

Maryland EMS News

For All Emergency Medical Care Providers

Vol. 29, No. 4

April 2003

Responding to Fall-Related Injuries in Older Persons

Basic Life Support (BLS) and Advanced Life Support (ALS) providers are often the first on the scene in a fall-related injury of an older person (65+ years old). There may be minimal time available to determine the causes of a fall. Instead, the priorities are often to stabilize and to transport the injured person. However, based on important new research findings in the area of falls prevention, BLS and ALS providers can now take decisive action that may help to prevent future falls and perhaps serious injury and death. An important first step that can be taken by BLS and ALS providers is to increase their understanding of the tragic and expensive effects of falls and fall-related injuries in older Americans. Some of the alarming U.S. fall-related statistics include:

- Falls occur in **over 33 percent**

of persons over age 65 each year, and in over 50 percent of persons over age 75.

- During a recent three-year interval, 147 million injury-related visits were made to emergency departments in the U.S. Falls were the **leading cause** of external injury, accounting for 24 percent of these visits.

- Major injuries, including head trauma, soft tissue injuries, fractures, and dislocations, occur in 5-15 percent of falls in any given year.

- In one recent year, more than 250,000 older Americans suffered fractured hips, **at a cost in excess of \$10 billion**. More than 90 percent of hip fractures are associated with falls, and most of these fractures occur in persons older than 70 years of age.

- One in four older Americans who sustain hip fractures **dies within six months** of the injury.

In addition, BLS and ALS providers should become very familiar with the major causes of falls in older people, as verified in fall-related research studies conducted worldwide. These include:

- Multiple prescription medication use (including five or more prescription medications, psychotropic medications, Class 1a antiarrhythmic medications, digoxin, and diuretics)

- Muscle weakness (including hip complex, quadriceps, calves, triceps)

- Balance and/or gait problems
- Presence of orthostatic hypotension

- Environmental hazards (including slippery floors, loose rugs, inadequate lighting, lack of toilet/bathtub railing, etc.)

Perhaps, the most important action that BLS and ALS providers can take following the identification of an older person who has already fallen and/or may be at risk for a future traumatic fall is to complete the MAIS runsheet form appropriately. Because BLS and ALS providers are

(Continued on page 2)



To Learn More. . .

To learn more about fall assessment programs in Pennsylvania, Maryland, DC, and Virginia, visit the following web site: www.balanceandmobility.com (Click on the "Getting Help" tab to find a specific Fall Prevention program in your state.)

May Is 'Older Americans Month'

For information on activities in Maryland during Older Americans Month, visit www.mdoa.state.md.us

(Continued from page 1)

motivated to act both rapidly and effectively, it is important that the proposed MAIS completion does not bog down the responder and negatively impact efficiency. The recommendations in the box below are designed to produce the most beneficial long-term

effect for the older fall victim in the most efficient way for the emergency services provider.

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- Yu-Ling Shao
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Identifying the Older Fall Victim, Completing the MAIS Form

If BLS and ALS providers suspect through observation and/or interview that the older person has fallen and/or may be at risk for future falls, the following is suggested:

- Select **Fall** under the Injury Type Section of the MAIS.
- In the text box provided at the end of the MAIS, identify the **Sex** and **Age** of the fall victim when the victim is 65 years or older.
- In the text box, clearly write **FALL RISK**.

Almost all of the information being recommended for the text box in the MAIS form is located somewhere else in the form. However, by seeing the age, sex, and fall-risk terminology grouped in the text box, the emergency department physician will be better positioned to refer the patient to a Fall Assessment Program post-discharge. An effective Fall Assessment Program often will include a home environment assessment to identify correctable hazards, in addition to interventions addressing the medical and physical issues that increase a person's fall risk.

By simply completing the MAIS form effectively, BLS and ALS providers can initiate a process post-hospital discharge that will help fall victims recover from their injuries and possibly prevent recurring falls in the future. *Whenever BLS and ALS providers create a red flag in the MAIS form warning of a potential fall risk in an older person, health care providers are put in a better position to address the falling problem post-discharge.* Whether the result is to identify a fall-prevention program and/or a rehabilitation-based program, the emergency services provider will have delivered a valuable and perhaps life-saving service to the older fall victim.

SIGNS/SYMPOMS	INJURY TYPE	CONDITIONS	ECG
<input type="radio"/> Agitated	<input type="radio"/> ATV Crash	<input type="radio"/> Allergic Rxn	<input type="checkbox"/> <input type="checkbox"/> Nor Sinus
<input type="radio"/> Airway Obs	<input type="radio"/> Beating	<input type="radio"/> Asthma	<input type="checkbox"/> <input type="checkbox"/> Sinus Tach
<input type="radio"/> Cyanotic	<input type="radio"/> Bike	<input type="radio"/> Behavioral	<input type="checkbox"/> <input type="checkbox"/> A-Fib
<input type="radio"/> Dehydrated	<input type="radio"/> Burn	<input type="radio"/> Cardiac Arst	<input type="checkbox"/> <input type="checkbox"/> SVT
<input type="radio"/> Diaphoretic	<input type="radio"/> Drowning	<input type="radio"/> CHF	<input type="checkbox"/> <input type="checkbox"/> Sinus Brad
<input type="radio"/> Hemorrhage	<input checked="" type="radio"/> Fall	<input type="radio"/> COPD	<input type="checkbox"/> <input type="checkbox"/> Block <i>degree</i>
<input type="radio"/> Hypothermic	<input type="radio"/> Farm	<input type="radio"/> CVA	<input type="checkbox"/> <input type="checkbox"/> Asystole 1
<input type="radio"/> Laceration	<input type="radio"/> GSW	<input type="radio"/> Diabetes	<input type="checkbox"/> <input type="checkbox"/> PEA 2
<input type="radio"/> Nausea	<input type="radio"/> Industrial	<input type="checkbox"/> DNR (A)	<input type="checkbox"/> <input type="checkbox"/> PVC'S 3
<input type="radio"/> Head <input type="checkbox"/> Pain	<input type="radio"/> Lawn Mwr	<input type="radio"/> Environmental	<input type="checkbox"/> <input type="checkbox"/> Vent Fib
<input type="radio"/> Neck <input type="checkbox"/> Chest	<input type="radio"/> Motorcycle	<input type="radio"/> GI Disorder	<input type="checkbox"/> <input type="checkbox"/> Vent Tach
<input type="radio"/> Back <input type="checkbox"/> Abdm	<input type="radio"/> M V Crash	<input type="radio"/> Med. Illness	<input type="checkbox"/> <input type="checkbox"/> Other
<input type="radio"/> Back <input type="checkbox"/> Extrim	<input type="radio"/> Pedestrian	<input type="radio"/> MI/Cardiac	<input type="checkbox"/> <input type="checkbox"/> 3 Lead <input type="checkbox"/> 12 Lead
<input type="radio"/> Paralysis	<input type="radio"/> Sport/Rec	<input type="radio"/> OB/GYN	CIRCULATION
<input checked="" type="radio"/> Pupils (A)	<input type="radio"/> Stabbing	<input type="radio"/> Overdose	PROV#
<input type="radio"/> Resp Distrs	<input type="radio"/> Toxic Inhal	<input type="radio"/> Poison	IV1 (A) (S) 1 2 3
<input type="radio"/> Syncope	<input type="radio"/> Venom Bite	<input type="radio"/> Resp Arst	IV2 (A) (S) 1 2 3
<input type="radio"/> Vomiting	<input type="radio"/> Other	<input type="radio"/> Seizures	EJ (A) (S) 1 2 3
<input type="radio"/> Weakness		<input type="radio"/> Other	IO (A) (S) 1 2 3
<input type="radio"/> Other			

NARRATIVE INFORMATION

65+, female, Fall Risk



EMS Care 2003
April 25-27, 2003
Greenbelt Marriott Hotel

For more information call
MIEMSS Region V Office
301-474-1485
or
1-877-498-5551 (toll-free)

Disciplinary Actions

The following final disciplinary actions were taken by the EMS Board on the dates indicated:

R-2002-185—(EMT-B)—

December 10, 2002. Revocation of certification for pleading guilty to four counts of sexual abuse in the third degree in West Virginia.

B-2002-196—(EMT-B)—

November 12, 2002. Acceptance of voluntary surrender of license for conviction for theft of goods under \$300 in value and third-degree burglary in Maryland and failure to disclose convictions on EMT-B renewal application.

Mark Your Calendar

April 25-27, EMS Care 2003, Greenbelt Marriott Hotel. Information: MIEMSS Region V Office, 301-474-1485 or 1-877-498-5551 (toll-free).

May 31, Miltenberger Emergency Services Seminar, Allegany College of Maryland, Cumberland. Information: MIEMSS Region I Office, 301-895-5934.

September 19, 14th Annual Trauma Conference, Carousel Resort Hotel, Ocean City, Maryland. Information: Lisa Hohl, RN, Trauma Nurse Coordinator, Peninsula Regional Medical Center, 410-543-7328.

September 30, Mid-Atlantic Life Safety Conference, Johns Hopkins Applied Physics Lab. Information: Office of the State Fire Marshall, 1-800-535-3124.

Emergency Medical Services Week in Maryland



May 18–24, 2003



National EMS Week

"EMS: When It Matters Most" is the theme of National EMS Week 2003, to be celebrated May 18-24.

"While many Americans are worried about terrorism and weapons of mass destruction, they can feel great comfort knowing that if an event occurs, a heroic league of EMS professionals will be ready to respond to the medical needs of their community," said George Molzen, MD, president of the American College of Emergency Physicians (ACEP), the national organizational sponsor of this annual campaign. "It is important for the nation to celebrate EMS Week and recognize these individuals that give their lives to saving ours."

The National Highway Traffic Safety Administration (NHTSA) and the Emergency Medical Services for Children (EMSC) program join ACEP as organizational sponsors of EMS Week.

For more information or to obtain an EMS Week kit, please call 800-798-1822, touch 6, or visit ACEP's EMS Week Web site at www.acep.org/emsweek (e-mail: emsweek@acep.org).

EMS Regional Offices in Maryland

REGION I

- Allegany and Garrett counties
- Region I Office in Grantsville, 301-895-5934

REGION II

- Frederick and Washington counties
- Region II Office in Hagerstown, 301-791-2366 or 301-416-7249

REGION III

- Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard counties
- Region III Office at MIEMSS in Baltimore, 410-706-3996

REGION IV

- Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester counties
- Region IV Office in Easton 410-822-1799 or 1-877-676-9617 (toll-free)

REGION V

- Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties
- Region V Office in College Park, 301-474-1485 or 1-877-498-5551 (toll-free)

Special Days during National EMS Week

- **May 21— 3rd Annual Emergency Medical Services for Children Day.** This day focuses on drawing national attention to the essential need for specialized emergency care for children to ensure that every child in the nation receives the highest quality emergency care possible—from primary prevention to acute care and rehabilitation.

- **May 24— 4th Annual National Moment of Silence.** The National EMS Memorial Service in Roanoke, Virginia, organizes this national event to honor and remember the nation's EMS providers who have made the ultimate sacrifice and given their lives in the line of duty. All EMS and communications agencies participating observe 60 seconds of radio silence on this day at 7 PM (EDT). Visit <http://nmos.nemsms.org> to download a participation packet or email nmosinfo@naemt.org, and receive an auto-response email containing the participation packet.

Maryland EMS Week Activities

At its annual Maryland's Stars of Life Awards Presentation, MIEMSS will once again honor men and women across the state who have contributed to Maryland's EMS system. Awards will be given in the following categories: Star of Life Award, EMS Citizen Award, EMS Provider of the Year, Emergency Medical Dispatcher Provider of the Year, Outstanding EMS Program, Leon W. Hayes Award for Excellence in EMS, and the Maryland EMS for Children Award.

In Maryland, the week-long series of EMS events will include varied activities at the local level to honor EMS providers (paramedics, emergency medical technicians, first responders, firefighters, and the police) to raise public awareness about health and safety issues, including how to prevent injuries and what to do in a medical emergency.

For information on local EMS activities, please call your regional EMS administrator. (Region I: 301-895-5935; Region II: 301-791-2366 or 301-416-7249; Region III: 410-706-3996; Region IV: 410-822-1799 or 1-877-676-9617 (toll-free); Region V: 301-474-1485 or 1-877-498-5551 (toll-free).

Ideas for EMS Week

As you plan this year's EMS Week events, you should keep in mind the following goals:

- Educate the public about the EMS system and its appropriate use;
- Educate the public about injury prevention, and how to recognize and respond to a medical emergency; and
- Show appreciation for the contributions of every member of the EMS team.

Seasonal Safety Tips. Prepare fact sheets on seasonal safety, such as summer safety (swimming, boating, skating, and cycling), winter safety (skiing, frostbite, and hypothermia). You might also create safety tip sheets for special occasions such as Halloween (Trick or Treat), Prom Night (Drinking and Driving), and the Fourth of July (Fireworks).

Infant CPR. Consider an evening lecture for parents about infant care and emergency techniques that might be helpful.

Stage a Mock Emergency. Have EMS providers pretend to have been in an automobile crash, or lightning, boating, or drowning emergency, and show how the EMS system would help them.

Outdoor Search and Rescue. Teach children how to avoid getting lost while hiking or picnicking, how to make it easier for rescue teams to spot them, and how to survive, plus what to take on outdoor trips for health and safety.

Fun Run. Everybody loves a 5K or a 10K. Walking events bring all ages, but running events excite jogging enthusiasts.

Photo Displays. For those who can't make it in person, set up photos of your emergency department, ambulance, and other EMS functions for display at local libraries, schools, and shopping malls.

Shopping Mall Displays. Your EMS personnel can spend a day at a local shopping mall, handing out materials and answering questions about EMS. You can display rescue equipment-ambulances, transport helicopters, etc.; provide breathalyzer demonstrations, BP checks, safety information, etc.

Safety Days and Open Houses. Consider holding a "Meet the Lifesavers" open house or an "EMS Awareness" fair. Both offer a great opportunity for EMS personnel to explain the valuable role they play on the EMS team. Providing services to the community at the open house or fair is another way for citizens to meet their community's EMS providers. Some of the following services could be included: free blood pressure/glucose testing clinics; I.D. fingerprinting for children; medical I.D. cards or "Vials of Life" for senior citizens; free safety checks (car seats, bicycles, smoke detectors, first aid kits, etc.).

Preregistration Campaign. Volunteer to register mature adults and other at-risk people in your service area, glean medical histories, current medication, etc. The community will love it, and you'll have the information on file.

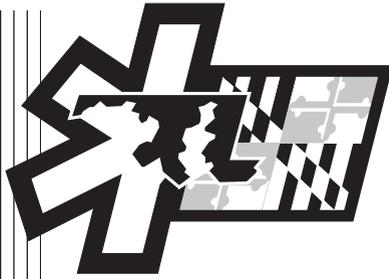
Classroom Talks. Encourage teachers to invite your EMS personnel to their classrooms to talk about emergency medicine.

Brown Bag Day. Invite people to bring their medications to the Emergency Department Open House or EMS Health Fair in a brown bag. Doctors will check whether the medication is dated and make sure the patient is not inappropriately mixing medications.

Home Safety Program. Have EMS personnel give a lecture on home safety, including pediatric and geriatric information, medical tips, and general safety ideas.

Media Outreach. Pitch your events to local media. Invite reporters to your open house health fair. Ask a reporter to participate in an ambulance ride-along or write a feature on "A Day in the Life of a Lifesaver."





MARYLAND'S STARS OF LIFE AWARDS

Each year the Maryland Institute for Emergency Medical Services Systems celebrates EMS Week by honoring men and women across Maryland who have contributed to the EMS system. We use the term "Stars of Life" because it combines our symbol, the Star of Life, with our shared vision, "the elimination of preventable death and disability from injury or sudden illness." This year we are again opening the award nomination process to everyone who receives the *Maryland EMS News*. Awardees will be selected by a statewide committee of career and volunteer EMS providers. For further information, call 410-706-3994.

The categories of Maryland Star of Life, Maryland EMS Citizen, EMS Provider of the Year, and EMD Provider of the Year relate to specific incidents occurring from March 1, 2002 to February 28, 2003. Multiple awards may be presented.

MARYLAND STAR OF LIFE AWARD

This award may be given to an individual, multiple individuals, or teams on the same incident for an outstanding rescue by EMS personnel.

MARYLAND EMS CITIZEN AWARD

This award is intended for citizen rescuers who have demonstrated quick thinking, fast action, and heroism.

EMS PROVIDER OF THE YEAR

For a provider who has made outstanding contributions in the past year to the continuous improvement of emergency medical services in Maryland (for example, in the areas of quality assurance; public or EMS education; prevention; delivery of EMS services; new technology).

EMD PROVIDER OF THE YEAR

This award is given for extraordinary efforts in assisting the public in this vital portion of the Chain of Survival.

OUTSTANDING EMS PROGRAM

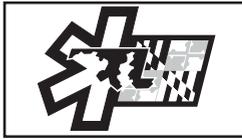
For a program that offers an innovative approach to reducing death and disability. The program must be affiliated with an EMS system component, such as a hospital, educational facility, rescue squad, or EMS organization.

LEON W. HAYES AWARD FOR EXCELLENCE IN EMS

This award is given to an individual who demonstrates through his professional and personal life, dedication to excellence in patient care, compassion and respect for each patient, and commitment to continuous improvement of the Maryland EMS system in education and in prevention.

MARYLAND EMS-C AWARD

This award is given for an individual or program that has demonstrated excellence in affecting the EMS care for children in Maryland.



MARYLAND'S STARS OF LIFE AWARDS — 2003 NOMINATION FORM

Individual(s)/Organization(s) Nominated: _____

If there is more than one nominee, please duplicate this form or use a separate sheet for the other names and addresses and attach it to this form.

* **Address:** _____

(P.O. Box or Street)

(City)

(State)

(Zip)

* **Telephone Nos.** _____ (H) _____ (W)

Nominee's Level of Certification or Licensure (if applicable) _____

Professional Affiliation _____ **Telephone No.** _____

Award Category:

- | | | |
|--|---|---|
| <input type="checkbox"/> Maryland Star of Life Award | <input type="checkbox"/> EMS Provider of the Year | <input type="checkbox"/> Leon W. Hayes Award |
| <input type="checkbox"/> Maryland EMS Citizen Award | <input type="checkbox"/> EMD Provider of the Year | for Excellence in EMS |
| | <input type="checkbox"/> Outstanding EMS Program | <input type="checkbox"/> Maryland EMS-C Award |

This individual/group/program/facility is being nominated for outstanding recognition because:

Please attach additional documentation such as newspaper articles, video footage, and letters of commendation.

Name of person submitting this nomination:

(Print or Type)

(Signature)

(Address)

* **Telephone Nos.** _____ (H) _____ (W)

FAX Nos. _____ (H) _____ (W)

* Must be completed!!

NOMINATIONS MUST BE RECEIVED AT MIEMSS BY May 2, 2003.

Mail to: Jim Brown, MIEMSS, 653 W. Pratt St., Baltimore, MD 21201-1536

or FAX to: Jim Brown, 410-706-3485.



The First Miltenberger

Emergency Services Seminar

May 31, 2003

Allegany College of Maryland, in Cumberland

Presented by

MIEMSS Region I EMS Advisory Council, Western Maryland Training Foundation,
Allegany College of Maryland, and Garrett College

Featuring Fire, EMS, & Nursing Tracks

Continuing Education Credits Offered

Fee: \$25

Information: Contact 301-895-5934

Schedule

7:30 AM	Registration & Vendor Display		
8:30 AM	Welcome: Dr. Robert R. Bass, Executive Director, MIEMSS		
8:45 AM	Contributions of Dr. F. W. Miltenberger		
9:00 AM	Rail Disaster: A System Response (Lessons Learned from Amtrak Crashes in Montgomery and Allegany counties)		
10:30 AM	Refreshment Break & Vendor Display		
	Fire Track	EMS Track	Nursing Track
11:00 AM	<ul style="list-style-type: none"> Rapid Intervention Team Training 	<ul style="list-style-type: none"> Complex Thoracic Injuries 	
Noon	Lunch		
1:00 PM	<ul style="list-style-type: none"> Emergency Response to Electric (Hybrid) Vehicle Crashes Wildland Fires 	<ul style="list-style-type: none"> Pediatric Extrication & Immobilization Forensic Injury Identification & Documentation 	<ul style="list-style-type: none"> Trading Places Confrontational Patients & Your Personal Safety
2:00 PM	<ul style="list-style-type: none"> Emergency Response to Electric (Hybrid) Vehicle Crashes Wildland Fires 	<ul style="list-style-type: none"> Pediatric Extrication & Immobilization Forensic Injury Identification & Documentation 	<ul style="list-style-type: none"> Trading Places Confrontational Patients & Your Personal Safety
3:00 PM	Break		
3:15 PM	Chem-/Bio- Terrorism? Good Science or Science Fiction?		
4:00 PM	Seminar Ends		



Governor Robert L. Ehrlich, Jr.

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DATED MATERIAL

OIG Issues Final Compliance Program Guidances

Ambulance suppliers now have access to another tool to assist them in combating fraud, waste, and abuse in their dealings with federal health care programs. The Office of Inspector General (OIG) for the Department of Health and Human Services (HHS) issued a final compliance program guidance to assist ambulance suppliers in establishing compliance programs. This program guidance also serves as a useful resource for those ambulance suppliers with existing compliance programs.

One of the factors that was taken into account when developing the guidance was the great variation among ambulance industry suppliers. Factors such as the size of the company, whether for-profit or not-for-profit, affiliated with a hospital or independent, and run by municipalities/counties or commercially owned will determine the applicability of the information in the program guidance.

The guidance, entitled *OIG Compliance Program Guidance for Ambulance Suppliers*, is published as a notice in the March 24 issue of the *Federal Register*. It is also available on the OIG web site at <http://oig.hhs.gov/fraud/docs/complianceguidance/032403ambu->

[lancepcgfr.pdf](#) and on the MIEMSS website at www.miemss.org.

The OIG acknowledges in the program guidance that the ambulance industry is already familiar with compliance fundamentals (e.g., the role of the compliance officer). Accordingly, the focus of this program guidance is on risk areas relevant to the ambulance industry and recommends ways ambulance suppliers can address these and other compliance risks. For example, to address the potential for abuse in the area of non-emergency transports, the guidance urges suppliers to follow the Medicare program's criteria for the coverage of scheduled and unscheduled non-emergency transports, including the requirement that suppliers obtain physician certification statements (PCS) to verify that the transport was medically necessary.

The PCS should provide adequate information for each individual beneficiary and be signed by the appropriate physician or other health care professional.

In addition, the guidance reviews some of the fraudulent and abusive practices that have occurred in the ambulance industry, including:

- improper transport of individuals with other acceptable means of transportation;
- medically unnecessary trips;
- trips claimed but not rendered;
- misrepresentation of the transport destination to make it appear as if the transport was covered by a federal health care program;
- false documentation;
- billing for each patient transported in a group as if he/she were transported separately;
- upcoding from basic life support to advanced life support services; and
- payment of kickbacks.

The final compliance program guidance has been modified from the draft guidance to more fully address the Centers for Medicare and Medicaid Services' new ambulance fee schedule and those comments received from the ambulance industry

Corrections for the January Issue

- To send an e-mail to someone at MIEMSS, use the initial of the person's first name and entire last name followed by: @miemss.org.
- Cambridge EMS Public Access Defibrillation Program is entitled "Heart Start."