



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

NICK LYON
DIRECTOR

STATE EMERGENCY MEDICAL SERVICES COORDINATION COMMITTEE MEETING

Friday-March 27, 2015

Call to Order:

Dr. Edwards called the meeting to order at 09:34 hrs.

Roll Call:

Members Present: Boyd, Bullen, Casperson (via phone), Charlton (via phone), Cummings, Dunne, Edwards, Franz, Forbush, Hart, Kincaid, Lake, Sundberg for Leckelt (via phone), Myers, Nye, Pratt (via phone), Randall (via phone), Smith, Robert (via phone), Sorensen, Trevithick, Wadaga, Whitehead, Wilkinson

Members Absent: Scafidi, Smith, Eric

MDCH Representatives: Helmker, Snyder, Nethaway, Willoughby-Byrwa, First, Slee, Lori, Godde, Snider, Jenkins

Others Present: Steve McKellar: Plainfield Fire Department, Dennis Fitzpatrick: Lapeer County MCA, Chris Haney: STAR EMS, Michael Fill: Jackson County MCA, Eric Snidersich: Saginaw Valley MCA, Pete Rogers: Life Support Training Institute, Bill Grubb: STAR EMS, Steve McGraw: Oakland County MCA, Debbie Condino: Macomb County MCA, Robert Domeier: Washtenaw/Livingston MCA, Jonathan Hockman: Dorsey Schools-Compliance, Marc Rosenthal: Detroit East MCA, Andy Steeby: Wayne County Community College District, Noel Wagner: Saginaw Valley MCA, Bart Perry: Michigan Professional Fire Fighters Union, Sarah Poole: American Heart Association, Mel Oakley: American Medical Response, Chet Dalski: Kellogg Community College

Approval of Agenda and Minutes:

MOTION: Lake moved to approve the agenda. Boyd supported. Motion carried.

MOTION: Lake moved to approve the minutes for January 23, 2015. Wilkinson supported. Motion Carried.

Old Business:

Lila Snider is retiring 3/27/2015. Marv thanks her for her service. She will be missed.

New Business:

None.

Emergency Preparedness Update:

-The EMS Quality Assurance Task Force approved, pending small changes, the Special Pathogens Transport Protocol. This came from EMS Agencies and will allow EMS Agencies to be able to start and finish, if required, outside of their Medical Control Authority.

-The state conducted four site visits with the Centers for Disease Control to healthcare facilities and hospitals who were preparing. It wasn't a certification but a walk through by Centers for Disease Control. The State is ramping up and has that additional capability.

-There is going to be supplemental funding coming to the State for Ebola preparedness for those facilities and coalition partners. Breakdown is unknown yet, but anticipating to know late spring/early summer so stay in touch with your coalition in terms of how you may be eligible.

-The mass casualty burn plan for State of Michigan added a new work group, the EMS sub group. It is expanding our mass casualty burn response by looking at the education and training and realizing that is a key component if we need to activate the Michigan Burn Surge Plan.

EMS Systems Report:

-Marv acknowledges Lila Snider's retirement. Lila has had a role in issuing licenses for the last 18 years. She will be missed.

-Marv acknowledges Wayne Beldo is resigning from the EMSCC and read a statement from Wayne.

- Marv attended the Gathering of Eagles conference in February. Marv spoke of highlights from the conference including CPR, use of EPI in cardiac arrest, stent intervention by taking patients directly to cath lab rather than emergency room, the benefits of public AEDs and the importance of knowing where they are for emergency response situations, and the life extending benefits of running. Marv thought a lot of good and cutting edge information was presented and he hopes to go again in the future.

-Michigan Department of Health and Human Services (MDHHS) reorganization will be effective April 13th, 2015. Nick Lyon, current director of Michigan Department of Community Health, will be the new director of the MDHHS. Crime Victims, Trauma and EMS Division will be part of Population Health and Community Services. Sue Moran will be the new director.

-A rule change went into effect December 9th, 2014 that allows ambulances to transport patients to freestanding, hospital owned, 24/7 emergency departments. There was discussion around the table regarding the best way to clarify for providers where they can go.

-Marv brings up the rule that states if you have an ambulance licensed as paramedic, an ALS vehicle, a paramedic has to be in the back of that ambulance while transporting a patient. Discussion around the table brings up that the state has a protocol that allows MCAs to be exempt from that but a local protocol has to be adopted and some directors don't wish to have that exemption.

- A work group has been meeting about once a month to work on the MCA consolidation announced in September. Last week, Director Krause informed Marv that the MCA regions would be brought down to 8 regions that are consistent with the MSP regions, the trauma regions, and the emergency preparedness/management regions. Marv speaks to the history of the decision being made, which was to go to the same 8 regions with the MCAs that the State Police, Trauma and Office of Public Health Preparedness use. Marv states that this is not finalized yet and could change. The group voices concern and frustration with the consolidation and how it is being done. The chair thanks Marv for listening to them and says Marv can take their concerns up the ladder. Marv wraps up by stating there's been a lot of time put into this and it has been frustrating and he understands their concerns. Marv states Director Krause plans on coming to the next MCA consolidation work group meeting. Someone suggests that they might want to hold the next work group meeting after the DCH, DHHS merger. Marv states he hopes to sit down with Director Moran to brief her on the MCA consolidation process.

Trauma Systems Report:

-All the ACS verified hospitals have been designated.

-The positions for Region 2 North and the Trauma Epidemiologist have been filled and are scheduled to start in April.

-The pilot program for a common patient identifier to be able to merge the MI-EMSIS patient care reports with trauma registry database. Funding for this will start on May 1st as a pilot program with three EMS agencies and four hospitals. The final details are still being worked on but it will be a wrist band project.

Committee Reports:

A: Quality Assurance:

- Special Pathogens protocol already mentioned.
- They are looking to convene entire committee Nov 15th and 16th for the every two/three year general protocol overview, update and review. This will be after the new American Heart guidelines are released, which are targeted for October 15th. The committee is still discussing the best method to get input, comments and feedback from the existing protocols and encourages everyone to provide their thoughts
- Every agency should have the MI-MEDIC cards, the last group to get them were the educational programs and kudos are given to Maria on this.
- The committee went through the NARCAN protocols and a draft was produced that should be turned around quickly for the timeline that is in place. There was a lot of discussion at that meeting. Some of the concerns include:
 - Cost, including initial cost for storage, and the education and training.
 - Unintended effects, especially on one person MFR units.
 - Education. Terrie explained this and the committee was comfortable that the providers in the system will be able to learn that component.
 - Taking away the focus on the airway component in one person MFR units and having an additional item to be concerned about in terms of drawing up and administering the medication and the committee wants to make sure they don't lose their skills and training with the bag valve mask resuscitation.
 - Radio communication, as MFRs are not required to have radios to communicate with the MCA. This could be an issue in some areas in terms of no communication and the cost to get additional radios.
 - Individual MCAs know their needs better than anyone and really did not have an opportunity to say whether they thought this was a benefit or not.
 - The QA committee's final concern was they are being required by law to make a protocol knowing there are things that fall outside of some scopes of practice and the QA committee wanted to share those concerns.
 - Discussion from the group:
 - Maria is recognized for doing a great job at a pre-conference workshop at the IC Conference on the MI-MEDIC cards.

-The group has a lengthy discussion regarding concerns with the legislative process and lack of communication between the legislature and the providers, as well as the best way of communicating the EMSCC's concerns to the proper people in the legislature while laws are being drafted. Also discussed was an apparent lack of involvement by the DCH in being proactive on presenting its position on proposed and pending legislation to the legislature. It was stated this had been done in the past.

-Dr. Dalski questions the cost of the NARCAN protocol in terms of who is going to pay for it and where is the money going to come from in already tight financial situations? The QA committee does not have an answer, but has discussed it.

B: Operations: Nothing to report

C: Medical Control: The committee has a new chair but hasn't met yet. A different group is working on planning the MCA Conference October 4th and 5th at the Comfort Inn Conference Center in Mt. Pleasant. Marv will contact Diane at MCEP and pass along the new chair's information.

D: Education: The committee met this morning to discuss pass rates. Chet Dalski is going to be the chair of the committee and Andy Steeby from Wayne County Community College will be the co-chair. Looking at ways to help programs improve their pass rates and setting a threshold. The committee meets again Friday May 1st. Marv states that National Registry sent information that Michigan ranks 43 of 48 in terms of pass rate for paramedics and this is very concerning. Marv says the reality is that Michigan has the most robust, aggressive IC education program of any state in the country. Michigan requires 140 hours of education and an additional 30 hours of student teaching so 170 hours all together for a person to become an IC in Michigan, they then have to become licensed by taking a licensing exam, and then they have to obtain 30 hours of CE every three years to maintain and renew their license. Compare this to a national organization that puts on a weekend education seminar for 30 hours and you are now an EMS instructor. This compares to Michigan's 170 hours so Michigan's program is very aggressive so we need to find out why Michigan ranks the way it does. Marv hopes to show improvement next year.

-Question from the group: Is it possible that the data for 2013 is off on graduation rates? Terrie states 2013 numbers are not accurate due to how they calculated them but 2014 numbers are accurate.

-Later during the by-laws report, there was discussion of the selection of Chet Dalski as the chair of the Education sub-committee and that they would have to select a member of EMSCC to be chair per by-laws.

E: Trauma Advisory: Nothing to report.

F: By-Laws:

- The by-laws committee met at 8:30 before the EMSCC meeting.
- The minutes will be checked to see if the staff designation by-laws change was passed and if not, they are confident there will be a by-laws change regarding that.
- The by-laws committee is asking the EMSCC if the Data Task Force committees are still active and do they still need to be in the by-laws? Marv states those committees have not met in recent months and there has been no time to commit to meeting with those groups on Data issues. Decision made to remain silent on this for now.
- The rural sub-committee and the legislative sub-committee are currently ad-hoc and would like to look at making them permanent. This was brought up this morning and by-law committee agrees that would be good to do. The legislative committee would be simple to accomplish in a by-laws change, the rules are there and it would be an up to 13 member sub-committee. The rural committee becomes more difficult because it is designed for rural members and not meant to be state wide. The rural committee would need more definitions than the state wide committees and the by-laws committee is open for suggestions. They need the input from either the current rural ad-hoc task force or the EMSCC on how they would like the by-laws committee to define those members. There will be a chance to vote on these when the by-law changes are drafted.
- The by-laws committee is changing the establishment of sub-committees section that unless it names otherwise, the sub-committees will have 13 members with the chair being nominated by the committee and would have to be a member of the EMSCC. There was discussion about potential definitions of the rural sub-committee.
- Summary of changes: State Trauma looks good, QA Task Force needs one change, Ambulance Operations will have two openings, Education sub-committee will have an opening, Criminal Review is good, Medical Control will have two openings, By-laws is good, Data, Legislative and Rural will be taken care of as discussed previously. Marv has worked to update the actual EMSCC membership list and Colleen is going to be helping make sure the correct contact information for everyone. Marv suggests that people notify Jeff and he can bring that information to the group to allow separation between the DCH and the EMSCC. A list of the members of the committees could be sent out to everyone. An observation from the group that neither of the IC members are on the education committee. It was stated that that is being looked at.

G: Data Task Force: Nothing to report.

H: Legislative:

-The minutes from their meeting earlier in the month were sent out to EMSCC.

-New piece of legislation, HB 4218. This legislation, if passed, would require Emergency Service Agencies to provide education to victims of criminal sexual assault on the issue of emergency contraception. The committee has not taken a position and believes they should get feedback/thoughts from all the members of EMSCC before they do take a position. The committee feels that as an advisory board, they should have a position, even if the legislation doesn't go anywhere. Bruce encourages members of the committee to go back to their constituencies and provide the legislative committee with some feedback, pro or con, on this issue. The legislative committee will be meeting again in April so they would hope to have this information in the next couple of weeks.

-The committee also talked about last year's SB 885. This has been a major focal point for the rural committee. At the last EMSCC, the department had provided feedback on last year's legislation and they heard they are waiting on making any changes. They are hoping they will have some draft documents from Senator Casperson's office to work with by the next EMSCC in May.

-One item not addressed yet is an initial piece of legislation that has been drafted but doesn't have a sponsor yet. This legislation relates to the MI-POST initiative and will outline the parameters and scope of these types of cases. Marv and Maria attended a meeting last Friday on this and there are things they need to change and address based on the meeting last Friday. This ties in with a special study the EMS office was involved in approving in the summer of 2012 for three MCAs in Michigan on MI-POST. Marv states the study was ended after two years due to the three MCAs not submitting quarterly reports as required. The study was ended and this generated discussion with the MI POST people that weren't happy with the decision. They invited Marv to the meeting in March and he forwarded the information to the legislative committee so they could look at it and remain proactive. The head of the MI-POST bill writing team wants to present to the legislative sub-committee to get their input and help with writing the bill before it even gets sponsored. Bruce states they would welcome their involvement and will get contact information. Bruce states that is all he has, next meeting is scheduled for the second Monday in April.

I: Rural: Senator Casperson has asked for help on his legislation. The committee wants to be proactive versus reactive. Senator Casperson told the committee he really wants something done within the year. The rural ad-hoc committee is looking for help from the EMSCC because the issue is bigger than they can do in their committee.

-Discussion from the group:

-The issues looked at in SB 885 are not just for rural areas but are state wide.

-It has become clear in the many versions of the bill that they need to look at the root problems, however, the EMSCC needs to be steadfast in the answer isn't

lowering the standards or allowing rural areas to do whatever they want. The bill needs to be crafted carefully so it meets the needs without lowering the bar.

- Rural EMS is struggling with being able to provide service and the main problems are funding and personnel issues.
- Lack of increase in Medicaid reimbursement levels is discussed, as well as special rescue situations in the U.P. that are not reimbursable at all by Medicaid.
- State wide critical access needs situations are discussed as a possible narrowing of the scope of the bill.
- The allocation of resource between departments was discussed.
- There was discussion about looking at what other entities have tried for solutions in responding to the questions regarding this legislation to use as benchmarks in coming up with solutions to the questions for the rural ad hoc committee.
- There was a discussion about identifying how many of those can even be addressed with this bill and acknowledging that maybe some of them can't be addressed with this legislation.
- Some of the items in question already have approved motions with the EMSCC and they just need to be moved forward. Marv states those motions were forwarded to Director Krause.
- Special studies for any potential protocol changes can be done if necessary.
- Kivela bill passed last year offers some help to providers.
- Concerns about providers doing ala carte services if not at the next level.

-Gary wraps up by stating the first ever National Rural EMS Conference is being held in May in Cheyenne, Wyoming. Marv can't attend so Gary will be attending.

Membership Round Table Report:

The criminal review committee will meet with Sabrina and Marv. The EMS Expo in Traverse City is April 23rd through 25th.

Public Comment:

The Med Control Summit in October coincides with Central Michigan University's homecoming and to be aware that may cause issues.

Next Meeting: Friday, May 29, 2015, MCEP, 6447 St. Joseph Highway, Lansing MI.

Adjournment