Maryland
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NEWSLETTER

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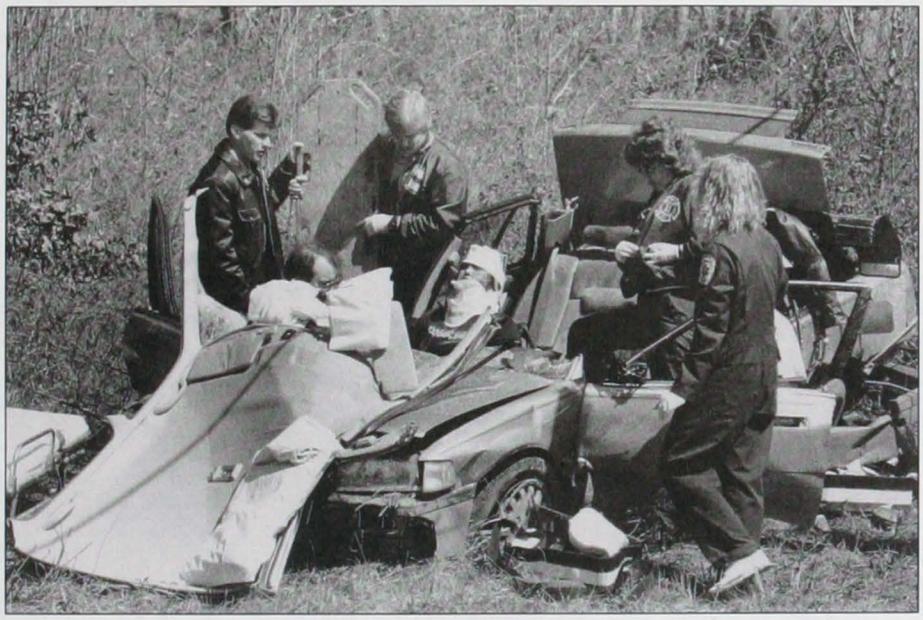


Prehospital care providers from Charles County respond to treat the victim of a motor vehicle crash. Innovative and varied approaches to ensure the delivery of quality prehospital care services are taken by the local jurisdictions and are featured in this issue. (Photo courtesy of the "Maryland Independent.")

Frederick Co.: Facing a Taxing Problem

To maintain an acceptable level of EMS service, the choices facing a community are to either have a sufficient number of volunteers or to find a means of funding a paid component. In Frederick County (Region II), the problem was solved by bringing in career personnel to work just the hours that needed coverage in communities without enough volunteers and to levy a dedicated tax to pay for them. The tax is not countywide; it affects only the communities that need the extra service.

Prior to 1989, Frederick County had no career personnel other than in the City of Frederick, which had 27 career firefighters/EMTs divided among each of the four city stations. The City of Frederick already had a tax base to pay for career providers. A problem arose when city-owned equipment (staffed by city employees) was called to serve inadequately covered communities outside the city limits in other parts of the county. A task force was set up with representatives from the city, the county, and the Frederick County Volunteer Fire/Rescue Association to determine whether the jurisdictions should work together and share expenses or set definite boundaries for their response.

The task force worked for 2 years to reach an amicable solution. Frederick City Fire/Rescue Services was amalgamated into the Frederick

(Continued on page 6)

COMMENTS

While the majority of calls for EMS service involve Basic Life Support, Advanced Life Support provides additional critical intervention for a subset of patients. Currently Maryland has approximately 1200 CRTs and over 500 EMT-Ps. Since the Cardiac Rescue Technician program began in the 1970s, the training hours and skills for CRTs have expanded beyond the original minimum required, mainly because CRTs wished to provide additional care. Many of those responsible for CRT programs now recognize that the CRT program in Maryland is far beyond the national standard for an intermediate EMT. We are considering options available to addressing this situation and welcome input from the Maryland EMS community.

As contemporary EMS is less than two decades old, there is no single "approach" to the delivery of prehospital EMS. While prehospital medical protocols and program standards define care to be rendered and the training to achieve proficiency, the actual delivery of services (that is, getting the personnel and equipment to the patient in a timely fashion) is the responsibility of each local jurisdiction and is accomplished through many varied approaches. In this issue of the *Maryland EMS Newsletter*, we focus on ambulance response and the innovative approaches used around the state to achieve and enhance this response. We hope that this exchange of information will be valuable to all prehospital organizations, volunteer and paid, metropolitan and rural. We can all learn from one another in this rich mosaic.

◆ *Ameen Ramzy, MD*
State EMS Director

Region I Analyzes Response Times

Maryland's comprehensive statewide EMS system continues to grow and evolve over the years. It remains dynamic because of its ability to change. According to David Ramsey, MIEMSS director of regional programs and Region I administrator, some changes have been made—and more will have to be made—to take rural EMS into the 1990s and beyond.

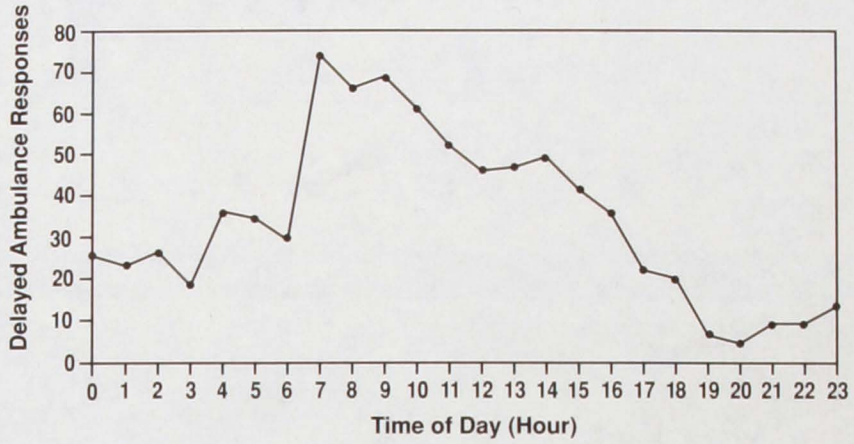
Most rural areas have similar problems in the delivery of EMS. There are long distances to cover; a sparse population from which to draw volunteers; and unemployment rates that cause young people to leave the vicinity to find jobs elsewhere. In common with more populated areas, many families have both husband and wife working outside the home and some businesses are not willing to let their employees answer emergency calls. There are just not always enough volunteers available around the clock to maintain the accepted Maryland standard of EMS care.

Rapid response is mandatory in a successful EMS system. EMS response can be divided into four time sectors: the time a call is dispatched by a 911 center until the ambulance goes into service; the time it takes for an ambulance to travel from its station to the emergency scene; the time spent on the scene providing care; and the time needed to transport a patient from the scene to the hospital.

Certain of these response times are beyond the control of the ambulance units. Transport time from the ambo station to the scene and from the scene to the hospital are dictated by distance and road conditions. Likewise, the time on the scene providing care and preparing the patient for transport varies, depending on the severity of the incident, the number of injuries, etc.

The portion of prehospital response time lending itself most readily to quantitative measurement is the time needed for an ambulance to go into service after being dispatched. This time period is directly determined by the staffing patterns, manpower levels, alert policies, etc., of the ambo company. Rural areas are particularly vulnerable to delayed responses because of an insufficient number of prehospital care providers available during the day.

Delayed Ambulance Responses by Time of Day
(Region I: 1989)



The impact of the daytime personnel shortage is greater in some areas than others; in some locales the absence of one person means that there is no coverage. One town has only two certified EMTs available during the daytime hours. The two women must check with each another before they can shop or visit outside their community.

MIEMSS Region I (Allegany and Garrett counties, the westernmost part of the state) has been analyzing the response patterns of its ambulance services to identify locales where delayed calls exceed the regional norm. Allegany County considers a delayed response to be 6 minutes or more; Garrett County considers it to be 10 minutes or more. Data for the analysis were provided by the Allegany and Garrett county dispatch centers, the ambulance services, and the MIEMSS Region I office.

Region I ambulance responses were compared for 1989 and 1990. Findings indicated that in Allegany County, 6.06 percent of calls were delayed in 1989; 4.8 percent were delayed in 1990. In Garrett County, 18 percent of calls were delayed in 1989; 12.5 percent were delayed in 1990. Although these figures show a 36 percent improvement in 1990, the Region I EMS Advisory Council would like the response rates to improve even more.

Using these data, the council has been dealing with the impact of the manpower shortages on delayed ambulance response. The following actions have been taken.

- Recruitment workshops were conducted for ambulance companies.
- Six community meetings were held to attract volunteers in areas with critical manpower shortages.
- Data collection is being automated to improve the documentation of delayed calls.
- A delegation from the Region I EMS community met with representatives of Caroline, Cecil, and Frederick counties to learn how their rural areas are dealing with similar problems and to get ideas and recommendations. (All three of these jurisdictions rely on a combination of career and volunteer prehospital care providers, particularly during the daytime hours, and utilize tiered response systems.)
- Changes will be made in dispatch policies, utilization of personnel, and ALS standards.
- A major public information campaign is underway to explain the Maryland EMS system and to make its needs known to its citizens.
- For long-term answers, meetings are taking place with county governments to increase their involvement at the jurisdictional level.

Rural volunteers have shown extraordinary dedication in their support of EMS over the years. In many instances a handful of EMS providers do an incredible job of providing coverage. But when a situation becomes extremely difficult to handle, other alternatives must be explored.

EMT Recruitment: Some Success Stories

Waldorf VFD

The Waldorf Volunteer Fire Department (VFD) EMS Division in Charles County (Region V) tripled the size of its EMS squad through a successful recruitment campaign. Over the past 2 1/2 years, the squad grew from 35 to 105 active members.

Waldorf is in the northernmost section of Charles County on the border of Prince George's County. Two major highways are nearby, one leading to Baltimore (Rt. 301), the other to Washington, DC (Rt. 5). Commuter traffic is heavy in this "bedroom community." The first-due area encompasses residential areas, light manufacturing, and farms.

"We involved every member as a recruitment officer," says Capt. Paul Stout of the EMS Division. "We encouraged members to give people in the community information about the squad and invite them to come around to meet other members and see what we do. Having so much action makes it easier. We tell new volunteers that they are needed and will be kept busy." Another successful activity was the ride-along program, allowing a prospective member to accompany a squad to observe EMS in action.

The EMS Division encourages a high level of professionalism through training. "Thorough training helped retention," says Deputy Chief Bob Miller. "Recruits were given information on what they had to know and achieve, including learning about ambulances, thumpers, and CPR. And the literature for our fund-raising drive had a form for volunteering."

Very few of the new recruits have previous EMS experience. Occasionally recruits are NREMTs from military installations, including Andrews Air Force Base, Indian Head, and the Patuxent Naval Air Station. Some of the squad are active military; others are recently discharged. It is a fairly regular occurrence for personnel to receive orders and ship out of the area; they often return. Team spirit is so strong that one active member was transferred to New Jersey but came back on weekends to run with the company.

Frederick County

A proclamation from the County Commissioners began Frederick County's recruitment campaign in April 1990. The all-out effort included banners for fire/rescue stations and for apparatus, as well as posters, flyers, radio announcements, exhibits at shopping malls, and electronic messages on a motel bulletin board and on nearby highways.

Other strategies were also used; for example, special efforts were made to interest high school students. In addition to sending students letters, fire/rescue/EMS personnel visited high schools during school lunch hours. Clarence "Smiley" White, chairman of the Volunteer Recruitment and Retention Committee of the Frederick County Volunteer Fire/Rescue Association, is also working with the Board of Education to make fire/rescue training a vocational offering in the school curriculum.

A video to be used around the county as a lead-in for recruitment, fund-raising, and fire prevention efforts is being produced in collaboration with the Department of Fire/Rescue Services of the Frederick County Public Safety Division.

Since 1987 Mr. White has been helping the Maryland State Firemen's Association in its efforts to establish a volunteering incentive on a statewide basis, an income-tax break for volunteers.

The Frederick County recruitment goal was 150 new members, approximately one-tenth of its volunteer force. About 100 prospective volunteers responded to the 24-hour phone number; some contacted fire departments directly and others volunteered through their schools.

Queen Anne's County

Volunteer recruitment in rural Queen Anne's County (Region IV) combines the traditional methods—posters, brochures, recruitment literature in fund-raising solicitations, and inviting the public to open houses—with a bit of Southern warmth and hospitality. It must work, because more than 60 people applied for EMT classes during the recently concluded recruitment campaign and people had to be turned away. Classes were held in Grasonville, Centreville, Crumpton, and Sudlersville.

Centreville in Queen Anne's County recently participated in an EMT recruitment campaign.

Charlie Simons, CRT, ambulance captain for the Grasonville Volunteer Ambulance Department, explains how they made the volunteers feel welcome. "We went door-to-door soliciting volunteers in the Grasonville area. Once classes were established, we helped people study, provided refreshments for every single class, and provided dinner for all-day classes. Some people raised their eyebrows at the expenditure, but it was worth it to show the volunteers that they were appreciated. It created good will and helped retain them as members of the squad."

Grasonville Volunteer Ambulance Department established a policy that anyone taking the EMT class could ride with an ambulance crew as an additional person as soon as they were CPR-certified. (The CPR instructor is Josie Simons, CRT, Charlie's wife, who is ambulance director of the company.) "People used to drop out during the 6 months of EMT training; riding with the unit helps to keep their interest," says Mr. Simons. "We have had an increased number of calls to answer, which means a higher level of stress. As some of the older members drop out, we try a little harder to motivate our new recruits."

Cecil Co.: Computerized Quality Assurance

Cecil County EMS is developing new computerized quality assurance (QA) procedures to help Cecil County Emergency Management staff, the Cecil County medical director, and prehospital care providers to clearly understand the prehospital care providers' skills and knowledge through an analysis of their runsheets. These QA procedures are particularly valuable in rural areas where providers in companies with a low volume of calls may not have the opportunity to practice their skills enough to maintain them. Response measures, such as additional workshops or clinical/field experience, are targeted for areas needing improvement.

Prior to the establishment of the Cecil County EMS database, information and statistics from runsheets were obtained manually; now they are gathered automatically. In addition, the program identifies missing data. Under the direction of EMS Coordinator Frank Muller of the Cecil County Emergency Management Agency and CRT William Kyle, a software consultant developed a computer program incorporating MAIS runsheets, dispatch sheets, time sheets, online training records, etc. Runsheets from career and volunteer providers are scanned using the program; missing data will be indicated by boldface type on the printout. These runsheets can then be completed to provide more accurate patient care records. Other missing data are also indicated by the computer program.

QA auditing is much faster with this automation. More time can now be spent by Cecil County EMS and by the county medical director on patient care parameters and on the quality of patient care delivered. Emphasis is placed on patient assessment skills, MAIS runsheet review, and EMS communications. Some of the areas being examined are:

- Identifying BLS response that would have benefited from ALS intervention
- Identifying the use of ALS providers when BLS would have been sufficient
- Skills that would benefit from additional clinical experience, such as proficiency in venipuncture and ECG strip assessment
- Subjects that are not fully understood by a number of providers, such as diabetes assessment
- Adherence to protocols, based on patient assessment reported on the narrative sheet required for ALS care

When problems are identified, Mr. Muller confers with Cecil County Medical Director Andrew Langsam, MD; the chief officer of the company; and the providers involved to find solutions. Of course, protocol error would be reported to the Regional Medical Director and the State EMS Director.

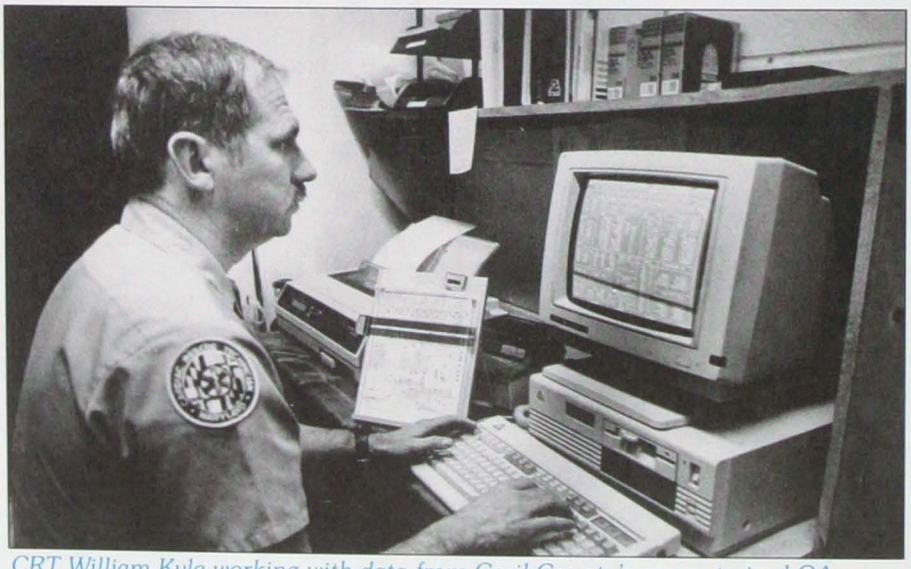
The new system has brought positive results. Response times have improved since the QA system has been in operation, because it is easier to analyze how the provider's time is being used. Prehospital care providers are informed by mail that further training is needed; they do not have to rely on bulletin boards to announce workshops.

"So far, we can identify a provider's name and certification number and see what he has done in the past 24 hours or over a longer period. Reports can be printed out on an hourly, daily, or monthly basis, specific to a particular company or provider," says Mr. Muller. "These programs make it easier to plan training because we can see where the weak areas are."

Plans are being made to implement a hospital-based computer QA program when sufficient money is allotted to the project. Computers in hospitals will show the equivalent of the MAIS runsheet form on the screen; the prehospital care provider will input the appropriate information using a light pen. The computer will not accept the report unless all fields are completed. Once the report is locked in and entered, it will not be possible to change the information except to correct errors.

Focusing on the areas in need of improvement as shown by these high-tech methods will help maintain quality EMS in rural areas.

◆ *Erna Segal*



CRT William Kyle working with data from Cecil County's computerized QA program. (Photo by Bill Hughes, "Cecil Whig.")

ALS Funding Varies Across the State

Funding for ALS varies across the state. Equipment, vehicles, and supplies are expensive; if there are not enough volunteers to maintain an acceptable level of ALS service, the community provides a paid component. In some counties, career personnel work only the daytime shift; in others, there may be one or several stations that are career in an otherwise volunteer county.

Some counties fund ALS entirely; some pay for hiring personnel but not for buying equipment; some pay for buying equipment but not for hiring personnel; some contribute little funding. Some also have paramedic foundations that provide funding.

Community Support & Pride in EMS

Havre de Grace

Don't underestimate what can be accomplished by determined volunteers who see a need for change in their community. For example, in 1985 the Havre de Grace Volunteer Ambulance Corps in Harford County (Region III) had real problems. They were driving the oldest ambulance in the county and had no autonomy; their quarters were inadequate; the treasury had only $2,000; and their membership was declining. But in 5 years they have turned the whole company around. Chief Jerry Capute, EMT-P, explains, "We didn't like the picture. Our response rate was not what it should have been. Havre de Grace is undergoing development and expansion, and we wanted to make sure that the ambulance service would be ready to meet it."

Havre de Grace is the third oldest incorporated city in Maryland, dating from 1785. According to some, it lost by one vote to become the nation's capital. Located where the Chesapeake Bay meets the Susquehanna River, the town has a population of 9,000.

Havre de Grace is the only place in Harford County, and one of the few places in the state, where the fire company and ambulance services are completely separate and independent. Ambulance service in Havre de Grace was administered by Harford Memorial Hospital from 1929 to 1953. The American Legion ran it after that until the ambulance service became incorporated independently in 1986.

When the ambulance company became independent it had to find a new location. They found a suitable piece of property with an old, dilapidated building on it, but they could not even afford the down payment. Luckily, the community was supportive. "Through the good will of the property owner, the only down payment we made was a handshake," says Chief Capute. The owner of a former Firestone store offered the use of his garage for their vehicles and supplied the heat free. County Bank and Trust Company gave the corps a $25,000 loan to build their bays and they received a grant of $90,000 from Harford County through then County Executive Habern Freeman and the County Council. (It was approved through the Harford Fire/Ambulance Association.) Within 9 months after they were incorporated, they tore down the old building and built the new one.

Havre de Grace Vol. Ambulance Corps has two new ambulances and a new building. (Photo courtesy of Havre de Grace Vol. Ambulance Corps.)

One of their most satisfying achievements was when their two ambulances—even the 1974 Horton—were brought up to standard so they could pass inspection.

The ambulance corps is hardly recognizable as the same company now. It has its new building; two brand new maroon ambulances, both ALS equipped; and 30 active members, 7 of whom joined in 1990. Companywide BTLS instruction will be held in the near future. "We couldn't pay people to work as hard as they do," says Chief Capute. "We feel that an ambulance company should be financially accountable, but belonging also gives us enjoyment and the satisfaction of helping others. Our members have pride in a job well done."

◆ *Erna Segal*

Smithsburg EMS has a new building, fully paid for at the time of its dedication.

Smithsburg

Smithsburg EMS (SEMS) Station #79 in Washington County (Region II) has reason to be proud of its new building, which was fully paid for at the time of its dedication on November 18,1990. The community's commitment to quality EMS made it possible.

For 9 years, SEMS rented two bays in the Smithsburg Volunteer Fire Department (VFD) building. That worked well, but SEMS needed facilities specific to EMS. Whole-hearted support from the 2,700 families in their "first-due" area included multiple-year pledges and fund-raising events such as a "buy-a-brick" campaign, crab feasts, ice cream sales, and dances. Crises occurred—in the midst of the building-fund campaign, it became necessary to buy a new ambulance; and the VFD needed the space used by SEMS for fire equipment. At this point, community fund-raising intensified and the Maryland State Firemen's Association gave SEMS an emergency grant.

The building was completed by "in kind" contributions from local businesses, providing excavating and grading; hundreds of tons of crushed stone and dirt; plumbing materials and labor; sewer installation; landscaping and paving; and fixtures. This overwhelming response showed that the community's appreciation of its volunteers was as strong as the volunteers' dedication to their community.

ALS in Southern Maryland . . .

Delivery of ALS in rural counties is hampered by large areas to be covered and a small population from which to draw skilled personnel. In Region V, Southern Maryland, which includes Charles, St. Mary's, and Calvert counties, is a leader in maximizing the availability of a limited number of ALS providers over large areas by using the chase car concept.

This concept relies on double dispatching; response may include fire engines and trucks as well as EMS vehicles. When an ambulance is needed, both a BLS ambulance and an ALS chase car respond. However, the chase car can be a relatively inexpensive unit, such as a car, station wagon, truck, or utility vehicle, because its purpose is not to transport patients but to bring the ALS provider to the patient. The BLS ambulance responds from a nearby fire/rescue/EMS company, but the chase car may be located centrally in the county. Depending upon the distance the chase car must travel, the two vehicles may either meet at the scene or rendezvous en route to the medical facility. The ALS provider leaves the chase car and boards the ambulance to take care of the patient. There is often a driver on the ALS unit so that the driver can return the unit to service after the ALS provider boards the ambulance. The driver may be another ALS provider or in some cases may be a volunteer from the community, such as a police officer or a firefighter.

Chase Car "Medic One" in Charles County.

Charles County ALS

Charles County began its chase car response in 1978 because neither funding nor personnel were available to provide ALS units to the entire county. Although the original chase vehicle was a station wagon, Charles County ALS volunteers also have used cars and now have three Suburbans (trucks or utility vehicles). The Suburbans are stationed at White Plains, south of Waldorf in the northern end of the county. "This is where the bulk of the county's population is found," explains Leon Hayes, NREMTP, of the Waldorf Volunteer Rescue Squad and Mobile ICU and representative to the Region V EMS Advisory Council. "We run one primary unit and two reserves, due to personnel constraints."

Bill Cooke, EMT, was one of the founders of Charles County's chase car response system. "When we applied to the County Commissioners for the money for our first station wagon, we had to guarantee that we would function as a volunteer unit for 2 years. It has been 13 years and we're still going strong. MIEMSS originally thought we were trying to cover too much territory; we projected 50,000 miles and 5,000 calls in the first year. Although we were correct about the

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Frederick Co.: Facing a Taxing Problem

(Continued from page 1)

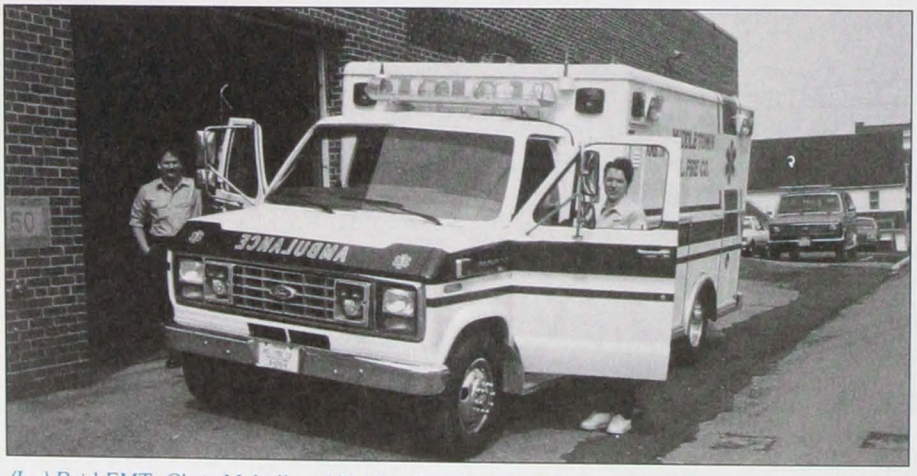
County system. By combining the administration under the county, services could be expanded as needed and Frederick City units could help the outlying companies that had chronic response-time problems without worrying about jurisdictional boundaries. The criterion for response is the closest unit by road mileage. The providers, who are cross-trained to respond to fires and provide EMS, respond to more EMS calls than fires.

Tax districts were established outside the city to pay for *only* those companies that needed extra help. Operating expenses for each company come out of the county general fund; tax district money pays only personnel and the expenses associated with them, such as turn-out gear. In some cases, the funds may be used for large capital expenses. (Rates are determined by the budget needed: the more volunteers available, the less tax is assessed.)

Eight out of 27 stations in the county now have some career personnel. Rural areas are mostly farmland and have a low assessable base, but because of the large distances to cover they need some career providers to be able to respond quickly enough to meet the accepted standard of 5 minutes for Frederick County. Due to the small population, people in these areas must pay a proportionally higher tax rate. Higher-density areas have more people to share the burden.

Andrew D. Marsh, deputy director of the Department of Fire/Rescue Services of the Frederick County Public Safety Division, says: "The few companies that were having chronic problems are doing all right now. These companies are usually in communities that are experiencing rapid residential growth. Their residents may not realize that volunteering helps not only by providing services, but also by keeping taxes down. Some say that a countywide tax is needed, but at present this solution is working well."

◆ *Erna Segal*



(L-r) Paid EMTs Chris Mehall and Debbie Loveless, full-time and part-time, respectively, employees of the Frederick County Public Safety agency, work at the Middletown Volunteer Fire Department (MVFD) to cover the shortage of volunteers from 6 am until 4 pm Monday through Friday. After 4 pm and on weekends, Middletown volunteers respond and provide service to the community. Ms. Loveless also volunteers for MVFD and is its rescue lieutenant.

. . . Using the Chase Car Concept

(Continued from page 6)

number of calls, we actually covered 80,000 miles," Mr. Cooke says. "Dr. Cowley [trauma and EMS systems pioneer and first director of MIEMSS] was very supportive over the years when we proved that it was a successful way to operate in rural areas. This system has served as a model across the state and the nation."

St. Mary's County

Established in 1983 on the Charles County pattern, St. Mary's County chase car units are stationed in Leonardtown, along the route to St. Mary's Hospital. There are two cars available; on many occasions they divide the county north and south for coverage. St. Mary's ALS unit has been staffed 24 hours a day, 7 days a week, since about 15 months after its startup.

"We're doing terrific, considering the manpower requirements needed to staff a vehicle 24 hours a day," says Chief Dennis Gordge. "In general, employers have been very understanding about letting their employees respond. That is extremely important in an all-volunteer system."

To help the response time when large distances must be covered, St. Mary's County EMS has developed an I.V. Tech program for BLS providers, who are certified within the county only. After taking the I.V. training module plus additional training, BLS providers in the county begin I.V. therapy based on ALS protocols in preparation for the arrival of the ALS providers.

"Our ultimate goal is to eventually put ourselves out of service by increasing ALS throughout the county to the point where every ambulance has ALS capability and the personnel to maintain it. That is a huge endeavor," explains Chief Gordge. At present there is no ALS training in St. Mary's County; providers must travel more than an hour to Prince George's, Calvert, or Charles counties to take the course. "But there is mushrooming interest right now. About 70 percent of calls are handled by EMT-Ps and we have just added eight state-certified EMT-Ps to the program. We have come a long way."

Calvert County ALS (CALS)

Calvert County ALS (CALS) is the newest chase-car unit in Region V, having begun on January 1, 1990. The unit is located in Prince Frederick, the center of the county. "Our response time is often a couple of minutes ahead of the ambulance, because it takes time for the volunteer EMS personnel to arrive at their station to answer the alarm, but the chase car is already staffed," says Larry Patin, EMT-P, one of the founders of CALS. CALS is quickly working toward around-the-clock coverage; response has been as high as 90 percent of the day in recent months. CALS began its service with a vehicle on loan from Charles County ALS; it now uses a car and a Suburban (which was sold to them by Charles County ALS for one dollar) for its chase units. Some people prefer not to drive the large utility vehicle and they are given their choice.

To encourage participation it was decided to schedule CRT classes every year at the same time. According to CALS President Mary Ann Antoun, "the program is absolutely successful, with a couple of saves and a number of respectable interventions. There is a lot of dedication among the providers."

◆ *Erna Segal*

ALS IN MARYLAND BY REGION & COUNTY*

Region	County	Type of ALS Response			ALS Personnel			Staffed ALS Response Vehicles	ALS Providers (Primary Affiliation Only)	
		Non- Tiered	Tiered (Chase Car)	Tiered (Medic Ambo.)	Paid (Primarily)	Volunteer (Primarily)	Mixed Paid/Vol.		CRTs	Paramedics (EMT-Ps)
I	Allegany	•				•		14	45	10
	Garrett	•				•		4	18	5
II	Frederick		•				•	4	34	19
	Washington	•				•		18	36	16
III	Balto. City	•			•			18†	161	
	Balto. Co.			•			•	38†	246	69
	Anne Arundel			•			•	13†	96	100
	Carroll			•			•	15	52	7
	Harford			•		•		22	69	19
	Howard		•				•	5	50	
IV	Caroline		•				•	5	16	2
	Cecil		•				•	15	29	2
	Dorchester	•				•		1	5	
	Kent	•				•		4	5	
	Queen Anne's		•				•	10	18	1
	Somerset	•				•		4	9	
	Talbot		•			•		6	15	3
	Wicomico	•				•		15	35	10
	Worcester	•					•	21	26	26
V	Calvert		•			•		1	11	4
	Charles		•			•		3	23	13
	Montgomery			•			•	19	106	95
	Prince George's			•	•			10	56	82
	St. Mary's		•			•		2	13	8

Note: The following also provide ALS services: Baltimore-Washington International Airport, 8 CRTs, 2 EMT-Ps; MIEMSS, 3 EMT-Ps; Kirk Army Hospital, 1 CRT; Kimbrough Army Hospital, 6 CRTs; Dept. of Natural Resources, 4 CRTs; Maryland State Police, 51 EMT-Ps.

**As of March 1991.*

† EMS Supervisors provide additional ALS support (2, Balto. City; 9, Balto. County; 1, Anne Arundel County). In Anne Arundel County, Annapolis is a separate program with non-tiered ALS response, paid personnel, and 2 ALS response vehicles.

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PGFD: Career Ladders for EMS Personnel

Since the inception of prehospital ALS in Maryland, a variety of ALS programs have evolved that utilize volunteer personnel, cross-trained firefighters/paramedics, and uniformed paramedics who are not firefighters. An individual desiring to make a career in EMS should consider carefully what the various jurisdictions require in terms of training and if a career ladder is in place for advancement.

The Prince George's County Fire Department's (PGFD's) paramedic program continues its evolutionary process from the start-up of ALS in the 1970s and its expansion phase in the 1980s to program refinement in the 1990s.

Originally PGFD's program was staffed by career firefighters trained as CRTs. This initially worked well; however, as staffing needs increased, the pool of firefighters available for cross-training decreased. This prompted the recruitment of non-firefighter personnel. Uniformed career personnel certified as CRTs, but not trained as firefighters, began working on paramedic units in 1984. Since 1984, the Department has continued to hire only non-firefighter paramedics; the number of paramedic units has doubled from 5 to 10; and the number of EMS personnel has increased to 105.

In addition, since 1984, career paramedics have made great progress in solidifying their role as an integral component of the fire department. A

In the Prince George's County Fire Department, non-firefighter career EMS personnel have a career ladder where advancement is based on the level of training, skill, and performance.

career ladder has been developed which includes the following positions:

1. Paramedic Trainee. This is the entry level position for paramedics and requires no previous training or experience. Personnel, once trained and certified to EMT-A level, are assigned to one of three BLS rescue units.

2. Paramedic I/Cardiac Rescue Technician (CRT). This is the first level of paramedic certification. Personnel must successfully complete CRT training and certification, an internship, and Prince George's County's certification test.

3. Paramedic II (EMT-P). This is the second level of paramedic certification. Personnel must successfully complete EMT-P training, the National Registry EMT-P exam, and the state protocol exam.

4. Paramedic III (Paramedic Lieutenant). This is a supervisory position developed in 1989. Paramedic IIs are eligible for this position after they have successfully passed a written examination, an assessment center, and officer candidate school.

Additional ranks are now under consideration.

The formation of a career ladder is a necessity in order to retain good, skilled personnel. Very few individuals are satisfied with remaining at one position or rank for an entire career. The career ladder, together with a competitive salary and excellent benefits, has attracted many ambitious individuals desiring a career in EMS.

The concept of hiring non-firefighter career EMS personnel, together with firefighter/paramedics and volunteer paramedics, has worked well in Prince George's County. For the EMS career-minded person, it is essential to find a career ladder where advancement is based on the level of training, skill, and performance.

For further information, contact Battalion Chief Jim Mould (PGFD), 301-772-9060.

◆ *Battalion Chief Jim Mould*
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