

*Editor:*

What is SYSCOM and what is its role in the Statewide emergency medical services system?

Mr. Garrett:

SYSCOM is an acronym for Systems Communication Center. Located on the clinical ward floor of the Maryland Institute for Emergency Medicine (MIEM), SYSCOM serves to assist the many elements in the Statewide system to effectively deliver emergency care. SYSCOM responds to requests for assistance from around the State. It is not a control center, and other than serving as a single point for coordination of the Maryland State Police Medevac helicopter medical missions, does not control, command or mandate any action in the EMS delivery system.

Editor:

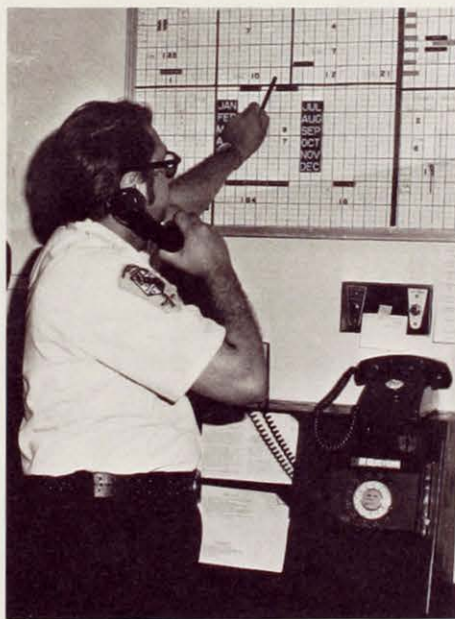
Specifically, what are the major functions of SYSCOM?

Mr. Garrett:

SYSCOM has two primary roles. It provides the means for immediate medical consultation and it facilitates the rapid evacuation of critically ill or injured patients to a specialty referral facility. Taking these roles in turn, any physician or other provider of emergency medical services can call SYSCOM at any time he needs to consult with a MIEM traumatologist about a particular problem. Specialists on duty in the MIEM clinical areas (located near the SYSCOM office) can be immediately summoned for consultation. In its second role,

SYSCOM: A NEW RESOURCE

An interview with Chuck Garrett,
Deputy Director
Division of Emergency
Medical Services



Jim Jacoby, supervisor of communications, SYSCOM, makes arrangements for a patient transport.

SYSCOM facilitates the inter-hospital transfers and medical evacuation missions flown by the Maryland State Police helicopters to the specialty referral centers at the Johns Hopkins University Pediatric Trauma Center, MIEM, the Baltimore City Hospitals Kiwanis Burn Unit, and the Neonatal Intensive Care Units at Baltimore City Hospitals and the University of Maryland Hospital.

Editor:

How does an individual or EMS provider organization request aid through SYSCOM?

Mr. Garrett:

By a telephone call. SYSCOM's communications and coordinating dispatchers, all of whom are certified emergency medical technicians, are on duty 24 hours a day. The telephone system that is currently being utilized by SYSCOM includes a local Baltimore number, 528-7813, and inbound WATS (Wide Area Telephone Service) service to enable anyone in the State of Maryland to call SYSCOM from any telephone on a toll-free basis. Moreover, dedicated direct hot lines are provided between SYSCOM and the Maryland State Police Barracks at Valley Post, the Metropolitan Baltimore Emergency Medical Resource Center, the system's specialty referral centers, the Baltimore Fire Department and the University of Maryland Campus Police to insure the most rapid and efficient transfer of critically ill and injured patients.

(continued on page 3)

An Open Letter

For someone pinned beneath a wrecked car or the victim of a heart attack, medical treatment must begin immediately. The sooner care is received, the greater the chance the patient will live. Postponing treatment until the ambulance arrives at the hospital may be the same as signing the death warrant.

As concepts surrounding emergency medical services have changed, so too have the expectations about the roles of the rescue crews on ambulances and State helicopters. Originally, ambulance crews were seen as little more than intermediaries - - people who could transport the ill or injured to the hospital where care would subsequently begin. Crews were routinely trained in the rudiments of first aid through a Red Cross 21-hour course.

But with the recognition in recent years that care must begin at once, troopers operating the State Police helicopters to transport the critically ill or injured to specialty referral centers in Baltimore began intensified training in emergency care techniques. To date, 16 troopers have each received more than 1200 hours of preliminary and advanced training.

In addition, an 81-hour course, called the Emergency Medical Technician Ambulance (EMT-A) program, was designed and begun two years ago to provide emergency medical training to ambulance crews. Funded by the federal and state governments, the course has been taken by over 5,000 Mary-

landers to date. Training programs are continuously in progress in an attempt to reach emergency medical personnel in the State.

Advanced courses in cardiac rescue techniques have also been given across the State. Courses have been held at Baltimore City Hospitals, Sacred Heart Hospital in Cumberland, through the Montgomery County Fire Department, the University of Maryland Hospital, as well as at Sinai Hospital, North Arundel General Hospital and Harford Community College.

Another course of 40 classroom hours, designed to teach shock trauma techniques to rescue crews who must deal with the severely injured, is provided at intervals at the Maryland Institute for Emergency Medicine.

One of the Statewide EMS System's goals is to bring emergency medical training courses into the primary and secondary schools in conjunction with the Red Cross. We believe that youngsters can and should be taught what to do in a life-threatening emergency, how to administer mouth to mouth resuscitation, and other emergency medical procedures. Children are frequently the first to arrive at the scene and they too can learn how to keep someone alive until professional help is at hand. As EMT courses are introduced into the school system, our goal to have a trained EMT in every household will be within reach.

We applaud the many individuals who are working very hard to make EMT and CRT (Cardiac Rescue Technician) training available throughout the State. Education and training of both emergency medical personnel and the general public are vital components of the program. After all, it could be your child who gives you the mouth to mouth resuscitation that saves your life. Or he or she could be the only person at home when you have a heart attack. Emergency medical training is something we can't live without.

A LETTER FROM THE FIELD

The Maryland Institute for
Emergency Medicine
Baltimore, Maryland

To Everyone Concerned:

I am writing on behalf of the entire Lauder family in appreciation for the heroic efforts by your staff on the night of January 24th in saving the life of my brother, Donald Lauder of Bowie, Maryland. His wife, Mary, was killed instantly in that terribly tragic highway accident but thanks to your ability to move him from the car to the hospital by helicopter in a matter of minutes he was miraculously spared.

We have since learned of the uniqueness of the Institute in treating severely injured accident cases, a capability which is not available, I am certain, in most parts of the country. We congratulate you.

Sincerely,

Gordon E. Lauder
Granby, Massachusetts 01033

LETTERS

We look forward to the letters written by you, the people who make the emergency medical services system work. Share with us and your colleagues in the field, your ideas, problems, complaints, observations and opinions regarding emergency care in the state.

Dialogue is important. We have to talk to each other in order to determine the right directions for our program. We need feedback from you to know what we are doing right and what needs improvement.

This is your emergency medical services system. Be a vocal part of it.

(SYSCOM continued)

Editor:

How does SYSCOM facilitate the operation of helicopter missions?

Mr. Garrett:

There are two types of missions. If a patient is being transported directly from the scene of an accident by helicopter, SYSCOM is notified by the State Police Valley Post that a helicopter has picked up a patient and is en route to a specialty referral center. The helicopter notifies SYSCOM of the estimated time of arrival and the SYSCOM dispatcher relays information on the patient and the general nature of the injuries to the admitting team of the specialty referral center. If this is MIEM, SYSCOM advises the Baltimore City Fire Department to have an ambulance waiting at the Redwood Street heliport and alerts the Campus Police so that they in turn can handle traffic problems as the ambulance descends through the Redwood Street Garage. If it is one of the other specialty referral centers, SYSCOM assures that preparations are made and completed for the arrival of the patient.

The second type is where a physician or hospital requests the transfer of a patient from another hospital to a specialty care center.

SYSCOM is called and a team leader or other authorized physician is immediately available to discuss the case with the transferring physician. As soon as the transfer is authorized, SYSCOM determines from the admitting specialty referral center that a bed is available and that the center can receive the patient. If it should happen, for example, that a center is full, it is SYSCOM's responsibility, working with the team leader or other authorized physician, to select an alternative receiving point for the patient. SYSCOM next ascertains from Valley Post that a helicopter is available, and if so, the estimated time of arrival of the helicopter at the transferring hospital. If a helicopter is not available, SYSCOM has the responsibility of coordinating an alternate means of transportation, generally ambulance. Once all the arrangements are made with the receiving hospital and with the Maryland State Police, SYSCOM has continuing responsibility for coordinating the mission.

Editor:

What happens if there is a delay or difficulty in transport?

Mr. Garrett:

If there are any changes in the estimated time of arrival of the heli-

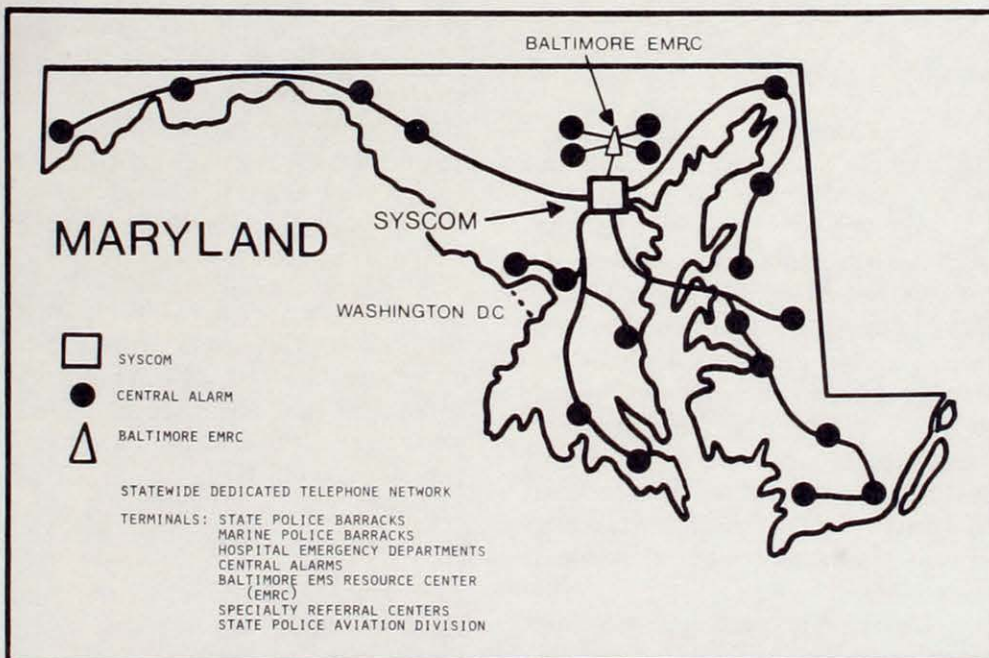
copter, SYSCOM is responsible for notifying everyone involved of any mission change. The SYSCOM dispatcher verifies that the admitting team and the ambulance are at the heliport a few minutes before the estimated time of arrival to be sure that the helicopter does not arrive at an empty heliport.

Editor:

What are the future plans for SYSCOM?

Mr. Garrett:

We are looking forward to the installation of a radio system which will increase SYSCOM's capabilities. It will enable the inbound helicopters to communicate directly with SYSCOM rather than through Valley Post. In addition, with the establishment of the Emergency Medical Services Communication System, the capability exists for patching any ambulance anywhere in the State into a dedicated telephone network which will be coordinated at SYSCOM. Many other vital services will be tied together by the Statewide Communication System, and SYSCOM's multi-sided role will continue to grow and expand. It will always be, however, a role of support and response to requests for help from the physicians, hospitals, ambulance crews and others that have the basic responsibility to provide the highest quality of medical care to those in need. SYSCOM is another resource now available to these providers of emergency medical services.



The proposed communications system network for Maryland

Division of
EMERGENCY MEDICAL SERVICES

Md Dept. of Health and Mental Hygiene
22 S. Greene Street, Baltimore MD 21201
phone: (301) 528-6846

R Adams Cowley, M.D. — Director
C. W. Garrett — Deputy Director
John W. Morris — Administrator
Stanley Keyser — Public Affairs
Officer — Editor

NEWS ITEMS

EMT-A INSTRUCTORS FORM STATEWIDE ASSOCIATION

In January 1975, forty-two EMT-A instructors from every part of the State gathered at Howard Community College to organize the EMT-A Instructor's Association of Maryland. A constitution and by-laws providing both flexibility and strength, were adopted to form an independent association.

The Association is planning seminars, workshops and special education programs designed to augment the educational expertise of all EMT-A instructors. Committees have begun to evaluate equipment used by EMT-A's across the State and to review existing training programs for instructors.

The Association is presently seeking endorsement by an official representation on active EMS organizations such as the EMS Technical Advisory Council.

The next general meeting will be held at Patuxent Naval Air Station in Lexington Park, Maryland, at 9:00 a.m. on September 27, 1975. All Maryland EMT-A instructors are cordially invited and encouraged to attend.

FOCUS ON EXCELLENCE

The ambulance team of EMT Eugene Swann and EMT Timothy Hoffman at Station Four in Catonsville responded to an emergency call from House in the Pines Nursing Home at about lunch time on January 15, 1975. The emergency victim was an elderly gentleman who had stopped breathing while eating his lunch. He was choking on food lodged in his throat and would have died within minutes without emergency care.

EMT Swann utilized the Heimlich Maneuver (described in this issue), dislodging the food enough to permit air to flow and then administered oxygen. Inside

the ambulance EMT Hoffman removed the food, approximately half of a frankfurter and part of a roll, with a tong-like device called a choke saver. Upon arrival at the hospital the patient was breathing normally.

On Wednesday, April 23, the Catonsville Knights of Columbus recognized the team's outstanding achievement with the award of a plaque and a \$25 savings bond to each.

EMT Certification Extended

A one year extension has been granted to all Emergency Medical Technicians - Ambulance (EMT-A's) whose certification is due to expire prior to January 1, 1976 by the Maryland Emergency Medical Services Technical Advisory Council (EMSTAC).

EMT-A's are encouraged to enroll for a refresher course (21 hours) as they are made available.

EMT-A's who are not currently enrolled in a refresher course or who will not be able to participate in a course prior to January 1, 1976, may return their plastic identification wallet cards for temporary one year extension cards.

ID cards, with any change of mailing and unit address, should be sent to the EMT Training Program Office, 25 South Calvert Street, Baltimore, Maryland 21202.

TRAUMA SEMINARS

The Division of Emergency Medical Services, utilizing the resources of the Maryland Institute for Emergency Medicine and the local health community, is presenting a series of seminars for physicians involved in emergency health care. The seminars are designed to provide additional information on specific emergency health care problems, to promote regional and Statewide cooperative efforts, and to provide a better understanding of the emergency medical services system.

During the past few months, programs have been presented in cooperation with the Department of Surgery at Peninsula General

Hospital, Salisbury; Memorial Hospital, Cumberland; with the Medical Staff, Washington County Hospital, Hagerstown; and the Continuing Education Committee, Memorial Hospital, Easton.

Additional programs are presently being scheduled.



A NEW LOOK ON MARYLAND HIGHWAYS

If you see an official looking vehicle on the road that looks like a cross between a police car and an ambulance, take a closer look. It is probably one of the five state DEMS vehicles that have taken to the road since last fall.

The 1974 white Ford station wagons are equipped with first aid gear, emergency red lights and siren, a scanning police monitor, and will have two-way radio communication equipment installed as part of the Statewide communications program. The vehicles, identifiable by the EMS emblem, are driven by regional coordinators and Chuck Garrett, Deputy Director of DEMS. A sixth car will be added to the fleet soon.

Because of the extensive travel required by their jobs, the coordinators and Garrett, all EMT-A's, are often the first to arrive at a highway accident scene. The new vehicles enable them to render life support assistance until local emergency vehicles arrive.

The DEMS vehicles are authorized as emergency vehicles by the Department of Motor Vehicles and registered with the Maryland State Police.

REGIONAL UPDATE

All regional councils completed their EMS planning in conjunction with the State Division's submittal of a grant request to the Department of Health, Education and Welfare for program implementation funding. Each council was requested to address each of the elements of an EMS system, determine goals, assess current status, and determine the resources required to reach their goals. A great deal of voluntary time was devoted to this project by council members, and the results will provide a basis for council activity for the next several years. Notification of grant awards will be announced by HEW later this month.

In addition to the planning effort the following activities have occurred in the Regions since the last newsletter:

Region I -

Lt. William Turnbull has been elected as Regional Council President, with Brad Stewart as Vice President. Elected as Secretary is Ora Mae Lewis.

Region II -

Dr. John Marsh has assumed the office of Regional Council President, and Lorna Christian assumed the office of Secretary. George Delaplaine and Donald Trimmer were elected to positions of President-Elect and Secretary-Elect. Ed Crist and Jay Frantz were elected as members-at-large to the executive committee.

Region III -

Dr. John Stafford has announced that the Metropolitan Baltimore Communications system has become operational as of May 12, 1975. The system was funded as a demonstration project by HEW. Currently, hospital personnel are being trained in the use of the equipment.

Region IV -

A special EMS "Demonstrations and Exhibits" day was developed by the EMS Council on May 4, 1975. The event, held at the Horn Point site of the University of Maryland, included demonstrations of emergency rescue equipment and techniques. Participants included the Maryland State Police Med-Evac helicopter, the Montgomery County Fire Department Mobile Intensive Care Unit, Wheaton rescue squad truck Medic 29, a Federalsburg ambulance, Lloyds Volunteer Fire Department, Mobile Boarding Unit of the Maryland Natural Resources Police, and Anne Arundel County's ambulance communication equipment. Also on the Program was a demonstration in which junked cars were used to demonstrate emergency extrication techniques.

Region V -

Work continues in developing an EMS communications system for the Maryland, District of Columbia, and Northern Virginia areas. Spectra Associates, who are designing the Statewide EMS communication for Maryland, are also working with the Metropolitan Washington representatives.

NEW STAFF

A number of new appointments have been announced within the Division of Emergency Medical Services enhancing the opportunities for supporting services to the field staff.



Andy Trohanis



Philip A. Koerin

Andy Trohanis has assumed the position of Audio Visual Supervisor. He was previously Coordinator of Graphic and Photographic Production Services in the Educational Technology Center of the College of Education, University of Mary-

land, College Park.

Philip A. Koerin has joined the staff as Audio Visual Technician, having previously served as Assistant to the Director, Maryland Police Training Commission Resource Center, Pikesville.



Lillian W. Clark



James M. Faulkner

Lillian W. Clark has been appointed Director of Education. She comes to the staff from the United States Naval Institute, Annapolis, where she headed the information program and served as Assistant Director of Marketing.

James M. Faulkner has assumed the position of Head Graphic Artist. He was previously Production and Design Assistant for the Naval Institute Press, Annapolis.



Stanley Keyser



Anthony Zipp

Stanley Keyser has been appointed Public Affairs Officer. He was formerly Director of Public Relations for the Chesapeake Physicians Professional Association.

Anthony Zipp, formerly the Director of the Baltimore City Immunization Program, has joined the staff as Assistant Administrative Director.

Other Introductions



Ronald M. Kropp



William E. Hathaway

Ronald M. Kropp, formerly associated with the State Department of Planning as a Health Planner, also serves the DEMS staff as Planner.

William E. Hathaway has complemented the Statewide program as DEMS Chief Coordinator. He came to the Division from Boy's Town Homes of Maryland, Inc. where he was the Associate Director.

RESCUE!

RESCUE TRAINING

Saving the Choking Victim's Life

You may be at a family barbecue, a dinner party or a restaurant when you notice the person next to you suddenly is unable to speak, appears alarmed, and clutches at his throat and chest. Unaided, the victim will begin to turn blue and lose consciousness. This person is choking and, without immediate and aggressive intervention, will die from asphyxiation in four minutes. You, the knowledgeable bystander, can prevent this accidental death.

The accompanying diagrams illustrate the Heimlich Maneuver for dislodging food caught in the throat. Basically, the rescuer exerts pressure that forces the diaphragm upward, compresses the air in the lungs, and expels the object blocking the breathing passage. In all cases, the victim should receive prompt medical attention following the emergency.

RESCUER STANDING

Victim standing or sitting

Stand behind the victim and wrap your arms around his waist.

Allow the head, arms and upper torso to hang forward.

Grasp your fist with your other hand and place the fist against the victim's abdomen slightly above the navel and below the rib cage.

Press your fist forcefully into the victim's abdomen with a quick upward thrust.

Repeat several times if necessary.

When the victim is sitting the rescuer stands behind the victim's chair and performs the maneuver in the same manner.



RESCUER KNEELING

Victim lying face up

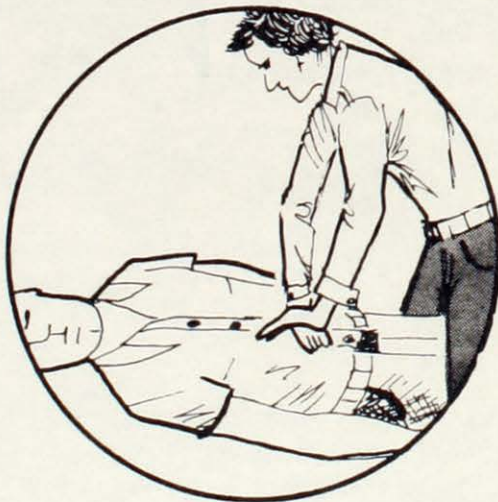
Victim is lying on his back.

Facing victim, kneel astride his hips.

With one of your hands on top of the other, place the heel of your bottom hand on the abdomen slightly above the navel and below the rib cage.

Press forcefully into the victim's abdomen with a quick upward thrust.

Repeat several times if necessary.





PROFILE:

MARK BRAMBLE

Meeting with hospital administrators, arranging seminars and workshops, helping isolated Smith Island obtain a portable x-ray and needed medical supplies, planning exhibits and programs concerning the Statewide emergency medical services system – these are among the daily activities of Mark Bramble, Regional Coordinator for Region IV, the nine county Eastern Shore area.

Since October, Mark has been making the rounds of hospitals, emergency rooms, and fire and rescue squads to meet the providers of emergency care in the region. Mark solicits their input in defining regional emergency medical needs and he finds that “most providers want to participate; they have good and constructive ideas about how the system should be designed for the Eastern Shore.”

According to Mark, the regional advisory council provides the momentum for upgrading emergency medical services in the region. He works closely with the council in achieving its goals and objectives, setting timetables, and implementing regional plans.

In addition to the enthusiasm and dedication that Mark brings to his role as regional coordinator, he also brings a medical background and, hailing from Dorchester County, a personal commitment to the Eastern Shore.

Mark served as a Navy medical corpsman in Vietnam where he assisted in all phases of emergency procedures for war-related injuries. He also served as supervisor of the Shock and Debridement Center in the 1st Hospital Company, Chu Lai, 50 miles south of Danang.

Following military service, Mark worked in operating and emergency rooms in St. Joseph's Hospital in Chicago, University of Maryland Hospital and Easton Memorial. In 1970, he earned a B.A. degree in graphic design from the Maryland Institute of Art. His last stop before becoming region IV coordinator was the Maryland Institute for Emergency Medicine where he was administratively responsible for the admitting area, operating rooms, and the hyperbaric chamber room.

The varied responsibilities of his present position are “complemented by my medical and administrative experience in emergency medicine,” says Mark. In his role as field representative for the Division of Emergency Medical Services, Mark is available to facilitate communication with the state office, help local groups define their EMS needs and solve local EMS problems. “As a native Eastern Shoreman, I am acutely aware of the feelings and needs of the people of the Shore. I feel that I can best serve my region by making these desires

known to the other members of the Statewide EMS system.”

Mark can be reached at 822-1799. His office address is P.O. Box 536, 12 N. Washington St., Easton 21601.

COORDINATOR'S DIRECTORY

These resource people are located throughout the State to respond to the needs of emergency medical personnel, citizens and various community groups in their regions. Offices are now open in all of the five regions. The regional coordinators can be reached as follows:

Region I - Appalachia Region (Allegheny and Garrett Counties)

David Ramsey - EMS Office, P. O. Box 34, Grantsville, Maryland 21536, 895-5934.

Region II - Mid-Maryland (Frederick and Washington Counties)

Michael S. Smith - 1610 Oak Hill Avenue, Room 134, Hagerstown, Maryland 21740, 791-2366.

Region III - Metropolitan Baltimore (Baltimore City and Baltimore, Anne Arundel, Harford, Howard and Carroll Counties)

George Pellitier, Jr. - EMS Development, Inc., 701 St. Paul St., Baltimore, Maryland 21202, 539-8666.

Region IV - Eastern Shore (Cecil, Kent, Queen Annes, Caroline, Talbot, Dorchester, Somerset, Wicomico and Worcester Counties)

Marcus Bramble - P. O. Box 536, 12 N. Washington St., Easton, Maryland 21601, 822-1799.

Region V - Metropolitan Washington (Montgomery, Prince Georges, Charles, Calvert and St. Mary's Counties)

Jeff Mitchell - 5408 Silver Hill Road, Suitland, Maryland 20028, 735-5580.

CALENDAR

STATE

June 25 - Regional Emergency Medical Services Advisory
3-5 p.m. Council, 301 W. Preston Street, Baltimore
Contact: (301) 528-7800

June 28 1st Annual Symposium for Paramedic
8:15 a.m. Continuing Education
to 4:30 p.m. Sponsor: Montgomery County Training
Academy
Contact: Capt. Mary Beth Lagoey,
(301) 270-1476

NATIONAL

June 14 - 18 124th AMA Annual Convention, Atlantic City, NJ
Sponsor: The American Medical Association
Contact: Registrar, American Medical Association
535 N. Dearborn Street, Chicago, Illinois 60610

June 20 - 22 1975 Clinical Conference in Pre-Hospital Emergency
Care, Orlando Hyatt House, Orlando, Florida.
Sponsor: Florida Chapter of ACEP. Contact:
Registrar, Pre-Hospital EMS Conference, 1919
Beachway Road, Suite 5-C, Jacksonville, Florida
32207. Tel. (904) 399-0510

June 22 - 27 Diagnostic Radiology for the Emergency Physician
Great Gorge, NJ. Sponsor: Emergency Medical
Services Symposia, Inc. Contact: Emergency
Medical Services Symposia, Inc., 1200 NW 10th
Ave., Miami, Fla. 33136. Tel. (305) 324-0841

June 23 - 28 Emergency Medical Services: Planning
University of Pennsylvania. Sponsor: Center for
the Study of Emergency Health Services, Univer-
sity of PA. Contact: Martha Ledger, Center for
the Study of Emergency Health Services, Univer-
sity of PA, 4219 Chester Ave., Philadelphia, PA
19174. Tel. (215) 243-6304

June 27 - 28 Evaluation & Management of Cardio-Pulmonary
Emergencies, University of Kentucky Medical
Center, Lexington, KY. Sponsor: University
of Kentucky. Contact: Frank R. Lemon, M.D.,
Associate Dean-Extramural Affairs, University
of Kentucky Medical Center, Continuing Educa-
tion, College of Medicine, Lexington, KY 40506

July 14 - 18 Emergency Medical Services: Financing
University of Pennsylvania. Sponsor: Center for
the Study of Emergency Health Services, Univer-
sity of PA. Contact: Martha Ledger, Center for
the Study of Emergency Health Services, Univer-
sity of PA, 4219 Chester Ave., Philadelphia, PA
19174. Tel. (215) 243-6304

July 23 - 24 Emergency Medical Services - Legal Aspects
The Cavalier Oceanfront, 42nd & Atlantic Ave.,
Virginia Beach, VA 23451. Sponsor: Aspen
Systems Corp., The Health Law Center. Contact:
Registrar, Health Law Center, Aspen Systems
Corp., 11600 Nebel Street, Rockville, Maryland
20852. Tel. (301) 770-4900

Division of

EMERGENCY MEDICAL SERVICES

Maryland Dept. of Health and Mental Hygiene
22 S. Greene Street, Baltimore, MD 21201
phone: (301) 528-6846

Address Correction Requested

