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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

NICK LYON
DIRECTOR

**STATE EMERGENCY MEDICAL SERVICES COORDINATION
COMMITTEE MEETING
Friday-May 29th, 2015**

Call to Order:

Dr. Edwards called the meeting to order at 09:33 hrs.

Roll Call:

Members Present: J. Boyd, J. Bullen, Dr. T. Charlton (via phone), K. Cummings, Dr. R. Dunne, Dr. K.D. Edwards, B. Forbush (via phone), W. Hart, Dr. B. Kincaid, C. Lake, A. Sundberg for M. Leckelt (via phone), S. Myers, M. Nye, Pratt (via phone), G. Scafidi, Dr. R. Smith, E. Smith (via phone), T. Sorensen, B. Trevithick, G. Wadaga, S. Whitehead (via phone), K. Wilkinson

Members Absent: Sen. Casperson, Rep. Franz, Randall

MDHHS Representatives: S. Moran, Dr. J. Scott, M. Helmker, W. Snyder, C. Nethaway, N. Babb, E. Worden, S. Slee, M. Lori, T. Godde, A. Stout, B. Williams, G. Dolehanty, K. Wahl, C. Mullen (via phone)

Others Present: Steve McKellar: Western Michigan Association of Fire Chiefs, Dennis Reynolds: VB 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, Jonathan Hockman: Dorsey Schools-Compliance, Michelle Harper: TCEMCA, Kolby Miller: MedStar, Damon Obiden: Kent County EMS

Approval of Agenda and Minutes:

AGENDA: Additions to the agenda under New Business to include announcements and discussion of changes in MDHHS.

-Motion to approve agenda: Lake, Second: Helmker, Motion carries.

MINTUES: No changes.

-Motion to approve minutes for March 27, 2015: Lake, Second: Wilkinson, Motion carries.

Old Business: None.

New Business:

- Dr. Edwards introduced Susan Moran, the Deputy Director for Population Health and Community Services for the Michigan Department of Health and Human Services. Sue spoke to welcome EMS and Trauma to the division. She looks forward to working together in partnership.

-Dr. Jacqueline Scott, the Director for the Bureau of EMS, Trauma, and Preparedness, was introduced and expressed appreciation for the dedication of this committee to supporting EMS and Trauma.

-M. Helmker introduced Nicole Babb, the new EMS section secretary.

-M. Helmker introduced Kathy Wahl as filling in for Maria Willoughby-Byrwa in the MCA capacity while she is on maternity leave.

Emergency Preparedness Update:

-The next statewide Ebola conference call will be June 18th, 2015 at 11:00 hrs.

-CHEMPACK exchanges will be going on this summer.

-MEDDRUN sites decreasing from 18 sites to 10 to be completed by fall.

-Dr. Edwards reported that this year's Homeland Security conference was one of the better ones in recent years and wanted to get feedback back to the Department.

EMS Systems Report by Marv Helmker:

-M. Helmker participated in a National Registry Paramedic Exam standards setting workgroup in Atlanta in April. The EMS office provided presentations at the Spring I/C Conference and EMS Expo.

-Terrie Godde conducted an MFR course for the office. Three people with no previous EMS field experience graduated and now have a better understanding of EMS.

-The Department dealt with a complaint brought by an agency regarding an employee's training. A long and detailed investigation showed an individual could only verify 150 of 500 required training hours. The individual was removed from the course completion roster and not allowed to take the registry exam. Education programs need to make certain the people being sent out for clinical hours are properly completing them.

-A web based system is still being developed. Sabrina Slee and Lacy Ryal are working on this in the office. The payment system is still being built, they are working on accepting credit cards for initials. If all goes well, we are looking at a June date for going live.

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-A one day exhibit for EMS history specific to LCC will be on display 5/30/2015 at the Michigan Historical Museum from 10am to 4pm to celebrate LCC's EMS Program's 40th anniversary.

- A regional coordinator discovered a fully functioning cardiac monitor on an MFR vehicle during an inspection. This is out of the scope of practice and the equipment was removed.

-Another issue the regional coordinators have noticed is vehicles (other than MFR) not having BVM masks at the neonate level, as well as non-rebreather masks for infant, child and adult. These are critical non-compliant items, which will result in taking the vehicle out of service or giving a very short time to acquire those items. Helmker asked that the members please share this information.

-The QATF has received two new community Paramedic proposals from Van Buren EMS and North Ottawa Community Hospital. Those have been reviewed by QATF and are being recommended for approval by the EMSCC. Vote to be taken.

-Motion: Wilkerson, Second: Lake

-Discussion ensued, mostly centered on whether or not there is friction from groups that may think these programs are competition. None has been noticed in Michigan, but there has been some on the national level. They also discussed cost savings and potential future funding. These programs are still very new.

-Motion Carried.

-Narcan Protocols are done and need a final review by QATF. Helmker hopes to have the information out to the MCAs and agencies by mid-June so they can start training for the October deadline. Discussion ensued regarding methods of administering the Narcan. Ken Cummings brought up concern over the potential for of law enforcement agencies using the Narcan and canceling the EMS run if the patient wakes up. This is a challenge because the Department has no authority over those not licensed as EMS agencies, and the law allows law enforcement to administer Narcan. Dr. Dunne suggests working with MCOLES and proposing training to them. Dr. Scott states they'll work with the State Police on developing a letter with guidelines for use and training.

Trauma Systems Report by Eileen Worden:

-Regions are meeting regularly. The focus for resources right now is the designation verification process.

-STAC meets next week and will look at the equipment list for the verification teams that are going into facilities. All the American College of Surgeons Level 1 and 2 hospitals have been verified and designated. Now they are working on helping the other acute care facilities get their trauma programs more organized and formalized so we can verify their resources and designate them. One of these pieces involves training our verification

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teams. A pool of 60 candidates will be going through this training. Others are welcome to attend if interested. It is anticipated facilities will be requesting verification by late fall or early next year.

-The Trauma Section is almost completely staffed, except for region 6. Recent hires include Alan Stout, trauma epidemiologist, Chris Mullen, region 2 North, Deb Wiseman, region 5, and Secretary Suzie Karls.

-The Trauma Section is delighted to have engagement for Trauma Systems development. Wayne Snyder reports about 100 people on subcommittees.

-The Trauma band initiative pilot has been started. It appears to be going well and they will continue to track it through the end of the fiscal year and then the program will undergo final evaluation and next steps will be decided.

Committee Reports:

A: Quality Assurance:

-The Narcan protocols will include three different protocols that will be released together and those are Poisoning, Intranasal Drug Administration and Narcan Administration.

-Discussion ensued regarding scope of practice and methods of administration. Concerns over cost and availability of the two medicine options presented were discussed. The MCAs need guidance on what happens when their choice of medicine choice is unavailable. Dr. Edwards stated this will be similar to when the Epi Pens weren't available and acceptable alternatives were offered. At this time, the effects of supply and demand are unknown. These alternatives will not be a part of the initial protocol. MCAs are able to ask for an addendum and send it in to the QATF for review

-The three year review of the State protocols will be done in November after the new National Heart Association guidelines come out in mid-October. Dr. Edwards encouraged everyone to send in their comments and questions about the protocols now, as they are accumulating a list and receiving that information earlier may streamline the process of getting the protocols updated and finalized

-The state MCA conference will be October 4th and 5th in Mount Pleasant. Information is available on MCEP's website.

B: Operations: Nothing to report.

C: Medical Control:

-The committee hasn't met, but a group working on the MCA Conference October 4th and 5th at the Comfort Inn Conference Center in Mt. Pleasant has met a couple times and has made excellent progress.

D: Education:

-The committee has met and discussed the Pass rates from last year, which are a concern. There is an administrative rule that says the Department will make a site visit and decide what to do with those programs that are 10% less than the threshold, which was determined to be 78%, based on the national threshold.

-A three step program was developed for programs not meeting the pass rate threshold by the third attempt. The first step is for the program director to send in a program approval plan. This would show the program is recognizing a problem and that they want to address it. The second step is if that plan doesn't work, then the State EMS office would require frequent reporting, as well as offering resources for them to improve and close monitoring. The final step may involve revoking the program.

-The Department is making progress on getting the Instructor Coordinator exam online through Pearson.

-Discussion ensued around pass rates and other things to look at. Dr. Edwards asked if there were any plans around upcoming National Registry changes in evaluations. Godde stated they were thinking of a one day summit and bringing in people from successful programs and other resource people to teach best practices.

E: Trauma Advisory: Nothing to report.

F: By-Laws:

-The committee hasn't met, but they are working on Pediatrics. The committee is also working with Gary Wadaga on rural issues. Bylaws changes are anticipated before the next meeting.

G: Data Task Force: Nothing to report.

H: Legislative:

-The minutes from April and May meetings were sent out to EMSCC.

- HB 4218. This legislation, if passed, would require Emergency Service Agencies to provide education, as well as offering the administration of a contraceptive pill, to victims of criminal sexual assault. The committee would like to recommend the EMSCC take the position of opposing this bill.

-Motion to oppose: Kincaid, Second: Lake, Motion carries.

-Senate bills 275 and 276. This set of bills would establish certain guidelines for community para-medicine in the state, specifically education expectations, certification for the community paramedics and establishing the authority and oversight with a

primary care physician. The committee feels there needs to be further conversation with the senator introducing the bill.

-Discussion ensued. The potential relationship between the community paramedic and the doctor was discussed. Nye mentioned that the doctor proposing this wants the whole thing removed from the umbrella of EMS. From the audience, Kolby Miller said the most important thing about this bill is what is not in it. He said it constructs a one on one private business relationship between a community paramedic and a doctor without any oversight. Miller states there is already disconnection between the proposing doctor and the senator sponsoring the legislation.

-Motion to oppose: Kincaid, Second: Dunne, Motion carries.

-Senate Bill 248. This is the No-Fault legislation. The committee's concern is how the bill would affect ambulance reimbursement rates. The bill passed the Senate and is now stalled in the House. Cummings states Rep. Andrea LaFontaine has graciously agreed to interject an amendment should the bill start to move that would exempt all ambulance services from the fee schedules in the bill. The amendment has not been introduced and won't be unless the bill goes to the floor.

-Motion to oppose the legislation to but support the LaFontaine amendment: Kincaid, Second: Wilkinson, Motion carries.

-MI-POST. This legislation has not been introduced and does not have a sponsor, but they are seeking the EMSCC's input before it gets drafted. Trevithick asks that everyone please take the information back to their associations, review it and provide feedback. The legislative committee will give formal recommendations at the September meeting.

-Discussion: Helmker stated the group approached the EMS office in July of 2012 and a special study was authorized for the MI-POST group to work with three MCAs. No reports were ever submitted so the special study was discontinued. The group went to their lobbyist who contacted the Department and now they are coming back and asking for input. Dr. Dunne said MCEP has also been involved. Trevithick asked everyone to provide their feedback by June 15th, 2015. Dr. Dunne spoke to the simplification of forms. Trevithick stated the legislation will provide parameters for the form, but the form will not be part of the legislation. Dr. Scott asked if this is an issue that has to be legislated to be used state-wide. Cummings says it does, due to an existing public act. Dr. Dunne said the narrow DNR law that ties the hands of pre-hospital providers. Dr. Scott stated it is necessary to examine the legislation being proposed to make sure it meets EMS needs.

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I: Rural:

-The rural committee met twice since the last EMSCC meeting. The scope of practice issue of SB 885 will be taken to the QA Task Force for discussion. Boyd will help with the applications from MCAs that wish to participate. Once everything is gathered, it will be a simple process.

-The committee talked about what the process is to get ideas from the rural ad hoc committee moved into actions. Dr. Scott stated this will be looked at, feedback will be provided, and things will be moved forward if it is possible. Due to the switches in administration at the Department, there are lots of things to address and she wants to hear the ideas. Cummings brought up that some of the issues the committee is referring to will require legislation changes.

-The committee discussed how to make the ad hoc committee a permanent committee. The potential representation of a permanent committee has been discussed. Boyd stated he will help in getting the correct bylaws language. There was some discussion around the makeup of the committee, including consideration of having a non-rural member.

-In May, Wadaga represented the Department at the 2015 National Rural EMS Conference in Wyoming. Key points that were talked about include critical access hospitals, rural flex dollars, merging services, community paramedic programs, collaboration with rural health centers, a federal \$7 billion dollar communication system called FIRSTNET, and a self-assessment tool.

-Discussion ensued around legislative issues, including reimbursement levels and the effect of the pending No Fault legislation on all providers, not just rural. Cummings stated there is a lot going on and the issues are complex and being worked on. He reminded everyone that there are a lot of politics involved. Dr. Scott stated she is going to be meeting with Senator Casperson and would like to get the committee's recommendations to take to him.

Membership Round Table Report:

-Helmker reported the sudden death of the Lapeer County EMS director, Jason Beck.

- The next EMSCC meeting conflicts with the UP EMS Conference in September. The group discussed moving the meeting to Marquette. This option will be explored and the committee will be notified.

-Dr. Edwards mentioned the Rural AED grant.

Public Comment: No public comment.

Next Meeting: Friday, September 25th, 2015

Adjournment: Meeting adjourned at 12:19.