

## Atlantic General Hospital & Its 30-Minute ER Promise

**Editor's Note:** The crisis facing emergency departments—overcrowding and long waits—has challenged hospital staffs across the country, including Maryland. National studies, including the 2006 Institute of Medicine's report on the Future of Emergency Care, continue to indicate that inpatient capacity and prolonged throughput times are the largest reason for ED delays. On the state level, the Maryland Health Care Commission issued a report on ED utilization that discusses several aspects of ED overcrowding, as well as several recommended strategies to address the crisis (Maryland Health Care Commission. *Use of Maryland Hospital Emergency Departments: An Update and Recommended Strategies to Address Crowding*. January 1,

2007). In addition, numerous symposia, such as the 2006 Maryland Emergency Department Overcrowding Leadership Summit, hosted by MIEMSS in partnership with the Maryland Hospital Association, have addressed the problem.

Below is an article describing how Atlantic General Hospital—a 62-bed acute care hospital located in Berlin, Maryland, that serves the counties of Worcester, Wicomico, and Somerset, as well as communities in neighboring Delaware and Virginia—took steps to combat and overcome the problem of long waits and overcrowding in its emergency department.

Currently Atlantic General Hospital's emergency department (ED), which has 19 beds (of which 8 are cardiac beds) and sees 27,000 patients each year, provides the shortest average wait times of any hospital on the Eastern Shore—thanks to the efforts of its highly skilled and dedicated staff, as well as several measures that have been undertaken in the ED and hospital-wide to improve the efficiency of the department. These include the following.

- **Pneumatic tube system**, such as the one used in bank drive-throughs, delivers specimens quickly to the laboratory for analysis. The results from those samples are then available in the department's computer system and automatically faxed to the doctor's station.
- **PACS (Picture Archiving and Communications Systems)**, a digitized radiology system, allows the emergency staff to see images on the computer as

soon as the x-rays are taken. There is no wait for film to be developed and delivered before a patient can be diagnosed.

- **The Automated Medication Dispenser (PYXIS)** keeps medication on-hand in the emergency department based on previously reported usage. This assists in reducing patient treatment times because the ED staff does not have to wait to receive the medication from the pharmacy. A patient's name is pulled up on the system, a medication is selected, and it is available immediately.
- **Patient Tracking System.** As soon as a patient enters the emergency department, a staff member with a handheld PC is logging that individual's reason for coming in. The information entered into the handheld appears on the computers within the department, allowing the medical staff to make note of symptoms before the patient enters the room.
- **Separate Fast Track** for those patients with minor injuries or illnesses who can be treated more quickly. From the time of arrival to discharge, fast track patients spend an average of 1 hour and 14 minutes in the department.
- **Peak Flow Scheduling.** Patterns in patient flow were identified and staffing altered accordingly. One example is the timing of inpatient discharges, which tend to occur during the morning. Therefore, administrators increased the

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# Atlantic General Hospital & Its 30-Minute ER Promise

(Continued from page 1)

hospitalist staffing in the morning to discharge patients; they also arranged for more house-keeping staff during the afternoon to provide fresh linens and ready rooms for patients during the evening hours when most admissions occur.

- **New Admissions Procedure.**

The traditional admission process for emergency patients requires a wait time until the admitting physician (hospitalist) can come to the emergency room to assess the patient. With the new procedure, the hospitalist receives a telephone communication directly from the emergency physician, a few orders regarding care are exchanged, and the patient is expedited to a private room. The hospitalist will then visit the patient in the comfort of his or her room. This prevents a bottleneck in the emergency department as patients wait to be assessed.

- **Interdisciplinary Rounds.** An interdisciplinary team that includes the hospitalist, charge nurse, patient care supervisor, pharmacist, case manager, patient advocate, and other disciplines as necessary makes morning rounds to every inpatient at the hospital. These rounds are used to coordinate a plan of care to establish the next steps for transfer or discharge.

These changes were made to improve patient outcomes and make the emergency department crisis that has gripped the nation irrelevant in Worcester County. But the implementation of new procedures and technologies and the hospital staff's com-

mitment to place ED visitors in a treatment room or initiate their treatment within 30 minutes of arrival happened without any fanfare. Then, after more than a year, Atlantic General Hospital "went public" on February 1, 2007, announcing its "30 Minute ER Promise."

"The ER 30-Minute promise was conceived in an effort to educate individuals in the community about what to expect from a visit to Atlantic General Hospital's Emergency Department," said Andi West-McCabe, director of Emergency Services. "It's become a foregone conclusion that, as a patient, you have to battle a long wait in a crowded emergency room to receive the care you need. . . . We don't want individuals who are truly in need of emergency care to delay in coming to the hospital because they dread what they will find there."

Ms. West-McCabe cautions visitors to the emergency department not to misunderstand the intent of the ER 30-Minute Promise. The promise does not mean that care is rushed at the cost of the patient's well-being. "The 30-minute timeframe begins the moment an individual comes through Atlantic General Hospital's doors until the time he or she is placed in an exam bed or begins to receive treatment," she said. "It's *not* from entry to discharge."

The average total time spent in the emergency room for non-admission cases is 2 hours, 32 minutes. The average time spent for fast track visits is 1 hour, 14 minutes.

Initiation of treatment can encompass several aspects of care, such as administration of pain medication, an x-ray, or lab testing. Any individual who waits more than 30 minutes will receive a free gift as a thank you for his or her patience. But it is anticipated that patients will most often

receive the gift of time. During the first three months of the initiation of the 30-minute promise, the emergency department met the 30-minute goal 99 percent of the time; only 17 of 6,471 patients that received care in the emergency department waited longer than 30 minutes to begin treatment or be placed in a treatment room.

But the real test came with the influx of summer tourists. For the 2007 Memorial Day weekend, nearly 260,000 tourists headed to the Eastern Shore (including Ocean City) to celebrate the unofficial start of summer. With 495 patient visits to the emergency department during the extended weekend of Friday, May 25 through Monday, May 28, the Atlantic General staff still met their 30-minute goal 95.9 percent of the time.

And that success rate has continued. Since the initiation of the program, the Atlantic General Emergency Department has been able to maintain its 30-minute promise more than 95 percent of the time, according to Ms. West-McCabe.

Colleen Wareing, vice-president of Patient Care Services at Atlantic General Hospital, sums it up. "We implemented new protocols and made sure any changes in the ER maintained our excellence in patient outcomes while minimizing the number of individuals who leave without receiving treatment. It's that simple.

"We then launched the 30-Minute ER Promise to familiarize the public with the way we do things here and let them know that you don't have to wait, like in so many hospitals across the country, to receive the emergency care you need. Without a doubt, it is working and people are beginning to learn that they can count on Atlantic General Hospital for efficient emergency medical treatment. I think it's wonderful for our community."

## Dr. Bass Receives National Award from ACEP

Robert R. Bass, MD, FACEP, Executive Director of MIEMSS, received the Outstanding Contribution to EMS Award during the annual meeting of the American



*Robert R. Bass, MD, FACEP, Executive Director of MIEMSS*

College of Emergency Physicians (ACEP) in Seattle in October. The Outstanding Contribution in EMS Award is presented to an individual who has made a significant contribution to the development or promotion of emergency medical services. Over the past three decades, Dr. Bass's influence in this area has advanced the cause of emergency medical services.

A 27-year member of ACEP, Dr. Bass has served on the trauma care and injury and tactical emergency medicine committees, and is a former chair of the EMS committee. While with the National Association of EMS Physicians and the National Association of State EMS Officials, he was an advocate for the needs of EMS professionals and systems. Dr. Bass served as president of both of these organizations, where he developed and implemented strategies to meet the challenges to delivery of effective emergency medical services throughout the nation.

On the federal level, Dr. Bass is the only non-federal member of the Federal Interagency Committee on EMS, which was created by Congress to coordinate all EMS activities relating to federal government. In addition, Dr. Bass led the workgroup that developed the Medical Condition Codes for Medicare Reimbursement and represented ACEP on the Health Care Finance Administration's Negotiated Rulemaking Committee for Ambulance Fees.

Dr. Bass, an emergency physician who specializes in prehospital care, has been dedicated to excellence in medical oversight for EMS systems since 1977. Prior to earning his medical degree from University of North Carolina, Chapel Hill, he was in local law enforcement, and served as a volunteer member of the South Orange Rescue Squad. He was also a member of the U.S. Navy Medical Corps, receiving an honorable discharge as a Lieutenant Commander in 1982. He was appointed Executive Director of MIEMSS in 1994.

## MIEMSS Reminds EMS Providers to Get Flu Shots

MIEMSS reminds members of the emergency services community that it is time to get their annual influenza vaccinations. Each year the flu strain changes. This year's vaccine protects against influenza Type A Solomon Island, Type A Wisconsin, and Type B Malaysia. Typical flu symptoms included fever, dry cough, sore throat, runny or stuffy nose, headache, muscle aches, and extreme fatigue.

### Ways to decrease the chances of getting the flu include:

- Avoid prolonged contact with individuals showing possible symptoms of the flu.
- Maintain a healthy lifestyle to build your immune system.
- Eat balanced meals, including plenty of fresh fruits and vegetables, and drink lots of water.
- Get plenty of rest.
- Wash hands frequently.
- Get vaccinated for the flu (flu vaccines are 70% to 90% effective among healthy adults).

## Draft National EMS Education Standards Available for Review

Comments for the first draft of the *National EMS Education Standards* have been submitted, and MIEMSS continues to monitor the status of the project. The new standards are projected to be published by August 2009. The effort, funded by a cooperative agreement among National Association of EMS Educators (NAEMSE), the National Highway Traffic Safety Administration (NHTSA), and the Health Resources and Services Administration (HRSA), represents the next step in implementing the *EMS Education Agenda for the Future: A Systems Approach*. Visit the project web site at <http://www.nemsed.org> to view and download the draft standards.

## Statewide Impaired Driver Awareness Media Campaign



MIEMSS has recently launched a new Impaired Driver Awareness Media Campaign. This campaign is being coordinated by MIEMSS in conjunction with the Maryland Department of Transportation's State Highway Administration. The campaign, entitled: "Drunk Driving—It's Been Done to Death," uses multiple media to educate Marylanders about

the dangers of drinking and driving.

The campaign's focus is on a new target audience—males between the ages of 31 and 40 years— a departure from the traditional focus audience of the young male driver. The new demographic group was identified in a five-year trend study of fatalities, arrests, and crash data.

Elements of the campaign include television public service announcements (PSAs) that will be shown 856 times across the State. The broadcasting of the PSAs began October 15 and ran again October 22. They will also run December 3 and 10. There are three different PSAs that were produced with the assistance of local Maryland fire and EMS

providers from the Baltimore County Volunteer Fire Department, the Prince George's County Fire/EMS Department, and the Anne Arundel County Fire Department.

Posters will be placed at malls, airports, and sports arenas. The campaign message will appear on movie marquees, and magnetic signs will be displayed on local government vehicles with community visibility. A new web page: [www.stopdrunkdriving.net](http://www.stopdrunkdriving.net) has been designed to provide information on the dangers of driving while impaired. Videotaped messages from Ravens fans as to why they are designated drivers can be seen there. The PSAs can also be viewed on the web page.

## MIEMSS Designates Four Additional Primary Stroke Centers

Since the last *Maryland EMS News* (August 2007), MIEMSS has designated four additional primary stroke centers (PSC) in Region III:

- Mercy Hospital PSC (507)
- St. Agnes Hospital PSC (512)
- Harford Memorial Hospital PSC (520)
- Upper Chesapeake Medical Center PSC (524)

The number of MIEMSS-designated PSCs in Maryland now totals 27. (For a list of the first 23 PSCs designated, see <http://www.miemss.org/WebNewsletter/Aug2007/EMSNewsAug07.pdf>.)

Each PSC has a unique facility code (see numbers in parentheses above). When completing EMAIS or MAIS forms, it is important to fill in the facility code for the PSC where the patient was transported. This will ensure accuracy for data review.

For further information, contact John Young, RN, MIEMSS Office of Hospital Programs at 410-706-3930 or electronically at [jyoung@miemss.org](mailto:jyoung@miemss.org).

## Medtronic Withdraws Defibrillator Leads from Market after Five Deaths

Medtronic has voluntarily withdrawn its Sprint Fidelis defibrillation leads from the market because of "the potential for lead fractures."

The defect can make defibrillators deliver inappropriate shocks or stop working. The company says this may have contributed to five deaths among the 268,000 patients with the leads.

Medtronic does not suggest replacing the leads. It says the risks of replacement are greater than the risk of continued use of leads already implanted.

For more information, see the Medtronic press release for October 15, 2007 at <http://www.medtronic.com/Newsroom/>

## Cardiac Centers

MIEMSS has been developing draft regulations for the designation of Acute Cardiac Interventional Centers. Once designated, these hospitals will be able to receive ambulance-transported patients with acute ST-elevation myocardial infarction (STEMI) who need certain catheter-based coronary intervention techniques, including balloon angioplasty, to relieve coronary vessel narrowing. Centers will be required to provide the needed cardiac intervention within defined time limits after patient arrival. MIEMSS is working with the Maryland Health Care Commission and cardiologists to develop the draft regulations, which should be completed in the upcoming year.

**National EMS Week  
May 18-24, 2008**



[www.acep.org](http://www.acep.org)



# MARYLAND'S STARS OF LIFE AWARDS

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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, volunteer, and commercial 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, 2007 to February 29, 2008. 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/her 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-CHILDREN (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 EMS-GERIATRIC (EMS-G) AWARD**

This award is given for an individual or program that has demonstrated ongoing dedication and commitment to improving the EMS care of the elderly in Maryland.

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**MARYLAND'S STARS OF LIFE AWARDS —  
2008 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"/> EMD Provider of the Year                     | <input type="checkbox"/> Maryland EMS-C Award |
| <input type="checkbox"/> Maryland EMS Citizen Award  | <input type="checkbox"/> Outstanding EMS Program                      | <input type="checkbox"/> Maryland EMS-G Award |
| <input type="checkbox"/> EMS Provider of the Year    | <input type="checkbox"/> Leon W. Hayes Award<br>for Excellence in EMS |   |

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

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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)

**Email Address** \_\_\_\_\_

**\* Telephone Nos.** \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell)

**FAX Nos.** \_\_\_\_\_ (H) \_\_\_\_\_ (W)

\* Must be completed!!

**NOMINATIONS MUST BE RECEIVED AT MIEMSS BY April 4, 2008.  
Mail to: Jim Brown, MIEMSS, 653 W. Pratt St., Baltimore, MD 21201-1536  
or FAX to: Jim Brown, 410-706-3485.**



# The Right Care When It Counts Maryland EMSC 2008 Program



The Maryland EMS for Children program is **In Search Of** children and youth in Maryland who have demonstrated one of the 10 Steps to Take in an Emergency or one of the 10 Ways to be Better Prepared for an Emergency. Actions taking place between January 1, 2007 and February 29, 2008 are eligible for nomination. We will be recognizing children and youth who acted so that others would receive "The Right Care When It Counts." Each nominee will receive a patch and certificate and be eligible for a state award at a ceremony during EMS Week and EMSC Day in May of 2008.

## **Ten ways to be better prepared if your child has an Emergency:**

1. Check if 9-1-1 is the right number to call
2. Keep a well-stocked First Aid Kit on hand
3. Make a list of Emergency Phone Numbers
4. Teach your children whom to call and what to say
5. Make sure your house number is visible from the street
6. Keep a clear and up-to-date record of immunizations
7. Write down medical conditions, medications, and dosages
8. Make a list of allergies and reactions
9. If you have health insurance, check your emergency coverage
10. Take first aid classes

## **Ten steps to take in an Emergency:**

1. Call 9-1-1 immediately
2. Call Poison Control immediately
3. If you think your child has been seriously injured, do not move your child
4. Know how to treat your child in case of a burn
5. Be prepared if your child has a seizure
6. Know what to do if your child is bleeding
7. Know how to help a child with a broken bone
8. Do not administer the Heimlich maneuver or CPR unless you are trained
9. Have your emergency plan on hand
10. Make it easy for emergency personnel to find you

**Last Date for Submission: April 4, 2008**

**Send to MIEMSS MEDIA Office**

**FAX: 410-706-3485**



**The Right Care When It Counts  
Maryland EMSC 2008 Program**



Contact information for the person submitting this recommendation:

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Best Phone Number(s) to reach you: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Child or youth who acted so that others would receive  
"The Right Care When It Counts":**

Child/ Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Alternative contact person: \_\_\_\_\_

Best method to reach this person: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Description of event/ incident and the action taken (please include any printed materials about the event):

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**Last Date for Submission: April 4, 2008  
Send to MIEMSS MEDIA Office  
FAX: 410-706-3485**





# Winterfest EMS 2008

## JANUARY 19 & 20

Harrison's Chesapeake House  
Tilghman Island, Maryland

### JOIN US FOR A FUN AND RELAXING WEEKEND OF QUALITY EDUCATION

#### Preconferences

##### EMT-B 12-Hour Skills Refresher

**Date:** January 17 at 5 PM & 18 at 8 AM  
**Location:** Tilghman Island Vol. Fire Dept.  
**Fee:** \$45 (Registration is required.)

For EMT-Bs, complete all your recertification needs with us at WINTERFEST EMS 2008. A 12-hour skills class is available as a pre-session followed by 12 hours of continuing education, which, with careful choosing, can meet the 12-hour requirement.

##### Basic Disaster Life Support

**Date:** January 18 at 8:30 AM  
**Location:** Tilghman Island Vol. Fire Dept.  
**Fee:** \$80 (Registration is required; minimum 10 Participants)

BDLS is an all-day didactic lecture designed to be a national standard training model. The BDLS seminar meets the Occupational Safety and Health Administration's (OSHA) Code of Federal Regulations (CFR) 1910.120 requirement for Hazardous Materials Awareness. The course textbook will be provided to all participants. Presented by the Maryland Regional NDLS Coalition, an approved educational provider of the National Disaster Life Support Foundation. (8 Hours BLS: L, ALS: 2)

#### Saturday

### Winterfest EMS 2008

0730-0800  
0800-0830  
0830-1130

Registration  
Welcome

**Developing Your Decision-Making Skills (3 M/B)**  
Decision-making and critical thinking skills are vital in EMS. Explore how these apply to the care of the Emergency Services Patient. Gordon Graham

0945-1015  
1130-1300  
1300-1450

**Break with Vendors**  
**Lunch with Vendors**

**A. Time Is Brain (2 M/B)**  
Keep up to date on the short- and long-term management of the stroke patient. Karen Yarborough, MSN, APN, University of Maryland

**B. Scene Safety: Highest Priority (2 T/B)**  
A few tricks to ensure the safety of yourself, your team, and your patient. Charlie Brown, NREMT-P

**C. Capnography (2 M/A)**  
Capnography is more than just intubation confirmation. Explore its use in the management of respiratory patients. Physio Control

**D. Raise Your Right Hand! (2 M/B)**  
Providing quality patient care can be exciting and challenging, but are you ready to go to court? Gordon Graham

**E. Pediatric Respiratory Emergencies (2 M/B)**  
Let's look at common causes of respiratory distress in the pediatric patients, including Croup, Bronchiolitis, Asthma, and Pneumonia. Johns Hopkins Medical Center

1300-1700

1450-1510  
1510-1700  
1700

**F. What Is CHF? (2 M/A)**

From the definition to assessment and intervention, a critical look at the patient with Congestive Heart Failure.

Tom Chiccone, MD, TCEMS Medical Director

**G. Surviving Sepsis: A True Emergency (2 M/A)**

Rapid assessment and intervention is vital for the patient with Sepsis. Steve Andrews, MSN, APN, University of Maryland

**H. Super Bugs (2 M/A)**

MRSA is not new but it is in the news. What is MRSA and how do you manage it and other emerging "Super Bugs"?

Julie Bryan, RN, BSN, Infection Control, Shore Health System

**I. Medical/Trauma Simulation (2 T/B)**

It's almost real as you work with state-of-the-art simulations. Limit 24. MFRI

**J. Fire Survival Skills**

Recognition of dangerous conditions can keep you and your crew out of trouble. MFRI

Located at Tilghman Island Volunteer Fire Department

**Break with Vendors**

**REPEAT BREAKOUTS (EXCEPT J)**

**CONFERENCE ENDS FOR THE DAY; JOIN US BACK AT HARRISON'S FOR HAPPY HOUR AT 6 AND DINNER AT 7**

#### Sunday

0900-1015

**Sports and Head Injury - Secondary Concussion (1.5 T/B)**

Traumatic Brain Injury in the pediatric population can have long-term implications. Repetitive injuries have a greater impact than first expected. Children's National Medical Center

1015-1030  
1030-1145

**Break**  
**Prehospital Burn Management (1.5 T/B)**

Initial management of the burn patient, including assessment, intervention, and referral. Carrie A. Cox, RN, MSN, Johns Hopkins Burn Center

1145-1300  
1300-1500

1500

**Lunch**

**Trauma Decision Tree (2 T/B)**

Review the revision to the trauma decision tree and discuss the impact on the care of the trauma patient. This meets the mandatory education requirement. Richard Alcorta, MD, Maryland State EMS Medical Director  
**DRIVE CAREFULLY—THANKS FOR COMING—SEE YOU NEXT YEAR**



# ❄️ Winterfest EMS 2008 ❄️ ❄️ ❄️ ❄️ ❄️ ❄️

**Location:** Winterfest EMS will be held on Tilghman Island with headquarters at Harrison's Chesapeake House. Do not call Harrison's for accommodation reservations, as all reservations are being made through Winterfest EMS. There is a section on the registration form for such information.

**\* Weather Cancellation:** The Conference Planning Committee will make a decision about cancellation of Winterfest EMS due to severe weather by 12 Noon on January 16. Call Talbot County EMS- Winterfest EMS Line at (410) 822-2030 for details. Written requests for refunds will be accepted within 30 days of cancellation.

**Payment and Cancellation Policy:** Preregistration is required. Payment of all fees must be included with preregistration. There is a \$25 fee for bad checks. We will be accepting registration until January 11, 2008 or until the conference is filled- whichever comes first. There will be a late registration fee of \$25 added to all registrations that are received after January 11, including call-ins. Walk-in registrations will not be allowed. All student registrations must be paid in full prior to Winterfest. All credit-card transactions and company billings must be approved by the Winterfest staff prior to January 11, 2008. Any student with an outstanding balance from any previous Winterfest will not be allowed to participate until his/her account is paid in full. All requests for cancellations must be made in writing to:

Winterfest EMS, c/o Talbot Co. EMS,  
29041 Corkran Rd, Easton, MD 21601

**Information:** For additional information or registration confirmations, call the TCEMS-Winterfest Line at (410) 822- 2030 or email us at [winterfest.ems@hotmail.com](mailto:winterfest.ems@hotmail.com). The Winterfest EMS Committee is committed to ensuring that individuals with disabilities are able to fully participate in the conference. If you require additional assistance, please call the Winterfest EMS Committee.

**Directions:**

**Traveling from the Bay Bridge and points West:**

Take Route 50 East to Easton. Turn right onto the Easton Bypass (Route 322). Turn right at the 4th light (St. Michaels Road, Route 33). Follow road for about 23 miles to Tilghman Island. Once you cross the bridge, Tilghman Island Volunteer Fire Department will be on the left; Tilghman Island Elementary School will be on the right; Harrison's Chesapeake House will be on the left on Chesapeake House Drive just past the school.

**Traveling from Ocean City and points East:**

Take Route 50 West to Easton. Turn left onto the Easton Bypass (Route 322). Turn left at the 3rd light (St. Michaels Road, Route 33). Follow road for about 23 miles to Tilghman Island. Once you cross the bridge, Tilghman Island Volunteer Fire Department will be on the left; Tilghman Island Elementary School will be on the right; Harrison's Chesapeake House will be on the left on Chesapeake House Drive just past the school.

Refunds, excluding a \$10 processing fee, will be mailed for cancellations received before January 11, 2008. Cancellation after January 11, 2008 will result in forfeiture of your entire registration fee. Speakers and topics are subject to change.

**Other Local Accommodations:** If you do not wish to stay at Harrison's Chesapeake House, you must make your own reservations: Tilghman Island Inn: (410) 886-2141  
Lowes Wharf Marina Inn: (410) 745-6684

**Accommodations:** Please let us know if you have any special requirements or any other requests for rooms (first-floor room, groups wishing to have rooms together, etc.). We will do our best to accommodate your requests but we may not be able to fulfill all wishes. We will only be booking rooms at Harrison's Chesapeake House; when it is full, you must make your own reservations at other hotels. If you do not wish to stay at Harrison's Chesapeake House, you must make your own reservations.

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## WINTERFEST EMS 2008 REGISTRATION

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Provider #: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Affiliation: \_\_\_\_\_

Certification/Licensure (Circle): FR EMT-B CRT EMT-P LPN RN NP PA MD

**PRECONFERENCES** (Select Only One): \_\_\_\_\_ EMT-B Skills Refresher, \$45 \_\_\_\_\_ BDLS, \$80

**CONFERENCE FEES:**

\_\_\_\_\_ 1 Day, \$75  
\_\_\_\_\_ Both Days, \$135

**BREAKOUT SESSIONS** (choose first and second **OR** double)

First Session – A B C D E F G H I  
Second Session – A B C D E F G H I  
Double Session – J

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## MEALS & ACCOMMODATIONS: Harrison's Chesapeake House, Tilghman Island, MD

If you do not wish to stay at Harrison's Chesapeake House, you must make your own reservations.

Room Rate **per night:** (includes breakfast at Harrison's)

\_\_\_\_\_ Harrison's \$85

Specify SINGLE, DOUBLE or NO PREFERENCE

Dinner and Entertainment: (per person)

\_\_\_\_\_ Friday and Saturday, \$50

\_\_\_\_\_ 1 Night Only, \$30 (specify FRI or SAT)

For Double Rooms, Please Specify Roommate: \_\_\_\_\_

Nights Staying: \_\_\_\_\_ THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_ SATURDAY

\$ \_\_\_\_\_ Room Fees = Rate **per night** x Number of nights staying

\$ \_\_\_\_\_ **Total Amount Due** = Preconference Fees + Conference Fees + Room Fees + Meal Cost (as applicable)

Make checks payable to **Winterfest EMS**. Reservations are due by **January 11, 2008**. Accommodation and meal fees must be included with registration. Send check along with this form to Winterfest EMS, c/o Talbot Co. EMS, 29041 Corkran Rd, Easton, MD 21601. Call or email us with any questions or confirmation requests (410) 822-2030 or [winterfest.ems@hotmail.com](mailto:winterfest.ems@hotmail.com).

\*\*\*\*Provider Number is Required to Receive Continuing Education Credits\*\*\*\*

# Mark Your 2008 Calendar

## January 19-20

### **Winterfest**

Tilghman Island, Maryland  
(headquarters at Harrison's Chesapeake House)  
Contact: [winterfest.ems@hotmail.com](mailto:winterfest.ems@hotmail.com) or 410-822-2030

## February 28-March 1

### **Miltenberger Emergency Services Seminar**

Rocky Gap Conference Center  
Flintstone, Maryland  
Contact: MIEMSS Region I Office, 301-895-5934

## March 6

### **Topics in Trauma Care Conference**

Washington County Robinwood Conference Center  
Contact: [www.hagerstowncc.edu/coned/seminars](http://www.hagerstowncc.edu/coned/seminars)

## March 8

### **Public Fire & Life Safety Conference**

MFRI, College Park, MD  
Contact: [www.mfri.org](http://www.mfri.org)

## March 16-22

### **Poison Prevention Week**

Information: [www.mdpoison.com](http://www.mdpoison.com)

## March 25-29

### **EMS Today Conference & Exposition**

Baltimore Convention Center  
Sponsored by JEMS Communications  
Website: [www.emstodayconference.com](http://www.emstodayconference.com)

## April 25-27

### **EMS Care 2008**

Doubletree Hotel in Annapolis, MD  
Presented by the Emergency Education Council of  
Region III & MIEMSS  
Contact: MIEMSS Region III Office, 410-706-3996

## May 18-24

### **National EMS Week**

Information: [www.acep.org](http://www.acep.org)

## June 14-20

### **MSFA Convention**

Ocean City, MD  
Information: [www.msfa.org](http://www.msfa.org)

## July 22-27

### **Firehouse Expo**

Baltimore Convention Center  
Information:  
<http://www.publicsafetyevents.com/pub/fhe/index.po>

## September 4-7

### **Pyramid 2008**

Holiday Inn Select  
Solomon's Island, MD  
Contact: MIEMSS Region V Office, 301-474-1485

## September 23

### **MidAtlantic Life Safety Conference**

Johns Hopkins Applied Physics Lab, Laurel  
Contact: Fire Marshal's Office, 1-800-525-3124

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653 W. Pratt St., Baltimore, MD 21201-1536



Governor Martin O'Malley

Lt. Governor Anthony Brown

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*Chairman, EMS Board:* Donald L. DeVries, Jr., Esq.

*Executive Director, MIEMSS:* Robert R. Bass, MD

*Managing Editor:* Beverly Sopp (410-706-3248)

*Design & Layout:* Gail Kostas

*Photography:* Jim Brown, Dick Regester, Brian Slack, Fernando Tosti  
(unless noted otherwise for specific photos)