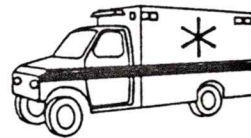




SAVE THE
SHOCK TRAUMA
SYSTEM



THE "GOLDEN HOUR"
COALITION, INC.

P.O. BOX 907, ANNAPOLIS, MD 21401

The "Golden Hour" is the first 60 minutes following a major accident or a medical crisis when emergency care is vital to the life of a citizen.

Our Maryland's world renowned specialized Shock Trauma Center and its readily available resources to the critically injured citizens is again caught up in an ongoing medical politics tug of war that is taking precious minutes away from the "Golden Hour".

The University of Maryland Medical System is a private corporation that oversees the new Director who manages the state run specialized Shock Trauma Center and the state run Emergency Medical System network. The new Director is now setting policies that may have a profound effect on the state run emergency care available to the citizens of Maryland.

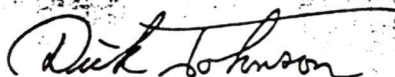
The growing active members of the "Golden Hour" Coalition have come to realize that "you" the public (taxpayers of "our" great state of Maryland) are unfamiliar with the major changes occurring. The reporting relationship between the state run specialized Shock Trauma Center and the state run Emergency Medical System network and the "overseers", the University of Maryland Medical System, a private corporation (once known as the University of Maryland Hospital) is terribly flawed.

The "Golden Hour" Coalition would like to clarify the issues with you, the public, by your writing to our P.O. Box for a fact sheet concerning the realities facing everyone of us, the public. In the future, publications will be assisting you, the public, by increasing your awareness on this Maryland emergency medical care issue.

Our goal, as active members of the "Golden Hour" Coalition, is for the independence of our public specialized Shock Trauma Center and its state run Emergency Medical System network from the overseer, the private corporation -- the University of Maryland Medical System.

IF YOU HAVE ANY CONCERNS OR NEED ADDITIONAL INFORMATION, WRITE THE "GOLDEN HOUR" COALITION.

Sincerely,



Dick Johnson

President,

The "Golden Hour" Coalition, Inc.

MARYLAND'S LIFE SAVING SYSTEM IN CRISIS

The Last Golden Hour ?

Maryland's Emergency Medical System

Until recently, when a citizen of Maryland faced a life threatening emergency, such as a heart attack or a violent car crash, a statewide system would respond by quickly dispatching expert care providers to your home, your work place, or the roadside. Since time is so critical, you were then rushed, by helicopter or ambulance, to a hospital specifically selected to meet your urgent needs.

This statewide Emergency Medical System includes over 24,000 emergency rescue providers and 49 hospitals and their emergency departments. The Shock Trauma Center, the emergency facility reserved for the most critically injured and ill citizens in the state, is the hub of the Emergency Medical System.

The Golden Hour

When an emergency strikes, the clock of life begins to tick. All components of Maryland's Emergency Medical System had been based on an essential life saving concept -- unless you reach an appropriate hospital within the Golden Hour, life begins to slip away. To reach the best hospital within the Golden Hour, cooperation, dedication, and coordination between hospitals and emergency care providers are crucial.

World Renowned System

The Journal of the American Medical Association has recognized the Maryland System as the only statewide program in the United States with all the components necessary to save lives in the Golden Hour -- a system that defies the ticking clock of death. The flagship of the System, the Shock Trauma Center, served as the model for the newly-built trauma facility in war torn Israel and has been acknowledged in the American College of Surgeons Bulletin

as one of only three dedicated trauma facilities in the world.

Support By Public Funds

This coordinated and proven life saving system has been paid for by public funds -- your hard-earned dollars -- well in excess of \$ 100 million.

The Golden Hour -- A Time of the PAST ?

The future of the public emergency system to which the citizens of Maryland have become accustomed is in serious question. There is a dismantling of the Emergency System that took Dr. Cowley 25 years to build.

1. The new Director of the Emergency Medical System was recently selected by and directly answers to a single private hospital. This corporation is building a \$ 300 million hospital wing and receives the payment of hospital bills for patients in the Shock Trauma Center.
2. The recent elimination of the University of Maryland trauma service by the new Director has led to the redirection of all their accident victims, including those with minor injuries, to the Shock Trauma Center. This has resulted in:
 - (a) replacement of very experienced trauma surgeons with those of significantly less experience,
 - (b) increased admission of patients with minor injuries to the specialized center reserved for critical injuries, and
 - (c) unavailability of the Shock Trauma Center for patients with critical injuries.
3. Experienced administrators in the Shock Trauma Center have been eliminated.

4. Support services dedicated to the needs of patients in the Shock Trauma Center have been eradicated.
5. The accomplished State Emergency Medical System Director was recently removed and replaced by an individual who works in this key position only 2 days each week.
6. There are numerous recent examples where patient care experts within the Shock Trauma Center and Emergency Medical System have been given little input in making major decisions which affect the care of patients.

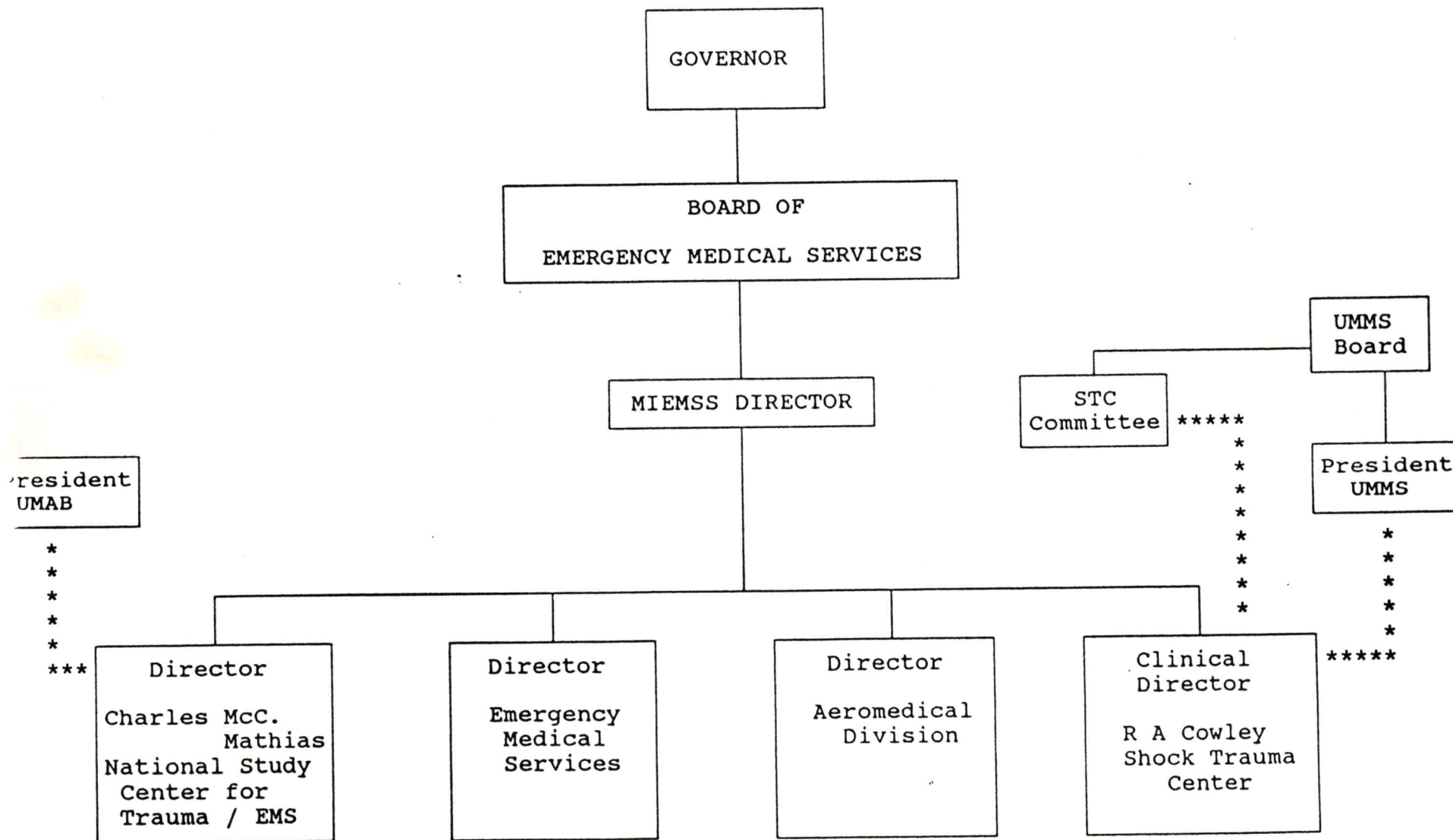
Participating hospitals, emergency rescue providers, and Emergency Medical leaders have voiced serious concern over the new direction of the System. It is becoming clear that the foundation upon which the Shock Trauma Center and the Emergency Medical System has been built to meet the "Golden Hour Deadline" is crumbling.

Public Accountability for a Public System

The solution is to shift the control of this publicly funded emergency statewide care system -- including its hub, the Shock Trauma Center -- from a private hospital corporation with local economic interests to a public body committed to and represented by the citizens of this State.

YOUR HEALTH IS SERIOUSLY THREATENED AS LONG AS YOUR PUBLIC-FUNDED EMERGENCY CARE SYSTEM IS UNDER THE CONTROL OF A PRIVATE ENTITY THAT IS NOT ACCOUNTABLE TO YOU.

NON-PARTISAN EMERGENCY MEDICAL SERVICES
ACCOUNTABILITY STRUCTURE



Solution!
DRAFT

Considerations for EMS Board Members

Each organization will submit 3 individuals from which the Governor will make an appointment to the Board.

Regional EMS Advisory Council (REMSAC)

Maryland State Fireman's Association

Fire Chief

EMS Officer

Paramedic

Union of International Fire Fighter's Association

State Police or Department of Public Safety and Correctional
Services

Med Chi (Emergency Medical/Trauma Surgeon Physician from within
EMS/ ACEP / Physician's Board of Quality Assurance)

Emergency Nurses' Association

Area Wide Trauma Center (other than Shock Trauma Center)

Specialty Referral Center

Delegate

Senator

Commercial Ambulance Industry

Consumer (2 with sensitivity for public service and EMS)

Health Department (+/-)

Secretary, Department of Budget and Fiscal Planning

Shock Trauma Board of Visitors

Ex officio, Executive Department

Shock Trauma ranks low in survival rates report

Analysis deflates stellar reputation

By Jonathan Bor
Staff Writer

Long touted as an international model, the Maryland Shock Trauma Center has received low scores in an independent analysis that compared its survival rates with those of about 70 trauma centers across the United States.

Two spokesmen for Shock Trauma yesterday defended its reputation, saying the study used flawed methods that failed to account for the relatively severe injuries of patients treated there.

"It's not apples to apples and oranges to oranges," said Dr. David Gens, a Shock Trauma surgeon who runs the center's internal data bank.

But in a sharply worded letter, the state's trauma chief, Kimball I. Maull, said the study challenges the myth of Shock Trauma's preemin-

ence. The letter, obtained by *The Sun*, was sent Sept. 9 to Dr. Errol L. Reese, the president of the University of Maryland at Baltimore, which is affiliated with Shock Trauma.

"Graphs showing declining mortality have been released to the public, seeming to prove remarkable survival for patients brought to the Shock Trauma Center. In my opinion, the public, our legislators and our own staff have been intentionally misled," wrote Dr. Maull, director of the Maryland Institute for Emergency Medical Services Systems, which oversees Shock Trauma.

Dr. Maull, who was out of town yesterday, could not be reached for comment.

Dr. Morton I. Rapoport, chief executive officer of the university medical system, announced in a prepared statement yesterday the formation of two panels to study the care given at Shock Trauma and to recommend improvements.

The study is the latest develop-

*INCOMPLETE!
USE OF THE...?*

See REPORT, 11A, Col. 1

THE SUN

THURSDAY, OCTOBER 1, 1992

Analysis of 70 centers gives Shock Trauma low scores

REPORT, from 1A

ment in the turmoil that has surrounded the center since Dr. Maull assumed its leadership in February and began a series of sweeping changes. These included the firing of three doctors, the demotion of another and moves to put the center in closer partnership with the University of Maryland Medical Center.

His decision to submit to an analysis of Shock Trauma's performance marked the first time its reputation was put to a national test.

"In interpreting the data, be mindful that this is a comparison with the nation's leading trauma centers, not with all hospitals that take care of the injured," Dr. Maull wrote in the letter. "By the same token, as I wrestle with the question, 'Are we who we say we are?', the answer is clearly that we are not."

In the 1980s, the American College of Surgeons commissioned Tri-Analytics, a private company based in Bel Air, to build a data bank. The work was paid for by a grant from the federal Centers for Disease Control. Between 1982 and 1989, the

company accumulated information about 174,000 injured patients across the country. The data was used to establish a picture of how trauma centers compared to each other based on the survival rates they achieved.

Shock Trauma did not participate at the time. But this year, Dr. Maull submitted data from 1989 and 1990, and asked for an analysis of how Shock Trauma measured up to other institutions in retrospect.

On two measures — treatment of blunt injuries from crashes and falls and treatment of penetrating injuries such as gunshot wounds and stab wounds — Shock Trauma ranked near the bottom.

□ In blunt trauma, Shock Trauma ranked fifth from the bottom of the chart, grouped with eight others that fell below a vast middle ground of about 54 centers whose survival rates constituted a national norm. Seven centers were above average.

□ In penetrating trauma, Shock Trauma got the worst score, grouped with eight centers that fell below the norm. About 58 were within the norm, and two were better than

"Are we who we say we are? The answer is clearly that we are not."

KIMBALL I. MAULL
State trauma chief

average.

On the charts, the names of the other hospitals were not revealed.

Shock Trauma has not released the study. In an interview yesterday, two officials said Dr. Maull had the only copy.

The officials — Dr. Gens and John Ashworth, vice president of the University of Maryland Medical System — confirmed that Shock Trauma fell below national norms. But they insisted that the study is a tool for tracking a hospital's progress from year to year, not a yardstick for comparison with others.

The Major Trauma Outcome Study uses a complex formula to compare the survival rates of institu-

tions.

It factors in the severity of the patients' worst injuries, the patients' ages, and their blood pressure, breathing and brain function.

In this way, the study tried to avoid penalizing centers that treat large numbers of patients whose chances for survival were relatively poor.

But Mr. Ashworth said the study failed to account for Shock Trauma's status as a statewide center for brain-injured patients. Patients are more likely to die from a brain injury than any other type of wound, he said.

Also, Dr. Gens said, most institutions collected their data using common methodology. Because Shock Trauma didn't participate until this year, it was forced to adapt statistics kept in a completely different manner, possibly skewing the results.

"I'm not even looking at the numbers because they're not representative of anything," Dr. Gens said.

Dr. Wayne Copes, vice president of Tri-Analytics, said he couldn't comment on the Shock Trauma results until he spoke with Dr. Maull.

"I can tell you this," he said. "We have done a lot of published research. It's widely used and quoted in many ongoing research studies, and it's had a lot of scrutiny."

Former state Sen. Francis X. Kelly, a board member of the University of Maryland Medical System, said he couldn't comment on the study until he saw a copy.

"But if there are problems down there, [Dr. Maull] is the one to uncover them, to straighten them out," he said.

■ HEALTH CARE

The Shocking Fight Over Shock Trauma

Infighting Is Rife at Highly Acclaimed Center As Empires Clash in University Medical System

BY CATHY HINEBAUGH

WBR Business Writer

When he died last October, R. Adams Cowley, the founder of the nation's first shock trauma center, left behind more than a highly acclaimed and highly profitable medical empire.

Cowley, a consummate power broker and iron-willed administrator, also left a power vacuum that has fueled months of infighting and legal maneuvering among the center's administrators and medical staff.

For 25 years, Cowley ran the shock trauma center like a feudal fiefdom. His authority went virtually unchallenged, even though the center is part of the University of Maryland System (UMS) and its private non-profit corporation, University of Maryland Medical System (UMMS).

In the months since his death, university administrators have been trying to regain control over the independent-minded agency staff.

But shock trauma doctors have resisted giving up the autonomy they enjoyed under Cowley's reign. They claim they are defending the center from a cash-hungry university that plans to dilute the center's mission.

See SHOCK TRAUMA page 37

Shock Trauma

Continued from page 1

In the ensuing months, the bureaucratic power struggle has taken one nasty turn after another. Lawsuits have been filed, dissidents have been fired or removed from their jobs and allegations of conflict of interest have been flying.

These days, the shock trauma center looks a lot like one of its patients — in pieces and ready to undergo major surgery.

Ultimately at issue is the shock trauma center's role in the University Hospital system. Where does it fit in? How should it handle patients? And how should its profits be spent?

"There is an obvious plan that they're trying to implement that would blur the division between Shock Trauma and the University Hospital," says attorney Marvin Elin, who represents a doctor who is suing university officials.

If that's true, the finished product could be a far cry from what Shock Trauma's charismatic founder had in mind.

But according to the university, that's exactly what was intended when the new Shock Trauma Center facility was built in February 1989.

The Cowley legacy

With Cowley's tremendous influence in Annapolis and his center's sterling national reputation, there was little the university could do to interfere with his stewardship.

Depending on whom you talk to at the university, Cowley was a god or a devil, says UMAB President Errol Reese.

Indeed, his missionary zeal was legendary. A medical pioneer, he developed the theory of shock trauma while serving in the Korean War. The concept

never implemented a plan to take the patients.

University officials maintain that Cowley broke his promise. But shock trauma sources dispute that view. They contend that the center's certificate of need was amended several times, and the promise to take patients was ultimately

when Reese called a news conference to reveal that 34 shock trauma doctors had paid themselves \$2.5 million from their tax-exempt professional association (STAPA).

University of Maryland Chancellor Donald Langenberg, cited the incident as an example of the need for greater

of a statewide center for major injury.

At shock trauma, treatment cost 18 percent higher than other facilities. A center bed costs \$995 a day, compared to \$850 for a critical care bed at University Hospital. A special \$800 is charged just for walking in the door. Thus, many patients are paying

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was based on the "golden hour."

Cowley realized that even seriously injured people could be saved, if they could be treated at a major medical facility within an hour of their injury. The key to his concept was the helicopter, which could fly patients to specialized treatment centers.

For 25 years he pursued his dream as head of the Maryland Institute for Emergency Medical Services System (MIEMSS), which oversees the Shock Trauma Center and the state's emergency medical services system.

His head-strong administrative style and knack for playing politics amused supporters and enraged detractors.

When it came to funding, he often circumvented the usual chain of authority at the university and went straight to Annapolis. Cowley would lobby for shock trauma's cut of the university's pie before the money even made it to the chancellor, says Reese.

University officials were furious.

They were also presented with a dilemma.

How could they criticize Cowley without faulting his ultimate goal — saving lives?

"What are you going to do? Go down there [Annapolis] and attack motherhood and apple pie? Hell no," says Reese.

Cowley turned a one-bed operation at the University Hospital into a 138-bed center served by a fleet of state-of-the-art helicopters.

One of his last bureaucratic coups was to win approval for a new Shock Trauma Center.

Cowley's vision for the center was far bigger than the patient load warranted, and for one of the few times in his career, he was forced to compromise.

Accountability at issue

To get the facility he wanted, Cowley promised to use the center to treat all trauma patients from southwest Baltimore City. But after the center opened in February 1989, Cowley and his staff

ultimately excised.

If anything, the disagreement is characteristic of the type of sharp differences that exist on a number of sore points between the university and shock trauma staff.

Dr. Stephen Schimpff, executive vice president of UMMS, says tension between the two has been around for years. The real issue, he says, is accountability.

But to whom should shock trauma be held accountable?

The university contends that the facility is on their campus and is part of their organization. But staff members who were ultimately fired resisted the university's takeover effort. They say the center's primary obligation is to the state.

Cowley's retirement in 1990, gave the University the chance to finally put its own man in place as head of shock trauma. Dr. Kimball Maull was appointed director of MIEMSS last December.

The first public airing of the internal warring came in July when Maull fired three veteran shock trauma doctors.

The doctors say they were terminated for opposing Shock Trauma's integration into the affiliated University of Maryland Hospital. They filed suit against Maull and University of Maryland system officials, charging that Maull had overstepped his bounds and fired them without cause.

The case was settled out of court two weeks ago.

In August, Dr. Clark Watts, head of neurotrauma, sued Maull, UMMS and eight others for breach of contract after Maull tried to remove him from his job. The suit is still pending.

Watts alleges that Maull and UMMS are motivated by monetary and political reasons to divert income from shock trauma to their private corporation. Their motive, he claims, is to "increase and enhance their income while destroying the specialization of shock trauma as a major injury center."

The latest salvo came this month,

accountability.

But doctors contend that STAPA's lawyers said the money could be disbursed if it was put into a retirement fund and was not treated as salary.

According to sources within shock trauma, Maull had begun plans to put STAPA funds under his control. He now signs all checks written to shock trauma staff.

Militello, who is head of STAPA's board of directors, had approved the decision.

The doctors were worried that their money, which they say was a deferred compensation plan, would be diverted to other uses, he says.

Militello is now urging the two sides to work together.

"Ever since the retirement of Dr. Cowley, the operation at shock trauma has been fairly predictable. We had become used to running things in our own way. When Dr. Maull arrived, it was clear that he had his own ideas on how to continue the program," says Militello.

"My colleagues and I believe that it's time to move ahead. The mission of shock trauma — saving lives — is too important to get bogged down in political wrangling," he says.

Searching for a mission

This past July, Maull began to carry out the university's goal to integrate University Hospital's trauma center with shock trauma. Since then, the effort has met with mixed success.

Militello says there have been instances where beds have not been available to incoming Medivac patients.

According to Shock Trauma sources, 21 patients were shuffled to other facilities in July because of overcapacity at shock trauma compared to seven in July a year ago.

Medivac helicopter admissions have dropped from 60 to 35 percent. And, the number of patients who go home in 24 hours has jumped from 96 to 204.

Dissident doctors say the numbers suggest that shock trauma is becoming more of a local treatment center instead

than they need to for the level of care they receive, they contend.

UMMS is looking into changing fees for Shock Trauma Center to take into account some of the lesser injuries that are now going there, says Militello.

The whole question of fees has led to allegations of conflict of interest.

"There comes a point where the bottom line becomes more important than the mission," says a source. *GREEN MOUNTAIN*

Dissidents contend that a \$300 million expansion at UMAB wouldn't be possible without profits generated by shock trauma. They charge that merging the two centers is designed to increase patient loads at shock trauma to generate more fees.

UMMS collects all fees generated by the Shock Trauma Center and University Hospital. Maull, as the head of MIEMSS and shock trauma, also develops the criteria for patient referrals.

"There is always a conflict of interest for policy makers, but you'd better have a data base to prove that," says Militello.

"You get into this huge pissing match. There are people who will say this was all planned proactively for financial gain and university officials will deny that," says Militello. "I guess it's all in the eye of the beholder."

Governor William Donald Schaefer recently established the Emergency Medical Services Commission to look at emergency medical services in the state and the changes currently under way at shock trauma.

It held its first meeting behind closed doors at the Shock Trauma Center on Tuesday.

"The fundamental issue is change; change comes hard," says Schimpff.

But Militello says the major cause of the current upheaval is not from change, but from the changes having no clear reason or vision.

"There has to be a process for change and change must be defined and communicated, with not so many surprises," says Militello. ■