

Maryland

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NEWSLETTER

Vol. 19, No. 6

For All Emergency Medical Care Providers

June/July 1993



Field News

Looking back over the last fiscal year, we have seen a further commitment to improving the delivery of prehospital care in Maryland. These advancements have been made through a cooperative networking of EMS providers from all levels of certification and administration. These changes add a new dimension to our EMS system.

Maryland has a lot to be proud of. MIEMSS has been able to coordinate and facilitate many new achievements. Some of these achievements include the following.

BASIC LIFE SUPPORT PROGRAM

Airway Adjunct Enhancement

Workshop is a comprehensive basic life support workshop with more than 130 slides depicting proper airway management using the nasopharyngeal airway and oropharyngeal airway, suctioning, and depicting the proper and efficient use of bag valve ventilation and 40 liter per minute flow rate demand valve ventilation technique.

Automated External Defibrillator Program should be out as a statewide option by August 1993. This is a major link in the "chain of survival" that should be delivered to the patient in cardiac arrest as soon as possible by the First Responder and EMT-A.

Medical Guidelines for EMT-A (draft) is out and circulating for input

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Governor Signs House Bill 1222 Restructuring MIEMSS

On May 27, Governor William Donald Schaefer signed House Bill 1222 ("Emergency Medical Services") that changes the relationship between the Maryland Institute for Emergency Medical Services Systems (MIEMSS) and the R Adams Cowley Shock Trauma Center. The law goes into effect July 1, 1993.

The legislation calls for a new 11-member board to be established to govern all the affairs of the State's emergency medical system and spells out governing and reporting structures for MIEMSS, the Shock Trauma Center, and the National Study Center (see box on page 4 for an overview).

The legislation resulted from the work of a commission, appointed by Gov. Schaefer last August to look into the State's EMS delivery system and make recommendations for change, if needed.

The EMS Commission held three public hearings in November and December, and afterward submitted a written report of its recommendations to Gov. Schaefer. Legislation was drafted in January, and a joint hearing on the legislation was held on March 8.

Following the hearing, the legislation was revised in a work group made up of six delegates from the House Appropriations Committee and six delegates from the House Environmental Matters Committee. The revised legislation passed the House, and after subsequent amendments, passed the Senate on April 12. The final vote on the legislation was 114-11 in the House and 42-3 in the Senate. Under the

new legislation, the director of MIEMSS no longer serves as the director of the R Adams Cowley Shock Trauma Center. MIEMSS will have an executive director appointed by the new 11-member EMS governance board, while the Shock Trauma director will be appointed by the University of Maryland Medical System (UMMS) Board.

After July 1, until such time as the newly appointed EMS Board concludes its search for its executive director, Richard Alcorta, MD, will continue running the day-to-day operations of the State EMS Agency. John Murphy will direct the transition process. John Ashworth, UMMS senior vice president of strategic planning, program development, and communications and interim director of MIEMSS, will assume the role of Shock Trauma director and continue as senior vice president of the medical system.

Mr. Ashworth emphasized that the passage of this legislation has no effect operationally on the Shock Trauma Center. "The legislative language emphasizes the mission of Shock Trauma as both the primary adult trauma center while also serving as the core trauma resource for the State of Maryland.

"The collaborative leadership of MIEMSS, Shock Trauma, and the National Study Center will have significant challenges in shaping future EMS services for our state," he noted.

(See page 4 for overview of House Bill 1222.)

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as a reference of care for the BLS EMT-A provider. Our dedicated EMT-As are constantly looking to improve themselves, and this document can be used as a reference to assist them in achieving their goals.

ADVANCED LIFE SUPPORT PROGRAMS

Specialized techniques have been added to the Cardiac Rescue Technician (CRT) program.

Endotracheal Intubation (ETI)

has been added to the core curriculum for CRTs. ETI is an operating room technique that will deliver oxygen directly to the lung of the critically ill patient. It is the "gold standard" in airway management. Maryland CRTs, as well as EMT-Ps, are now permitted to perform ETI after successful completion of the endotracheal training module. To facilitate this training, MIEMSS has recently leased two computer-assisted ETI training programs (the Acronics CPR/ACLS learning system) which has been evaluated by both the Regional Medical Directors and the Board of Physician Quality Assurance as a state-of-the-art training device. This device is essential in training Maryland's more than 1400 CRTs in ETI since access to cadaver labs and anesthetized live patients in operating rooms is limited.

EMT-P Jurisdictional Optional Procedures include several nationally accepted EMT-P procedures and medications. These optional procedures advance the delivery of life-saving techniques in the prehospital care arena.

- Transcutaneous External Cardiac Pacing is used in the symptomatic bradycardic cardiac patient.

- Percutaneous Needle Thoracostomy is the insertion of a needle into the anterior chest, right or left, when there is a life-threatening tension pneumothorax. The resulting decompression will relieve the pressure on the side of the collapsed lung allowing proper circulation to be restored and improve breathing.

- Intraosseous Infusion is the placement of a needle into a child's leg to deliver life-saving I.V. fluids and medications in the critically ill child or infant who has no other I.V. access.

- Nifedipine is a medication which

can be delivered under the tongue of a patient who is in a hypertensive emergency to reduce the high blood pressure that could potentially cause a stroke or a heart attack.

- Glucagon is a medication that can be given intramuscularly to the hypoglycemic (low blood sugar) diabetic patient who has no I.V. access and is in a life-threatening condition. This medication will raise the patient's blood sugar and frequently will allow him/her to regain consciousness.

Protocols. Maryland is embracing the American Heart Association's Advanced Cardiac Life Support algorithm published in the *Journal of American Medical Association (JAMA)*. To that end, a Maryland protocol revision is underway and should be distributed by August 1, 1993 after approval by the Board of Physician Quality Assurance. The implementation of the new protocol will take effect January 1, 1994. This will be in a timely fashion since the National Registry EMT-P examination will be testing on the same criteria as of January 1, 1994.

The biennial Maryland ALS protocol revision process is underway to review all advanced life support protocols. The submissions for protocol modifications have been reviewed by the Regional Medical Directors and are being placed in draft form for redistribution and comment at this time.

LEGISLATION

As of October 1992, the **Commercial Ambulance Regulations** went into effect. This legislation has authorized MIEMSS to oversee and regulate the commercial ambulance industry. The advanced life support program for commercial ambulance services is to deliver care based on the current Maryland Medical Protocols for Cardiac Rescue Technicians and Emergency Medical Technicians-Paramedic.

House Bill 1222, the reconfiguration of the MIEMSS System, has been signed and will have gone into effect as of July 1, 1993. This legislation has designed a gubernatorially appointed governance board of 11 members and a 27-member EMS advisory council. The restructuring of MIEMSS, as we know it, will clarify lines of responsibility and accountability.

House Bill 1243, the Health Care Decisions Act, was passed which will direct MIEMSS to adopt protocols for the transport of citizens with valid Do-Not-Resuscitate (DNR) orders. Previously hospice DNR cards could be issued only to those with terminal diseases in a hospice program. The new legislation allows anyone with a living will who does not wish to have any advanced life support to have an EMS DNR card to prevent resuscitation efforts. I see this legislation preventing wrongful life and wrongful death suits for our prehospital EMS providers which are occurring in other states at this time. This will also provide for a gentler death in keeping with the patient's wishes. The inclusion criteria and development of standards will take months to define. The law goes into effect October 1993.

MARYLAND AMBULANCE INFORMANT SYSTEM (MAIS)

As of July 1, 1993, the new MAIS runsheet that includes revisions for documenting the new optional procedures and their indications will be implemented. This will give us an opportunity to see the effectiveness of these interventions and to incorporate any changes recommended by EMS providers.

The EMS Regional/Jurisdictional Report Writer Program should be ready for distribution by August 1993. This program will provide jurisdictions with MAIS data for their jurisdiction so they can do quality improvement, efficiency reports, and incident reports.

MARYLAND CONSULTATION CENTER/BASE STATION PROGRAM

Although Maryland has had many consultation centers "designated" to deliver prehospital direction with on-line medical control, there has not been a Maryland standardized base station course to educate both the nursing and physician hospital staff about EMS and the statewide protocols and resources. To that end, MIEMSS has developed and standardized a four-hour base station course which will provide education and continuing medical education for both nurses and physicians. Since the criteria for designating a consultation center are still in draft form, we are currently using the previous broad guidelines set forth

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for actual designation of centers that wish to come on-line. With the completion of the designation criteria and standards, all of the consultation centers in Maryland will need to reapply for consultation center designation.

Two Region III hospitals and one Region IV hospital have recently come on-line as consultation centers, after participating in the base station draft program. In Region III, Northwestern Hospital (previously Baltimore County General Hospital) and St. Agnes Hospital are now delivering consultation to the patients they will be receiving. In Region IV, Atlantic General Hospital's base station is now delivering on-line medical control to the Eastern Shore.

RURAL PARAMEDIC EDUCATION

Bruce Walz and Patricia Hicks have completed their 8-month study of resources available for CRT/EMT-P education throughout the State of Maryland. The results of this study will be available for distribution in the near future. It is amazing that so many diverse programs are available, but all are delivering such a high quality of medical education to our prehospital care providers.

BWI AIRPORT DISASTER DRILL

The BWI Disaster Drill (EPLX III '93) was coordinated and executed in a highly professional fashion. This is a tribute to all the participants, including the volunteer, career, and commercial ambulance companies (this is the first time the commercial companies have participated in a statewide drill). Clearly the highest burden of responsibility for coordination, preparation, and the delivery of the program rested on the BWI Rescue Service and Chief Jack Beall. John Donohue, MIEMSS Region III Administrator, played a key role in supporting and coordinating MIEMSS' resources prior to and during the actual exercise. The BWI Disaster Drill is an excellent example of multiple interagency cooperation and networking at its best. The more that agencies can learn to work together and debug any problems that arise, the more likely a real disaster can be handled more efficiently. My

compliments go to all participants in the exercise for a job well done.

INTERAGENCY COOPERATION

Another example of major interagency cooperation is that of the Maryland State Police, MIEMSS, and the U.S. Secret Service working together on mutual basic trauma life support (BTLS) exercises to augment and facilitate interagency communications and training.

U.S. PARK POLICE MED-EVAC AGREEMENT

The U.S. Park Police Med-Evac Division has become, essentially, the "9th Section" in Maryland's med-evac fleet. As of May 1, 1993, U.S. Park Police with the Maryland State Police, have agreed to be dispatched through SYSCOM for from-the-scene med-evac missions. Therefore, the closest unit, whether it is Maryland State Police or U.S. Park Police, will be dispatched directly from SYSCOM and only from SYSCOM for any from-the-scene med-evac mission.

CLOSING REMARKS

MIEMSS and the EMS System have recently faced a very challenging year. The uncertainty facing the organization of MIEMSS and its eventual restructuring have not deterred MIEMSS or the EMS System from continuing to advance and deliver life-saving techniques and technology for the citizens of Maryland. In a time when many may think advancement would come to a standstill, MIEMSS has once again shown that all of its personnel are dedicated to the citizens of Maryland and have put their nose to the grindstone and continued to deliver quality programs and superb continuing education such as EMS Care '93 with more than 500 prehospital providers receiving more than 6600 quality continuing education hours.

With the leadership of the new EMS governance board, the MIEMSS system can step out of the limelight and continue with the business of patient care delivery and systems management.

You, the provider of Emergency Medical Services in Maryland, should be extremely proud of what you have been able to accomplish in this last year.

◆ *Richard L. Alcorta, MD, FACEP*
Acting State EMS Director



Mark your Calendars! Pyramid '93 goes to Harry Lundeberg School of Seamanship at Piney Point, St. Mary's County, September 11-12. Southern Maryland's fifth annual EMS Conference is accredited for continuing education for Maryland EMT-As, CRTs, and EMT-Ps.

EMT-As will be able to receive 12 hours of continuing education during this weekend conference. Sessions are entitled:

- Sports Injuries: Strains, Sprains & Fractures
- Rescuer Not Victim: Personal Safety in the Field
- Respiratory Assessment: Beyond Rate, Depth, and Symmetry
- Radiation Emergencies
- When Is a Bellyache NOT Just a Bellyache
- Trauma Patient Assessment: Everybody Needs a Hero by Mike Pace
- Jeopardy: We've Got the Answers! Do You Know the Questions?

This year there will be a new addition to the program. An ALS track, offering 6 hours of ALS Category 1A credit, is open to ALS providers. Topics will include Maryland protocol changes, including the JAMA revisions that will go into effect January 1, 1994; review of the paramedic options; advanced airway management; and respiratory and cardiovascular emergencies.

Complete program details and registration information will be distributed from the Region V Office. For further information, contact the Region V Office at 301-474-1485.

Change of Mailing Address

After July 1, all correspondence should be addressed: MIEMSS, 636 W. Lombard Street, Baltimore, MD 21201-1528.

Overview of House Bill 1222

Effect on MIEMSS

MIEMSS will be governed by a new 11-member EMS Board. The Board will have the authority to make and implement decisions affecting the EMS delivery system.

The EMS Board will be assisted by a 27-member EMS Advisory Council, made up of representatives from several organizations involved in providing emergency care services, including the director of the Shock Trauma Center and the director of the National Study Center.

The EMS Board will appoint the executive director of MIEMSS, who cannot concurrently hold the position of director of Shock Trauma.

The executive director of MIEMSS will be a voting member of the University of Maryland Medical System (UMMS) Board of Directors.

Funding for MIEMSS will come from the State of Maryland, through the EMS Board.

MIEMSS State employees who are University of Maryland at Baltimore (UMAB) employees remain so until June 30, 1994. After that time, appropriate positions in the State personnel management system will be established for them.

The EMS Board will be appointed by the governor for four-year terms and will include:

- a. the secretary of health and mental hygiene or the secretary's designee
- b. a representative of UMAB, nominated by the Board of Regents
- c. chairperson of the EMS advisory council
- d. a physician knowledgeable in the delivery of emergency medical services
- e. a physician experienced in the clinical care of trauma patients
- f. a nurse experienced in the clinical care of trauma patients
- g. a career fire fighter, EMT, or rescue squad person knowledgeable in the delivery of emergency medical services
- h. a volunteer fire fighter, EMT,

or rescue squad person knowledgeable in the delivery of emergency medical services

i. a hospital administrator knowledgeable in the management and delivery of emergency medical services

j. two citizens, one of whom must live in a county with a population of less than 175,000

Effect on Shock Trauma

The management of Shock Trauma remains with the UMMS, as it has been 1984.

The director of Shock Trauma will be named by the UMMS Board of Directors, pending the governor's approval or a 60-day waiting period.

The director of Shock Trauma cannot concurrently hold the position of director of MIEMSS.

The Shock Trauma director will provide a monthly report to the UMMS Board of Directors and the EMS Board on the overall progress of programs.

The Shock Trauma budget must be approved by the UMMS Board of Directors, then presented to the EMS Board for review and comment.

The EMS Board will have the opportunity to comment prior to the adoption of any proposed change in Shock Trauma's budget, services, mission, or other policies that would affect the ability of the Shock Trauma to continue to fulfill its mission as the statewide primary adult clinical resource for emergency medical services.

Effect on the National Study Center

The Study Center remains a part of UMAB and employees remain UMAB employees.

The director of the Study Center will be appointed by the UMAB president, pending the governor's approval or a 60-day waiting period.

The director of the Study Center will work with the MIEMSS director in developing research.

Peninsula Regional Medical Center's 5TH Annual Trauma Conference "Topics in Trauma" September 16 - 17

Sheraton Ocean City Resort & Conference Center
Ocean City, Maryland

General surgeons, emergency physicians, critical care nurses, and prehospital advanced life support providers interested in expanding their knowledge of caring for the trauma patient are encouraged to register.

Information:

Darlene Kwiatkowski, Trauma Program Coordinator,
410-543-7328.

Vital Signs '93 September 16-19

Sponsored by:
Region II ALS Program
Washington Co. EMS Committee
Washington County Hospital

Pediatric Advanced Life Support (PALS) Provider Course
September 16-17
Washington County Hospital

Confined Space Rescue
September 18-19
Hagerstown Jr. College

EMS Lectures
September 18-19
Hagerstown Jr. College

Information:

Patti Hicks, Region II ALS Program,
301-790-8382.

EMS Update '93 October 23-24 8 am - 5 pm Essex Community College

Presented by:
Baltimore County Fire-Rescue Academy

Continuing education topics will include pediatric airway management, auto extrication, crush injuries, COBRA laws, Haz Mat, and others.

Information:

Mark Demski, 410-887-4890

35 Receive Awards from MIEMSS During EMS Week

Thirty-five award recipients throughout Maryland were honored by MIEMSS on May 27 for heroic life-saving actions or for distinguished service to the community. Each year nominations are submitted to MIEMSS by the EMS community and voted on by a committee of representatives from MIEMSS and REMSAC. The awards reception is one of many activities scheduled during EMS Week to recognize EMS providers for their service throughout the year. Other EMS Week events will be detailed in the next issue. Photos and information on 1993 award recipients appear on the following pages.



(L-r) Dave Ramsey (MIEMSS Region I Administrator), Charles Riggleman (instructor at Friends Aware), Chief Woodrow Nightengale (Good Will Fire Co. #1), Dean Morton Thomas, Chief John Shockey, Sr. (Barton Police Dept.), and Dr. Richard Alcorta (Acting State EMS Director). Chiefs Nightengale and Shockey nominated Mr. Thomas for the Civilian Certificate of Honor. Mr. Thomas was honored for his correct use of 9-1-1 when his father had a heart attack.



(L-r) Dave Ramsey (MIEMSS Region I Administrator), Commander Richard Wakefield (Md. Army National Guard, Company C, 121st Engineering Battalion-Combat), Capt. David Baker (Dept. of Natural Resources [DNR] Rescue Team), Dr. Richard Alcorta (Acting State EMS Director), CRT Christine Comfort, and EMT-A Michael Saunders (both from Southern Garrett County Rescue Squad). The Maryland National Guard and DNR Winter Rescue Team were recognized for providing transport services to the Northern and Southern Garrett County Rescue Squads during the Blizzard of '93. Ms. Comfort and Mr. Saunders, as well as EMT-P Jeffrey Hinebaugh who is missing from the photo, were honored for their skills shown during a 3-1/2 hour extrication of a truck driver trapped by his truck's steering wheel and dashboard.

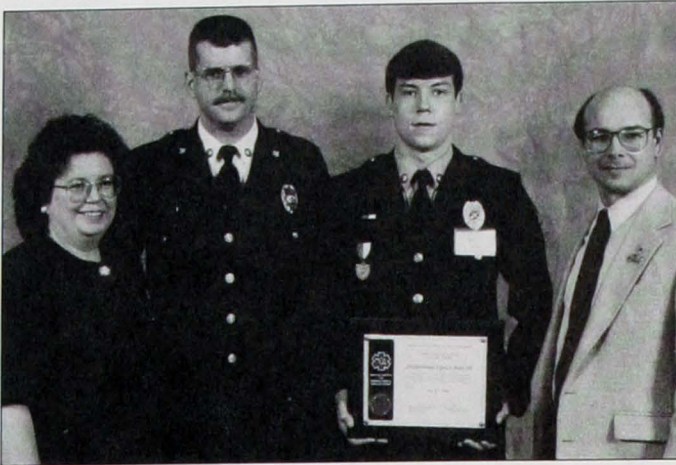


(L-r) Richard Mettetal (MIEMSS Region II Administrator), EMT-A James Morgan, Jr., EMT-P Randolph Spies, Chad Bryan, Earl Bryan (Chad's grandfather), and Dr. Richard Alcorta (Acting State EMS Director). Mr. Morgan received a Distinguished Service Award for more than 30 years of work in firefighting and EMS. He is still active in Frederick's United Fire Company and Jefferson Fire Station. One of the first EMTs in Maryland, he has been chairman of the Frederick County EMS Committee for the past 6 years. Mr. Spies was honored with an EMS Certificate of Honor for successfully restoring breathing to a 23-month-old girl who was choking. Chad Bryan received a Civilian Certificate of Honor for calling 9-1-1 and helping to direct the ambulance crew to his grandfather who lost consciousness during a life-threatening diabetic crisis.



(L-r) Firefighter Chad Eastman (dispatcher, Montgomery Dept. of Fire/Rescue), Mrs. Tricia Kane, Ryan Kane, Asst. Chief Mary Beth Michos (Montgomery Dept. of Fire/Rescue), Dr. Richard Alcorta (Acting State EMS Director), and Nancy Haupt (ED Nursing Supervisor, Doctor's Community Hospital and Chairperson, Region V EMS Advisory Council). Five-year-old Ryan Kane received a Civilian Certificate of Honor for correctly calling 9-1-1 when his mother Tricia, who is diabetic, lost consciousness. Ryan remained calm and "cool," remaining on the phone to give essential information during the emergency.

35 Receive Awards from MIEMSS During EMS Week



(L-r) Marie Warner-Crosson (MIEMSS Region V Administrator), Chief James Seavey, Sr. (Cabin John Park Volunteer Fire Dept.), FF/Rescuer II Jonas Rudzki, and Dr. Richard Alcorta (Acting State EMS Director). EMT Rudzki, who received an EMS Certificate of Honor, was en route home when he saw a car that had just crashed. He found a fellow firefighter from Cabin John's Station 10 seriously injured and started treatment, then accompanied him to the hospital.



(L-r) John Donohue (MIEMSS Region III Administrator), Deputy Chief Charles "Gary" Rogers, Acting Lt. Michele Delalla, Capt. Gary Sheckells, Firefighter Deborah Rodey, Firefighter Barton Shortall (all from Anne Arundel Co. Fire Dept.), Dr. Richard Alcorta (Acting State EMS Director), and Beth Nachbar (MIEMSS Region III Assistant Administrator). Deputy Chief Rogers, Acting Lt. Delalla, Capt. Sheckells, and FF Rodey received EMS Certificates of Honor for their rescue and attempted resuscitation of a woman who had been under water for 20 minutes after being thrown from a raft in turbulent waters in West Virginia. All were off-duty and on a rafting trip at the time of the rescue. Mr. Shortall, who is a paramedic, along with Lt. James Kruger who is missing from the photo, were recognized with EMS Certificates of Honor for treating two trauma patients under "lockdown" conditions at the Maryland House of Corrections in Jessup.



Back (l-r) Beth Nachbar (MIEMSS Region III Assistant Administrator), Battalion Chief Larry D'Elia (Advanced Tactical Rescue Team, Balto. Co. Fire Dept.), Dr. Richard Alcorta (Acting State EMS Director), Tony Scanga (representing Lutherville Volunteer Fire Co.), Corp. Albert Friedman (Balto. Co. Police Dept.). Front (l-r) Capt. Dennis Krebs (representing Balto. Co. Fire Dept., Station 1-A Shift), Fire Specialist Bruce Snyder (Advanced Tactical Rescue Team, Balto. Co. Fire Dept.), Battalion Chief Richard Yeagle, Jr. (Balto. Co. Fire Dept.), and John Donohue (MIEMSS Region III Administrator). Members of the Baltimore County Fire Dept. and Baltimore County Police Dept. received EMS Certificates of Honor for their response in saving a man who was threatening to jump from a 100-foot incinerator tower.



(L-r) Beth Nachbar (MIEMSS Region III Assistant Administrator), John Donohue (MIEMSS Region III Administrator), Battalion Chief Richard Freas, FF/CRT Andrew Lester, Sgt. Kenneth Brown (all from Howard Co. Dept. of Fire & Rescue Services), and Dr. Richard Alcorta (Acting State EMS Director). Battalion Chief Freas and FF/CRT Lester, as well as Chief Ernest Foster who is missing from the photo, received EMS Certificates of Honor for their successful rescue of 6-year-old Jessica Goins from an abandoned, 25-foot-well that was no wider than 3 feet. Sgt. Brown was honored with a Distinguished Service Award for his 22 years in fire and rescue services and for his expertise as an EMS instructor. To many people, he is "Mr. EMS" in Howard County.

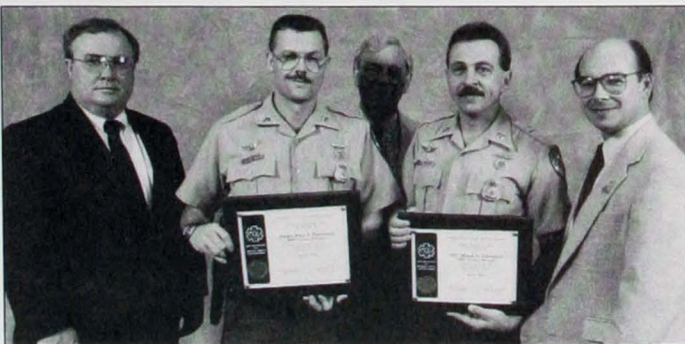
Other EMS Week activities and photos will appear in the August newsletter.



(L-r) Dr. Richard Alcorta (Acting State EMS Director), Russell Shaver, Jr., Russell Shaver, Sr., Beth Nachbar (MIEMSS Region III Assistant Administrator), and John Donohue (MIEMSS Region III Administrator). Mr. Shaver, a high-school student, received a Civilian Certificate of Honor for saving his wheelchair-bound father who was trapped on the second floor of their home when it caught fire.



(L-r) EMT-A Devin Newsome, EMT-A Tyrone Bristol, EMT-P Sherrie Bibb, Maj. Joseph Ockershauser, CRT Paul Thomas (all from Prince George's Fire Dept.), Nancy Haupt (ED Nursing Supervisor, Doctor's Community Hospital and Chairperson, Region V EMS Advisory Council), and Dr. Richard Alcorta (Acting State EMS Director). Messrs. Bristol, Newsome, Thomas, and Ms. Bibb received EMS Certificates of Honor for successfully resuscitating a premature infant who was cyanotic and not breathing. The infant is now fine.



(L-r) John Barto (MIEMSS Region IV Assistant Administrator), Trooper Bruce Cheeseman, Marc Bramble (MIEMSS Region IV Administrator), TFC Boyd Glessner, and Dr. Richard Alcorta (Acting State EMS Director). Trooper Cheeseman and TFC Glessner from the Maryland State Police, received EMS Certificates of Honor for their Med-Evac rescue of two duck hunters trapped in a swamp for nearly 8 hours in sub-freezing temperatures and suffering from hypothermia.

Compressed Video for Prehospital Education



The University of Maryland Interactive Voice Network (IVN) links many University of Maryland campuses and research institutions. The system uses telephone T-line technology to compress video and audio signals for real-time communication to on-line sites. Through the network linkage, a speaker can be simultaneously broadcast (video and audio) to "x" number of sites in the network across the state and can "interact" with other participants at those sites; a participant at any of the sites can also go "on camera" to speak and will be broadcast to the other sites.

Shown here, Dr. Richard Alcorta, Acting State EMS Director, lectures to BLS and ALS prehospital care providers/instructors in Regions I, III, IV, and V. (Standing to Dr. Alcorta's right) Andy Trohanis, director of educational support services, assists in the technical production. During the pilot program, providers/instructors were able to interact with Dr. Alcorta and their colleagues at the other sites by asking questions and discussing the lecture; they were also able to view video footage and slides that Dr. Alcorta used in his presentation. MIEMSS is considering the feasibility of using the IVN in distance education for prehospital training in the future. The IVN could result in cost savings by eliminating some course duplication while also offering prehospital providers more course options.

During this pilot program, Pat Epifanio, MIEMSS emergency nurse coordinator, also lectured to the prehospital care providers. Ms. Epifanio and Dr. Alcorta, along with Region III prehospital providers/instructors, were at the University of Maryland School of Nursing in Baltimore (origination site), while prehospital providers were at the following IVN sites: Frostburg State University, Horn Point Environmental Lab (Cambridge), and Chesapeake Biological Lab (Solomons Island).

BWI Disaster Drill



Hundreds of EMS providers from several jurisdictions participated in EPLEX III (Emergency Plan Exercises) involving a simulated plane crash on May 22 at Baltimore-Washington International Airport. According to the scenario, a commercial jet transport airplane, as it was moving down the runway, collided with a bus carrying construction workers, resulting in 150 injured "victims."



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DATED MATERIAL

ED Physicians Participate in New Base Station Course

Northwest Hospital (formerly Baltimore County General) physicians showed their concern for prehospital care by attending a Base Station Course on March 1 given by Acting State EMS Director, Richard Alcorta, MD. St. Agnes Hospital became the second to participate in the course on April 8.

Led by Dr. Susan Owens at Northwest Hospital, eight emergency department physicians reviewed prehospital medical protocols, tested one another's triage expertise, and practiced radio procedures in a 4-hour course designed to delineate and reinforce the link between paramedics in the field and physicians and receiving hospital physicians/nurses. Eleven additional emergency department physicians, led by Kevin Scruggs, MD, at St. Agnes Hospital, performed similar exercises. Dr. Alcorta points out that the effort to learn and practice these skills exemplifies the teamwork that has been the strength of the Maryland system for many years and works to optimize care for the injured or critically ill patient.

These sessions mark the first opportunities Dr. Alcorta has had to deliver the course to physicians since becoming acting state EMS director last August, and they inaugurate his plan to

train more than 500 physicians from 50 emergency departments around the state. According to Dr. Alcorta, prehospital care is simply an extension of emergency department care that should begin at the scene of the injury or illness. Each receiving emergency department, therefore, should have the capability to direct patient care as soon as possible for those patients that it will receive. To be effective in guiding care at the scene, physicians need to know what paramedics, CRTs, and EMTs can/cannot do in the field and what medications are available in the ambulances, and they must be comfortable making medical interventions over the radio. Finally, physicians need to develop confidence in the abilities of their paramedics. By strengthening this vital link, Dr. Alcorta hopes to ensure more personalized contact, better training, and more research opportunities between field and hospital providers.

The Base Station Course is one of several requirements in Dr. Alcorta's plan to designate hospitals as consultation centers. Applications for ACEP Category 1 CEM (4 hours) and for ANA CEUs (4 hours) have been submitted for the Base Station Course. Hopefully every participating emergency department in the state will

seek consultation center designation with the focus on quality care and improved rapport.

Northwest and St. Agnes hospitals become the first to achieve provisional consultation center status under the new EMS administration. More Base Station Courses are being planned. Contact Dr. Alcorta's Office for further details at 410-706-7800.

◆ *Tom Knuth, MD
EMS System Fellow*

Correction

On page 3, of the May 1993 issue, two reasons for activating a mini-disaster were given: (1) when the physical plant of a hospital has a malfunction and (2) when the hospital staff is overwhelmed by patients and cannot manage them even if extra staff are called in. The second reason is incorrect. A mini-disaster is activated only when the physical plant of a hospital has a malfunction – such as loss of water, oxygen capability, or total electrical power.