

# Emergency Medical Services Program

(FY 2021 Appropriation Act – Public Act 166 of 2020)

**April 15, 2021**

**Sec. 1184.** (1) *From the funds appropriated in part 1 for emergency medical services program, the department shall, in coordination with the state emergency medical services coordination committee established under section 20915 of the public health code, 1978 PA 368, MCL 333.20915, medical control authorities, and other emergency medical services organizations, review, revise, and improve the process for the consideration, discussion, announcement, and implementation of any changes proposed by the department for emergency medical services system guidance, guidelines, or protocols.*

(2) *The goal to improve the current process shall be the effective and safe provision of emergency medical services.*

(3) *The revised and improved process shall include, but not be limited to, the following:*

(a) *Increased communication, transparency, and collaboration, to culminate in clarity of, and real-time access to, current department guidance, guidelines, or protocols, and the status of any changes being considered.*

(b) *Formal notification of proposed changes to guidance, guidelines, or protocols from the department to the state emergency medical services coordination committee no less than 30 days prior to implementation.*

(c) *Receipt by the department of a recommendation from the state emergency medical services coordination committee regarding the proposed changes to guidance, guidelines, or protocols before implementation by the department of the changes.*

(4) *The department shall provide access and status updates, including any proposed rules being considered through the administrative rules process, to the public on the department's website, which shall be updated by the department on a weekly basis.*

**(5) *The department shall report to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies and policy offices, and the state budget director by April 15 of the current fiscal year on the findings of the review and include summaries of actions undertaken to identify, revise, and improve any weaknesses in the current process.***



## Emergency Medical Services Program

The Emergency Medical Services Coordination Committee ([EMSCC](#)) as an advisory body to the Department is an integral component of the Michigan EMS and Trauma System. The roles of the EMSCC include:

- Provide the coordination and exchange of information on emergency medical services programs and services.
- Act as a liaison between organizations and individuals involved in the emergency medical services section.
- Make recommendations to the department in the development of a comprehensive statewide emergency medical services program.
- Advise the legislature and the department on matters concerning emergency medical services throughout the state.
- Provide the department with advisory recommendations on appeals of local medical control decisions.
- Participate in educational activities, special studies, and the evaluation of emergency medical services as requested by the director.
- Advise the department concerning vehicle standards for ambulances.
- Advise the department concerning minimum patient care equipment lists.

The full committee meets quarterly and is subject to the open meetings act. [Agendas and meeting minutes](#) are posted on the EMS website. There are [14 subcommittees](#). Each subcommittee is chaired by a member of the EMSCC. These subcommittees also have subject matter expert representation from the stakeholder membership organizations of the EMSCC. The Division of EMS and Trauma provides staff support to the full EMSCC and each of the 14 subcommittees.

According to the EMSCC bylaws, the Quality Assurance Task Force (QATF) consists of 9 members appointed every three years by the EMSCC with the advice and consent of the Department. This committee is charged with review and recommendations to the department concerning the approval of Medical Control Authority (MCA) applications, [protocols](#) and revisions, and field studies such as [community integrated paramedicine](#). The QATF also conducts other quality assurance activities and acts as the Professional Standards Review Organization (PSRO).

During 2020, the Division of EMS and Trauma (DET) while being immersed in the COVID-19 response, continued to meet the statutory requirements for oversight of the EMS and Trauma system. Activities had to be adapted to meet the unprecedented requirements of statutory oversight and safety of EMS providers and Department staff. Several actions were taken:

- All DET staff began working remotely utilizing the most current technology available. This included remote inspections via Teams, Zoom or FaceTime for EMS Agencies, vehicles, and education programs.
- The EMS Agency e-licensing portal was implemented in 2020, phased in quarterly. The program was piloted with a wide variety of agencies and technical assistance has been provided and continues to be available to any agency requesting.
- 100% of EMS agencies were able to transition to MI EMSIS v. 3.4 and submit data, technical assistance continues to each of these agencies.
- 19 hospitals were verified and designated as trauma centers.

- The safety of EMS providers was paramount as they are highly critical front line medical workers. The COVID-19 pandemic required [emergency protocols](#) to protect workers and to be prepared to meet the workforce needs when some agencies had to shut down due to staff exposures or illness. These protocols were conveyed via, weekly Wednesday updates emailed to every provider, agency, and MCA, memos, and regularly scheduled and announced phone conferences, advocating for EMS agencies to be included in testing and vaccine priorities.
- Inclusion of EMS in vaccine efforts for their communities in collaboration with Local Health Departments and Hospitals.
- Development of an emergency protocol that enabled paramedics to administer monoclonal antibodies to help save lives of individuals with COVID-19.
- Guidance was provided to EMS education programs to enable them to continue to train future providers remotely and waive the requirement for hospital Emergency Department (ED) observation as part of the EMT basic education as hospitals are limiting student participation. Rather, they were allowed to substitute clinical time on an actual ambulance rather than observing in an ED. This was taken through the EMS Education Subcommittee and approved by the EMSCC.
- Education program [applications](#) were streamlined and the process made easier for educators to apply for new programs [and CEs](#). To meet the evolving COVID-19 safety requirements CE applications are prioritized.
- A new [Program Director Manual](#) was developed to support education programs in early 2021.
- No cost, Instructor Coordinator Webinars were instituted in 2020 to support education statewide.
- Monthly CE webinars were instituted to provide free CE access to all EMS providers.
- The EMSCC Education Subcommittee and full EMSCC supported allowing for virtual pediatric medication administration, the only required in person, practical training for paramedic and AEMT CE.
- Partnership with Michigan Center for Rural Health on EMS Webinars also occurred, and they are providing free CEs to EMS providers and agency leaders. Their webinars are housed along with the monthly EMS webinars provided by the Department on the MI TRAIN website.
- The Department posts [weekly updates](#) to the compliance area on the EMS website.

The main weakness identified in the EMS and Trauma System is stable funding that allows for the ability to provide grants and support to EMS agencies and trauma facilities, EMS provider recruitment and retention activities, and educational grants to help build and sustain the future EMS workforce.

In addition, the Department has been implementing a Just Culture environment for [compliance](#) which requires thorough investigation of all complaints, taking appropriate action to protect the public health and determine, implement, and monitor remediation activities as appropriate for EMS providers, agencies, education programs and MCAs that are non-compliant. Some programmatic activities have been grant-funded, but the grants may be time limited, such as the Michigan Health Endowment Fund for community integrated paramedicine, or of very limited funding amounts such as EMS for Children.

The [Michigan.gov/ems](https://www.michigan.gov/ems) website is reviewed at least quarterly and revised as time allows.

The EMS and Trauma Systems strengths include stakeholder communications including a weekly update that is emailed to all EMS providers, agencies, and MCAs; data submission has greatly increased, and accuracy has improved. EMS data is being utilized to assess workforce needs, workforce safety/injuries, opioid overdose data, and injury data to improve auto safety. Data has also informed clinical protocol decision making. The EMSCC and the subcommittees are engaged as evidenced by attendance at

meetings and the participation during the EMS administrative rules review and revisions. This was approximately an 18-month activity with countless hours of time volunteered by the EMSCC subcommittees and their constituencies. The next step will be the public hearing that is coordinated by the Michigan Office of Administrative Hearings and Rules anticipated to occur sometime during 2021.

The Department is reviewing existing policies and developing additional policies that further support administrative rules, along with standardizing internal office procedures. Any policy that affects external partners in the EMS and Trauma System will be provided to the EMSCC which supports feedback from the EMSCC members and their constituencies. Feedback will be considered by DET and/or incorporated and then sent back to the EMSCC at least 30 days prior to the meeting at which they will be expected to vote. Although this may slow down the adoption of some policies, it will improve transparency and provide additional considerations for how decisions are impacting the stakeholders.

By December 31, 2021, the Department will be completing the next 5-year EMS and Trauma Strategic Plan with short, intermediate, and long-term goals. EMSCC members and all subcommittee members will be invited to participate. A S.W.O.T. analysis will be conducted, contemporary EMS and Trauma System materials will be provided, and goals and objectives will be developed. EMSCC members will take information back to their constituents to obtain feedback as is current practice. At the January or March 2022 EMSCC meeting the strategic plan should be ready for a vote.