R Adams Cowley Shock Trauma Center Board of Visitors Selects New Chairman

Former **Senator Francis X. Kelly** has been elected Chairman of the Board of Visitors of the R Adams Cowley Shock Trauma Center. Kelly replaces former Chairman, **Donald L. DeVries, Jr.**, who was recently appointed by Governor William Donald Schaefer to head the newly formed Maryland State Emergency Medical Services Board.

The late Dr. Cowley established the Board of Visitors in 1984 and Senator Kelly served as a founding member. The Board of Visitors is an advocacy and advisory board working in accordance with the Director of Shock Trauma and UMMS leadership. Its board members assist in fund raising, community outreach, and advising and assisting the leadership of Shock Trauma and UMMS on issues relating to Shock Trauma's role in the evolving EMS System.

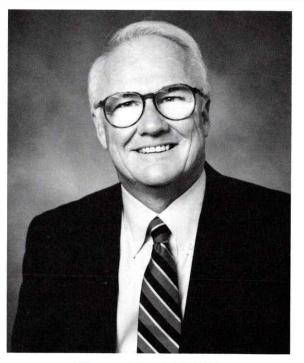
"Frank Kelly has been a dedicated board member and a staunch supporter of the Shock Trauma Center.

Unquestionably he will bring that same dedication and support to his new role as Chairman," said **John Ashworth**, director of the R Adams Cowley Shock Trauma Center.

Kelly said he looks forward to serving the Board and the staff of the Shock Trauma Center. "The Shock Trauma Center is the finest trauma center in the world," said Kelly. "Its dedicated staff of doctors and nurses provides the highest level of care to the citizens of Maryland. It is an honor to continue my commitment as part of this dedicated team," he added.

As a State Senator in Annapolis (1978 - 1990), representing the 10th Legislative District of Baltimore County, Kelly chaired the committee on the upgrading of the MEDEVAC helicopters and was the primary sponsor of legislation creating the R Adams Cowley Shock Trauma Center.

Recognized as a leader in health care issues, Senator Kelly serves



Senator Francis X. Kelly

as a member of the University of Maryland Medical System Board of Directors. The University of Maryland Medical System has governed Shock Trauma since 1984. He is also a proponent of alcoholism and addiction rehabilitation and currently serves on the Governor's Drug and Alcohol Abuse Commission. Kelly is also a member of the Morgan State University Board of Regents; Board of Directors-Penn-Mar Program for the Developmentally Disabled: Board of Directors for the Maryland State Fair and Agricultural Society; and the Baltimore County Recreation and Parks Board.

While in the Senate, Kelly served as Vice Chairman of the Budget and Taxation committee, Chairman of the Subcommittee on Education, Health and Human Resources, as well as chairman of various other legislative Senate and joint committees and gubernatorial task forces.

Kelly is the founder and President of Kelly-Chick & Associates, Inc., a Hunt Valley based insurance agency established in 1975. His company specializes in small group health insurance and represents over thirteen trade and professional associations in Maryland.











In Memoriam

On June 22, the Medical System lost a long-time friend, **Mr. John Lee**, Sr. Mr. Lee began his career here in 1973 as a medical records supervisor and held increasingly responsible positions in medical records before moving to Shock Trauma as a storekeeper in 1987. Although Mr. Lee had retired in 1991, he maintained many friendships with doctors and staff throughout the Medical Center.

"John probably knew more people than any one person I've known in the hospital," recalled **Bob Harden**, senior adminstrator for radiation oncology and former assistant director of medical records. "John had been a corpsman in the army, and he worked at Walter Reed. He worked with and developed a close friendship with Dr. Cowley, also at Walter Reed. He also got to know many other physicians due to his medical background in the army."

During the Operation Desert Storm, Mr. Lee was reactivated and served six months as an escort working with families of casualties, said Mr. Harden. "Here was a man 60 years old who went back into the service. That's just the way he was, always a very giving person."

While he was known as a "character," Mr. Lee was also a trusted friend who could be depended upon. "John was free in giving advice—good, sound advice," said Mr. Harden. "I always valued his opinion. He was clear and concise in his thinking. No facades. Very honest. I respected his opinions and valued his judgement."

Mr. Lee is survived by his wife, three sons, one daughter, and his many, many friends at the University of Maryland Medical System.

Emergency Medical Services Board Members

Chairperson

Donald L. DeVries, Jr., Esq.
Partner, Goodell, DeVries, Leech & Gray
Attorneys at Law
Commerce Place
1 South Street, 20th Floor
Baltimore, Maryland 21201
(410) 783-4006
(410) 783-4040 (FAX)

Home Address: 401 Woodlawn Road Baltimore, MD 21210 (410) 235-3134

Emergency Medical Services Physician

Sheila Rhodes, M.D., M.P.H., F.A.C.E.P.
Attending Physician, Emergency Medical Services
Franklin Square/Carroll County General Hospitals
and
Senior Physician
Baltimore Gas and Electric Company
39 W. Lexington Street
The G & E Building, 15th Floor
Baltimore, Maryland 21201
(410) 234-7469
(410) 234-6338 (FAX)

Home Address: 106 Evon Court Severna Park, MD 21146 (410) 544-7457

Trauma Physician

Willie Blair, M.D., F.A.C.S. Associate Professor of Surgery Prince George's County Hospital Center 7525 Greenway Center Drive, #211 Greenbelt, Maryland 20770 (301) 345-0300 (301) 345-7949 (FAX) Home Address: 1009 Colleen Court Fort Washington, MD 20744 (301) 292-7125

Emergency Medical Services Nurse

Dennis Jones, R.N., B.S.N.
Clinical Nurse Specialist
Department of Emergency Medicine
Franklin Square Hospital Center
9000 Franklin Square Drive
Baltimore, Maryland 21237
(410) 682-8209
(410) 682-7587 (FAX)

Home Address: 9204 Ramblebrook Road Baltimore, MD 21236 (410) 529-4909

Career Firefighter

š 4

John Frazier
Staff Chief
Baltimore City Fire Department
410 East Lexington Street
Baltimore, Maryland 21202
(410) 396-1308
(410) 625-2248 (FAX)

Home Address: 6521 Banbury Road Baltimore, MD 21239 (410) 377-6521

Volunteer Firefighter

Philip Hurlock
Director
Queen Anne's County Emergency
Operations Center
308 Safety Drive
Centreville, Maryland 21617
(410) 758-0223
(410) 758-2194 (FAX)

Home Address: P.O. Box 137 Church Hill, MD 21623 (410) 758-2735

Hospital Administrator

Victor Broccolino
President & CEO
Howard County General Hospital, Inc.
5755 Cedar Lane
Columbia, Maryland 21044
(410) 740-7710
(410) 740-7610 (FAX)

Home Address: 5625 Johnnycake Road Baltimore, MD 21207 (410) 744-6704

Public at Large (County population of less that 175,000)

Ellen Waters
Community Representative
Ocean Medical Center, Inc.
1001 Philadelphia Avenue
Ocean City, Maryland 21842
(410) 289-6241
(410) 289-5533 (FAX)

Home Address: 401 Fifteenth Street #3 Ocean City, MD 21842 (410) 289-6540

Secretary of the Department of Health and Mental Hygiene or Designee

Nelson J. Sabatini 201 W. Preston Street 5th Floor Baltimore, Maryland 21201 (410) 225-6505 (410) 225-6489 (FAX) Home Address: 391 South Drive Severna Park, MD 21146 (410) 544-0172 Representative of the University of Maryland at Baltimore, nominated by the Board of Regents

Donald E. Wilson, M.D.
Dean and Professor of Medicine
University of Maryland School of Medicine
655 W. Baltimore Street, Room 14-129
Baltimore, Maryland 21201
(410) 706-1860
(410) 706-0235 (FAX)

Home Address: 2 Whitebridge Court Baltimore, MD 21208 (410) 602-1825

Chairperson of the Advisory Council

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Under law, the Advisory Council will elect the Chairperson with the Governor's approval. Position cannot be filled until the Council is organized.



EMERGENCY MEDICAL SERVICES BOARD

JULY 8, 1993

MINUTES

BOARD MEMBERS PRESENT: Donald L. DeVries, Jr., Chair; Willie Blair, M.D.; Victor Broccolino; John Frazier; Dennis Jones, RN; Philip Hurlock; Sheila Rhodes, M.D.

BOARD MEMBERS ABSENT: Nelson Sabatini, Donald E. Wilson, M.D., Ellen Waters

OTHERS PRESENT: James D'Orta, M.D., Richard Alcorta, M.D., John Murphy, Tricia Slawinski, Robert Dubansky, Kathy Broda

Introduction and Welcome

Mr. DeVries convened the meeting at 10:20 a.m. welcoming everyone to the first official meeting of the EMS Board. The Board members introduced themselves providing their respective backgrounds. Mr. DeVries then announced the appointment of Mr. John Murphy as the Administrative Director for MIEMSS.

Mr. DeVries then discussed his personal philosophy of how this group should work together. He indicated that he looks at this group as a "Board of Trustees" for MIEMSS. He stated that no one should be representing a particular constituency; the Board should work as a group. While noting that the Board has rule-making authority, Mr. DeVries hopes to build a consensus through cooperative excellence. The Board has a fiduciary responsibility to the system, not to the sectors of the system the members may represent.

A notebook was distributed to each Board member with general information on MIEMSS, the EMS Board, the enabling legislation, etc.

Swearing-In Ceremony

Tricia Slawinski introduced Mr. Charles W. Mackey, Jr., Director of the Land Records Office of the Baltimore City Circuit Court. She distributed to the Board members a packet containing the Commission charge letters from the governor along with an official State certificate. After the swearing-in, the official City seal will be placed on the certificate. Mr. Mackey then performed the swearing-in ceremony.

Accomplishments of the Emergency Medical Services Commission

Dr. James D'Orta, past Chairman of the Governor's Commission on EMS, reported on the accomplishments of the Commission. He called this a new day for EMS in Maryland, as this is the first Board of its kind for Emergency Medical Services in the United



States to answer directly to a Governor. He went on to explain the Governor's reasons for establishing the Commission. Commission subsequently identified many areas that needed to be reviewed and recommended the establishment of an EMS Board responsible to the citizens of Maryland. Dr. D'Orta then drew an organizational chart of MIEMSS under the Governor and EMS Board and explained the system. He explained that the Executive Director is to be a medical person with an understanding of The Board will have direct input into management and politics. the Shock Trauma Center as well as other trauma centers around the State. Mr. DeVries then lauded Dr. D'Orta for his leadership of the Commission. Dr. D'Orta then suggested that a press release be circulated around the country on the establishment of the EMS Board in Maryland, as it is the first of its kind to answer directly to the Governor. Mr. DeVries will see that this is accomplished.

Overview and Tour of MIEMSS

John Murphy gave a historical perspective of the EMS System. He reviewed the information that was provided in the notebook to each member, explaining some of the charts, graphs, and other information pertaining to chronology, EMS components, Echelons of Care, Specialty Centers, EMS system geographics, and budget allocations.

Dr. Richard Alcorta provided a brief sketch of the EMS system of response, an overview of the major MIEMSS departments, a review of the MIEMSS staff organization chart, and the current MIEMSS mission. He asked the Board to consider how it envisions the mission of MIEMSS. After the completion of Dr. Alcorta's presentation, the Board asked to have all the charts that were used reproduced for everyone. It was also requested that an overview of Dr. Alcorta's accomplishments as well as listing of acronyms and their meanings be distributed to the Board.

Due to the time frame, the tour of MIEMSS was postponed until the next meeting.

<u>Appointments</u>

Mr. DeVries stated that the Advisory Council will be named by the Board subject to the approval of the Governor and will consist of 27 members. The Chairman of the council will be a member of the Board. At the present time, Mr. DeVries is receiving suggestions for membership from various groups. This will be on the agenda for the next meeting.

There will be a national search for the Executive Director. The criteria for this individual will be medical expertise, managerial abilities, and political skills. Mr. DeVries asked Mr. Broccolino to chair this Search Committee. He stated that he will name other members of the Search Committee within the next several weeks. Mr. DeVries provided the following

recommendations to the Search Committee:

committee:

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- 1) Search Committee should consist of Board members along with other outside individuals,
- the Board will develop a process for interviews,
- 3) 3 final candidates will be provided to the Board,
- 4) Target date 3 6 months

Open Discussion

- 1) Mr. Frazier suggested that a spokesperson to the Governor's Office be appointed for guidance with regard to calls from the media, etc. Mr. DeVries stated that the media may contact the Governor's Office, Tricia Slawinski, or himself and that he may be used as the "funnel" for other members to direct inquiries.
- There was a question of information sharing of these meetings. Mr. DeVries felt that this was an individual judgement issue. He reiterated that this is a consensus building group.
- The question of the minutes for these meetings was raised.

 Ms. Slawinski stated that she will be working with the

 MIEMSS staff to produce them in a timely fashion.
- The question of whether or not an Assistant Attorney General will be assigned to the Board was raised. Ms. Slawinski stated that she is currently working on that matter.
- 5) Ms. Slawinski is reviewing the application of Sunshine Laws to the Board's meetings.

Schedule of Future Meetings

The next meeting will be held on Tuesday, August 3, 1993 starting at 9:00 a.m. in Dunning Hall with the tour of MIEMSS to be conducted first.

Mr. Devries stated that the Board is mandated to meet 6 times a year, but that more frequent meetings will be needed for the time being. It was decided that the Board will meet on the first Tuesday of each month with alternative meeting sites being taken into consideration.

The meeting was adjourned at 12:50 p.m.



July 6, 1993

TO:

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MIEMSS Staff

FROM:

Richard L. Alcorta, MD, FACEP

RE:

Appointment of EMS Board Members

The Governor has announced ten of the eleven members on the EMS board. The following have been appointed to the board:

EMS Board Chairman

Donald L. DeVries, Jr., Esq. Partner, Goodell, DeVries, Leech and Gray Attorneys at Law

Secretary of Maryland Department of Health and Mental Hygiene or the Secretary's designee Nelson J. Sabatini Secretary of Maryland Department of Health and Mental Hygiene

A representative of UMAB, nominated by the Board of Regents

Donald E. Wilson, MD
Dean and Professor of
Medicine, University of
Maryland School of Medicine

Chairperson of the EMS Advisory Council

To be announced

A physician knowledgeable in the delivery of emergency medical services Sheila Rhodes, MD, MPH, FACEP Attending Physician, Emergency Medical Services at Franklin Square and Carroll County General Hospitals and Senior Physician at the Baltimore Gas and Electric Company

A physician experienced in the clinical care of trauma patients services

Willie Blair, MD, FACS Associate Professor of Surgery, Prince George's Hospital Center



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A nurse experienced in the clinical care of trauma patients

Dennis Jones, RN, BSN Clinical Nurse Specialist, Department of Emergency Medicine at Franklin Square Hospital

A career fire fighter, EMT, or rescue squad person knowledgeable in the delivery of emergency medical services

John Frazier Staff Chief, Baltimore City Fire Department

A volunteer fire fighter, EMT, or rescue squad person knowledgeable in the delivery of emergency medical services

Philip Hurlock Director, Queen Anne's County Emergency Operations Center

A hospital administrator knowledgeable in the management and delivery of emergency medical services Victor Broccolino President and CEO, Howard County General Hospital, Inc.

Public-at-large member (County population of less than 175,000)

Ellen Waters Community Representative Ocean City Medical Center



STATE OF MARYLAND OFFICE OF THE GOVERNOR

GOVERNOR'S PRESS OFFICE

GOVERNOR WILLIAM DONALD SCHAEFER NAMES MEMBERS OF NEW EMERGENCY MEDICAL SERVICES BOARD

ANNAPOLIS, MD (June 29, 1993) -- Governor William Donald Schaefer today named nine of the 11 members of the Emergency Medical Services (EMS) Board which will now oversee the delivery of emergency medical services in the state.

"We have asked this diverse group to do an important job: help us ensure that Maryland's emergency service system remains the best in the country," said Governor Schaefer. "Maryland has had a reputation for having the strongest EMS system, and we'd like to keep that reputation."

The legislation that established the EMS Board essentially overhauled the state's emergency medical system. Under the new structure, Maryland's Shock Trauma Center shifts from being dually run by the University of Maryland, a state agency, and the University of Maryland, a state agency, and the University of Maryland Medical Systems (UMMS), a private Corporation, to being wholly controlled by UMMS. All other components of emergency medical services in Maryland will now be overseen by the EMS Board, which reports directly to the governor.

The EMS Board is responsible for the development of an emergency medical system plan to ensure effective coordination and evaluation of emergency medical services delivered in the state.

Under law, the Advisory Council will elect the Chairperson with the Governor's approval. The position cannot be filled until the Council is organized.

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FOR FURTHER INFORMATION CONTACT:

Page Boinest, Governor's Press Office

(410) 974-2316

Tori Leonard, DHMH (410) 225-6490

(ATTACHMENTS)

It will appoint an Executive Director of the Maryland Institute for Emergency Medical Services System (MIEMMS), which now consists of the Emergency Medical Services Field Operations. It will also appoint a 27-member Advisory Council, which will serve as the principal advisory body to the EMS Board.

Board members named today include:

- * Chairman Donald L. DeVries, Jr., Esq. Partner, Goodell, DeVries, Leech and Gray Attorneys at Law
- * Sheila Rhodes, M.D., M.F.H., F.A.C.E.P Attending Physician, Emergency Medical Services at Franklin Square and Carroll County General Hospitals and Senior Physician at the Baltimore Gas and Electric Company
- * Willie Blair, M.D., F.A.C.S Associate Professor of Surgery at Prince George's County Hospital Center
- * Dennis Jones, R.N., B.S.N. Clinical Nurse Specialist, Department of Emergency Medicine at Franklin Square Hospital
- * John Frazier Staff Chief, Baltimore City Fire Department
- * Philip Hurlock Director, Queen Anne's County Emergency Operations Center
- * Victor Broccolino President and CEO, Howard County General Hospital, Inc.
- * Public-at-large member To Be Announced
- * Nelson J. Sabatini Secretary, Maryland Department of Health and Mental Hygiene
- * Donald E. Wilson, M.D. Dean and Professor of Medicine, University of Maryland School of Medicine
- * Chairperson of the Advisory Council

OUTLINE SUMMARY OF HB 1222-EMERGENCY MEDICAL SERVICES

EMS BOARD:

- A total of 11 members appointed by the Governor:
- The EMS Board must be fully appointed by July 1, 1993
 - 1 Secretary of Health and Mental Hygiene
 - 1 Representative of UMAB nominated by Board of Regents
 - 1 One is the Chairperson of the Advisory Council
 - 1 Physician knowledgeable in the delivery of EMS
 - 1 Physician experienced in the clinical care of trauma patients
 - 1 One shall be a nurse experienced in the clinical care of emergency patients
 - 1 Career Fire Fighter, EMT, or Rescue Squad Personnel knowledgeable in the delivery of EMS
 - 1 Volunteer Fire Fighter, EMT or Rescue Squad Personnel knowledgeable in the delivery of EMS
 - 1 Hospital Administrator
 - 2 General Public Members

EMS BOARD DUTIES:

- Adopts regulations
- Applies for funds
- Publishes information related to EMS service delivery
- Appoints the Executive Director/MIEMSS
- Reviews and approves the State's EMS Budget
- Does studies and analysis of EMS
- Prepares and submits an annual report to the Governor and General Assembly that reports on patients transported to all trauma centers in the state
- Prepares and ensures compliance with the EMS Plan
- Adopts regulations to implement the Plan

THE EMS PLAN INCLUDES:

- Criteria for designation of trauma and specialty centers
- Criteria and guidelines for the delivery of EMS
- Criteria and methodologies to evaluate the EMS system
- A plan to maintain and enhance the communications and transportation systems for EMS
- Provisions for the evaluation of EMS personnel training programs (firemen)
- Establishes public information and education programs

THE MIEMSS DIRECTOR:

- Coordinates the Statewide System of EMS
- Coordinates planning and operation of EMS Services
- Coordinates training of all personnel in the EMS system and develop standards for certification
- Coordinates programs of research and education
- Coordinates development of specialty centers and rehabilitation of the critically ill
- Works with all agencies involved in EMS
- Administers State and Federal funds in EMS
- Works closely with MFRI
- Assures continued improvement of transportation for patients
- Appointed to the UMMS Board as a voting member

ADVISORY COUNCIL:

- 27 member council appointed by the EMS Board
- Serves as a principal advisory body to the EMS Board

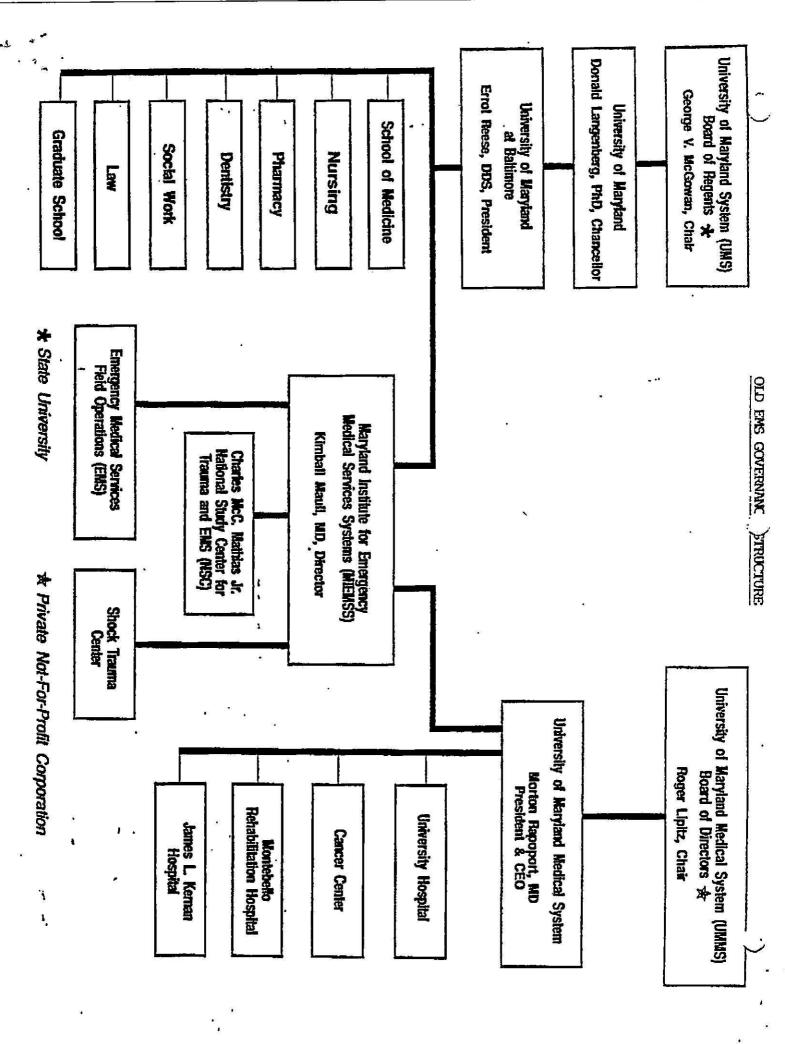
SHOCK TRAUMA DIRECTOR:

- Chief Administrative Officer of the Center
- Appointed by the UMMS Board of Directors and approved by the Governor
- May not hold concurrently the position of the MIEMSS Director

- Reports through the UMMS CEO to the Board of Directors
- Provides monthly reports to the EMS Board
- Presents the budget to the EMS board for review and comment
- Advises and provides the EMS Board to comment on any proposed change in the budget, services, mission or other policies of the Center
- Serves on the Advisory Council

McC. MATHIAS DIRECTOR:

- Works closely with the MIEMSS Director in the development of a research plan and the budget
- Submits the budget and research plan to the EMS Board for review and comment
- Advises and provides the opportunity for the EMS Board to comment prior to the adoption of any proposed change in the budget, mission, research plan, or other policies of the study center
- Serves on the Advisory Council
- Appointed by the President of UMAB and approved by the Governor
- The University of Maryland System may not transfer funds for the Study Center to any other program or purpose



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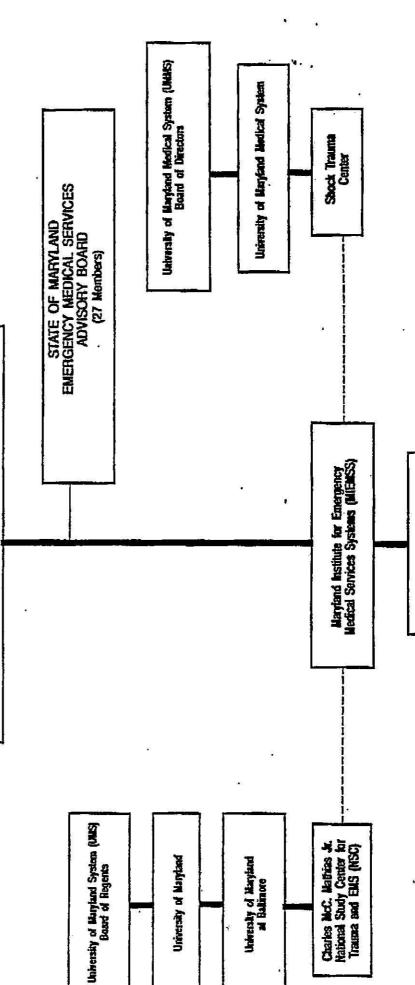
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Emergency Medical Services Field Operations (ENSFO)

Governor William Donald Schaefer

NEW EMS GOVERNANCL, STRUCTURE

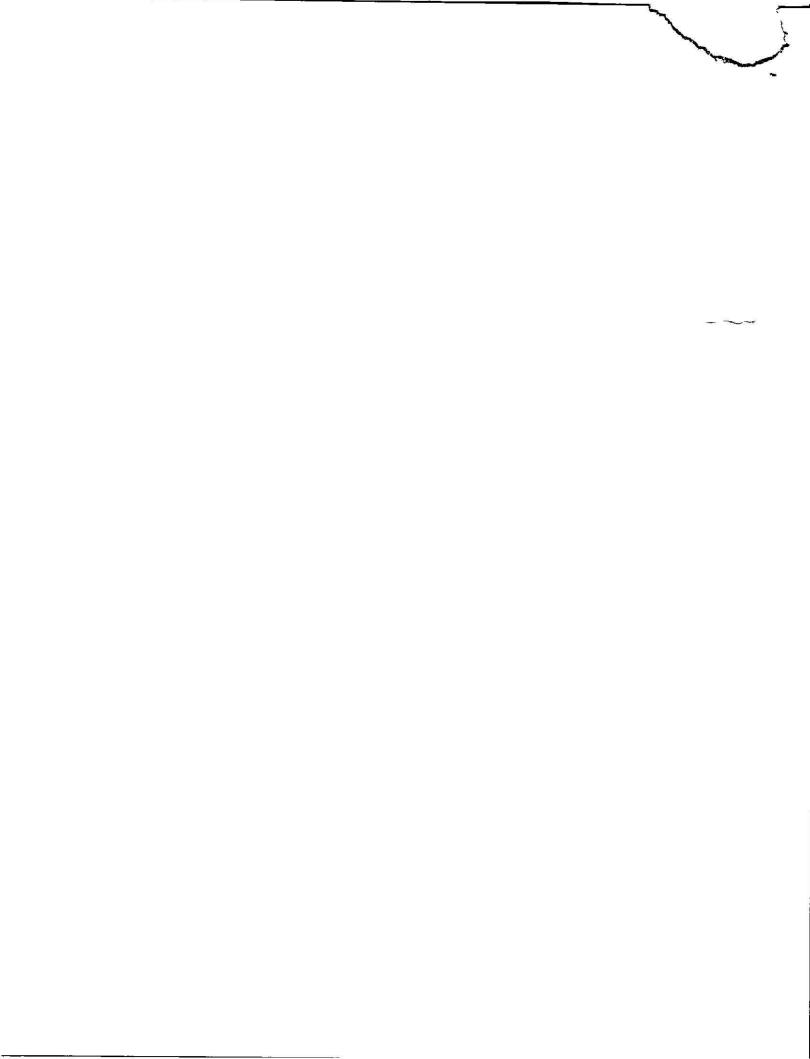
Emergency Medical Services Board (11 Members)





MARYLAND

A SYSTEMS APPROACH TO EMERGENCY MEDICAL SERVICES



SUMMARY OF MARYLAND EMS SYSTEM COMPONENTS

- State EMS Agency for System development and coordination (MIEMSS)
- Five EMS Regions with Regional EMS Advisory Councils
- Statewide EMS Communications System owned by the State of Maryland, including:
 - The Emergency Medical Resources Center, responsible for advanced life support medical consultation for patient transports in the Baltimore Metropolitan area, handles more than 204,000 radio and phone calls each year
 - SYSCOM, responsible for all helicopter communications, handles more than 101,000 emergency phone calls each year
- Statewide medical protocols
- · Statewide 911 citizen access (July 1, 1985)
- Fire departments and rescue squads which operate 489 emergency ambulances in the 23 counties and Baltimore City (more than 350,000 emergency ambulance calls each year)
- State Certification for pre-hospital providers (more than 29,000 volunteer and career personnel)
- The emergency air Med-Evac system operated by the State Police (more than 4,600 annual patient transports)
- Intensive care transport services for premature and critically ill newborn babies (more than 600 transports per year)
- Referral service for mothers-to-be in high risk labor (more than 525 calls and 450 transports to perinatal centers last year)
- · 66 hospitals in Maryland
 - 50 hospitals with 24-hour emergency departments
 - specially designated hospitals
 - 1 R Adams Cowley Shock Trauma Center
 - 9 Areawide Trauma Centers
 - 20 Specialty Referral Centers

ECHELONS OF CLINICAL CARE

AREAWIDE TRAUMA CENTERS

Region I

Memorial Hospital, Cumberland

Region II

 Washington County Hospital, Hagerstown

Region III

- Francis Scott Key Medical Center, Baltimore City
- Johns Hopkins Hospital, Baltimore City
- Sinai Hospital, Baltimore City
- R Adams Cowley Shock Trauma Center, Baltimore City

Region IV

 Peninsula Regional Medical Center, Salisbury

Region V

- Prince George's General Hospital
 & Medical Center, Cheverly
- Suburban Hospital, Bethesda

BACK-UP TRAUMA CENTERS

Trauma Services located in Washington, D.C. by agreement with the District of Columbia EMS System provide back-up adult trauma services to the Maryland EMS System at:

- D.C. General Hospital
- Georgetown University Hospital
- · Howard University Hospital
- · Washington Hospital Center

SPECIALTY REFERRAL CENTERS

Burn Trauma

- Baltimore Regional Burn Center/Francis Scott Key Medical Center, Baltimore City
- Burn Unit/Washington Hospital Center, Washington, D.C.

Eve Trauma

- Wilmer Eye Institute/Johns Hopkins Hospital, Baltimore City
- Center for Sight/Georgetown University, Washington, D.C.

Pediatric Trauma

- Pediatric Trauma Center/Johns Hopkins Hospital, Baltimore City
- Pediatric Trauma Center, Children's Hospital National Medical Center, Washington, D.C.

Neurotrauma

 Neurotrauma Center/R Adams Cowley Shock Trauma Center, Baltimore City

Hyperbaric Medicine

 Hyperbaric Medicine Center/R Adams Cowley Shock Trauma Center, Baltimore City

Severe Extremity Injuries/Reimplantation

 Raymond M. Curtis Hand Center/Union Memorial Hospital, Baltimore City

Neonatal Program

- Francis Scott Key Medical Center, Baltimore City
- Greater Baltimore Medical Center, Baltimore County
- Johns Hopkins Hospital, Baltimore City
- University of Maryland Hospital, Baltimore City
- Mercy Hospital, Baltimore City
- · St. Agnes Hospital, Baltimore City
- · Sinai Hospital, Baltimore City
- Children's Hospital National Medical Center, Washington, D.C.
- Morgantown Hospital, Morgantown, West Virginia

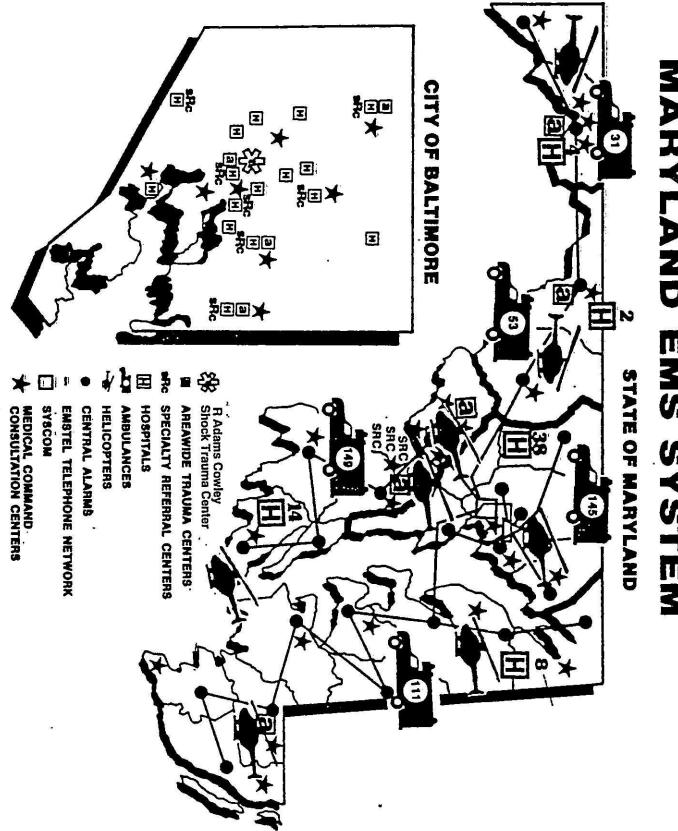
High Risk Perinatal Program

- Johns Hopkins Hospital, Baltimore City
- · University of Maryland Hospital, Baltimore City

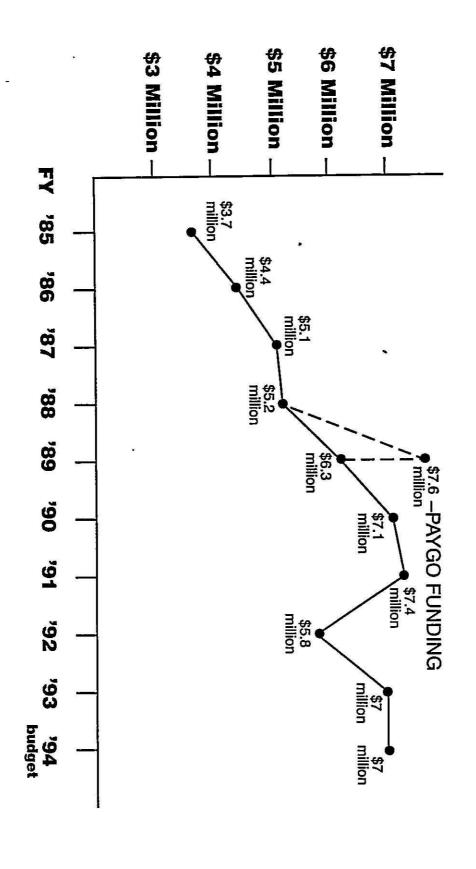
SPECIAL CONSULTATION CENTER

 Maryland Poison Center (University of Maryland School of Pharmacy)

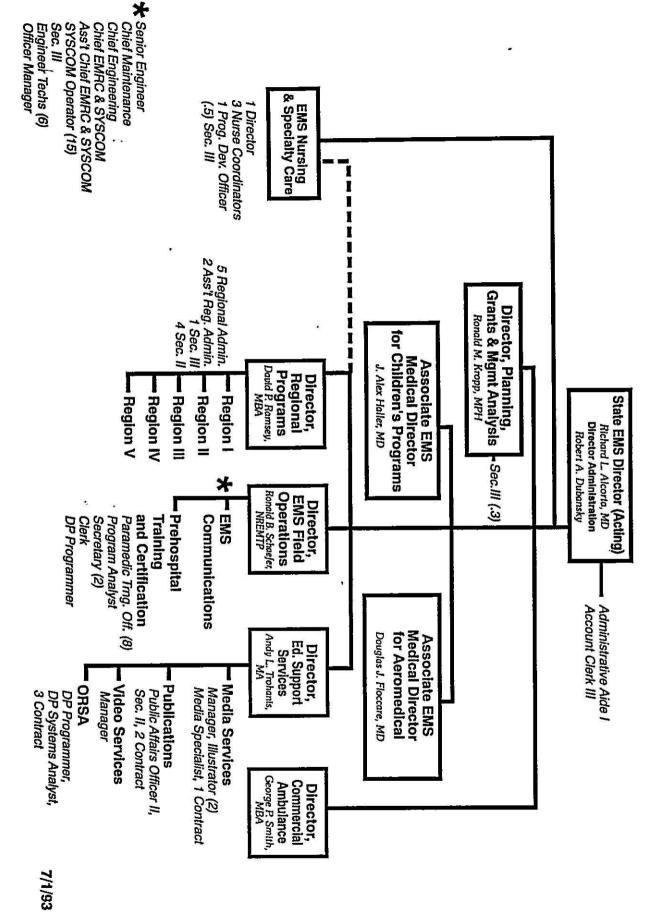
MARYLAND EMS SYSTEM



HISTORY OF MIEMSS FIELD BUDGET ALLOCATIONS FY 1985-1993



MIEMSS Organizational Chart



MIEMSS is mandated by state law to be the lead EMS organization responsible for coordinating a statewide EMS system. MIEMSS is the "control center" of a voluntary network.

MIEMSS EMS Field Operations consists of:

- <u>Communications</u>. The statewide EMS communications system (EMSCS) is a complex network providing voice and telemetry communication between ambulances, helicopters, central alarms, emergency departments, intensive care units, specialty referral centers, areawide trauma centers, and the R Adams Cowley Shock Trauma Center. EMSCS is maintained on a 24-hour, 365-day per year schedule. There are two operational hubs: SYSCOM for statewide med-evac transports and EMRC for ambulance/medical consultation in the Baltimore metropolitan area.
- <u>Prehospital Training and Certification</u>. The training, testing, and certification of Maryland's Basic Life Support (BLS) and Advanced Life Support (ALS) prehospital care providers are coordinated by this office. Related policies and procedures, medical protocols, and continuing education are also the responsibility of this division. Currently there are more than 29,000 individuals at various levels of certification in the Maryland Prehospital Care Provider Registry.
- <u>Aeromedical Services</u>. Aeromedical Services provides coordination between MIEMSS and the Maryland State Police (MSP) Aviation Division. A significant portion of the office's budget supports necessary medical supplies for approximately 4,800 patients over the year. In addition, training materials are purchased in support of MSP EMT-Paramedics. Aeromedical Services is also developing a computer program for use at all helicopter bases. Its purpose will be to collect important information regarding the advanced life support aspects of patient care to better evaluate the impact of ALS care.
- Operations Research and Systems Analysis. The primary responsibility of Operations Research and Systems Analysis (ORSA) is to manage and respond to all EMS information needs relating to the EMS system's demand, the response to that demand, and the outcome of that response.

Data are the backbone for meeting the system's informational needs. In some cases, information can be procured from other agencies that collect relevant health care data. Use of Maryland's Health Services Cost Review Commission (HSCRC) discharge summary data offers a standardized and compliant way to monitor acute hospital care issues that relate to EMS. Other resources such as the Maryland Ambulance Information System (MAIS) and the Maryland Trauma Registry (MTR) are examples of primary data collection and information management coordinated by MIEMSS.

 <u>Educational Support Services</u>. Educational Support Services consists of the Office of Media and Video Services, the Publications Office, and the Word 是

Processing/Bulk Copying Center.

With the production of instructional audiovisual resource materials and informational pieces, Educational Support Services assists in communicating to the general public as well as to medical personnel, what MIEMSS is, what it does, and who does it. The department is accountable for the design, development, production, and execution of educational programs. By using a systematic approach of evaluating instructional needs, media services are provided to fit the objective. Audiovisual projects and printed materials are carried out from start through the final product.

Examples of support include slide production; photography; control of satellite downlink for teleconferencing and distance education; slide/tape and video production for training; medical illustration; computer typesetting; writing, design, and production of a bimonthly statewide EMS newsletter, brochures, flyers, and Annual Report; editing of training manuals and scripts, journal articles, and position papers.

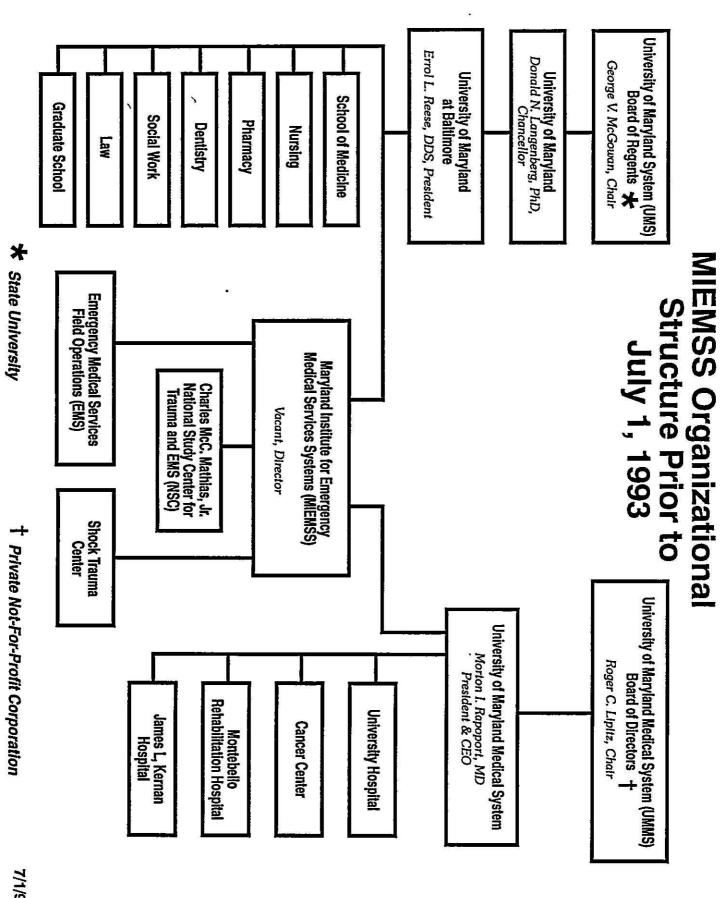
- <u>Regional Programs</u>. The five regional offices provide the vital connection between MIEMSS and field providers, medical personnel, and interested parties throughout the state. The staffs of these offices are involved in all aspects of MIEMSS operations, particularly communications and training. They listen to EMS providers' concerns regarding the delivery of EMS and help to attain goals and facilitate solutions.
- <u>Emergency Health Services (UMBC)</u>. The director of the emergency health services (EHS) program reports to the director of MIEMSS through the state EMS director. The program serves as MIEMSS' outreach to the academic community. The bachelor's degree program prepares students to be paramedics and/or managers in various components of EMS systems. The master's degree program enables physicians, nurses, administrators, and others to concentrate on EHS administration, epidemiology and preventive medicine, or EHS education.
- <u>Planning, Development, and Management Analysis</u>. The Office of Planning, Development, and Management Analysis is responsible for support in the identification, development, and management of grants, contracts, and interagency agreements. The office ensures fiscal and programmatic accountability for sponsored and inter-organizational cooperative program initiatives. The office identifies and distributes potential federal, state, and private alternative funding opportunities to MIEMSS staff and statewide field providers; it also manages the MDOT EMS Highway Safety grant programs for prehospital providers.
- <u>EMS Nursing and Specialty Care.</u> EMS Nursing and Specialty Care is made up of a nursing education component and the neonatal transport program.
- Education Component.

Maintaining the goal of enhancing patient care, EMS Nursing and Specialty Care links community nurses and hospitals with specialty referral and designated trauma centers. Through educational workshops throughout the state, the nurse coordinators address the needs of specific patient populations: adult trauma patients, emergency care patients, pediatric patients, high-risk pregnant women, critical care patients, those with behavioral emergencies or substance abuse problems, and neonates. The scope of these programs ranges from prevention to rehabilitation.

- Neonatal Transport Program.

The state's youngest patients, neonates (babies younger than 28 days), are transported by the Maryland Regional Neonatal Program, which operates under the direction of the MIEMSS Department of EMS Nursing and Specialty Care, Johns Hopkins Hospital, and University of Maryland Hospital. Through the first 6 months of 1993, there were 273 neonatal transports, including 200 by the ambulances maintained and operated through MIEMSS.

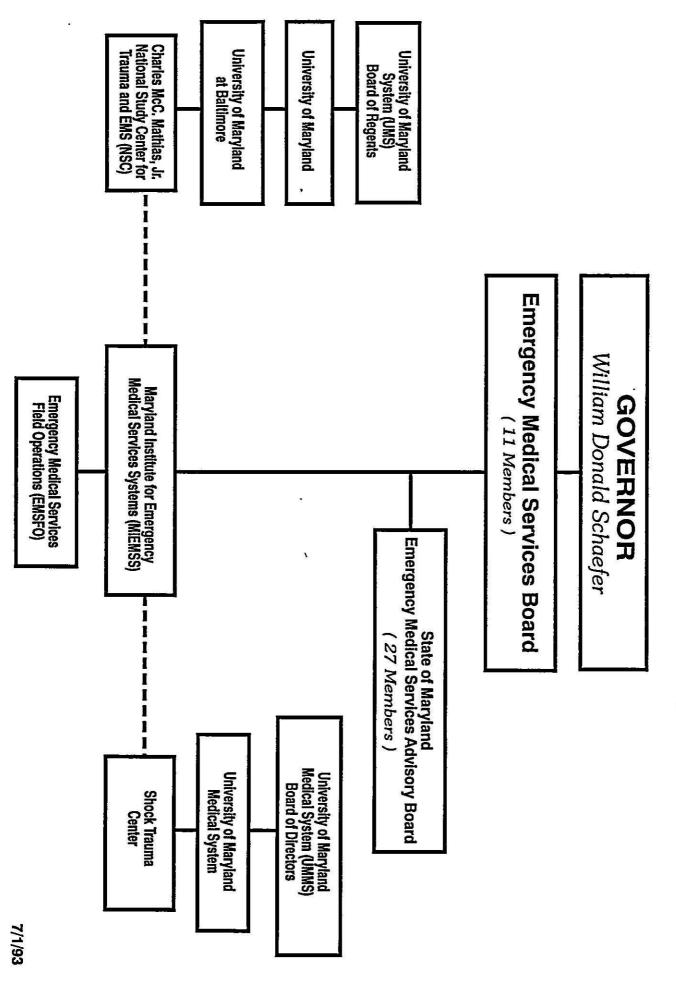
• <u>Commercial Ambulance Licensing and Regulation</u>. The Office of Commercial Ambulance Licensing and Regulation is a self-supporting unit funded through the collection of licensing fees from commercial ambulance services. Commercial ambulance services must be licensed by MIEMSS in order to operate in Maryland. The office is responsible for the licensing of commercial ambulances as either basic life support or advanced life support. Commercial ambulances must comply with the recently enacted regulations, which specify vehicle, personnel, equipment, and operation requirements. MIEMSS inspectors also conduct spot inspections of commercial ambulances to ensure continued compliance.



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MIEMSS Organizational Structure July 1, 1993



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1987

A new communications system using a law enforcement radio channel established direct contact from SYSCOM to every MSP med-evac helicopter around the state. (This radio channel is the basis of the flight-following and centralized helicopter dispatch systems developed later.)

"AIDS: A Guide for EMS" was published and distributed to prehospital care providers.

The seventh Med-Evac helicopter base was dedicated in Southern Maryland.

The Maryland Executive Helicopter Advisory Committee (MEHAC) was established by the Governor to provide ongoing oversight and policy guidelines to EMS and to act as liaison to the governor's office, the General Assembly, and the Department of Budget and Fiscal Planning.

MIEMSS received a federal grant to conduct a one-year model demonstration project to include pediatric critical illness.

MIEMSS established an EMS Critical Incident Stress Debriefing Program.

More than 400 people were triaged at the Amtrak train crash in Chase, MD.

A memorandum of understanding was signed between Maryland and the District of Columbia regarding prehospital care and the delivery of trauma patients.

1988

MIEMSS investigators published the first report of the incidence of marijuana use among patients injured in vehicular crashes and by other mechanisms treated in a trauma center.

MIEMSS Shock Trauma Center nurses published Trauma Nursing: From Resuscitation Through Rehabilitation, a 900-page reference book.

Aerospatiale Helicopter Corporation was awarded a \$25.8 million contract to build six med-evac helicopters for Maryland.

A nationwide survey described in JAMA revealed that Maryland is one of only two states in the nation with all the essential components of a regional trauma system. The study, conducted in 1987, used eight questions based on criteria of the American College of Surgeons regarding the designation of trauma centers and the establishment of trauma systems.

The Hospice/EMS Palliative Care Protocol was developed and approved for the Maryland Medical Protocols for CRTs and EMT-Ps and the *Maryland Way*.

"Infectious Disease Information for Prehospital Care Providers," an update of MIEMSS' 1987 infection control document, was published and distributed.

1989

The R Adams Cowley Shock Trauma Center opened on February 13.

SYSCOM began operation in the communications center in Dunning Hall at UMAB.

The first med-evac helicopter of the new fleet, a 365 N-1 Dauphin 2, went into service on April 7 and was officially dedicated on May 18.

A revised protocol for the use of triage tags in daily operations and mass casualty incidents was issued by MIEMSS Testing and Certification. Governor Schaefer announced the resignation of Dr. Cowley as Director of MIEMSS in May. Dr. Cowley became the director of the Charles Mc. Mathias National Study Center for Trauma and Emergency Medical Systems. Appointed as acting MIEMSS Director was Dr. James P.G. Flynn.

"Spacebridge," a telecommunications system linked by satellite, was established. This system enabled physicians at the MIEMSS Shock Trauma Center, the Uniformed Services University of the Health Sciences, LDS Hospital in Utah, and the University of Texas Medical School at Houston to offer medical consultation to physicians treating victims of the Armenian earthquake and a gas explosion in the USSR.

The US Navy awarded a 3-year subcontract to MIEMSS to devise a decision-making system for use by captains of ships and submarines on which a crew member is injured. The decision tree assists captains in determining the severity of injury and the urgency of the need for specialized treatment.

The revised edition of the Maryland Medical Protocols for CRTs and EMT-Ps was distributed.

A 3-year contract was awarded to MIEMSS by the National Highway Traffic Safety Administration to study impact forces in car crashes and relate them to severity of injuries sustained by the occupants. The study has potential implications for the future of vehicle design.

Douglas J. Floccare, MD, was appointed aeromedical director of the med-evac helicopter fleet operated by the Maryland State Police.

By the end of 1989, six Dauphin helicopters had been delivered to Maryland.

MIEMSS purchased and distributed 85 BLS radios, 50 monitor defibrillators, and 42 hand-held ALS portable radios. The equipment upgrade was made possible by funding granted by the General Assembly.

1990

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A licensing system for commercial ambulances was signed into law by Governor Schaefer in May. Regulations for the process will be established by the Director of MIEMSS.

A helicopter flight-following system developed by the MIEMSS communications department in conjunction with the Maryland State Police was implemented.

The Emergency Medical Resources Center (EMRC) relocated from Sinai Hospital to Dunning Hall at the University of Maryland at Baltimore, joining SYSCOM in the MIEMSS communications center.

1991

A Memorandum of Understanding defined the organizational structure, relationships, and missions of MIEMSS, the University of Maryland at Baltimore (UMAB), the University of Maryland System (UMS), and the University of Maryland Medical System (UMMS).

MIEMSS established the Straight Talk on Prevention (STOP) program for community and school groups.

New ankle hitches for use with the Hare traction splint were distributed to ambulance and helicopter crews by MIEMSS Field Operations.

MIEMSS asked for a review of Maryland's EMS system by a Technical Assistance Team coordinated by the National Highway Traffic Safety Administration. The assessment was conducted in early August. Regulations for commercial ambulances in Maryland, approved by the Administrative Executive Legislative Review Committee, became effective July 30.

Dr. Cowley died on October 27 and was buried in Arlington National Cemetery.

1992

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Budget cuts first proposed to the Governor by administrators at the University of Maryland at Baltimore in the fall of 1991 continued to threaten the operation of Maryland's EMS system.

Governor Schaefer restored funds for the EMS system, initially cut by 63% in the UMAB budget. An \$8 increase in the vehicle registration fee, approved by the General Assembly, will help to support the med-evac functions of the State Police Aviation Division; the EMS component of MIEMSS; the Maryland Fire and Rescue Institute; the State Fire, Rescue and Ambulance Fund ("508" fund); and the Shock Trauma Center.

On February 10, Kimball I. Maull, MD, assumed the position of Director of MIEMSS.

Richard L. Alcorta, MD, FACEP was appointed Acting State Emergency Medical Services Director in August.

J. Alex Haller, MD was appointed as Associate Medical Director for Pediatric EMS in August.

The Governor's EMS Commission was appointed in August and initiated a review process of the system.

1993

Kimball Maull, MD resigned as MIEMSS Director, effective February 28, 1993.

John Ashworth III, MHA was appointed as Interim Director of MIEMSS by the Board of Regents of the University of Maryland System on March 1, 1993.

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On May 27, Governor William Donald Schaefer signed House Bill 1222 restructuring MIEMSS. The legislation, effective July 1, 1993, establishes an 11-member EMS board to govern MIEMSS, which will continue to coordinate the State's EMS system. The R Adams Cowley Shock Trauma Center and the National Study Center will no longer be part of MIEMSS. The Shock Trauma Center will remain as a part of the University of Maryland Medical System; the National Study Center will remain a part of the University of Maryland at Baltimore.

On June 29, Donald L. DeVries, Jr., Esq., was named chairman of the 11-member EMS board by Governor William Donald Schaefer.

MIEMSS PLANNING

MIEMSS has coordinated the planning and operation of emergency medical services with federal, state, and county governments through enabling legislation since the governor's Executive Order of 1973 and subsequent legislation of 1977 (Education Article 13-103 and 13-103.2) amalgamating the State Division of Emergency Medical Services with the University of Maryland's Maryland Institute for Emergency Medicine.

MIEMSS actively participates in the planning for EMS annually through the Maryland Emergency Management Agency Plan, the 10 year Maryland Fire Rescue Education and Training Commission (State Board of Higher Education) Plan, the 10 year Maryland State Fireman's Association Plan and the Maryland Department of Transportation Highway Safety Plan for pre-hospital care.

Moreover, MIEMSS is active in planning with local governments through the Regional Planning Council's transportation, EMS, and training committees which include MIEMSS in their plan in accordance with State law. Similarly, MIEMSS is involved with the Metropolitan Council of Governments in their planning for EMS within Maryland counties adjacent to Washington D.C. and Virginia. Moreover, throughout each of the State's five EMS regions, MIEMSS has continually worked with the Regional EMS Advisory Councils in developing regional EMS plans addressing the 15 federal components of a comprehensive EMS system through staff support and other assistance in implementing these initiatives. Further, each jurisdiction within the regions receive support

from MIEMSS in developing and implementing their local EMS Plan.

MIEMSS has been active on the federal level since 1974 with various federal agencies to include the Health and Human Services Division of Emergency Medical Services (now Division of Trauma and Emergency Medical Services - Health Resources and Services Administration), National Highway Traffic and Safety

Administration, and the National Disaster Medical System (NDMS).

Each year MIEMSS updates the HHS Region III Tri Service Agreement Plan in order to insure the rapid, coordinated, and effective delivery of emergency medical services throughout our neighboring states in the event of disaster.



EMERGENCY MEDICAL SERVICES BOARD TERMS

Donald L. DeVries, Jr., Esq.	1997
Sheila Rhodes, M.D.	1997
Willie Blair, M.D.	1996
Dennis Jones, R.N.	1997
John Frazier	1997
Philip Hurlock	1996
Victor Broccolino	1996
Ellen Waters	1995
Nelson J. Sabatini	1995
Donald E. Wilson, M.D.	1996
Advisory Council Chair	1995

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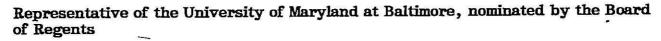
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Chairperson of the Advisory Council

Under law, the Advisory Council will elect the Chairperson with the Governor's approval. Position cannot be filled until the Council is organized.