



Theodore Delbridge, MD, MPH

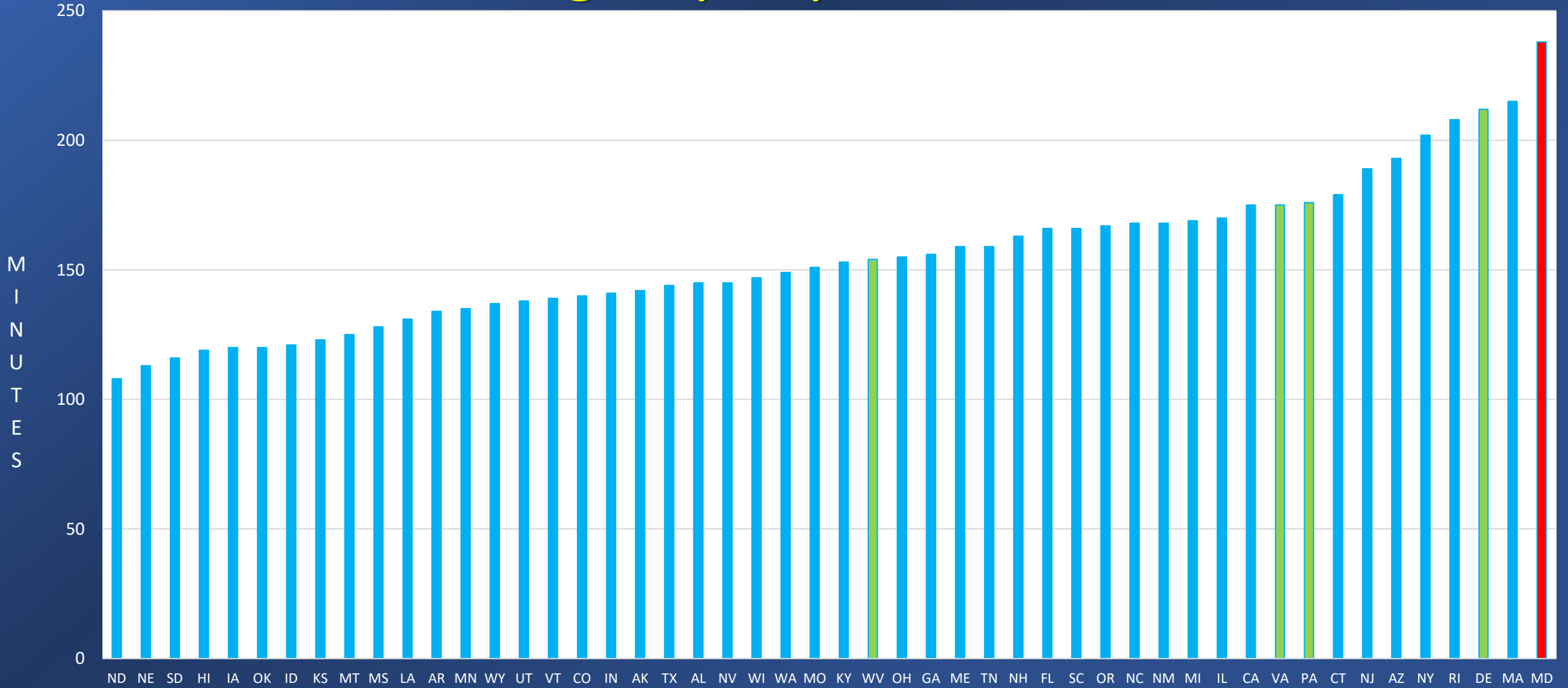
UPMC
LIFE CHANGING MEDICINE

 **ECU HEALTH**



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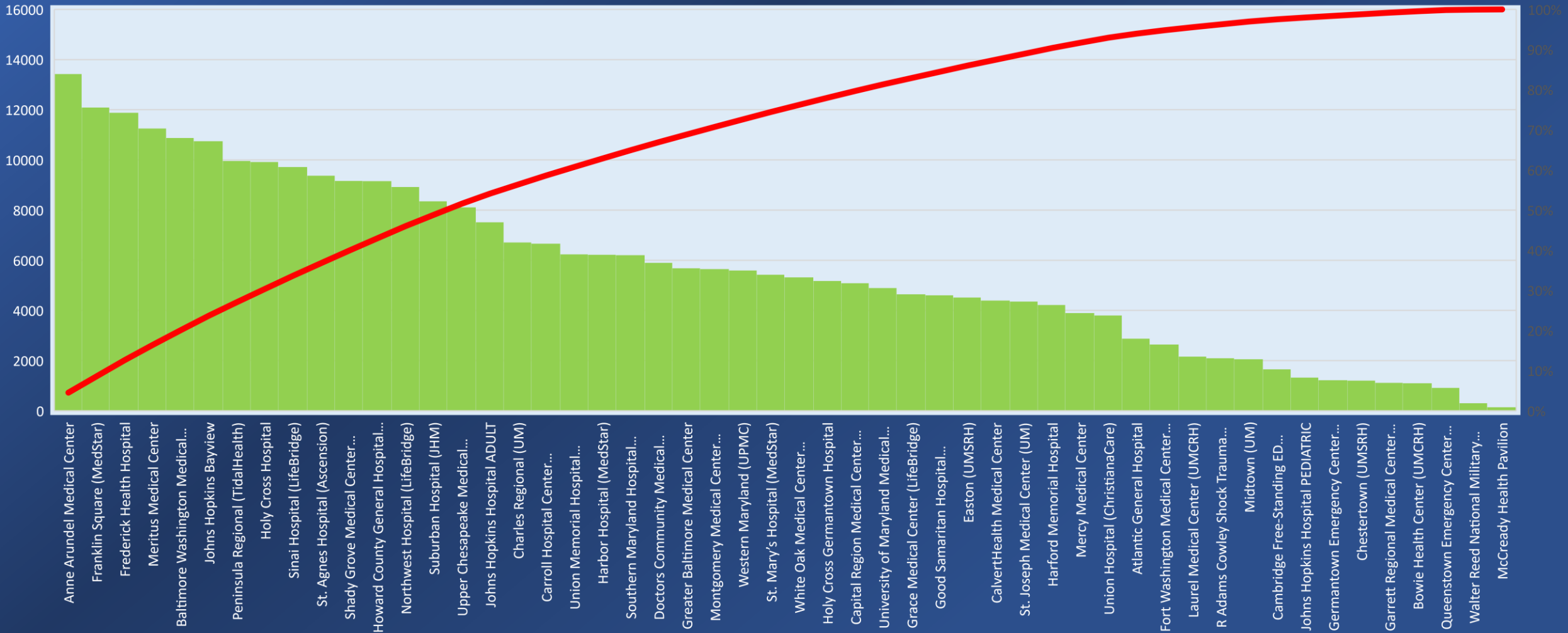
Emergency Department Time





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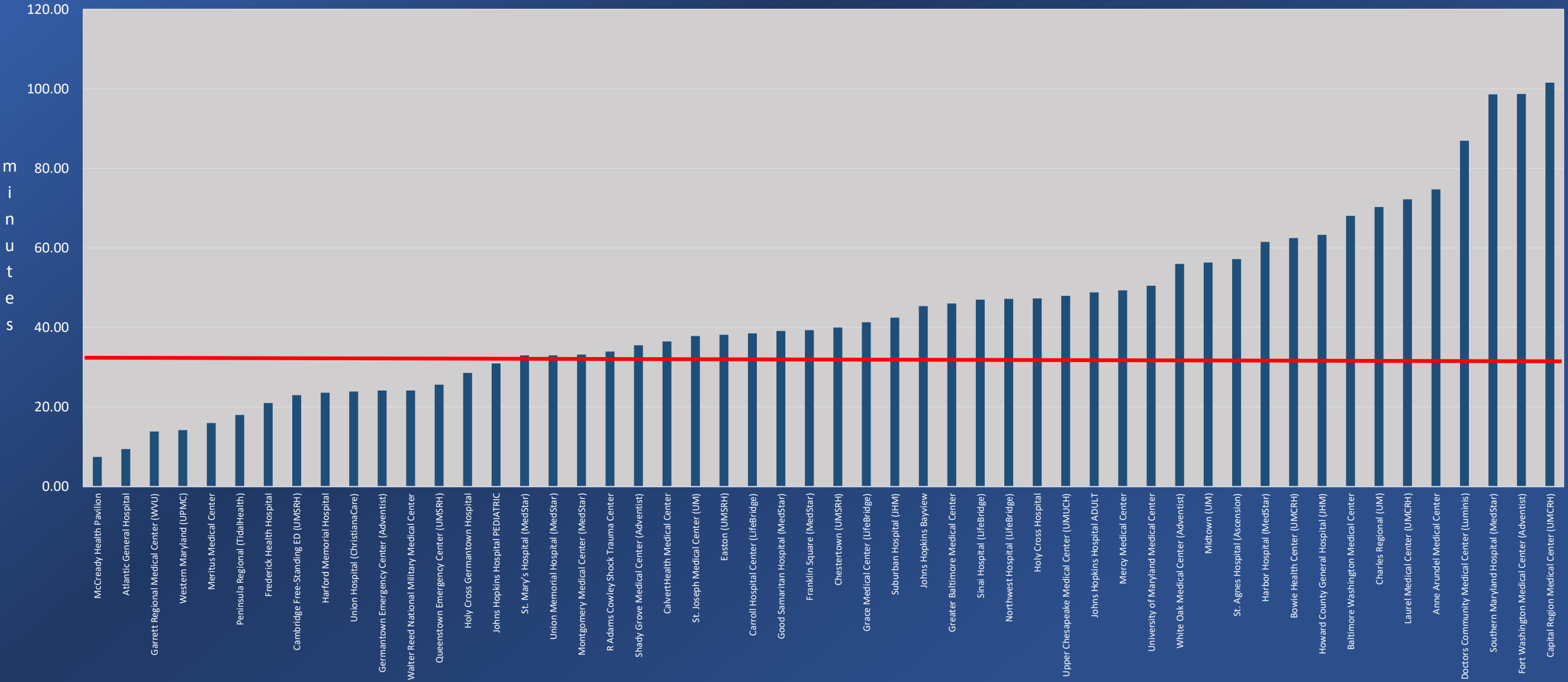
Maryland EMS-Receiving Emergency Departments YTD 2023



2022: 532,166 patient transports



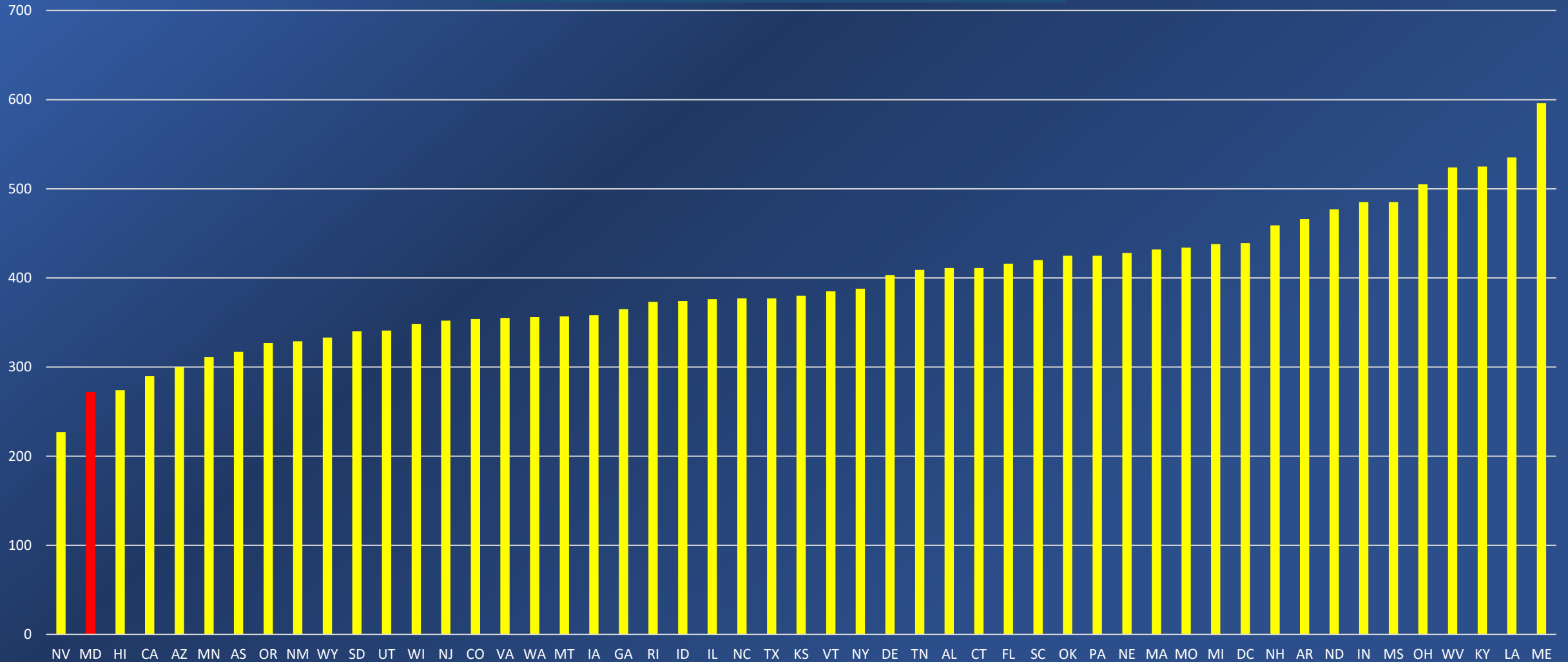
90th Percentile EMS:ED Transfer Interval vs Hospital





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ED Visits per 1000 population

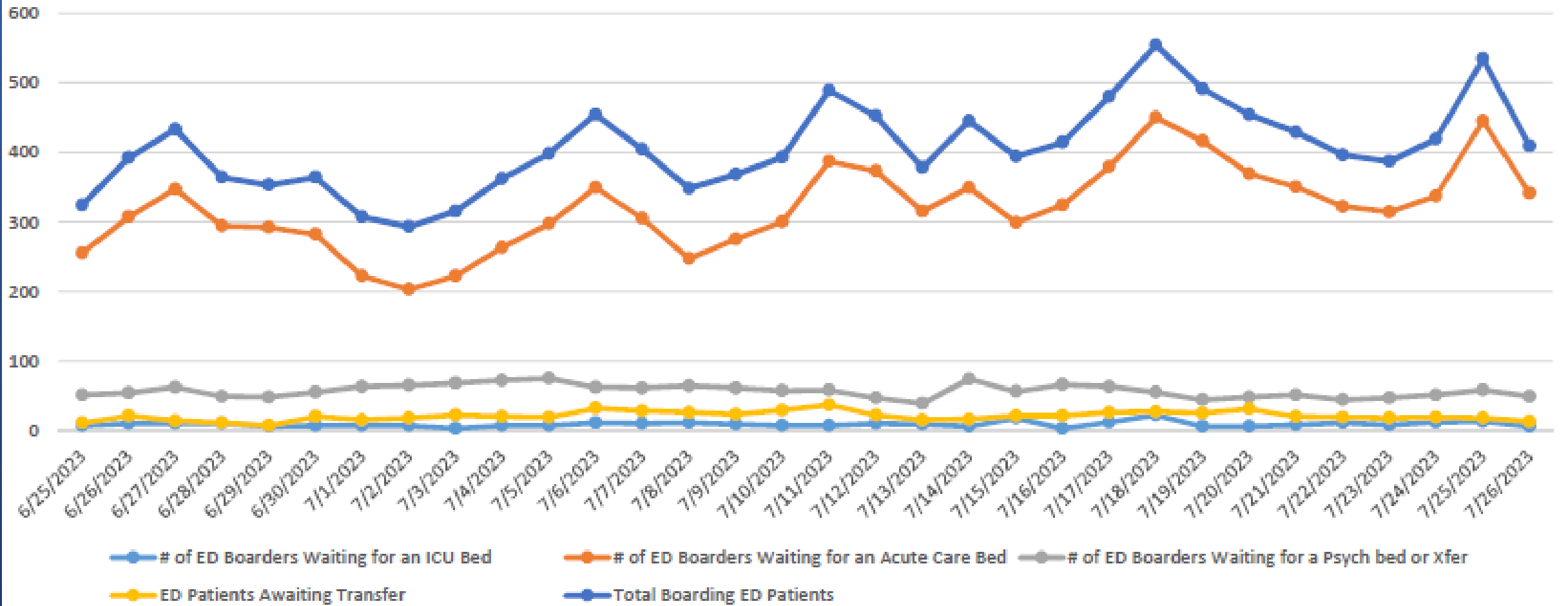


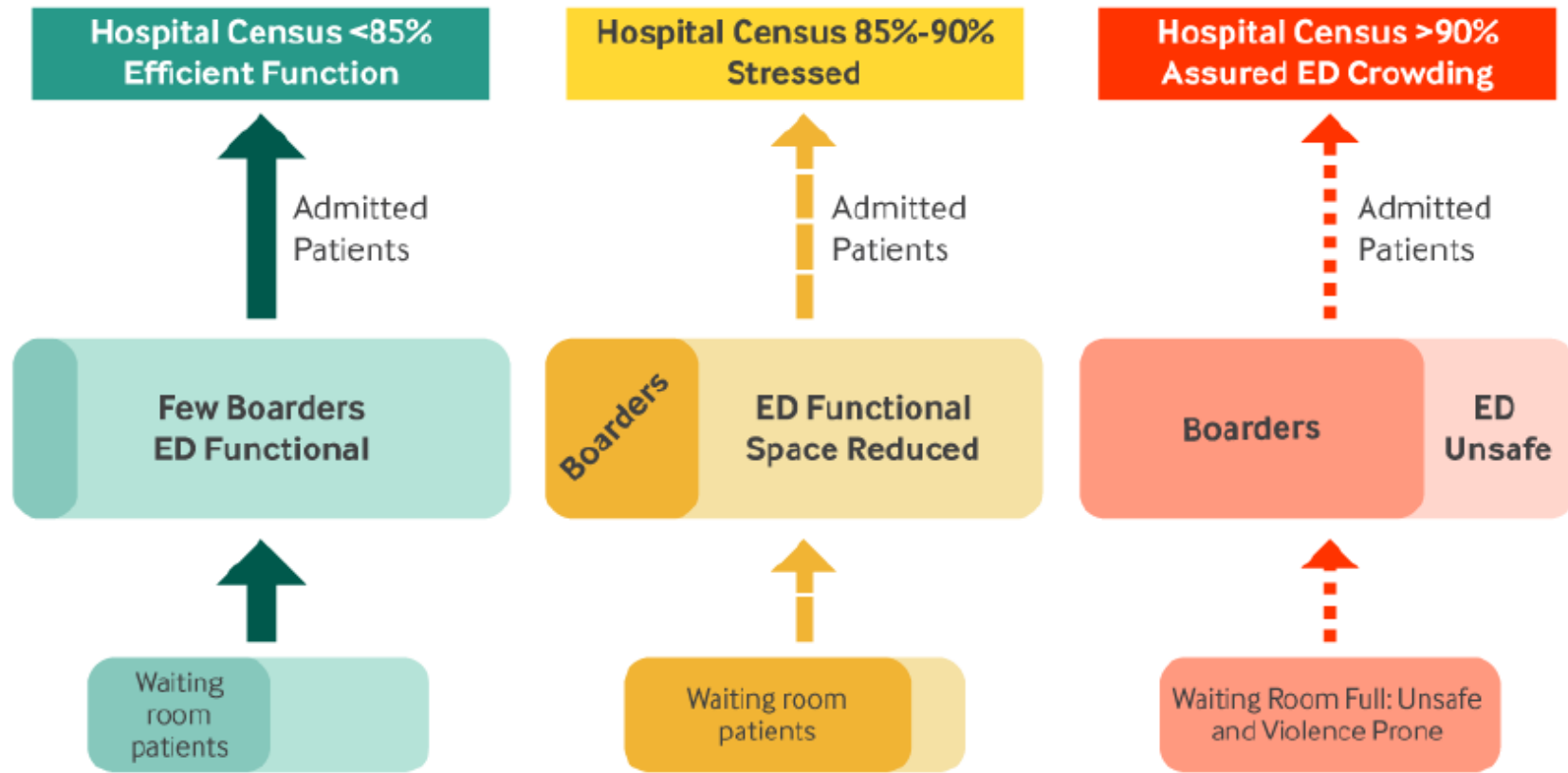
2021; Kaiser Family Foundation



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Boarding ED Patients Statewide





Source: The authors, based in part on internal Association of Academic Chairs of Emergency Medicine (AACEM) members' data, and informed by Forster AJ, Stiell I, Wells G, Lee AJ, van Walraven C. The effect of hospital occupancy on emergency department length of stay and patient disposition. Acad Emerg Med. 2003;10(2):127-133. <https://onlinelibrary.wiley.com/doi/epdf/10.1197/aemj.10.2.127>.

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TRENDS IN MARYLAND
HOSPITAL EMERGENCY
DEPARTMENT UTILIZATION:
An Analysis of Issues and Recommended
Strategies to Address Crowding

Report of the Joint Work
Group on Emergency
Department Utilization

Maryland Health Care Commission
Health Services Cost Review Commission

APRIL 2002

- Baltimore City Task Force on Emergency Department Crowding: Findings and Recommendations. June 2006.
- Maryland Health Care Commission. Use of Maryland Emergency Departments: An Update and Recommended Strategies to Address Crowding. January 2007.
- Maryland Hospital Association. Emergency Department Diversions, Wait Times: Understanding the Causes 2016-2017.
- MIEMSS & Health Services Cost Review Commission. Report on Emergency Department Overcrowding. Report to the Joint Chairmen. December 2018.
- MIEMSS & Health Services Cost Review Commission. Emergency Department Overcrowding Update. Report to the Joint Chairmen. November 2019.

Turn off the water!



Fix the drain!



Make the tub bigger!



Opportunity!



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Alternative Destination (AD) Protocol

- Low Acuity / Priority 3 Patient
- Patient is 18 years of age or older
- Able to Communicate with EMS
- Understands Consent Form/Process
- Agrees to be transported to AD

Yes

Vital Signs
Acceptable?

- ACCEPTABLE VITAL SIGNS**
- Respirations: 10-20
 - Pulse: 50-120
 - Pulse Ox: >92%
 - Temperature: 96-102 F
 - Blood Glucose: 70-300
- ACCEPTABLE BLOOD PRESSURES:**
- Urgent Care/PCP:
Systolic 100-160 & Diastolic 60-100
 - Stabilization/Crisis Center:
Systolic 80-220 & Diastolic 50-120

Yes

High Risk
Conditions
Absent?

- High Risk Conditions**
- Abdominal Pain, Unexplained
 - Altered Mental Status
 - Back Pain, Unexplained
 - Chest Pain
 - Dyspnea/Shortness of Breath
 - Focal Neurological Deficits (Acute)
 - Seizures
 - Sepsis, Suspected
 - Syncope
 - Requires more than minimal assistance to walk
 - Unable to Cooperate with History and Exam

Yes

Physical Exam without
Time Dependent Needs

- Physical Exam/Time Dependent Needs**
- Airway
 - Breathing
 - Circulation (Including to Extremity)
 - Disability (Deficit) or Deformity
 - Severe Tenderness with Palpation/Exam
 - Significant Head or Truncal Trauma
 - Uncontrolled Bleeding
 - Require ALS Monitoring or Interventions
 - Concern for Potential Deterioration in Condition

Obtain Consent & Insurance
Info from Patient

Contact &
Obtain Acceptance of Patient
from AD

Transport to AD



IF ANY HIGH RISK CONDITIONS OR PHYSICAL EXAM/TIME DEPENDENT NEEDS, EMS SHALL TRANSPORT TO CLOSEST APPROPRIATE ED/FEMF



IF PATIENT IS EXCLUDED BASED ON VITALS ALONE, TRANSPORT TO CLOSEST APPROPRIATE ED/FEMF UNLESS MEDICAL DIRECTION FROM APPROVED BASE STATION AUTHORIZES TRANSPORT TO ALT DESTINATION

Rev. 06/06/2019

Montgomery County Fire & Rescue – 2022

- 50 transports to an urgent care center
- 2000 9-1-1 calls to an urgent care center

Baltimore City Fire Dept – 2000 - 2022

< 1 transport per 3 days to a stabilization center for acute drug/alcohol intoxication





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Success?

Recommendations for concise, logical, and actionable interventions or steps that can be taken to effect measurable outcomes

