Info-Red Alert

Bev Sopp

November 14, 1980

MEETING AGENDA

EMERGENCY MEDICAL SERVICES -- REGION III

Quality Inn
1015 York Road
Towson, Maryland 21204

Thursday, November 20th, 1980

1. DOT Paramedic Program
2. Distribution of MAST Trousers
3. Red Alert
4. Jurisdictional Reports
5. Open Business

Minutes of the 37th Meeting

of the

Emergency Medical Services Advisory Council - Region III

On Wednesday, October 15, 1980, the 37th meeting of the Region III-EMS Advisory Council was held at the Maryland Hospital Association. Chairperson Caulfield opened the meeting at 12:30 PM.

The minutes of the 36th meeting were accepted as written.

The first order of business dealt with Red Alert. Chairperson Caulfield outlined the meeting of September 30, 1980. She indicated that there was some concern over item #10 by the persons present at the meeting. Mr. Pelletier indicated that this is now item #9, and the item was read by Chairperson Caulfield as the item should read. A discussion ensued in reference to the sanctions which would be applied by the Council to drop hospitals from the Red Alert System. The consensus of the Council was to leave item #10 which is now item #9 as it stands. It was pointed out that item #2 has to be revised. Item #6 was deleted. Item #7 becomes new item #6. There was some concern and debate among the Council in reference to a hospital which is on Red Alert providing consultation on patients versus that hospital not being allowed to provide consultation while on Red Alert. It was decided to leave the new item #6 as it stands. Old item #11 which is the new item #10, the word "must" was changed to "should." Some changes in the semantics were made in new item #10, but the intent remains virtually the same. Dr. Sabatier felt that there should be an item written in the policy whereby patients who are ready to be discharged from the ICU or CCU beds should have priority for the step-down beds in the hospital. The hospital should have a written policy addressing this matter. Old item #12 was deleted, for item #9 covers it. It is hoped that the new Red Alert policy would go into effect December 1, 1980. Dr. Sabatier recommended that the word "only" be inserted in item #6 in reference to the physician providing consultation. The item was put to a vote and was passed with one opposed, Ms. Judy Sussman. Chairperson Caulfield felt that the new policy should be sent out prior to the December 1, 1980, implementation date to all the hospitals. It was also felt that a delegation of the

Council providers, headed by Chief Roger Simonds, be involved in informing the pertinent parties around the region such as the medical societies. This group will inform the Council at the November meeting of the legistics of the proposed action. Dr. Sabatier will also be the advisor for this group, which will include the transport committee.

Chairperson Caulfield informed the Council of two letters she received involving Fallston General Hospital and one from Dr. Bahr of St. Agnes Hospital. She indicated the she dealt with the individual from Fallston and corrected the inaccuracy. Dr. Bahr offered the use of a video cassette concerning emergency cardiac care to the Council for information purposes. It was felt that perhaps Dr. Bahr should be invited to a Council meeting after the 1st of the year to present his programs.

Chairperson Caulfield also informed the Council of the nursing shortage committee meetings. The meetings are ongoing meetings and information is being compiled on the subject. A survey instrument will be prepared and distributed to the on-line staff nurses in critical care areas at the local hospitals which are part of the Red Alert system. The committee will then try to do some studies on which hospitals have more problems in this area. She indicated that a portion of the $2,000.00 budget get allotted to the Region III Council, and should be used in conducting the survey.

A report was then given by the Region III budget committee outlining several ideas which could be done with the $2,000.00. Among the suggestions were seminars involving EMT's, CRT's, and nurses. The seminars could be held at one of the local colleges.

Dr. Aladdair Conn, informed the Council that over the past several months MIEMSS has been lax in re-evaluating the areawide trauma centers. Over the next few months all of the trauma centers within the state will be reviewed. A report accompanied by figures will be presented by Dr. Conn at the November meeting.

Mr. Pelletier addressed the item of the distribution of the MAST Trousers. He indicated that there are 37 pairs allocated for Region III. Plans are for one pair to be put in every emergency room of the Region III Hospital and one pair for each of the trauma centers. Chairperson requested the members to think about the distribution of the trousers and the subject will be addressed at the November meeting.

Mr. Pelletier indicated that a letter has been sent to Dr. Cowley in reference to reciprocity with the State of Pennsylvania and dealing with them. At a meeting in Western Maryland, Mr. Pelletier stated that he talked with Pennsylvania

and they would be willing to discuss the issue on a one to one basis not involving the Mid-Atlantic Council. He felt, however, that the central EMS office in Pennsylvania had limited power and that perhaps a better working arrangement might be brought about by drawing up a contract between the two states involving the attorney generals office of the two states. Chairperson Caulfield felt that in view of the situation, this matter should be presented to the Maryland legislature for assistance.

Mr. Pelletier related that on November 19, 1980, the MIEMSS banquet will be held at the International Inn at BWI Airport. Three members of the Region III Council are invited to attend. The executive members of the Council, namely, Chairperson Caulfield, Chief Roger Simonds, and Ms. Pope are slated to attend.

Mr. Pelletier indicated that the next Council meeting will be a dinner meeting at the Quality Inn at 7:00 PM. It was felt that the business portion of the meeting should take place prior to the dinner perhaps at 4:30 PM.

Jurisdictional Reports were then presented.

Anne Arundel County reported that a volunteer CRT class has been started about two weeks ago, at Odenton. Paramedic 3 was supposed to be put in service this month. The apprenticeship program is being prepared and a number of modules are being put together and should be ready by May, 1981.

Baltimore County reported that a volunteer CRT course is underway and a career CRT course will be starting up in November. Three new ambulances were placed in service.

Baltimore City stated that a CRT course was started on Tuesday and an EMT course is underway. Five replacement ambulances are being built at this time and should be in service along with two others by March, 1981.

Carroll County indicated that a CRT course is underway with Howard County. Two EMT refresher courses are stated to begin; one on October 21st, and another November 1st. A request was made for four pairs of Mast Trousers. One new ambulance was placed into operation.

Howard County reported that two EMT courses and two EMT refresher courses are underway. Six new firefighter recruits have been hired, and will receive their EMT training in Montgomery County.

Harfo

Harford County just finished their CRT recertification program for the year and are preparing for the December 4, 1980 test. Ongoing EMT courses are being held. The disaster exerise has been postponed to November 9th or 15th, 1980.

Under other business, Mr. Pelletier brought up the subject of 104 radios. The communications section has indicated that there is an abundance of these type of radios which can be used in the region. Mr. Pelletier indicated that he will look into the matter and report back to the council.

The meeting was then adjourned at 2:35 PM by Chairperson Caulfield.

37TH MEETING
OF THE
EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL -- REGION III

Thursday, November 20, 1980

Quality Inn
1015 York Road
Towson, Maryland 21204

PRESENT	ABSENT
Chief Oscar Baker	Richard Baum
Frank Barranco, M.D.	Allen Berkowitz, Ph.D.
Ms. Margo Caulfield	Frank Ehrlich, M.D.
*Alasdair Conn, M.D.	Elmer Engquist
*Ms. Kathleen Edwards, R.N.	Melvin Griffin
*Steven Frye	J. Alex Haller, M.D.
Mary Anne Hohenberger, R.N.	Jerome Hantman, M.D.
Donald Holmes	Frank Hoot, MPH
Donald Howell	Edwin Kirby
Michael Jachelski	Juanita Pope, R.N.
Anthony Murdock	Edwin Preston
Henry Sabatier, M.D.	Walter Sheetz, M.D.
Harrison Shipley	Lt. Reggie Shephard
Roger Simonds	Carolyn Stith
Judy Sussman	Lt. George Wyatt
*Gary Warren	

STAFF	NOTE
George Pelletier	* Guest
Mrs. Dawn Coleman	

10/21/80

THE RED ALERT PROBLEM
PROPOSED CHANGES IN THE RED ALERT SYSTEM

1. Red Alert will be called when all inpatient cardiac beds are being appropriately utilized. These exclude surgical ICU and Emergency Room monitoring capability. Those hospitals which have a combined CCU/ICU would include these beds.

2. Red Alert will be called by designated officer(s), as selected by the hospital. Individual's name responsible for calling Red Alert for the various hospital will be on record at EMRC and MIEMSS.

3. The hospital will automatically lose Red Alert Status after every eight hours, unless it is reconfirmed by those listed in Proposal number two above. The physician re-establishing Red Alert shall identify by name each time.

4. Priority for inpatient beds should be given to the transfers out of the ICU/CCU over the elective admissions schedule for admission that particular day.

5. The CCU Director or ICU Administrative Physician should exercise strict supervision of cardiac bed utilization and proper triage of all cardiac related patients.

6. Only the Consultation Physician (the physician providing the hospital with cardiac care that has been designated by MIEMSS) may over ride the Red Alert Status, if the patient is unstable, at which time a suspected cardiac patient will be transported to the nearest hospital, even if that hospital is on Red Alert Status.

   If a hospital that provides it's own consultation goes on Red Alert, it will then cease to provide any further consultations until the Red Alert Status at that hospital has been cleared. This procedural change will be monitored by the EMRC.

7. Regardless of the Red Alert Status, all hospitals should be prepared and willing to render emergency cardiac care in their emergency rooms to emergency patients until they are stabilized, at which time a final determination of each patient's disposition can be made.

8. Zone transfer policies as now existing are to be abolished, in order to make transportation to the hospital possible in an expeditious manner. Medic units will bypass no more than one hospital with a cardiac patient who is stable. If the two nearest hospitals are both on Red Alert, then the patient will be transfered to the closest hospitals emergency room. The EMRC Operator will coordinate the appropriate consultation center and the receiving hospital, with the ambulance crew designating the future receiving hospital at the time of the cardiac consultation.

9. Monitoring of the above established criteria will be accomplished in the following manner:

   a. The Region III-Red Alert Task Force will meet, initially, on a weekly basis to review the frequency of Red Alert usage.

   b. Any hospital which appears to be using Red Alert with a greater degree of frequency than other area hospitals, will receive a letter from the Task Force.

   c. The letter to the hospital will ask the institute to do one of two things. Respond in writing or in person and specify the reasons for the high frequency of Red Alert. The institution will be asked to give the Task Force a reply within three weeks.

10. The hospital should have available on request and in writing, policies for the following:

    a. The system by which it monitors the appropriateness of utilization of monitored cardiac beds.

    b. The system by which it manages Red Alert Status in the hospital.

    c. The means by which admission priority is given to patients requiring intensive care beds.

    d. Coronary Care step down policy (the means by which priority status is given to the transfer of patients from CCU beds to other beds within the institution.

Geo.

UNIVERSITY OF MARYLAND
MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES

R ADAMS COWLEY, M.D., DIRECTOR

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

September 23, 1980

MEMORANDUM

TO: Regional EMS Coordinators

FROM: Jim Abate

RE: Distribution of MASTrousers

Following is the distribution plan for the MASTrousers received under this year's grant from the DOT. You will note that several pairs will be assigned to each Regional Office. These MASTrousers may be distributed at the discretion of the Regional Councils to second line ambulances or to replace those damaged beyond repair or "lost" in the system. It is advisable for the Coordinators to maintain a few pair in the Regional Office to serve as spares for the Region.

Region I

2 Requested for ambulance companies
1 Request for hospital
10 Regional office
13

Region II

4 Requested for ambulance companies
1 Requested for hospital
2 Requested for Area Trauma Center
10 Regional Office
17

Region III

7 Requested for ambulance companies
23 Requested for hospitals
8 Requested for Areawide Trauma Centers
37 Regional Office
75

22 S. GREENE STREET • BALTIMORE, MARYLAND 21201 • AREA CODE 301 528-6846

Region IV

33 Requested for ambulance companies
2 Requested for hospitals
1 Requested for Areawide Trauma Center
20 Regional office
56

Region V

24 Requested for ambulance companies
14 Requested for hospitals
4 Requested for Areawide Trauma Centers
30 Regional office
72

MIEMSS Trauma Unit

10

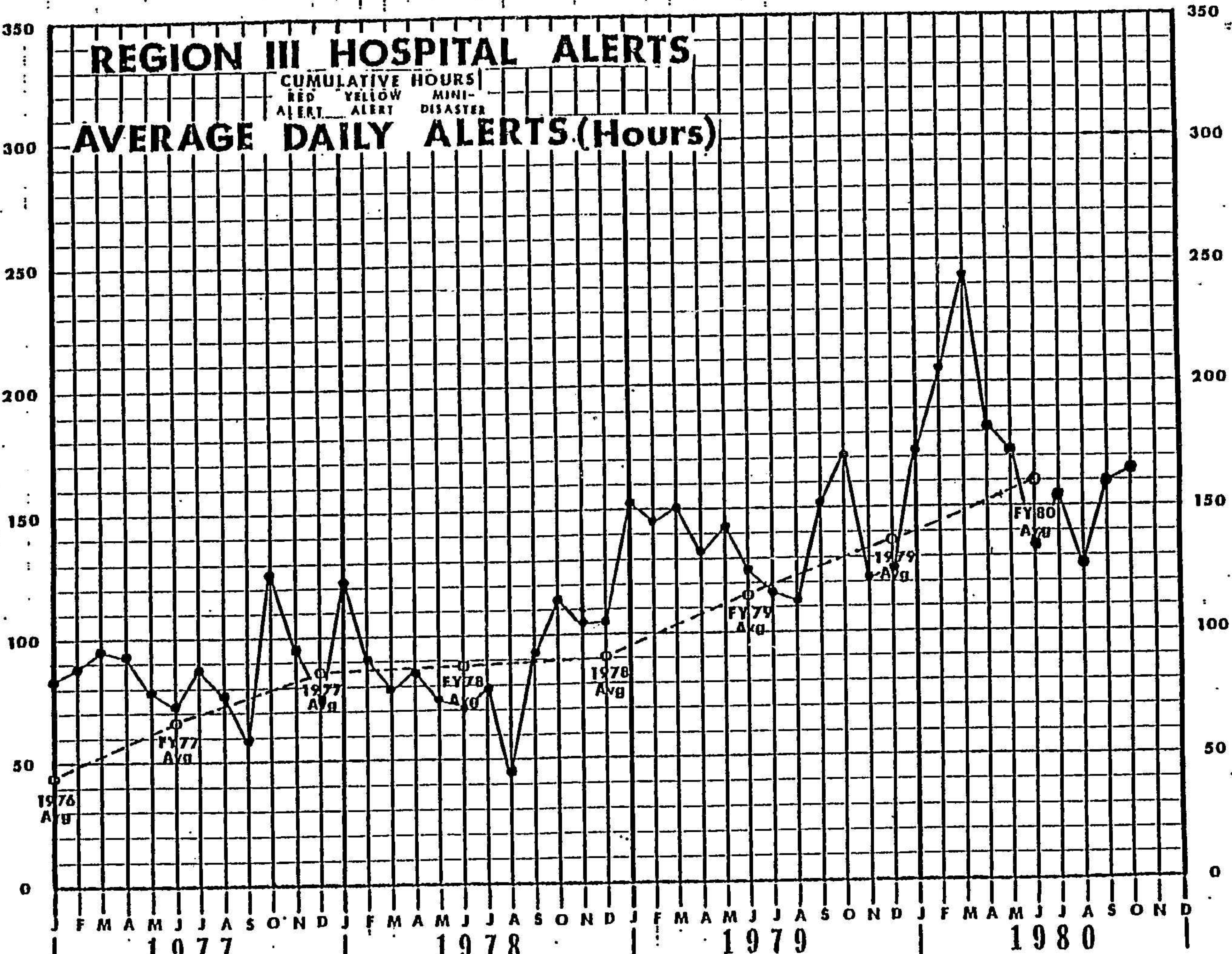
Please coordinate the pick up of the MASTrousers for your region with Lou Jordan or Ron Schaefer.

Each Region will also receive two stencils, reading "DO NOT CUT" and "REMOVE UNDER PHYSICIAN DIRECTION ONLY". Each pair of MASTrousers should have this painted on them, either by the Regional Office or the receiving company or hospital.

A signed receipt should be received for each pair of MASTrousers distributed. The receipts or copies thereof should be sent to me as soon as possible (see enclosed copies).

JJA/dcb

cc: Bill Hathaway
Lou Jordan
Ron Schaefer


REGION III HOSPITAL ALERTS
CUMULATIVE HOURS
RED ALERT
YELLOW ALERT
MINI-DISASTER
AVERAGE DAILY ALERTS (Hours)
AVERAGE DAILY ALERTS (Hours)
350
300
250
200
150
100
50
0
1976 Avg
FY77 Avg
1977 Avg
FY78 Avg
1978 Avg
FY79 Avg
1979 Avg
FY80 Avg
J F M A M J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D
1977
1978
1979
1980

REGION III HOSPITAL ALERTS
RED ALERTS

PERIOD October 1980

	CURRENT PERIOD				CUMULATIVE HOURS / ONE YR. VARIANC[E]			
					FISCAL YEAR		CALENDAR YEAR	
	TOTAL ALERTS	TOTAL HOURS	AVG. ALERT	% of PD. CLOSED	TOTAL HOURS	% V.	TOTAL HOURS	% V
BALTIMORE CITY								
Baltimore City Hosps.	15	195.9	13.1	26	1002.7	0	2240.8	2
Bon Secours	6	247.0	41.2	33	1221.8	4	3851.4	9
Church	8	99.2	12.4	13	480.5	(8)	1491.4	42
Good Samaritan	8	110.3	13.8	15	186.5	(83)	1556.5	(52
Johns Hopkins	0	0	-	-	-	-	6.0	(52
Lutheran	8	565.6	70.7	76	2088.4	1311	3763.4	305
Maryland General	12	401.5	33.5	54	933.2	(53)	4074.5	(2
Mercy	8	129.6	16.2	17	505.9	(5)	1183.3	(26
Provident	7	171.8	24.5	23	555.2	363	2374.0	480
Sinai	15	146.7	9.8	20	468.2	138	1050.4	325
South Baltimore	15	363.5	24.2	49	1173.1	89	2851.7	15
St. Agnes	6	287.4	47.9	39	1055.2	194	2831.1	161
Union Memorial	4	28.5	7.1	4	51.9	2	351.7	205
University of Md.	28	280.7	10.0	38	715.4	316	1760.2	120
USPHS	5	55.8	11.2	7	281.4	640	361.9	178
TOTAL	145	3083.5	21.3	28%	10719.4	33%	29748.3	35%
ANNE ARUNDEL CO.								
A. Arundel Gen.	0	0	-		2.3	+	16.3	+
North Arundel	13	147.0	11.3	20	452.8	519	936.7	359
TOTAL	13	147.0	11.3	10%	455.1	523	953.0	367
BALTIMORE CO.								
Baltimore Co. Gen.	7	201.7	28.8	27	894.4	15	2657.1	39
Franklin Square	11	107.6	9.8	14	457.1	(44)	1619.7	(24
G B M C	7	300.7	43.0	40	1468.3	(31)	3625.1	(24
St. Josephs	7	119.9	17.1	16	388.9	(65)	2087.5	(
TOTAL	32	729.9	22.8	24%	3208.7	(34)%	9989.4	(9)
CARROLL CO.								
Carroll Co. Gen.	10	318.1	31.8	43%	1441.5	6%	3809.3	5
HARFORD CO.								
Fallston	12	302.2	25.2	41	700.1	14	2347.7	72
Harford Memorial	5	143.6	28.7	19	281.1	(52)	1375.4	17
TOTAL	17	445.8	26.2	30%	981.2	(19)%	3723.1	47
HOWARD CO.								
Howard Co. Gen.	12	136.1	11.3	18%	747.6	33%	1834.0	5
REGION III TOTAL	229	4860.4	21.2	26%	17553.5	9%	50057.1	22

	1			2		3		4
	Region III - Report Monitored Beds			# of Licensed Beds/% Occupancy		General Duty Nursing Stations		% Of Time on Red Alert
	CCU	ICU	ER	CCU	ICU	Wage Paid Per Hour	Turnover %	
Anne Arundel General	8	8	3S-2P	8 (75.1)	8 (65.2)	$ 7.62	27	>1
Baltimore City Hospital	10	12	3	15 (52)	12 (64.7)	6.98	45	30.6
Baltimore County General	10	10	6	combined ICU/CCU	20 beds (85.1)	7.46	30	35.6
Bon Secours	8		1	combined ICU/CCU	11 beds (47.4)	7.89	26	48.6
Carroll County General	4		2	4 (91.4)		7.29	12	49.3
Church Hospital	6	12	45-2P	6 (79.1)	12 beds (88.9)	8.38	33	19.2
Fallston General	5	8	3	combined ICU/CCU	15 beds (82.1)	6.92	32	29.6
Franklin Square				12 (86.5)	16 beds (85)	8.06	19	25.9
Greater Baltimore M.C.	10		3	12 (88.3)		7.87	21	57.7
Good Samaritan	8			8 (79.4)		8.16	26	33.6
Harford Memorial	4	6	3	4 (77.3)	6 (84.5)	6.71	6	21.1
Howard County General	5	1	2	combined ICU/CCU	8 beds (61.5)	7.38	26	23.4
Johns Hopkins	11	7	2	11 (74.9)		7.88	36	≥1
Lutheran	4	10	2	combined ICU/CCU	14 beds (77.4)	8.52	27	22.4
Maryland General		6	2	combined ICU/CCU	13 beds (59.5)	8.59	33	71.0
Mercy	9	6	4	9 (80.1)	6 (84.3)	8.57	18	16.4
North Arundel	9	7	3	9 (86.7)	7 (90.3)	7.93	25	7.3
Provident Hospital	11		3	combined ICU/CCU	17 beds (50.5)	7.63	46	23.8
Sinai Hospital	10	10	5	10 (71.7)	21 (53.8)	7.97	39	9.8
South Baltimore General	11	11		combined ICU/CCU	18 beds (87.8)	7.73	36	32.9
St. Agnes	12	4	4	(71.8)	(66.1) Between ICU/CCU - 33 bd.	7.76	15	25.5
St. Joseph				8 (84.8)	9 (79.6)	7.47	20	38.6
Union Memorial	11	20	3S-2P	11 (82.4)	20 (71.1)	8.12	27	4.2
University of Maryland	7	9	2	7 (45.8)	9 (62.3)	8.66	30	15.0

DATA SOURCE
1) Region III - EMS Council (Spring 1980)
2) Central Maryland Health Systems Agency (July 1979 - June 1980)
3) HSCRC (1980 Wage and Salary Survey)
4) MIEMSS (July 1979 - June 1980)

S - Stationary
P - Portable

****Prepared by CMHSA November 1980