

Improving Situational Awareness for Hospitals

In 1974 the Emergency Medical Resource Center (EMRC) began operations to provide a point for EMS providers to contact hospitals, notify them about patients destined for their facilities, and obtain physicians orders to sustain the patient until they arrived at the hospital. This linkage quickly became a focal point for coordination of the daily operations of the State's EMS system. The EMRC began to track which hospitals were the busiest and alert hospitals by voice that there was a significant incident that could cause a major influx of patients or act as a threat to their facility or operations. As the system matured, the activity increased and it became more difficult to manage these system coordination issues.

In 1993 MIEMSS introduced the County and Hospital Alert Tracking System (CHATS), a home-grown website that displays the statuses of hospital emergency departments. EMRC could update CHATS as hospitals changed their Red, Yellow, and other Alert statuses. CHATS provides up-to-date information on the entire system's level of activity and a gauge for emergency patient load among hospitals. Two incidents in particular, a train fire in the Howard Street tunnel under Baltimore in 2001 and the tragedies of 9/11 that same year, made it evident that the old voice method

of alerting hospitals of significant incidents was taking too long, and tracking available resources by paper and pencil was inefficient. In January 2002 MIEMSS introduced another home-grown application, the Facility Resource Emergency Database (FRED), to address that issue. MIEMSS could use FRED to alert hospitals about significant events and hospitals could indicate how many patients they could accept and what resources they may have that could assist in the response to the event. FRED significantly reduced, from days to minutes, the amount of time and effort needed to alert and catalog resources available.

During the H1N1 virus outbreak in 2009, MIEMSS upgraded the software applications from the existing systems to a commercial-off-the-shelf application, HC Standard. The CHATS and FRED functions are now hosted in HC Standard and have become more sophisticated by allowing hospitals to make their status changes directly online instead of by calling EMRC, which has improved the reporting capabilities and the overall utility of the resource tracking systems.

To ensure that our system is ready and able to respond should a significant event occur, MIEMSS periodically issues "FRED alerts," whereby an alert is issued and hospitals

are to respond back with requested information. Participation with the FRED alerts has always been voluntary, however, and MIEMSS has had an average of a relatively low 70% response rate from hospitals. Attaining even this rate has required follow-up calls from EMRC or the MIEMSS Regional Administrators after the alert is issued to prompt hospitals to enter their data. During a significant event, especially in a mass casualty situation, our statewide emergency system needs to have 100% non-prompted participation to alerts that are issued.

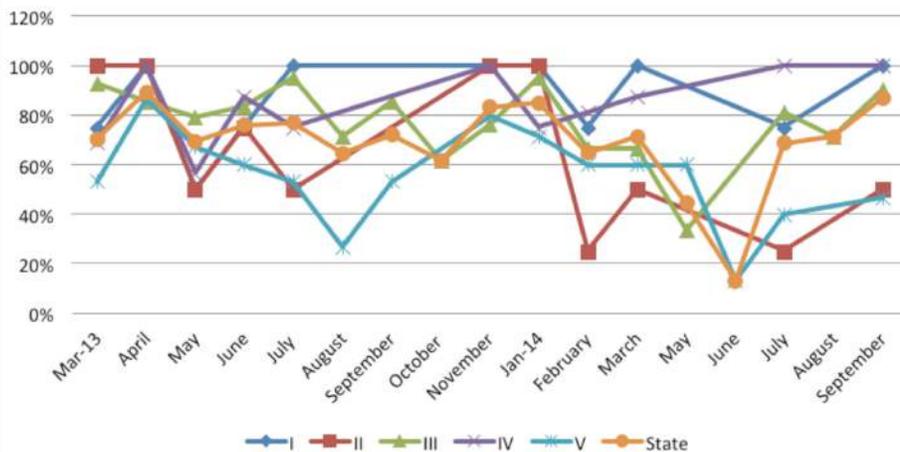
MIEMSS tracks the response of individual hospitals to every alert sent through FRED. The results (shown below) are quite revealing. We found that one hospital responded to all 33 alerts sent to them since March 2013. Five hospitals responded to over 90% of the alerts.

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Hospital Response to FRED Alerts



Improving Situational Awareness for Hospitals

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The bulk of the remaining hospitals fell into the 60-80% range, but a few responded less than 30% of the time. We also found that responsiveness was closely related to the time of day and day of week. Alerts sent during normal business hours when administrative staff was generally available were much more likely to be answered than those issued during nights and weekends. The chart on page 1 tracks the progress by Region over the past year.

MIEMSS Safety Corner

How clean is your unit?

With recent discussions about using PPE and disinfecting your ambulance with the outbreak of Ebola Virus Disease, are you also paying attention to the other hidden dangers that are out there (e.g., MRSA, C diff, staph, and strep) on routine calls? These are a few of the invisible enemies out there. The last thing we want to do is take these bad guys home to our family.

How can you help reduce the risk of catching one of these pathogens? These dangers can lurk not only in the patient compartment, but the cab as well. Making sure that you follow sound infection control procedures will help keep you, your partner, your patient, and your family safe.

Use the following tips to make sure you don't find any unwanted friends:

- Follow your agency's Infection Control Plan.
- Good hand washing etiquette is essential!
- Properly dispose of all medical waste and trash from your unit.
- **After every call:**
 - Use an EPA-registered disinfectant or 1:10 bleach solution.
 - Wipe down all high touch areas (hand rails, door handles, and stretcher).
 - Wipe areas that the patient came in contact with.

In order to improve the response rate and make the information more reliable, MIEMSS is taking several steps. MIEMSS has contracted with the University of Maryland Center for Health and Homeland Security and the University of Maryland School of Law to provide mentoring and training sessions to the State's hospitals. These sessions include a discussion as to who is responsible for answering the alerts and providing guidance on policies and procedures related to forwarding the information to the affected departments within the hospital. Training also covers the purpose and operation of each component of the HC Standard application. These training sessions have been aimed initially at hospitals with a response rate of 80% or less, but training sessions are open to other hospitals. The training sessions have helped improve the response to alerts. In June 2014 training began in Region IV and every alert since the conclusion has been answered by 100% of the hospitals in that Region. Over the summer and early fall, hospitals in Southern Maryland have participated in training. All hospitals in the National Capital Region will be scheduled for training in the upcoming weeks and Region III hospitals will be scheduled for late fall and into the winter months.

MIEMSS Regional Offices have been sharing aggregate data on the response rates with their respective Regional EMS Advisory Councils and Regional Healthcare Coalitions and also sharing individual data with each facility so that hospitals may compare themselves to the average. Starting this fall, we will begin to share hospital-specific response rates with the Councils as well as making it available for each facility for the purpose of comparison with similar institutions and for learning from one another.

MIEMSS continues to improve the application based on the feedback from these visits and other comments we receive. MIEMSS will be working through the Regional Administrators, Regional Councils, and Regional Healthcare Coalitions to conduct more regional call-down and alerting exercises associated with planned exercises and EMS "Triage Days." Our goal is to reach 100% response rate to the alerts and to make sure our suite of software applications provides the most up-to-date information for EMS, hospitals, and other response partners every day and in times of crisis.

Safe Air Travel with Children

Planning to travel by air during the holidays with your children? Here are a few suggestions to make your trip safer.

Purchase an airplane seat for each of your children and restrain them properly. While children under age two are permitted to be "lap" babies, this is neither safe nor comfortable for you or the baby. You aren't allowed to have your luggage loose in the airplane, so why would you allow your baby to be unsecured? Use a car seat that has a label stating "certified for use in aircraft" and use it according to the car seat manufacturer's directions. This most likely means using it rear-facing for children under age two. Older children can sit in their forward-facing harnessed seat. Bring your own car seat to use so that you will know how to use it properly and it will be ready to use upon arrival, such as in a rental car.

If your FAA-approved car seat does not fit in the airplane seat, the airline must make reasonable accommodations to move the family to a different location where it will fit in the seat. Booster use is not permitted on airplanes since they require use of a shoulder belt. Booster-aged children can use the airplane's seat belt, but be sure to pack your booster with you as you'll need to use it at your destination. There are now boosters that deflate for compact packing or that work as a kid's backpack when not used as a car seat. These are excellent for travel. For children using the airplane's seat belt, make sure they keep their seat belt securely fastened around their hips/upper thighs—not across the abdomen—and keep it on anytime they are not getting out of their seat to use the restroom.

MIEMSS' Assistant Attorneys General Answers Your MOLST Questions

Maryland Medical Orders for Life Sustaining Treatment (MOLST) forms replaced the EMS/DNR form as of January 1, 2013. Here are some common questions and answers about MOLST that we hope assist you when dealing with this form.

1. Where can I get a copy of the form?
You can download a form from marylandmolst.org.
2. Is training on MOLST available for EMS providers?
Yes. A 20-minute course is available online through MIEMSS' Learning Management System (LMS) at www.emsonlinetraining.org. The course offers Continuing Education Credit.
3. Is there training available for other health care providers and the public?
Yes. Educational resources can be found at marylandmolst.org.
4. Do prior versions of the EMS DNR forms expire?
No. Prior versions of the EMS DNR order forms never expire and EMS providers must continue to honor them under The Maryland Medical Protocols for EMS Providers.
5. Who can sign a MOLST form?
A MOLST form can be signed by a physician (MD), nurse practitioner (NP), or physician's assistant (PA).
6. Does every section of a MOLST form need to be completed?
In order to be considered valid, it is not necessary that each section of the MOLST form be completed. A form may be considered valid as long as the first section is completed, dated, and signed.
7. Is an electronic copy of a MOLST form valid?
Yes. Electronic MOLST forms are valid, recognizing that not all ambulances/EMS providers are equipped to receive, store, or transmit electronic copies, and they are not required to do so.
8. Is an electronic signature acceptable?
Yes, under Health-General Article § 5-601.1 (Annotated Code of Maryland).
9. What are the key components to a valid MOLST form?
The signature of the health care practitioner entering the order and the date are sufficient to make the MOLST form valid.
10. If a health care practitioner fails to mark who authorized the orders in the certification section on Page 1, is the MOLST form still valid, provided the form is signed and dated by the practitioner?
Yes, the form is valid as long as it is signed and dated by the practitioner and should be honored.
11. If the space for the license number is blank, is the MOLST form still valid, provided the form is signed and dated by the practitioner?
Yes, the form is valid as long as it is signed and dated by the practitioner and should be honored.
12. Is a sticker a suitable form of identifying a patient on the top of the form or must the information be written out? If there is a sticker, is it invalid even if there is writing?
A sticker or patient identifying label that contains the patient's demographic information attached to the MOLST form is acceptable. If a sticker has obstructed the instructions but the form is signed and dated, it is still valid, but please bring it to MIEMSS' attention so that we can follow up with the facility regarding the appropriate placement of the sticker. You may contact MIEMSS by calling 410-706-4367.

13. Is the gender section supposed to be filled out in a specific way? If it is not filled out the right way, is the form invalid?
The gender section may be marked by a check, circle, or initial. Failure to check the gender will not invalidate the form.
14. Can a Maryland EMS provider honor a DNR form from another state?
Yes. An emergency medical services "do not resuscitate order," or an order regarding life-sustaining treatment executed in another state, is valid and should be recognized by Maryland EMS providers as equivalent to the MOLST - EMS/DNR No CPR Option B.

For additional information about MOLST, please visit marylandmolst.org.



Q. I am currently a Maryland EMT and I would like to obtain NREMT. How does that work?

A. As a Maryland EMT, obtaining NREMT is a personal choice because, at the EMR and EMT levels, current Maryland providers are not required to obtain NREMT. Also, those individuals that obtained their NREMT as part of the State certification testing process beginning this fall are not required to keep their NREMT in order to remain Maryland providers.

The first step is to visit www.NREMT.org to set up an account and apply for their certification. If you have been a provider for more than two years, when you create the application you will be applying using a refresher program. NREMT will want you to forward proof of a refresher that is less than two years old (NREMT's certification cycle is two years). You can pull your continuing education report from the MIEMSS website and forward that to NREMT. If you have been a provider for less than one year, you will apply using the initial course area.

After your application is approved, NREMT will place you on a list for MIEMSS to verify your practical examination. At this point, please call the Office of Licensure and Certification at 410-706-3666 or 800-762-7157 for additional guidance. Also, please feel free to call the Office should you have any other questions.

Charles County Unit Dedicates Station to Long-Serving Paramedic Margaret Elaine Wedding

On November 8, 2014, the Charles County Mobile Intensive Care Unit dedicated their Station 60 in White Plains to Margaret Elaine Wedding for her more than 45 years of active EMS service to Charles County and the State of Maryland. She is a founding member of the station and still holds her licensure as a Maryland Paramedic after refreshing last December.

In June 2003 Paramedic Wedding was awarded The Leon W. Hayes Award for Excellence in EMS, a statewide award given by MIEMSS for "lifetime achievement" in EMS care. Her desire to assist others began at age 10, when she was providing care to other children in the orphanage where she and her brother grew up. As a teenager, she received her first aid certificate and began to service her community. Elaine was trained as a nurse but has served as an active volunteer EMS provider for most of her life. As the Advanced Life Support (ALS) Coordinator for Charles County, she worked to develop new training programs to meet the needs of volunteer EMS providers. In the mid-1990s she decided to return to college and became the first graduate of the Emergency Health Service program from Charles County Community College,



At the dedication ceremony for Station 60, Paramedic Margaret Elaine Wedding (left) received a Certificate of Recognition from MIEMSS' State EMS Medical Director and Acting Co-Executive Director Dr. Richard L. Alcorta. Station 60 of the Charles County Mobile Intensive Care Unit was dedicated in her honor on November 8, 2014.

which is now the College of Southern Maryland. Paramedic Wedding played a critical role in the process when the Charles County

ALS Education Program was the first in Maryland to go through the approval process by the EMS Board.

Paramedic Wedding has held many EMS-related positions in her community, region, and across the State. She has served as the Quality Assurance Team Leader for Charles County, Charles County EMS Council, and Region V representative to the Regional Jurisdictional Quality Improvement Committee. She served as Chair of the Region V EMS Advisory Council and as a member of the Regional Affairs Committee and the ALS Subcommittee of the Statewide EMS Advisory Council.

Queen Anne's County Mobile Integrated Community Health Pilot Program Wins MACo Award

Queen Anne's County Mobile Integrated Community Health (MICH) pilot program has been awarded a Maryland Association of Counties (MACo) Healthy Counties Best Practices Award for 2014. The award recognizes one urban and one rural county for program(s) that "increased well-being of the county in terms of economic status, service-delivery, and/or residents' quality of life" as well as best practices in local governance. The Queen Anne's County MICH program is a joint effort between the County Department of Emergency Services and Department of Health, under the direction of Dr. Joseph Ciotola, to better integrate health care delivery for its citizens. EMS professionals and a Department of Health Nurse Practitioner visit the homes of enrolled patients to perform a variety of health and environmental assessments, and provide a connection to existing County, State, or Federal services. Referrals to the program focus on frequent callers to 9-1-1 and how to better assist the individual to remain in the comfort of his or her home. The program has been funded through grants from the University of Maryland Shore Regional Health, the Maryland Department of Health and Mental Hygiene, and the Queen Anne's County Commissioners. Queen Anne's County MICH program leadership will officially be presented the award at the January 2015 MACo winter conference.



Winterfest EMS 2015

January 22 – 25, 2015

Harrison's Chesapeake House - Tilghman Island, Maryland
Join Us for a Fun and Relaxing Weekend of Quality Education

Preconference

EMT 12-Hour Skills Refresher

Date: January 22 at 5:30 pm & January 23 at 8:00 am

Location: Tilghman Island Fire Department **Fee:** \$60 (Registration is required.)

For EMTs; complete all your recertification needs with us at WINTERFEST EMS 2015. A 12-hour skills class is available as a preconference followed by 12 hours of continuing education, which, with careful choosing, can meet the 12-hour requirement. **Space is limited. Register early!**

PEPP – 3rd Edition: Pediatric Education for Prehospital Professionals

Date: January 23 at 8:00 am

Location: Chesapeake Bay Maritime Museum – 213 North Talbot Street • St. Michaels, Maryland 21663

Fee: \$30 (Registration is required.)

The PEPP-3 BLS Course is an 8-hour course developed by the American Academy of Pediatrics and specifically designed to teach BLS providers how to better assess and manage ill or injured children. PEPP features case-based lectures, live-action video, hands-on skills stations, and small group scenarios. The program has been updated and includes new lectures and hands-on practice. Additional scenarios and special equipment has been added by PEMAC to correlate with EMS Scope of Practice in Maryland. Participants will qualify to receive an AAP course completion card by participating in the 1-day course and successfully completing a written test.

Required – online pretest must be taken prior to attending the course. Textbook will be mailed with online access code after payment has been received.

Winterfest EMS 2015

Saturday – January 24, 2015

0730–0800 **Registration**

0800–0815 **Welcome**

0815–0930 **Team Approach to an Active Shooter (1.5 T/B)**

TFC Travis Nelson
Maryland State Police/Maryland Emergency Management Agency
Special Operations Division/Regional Liaison Officer
Sgt. Kevin Straight
Maryland State Police
Supervisor In-Charge of the Tactical Medical Unit,
Maryland State Police - Special Operations Division

Team work is vital in the situation of an Active Shooter/Assailant. How does this coordinated approach provide a safe patient care environment?

0930–1000 **BREAK**

1000–1130 **Human Trafficking: Role of Emergency Services (1.5 M/B)**
Speaker TBA

Human trafficking is present in many communities, but how does EMS recognize the scene and clinical presentation?

1130–1245 **LUNCH WITH VENDORS**

SATURDAY: BREAKOUT SESSIONS

1300–1430; Repeat 1500–1630

A. Active Shooter: EMS Response (1.5 T/A)

TFC Travis Nelson
Maryland State Police/Maryland Emergency Management Agency
Special Operations Division/Regional Liaison Officer
Sgt. Kevin Straight
Maryland State Police
Supervisor In-Charge of the Tactical Medical Unit, Maryland State Police - Special Operations Division

Understanding the team approach to a dangerous situation: Role playing explores the functions and responsibilities of EMS during an active shooter incident.

B. When Quackers Go Wild (1.5 T/A)

Mary Alice Vanhoy, MSN, RN, CEN, CPEN, NRP, FAEN
Shore Emergency Center at Queenstown

Hunting is a popular sport, but with it comes risk. What are the injuries and medical conditions that can occur during hunting season?

C. To Board or Not to Board: That is the Question (1.5 T/B)

Thomas Chiccone, MD
Region IV EMS Medical Director
Talbot County EMS Medical Director

“We have always done it this way”: A look at the research related to spinal immobilization and its impact on patient care.

(Continued on next page)



Winterfest EMS 2015

Saturday – January 24, 2015

(Continued from previous page)

D. Pediatric Respiratory Illness – the Old and the New (1.5 M/A)

EMSC Faculty

Croup, Bronchiolitis, Asthma, and RSV are well known, but what about Enterovirus D68 and others? A review of various pediatric respiratory emergencies, their presentations, and their treatments.

E. It's Alive: Medical Case Studies with Simulation (1.5 M/A)

Jon Longest, MS, NRP

*Chesapeake College
EMS Program Director*

Explore your patient assessment and intervention skills through use of simulations. As close as it can get to real.

F. Please Save My Back: Safe Lifting (1.5 M/B)

Frank Rath, PT

*UM Shore Regional Health Comprehensive Rehabilitation Care
Manager of Outpatient Rehabilitation*

How can I safely move the patient? Safety for the provider and the patient: Explore the mechanisms of back injuries and how they occur and can be prevented.

1430–1500 **BREAK WITH VENDORS**

1300–1630 **DOUBLE BREAKOUT–DOES NOT REPEAT**

G. GO, NO-GO (3.0 L/2)

Jimmy Payne

Captain, Baltimore City FD

Trevor Steedman

Captain, Ocean City FD

Bobby Magee

Firefighter/Paramedic, Ocean City FD

Go, No-Go challenges the students' critical thinking skills by utilizing protocol-based scenarios to address unique patient entrapment and entanglement situations. When these "Not-So-Routine" cases arise, patient care protocols, out-of-the box thinking, and specialized tactics need to culminate for the best possible patient outcome.

1630 **CONFERENCE ENDS FOR THE DAY**

*Join us back at Harrison's for
dinner services starting at 1800.*



Sunday – January 25, 2015

0830–0845 **Registration**

0845–0900 **Welcome**

0900–1015 What Next: Emerging Diseases (1.5 M/B)

Ben Lawner, DO, MS, Paramedic

*University of Maryland School of Medicine
Assistant Professor, Department of
Emergency Medicine*

Emergency medical responders are facing so many new diseases. With threats always on the horizon, how can providers prepare themselves while providing the best in prehospital patient care?

1015–1030 **BREAK**

1030–1145 Destination Dilemma – Determining Where to Take My Pediatric Trauma Patient (1.5 T/B)

Jennifer Anders MD, FAAP

Johns Hopkins Children's Center

"Pediatric consult needed—I have an injured pediatric patient." Where do they go—the local emergency department or a pediatric trauma center? This session will look at an effective consult and the destination decision.

1145–1245 **LUNCH**

1300–1415 Nausea and Headache: What Could it Be? (1.5 M/A)

Mary Alice Vanhoy, MSN, RN, CEN, CPEN, NRP, FAEN

Shore Emergency Center at Queenstown

A common complaint—headache and nausea together: What is the cause? It sounds simple, but is it?

1415–1430 **BREAK**

1430–1545 Shaking Heads: Concussions and Beyond (1.5 T/A)

Carla Aresco, CRNP

R Adams Cowley Shock Trauma Center

Shake, rattle and roll is fun, but not for your head. A look at concussions and the various traumatic brain injury pattern experiences by our patients as well as a clinical assessment and management pearls.

1545 **Program Evaluation**

**DRIVE CAREFULLY – THANKS FOR COMING –
SEE YOU NEXT YEAR**



Winterfest EMS 2015

Location:

Winterfest EMS will be held on Tilghman Island with headquarters at Harrison's Chesapeake House. The weekend conference will be held at the Tilghman Elementary School, located at 21374 Foster Road.

Payment and Cancellation Policy:

Preregistration is required. We will be accepting registration until January 9, 2015, or until the conference is filled—whichever comes first. There will be a late registration fee of \$25 added to all registrations that are received after January 9, including call-ins. Walk-in registrations will not be allowed. Payment of all fees must be included with preregistration. In the event that payment is not readily available from the registrant's department, registration forms may be submitted with a letter of intent to pay on department letterhead. All students must be paid in full prior to January 24, 2015. There is a \$25 fee for returned checks. Any student with an outstanding balance from any previous Winterfest will not be allowed to participate until his/her account is paid in full. All requests for cancellations must be made in writing to:

Winterfest EMS, c/o Talbot Co. Department of Emergency Services (DES), 29041 Corkran Rd., Easton, MD 21601

Refunds, excluding a \$10 processing fee, will be mailed for cancellations received before January 9, 2015. Cancellation after January 9, 2015 will result in forfeiture of your entire registration fee. Speakers and topics are subject to change.

Accommodations:

WINTERFEST EMS WILL NOT BE TAKING ANY HOTEL RESERVATIONS.

All reservations must be made by the student. Please contact any hotel directly to reserve and pay for your room. Ask for the **Winterfest** rate from the suggested local lodging:

Harrison's Chesapeake House, (410) 886-2121
Tilghman Island Inn, (410) 886-2141
Lowe's Wharf, (410) 745-6684

****Breakfast at Harrison's is included for those who are staying at the above listed hotels****

Breakfast will be served starting at 6:30 am Saturday and 7:00 am Sunday; gratuity is not included.

Weather Cancellation:

The Conference Planning Committee will make a decision about cancellation of Winterfest EMS due to severe weather by noon on January 21. Call Talbot County DES at (410) 820-8311 for details. Written requests for refunds will be accepted within 30 days of cancellation.

Information:

For additional information or registration confirmations, call TCDES at (410) 820-8311, email us at winterfest@talbotdes.org, or contact us through Facebook. The Winterfest EMS Committee is committed to ensuring that individuals with disabilities are able to fully participate in the conference. If you require additional assistance, please call the Winterfest EMS Committee.

Directions:

Traveling from the Bay Bridge and points West:

Take Route 50 East to Easton. Turn right onto the Easton Bypass (Route 322). Turn right at the 4th light (St. Michaels Road, Route 33). Follow road for about 23 miles to Tilghman Island. Once you cross the bridge, Tilghman Island Volunteer Fire Department will be on the left; Tilghman Island Elementary School will be on the right; Harrison's Chesapeake House will be on the left on Chesapeake House Drive, just past the school.

Traveling from Ocean City and points East:

Take Route 50 West to Easton. Turn left onto the Easton Bypass (Route 322). Turn left at the 3rd light (St. Michaels Road, Route 33). Follow road for about 23 miles to Tilghman Island. Once you cross the bridge, Tilghman Island Volunteer Fire Department will be on the left; Tilghman Island Elementary School will be on the right; Harrison's Chesapeake House will be on the left on Chesapeake House Drive, just past the school.

To the Chesapeake Bay Maritime Museum (BLS PEPP Preconference Location):

213 North Talbot Street, Saint Michaels, MD 21663

Follow directions above to St. Michaels Road, Route 33. Once on St. Michaels Road, travel approximately 9.5 miles in to Saint Michaels. Turn right into the entrance for the Chesapeake Bay Maritime Museum and follow signs to Museum parking. The class will be held in the Van Lennep Auditorium in the Steamboat Building.



Winterfest EMS 2015

Winterfest EMS 2015 Registration

Name: _____ Nickname: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other Phone: _____

Provider #: _____ Email: _____

Primary Affiliation: _____

Certification/Licensure (Circle): EMR EMT CRT Paramedic LPN RN NP PA MD

PRECONFERENCES

(Select Only One):

_____ EMT Skills Refresher, \$60

_____ BLS PEPP, \$30

CONFERENCE FEES:

_____ Saturday, \$85.00 (choose breakout(s) below)

_____ Sunday, \$85.00 (general session only)

_____ Both Days, \$150.00 (choose breakout(s) below)

SATURDAY BREAKOUT SESSIONS (choose one for each session OR double breakout):

First Session – A B C D E F

Second Session – A B C D E F

Double Breakout – G

Dinner at Harrison's Chesapeake House, Tilghman Island, MD

Rates are per person and DO NOT include gratuity.

___ Friday Night Dinner Only, \$35

___ Saturday Night Dinner Only, \$35

___ Friday and Saturday, \$65 (rate only available for 2-night package)

Total Amount Due \$ _____ = Preconference Fees + Conference Fees + Meal Cost (as applicable)

Make checks payable to **Winterfest EMS**. Reservations are due by **January 9, 2015**. Meal fees must be included with registration. Send check, along with this form, to Winterfest EMS, c/o Talbot Co. DES, 29041 Corkran Rd, Easton, MD 21601. Call or email us with any questions or confirmation requests – (410) 820-8311 or winterfest@talbotdes.org.

****Provider Number is Required to Receive Continuing Education Credits****



New Hospital Opens in Region V

Holy Cross Germantown Hospital opened its doors the morning of Wednesday, October 1, 2014. As part of the Holy Cross Health network, this new hospital provides accessible health care to upper Montgomery County and the surrounding areas.

The new facility offers fourteen beds of full-service emergency care for adults, seniors, and children, as well as designated rooms for express care. They are proud to host a 90-bed in-patient capacity of all private rooms, allowing for enhanced patient privacy and safety. Holy Cross Germantown is also equipped for patients with psychiatric emergencies, offering two emergency behavioral health beds and an additional six voluntary adult behavioral health rooms.

In its first month of opening, Holy Cross Germantown Hospital has already exceeded their patient volume and in meeting the needs of the community.

We are pleased to welcome Holy Cross Germantown Hospital to the Maryland Hospital and EMS Community.



October 1, 2014, marked the first day of operations for Holy Cross Germantown Hospital in Montgomery County, MIEMSS' Region V. Photos courtesy of Amy Robinson.

2015 EMS and Prevention Educational Conferences

Winterfest 2015:

January 22–25, 2015
Tilghman Island, Md.

EMS Today Conference (JEMS):

February 25–28, 2015
Baltimore, Md.

Public Fire and Life Safety Educator Seminar:

March 28, 2015, MFRI
College Park, Md.

Miltenberger Emergency Services Conference:

April 10–11, 2015
Wisp Ski Resort, McHenry, Md.

EMS Care 2015:

April 30–May 3, 2015
Clarion Resort Fountainebleau Hotel,
Ocean City, Md.

MSFA Annual Convention:

June 20–26, 2015 Ocean City, Md.

MIEMSS Welcomes New Staff

Several new employees have joined the MIEMSS team. We are pleased to announce that Mike Deckard has been hired as the full-time Ombudsman, a position held by Phil Hurlock who retired in 2013 after more than 10 years with the agency. Mike has been an EMT since 1993 and a Paramedic since 1995. He retired from Cecil County Department of Emergency Services as Assistant Chief of Field Operations and is currently a member of the Level Volunteer Fire Company in Harford County and Water Witch Fire Company in Cecil County. Mike also served in the Maryland Army National Guard from 1992 to 1999. He will be the liaison between MIEMSS and fire/EMS services across that state and can be contacted by email at mdeckard@miemss.org.

Les Hodgson has been hired as the full-time Fiscal Service Administrator in MIEMSS' Administration Office. He is a graduate of Strayer University and has worked for the State of Maryland for the past 18 years with experience in accounts payable, budget, and general accounting. Les lives in Perry Hall in Baltimore County and was recently married.

The Communications Department has welcomed two new employees: Mark Gladden, a US Army Veteran who has traveled the world extensively, and Bob Leek, a US Navy Veteran who has 28 years' experience with Motorola two-way radios and worked at ARINC for five years. Bob is also a professional musician and accomplished bowler.

Region V has hired a new Office Administrator, Zachary Marselle. Zach has over five years' experience in EMS as a volunteer in Prince George's County and has also worked for a commercial ambulance service. Most recently he had worked as a chiropractic assistant and office administrator.



Mike Deckard



Les Hodgson



Mark Gladden



Bob Leek



Zachary Marselle

Baltimore County Fire Department's 5th Annual SCA Event



On October 23, 2014, the Baltimore County Fire Department held its 5th Annual Cardiac Arrest Survivors Event to celebrate SCA Awareness Month (October). Shown here are Fire Chief John Hohman, County Executive Kevin Kamenetz, and survivors who have shared their stories over the past five years. Photo courtesy of Baltimore County Fire Department.

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Governor Martin O'Malley
Lt. Governor Anthony Brown

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