

Maryland

# EMSS

## NEWSLETTER

Vol. 18, No. 2

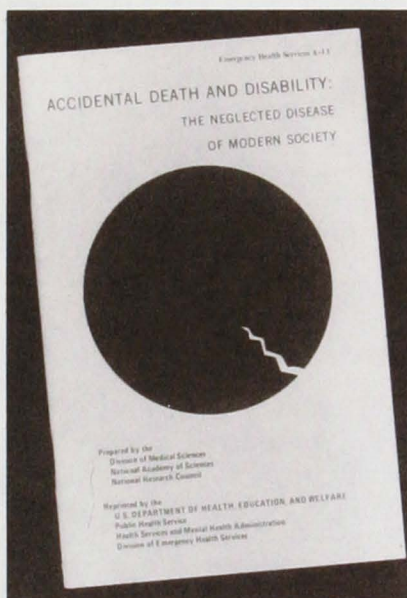
For All Emergency Medical Care Providers

September 1991

### Accidental Death & Disability: 25 Years Later

Anniversaries of major events may evoke joy or dread, depending upon whether the original event was a positive or a tragic occurrence. This September is a positive anniversary in the sense that 25 years ago this month the landmark document "Accidental Death and Disability: The Neglected Disease of Modern Society" was published after three years of study by the Committee on Trauma and the Committee on Shock of the National Academy of Science's National Research Council. Dr. R Adams Cowley was one of a small group of outstanding participants who met diligently for several weeks to hammer out the final text of the report. Ten of these participants returned to the MIEMSS 9th National Trauma Symposium in 1986, whose theme was "The Neglected Disease—20 Years Later." One of the participants at that symposium was asked whether they realized in 1966 the significance of the document they were preparing. He answered that no, at the time, he felt it was likely the report would be overlooked or forgotten. Fortunately, this impression turned out to be very wrong, and the document remains as a major landmark in the history of Emergency Medical Services.

Some of the report's findings can almost be considered prophetic. For example, "the general public is insensitive to the problem of accidental death and injury." "Emergency Departments of hospitals are overcrowded..." Specific recommendations encompassed the areas of accident prevention, emergency first aid and medical care, the development of trauma registries,



hospital trauma committees, an emphasis on rehabilitation, medical/legal problems, autopsies, care of casualties following disasters, and the need for increased research in trauma.

In 1965, injuries killed approximately 107,000 people, at a cost to the nation of approximately \$18 billion. Now it is estimated that injuries kill 140,000 people at an estimated cost to the nation of \$75-\$100 billion.

While much remains to be done, progress has of course been made in many ways and in many places. At the federal level, the National Highway Traffic Safety Administration (NHTSA) has provided leadership through its EMS Division. As NHTSA is charged with "reducing accidental deaths and injuries on the nation's highways," it has focused some of its efforts on "assisting states with the development of integrated emergency medical

services programs that include comprehensive systems in trauma care."

A state's EMS director and governor's highway safety representative can request from NHTSA a Technical Assistance Team to assess emergency medical services. Such a request was made by us in conjunction with the Governor's Highway Safety Representative, Secretary of Transportation O. James Lighthizer. This resulted in an assessment which was conducted on August 6-8 by the NHTSA-facilitated team. Many individuals and groups presented information and views relating to EMS in Maryland. Ten "standard" areas were covered: regulation and policy, resource management, manpower and training, transportation, facilities, communication, public information and education, medical direction, trauma systems, and evaluation. The NHTSA-facilitated team subsequently provided a written report relative to the standard areas, status, and recommendations. The report has been distributed to the presenters as well as to EMS jurisdictions and others in the Maryland EMS community.

We anticipate discussion within the EMS community about both the assessment and the recommendations. We are sincerely grateful to John L. Chew, Jr., coordinator for the EMS Technical Assistance Program at NHTSA, who was also the originator and developer of the program, for his superb management of the process. We are also grateful for the time and expertise of those individuals whom

*(Continued on page 2)*



## 25th Anniversary

(Continued from page 1)

NHTSA assembled for the Technical Assistance Team: Jan A. Christensen, JD, MSW (Michigan EMS Director), Lenworth M. Jacobs, Jr., MD, MPH, FACS (trauma surgeon, Connecticut), Frank R. Lewis, Jr., MD, FACS (trauma surgeon, California), Peter T. Pons, MD, FACEP (emergency physician, Colorado), Wade N. Spruill, Jr. (Mississippi EMS Director), and Leslee Stein-Spencer, RN, MS (Illinois EMS Director). In this issue of the *Maryland EMS Newsletter*, we include the introduction to the report, with our thanks to all who participated in the process.

- ◆ Ameen I. Ramzy, MD  
State EMS Director

## EMS in the USSR

"EMS care providers in the Soviet Union have to do the same work we do, but with a lot less in the way of modern technology," says Leon Hayes, NREMT-P, of the Waldorf Volunteer Rescue Squad and Mobile ICU in Charles County (Region V). Mr. Hayes, accompanied by his wife Pat, was part of a group of 37 EMS personnel from all over the United States who were invited to come to the USSR in early April for an exchange of ideas and techniques with their Soviet counterparts. The trip was under the auspices of the People-to-People Program, which was established by President Eisenhower in 1956 to promote good will between the citizens of the US and the USSR.

Residents of Moscow access their EMS system by dialing "03." Each ambulance is staffed by a physician and/or a "feldsher," who could be compared to a physician's assistant here. Being a physician is not a high-status job in the USSR. Physicians wearing white coats and hats similar to chef's hats can be seen wearing backpacks as they ride buses. Each Moscow hotel has a dispensary and all public buildings are staffed with either a physician, a feldsher, or a nurse.

"EMS care providers do not have any of the same equipment that we have," Mr. Hayes says. "They have hardly any disposable needles, syringes, or catheters; rubber gloves, if used, are washed and recycled. They use the

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## State of Maryland An Assessment of Emergency Medical Services August 6-8, 1991 National Highway Traffic Safety Administration Technical Assistance Team

### Introduction

Maryland has a unique and pioneering EMS history. It has had strong, charismatic leadership which resulted in the creation of a statewide system of EMS providers. This includes enthusiastic volunteers, public service professionals, and medical personnel with conventional as well as specialty centers. This strong involvement of volunteers along with paid ambulance providers has been augmented by the most extensive air medical program in the nation. The initiation of the state lead EMS agency and its integral association with the Shock Trauma Center was established by an executive order of the Governor in 1973. This order has allowed the agency to facilitate the growth and development of EMS throughout the state.

It is obvious that there is genuine statewide interest in emergency medical services on the part of medical as well as lay personnel. There is a general feeling at all levels that emergency medical services are a right for the citizens of Maryland. This is enhanced by an enlightened reimbursement policy which allows access to the air and ground system by all citizens without incurring a direct cost. These policies also allow patients to be transported to appropriate EMS receiving facilities

regardless of their ability to pay. High motivation and enthusiasm on the part of providers are present throughout the system.

A number of challenges have been clearly expressed and need to be addressed in order for the system to continue its march toward excellence. These challenges include completing the communication system for the state, developing a unified educational strategy for prehospital providers at all levels, identifying and reporting prehospital emergency incidents, analyzing the quality of care delivered, and closing the quality feedback loop from the field to the lead agency and back to the providers.

The enthusiasm and detailed presentations by all participants in the EMS system to the Technical Assistance Team (TAT) was evidence of the seriousness with which they take their role in emergency medical service delivery. This willingness to research and report their involvement bodes well for the improvement of EMS in Maryland. This dedication can be enhanced by the leadership of Maryland Institute for Emergency Medical Services Systems (MIEMSS) to move EMS forward into the next century.



Pat and Leon Hayes in Russia.



# A Marylander's View of EMS in the USSR

(Continued from page 2)

type of stainless steel needles we used in the Army in the 1950s. I never saw a backboard there and I saw only one cervical collar. The whole philosophy of EMS is different."

If the patient can be stabilized at home, he is usually not transported. If he must be transported after treatment, he is walked to the ambulance. Many cardiac procedures are done in the home; inserting a pacemaker takes 15 minutes. Their protocol for cardiac arrest calls for working on the patient for 72 minutes. Their drug box is all ampules. They use only central, not peripheral, lines. They do subclavian injections. The trauma team may treat, suture, etc., on the scene. Most traumas are injuries from industrial accidents, amputations, broken legs, and head injuries, but there are few belly/chest injuries. Handguns are not readily available, but they do have shotgun wounds, stabbings, and very few motor vehicle accidents. Ambulances do not carry deceased patients.

"Their attitude toward death is different. They weigh the quality of life versus intervention, because they feel that society cannot afford having a patient linger in a vegetative state. If you're dead, you're dead." Liability is not an issue in this society.

Hospitals in the USSR are specialized (for example, orthopedic only or obstetric only) to eliminate overlapping services and increase the availability of expert services. All medical services are controlled by a state-run, central facility; then there are stations, substations, and outpatient clinics. "It can be compared to a top spinning and throwing off satellites all around."

It is hard to maintain asepsis because of the lack of supplies and the need to recycle everything. "Personnel in the hospitals we visited didn't hide anything. We saw one hospital ward filled with women who had developed peritonitis after surgical procedures," Mr. Hayes says. "At first I thought they were showing us their worst cases so we would feel sorry for them, but the more I saw, the more I realized that conditions really were that bad. But although they lacked supplies and technology, we were impressed by the

prehospital and inhospital personnel, who were sweet, friendly, proud people."

The American group also traveled to Leningrad. There the substations are specialized for cardiac, pediatric, trauma, and neurological conditions, and toxicity. Again, very few patients were taken to hospitals; most were treated in their homes.

The group then went to Kharkov, a city south of Moscow, in the Ukraine. Upon their arrival they were greeted by young girls in traditional dress who ceremoniously offered them a traditional loaf of bread. The Americans were told that they should each tear off a piece of the bread, salt it, and eat it. They all agreed it was a moving experience—and the bread was delicious.

Mr. Hayes was one of two American delegates who were asked to give 15-minute presentations to the Kharkov EMS personnel. After Mr. Hayes spoke, the audience asked questions about the Maryland EMS system for an additional 30 minutes. He found the medical personnel in Kharkov to be spontaneous, warm,

caring, enthusiastic, and attentive. They expressed a desire to model their EMS system after the Maryland system. Several physicians were planning to come to the United States to study; Mr. Hayes offered the hospitality of his home to one physician who was anxious to see the system in operation.

"The trip was fascinating and rewarding. But it was also disheartening to see how little they have. We throw away so many things they could use, but if we sent it over it would be intercepted by the Black Market and never reach its intended recipients. The people treated us very cordially. Perhaps if there were more people-to-people dealings, there would be better international relations. We want to keep the cold war thawed."

Funding for the trip for Mr. and Mrs. Hayes was raised in part by donations and fund-raising events by organizations including volunteer fire departments, rescue squads, ladies auxiliaries, the emergency department staff of Physicians Memorial Hospital, and the physicians of the Shock Trauma Center.

◆ *Erna Segal*



## 'Comfort' Returns to Maryland. . .

The USNS *Comfort*, a floating trauma center, returned to her home base in Baltimore on April 15 from her 8-month deployment to support Operations Desert Shield and Desert Storm. MIEMSS Region II Administrator Richard A. Metettal, who was a US Navy medical corpsman and administrator for 26 years, represented State EMS Director Ameen I. Ramzy, MD, at the welcoming ceremony. EMS Region III Administrator John Donohue and Associate Administrator Elizabeth Nachbar welcomed the ship on behalf of the EMS region and the Shock Trauma Center.

During her stay in the Persian Gulf, the USNS *Comfort* staff treated 8,000 outpatients and 718 inpatients; had 187 surgical cases that needed 337 surgical procedures; did 17,000 lab tests, 1,500 radiologic procedures, and 141 CAT scans; and filled 7,400 prescriptions.



The following resource list is provided for information only. Please call your regional administrator with any questions or for further information.

## MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

**Director:** James P.G. Flynn, MD

**Deputy Directors:** Philip Militello, MD  
Ameen I. Ramzy, MD

### Office of State EMS Director—301-328-7800

State EMS Director: Ameen I. Ramzy, MD  
Aeromedical Director: Douglas Floccare, MD  
Director for EMS Operations: Ronald B. Schaefer  
Director for Information and Media Services: Andy Trohanis  
Director for Regional Programs: David Ramsey  
Director for Administration: Robert Dubansky

### Regional Programs

Director for Regional Programs: David Ramsey, 301-895-5934

#### Regional EMS Administrators:

- Region I (Allegany and Garrett counties): David Ramsey, 301-895-5934
- Region II (Washington and Frederick counties): Richard Mettetal, 301-791-2366 or 301-416-7249
- Region III (Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard counties): John Donohue, Beth Nachbar (associate), 301-328-3996
- Region IV (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester counties): Marc Bramble, John Barto (associate), 301-822-1799
- Region V (Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties): Marie Warner-Crosson, 301-474-1485

### EMS Operations

Director for EMS Operations: Ronald B. Schaefer, 301-328-3666

**Prehospital Services:** Ronald B. Schaefer, 301-328-3666

- Advanced Life Support (ALS) Programs: Dia Gainor
- Basic Life Support (BLS) Programs: Larry West  
—First Responder Program: Harry Walleit  
—EMT-A Reentry/Reciprocity: Pat Smith
- Continuing Education Program: Craig Coleman
- Quality Assurance Program: Kenneth L. Young
- Curriculum Development: Michael A. Olds
- Training & Certification Administration: Edward J. Lucey

#### Commercial Ambulance Licensing & Regulation:

George Smith, 301-328-8511

**Communications:** Gene Bidun, 301-328-3668

- Communications Engineering: Tom Miller
- Communications Maintenance: Ed Macon
- Communications Operations (EMRC/SYSCOM): Andy Pilarski (chief); Butch Jones (assistant chief)
- Equipment Trouble Reports  
Normal working hours - 1-800-492-1185

### Information and Media Services

Director for Information and Media Services: Andy Trohanis, 301-328-3994

**Media Resources:** Jim Brown, 301-328-3994

**Video Services:** Nando Tosti, 301-328-3994

**Publications** (including *Maryland EMS Newsletter*): Beverly Sopp, 301-328-3248

### Operations Research and Systems Analysis (ORSA):

John New, 301-328-7798

—MAIS: Kathy Paez

—Trauma Registry: Matthew Collins

### EMS Nursing and Specialty Care (Field Nursing)—301-328-3930

Angela Janik, Director of MIEMSS Nursing

- Continuing education, consultation, and nursing liaison
- Specialties and staff contacts include:  
—Cheryl Bowen, high risk neonatal program  
—Mary Beachley, trauma  
—Pat Epifanio, emergency departments and specialty referral centers  
—Barbara Fontanazza, perinatal education  
—Trudy Gatto, perinatal  
—Carla Bailey-Jones, perinatal

### Infectious Diseases—301-328-3656

Director: Ellis Caplan, MD

Infection Control Officer: Suzanne Elliott, RN

### Planning, Development, and Management Analysis—301-328-3993

Director: Ronald Kropp

- Identification and development of EMS grants, contracts, and interagency agreements
- Liaison with U.S. Department of Health & Human Services, Department of Transportation, and Maryland Department of Health & Mental Hygiene

### Critical Incident Stress Debriefing (CISD) Program

Program Director: Marge Epperson-SeBour

Contact Persons:

Regions I and II: Lee Ross (301-729-8926, home; or 301-759-5995, page)

Regions III, IV, and V (Montgomery and Prince George's counties): Marge Epperson-SeBour and Craig Coleman (1-800-648-3001 or 301-328-6416)

Region V (Charles, Calvert, and St. Mary's counties): Carolyn Graham (301-934-4012, home; or 301-932-6610, work)

#### Regional CISD Coordinators: Region I—

Lee Ross; Region II—Susan Ramsey; Region III—Ogden Rogers (Baltimore City) and Jim Clements (counties); Region IV—Chuck Hughes and Jerry Bennett, NREMT-P; Region V—Carolyn Graham (Tri-Counties) and Ed Bickham (Montgomery and Prince George's counties)

### Crisis Intervention Preparedness (CIP) Team

- Specially trained six-member team that responds to state disaster situations to provide on-site psychological support to disaster workers and victims  
Contact Persons: Marge Epperson-SeBour and Craig Coleman (1-800-648-3001)

### High-Risk Adolescent Trauma Prevention Program—301-328-2035

Director: Beverly Dearing-Stuck, RN

- Teaches adolescents the relationship between alcohol and/or drugs and traffic accidents



## REGIONAL EMS

Each jurisdiction in each region has a 911 center.

### Region I (Allegany and Garrett counties)

MIEMSS Regional Administrator: David Ramsey,  
Casselman Ventures Building, Route 40, P.O. Box 34,  
Grantsville, MD 21536 (301-895-5934)

Regional Medical Director: Frederick W. Miltenberger, MD  
Regional EMS Advisory Council: Constance Spates, RN,  
president

Regional ALS Coordinator: William Hardy

Highest EMS Jurisdictional Officials: Garrett County—  
Charles Hahn and Rayma Weeks; Allegany County—  
George Blanco

### Region II (Washington and Frederick counties)

MIEMSS Regional Administrator: Richard Mettetal,  
201 S. Cleveland Avenue, Suite 211, Hagerstown,  
MD 21740 (301-791-2366 or 301-416-7249)

Regional Medical Director: John Marsh, MD  
Regional EMS Advisory Council: Jean Burns, RN,  
president

ALS Program Medical Directors: Frederick County—  
Jeffrey Fillmore, MD; Washington County—  
John Marsh, MD

Regional ALS Program Coordinator: Patricia Hicks

ALS Program Coordinators: Frederick County—Richard  
Himes; Washington County—Patricia Hicks

Highest EMS Jurisdictional Officials: Frederick  
County—Andrew Marsh; Washington County—  
H. Wayne Williams

### Region III (Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard counties)

MIEMSS Regional Administrators: John Donohue,  
Beth Nachbar (associate), 22 S. Greene Street,  
Baltimore, MD 21201 (301-328-3996)

Regional Medical Directors: Alex Cadoux, MD; Michael  
Stang, MD (assistant)

Regional EMS Advisory Council: Julie Casani, MD,  
chairperson

Jurisdictional Medical Directors: Annapolis—Yves  
Piquion, MD; Anne Arundel County—Roy Myers, MD;  
Baltimore County and City—Frank Barranco, MD;  
BWI Fire & Rescue Services—Ameen Ramzy, MD;  
Carroll County—Robert Gossweiler, MD; Harford  
County—Rajagopala R. Tripuraneni, MD; Howard  
County—David Paul, MD; Maryland Natural  
Resources Police—Peter Oroszlan, MD, MPH

EMS Officers: Annapolis—Dale Crutchley; Anne Arundel  
County—Deputy Chief Roger Simonds; Baltimore  
City—Chief Michael Jachelski; Baltimore  
County—Chief Joseph Sonntag; BWI Fire-Rescue  
Services—Capt. David Goodwin; Carroll County—Jesse  
Salley and Charles Barnhart; Harford County—

Laura Kelly and Barry Wolfe; Howard  
County—Chief Donald Howell; Maryland Natural  
Resources Police—Sgt. John Gilmer

EMS Training Coordinators: Annapolis—Dale  
Crutchley (ALS); Anne Arundel Community  
College—Valerie Simonds (BLS & ALS); Anne  
Arundel County—Capt. Steve Frye (BLS & ALS);  
Baltimore City—Lt. Robert Wheeler (BLS) and Capt.  
John Johnson (ALS); Baltimore County—Capt. David  
Murphy (BLS & ALS); Carroll County—Charles  
Barnhart (BLS & ALS); Community College of  
Baltimore—Robert Henderson (BLS & ALS); Essex  
Community College—Clifford Ritterpusch (BLS);  
William Neal (ALS); Harford County—Laura Kelly (BLS  
& ALS); Howard County—Chief James Heller;  
Maryland Natural Resources Police—Sgt. John Gilmer;  
and UMBC, Emergency Health Services  
Program—Dwight Polk

Highest EMS Jurisdictional Officials: Annapolis—Chief  
Edward Sherlock; Anne Arundel County—  
Fire Administrator Paul Haigley; Baltimore City—Chief  
Peter J. O'Connor; Baltimore County—Chief Elwood  
Banister; BWI Fire-Rescue Service—Chief Jack Beall;  
Carroll County—Capt. Jesse Salley; Harford  
County—Chief James Lyons; Howard County—  
Director Darl McBride; and Maryland Natural  
Resources Police—Col. Jack Taylor

Metropolitan Fire Chiefs: Chief Peter J. O'Connor,  
chairman

Baltimore Regional Council of Governments: Fire  
Chiefs Council for Areawide Comprehensive Fire  
Protection Planning—Chief Edward Sherlock,  
chairman

### Region IV (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester counties)

MIEMSS Regional Administrators: Marc Bramble,  
John Barto (associate), P.O. Box 536, Easton, MD  
21601 (301-822-1799)

Regional Medical Director: Robert Adkins, MD

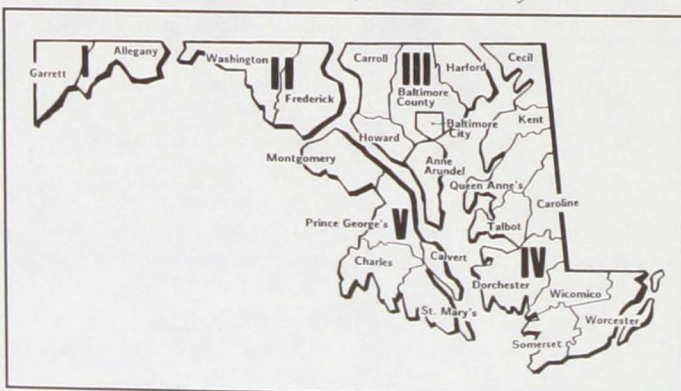
Regional EMS Advisory Council: Dottie Dyott, RN,  
president

EMS Medical Directors: Caroline, Queen Anne's,  
Talbot Counties—Richard Marasa, MD; Cecil  
County—Andrew Langsam, MD; Dorchester  
County—Michael Joyce, MD; Kent County—J. Dennis  
McGettigan, MD; Somerset County—  
Gregory Belloso, MD; Wicomico, Worcester  
Counties—Robert Adkins, MD

Jurisdictional ALS Coordinators: Caroline County—  
Robert Schoonover; Cecil County—Frank Muller;  
Ocean City—David Collins; Queen Anne's  
County—Robert Simpson; Talbot County—Terry  
Satchell

EMS Nurse Liaisons: Dorchester General Hospital—  
Kathy Weber; Memorial Hospital at Easton—Sonya  
Crawford; Peninsula General Hospital—Terri Nutter

Highest EMS Jurisdictional Officials: Caroline  
County—Robert Schoonover; Cecil County—Frank  
Muller; Dorchester County—John Hochheimer; Kent  
County—Robert Rust; Queen Anne's County—Phillip  
Hurlock; Somerset County—Robert D. Goldsborough;  
Talbot County—Terry Satchell; Wicomico  
County—Jerry Bennett; and Worcester  
County—Catherine Sard





## **Region V (Calvert, Charles, Montgomery, Prince Georges, and St. Mary's counties)**

MIEMSS Regional Administrator: Marie Warner-Crosson, 5111 Berwyn Road, College Park, MD 20740 (301-474-1485)

Regional Medical Director: Joseph Colella, MD

Regional EMS Advisory Council: Richard Alcorta, MD, president

County Medical Directors: Calvert County—Paul Tso, MD; Charles County—Howard Haft, MD; Montgomery County—Ira N. Brecher, MD; Prince George's County—Joseph Colella, MD; St. Mary's County—J. Patrick Jarboe, MD

ALS Training Officers: Calvert and Charles Counties—Kay Desjardins; Montgomery County—Lt. Willa Little; and Prince George's County—Maj. Joseph Ockershausen

EMS Coordinators: Calvert County—Cathy All; Charles County—Leon Hayes; Montgomery County—Capt. C. Edward Bickham; Prince George's County—Maj. Joseph Ockershausen; St. Mary's County—Paul Wible

EMS Hospital Liaisons: Bowie Health Center—Noreen Messenger, RN, P. Thomas Lyons, MD; Calvert Memorial—Barbara Bridgett, RN, Lynn Dennis, RN, David Denekas, MD; Doctors Community Hospital—Nancy Haupt, RN, James Pollock, MD; Fort Washington Medical Center—Nancy DeWalt, RN, Charles Dwan, MD; Greater Laurel Beltsville Hospital—Brenda Harrison, RN, Reynaldo Rodriguez, MD; Holy Cross Hospital—Elisabeth Martinez, RN, Lawrence Oufiero, MD; Leland Memorial Hospital—John Gilbert, RN, Edward Wilson, MD; Montgomery General Hospital—Debi Hooper, RN, Geoffrey Wilner, MD; Physicians Memorial Hospital—Mary Lou Hiordahl, RN, Barbara Bach, MD; Prince George's Hospital Center—Robert Dice, RN, George Linnell; St. Mary's Hospital—Theresa Mireless, RN, Michael Szkotnicki, MD; Shady Grove Adventist Hospital—Jeanne Heltzel, RN, Steven Gevas, MD; Southern Maryland Hospital Center—Pat Piazzia, RN, William Joseph, MD; Suburban Hospital—Becky Kane, RN, Elaine Ratliff, RN, Richard Alcorta, MD; Washington Adventist Hospital—Pam Fox, RN, Steven Bennett, RN, Charles Chapin, MD

Highest EMS Jurisdictional Officials: Calvert County—Robert Short; Charles County—Leon Hayes; Montgomery County—Ramon F. Granados; Prince George's County—Chief Steven Edwards; and St. Mary's County—Paul Wible

## **Regional Emergency Medical Services Advisory Council**

Chairman: Chief Michael Jachelski

Vice-Chairman: John Hochheimer

Secretary: Ken May

## **MARYLAND STATE POLICE MED-EVAC SYSTEM**

Aviation Division, Commander: Maj. Charles R. Hutchins  
Training Section: F/S Gary Shields

Helicopter Operations: Lt. William S. Bernard

Administration/Safety Liaison: Lt. Robert J. McGainey

Fixed Wing/SYSCOM: F/S M. E. Shorey

Maintenance Operations: Joseph Kuhn

Section Supervisors: Baltimore/Norwood—F/S R. P. Kreef; Salisbury/Centreville—F/S A. L. Fitzgerald;

Cumberland/Frederick—F/S J. M. Zeigler; and  
Washington/Southern Maryland—F/S J. P. LeDonne

## **HOSPITAL CARE: DIRECTORS**

Highest Echelon of Clinical Care

MIEMSS Shock Trauma Center: Philip Militello, MD (clinical director)

### **Areawide Trauma Centers**

Francis Scott Key Medical Center: Jeffrey Bender, MD  
Johns Hopkins Hospital: Timothy G. Buchman, MD, PhD

Memorial Hospital of Cumberland: Richard Snider, MD  
Peninsula General Hospital Medical Center: Steven Crawshaw, MD

Prince George's Hospital Center: Vincent Casibang, MD

Sinai Hospital: Gerald Garguilo, MD

Suburban Hospital of Bethesda: Ernest D. Hanowell, MD

University of Maryland Medical System: Donald Gann, MD

Washington County Hospital: John R. Marsh, MD

### **Specialty Referral Centers**

Baltimore Regional Burn Center: Andrew M. Munster, MD

Burn Center at Washington Hospital Center: Marion Jordan, MD

Raymond M. Curtis Hand Center at Union Memorial Hospital: E.F. Shaw Wilgis, MD

Wilmer Eye Institute: Morton F. Goldberg, MD

Georgetown University Eye Trauma Center: Leonard M. Parver, MD

Johns Hopkins Pediatric Trauma Center: J. Alex Haller, MD

Children's Hospital National Medical Center Pediatric Trauma Center: Martin R. Eichelberger, MD

MIEMSS Neurotrauma Center: Clark Watts, MD

MIEMSS Hyperbaric Medicine: Roy A.M. Myers, MD

Johns Hopkins Perinatal Center: Nancy Callan, MD

University of Maryland Medical System Perinatal Center: Marcus Pupkin, MD

Francis Scott Key Medical Center NICU: Fabian Eyal, MD

Johns Hopkins Hospital NICU: Christine Gleason, MD

University of Maryland Medical System NICU: Ira Gewolb, MD

Mercy Hospital NICU: Ronald Gutberlet, MD

St. Agnes Hospital NICU: Howard Birenbaum, MD

Sinai Hospital NICU: Jacob Felix, MD

Greater Baltimore Medical Center NICU: Ambabas Pathak, MD

Children's Hospital National Medical Center NICU: Gordon B. Avery, MD

Morgantown Hospital NICU: Martha Mullett, MD

## **Hospitals Providing Maryland with 24-Hour Emergency Department Service**

### **Region I**

Frostburg Community Hospital: Sandra Howard, MD

Garrett County Memorial Hospital: Mark Domenick, MD

Memorial Hospital & Medical Center of Cumberland, Inc.: Mark Myers, MD



Sacred Heart Hospital: Jeffrey Davis, MD

#### **Region II**

Frederick Memorial Hospital: Stephan C.B. Mann, MD

Washington County Hospital: Randy Sue Ellis, MD

#### **Region III**

Anne Arundel General Hospital: Kenneth Gummerson, MD

Bon Secours Hospital: William Law, MD

Baltimore County General: Susan Owens, MD

Carroll County General Hospital: Michael Stang, MD

Church Hospital: Jose Yosucio, MD

Fallston General Hospital: Walter Zawislak, MD

Francis Scott Key Medical Center: Christopher Morrow, MD

Franklin Square Hospital: Daniel Morhaim, MD

Good Samaritan Hospital: David Strauss, MD

Greater Baltimore Medical Center: Claudius Klimpt, MD

Harbor Hospital Center: Daniel Malone, MD

Harford Memorial Hospital: Surendra Milak, MD

Howard County General Hospital: David Paul, MD

Johns Hopkins Hospital: Keith Sivertson, MD

Liberty Medical Center: Reid Winston, MD

Maryland General Hospital: Robert Roby, MD

Mercy Hospital: David Rorison, MD

North Arundel Hospital: Walter Scheetz, MD

St. Joseph's Hospital: Timothy Bessent, MD

St. Agnes Hospital: Anne Salmon-Barone, MD

Sinai Hospital: Harold Sussman, MD

Union Memorial Hospital: John Wogan, MD

University of Maryland Medical Center: Robert Barish, MD

#### **Region IV**

Dorchester General Hospital: Michael Joyce, MD

Edward W. McCready Memorial Hospital: Gregorio Belloso, MD

Kent/Queen Anne's Hospital: Dennis McGettigan, MD

Memorial Hospital at Easton: Richard Marasa, MD

Peninsula General Hospital: Robert Adkins, MD

Union Hospital of Cecil County: Henry Farkas, MD

#### **Region V**

AMI Doctor's Hospital of Prince George's County: Steven Remsen, MD

Calvert Memorial Hospital: David Denekas, MD

Fort Washington Hospital: Kenneth Larsen, MD

Greater Laurel Beltsville Hospital: Reynaldo Rodriguez, MD

Holy Cross Hospital: Lawrence Oufiero, MD

Leland Memorial Hospital: Edward Wilson, MD

Montgomery General Hospital: George Schweitzer, MD

Physician's Memorial Hospital: Barbara Bach, MD

Prince George's Hospital Center: Lawrence Blob, MD

St. Mary's Hospital: Michael Szkotnicki, MD

Shady Grove Adventist Hospital: Gary Langston, MD

Southern Maryland Hospital Center: William Joseph, MD

Suburban Hospital Association: Robert Rothstein, MD

Washington Adventist: Leslie Hardware, MD

#### **Poison Consultation Center**

Maryland Poison Center/University of Maryland School of Pharmacy (Baltimore City): Wendy Klein-Schwartz, PharmD

#### **EMS RELATED**

Maryland Fire & Rescue Institute

John W. Hoglund, director; F. Patrick Marlatt, assistant director, program support & special programs; Russell J. Strickland, assistant director, field programs division

Maryland State Firemen's Association: Bernard Smith, president; William J. Fleshman, 1st vice-president; Philip M. Hurlock, 2nd vice-president

Maryland State Ambulance & Rescue Association: Robert F. Killen, president

Maryland Fire-Rescue Education & Training Commission: Thomas J. Baginski, chairman

Maryland Emergency Management Agency: Dave McMillion, director

Maryland National Guard: Maj. Gen. James F. Fretterd, adjutant general

Federal Emergency Management Agency, EMS Division: Laura Buchbender, superintendent

National Highway Traffic Safety Administration EMS Division: Frank D. Altobelli, regional administrator

American College of Emergency Physicians, Maryland Chapter: Ted Harrison, MD, president

Emergency Nurses Association, Maryland State Council: Dottie Dyott, president

EMS Committee, Medical and Chirurgical Faculty of Maryland: Peter M. Fahrney, MD, chairman

Maryland Board of Physician Quality Assurance: Israel H. Weiner, MD, chairman

*Editor's Note: EMS is a dynamic and rapidly changing field. Every effort was made to ensure that the above list is accurate and complete; any omissions are unintentional. However, if you have any corrections or additions, please send them to your regional EMS administrator so that they can be included in the next update of the Maryland EMS Reference List.*





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## DATED MATERIAL

## Cutting Response Times in Rural Areas

EMS response in rural areas may be greatly delayed due to the rough terrain and long distances to be covered between the scene and the hospital; some trips may take from 40 minutes to an hour. In Region I, an innovative way was found to cut response time as much as 50 percent. A grant given to Region I by the Maryland Department of Transportation from federal highway safety funds made it possible to implement the plan.

Flintstone Volunteer Fire Department (VFD), the company almost the farthest east operating an ambulance in the region, and Friendsville VFD, the company farthest west, were the recipients of equipment that cost \$10,423.95, half of which was from the grant. The money was used for kits to be taken home by providers who would respond to emergencies directly from their homes and begin stabilization and communication with the hospital while the ambulance was still en route to the scene.

Four complete kits consisting of 2-way radios and stabilization equipment (suction, oxygen therapy, a Philadelphia collar, and a complete first responder trauma kit) were distributed. Providers operating the equipment are EMTs and CRTs. Flintstone VFD gave one of its kits to the Little Orleans VFD, a newer company located near the Allegany County/Washington County border, so

it can give additional help when needed.

The grant was initiated by the Region I EMS Advisory Council in conjunction with Project Director Ken May, head of the Allegany County Fire/Rescue Board. It is managed by the MIEMSS Region I EMS Office.

## EMS Conference In A.A. County

The Anne Arundel Annual EMS Symposium will be held October 19-20 at the US Naval Academy's Rickover Hall, in Annapolis, Maryland. The theme of the symposium, sponsored by the Anne Arundel County Fire Department, MIEMSS, MFRI, Anne Arundel County Community College, and the US Naval Academy Fire Department, is "Back to Basics." Applications will be mailed statewide by MFRI. (If you do not receive one by September 15, please call Lt. Mark Dubel at 301-987-4010, ext. 360.) The registration fee is \$25, and checks are to be made out to and mailed to Anne Arundel Community College. Only registrations received by October 7 will receive written confirmation.

Continuing education credits have been applied for. For further information, contact the Anne Arundel County Fire Department, 301-987-4010, ext. 305, or Anne Arundel County College, 301-541-2784.

## 'Promoting Excellence'

BLS and ALS personnel should mark their calendars for October 26 and 27, for the 4th Annual Promoting Excellence in EMS Conference to be held in Easton.

The Region IV Office, Talbot County Advanced Life Support Services, and the Memorial Hospital at Easton are planning this continuing education program. Those who attend all sessions will be eligible to receive 12 hours of continuing education credits.

Schedule and registration information will be available from the Region IV Office by September 16 (call 301-822-1799).

## Commercial Ambulance Regulations Approved

Regulations for commercial ambulance services operating in Maryland were approved by the Administrative Executive Legislative Review (AELR) Committee, effective July 30, 1991. These regulations specifically do not apply to ambulances run by local governments or volunteer fire/rescue companies. Following approval of the emergency regulations by the AELR, MIEMSS distributed information to all commercial ambulance services known to be operating in Maryland.

Further information is available from George Smith, Director, MIEMSS Commercial Ambulance Licensing and Regulation, 301-328-8511.