



FOR IMMEDIATE RELEASE
CONTACT: DAVID E. TAYLOR
QUINCEY R. JOHNSON
410/328-7820
AUGUST 27, 1992

MIEMSS ANNOUNCES LEADERSHIP CHANGES IN EMS SYSTEM

Kimball I. Maull, M.D., director of the Maryland Institute for Emergency Medical Services Systems (MIEMSS) has announced changes in the leadership team of Maryland's Emergency Medical Services Systems (EMS). EMS is a component of MIEMSS which coordinates emergency medical technician and paramedic training, statewide emergency communications, the Medevac helicopter system, the five EMS regions, commercial ambulance licensure, and evaluation.

Maull has appointed Richard L. Alcorta, M.D., as acting state director and associate medical director of EMS; and J. Alex Haller Jr., M.D., as associate EMS medical director for children's programs. In addition, Maull said Douglas Floccare, M.D., will continue as associate EMS medical director for Medevac and Maryland State Aeromedical Director.

With the appointment of Alcorta, Maull relinquishes the title of Maryland EMS Director, an appointment he held briefly in order to gain first-hand knowledge of the system's strengths and weaknesses. A fully representative search committee--comprised of Maryland's emergency medicine community--is being formed to select a permanent EMS director.



Motorcycle Helmet Law passed. He was lauded by the government of Montgomery County, the American College of Emergency Physicians and the Frederick County Volunteer Fire and Rescue Association. He received the Distinguished Service Award from the Maryland Institute for Emergency Medical Services Systems for his dedication to improving EMS.

"We are committed to continuing EMS' history of excellence," said Maull. "And I believe that Dr. Alcorta will competently lead that effort."

Haller, a professor of pediatric surgery, pediatrics and emergency medicine at Johns Hopkins University School of Medicine, will lead Maryland's effort to improve its services to critically ill children. At Johns Hopkins Hospital, Haller is the director of the Children's Shock Trauma Unit. "Haller, nationally renowned and widely regarded as a leading expert in children's emergency care, will bring a new sense of purpose to improving our ability to respond to the special needs of injured and sick children," said Maull.

Haller is an instructor in Advanced Trauma Life Support for the American College of Surgeons and Instructor on the National Faculty in Advanced Pediatric Life Support Course for the American Academy of Pediatrics (AAP). Haller also is a member of the AAP's Committee on Pediatric Emergency Medicine and chairs the Maryland AAP Chapter's Committee on Pediatric Emergency Medicine.

Haller received his undergraduate degree from Vanderbilt

- (1) more than 49 hospitals with 24-hour emergency departments;
- (2) nine trauma centers;
- (3) twenty specialty referral centers;
- (4) more than 480 ambulances;
- (5) more than 24,000 trained and certified prehospital care providers;
- (6) a statewide communications system linking ambulance, helicopters, hospitals and central alarms; and
- (7) medevac helicopter program operated by the Maryland State Police and coordinated by MIEMSS.

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The State of Maryland

Executive Department

EXECUTIVE ORDER
01.01.1992.16

Governor's Commission on Emergency Medical Services

- WHEREAS, The State's Emergency Medical System is vital to the health, lives and well being of the citizens of our State;
- WHEREAS, Maryland's Emergency Medical System was developed by the late visionary R Adams Cowley and it became the pioneer and premier emergency medical system in the world;
- WHEREAS, The System has grown into a large and complex entity involving hospitals, physicians, nurses, technicians, administrators and State Police helicopter operators;
- WHEREAS, The System requires close cooperation and coordination among all principals and agencies involved to function for the best interests of the citizens of Maryland;
- WHEREAS, There is a need for clear lines of communication and accountability in the performance and management of the System;
- WHEREAS, There is a need for a governing structure representing all facets of the System, hospitals and the public; and
- WHEREAS, It is not the intent of this commission to be involved in the internal management or operations of the private sector institutions that participate in this System;
- NOW, THEREFORE, I, WILLIAM DONALD SCHAEFER, GOVERNOR OF THE STATE OF MARYLAND, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY THE CONSTITUTION AND LAWS OF MARYLAND, HEREBY PROCLAIM THE FOLLOWING EXECUTIVE ORDER, EFFECTIVE IMMEDIATELY:

A. There is a Governor's Commission on Emergency Medical Services.

B. Membership and Procedure.

(1) The Commission shall consist of members appointed by the Governor and include the following:

(a) The Secretary of Budget and Fiscal Planning or designee;

(b) The Secretary of Health and Mental Hygiene or designee;

(c) The Superintendent of the Maryland State Police or designee;

(d) One representative from the University of Maryland System to be nominated by the University of Maryland Board of Regents;

(e) One representative from the Maryland Institute for Emergency Medical Services Systems to be nominated by the Director;

(f) One physician with experience and interest in emergency medical services;

(g) Two citizens with interest and knowledge in emergency medical services;

(h) One representative from the State's fire and rescue operations;

(i) One representative from the American College of Emergency Physicians to be nominated by the College President; and

(h) Two citizens at large.

(2) The Governor shall appoint the Chairperson and Vice-Chairperson of the Commission from among the membership.

(3) In the event of a vacancy on the Commission, the Governor may appoint a successor.

(4) The Governor may remove any member of the Commission for any cause adversely affecting the member's ability or willingness to perform his or her duties.

(5) A majority of the Commission shall constitute a quorum for the transaction of any business. The Commission may adopt any other rules or procedures necessary to ensure the orderly conduct of business.

(6) The members of the Commission may not receive any compensation for their services. The public members may be reimbursed for their reasonable expenses incurred in the performance of their duties, in accordance with the standard travel regulations, and as provided in the State budget.

C. The Commission shall have the following responsibilities:

(1) Develop recommendations for a governing structure for the System that provides clear accountability for management and performance and assurances that the citizens of the State have a continuing, efficient, effective and well coordinated service delivery system.

(2) Develop recommendations for how emergency medical services in the State can be best utilized and delivered. Among those issues to be evaluated by the Commission:

(a) Delivery of services, including services provided outside the State of Maryland.

(b) Privatization of aeromedical services.

(c) Possible savings in the utilization of helicopter services for police work separate and apart from the medical evacuation service.

(d) The use and/or charges for the use of medevac helicopters for the transfer of patients between hospitals.

(e) Budgetary requests.

(3) Develop recommendations as to the role of the chief executive officer of the University of Maryland Medical Systems Hospital and the director of Maryland Institute of Emergency Medical Services Systems in the distribution of patients within the hospital community.

(4) Upon approval of a governing structure for the System, function as an advisory board to the Governor on issues referred to it by the Governor and other matters relating to the System and its operations.

D. The primary staff support necessary for the completion of the Commission's duties shall be provided by the Department of Health and Mental Hygiene and the Office of the Governor. Staff support from other relevant State agencies shall be provided as needed.

E. The Commission shall report its initial recommendations on a permanent governing structure for the State Emergency Medical System by December 1, 1992, and shall report periodically thereafter as established by the Governor and the Commission.

GIVEN Under My Hand and the Great Seal of the State of Maryland, in the City of Annapolis, this day of , 1992.

William Donald Schaefer
Governor

ATTEST:

Winfield M. Kelly
Secretary of State

August 6, 1992

2814 Marnat Road
Baltimore, Maryland 21209

The Baltimore Sun
Letters to the Editor
P. O. Box 1377
Baltimore, MD 21278-0001

Re: Firings at Shock Trauma

Gentlemen:

I am quite distressed about the recent turmoil which has developed at the Shock Trauma Unit. The recent firings may threaten the stability of that unit, thereby jeopardizing a valuable asset of the State of Maryland. According to last Wednesday's paper, these firings were not "... anything clinical, moral or ethical, they were just terminated. ..." In Monday morning's paper, Dr. Maul was quoted as saying "I think that there is absolutely no question that since Dr. Cawley was forced out, the Institute has been lagging behind. But that's why I'm here".

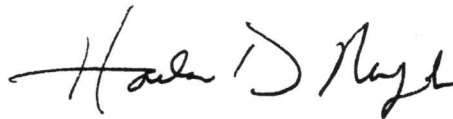
I myself was a patient at Shock Trauma in 1990. I have received follow-up treatment at Shock Trauma since Dr. Cawley resigned. I found the treatment I received in both instances to be excellent and prompt. I have spoken with other people, including physicians, who said that I was in the very best place that I could be for the treatment I needed. I have continued to be treated by the physicians in Shock Trauma and have seen absolutely no evidence of deterioration or lagging in the care I received.

Could it be that the present problems are as a result of an ego problem on the part of Dr. Maul? Dr. Maul was described in Monday's article as "a very strong-willed, heavy ego person, who kind of does his own thing and doesn't perhaps listen to his peers' advice". The article further states that Dr. Maul tried to get his University of Tennessee hospital designated as the single front-line trauma unit center. In Maryland we don't have a single front-line trauma center, but a system of care involving many hospitals and people. This system has been in place for a long time and requires a smooth interaction between each

segment of the system. Could it be that Dr. Maul's attempt to "fix" this system is really an attempt by him to put his hospital completely in charge of what is actually an excellent system as it now exists.

I believe a thorough investigation and review of the present situation is warranted.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Harlan D. Margolis". The signature is fluid and cursive, with the first name "Harlan" being more prominent.

Harlan D. Margolis

HDM/jwm

cc: Maryland Shock Trauma)
The Honorable William Donald Schaefer