

MEMORANDUM

TO: MIEMSS Staff

FROM: John W. Ashworth, III, MHA
Interim Director

RE: Recap of April 22, 1993 Meeting

DATE: May 3, 1993

This memo is a recap of the Shock Trauma Employee Meeting of April 22, 1993. It is to serve as an update on the issues impacting the R Adams Cowley Shock Trauma Center, Emergency Medical Services Field Operations (EMSFO) and the National Study Center (NSC).

House Bill 1222 - Governor's Commission on Emergency Medical Services

Current Status

- House Bill 1222 passed with some 18 amendments. However, the organizational chart remains similar to what I diagramed to the staff a few weeks ago.
- The bill is awaiting Governor William Donald Schaefer's signature, which is expected ~~May 11, 1993.~~ *in May 27, 1993*
- The law governing Emergency Medical Services for Maryland will take effect July 1, 1993.

Highlights

- EMS Board Creation.

The 11-member Emergency Medical Services governing board, appointed by the Governor, will choose an Executive Director. The Executive Director will coordinate EMS functions throughout the state, under the board's direction. It is anticipated that the members of the governing board will be announced by July 1, 1993.

The Executive Director of MIEMSS will be a voting member of the UMMS board. This adds one additional voting member to the UMMS Board.

The EMS governing body is required to develop an emergency medical services plan. Based on the plan developed, the board can adopt rules and regulations.

Prior to adopting regulations, the board should consult with and provide opportunity for comment from local jurisdictions, volunteer and career fire companies, emergency medical technicians, rescue squad personnel and hospital administrators.

Question: *What is the real power of the EMS Governing Body to enforce rules and regulations?*

Answer: *(Buzz Ryan) Regulatory authority granted to a government agency falls under the administrative procedure act allowing for the regulations to be adopted with this extra proviso. Once the regulation is adopted, it is sent to the legislature to the ADLR committee and then it essentially takes the force of law. It is a long process but it enables everyone who wants to be heard the opportunity to voice his/her opinion. The legislation does have teeth. In addition, it also forces discussion of the issue.*

- EMS Advisory Council

The advisory council will advise the EMS Board on EMS delivery system issues. The council will be made up of 27 members. The two newest members of the advisory council are:

- Director of National Study Center
- Director of Shock Trauma

- Shock Trauma Center

The law defines the role of the Shock Trauma Center as being the primary adult clinical resource center for the state EMS system.

The Director of STC shall be appointed by the UMMS Board of Directors and subject to the approval of the Governor.

The STC Director cannot hold a concurrent position as Executive Director of MIEMSS and he/she must report through the UMMS Corporation CEO to the Board of Directors. Other responsibilities of the STC Director are:

- To provide monthly reports to the Board of Directors and the EMS Board on the overall progress.
- To render reports to the appropriate committees of the Board of Directors.
- To develop the budget and, after approval of the budget by the UMMS/CEO, present it to the EMS Board for review and comment.
- To submit the STC budget through the appropriate sub-committees of the Board of Directors for approval by the UMMS Board of Directors.

The Director of the STC shall advise and provide the opportunity for the EMS Board to comment prior to the adoption of any proposed change in the budget, services, mission or other policies of the center that would affect the ability to continue to fulfill its mission as the statewide primary adult clinical resource center for emergency medical services.

The language pertaining to the STC mission does not change the five-fold mission, which is to treat:

- Head and spinal cord injuries (statewide)
- Conditions requiring hyperbaric oxygen
- Trauma occurring on the beltway and in the metro area
- Severe multiple trauma as far as our statewide role
- Severe multiple trauma for the southwest quadrant of the city

Most of you wanted MIEMSS and STC to remain together. Although organizationally that did not happen, language was included to make sure that the strength of the relationships of the two programs prevails. What it will rely on now is for the individuals who are in these key positions to make this happen.

- National Study Center

The EMS Board shall work with the National Study Center for Trauma to coordinate a plan for research and other academic activities related to EMS issues. This constructively links the Study Center back to the EMS Governing body.

Question: *Has a search started to find a Director of the NSC?*

Answer: *There has yet to be discussion about appointing a NSC Director.*

- Transfer of Employees

MIEMSS state employees remain in the University of Maryland System through June 30, 1994.

A team consisting of John Murphy, Dr. Brad Cushing, Dr. Rick Alcorta and myself are working to make sure the transition implementation provisions that affect the state EMS program, NSC, as well as STC where we have split-funded employees will occur by July 1, 1994.

UMAB will provide administrative personnel and support services through fiscal year '95 at no cost to MIEMSS. Beginning in 1996, a compensation plan for these services will be implemented.

The EMS Board has until January '95 to report to the legislature on the progress made relative to the implementation of the law.

Question: *What happens to MIEMSS Employees after June 30, 1994 relative to their retirement status?*

Answer: *We have to work through all those transition issues over the next year. I cannot answer any of the specifics right now, although, I know all efforts will be to insure major benefits will remain.*

Question: *What is the status of co-funded employees?*

Answer: *Dr. Alcorta and I will have to work through this issue. We will be studying it and getting answers over the next 14 months.*

Question: *Can an arrangement be made that MIEMSS people who received the benefit of free college tuition for their children be allowed to keep that benefit when they transfer over to the state system?*

Answer: *(John Murphy) For now, the answer would be no. You become regular state employees and you will not have that benefit. However, as John said we will have to work on this issue.*

Question: *Why will UMAB continue to supply administrative and support personnel?*

Answer: *Dunning Hall sits on UMAB space. It houses the state EMS program. In accordance with the state legislature's directive, the University will continue to provide space and services to that program during fiscal years 1994 and 1995. Those provisions will be subject to negotiation for fiscal year 1996.*

- Interim Director of STC

My status as of July 1 is that I will remain as director of STC. I'm going to be here for awhile.

- EMS Director

Dr. Rick Alcorta is the state's Acting EMS Director. When the transfer occurs on July 1st, the assumption is that he will remain as Acting Director. What happens after that is an EMS governing body decision.

Budget Issue

- UMMS has one trauma program. It is the STC program.
- The UMMS Emergency Department will remain as a full-service emergency department taking care of all other emergency transports to UMMS.
- In the event STC is on flyby, any priority one or "by protocol" trauma case that occurs two blocks from this institution will go to the nearest trauma center, or, to a facility most appropriate to that patient's immediate needs.
- These guidelines form the essence of us being able to work with pre-hospital providers to help them understand what they should and should not be bringing to the STC.
- Pre-hospital protocol is based on trying to get patients to the appropriate location from the outset. As a result, the system has been set up to determine if a patient is Priority I, II or III. Priority IV is classified as deceased or no transport.
- Priority I is the patient with truly critical life-threatening injuries, abnormality of vital signs within a certain set of perimeters, or certain types of mechanisms of injury. A Priority I patient is sent to the trauma center.

Other Issues

We had three flybys in April as compared to only one in March. You are working hard to keep the numbers down. Thank you.

- Average Daily Patient Census

FY '90	91.4 patients	
FY '91	91.7 patients	
FY '92	89.3 patients	
FY '93 YTD	94.3 patients	(budgeted for 98.6 patients)

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- Patient Days

Although the number of admissions has increased, patient days are not on budget due to a drop in length of stay.

- Patient Admissions (thru 9 months by FY)

FY '90	2500	
FY '91	2900	
FY '92	2900	
FY '93 YTD	3900	(3200 budget level)

- JCAHO Visit (Angie Janik)

The lab came through with flying colors on the first day of the group's visit. The rest of the organization came through in a positive way also.

STC was given high marks in the final exit report on the procedures followed for patients recovering from anesthesia.