Maryland
EMS News

Vol. 27, No. 2 *For All Emergency Medical Care Providers* December 2000

From MIEMSS Executive Director, Dr. Robert Bass . . .

Dear Friends:

The Holiday Season is a time for reflection and family. The fire and EMS communities are our extended families.

We were able to ring in the past year by enjoying immediate success. It was clear soon after 12AM that our preparation for the Y2K transition had enabled us to meet this challenge without disruption. MIEMSS hosted Lieutenant Governor Kathleen Kennedy Townsend on New Year's Eve as we demonstrated how we had prepared for the transition to the new millennium. Thanks are in order to Governor Parris Glendening, Chief of Staff Major Riddick, and, of course, MIEMSS staff for leading the way.

The beginning of the year marked the end of the three-year transition of EMT-As to the new EMT-B program. Nearly 14,000 providers successfully bridged over to the new level that includes skills such as using an automated external defibrillator (AED), patient-assisted medications, and care based on patient assessment rather than diagnosis. The past year has seen the successful roll-out of the first EMT-Intermediate pilot courses. MIEMSS is working with the EMS community to effect the introduction and transition of CRTs into this curriculum.

Over the past year, we witnessed the full implementation of EMRC for the Washington Metropolitan and Southern Maryland areas. Thousands of dollars worth of communications equipment has been given to local jurisdictions; MIEMSS is in the process of transferring ownership of MIEMSS-purchased equipment to the jurisdictions.

Significant steps have been taken toward making software available to local jurisdictions to implement electronic patient-information-gathering programs. After pilot programs are conducted in several jurisdictions, this software will be made available at no cost statewide.

The County Hospital Alert Tracking System (CHATS) and the Yellow Alert Task Force helped to abate overcrowding issues in hospital emergency departments. Meetings throughout the year have led to anticipated improvements in the warning and response systems for the coming year.

The Lay Person AED Program was implemented, allowing non-health care facilities to have AEDs on site to be used by lay persons trained in their use.

Progress was made in a number of other areas, including protocol development, Weapons of Mass Destruction planning, designation and quality assurance processes for hospitals, the introduction of rapid sequence intubation procedures into the flight paramedics skills and expansion on a pilot basis to several ground-based programs, and the full implementation of the Compliance Office, ensuring quality of care for Maryland citizens.

None of these efforts would have succeeded without the enthusiastic participation and leadership of the fire and EMS communities. We look forward to continuing our work together and to enjoying continued progress and success.

To you, and your families, we extend wishes for a joyful and safe holiday season, and a happy New Year.

How the Provider Review Panel Works

One of the most important components of Maryland's statewide EMS system is ensuring that providers 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 providers must successfully complete necessary educational and training programs, pass licensure or certification examinations, and complete continuing education requirements.

Quality Assurance Process

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 miscon-

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Improving Outcome from Cardiac Arrest

Timely and effective care for out-of-hospital sudden cardiac arrest is essential to patient survival. In Maryland, there are approximately 5,000 such arrests each year. The average EMS response time for cardiac arrest calls is 9.18 minutes statewide (range is 7.4 to 11 minutes among the five regions). Patient survival improves if a cardiac arrest is witnessed and the response time is less than six minutes. It is widely believed, but not yet confirmed, that greater availability of automated external defibrillators (AEDs) will improve patient survival by reducing the time from sudden cardiac arrest to defibrillation.

MIEMSS is coordinating an effort to improve statewide outcome from cardiac arrest. The principal goals of this effort are to: (1) evaluate the effectiveness of the Maryland EMS system in responding to cardiac arrests; (2) determine the impact of the Facility AED Program; and (3) identify whether there is a need for the State to require that AEDs be placed in certain public locations. To provide information to meet these goals, MIEMSS has recently implemented two special data collection efforts—EMS Cardiac Arrest Reporting and Facility AED Program Reporting.

EMS Cardiac Arrest Reporting

When EMS responds to a cardiac arrest (except for a pulseless/apneic patient with a valid EMS Do Not Resuscitate order or who meets the "presumed dead on arrival" protocol), the highest level provider should complete the new Supplemental EMS Cardiac Arrest Form. This form, which should be completed for all cardiac arrests, replaces all earlier cardiac reporting forms (including the EMS AED report form previously used by the State Medical Director's Office).

The completed Supplemental EMS Cardiac Arrest form, along with the MAIS form, the MAIS additional narrative (if used), and code summary reports should be faxed as soon as possible to MIEMSS (Fax number: 410-706-4366). If necessary, the code summary page can be faxed first, with the multiple page code summary report (with the MAIS number written in at the top) mailed later. Forwarding the forms to MIEMSS as soon as possible after the arrest will help MIEMSS' ability to track the patient through the emergency department and hospital phases of care.

Once MIEMSS receives the forms, a MIEMSS Epidemiology staff person will contact the provider who completed the form and fax the provider a confirmation sheet of the information provided.

As of November 27, there have been 22 reports submitted to MIEMSS of EMS responses to sudden cardiac arrests. Most forms were faxed to MIEMSS within 24 hours of the incident. MIEMSS will be working to determine the ultimate outcome of these patients and will keep the provider community informed of progress on the study. (Periodic updates will also be given in future issues of this newsletter.)

Facility AED Program Reporting

Businesses, organizations, and other entities that are participating in the Facility AED Program are also taking part in the statewide effort to improve outcome from sudden cardiac arrest. When a cardiac arrest occurs at such a facility, facility personnel will complete a Facility AED Report Form. This form records important information about the cardiac arrest and the layperson response, including when the cardiac arrest occurred, whether or not it was witnessed, whether or not a facility AED was used, and by whom. Similar to EMS reporting, the completed Facility AED report form is then sent to the MIEMSS Epidemiology Office for follow-up.

As of the end of November, 31 facilities statewide have been approved to participate in the program; many of these facilities have multiple sites where AEDs are located. MIEMSS has received reports of five cardiac arrests occurring at approved facilities. Two of the five patients were successfully defibrillated by physician bystanders using facility AEDs.

Because EMS response in the event of a cardiac arrest is crucial to ensuring the best possible patient outcome, communication between approved facilities and local jurisdictions is vital. MIEMSS notifies the appropriate EMS jurisdiction when new facilities are approved. Approved facilities are also instructed to contact their EMS jurisdiction within two weeks of approval. A list of currently approved facilities and the EMS jurisdiction contact person is shown in the table on page 3.

Questions or Comments

If you have questions concerning EMS Cardiac Arrest reporting, contact Janice White or Claudine Woo, MIEMSS Epidemiology, toll free at 877-937-7724 (business hours) or page 410-475-8433 anytime. If you have any questions concerning the Facility AED Program, please contact Lisa Myers, Program Development, at 410-706-4740.

Key Definitions

There may be some terms in the Supplemental EMS Cardiac Arrest form that need clarification.

Witnessed Arrest: the bystander or EMS person must be standing there when the event first occurs.

Dispatched/Standby EMS Personnel: includes EMS who have First Responder certification/training and higher, and who are on duty; excludes off-duty EMS or bystanders with CPR or Red Cross first aid training, such as beach patrol.

EMS Contact Persons for Facilities Approved for Layperson AED Use in Maryland

Region	Jurisdiction	EMS Contact Person*	Facility Approved for Layperson AED Use	Number of Approved Sites per Facility
I	Allegany	William Hardy	Allegany County Health Dept.	1
	Garrett	Philip Rook	Wisp Ski and Golf Resort	1
II	Frederick	Richard Himes	**	**
	Washington	Brigitte Heller	Mack Trucks, Inc.	1
III	Anne Arundel	Michael O'Connell	Department of General Services	7
			AA Community College	1
			Marley Station Shopping	1
			Maryland Automobile Insurance	1
	Baltimore City	Lloyd R. Carter	Baltimore City Health Department	1
			National Aquarium in Baltimore	1
			Lockheed Martin Naval Electronics	1
			The Saint Paul Company	1
	Baltimore County	David Murphy	Maryland Athletic Club	1
			CCBC Catonsville	1
			Diversified Investment Association	1
			Piney Branch Golf & Country Club	1
			Lifebridge Health and Fitness	1
			Villa Julie College—Police	1
	BWI Airport	J. Michael Fayer	BWI Airport	1
	Carroll County	Charles Simpson	Western Maryland College	1
	Harford County	Ross Coates	**	**
	Howard County	Daniel G. Merson	Central Maryland Rehab Center	1
IV	Caroline County	Robert Schoonover	**	**
	Cecil County	Mike Browne	Thiokol	1
	Dorchester County	Vernon Hurley	Airpax Corporation	1
	Kent County	Jon Longest	Washington College	1
	Queen Anne's County	Scott Haas	Prospect Bay Country Club	1
	Somerset County	Fern Griffith	**	**
	Talbot County	Mark Cummings	Talbot County	31
	Wicomico County	Larry W. Dodd	**	**
	Worcester County	David H. Pruitt	The Town of Ocean City, MD	3
V	Calvert County	Cathy All	**	**
	Charles County	Donald Scott	**	**
	Montgomery County	Michael T. Love	Lockheed Martin-Mission Systems	2
			American Red Cross Holland Lab	1
			Lakewood Country Club	1
			Friendship Heights Village Center	1
	Prince George's County	Major Tyrone Wells	Swales Aerospace Inc.	7
			Greenbelt Recreation Department	1
			The Washington Post	1
			Adult Health & Development Program	1
	St. Mary's County	Stanley Williams, Jr.	St. Mary's County American Red Cross	1

*NOTE: If this is not the correct contact person for your jurisdiction, please notify Lisa Myers, Program Development, at (410) 706-4740.

** No facilities approved in this jurisdiction as of December 6, 2000.

HazMat Drill

The 16th South Baltimore Industrial Mutual Aid Plan (SBIMAP) HazMat Drill took place October 4, 2000. Three separate spill scenarios involving anhydrous ammonia were enacted simultaneously, with each scenario being handled by a different jurisdiction. The first scenario involved an MC-331 tank truck in an auto crash and was handled by the Baltimore City Fire Department. The Baltimore County Fire Department responded to the HazMat incident of a farmer on a tractor applying fertilizer that developed a tank leak. When a frozen food refrigeration unit started leaking as part of the drill scenario, the Anne Arundel County Fire Department responded.

During the drill, the emergency plans developed by SBIMAP and the local emergency planning committees (LEPCs) of Baltimore City, and Baltimore and Anne Arundel counties were tested. Maryland's Emergency Alert System was activated and children and teachers at the Curtis Bay Elementary School (in an area close to the HazMat drill) followed instructions and became "sheltered-in-place," staying inside the building until HazMat personnel judged it safe to come outside. After the HazMat team checked the school to verify that it was also safe, the children and teachers returned to their classrooms.

Participating in a HazMat drill, the Baltimore City Fire Department responds to a crash of a tank truck and auto.

Anne Arundel County Fire Department members pull a victim away from a frozen food refrigeration unit that started leaking and begin to hose down the unit.

The SBIMAP was organized in 1982 by the Baltimore City Fire Department and a small group of industry participants from the South Baltimore area. Over the last 18 years, membership has grown to over 80 industry and 40 agency members. Today SBIMAP membership extends geographically beyond South Baltimore to Western Maryland and the Eastern Shore.

SBIMAP educates the general public and industry participants about chemical product stewardship through various activities. These activities include HazMat training for industry and first responders, quarterly meetings for SBIMAP members, presentations by leading industry professionals and public officials on mutual aid-related topics, and live chemical training drills.

A Baltimore County Fire Department crew member starts to assess a farmer who was on a tractor that developed a leak in its fertilizer tank.

A member of the Baltimore City Fire Department hoses down the HazMat drill area where the crash of a tank truck and car occurred. Another crew member tries to extricate the driver from his car.

The Fort Meade Hazardous Material Response Unit, which often responds as a mutual aid unit and works with the Anne Arundel Fire Department, starts to suit up.

Since the HazMat team is sure that there is no danger of gas permeating the school that served as a "safe building," children inside the school are evacuated. The HazMat team will then go into the school to verify that it is safe for the children to return.

The South Baltimore Industrial Mutual Aid Plan provides the following information to the public in the event of a HazMat emergency.

If you hear the emergency warning sirens for an extended period of a minute or more:

Do STAY CALM!

Do turn your radio or television to the Emergency Alert System (EAS) Station: WBAL Radio–1090 AM or WBAL-TV Channel 11.

Do LISTEN for official instructions.

Do FOLLOW those official instructions.

Do NOT evacuate from your present location unless specifically instructed to do so by emergency management officials. In most chemical emergencies, it is best to remain inside your home or other building and follow the instructions given over the radio. This practice is called "SHELTER-IN-PLACE."

Do close all windows and doors, turn off all window fans, attic fans, vents, air conditioners, furnaces, etc.;

Do notify anyone you know of who is hearing impaired, or otherwise disabled, of the emergency;

Do bring pets inside if safe to do so;

Do seal cracks around doors and windows with tape or wet towels;

Do have a battery-operated radio, flashlight, and fresh batteries for both nearby;

Do call "9-1-1" if you are sick or injured;

Do NOT go to the scene of the emergency;

Do NOT use your telephone during the emergency unless you are sick or injured;

Do NOT attempt to contact the schools—schools will care for and protect children.

Designated Eye Trauma Centers

MIEMSS has completed the designation process for the Eye Trauma Centers in Maryland using the standards in COMAR 30.08.09. In June, MIEMSS designated the Wilmer Eye Trauma Center at the Johns Hopkins Hospital in Baltimore as an Eye Trauma Center. In September, MIEMSS provisionally designated the Eye Trauma Center at Suburban Hospital in Bethesda. These Eye Trauma Centers are located in hospitals that also serve as Level I and Level II trauma centers, respectively.

The Wilmer Eye Trauma Center has been in operation as the Eye Trauma Referral Center for Maryland for over 25 years. The Wilmer Eye Institute is a full-service, self-contained eye hospital within the Johns Hopkins Hospital complex and has a 75-year mission and commitment to treating eye injuries and eye emergencies. The Wilmer Eye Institute is renowned for physician education and research in eye diseases and injuries.

Suburban Hospital's provisional designation will allow the hospital to further develop its recently organized Eye Trauma Program under the direction of Leonard Parver, MD. Dr. Parver relocated his practice from the Georgetown University Eye Trauma Center to Suburban Hospital.

Suburban's Eye Trauma Program has brought together the required staff and resources that are necessary to operate an Eye Trauma Center for the Montgomery County and Washington metropolitan areas. The Eye Trauma Program at Suburban is supported with attending ophthalmologists, specialty trained nursing staff in the Emergency Department, and specially trained Eye Trauma Operating Room staff.

Provider Liaison

As the Year 2000 draws to a close, I would personally like to thank the thousands of providers in the Fire/EMS/Rescue Companies for their dedication and support of the Maryland EMS System. With your continued involvement in our statewide system, we are able to provide life-saving services every day to the citizens of our great state.

Over the past several weeks, there were eight regional meetings held throughout the state to discuss issues surrounding MIEMSS' proposed use of the U.S. Department of Transportation Intermediate Curriculum. Approximately 100 current CRTs and over 200 other EMS providers attended meetings at the different locations. Your input, comments, and suggestions were very much appreciated and will help guide MIEMSS as it continues to consider these issues. Recognition should also be given to Charlie Wills and Lee Sachs of the MSFA EMS Committee for their attendance at each of the meetings; we also appreciated the presence of the MSFA Officers. Finally, we would like to thank the various fire companies and fire service facilities that hosted these meetings.

The E-MAIS Project Vendor Fairs have also been completed. After completing a review of the evaluation forms, the E-MAIS Committee will review all information in accordance with the bid process and make a recommendation before the end of the year. The MIEMSS Information Technology Department will continue to provide you with updates on our progress.

One of my main goals here at MIEMSS is to ensure that there is an open line of communication between our providers and this office. At anytime, should you have any questions or comments, please feel free to contact me at 800-762-7157.

I hope that everyone has a pleasant and safe holiday and a healthy and prosperous New Year!

◆ *Philip Hurlock*
Ombudsman

EMS providers talk with a vendor who is interested in producing an electronic version of the Maryland Ambulance Information System (MAIS).

How the Provider Review Panel Works

(*Continued from page 1*)
duct by EMS providers are thoroughly reviewed and appropriately addressed. Quality assurance occurs at both the jurisdiction and the state levels. 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 providers, 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.

In the past, the Board of Physician Quality Assurance (BPQA) was responsible for provider 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.

PRP

The PRP is a 13-member committee required by state law to review patient care problems and other allegations of misconduct against EMS providers and recommend any necessary disciplinary action to the EMS Board. The PRP has 11 voting members and 2 non-voting members (see box for list). Each Maryland provider level—from First Responder to EMT-P—is represented on the panel. 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 provider without a PRP recommendation for such action.** The PRP also ensures that the perspective of peer providers is included and that those who are familiar with the standard of care and the circumstances EMS providers 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.

Disciplinary Process

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 any 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 (for example, 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.

Working Together

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 jurisdiction, the PRP strengthens the state level quality assurance program by bringing the provider perspective to the peer review process.

Provider Review Panel

Representing Governmental Fire/Rescue/EMS Company (3)
Sheri Luck, EMT-P
Kingsley Poole, CRT
Kevin Gillespie, EMT-P

Representing Volunteer Fire/Rescue/EMS Company (3)
Craig Alexander, First Responder
Ann Carey, EMT-B
Lee Sachs, EMT-B

Representing Commercial Ambulance Service (1)
Jim Pixton, EMT-B

Representing Emergency Medical Dispatchers (1)
Sharon Blevins, EMD, EMT-B

BPQA Appointed Physician (1)
Ira Brecher, MD

Medical Director w/EMS Experience (1)
Wade Gaasch, MD

MedChi Representative w/EMS Experience (1)
Leigh Vinocur, MD

MIEMSS Executive Director (Ex-officio—Non-Voting)
Robert Bass, MD

State EMS Medical Director (Ex-officio—Non-Voting)
Richard Alcorta, MD

Governor Parris N. Glendening

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DATED MATERIAL

New EMS Provider ID Numbers

MIEMSS has historically used social security numbers as provider identification numbers, but such use of social security numbers on identification cards has raised privacy concerns in a number of areas. In response to those concerns and recent State legislation on the issue, MIEMSS will soon begin a transition to new EMS provider identification numbers.

House Bill 37, which goes into effect on July 1, 2001, prohibits state and local governments and public institutions of higher education from issuing or printing employee identification cards containing social security numbers. The law also prohibits public schools and institutions of higher education from using social security numbers on student identification cards and prohibits the Motor Vehicle Administration from using social security numbers on drivers' licenses. Although the law prohibits use of a social security number on an identification card issued on or after July 1, 2001, it does not prohibit use of a social security number on an identification card issued before that date.

In order to comply with this statute, MIEMSS will create a new seven-digit provider number for each EMS provider licensed or certified by the State. Providers whose licensure/certification will be renewed on July 1, 2001 and providers who will be newly certified or licensed on or after that date will be issued provider cards that show the new provider number. Existing identification cards for providers certified or licensed before that date will gradually be replaced with cards showing the new numbers when those providers are renewed under the normal renewal schedule. Existing identification cards as of July 1, 2001 will continue to be valid until replaced in the course of the regular renewal process. Under this schedule, MIEMSS anticipates that all existing provider cards will be replaced by June 30, 2004.

See Page 4 for SBIMAP Drill

The Fort Meade HazMat team hoses down.