

Maryland Department of Health Launches Cannabis Public Health Data Dashboard

THE MARYLAND DEPARTMENT OF HEALTH (MDH) has launched a new tool to help navigate the public health impacts of cannabis use: the Maryland Cannabis Public Health Data Dashboard. The dashboard provides a user-friendly visualization of cannabis trends both before and after the legalization of adult-use cannabis in the state took effect on July 1, 2023.

Dr. Nilesh Kalyanaraman, Deputy Director for Public Health, calls the ability to monitor the public health impacts of adult-use cannabis legal-

ization “essential.”

“By tracking key indicators, we can create programs and resources aimed at preventing youth cannabis use, promoting safe storage of products to prevent accidental poisonings, and ensuring that existing services effectively support Marylanders facing adverse effects from cannabis use,” said Kalyanaraman.

The Maryland Cannabis Public Health dashboard, accessible online at cannabis.maryland.gov, features data on the following:

- emergency department visits;
- youth and adult use;
- calls to the Maryland and D.C. Poison Centers; and
- substance use services utilization.

The dashboard provides the latest data at the jurisdictional level and can analyze subpopulations based on age, race, ethnicity, and gender. This data allows for proactive monitoring and response. The Department will continue to assess additional metrics for

See CANNABIS page 10

Governor Signs Agreement to Advance Innovative and Equitable Health Care, Lower Related Costs for Marylanders

GOVERNOR WES MOORE has signed an agreement heralding Maryland’s participation in the federal States Advancing All-Payer Health Equity Approaches and Development Model, also known as the “AHEAD Model”. Maryland is the first state to sign such an agreement, which will promote health care transformation both by improving population health and lowering costs across all payers – including Medicare, Medicaid, and private insurers.

“Maryland is leading the na-

tion through its participation in the AHEAD Model, paving the way for a brighter, healthier future,” Moore said at the November 1, 2024, signing in Annapolis. “Affordable, accessible, and equitable health care is the foundation on which we build everything else – from safer neighborhoods to more vibrant communities. Together, in coordination with our federal partners, we are honoring our commitment to creating a healthier state and leaving no one behind.”

Special guests included Centers

for Medicare and Medicaid Services Administrator Chiquita Brooks-LaSure; U.S. Senators Ben Cardin and Chris Van Hollen; Maryland Department of Health Secretary Dr. Laura Herrera Scott; Maryland Hospital Association President and CEO Melony Griffith; and Health Services Cost Review Commission Chair Joshua Sharfstein.

“Maryland’s participation in the AHEAD Model is a critical step for-

See AHEAD page 10

CALENDAR

December

- **16:** *21st Annual Maryland Remembers*. Annapolis, MD. [Rescheduled from 11/17/24]

January 2025

- **1/31–2/2:** *Winterfest EMS Conference*. Easton, MD.

February 2025

- **22–23:** *Maryland Weekend at the National Fire Academy*. Emmitsburg, MD.

March 2025

- **2–7:** *National Fire Service Staff and Command Course*. Annapolis, MD.
- **7–9:** *20th Annual Miltenberger Emergency Services Seminar*. Rocky Gap Casino and Resort, Flintstone, MD.

May 2025

- **15–16:** *Point/Counterpoint Conference*. Baltimore, MD.
- **18–24:** *National EMS Week*.

June 2025

- **14–19:** *133rd Maryland State Firefighters Association Annual Convention and Conference*. Ocean City, MD.

EMS News Digest

■ **How to Celebrate the Holidays as a First Responder Family (EMSI).** If you've been working in the emergency services for any length of time, you're aware of the unpredictability it brings. Your schedule fluctuates and, while other career professionals receive holidays off, you just have to hope it's your turn to have those days free this year. However, this is not an easy concept to explain to kids, who often assume that the holidays occur on a specific day every year that is non-negotiable. So, how can you help kids celebrate these eagerly anticipated days even when a loved one is unavailable due to serving their community? Read more: <https://www.emsl.com/ems-products/fitness-mental-health-wellness/articles/how-to-celebrate-the-holidays-as-a-first-responder-family-QAfoGsZHm5bnwaG7/>

■ **Johns Hopkins Howard County Medical Center Celebrates Major**

Expansion, New Behavioral Health Unit (WJZ-TV). Howard County's only hospital celebrated a big expansion, unveiling its new behavioral health unit on November 18, 2024. The facelift more than triples its capacity for these patients, helping alleviate the strain on the emergency department. Hospital leadership said the new unit not only helps increase capacity but also creates a more welcoming environment for these patients, giving them the care and dignity these patients deserve. <https://www.cbsnews.com/baltimore/news/johns-hopkins-howard-county-medical-center-expansion/>

■ **Cybersecurity for EMS Agencies on a Budget (EMSI).** Simple steps can go a long way toward protecting public safety agencies in an evolving cyber-risk environment. Read more: <https://www.emsl.com/cybersecurity/cybersecurity-for-ems-agencies-on-a-budget>. ■

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2025



WINTERFEST

EMS CONFERENCE

January 31st - February 2nd
EASTON, MD
winterfest@talbotdes.org

January 31 – February 2, 2025 | Easton, Maryland | winterfest@talbotdes.org

For complete agenda and registration information, scan the QR code:



Maryland Office of Resilience Unveils Comprehensive Resilience Toolkit

Initiative designed to empower local governments, State agencies, businesses, non-profits, and communities in their hazard resilience efforts

THE MARYLAND DEPARTMENT OF EMERGENCY MANAGEMENT (MDEM) Maryland Office of Resilience (MOR) has launched the Maryland Resilience Toolkit, a new tool designed to equip local governments, State agencies, community leaders, businesses, and nonprofits with access to the resources needed to strengthen hazard resilience across Maryland.

Available at ResilientMaryland.com, the Maryland Resilience Toolkit is a one-stop shop for resilience information and resources that can help communities across the State adapt to and overcome a wide range of evolving risks, from climate change and natural hazards to infrastructure challenges. By offering access to resilience grant opportunities and best practices, the Toolkit ensures that Maryland's unique communities – from urban centers to rural towns – can build stronger infrastructure, protect their environments, and safeguard their people.

“The key to a resilient Maryland lies within our State’s ability to be prepared to adapt, withstand, and swiftly recover from disruptions to daily life,” said MDEM Secretary Russ Strickland. “The Maryland Resilience Toolkit offers our communities the resources they need to shape a more resilient Maryland, where communities thrive.”

Who is the Toolkit for?

The Maryland Resilience Toolkit is designed for a broad audience that plays a vital role in Maryland’s hazard resilience efforts, including:

- **State and Local Governments:** Supporting operational planners and leadership teams to create robust resilience strategies.
- **Resilience Authorities:** Assisting local entities with the tools to promote community resilience at every level.
- **Businesses and Nongovernmental Organizations:** Empowering organizations to take proactive steps in risk mitigation.

Why is It Important?

MOR’s vision is to *build stronger communities, infrastructure, and systems capable of meeting future challenges for all Marylanders*. The Maryland Resilience Toolkit reflects this vision by helping all Marylanders access the resources and opportunities needed to stay safe and resilient, including those that advance environmental justice and uplift underserved communities. The Toolkit empowers users with the knowledge and tools necessary for success.

“I’m incredibly proud of all the

Maryland Office of Resilience has achieved since we established it in 2022,” said Maryland State Senator Katie Fry Hester. “The office has steadfastly worked to create the Toolkit which will allow it to support locals in applying for federal funding for flood resilience, cybersecurity, and more. From the appointment of our State’s first Chief Resilience Officer, to the launch of the State’s resilience strategy process, to the introduction of the Resilience Toolkit, we’re making Maryland stronger and more resilient every day.”

The Toolkit’s development represents Maryland’s ongoing commitment to proactive resilience planning. It also underscores the belief that resilience must be collaborative, inclusive, and far-reaching – touching not just coastal areas, but every community across the State.

MOR promotes coordination and collaboration of experts and stakeholders across the State of Maryland to build community capacity and drive resilience. As Maryland’s coordinators of resilience strategy and practice, MOR aims to equitably strength-

See **RESILIENCE** page 11

*R ADAMS COWLEY SHOCK TRAUMA CENTER***RACSTC Honors 80+ Trauma Professionals, First Responders Who Saved Two Critically Injured Patients**

THE R ADAMS COWLEY SHOCK TRAUMA CENTER (RACSTC) at the University of Maryland Medical Center (UMMC) hosted its 34th annual Shock Trauma Heroes Celebration on October 26, 2024, in Baltimore. The event honored more than 80 trauma professionals and first responders who provided lifesaving care to two critically injured patients.

Last year, Montgomery County Police Department (MCPD) Sergeant Patrick Kepp lost both of his legs after being struck by a car that was traveling at more than 100 mph on I-270 in Gaithersburg. According to MCPD, the 19-year-old driver intentionally struck Kepp as he attempted to stop the teenager's car.

On November 21, 2022, Frederick County farmer Zene Wolfe was badly hurt when he was pinned in a skid loader while moving bales of hay for his Black Angus cows and calves. Wolfe's pelvis was crushed, in addition to other severe injuries, and doctors were unsure if he would be able to walk again.

In addition to doctors, nurses, and other medical professionals at Shock Trauma, the event honored heroes from the Montgomery County Fire and Rescue Service, Washington County EMS, Frederick County EMS and Trooper 3 of the Maryland State Police Aviation Command. For the first time, a therapy dog, Remy, who visited Sergeant Kepp, was recognized as a hero.

The celebration's theme, "One Maryland, One Shock Trauma", sought to highlight the extraordinary collaboration between RACSTC and its EMS partners throughout the state. As Maryland's Primary Adult Resource Center, RACSTC treats 6,500 critically ill and severely injured patients each year. Maryland's unique, highly coordinated statewide system serves as a national model for trauma care. This annual event raises important philanthropic support to help fund vital programs and initiatives at Shock Trauma.



"Every day, our extraordinary trauma teams employ groundbreaking research and innovative medical procedures that translate into lives saved," said RACSTC Physician-in-Chief Dr. Thomas M. Scalea, noting that "approximately 95% of all patients who make it to Shock Trauma survive."

"No one plans to come to Shock Trauma,"

added Scalea. "Each patient is a victim of an unscheduled tragedy, and every situation is unique. We never know what medical emergency we will face, but we are always ready no matter the circumstance."

The celebration also honored U.S. Rep. C.A. Dutch Ruppersberger, a longtime Shock Trauma supporter and vice chairman of its Board of Visitors, who is retiring after serving 21 years in Congress. Ruppersberger credits the trauma center with saving his life in 1975 after he was severely injured in a car crash. The proceeds from the event will help to advance critical initiatives at Shock Trauma, focusing on core services of trauma prevention, violence intervention research, and education and training.

"We are extremely grateful for the tremendous support we receive every year from local businesses, organizations and individuals throughout Maryland that enables us to fulfill our mission of saving lives and fostering a safer, healthier community," said Shock Trauma Vice President Kristie Snedeker, DPT. "We couldn't do what we do every day without our highly skilled, reliable EMS partners."

Scalea praised Maryland's well-oiled EMS system that offers expert care to patients with traumatic injuries throughout the state.

"Those of us who live in the state of Maryland are incredibly blessed to have the most sophisticated prehospital care system anywhere in the country, maybe anywhere in

See RACSTC page 12



EMS FOR CHILDREN

Become a Child Passenger Safety Technician

CHILD PASSENGER SAFETY TECHNICIAN (CPST) certification courses in Maryland have wrapped up for 2024, and MIEMSS' CPS Healthcare Project wants to thank all the emergency medical clinicians who took this fun but challenging course. Your new skills and knowledge should really prove helpful at car seat checks in your region, as well as on the scene of motor vehicle crashes where children are present. To find out when and where local check-up events are scheduled, go to www.mdkiss.org.

If you would like to become a CPST, contact the CPS Healthcare Project at cps@miemss.org to learn about getting your registration fee paid, as well as the schedule for courses in 2025. ■



Two students assess car seat safety at the CPST certification course held at the Winfield VFD, Sykesville, September 2024.

New Multisystem Trauma Pediatric Education and Advocacy Kit (PEAK) Now Available

LOOKING FOR PEDIATRIC EMERGENCY CARE educational resources on multisystem trauma? Check out the new Pediatric Education and Advocacy Kit (PEAK) developed by the Emergency Medical Services for Children Innovation and Improvement Center.

PEAKs collect educational resources to facilitate the delivery of high-quality emergency care and sup-



PEAK
Pediatric Education
and Advocacy Kits

port to children. These resources, designed for both emergency department and prehospital clinicians, include clinical practice guidelines, webinars, podcasts, and simulation resources.

The PEAK for Multisystem Trauma contains topics such as hemorrhagic shock and massive transfusion protocols, pediatric imaging guidelines, field triage, and more. All content is free and open access.

To access the PEAK: Multisystem Trauma or for more information, visit <https://emscimprovement.center/education-and-resources/peak/>. ■



MARYLAND-NATIONAL CAPITAL REGION EMERGENCY RESPONSE SYSTEM

Washington Gas Workshop: Strengthening Multidisciplinary Gas Leak Response

IN THE EVENT OF AN EMERGENCY INCIDENT, seamless coordination between public safety agencies and private sector partners is critical to respond to rapidly evolving threats. To improve preparedness, the Montgomery County Office of Emergency Management and Homeland Security (OEMHS), with the assistance of the Maryland-National Capital Region Emergency Response System (MDERS), hosted a specialized workshop in collaboration with Washington Gas, a local public utility, and Montgomery County Fire and Rescue Service (MCFRS) on October 4, 2024. The workshop aimed to evaluate Washington Gas' ability to effectively respond to a gas leak incident at the Rockville facility, with a particular goal of integrating their operations with first responders. This initiative represents the first in a series of exercises that MDERS has organized to assess response procedures and identify operational challenges among participating agencies.

Given the high-risk nature of gas leak incidents, which can quickly escalate into large-scale emergencies, precise and coordinated actions from all involved parties are paramount. A gas leak not only poses immediate safety hazards, but it can also have far-reaching impacts on the surrounding community and environment. To examine this threat, the workshop was designed as a critical discussion-based exercise offering participants the opportunity to refine their response protocols and bolster interagency communication in a controlled yet realistic setting.



[Photo: MDERS]

The exercise simulated an alert triggered by a liquid propane gas leak in a rail area at the Rockville site. Washington Gas personnel were tasked with managing various aspects of the incident, which included an unresponsive party experiencing frostbite, a large vapor cloud spreading into the community, and coordinating with arriving MCFRS personnel. The workshop highlighted the importance of a unified approach, engaging participants from various public safety and emergency management organizations that tested their ability to share information, conduct tactical responses, and manage on-site operations. Partners from OEMHS, Montgomery County Police Department (MCPD), Montgomery College (MC), and MCFRS discussed problem-solving strategies as different events in the scenario unfolded.

The workshop's objectives were multifaceted, allowing Washington

Gas personnel to identify potential gaps in their emergency plans and align internal procedures with the collaborative efforts of public safety agencies. By training alongside public safety leaders, Washington Gas personnel gained a more robust understanding of the expectations and needs of first responders, allowing them to tailor their procedures accordingly. Similarly, public safety personnel familiarized themselves with Washington Gas' internal processes, enabling them to operate cohesively.

Key components and objectives that the workshop evaluated included:

- **Response:** How quickly and organized Washington Gas personnel reacted to the gas leak incident while integrating their response protocols with first responders.

- **Notification Procedures:** How accurately Washington Gas personnel

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MIEMSS | OFFICE OF CARE INTEGRATION

Cardiac Interventional Center Re-designations 2024

THIS WAS A MAJOR YEAR for cardiac interventional centers across the state with 23 of the state's 24 centers achieving their five-year re-designation (one received its re-designation the previous year).

The process for this year's re-designations began in 2023 with applications and full-day mock surveys at each center. Office of Care Integration (OCI) personnel visited each hospital at least once to help address any quality concerns and ensure that they were fully prepared in advance of this year's official site visits, which were attended by EMS Regional Coordinators as well as local jurisdictional representation. OCI wishes to thank all of our EMS partners for their individual

and collective efforts.

Maryland's cardiac interventional centers continue to work with EMS to improve EMS ECG times, scene times, and prehospital notification for STEMI. The most efficient EMS processes include:

- Acquisition of a 12-lead ECG within 10 minutes of contact with the patient per the American Heart Association (AHA) Guidelines for Chest Pain. This process may be expedited by ensuring that ECG equipment is brought to the patient's side upon EMS arrival.
- Upon recognition of STEMI resulting from a field ECG, EMS should make every effort to reduce on-scene time to, in turn, reduce First Medical Contact to Balloon Times.

■ Prehospital notification for STEMI is another pivotal action that EMS clinicians can take. This allows time for the hospital's STEMI team to assemble and prepare for the patient's expedited arrival to the cardiac catheter lab.

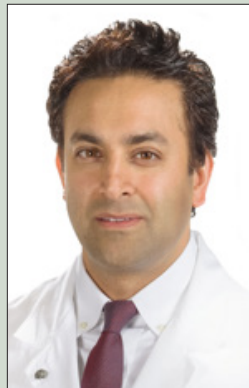
■ Many hospitals allow EMS personnel to observe the primary percutaneous coronary intervention (PCI) procedure in the cardiac cath lab. EMS clinicians are encouraged to take advantage of this educational opportunity to gain a more comprehensive understanding of hospital processes, pathophysiology, and the procedure itself.

See OCI page 11

Maryland Stroke Quality Improvement Committee Announces 2025-2027 Leadership

COMPRISED OF STROKE COORDINATORS and stroke program medical directors from all of the state's stroke programs, the Maryland Stroke Quality Improvement Committee (Stroke QIC) is dedicated to the continual improvement of stroke care in Maryland and serves as an advisory body to MIEMSS.

Stroke QIC has announced its 2025-2027 leadership. Paul Singh, MD, MPH, FAHA, who serves as Director of the Comprehensive Stroke Center and Director of Neuroendovascular Surgery at MedStar Franklin Square Medical Center, will serve as Stroke QIC Chair, joined by Ellen



DR. PAUL SINGH
Stroke QIC Chair



DR. ELLEN DEIBERT
Stroke QIC Vice Chair

Deibert, MD, FAHA, Division Chief of GBMC Center for Neurology and Medical Director of GBMC Primary Stroke Center, as Vice Chair.

Dr. Singh has dedicated his career to improving the treatment of neurovascular disease, with a specific focus on hemorrhagic and ischemic strokes. He has developed advanced treatments for venous strokes and cerebral venous stenosis. Dr. Singh has played an integral role in the development of cutting-edge interventional techniques,

See QIC page 12

Maryland Department of Transportation Motor Vehicle Administration's (MDOT MVA)

Maryland Highway Safety Office

The MDOT MVA Highway Safety Office (MHSO) is dedicated to saving lives and working with many partners across the State to reduce the number of crashes each year. In addition, the MHSO looks for ways to reduce crash severity and ways to treat crash victims easier and faster.

Maryland aims to reduce the number of crashes, and the resulting deaths and injuries, to zero by 2030.

Be Alert for Increased Penalties in Work Zones

On Tuesday, April 9, 2024, Governor Moore signed HB513/CH17 into law. The new law brings increased awareness of work zone safety and expands the Automated Speed Enforcement program, allowing more work zones to deploy speed cameras.

The law also increases the fines associated with speed cameras. Previously, the fine for speed cameras in Maryland was tied for the lowest across the country at \$40. Beginning June 1, 2024, the fine increased to \$80, and on January 1, 2025, the fine will change to a tiered fine system as follows:

- Vehicle exceeds posted speed limit by between 12 and 15 mph – \$60
- Vehicle exceeds posted speed limit by between 16 and 19 mph – \$80
- Vehicle exceeds posted speed limit by between 20 and 29 – \$140
- Vehicle exceeds posted speed limit by between 30 and 39 – \$270
- Vehicle exceeds posted speed limit by 40 mph or more – \$500
- If vehicle is cited when workers are present in the work zone, the penalties double

The good news is that no one *must* receive a citation at these higher fines! You just need to drive the speed limit, protecting highway workers, other motorists, and yourself in the process!



Maryland Remembers

Each year, hundreds of Marylanders lose their lives in preventable traffic crashes. While we work each day to prevent additional loss of life, we remember and mourn the lives of those we were unable to save. These individuals were mothers, fathers, children, friends, sisters, brothers, aunts, and uncles. They were valued loved ones whose losses are still felt deeply within their families and communities.

We welcome you to join us for Maryland Remembers on Monday, December 16, 2024, as we remember and honor the lives of Maryland crash victims.

For additional information and registration, please visit: ZeroDeathsMD.gov/MDRemembers.

Please note that due to the date change, all attendees registered for the original date will need to re-register.



Emphasis Area Team Meetings

Looking to become more involved in local road safety? MHSO welcomes participation from the EMS community for all emphasis areas. Mark your calendar for the upcoming meetings:

- **Pedestrian & Bicycle Safety:** December 12, 2024 (1:00 p.m. – 3:00 p.m.)
- **Occupant Protection/Distracted Driving:** December 19, 2024 (10:00 a.m. – 1:00 p.m.)

Visit ZeroDeathsMD.gov/Events for more info.

AHEAD...

(Continued from page 1)

ward in improving the overall health of its residents, supporting primary care, transforming health care in communities throughout the state, and addressing disparities in the health care system,” said Brooks-LaSure. “CMS applauds Maryland’s leadership in slowing health care costs while driving innovation and improving health care delivery for Marylanders.”

The AHEAD Model supports the delivery of high-quality care through greater care coordination and focus on health equity and health-related social needs to support underserved patients. The model builds upon the Total Cost

of Care Model, which sets a per capita limit on Medicare’s total cost of care in Maryland and encompasses Maryland’s unique all-payer hospital payment system, which reduces per capita hospital expenditures and supports improved health outcomes as encouraged by the Affordable Care Act.

With the November 1 agreement, the Maryland Department of Health will begin planning for model implementation with stakeholders. Planning will include establishing targets for cost growth, quality and equity improvements, population health, and primary care investments, as well as identifying regional partnerships to drive AHEAD goals.

“Maryland is the first state to enter into this innovative partnership with the federal government to achieve our triple goal: quality, affordable, equitable health care for every Marylander,” said Van Hollen. “We look forward to implementing this AHEAD model to build a healthy future for all.”

Implementation of the AHEAD Model will begin January 1, 2026. The Centers for Medicare and Medicaid Services have selected five other states – Vermont, Connecticut, Hawaii, Rhode Island, and regions of New York – for participation in the AHEAD Model. For more information about the AHEAD Model in Maryland, visit hsrc.maryland.gov. ■

CANNABIS...

(Continued from page 1)

future inclusion on the dashboard.

“Collecting and sharing data on a platform like the Maryland Cannabis Public Health Data Dashboard informs evidence-based policy decisions, ensures efficient resource allocation, and aids in the evaluation of public health interventions,” said Maryland Cannabis Public Health Advisory Council Chairperson Dr. Deondra Asike. “Furthermore, this dashboard will help to identify health disparities, ensuring that vulnerable populations receive appropriate attention. As public health practitioners, we must strive to safeguard and protect community health and well-being.”

According to the 2022-2023 Maryland Youth Risk Behavior Survey/Youth Tobacco Survey and the 2022 Behavioral Risk Factor Surveillance Survey, cannabis use among Maryland youth had been declining

prior to July 1, 2023. In contrast, there was a slight increase in cannabis use among adults, rising from 9.0 percent in 2021 to 11.7 percent in 2022.

Recent data from the dashboard shows a significant increase in emergency department visits related to

**CALLS TO POISON
centers have surged,
especially among those
under the age of 20.**

cannabis use (self-reported chief complaints and discharge diagnoses). The most notable rise – nearly 44 percent from 2022 to 2023 – was observed among individuals aged 20 to 29.

Additionally, calls to poison centers have surged, especially among those under the age of 20. From 2021 to 2023, calls to Poison Centers serv-

ing Maryland residents nearly doubled for youths aged 9 and younger; tripled for those aged 10 to 14; and increased by over 26 percent for individuals aged 15 to 19. The Department will update data on the dashboard regularly as new information becomes available.

The Maryland Cannabis Public Health Data Dashboard complements the Maryland Cannabis Administration Medical and Adult-Use Cannabis Data Dashboard. These resources provide Maryland residents with information on the public health and safety impacts of cannabis, as well as essential program and industry metrics, such as sales figures and the number of active licenses in the state.

Additionally, MDH and the Maryland Cannabis Administration, along with other partners, have collaborated to develop the BeCannabisSmart public health and safety campaign. For more information, visit Cannabis.Maryland.gov. ■

MDERS...

(Continued from page 7)

could notify the appropriate authorities by using their communication channels to relay vital information, such as the location of the leak, its severity, and any immediate hazards to personnel.

■ *Coordination and Management:* The level of coordination between Washington Gas and MCFRS personnel required throughout the lifecycle of the incident while ensuring that clear expectations were communi-

cated, responsibilities were properly delineated, and efforts streamlined.

Through real-time emergency simulations, MDERS is taking a forward-thinking approach to bridge the operational gaps and hurdles between private sector and public safety entities. Without continuous training that brings these groups together, there is a risk of miscommunication, delays, and misaligned actions that could exacerbate an already dangerous emergency. Overall, the workshop exercise was well received by participants, en-

abling agencies to adjust their existing procedures, plans, and strategies for future incidents. One of the key takeaways from the exercise was the importance of relationship-building and bringing attention to all details that are indispensable for preparedness. Meeting stakeholders and partners beforehand proved to be a crucial element for effective response. This ongoing MDERS-sponsored exercise series not only strengthens partnership but also fosters a culture of continuous improvement and readiness. ■

OCI...

(Continued from page 8)

In addition, MIEMSS renewed memoranda of understanding (MOUs) with four out-of-state cardiac interventional centers – three Delaware hospitals and one in the District of Columbia – for STEMI in 2024. OCI personnel conducted on-site evaluations at each facility to ensure the quality of their processes, protocols, and resources in the treatment of STEMI patients.

the following data via the AHA Get with the Guidelines Registry:

■ Percentage of STEMI patients transported directly to their hospital by EMS who received primary PCI within 90 minutes of EMS first medical contact (or within 120 minutes when transport time is prolonged). This is mitigated by EMS documentation for reason of on-scene delay; and

■ Percentage of STEMI patients for whom the cath lab was activated prior

to arrival at the STEMI receiving center.

OCI seeks to promote high-quality care as quickly and efficiently as possible by facilitating seamless integration of the EMS processes that interface with hospital processes. To learn more, contact Katie Hall, MIEMSS Director of Cardiac Interventional Centers, at khall@miemss.org, or email the Mission Lifeline directly at missionlifeline@heart.org. ■

AHA Get with the Guidelines Mission Lifeline EMS Recognition Program

EMS jurisdictions can opt to participate in the AHA Get with the Guidelines Mission Lifeline EMS Recognition Program for stroke and heart attack. EMS performance has a direct impact on hospitals' Mission Lifeline award status. Hospitals report

RESILIENCE...

(Continued from page 4)

en the State of Maryland's resilience. By promoting collaboration, equity, and strategic investments, MOR ensures Maryland's resilience planning is inclusive, community-centered, and

future-focused.

For more information about MDEM or MOR, visit mdem.maryland.gov, follow MDEM's X (formerly Twitter) feed at [@MDMEMA](https://twitter.com/MDMEMA), or follow MDEM's Facebook page at www.facebook.com/MDMEMA. ■

MIEMSS wishes all of Maryland's EMS clinicians, their colleagues, friends, and families a joyous, healthy, and safe holiday season

RACSTC...

(Continued from page 5)

the world," he said, "and then a trauma system that gets it right – right person, right place, right amount of time. 'One Maryland, One Shock Trauma' – it's our motto. It's how we do things every day."

Stop the Bleed

Please consider partnering with the R Adams Cowley Shock Trauma Center (RACSTC) in our mission to teach every person in Maryland the potentially lifesaving skills required to stop bleeding. Contact Stcstopthebleed@umm.edu if you are able to assist with teaching at any of our upcoming classes or are interested in signing up for an upcoming Train the Trainer class:

- **12/9/24:** *George Washington Carver Center for Arts and Technology*, Towson, MD, 0730-1430
- **12/9/24:** *Baltimore County Public*

Library – Randallstown Branch, Randallstown, MD, 1830-1930

- **12/10/24:** *George Washington Carver Center for Arts and Technology*, Towson, MD, 0730-1430

- **12/10/24:** *Baltimore County Public Library – Cockeysville Branch*, Cockeysville, MD, 1830-1930

- **12/13/24:** *US Army Consequence Management Unit*, Aberdeen Proving Ground, 0900-1200

- **12/17/24:** *Public Class*, T1S11, 1300-1400

- **12/18/24:** *Baltimore Humane Society*, Reisterstown, MD, 1200-1300

For further information contact Rachel Itzoe, NREMT, at rachel.itzoe@umm.edu or Katie Myers, EMT-B, at kmeyers@umm.edu.

Shock Trauma GO-TEAM

Representatives of the Shock Trauma GO-TEAM and our EMS Liaison group are always available to provide

education on a local level. Contact ST-CEMS@umm.edu if you would like to schedule an educational presentation.

Fall Prevention

RACSTC works with the Think-First National Injury Prevention Foundation to offer a wealth of educational materials aimed at reducing falls and preventing traumatic injuries. Held in room T1R15 on the first floor of Shock Trauma at noon on the first Friday of every month, our "Fall Prevention Class for Caregivers and Families" teaches attendees the essentials of fall prevention and offers tips for talking to their doctor, strategies for home modification, exercises, and more. You also can request a free course, which we'll bring to your community, facility, group or organization. For more information about fall prevention, please visit <https://www.thinkfirst.org/falls-safety> or call 410-328-2035. ■

Maryland EMS News

MIEMSS

653 W. Pratt St.

Baltimore, MD 21201-1536



Governor Wes Moore

Lt. Governor Aruna Miller

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QIC...

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leading multiple nationally recognized clinical research trials in stroke and providing patients the opportunity to participate in new therapies. He is committed to education, serving as an Associate Professor of Neurosurgery and Neurology at Georgetown University Hospital as well as a mentor to medical professionals. He is an active member of multiple nationally recognized societies, including the American Heart Association, the Society of Neurointerventional Surgery, and the Society of Vascular Interventional Neurology.

A board-certified neurologist, Dr. Deibert holds subspecialty board-certifications in Behavioral Neurology and Neuropsychiatry and Brain Injury Medicine. In her current roles at GBMC, she conducts her clinical work in both inpatient and ambulatory settings. Dr. Deibert strongly believes that all patients suffering from cerebrovascular disease, traumatic, or acquired brain injuries should have access to care. Her professional interests include building collaborative relationships with health systems and the community to create effective networks that can deliver subspecialized care to the local level. ■

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