



# Maryland EMS News

Vol. 22, No. 1 For All Emergency Medical Care Providers October 1995

## MIEMSS Wants Your Opinion

On August 8, 1995, the EMS Board approved the Maryland EMS Plan, which, under the guidance of the Statewide Emergency Medical Services Advisory Council (SEMSAC), was developed through a careful statewide consensus building process. This 15-month process included regional EMS issues conferences, the distribution of over 1,200 draft plans to Maryland's EMS providers, and nine regional public hearings on the "Draft" EMS Plan.

Now I would like to hear from all of Maryland's EMS providers again! Which of the plan's 99 objectives do you feel should be the top 10 priorities for implementation? Please take a few moments to review the plan's objectives. Then, on the response sheet in this newsletter, darken the boxes of 10 objectives you feel are most important for Maryland's EMS System to address now. Also please mark the appropriate boxes in sections 1, 2, and 3. When complete, mail the response sheet to Ron Kropp by December 1, 1995. If you have any questions, please do not hesitate to call Mr. Kropp at 410-706-3993.

◆ Robert R Bass, MD, FACEP  
Executive Director, MIEMSS

### Objectives in EMS Plan

#### Human Resources

- 600 Adopt national "blueprint" for all levels of prehospital certification, including intermediate, within an acceptable timeframe and ensure appropriate funding for the training and education of EMS providers of the state, to include equipment and technology necessary to ensure proper applications of state-of-the-art techniques and exploration of new teaching modalities.
- 601 Design and develop modular training programs based on the national "blueprint" for use throughout the state.
- 602 Provide a mechanism to allow current CRTs to voluntarily attain national level intermediate or paramedic certification while allowing those desiring to maintain current CRT certification or equivalent to do so until voluntarily surrendered.
- 603 Provide a mechanism for prehospital scope of practice alternatives that exceed national standards.
- 604 Assure jurisdictional medical director's authority to include BLS, for the purpose of protocols, scope of practice, and Continuous Quality Management (CQM).
- 605 Ensure that workers' compensation coverage is provided to all EMS providers.
- 606 Prepare and disseminate a database of current benefits accruing to volunteer EMS providers by county.
- 607 Conduct regular needs assessments throughout the state to identify numbers and types of care providers and services needed, and develop appropriate strategies to address issues.
- 608 Encourage volunteerism by use of public service announcements, volunteer recognition programs, and other means.
- 609 Evaluate and supplement, if necessary, management and leadership training for EMS providers and their leaders.
- 610 Determine the appropriate integration of private and public sector emergency medical services providers and ensure a mechanism to achieve this level.
- 611 Encourage the training of hospital personnel in EMS practices and equipment enhancements.
- 612 Develop methods for EMS providers to perform their duties more safely.
- 613 Make provisions for the evaluation of EMS personnel training.
- 614 Ensure appropriate funding to implement and operate governmentally mandated programs.

## **Communication and Information Management**

- 615** Implement the new national EMS database standards (format and vocabulary) on a statewide basis.
- 616** Assess methods of improving data collection in the field to include reliability, consistency, speed, and integration with the patient's medical record. To the extent possible, work to integrate EMS data with other existing and planned databases (e.g.: police, traffic accident, GIS, etc.).
- 617** Design and implement a statewide protocol and training program for pre-arrival instructions given by call takers and dispatch personnel.
- 618** Develop methods of making EMS data available to all provider agencies and decision makers on a timely basis and in a standardized format and respecting patient confidentiality and legal discoverability concerns.
- 619** Encourage compliance with Maryland regulations in the use of MAIS.
- 620** Develop a consolidated communications and information management plan for the state in conjunction with other Maryland public service agencies and with the assistance of outside expertise in communications and information technology. Evaluate current communications systems in light of new technologies and cost; and, if determined to be appropriate, develop strategies to upgrade the systems.
- 621** Assure a standardized approach to data collection via collaboration with the Healthcare Access and Cost Commission.
- 622** Strongly encourage the Emergency Numbers Board to ensure funding for the training and certification of PSAP Call Takers and EMS Dispatchers using appropriate standards.
- 623** Establish an ad hoc committee with Emergency Numbers Board and SEMSAC representation to address the issue of medical dispatch.

## **Transportation**

- 624** Provide for the appropriate number and geographic and temporal distribution of EMS vehicles.
- 625** Establish and ensure compliance with minimum equipment and safety standards for each EMS vehicle type.
- 626** Monitor the cost effectiveness of the EMS transportation system.
- 627** Monitor the impact of managed care/health reform on the transport of patients.

- 628** Ensure that patients are transported at an appropriate level of care to and between appropriate facilities to meet the goals of the plan.

## **Emergency Care Centers**

- 629** Facilitate collaboration and encourage cooperation among hospital emergency departments and providers.
- 630** Determine applicability of existing EMS standards (e.g.: JCAHO, ACEP, emergency department standards) to the Maryland EMS system.
- 631** Determine appropriateness of geographic coverage, diagnostic and therapeutic capabilities of existing hospital emergency departments.

## **Specialty Centers**

- 632** Develop objective standards for the designation/designation and continuing evaluation of specialty centers.
- 633** Determine appropriateness of geographic coverage and diagnostic and therapeutic capabilities of existing specialty centers.
- 634** Assess specialty center capacity for use in the designation/designation process.
- 635** Determine, in collaboration with the Maryland Health Resources Planning Commission, the adequacy of existing restorative services.
- 636** Work cooperatively with the Health Care Access and Cost Commission and the Health Services Cost Review Commission to assure the continuation of Maryland's unique trauma/specialty care system especially under health care reform and the expansion of managed care.

## **Non-Fire, Non-EMS Public Safety Agencies**

- 637** Encourage and support recertification of first responder training for all public safety personnel.
- 638** Encourage cooperation and collaboration among public safety provider personnel.
- 639** Suggest legislation to protect EMS providers from abandonment liability in threatening scene situations.
- 640** Extend current legislation to deter interference with EMS operations in the same manner as with police and fire.

## **Inter-Facility Patient Transfer**

- 641** Establish standards for the appropriate level of personnel and equipment required for the transfer of patients between facilities and make such standards available to bordering states (and federal hospitals/facilities).

- 642** Develop the appropriate scope of practice for caregivers in the inter-facility transport environment and develop training programs as necessary.
- 643** Apply the same quality management process used for other transports to interfacility transports.

### **Public Information, Education and Relations (PIER)**

- 644** Develop relationships with all media to enhance accurate coverage of EMS issues and activities.
- 645** Establish public, private, and community relationships to promote support for EMS and for injury and illness prevention activities.
- 646** Provide basic media training to regional and local EMS agencies to enhance the flow of information to our customers through local media.
- 647** Utilize existing and developing technologies for dissemination of public information and educational materials (e.g.: training, satellites, cable/computers).
- 648** Identify public information and education priorities through use of relevant data; disseminate public information and education materials to address these priorities.
- 649** Establish monitoring and evaluation tools for public information and education activities to ensure all materials and activities reach their intended audience and accomplish their intended goals.

### **Medical Response to Disaster**

- 650** In collaboration with the Maryland Emergency Management Agency (MEMA), complete a comprehensive all-hazards disaster vulnerability analysis.
- 651** Complete and maintain a region by region disaster medical response plan.
- 652** Complete a plan for the coordinated utilization of statewide medical resources.
- 653** Based on results of vulnerability analysis, conduct appropriate disaster medical response exercises in each region periodically.

### **Mutual Aid**

#### **Objectives - intrastate**

- 654** Review existing mutual aid agreements to determine status consistency and adequacy in both routine and disaster situations.
- 655** Develop model mutual aid agreements.

- 656** With the concurrence of the involved local jurisdictions, facilitate agreements based on current and perceived future needs and in conjunction with disaster plans.

- 657** Assure adequate funding to provide true mutual aid through standardized statewide emergency medical protocols based upon national practice standards.

#### **Objectives - interstate**

- 658** Review legal obstacles to multi-jurisdictional cooperation including reciprocity of all EMS services and personnel.
- 659** Review existing interstate continuity of care agreements and update as necessary.

### **Medical Direction**

- 660** Establish and clarify the lines of authority, responsibility and accountability, and qualifications, including job descriptions and, as appropriate, contracts and reimbursement arrangements, for medical directors and others involved in medical control.
- 661** Develop guidelines and training for EMS medical directors.
- 662** Mandate training and certification programs for base stations and personnel who elect to exercise base station medical control, with appropriate standards.
- 663** Ensure adequate Base Station Medical Control credentials for all physicians, emergency departments, and specialty referral centers receiving and/or managing care of patients transported by being trained to use and understand the Maryland EMS System.
- 664** Reevaluate the prehospital communications protocols regarding base station consultations and prehospital notification calls.
- 665** Evaluate options for regionalized medical control, under the aegis of MIEMSS, and integrated with quality control.
- 666** Ensure qualified on-line and off-line medical direction for all public and private emergency and non-emergency ambulance services and personnel.
- 667** Develop administrative and utilization guidelines for medical physicians who are on the scene, either as volunteer care givers or attending physicians.

### **Evaluation and Quality Management**

- 668** Develop a program for training EMS managers at all levels with the principles and methods of outcomes measurement and performance improvement.
- 669** Develop a mechanism for disseminating to providers the aggregate results and analysis of the information they have provided in a timely manner.

- 670** Develop a prototype performance improvement model that can be adopted by EMS regions and provider agencies.
- 671** Continually assess EMS system performance using both process and outcome measures and report appropriate findings to interested organizations including, but not limited to, the EMS Board, SEMSAC, local governments, medical directors, EMS provider agencies, and the public for use in making informed decisions.
- 672** Encourage the use of patient outcomes and system performance information in resource allocation decision making by organizations including, but not limited to, the EMS Board, SEMSAC, local governments, medical directors, EMS provider agencies, and the public.
- 673** Develop customer service satisfaction survey instruments for use by local EMS provider agencies and encourage their use in overall quality management.
- 674** Encourage the incorporation of performance improvement activities in all components of the EMS system.
- 675** Promote the development of a system-wide culture that rewards individual and organizational contributions, innovation, and commitment to achieving excellence in patient care and supporting services.

### **Research/Analysis**

- 676** Encourage cooperation and collaboration among EMS researchers in Maryland and outside the state and between EMS researchers and others working to achieve the goal of reducing death and disability from injury and sudden illness.
- 677** Pursue and provide funds to support EMS outcomes analysis necessary for the system's quality initiatives.
- 678** Develop and implement a research agenda and policies and procedures for the distribution of research funds.
- 679** Provide assistance to ensure sound study design and adherence to appropriate regulations.
- 680** Develop and implement a methodology for tracking, compiling, and reporting research activities and outcomes.
- 681** Encourage all providers within the state to participate in research activities.
- 682** Assure that new technologies and therapeutic approaches are scientifically and rapidly evaluated prior to or at the initiation of their use.
- 683** Define the process for review and approval of pre-hospital research (e.g.: IRB, Human Volunteers).

### **Finance**

- 684** Conduct proactive discussions with appropriate individuals and organizations to insure that managed care initiatives are consistent with the goals of the EMS plan.
- 685** Develop methodologies for associating financial resources with approved operational objectives.
- 686** Publish and disseminate an annual EMS system financial report.
- 687** Review the cost effectiveness of EMS expenditures periodically and report the findings to the EMS Board.
- 688** Survey the operating and capital costs and the revenue streams associated with prehospital EMS provision throughout the state.
- 689** Work proactively with the Healthcare Access and Cost Commission, the Health Services Cost Review Commission, and the State Insurance Commissioner to establish equitable reimbursement for emergency care.
- 690** Pursue funding to support EMS operations, research, and training.
- 691** Establish a rolling five-year operating and equipment budgeting system for all state supported EMS operations fund expenditures.

### **EMS Systems Management**

- 692** Review the organizational structure and lines of communications of the current EMS system and report findings and recommendations to the EMS Board.
- 693** Update and incorporate use of existing 30-minute training module describing the Maryland EMS System to be used in the education of EMS provider groups and the public.
- 694** Strive to enhance public notice and access to EMS deliberations.
- 695** Determine the need for EMS continuing management education within the state. Develop a series of seminars and workshops to provide EMS program managers and providers with desired progressive management and leadership skills.
- 696** Establish EMS ombudsman function in concert with local jurisdictions.
- 697** Review, evaluate, and update statewide EMS Plan on a two-year planning cycle.
- 698** Develop and maintain a database of system resources.

# RESPONSE SHEET



Demographic Data (indicate all that apply)

1. EMS Professional Discipline
- a. SEMSAC Member
  - b. Regional Council Member
  - c. EMS Administrator
  - d. EMT-P or CRT
  - e. EMT
  - f. First Responder
  - g. Nurse
  - h. Physician
  - i. Hospital Administrator
2. Status
- a. Career
  - b. Volunteer
3. EMS Region
- a. Statewide
  - b. Region 1
  - c. Region 2
  - d. Region 3
  - e. Region 4
  - f. Region 5

Mark below YOUR CHOICE of the 10 highest priority objectives for the EMS Plan.

- |                              |                              |                              |                              |                              |                              |
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| 603 <input type="checkbox"/> | 620 <input type="checkbox"/> | 637 <input type="checkbox"/> | 654 <input type="checkbox"/> | 671 <input type="checkbox"/> | 688 <input type="checkbox"/> |
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| 616 <input type="checkbox"/> | 633 <input type="checkbox"/> | 650 <input type="checkbox"/> | 667 <input type="checkbox"/> | 684 <input type="checkbox"/> |                              |





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Place  
Stamp  
Here

Maryland Institute for Emergency Medical Services Systems  
636 W. Lombard Street  
Baltimore, Maryland 21201  
ATTENTION: Ron Kropp

**FIRST CLASS MAIL**

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Fold in half, tape, and affix 32¢ stamp

## Looking for Honda, Acura Crashes for Airbag Research Study

As we reported last October, the National Study Center for Trauma/EMS has been looking at the injury patterns produced in car crashes for several years. We asked you then to help us identify airbag crash victims who were brought to Shock Trauma. Your help in this current study, which will continue indefinitely, has been greatly appreciated.

We are in the process of beginning a similar study, and for this one, we need your help more than ever. In this new study, we are interested in identifying ANY crash in the state of

Maryland involving a Honda or Acura vehicle with an airbag deployment. To report any information pertaining to a crash involving a Honda or Acura, please call either of our 24-hour-a-day numbers: 328-3770 in the Baltimore area or 1-800-997-9826 from anywhere in the state. When calling, please provide:

1. Your name and phone number
2. Time and date of the call
3. Vehicle make and model
4. Patient name and hospital (if taken to one)

5. Crash location and date
6. Crash details (if known)
7. Vehicle damage and patient injury

Please do not hesitate to call, even if you are missing some details. Getting this information as soon as possible after the crash is key so that we can begin tracking the patients.

If you have any questions about this new study, or any of the crash research at the National Study Center, please call Tim O'Quinn at 410-328-8978.

### Highway Safety Conference

Maryland's First Statewide Highway Safety Conference will be held November 16-17 at the Holiday Inn in Annapolis. The conference is co-sponsored by the State Highway Administration and the Maryland State Police.

Topics to be discussed include: bicycle and pedestrian safety, engineering, occupant protection, commercial vehicles, impaired driving, youth and older drivers, EMS, incident stress management, media relations, and new technologies in highway safety.

For information, call Pam Brown at 410-787-4077 or Greg Scheidhauer at 410-787-4079.

### "800" Line for MIEMSS

To request information from the MIEMSS Education and Certification Office, call 1-800-762-7157. The new "800" number will make it easier for the EMS community to access education and certification information and to provide immediate or next working day response. The line is staffed from 8 am to 5 pm, Monday through Friday; voice mail provides coverage during the other hours.

### Pediatric Conferences at St. Joseph Medical Center

Expert pediatric emergency care during the first hour following injury/illness is crucial to maximize the outcome for the critically injured child. Aggressive assessment and interventions during this time play a major role in reversing or preventing physiologic decompensation.

A four-part series of lectures on pediatric emergency care, sponsored by St. Joseph Medical Center in Baltimore, will conclude with:

#### Pediatric Medical Emergencies

October 23, 7 - 10 pm  
Diane Lipscomb, MD  
Pediatric ICU  
Johns Hopkins Hospital

#### Pediatric Respiratory Emergencies

November 6, 7 - 10 pm  
Suzanne Beck, MD  
Pediatric Pulmonary Dept.  
Johns Hopkins Hospital

All classes are free and will be held in the St. Joseph Medical Center's Canticle Room, located in the main building off of the cafeteria. For information, call 410-337-1477.



**COMING!**  
**SPRING '96**  
**EMS SEMINAR**  
**OCEAN CITY, MD**

**MARCH 21 - 24**

CONTINUING EDUCATION  
CONFERENCE  
PROVIDING 12 HOURS OF  
BLS/ALS CONTINUING  
EDUCATION AND  
12-HOUR SKILL SESSION

CONFERENCE WILL BE  
HELD AT  
PRINCESS ROYAL  
91st STREET

\$50 REGISTRATION FEE  
INCLUDING BREAKFAST  
AND LUNCH

\$25 FOR 12-HOUR SKILL  
SESSION

REGISTRATION BEGINNING  
JAN. 1996

FOR INFORMATION:  
410-723-6616





**Governor Parris N. Glendening**

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**Address Correction Requested**  
**MIEMSS, Maryland EMS News**  
636 W. Lombard St., Baltimore, MD 21201-1528

## DATED MATERIAL

### EMS Update '95

December 2 & 3  
at

**Towson State University,**  
**in the Student Union Building**

presented by

**Baltimore County**  
**Fire-Rescue Academy**

in conjunction with

**Baltimore County**  
**EMS Division;**

**Baltimore County**  
**Fire Fighters Association,**  
**IAFF L-1311;**

**Baltimore County Chief**  
**Officers Association**

**Easy Access Parking!**

#### **Fees, Lunches, and Credits:**

For Baltimore County  
affiliated EMS personnel: Free  
For Non-Baltimore County affiliated:  
\$25, one day; \$40, both days  
Lunch Included

Continuing Education Credit  
through MIEMSS

Preconference Workshops;  
November 30 and December 1

For information:  
Call Baltimore County Fire-Rescue  
Academy at 410-887-4890.

### Western Maryland Trauma Seminar

The Western Maryland Trauma Seminar is scheduled for November 11-12 at the Wisp Resort at Deep Creek Lake. The program is co-sponsored by MIEMSS, MFRI, and Garrett Community College. Course curriculum will include: pediatric trauma; pediatric burns; EMS and crime scene investigations; pediatric case studies; emotional care in pediatric trauma; children's injury prevention; and pediatric airway and immobilization.

The seminar will provide 12 hours of continuing education for EMT-A recertification. It will also provide ALS credit.

Pre-registration is required and costs \$40 for Maryland participants and \$100 for non-Maryland participants. Advanced registration is required. For further information, contact Garrett Community College at 301-387-3069 or MFRI at 301-729-0431.

### EMS CARE '96

**Mark Your Calendars**

EMS Care '96 is scheduled for April 11 - 14 at the BWI Marriott (near the BWI Airport). Information will appear in an upcoming newsletter.

### EMT-B Issues Forum

An EMT-B Issues Forum for all EMS providers will be held December 12 at 6:30 pm at the Maryland Fire and Rescue Institute (MFRI) at Berwyn Heights.

The forum will be hosted by MFRI, the Maryland State Firemen's Association, and MIEMSS.

For Details, call MFRI at 1-800-543-1245.

**November Is**  
**Child Safety &**  
**Protection Month**



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