer to a hospital that does have a nursery, or that inter-facility transports.
 - Pre-conference at Winterfest January 30, 2026 through February 1, 2026 in Easton Maryland. Registration should go live right after this holiday weekend.
 - Pre-conference at Miltenberger, March 7 & 8, 2026 at Rockey Gap Resort. Registration should open in late December.
 - Conferences are open to EMS, both inter-facility and pre-hospital, and for emergency department nurses and physicians.
 - Most of the physicians take NRP and then the cardiac module of S.T.A.B.L.E., which are level three and level four hospitals are offering.
 - We are going to have an interdisciplinary physician, nurse, and EMS conference on Wednesday, February 25, 2026. The save the date is out. The flyer and registration should go live next week.

- Carroll County is hosting a Texas extension program two-day pediatric disaster course. As of two days ago, there were still openings. It is the third week in February and free. Both out of hospital and in hospital pediatric training. It comes around about once a year. Prince George's did host it in June. It is now booked into 2027. This is probably the only other course that we will have here in Maryland in the next 12 months.

IV. Committees

- Maryland Region III Health & Medical Coalition
Christina Hughes - report on file - Not on call
- Region III Medical Directors Dr. Levy
 - Dr. Levy not in attendance
 - Jenifer Guyther – no report

V. Old Business

- Region III hospital off-load policy update
 - Policy updates will be disbursed to committee for jurisdiction confirmation each jurisdiction is in agreement with the policy. It will then be a matter of instituting in the jurisdictions. It has been decided we can't create an actual Region III policy.

VI. New Business

- LP35 & Lifenet capability issues – no complaints from committee members regarding connecting issues in region.

VII. Regional Roundtable Reports

- **EMS Operations**
 - **EMS operations:** None
 - **Chief Knatz:**
 - Baltimore County has a current recruit class completing EMT and firefighter and are scheduled to graduate in July of 26.
 - On track for a paramedic class in February or March 2026. Followed by two firefighter classes in May and July 2026.
 - We have purchased 10 Cyanokits and are currently completing training with soon deployment to our EMS officer vehicles.
 - We have completed interviews for the EMS Bureau Chief position, and the announcement will be coming out soon.
 - Interview and selection for an EMS captain position to fill vacancy.

- **Rebeca Gilmore STC:**
 - December 1, 2025 broadcast training: Hyperbaric oxygen therapy. Registration is required.

- **Danielle Warren CHC:**
 - Our new ambo bay is open as of two days ago. We're were consistently down about four rooms at any given time during construction. Thank you for your patience with offloads. The new bay is a back in. Entrance is a long hallway with direction signs. Questions or concerns, please reach out to me or Joe Brown.

- **Luara Roth St Agnes/Accension:**
 - Recently learned Ascension was getting rid of LifeNet. Apparently, St. Agnes was able to extend their contract for the next year. No new word of timeline yet of the new program or when we can roll it out. I heard it's happening in 2026 to the rest of Ascension.
 - **Dr. Chizmar:**
 - Laura, thank you, first of all, for working to extend the contract. I know, particularly as a cardiac intervention center, that our Office of Clinical Integration would have interest in making sure that you still have the ability to meet the door-to-balloon-time metrics and first medical contact to balloon metrics as well. Because I don't know the details, the best thing I could recommend is to work through any change to with Katie Hall and the local EMS jurisdictions. Maybe there is another solution that's not LifeNet, but I don't think hospitals in general want to lose the ability to receive EMS EKGs because it will really impair the ability to let the cardiologist know to activate the Cath lab, specifically if you're at a CIC, otherwise, you have to take it on the paramedics word, which is fine by me, but may not be fine by your cardiologist if they get called for too many false positive activations. I would say if you have a year to work collaboratively, if you're thinking that Ascension still wants to make a transition away from LifeNet to try to work through a solution that's going to be able to receive EKGs from LifeNet devices. I think there are some other capabilities, I'm certainly not the expert, but wouldn't want to lose that capability if you're a CIC or not a CIC, I know that several hospitals are looking at dropping LifeNet because of cost. The only caveat, if you have a patient for whom the ST elevation is subtle or the paramedic may not notice it and you're at a non-CIC you lose visibility to see and to provide

medical direction to say, maybe this person would benefit from going to a CIC instead of coming to our non-CIC hospital. Before you make any big changes by committing to change the software, it would be great to open that discussion now with Baltimore County, Baltimore City. I guess what might be helpful to know, Ascension is in multiple states. Are they just abandoning the ability to receive EKGs at the other Ascension hospitals?

- Laura Roth stated they're changing their whole software system apparently at all hospitals.
 - Dr. Chizmar asked if your partner hospitals out of state are just not receiving EKGs or have, they managed to get a system that will receive EKGs? It's just not LifeNet?
 - Laura Roth stated they've changed to a different system which does receives ECGs but she is not sure if they receive LifeNet. Will have further offline discussion.
 - **Jeff Nusbaum:** Discussions with Dr. Keating, they're going to general devices, which can receive a picture of an EKG. There's no app between LifeNet and general devices, but if the EMS clinician has the CareBridge app, they can take a picture of an EKG and transmit it to the general devices base station, which is, I think, what the parent Ascension company envisions happening.
 - **Chief Knatz:** It should be a collaborative approach. There's a lot of restrictions that we as EMS have in regard to snapshots, taking pictures on personal devices. We have to be sure that we're doing things that are super protected.
- **MIEMSS partners** – no report
 - **Next meeting January 28, 2026**

VIII. Adjournment

- **Motion by Suan Mott**
- **2nd by Ethan Fryman**
- **Carried**

Region III EMS Advisory Council

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Attendance

Attendance: In attendance

Region III EMSAC Officers:

Council Chair - Chief Danielle Knatz

Council Secretary - Susan Mott

MIEMSS Staff:

MIEMSS Region III

MIMESS Medical Director

Region III Associate Medical Director

MIEMSS EMS-C

MIEMSS Preparedness & Operations Division

MIEMSS Region III

Luis Pinet-Peralta, PHD

Tim Chizmar, M.D.

Jennifer Guyther

Cyndy Wright-Johnson

Jeff Huggins

Mustafa Sidik

Members:

Anita Hagley

BCFD

Becky Gilmore

STC

Cara Miller

Sinai Hospital

Christine Deckert

UM UCMC Aberdeen

Danielle Warren

CHC

Ethan Freyman

BWI

Jeff Nusbaum

UMMC Midtown

Jennifer Denault

JHH Peds

Jennifer Osik

Upper Chesapeake Medical Center

Jon Moles

Sinai Hospital

Lauren Roth

St. Agnes Hospital

Mike Reynolds

Anne Arundel County Fire Department

Mark Fisher

Northwest Hospital

Nena Taveira Da Silva

MedStar Harbor Hospital

Rebecca Cantor

STC

Shawna Keiser

Good Samaritan Hospital

Ashley Pete