



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ROBERT GORDON  
DIRECTOR

**MICHIGAN EMS COORDINATION COMMITTEE MEETING  
MINUTES**

**Friday, March 19, 2021**

9:30 a.m.

**\*VIRTUAL ONLY via Microsoft Teams\***

[Click here to join the meeting](#)

**Or call in (audio only)**

1 248-509-0316 Phone Conference ID: 611 796 501#

**Call to Order:** The meeting was called to order at 9:34 a.m. by Dr. Edwards.

**Attendance:** A. Abbas; C. Baker; Dr. C. Brent; D. Condino; R. Cronkright; K. Cummings; Dr. K.D. Edwards; Dr. M. Fill; G. Flynn; B. Forbush; W. Hart; J. Harvey; B. Kincaid; L. Martin; K. Miller; S. Myers; M. Nye; R. Ortiz; D. Pratt; A. Sledge; E. Smith; R. Smith; T. Sorensen; A. Sundberg; B. Trevithick; G. Wadaga; K. Wilkinson; Dr. S. Wise; Representative J. Yaroch.

**Absent:** F. Jalloul; Senator McBroom; J. Wyatt.

**BETP Representatives:** K. Wahl; S. Kerr; Dr. W. Fales; E. Bergquist; N. Babb; E. Worden; K. Kuhl; T. Godde; Dr. S. Mishra; J. Wagner; D. Flory; L. Bailey; L. Nelson; E. Hendy; A. Pantaleo; S. Minaudo; J. Youngblood; D. Kapnick; T. First.

**Guests:** Dr. Paul, St. Clair County MCA; Damon Gorelick, DEMCA; Angela Madden, MAAS; Luke Bowen, Macomb County MCA; Carol Robinet, Superior Ambulance; Jon Hockman, DMS; Dr. R. Dunne, DEMCA; Al DiBrito, Berrien County MCA; Marina Wyrzykowski, MDHHS; Orlando Blanco, Blanco Wilczynski PLLC; Dr. Bob Domeier, Washtenaw/Livingston MCA; Jeremy Beebe, Osceola County EMS; Eric Snidersich, Saginaw-Tuscola MCA; J. Allen, MDHHS; Chris Haney, Star EMS; Becky Jago, self; Kevin Henderson, Washtenaw/Livingston MCA; Jim Hannah, unknown; Matthew Ball, unknown; Dr. Ryan Reece, MCEP; Hunter Nostrant, Luce County MCA; Jason Bestard, Detroit Fire; Susan MacGregor, Luce County MCA; Randy Rosselle, self; Tom, no last name, unknown; Becky Jago, self.

**Approval of Agenda:** Motion to approve the agenda (Trevithick, Kincaid). Motion carried.

**Approval of Minutes:** Motion to approve the minutes from 1/15/2021 (Harvey, Forbush). Motion carried.

**Communications:**

- None

## **Announcements:**

Reminders of upcoming educational opportunities: None

## **Old Business & Committee Reports:**

### COVID-19 – DET Staff

- Kathy Wahl reported the CHECC is still activated and DET staff is still involved. She said they are helping with thousands of background checks for volunteer applicants, as well as reports for the MDHHS Director. She said the EMS office is still heavily involved in COVID response, especially as vaccinations are ramping up and variants being detected.

### EMS Systems/Strategic Planning Update – K. Wahl

- Kathy reported that a meeting is scheduled with Representative Yaroch later this month.
- Krisy Kuhl gave an update on CIP and ET3. There are 13 special studies for CIP, and three MIH programs, for a total of 16. There are another 14 that are expected to seek approval this year. For ET3, six ambulance providers made the cut to participate. Anyone applying for the triage funding in part 2 must be linked to one of the 6 approved providers by at least one shared zip code. The application closes 5/11/2021. A CMS webinar will be held on March 31, 2021, for more information.
- Terrie Godde said the online applications for CE are going well and she thinks this is a positive move. Kathy said we have received positive feedback, as well. Terrie said people can see where and when CE is available and register.
- Anthony Pantaleo gave an update on the naloxone leave behind project. It is moving along well. Twelve MCAs are participating, covering about 23 counties, and he is working with additional MCAs. He said over 50% of the state population now has access. He is also working on additional education projects, as well.
  - Bruce Trevithick asked if there are still opportunities for MCAs to participate and the status of supply. Anthony addressed. Funding has been extended and asked Bruce to reach out to him.
- Sabrina Kerr gave an update on the administrative rules. They have not moved out of the initial step yet and are still in informal review.

### Emergency Preparedness Update – Dr. Edwards

- There is a new steering committee that starts up today to work on making changes and updates to the medical surge plan.
- CHEMPACK will be receiving sustainment in May.
- There will be a virtual burn surge facility training on March 23, 2021, which is full. The next class is May 11, 2021, and there are also sessions scheduled for September 28 and November 16. This is a great training opportunity. Contact your healthcare coalition for more information.

- The Pediatric Care Coordination Center will be holding a pediatric exercise coming up in June.
- The coalitions and the state have been the go-betweens for EMResource. He spoke about those who have been helping and said the amount of change for the good has been impressive.
- The Special Pathogen Response Network has been putting their allocations to good use. A lot of the regions are in the process of distributing items.

#### Trauma Systems Report – E. Worden

- They are working on getting the designation verification process up and running.
- A virtual designation process is being worked on. They hope to have a pilot program this year.
- Eileen discussed ACS and EMS data element changes. Michigan will continue to collect all the data sets, driven by the administrative rule metrics.
- Sunset funding impacts this year and partners are working to address this language.
- Trauma had a dip in cases, but are trending sharply upward. Mortality trends have been trending downward, however.
- The state budget office approved some carryover funding and the RMCANs have agreed to be the fiduciary. A grant process is being developed. They hope to start distributing funds by April 5, 2021.

#### EMS Medical Director Report – Dr. Fales

- Dr. Fales reiterated the importance of wearing a mask in the ambulance, as the recent memo from Kathy discussed. COVID is still here and we are starting to see increases in both positive cases and hospitalizations statewide. Hospitalizations had flattened out and now are starting to see a slight increase. He said personally, in the last six weeks, he has had the opportunity to take care of three EMS and fire COVID positive personnel in the ER. None were vaccinated. He said it is easy to let your guard down and this illustrates we still have to be vigilant. He spoke about the importance of a safety officer.
- Dr. Fales spoke about monoclonal antibody use. This is used to neutralize the virus in certain cases. These have been used in nursing home outbreaks in at least seven counties. He said every time they've done this, EMS has been willing to help. He discussed the success of this. Communities are looking to expand to home administration. He spoke about reimbursement options. He spoke about the protocol for this.
- Dr. Fales discussed work force issues. He spoke about paramedic programs that embed the AEMT program into the program so they can become licensed as AEMTs halfway through. He spoke about the benefits to consider if more programs in Michigan used this option.

- Dr. Fales shared cardiac arrest data from the CARES program. All of Michigan data appear to be in for 2020, and about 80% of the state is participating. These numbers are comparing 2019 to 2020.
  - 20% increase in cardiac arrest.
  - Median age was close.
  - 2.6% increase in black or African American cardiac arrest.
  - Location didn't change much.
  - Witnessed arrest dropped by 2.3%.
  - Bystander CPR dropped by 2.7%.
  - Presenting shockable rhythm dropped 2%.
  - Sustained ROSC dropped 4%.
  - Field termination increased almost 10%.
  - Hospital discharge with good or moderate cerebral performance dropped 1.3%.
  - Utstein cardiac arrest score dropped 3%.
- The annual [SaveMIHeart conference](#) will be virtual this year and held on Thursday, May 6, 2021. There will be no charge.
- Discussion: Dr. Edwards asked if there will be CE for the conference. Dr. Fales said yes. Bruce Trevithick expressed appreciation for the reaffirming the importance of staying vigilant with PPE. Dr. Edwards spoke about recent data showing Michigan has the second most cases of the B.1.1.7. variant, recent upticks in hospital admissions, and vaccination. Dr. Fales spoke about the great job the state lab is doing with sequencing and that is part of finding variants, and he discussed concerns with variants.

#### Committee Reports:

- Quality Assurance – Dr. Edwards
  - **File Number 2000872: Rebecca Jago, Paramedic v. Luce County MCA.**
    - Dr. Edwards read the QATF findings to the group.

QATF went through the following points of appeal and provided their conclusions:

**1) THE LCMCA FAILED TO FOLLOW ITS OWN DUE PROCESS PROTOCOLS IN REVOKING JAGO'S "PRIVILEGES".**

**2) THE LCMCA FAILED TO PROVIDE JAGO WITH ANY STATUTORY OR CONSTITUTIONAL DUE PROCESS OF LAW.**

From the information provided, the QATF determined the MCA afforded due process by following the MCA's applicable state-approved protocols. An initial due process error was corrected by the MCA. The protocols allow for the entire proceeding to be held under Professional Standards Review Organization (PSRO). The QATF has concerns regarding the Performance Improvement Plan (PIP) document, as it is not included in protocol, nor is there evidence that it provides Just Culture or closure for the licensee. A PIP process should include follow up,

loop closure, and list subsequent consequences. The QATF recommends the MCA work with the Division of EMS and Trauma to further develop the MCA's quality improvement process. After review of all the provided information, the QATF strongly encourages the MCA to work with the licensee and the Division of EMS and Trauma to develop a remediation plan that could allow reinstatement of privileges, consistent with the consent order issued by the Division of EMS and Trauma.

- **Motion to accept the QATF findings (Condino, Kincaid). Approved.**

- **File Number 2000956: Randy Rosselle, Paramedic v. Oakland County MCA**

- Dr. Edwards read the findings to the group:

QATF went through the following points of appeal and provided their conclusions:

Mr. Rosselle contends the OCMCA did not follow their protocol when considering/enacting discipline in this case and provided these two issues.

- 1) ***According to OCMCA protocol section 8.27.3 (Due Process and Disciplinary Procedures) Item II, E, "MCAs should utilize Just Culture when applying or considering disciplinary action. There should be a balance between provider and system accountability."***

- 2) ***According to OCMCA protocol section 8.27.3 (Due Process and Disciplinary Procedures) Item II, B, "The application of remediation and/or discipline is intended to promote improvement in clinical and operational performance."***

From the information provided, the QATF determined the MCA followed their protocols, as well as their utilization of Just Culture process, per the 8.27.3 Due Process and Disciplinary Procedures protocol.

- **Motion to accept the QATF findings (Condino, Miller). Approved. Kincaid abstained.**

- Discussion: Bruce Trevithick asked if the state could send some information out about Just Culture and Emily said some trainings will be provided.
- Ambulance Operations – M. Nye
  - They met to do the required annual review of the checklists presented today and Monty Nye presented the changes to the group.
    - Vehicle Checklist-There were four changes for clarification reasons.
      - Original Language: Communications- State MEDCOM Compliant
      - Revision: Communications- State MEDCOM Compliant (HERN Required for all vehicles except non-transport BLS, and MFR)

- Original Language: Bottled Sterile Water or Bottled Normal Saline 0.9% (NS) (1)
  - Revision: Bottled Sterile Water or Bottled Normal Saline 0.9% (NS) (1 liter)
- Original Language: Protocol Access for Pediatric and Adult Patient Care (hard copy or electronic)
  - Revision: Protocol Access for Pediatric and Adult Patient Care (hard copy or dedicated electronic copy)
- Suction Tubing: Wide-Bore Tubing, Rigid Pharyngeal Curved Suction Tip and Tonsil and Flexible Suction Catheters 6F-16F (1 between 6F-10F and 1 between 12F-16F). 1 set for each mechanical suction device.
  - This is to clarify specifically what tubing is needed for each mechanical suction device.
- Discussion: Bruce Trevithick discussed the change of requiring protocols to be a dedicated copy of the protocols are causing concerns. Kolby Miller also expressed concerns, as the dedicated device may not be on the vehicle at all times, especially when it's not in use. Derek Flory expressed that this hasn't been a problem, and is currently what the Regional Coordinators are using in inspection. Tony Sorensen expressed the importance of clear guidelines. Ken Cummings said clarification on the wording should be included. Bill Forbush spoke about having the protocols on the device, as a local copy, rather than the cloud. Emily said this topic has crossed over into the MCA Subcommittee, and suggested the two committees meet together.
  - **Motion to accept changes 1, 2, and 4 and refer item 3 back to ambulance operations committee (Trevithick, Wilkinson).  
Approved.**
- Agency Checklist-There were three changes for clarification reasons.
  - #4 add "interlocal agreement required for government entities as an example of evidence". Also, change wording to reflect the exact language from the Administrative Rules: Disclose all parent organizations and any person as defined in the code that have at least a 10% interest in the applicant operation.
  - #7 Change mutual aid agreement review from every 3 years to every 5 years.
  - Safety Policies and Procedure Section: Remove Rule 119 as it does not apply.

- **Motion to accept the changes (Martin, Sundberg).  
Approved.**
- Medical Control Authority – D. Condino
  - The committee has met twice. They are working on the annual conference. It will be virtual and held September 29 and 30, 2021, in conjunction with Trauma. The “save the date” will be going out soon. The agenda is being finalized. More information to come soon. They are also working on a document that summarizes who we (EMS) are and what we do, in both the department and the entire system. The content is being prepared and will be finalized in the coming weeks. It will be available to hospitals, stakeholders, and anyone who wants to learn about EMS. She said we look forward to meeting with the Ambulance Operations subcommittee, as those issues were brought up in the last meeting.
- Ethics and Compliance – K. Cummings
  - The committee met, and much of the discussion centered around creation of an ethical framework for our industry. Kathy and the EMS staff brought some ideas on what this might look like. Ken said this will take some time. The first step they are working on now is reviewing a draft code of ethics. They are also working on one of the policies and procedures dealing with criminal convictions. Ken spoke about the challenges that can be involved. They are working with the EMS staff to refine the language. The documents will come to EMSCC when ready for review.
- Education – K. Wilkinson
  - They did not meet.
- By-Laws – B. Trevithick
  - They did not meet.
- Data Task Force – B. Kincaid
  - They meet every other month. The next meeting is April 8, 2021. They are working on software/vendor issues, as well as validation. Johnny Wagner said they have reached out to Zoll and are working with agencies, as well, regarding some data loss. He spoke about performance measures, record submission, and other metrics they are working on.
  - Bill Hart asked about flexibility on reporting requirements in the boilerplate language and if this has any impact on the data we’re trying to collect now. Emily explained that what they are talking about here is on the backend of the system.
- Legislative – B. Trevithick
  - Bruce Trevithick presented the following legislation to the group.
  - **SB 19:** This is a special volunteer license for providers. The committee had previously voted to oppose it.

- **Motion to oppose SB 19 (Condino, Hart). Approved.**
  - **SB 44:** This would create protections for employees of organizations when they are responding to emergency calls as part of their work. The employer would have to honor this, and it would prevent action from being taken against the provider. The committee didn't have a recommendation, but Bruce has received comments that this would be helpful. Ken Cummings said in his organization, he has paid on call fire personnel, and this could hurt his agency. He said there are two sides to this coin. Monty Nye said this needs to be looked at on a deeper level due to bargaining agreements. Bruce asked the EMSCC to look at this and send comments.
    - **This is being sent back to the Legislative Subcommittee.**
  - **HB 4087:** This is Representative Yaroch's legislation about stockpiling of supplies. Rep. Yaroch spoke about the bill. This is a reintroduction from the last legislative session. There was an amendment that was included. This had previously been supported by the Legislative Subcommittee.
    - **Motion to support HB 4087 (Trevithick, Flynn). Approved. Nye and Ortiz voted no.**
  - **SB 67:** This address assaults on emergency personnel. EMS is included. Chris Baker said the ENA is in support of this, as well. Monty Nye asked about required signage. Kathy addressed. The definition of property was discussed. Rep. Yaroch addressed. He said the bill sponsor could clarify. Ralph Ortiz asked what the guidance on the requirements for the sign. That is not known at this time. Ken Cummings said it's weird to have to post a sign about this. Dr. Edwards said there seems to be a lot of questions on this and perhaps it should go back to the committee.
    - **Motion to support SB 67 (Wise, Cummings). MOTION WITHDRAWN.**
    - **Motion to send back to the legislative committee for further clarification (Wise, Cummings). Approved.**
  - **SB 181:** This bill is about certificate of need.
    - **No action was taken.** Marina Wyrzykowski from Legislative Services said this was recently reported from committee.
  - **SB 157:** This is about veterans' licenses. Sabrina said EMS already does this and it appears to be including other professions. Monty Nye asked if the current practice includes dependents, Sabrina said it doesn't right now and said it's premature to comment on adding that.
    - **Motion to support (Flynn, Martin). Approved.**
- Rural – G. Wadaga



- They met in February. They continue to work with the rural health organizations on projects.
- Pediatric Emergency Medicine – S. Mishra
  - Dr. Mishra updated the group on COVID issues.
    - MIS-C cases continue to be monitored and the [website](#) is updated twice a month. At least one case has been reported in each region.
    - The StayWell program has received national recognition. She has been invited to join work groups for this. There are many support groups and outreach available on their [website](#).
    - Children are now starting to experience symptoms of Long-COVID (weeks to months after exposure or acute illness). She will keep us updated on this.
  - CoPEM meets next month on 4/8/2021. Some highlights include tremendous increase in outreach. A large number of pediatric champions have been identified across the state.
  - The EMS for Children Survey closes today. The response rate is 58.5% so far, which is over the original goal of 40%.
  - Education remains a big priority and it is taking off, largely due to the pediatric champions. Infant Safe Sleep and DOSE training are examples. She spoke about the work that has been happening in Oakland County. She is also working with Andrea Abbas at the Michigan Center for Rural Health (MCRH).
  - Dr. Mishra spoke about various collaboration efforts and exercise planning.
  - A national demonstration will be taking place of the EMResource Pediatric Bed Availability tool.
- EMS Safety Ad Hoc – E. Bergquist
  - The committee has started to meet again. They are working on educational initiatives. Dr. Kupas is going to do a webinar on culture of safety. MDHHS Behavioral Health is also going to do a webinar. They are also partnering with MCRH for “after the call” initiatives.
- Critical Care Ad Hoc – E. Bergquist
  - They have not met, but when they do meet, they will start looking at Region 6’s program. They have developed an entire suite of protocols to look at.
- Community Integrated Paramedicine Workgroup – K. Kuhl
  - Krisy gave her report earlier and there is nothing additional.

**New Business:**

- Bennett Bill Conditional Upgrade Application: Raisin Charter Township

- Derek Flory confirmed all the requirements necessary for the application have been included. Greg Flynn asked if would be reasonable to ask staff for a cover letter in the future. Kathy said that is a great idea. Derek said this will happen.
- **Motion to approve (Forbush, Pratt). Approved.**

**Public Comment:**

- Orlando Blanco asked if the committee would provide written notification of the findings. Kathy said we can do that. The reason he asks is in the past they have received written pronouncements, but they did not receive information on the last case they brought in January. Sabrina said these are normally in the EMSCC meeting minutes but can be sent as a letter so it's more formal.
- Orlando Blanco said the Legislative Committee might like to look at an existing statute regarding assault, [Section 750.81d](#).

**Membership Round Table Report:**

- Dr. Edwards reported there is a national ECHO call and next week's call is being hosted by Dr. Krohmer. Registration information can be found [here](#).
- Alicia Sledge reported they are working on a rural bystander care training program. This will be open to the public and roll out in the Upper Peninsula first. They are also working with the MDHHS safe kids and injury prevention sections on a car seat resource document to share with fire station. She will keep the EMSCC updated.

**Adjournment: The meeting was adjourned at 11:53 (Kincaid, Flynn). Approved.**