



Shock Trauma Center
CNS Center
Traumatology
Critical Care Medicine
Critical Care Nursing
Hyperbaric Medicine
Medical Engineering
Research & Development
Operations Research/
Systems Analysis
EMS Systems
Education
Training
Communications
Transportation
Administration
Evaluation

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MIEMS Recommendations for Improving Baltimore City Ambulance Division:

1. Appoint full-time physician with autonomy at Chief level, reporting to Mayor, and with dual reporting to EMS system. Need backups.
2. Institute ongoing medical audit of all runs, give physician the ability to take corrective action such as moving someone out of ambulance service.
3. Medical Director should also work on improving morale -- making sure ambulance crews get commendations for good jobs and building up an esprit de corps.
4. Need to take a hard look at a dual response system for both basic and ALS response.
5. Need a separate professional ladder for ambulance division and pay differential.
6. Continuing education - training and retraining.
7. Need ability to make job assignments on a broader geographical base -- rotate assignments so that no one group is getting stuck with one area and its problems and so all will become familiar with whole city.
8. 9-1-1 is an absolute must.
9. Better training of dispatchers so can take on triaging of calls with appropriate dispatch. The dispatchers should be trained as EMT's and ride with the ambulances from time to time. Do not need both fire and ambulance dispatchers, but rather cross-train all dispatchers and back them up with a senior person who can help with complicated cases.
10. Better utilization of lieutenants -- respond to complicated cases and act as field supervisors.