STATE EMERGENCY MEDICAL SERVICES COORDINATION COMMITTEE MEETING
Friday-January 22, 2016

Call to Order:

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

Roll Call:

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


MDHHS Representatives: N. Babb, T. Godde, S. Slee, Dr. W. Fales, E. Worden, G. Dolehanty, M. Lori, T. Forbush (via phone)


Approval of Agenda and Minutes:

AGENDA: Addition of Bylaws to Old Business
Motion to Approve: Lake, Whitehead.  Motion Carries.

MINTUES:  Motion to Approve: Cummings, Forbush.  Motion Carries.
Special Guests: Presentation by Leslie Hall, Executive Director of MI Rural EMS Network.

-Ms. Hall spoke of a recruitment and retention project they are working on for EMS. She gave a brief history of the MI Rural EMS Network and the work they’ve been doing. A survey of rural EMS in Michigan showed that recruitment and retention were the top two concerns of 84% of respondents. They received a grant from MDHHS in 2015 to develop a recruitment and retention tool kit for rural EMS providers. The tool kit was developed using national resources and can be useful across the EMS system. The long term goal is to increase the number of licensed personnel in rural Michigan by 5%. The short term objective is to distribute 100 toolkits to rural EMS agency leaders by meeting with them personally. During the meetings, it was discovered there was a need for ongoing technical assistance. They are looking to provide that by expanding the project. Matt Lori from MDHHS spoke to the possibility of getting additional funding and would like the support of EMSCC as they move forward to obtain that funding. J. Bullen discussed inviting Ms. Hall to the Rural Subcommittee.

Motion to Support the Initiative: Forbush, Lake. Motion carries.

Old Business: Bylaws, presented by Jeff Boyd.

-The bylaws committee worked diligently to prepare the bylaws. A clean copy and a copy showing the changes were sent out to the group. The bylaws, as presented, change the terms of the chair and vice chair, as well as membership of the subcommittees, to two year terms. Motion to Approve: Forbush, Lake. Motion carries.

-The bylaws committee recommended Dr. K. Donald Edwards as chair, and Jeff Boyd as vice chair. Motion to Approve: Cummings, Bullen. Motion carries.

-A complete slate of recommendations for open membership spots on the subcommittees will be presented at the next meeting. Send any recommendations, including all of their contact information, to Jeff Boyd at jboyd@livgov.com.

New Business: None

Emergency Preparedness Update by Dr. Edwards:

-There were some small changes to the MEDDRUN/CHEMPACK online training module. One CE is available.
- Hospitals in the regions will be receiving an updated alternate care site toolkit. It was presented to the coalitions and will be distributed to the hospitals.
- The Special Pathogens Conference/Table Top Exercise will be on March 24th, 2016, at the Crowne Plaza in Lansing, Michigan.
- The Special Pathogen Response Network (SPRN) site visits to the health care facilities have started. These are technical site visits rather than survey visits with reporting. The expertise is there to help improve the system, identify gaps and provide suggestions on how to prepare for special pathogen scenarios.
- Renal Network 11 will be included into EM resources.
EMS Systems Report by Sabrina Slee:

- Comments were due on the EMS Plan distributed. B. Kincaid and R. Dunne suggested having more time to review. The decision will be extended to the next EMSCC meeting so more feedback can be gathered.
- ImageTrend is still being worked on.
- The MCA Administrator mentoring program needs to be developed and begin. It is recommended that start with the MCA Committee and that they also look at the MCA Conference and the MCA Handbook. K. Cummings suggested also involving the Michigan EMS Systems Committee, chaired by Eric Snidersich of Saginaw Valley MCA.
  - Motion to recommend these items go to the MCA Committee: Cummings, Forbush. Motion carries.
- There are open positions in the EMS Section that will be filled. The EMS for Children Coordinator is in the process of being filled. The MCA Coordinator position has not been posted yet.
- Universal criminal background checks began in January on all initial applicants, renewals, re-licensure, complaints, out of state verifications. The office is doing 200 background checks a week.
  - Discussion: S. Whitehead asked if the employers are being notified on negative criminal background checks. S. Slee stated employers are not tracked, but complaint information can be found on the Verify a License website. K. Cummings asked if non-compliance is being found. S. Slee stated less than 3% are being found on people not self-reporting.

Trauma Systems Report by Eileen Worden:

- Sixty-nine people were trained for in state site reviews.
- There are 109,000 trauma incidents in the Trauma registry. Facilities are continuing to report data quarterly.
- A request for proposals will be done for deterministic linkages.
- Some Abbreviated Injury Scale training will be supported.
- A trauma registrar course is scheduled for March 15th, 50 people have registered so far.
- A Trauma Fact Sheet is being developed. This should be out in February.
- The coordinators are putting together their annual regional reports.
- An inter-facility transfer guidance document is being put together.
- The Trauma education assessment is complete and the results will be compiled into a Trauma Education Report.
- A 60 Second Time Out Tool Kit is being developed.
- Three applications were sent to the Director for the vacant STAC position for a decision on an appointment.
- The Trauma Conference planning is going smoothly. All of the speakers are arranged, the agenda is done, the contract is signed with Grand Traverse Resort and CME applications are ready to be looked at.
- A CDC grant has supplied an FTE for Stroke and EMS QI for the MOSIAC project. This position has been filled as a contractor. She reports to Eileen and will work closely with EMS as well.

Committee Reports:

A: Quality Assurance by Dr. Edwards:

- The committee will be meeting for an all-day meeting on January 29th at Livingston County EMS. The agenda is robust. The protocol review is still being worked on.
Discussion: Motion to request the Department delay protocol submission for one year: Cummings, Kincaid. Motion carries. K. Cummings spoke to the time constraints of protocol review for the MCAs and since there will be many changes coming out, it may be best to request the Department consider delaying the review one year. B. Kincaid concurred. Dr. Edwards stated S. Slee could relay to the department. Further discussion ensued around whether this is mandated by the rules, and it was also discussed that this process has been delayed in the past. Dr. Dunne discussed the protocol review process of the MCAs to determine things that may need changed at the state level and how that may affect protocols, and to try to do both the review for changes and the submission by the MCAs is a large amount of work.

There was additional discussion regarding the Pediatric and Adult Burn protocols due to discrepancies on the protocol. S. Slee stated these have been fixed.

Motion to request an extension on MCA approval on these protocols to 60 days after the corrected versions are sent to the MCAs: Kincaid, Boyd. Motion carries.

Discussion continued regarding limiting State protocol releases to once a year, as has been done in the past. S. Slee to take that recommendation to the Department.

K. Cummings brought up the State Model Trauma Protocol and whether this protocol is optional or expected to be adopted by the MCAs. Dr. Dunne spoke to the need for data evaluation and where regions are in the process, as Region 2 had already completed a Trauma protocol before the State release came out, which is not the same. This disconnect is frustrating to the volunteers that work on this process. E. Worden spoke to the importance of regions adopting consistently so that a robust performance improvement discussion can be had. Dr. Dunne concurred that coordination is necessary. B. Kincaid spoke to everyone having ACS criteria. Wilkinson backed Dr. Dunne’s request for studying data due to potential for unintended consequences of the minutes versus miles debate. E. Worden stated data collection would be increasing as facilities get verified. Discussion continued around data.

B: Ambulance Operations by Montgomery Nye:

The committee met to discuss ambulance vehicle standards and updating the equipment checklists. They learned the new ambulance standard requirements are not retroactive and do not require retrofits. Triple K standards are scheduled to sunset in October of 2016 but may continue to renew annually until an alternative consensus standard is accepted by a significant number of agencies. NFPA attended a meeting and presented their standards to the committee. The NFPA 1917 standards are complete and published. Another standard is CAAS GVS 2015, this document is complete and expected to be released in June 2016. After review and debate, the Ambulance Operations committee prepared a motion: Motion to recommend the State of Michigan to adopt into its rules that any new ambulance that is manufactured and produced after the effective date of the rule shall meet the current published edition of the Federal Triple K standard as it pertains to structural and mechanical until such time as the Federal Triple K standard becomes obsolete, or, in their entirety, NFPA 1917 current
-Discussion: It was clarified that this means the ambulance would have to be built to one of those standards, but whichever one is chosen, it would have to be 100% compliance with that standard. C. Lake spoke further to the lack of being able to predict when the Triple K standards will become obsolete, and pointed out the recommended rule change will still be valid when that happens. The cost effects of the standards was discussed. B. Kincaid asked for the ability to take this recommendation back to the constituencies/associations for review before voting. K. Cummings concurred on taking time to review. The implications of adopting one standard in its entirety that may contain items that are unrelated to safety should be reviewed. M. Nye stated some of the time concern is related to changing the rule itself, as that may take some time. He also spoke to cost and ambulance manufacturers. S. Myers stated this should also be reviewed by MAAS. Discussion continued around the adoption of standards in their entirety or a la carte, as well as the complication of the rule changing process. It is also discussed that the GVS document is still subject to change, as it has not been released yet. **Motion to table until the next meeting:** Myers, Wilkinson. **Motion Carries.** Nye, Lake opposed.

-Suggestions for changes to the Vehicle Inspection list were requested at the last meeting. M. Nye read through the proposed changes to the group. It was also stated the checklists for the fixed wing aircraft and rotary wing aircraft will be reviewed and brought to the EMSCC. **Motion to accept the changes:** Forbush, Lake. **Motion carries.**

C: Medical Control by Bruce Trevithick: Nothing to report.

D: Education by Kevin Wilkinson:

-The committee will meet on February 5th, 2016.

E: Statewide Trauma Advisory by Eileen Worden:

-The next meeting is scheduled for April.

F: By-Laws by Jeff Boyd:

-Already reported above under Old Business.

G: Data Task Force by Jeff Boyd:

-It will be important to take a good look at how the Data Subcommittee is built, as seen by discussions today.
H: Legislative by Monty Nye:

-SB 647 & HB 5160. Both of these bills address the same issue. While they do not directly affect the state's EMS system, the enactment of them could have a positive impact on patients in cardiac arrest. The legislation would require that Junior and Senior High School students be provided CPR training. These bills have been either encouraged by or developed in cooperation with members of the EMS community. While the Legislative Committee did not have a quorum at its last meeting, those members in attendance were supportive of the bills. **Motion to support: Kincaid, Forbush. Motion carries.**

-HB 5111. The changes in legislation in this bill begin on page 11. The proposed changes basically provide a tax break for full-time public safety officers (including EMS) who live in the community where they work. The feedback we received is that this bill is unlikely to move forward in the legislature, however the committee members present were generally supportive of the concept. **No action is taken on this bill by the EMSCC.**

-HR 4365. This bill has been introduced at the federal level and has not been reviewed by the Legislative Committee yet, but they wanted the EMSCC to have the opportunity to discuss it. The bill was heavily discussed at the NAEMSP meeting last week. Representatives from the DEA attended the NAEMSP meeting and stated that there are problems with the process currently in place for narcotic usage by EMS. In part, they stated that standing orders for narcotics cannot occur. This legislation was introduced to address the DEA’s concerns. Dr. Dunne spoke to the issues brought up at the NAEMSP meeting and explained how it relates to EMS. He stated some areas of the country have had heavy enforcement and others haven’t. There have been some issues in Michigan surrounding signatures. The DEA’s interpretation of the law doesn’t have room for a standing order for opiates. This bill would update the controlled substances act and has national support. M. Nye pointed out the template language has been sent out to the EMSCC. **Motion to support: Forbush, Lake. Motion carries.**

-SB 554/555. Information on these bills was sent out by Representative Franz, who is the chairman of the committee involved. S. Slee stated the bills are in reference to health professions that are under LARA’s regulation and would not affect EMS, as EMS is regulated by a different law. The bill deals with the tracking of continuing education requirements. T. Godde stated CE tracking will be easier for personnel once ImageTrend is up. **No action is taken on this bill by the EMSCC.**

I: Rural by Gary Wadaga:

-The rural committee wants to move forward on the Loan Forgiveness/Tuition Reimbursement previously discussed at the EMSCC and is looking for the next step. They have filled seats on the now permanent subcommittee. Some goals and objectives the committee will be working on for 2016/2017 include community paramedic reimbursement, recruitment and retention, the Save my Heart project, cardiac arrest survival rates and tactical EMS training. The committee will continue to meet monthly and keep up the momentum going.
Discussion: Dr. Edwards stated EMSCC recommendations go to the Department. K. Cummings stated a next step is finding a legislator to sponsor legislation, and J. Boyd stated Senator Hune had agreed to work with him on the tuition reimbursement bill.

Membership Round Table Report:

-K. Cummings introduced Angela Madden, the new executive director at MAAS.

Public Comment:

-T. Godde stated pass rates on National Registry are improving. She said some programs are bringing outside help to foster improvement.
-Jonathan Hockman from Dorsey School asked that the Department consider revisiting approval of initial education through teleconferencing systems.
-An audience member asked if the EMSCC meetings would be meeting at different locations. Dr. Edwards stated it has been talked about and a short discussion ensued.

Next Meeting: Friday, March 18th, 2016.

Adjournment: Motion to adjourn: Kincaid, Wilkinson.
- Meeting adjourned at 11:37 hrs.