



INFORMATIONAL BULLETIN

INFORMATIONAL BULLETIN 2018.09

MIEMSS Recognition of Laurel Medical Center

OFFICE OF THE MEDICAL DIRECTOR

Issue Date: December 28, 2018
Expiration Date: None
Applicability: All Operational Personnel

MESSAGE

SUBJECT: Change in recognition of Laurel Medical Center, formerly Laurel Regional Medical Center, from an Acute Care Hospital to a Freestanding Emergency Medical Facility

Please see the attached (Attachment A) correspondence from MIEMSS that acknowledges the University of Maryland Laurel Medical Center as a Freestanding Emergency Medical Facility, effective January 01, 2019. The medical center will no longer be recognized as an Acute Care Hospital.

Here are some operational and Maryland Medical Protocol (Attachment B) considerations related to this change:

- As of January 01, 2019, this facility will no longer provide in-patient services.
- The facility will remain capable of receiving **stable Priority 2 and Priority 3 patients** who are not in need of a time-critical interventions.
- The facility can be utilized for emergency stabilization of Priority 1 patients with an unsecured airway or in extremis, who require emergency stabilization beyond the capability of the EMS crew.
- Per Maryland Medical Protocols, respiratory and cardiac arrest patients where Laurel Medical Center is the closest facility should be transported to Laurel Medical Center for initial stabilization. Should ROSC be attained at the facility, the patient would then be transferred (this will be coordinated by Laurel Medical Center).
 - If ROSC is achieved in the field and the airway can be maintained, the patient should be transported to the nearest designated Cardiac Intervention Center.
- The facility will continue to operate its base station for online medical control.
- Practically speaking, the protocol supports that a critically ill or injured **Priority 1 or Priority 2 who is unstable, but has an airway and is not in extremis**, should be triaged to the next closest appropriate facility or specialty center.

Please direct questions through the chain of command to the Office of the Medical Director.



State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

Larry Hogan
Governor

Donald L. DeVries, Jr., Esq.
Chairman
Emergency Medical
Services Board

410-706-5074
FAX: 410-706-4768

To: EMS Operational Programs
EMS Providers
EMS Medical Directors
EMS Base Stations

From: Timothy Chizmar, MD, FACEP
State EMS Medical Director

Date: December 26, 2018

RE: University of Maryland Laurel Medical Center – Change in Designation from Acute Care Hospital to Freestanding Emergency Medical Facility

Effective January 1, 2019, University of Maryland Laurel Medical Center, located at 7300 Van Dusen Road, Laurel, Maryland 20707 will be recognized by MIEMSS as a freestanding emergency medical facility (FEMF).

Although Laurel will no longer be functioning as an acute care hospital with a hospital-based emergency department, it will retain its base station designation and can provide medical consultation.

As a reminder, the *Maryland Medical Protocols for EMS Providers* permit transport of stable priority 2, 3, or 4 patients who do not need a time-critical intervention to a MIEMSS-designated FEMF. Priority 1 patients with an unsecured airway or in extremis, who require stabilization beyond the capability of the EMS crew (e.g. cardiac or respiratory arrest) may also be transported to a FEMF.

For further information on this matter, please contact your MIEMSS Regional Administrator or the MIEMSS Office of the Medical Director.

cc: Pat Gainer, JD, MPA, Acting Executive Director, MIEMSS
Lisa Chervon, MA, NRP, Director SOCALR
Lisa Myers, RN, MS, Cardiac and Specialty Programs, MIEMSS
MIEMSS Regions

**PILOT PROGRAM
TRANSPORT TO FREESTANDING EMERGENCY MEDICAL FACILITY
(BASE STATION OR NON-BASE STATION)**

**O. TRANSPORT TO FREESTANDING EMERGENCY MEDICAL FACILITY
(BASE STATION OR NON-BASE STATION)**

1. PURPOSE

The purpose of this protocol is to define the type of patient an EMS service may transport to a MIEMSS-designated freestanding emergency medical facility.

2. INDICATIONS

A jurisdiction may allow transport of a patient, who meets one or more of the following indications, to a freestanding emergency medical facility.

- a) A stable Priority 2, 3, or 4 patient as outlined in *The Maryland Medical Protocols for EMS Providers* who does not need a time-critical intervention
- b) Priority 1 patient with an unsecured airway or in extremis, who requires stabilization beyond the capability of the EMS crew (e.g., cardiac or respiratory arrest)

3. CONTRAINDICATIONS

Except as provided in INDICATIONS, above, the following patients shall not be transported to a freestanding emergency medical facility.

- a) Any patient meeting the criteria for transport to a Trauma Center or Specialty Referral Center as defined in *The Maryland Medical Protocols for EMS Providers*
- b) A pregnant patient complaining of abdominal pain or a patient who is in active labor
- c) Any patient in need of time-critical intervention that can be provided only at a hospital-based emergency department

4. PROCEDURE

The EMS provider shall consult with a designated Base Station at the freestanding emergency medical facility, or the nearest Base Station if the freestanding emergency medical facility is not a designated Base Station, prior to arrival on all Priority 1 and 2 transports as provided in INDICATIONS and when otherwise unclear of the appropriate destination. The designated Base Station shall direct the provider to the appropriate destination.

5. SPECIAL CONSIDERATIONS

None