

MIEMSS Coordinates with Other State Agencies to Respond to Severe Weather

Critical Data Collected Helped Power Companies Restore Service

On June 29th, Maryland experienced an unprecedented weather event. The storm (called a *derecho*) left behind areas of damage and destruction across the state—and left millions without power during a heat wave. The ensuing week of high heat and power outages was a trying time for those without power, as well as for first responders, healthcare facilities, and emergency managers.



The MEMA State Emergency Operations Center (SEOC) was activated during the recent storms and heat emergency events.

The storm left many critical facilities without power. These included fire stations, hospitals, skilled nursing facilities, large assisted living and senior homes, as well as water pumping facilities and other critical infrastructure. As the period of time without power grew, the most problematic sites became skilled nursing facilities and residential homes housing vulnerable populations. Many of these facilities did not have generators; others had generators that were not able to power facility air conditioner units. By noon on June 30, MIEMSS and the Maryland Department of Health and Mental Hygiene (DHMH) were aware of 13 facilities that had contacted State or local representatives to report power or air conditioning issues. As the afternoon progressed, this number grew significantly as calls were made to all facilities in the state. Many facilities had been near crisis but had not reported their status to local or state representatives. By 10 PM that night, DHMH, MIEMSS, and the Maryland Emergency Management Agency (MEMA) were tracking 64 hospitals, nursing homes, or assisted living facilities that had power/air conditioning issues.

At the state level, MIEMSS and other state agencies offered support to impacted jurisdictions from the State Emergency Operations Center (SEOC). From the SEOC, one major role for state agencies was to collect and maintain information on the status of impacted health care and residential facilities. Information was also collected on large public gatherings and events planned during the hot weather. This was done through close coordination with local emergency managers, EMS agencies, and public health officials. During the week following the storm, MIEMSS also collected (with local assistance) and monitored the numbers and locations of heat-related 9-1-1 calls.

During widespread power outages, collecting information on the status of healthcare and residential facilities is critical. In response to this event, both of Maryland's major power companies were present in the SEOC. As information became available on impacted facilities it was shared with the power companies who were then able to prioritize power restoration. At the height of the response to the power outages, meetings in which state and local agencies and the power companies shared information and updated a running list of the status of power restoration to impacted facilities were held every two hours. Having current information on these facilities also assisted with preparedness in the event that one or more of the impacted facilities required evacuation. MIEMSS's State Office of Commercial Ambulance Licensing and Regulation team supported these preparedness activities by maintaining

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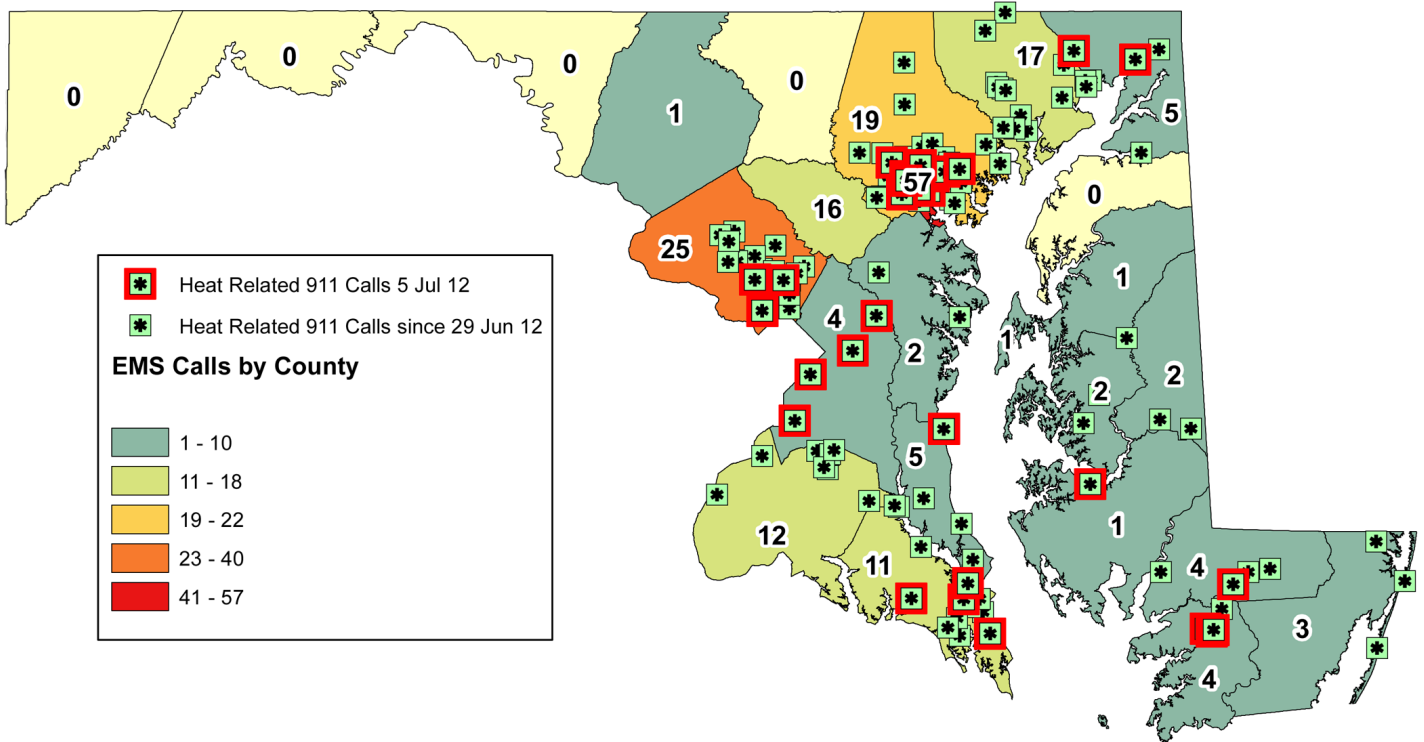
a list of commercial ambulances that could have supported evacuations had they become necessary.

Events such as the *derecho* and power loss during a heat wave, and other “no notice” events such as the tornado that struck in Harford County in June, serve as reminders to all emergency response and healthcare provider organizations. These events, like other “no notice” events, clearly demonstrate the critical need for up-to-date and well-exercised continuity of operations plans (COOP) and for back-up equipment such as generators at critical locations. Keeping these plans and emergency back-up equipment up to date and in a constant state of readiness is critical to ensuring that we can fulfill our mission to respond to such events.

What should EMS Agencies and providers do during severe heat emergencies?

- Review heat response related checklists and plans.
- Consider postponing outdoor training and exercises.
- Protect yourself: drink plenty of fluids when possible, even before any responses. Don't wait to be in the heat to drink.
- Increase rehabilitation activities and shorten work periods during protracted incidents.
- Notify planning partners of potential for heat emergency and share available information. Work with local health and social services agencies to review and update lists of locations housing individuals that are most likely to be affected by the heat.
- Update and release public messaging as appropriate. Coordinate the messaging with health, social services, and emergency management agencies. Target vulnerable populations with the messages.
- If during responses, providers discover a situation in which individuals or groups are at risk for additional harm from the effects of the heat, notify the designated agency (health, social services, or emergency management) within your jurisdiction so that appropriate actions can be taken to avoid additional incidents at that location.
- Ensure that back up equipment such as generators are operational and that adequate fuel is on hand.
- Plan ahead: protect yourself and your family and check on your neighbors regularly.

Heat-related 911 Calls



This map charts heat-related EMS calls by Maryland county during the recent weather events.

Fastest Door-to-Balloon Time Achieved at Bayview

Paramedics and Cath Lab Staff Save Cardiac Patient's Life in Record Time

In March 2012, the Johns Hopkins Bayview Medical Center Cardiology Cath Lab achieved its fastest emergency angioplasty procedure time, with a door-to-balloon time of 24 minutes. The rapid response and cooperation of Johns Hopkins Bayview Medical Center staff and Baltimore City Fire Department Medic 2 EMS providers Shawn Keene and Billie Davidson led to a quick diagnosis, treatment, and successful outcome for a 40-year-old man who suffered a heart attack at his home.

After exercising, the patient had developed chest pain. Following a shower, the pain persisted and a call to 9-1-1 was initiated. Upon arrival, the crew assessed the patient and determined that he should be transported as quickly as possible. They performed an EKG en route to the hospital and sent it via LifeNet technology to the emergency department and the cath lab. The EKG demonstrated marked ST segment elevation. Upon arrival at the Bayview Emergency Department, the patient was immediately transferred to the cath lab where radiographic images revealed a complete proximal occlusion of a large LAD coronary artery. The occlusion was successfully stented and the patient had a great outcome.

The goal is a door-to-balloon time of less than 90 minutes; however, in this case, the



Members of the Johns Hopkins Bayview Cardiology Cath Lab are pictured with Baltimore City Fire Department Paramedic Shawn Keene. EMS provider Billie Davidson is not pictured.

exceptional time of 24 minutes was achieved. Thanks to this team, who through their quick assessment and intervention, saved a great deal of cardiac function and likely saved the life of this patient. Recently the EMS team was recognized by the staff of the Johns Hop-

kins Bayview Cardiology Cath Lab for their quick actions and response to provide such a positive outcome for the patient.

Department's Paramedic Education Program Attains National Accreditation

Becomes First Fire-Based Agency in the State Approved at this Level

After more than two years in the making, the Howard County Department of Fire and Rescue Services (HCDFRS) has announced that its Education and Training division received national accreditation for its paramedic education program. As the first fire department-based education program in the state to obtain this level of accreditation, and one of only four in the nation, the Department has been approved to provide an innovative and advanced curriculum which ultimately results in a higher quality of emergency medical care. Currently in Maryland, college-based programs that are accredited include University of Maryland Baltimore County (UMBC), the Essex campus of the Community College of Baltimore County (CCBC), Anne Arundel Community College, and Howard Community College. There are several other EMS educational programs currently in the process of obtaining national accreditation.

The academic standards required to achieve such accreditation are rigorous and, as such, are typically achieved by educational institutions only. This extensive process included preparation of a lengthy self-study document; peer review of the program's curriculum, procedures, and staff credentials; and a site visit in 2011 where the program, its faculty, and its clinical sites were evaluated.

"With this level of accreditation, we are able to customize several components of our paramedic program to better meet long-term goals and strategies," said Fire/EMS Chief William Goddard. "As an EMS-based department, our paramedics are among the best and the brightest and to have our program recognized at a national level is outstanding."

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) voted to grant accreditation to HCDFRS' paramedic education program on July 19, 2012. The accreditation of paramedic education programs by the CAAHEP will become mandatory for all agencies by January 1, 2013. After that, only graduates from accredited programs will be eligible to take the national board exams, which are required for all paramedics.

American Heart Association Recognizes Maryland STEMI Centers and Primary Stroke Centers in U.S. News & World Report

Congratulations to the following Cardiac Interventional Receiving Centers for receiving the American Heart Association Bronze award for 2012. These hospitals are recognized for at least 90 days of 85% or higher composite adherence to all STEMI Receiving Center Performance Achievement indicators and 75% or higher compliance on all STEMI Receiving Center quality measures to improve the quality of care for STEMI patients:

- Baltimore Washington Medical Center
- Bayhealth Medical Center-Kent General Hospital
- Christiana Care Health Services
- Johns Hopkins Bayview Medical Center
- MedStar Franklin Square Medical Center
- St. Agnes Hospital
- St. Joseph Medical Center

Congratulations to the following Primary Stroke Centers for receiving the American Heart Association Recognition award for 2012:

Gold Plus Award: Recognized for at least 24 months of 85% or higher adherence on all achievement measures applicable and at least 75% or higher adherence on select quality measures in Stroke:

- Calvert Memorial Hospital
- Greater Baltimore Medical Center
- Harford Memorial Hospital
- Holy Cross Hospital
- Howard County General Hospital
- Johns Hopkins Bayview Medical Center
- Maryland General Hospital

- MedStar Franklin Square Hospital
- MedStar Harbor Hospital
- MedStar Union Memorial Hospital
- Meritus Medical Center
- Northwest Hospital
- St. Agnes Hospital
- Sinai Hospital
- The Johns Hopkins Hospital
- The Memorial Hospital at Easton

Silver Plus Award: Recognized for at least 12 months of 85% or higher adherence on all achievement measures applicable and at least 75% or higher adherence on select quality measures in Stroke:

- Anne Arundel Medical Center
- Frederick Memorial Hospital
- MedStar Good Samaritan Hospital
- MedStar St. Mary's Hospital
- Mercy Medical Center
- St. Joseph Medical Center
- Shady Grove Adventist Hospital
- University of Maryland Medical Center
- Upper Chesapeake Medical Center
- Washington Adventist Hospital

Silver Award: Recognized for at least 12 months of 85% or higher adherence on all achievement measures applicable to Stroke:

- MedStar Montgomery Medical Center

Please save the dates for these upcoming Continuing Education Conferences!

EMS Continuing Education Programs

**MidAtlantic Life Safety Seminar –
September 26, 2012**

Johns Hopkins Applied Physics Lab,
Laurel, Maryland

**Advanced Burn Life Support Provider
Course –
October 19, 2012**

Johns Hopkins Bayview Medical Center,
4940 Eastern Avenue, Baltimore, Maryland
Access course registration by going to
www.ameriburn.org and clicking on ABL
Advanced Burn Life Support Courses

**Pyramid EMS –
October 27 & 28, 2012**

**Preconference S.T.A.B.L.E. Course –
October 26**
Colony South Hotel, Clinton, Maryland

**Peninsula Regional Medical Center's
Annual Trauma Conference –
November 2, 2012**

Ocean City, Maryland
Registration available August 13, 2012
More information: contact the Trauma
Office at 410-912-2844

**Winterfest EMS –
January 25 through 27, 2013**
Tilghman Island, Maryland

**EMS Today –
March 6 through 10, 2013**
Washington, DC

**Miltenberger Emergency Services Seminar –
March 15 & 16, 2013**
Rocky Gap, Cumberland, Maryland

**EMS Care 2013 at the Beach –
May 4 & 5, 2013**
Preconferences held May 2 & 3
Ocean City, MD

Details to come...

Region IV EMRC Expands

Improves EMS Communication on the Eastern Shore

MIEMSS is pleased to announce that a new Emergency Medical Resource Center, or EMRC, went online in Talbot County on April 4, 2012. The new EMRC has successfully integrated three Eastern Shore counties, Wicomico, Somerset, and Worcester, which

previously operated on local communications channels with equipment provided by MIEMSS. These three counties now operate in narrowband that is fully integrated with the existing upper counties EMRC. The broader EMRC allows for better management and

more efficient operation of this prehospital provider to hospital-based medical consultation communication system.

“As the location for the Region IV EMRC, Talbot County’s Emergency Communications Center is pleased to be a part of Maryland’s Statewide EMS Communications system,” said Clay B. Stamp, Director of Talbot County Emergency Services. “This partnership with MIEMSS provides the dedicated communications link to bridge medic units on the Eastern Shore to hospitals and trauma centers statewide.”



Views of the newly expanded Region IV EMRC that went online in April 2012. Many Eastern Shore providers can expect better communication with hospital-based providers statewide.

Advanced Burn Life Support Provider Course

An Advanced Burn Life Support (ABLS) Provider Course will be held on Friday, October 19, 2012, at Johns Hopkins Bayview Medical Center, 4940 Eastern Avenue, Baltimore, Maryland. The Advanced Burn Life Support Provider Course is an eight-hour course for physicians, nurses, physician assistants, nurse practitioners, therapists, and paramedics. The course provides guidelines in the assessment and management of the burn patient during the first 24 hours post-injury. Following a series of lectures, case studies will be presented for group discussions. You will be given the opportunity to work with a simulated burn patient to reinforce the assessment, stabilization, and the American Burn Association transfer criteria to a Burn Center. Final testing consists of a written exam and a practical assessment return demonstration.

The registration fee covers tuition, manual, study guide, test, and continuing education credits. You can access course registration by going to www.ameriburn.org and clicking on Advanced Burn Life Support Courses. This will give you the option of viewing a list of courses and also provide access to the online registration form. You will receive your ABLS Provider Manual and Study Guide via a confirmation e-mail once your registration is complete.

MIEMSS Says Goodbye, Hello, and Congratulations to Staff

Changes at MIEMSS are happening! In July, Karen Hayden, our long-serving Lead Computer Network Specialist, retired after 32 years of service to Maryland EMS. Thank you, Karen, for all you did and best wishes!

We are pleased to welcome some new additions to MIEMSS. Randy Linthicum, MS, NREMT-P, a paramedic with 20 years' experience who was most recently the Chief of the Disaster and Client Services Bureau in the California Department of Social Services, is MIEMSS's new Director of Emergency Operations. Other prior roles included management of the Response Personnel Unit at the California Emergency Medical Services Authority and disaster medical/health coordination for one of California's six mutual aid regions. Aleithea Warmack, MAA, who comes to MIEMSS from the National Museum of Natural History and the Four Rivers Heritage Area, is our new copywriter/editor. Chisa Ching joined the Communications Department last August. Previously, Chisa worked at the Maryland Port Administration. Carole A. Mays, RN, MS, CEN, is MIEMSS' new Di-

rector of the Trauma and Injury Specialty Care Program. She joins us from MedStar Montgomery Medical Center in Olney, where she was the Director of Nursing. Susanne Ogaitis Jones, Child Passenger Safety and Occupant Protection Health Care Project Coordinator, joins MIEMSS after 10 years of raising her two children, teaching child passenger safety, and serving on the board of the American Trauma Society, Maryland Chapter. Susanne has also worked at the Johns Hopkins Center for Injury Research & Policy and Maryland Kids in Safety Seats (MD Department of Health and Mental Hygiene). Christopher Comesi and Marty Deffenbaugh are new EMS Systems Technicians at MIEMSS. Marty joins MIEMSS from General Dynamics, where he worked in Information Technology. SYSCOM/EMRC also welcomed three new EMS Communications Operators in the past year: Sam Nachman, Jeffrey Martin, and Elizabeth McMullen. Christopher Bechtel will be joining the MIEMSS team in August 2012.

Congratulations are also in order to Anna Aycock, Les Hawthorne, Bill Adams, and

Rae Oliveira, who all recently moved into new positions. Anna Aycock was MIEMSS' Director, Office of Trauma & Injury Specialty Center Programs but now holds the title of Director, Health Facilities and Special Programs. Les Hawthorne has taken on a new role at MIEMSS: Project Specialist for Field Programs. Bill Adams, NREMT-P, CCEMT-P, was recently named Director of the State Office of Commercial Ambulance Licensing and Regulation (SOCALR). Bill had been acting in this capacity for several months before his promotion. Rae Oliveira, who had previously been MIEMSS' EMT Training Coordinator and, before her time with MIEMSS, a Battalion Chief for Howard County Fire and EMS, was recently promoted to Director of the Office of Licensure and Certification (L&C).

Please join us in wishing Karen the best, welcoming new staff, and congratulating Anna, Les, Bill, and Rae.

Disciplinary Actions

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

B-2012-661 (EMT-B) Applicant – June 12, 2012. For failing to reveal on current application earlier revocation of Applicant's EMT-B certification by the EMS Board in 2008 for testing positive for cocaine: Applicant allowed to proceed with certification which, if issued, will include reprimand and three years' probation.

B-2012-569 (EMT-B) – June 12, 2012. For receiving probation before judgment for driving while impaired by alcohol: one year's probation with random drug and alcohol testing at Provider's expense.

B-2012-567 (EMT-B) – June 12, 2012. For testing positive for marijuana during a post-accident drug test, for being convicted of malicious destruction of property valued over \$500, and for receiving probation before judgment for driving or attempting to drive a vehicle while impaired by alcohol: revocation.

B-2012-566 (EMT-B) – June 12, 2012. For testing positive for marijuana during a pre-employment physical examination: one year's probation with random drug and alcohol testing at Provider's expense.

B-2012-558 (EMT-B) – March 13, 2012. For conviction for theft scheme less than \$1,000: probation concurrent with court ordered probation.

B-2011-555 (EMT-P) – March 13, 2012. For continuing to function as an EMT-P from May 1, 2011, through May 6, 2011, on an expired license: reprimand.

B-2012-553 (EMT-P) – April 10, 2012. For disclosing test questions in advance of EMT-B practical skills test: reprimand and probation through April 2013.

B-2012-548 (EMT-B) – March 13, 2012. For conviction for making a false statement to a police officer: probation for the remainder current certification.

B-2012-543 – March 13, 2012. For conviction of driving or attempting to drive a vehicle while impaired by alcohol: probation for the remainder of current certification with random drug testing at Provider's expense.

B-2011-535 (EMT-B) – March 21, 2012. For conviction for removing/obliterating manufacturer's serial number: revocation.

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Governor Martin O'Malley
Lt. Governor Anthony Brown

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