



UNIVERSITY OF MARYLAND

MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

Mrs. Beverly Sopp

OFFICE OF THE DIRECTOR

Shock Trauma Center
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October 19, 1982

TO: Members, AD HOC Committee
EMT Training/Testing/Certification

FROM: R Adams Cowley, M.D. *RAC*

SUBJECT: Information

As promised, herewith are copies of the following for your perusal:

- Article, The Morning Sun, September 20, 1982;
- Letter to the Editor, The Morning Sun, September 23, 1982;
- DRAFT of proposed MIEMSS legislation.
- DRAFT of proposed EMT-P legislation.

Questions and comments will be solicited.

Thank you very much.

RAC/bam

Enclosures

CC: Mr. Alexander J. Gretes

Mr. Hites

THE SUN, Monday, September 20, 1982

Trauma director seeks new authority over care

TRAUMA, from D1

hospital officials, according to Richard H. Wade, vice president for communications of the Maryland Hospital Association, but they would need to see exactly how the entire bill is worded before taking a position, he said.

Reviewing quality of care is a worthy goal, Mr. Wade said, but hospitals "are going to be very concerned about the process." The proposed bill "seems to put a whole lot of power in the hands of one person," Mr. Wade said.

Dr. Cowley pointed out that Maryland has a trauma system that dictates where a trauma victim will be sent for treatment. The patient's freedom of choice of who will care for him is thereby taken away, he said. Because it is, the state has a responsibility for following through and monitoring how well such patients are being cared for at various hospitals, he said.

In the Sinai case, Dr. Cowley and other MIEMSS officials interviewed said, appropriate diagnosis and treatment for a trauma patient were not followed. Such treatment could have saved the 31-year-old Baltimore woman, who died six hours after the accident, they said.

Sinai was both the closest hospital emergency room and the closest area trauma center to the accident, and it was not clear from ambulance and medical records whether the patient was specified as a trauma patient when taken there, MIEMSS officials said she should have been.

MIEMSS had no authority to review the case, however. The authority to follow through by reviewing patient care is what MIEMSS hopes to achieve through the proposed legislation, Dr. Cowley said.

"We think our responsibility is not only to make sure that the hospital has the manpower and resources necessary, but also is taking care of the patient adequately," he said.

Dr. Cowley said he would like to develop a process for reviewing trauma patients' hospital records, which he says he does not now have access to. "Why shouldn't hospitals let us look at the records and talk to them if it will help everybody?" he asked.

John Ashworth, executive director of MIEMSS, described the new effort

as "putting together a good-muscled evaluation program; a quality-assurance program."

Both Dr. Cowley and Dr. T. Albert Farmer, chancellor of the University of Maryland at Baltimore, who has formally asked the university to seek the governor's sponsorship of the bill, say negotiations with hospitals will continue to be the prime means of achieving changes even if the regulatory bill passes.

"To really build the system, you've got to do it, by cooperation," Dr. Farmer said. "This would not put him [Dr. Cowley] in charge of running the other trauma units" at Maryland hospitals, he added.

MIEMSS had its beginnings in the state health department, but then was transferred to the University of Maryland, where the state's principal shock-trauma center is headquartered at University Hospital.

While it was under the health department, MIEMSS had the authority of the health department to make regulations, Mr. Ashworth said. When MIEMSS was transferred to the university in 1977, however, it was not clear that the authority to make legally binding regulations was transferred with it, he said. The bill's purpose is to make this authority legally clear, he added.

Lou Panos, Governor Hughes's press secretary, said the governor has always been very supportive of Dr. Cowley's trauma program but that Mr. Hughes will get comments from the hospital community before deciding on sponsoring the proposed legislation.

Meanwhile, Dr. Cowley said he has set up a meeting for October 4 with Dr. Russell S. Fisher, the chief state medical examiner, whose office performs autopsies to determine the cause of death in certain cases.

Dr. Cowley said he wants to establish a continuing review of all trauma deaths from accident or assault, and then do a hospital-by-hospital study of which of the deaths could have been prevented.

Paddle for People

The Paddle for People fuel fundraiser will be held September 22 from 5 p.m. to 7 p.m. at P. J. Crickets restaurant, 206 West Pratt street.

Trauma Director seeks more authority over hospitals

By Mary Knudson

The director of the state's system for treating trauma victims is moving to assume new authority over trauma care at Maryland hospitals.

R Adams Cowley, director of the Maryland Institute for Emergency Medical Services Systems (MIEMSS) and a pioneer in treating victims of life-threatening accidents or violence, is making the moves.

He said he was acting in response to questions raised about accountability in the state's trauma system in an August 1 article in *The Sunday Sun*. The article detailed the death of a car-accident victim in the emergency room of Sinai Hospital, one of nine area trauma centers MIEMSS has designated in the state.

Area trauma centers pledge to adhere to certain standards of staffing, diagnosis and treatment, Dr. Cowley said. Once a center is designated, however, there is no provision for MIEMSS to review patient care or mandate changes in procedure, he said.

MIEMSS's new authority would have three cornerstones, Dr. Cowley said:

• Liaison with the state medical examiner's office to review autopsies of trauma victims from all Maryland hospitals. He hopes to set this up next month, he said.

• A trauma directory in which hospitals would compile information about trauma patients, such as death rate, amount of blood used, severity of cases, frequency of complications and length of stay. The directory would help MIEMSS officials discern trends in care, Dr. Cowley said.

• A bill the University of Maryland is asking the governor to sponsor that would give the MIEMSS the authority of a regulatory agency. The bill would give the director of MIEMSS the authority to "adopt rules and regulations" necessary for "the ongoing development and implementation [of] emergency medical services."

The bill is likely to spark controversy among



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September 22, 1982

Editor
 The Morning Sun
 Baltimore, Maryland 21202

Dear Editor:

This letter is written to supplement Mary Knudson's excellent article, "Trauma director seeks more authority over hospitals" (The Sun, September 20, 1982), focusing on issues of quality assurance and control. The headline, however, was somewhat misleading - we do not seek to gain control of hospitals, but to improve care of the trauma victim.

Maryland's EMS system has developed through systematic voluntary compliance to improve trauma care provided to the citizens of the state. The time is now at hand to "fine tune" the system and we need to be able to guarantee the same quality of care in trauma centers throughout the state.

To make this guarantee, we need to continue to review and evaluate these trauma centers. The purpose of evaluation is not to rescind a trauma center's designation if standards are not being met but to offer help to ensure that those standards will be met. We are establishing a statewide trauma registry that would track the trauma victim from the incident scene through the EMS System, thus indicating strengths and weaknesses in our trauma program.

The proposed bill charges MIEMSS with the responsibility of adopting "rules and regulations for the ongoing development and implementation of emergency medical services." This language might appear autocratic; however all such rules must appear in the "Maryland Register" for public comment, hearings, etc., prior to formal approval. This procedure would, of course, be followed.

Sincerely,

R Adams Cowley, M.D.
 Professor of Thoracic
 and Cardiovascular Surgery

RAC:lk

DRAFT

AN ACT concerning

University of Maryland - Maryland Institute for
Emergency Medical Services

FOR the purposes of

- (1) changing the name of the Maryland Institute for Emergency Medical Services to the Maryland Institute for Emergency Medical Services Systems and
- (2) specifying the administrative authority of the Institute.

BY repealing and reenacting, with amendments

Education Article
Section 13-110
Annotated Code of Maryland
(1978 Volume and 1982 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That section(s) of the Annotated Code of Maryland read(s) as follows:

EDUCATION ARTICLE

13-110 Institute for Emergency Medical Services SYSTEMS

(a) Established - There is a Maryland Institute for Emergency Medical Services SYSTEMS in the University of Maryland and located in Baltimore City.

(b) Director and Staff - (1) The head of the Institute is the director who shall be appointed by the board of regents.

(2) The Institute shall have the staff and funds provided in the State budget.

(c) Duties of director - The director shall HAVE THE AUTHORITY TO DEVELOP AND IMPLEMENT EMERGENCY MEDICAL SERVICES. HE SHALL:

(1) Coordinate a statewide system of emergency medical services;

(2) Coordinate the five emergency medical service regions in this State;

(3) Coordinate the planning and operation of emergency medical services with the federal, State, and county governments;

DRAFT

(4) Coordinate the training of all personnel in the emergency medical services system and develop the necessary standards for their certification;

(5) Coordinate programs of research and education that relate to emergency medical services;

(6) Coordinate the development of centers for treating emergency injuries and illnesses;

(7) Coordinate the development of specialty referral centers for resuscitation, treatment, and rehabilitation of the critically ill and injured;

(8) Work closely with the public and private agencies, health care institutions and universities involved with emergency medical services, the regional emergency medical services advisory council, and the medical management consultant group;

(9) Administer State and federal funds for emergency medical services in this State;

(10) Work closely with the Maryland Fire and Rescue Institute, which is responsible for basic training for emergency medical technicians;

(11) Assure continued improvement of transportation for emergency, critically ill, and injured patients by supporting the goals of paid and volunteer systems throughout this State; [and]

(12) Report directly to the chancellor of the University of Maryland at Baltimore; AND

(13) ADOPT RULES AND REGULATIONS NECESSARY TO CARRY OUT THIS SECTION.

(d) Cooperation of State agencies. - Each State agency and department shall cooperate with the director in implementing the State emergency medical services system.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 1983.

DRAFT

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A BILL ENTITLED

DRAFT

AN ACT concerning

Emergency Medical Technicians - Paramedics

FOR the purpose of allowing the State Board of Medical Examiners and the Commission on Medical Discipline of Maryland to adopt rules and regulations to permit emergency medical technicians-paramedics to perform certain acts without a license to practice medicine under certain conditions; and generally relating to the power of the State Board of Medical Examiners and the Commission on Medical Discipline of Maryland to exempt certain persons from the license requirements of the Maryland Medical Practice Act.

PREAMBLE

WHEREAS, the U.S. Department of Transportation Emergency Medical Technician - Paramedic (EMT/P) course is recognized in over 40 states as the most advanced level of pre-hospital emergency care training; and

WHEREAS, the MIEMSS will continue to support CRT as the standard for ambulance company Advanced Life Support in Maryland; and

WHEREAS, several educational institutions and local jurisdictions have initiated programs to train personnel to the EMT/P level; and

WHEREAS, development of and participation in these programs will be totally voluntary and at the discretion of the local ALS/EMS authority; and

WHEREAS, the MIEMSS will encourage the further development of EMT/P educational programs in the University of Maryland, Community Colleges and other educational institutions throughout the state to assure its accessibility to all Emergency Medical Services providers.

BY repealing and re-enacting with amendments,

Article - Health Occupations
Section 14-303
Annotated Code of Maryland
(1981 Volume and 1981 Supplement)

BY adding to

Article - Health Occupations
14-303.2
Annotated Code of Maryland
(1981 Volume and 1981 Supplement)

DRAFT

DRAFT

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That section(s) of the Annotated Code of Maryland read(s) as follows:

14-303.2

(A) In this section, "Emergency Medical Technician-Paramedic" means an individual who:

(1) (I) Has completed an emergency medical technician-paramedic course or its equivalent as determined by the Board and the Director of Emergency Medical Services; AND

(II) Has been examined by the Board and certified as an emergency medical technician-paramedic by the Board;

(2) (I) Is enrolled in an emergency medical technician-paramedic program that meets the standards set by the Board; OR

(3) (I) Has completed an emergency medical technician-paramedic course or its equivalent as determined by the Director of Emergency Medical Services; AND

(II) Resides in and is authorized to provide emergency health care services by any state adjoining this state and who is called on to render emergency health care services in this state or to transport emergency patients from the adjoining state to a health care facility in this state IF:

1. The emergency medical technician-is not affiliated with an ambulance department or company in this state or is not engaged in providing emergency health care services in this state on a regular basis; AND

2. The same privileges are extended to emergency medical technician-paramedics of this state on a regular basis; AND

(B) Subject to the rules, regulations, and orders of the Board and the Commission, an emergency medical technician-paramedic, while delivering emergency health care services or undergoing training, MAY:

(1) Perform all phases of cardiopulmonary resuscitation and pre-hospital advanced life support;

(2) Administer drugs or intravenous solutions as directed by a licensed physician by radio, telemetry, or written or oral instruction; and

(3) Obtain blood for laboratory analysis.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 1983.

DRAFT