RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

NICK LYON
DIRECTOR

STATE EMERGENCY MEDICAL SERVICES COORDINATION COMMITTEE MEETING

November 17, 2017

Call to Order:

Dr. Edwards called the meeting to order at 9:36 AM.

Roll Call:

Members Present: J. Bullen, D. Condino, K. Cummings, Dr. R. Dunne, Dr. K.D. Edwards, D. Fedewa, Dr. M. Fill, G. Flynn, B. Forbush (via phone), W. Hart, Dr. B. Kincaid, C. Lake (via phone), S. Myers (via phone), M. Nye (via phone), D. Pratt, G. Scafidi, L. Sincock, E. Smith, T. Sorensen, A. Sundberg (via phone), B. Trevithick, G. Wadaga (via phone), K. Wilkinson, Dr. S. Wise (via phone) and Rep. Yaroch.

Members Absent: J. Boyd, Sen. Casperson.

MDHHS Representatives: K. Wahl, K. Saterlee-Fink, S. Slee (via phone), E. Worden (via phone), T. Godde, E. Bergquist, J. Allen, N. Babb, Amanda Armatti (via phone), K. Ruest, and Dr. W. Fales (via phone).

Others Present: Robert Domeier, Washtenaw/Livingston County MCA; Dave Miller, Star EMS; Damon Obiden, Kent County EMS; Eric Snidersich, STMCA; Michelle Harper, TCEMCA; Noel Wagner, STMCA; Matthew Wolf, Citizen; Marvin Helmker, Lansing Community College; Michael Paul, St. Clair County MCA; David Pastoor, M.D., Superior Medical Education; Angela Madden, MAAS; Chris Whitehead, Bloomfield Township; Jim Etzin, Farmington Hills Fire Department; Steve McGraw, OCMCA; Kim Piesik, Superior Ambulance.

Approval of Agenda and Minutes:

- **Agenda: Motion to Approve: T. Sorenson, K. Wilkinson. Motion Carries.**
- **Minutes: Motion to Approve Minutes from September 2017 meeting: T. Sorenson, K. Wilkinson. Motion Carries.**

Old Business: None.

New Business:

- **EMS Safety Ad Hoc:** K. Wahl presented to the committee concerns for EMS safety and fatigue. Recently Legislative services inquired about any existing rules in EMS that would guide the number of hours an EMT could work. Many EMS providers are working 24 hour shifts with limited sleep and some have ended up with health issues. Kathy requested guidance or suggestions from the EMSCC on how to address the issue. The committee recommended an EMS Safety Ad Hoc subcommittee be formed. This was well accepted by

several committee members. Dr. Edwards asked that anyone interested in participating on said ad hoc committee email their interest to K. Saterlee-Fink at SaterleeK@Michigan.gov.

- **Motion to Approve: T. Sorenson, B. Kincaid. Motion Carries.**

Strategic Planning Report / EMS Systems Report by Kathy Wahl:

- K. Wahl presented progress on the Strategic Plan goals.
  - Critical Care Paramedic Recognition Ad Hoc Committee has been formed and will hold its first meeting on December 20, 2017. The job description for the community paramedicine coordinator position will be sent to the MCA's for dissemination.
  - The Community Paramedic (CP) workgroup is in process and is meeting monthly. Measurable indicators are being submitted quarterly by the 11 active programs that are functioning in 13 counties. A standard CP training curriculum is currently being developed. The Division of EMS and Trauma submitted a CP Program grant application to the Michigan Health Foundation Endowment Fund, which was awarded. The division will be hiring a community paramedicine coordinator. In December, 2017, K. Wahl and E. Bergquist will be attending a state 911 directors meeting to discuss discrepancies between the 911 legislation and the Public Health Code.
  - The Medical Control Authority (MCA) Orientations will continue in 2018. Attendance has been excellent and feedback very positive.
  - In January, the Bureau will host a Pediatric Continuing Education training which will include pediatric drug administration, infant safe sleep, and human trafficking. More details to follow.
  - E. Bergquist and J. Allen will be traveling within the UP educating on protocols and pediatric medication administration.
  - The MCA Conference was held on October 25, 2017 with an outstanding turnout. Thank you to all that came and showed their support. The Trauma Conference was held on October 26, 2017, it was well attended as well. In addition, many of the attendees attended a BCON (Bleeding Control) train the trainer session at the conference. Training kits have been purchased and are available for trainers to use in each of the 8 regions.
  - K. Wahl stated that the CHECC (Community Health Emergency Coordination Center) has been activated for the Hepatitis A outbreak in Southeastern Michigan. The CHECC coordinates resources for the response to public health emergencies. During this time, responses to emails may be slow.
  - The MI-EMSIS conversion to version 3.4 is in process and over 40,000 EMS reports have been submitted. It appears that some agencies are not submitting data in a timely manner by the 15th of the month. Communications are occurring with those agencies. Justin Allen, Quality Improvement Coordinator, will be reaching out to agencies and providing assistance to those who are having issues transmitting their data.
  - Terrie Godde has been asked by Homeland Security to help develop the human trafficking curriculum.

Emergency Preparedness Update by Dr. Edwards:

- Dr. Edwards reported that after the mass casualty that took place in Las Vegas, the Michigan Health and Hospital Association shared the Nevada Hospital Associations preliminary

lessons learned from front-line personnel and organizations. (A copy of the Memorandum is hyperlinked above and also included on the last 3 pages). A replay is now available of the AHA webinar, "Mass Casualties Preparation and Response – 'Lessons Learned' from Las Vegas and Orlando." On the webinar, Todd Sklamberg, HCA Sunrise Hospital and Medical Center CEO, and Mason VanHouweling, University Medical Center CEO, both located in Las Vegas, as well as Michael Cheatham, M.D., Orlando Health trauma surgeon, share how each organization trains to prepare for mass casualties, potential natural disasters, and violent events, as well as lessons learned from the situations each faced. To access the webinar replay and other resources related to the AHA's Hospitals Against Violence initiative, visit http://www.aha.org/advocacy-issues/violence/index..shtml.

- There will be a new CAT (Coalition Assessment Tool) that will be used, BP1-5.
- There was an HPP Strategic Planning session on September 14th and 15th, 2017 at the MacMullen Training Center in North Higgins Lake. There was good EMS involvement including Dr. Fales, Kathy Wahl, Justin Allen, Michigan State Police District Coordinators, as well as local health departments and The Michigan Hospital Association.
- The State Burn Surge Facility Exercise, round 2, was held October 2, 2017. An impromptu role out was well received by paramedics that took the module and received great feedback. There was an additional rollout at the Fall IC Conference.
- The emPOWER Map available at https://empowermap.hhs.gov/ is a tool to use for emergency planning. It identifies aggregate data by zip code or county people that have electrical power needs for their medical equipment. This is important to know in the event of a sustained power outage. This website is sponsored by the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance center, and Information Exchange (TRACIE.)
- The Joint Commission released updated guidelines and accreditation changes with emphasis points on Continuity of Operations Planning (COOP) and Communications Plans. Community Mental Health conducted a Community Partners training and Table Top Exercise that each of the 8 Regional Healthcare Coalition regions hosted and was conducted by the Department of Emergency Preparedness (DEPR). This training was well accepted.
- There was some discussion regarding 800 MHz radios and collecting mic fees that were not charged at the time from over 10 years ago. Laura Sincock stated that she is handling a claim of $11,000.00 from 12 years ago. K. Wahl will discuss with Linda Scott.

Trauma Systems Report by Eileen Worden:

- The trauma system development is focused on designations. Currently, 53 facilities have been designated, 21 are in the queue, and site visits are currently being scheduled.
- 120 individuals were trained as BCON trainers at the Trauma Conference; 50% of the instructors indicated they had not heard about the bleeding control course prior to the conference, and they indicated they will go on to do more trainings. 10 kits were purchased and placed in each region with entire instructor manuals. If there are any questions regarding the kits, please contact one of the Trauma Regional Coordinators (Theresa Jenkins – R1 and 2N; Eileen Worden – R2S; Bob Loiselle – R3; Debra Wiseman – R5; Helen Berghoef – R6; Deb Detro-Fisher – R7; Lyn Nelson – R8).
- STAC (State Trauma Advisory Committee) letters have been sent to the Director's office for signature. The first meeting will be a joint meeting on January 23, 2018.

- There are two open positions for regional coordinators, one in 2N and the other 2S. Those positions have been posted.
- All of the RTN's (Regional Trauma Networks) have received their letters.
- There is a one-time funding for trauma facilities that will be coordinated through the Regional Medical Control Authority Network (RMCAN) for 2018.

Committee Reports:

A: Quality Assurance by Dr. Edwards:

- Dr. Edwards thanked everyone for their feedback and patience with the protocol timeline as it has been an extremely large project. There were some late comments that came in and were reviewed by the committee. There were two major changes: Pain Management and Chest Pain.
- The 2018 calendar of Quality Assurance Task Force (QATF) meetings is posted on the website. http://www.michigan.gov/documents/mdhhs/QATF_Meeting_Schedule_2018_602683_7.pdf

B: Ambulance Operations by Montgomery Nye:

- The subcommittee has not met.

C: Medical Control by Bruce Trevithick:

- Since the last EMSCC meeting, the Medical Control Authority (MCA) subcommittee has not met; however, a meeting is scheduled for Monday, November 20, 2017 at Jackson County Ambulance to begin review of MCA associated administrative rules and statute.

D: Education by Kevin Wilkinson:

- The Education subcommittee is meeting on Friday, November 17, 2017 at 1:00pm to continue review of Education associated administrative rules.

F: By-Laws by Jeff Boyd:

- Jeff reported that submission forms were sent to all subcommittee chairs and asked for names of those continuing on said subcommittee or new nominations.

G: Data Task Force by Bonnie Kincaid:

- B. Kincaid reported that the next Data Subcommittee meeting will be held on December 13, 2017 at 9:00am. Mahshid Abir, MD from the University of Michigan will be presenting on an Opioid Surveillance project.

H: Legislative by Bruce Trevithick:

- B. Trevithick reported that the subcommittee met on November 13, 2017:
  - **HB4585** – This bill would make it a felony (maximum of two years) for targeting an attack on a public safety official, including EMS personnel. This would be in addition to the crime the person would already be charged with.
    - The Legislative subcommittee recommended support for the bill. Motion to **Support** was set forth by **T. Sorenson**, seconded by **K. Wilkinson** – **Motion carries**.

- **HB5013** – This bill relates to No-Fault Insurance. The biggest focus of the Legislative subcommittee is related to reimbursement for EMS agencies. Representative Yaroch successfully placed an amendment on the bill that removed any cap on EMS reimbursements for emergency situations. There remains a cap for non-emergency transfers related to auto accidents at 160% of Medicare.
    - The Legislative subcommittee recommended support ONLY for the language by Representative Yaroch. Motion to **SUPPORT** was set forth by **B. Trevithick**, seconded by **B. Hart** – **MOTION CARRIES**.
- **HB5152 & 5153** – These bills relate to the Non-Opioid Directive Form. These bills would create a non-opioid directive form that a substance abuser could sign and would restrict, to some extent, a health care professional's ability to administer opioids to that person. This does include EMS personnel, but there are some exceptions for emergency situations and the individual can revoke the form at any time. It also requires health care professionals who provide opioids in an emergency situation to provide education to the individual on substance abuse resources.
    - The Legislative subcommittee recommended to oppose at this time. Motion to **OPPOSE** was set forth by **B. Trevithick**, seconded by **B. Hart – MOTION CARRIES.**
- **HB5217, 5218, 5219 –** This set of bills would require that all patients (emergent and non-emergent) would be required to be transported by ground ambulance unless medical necessity exists.
    - The Legislative subcommittee recommended to oppose at this time. Motion to **OPPOSE** was set forth by **B. Trevithick**, seconded by **K. Wilkinson - MOTION CARRIES.**
- **HR304 –** Members were updated on the passage of this federal legislation that will address gaps in the law related to EMS providers carrying and administrating controlled substances.
- **P.A. 154 of 2017 – MI-POST –** The subcommittee was notified that the legislation creating MI-POST has now been signed by the governor and is a law. Now the process of developing the form and implementing the program will begin. EMS Personnel and Medical Control positions are currently open with B. Trevithick, Damon Obiden, and Emily Bergquist all indicating interest in serving on this committee. Dr. Steve McGraw also stated that he would like to represent the Michigan College of Emergency Physicians (MCEP).
- The next Legislative subcommittee meeting will be held on December 11, 2017 at 10:00 am.

I: Rural by Gary Wadaga:

- Tuition reimbursement and loan forgiveness are being worked on by Representative Whiteford as a recruitment strategy to help mitigate the EMS provider shortage.
- The committee is continuing the work on the Google list for rural EMS resource information sharing with Amanda Armatti, Region 5 EMS Coordinator.
- A white paper on the struggles of rural EMS continues to be developed and includes information such as population served, age, call volume, average age, etc.
    - There has been discussion on the composition of the EMSCC and each of the associations required to have representation from a county with a population of

100,000 individuals. The question has been discussed whether 100,000 can be dropped to 50,000 for rural. This would require a change to the Public Health Code.

Pediatric Emergency Report: Justin Allen

- J. Allen stated that the federal government has released the Notice of Funding Opportunity (NOFO) for EMSC. It is due on January 8th, 2018. The current grant period ends March 31, 2018.
- CoPEM will begin reviewing the EMS Compass measures that pertain to pediatrics.
- The Pediatric seizure treatment protocol has been revised.
- Terrie Godde and J. Allen are working on a Child Abuse Awareness training.
- A pediatric conference is being considered for June, 2018.
- CoPEM is actively working on non-verbal communication cards for children with special needs including English as a 2nd language and children with Autism. These will be distributed to EMS agencies and Emergency Departments when completed.
- Dr. Edwards thanked everyone who is involved and attends the CoPEM subcommittee meetings.

Membership Round Table Report:

- K. Cummings reported that he recently was in Las Vegas and met one-on-one with responders who were onsite to help with the casualties of the mass shooting. He obtained feedback from them on the event. Some reported that they are in counseling for PTSD. Out of 500+ transported for medical treatment, the Level 1 Trauma Center and closest hospital to the site, had the least casualties reported. Non-designated hospitals had the largest number of casualties. Many of the EMS responders are still coping with the incident. No triage tags were used.
- K. Wilkinson asked the EMSCC, along with the subcommittees, make sure that if they are not going to use the rooms at Livingston County EMS that have been reserved for meetings, please make sure to cancel the room reservation. Many organizations use their facility for meetings and rooms are hard to schedule.
- B. Hart stated that Western Mackinac County has four small rural health volunteer based services and Bill is working with them regarding collaborative organization and maintaining services. The Michigan Center for Rural Health is providing grant funding to facilitate the process.
- Representative Yaroch commented on the Opioid bills and that the legislature is getting pressure to fix the problem. There are bills that are attempting to address different pieces including when Hospice is involved. If Hospice is the one to come in and pronounce a death, EMS is being asked to take the narcotics out of the house. M. Nye stated that Lansing Hospice provides a special bag to get rid of medication. B. Trevithick stated that he would be happy to work with Representative Yaroch on these special needs. The legislature is looking for feedback from anyone that can provide ideas.

Public Comment:

- Marv Helmker from Lansing Community College provided some input from when he worked in the State office regarding agencies submitting data. He stated that he came across the same issues with agencies not submitting data, and he felt that there are agencies that were not motivated to submit their data. There has been discussion about data being submitted for quite a while.

- Kim Piesik from Superior Ambulance wanted to thank the EMSCC for always making her feel welcomed at the meetings. This is her last EMSCC meeting as she will be retiring at the end of the year. She has been coming to the EMSCC meetings for the past 13 years.
- Jim Etzin from Farmington Hills Fire Department invited everyone to a debriefing event in Troy, Michigan which will include collaborative debriefings from fire, EMS and other agencies. There is also going to be a debriefing of the Las Vegas shooting. Presenters will be there from other countries including the UK and Norway.
- Terrie Godde, Education Coordinator, responded to Chief Pratt's question regarding licensing. The National Registry is open at any age, so an individual age 15 can take the National Registry Exam; however, the State of Michigan statute states that the individual must be 18 to obtain their first responder license.
- Dr. Edward discussed the triage tag. Region 1 is looking into the mass casualty incidents regarding triage tags. Thank you to everyone for all that they do and those that are passionate about their jobs and saving lives.

Next Meeting: Friday, January 19, 2018 at Livingston County EMS.

Adjournment: Motion to adjourn: K. Wilkinson, K. Cummings. Motion carries.

- Meeting adjourned at 11:28 am.

Action Items:

- Committee members submit alternate committee member name and contact information to K. Saterlee-Fink at SaterleeK@Michigan.gov as soon as possible.
- Dr. Edwards asked that anyone interested in participating on the EMS Safety Ad Hoc subcommittee email their interest to K. Saterlee-Fink at SaterleeK@Michigan.gov.
- The UP tour will be conducted on an annual basis. If agencies are interested in hosting a meeting or would like for the members to visit, please contact Amanda Armatti at ArmattiA@Michigan.gov.
- If there are individuals interested in serving on the subcommittees, please make sure those names get to J. Boyd at Jboyd@livgov.com.
- Agencies MUST submit data to the State by the 15th of the month, for the prior month, in order to be compliant.
- K. Wahl to look into what is happening with the 800 MHz retroactive mic fees with Linda Scott.

MHA Michigan Health & Hospital Association | Leading Healthcare

TO: Chief Executive Officers and Emergency Preparedness Coordinators

FROM: Peter Schonfeld, Senior Vice President, Policy, and
Chief Operating Officer, MHA Service Corporation

SUBJECT: Preliminary Lessons Learned from Las Vegas Tragedy

DATE: October 17, 2017

The Oct. 1 Las Vegas shooting was the deadliest mass shooting committed by an individual in the United States. In the aftermath of this event, there are many heroic stories and lessons learned. The Nevada Hospital Association (NHA) shared preliminary lessons learned from front-line personnel and organizations that worked together in the medical response to save many lives.

The following excerpts from the NHA's correspondence may be useful in updating and developing emergency response plans in Michigan hospitals. Please keep this information for planning purposes and situational awareness, for internal use only. The MHA encourages hospitals and health systems to work with the local healthcare coalitions to conduct exercises and prepare for a coordinated response across the healthcare continuum in the event of an emergency in Michigan.

Preliminary Lessons Learned

Clarifications regarding trauma centers in Vegas

- It has been widely reported that we only have (1) trauma center. This is wrong; we have (3). There is only (1) level one center. The others are levels II and III. All of these centers received patients.

- Trauma center designations and **destination protocols were of limited value** in this mass casualty (as well as in many others). Of the more than 600 patients that resulted from this incident, fewer than 180 were transported by EMS. Private autos transported the overwhelming majority of the patients. One hospital received more than 35 critical patients BEFORE the incident was reported on the citywide announcement and in fact, before the shooting had even stopped.

Staffing/skill set issues

- It may come out of this event that **ED nurses may not have the complete skill set** necessary to deal with these events. A significant number of people required airway stabilization and vascular access. In NV EDs, the majority of nurses don't intubate or place IO lines. This need was rectified by some fast [thinking] staff members who were able to call in some off duty paramedics from outside jurisdictions. These medics' intubated patients and established vascular access and fluid resuscitation before the patient even went through the ED doors. (i.e., pre-hospital medicine in the parking lot). This had never been in any of our plans, but I guarantee you we will be looking at this in the immediate future.

- **911 doesn't stop in a city that never sleeps!** During the event, there were a number of other major issues that resulted in upwards of 25 additional critical trauma patients. We never had put anything formal in our plans, where do these patients go when EVERY trauma center is inundated (more than 100 patients each). **If this isn't in your plans, it needs to be.** We had one outlying hospital, non-trauma center, step up and become an on-the-fly trauma center. They Preliminary Lessons Learned from Las Vegas Tragedy called in multiple surgical teams, multiple specialties and double staffed the ED. They accepted all the trauma runs that came from other incidents. They performed multiple trauma surgeries and became an invaluable resource to the community.

Communications and Technology

- **EHR was a complete mess** and I could go on for hours about the problems related to this technology. Bottom line, we need to go back to the future and have the "trauma packets" that we used to have. These packets had paper forms and tracking tags, etc. Our hospitals all got away [from] having these specific packets, pre-made up and ready to go; that was an error.

- We need to do better at **educating our C-Suite personnel and nurse managers** on the roles and responsibilities of the various partner entities including: Coalitions, Medical Surge Area Commands (EOCs), Fusion Centers, Hospital Associations, State EOCs, Local EOCs, and then the alphabet soup agencies that came out of nowhere demanding information (ATF, FBI, Terrorism Task Force, etc.)

- **Hospital records and the ability to produce necessary reports**. Again we could discuss this until the end of the earth. I will just say, some of the hospitals' systems do not allow reports to be created until the midnight following the day of the patient's admit. Add all the problems you can imagine with this here _____.

- **Patient Distribution.** Most critical patients went by private auto to one of two hospitals (Approx. 218 to one and 115 to the other) one of which is a trauma center and one which is not. We learned that these patients were transported to these hospitals based on mapping software apps on people's phones. Ironically, Android mapping apps showed one hospital as the closest and Apple maps showed the other hospital as closest. By pure dumb luck this resulted in a more even distribution of patients arriving via non-EMS/first responders.

Injury types and stats

- **Injury Types.** As imagined most critical patients and KIAs have large caliber GSWs to the head and torso. Because the shooter was perched in an elevated platform, we saw wounds very different from the normal (can I even say that? Normal…) GSW patients. Isolated massive subclavian vein wounds, great vessels, etc. Wounds that do not subject themselves to field treatment or "Stop the Bleed" protocols. As these type of events become almost commonplace, we may need to begin thinking about employing military tactics such as "any available vehicle", etc. to transport the injured to a surgical capability faster than EMS can achieve.

- **Stats.** This is a moving target and we will hopefully have much better numbers [coming soon]. Any patient counts that you read in the press or hear about on social media are just SWAGs. The

numbers are still going higher. We have learned of multiple people who received injuries but didn't seek care at hospitals, but instead when to urgent cares, etc. We reportedly even had a GSW patient who showed up at an urgent care [on Oct. 5] with shortness of breath; he didn't realize he had been shot. Stay tuned.

From numbers to names, unsung heroes and thanks to the VA

- **Personal belief,** we should start to consider employing technologies within hospitals that will let us move much faster from numbers to names. It's not really fair that families and loved ones can't determine what has happened or where their family member has been taken for many long hours and even days. We have facial recognition technology within airports and casinos, it's time to start considering this technology in hospitals.

- **Unsung Heroes.** Obviously, the first responders, doctors and nurses all did a tremendous job treating and caring for the wounded, but, EVS workers were also all called in to these hospitals. ORs were cleaned and turned within 10 minutes to accommodate the unending flow of patients. EDs were in a constant state of mess and EVS workers were there cleaning and making room and access for the next group of patients. These people saw more than any person should ever have to see. We need to remember EVERYONE on the team, irrespective of their position.

- **The VA really stepped up.** We have all heard the bad press regarding the VA healthcare system nationally, but here's some great news regarding the VA. The VA in southern NV is not near or anywhere close to the shooting location. They generally don't accept ambulance patients from the field either. But, during the shooting they went above and beyond to help the community.

  The ED was staffed, ambulances from the field (irrespective of veteran status) were accepted and patients treated so that EMS turnaround times could be reduced and other acute care hospitals could get some relief from the normal chest pain, etc. patients as they dealt with the trauma. But that's not all. Their emergency managers responded to and staffed the county EOC/MSAC, they called in and deployed all their social workers to the impacted hospitals to assist with the event and they continue to this day to be providing CISD services to the hospital teams that received patients during this event. BIG virtual round of applause to the VA and all their employees who demonstrated that they are a great community resource.

Traumatic Stress

- This will be the next big item that preparedness personnel will have to deal with. We need to get a handle on the PTSD possibilities fast or we may lose significant numbers of our already short staffed workforce. Our hospitals are obviously staffed with civilian personnel who are not used to seeing this carnage. The injuries, the tempo and the severity can only be compared to that of war. Some of these heroes are not doing well. They are getting counselling, CISD, etc. now but what are we going to do for these individuals as an industry in a few years if PTSD develops. Sandy Hook, Orlando, [Colorado], San Bernardino and now Vegas… we may be racing the clock to determine the much needed plan to deal with these reasonably anticipated mental health injuries.