



Maryland Institute *for*
Emergency Medical Services Systems



Departments & Programs c

Office of the State
EMS Medical
Director

Office of Clinician
Services

Office of Care
Integration

Office of EMS
Preparedness and
Operations

Communications
Engineering
Services

Office of
Aeromedical
Director /
Aeromedical
Operations

State Office of
Commercial
Ambulance
Licensing and
Regulation

Emergency
Medical Services
for Children
(EMSC)

Data Analysis and
Information
Management

Information
Technology &
Systems
Management

Media Services and
Public Information

Administration

Office of Integrity

Attorney General's
Office

Office of
Government Affairs

Departments and Programs

Below are the MIEMSS departments and their associated programs.

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 - [CARES Program](#)
 - [eMEDS](#)
- [Office of EMS Clinician Services](#)
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- Become a Designated Center in Maryland

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Administration

- Employee Documents

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- Provider Review Panel (PRP)
- Compliance
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- Prohibiting Conduct (coming soon)

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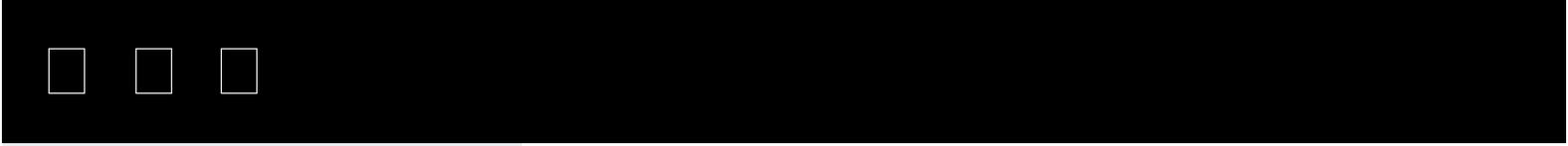
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Office of the State EMS Medical Director

The Office of the State EMS Medical Director (OMD) ensures that patients who interact with the Maryland EMS system receive consistent, high-quality out-of-hospital medical care. OMD provides leadership and coordination for state medical programs, protocols, and quality assurance. The office acts as a liaison with the regional programs and clinical facilities and promotes creative, responsive, and scientifically sound programs for the delivery of medical care to Maryland citizens.

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Administrator

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Maryland EMS Protocols

The Maryland Protocols for Emergency Medical Services In order to reflect best practices and evidence-based medicine, The Maryland Medical Protocols for Emergency Medical Services are updated annually by the Protocol Review Committee with multidisciplinary input from medical directors, emergency physicians, nurses, and EMS clinicians from across the state. State EMS Medical Director Timothy P. Chizmar, MD, FACEP, FAEMS, presented the changes for 2023 to the Statewide EMS Advisory Council and the Maryland EMS Board for approval.

[Maryland EMS Protocol Page](#)

Regional Medical Directors

The Office of the Medical Director (OMD) coordinates a network of Regional EMS Medical Directors, all of whom serve on the Protocol Review Committee, as well as on their respective regional councils. In addition, they serve as resources to jurisdictional medical directors and lead quality improvement initiatives within their regions of the state. In conjunction with EMS Preparedness and Operations and the Office of Care Integration, the Regional EMS Medical Directors provide oversight for the statewide EMS base station program, which provides for online (real-time) medical consultation for Maryland's EMS clinicians.

[Regional Programs Page](#)

EMS Medical Directors by Region:

- Region I Janelle Martin, MD
- Region II Jeffrey Fillmore, MD
- Region III Matthew Levy, DO, MSc, FACEP, FAEMS
- Region IV Thomas Chiccone, MD, FACEP
- Region V Roger Stone, MD

Hospital Base Stations

There are 47 Maryland hospital base stations designated by the EMS Board. All physicians and nurses who answer a base station call are required to successfully complete the MIEMSS Base Station Communications Course for Emergency Department Personnel and the 2023 Maryland EMS Updates for Hospital Base Station Personnel training video in order to communicate with EMS clinicians and provide appropriate online medical consultation. The base station course was offered at multiple hospitals entirely in a virtual format or in-person with appropriate social distancing measures in place in FY 2023, resulting in 432 base station certificates issued to emergency physicians and nurses. Additionally, three emergency medicine physicians became new MIEMSS-approved base station instructors over the past year.

[Hospital Base Station's Page](#)

eMEDS™ - electronic Maryland EMS Data System

The [electronic Maryland EMS Data System \(eMEDS™\)](#) uses commercial software provided and hosted by [ImageTrend™](#), an industry leader for emergency patient care reporting solutions. MIEMSS owns a statewide site license for the eMEDS™ system, allowing Maryland's EMS services to use it without cost, alleviating the burden on local funding. All of

Maryland's jurisdictional EMS operational programs (JEMSOPs) and many licensed commercial ambulance services submit patient care reports directly into eMEDS". Maryland has one of the few statewide comprehensive prehospital patient care reporting systems in the nation. eMEDS" provides timely information to hospital emergency department physicians and nurses through an application called Hospital Hub. All healthcare facilities in Maryland have access to the eMEDS" Hospital Hub to obtain prehospital patient care reports.

[eMEDS" Page](#)

Cares Program

MIEMSS works with the Cardiac Arrest Registry to Enhance Survival (CARES) in order to measure and ultimately improve emergency cardiac care in Maryland. CARES is an out-of-hospital cardiac arrest registry for the United States, facilitating uniform data collection and quality improvement in each state and nationally.

With the updated and consolidated Cardiac Arrest tab in eMEDS", the statewide prehospital patient care reporting system, EMS clinicians can readily enter comprehensive prehospital cardiac arrest information. MIEMSS can then export the prehospital information directly to CARES when it is first entered, saving time for clinicians and EMS CARES coordinators. Using a single patient care record for CARES submission makes Maryland one of the first states to incorporate this process within their electronic patient care reporting documentation. Maryland hospitals then enter outcome data into the CARES report for those cardiac patients who receive ongoing care in the ED.

[Cares Program Page](#)

EMS Medical Directors' Symposium

The 28th Annual EMS Medical Directors' Symposium was held in-person on April 12, 2023. The Symposium was attended by regional, jurisdictional, and commercial ambulance service medical directors, base station physicians and coordinators, highest jurisdictional officials, quality assurance officials, and MIEMSS personnel. This year's keynote speaker was Sheldon Cheskes, MD, CCFP (EM), FCFP, DRCPSC, who serves as the Medical Director, Sunnybrook Center for Prehospital Medicine, and Professor Department of Family and Community Medicine, Division of Emergency Medicine, University of Toronto. Dr. Cheskes' presentation was entitled, "Dose VF: Defibrillation Strategies for Refractory Ventricular Fibrillation." Other Symposium presentations included: "MIEMSS Executive Director Updates"; Theodore R. Delbridge, MD, MPH "Continuous Quality Improvement in the Maryland EMS System"; Timothy P. Chizmar, MD, FACEP, FAEMS "Pediatric T's: Rationale for Changes in Tubes and Trauma Tree"; Jennifer Anders, MD, FAAP "Pre-Hospital Whole Blood in Maryland"; Douglas J. Floccare, MD, MPH, FACEP "The Wall Time Challenge"; Kathy Jo Marvel, NRP; Scott Wheatley, NRP

Cardiac Arrest Steering Committee

The Cardiac Arrest Steering Committee (CASC), as authorized by the State EMS Board, provides guidance to MIEMSS' medical and executive leadership teams on matters related to sudden cardiac arrest in Maryland. The committee actively works on matters related to public safety by answering point engagement, prehospital cardiac arrest management performance improvement, and further

development of a comprehensive statewide system for the treatment of sudden cardiac arrest. CASC collaborates with MIEMSS's Media Services and Public Information to develop public messaging campaigns intended to increase bystander use of CPR and AEDs. In FY 2023, CASC evaluated two new education and implementation strategies that use feedback of high-fidelity simulation data on CPR performance to inform, educate, and prepare EMS clinicians, and used telephone CPR data to prepare 9-1-1 Specialists. The results of these trials are positive and have been presented to the 9-1-1 Board and to the State EMS Advisory Council (SEMSAC). The Office of Care Integration (OCI) is currently working to develop the results from the pilot programs and identify a few communities for early adoption. It is anticipated that survival rates will improve in those communities that implement these new educational and quality improvement strategies.

County EMS Assessment / SWOT Analysis

The Office of the Medical Director and the MIEMSS Regional Offices, upon request from the leading County Official(s), will facilitate a SWOT (Strengths, Weaknesses, Opportunities, and Threats) process through a broad constituency County task force to address selective EMS issues to improve the delivery of prehospital medical care. The SWOT process has been instrumental in addressing individual EMS Operational Program issues such as rising ambulance scratch rates, financial solvency, timely delivery of quality BLS/ALS services, establishing countywide standards for the County's EMS service, and developing sustainable and adaptive strategies to maintain a robust EMS system and an accountable EMS service.

The Somerset County Commissioners requested the assistance of State EMS Medical Director Timothy P. Chizmar, MD, FACEP, FAEMS, and the MIEMSS Region IV office to facilitate a SWOT analysis. The Somerset County EMS Task Force included representation from Somerset's fire and EMS companies, Somerset County Emergency Services (9-1-1 Center), Somerset County Health Department, TidalHealth, mutual aid fire and EMS companies, and the Maryland Fire and Rescue Institute. A detailed geographic analysis of EMS calls was prepared with technical assistance from the Eastern Shore Regional GIS Cooperative. The SWOT report was presented to the Somerset County Commissioners on May 2, 2023.



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Office of EMS Clinician Services

The office of EMS Clinician Services (OCS) coordinates Maryland EMS educational programs; provides and verifies educational opportunities for licensure and recertification of clinicians; develops and implements regulations to support clinician registration, renewal, and licensing; manages access to technology systems and learning management systems for EMS registration and education; supports constituents and partners statewide; manages and sells merchandise for Maryland EMS; and processes certifications and licensure. OCS coordinates a variety of services to protect the public and promote and facilitate the development of knowledgeable, skilled, and proficient prehospital professionals who deliver emergency care in the Maryland EMS system.

For more information or assistance contact MIEMSS Office of EMS Clinician Services at [licensure-support@miemss.org](mailto:support@miemss.org), [\(410\) 706-3666](tel:(410)706-3666), or toll free at [\(800\) 762-7157](tel:(800)762-7157).

EMS Clinician Education

The Office of EMS Clinician Services (OCS) strives to improve clinician professional skills and abilities and ensure EMS clinicians have access to high-quality education and training opportunities and are optimally prepared to serve patients with the most up-to-date emergency medical services. OCS achieves this by assessing and implementing EMS curriculum being offered by the educational programs in Maryland; creating continuing educational courses on the Online Training Center to increase access to high-quality educational content; supporting students so they may achieve their goals; providing educational grant opportunities to assist educational programs in purchasing instructional materials for students' initial and continuing educational needs; and managing an EMT Stipend that provided over 500 EMT students with financial vouchers at each milestone of their EMT course journey. This stipend offered up to \$2,000 after completing the state exam and national registry exam.

[For Clinicians Page](#)

2023 EMS Clinician Data

The Office of EMS Clinician Services (OCS) had a steady workload in FY 2023, processing 8,328 applications, issuing 1,664 initial prehospital clinician certifications and licenses, and renewing 5,335 certifications and licenses. The vast

majority of new entrants into Maryland EMS are through an initial emergency medical technician (EMT) clinician course. Hundreds of EMTs enter the Maryland EMS system each year, although these numbers fluctuate. Upon gaining EMT certification, many subsequently transition to the advanced life support (ALS) level. While most remain in the Maryland EMS system, some explore opportunities in other healthcare professions. The number of Maryland clinicians is shown below. In FY 2023, the number of licensed/certified clinicians increased at each level except EMR, with the exception of FY 2021. OCS works with other MIEMSS departments to supply clinician data and trends (e.g., clinician numbers by affiliation and NREMT pass rates) to various statewide committees for analytical purposes.

MIEMSS Online Training Center

The Online Training Center (OTC), MIEMSS's distance learning management system, received an extensive upgrade in 2022, and reached over 61,723 registered users through FY 2023. Of those registered users, 16,000 clinicians were active in the OTC during the same period. The OTC hosted 76 active courses and offered the examination for the Hospital Base Station Course exams. In conjunction with ImageTrend™ and MIEMSS Information Technology and Systems Management, the Office of EMS Clinician Services (OCS) enhanced OTC functionality to capture clinician continuing education records into the Licensure system. This allows a course taken in the OTC to sync to a clinician's education report in the Licensure system, updating within 24 hours. With completed updates in the current fiscal cycle, OCS has scheduled additional planned upgrades to some new modules in Licensure. These upgrades will bring new features and functionality and advance education programs

and services by improving the communication methods for sending correspondence for clinician education and training.

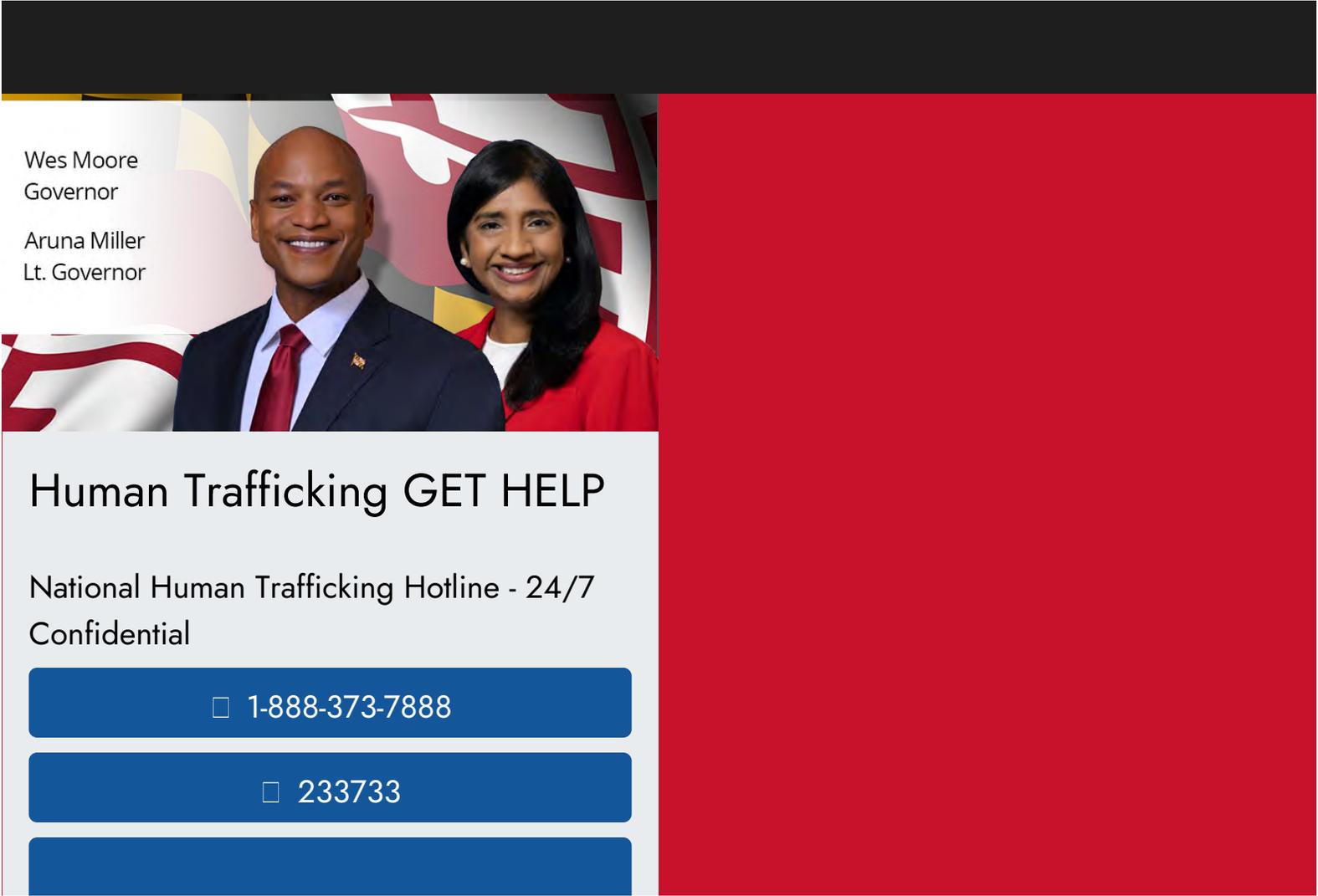
[Online Training Center \(OTC\) Page](#)

Collaboration and Constituents

To ensure all aspects of the EMS system benefit from optimally qualified EMS medical direction and incorporate technologybased solutions for effective medical direction to increase consistency and quality, the Office of EMS Clinician Services (OCS) partners with the Office of the State EMS Medical Director to provide technological innovation to incorporate protocol content into BLS psychomotor exams and ensure reliability and validity through a skills exam module in the Moodle Learning Management System. This effort includes Quality Assurance and Quality Improvement site visits to educational programs in Maryland, including Maryland Fire and Rescue Institute (MFRI) regional offices, jurisdictional academies, and community colleges.

OCS develops, sustains, and collaborates with relevant constituents, professional and educational partners for emergency preparedness and the advancement of EMS by attending and supporting conferences and conventions. The variety of support given to these efforts ranges from merchandise sales for Maryland EMS clinicians to offering live support for EMS Clinician licensing and continuing education. In FY 2023, OCS attended the Winterfest EMS Conference, Miltenberger Emergency Services Seminar, EMS Care Conference, and the Maryland State Firemen's Association Annual Convention. OCS staff attends BLS and ALS subcommittees of SEMSAC, contributing organizational and management resources for committee meetings. As a stakeholder, OCS collaborates and problem-solves

educational practices and procedures that affect EMS clinicians, making it a key conduit to MIEMSS leadership for support and resources. OCS gives regular reports at Commercial Ambulance Services Advisory Council, Jurisdictional Advisory Councils, Pediatric Emergency Medical Advisory Council, County Associations, and MIEMSS Regional meetings. OCS shares and disseminates essential information for the function of licensing and educational programs. OCS participates as a member of the National Association of State EMS Officials Council (NASEMSO), the Personnel Licensing Council, and the Education Councils, and serves as liaison to the Councils to the East Region to support national decision processes regarding licensing, education, and best practices.



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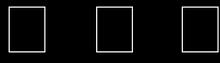
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Office of Care Integration

The Office of Care Integration (OCI) follows COMAR regulations to designate hospital specialty centers. OCI provides on-site verification to programs to ensure they operate per their designation (e.g., Level 1, Level 2, Level 3) and have met the criteria necessary to maintain their designations. Designation and verification processes for trauma and specialty referral centers require continuing evaluation of designated centers for compliance with the regulations and standards set forth in COMAR 30.08 et seq., and ensure ongoing quality monitoring of Maryland's trauma/specialty care system.

The Office of Care Integration staff manage and coordinate quality monitoring activities for the trauma/specialty care system. Key components of the ongoing monitoring activities are the trauma registry data analysis, monthly meetings with the Maryland Trauma and Specialty Care Quality

Improvement Committee, and case-specific follow-up on consumer complaints.

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Chief, Office of Care Integration /

Designated Stroke Centers

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The Maryland Trauma System

The Maryland trauma system is regionalized and tiered, ensuring prompt and appropriate care of trauma patients throughout Maryland. A complete list of facilities within the Maryland trauma system, including out-of-state hospitals that receive Maryland trauma patients, appears on page 32.

MIEMSS is responsible for oversight of the Maryland trauma system, consisting of nine Maryland-designated adult trauma centers and five categories of specialty referrals, including two pediatric trauma centers, adult and pediatric burn, neurotrauma, eye, and hand/upper extremity facilities.

[Trauma and Specialty Referral Centers Page](#)

Adult trauma centers are designated at one of four levels of care (Primary Adult Resource Center, Level I, Level II, and

Level III), which provides for the appropriate resources necessary to care for injured patients across the state. Memorandums of understanding are in place with three out-of-state hospitals (MedStar Washington Hospital Center, Children's National Hospital, and ChristianaCare) to facilitate trauma services for injured patients requiring a higher level of care in outlying areas of the state.

Since 2015, all Maryland adult and pediatric trauma centers have been required to submit data to the National Trauma Data Bank (NTDB). This data is used to assist trauma centers with comparative data that allows each to benchmark their trauma center on a national scale. The Office of Care Integration (OCI) collaborates with each of the 14 trauma centers in Maryland and uses NTDB data to provide a statewide comparison that measures qualities between Maryland trauma centers and national trauma centers.

The Maryland Trauma Quality Improvement Committee (TQIC) is composed of trauma program managers and directors, trauma performance improvement staff, trauma registrars, and injury prevention and education staff. This group applies a trauma quality scorecard to review, monitor, and trend statewide compliance using metrics such as emergency department documentation of patients' Glasgow Coma Scale, emergency department documentation of patients' pain assessment, unplanned visits to the operating room, trauma bypass hours per month, and eight other criteria.

In FY 2023, in collaboration and support of ESO Solutions, Inc., trauma registries were successfully moved to the GEN6 Trauma Registry platform for Trauma, Eye Trauma, and Hand and Upper Extremity Trauma Registries. These registries link

EMS documents to the patient's Trauma Registry documentation. The Maryland Burn Collaborative meets to analyze and interpret burn data submissions, standard audit indicators, and performance improvement. A Maryland burn center scorecard is used to monitor and trend statewide compliance using quality indicators such as Burn Total Body Surface (TBSA) greater than 10% of patients admitted within six hours from the scene, Burn TBSA greater than 10% of patients admitted within six hours from interhospital transfer, and Deaths less than 10% TBSA, as well as four additional criteria.

Designated Stroke Centers

Maryland's statewide regional system approach to stroke care continues to evolve with the publication of new research findings on stroke care. In FY 2023, the Stroke Quality Improvement Committee (Stroke QIC), consisting of Maryland hospitals' stroke program coordinators and stroke program medical directors, focused on ongoing initiatives for improving stroke care in Maryland.

Following the promulgated and enacted revision and updates to the COMAR regulations for Primary Stroke Center (PSC) and Comprehensive Stroke Center (CSC) in FY 2022, two additional stroke center designations were promulgated and enacted for the improvement of the regional system of care approach. The two types of center designations are the Acute Stroke Ready Hospital Center (ASRHC) and the Thrombectomy-Capable Primary Stroke Center (TCPSC). All stroke centers maintain their designations for up to five years. In FY 2023, two PSCs achieved an initial designation as a TCPSC, and six PSCs designations were renewed. Currently, Maryland has designated 32 Primary Stroke Centers, three

Comprehensive Stroke Centers, and four Thrombectomy-Capable Primary Stroke Centers.

Each stroke center submits data monthly to the American Heart Association's (AHA) "Get with the Guidelines" (GWTG) Stroke registry. The Office of Care Integration (OCI) uses the registry data on a monthly basis to monitor compliance standards

Core Measure	CY 2017	CY 2018	CY 2019	CY 2020	CY 2022
Percent of ischemic stroke patients who arrive at the hospital within 2 hours of time last known well and for whom IV t-PA is initiated within 3 hours of time last known well	93.2%	93.3%	92.7%	91.8%	91.2%
Percent of patients with ischemic stroke or TIA who receive antithrombotic therapy by the end of hospital day two	98.6%	98.2%	98.3%	97.7%	97.5%
Percent of patients with an ischemic stroke, or hemorrhagic stroke, who receive VTE prophylaxis the day of or the day after hospital admission	98.2%	98.0%	97.5%	97.3%	97.6%
Percent of patients with an ischemic stroke or TIA prescribed antithrombotic therapy at discharge	99.5%	99.6%	99.7%	99.4%	99.6%
Percent of patients with an ischemic stroke or TIA with atrial fibrillation/flutter discharged on anticoagulation therapy	98.2%	97.7%	98.9%	97.8%	98.5%
Percent of patients with ischemic or hemorrhagic stroke, or TIA with a history of smoking cigarettes, who are, or whose caregivers are, given smoking cessation advice or counseling during hospital stay	99.0%	99.0%	99.1%	98.6%	99.1%
Percent of ischemic stroke or TIA patients with a cholesterol LDL level=100, or LDL not measured, or on cholesterol-reducer prior to admission who are discharged on statin medication	98.5%	99.1%	99.0%	99.0%	99.3%
Percent of stroke patients who undergo screening for dysphagia (difficulty swallowing) with an evidence-based bedside testing protocol approved by the hospital before being given any food, fluids, or medication					

by mouth 89.1% 89.0% 91.0% 89.8% 90.0% Percent of patients with stroke or TIA, or their caregivers, who were given education and/or educational materials during the hospital stay addressing all of the following: personal risk factors for stroke, warning signs for stroke, activation of emergency medical system, the need for follow-up after discharge, and medications prescribed 97.5% 96.9% 96.7% 96.8% 96.4% Percent of patients with stroke who were assessed for rehabilitation services 99.3% 99.1% 99.5% 99.4% 99.6% Source: Get With the Guidelines-Stroke Registry IV t-PA = Intravenous Tissue Plasminogen Activator VTE = Venous Thromboembolism LDL = Low Density Lipoprotein (bad cholesterol) TIA = Transient Ischemic Attack Stroke Core Measures (5-Year Comparison) 15 established by the AHA and American Stroke Association (ASA) (see above). Using core performance measures for standards of care, OCI evaluates the data to benchmark Maryland's compliance rate and compares the results to national compliance measures. Compliance to the AHA and ASA standards has improved patient outcomes. The annual state aggregate data for CY 2022 revealed Maryland had a compliance rate of 92% or greater for each of the core performance measures, significantly higher than the AHA/ASA minimal compliance rate of 80%.

Maryland stroke centers use GWTG data to support changes to their stroke alert protocols, improve their response times, and to share best practices and processes. In FY 2023, stroke centers used GWTG data to improve door-to Intravenous tissue Plasminogen Activator (IV t-PA) times. It has been well-established that improved patient outcomes are documented when patients are treated sooner with the clot-busting fibrinolytic t-PA. The minimum compliance standard determined by the AHA/ASA Target Stroke Program

stipulates that 75% of stroke patients eligible for t-PA should receive t-PA within 60 minutes of arrival at the hospital door. For CY 2022, Maryland's median door-to-PA time was 45 minutes. Additionally, 83.7% of all acute ischemic stroke patients eligible to receive t-PA had a door-to-t-PA time that met the standard of 60 minutes or less.

[Designated Stroke Centers Page](#)

Perinatal and Neonatal Programs

The Maryland perinatal and neonatal systems are modeled after American College of Obstetrics and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) standards of care. These standards range from Level I (basic perinatal and neonatal care) to Level IV (high-risk perinatal and neonatal care). MIEMSS is responsible for oversight of the Level III and IV Maryland perinatal and neonatal referral centers, which include 15 hospitals offering obstetric services. Of these 15 hospitals, 13 are Level III perinatal and neonatal centers, and two are Level IV centers.

[Perinatal and Neonatal Page](#)

Hospitals participating in the Maryland perinatal system submit patient care data to the Maryland Department of Health (MDH) and MIEMSS, as appropriate, for system and quality management. All Level III and IV perinatal referral centers submit an annual perinatal indicator report that provides statistics beyond mortality data and focuses on striving for clinical excellence, patient safety, and reliability. Perinatal centers strive to reach a goal of zero adverse outcomes when the cases are preventable. Perinatal and neonatal programs use both regional and national data to provide database elements and indicators including variables related to maternal and infant health. The MIEMSS Perinatal

Advisory Committee uses this database to identify areas for improvement and best practices.

MIEMSS Perinatal Programs work to reduce the number of maternal morbidity and mortality rates in Maryland. Maryland is currently ranked 25th in the U.S. for adverse perinatal outcomes. In response to the data and our goal of reducing the number of preventable deaths in Maryland, Perinatal Programs has developed EMS specific education around culturally responsive care for Maryland's diverse maternal population. Fifty percent of preventable maternal deaths occur post-delivery and after leaving the hospital. EMS clinicians, who become primary care providers to this population, have the potential to have the greatest impact in combating the barriers to attaining effective and life-saving care.

Maryland STEMI System

Hospitals that comply with state standards for receiving patients experiencing the most common type of heart attack, ST-Elevation Myocardial Infarction (STEMI), are designated as Cardiac Intervention Centers (CIC). MIEMSS has designated 28 hospitals in Maryland and four out-of-state hospitals that serve Maryland patients as CICs. Primary percutaneous coronary intervention (pPCI), recognized by the American College of Cardiology and the American Heart Association (AHA) as the treatment of choice, is generally associated with fewer complications and better outcomes than other forms of treatment. Sooner treatment to relieve the blockage causing the STEMI increases the likelihood that the patient's heart muscle will recover. All CICs submit data quarterly to AHA's "Get with the Guidelines" (GWTG) – Coronary Artery Disease (CAD) registry. MIEMSS measures care for STEMI patients in

Maryland and compares that data to national data from participating hospitals. The goal for First Medical Contact (FMC) intervention using the cardiac catheterization lab (device) is 90 minutes or less. Registry data indicated that, for the rolling four quarters of CY 2022, Maryland's FMC-to-device in less than 90 minutes was achieved in 72.9% of STEMI patients transported by EMS, with a median time of 85 minutes.

[Designated Cardiac Intervention Centers page](#)

Programs and Centers

[Trauma & Specialty Referral Centers](#)

[Stroke Centers](#)

[Cardiac Intervention Centers](#)

[Perinatal & Neonatal Referral Centers](#)

[Freestanding Emergency Medical Facilities](#)

[Interhospital Transfer Manual](#)

A photograph of two individuals, Wes Moore and Aruna Miller, standing in front of a Maryland state flag. Wes Moore is on the left, wearing a dark suit and a red tie. Aruna Miller is on the right, wearing a red top. The background is a large, stylized Maryland state flag.

Wes Moore
Governor

Aruna Miller
Lt. Governor

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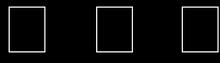
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Office of EMS Preparedness and Operations

EMS Preparedness and Operations (EMSPPO) provides leadership and support to the statewide EMS system by cultivating 16 strong relationships with system stakeholders, ensuring that the system is effectively prepared and responding to the prehospital medical needs of the residents and visitors of Maryland. EMSPPO includes EMRC/SYSCOM, Field Operations, Regional Coordination, the Critical Care Coordination Center (C4), and Critical Incident Stress Management.

[EMRC/SYSCOM](#)

The Maryland EMS Communications Center is a statewide coordination and operations center for Maryland's EMS

system composed of two integrated components, Systems Communications (SYSCOM) and the Emergency Medical Resource Center (EMRC), which function 24 hours a day, 365 days a year. SYSCOM receives requests and coordinates helicopter resources for medevac missions. The Maryland State Police Aviation Command (MSPAC) Operational Control Center is located within SYSCOM, and SYSCOM personnel coordinate missions with MSPAC Duty Officers involving medevac, search and rescue, law enforcement, homeland security, and disaster assessment. EMRC provides communications linkages and facilitates medical consultations between prehospital EMS clinicians and emergency departments, trauma centers, and specialty centers. It maintains and shares situational awareness of the activities, capabilities, and capacities of hospitals and the prehospital system. Additionally, EMRC provides initial alerting and coordination of resources and the distribution of patients during major medical incidents. In FY 2023, EMRC handled 187,686 telephone and radio calls. These calls included communications involving administrative/operational support issues, single patients, incidents with multiple patients, and calls involving online medical direction. SYSCOM handled 22,438 telephone calls and approximately 14,478 radio calls. The majority of those calls were related to requests for medevac helicopters. EMRC/SYSCOM staff also monitors EMS system activity, so as to alert key MIEMSS staff of significant or extraordinary major medical incidents that may require MIEMSS support.

Emergency Medical System Situational Awareness and Operations

EMS Preparedness and Operations (EMSPPO) works directly with internal and external departments and agencies to respond to incidents and collect information that is used to

inform EMS. This requires 24/7 staffing, collecting data, and integration of multiple systems to support Maryland EMS operations and emergency management.

- Emergency Medical Resource Center (EMRC) and Systems Operations (SYSCOM) are staffed 24/7. EMSPO is responsible for the management of the MIEMSS portion of the Administration for Strategic Preparedness and Response (ASPR/HHS), Hospital Preparedness Program (HPP) grant and funding.
- The Maryland Emergency Medical Resource Alerting Database (MEMRAD) is Maryland's statewide health and medical alerting and resource tracking system. Administered by EMSPO, this system connects daily with hospitals, EMS, Public Health and the Chesapeake Regional Information Sharing Platform (CRISP) interface, allowing EMS patient care reports to be viewable across the healthcare continuum, directly increasing patient's primary care providers access to EMS encounters.
- The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) interface links EMS patient encounter data alongside other healthcare data securely shared to ESSENCE from across the state. This combination of EMS, Hospital, Primary Care, Pharmacy, and other data sources gives public health partners enhanced warning on potential epidemics.
- The Research Interest Group (RIG) is composed of members from MIEMSS, the National Study Center (NSC), and other partners including higher education institutions, EMS Operational Programs, regional partners from Washington, DC, and Northern Virginia, and others. In FY 2023, MIEMSS-RIG members published several articles and presented their work at

national and international conferences related to EMS and public health. Additionally, members serve on MIEMSS committees in support of the agency's mission.

- EMSPO received, stored, allocated, and dispersed PPE for public safety and commercial EMS operational programs. PPE from the Strategic National Stockpile and from state purchases was received by MIEMSS via MDH and distributed multiple times. MIEMSS likewise assisted EMS/Fire personnel with COVID-19 testing by providing access to test kits when requested.
- **National Disaster Medical System** patient reception preparedness; High-consequence infectious disease (HCID) planning and preparedness; Critical incident stress management/peer support team development and coordination; CHEMPACK program maintenance, awareness, and operations; Healthcare facility evacuation preparedness and exercises;
- Participated in the State Incident Management Team (IMT) meetings and training sessions; ¥ Coordinated agency Continuity of Operation (COOP) planning;
- Management of the MIEMSS portion of the ASPR/HHS Hospital Preparedness Program (HPP) grant programs and funding;
- Participated in the Maryland Department of Emergency Management Association in-person statewide EM conference; 17
- Maintained ongoing situational awareness of the EMS and Healthcare systems through frequent communications with federal, state, local, and other stakeholders; EMRC reports things like mass casualty, nursing home fires, where support from Commercial Ambulance or other resources is needed. ¥ Daily gathering of hospital intelligence on bed availability and

ED census data began during the COVID-19 to understand the number of available beds and data points.

- Participated in multiple planning efforts preparing for the 2023 Gubernatorial Inauguration. On Inauguration Day, MIEMSS personnel were deployed to incident command post as well as local and state emergency operations centers; ¥ Participated in multiple exercises throughout the state, including a full-scale Calvex exercise.

Regional Coordination

MIEMSS Regional Offices are geographically dispersed throughout the state and staffed by regional coordinators and administrative staff. Each office is responsible for monitoring the operation of their assigned region of the statewide EMS system. They serve as technical advisors to EMS jurisdictions, hospitals, and other system partners on EMS systems coordination and development. Each regional coordinator works with jurisdictional EMS programs to ensure efficient and effective emergency care is available at all times. Regional staff work with Local jurisdictions to support programs such as Maryland Integrated Health.

Critical Care Coordination Center (C4)

The Critical Care Coordination Center (C4) continues to provide adult critical and specialty care patients with placement assistance at hospitals and specialty centers throughout Maryland. This service has experienced a change in the trends as compared to the height of the pandemic in the past years. Since its inception in November 2020, C4 has managed a total of 5,583 calls for adult critical care and pediatric patients. Of these, 2,746 occurred over the past fiscal year, which represents a 30% overall increase from FY

2022. Thirty percent (30%) of the total call volume received in this reporting period was for pediatric patients, with most occurring during the surge of respiratory illness between September and December 2022. The C4 for Pediatrics (C4-P) managed 1,331 requests from Maryland hospitals and urgent care centers for pediatric patients. C4-P adjusted to the increased demand of the surge by implementing new procedures, including expert medical consultation to assist clinicians at hospitals without pediatric intensive care units. C4-P increased coordination and clinician staffing to allow for more frequent follow-up of cases and prioritized based on need. Children whose conditions worsened gained higher priority. C4-P was able to load-level limited resources and retain critical beds for the sickest children. Medical Protocols for managing children on high-flow nasal cannula outside of tertiary hospitals and C4 CAPPs guided and supported clinicians managing these patients. C4-P was able to place 67% (898) of the patients during the surge, while the remainder were managed in the hospitals. At the onset of the pediatric surge, C4 expanded its management team. And nearly doubled its coordinator staff. This promoted four lead coordinators for and assigned two senior staff to oversee operations and administrative management of the program. In June 2023, the project's research, entitled "The Maryland (USA) Critical Care Coordination Center (C4): From Pandemic to Permanence", was published in *Prehospital and Disaster Medicine*, highlighting the successes of the program and its applicability to other systems, worldwide. In FY 2023, the C4 adult service received 1,280 calls, showing a 28% decrease from FY 2022. Of the 1,280 calls, 64% of those patients were successfully transferred for care. The number of COVID-19 related adult transfers decreased from 32% in FY 2022 to 10% in FY 2023, understanding that recording and reporting

of these cases reduced in priority with the disease transitioning to endemic. Though this transition reduced COVID-related adult transfers, the use of the C4 adult service for subspecialty calls has increased, resulting in neurological cases encompassing nearly 30% of adult call volume. C4's evolution experienced a paradigm shift resulting from the variety of specialty consultations. C4 identified more services to support hospitals across Maryland, and has placed greater emphasis on providing medical direction that improves patient care while finding placement.

Critical Incident Stress Management (CISM)

Critical Incident Stress Management (CISM) offers crisis support services to EMS clinicians, firefighters, law enforcement officers, dispatchers, and other emergency services personnel involved in stressful emergency incidents. It is designed to help accelerate recovery of those individuals exhibiting symptoms of severe stress reaction. CISM offers education, defusings, and debriefings conducted by psychosocial and EMS professionals well-trained in critical incident stress management. Volunteer regional coordinators act as points of contact for local 9-1-1 centers and EMRC/SYSCOM. MIEMSS works closely with local CISM/peer-support teams and the International Critical Incident Stress Foundation to improve capabilities throughout the state. Legislation signed into law in 2022 provided confidentiality protection for peer-support team activities, provisions, and required the Behavioral Health Administration (BHA) to study and provide a report on specified items for peer support teams. MIEMSS and members of local CISM and peer-support teams consulted and supported BHA's work on the required study. Additionally, MIEMSS sponsored a two-day International Association of Fire Fighters peer-support course at the annual

EMS Care Conference in Ocean City.

CHEMPACK

EMS Preparedness and Operations (EMSPPO), in conjunction with the Office of the State EMS Medical Director, coordinates the CHEMPACK program for first responders in the State of Maryland, in partnership with the US Department of Health and Human Services Assistant Secretary of Preparedness and Response and the Maryland Department of Health Office of Preparedness and Response. Originally an initiative of the CDC's Strategic National Stockpile (SNS), this program enables EMS clinicians to access time-critical antidotes for intentional nerve agent attacks and large-scale organophosphate poisonings. The nerve agent antidotes are strategically deployed at secure locations throughout Maryland to ensure rapid accessibility when requested through EMRC. The CHEMPACK inventory is closely monitored; MIEMSS Regional and Emergency Operations personnel, using the new Drop Ship Program, replaced near-expiring medications in FY 2023.

[Automated External Defibrillator Registration](#)

Public high schools, middle schools, and county or municipality-owned or operated swimming pools are required to have AEDs, as are some public/semi-public pools and health clubs, per local ordinances. However, the voluntary Maryland Public Access Automated External Defibrillator (AED) Program permits facilities that do not provide health care but meet certain requirements to have an AED onsite for use in the event of a sudden cardiac arrest (SCA) until EMS arrives. Through the online Maryland AED registry (www.marylandaedregistry.com), MIEMSS received and approved 362 public access AED applications in FY 2023, placing 1,710 AEDs. As of June 30, 2023, 9,475

locations in the state have AEDs onsite. Registered users can receive automated notifications regarding battery and electrode expirations, program renewals, and AED recalls. The registry also integrates with AED Link, an application that displays all registered AEDs within a certain jurisdiction without having to manually enter site addresses. Since its launch in 2000, the AED program has had 273 (23.2%) successful AED uses out of 1,179 reported incidents. Success is measured by the patient having a return of pulse at EMS arrival, during EMS arrival, or during EMS transport. Of the overall arrests, 643 were witnessed, and 201 of those witnessed arrests regained a pulse at the time of EMS arrival, for a 31.3% save rate for witnessed cardiac arrests.

Updated: 2-20-24

EMS Preparedness and Operations

Mission:

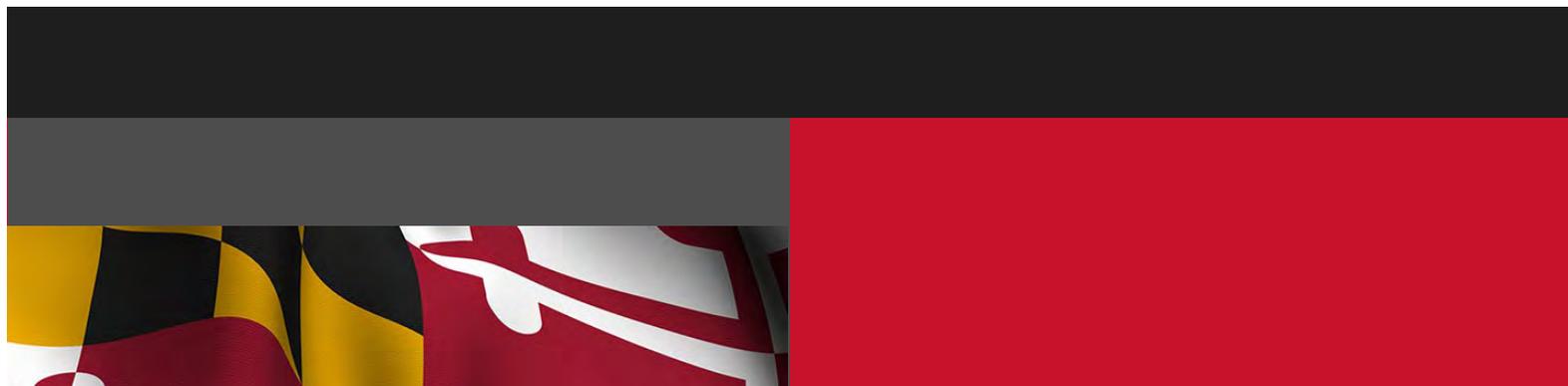
The emergency operations program has been established to support our federal, state, local, and private partners in areas of health and medical

preparedness. Some of the programs activities over the past fiscal year included:

- Staffed and coordinated the Governor's Emergency Management Advisory Council, Health and Medical Committee, which is responsible for the planning and coordination of all health and medical preparedness activities in Maryland.



- Managed the Facility Resource Emergency Database (FRED), which continues to be used regularly to alert emergency medical services, hospitals, and public health agencies and allows for the effective use of available resources during emergency events and exercises.
- During preparation for potential disasters and actual emergency occurrences, a MIEMSS Field Operations Support Team has provided support to federal, state, and local agencies, as well as hospitals, for the coordination of resources. The team has participated in 17 events since January 2004 that required coordination efforts.
- MIEMSS continues to partner with the Maryland Department of Health and Mental Hygiene (DHMH) in participating in the Strategic National Stockpile Program. In addition, the partners are working to implement the "Chempack" program, which strategically pre-places federally owned caches of nerve antidote agents in the state.
- Coordinated the distribution of bio-terrorism cooperative agreement funding provided by DHMH to local emergency medical services operations to enhance their ability to respond and provide care.
- Provided representation on the Governor's Senior Homeland Security Group and when appropriate, provided risk-based information to EMS organizations and hospitals.



Wes Moore
Governor

Aruna Miller
Lt. Governor



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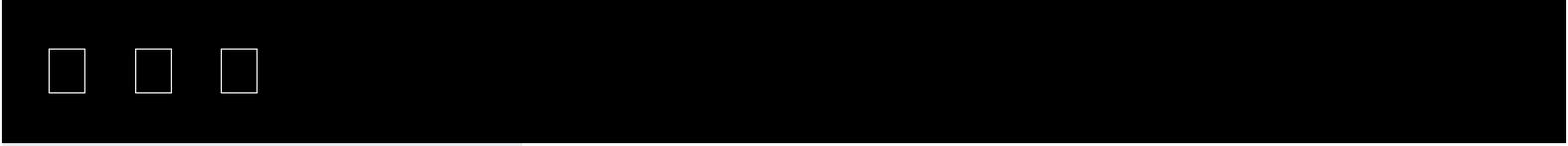
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Communications Engineering Services

Communications Engineering Services (CES) provides the equipment, support, and expertise necessary to operate the statewide EMS communications systems and to support public safety interoperability in direct alignment with the Vision 2030 key goals of developing, sustaining, and collaborating with relevant constituents for the advancement of EMS communications. CES ensures that every county and every town in Maryland has a well-functioning, up-to-date, and accessible EMS communications and response system through continual evaluation and maintenance. CES overcomes challenges by successfully maintaining strong partnerships and communication with public safety partners, including Maryland State Police, Maryland State Highway Administration, Department of Natural Resources Police and Forestry, Maryland Department of Transportation and the

Transportation Authority, Maryland Department of Emergency Management, Homeland Security Border Protection, and our 9-1-1 centers and Counties.

Public Safety Interoperability Network (PSInet)

Communications Engineering Services (CES) deploys, administers, and maintains the Public Safety Interoperability network (PSInet), a statewide, private IP-based public safety network composed of fiber, microwave, and wireless links that support critical data and voice communications managed by MIEMSS. PSInet is the foundation upon which the EMS communications system upgrade to an IP-based EMS system, being implemented through the Communications Upgrade Project (CUP), is built, and it is vital to MIEMSS's future operations. Deployed across the state, the network provides connectivity into Maryland State Police barracks, MIEMSS regional operating centers, jurisdictional emergency operations centers (EOC), public safety answering points (PSAP), state and jurisdictional health departments, hospitals, and other allied agencies. Applications that currently operate on PSInet in addition to MFiRST include Digital Emergency Medical Services Telephone (DEMSTEL); Central Maryland Area Radio Communications (CMARC); other systems monitoring/controlling the state's public safety microwave network, and tower infrastructure.

In FY 2023, CES continued to migrate systems to new, more resilient technologies that enhance services provided to the EMS community. CES was involved in several major projects intended to evaluate and maintain a well-functioning, up-to-date, and accessible EMS communication and response system. Its major efforts this year included Public Safety Microwave Systems updates; continued work on the

Communications Upgrade Project (CUP); completing coverage across Maryland with a 700 MHz radio system; addressing issues related to the Verizon copper retirement project; and a full schedule of maintenance on the communications systems. While CES is leveraging newer communications systems such as MFiRST, a large portion of departmental responsibilities and resources involves maintaining or improving current systems to provide the best service possible to EMS clinicians and the public.

CES's chief responsibilities include its leadership in the design, implementation, and maintenance of the Microwave System for EMS communications in Maryland. This critical system supports MIEMSS, Maryland State Police (MSP), Maryland Department of Natural Resources (DNR) Maryland State Highway Administration (SHA), Maryland counties' public safety radio systems, and other partners. It includes the statewide 700 MHz radio system project (MFiRST). Microwave systems are critical for reaching remote areas within that state that do not have access to newer technologies. Beyond CUP, in FY 2023, CES upgraded key microwave links to enhance the reliability and resiliency within the current communication systems plan. This included strategically placing Ethernet-capable radios in key locations to further support CUP. The upgrade of these microwave links across Maryland provides a more robust and reliable transportation of radio traffic (backhaul) that will sustain an effective EMS communications system for years to come. The following are notable microwave path replacements locations upgraded this year and in effect expand the native Ethernet network and enhance connectivity for CUP:

1. Bressler Building to Jessup tower
2. Jessup tower to College Park MSP tower

3. Bressler Building to State Office Building
4. State Office Building to Hopkins Blalock Building
5. Hopkins Blalock Building to Bayview Hospital
6. Bayview Hospital to Essex Community College
7. Essex Community College to Hickey tower
8. Frederick Law Enforcement Center tower to Montevue Lane tower
9. Frederick Law Enforcement Center tower to SHA District 7 tower
10. Montevue Lane tower to Gambrill Mountain tower
11. Gambrill Mountain tower to Lambs Knoll tower
12. Gambrill Mountain tower to Quirauk tower
13. Gambrill Mountain tower to Marlu Ridge tower
14. Sideling Hill tower to Fairview SHA tower
15. Naylor Mill tower to Bucktown tower
16. Bucktown tower to Dorchester 9-1-1 tower
17. Dorchester 911 tower to Easton MSP tower
18. Easton MSP tower to Parole MSP tower

Since 2019, CES has continued to make progress on CUP. As older systems have become more prone to failure and increase the risk of outages, the work on the microwave system has supported critical upgrades needed to advance CUP and reduce vulnerabilities to the communication system. As systems become outdated, vendor support is commonly reduced for those products, further increasing vulnerability. During this reporting period, the Region III Emergency Resource Center (EMRC) experienced a four-hour outage due to a failure of a critical power supply in the patching system, and Region I EMRC experienced a microprocessor board failure in August 2022. Events such as these reveal the importance of making significant headway toward the completion of CUP. Systems such as the Region III EMRC patching system have been operational for 25 years, and

though proactively replacing these systems is desired, proactivity without significant downtime because of the integrated design of the power system is nearly impossible. While similar system failures are anticipated in future, continual systems monitoring along with specific and essential employee training and development will enable CES to quickly resolve incidents with minimal downtime.

Maryland First Responder Interoperable Radio System Team (MFiRST)

Maryland First Responder Interoperable Radio System Team (MFiRST) is a statewide system with encryption capabilities for public safety. MFiRST is designed to provide radio communication across the entire State. Upon completion, it will allow a public safety official located at Deep Creek Lake to talk with their counterparts in Ocean City. The system will also provide air-to-ground channels for public safety flight operations.

Communications Engineering Services (CES) serve on the Radio Control Board and its Operations Committee. The Radio Control Board is responsible for coordinating the operation and maintenance of the Statewide Public Safety Interoperability Radio System. In FY 2023, CES developed interfaces to enable all Maryland jurisdictions to leverage the MFiRST system for medical consultation and obtain medical direction via Emergency Medical Resource Center (EMRC). MFiRST's final phase was finished in April 2023, completing coverage across the state, and it is expected that Maryland State Police Aviation Command (MSPAC) communications will migrate completely to the MFiRST system. MFiRST efforts are now focused on a coverage improvement program to fill in areas that have been

identified as dead spots. Meanwhile, CES continues to support the VHF low-band system to allow MSPAC to communicate across the state and successfully promote the creation and adoption of aviation talkgroups (AVTacs) on MFiRST, thus establishing a common gateway between Maryland counties and aviation resources. To date, Talbot, Caroline, Carroll, Cecil, Queen Anne's, Kent, Harford, Allegany, Garrett, Dorchester, Somerset, Washington, Wicomico, and Worcester Counties are actively advancing the EMS continuum of care by implementing the AVTac. Several other Maryland counties have committed or are considering the adoption of AVTac as the MFiRST system expands and completes deployment.

Communications Systems Maintenance and Improvements

To ensure Communications Systems Maintenance and Improvements, Communications Engineering Services (CES) continually upgrades microwave power and battery systems throughout the state to ensure reliable backup power for critical systems. CES established remote control and monitoring capabilities for the power systems and other system components to better respond to maintenance needs of the system. After the COVID-19 outbreak diminished, remnants of the pandemic continued to make remote access for Maryland Poison Control (MCP) essential. To support this telework solution, CES continued to work with MCP in FY 2023 to develop an intricate patching solution that will deliver high-quality service to meet its needs.

To accelerate progress of the CUP project, a switch was made to an IP-based communication system for Region V. CES began transitioning Region V hospitals to full-time use of the new Cisco 8851 Voice-over-Internet Protocol (VoIP)

phones and network infrastructure to provide for a smoother future transition to the new all-network solution. It accomplished this by combining the current analog technologies with a hybrid network solution using voice gateways. Twenty-four of 26 hospitals in Region V have been converted to VoIP, leaving only two to complete in FY 2024. Hospital connectivity development in Regions I and III is continuing while core patching development for the system's reliability and functionality is tested. Phase II hospitals connectivity, MedStar Franklin Square, Northwest Hospital, Meritus Health, and Garrett Memorial Medical Center have been completed by the vendor.

CES worked with Laurel Hospital to coordinate the installation of the required network equipment to ensure the successful opening of its new campus in June 2023.

Verizon Copper Retirement Program

Approved by the Maryland Public Service Commission, the Verizon Copper Retirement Program precipitated the loss of Franklin Square's circuit in July 2023, which required transitioning the hospital to using the CUP project strategy. Communications Support Services (CES) developed a microwave link to Franklin Square ahead of the region's proposed schedule. CES will develop solutions for any additional hospital circuits pending notification from Verizon.

EMRC Back-up Sites / Continuity of Operations

A Continuity of Operations Plan (COOP) is essential. MIEMSS has been addressing the need for a new Emergency Medical Resource Center (EMRC) and System Communication (SYSCOM) Backup Center capable of fully

supporting current EMRC and SYSCOM operations in the event that the primary communications center becomes unusable due to a building infrastructure failure, disaster, or other unplanned event. In April 2022, a partnership with the Harford County Department of Emergency Services offered space in its 9-1-1 center to MIEMSS operations.

Communications Engineering Services (CES) successfully installed a network virtual environment that allows for off-site data storage and will support the advancements to EMS communications to realize the creation of a Backup Center that is geo-diverse from MIEMSS HQ. This advancement in technology is key for a stable COOP, making it essential to seek the appropriate procurement of funds to attain the necessary equipment to advance this effort.

In FY 2023, CES expanded its network monitoring and alarm monitoring systems to enable staff to be more efficient and to effect system repairs quickly and decisively. CES continued working to integrate the MFiRST system alarms into the MIEMSS master alarm system to provide daily insight into maintenance and performance issues that allow rapid identification and diagnosis of system problems. This integration leverages the state's investment in the master alarm system and enables a comprehensive, overall view of MIEMSS, DNR, SHA, and the MFiRST radio infrastructure. This year, the department installed enhanced alarm monitoring at many additional MIEMSS tower sites.

Access to PSAP via 911

The three digit number 911 is used to access the local Public Safety Answering Point (PSAP) in every jurisdiction within the state. By state law, access to 911 was implemented on July 1, 1985. Additionally, by law, enhanced 911 access was

mandated by July 1, 1995. Implementation in Maryland of Wireless 911 that includes Automatic Location Information was somewhat slowed because of waivers that were granted by the FCC to the wireless industry. However, significant progress has been made over the past two years with focused efforts instituted by the State Emergency Numbers Board. Funding to support 911 services is through telephone subscriber fees administered by the State Emergency Numbers Board.

Ambulance and EMS Dispatching and Communications

Each county is responsible for the dispatch of its ambulances, usually in response to a 911 call or request from another emergency services clinician. Ambulance dispatching is accomplished by a variety of means, such as manually or computer aided, and initial control is usually maintained by using a fire channel (VHF, UHF, or 800 MHz). All counties have implemented EMD programs to provide pre-arrival instructions to callers to assist in stabilizing patients prior to the arrival of medical assistance.

Once at the incident scene, the medical clinician can use existing medical protocols or may require medical direction depending on the patient's condition. The clinician accesses the EMS communications system via a EMRC Call channel, county talkgroup Call Channel or Maryland FiRST Call Channel (in some states defined as a Hailing Channel) to obtain a medical channel for consultation with the hospital emergency department.

There are two types of EMS radio communications systems in use within Maryland: Regional (EMRCs) and local. There are currently four regional centers. The Region III EMRC is

operated by MIEMSS and services Baltimore, Anne Arundel, Howard, Harford, Carroll, and Cecil counties and Baltimore City. MIEMSS also operates the Region V EMRC which services Frederick, Montgomery, Prince Georges, Calvert, Charles and St Mary's counties. The Region 1 EMRC servicing Allegany, Garrett, and Washington Counties is operated by Allegany County in partnership with MIEMSS. The Region IV EMRC servicing eight counties on the Eastern Shore is operated by Talbot County in partnership with MIEMSS.

1. EMS Region III EMRC

The EMS Region III med-channel radio communications system is the most complex system in the state. This necessary complexity is due to the population density and the number of medical resources within the region.

EMS Region III comprises Baltimore City and the five surrounding counties. For communications purposes, however, Cecil County (part of region IV) is included in the region III EMRC. The region III EMRC is located in Baltimore at the MIEMSS building. Med-Channel communications is received at EMRC via one of 24 base station sites or through interfaces with local jurisdiction's 800 MHz systems. EMRC is the central location for establishing medical consultation within the region. Whenever there is a need for medical consultation, the clinician contacts EMRC on Call 1. The EMRC operator directs the clinician to the appropriate med-channel and establishes a patch to the appropriate medical facility. Consultation facilities and multiple hospitals can be patched into a single consultation. The EMRC can also be accessed by local and 800 service dial telephone and a tie into the Region 3 EMRC provides access to all Region 3 area

medical facilities.

A Trauma Line radio system is present at the R A Cowley Shock Trauma Center. RF radiating cables allow communications with the attending trauma physician via a portable radio on Med-Channel 5.5. This provides a means for field clinicians to receive medical consultation on trauma patients without the Shock Trauma physician's movements being restricted.

The EMRC operator maintains a computerized status of all hospitals in the region. The system is known as CHATS (County Hospital Alert Tracking System). The operator provides notification of changes to a hospital's status to the affected jurisdictions. The CHATS information is also available via the internet from the MIEMSS website.

2. EMS Region V

Region V is served by the region V EMRC located with the region III EMRC at the MIEMSS building in Baltimore. Operation of the region V EMRC is like that described for Region III. It includes Maryland hospitals located within the region, as well as Washington, D.C. hospitals and Frederick County. The region V EMRC is accessed via Med-Channel Call 2 as well as county talkgroups. With the advent of the Maryland FiRST radio system, talkgroups have been setup in to provide the Call and Med interfaces for FiRST users. A tie into the Region 3 EMRC provides access to all of the Region 3 area medical facilities.

3. EMS Region IV (upper shore)

The Eastern Shore area of Maryland's EMS Region IV

(Caroline, Dorchester, Queen Anne's, Talbot, Wicomico, Worcester, and Somerset counties) are served by a regional EMRC located in Easton. The operation is provided by Talbot County using equipment provided and supported by MIEMSS. Access is via Med-Channel Call 2. Several counties also utilize an interface with their 700/800 MHz radio systems for EMS communications via the EMRC. With the advent of the Maryland FiRST radio system, talkgroups have been setup in to provide the Call and Med interfaces for FiRST users. A tie line to the region III EMRC provides access to Baltimore and Washington area medical facilities.

4. EMS Region I

Region 1 (Allegany, Garrett, and Washington counties) is serviced by the EMRC operated by Allegany County in partnership with MIEMSS, located in Cumberland. Access is via Med-Channel Call 1. With the advent of the Maryland FiRST radio system, talkgroups have been setup in to provide the Call and Med interfaces for FiRST users. A tie line to the region V EMRC provides access to Baltimore and Washington area medical facilities.

Existing Med-Channel Sites

There are presently over 95 med-channel base station sites within the state. The present system allows approximately 95% radio coverage 95% of the time. Voters are used for automated med channel site selection by the EMRCs.

Med-Evac Helicopter Communications System

1. SYSCOM Helicopter Communications

By regulation, MIEMSS is responsible for med-evac helicopter communications. All med-evac helicopters transporting patients to or from medical facilities within Maryland are required to communicate with SYSCOM. For this reason, twelve VHF 44.74 MHz, six 700 MHz helicopter communications sites were installed across the state and a talkgroups were established on the Maryland FiRST trunked radio system. These sites were strategically located to ensure radio coverage to and from helicopters as reliably available over approximately 95% of the state. The 44.74 MHz communications system uses a voter and transmitter steering device to select the correct site.

The Maryland State Police (MSP) Aviation duty officer, stationed in SYSCOM, has primary responsibility for the dispatching of MSP helicopters. In addition to MSP, U.S. Park Police helicopters may be utilized for med-evac operations. MIEMSS is working with commercial air ambulance services in Maryland to provide use of those services in the event that the MSP helicopters are unavailable or significantly delayed.

Medical communications from the helicopter to trauma centers and other medical facilities are provided by the Region III and Region V EMRCs located at MIEMSS using 47.66 MHz base stations at 10 locations throughout the state. Maryland FiRST also established a six-site 700 MHz multicast system and Maryland FiRST trunked talkgroups for medical patching. Using the EMRC patching systems, the helicopter medic can obtain medical direction or give reports on patient condition to any medical facility in the state.

2. Flight Following System

A flight following system in SYSCOM provides visual awareness of the status and location of all MSP helicopters. The system utilizes the FAA's newest tracking system known as Automatic Dependant Surveillance-Broadcast (ADS-B). MIEMSS has partnered with the FAA to increase the coverage area of ADS-B by utilizing the state's tower sites and transport systems.

The system allows the MSP duty officer to locate and dispatch the nearest helicopter to the scene of an incident. In addition, the system provides an alarm feature which identifies helicopters that are out of communications with the system which allows helicopter emergencies to be quickly identified. Graphic and text displays can be used to locate emergencies, enabling fast responses when a helicopter may be down or in trouble.

3. Statewide Infrastructure Project

Starting in early 2000, MIEMSS as a key participant in Maryland's statewide project to construct the necessary infrastructure to support a public safety 700 MHz communications network began upgrading the old analog microwave system with new digital equipment.

The new microwave system is based on 28 T-1 point-to-point links between all of the usable existing and newly constructed communications towers. Connectivity to the county 9-1-1 Public Safety Answering Point (PSAP) centers is included. The system is divided into five separate backbone segments, northern, western, southern, eastern, and the Baltimore City hospital segment.

MIEMSS has provided all of the engineering services for the

design of this network. Other allied State agencies have contributed to the installation of the equipment. Towers and microwave equipment are provided by both the State and the local Counties in a partnership arrangement. Monitoring of the network is primarily done by MIEMSS with access to the management system available to the county and state maintenance personnel.

Communications Engineering Resources

[MIEMSS Communications System Overview](#)

[DEMSTEL Phone Quick Reference](#)

[IP-DEMSTEL Phone Directory](#)

[EMRC's Cisco 8851 DEMSTEL Operation](#)

[MIEMSS Communications](#)

[Narrowband Map](#)

[MIEMSS Radio Template](#)

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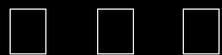
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Aeromedical Director/ Aeromedical Operations

Aeromedical Operations provides the physician medical support necessary to the Maryland State Police Aviation Command 21 (MSPAC) to meet the emergency helicopter needs of Maryland's citizens. Aeromedical Operations staff is actively involved in ongoing training and verification of skill proficiency for Maryland State Police flight paramedics,

and provides around-the-clock consultation support to Systems Communications (SYSCOM) for medevac requests and medical direction. Aeromedical staff are actively involved in the development of new patient care protocols and the oversight of ongoing care.

Transport Systems of Care:

In FY 2023, The Maryland State Police Aviation Command (MSPAC) transported 1,978 patients. Of these patients, 1,963 (99%) were transported from the scene at the request of local emergency services and 15 (1%) were transported between hospitals to a higher level of care. This year, MSPAC responded to 711 motor vehicle crashes, 496 falls, 94 pedestrians, 69 cardiac cases, 64 burns, 54 gunshot wounds, 46 strokes, 40 stabbings, 20 assaults, 14 industrial injuries, and seven drownings.

Helicopter Transports

In FY 2023, Maryland State Police Aviation Command (MSPAC) used the AgustaWestland 139 (AW-139) model of aircraft as an excellent platform for its multiple missions. Equipped with the most current safety technology as recommended by the National Transportation Safety Board, the AW-139 aircraft are powerful enough to carry two patients and two EMS clinicians despite the challenging heat and humidity of the summer months. The acquisition of an FAA-certified Flight Training Device has allowed significant hours of pilot training to be conducted under simulated conditions, not only saving aircraft flight hours but also allowing the simulation of in-flight emergencies not able to be performed in an actual flying aircraft.

Since the COVID-19 pandemic, the helicopters have used sophisticated transport ventilators that flight medics

incorporated into treatment. These technologies and training enhanced the quality of patient care of those suffering from trauma incurred during outdoor activities as they returned to pre-pandemic levels. The sophisticated transport ventilators enabled early initiation of lung-protective ventilation in conjunction with cutting-edge strategies to maintain blood pressure until patients could reach the operating room.

Rapid Sequence Intubation

Adult and pediatric Rapid Sequence Intubation (RSI) programs as defined in The Maryland Medical Protocols for Emergency Medical Services are designed to address the needs of patients whose airways are otherwise difficult to secure, including those with severe head injuries. Flight paramedics administer neuromuscular blocking medications that facilitate endotracheal intubation for patients who are not breathing adequately. Scenario-based simulation training modeled after real-life incidents enhances the knowledge and skills of flight paramedics, and provides the paramedics with credit for their recertification in Advanced Cardiac Life Support and Pediatric Advanced Life Support.

A photograph of two individuals, Wes Moore and Aruna Miller, standing in front of a Maryland state flag. Wes Moore is on the left, wearing a dark suit and a red tie. Aruna Miller is on the right, wearing a red top. The background is a stylized, semi-transparent image of the Maryland state flag.

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State Office of Commercial Ambulance Licensing and Regulation

The State Office of Commercial Ambulance Licensing and Regulation (SOCALR) provides leadership and direction to support the operations and growth of Maryland's commercial ambulance industry. It protects the health, safety, and welfare of persons using these services through the development and modification of statewide requirements for commercial ambulance services and vehicles and the uniform and equitable regulation of the commercial ambulance industry throughout Maryland.

At the conclusion of FY 2023, 34 commercial ambulance services and 481 commercial ambulance units held licenses issued by SOCALR.

SOCALR strives for efficient and responsive leadership and oversight of EMS and Medical Services vehicle licensing. The department plans and develops strategies to streamline internal business processes and implement methods to enhance records management for commercial vehicle licensing. SOCALR continues to maintain a year-round licensure renewal schedule, inspecting all commercial ambulances at least once during the year. SOCALR has updated and enhanced several of its operating systems and applications to improve productivity and reporting capabilities.

In addition to yearly unit renewal inspections, SOCALR conducts random unit inspections throughout the year. In FY 2023, SOCALR conducted random inspections on 103 days, visited 808 sites, and inspected 106 units. Inspections included 10 surveys of licensed commercial services bases. Surveys are conducted by a team of SOCALR personnel who provide follow-up reports outlining any corrective actions necessary to maintain COMAR Title 30.09 compliance.

SOCALR works closely with commercial services and thirdparty electronic Patient Care Records (ePCR) vendors to ensure data is imported accurately and efficiently from the vendor platforms. As MIEMSS transitions to the upgrade to NEMSIS 3.5, National EMS Information System, reports are randomly sampled for accuracy of information, and reviewed for completeness and to verify the receipt of data from services that import from third-party vendors. These measures are used to improve patient care through the standardization and aggregation of patient care data.

In May 2021, under the Governor's Emergency Declaration, SOCALR implemented a regulatory change that allowed

Commercial BLS ambulances to be driven by non-EMSLicensed drivers. A waiver program was implemented to allow commercial services, who have gained approvals, to employ drivers on BLS units. Following the expiration of the emergency declaration, this program was approved by the EMS Board and adopted into COMAR. Currently, SOCALR has granted the waiver to 13 commercial services, which employ 172 approved non-EMS-licensed drivers.

State Office of Commercial Ambulance Licensing and Regular (SOCALR) Statistics

SOCALR Licensed Services		SOCALR Licensed Vehicles		SOCALR Total Calls	
Ground	28	BLS	254	BLS	216,013
Air	5	ALS	168	ALS	29,121
Air/Ground	1	Air	19	SCT (P)	6,580
TOTAL	34	TOTAL	481	SCT (RN)	9,902
				TOTAL	261,616

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EMS for Children

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Bike Safety Project

Child Passenger
Safety & Occupant
Protection

Pediatric Education
Resources

EMSC Program
Documents

Family Advisory
Network

Federal EMSC
Grants

PEPP Maryland
Enhanced Program

PEMAC

Right Care When it
Counts

RISK WATCH

Safe Kids

Emergency Medical Services for Children

The Emergency Medical Services for Children (EMSC) Program at MIEMSS addresses the unique needs of children within the EMS system, providing a focal point for statewide resources and networking on emergency care for children and their families.

The EMSC Program is responsible for the development of

statewide guidelines and resources for pediatric care, review of pediatric emergency care and facility regulations, coordination of pediatric education programs, collaboration with other agencies and organizations focused on childhood health, and illness and injury prevention.

The EMSC Program coordinates the state Pediatric Emergency Medical Advisory Committee (PEMAC), the state Pediatric Quality Improvement Committee, and the five Regional Pediatric EMS Advisory Committees.

The EMSC Program in Maryland is integrated into all levels of EMS Services at the local, regional, and state levels and includes: Pediatric Education; Prevention Initiatives; Specialty Care Facility Designation; Pediatric Base Stations and Medical Consultation; and Quality Management.

With the belief that the EMSC Program is an integrated part of the overall statewide EMS System, both pediatric equipment standards and pediatric protocols are included in the state Volunteer Ambulance Inspection Program, the Statewide Maryland Medical Protocols for EMT-B and ALS clinicians, and the Interhospital Transfer Guidelines.

Federal EMSC grants are coordinated through the Maryland EMSC program office involving statewide projects, specialized targeted issues projects, and research initiatives at academic universities.

Mission Statement

The EMSC program's mission, consistent with the MIEMSS leadership mission, is to provide the leadership, direction,

expertise, and coordination of resources that focus on the unique needs of children and their families in a manner that facilitates the efficient and effective delivery of out of hospital, hospital, and restorative care throughout the state. These resources include injury and illness prevention, clinical protocols, standards of care and facility regulations, quality improvement initiatives, interagency collaboration, and initial and continuing education for clinicians across the continuum of care that will promote the health and well-being of children in Maryland.

Maryland Pediatric Reference Card & Poster

To view the PDF of the NEW 2024 Maryland Pediatric Reference Card, [click here](#).

To view the PDF of the NEW 2024 Maryland Pediatric Reference Poster, [click here](#).

Send a request for copies of the Maryland Pediatric Reference Card and Poster to: pepp@miemss.org

Pediatric Links

[American Academy of Pediatrics](#)

[American Academy of Pediatrics - Maryland Chapter](#)

[American Trauma Society](#)

[CDC Morbidity and Mortality Weekly Report](#)

[CDC National Center for Health Statistics](#)

[CDC/NCIPC 10 Leading Causes of Death by Age Group](#)

[Child Health USA 2020 Injury & Violence Prevention](#)

[Child Health USA 2020 - Maternal, Infant & Child Health](#)

[Emergency Medical Services National Resource Center](#)

[Emergency Nurses Association](#)

[Maryland Emergency Nurses Association](#)

[Governor's Office for Children, Youth, and Families](#)

[Healthy People 2010 & 2020](#)

[Maryland Injury Information Charts and Tables](#)

[Maternal and Child Health Bureau](#)

[National EMSC Data Analysis Resource Center \(NEDARC\)](#)

[Pediatric Emergency Care Applied Research Network](#)

[U.S. Census Bureau - State and County Quick Fact](#)

2024 Award Nomination Forms

Nomination forms for the 2024 Annual Stars of Life and Right Care When It Counts Awards are open and available through the Smart Sheet application links. Please nominate individuals and teams throughout the year.

Final Deadline: Friday March 29, 2024

[View Details](#)

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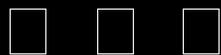
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Data Analysis and Information Management

Quality Management

Data Analysis and Information Management (DAIM) provides continuous quality improvement initiatives, commitment to a customer-based way of doing business, and enhances the ability to effect improvement in related fields.

EMS Surveillance Measures

MIEMSS maintains several EMS system surveillance priorities based on routine data review, customer requests, and research outcomes. Hospital yellow alert demand is monitored at state, regional, jurisdictional, and hospital-specific levels through the online County Hospital Alert Tracking System (CHATS) for real-time system response

capabilities as well as historical trends. This monitoring, coupled with hospital strategies that address high demand for emergency department services, helps improve the availability of this vital service system-wide. Yellow alert data also form one measurement in the Maryland Department of Health's (MDH) syndromic surveillance programs.

The Helicopter Utilization Database (HUD) accounts for all helicopter requests for transport independent of actual transport mode outcome, and permits requesting EMS managers and medical directors to conduct case reviews. HUD data analysis supports MIEMSS's efforts to utilize aerial transportation for only the most severe, time-critical incident scene patients statewide. Since FY 2017, EMS interventions involving naloxone administration for opioid overdose cases have been consistently recorded and relayed to both MDH and the Opioid Operational Command Center. This non-confidential data, in conjunction with other valuable resources, serves as a pivotal tool in tracking opioid overdose trends and devising effective strategies to address this pressing crisis.

Data Confidentiality

MIEMSS maintains or has access to eight confidential databases used to ensure the delivery of quality EMS care. The Data Access Committee was formed to ensure that all data and requests for information are expedited efficiently and accurately while ensuring patient and clinician confidentiality at all times. Since January 2000, MIEMSS has tracked and responded to over 3,500 data requests.

MD EMS Statistics from (eMEDS)

The electronic Maryland EMS Data System (eMEDS™) serves as a primary resource to query data about EMS demand, response, and outcome. All jurisdictional EMSOPs in Maryland use eMEDS™ to document their call information. The EMSOPs can enter data either via a local device with internet connectivity or via a dedicated website. The table below displays the quarterly record volume for FY 2023.

Maryland Emergency Medical Resource and Alerting Database (MEMRAD)-NG

The Maryland Emergency Medical Resource Alerting Database (MEMRAD) is Maryland's statewide health and medical alerting and resource tracking system. Administered by MIEMSS, this system connects hospitals, EMS, and Public Health and Emergency Management for real-time information sharing. MIEMSS is currently working to upgrade MEMRAD to MEMRAD-NG (Next Generation), which will include additional interoperability, mobile applications, and enhanced redundancy.

@Hospital Ambulances (@HA)

The At Hospital Ambulances (@HA) app is a web-based application that displays ambulance activity at each of the Maryland hospitals utilized by jurisdictional EMS clinicians. Data Analysis and Information Management (DAIM) developed this application to work on desktop computers and mobile devices, including iOS, Android, and Windows mobile devices. The @ HA application displays information pertaining to ambulances located at the hospitals including the hospital name, number of ambulance units, alert status, and length of stay based on data received from the EMSOP's Computer Aided Dispatch (CAD) Systems.

Participating jurisdictions supply data via CAD that populates the information displayed in the app and is made available to clinicians and/or dispatch centers via a link in the eMEDS™ patient care reporting system dashboard. It can also be viewed with limited details at <https://aha.miemss.org>. Jurisdictional EMS administrators may login and view additional information about the ambulance units, including unit number and jurisdiction.

<https://aha.miemss.org/>

Online Training Center: A Commitment to Digital Learning Excellence

Last year, MIEMSS significantly enhanced its Online Training Center (OTC), emphasizing improved usability and a modern design. This advancement aligns with our agency's mission to offer unparalleled continuing education opportunities to the State's EMS clinicians. Built on the robust foundation of Moodle – a renowned, open-source Learning Management System – the OTC seamlessly integrates with the MIEMSS Licensure System. We eagerly anticipate rolling out additional updates in the forthcoming months.

<https://www.emsonlinetraining.org/login/index.php>

Chesapeake Regional Information System for our Patients (CRISP) and eMEDS™ Integration Project

The integration of eMEDS™ with Chesapeake Regional Information System for our Patients (CRISP), the health information exchange service for Maryland and Washington, DC, is an important ongoing project. Data Analysis and Information Management (DAIM) has enhanced this integration to allow CRISP to receive additional patient care data on a more frequent basis. Currently, EMS reports are

securely transferred to CRISP in close to real time. This integration makes the EMS report available to all health care clinicians with CRISP access, including those in primary care. Aligning these two systems makes prehospital emergency care information available to participating physicians and hospitals throughout the state. A future phase of the project aims to make select patient medical data, such as medical history and medications, available to EMS clinicians to enhance the care they are able to provide at the patient's side.

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) and eMEDS™ Integration Project

MIEMSS's Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) interface links EMS patient encounter data with other statewide healthcare data shared to ESSENCE. This combination of EMS, Hospital, Primary Care, Pharmacy, and other data sources give public health partners enhanced situational awareness for potential disease outbreaks and epidemics.

<https://www.mdemeds.com/Elite/Organizationmaryland/>

Enhancing Data Analysis for Improved Patient Care

Understanding the critical role that precise, up-to-date, and easily accessible prehospital patient care data plays, MIEMSS continually broadens its data analysis capacities. In FY 2023, MIEMSS achieved this by leveraging local instances of the eMEDS™ and Licensure System databases. Our focus steadfastly remains on detailed statistical reporting, pivotal

metrics that drive system-wide quality enhancement and assurance, and the pragmatic use of both EMS and hospital data.

Opioid Overdose Data Reporting

In adherence to state regulations, MIEMSS regularly contributes data derived from EMS patient care reports to the Washington/Baltimore High-Intensity Drug Trafficking Areas (HIDTA) Overdose Map (ODMAP) database. MIEMSS collaborates with the Maryland Department of Health, the Opioid Operational Command Center (OOCC), and other partnering agencies to monitor and address opioid overdoses in Maryland and facilitate a comprehensive statewide oversight and proactive response to the opioid overdose challenge. This united front remains unwavering in its commitment to addressing and mitigating the opioid overdose crisis within Maryland.

EMS Portal

Data Analysis and Information Management (DAIM) diligently collaborates with Office of EMS Clinician Services to uphold the EMS Portal, which empowers local jurisdictions to craft and execute bespoke educational reports. Such an initiative amplifies jurisdictional cognizance of educational requisites tailored for their affiliated clinicians.

Related Links

[Data/Analysis Request](#)

[Quality Management Tool Box](#)

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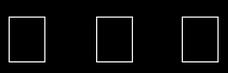
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Management

Media Services and
Public Information

Administration

Office of Integrity

Attorney General's
Office

Office of
Government Affairs

Information Technology & Systems Management

Quality Management

Data Analysis and Information Management (DAIM) provides continuous quality improvement initiatives, commitment to a customer-based way of doing business, and enhances the ability to effect improvement in related fields.

EMS Surveillance Measures

MIEMSS maintains several EMS system surveillance priorities based on routine data review, customer requests, and research outcomes. Hospital yellow alert demand is monitored at state, regional, jurisdictional, and hospital-specific levels through the online County Hospital Alert Tracking System (CHATS) for real-time system response

capabilities as well as historical trends. This monitoring, coupled with hospital strategies that address high demand for emergency department services, helps improve the availability of this vital service system-wide. Yellow alert data also form one measurement in the Maryland Department of Health's (MDH) syndromic surveillance programs.

The Helicopter Utilization Database (HUD) accounts for all helicopter requests for transport independent of actual transport mode outcome, and permits requesting EMS managers and medical directors to conduct case reviews. HUD data analysis supports MIEMSS's efforts to utilize aerial transportation for only the most severe, time-critical incident scene patients statewide. Since FY 2017, EMS interventions involving naloxone administration for opioid overdose cases have been consistently recorded and relayed to both MDH and the Opioid Operational Command Center. This non-confidential data, in conjunction with other valuable resources, serves as a pivotal tool in tracking opioid overdose trends and devising effective strategies to address this pressing crisis.

Data Confidentiality

MIEMSS maintains or has access to eight confidential databases used to ensure the delivery of quality EMS care. The Data Access Committee was formed to ensure that all data and requests for information are expedited efficiently and accurately while ensuring patient and clinician confidentiality at all times. Since January 2000, MIEMSS has tracked and responded to over 3,500 data requests.

MD EMS Statistics from (eMEDS)

The electronic Maryland EMS Data System (eMEDS™) serves as a primary resource to query data about EMS demand, response, and outcome. All jurisdictional EMSOPs in Maryland use eMEDS™ to document their call information. The EMSOPs can enter data either via a local device with internet connectivity or via a dedicated website. The table below displays the quarterly record volume for FY 2023.

Maryland Emergency Medical Resource and Alerting Database (MEMRAD)-NG

The Maryland Emergency Medical Resource Alerting Database (MEMRAD) is Maryland's statewide health and medical alerting and resource tracking system. Administered by MIEMSS, this system connects hospitals, EMS, and Public Health and Emergency Management for real-time information sharing. MIEMSS is currently working to upgrade MEMRAD to MEMRAD-NG (Next Generation), which will include additional interoperability, mobile applications, and enhanced redundancy.

@Hospital Ambulances (@HA)

The At Hospital Ambulances (@HA) app is a web-based application that displays ambulance activity at each of the Maryland hospitals utilized by jurisdictional EMS clinicians. Data Analysis and Information Management (DAIM) developed this application to work on desktop computers and mobile devices, including iOS, Android, and Windows mobile devices. The @ HA application displays information pertaining to ambulances located at the hospitals including the hospital name, number of ambulance units, alert status, and length of stay based on data received from the EMSOP's Computer Aided Dispatch (CAD) Systems.

Participating jurisdictions supply data via CAD that populates the information displayed in the app and is made available to clinicians and/or dispatch centers via a link in the eMEDS™ patient care reporting system dashboard. It can also be viewed with limited details at

<https://aha.miemss.org>. Jurisdictional EMS administrators may login and view additional information about the ambulance units, including unit number and jurisdiction.

<https://aha.miemss.org/>

Online Training Center: A Commitment to Digital Learning Excellence

Last year, MIEMSS significantly enhanced its Online Training Center (OTC), emphasizing improved usability and a modern design. This advancement aligns with our agency's mission to offer unparalleled continuing education opportunities to the State's EMS clinicians. Built on the robust foundation of Moodle – a renowned, open-source Learning Management System – the OTC seamlessly integrates with the MIEMSS Licensure System. We eagerly anticipate rolling out additional updates in the forthcoming months.

<https://www.emsonlinetraining.org/login/index.php>

Chesapeake Regional Information System for our Patients (CRISP) and eMEDS™ Integration Project

The integration of eMEDS™ with Chesapeake Regional Information System for our Patients (CRISP), the health information exchange service for Maryland and Washington, DC, is an important ongoing project. Data Analysis and Information Management (DAIM) has enhanced this integration to allow CRISP to receive additional patient care data on a more frequent basis. Currently, EMS reports are

securely transferred to CRISP in close to real time. This integration makes the EMS report available to all health care clinicians with CRISP access, including those in primary care. Aligning these two systems makes prehospital emergency care information available to participating physicians and hospitals throughout the state. A future phase of the project aims to make select patient medical data, such as medical history and medications, available to EMS clinicians to enhance the care they are able to provide at the patient's side.

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) and eMEDS™ Integration Project

MIEMSS's Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) interface links EMS patient encounter data with other statewide healthcare data shared to ESSENCE. This combination of EMS, Hospital, Primary Care, Pharmacy, and other data sources give public health partners enhanced situational awareness for potential disease outbreaks and epidemics.

<https://www.mdemeds.com/Elite/Organizationmaryland/>

Enhancing Data Analysis for Improved Patient Care

Understanding the critical role that precise, up-to-date, and easily accessible prehospital patient care data plays, MIEMSS continually broadens its data analysis capacities. In FY 2023, MIEMSS achieved this by leveraging local instances of the eMEDS™ and Licensure System databases. Our focus steadfastly remains on detailed statistical reporting, pivotal

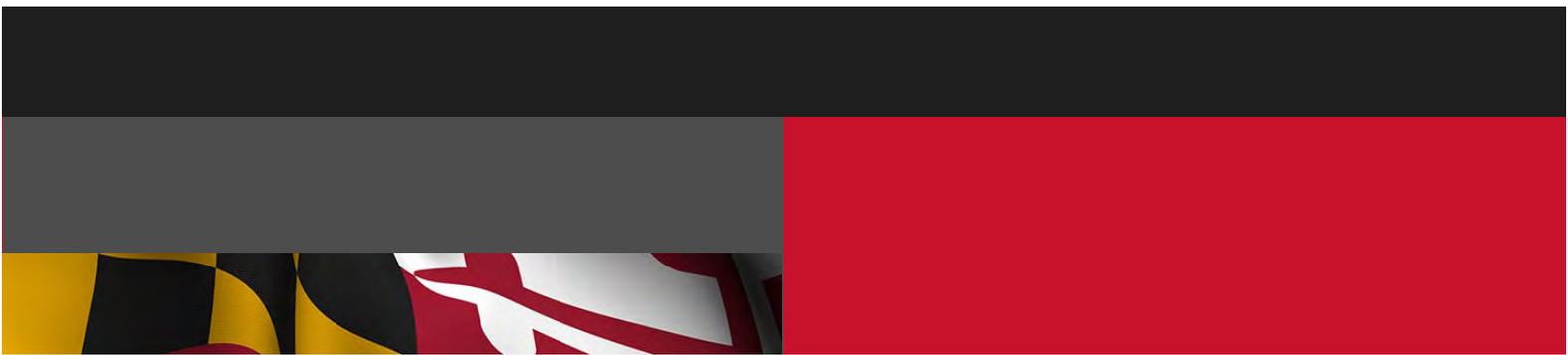
metrics that drive system-wide quality enhancement and assurance, and the pragmatic use of both EMS and hospital data.

Opioid Overdose Data Reporting

In adherence to state regulations, MIEMSS regularly contributes data derived from EMS patient care reports to the Washington/Baltimore High-Intensity Drug Trafficking Areas (HIDTA) Overdose Map (ODMAP) database. MIEMSS collaborates with the Maryland Department of Health, the Opioid Operational Command Center (OOCC), and other partnering agencies to monitor and address opioid overdoses in Maryland and facilitate a comprehensive statewide oversight and proactive response to the opioid overdose challenge. This united front remains unwavering in its commitment to addressing and mitigating the opioid overdose crisis within Maryland.

EMS Portal

Data Analysis and Information Management (DAIM) diligently collaborates with Office of EMS Clinician Services to uphold the EMS Portal, which empowers local jurisdictions to craft and execute bespoke educational reports. Such an initiative amplifies jurisdictional cognizance of educational requisites tailored for their affiliated clinicians.



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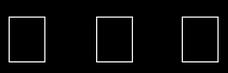
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Media Services & Public Information

About Media Service Requests:

To more effectively and efficiently serve our clients both internal and external of the agency, MIEMSS Media Services has developed a Media Request Ticketing System. These services are open and available to our EMS community, hospital affiliates, and constituents associated with Maryland EMS.

[Submit a Media Request](#)

You can also create a Media Service request ticket via e-mail by submitting your media request to: [Media Services](#)

Media Services and Public Information (Media Services) is responsible for the design, development, and deployment of the MIEMSS website; educational and instructional media for EMS educators and clinicians; publications; video

production; audio/visual conference support; graphic and illustrative design; visual communications for the Maryland community including but not limited to public service announcements, newsletters, social media, and web content; and providing successful educational and informational events for the EMS community and partners in the state of Maryland. Media Services ensures that necessary and relevant information developed internally and by its partners is distributed statewide, and that public requests are met as needed and required by Maryland's Public Information Act.

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Media Services team Contact:
mediaservices@miemss.org | [\(410\) 706-3994](tel:(410)706-3994)

Maryland EMS Protocol Publications

Media Services and Public Information (Media Services) supported the production and dissemination of educational

materials and content for the updating, documentation, and dissemination of The Maryland Medical Protocols for Emergency Medical Services. The Media Services team created the print and electronic versions of the Maryland EMS Protocols, which included a hard-copy book in three sizes and a PDF for electronic distribution. Media Services worked with the Office of EMS Clinician Services (OCS) and EMS professionals from across the state to create accessible educational materials and videos for EMS clinicians and Base Stations to aid EMS professionals with completion requirements. Materials are available through the MIEMSS website, Online Training Center, Maryland EMS YouTube channel. Media Services collaborated with the Office of the State EMS Medical Director to produce videos for each protocol update for FY 2023, worked with OCS to ensure SCORM standards, and made them available in the Online Training Center.

[Maryland EMS Protocols Page](#)

Media Development

Media Services and Public Information (Media Services) provides video and photographic production and editing, graphic design, digital publishing, illustration, editorial, A/V, and framing for internal and external partners throughout the year. Full PSA productions, social media, flyers and posters, and full audio, visual and lighting support for media events, conferences, and classroom sessions are just a few services provided.

- An informational video about MIEMSS for AARP Maryland;
- Video "Importance of bike helmets" (30 and 60 second spots);
- Public service announcement (PSA) video "Car Seats";

- ÒSIM WEEKÓ video production for UMM poster session;
- PSA ÒStroke Smart Maryland, The Warning Signs of a StrokeÓ for the Maryland Stroke Center Consortium (MSCC);
- Social media videos to celebrating and documenting Maryland EMS;
- Maryland EMS News;
- Executive DirectorÓs Report;
- Social media posts for Bivalent Vaccination Booster and the Flu Shots to include the Flooster, seat belts, and traffic safety, including the ÒMove Over or Get Pulled OverÓ, in support of Maryland Department of Health, Maryland State Police, and MIH;
- Mental Health First Aid Maryland graphic production and marketing materials to support public education national certification; and ¥ Maryland Active Assailant Interdisciplinary Work Group (AAIWG) website support and analytics.

Events and Conferencing Support

Media Services and Public Information (Media Services) provides a range of leadership, consulting, and support to the design and setup of events and conferencing. In addition to media development, Media Services provides streaming and post-production sharing of interviews, remote engagement, smart classroom setup, audio/video, lighting and photography, and other important tasks in support of our internal and external partners. Media ServicesÓ portrait and photo booth-style setups and social media interviews promoted camaraderie and pride in Maryland EMS. In FY 2023, its partners included Maryland Fire and Rescue Institute (MFRI), University of Maryland Medical System, R Adams Cowley Shock Trauma Center, Maryland Committee on Trauma, and the Maryland State Firemen’s Association,

among others. Media Services provides support for audio, video, graphics, illustration and audio, and visual and photographic support. Media Services fully supported the following conferences and events:

- Maryland State Firemen's Association (MSFA) Legislative Reception (Annapolis, MD)
- Winterfest EMS Conference (Talbot County, MD)
- Miltenberger Emergency Services Seminar (Garrett and Allegany Counties, MD)
- The 28th Annual EMS Medical Directors Symposium (Baltimore, MD)
- EMS Care Conference (Ocean City, MD)
- MSFA Memorial Foundation Induction Service (Annapolis, MD) ¥ Annual Point/Counterpoint Acute Care Surgery Conference (Baltimore, MD) ¥ MSFA Convention and Memorial Program (Ocean City, MD)

During National EMS Week in May 2023, Media Services worked with Leadership, Regional Coordination and Maryland Jurisdictions to plan, implement, and notify the public of celebratory activities; organize award presentations; create and prepare certificates, plaques, and pins for distribution to awardees; and set up audio/visual equipment to document the events, including the Maryland Star of Life Awards, Right Care When It Counts Awards, and EMS Star Awards.

Public Information

Media Services and Public Information (Media Services) stewards the EMS and MIEMSS history archive. As part of the yearlong celebration of the 50th anniversary of the Maryland EMS system, Media Services created a virtual Interactive History Timeline (IHT), which allows the EMS community to

archive and share relevant events, images, documents, and videos from the past and present. In FY 2023, Media Services assisted the Office of EMS for Children through ongoing webinar support for training series, technical audio visual support, illustrated posters, web updates, newsletters, advertisements/flyers for the Child Passenger Safety grant; and opening its production studios to serve a variety of groups in need of video recording and photography in preparation for events and presentations. In January 2023, MIEMSS hosted Dr. Rahul Gupta, Director of the White House Office of National Drug Control Policy, who discussed the ongoing opioid overdose epidemic with EMS, public health leaders, and law enforcement officials of the Washington/Baltimore High-Intensity Drug-Trafficking Areas (HIDTA) program. Media Services, in collaboration with MIEMSS's Leadership and EMS Preparedness and Operations, prepared the educational space and worked with the HIDTA team to disseminate event-related communications. Media Services recorded the event, shared that recording with HIDTA, and provided follow-up information about the event in Maryland EMS News and the Executive Director's Report.

Public Information Act Requests

The α 4-503 of the General Provisions Article representative (agency's designated PIA contact person) for the Maryland Institute for Emergency Medical Services Systems (MIEMSS), the State Emergency Medical Services Board, and the State Emergency Medical Services Advisory Board is:

Todd Abramovitz

Director, Media Services and Public Information

Maryland Institute for Emergency Medical Services Systems

653 West Pratt Street, 3rd Floor, Baltimore, MD 21201

tabramovitz@miemss.org | [410-706-3994](tel:410-706-3994)

Public Record requests may be directed to Mr. Abramovitz. Public Records may also be obtained online from the MIEMSS website home page under [Online Services & Data Request Form](#). More information about PIA requests can be found on the website under for the Public/[Public Information and Order Reports](#).

The public has access to a number of records that are available from the MIEMSS website, and the following information is available for licensed or certified EMS clinicians:

1. the name of the clinician;
2. the business address of the clinician;
3. the business telephone number of the clinician;
4. the educational and occupational background of the clinician;
5. the professional qualifications of the clinician; and
6. any orders and findings that resulted from formal disciplinary actions.

Related Links

- [HIPAA: Privacy and Security Training Module - 2020v2](#)
- [Social Media Terms of Use](#)

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Administration is responsible for the accounting, procurement, grant administration, and human resources functions of MIEMSS. The Accounting Unit provides oversight and guidance for human resources and the management of various fiscal and budgetary matters. The staff develops the budget, tracks and monitors expenditures, processes accounts payable and receivable, maintains employee leave and payroll records, and deposits cash receipts. The Procurement Unit obtains all necessary supplies, materials, and services required by MIEMSS to fulfill its mission in accordance with all applicable state procurement laws and regulations. The Procurement Unit is responsible for contract and grant administration. Administration's other responsibilities include inventory control, fleet management, travel services, and building operations and maintenance. In addition, Administration supports legislative and regulatory initiatives and provides financial data relevant to the

legislative actions that support the Maryland Emergency Medical Services Operations Fund.

For Employees



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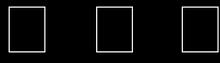
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Office of Integrity

The Office of Integrity works to ensure the health, safety, and welfare of the public as it relates to the delivery of EMS by Maryland-licensed and certified EMS clinicians. It helps to ensure the quality of patient care by investigating complaints and allegations of prohibited conduct.

The Office of Integrity works closely with the EMS Board, Attorney General's Office, Incident Review Committee (IRC), Peer-Review Panel (PRP), and EMS operational program (EMSOP) quality assurance officers statewide. The PRP is a 13-member panel of physicians representing the Maryland Board of Physicians, Maryland Medical Chirurgical Society, and EMSOP medical directors. All levels of EMS clinicians are also represented on this panel. The PRP reviews complaints, as well as the results of the investigations presented by the Office of Integrity, and recommends corrective and disciplinary actions to the EMS

Board. The State EMS Medical Director and MIEMSS Executive Director serve as ex-officio members of the PRP.

FY 2023 Office of Integrity Activity

- Provisional applicant background investigations completed (23)
- Stipend applicant background investigations completed (19)
- Initial and renewal background investigations completed (14,177)
- Reciprocity background investigations completed (138)
- Total background investigations completed (14,949)
- IRC investigations conducted (77)
- IRC Complaints Issued (64)
- IRC complaints forwarded to PRP (61)
- Complaints forwarded to EMS Board (54)
- EMS Board Actions ≠ Reprimands (12)
- Probation (33)
- Suspensions (6)
- Revocations (1)
- Remedial training (5)
- Surrenders (1)
- Applications denied (0)
- Random testing (9)
- Case Resolution Conferences (11)
- OAH hearings conducted (2)
- OAH hearings defaulted (0)
- Settlement agreements (9)

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The Attorney General's Office (OAG) provides legal advice to the EMS Board, the Statewide EMS Advisory Council, and MIEMSS in connection with all aspects of EMS, the ongoing administrative functions of the agency, and the regulation of commercial ambulance services. OAG supports MIEMSS in promulgating and implementing the agency's regulations, procurement, personnel matters, and contracts, including technology initiatives, as well by assisting in the administration of state and federal grant programs.

OAG serves as the administrative prosecutor for cases involving allegations of prohibited acts by EMS clinicians before the EMS Provider Review Panel, the EMS Board, the Office of Administrative Hearings, and the courts. In FY 2023, it handled 64 cases of alleged prohibited acts by EMS clinicians and applicants.

OAG provided legal advice to the State Office of Commercial Ambulance Licensing and Regulation (SOCALR) in all compliance matters in FY 2023, and provided support to the Commercial Ambulance Services Advisory Committee. Assistant attorneys general helped the Office of Care Integration to monitor compliance requirements of specialty referral centers. In FY 2023, they worked to amend regulations, including updating the standards for Adult and Pediatric Trauma Centers and specialty care transport for SOCALR. OAG advised the Office of EMS Clinician Services on the application of requirements for licensure and certification, as well as the development of regulatory amendments to update those requirements; provided advice and support for the designation of trauma and specialty referral centers and base stations; prepared responses to Public Information Act requests and subpoenas; responded to requests for Data Access and prepared responses for research projects; and provided advice on the Maryland Public Access Defibrillation program and the AED Registry.

Maryland Orders for Life-Sustaining Treatment (MOLST) provides patients with the legal means for communicating medical care wishes to EMS and other health care professionals. In FY 2023, OAG helped to distribute plastic bracelets and answered phone calls and email inquiries to obtain, use, and better understand the MOLST program. The public can download the MOLST form from the MIEMSS website, and MIEMSS provides hard copies for those individuals without internet access. OAG provides information to health care clinicians by answering questions and aiding in MOLST implementation.

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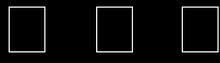
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The Office of Government Affairs (Government Affairs) is dedicated to advancing EMS by cultivating collaborative partnerships between relevant constituents and State government. As MIEMSS's liaison with the Executive and Legislative branches, Government Affairs helps to develop effective statutory and regulatory approaches and solutions to a variety of prehospital emergency and health care issues. It works on proposed legislation that affects all components of the statewide EMS system, the emergency care system, and Maryland's healthcare system as a whole. By partnering with EMS clinicians, physicians, nurses, hospitals, and other health care providers, Government Affairs ensures that EMS system issues are accounted for in legislation under consideration by the Maryland General Assembly.

The 2023 Legislative Session saw the creation of the Commission to Advance and Strengthen Firefighting and Emergency Medical Services within Maryland. The Commission is charged with studying and making recommendations for enhancing recruitment and retention efforts to support both career and volunteer firefighting and EMS in Maryland. It will report its findings to the Legislature by December 1, 2023. The Session also established the Commission to Study Trauma Center Funding in Maryland to study the adequacy of funding for designated trauma centers for their operating, capital, and workforce costs. The Commission will report its findings and recommendations to the Legislature by December 1, 2023. Beginning January 1, 2025, grocery stores and restaurants, with certain exceptions, will be required to place automated external defibrillators (AEDs) on premises and maintain the functionality of the devices. Restaurants and grocery stores subject to the AED requirement must register their AEDs with MIEMSS, and will be able to claim a State income tax credit in years 2023- 2027 for the first \$500 of the AED purchase price. MIEMSS will report on the placement and applications of AEDs in restaurants and grocery stores to the Legislature.

This year, statutory language pertaining to peer-support programs for Fire, Rescue, and EMS programs was clarified to reflect work currently underway to review and report on best practices and professional standards for these programs. Finally, a public awareness campaign will be conducted to encourage use of mental health advance directives in Maryland. A study will examine mechanisms by which first responders and behavioral crisis providers can access mental health advance directives via the State-designated health information exchange.

Number of EMDs, EMRs, EMTs, CRTs, and Paramedics
[Includes Current, Extended, and Military Status; Excludes Lapsed (Inactive and Expired)]

Level	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022*	FY 2023
EMD	1,377	1,066	1,110	1,210	1,052	869
EMR	1,136	662	603	652	464	498
TOTAL	2,513	1,728	1,713	1,852	1,516	1,367
EMT	15,485	14,853	14,875	15,501	14,763	14,456
CRT	587	575	546	509	441	404
Paramedic	3,278	3,491	3,573	3,787	3,724	3,774
TOTAL	19,350	18,919	18,994	19,797	18,928	18,634

*July 1, 2021-September 1, 2022; all other years reported are shown by fiscal year.

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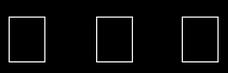
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Certification &
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CARES Training

Clinical Alerts

Critical Incident
Stress Program
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MHFA - Mental
Health First Aid

Whole Blood

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2024 EMS Clinician Protocols

- [2024 Protocols & Complete Manual \(Online Version\)](#)
(Effective 7/1/2024) & Updated: June 12, 2024
- [2024 Protocols & Complete Manual \(Print Version\)](#)
(Effective 7/1/2024) & Updated: June 12, 2024

2023 EMS Clinician Protocols

- [2023 MD Medical Protocols for EMS Release Memo](#) - June 2, 2023

- [2023 Protocols - Complete Manual \(Online Version\)](#) - (Effective 7/1/2023) - Updated: June 19, 2023
- [2023 Protocols - Complete Manual \(Print Version\)](#) - (Effective 7/1/2023) - Updated: June 19, 2023

2022 EMS Clinician Protocols

- [Heated/Humidified High Flow Nasal Cannula for Pediatrics](#) Ñ December 12, 2022
- [MD Medical Protocols for EMS Ñ 2022 Clarifications](#) - August 4, 2022
- [2022 MD Medical Protocols for EMS Release Memo](#) - May 24, 2022
- [2022 Protocols - Complete Manual](#) - (Effective 7/1/2022) - Updated: August 30, 2022

COVID-19 EMS Clinician Protocols

- [COVID-19 Testing After Termination of Resuscitation in the Field](#) - July 7, 2020
- [Terbutaline \(IM\) and Epinephrine \(IM\) for Asthma and COPD Patients](#) (Effective 4/7/2020, Updated 4/9/2020)
- [Viral Syndrome Pandemic Triage Protocol](#) (Effective 3/17/2020)
 - [Viral Syndrome Pandemic Triage Protocol - Home Care Instructions](#) (MS Word)
 - [Viral Syndrome Pandemic Triage Protocol - Home Care Instructions - Spanish](#) (MS Word)

Facility Names and Codes

The link below contains the Facility Names and Codes as shown in eMEDS®.

■ Facility Names and Codes (SmartSheet)

Under the "eMEDS Active" column, the Green Check  indicates the Facility Name/Code is currently active in eMEDS® and the Yellow Exclamation  means it is future use. The list may be exported as an Excel File or as a PDF by clicking on the "Vertical Ellipsis" () at the top of the spreadsheet.

Administrative Guidance for Jurisdictions

- [Viral Syndrome Pandemic Triage Protocol Implementation - 3/17/2020](#)
- [Alternative Destination Protocol Implementation - 8/21/2019](#)
- [Definitive Treatment via Telemedicine - 8/21/2019](#)

Protocol Links

[Proposed Submission](#)

[Request Policy and Template](#) ...

[Application for Participation in an Optional/Pilot Program](#) ...

Archives

[EMS Clinician Protocols Archives](#)

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[EMS Documents & Forms](#)

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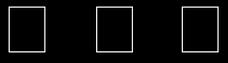
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CARES Implementation in Maryland

CARES: Cardiac Arrest Registry to Enhance Survival

A Cardiac Arrest tab on the run form has been updated and consolidated to allow EMS clinicians to readily enter comprehensive prehospital cardiac arrest information. MIEMSS saves clinicians time by exporting this information to

the CARES registry upon first entry.

Maryland is one of the first states to use as single eMEDS'' patient care record for CARES submission that integrates clinicians ePCR documentation. Hospitals in Maryland that receive patients and provide ongoing care in the emergency department will subsequently enter outcome data into the CARES record.

CARES Training Presentations

Cardiac Arrest: Maximize Survival in Maryland

CARES Overview

Howard County EMS: CARES Pilot Program

Howard County General Hospital - Johns Hopkins Medicine:
Hospital Participation in the CARES Program

CARES Registry - An Example Implementation Plan for
Maryland Hospitals



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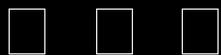
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Electronic Maryland EMS Data System (eMEDS™)

This page provides login assistance, additional resources and training materials for eMEDS™ and Hospital Hub. ([More information about eMEDS™](#))

[eMEDS™ Login Page](#)

Looking for help? Please see the FAQs below or contact:

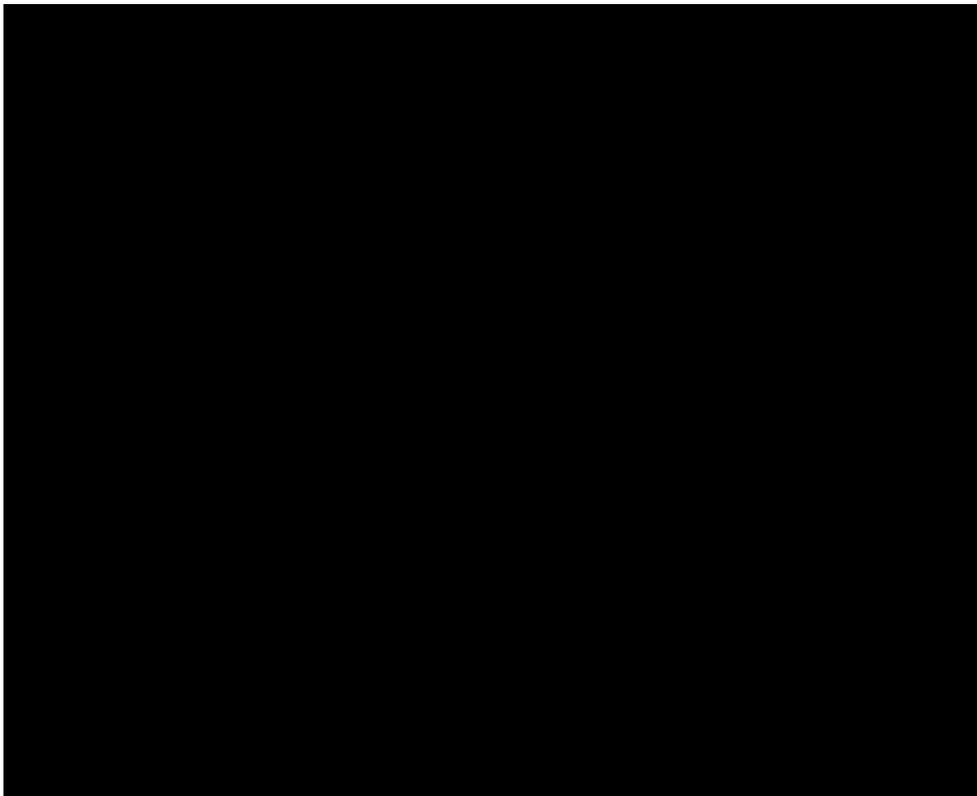
eMEDS™ Primary Support

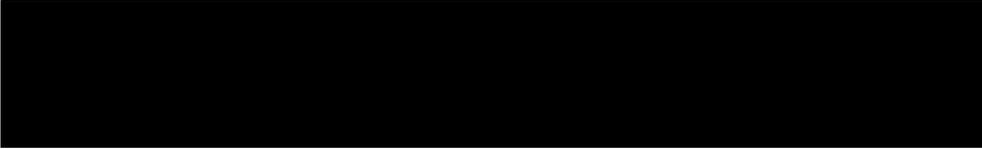
- Email: emeds-support@miemss.org
- Office: [\(410\) 706-3669](tel:(410)706-3669) (if no answer, please leave message)
- *Note: Please be sure to include your full name and your MIEMSS issued ID number printed on your clinician card.*

ImageTrend™ Support

- Email: support@imagetrend.com
- Toll-Free: [\(888\) 730-3255](tel:(888)730-3255)
- Website: <https://www.imagetrend.com/support/>

FAQs





Training Documents

Title
Adding Vehicles to eMEDS 03/21/2023
Documentation of Pilot Protocol Low Titer O+ Whole Blood (LTO+WB) - 05/06/2024
Stroke Type Documentation - 09/20/2023
Transfer of Care Validation - 06/12/2024
Vector Change and DSED Documentation 06/25/2024

Resource Documents

Various downloads and/or documents of information useful for eMEDS.

Title
Data Elements: Destination/Facility Codes [eDisposition.01-07]
Dataset Manager & Run Form Elements

eMEDS Archive



Resources

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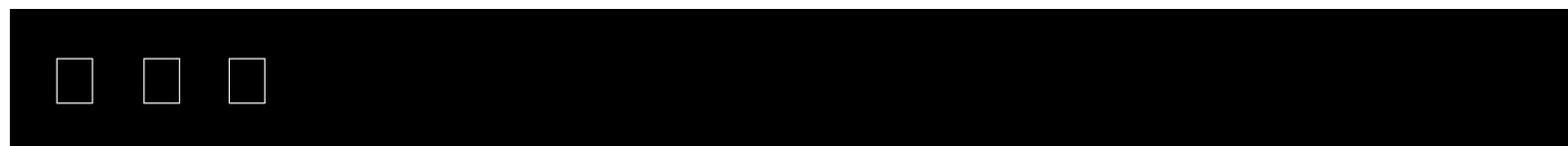
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findings on stroke care. In FY 2023, the Stroke Quality Improvement Committee (Stroke QIC), consisting of Maryland 14 hospitals' stroke program coordinators and stroke program medical directors, focused on ongoing initiatives for improving stroke care in Maryland. Following the promulgated and enacted revision and updates to the COMAR regulations for Primary Stroke Center (PSC) and Comprehensive Stroke Center (CSC) in FY 2022, two additional stroke center designations were promulgated and enacted for the improvement of the regional system of care approach. The two types of center designations are the Acute Stroke Ready Hospital Center (ASRHC) and the Thrombectomy-Capable Primary Stroke Center (TCPSC). All stroke centers maintain their designations for up to five years. In FY 2023, two PSCs achieved an initial designation as a TCPSC, and six PSCs designations were renewed. Currently, Maryland has designated 32 Primary Stroke Centers, three Comprehensive Stroke Centers, and four Thrombectomy-Capable Primary Stroke Centers.

Kenny Barajas, DNP, CEN
Chief, Office of Care Integration
410-706-3930
kbarajas@miemss.org

Primary Stroke Centers

[COMAR 30.08.11](#) Designated Primary Stroke Center Standards

[Anne Arundel Medical Center](#)

[Atlantic General Hospital](#)

[Baltimore Washington Medical Center \(UM\)](#)

[CalvertHealth Medical Center](#)

[Capital Region Medical Center \(UMCRH\)](#)

[Carroll Hospital \(LifeBridge\)](#)

[Charles Regional Medical Center \(UM\) \[map\]](#)

[Doctor's Community Hospital](#)

Easton (UMSRH)

[Frederick Health Hospital](#)

Good Samaritan Hospital (MedStar)

Greater Baltimore Medical Center

Harbor Hospital (MedStar)

[Harford Memorial Hospital \(UMUCH\)](#)

Holy Cross Germantown

Holy Cross Hospital

[Howard County General Hospital \(JHU\)](#)

Mercy Hospital Center

[Meritus Medical Center](#)

Midtown Campus (UM)

Montgomery Medical Center (MedStar)

[Northwest Hospital \(LifeBridge\)](#)

[Peninsula Regional \(TidalHealth\)](#)

Southern Maryland Hospital (MedStar)

St. Agnes Hospital (Ascension)

St. Joseph Medical Center (UM)

St. Mary's Hospital (MedStar)

Suburban Hospital (JHM)

Union Hospital (ChristianaCare)

Union Memorial Hospital (MedStar)

[Upper Chesapeake Medical Center \(UMUCH\)](#)

[Western Maryland \(UPMC\)](#)

[White Oak Medical Center \(Adventist\)](#)

Thrombectomy-Capable Primary Stroke Center

[COMAR 30.08.19](#) Designated Thrombectomy-Capable Primary Stroke Center Standards

Johns Hopkins Bayview Medical Center (JHM)

Shady Grove Adventist Hospital

[Sinai Hospital](#)

Suburban Hospital

Comprehensive Stroke Centers

[COMAR 30.08.17](#) Comprehensive Stroke Center Standards

[MedStar Franklin Square Hospital](#)

Johns Hopkins Hospital (JHM)

University of Maryland Medical Center

Acute Stroke Ready

[COMAR 30.08.18](#) Designated Acute Stroke ready Center

[UM Upper Chesapeake Medical Center Aberdeen](#)

Timetable of Designations

Hospital	Year of Designation
Adventist Shady Grove Medical Center	2022
Doctor's Community Hospital	2021
Johns Hopkins Bayview Medical Center	2021
Johns Hopkins Hospital	2023
Johns Hopkins Suburban Hospital	2022

LifeBridge Northwest Hospital	2019
LifeBridge Sinai Hospital of Baltimore	2022
MedStar Franklin Square Medical Center	2023
MedStar Good Samaritan Hospital	2022
MedStar Harbor Hospital	2022
MedStar Montgomery Medical Center	2022
MedStar Southern Maryland Hospital	2022
MedStar St. Mary's Hospital	2022
MedStar Union Memorial Hospital	2022
Mercy Medical Center	2022
Meritus Medical Center	2022
TidalHealth Peninsula Regional	2022
Univ of MD Aberdeen/Harford Hospital	2024
Univ of MD Baltimore Washington Medical Center	2022
Univ of MD Capital Region	2021
Univ of MD Charles Regional Medical Center	2023
Univ of MD Medical Center	2019
Univ of MD Midtown Campus	2023
Univ of MD Saint Joseph's Medical Center	2022
Univ of MD Shore Medical Center at Easton	2022
Univ of MD Upper Chesapeake Medical Center	2022
UPMC Western Maryland	2022



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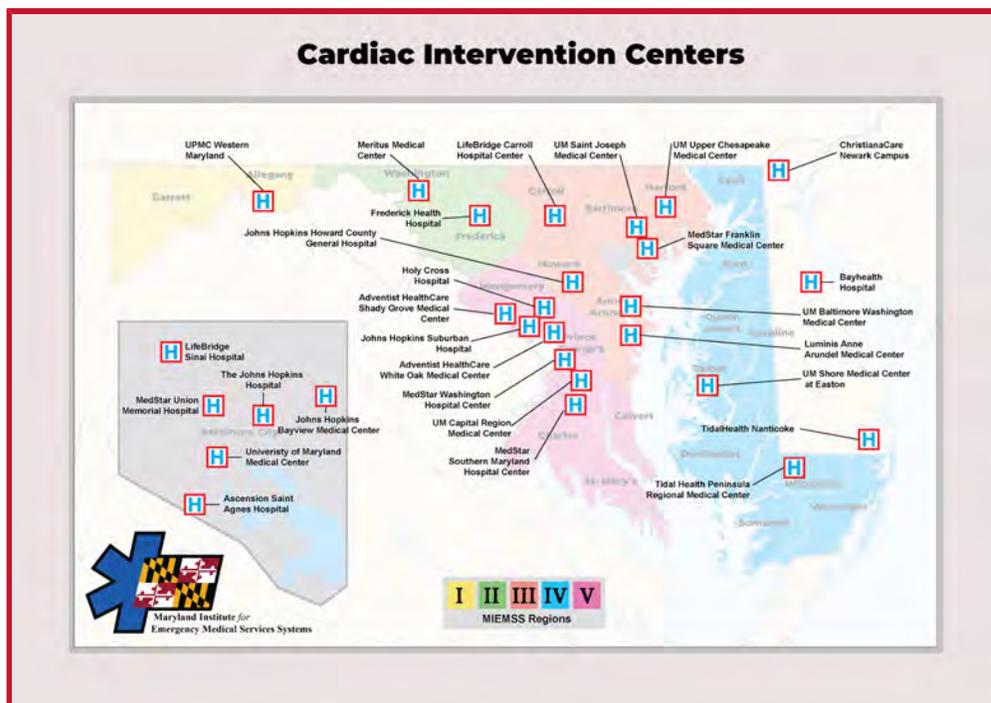
Designated Cardiac Centers

Maryland ST-Elevation Myocardial Infarction (STEMI) System Hospitals that comply with state standards for receiving patients experiencing the most common type of heart attack, STEMI, are designated as Cardiac Intervention Centers (CIC). MIEMSS has designated 28 hospitals in Maryland and four out-of-state hospitals that serve Maryland patients as CICs.

Katie Hall
Director, Cardiac Intervention Centers
410-706-4740 | khall@miemss.org

Designated Cardiac Interventional Center Hospitals

Maryland EMS Region I (*Allegany and Garrett Counties*)



Western Maryland (UPMC)

Maryland EMS Region II (*Washington and Frederick Counties*)

Meritus Medical Center

Frederick Health Hospital

Maryland EMS Region III

(Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard Counties)

Anne Arundel Medical Center

Baltimore Washington Medical Center

Carroll Hospital Center

Franklin Square Hospital Center (MedStar)

[Howard County General Hospital \(JHM\)](#)

The Johns Hopkins Bayview Medical Center

The Johns Hopkins Hospital

[Sinai Hospital \(LifeBridge\)](#)

[St. Agnes Hospital \(Ascension\)](#)

[St. Joseph Medical Center](#)

Union Memorial Hospital

University of Maryland Medical Center

Upper Chesapeake Medical Center

Maryland EMS Region IV

(Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties)

[Peninsula Regional \(TidalHealth\)](#)

University of Maryland Shore Medical Center Easton

Maryland EMS Region V

(Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties)

[Capital Region Medical Center \(UMCRH\)](#)

Holy Cross Hospital

Shady Grove Adventist Hospital

Southern Maryland Hospital Center

Suburban Hospital

[White Oak Medical Center \(Adventist\)](#)

Out-of State recognized Cardiac Interventional Center
Hospitals

Washington Hospital Center, Washington, D.C.

Christiana Hospital, Newark, DE

Bayhealth-Kent General Hospital, Dover, DE

Nanticoke Memorial Hospital, Seaford, DE

Timetable of Designations

Hospital	Year of Designation
Univ of MD Shore Medical Center at Easton	2023
Adventist Shady Grove Medical Center	2019
Adventist White Oak Medical Center	2019
Anne Arundel Medical Center	2019
Ascension Saint Agnes Hospital	2019
Frederick Health Hospital	2019
Holy Cross Hospital Silver Spring	2019
Johns Hopkins Bayview Medical Center	2019
Johns Hopkins Hospital	2019
Johns Hopkins Howard County General	2019
Johns Hopkins Suburban Hospital	2019
LifeBridge Carroll Hospital	2019
LifeBridge Sinai Hospital of Baltimore	2019
MedStar Franklin Square Medical Center	2019
MedStar Southern Maryland Hospital	2019
MedStar Union Memorial Hospital	2019
Meritus Medical Center	2019
TidalHealth Peninsula Regional	2019
Univ of MD Baltimore Washington Medical Center	2019
Univ of MD Capital Region	2019
Univ of MD Medical Center	2019

Univ of MD Saint Joseph's Medical Center	2019
Univ of MD Upper Chesapeake Medical Center	2019
UPMC Western Maryland	2019

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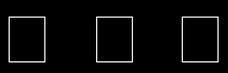
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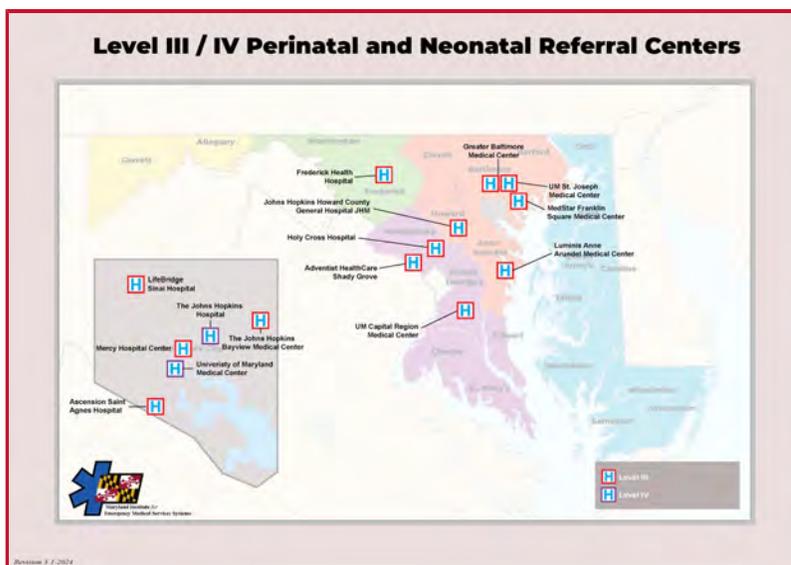
Perinatal and Neonatal Referral Centers

The Maryland perinatal and neonatal systems are modeled after American College of Obstetrics and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) standards of care. These standards range from Level I (basic perinatal and neonatal care) to Level IV (high-risk perinatal and neonatal care). MIEMSS is responsible for oversight of the Level III and IV Maryland perinatal and neonatal referral centers, which include 15 hospitals offering obstetric services. Of these 15 hospitals, 13 are Level III perinatal and neonatal centers, and two are Level IV centers.

Abby Butler
 Director, Perinatal and Neonatal Referral Centers
 443-531-3311 (cell) | abutler@miemss.org

Perinatal Level	Hospital	Year of Designation
III	Anne Arundel Medical Center	2021
III	Frederick Health Hospital	2022
III	Greater Baltimore Medical Center	2022
III	Holy Cross Hospital	2022
III	Johns Hopkins Bayview Medical Center	2022
IV	Johns Hopkins Hospital	2020
III	Johns Hopkins Howard County General	2022
III	MedStar Franklin Square Medical Center	2021
III	Mercy Medical Center	2021
III	Saint Agnes Hospital (Ascension)	2022
III	Shady Grove Medical Center (Adventist)	2022
III	Sinai Hospital of Baltimore (LifeBridge Health)	2022
III	Univ of MD Capital Region	2023
IV	Univ of MD Medical Center	2020
III	Univ of MD Saint Joseph's Medical Center	2022

In 1997,
MIEMSS



incorporated the Level III, Level III+ and Level IV Perinatal Standards from the Maryland Perinatal System Standards from the Maryland Department of Health (MDH) in to regulations for the purpose of maternal-neonatal transports. MIEMSS began the designation process for the Level IV Perinatal Centers. Hospital designation site visits for Level IV centers were on December 14-15, 2000. Site visits for all centers were completed in 2003.

We have a review team that is comprised of MIEMSS staff, two members of the MDH staff and out of state specialty care physicians. As members of the review team, we familiarize ourselves with each hospital's application and the designation standards, inspect the hospital's physical plant, interview the team members and management personal and examine the perinatal documents which will include patient care records and protocol manuals. Perinatal Referral Centers are designated as Level III.

We have adopted the MDH Perinatal System Standards as the standards that we use as a part of COMAR. Current regulations are available on the [Division of State Documents webpage](#).

[COMAR Title 30 Subtitle 08](#) refers to the regulations that apply to the designation of specialty referral centers. Chapter 12 regulations are specific to the perinatal and neonatal centers.

30.08.12 D Perinatal and Neonatal Referral Center Standards
[Pages - COMAR Search \(maryland.gov\)](#)

Each perinatal center must comply with the perinatal system standards. Determining that a center is in compliance with the appropriate standards is part of the verification process. The designation can be either provisional or full. A full designation is for a period not to exceed 5 years.

MIEMSS has enforcement powers and may take appropriate disciplinary action if an investigation determines that a specialty referral center has violated the regulations. Disciplinary action could include requiring corrective action, placing a referral center on probation, lowering a center's level of designation, or suspending or revoking the designation.

For more information about Perinatal Programs at MIEMSS, please call the Office of Perinatal Programs at [\(443\) 531-3311](#).

Resources

[American Academy of Pediatrics † Standards for Levels of Neonatal Care II, III, and IV](#)

[Perinatal Clinical Advisory Committee † The Maryland Perinatal System Standards](#)

[American College of Obstetricians and Gynecologists † Levels of Maternal Care](#)

[ED Overload Plan \(PDF Version\)](#)

[2021 Interhospital Transfer Manual](#)

[Public Orders Report](#)

Related Links

[Specialty Referral Centers](#)

[COMAR](#)

Perinatal Referral Centers

[Anne Arundel Medical Center](#)

[Franklin Square Hospital Center \(MedStar\)](#)

[Frederick Health Hospital](#)

[Greater Baltimore Medical Center](#)

[Holy Cross Hospital \(Trinity Health\)](#)

[Howard County General Hospital \(JHM\)](#)

[Johns Hopkins Bayview Medical Center \(JHM\)](#)

[Johns Hopkins Hospital \(JHM\)](#)

[Mercy Medical Center](#)

[St. Agnes Hospital \(Ascension\)](#)

[St. Joseph Medical Center \(UM\)](#)

[Shady Grove Medical Center \(Adventist\)](#)

Sinai Hospital (LifeBridge Health)

University of Maryland Medical System

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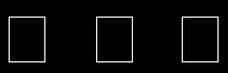
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Perinatal and
Neonatal Referral
Centers

Trauma and Specialty Referral Centers

Freestanding
Emergency
Medical Facilities

EMS Transfer of
Care Times

Stroke Smart State
Resources

Trauma & Specialty Referral Centers

Specialty referral centers within the Maryland EMS System

The State EMS Board is the entity responsible for the evaluation and regulation of all emergency medical services and the designation and verification of hospitals to be recognized as Perinatal and Neonatal Specialty Referral Centers. Specialty referral centers can receive interfacility transports.

MIEMSS, with the approval of the EMS Board, designates and verifies hospitals as specialty referral centers. Each

hospital's compliance with the specialty care standards and evaluate their appropriateness and capability to provide specialty care services according to the designation standards by reviewing an application that is submitted to MIEMSS and then conducting an on-site review. MIEMSS will reverify each specialty referral center within 5 years.

Maryland Adult Trauma Centers



COMAR Regulations for Trauma and Specialty Referral Centers

Elizabeth Wooster, PhD
Director, Trauma & Injury Specialty Care Program
443-467-7361 | ewooster@miemss.org

[COMAR 30.08](#) Ð Designation of Trauma and Specialty Referral Centers

[COMAR 30.08.05](#) Ð Trauma Center Designation Center designation and Verification Standards

[COMAR 30.08.06](#) Ð Adult and Pediatric Burn Center Standards

[COMAR 30.08.07](#) Ð Specialty Referral Center Designation Standards

[COMAR 30.08.08](#) Ð Pediatric Trauma Center Standards

[COMAR 30.08.09](#) Ð Eye Trauma Center Standards

[COMAR 30.08.10](#) Ð Neurotrauma Center Standard

[COMAR 30.08.14](#) Ð Hand and Upper Extremity Trauma Center Standards

Burns Adult

[Johns Hopkins Burn Center/The Johns Hopkins Bayview Medical Center, Baltimore City](#)

[Burn Center/Washington Hospital Center, Washington, DC](#)

Burns Pediatric

[Johns Hopkins Children's Center, Baltimore City](#)

[Children's National Medical Center, Washington, DC](#)

Eye Trauma

[Wilmer Eye Institute's Emergency Service/The Johns Hopkins Hospital, Baltimore City](#)

Neurotrauma (Head and Spinal Cord Injuries)

[Neurotrauma Center/R Adams Cowley Shock Trauma Center/University of Maryland Medical System, Baltimore City](#)

Pediatric Trauma

[Pediatric Trauma Center/The Johns Hopkins Children's Center, Baltimore City](#)

[Pediatric Trauma Center/Children's National Medical Center, Washington, DC](#)

Poison Consultation Center

[Maryland Poison Center/University of Maryland School of Pharmacy, Baltimore City](#)

Hyperbaric Medicine

[Hyperbaric Medicine Center / R Adams Cowley Shock Trauma Center / University of Maryland Medical System, Baltimore City](#)

Hand / Upper Extremity Trauma

[MedStar Union Memorial Curtis National Hand Center, Baltimore City](#)

Additional Resources

[Interhospital Transfer Manual \(Updated December 2021\)](#)

Trauma & Specialty Centers Designations

Hospital	Trauma or Specialty Designation	Year of Designation
Children's National Medical Center, Wash. DC	Pediatric Burn (ADA)	2023
Johns Hopkins Bayview Medical Center	Level II AdultTrauma	2023
Johns Hopkins Bayview	Adult Burn	2023

Medical Center		
The Johns Hopkins Hospital	Level I Adult Trauma	2023
Suburban Hospital Johns Hopkins Medical	Level II AdultTrauma	2023
LifeBridge Sinai Hospital of Baltimore	Level II AdultTrauma	2023
MedStar Union Memorial Hospital	Hand/Upper Extermity	2023
Meritus Medical Center	Level III Adult Trauma	2023
TidalHealth Peninsula Regional	Level III Adult Trauma	2023
Univ of MD Capital Regional Medical Center	Level II AdultTrauma	2023
R. Adams Cowley Shock Trauma Center	PARC	2023
R. Adams Cowley Shock Trauma Center	Neurotrauma	2023
UPMC Western Maryland	Level III Adult Trauma	2023
The Johns Hopkins Hospital	Pediatric Burn (ADA)	2020
The Johns Hopkins Hospital	Pediatric Trauma	2020
Childern's National Medical Center, Wash. DC	Pediatric Trauma (ACS)	2021
Johns Hopkins Hospital Wilmer Eye Center	Eye	2021

Christiana Care Hospital	Level I Adult Trauma	2021
--------------------------	----------------------	------

Trauma Center Categorization

Differences in Standards Based on Physician Availability and Dedicated Resources	PARC	Level I	Level II	Level III
Attending surgeon who is fellowship-trained and is in the hospital at all times	X			
Dedicated facilities (Resuscitation Unit, Operating Room, and Intensive Care Unit) 24 hours	X			
Facilities (Resuscitation Unit, Operating Room, and Intensive Care Unit) available at all times	X	X	X	X
Trauma Surgeon available in the hospital at all times		X	X	
On-call Trauma Surgeon available within 30 minutes of call				X
Anesthesiologist in the hospital at all times and dedicated to trauma care	X			
Anesthesiologist in the hospital at all times but shared with other services		X	X	
On-call Anesthesiologist with CRNA who is in the hospital				X
Orthopedic Surgeon in the hospital at all times and dedicated to trauma care	X			
Orthopedic Surgeon in the hospital at all times but shared with other services		X		
On-call Orthopedic Surgeon available within 30 minutes of call			X	X
Neurosurgeon in the hospital at all times and dedicated to trauma care	X			
Neurosurgeon in the hospital at all times but shared with other services		X		
On-call Neurosurgeon available within 30 minutes			X	X

of call				
Fellowship-trained/board certified surgical director of the Intensive Care Unit	X	X		
Physician with privileges in critical care on duty and the Intensive Care Unit 24 hours a day	X	X	X	
Comprehensive Trauma Research Program	X	X		
Education - Fellowship Training in Trauma	X			
Surgical Residency Program	X	X		
Outreach Professional Education	X	X	X	

Trauma Center Categorization

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Freestanding Emergency Medical Facilities

A



freestanding emergency department (FSED) is a licensed facility that is structurally separate and distinct from a hospital and provides emergency care. There are two distinct types of FSEDs: a hospital outpatient department (HOPD), also referred to as an off-site hospital-based or satellite emergency department (ED), and independent freestanding emergency centers (IFECs).

30.08.15 Ð Freestanding Emergency Medical Facilities

[Pages - COMAR Search \(maryland.gov\)](#)

Hospital	Year of Designation
UM Bowie Health Center	2023
Adventist HealthCare Germantown	2021
UM Shore Emergency Center at Queenstown	2020
UM Laurel Medical Center	2019
TidalHealth McCready Pavilion	2020
UM Shore Medical Center at Cambridge	2021

UM Upper Chesapeake Health at
Aberdeen

2024

(UM Upper Chesapeake at Aberdeen)

Kenny Barajas

Chief, Office of Care Integration /

Designated Stroke Centers

410-706-3930 | kbarajas@miemss.org

(UM Shore Medical Center at Cambridge / McCreedy)

Katie Hall

Director, Cardiac Intervention Centers

410-706-4740 | khall@miemss.org

(Adventist HealthCare Germantown Emergency Center/ UM Shore Emergency
Center Queenstown)

Elizabeth Wooster

Director, Trauma & Injury Specialty Care Program

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(UM Bowie Health Center/ UM Laurel Medical Center)

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30.08.15 Ð Freestanding Emergency Medical Facilities

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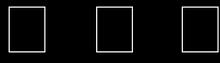
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EMRC/SYSCOM

The MIEMSS Statewide Communications System is a complex network that provides communications among ambulances, medevac helicopters,



dispatch centers, hospital emergency departments, trauma centers, specialty referral centers, and law enforcement.

MIEMSS's highly integrated Communications System has been cited as a model for the nation. The Communications System, which operates 24 / 7 / 365, includes:

EMRC Communications (Emergency Medical Resource Center) ð The EMRC medical channel radio communications system links EMS clinicians in the field with hospital-based medical consultation. The EMRC operator receives calls from EMS clinicians in the field, directs the clinicians to the appropriate med-channel, and establishes a patch to the appropriate medical facility. Consultation facilities and multiple hospitals can be patched into a single consultation. The EMRC plays a critical role that aids in ensuring a coordinated response to major incidents and catastrophic events. The EMRC can also be accessed by local and 800-service dial telephone. During FY07, EMRC handled 319,057 phone / radio calls.

SYSCOM Helicopter Communications ð By statute, MIEMSS is responsible for medevac helicopter communications. All medevac helicopters transporting patients to / from medical facilities within Maryland are required to communicate with SYSCOM. Ten (10) VHF 44.74 MHz helicopter communication sites are located across the 95% of the state to ensure reliable radio coverage. A Maryland State Police (MSP) Duty Officer is stationed in SYSCOM to dispatch MSP helicopters. During FY07, SYSCOM handled 53,822 phone / radio calls, of which 6,186 were requests for medevac helicopters.

For further information, please visit [Communications Engineering Services](#).

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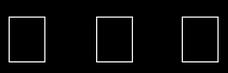
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Regional Coordination

Regional Coordination supports the five MIEMSS Regions through five distinct offices across the state. Each office is staffed with at least one Regional Coordinator and administrative support. As advocates for their regions, each Regional Coordinator monitors and supports the operations of the EMS system.

While the general functions of each regional office are similar, the specific duties of each Regional Coordinator vary to meet the demographic and geographic needs of their region.

During large-scale incidents, Regional Coordinators collaborate with local jurisdictions and responders to coordinate health and medical resources. Often, the Regional Coordinator serves as the primary administrative representative at the scene.

[Base Station Program Information](#)

Region I & Region II Office

(Region I - Allegany and Garrett Counties)

(Region II - Washington and Frederick Counties)

Wayne Tiemersma

Region I & II Coordinator

Email: wtiemersma@miemss.org

Alex Kelly

Associate Region I & II Coordinator

Email: akelly@miemss.org

Phone: (443) 562-1364

Secretary: Diane Wood

16 Broadway

P.O.Box 113

Frostburg, MD 21532

Phone: (301) 895-5934

Fax: (301) 895-3618

Region III Office

(Baltimore City & Anne Arundel, Baltimore, Carroll, Harford
and Howard Counties)

Luis Pinet Peralta, PhD

Region III Coordinator

Email: lpinetperalta@miemss.org

Mustafa Sidik

Associate Region III Coordinator

Email: msidik@miemss.org

Secretary: Charles Dorsey

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Baltimore, MD 21201-1536
Phone: (410) 706-3996
Fax: (410) 706-8530

Region IV Office

(Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset,
Talbot, Wicomico and Worcester Counties)

Bryan Ebling
Region IV Coordinator
Email: bebling@miemss.org

Michael Parsons
Associate Region IV Coordinator
Email: mparsons@miemss.org

Administrative: Dawn Rose

301 Bay Street Plaza, Suite 306
Easton, MD 21601
Phone: (410) 822-1799
Fax: (410) 822-0861

Region V Office

(Calvert, Charles, Montgomery, Prince George's and St.
Mary's Counties)

Andy Robertson
Region V Coordinator

Email: arobertson@miemss.org

Office: (301) 850-6530

Michael Cooney

Associate Region V Coordinator

Email: mcooney@miemss.org

Office: (301) 850-6529

5111 Berwyn Road

College Park, MD 20740

Regional Documents

Region I & II Documents

[Region I Alert Status System](#)

[Region II Alert Status System](#)

Region III Documents

[Region III Bylaws - August 31, 2022](#)

[Region III Alert Policy - May 2023](#)

Region V Documents

[Region V Diversion Policy](#)

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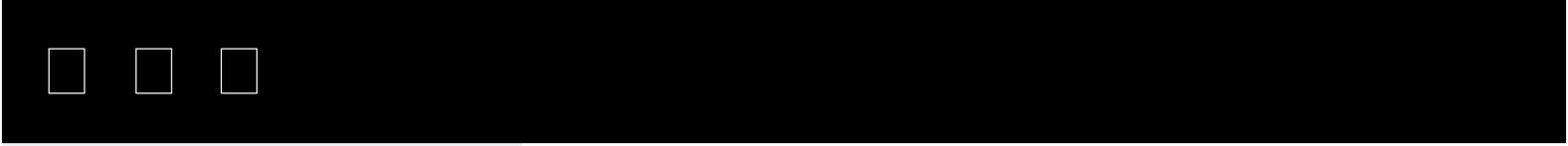
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CARES Training

Clinical Alerts

Critical Incident
Stress Program
(CISM)

MHFA - Mental
Health First Aid

Whole Blood

Compliance

Critical Incident Stress Management (CISM) Team

The MIEMSS State Critical Incident Stress Management (CISM) team assists EMS, Fire, Law Enforcement, Dispatch Centers, and other responders in mitigating and responding to the normal emotional and psychological effects experienced following



stressful responses and critical incidents. This is accomplished through education and training in advance of events and in individual and group discussions following critical incidents. The team is made up of volunteer peer support and licensed mental health personnel who have been trained to assist responders in dealing with normal reactions to abnormal events. Communications with the team are voluntary and confidential. Requests for the team are made by calling EMRC/SYSCOM.

Requests for the team are forwarded to the MIEMSS CISM Team Coordinator who then works with the appropriate Regional CISM Coordinator to respond to the request. The team is organized by MIEMSS EMS Region with a regional coordinator and local team members in each region. The MIEMSS CISM team covers much of Maryland, however many larger Fire, EMS, and Law Enforcement departments have their own local CISM teams. If you are covered by a local team, you should consult your team for information on how to request assistance. If you need assistance and are unsure how to access a team, contact EMRC/SYSCOM and the MIEMSS CISM Team Coordinator will connect you with the appropriate team.

To request a CISM response, call EMRC/SYSCOM at 1-800-648-3001.

For questions - contact the MIEMSS Team Coordinator via email at CISM@miemss.org.

[Maryland Critical Incident Stress Management Poster / Download QR code version](#)

[CISM Crisis Reaction \(PDF document\)](#)

Resources

[EMS Documents & Forms](#)

[Clinician Login Assistance](#)

[eMEDS Resource Page](#)

[Quality Management Toolbox](#)

[EMS Statistics](#)

A photograph of two individuals, a man and a woman, standing in front of a Maryland state flag. The man is on the left, wearing a dark suit and a red tie. The woman is on the right, wearing a red jacket. They are both smiling.

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The Voluntary Ambulance Inspection Program

The Voluntary Ambulance Inspection Program (VAIP) aims to formally recognize and prominently display to the public those emergency response vehicles that meet a standard of excellence defined by Maryland's inspection guidelines.

Compliance with the VAIP satisfies the requirements for Medical Director's review of ambulance equipment under COMAR, [Title 30.03.03.03C\(1\)](#), which provides:

- C. *Duties of an EMS Operational Program Medical Director*
 - (1) *The EMS operational program medical director shall...*
 - (b) *Approve, participate in, and provide medical expertise for the EMS operational program in:*
 - (v) *Timely review and approval of medical equipment used by the EMS operational program to implement the Maryland Medical Protocols for Emergency Medical Services Clinicians, and*
 - (vi) *All aspects of the EMS operational program which impact patient care, including planning, development, and operations*

"The Voluntary Ambulance Inspection Program (VAIP) sets the standard for equipment on Maryland ambulances and EMS chase vehicles. The Regional Medical Directors have reviewed

this latest version of the document, which reflects the recommendations of the VAIP workgroup."

[Read the full letter](#)

Application

Title	Description
VAIP Application	Please complete this form and upload all attachments before submitting.

2024Ð2025 Equipment Checklists

Title	Description
BLS First Responder Unit Equipment List	VAIP BLS First Responder Unit Equipment List July 1, 2024 Ð June 30, 2025
BLS Ambulance Equipment List	VAIP BLS Ambulance Equipment List July 1, 2024 Ð June 30, 2025
ALS Chase Unit Equipment List	VAIP ALS Chase Unit Equipment List July 1, 2024 Ð June 30, 2025
ALS Ambulance Equipment List	VAIP ALS Equipment List July 1, 2024 Ð June 30, 2025

2023Ð2024 Equipment Checklists

Title	Description
-------	-------------

BLS First Responder Unit Equipment List	VAIP BLS First Responder Unit Equipment List July 1, 2023 ÷ June 30, 2024
BLS Ambulance Equipment List	VAIP BLS Ambulance Equipment List July 1, 2023 ÷ June 30, 2024
ALS Chase Unit Equipment List	VAIP ALS Chase Unit Equipment List July 1, 2023 ÷ June 30, 2024
ALS Ambulance Equipment List	VAIP ALS Equipment List July 1, 2023 ÷ June 30, 2024

Maryland VAIP Resources

These printable Fact Sheets are provided to assist in preparing for an inspection.

1. [Maryland Triage Tag Kit](#)
2. [Cot with mattress, four wheels and adjustable head position. Three safety straps with integrated shoulder harness](#)
3. [Maryland Medical Protocols for Emergency Medical Services Clinicians](#)
4. [Extrication Equipment \(Toolbox\)](#)
5. [Non-Coring Right Angle Needle](#)
6. [Lavage Syringe](#)

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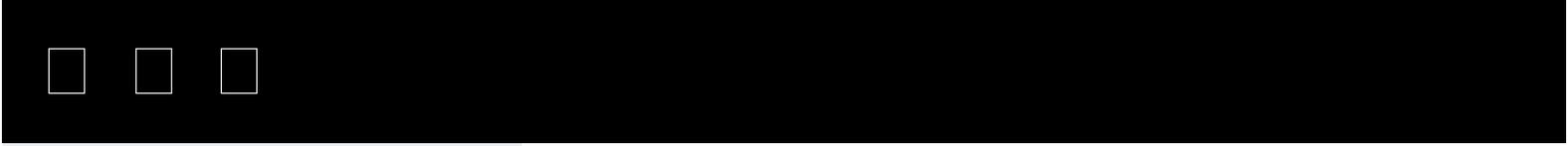
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Blood On Board Ñ Maryland State Police Whole Blood Program

Frequently Asked Questions

1. WHAT PATIENTS ARE CANDIDATES TO RECEIVE WHOLE BLOOD?

The Maryland Medical Protocol for Low Titer O+ Whole Blood (LTO+WB) Transfusion can be found here: [Maryland State Whole Blood Transfusion Protocol](#)

2. WHAT IS LOW TITER O+ WHOLE BLOOD (LTO+WB)?

LTO+WB is an FDA licensed and AABB approved blood product for emergency release in life-threatening situations where blood is needed immediately and the patient's blood type is unknown. It is the initial blood product of choice for massive hemorrhage used in the R Adams Cowley Shock Trauma Center as well as more than 100 other trauma centers in the U.S.

3. HOW IS IT MADE?

Blood is collected from volunteer donors, screened for disease, and verified to have non-significant levels (low titers) of antibodies against Type A or B blood. White Blood Cells are filtered out, but the blood is otherwise left whole with plasma and platelets to promote clotting and red blood cells to carry oxygen.

4. WHY IS O+ BLOOD USED AND NOT O-?

There is not enough supply of O- blood. Only 7% of the U.S. population has O- blood type, compared to 37% who are O+.

5. IS IT SAFE TO GIVE RH+ BLOOD TO PATIENTS WHO ARE RH-?

Most agree that the risk of imminent death shifts the

risk/benefit consideration strongly in favor of RH- patients receiving RH+ blood. The risk of complications is considered to be very low.

McCoy CC, Montgomery K, Cotton ME, Meyer DE, et al. Can RH+ whole blood be safely used as an alternative to RH- product? An analysis of efforts to improve the sustainability of a hospital's low titer group O whole blood program. J Trauma Acute Care Surg. 2021;91(4):627-633.

6. WHAT ABOUT WOMEN OF CHILDBEARING AGE WHO ARE RH-?

Again, the risk of imminent death of the patient favors administration of LTO+WB. The risk of a possible significant impairment of a fetus in a future pregnancy is estimated by some to be 0.4%.

Yazer MH, Delaney M, Doughty H, et al. It is time to reconsider the risks of transfusing RhD negative females of childbearing potential with RhD positive red blood cells in bleeding emergencies. Transfusion, 2019; 59:3794-3799.

7. IS WHOLE BLOOD SAFE FOR CHILDREN?

Perea LL, Moore K, Hazelton JP. Whole blood resuscitation is safe in pediatric trauma patients: A multicenter study. *The American Surgeon*. February 13, 2023. [Epub ahead of print]. <https://doi.org/10.1177/00031348231157864>

Morgan KM, Yazer MH, Triulzi DJ, Strotmeyer S, Gaines BA, Leeper CM. Safety profile of low-titer group O whole blood in pediatric

8. DOES THIS INTERFERE WITH THE ADMINISTRATION OF OTHER BLOOD PRODUCTS OR MEDICATION?

No.

9. CAN A PATIENT RECEIVE COMPONENT THERAPY AFTER RECEIVING O+ WHOLE BLOOD?

Yes.

For further information:

Douglas J. Floccare, MD, MPH, FACEP
Maryland State Air Medical Director, MIEMSS
Medical Director, Maryland State Police Aviation
Command
Emergency Physician, University of Maryland
Department of Emergency Medicine

Floccare@miemss.org

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SYSCOM Helicopter Dispatch: (410) 706-7814

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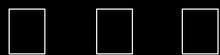
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Maryland Institute for
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EMS Operations

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Commercial
Ambulance
Licensing &
Regulation

EMRC / SYSCOM

Regional
Coordination

Voluntary
Ambulance
Inspection Program

National Resources

Grants

Commercial Ambulance Licensing & Regulations

Quick Navigation

- [Regulations](#)
- [Service Applications](#)
- [Equipment Checklists](#)

- [Personnel Forms](#)
- [Fees](#)
- [Vehicle Applications/Forms](#)

1 [Commercial Ambulance Services Dashboard](#)

For further information on Commercial Ambulance Services, please see [Frequently Asked Questions](#) or contact MIEMSS State Office of Commercial Ambulance Licensing & Regulation; phone: [410-706-8511](tel:410-706-8511) or via email: socalr@miemss.org.

** Commercial Ambulance Services are required to comply with all applicable local, State, and federal laws and regulations. The following web links are provided to assist you with the licensure process. Please note: the following resources are intended to serve as a reference and do not*

represent all licensure requirements.

COMMERCIAL AMBULANCE REGULATIONS

- [COMAR Title 30](#)
- [29 CFR 1910.1030 Infection Control - Bloodborne Pathogens](#)
- [29 CFR 1910.1200 Hazard Communication - Employee Right to Know](#)
- [21 CFR 803.10 MDR - Medical Device Reporting](#)
- [29 CFR 1910.134 Respiratory Protection Plan - Particulate Respirators](#)
- [DHHS Clinical Laboratory Improvement Amendments \(CLIA\) Application for Certification - Glucometer Testing](#)
- [OHCQ Laboratory Licensing: Maryland State Compliance Application - Glucometer Testing](#)
- [OHCQ Laboratory Licensing Change Form](#)
- [COMAR 30.03.04.02 Quality Assurance Plan - Template](#)
- [List of Licensed Commercial Services \(Updated May 2024\)](#)
- [Commercial Ground Ambulance Monthly Data Submission](#)
- [Out of State Exempt Services Monthly Data Submission](#)
- [Commercial Air Ambulance Monthly Data Submission](#)

COMMERCIAL AMBULANCE APPLICATIONS & FORMS

Service Applications

Title	Description
Commercial Ground	

Service Licensing Application	Application for new commercial ground ambulance service.
Neonatal Service Application	Application for a commercial ambulance service to become Neonatal licensed.
Optional/Pilot Program Application	Application for the participation in the Optional/Pilot Program. (Updated 1/2022)
Specialty Care Transport Application	Application for a commercial ambulance service to become Specialty Care licensed.

Equipment Checklists

Title	Description
ALS Equipment List	MIEMSS/SOCALR ALS Equipment List (Effective July 1, 2023 to June 30, 2024)
BLS Equipment List	MIEMSS/SOCALR BLS Equipment List (Effective July 1, 2023 to June 30, 2024)
Neonatal Equipment List	MIEMSS/SOCALR NEO Equipment List (Effective July 1, 2023 to June 30, 2024)
Specialty Care Transport Equipment List	MIEMSS/SOCALR SCT Equipment List (Effective July 1, 2023 to June 30, 2024)

Personnel Forms

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Title	Description
5 & 35 Day Report (MS Word)	<ul style="list-style-type: none"> ■ Medical Case Review ■ Patient Care Quality Assurance Incident Report (PCQA-IR) ■ 5-Day and 35-Day incident report.
5 & 35 Day Report (PDF)	<ul style="list-style-type: none"> ■ Medical Case Review ■ Patient Care Quality Assurance Incident Report (PCQA-IR) ■ 5-Day and 35-Day incident report.
Commercial Officer Form	Form to list all of the Officers of a commercial ambulance service.
Medical Director Agreement Form	Medical Director agreement for a commercial ambulance service.
Medical Review Committee Membership Form	Form to submit Medical Review Committee Membership
Non EMS licensed driver entry form	Form to add Non EMS licensed driver to your approved SOCALR list
Quality Assurance Officer Designation Form	Form to designate a QA Officer.
SCT Coordinator Designation Form	Form to designate a service SCT Coordinator

Fees

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Title	Description
Fee Schedule	Schedule of fees (Effective July 1, 2023 to June 30, 2024)

Vehicle Applications/Forms

Title	Description
Add Vehicle Application	Application to add a vehicle to a commercial ambulance service's fleet.
Drop Vehicle Application	Application to remove a vehicle to a commercial ambulance service's fleet.
Temporary Downgrade Request Form	Form to request a temporary downgrade of a vehicle's license level.
Temporary Upgrade Request Form	Form to request a temporary upgrade of a vehicle's license level.
Transfer Vehicle Application	Application to transfer a vehicle's license to another vehicle in a service's fleet.
Upgrade/Downgrade Vehicle Application	Application to request a permanent upgrade or downgrade of a vehicle's license level.
Vehicle Collision & Personal Injury Report	Form to report a vehicle collision or personal injury.

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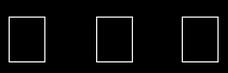
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Public Awareness & Prevention

Public Awareness
& Prevention

Maryland Order for
Life Sustaining
Treatment (MOLST)

Public Access
Automated External
Defibrillator

Stroke Smart

Drowsy Driving
Awareness

Bicycle Safety

Buckle Up Project

Child Passenger
Safety

Safe Kids Maryland

RISK WATCH
Maryland

Maryland Ambulance Safety

MIEMSS assembled leadership from the Fire and EMS community to establish an Ambulance Safety Taskforce. This group's mandate is to examine ambulance safety comprehensively, focusing on four key domains: human factors, operational factors, vehicle factors, and environmental factors.

- Information for Parents who want to ride along with their children
- Child restraints.

One of the goals of this project is to develop consensus guidelines that will include key recommendations for

improving ambulance safety across the State. The first step taken by the Task Force was to review the available data and literature and write the Ambulance Safety Report listed below. A Statewide Ambulance Safety Symposium was held on November of 2011 to present the report and begin a dialogue. The summit was funded by the state EMS for Children Partnership Grant (HRSA/MCHB/EMSC). The summit was held at MITAGS with participation from across the state of Maryland and guest speakers from Pennsylvania. Dr. Robert Bass provided an over view of the Task Force Report and then participants met in three groups to identify best practice recommendations and to share documents. The focus groups were: Driver Screening & Crash Investigation; Driver Education; Lights & Sirens.

A photograph of two individuals, a man and a woman, standing in front of a Maryland state flag. The man is on the left, wearing a dark suit and a red tie. The woman is on the right, wearing a red top. The background is a large, stylized Maryland state flag.

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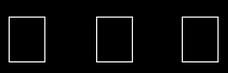
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RISK WATCH

Safe Kids

Emergency Medical Services for Children (EMSC)

About EMS for Children:

The Office of Emergency Medical Services for Children (EMSC) provides leadership, direction, and expertise in the coordination of resources that focus on the unique needs of children and their families, in a manner that facilitates the efficient and effective delivery of out-of-hospital, hospital, and restorative care statewide. These resources include injury and

illness prevention, clinical protocols, standards of care and facility regulation, quality improvement and data analysis initiatives, interagency collaboration, and initial and continuing education for professionals across the continuum of care that promotes the health and well-being of children, youth, and families in Maryland.

EMSC is responsible for coordinating state-level advisory committees, leading federal grant projects, and collaborating with numerous state and local agencies in work focused on childhood health promotion and emergency care for children and their families across Maryland.

EMSC coordinates the state Pediatric Emergency Medical Advisory Committee (PEMAC) and its subcommittees, as well as the State Pediatric Quality Improvement Committee (QIC) and the Pediatric Data Analysis and Research (DART) Team. PEMAC meets bimonthly. EMSC staff participate in the National Association of State EMS Officials (NASEMSO) for the Safe Transport of Children in Ambulances and lead a number of committees and organizations supporting the safety and care of children.

Pediatric Readiness

The Pediatric Readiness Emergency Department collaborative was initiated and held webinars for both nurse champions and physician champions. This collaborative includes Maryland ENA, Maryland AAP and Maryland ACEP members along with other interested professionals in advancing Pediatric Readiness in emergency departments across Maryland. Additional Pediatric Emergency Medical Advisory Committee (PEMAC) workgroups focus on injury prevention and pediatric disaster emergency medicine and

preparedness. The MIEMSSÖ Pediatric QIC and DART meet bimonthly and support the PEMAC Annual Research Forum each November. One function of the Pediatric QIC is to coordinate the Pediatric Base Station Course for MarylandÖs two designated Pediatric Base Stations, which provide statewide coverage for online and offline pediatric medical direction and community education. The course is currently being updated for an online platform and updated to include new protocols and the resources available through C4 for Pediatrics (C4P).

[Pediatric Readiness Report Document](#)

State Partnership Grant

The Office of EMS for Children (EMSC) received a new four-year EMS for Children State Partnership Grant from the Maternal and Child Health Bureau/Health Resources Services Administration of the US Department of Health and Human Services. For 19 consecutive years, grant funding has focused on the continued integration of pediatric readiness into both hospital EDs and EMS throughout the Maryland EMS system, using both the federal Maternal Child Health Core Performance Measures and the federal EMS for Children Performance Measures, and supported pediatric education for prehospital and hospital emergency healthcare professionals (see Pediatric and EMS Hospital Education, below). In alignment with Maryland EMS Vision 2030, these new grant goals focus on Pediatric Readiness in Emergency Departments, Pediatric Readiness in EMS Agencies, Pediatric disaster preparedness across the emergency care continuum, and the involvement of family advocates with outreach to widen the dissemination of the Right Care initiative (described later in this report).

[EMSC Grants Page](#)

Pediatric EMS Champions/Education

As part of the EMSC State Partnership Grant, the Office of EMS for Children (EMSC) supports and enhances the work of the EMS Operational Programs' Pediatric EMS Champions. Pediatric EMS Champions are EMS clinicians selected by their respective jurisdictions as EMS clinicians who are representative of their communities and passionate about the care and treatment of pediatric patients. As part of their role, Pediatric EMS Champions offer and/or promote pediatric continuing education opportunities, support pediatric safety and prevention programs, and encourage the use of current pediatric care guidelines. In FY 2023, Pediatric EMS Champions finalized the development of five pediatric medical scenarios and wrote an additional five pediatric trauma scenarios. The Pediatric EMS Champions use these scenarios in their jurisdictions to ensure EMS clinicians across the State have access to pediatric skill development and training. The content developed will move Maryland toward meeting the federal EMSC performance and training measures. In addition, the federal EMSC EMS Survey conducted in 2023 requested all EMS agencies to respond to the EMS performance measures with 100% participation by Maryland EMS Operational Programs.

[Pediatric Education Resources Page](#)

Pediatric EMS and Hospital Education

EMSC offers pediatric-focused EMS and ED courses, nursing seminars, and training sessions through continuing education and other skill-development opportunities to nurses and EMS clinicians across Maryland. In FY 2023, educational topics included vehicular injuries associated with unrestrained children; cannabis exposure in pediatrics; management of

pediatric cardiac arrest; pediatric respiratory emergencies; tracheostomy care; fireworks-related pediatric burn injuries; neonatal resuscitation; pediatric trauma assessment and management; pediatric cardiac assessment; and pediatric drowning.

In addition, EMSC offered the Pediatric Education for Prehospital Professionals, Fourth Edition (PEPP-4) hybrid course for ALS and BLS clinicians, both as a standalone course in Central Maryland and a pre-conference program at the Miltenberger Emergency Services Seminar, resulting in an increase in clinician confidence. EMSC likewise hosted a twoday Certification in Pediatric Emergency Nursing review course in Western Maryland for exam preparation, continuing education hours, or both.

[Pediatric Education for Prehospital Professionals](#)

Child Passenger Safety and Occupant Protection Healthcare Project

Funded by the Maryland Highway Safety Office, the Child Passenger Safety and Occupant Protection Healthcare Project (CPS) seeks to reduce the incidence of injuries and deaths in Maryland due to vehicle crashes or in-and-around-car events. Educational efforts include proper and consistent use of car safety seats, seat belt use for passengers and caregivers, and occupant protection. CPS promotes active CPS certification among EMS clinicians and hospital workers through incentives such as continuing education and free registrations. The project provides car seats and specialized restraints to healthcare clinicians to meet transport and community safety needs.

[Child Passenger Safety Page](#)

Safe Kids Maryland and Maryland RISK WATCH™

Coordinated by the Office of EMS for Children (EMSC), MIEMSS is the lead agency for the Safe Kids Maryland state coalition. In FY 2023, Safe Kids Maryland hosted statewide educational meetings with seven local coalitions and 13 community partners. In partnership with the Maryland State Firemen's Association, Office of State Fire Marshal, and Maryland Fire and Rescue Institute, EMSC supported the Public Fire & Life Safety Educators Symposium in Community Risk Reduction in March. Safe Kids Maryland promoted educational media to raise awareness of the risk to children if left in cars.

Safe Kids Maryland maintains membership to the Maryland division of the American Trauma Society, Maryland State Emergency Nurses Association (ENA), Partnership for a Safer Maryland, and the Maryland Trauma Center Network (TraumaNet). EMSC facilitated distribution of resources and educational materials from both Maryland Highway Safety Office grants to reach rural, suburban, and urban communities in Maryland. These collaborations provide consistent information on injury prevention to MIEMSS's Regional Advisory Councils and the Pediatric Emergency Medical Advisory Led by EMSC and the Family Advisory Network (FAN), Maryland RISK WATCH™ remained in collaboration with the Office of State Fire Marshal, the MSFA Fire Prevention and Life Safety Committee, and other significant jurisdictional partners in FY 2023. Displays were made available for children, families, and local injury prevention advocates to learn current injury prevention strategies for home, school, and within their communities.

The FAN Council, in partnership with Safe Kids Maryland,

designed and distributed over 45 Safe Sleep interactive displays to Safe Kids coalitions and partners, three chapters of Maryland ENA, and all Pediatric EMS Champions. These displays provided the most current Maryland and national data on SUID deaths (SIDS, suffocation and unsafe sleep environments) and updated 2022 American Academy of Pediatrics policies.

[Safe Kids Maryland Page](#)

Bike Safety Project

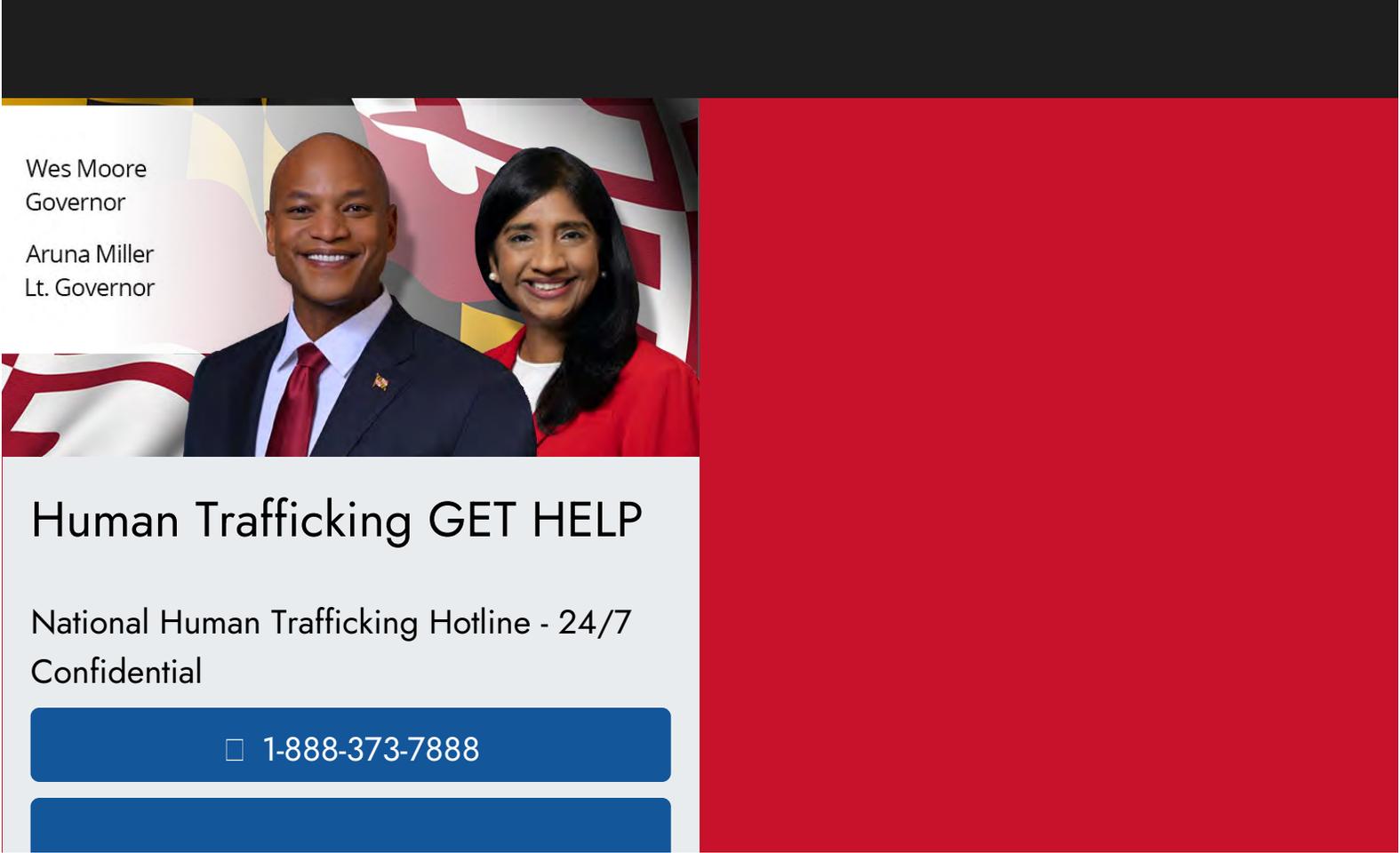
Funded by the Maryland Department of Transportation's Maryland Highway Safety Office (MHSO), the Bike Safety Project (BSP) coordinates the production of new educational materials; frequent social media communications; development of new partnerships; and distribution of bike helmets and educational supplies to EMS, Fire, Rescue, and Emergency Department professionals across Maryland. The project completed its sixth year of MHSO funding in FY 2023. This year, BSP distributed over 1,100 bike helmets for children, youth, and parents through local Safe Kids partners, trauma coordinators, and Pediatric EMS Champions, bringing BSP's total helmet distribution over the last six years to 5,200. BSP developed and shared a variety of media, participated in both live and online programming, and in-person training in a variety of venues to disseminate important information about bike safety throughout Maryland communities. This included posters, video PSAs, social media posts, and quarterly articles in Maryland EMS News. The in-person training and seminars were conducted at the Maryland Emergency Nurses Association annual conference, the Mid Atlantic Life Safety Conference, the Public Fire & Life Safety Educator Seminar, and the Maryland State Firemen's Association Annual Convention.

[Bicycle Safety Project Grant Page](#)

Right Care When It Counts

The Office of EMS for Children (EMSC) Right Care When It Counts Awards recognize children and youths in Maryland who have demonstrated the right steps to take in an emergency or preparedness for an emergency. In May and June, eight children and youths were recognized for their actions to assist another citizen during an emergency. This year, six children received certificates for providing the Right Care when It Count. Regions I, II, and IV each had two children recognized for actions such as performing CPR, calling 9-1-1 and providing care until paramedics arrived, and applying the use of an AED.

[Right Care When It Counts Page](#)



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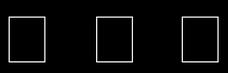
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Safe Kids

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Maryland Family Advisory Network
Council

- EMSC includes a family member as part of the program
- Pediatric Emergency Medical Advisory Council member $\text{\textcircled{D}}$ Lisa Wilson (fan@miemss.org)
- Maryland established a FAN council



Current Projects

- Right Care When It Counts Annual Awards [Click Here](#)
- Injury Prevention Education (MSFA Convention)
- Fan Ð the panda mascot
- Family Preparedness for Disasters
- Family Preparedness for EMS/ED [Click Here](#)

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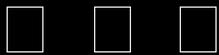
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Pediatric Education Resources

Child Safety Seat Extrication & Safe EMS Transports

[Do's and Don'ts of Transporting Children in Ambulances](#)

[Procedure for CSS Extrication](#)

References for CSS Extrication

Child Victimization Recognition Workshop

Developed July 2005

CD includes: Workshop Objectives, Federal and State legislation,

Child Victimization Workshop PowerPoint,

Student Evaluation Form & Instructor Feedback Form

To obtain a copy of the Child Victimization Recognition Workshop CD, please complete the [request form](#).

Establishing Intraosseous Access

Developed March 2010

DVD contains all of the information needed to teach the intraosseous access skill to ALS providers: Indications, Contraindications, Site Locations, Procedural Information, Complications and Myths, and Troubleshooting and Removal Information. The DVD also includes demonstrations for each approved intraosseous site for both the manual and mechanical devices.

To obtain a copy of the Establishing Intraosseous Access DVD, please complete the [request form](#).

Pediatric Reference Resources

Developed December 2010

The [Pediatric Reference Card and Pediatric Reference Poster](#) contain essential information necessary to assess and treat a pediatric patient. The information includes Pediatric Normal Vitals Signs, Definition of Hypotension by Age and Systolic

Blood Pressure, Pain Rating Scale, Rule of Nines, Pediatric Glasgow Coma Scale, Pediatric Assessment, Average Equipment Sizes and Important Numbers. To request the Pediatric Reference Card or Poster, please send an email to pepp@miemss.org identifying the item and quantity desired.

Realism Through Moulage

Developed August 2006

CD includes: Workshop PowerPoint, Step by Step Instructions, Sample Supply Lists, Student Evaluation Form. The CD also contains information on preparing for a disaster drill.

To obtain a copy of the Realism Through Moulage CD, please complete the [request form](#).

Children with Special Needs Education Resources

Emergency Information Form (EIF Form) from AAP & ACEP ([Front](#) and [Back](#) PDFs attached for training use)

Interactive form available at www.aap.org for Primary & Specialty Care providers

Tracheostomy Care for All Ages



Tracheostomy Care for All Ages is in the process of being updated

For more information contact: pepp@miemss.org

More Information

Additional Instructor materials are available from the EMSC program office. Each county and community college has been given the CD ROM Resource for both the student and instructor workshops.

For more information or to obtain CEU numbers for these Maryland EMSC Continuing Education Programs, please contact the EMSC Education Office at pepp@miemss.org

A photograph of two individuals, Wes Moore and Aruna Miller, standing in front of a Maryland state flag. Wes Moore is on the left, wearing a dark suit and a red tie. Aruna Miller is on the right, wearing a red top. The background is a large, stylized Maryland state flag.

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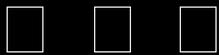
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PEPP-4

Maryland Enhanced PEPP Program



Pediatric Education for Prehospital Professionals

PEPP ð Pediatric Education for Prehospital Professionals is a curriculum developed by the American Academy of Pediatrics (AAP) for all level of EMS Providers. PEPP focuses on the typical pediatric 911 calls ð sick and injured infants, children and teens. Information is presented through slides,

videos and scenarios based assessment and treatment skill stations. Designed to complement PALS ð the two can now be offered together with an extended schedule. A national website has been developed to keep students, coordinators and medical directors informed about PEPP courses, updates and frequently asked questions.

Maryland Enhanced PEPP

The Maryland EMSC program has developed enhanced modules and resource that provide faculty and students with all of the components of the PEPP Curriculum imbedded with Maryland specific protocols and additional pediatric equipment. Maryland Enhanced PEPP Courses have both pediatric medical director on site and experienced pediatric faculty from the major children's hospitals in the region.

Maryland Enhanced PEPP-4 Resources

Maryland EMSC has sample agendas for the hybrid course, evaluation forms, and skill station handouts. AAP approved PEPP course coordinators may e-mail pepp@miemss.org to request these forms.

Trach Care Skill Checklists

- [Trach Change Skills Checklist 10-19-2023](#)
- [Trach Suction Skills Checklist 10-19-2023](#)

Related Links

American Academy of Pediatrics

PEPP

Maryland Poison Center

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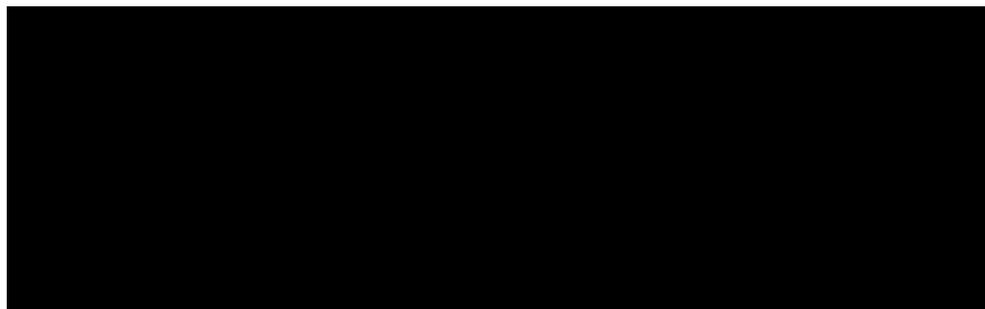
Right Care When it
Counts

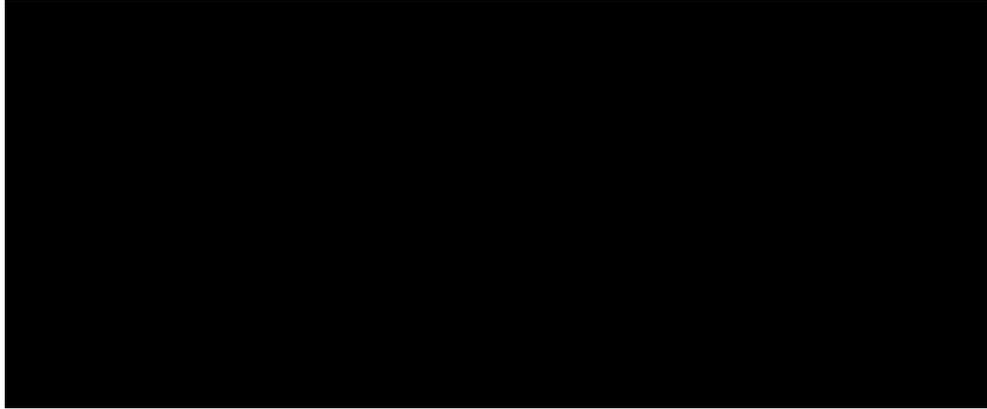
RISK WATCH

Safe Kids

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10 Steps to Providing the Right Care When it Counts





Right Care When It Counts Poster

[The Right Care When It Counts Poster](#) is a 10-Step outline of how to be better prepared if your child has an emergency.

To order a poster, please contact us via email at: cwright@miemss.org

Ten steps to take in an Emergency

- 1 Call 9-1-1 Immediately
- 2 Call Poison Control Immediately
- 3 If you think your child has been seriously injured do not move your child
- 4 Know how to treat your child in case of a burn
- 5 Be prepared if your child has a seizure
- 6 Know what to do if your child is bleeding
- 7 Know how to help a child with a broken bone
- 8 Do not administer the Heimlich maneuver or CPR unless you are trained
- 9 Have your emergency plan on hand
- 10 Make it easy for emergency personnel to find you

Ten ways to be better prepared if your child has an Emergency

- 1 Check if 9-1-1 is the right number to call
- 2 Keep a well-stocked First Aid Kit on hand
- 3 Make a list of Emergency phone numbers
- 4 Teach your children who to call and what to say
- 5 Make sure your house number is visible from the street
- 6 Keep a clear and up to date record of Immunizations
- 7 Write down medical conditions, medications and dosages
- 8 Make a list of allergies and reactions
- 9 If you have health insurance, check your emergency coverage
- 1 Take First Aid Classes

Posters are available from the EMSC Program office at MIEMSS

[Poster #1](#) is a 10-Step outline of how to be better prepared if your child has an emergency.

[Poster #2](#) incorporates pictures from across Maryland and is double sided with both English and Spanish.

To order a poster, please contact us via email at:

cwright@miemss.org

2024 Award Nominations

Nomination forms for the 2024 Annual Stars of Life and Right Care When It Counts Awards are open and available through the Smart Sheet application links. Please nominate individuals and teams throughout the year.

Final Deadline: Friday March 29, 2024

[View Details](#)

Right Care Awards

[May 2022 Awards](#)

[May 2021 Awards](#)

[May 2020 Awards](#)

[May 2019 Awards](#)

[May 2018 Awards](#)

[May 2017 Awards](#)

[May 2016 Awards](#)

[May 2015 Awards](#)

[May 2014 Awards](#)

[May 2013 Awards](#)

[May 2012 Awards](#)

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[May 2010 Awards](#)

[May 2009 Awards](#)

[May 2008 Awards](#)

[May 2007 Awards](#)

[May 2006 Awards](#)

[May 2005 Awards](#)

[May 2004 Awards](#)



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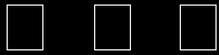
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Bike Safety Project Grant

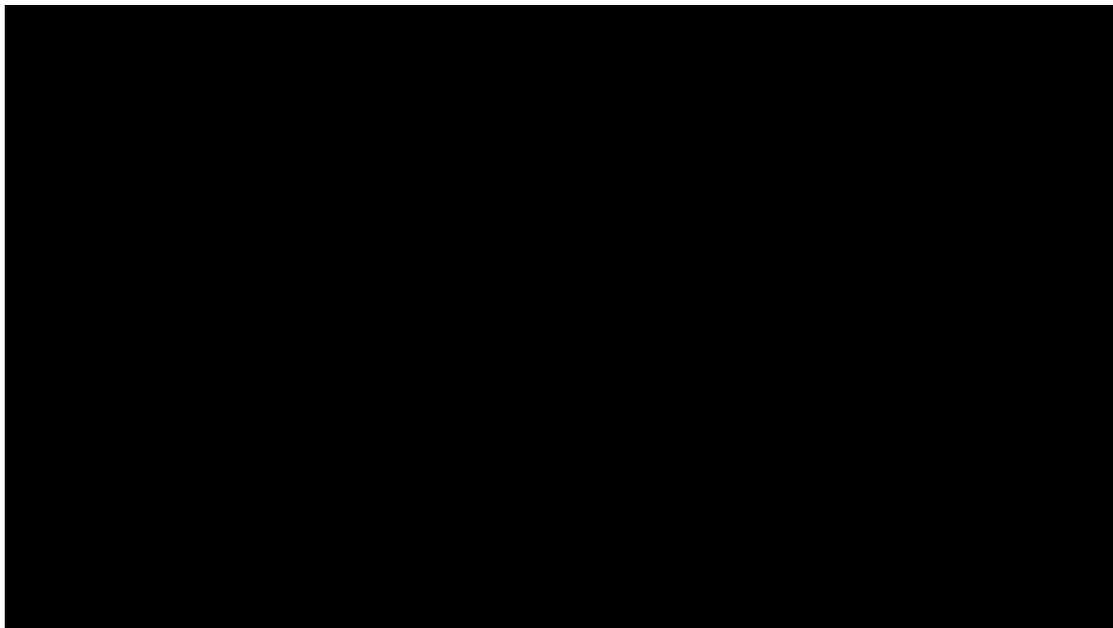
This Bike Safety Project grant is funded by the Maryland Highway Safety Office with a focus on Bike Helmet Safety and correct helmet use. The project is the networking

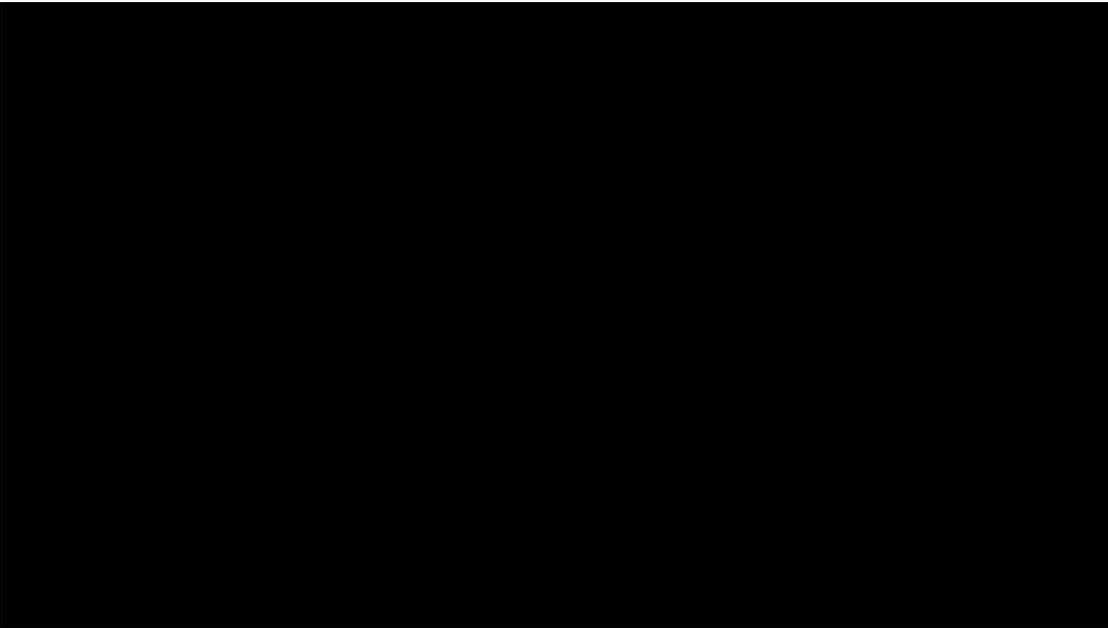
established by both MIEMSS EMS for Children and Safe Kids Maryland to work to reduce the number of significant head injury death in Maryland due to bike crashes. The grant coordinates production of new educational materials, quarterly social media communications, development of new partnership and reaffirming existing ones, and distribution of bike helmets in 12 locations in Maryland. Three additional locations and partners will be added as gaps in geographic distribution are determined and appropriate strategically located partners are identified.

Helmets are the single most effective safety device known to reduce head injury and death from bike crashes.

Bike Safety Training Videos

Bike Helmet Safety Resources - Summer 2019





Materials

"Helmet Fit Test" posters (8.5"x14") are available in English and Spanish. Printed versions may be obtained by emailing a request to bikesafety@miemss.org or you can download a PDF version by clicking the poster below.

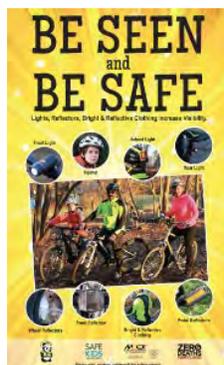


English



Spanish

"Be Seen Be Safe" posters (8.5"x14") are available in English and Spanish. Printed versions may be obtained by emailing a request to bikesafety@miemss.org or you can download a PDF version by clicking the poster below.

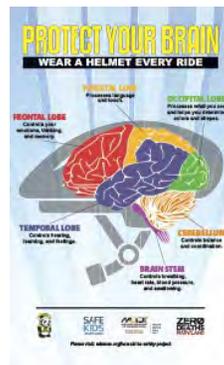


English



Spanish

Printed versions may be obtained by emailing a request to bikesafety@miemss.org or you can download a PDF version by clicking the poster below.



"Helmet Fit Test Checklist"
handout (5.5"x8.5")
English, (double-sided)

"Protect Your Brain" poster
(11.75"x17.75")
English

References/Links

- [Bike Helmet Safety Resources in Maryland - Update Summer 2022](#)
- [Helmet Head Demonstration Information \(8/2019\)](#)
- [A Year of Bike Safety Social Media Posts \(8/2019\)](#)

Bike Safety Project Grant Related Links

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It's RISK WATCH™ Time in Maryland



Join the Risk Watch and Safe Kids Maryland team at the MSFA Convention in June for **Steps to Safety**.

Location: MSFA Convention Center in Ocean City Maryland Room 210

When: June 16th, 17th and 18th 2024 during Exhibit Hours

What: Interactive Education Safety stations for children, youth and families

How: Volunteer to teach with experts in Injury Prevention by emailing riskwatch@msfa.org or safekidsmd@miemss.org

2024 Maryland Risk Watch Update

Risk Watch Maryland is coordinated through the EMS for Children Department at MIEMSS and works in partnership with Safe Kids Maryland. The MSFA Fire & Injury Prevention and Life Safety Committee is a lead member of the Maryland Risk Watch Community that includes 20 communities with RISK WATCH™ programs in community safety education, school classrooms, after school programs, home schooling programs, hospital prevention programs, and Safe Kids Coalitions. The RISK WATCH™ curriculum includes fire and injury prevention and disaster preparedness educational resources that are targeting children from preschool through eighth grade. Maryland's Risk Watch work includes activities and programs for both children and youth merging prevention materials from American Trauma Society, Department of Natural Resources, FEMA Ready, NFPA, Poison Centers, and Safe Kids Worldwide.

Ongoing Risk Watch programs include:

- Prevention training and resource sharing at MSFA Fire & Injury Prevention and Life Safety Committee meetings throughout the year
- Prevention & Life Safety educational display at four MSFA Executive Committee meetings each year

Interactive prevention educational displays for children, youth and families during the annual MSFA Convention with outreach to youth members to assist with the education

- Participation in Safe Kids Maryland and seven local coalition meetings and activities throughout the year
- Dissemination of training DVD "What to Expect When you Dial 9-1-1" and "Right Care When It Counts"
- Promotion of the Right Care When it Counts awards from Maryland EMS for Children (presented annually each May during EMS Week)
- Development of media and training materials specific to injury risk areas

Maryland has an active RISK WATCH™ statewide injury prevention program that is merged with the **Safe Kids Maryland** and local Safe Kids coalitions. There is a leadership team of partners from many organizations and agencies. Since 2002 **The Emergency Medical Services for Children (EMSC)** program at MIEMSS and the **Office of the Maryland State Fire Marshal** have coordinating this program in partnership with the **Maryland State Firemen's Association Fire & Injury Prevention Committee**. Other state partners include: Safe Kids Maryland and local coalitions, **Partnership for Safer Maryland (MDH)**, the **Maryland Poison Center**, the **Maryland Chapter of the American Trauma Society (ATS)**, **Maryland State Police** and local law enforcement agencies, the **Maryland Highway Safety Office** and the **Maryland Department of Natural Resources**.

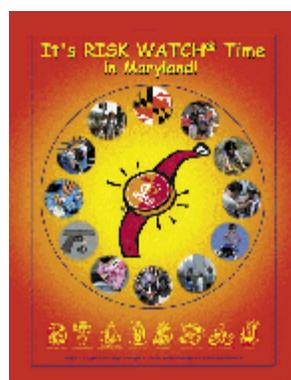
RISK WATCH™ prevention activities target the high risk and high frequency injuries to children from preschool through eighth grade. RISK WATCH™ resources are used in

classrooms, before and after school programs, fire & EMS department outreach, libraries, health departments and hospitals. RISK WATCH™ gives children, their families, their teachers and the life safety educators in their community the skills and knowledge needed to create safer homes and communities. The RISK WATCH™ Curriculum divided into five age-appropriate teaching modules: pre-k/kindergarten, grades 1-2, grades 3-4, grades 5-6, and grades 7-8. RISK WATCH™ Modules found in each age group binder are: fire and burn prevention, motor vehicle safety, bike and pedestrian safety, water safety, poison prevention, falls prevention, choking, suffocation and strangulation prevention, and firearms injury prevention. There is also a curriculum on Natural Disasters.

Maryland's Risk Watch team can be contacted by email @ riskwatch@msfa.org or through the EMSC program office at MIEMSS 410-706-1758.

** For more information about the Maryland RISK WATCH Community contact the committee leader - Cynthia Wright Johnson MSN RNC at cwright@miemss.org or 410-706-1758.

Risk Watch™ Poster Available



[Need a poster for your classroom?](#)

Risk Watch™ Resources

[Maryland Risk Watch Update](#)

[EMS News - Risk Watch Team is 20 Years Young](#)

[Maryland Timeline for Risk Watch](#)

[Three Risk Watch Options](#)

[Risk Watch™ Modules](#)

Links on Prevention

[Maryland Highway Safety Office](#)

[MSFA Fire & Injury Prevention](#)

[Maryland State Fire Marshall](#)

[Partnership for a Safer Maryland](#)

[Safe Kids Worldwide](#)

[National Fire Protection Association](#)



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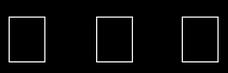
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Safe Kids Maryland

- [Safe Kids Maryland 2023 Meetings](#)
- [Safe Kids Maryland 2022 Meetings](#)

For more information call 410-706-1758 or
email safekidsmd@miemss.org

Resource Documents



Safe Kids Checklist

May 2023 SKWeek One Pager

[Maryland Timeline for Risk Watch](#)



Safer Travel for Young Families

November 2017 EMS Newsletter - Page 1



Medication Safety

October 2017 EMS Newsletter - Page 13



Safe Kids MD Car Seat Advice

September 2017 EMS Newsletter - Page 3

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Federal EMSC State Systems Grants

Since 1986, MIEMSS has received federal EMS for Children grants from the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services. Below is a brief summary of the grants and their projects and products. For more information please contact the MIEMSS EMSC Program

office at 410-706-1758 or pepp@miemss.org.

EMSC State Partnership Grant (2018-2023)

Maryland's seventh [EMSC State Partnership Grant \(2018-2023\)](#). In accordance with the federal EMS for Children's program initiatives, this grant will continue program objectives and activities that enhance the system components within Maryland that meeting the ten EMSC State Partnership Performance Measures, Expand Family Advocacy, and Advance Quality Improvement.

The Maryland EMSC Partnership grant focused on three major goals:

1. Continue to implement system enhancements with EMSC initiatives that will move towards achieving targets for the federal EMSC Performance Measures 71-80 and support MCHB performance measure standards related to children & family health.
2. Sustain the Maryland EMSC Family Advisory Network Council's activities including: promote the annual "EMSC Right Care When it Counts" Awards; partnership with Safe Kids Maryland & Risk Watch Maryland "Steps to Safety" and Mascot training, expansion of prevention and disaster preparedness programs identified by FAN Council, develop orientation and readiness resources for children and families.
3. Support the existing collaborative for pediatric EMS and ED quality improvement and data analysis through development of standard pediatric EMS reports to promote

local and regional quality improvement activities and to monitor compliance with statewide EMS protocols and national EMS metrics.

Maryland's EMSC Program has worked with seven other states in the MidAtlantic region to conduct a series of EMSC Regional Symposia that brought professionals from across the continuum of care together for sharing of best practices, current research and public policy issues that impact children and families. These grants were funded through the federal EMSC Program in supplemental grant awards to states. This MidAtlantic EMSC regional network continues to meet within the EMSC All Grantee meetings and the NASEMSO PECC annual meeting. The symposia included:

- October 2002 @ Columbia Maryland
- June 2003 @ Washington DC
- November 2004 @ Wilmington Delaware
- November 2005 @ Carlisle Pennsylvania
- October 2006 @ Family Centered Care forum in Pennsylvania

The first Implementation EMSC Grant (1986-1989) provided for the expansion of the statewide Pediatric Trauma System, studied the epidemiology and demographics of trauma and critical illness, and developed a modular format for the Johns Hopkins APLS curriculum. Through this grant the following training was brought to Maryland EMS Providers: PALS AHA courses, Airway Training video, and Prehospital Airway skill station module. The second grant was the EMSC Enhancement Grant (1994-1996) that focused on the creation of the state Pediatric Emergency Medical Advisory Committee (PEMAC), regional pediatric EMS and hospital

committees, and add pediatric education to both EMS and ED conferences to expand the pediatric capabilities.

EMSC State Partnership Grants

2009-2012

2006-2009

2003-2006

2000-2004

1997-2000

EMSC Enhancement Grant (1994-1997)



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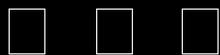
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Quality Management Toolbox

Quality Assurance Forms

Confidentiality Agreement

5 & 35 Day Report (MS Word) - Patient Care Quality Assurance Inc. Report - Nov. 2020

5 & 35 Day Report (PDF) - Patient Care Quality Assurance Incident Report - Nov. 2020

Aggregate Reporting Form

Aggregate Report Spreadsheet

Hyperlinks

[NHTSA Leadership Guide to Quality Improvement for EMS Systems](#)

[National EMS Managers Association](#)

[National Study Center for Trauma and EMS](#)

[National EMS Information System](#)

References

Delivering Knock Your Socks Off Service, third edition by Performance Research Associates 2013. ISBN: 9780814432044 www.harpercollinsleadership.com

Customer Satisfaction: Tools, Techniques, and Formulas for Success, by Craig Cochran. Paton Press ISBN: 0-9713231-4-3 www.patonprofessional.com/

Document and Control: A Simple Guide to Managing Documentation, by Denise Robitaille. Paton Press: 2005. ISBN: 1-932828-03-6 www.patonprofessional.com/

Root Cause Analysis: Basic Tools and Techniques, by Denise Robitaille. Paton Press 2004. ISBN: 1-932828-02-8 www.patonprofessional.com/

Free Online Magazine: Customer Relationship Management (CRM), by CRM Media LLC. www.destinationCRM.com Requires account (free registration)

Quality Management Presentations

[Approaches in Maryland EMS](#)

[Quality Improvement](#)

Resources

[EMS Documents & Forms](#)

[Clinician Login Assistance](#)

[eMEDS Resource Page](#)

[Quality Management Toolbox](#)

[EMS Statistics](#)



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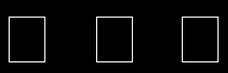
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Awareness &
Prevention c

Public Awareness
& Prevention

Maryland Order for
Life Sustaining
Treatment (MOLST)

Public Access
Automated External
Defibrillator

Stroke Smart

Drowsy Driving
Awareness

Bicycle Safety

Buckle Up Project

Child Passenger
Safety

Safe Kids Maryland

RISK WATCH
Maryland

Public Access Automated External Defibrillators (AED)

Cardiac Arrest & AEDs

Cardiac arrest is when the heart suddenly stops beating causing a lack of blood flow to other vital organs. If not treated immediately, the results can be deadly. An automated external defibrillator (AED) is a medical device that can be used during cardiac arrest to analyze heart rhythm and deliver an electrical shock (defibrillation) if needed to help

the heart get back to an effective rhythm.

Maryland's Public Access Automated External Defibrillator (AED) Program

The Public Access AED Program in Maryland promotes an increase in AED availability to help save lives during cardiac arrest. The State of Maryland has established a registry for all public access AEDs that:

1. Allows the option to have the AED location made available to 911 dispatch to guide callers to its location during an emergency.
2. Provides support to organizations who register their AED machines through maintenance emails, expiration alerts, and recall alerts.

Please visit [Maryland AED Registry](#) to register an AED.

(Recommended web browsers: Google Chrome or Mozilla Firefox).

To view the Maryland regulations for the Public Access AED Program, please visit the [COMAR website](#).

AED Program Requirements

The following is a list of requirements to participate in the Maryland Public Access AED Program:

1. AED Coordinator

Each program is required to have an AED Coordinator who serves as the point of contact for their AED program.

2. CPR & AED Training*

All AED Coordinators and individuals who expect to operate the AED must complete CPR and AED training under the most current American Heart Association guidelines.

3. Registration*

Register the AED online at

www.marylandaedregistry.com. (Recommended web browsers: Google Chrome or Mozilla Firefox).

Incomplete applications will not be processed until all information has been submitted through the registry.

Upon successful registration, the AED Coordinator will receive the following by email:

- i. AED Certification (valid for 3 years)
- ii. AED Monthly Safety Inspection Record
- iii. Maryland Facility AED Report Form for Cardiac Arrest (to report when the AED has been used)
- iv. MedWatch Voluntary Report form to communicate product issues to the FDA

4. AED Placement*

Ensure AEDs are placed in locations which are visible and readily accessible to any person willing to operate the AED in the event of a suspected cardiac arrest.

AEDs should never be locked or restricted from use by anyone on the premises. Signage is recommended to identify the location of the AED for quick access.

5. Equipment*

Please maintain all the necessary equipment as outlined

in the [Required AED Equipment Checklist](#).

6. Maintenance*

Follow the manufacturer's guidelines for maintenance, inspection, and repair of AEDs. The Maryland AED registry also provides the AED Coordinator with email alerts on the following:

- i. Certificate renewal
- ii. Battery and electrode expiration (optional)
- iii. Monthly inspection reminders (optional)

7. Monthly Inspection*

Please use the [AED Monthly Safety Inspection Record](#) to complete monthly AED inspections.

8. Reporting*

Please complete [Maryland Public Access AED Report Form](#) for Cardiac Arrests and fax to MIEMSS at (410) 706-4366. Include a print out of the AED machine's event report if available.

9. Compliance*

All AED programs are expected to maintain all requirements as detailed above, including a valid certificate.

(*) Programs with multiple sites must ensure that each site meets the requirements noted above.

The following entities are not required to register their AEDs:

- Healthcare facilities
- Medical/Physician's offices
- Dental offices
- Federal government agencies
- Jurisdictional EMS operational programs
- Commercial ambulance services

For additional questions or concerns please contact:

AED-Support@miemss.org

Phone: 410-822-1799

[Click here for a printable version of this page](#)



AED Program Resources

[Maryland AED Registry](#)

[Automated External Defibrillators \(AEDs\) | FDA](#)

[Call ☹ Push ☹ Shock ☺ You Can Save a Life from Sudden Cardiac Arrest](#)

[Public Access AED Use Report Form](#)

[QR Code for AED Use Reporting ☺ PRINTABLE](#)

[Find an AHA approved CPR/AED Training Site](#)

Maryland Statute: Education Article α 13-517

Maryland Statute: Health \mathcal{D} General Article α 21-330.3

Report an issue with an AED to the FDA



AED FACT SHEET

EARLY DEFIBRILLATION

- More than 15% of Out of Hospital Cardiac Arrests (OHCAs) occur in a public location; therefore, public access AEDs and community training have a large role to play in early defibrillation. However, the number of patients who have an AED applied by a bystander remains low, occurring after only 10.2% of public arrests.



- In 2021, 28.7% (n=42,198) of Cardiac Arrest Registry to Enhance Survival (CARES) patients were defibrillated in the field. The proportion of patients first defibrillated by a bystander was 4.6%, whereas 19.1% and 76.3% were first defibrillated by a first responder or EMS personnel, respectively.



FUNCTIONALITY

- Inside the AED box are pads and a diagram that shows where to place them on the bare skin. Once the device is turned on, a voice tells the person using it exactly what to do. Some devices offer this instruction in Spanish, but most are English-speaking.
- The first thing the AED will do is determine whether an electric shock is needed by analyzing the person's heart rhythm. CPR should be stopped only while the machine is doing this analysis. If no shock is advised, it will tell you to resume CPR. If there is a shockable rhythm, it will deliver the shock and afterwards will tell you to resume CPR.



MORE STATS

- 9 in 10 cardiac arrest victims who receive a shock from an AED in the first minute live.
- Bystanders administer CPR about 40% of the time and AEDs even less so.
- Your chance of survival while waiting for emergency medical services during a cardiac emergency decreases by 10% every minute without CPR.



AEDS AT WORK

- Are you one of the 50% who can locate an automated defibrillator (AED) at work? With 10,000 cardiac arrests annually in the workplace, you have the potential to save thousands of lives. Immediate CPR and use of an AED can double, or even triple, survival rates.
- The American Heart Association does not recommend one device over another. The AED you choose should be simple and easy to use.



CHILDREN AND AEDS

- Children over age 8 can be treated with a standard AED. For children ages 1-8, the AHA recommends the pediatric attenuated pads that are purchased separately. In infants <1 year of age a manual defibrillator is preferred. If a manual defibrillator is not available, an AED with a dose attenuator may be used.



VISIT WWW.HEART.ORG/AED TO LEARN MORE

*Stats and facts in this document were pulled from the 2021 CARES Report and the 2022 AHA Heart and Stroke Statistical Update.

(<https://cpr.heart.org/-/media/CPR-Files/Training-Programs/AED-Implementation/2023-updates/AED-fact-sheet-Feb-2023.pdf>)



HOW TO USE AN AED

AUTOMATED EXTERNAL DEFIBRILLATOR



Push hard and fast in the center of the chest



Turn on the AED and follow the prompts



Scan the QR Code at left to learn more from a video demonstration on what an AED is and how to use it.

The automated external defibrillator (AED) is an electronic medical device. An AED can check a person's heart rhythm. It can recognize a rhythm that requires a shock. And it can advise the rescuer when a shock is needed. The AED uses voice prompts, lights and text messages to tell the rescuer the steps to take. AEDs are very accurate and easy to use. Anyone can operate an AED safely.

(<https://cpr.heart.org/-/media/CPR-Files/Training-Programs/AED-Implementation/2023-updates/AED-infographic-Feb-2023.pdf>)



Your On-site AED Program

An Implementation Guide



<https://cpr.heart.org/-/media/CPR-Files/Training-Programs/AED-Implementation/2023-updates/KJ1683-AED-Guide.pdf>

Implementation Checklist

- Step 1**
Check local requirements
Research and follow your state's requirements for AED programs. Be sure to check legal requirements. You will also need to find out about any registration and reporting requirements.
- Step 2**
Assess your organization's needs
Set a program budget and decide how many AEDs you need, how sturdy they must be, and what features you want (such as a bilingual option or child features).
Try to budget for enough that no matter where a cardiac arrest emergency occurs, an AED will be no more than a 3- to 5-minute round-trip walk away; but if that is beyond your budget, remember that some are better than none.
- Step 3**
Research the AED market
Compare models online. Then choose the one that best meets your needs.
The American Heart Association does not recommend one AED over another.
- Step 4**
Buy the AEDs and other supplies
Buy extra AED electrode pads so that you can replace used ones immediately. You'll also need additional pairs for removing chest hair, if necessary. Your shopping list should also include pocket masks, 1-way valves, razors, and first aid kits with scissors.
- Step 5**
Register your AEDs
If required, register your AEDs with your state and with local emergency medical services. Register with the manufacturer, too. That way, you will receive news of updates and recalls.
- Step 6**
Place and post
Place the AEDs in visible, easy-to-access locations. Post clear signs that specifically identify the devices as AEDs. If you are tempted to lock up your AEDs, rest assured that AEDs are rarely stolen. And an AED that's locked up can't save a life.
- Step 7**
Manage your program
Assign a team to manage program policies and procedures.
- Step 8**
Train employees
Train enough people in CPR and AED use so that someone is always available to respond to a cardiac arrest emergency. You can never have too many trained responders.
The American Heart Association offers CPR and AED training in both a classroom setting and an online format.
- Step 9**
Raise awareness
Publicize your AED program internally. Make sure that everyone knows where the AEDs are—and who is trained to use them.
- Step 10**
Maintain your AEDs
Assign a person or a team to inspect your AEDs regularly, restock supplies, arrange for any needed maintenance, and check for software updates and for recalls.
Make AED maintenance a top priority.
Only a working AED can help save a life.

<https://cpr.heart.org/-/media/CPR-Files/Training-Programs/AED-Implementation/2023-updates/KJ1683-AED-Program-Checklist.pdf>

Recalls and Device Safety

USFDA - Medical Device Recalls

Stryker Emergency Care Product Notices

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☐ 233733

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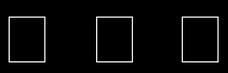
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Public
Awareness &
Prevention c

Public Awareness
& Prevention

Maryland Order for
Life Sustaining
Treatment (MOLST)

Public Access
Automated External
Defibrillator

Stroke Smart

Drowsy Driving
Awareness

Bicycle Safety

Buckle Up Project

Child Passenger
Safety

Safe Kids Maryland

RISK WATCH
Maryland

Maryland Order for Life Sustaining Treatment (MOLST)

Effective January 1, 2013, the Maryland Order for Life Sustaining Treatment (MOLST) form replaces the EMS/DNR form. Prior EMS/DNR forms are still valid and will be honored by Emergency Medical Services (EMS) clinicians. The MOLST form can be downloaded from the Maryland MOLST site:

<https://marylandmolst.org/pages/MolstForm.html>

Maryland MOLST is a portable and enduring medical order form covering options for cardiopulmonary resuscitation and other life-sustaining treatments. The medical orders are based

on a patient's wishes about medical treatments.

The Maryland MOLST order form:

- Consolidates important information into orders that are valid across the continuum of care
- Standardizes definitions
- Reminds patients and clinicians of available treatment options
- Increases the likelihood that a patient's wishes regarding life-sustaining treatments are honored throughout the health care system

The order form may be signed by a doctor, nurse practitioner, or physician assistant. Every time a form is completed, a copy must be given to the patient or authorized decision maker within 48 hours, or sooner if the patient is discharged or transferred. The MOLST form is valid across the continuum of care, and is to be honored by physicians, nurses, and other health care providers, as well as EMS clinicians.

In the absence of a valid MOLST form or EMS/DNR Order, patients calling for ambulance service who are unable to communicate their health care wishes will receive restorative interventions under the statewide *Maryland Medical Protocols for EMS Clinicians*.

Plastic bracelets to hold the order insert from the form may be ordered through MIEMSS by calling (410) 706-4367. Patients and caregivers without access to the internet may order forms through MIEMSS by calling (410) 706-4367.

Patients may obtain metal EMS/DNR bracelets or necklaces by contacting Medic-Alert directly at (800) 432-5378.

For further information regarding MOLST and access to forms, visit <http://marylandmolst.org/index.html>.

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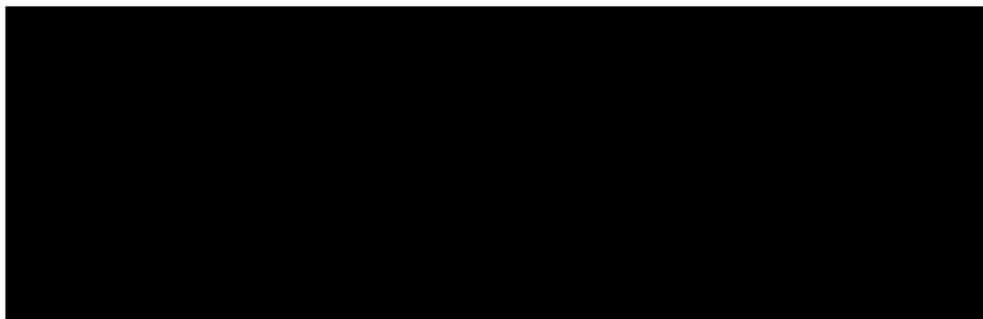
About Trauma
Centers

Maps of Specialty
& Referral Centers

Trauma Centers

Injured patients need treatment at the hospital best staffed and equipped to meet their special needs. Maryland's system of care ensures that patients promptly get to the most appropriate hospital in an effort to decrease morbidity and mortality. (For differences in standards in the levels of trauma centers, see the Trauma Center Categorization chart below.)

The trauma centers within the Maryland EMS System are:





Trauma Center Categorization

Differences in Standards Based on Physician Availability and Dedicated Resources	PARC	Level I	Level II	Level III
Attending surgeon who is fellowship-trained and is in the hospital at all times	X			
Dedicated facilities (Resuscitation Unit, Operating Room, and Intensive Care Unit) 24 hours	X			
Facilities (Resuscitation Unit, Operating Room, and Intensive Care Unit) available at all times	X	X	X	X
Trauma Surgeon available in the hospital at all times		X	X	
On-call Trauma Surgeon available within 30 minutes of call				X
Anesthesiologist in the hospital at all times and dedicated to trauma care	X			
Anesthesiologist in the hospital at all times but shared with other services		X	X	
On-call Anesthesiologist with CRNA who is in the hospital				X
Orthopedic Surgeon in the hospital at all times and dedicated to trauma care	X			
Orthopedic Surgeon in the hospital at all times but shared with other services		X		
On-call Orthopedic Surgeon available within 30 minutes of call			X	X
Neurosurgeon in the hospital at all times and dedicated to trauma care	X			
Neurosurgeon in the hospital at all times but shared with other services		X		

On-call Neurosurgeon available within 30 minutes of call			X	X
Fellowship-trained/board certified surgical director of the Intensive Care Unit	X	X		
Physician with priveleges in critical care on duty and the Intensive Care Unit 24 hours a day	X	X	X	
Comprehensive Trauma Research Program	X	X		
Education - Fellowship Training in Trauma	X			
Surgical Residency Program	X	X		
Outreach Professional Education	X	X	X	

Trauma Center Categorization

American Trauma Society

The [American Trauma Society](#) (ATS) is dedicated to the elimination of needless death and disability from injury. For over 50 years, the ATS has served as an advocate for the trauma care system, trauma prevention programs, and survivors of trauma and their families throughout the United States.

[ATS Maryland Stop the Bleed Grant Announcement 2023](#)

[ATS Maryland Stop the Bleed Grant Application 2023](#)



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Maps of Specialty
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The EMS News

Maryland EMS News is dedicated to keeping Maryland EMS clinicians informed of the latest local, state, and national issues affecting emergency medical services. To read past issues, select the "read more" icon  at the bottom of the issue reading pane.

June 2024 EMS News Issue

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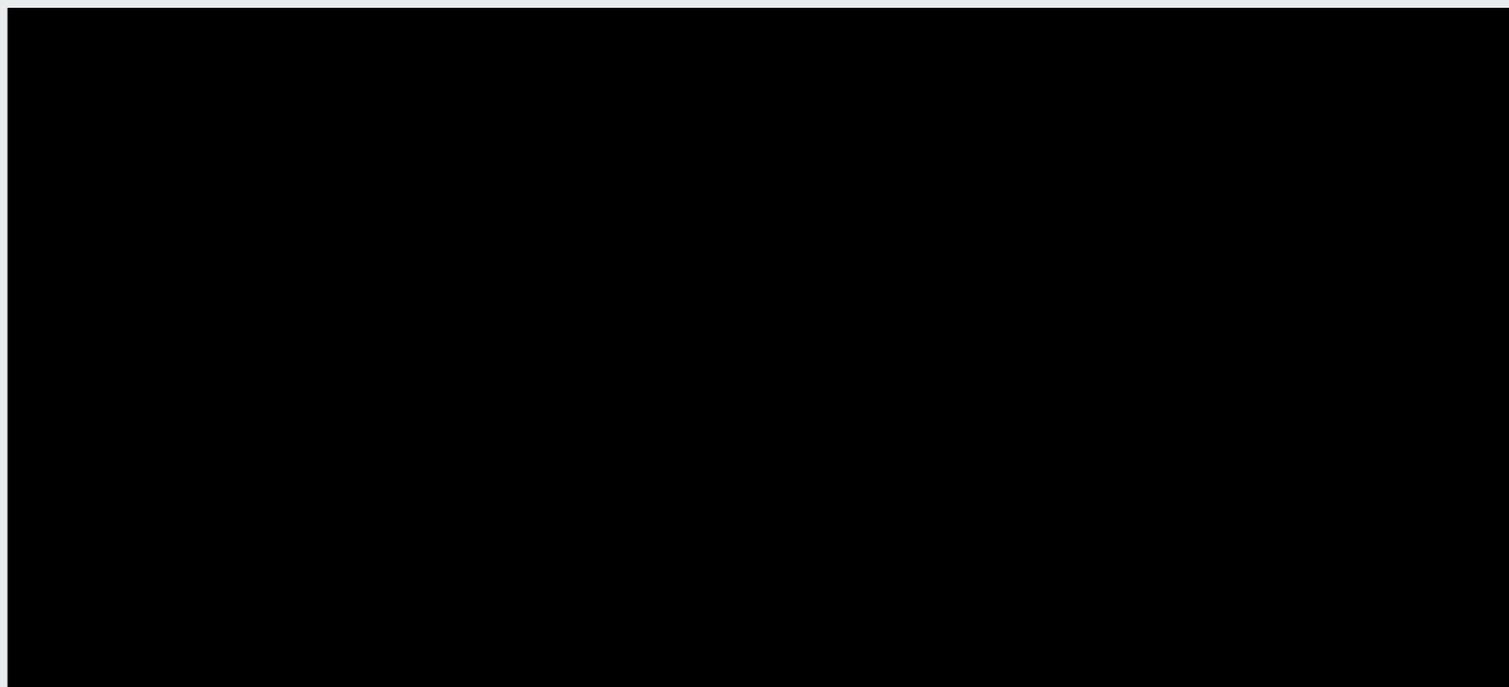
[Miltenberger 2024](#)

[Winterfest 2024](#)

[EMS 50 Celebration](#)

[EMS Care 2023](#)

EMS Newsletter Archive



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Stroke Smart

Drowsy Driving
Awareness

Bicycle Safety

Buckle Up Project

Child Passenger
Safety

Safe Kids Maryland

RISK WATCH
Maryland

Public Awareness and Prevention

Public Awareness and Prevention are pivotal in making Maryland a safer place to live and play. This is achieved through collaborative efforts with numerous national, state, and local partners involved in applying critical elements for injury prevention across all age groups. From installing car seats for our children to providing information to preventing falls amongst the elderly, every generation benefits from informed practices. By creating and disseminating educational programs, public service announcements, posters, printed materials, and websites, we can prevent many injuries and ensure the public is better prepared to respond to injuries when they happen.

Public Awareness and Prevention Related Links

[Maryland Poison Center Info Sheet, March 2024](#)

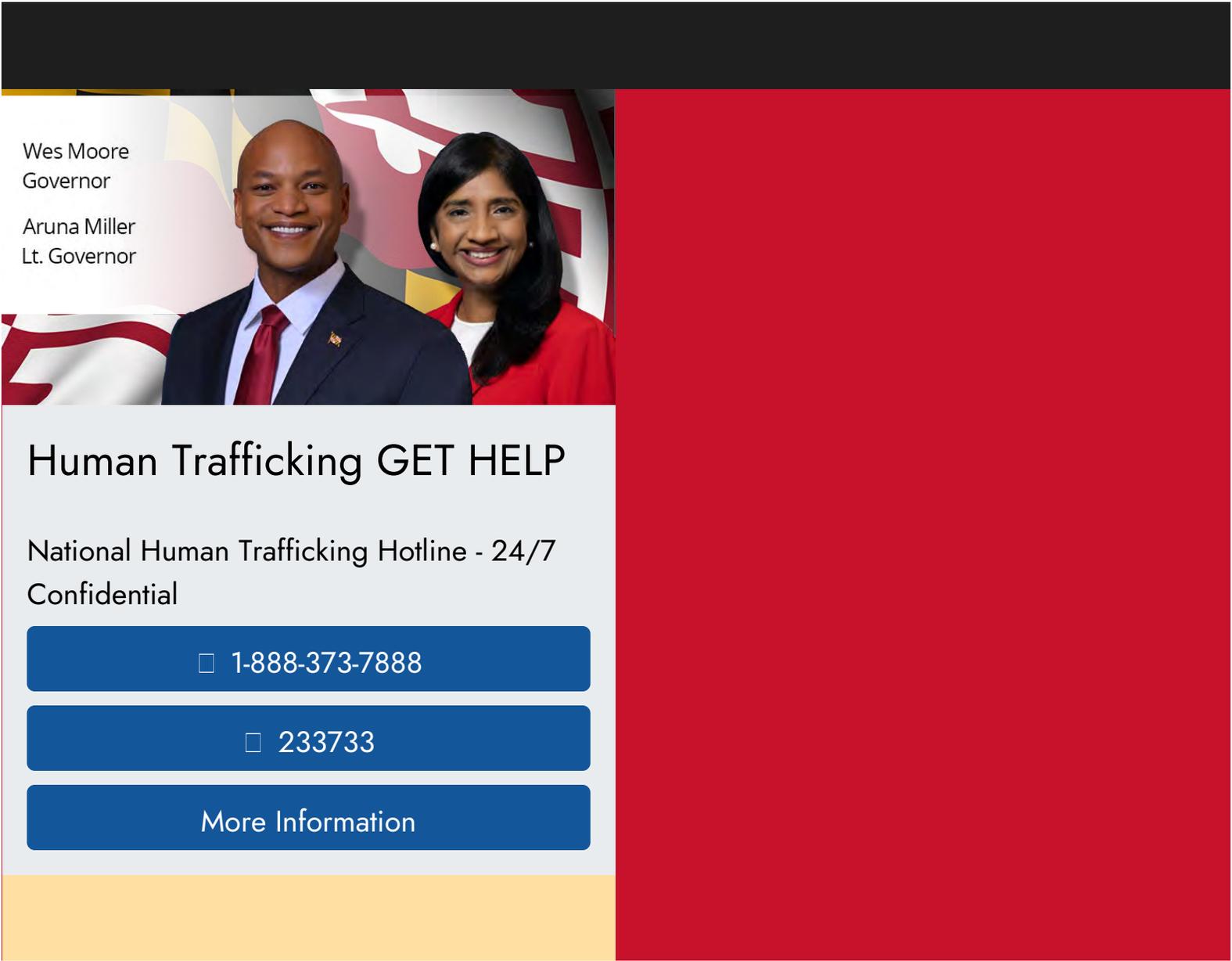
[Active Assailant Interdisciplinary Workgroup \(Website\)](#)

[Center for Disease Control \(CDC\) \(Website\)](#)

[Mothers Against Drunk Driving \(MADD\)](#)

[Partnership for a Safer Maryland](#)

[Students Against Drunk Driving \(SADD\)](#)



The advertisement features a photograph of Wes Moore, Governor of Maryland, and Aruna Miller, Lt. Governor, standing in front of the Maryland state flag. The text on the left side of the image identifies them as 'Wes Moore Governor' and 'Aruna Miller Lt. Governor'. Below the photo, the text reads 'Human Trafficking GET HELP', 'National Human Trafficking Hotline - 24/7 Confidential', and provides three blue buttons with the phone numbers '1-888-373-7888', '233733', and 'More Information'.



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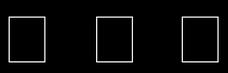
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Child Passenger
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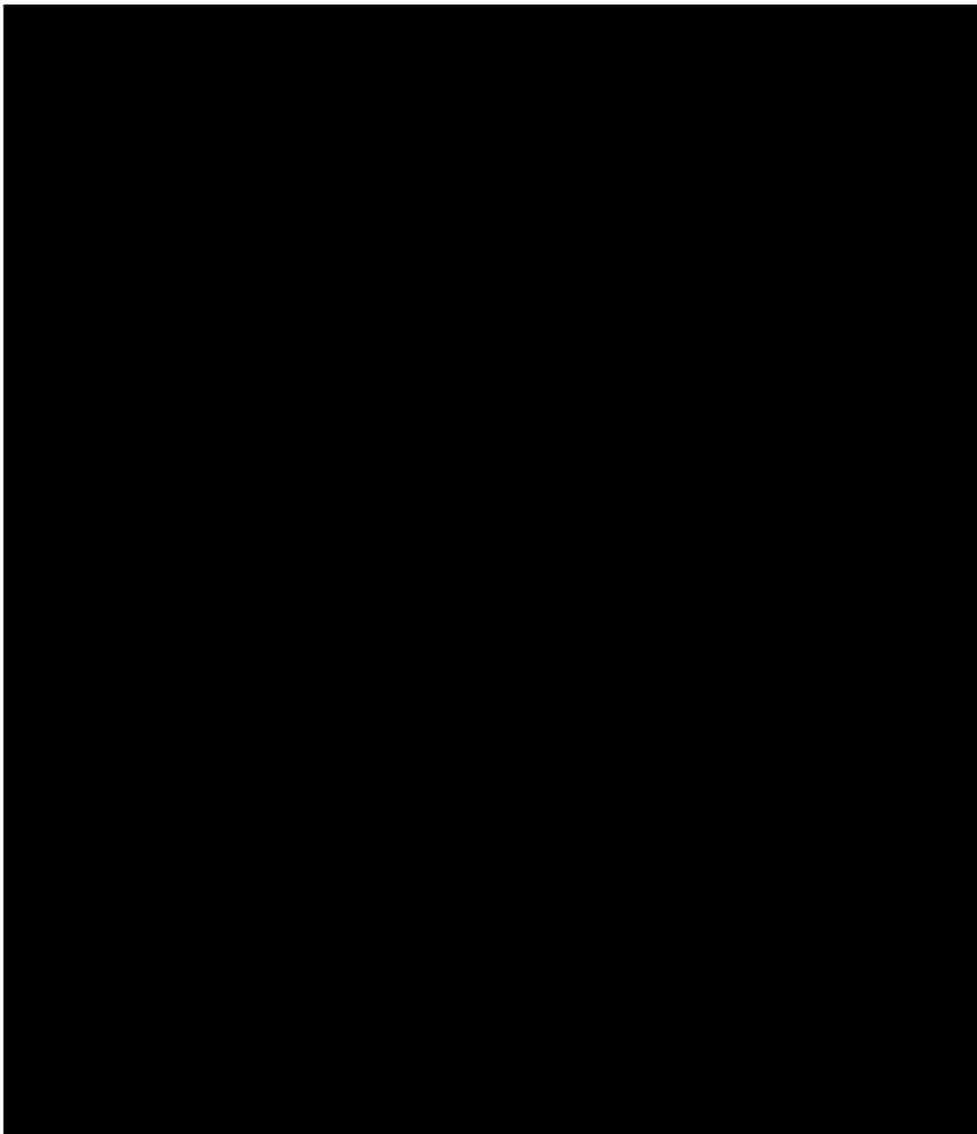
Drowsy Driving Awareness

Drowsy Driving Facts

- Drowsy driving is a factor in more than 6,400 fatal crashes a year—about 21% of all fatal crashes
- Sleepiness can impair driving abilities as much or more than driving while drunk.
- Studies of medical staff show much higher risks for being in car crashes and near-crashes after extended work shifts compared with after normal shifts.



□



For printable version of Drowsy Driving Awareness information, click [here](#).

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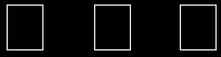
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Stroke Smart Resource Center

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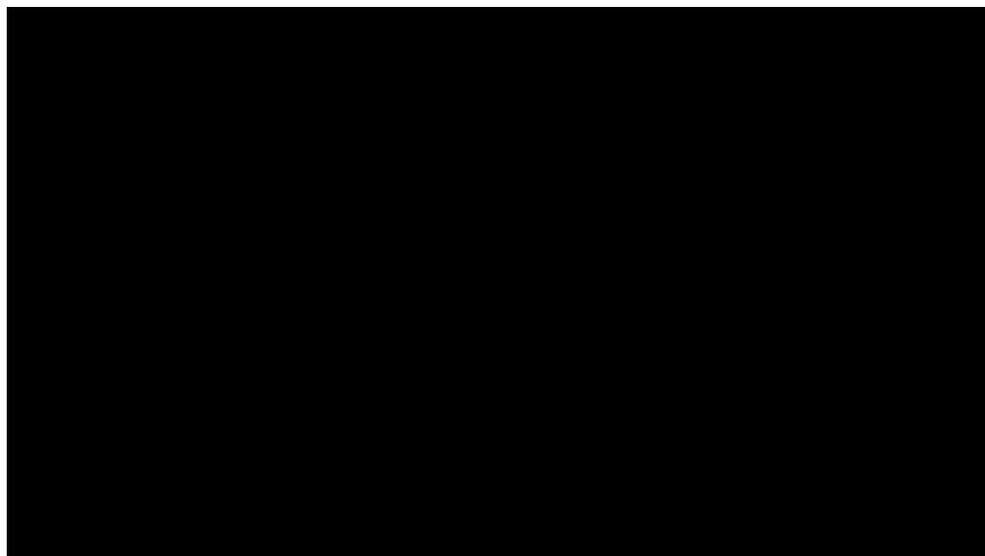
[Stroke Smart](#)

Research

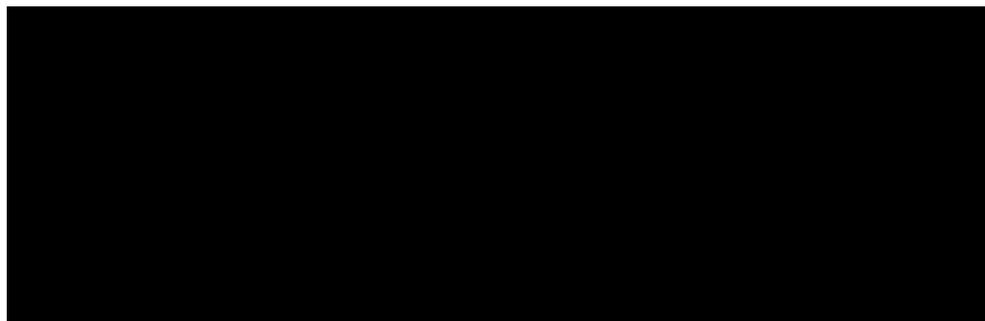
Stroke Smart Resource Center



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60 Second Version with Subtitles





Maryland is Now Declared Stroke Smart

Maryland has recently announced that it is a "[Stroke Smart State](#)". Additionally, the following counties have all released proclamations announcing that they are dedicated to being Stroke Smart:

- Frederick County
- Town of LaPlata
- Carroll County
- Westminster County
- Baltimore City
- Baltimore County
- Prince Georges County
- Anne Arundel County
- St Mary's County
- Harford County
- Talbot County
- Charles County
- Calvert County

||



*Strokes affect 1 in 6 Americans and are the [#1 cause of disability](#) in the U.S.

*Every 40 seconds, someone in the U.S. suffers a stroke. Effective treatments exist that can leave stroke patients without deficits, but too often, people fail to recognize the signs and symptoms in time to benefit from these interventions.

**During a stroke, two million brain cells die every minute, underscoring the urgency of starting treatment within a few hours of symptom onset. The best outcomes occur when individuals arrive at a suitable hospital immediately after symptoms begin.

Unfortunately, many people either contact their primary care physician first or wait, hoping symptoms will resolve on their own. [The key to minimizing brain damage from stroke is to call 911 immediately.](#) Not all hospitals are equipped to administer treatment, but EMS personnel are trained to identify the hospitals capable of providing the necessary care quickly and safely.

*SOURCE: [Stroke Facts](#), Centers for Disease Control and Prevention

**SOURCE: ["Time is Brain" Quantified](#)", American Heart Association Journal | [Why Minutes Matter](#), Dignity Health

Stroke Smart Success

What does Stroke Smart Success look like?

Stroke Smart efforts are gaining momentum nationwide, spearheaded by Northern Virginia leading the way. This [3-minute video](#) about Stroke Smart Virginia illustrates

the motivation and methods for this initiatives meaningful work of making each community Stroke Smart, and captures the successes of Stroke Smart State.



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Office of Integrity

Attorney General's
Office

Office of
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Provider Review Panel

State Level Quality Assurance

Prior to January 1999, the Board of Physician Quality Assurance, now the Maryland Board of Physicians, was responsible for clinician quality assurance issues at the state level. The state level quality assurance process is now the responsibility of the MIEMSS Provider Review Panel (PRP) and the EMS Board.

The PRP is a 13-member committee required by state law to review incidents involving patient care and other allegations of misconduct against EMS clinicians and recommend any necessary disciplinary action to the EMS Board. The PRP has 11 voting members and two non-voting members. Each Maryland clinician level, from First Responder to EMT-P is represented on the panel. The PRP is an important part of the statewide initiative to ensure high quality prehospital care in Maryland. Together with the quality assurance programs developed by each EMS Operational Program, the PRP strengthens the state level quality assurance program by

bringing the clinician perspective to the peer review process.

In order for the PRP to take action, at least six voting members must be present, including a PRP member at the same level and type as the individual who is the subject of the complaint. Disciplinary action cannot be taken against a clinician without a PRP recommendation for such action. The PRP also ensures that the perspective of peer clinicians is included and that those who are familiar with the standard of care and the circumstances EMS clinicians face in providing patient care determine the need for disciplinary action. All discussions, deliberations, and information shared during the course of the PRP's activities are confidential. Additionally, much of the information considered by the PRP is confidential and protected by law because it contains medical or psychological information about individuals or constitutes a hospital record.

Prior to the PRP considering a case, the MIEMSS Incident Review Committee (IRC) reviews the allegations of misconduct. The IRC consists of the MIEMSS Chief of Compliance, the State EMS Medical Director, and one of the agency's Assistant Attorneys General. The IRC is required to send to the PRP any allegations of misconduct, unless the IRC review determines that the allegations are serious enough to warrant a summary suspension pending review by the PRP, or the allegations are not serious enough to require possible action at the state level.

If the case is forwarded to the PRP, a complaint outlining the allegations and the findings of the investigation is prepared for the PRP and is also sent to the individual who is the subject of the complaint. The individual has the option of providing to the PRP a statement in response to the complaint. The PRP meets and reviews the complaint and any response from the individual. The PRP recommends to the EMS Board any action it considers necessary, which may include one or more of the following:

□

Dismissal of the complaint

- Reprimand
- Probation
- Suspension of a license or certificate
- Revocation of a license or certificate
- Denial of a license or certificate
- Refusal to renew a license or certificate
- Remedial action (e.g., additional training or counseling)

The EMS Board will review the matter and may then dismiss the complaint, settle the matter (generally, with required remedial measures, but without disciplinary action), or issue a noncompliance notice. If the PRP does not recommend disciplinary action in cases concerning patient care, however, the EMS board must dismiss the complaint where it relates to patient care. A noncompliance notice specifies the proposed disciplinary action and provides the individual the opportunity to request a hearing, which may be before the EMS Board or the Office of Administrative Hearings. If an individual does not request a hearing, the proposed action becomes final.

After service of the noncompliance notice and upon receipt of a request for a hearing, the EMS Board will offer the respondent an opportunity to resolve the matter through a case resolution conference. If the matter is resolved through a case resolution conference, the EMS Board and the respondent shall enter into a disposition agreement setting forth the terms and conditions of the resolution. If a resolution is not achieved after opportunity for a case resolution conference, the matter shall proceed to hearing.

MIEMSS may notify appropriate EMS operational programs of incident reports, noncompliance notices, or hearings.

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Testing and
Training

Certification &
Licensure

CARES Training

Clinical Alerts

Critical Incident
Stress Program
(CISM)

MHFA - Mental
Health First Aid

Whole Blood

Compliance

Compliance

One of the most important components of Maryland's statewide EMS system is ensuring that clinicians function at a level of skill, competence, and professionalism that is consistent with the traditions of the Maryland EMS system and with the current standard of EMS practice. In order to meet these needs, EMS clinicians must successfully complete necessary educational and training programs, pass licensure or certification examinations, and complete continuing education requirements.

Another critical component to ensuring the high quality of the EMS system is the quality assurance process that protects the public by ensuring that allegations of misconduct by EMS clinicians are thoroughly reviewed and appropriately addressed. Quality assurance occurs at both the jurisdiction and the state levels.

Jurisdictional Quality Assurance

Maryland regulations require each jurisdictional program to develop and implement a quality assurance plan. Each plan must include a review of patient care rendered, remedial action to resolve any patient care issues involving EMS clinicians, and identification of incidents, protocol variations, or trends that might have resulted in harm to a patient or which suggest a need for changes in the statewide EMS system. For more information on COMAR regulations, please go to [Regulations](#).

State Level Quality Assurance

Prior to January 1999, the Board of Physician Quality Assurance, now the Maryland Board of Physicians, was responsible for clinician quality assurance issues at the state level. The state level quality assurance process is now the responsibility of the MIEMSS Provider Review Panel (PRP) and the EMS Board.

The PRP is a 13-member committee required by state law to review incidents involving patient care and other allegations of misconduct against EMS clinicians and recommend any necessary disciplinary action to the EMS Board. The PRP has 11 voting members and two non-voting members. Each Maryland clinician level, from First Responder to EMT-P is

represented on the panel. The PRP is an important part of the statewide initiative to ensure high quality prehospital care in Maryland. Together with the quality assurance programs developed by each EMS Operational Program , the PRP strengthens the state level quality assurance program by bringing the clinician perspective to the peer review process.

In order for the PRP to take action, at least six voting members must be present, including a PRP member at the same level and type as the individual who is the subject of the complaint. Disciplinary action cannot be taken against a clinician without a PRP recommendation for such action. The PRP also ensures that the perspective of peer clinicians is included and that those who are familiar with the standard of care and the circumstances EMS clinicians face in providing patient care determine the need for disciplinary action. All discussions, deliberations, and information shared during the course of the PRP's activities are confidential. Additionally, much of the information considered by the PRP is confidential and protected by law because it contains medical or psychological information about individuals or constitutes a hospital record.

Prior to the PRP considering a case, the MIEMSS Incident Review Committee (IRC) reviews the allegations of misconduct. The IRC consists of the MIEMSS Chief of Compliance, the State EMS Medical Director, and one of the agency's Assistant Attorneys General. The IRC is required to send to the PRP any allegations of misconduct, unless the IRC review determines that the allegations are serious enough to warrant a summary suspension pending review by the PRP, or the allegations are not serious enough to require possible action at the state level.

If the case is forwarded to the PRP, a complaint outlining the allegations and the findings of the investigation is prepared for the PRP and is also sent to the individual who is the subject of the complaint. The individual has the option of providing to the PRP a statement in response to the complaint. The PRP meets and reviews the complaint and any response from the individual. The PRP recommends to the EMS Board any action it considers necessary, which may include one or more of the following:

- Dismissal of the complaint
- Reprimand
- Probation
- Suspension of a license or certificate
- Revocation of a license or certificate
- Denial of a license or certificate
- Refusal to renew a license or certificate
- Remedial action (e.g., additional training or counseling)

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[Clinician Login Assistance](#)

[eMEDS Resource Page](#)

[Quality Management Toolbox](#)

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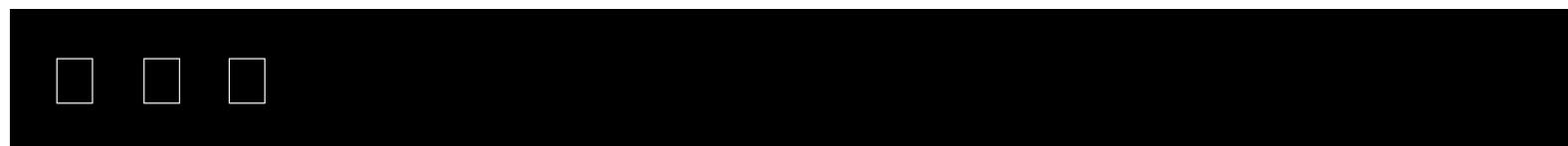
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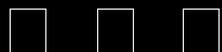
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MIEMSS collects data from health care providers for use by MIEMSS and by medical review committees under α 14-501 of the Health Occupations Article in order to:

1. Evaluate and improve the quality of health care provided by providers of health care;
2. Evaluate the need for and the level of performance of health care provided by providers of health care;
3. Evaluate the qualifications, competence, and performance of providers of health care; and
4. Evaluate and act on matters that relate to the discipline of any provider of health care.

The data is maintained in confidence under α 14-501 and α 14-503 of the Health Occupations Article and COMAR 30.08.04.06. MIEMSS will maintain as confidential any record and other information obtained by MIEMSS if that record or information identifies any person or is otherwise confidential under α 14-501 or α 14-503 of the Health Occupations Article or COMAR 30.08.04.06. Such records may be reviewed from time to time by medical review committees under the circumstances of confidentiality provided by α 14-501 of the Health Occupations Article.

MIEMSS provides data to the Maryland Department of Health for the purpose of treatment of certain patients by the Maryland Department of Health.

MIEMSS provides data to the Maryland Department of Health Office of Health Care Quality (OHCQ) for the purpose of evaluation by OHCQ of the level of performance of health care provided by providers of health care.

MIEMSS will exclude from disclosure any records or information excluded by federal or state law including the Maryland Public Access to Records Law frequently referred to as the "Public Information Act", §10-611 et. seq. of the State Government Article.

With regard to licensing and certification records, MIEMSS will provide to the public upon request under §10-617(h) of the State Government Article:

- i) the name of the licensee or certificate holder;
- ii) the business address of the licensee or certificate holder or, if the available, the home address;
- iii) the business telephone number of the licensee or certificate holder;
- iv) the educational and occupational background of the licensee or certificate holder;
- v) the professional qualifications of the licensee or certificate holder; and
- vi) any orders and findings that result from formal disciplinary actions.

At the discretion of the custodian of records, the custodian may notify any person who could be adversely affected by disclosure of a record to the person seeking disclosure that a request for inspection or copying has been made. The custodian may consider the views of the person notified before deciding whether to disclose the record.

If, in the opinion of the official custodian, disclosure of a public record that may otherwise be subject to disclosure under the Public Information Act would do substantial injury to the public interest, the request may be denied under COMAR 30.01.04.12.

In the performance of the research obligations of MIEMSS and the State Emergency Medical Services Board, MIEMSS may share data with participants in research projects in which

MIEMSS is a participant provided that the other participants engaged in the research comply with §10-624(e) of the State Government Article.

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