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Executive Director, MIEMSS

As I look back over the past 10 months that I have been Executive Director of MIEMSS, I am very proud of the many achievements of our EMS system in Maryland. From its beginnings in 1973 under the leadership of the late Dr. R Adams Cowley, the Maryland EMS system has been a pioneer and leader in the nation. I am proud of that tradition and especially of the thousands of EMS providers whose dedication and commitment to excellence make the system what it is.

I began my job as Executive Director of MIEMSS with the goal of continuous improvement in every aspect of Maryland's EMS system and spent the first few months traveling around the state to talk to people involved in all aspects of EMS to learn their views. I wanted to develop a sense of where we needed to change and grow. We definitely will be facing many challenges in the next decade, as the health environment in the nation undergoes major changes. The next decade will test our flexibility and ingenuity. We must begin to change proactively now--to make Maryland EMS what we need and want for the future.

Already we have begun to take steps in that direction. Below are summarized a few of what I feel are major changes on which we have or will be embarking.

QUALITY MANAGEMENT

From a systemwide point of view, quality management principles are essential in building a responsive and effective EMS program. We recognize the importance in meeting the diverse needs of state, regional, and local EMS service providers in a timely, efficient, and cooperative manner. We also believe the following values are the cornerstone of an effective system: the ability to provide accountability of its dedicated resources; consistency in meeting established standards; and the ability to exceed established standards through new approaches in the delivery of care to Maryland's citizens and guests.

Quality management at MIEMSS has promoted problem solving through group input and the use of scientific methods. Our most valuable resource within the agency is the staff itself. They have the expertise in knowing how things work. With technical assistance and management's support, they now have the joint responsibility to improve services through a formal process of issue analysis, improvement recommendations, implementation, and measurement of effect. Although this approach is only in its infancy, quality management initiatives have begun to mold MIEMSS and its individual programs around a common set of goals and principles. Ultimate success will rest on our collective commitment and effective use of quality management techniques. Indication that we are succeeding will be found in our customers' acknowledgment that we are an agency known for its proactive planning.

EMS PLAN

One of the most significant milestones for MIEMSS during FY 1995 was the completion of the EMS Plan. The five EMS regions and participants in all the EMS components were solicited for their input when the plan was being written. Nine public hearings were held throughout the state to ensure additional input and review after the draft EMS plan was finished. I am very pleased with the EMS Plan, which was approved by the EMS Board

August 8, 1995, for I know it will add new dimensions to our EMS System and prepare us to meet the challenges of this decade and the next.

DNR PROTOCOL

The new Maryland EMS Palliative Care/Do Not Resuscitate (DNR) Protocol, which was finalized this year, will allow EMS prehospital providers to honor patients' wishes to die peacefully without being resuscitated by CPR or mechanical intervention and to grant them dignity, humanity, and compassion as they die. The DNR program was developed by MIEMSS in conjunction with the Maryland Board of Physician Quality Assurance, as a result of the Health Care Decision Act of 1993, in which the Maryland Legislature tried to clarify existing state law with regard to health care decision issues. The new DNR Protocol, which went into effect July 1, 1995, permits EMS providers to give comfort care rather than resuscitation if they see a valid EMS Palliative Care/DNR Order form or bracelet that was signed by the patient's physician. Numerous training sessions were conducted for EMS providers to educate them about the protocol. DNR Order forms and bracelets developed by MIEMSS were given to physicians, hospitals, nursing homes, hospices, and other licensed health care facilities in the state for their distribution.

JOINT AEROMEDICAL COMMITTEE

In response to one of the legislative mandates of the EMS Board, Donald L. DeVries, EMS Board chairman, named Chief John Frazier to chair a Joint Aeromedical Committee. Three issues were addressed by the committee: should the Maryland State Police (MSP) charge for aeromedical transports; what should be the medical role of the MSP helicopters in the overall statewide EMS system; and what should be the configuration for the medical complement on MSP Med-Evac helicopters. The committee's recommendations will be submitted to the EMS Board for their approval this summer.

TRAUMA CENTER DESIGNATION AND VERIFICATION PROCESS PLANNING COMMITTEE

The Trauma Center Designation and Verification Process Planning Committee was chartered by MIEMSS, with the cooperation of the Maryland Trauma Network, as an advisory committee to MIEMSS for the purpose of developing recommendations for trauma center standards and a process for designating and verifying hospital trauma centers in Maryland. Final committee recommendations are expected by late fall.

The 11-member committee consists of one representative from each of the nine trauma centers in Maryland, Mary Beachley as MIEMSS staff support, and MIEMSS Executive Director Dr. Robert Bass as committee chair. The committee, appointed in March 1995, has been meeting monthly since April and has developed and approved goals and principles for the Maryland Trauma System which will provide the guidance for developing standards.

The committee has reviewed the American College of Surgeons' (ACS) Standards for Trauma Centers and the current Maryland Echelons of Care Standards and compared the two documents. A preliminary decision was made at the July meeting to use the ACS standards with modifications to draft a straw man standards document for the August meeting. The standards will initially address four levels of trauma centers: The R Adams Cowley Shock Trauma Center and level I, II, and III trauma centers.

PREHOSPITAL PROVIDER TRAINING

The Basic Life Support (BLS) Subcommittee of the Statewide EMS Advisory Committee (SEMSAC) has evaluated the new EMT-Basic curriculum which was developed by the US Department of transportation and customized it for implementation in Maryland. It is continuing to refine the curriculum through statewide consensus. A limited number of EMT-B and EMT-A/EMT-B bridge courses will be piloted in the fall of 1995.

The Advanced Life Support (ALS) Subcommittee of the Statewide EMS Advisory Committee (SEMSAC) is working to develop accreditation standards for ALS programs for cardiac

rescue technicians (CRTs) and paramedics (EMT-Ps). After considering the various ALS programs and regional requirements, the subcommittee is developing consensus on course requirements, instructor verification, facilities, equipment, training ratios, and clinical sites.

FLEDGLING WILDERNESS EMS PROGRAM

Extended transport time and the need for special treatment skills are givens in the rugged mountains and wilderness areas of Western Maryland. Responding to the need to develop a Wilderness Emergency Medicine Services Program, Steve Meyer, president of the Western Maryland Grotto Association (a spelunking club), is heading a steering committee for the initiation of Wilderness EMS. Organized in April 1995, the group will be defining wilderness EMS for the state of Maryland and piloting a program in Region I.

MONITOR DEFIBRILLATOR DISTRIBUTION

One of the first activities of the Regional Affairs Committee of SEMSAC was to address the issue of MIEMSS' distribution policy for monitor defibrillators and automated external defibrillators (AEDs). In the past, equipment was distributed centrally from MIEMSS. A formula was developed by the Regional Affairs Committee which allocates a portion of MIEMSS' funds to each region for the purchase of the monitor defibrillators and AEDs. MIEMSS will purchase equipment requested by a region in an amount not to exceed the monies designed by the formula developed by the Regional Affairs Committee. This process shifts more of the responsibility for distribution of resources to the regional and local levels.

HAZARDOUS MATERIAL TRAINING

More than 10,000 events involving the release of hazardous materials occur annually in the United States. In many of them injured patients are taken to local hospitals that are not prepared to manage the hazardous materials. This situation poses the danger of contaminating an entire medical facility, resulting in its closure and in employee casualties. MIEMSS is developing a statewide hospital hazardous material training program that will address all hazardous materials and assist hospitals in developing hazardous materials disaster plans.

MIEMSS has also developed a chemical warfare agent training program for the hospitals surrounding Aberdeen Proving Ground, which is a chemical warfare agent research facility and storage stockpile site for World Wars I and II, and for the statewide burn referral center, The Johns Hopkins Bayview Medical Center. This program is in response to a Chemical Stockpile Emergency Preparedness Program (CSEPP) grant from the federal government. This training program will prepare the medical community for the release of any potential chemical warfare agent.

MANAGEMENT INFORMATION

Work is almost completed for the revised ambulance runsheet processing system. An optical character recognition system with optical imaging, digital storage, and electronic retrieval capabilities will be implemented. The processing time for analyzing data and generating reports will be dramatically decreased. These changes should greatly improve our access to data which is essential to our goal of developing a comprehensive quality management program.