

EMT-A TASK FORCE MEETING

PRINCE GEORGES COUNTY ADMINISTRATION BUILDING
UPPER MARLBORO, MARYLAND

DECEMBER 21, 1983

The first meeting of the EMT-A Task Force was convened by Chief Estep, Task Force Chairman, at 5:45 p.m.

Chief Estep began the meeting by calling on Dr. Cowley for his welcoming remarks.

Dr. Cowley observed that MIEMSS has had numerous problems over the past five years with people not taking responsibility for improving EMT-A training. He believed that the idea of a special Task Force taking charge was an excellent one, and that it was now the Task Force's responsibility to recommend a better way of managing the EMT-A system, specifically concerning the curriculum and training programs. He also expressed great confidence in the Task Force chairman..

Chief Estep thanked Dr. Cowley and said he was pleased to announce that the State of Maryland had made money available to the Task Force to provide for administrative support to compile the minutes of the meetings, distribute them in a timely fashion, and assist the Task Force to draft its final report. Alan Laskin and Barbara Pound from Touche Ross were introduced as the people providing such support. Introductions were then made of everyone attending the meeting. (See attached list of attendees.)

Chief Estep requested suggestions from the group on how the Task Force should structure its work and how often it should meet. He stated that he would make his own recommendations but if anyone had additional comments or suggestions then he would open the floor to discussion for a decision on which one the group prefers.

Barbara Pound was asked by Chief Estep to read the letter from John Hoglund dated December 14, 1983, in which he stated his full support of the Task Force. General comments on Mr. Hoglund's letter ensued.

Mr. Riley recommended that Richard H. Enfield of the Maryland State Firemen's Association be placed on the Task Force in the position of a service provider. Everyone agreed to his recommendation.

Chief Estep again questioned the group as to how they thought the Task Force should structure itself and proceed in its fact-finding mission.

Mr. Reincke suggested that subcommittees be established. Chief Estep recommended that the Task Force concentrate on the following three areas of concern:

1. Testing, certification, and evaluation.
2. Training programs.
3. The role of the state agencies in the administration of the EMT-A program.

Mr. Clark asked what the scope of the training programs would be. In response to his question, Chief Estep distributed an outline entitled "EMT-A Program Areas of Concern" which described each of the three areas and the names of the chairmen and members for each of the three subcommittees.

Dr. Cowley commented that the length and structure of the training course should be included under training and should be handled by the subcommittee assigned to training.

Chief Estep again requested comments from the group regarding the Task Force work schedule and approach. Mr. Henley indicated that two months (i.e., to March 1, 1984) may not be sufficient time to allow the Task Force to perform adequate fact finding and preparation of its final report with recommendations.

Mr. King asked whether the deadline was March 1 or March 31, meaning a difference of one additional month the Task Force could use to work.

Chief Estep said that the important point was that the recommendations be made with ample time for implementation before the new school year.

Mr. Clark stated that March 1, 1984, should be the deadline in case it was necessary to go to the General Assembly. Dr. Conn believed that the end of March would allow enough time. Hearings could be held in April; May and June could be used for finalizing the recommendations.

Mr. Riley agreed that the end of March would be satisfactory.

Chief Estep concluded that the end of March would, in fact, be a satisfactory deadline which would allow for a three-month time frame for the Task Force to perform its job.

Based on this decision and the amount of work involved, it was decided that the Task Force would meet every two weeks, with the subcommittees meeting on the week in between the Task Force meetings. The meeting time was set at 6:30 p.m. on Wednesdays in Upper Marlboro with a possible alternate of Laurel. (As discussed later, however, due to the holidays and some schedule conflicts, the next two Task Force meetings will be on January 10 and 25.)

Dr. Conn expressed his idea that each of the subcommittees should develop its own approach to identifying possible solutions to its area of concern. Mr. Miller agreed. Dr. Cowley emphasized that the Task Force should develop its own solutions, rather than MIEMSS. This could be accomplished by keeping MIEMSS people directly off the Task Force, acting instead only in an advisory role. The people involved are: Mr. Clark, Dr. Conn, Dr. Cowley, Mr. Jordan and Mr. Schaefer.

Accordingly, Dr. Conn requested that he be removed as chairman of the Subcommittee on the Role of the State Agencies and that Leon Hayes (EMS Region V) be his replacement. Dr. Conn would act as a member only, thereby limiting the role that MIEMSS would play in directing the subcommittee's efforts and recommendations.

The question of how to obtain input from the providers was raised by Chief Estep. Mr. Reincke suggested that the Task Force first put a draft together and then give it to the providers for their comments. Mr. Riley proposed that a forum from volunteer associations across the state be formed and then asked for their comments. Chief Estep indicated that that method had been previously tried and had received a poor response. It was concluded that each subcommittee would decide this issue for itself.

Mr. Reincke asked what the U.S. Department of Transportation (DOT) has done with regard to training programs and curriculum. Mr. Jordan stated that DOT had just published the Basic Emergency Medical Technician: National Standard Curriculum (Third Edition) 1983.

Dr. Barranco asked whether this publication could be used as the basis for a national standard. Mr. Jordan described how DOT developed the new curriculum and believed that it could be used as a standard baseline, and that many states were already using it or are planning to do so.

The compatibility of the DOT program with the Maryland Way was a concern expressed by Chief Estep. Mr. Jordan responded that there were some variances between the two: for example, burn treatment and angulated fractures which basically differed in the suggested method of treatment. Aside from those he said the differences were not major ones to be concerned with when evaluating the program. Mr. Jordan indicated that the DOT program would help strengthen Maryland's program. There already were lesson plans and workbooks keyed to the new DOT curriculum (edited by Doug Morton, an EMS field provider).

Mr. Jordan also submitted to the Task Force the State of Illinois' survey material for field providers to use in sampling and evaluating the program. He also addressed the issue raised regarding the National Registry. Mr. Jordan informed the group that the National Registry would accept students from the DOT program which is the current national curriculum. He also emphasized that the DOT manual was compatible with the Maryland Way. There was a general agreement that the DOT program and materials should be seriously considered for use by Maryland.

Chief Estep expressed the concern that although the DOT curriculum may be the one to use, there would still be the problems of implementation and procedures. Mr. Jordan believed that the DOT curriculum would be able to alleviate some of these problems. He indicated that the modularity of the lesson plans would be beneficial to the students who might have to miss a class or do not have enough time to take the course all at once (even though the DOT curriculum requires 110 hours instead of Maryland's 84 hours). Mr. Clark agreed that the modularity feature was very beneficial to the students because they could learn step-by-step at their own pace.

Dr. Conn raised the question of the DOT program's use of audio visual techniques, other than just slides. Mr. Jordan replied that a complete set of video tapes is available.

Discussion ensued regarding the performance of the DOT program. Mr. Jordan indicated that about 20 states have already decided to use the curriculum. Mr. Miller stated that he had already used the material as supplements. He thought it was easy to use, makes his work easier, and brings reality to the training.

In response to the concern of evaluating the new curriculum's ability to improve the pass/fail ratio, Chief Estep requested Dr. Conn to reiterate what he had stated in his letter of December 8, 1983. This letter referred to the lack of statistical validity of an EMT survey conducted in Regions I and II, and cautioned that any data to be used by the Task Force be scientifically valid and properly analyzed.

Mr. Schaefer offered that if sampling was to be done, there would be approximately 1,500 to 2,000 people to be surveyed during the heavy testing season. Dr. Barranco indicated that time would not allow statistical sampling before the March 31 deadline, but that it was a serious consideration for the future. Dr. Conn was in favor of this idea, too.

The issue of the lack of uniformity in conducting evaluations was discussed. Mr. King believed that the Maryland Way should establish uniformity of training, not necessarily establishing the only way, but an approach which is an acceptable one. The group agreed that the lack of uniformity was a serious problem.

Mr. Wheeler added that it was not just an evaluation problem but also an instructor problem.

Chief Estep agreed that there was a problem with the students being caught in the middle between the instructors and evaluators, and that the Task Force should try to solve this problem.

Dr. Barranco brought up the suggestion that the Task Force should consider a combination training and working program. This would consist of a student being able to study certain modules of the course and then be allowed to get on-the-job training by working for a while without primary patient care responsibilities. Mr. Wheeler suggested the possibility of implementing an EMT internship just as they have a CRT internship.

Mr. Reincke proposed that students should have a certain time frame to complete each module. This gives them incentive to continue training to meet the ultimate goal of certification.

The ramifications of possible legislative changes were then expressed by Dr. Barranco. Mr. King indicated that it may cause a change in the Good Samaritan Law. Also, there is the possibility that a government bill be passed to allow the jurisdictions to levy a fee. Mr. Miller said that the Good Samaritan Law stresses application of basic first aid, and that it is not necessary to have EMT training. It was agreed that this matter should be considered further.

Dr. Conn made a motion that the previously discussed subcommittee structure and proposed chairmen and members be accepted and approved. Mr. King seconded the motion with the following modifications: Mr. Henley to take the place of Mr. Lynch, and Mr. Enfield added as the new provider member of the subcommittee. The motion was then approved unanimously.

Dr. Barranco questioned when the minutes of the meeting would be available to the members of the Task Force.

Mr. Laskin stated that they would be available no later than one week after each meeting.

Chief Estopp recapped the meeting.

General discussion then ensued regarding the schedule for the three subcommittees to meet. It was reconfirmed that the Task Force would hold bi-weekly meetings with the next meeting to be held on January 10 at 6:30 pm. The meeting following that one would be on January 25 at 6:30 pm. The location would be in Upper Marlboro. The subcommittee meetings would be held during the week between the Task Force meetings.

Dr. Cowley suggested that each subcommittee keep track of the names of people who made recommendations. Also, each subcommittee should keep its own minutes.

Mr. Laskin offered that Touche Ross would supply address labels to the chairmen of the subcommittees to facilitate their distribution of materials. Chief Estopp stated that any one needing to contact Touche Ross should do so through him.

Dr. Cowley reiterated his desire not to have his staff control the subcommittees but to act only as an advisory resource. They would be ex-officio members of the subcommittees and Task Force. It was also suggested that MIFRI (Hoglund) be ex-officio.

Chief Esteppe adjourned the meeting at 7:25 p.m.

ATTENDEES:

Frank T. Barranco, M.D. - Field Medicine
William Clark - MIEMSS
Alasdair Conn, M.D. - MIEMSS
R. Adams Cowley, M.D. - Director of MIEMSS
M.H. "Jim" Esteppe - Metropolitan Fire Chief's of Maryland
William Gordy - Maryland State Firemen's Association
Albert Henley, Jr. - MSARA (representing Bob Lynch)
Louis Jordan - MIEMSS
Leonard T. King - Maryland State Firemen's Association
Alan Laskin - Touche Ross & Co.
James R. Miller - State EMT Evaluator
Jim Mundy - Maryland Council of F & R Academics
Barbara Pound - Touche Ross & Co.
Paul H. Reincke - Regional Planning Council
Charles W. Riley - Maryland State Firemen's Association
Joe Robison - Maryland State Firemen's Association
Ronald Schaefer - MIEMSS
Gary E. Warren -REMSAC (representing Mary Beachley)
Robert C. Wheeler - State EMT Instructor

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UNIVERSITY OF MARYLAND
MARYLAND FIRE AND RESCUE INSTITUTE
COLLEGE PARK 20742



December 14, 1983

MAIN OFFICE
301-454-2416

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301-454-2419

Emergency Care
Division
301-454-5966

MEMORANDUM

TO: Fire Chief M.H. "Jim" Estopp, Chairman, MIEMSS Director's
EMT/A Task Force

FROM: John W. Hoglund, Director

SUBJECT: Initial Meeting Notice

Thank you for the announcement concerning the initial meeting of the Task Force. I wish to advise you that I plan to be in attendance.

I continue to advocate that there should be additional representation on the Task Force from the segment of the providers who find themselves on the street repetitively, actually rendering the assistance to the sick and injured. I am even willing to give up the chair assigned to MFRI if the total membership of the Task Force is the hurdle, so as to provide further input and contact from those participating in providing the service in the real world.

In closing, I extend our very best wishes to you on this assignment and pledge to you MFRI's full cooperation as the Task Force sets forth to achieve its goals. From the work that you have personally done on the Governor's Task Force on State Financial Assistance for Volunteer Fire Departments and Rescue Squads and Emergency Medical Organizations, I know that you will be an excellent chairman.

JWH/kmd



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P.O. Box 196
Mount Airy,
Maryland 21771
301-829-2020

NORTH EAST
REGION
34 N.
Philadelphia Blvd.
Aberdeen, MD 21001
301-272-2288

SOUTHERN
MARYLAND REGION
Radio Station Road
P.O. Box 813,
LaPlata, MD 20646
301-934-2600

UPPER EASTERN
SHORE REGION
206 South Commerce
Route 213
Centreville, Maryland
21617
301-758-2112

WESTERN
MARYLAND REGION
P.O. Box 3303
LaVale, MD 21502
301-724-4970

EMT-A PROGRAM
AREAS OF CONCERN

TESTING AND CERTIFICATION/EVALUATION

This area remains a constant area of concern due to the failure rate of students. This area of concern also should address:

1. The level of expertise required of a recruit EMT to pass this evaluation appears to be extremely high.
2. The number of evaluators is very costly.
3. The continual evaluator vs. instructor problem.

Chairman - Frank T. Barranco, M.D.

Members - William E. Clark Charles Riley
 William Gordy Joseph Robison
 James Miller

TRAINING PROGRAMS

Students are reporting that the course length fails to provide sufficient time to master the material, while at the same time, jurisdictions and students cannot afford the cost and time to lengthen the course. Also, a shortage of EMT instructors appears to be developing. This is reported to be, in part, the result of stringent requirements to become an instructor.

Chairman - Leonard T. King

Members - Mary Beachley John Hoglund
 John T. Fuston
 Dan Morhain, M.D.
 Robert Wheeler

THE ROLE OF THE STATE AGENCIES

Numerous requirements of State agencies prevent jurisdictions from training small groups as needed, such as replacement career employees. Due to various reasons, the number of new and refresher trained EMTs appear to be dwindling.

Chairman - Alasdair Conn, M.D.

Members - Robert N. Dempsey Robert P. Lynch Jim Estep
 Leon Hayes Paul Reincke

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FIRE DEPARTMENT C.A.S.

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UNIVERSITY OF MARYLAND
MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

R ADAMS COWLEY, M.D., DIRECTOR

December 8, 1983

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Chief M. H. Estep
Prince George's County Fire Dept.
County Administration Bldg., Rm. 2132
4318 Rhode Island Avenue
Upper Marlboro, MD 20772

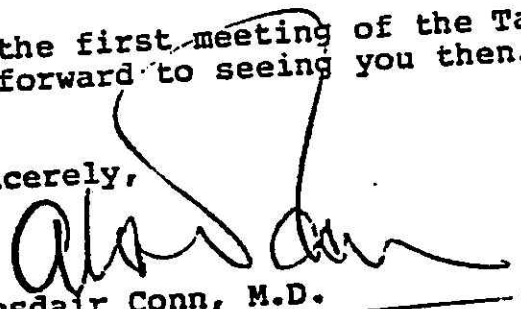
Dear Chief Estep: *JWC*

As you may know, MIEMSS and MFRI have operational meetings every month and we meet usually on the first Wednesday of the month. At our meeting this week on December 7th, they expressed concern over an EMT Survey that was performed in Regions I and II.

Within those regions, many of the volunteer groups expressed concern about the high dropout rate from EMT/A classes. On the basis of this, a survey was developed and circulated and some replies were returned. The concern expressed by MFRI (and I share their concern) was that although the results might be very interesting, they were not collected in a scientific valid way and perhaps any results should be interpreted with caution. Any data that is going to be utilized by the EMT/A Task Force to change the direction of the EMT/A Program in Maryland should be pristine data, scientifically valid and statistically analyzed. I am not sure that these surveys in Regions I and II meet these criteria, but rather they may indicate an area for further investigation.

I note that you have called the first meeting of the Task Force for December 21st and look forward to seeing you then. Til then, my warmest regards.

Sincerely,



Alasdair Conn, M.D.
Medical Director
Field Operations

AC/kln

cc: Jessie Jackson - MFRI
William Clark - MIEMSS
Regional Administrators



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September 23, 1983

Chief Thomas Baginski, Chairman
Maryland Fire/Rescue Education
and Training Commission
1210 Gittings Avenue
Baltimore, MD 21239

Dear Chief Baginski:

While I recognize that Maryland is a national leader in the delivery of pre-hospital emergency care, and that we have the most advanced statewide emergency medical services system in the nation, I have a continuing commitment to assure that the best possible emergency care is provided to the Citizens of Maryland.

Daily we are faced with skillfully delivering this important emergency service. More than 300,000 emergency ambulance calls are handled annually by the volunteer and career providers in Maryland.

With the passage of the National Highway Safety Act of 1966, the U. S. Department of Transportation placed an emphasis on EMS. One of the most significant results of this was the development of the Emergency Medical Technician-Ambulance training course.

Maryland was one of the first states to embrace this training. Now, after nearly 10 years, we have gained great experience from this program. And the U.S. Department of Transportation is now in the process of finalizing a major revision to their EMT-A program.

The Director's EMS Pre-Hospital Advisory Committee, formerly known as the Ad-Hoc Committee, has unanimously recommended that we study the EMT-A program to determine what changes would provide the best and most practical program here in Maryland.

I am intensely proud of our pre-hospital providers. Because the EMT-A program is the backbone of our delivery programs, and because I want us to continue to have the best program in the nation, I am appointing a Task Force with you serving as a member to develop recommendations to enhance Maryland's EMT-A program.

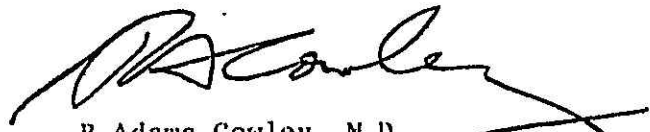
To help you in your deliberations, I will be placing special resources at the disposal of the Task Force to assist in carrying out your important work.

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I hope that the Task Force will be in a position to make recommendations to me by March 1, 1984 so that the appropriate steps can be taken without delay. My Staff stands ready to assist the Task Force in its deliberations and I appreciate your willingness to serve.

It is my understanding that the first meeting will be held in October and that the Chairman, Chief Jim Estepp, will be in touch with you about the details.

Sincerely,

A handwritten signature in black ink, appearing to read "R Adams Cowley". The signature is fluid and cursive, with a large loop at the end.

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

RAC:mjm
Enclosure

Maryland Institute For Emergency Medical Services Systems

DIRECTOR'S TASK FORCE ON THE EMT-A PROGRAM

Chairman

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Vice Chairman

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