



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

**MICHIGAN EMS COORDINATION COMMITTEE MEETING
MINUTES**

Friday, May 21, 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: 614 942 006#

Call to Order: The meeting was called to order at 9:32 a.m. by Dr. Edwards.

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

Absent: C. Baker; R. Cronkright; G. Flynn; Senator McBroom; A. Sundberg.

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

Guests: Damon Gorelick, DEMCA; Dr. Robert Dunne, DEMCA; Damon Obiden, WMRMC; Angela Madden, MAAS; Luke Bowen, Macomb County MCA; Carol Robinet, Superior Ambulance; Dr. Bob Domeier, Washtenaw/Livingston MCA; Eric Snidersich, MMR; Thomas Johnson, Sparrow; Kevin Henderson, Washtenaw/Livingston MCA; Jason Bestard, Detroit Fire; Erik Lyons, Lansing Community College; Randy Weston, Emmet County EMS; Bob Miljan, Wayne County MCA; Jeff Spitzley, MDHHS; Dr. Spencer Masiewicz, UM.

Approval of Agenda: Motion to approve the agenda with an addition proposed by Dr. Edwards for the EMS Legislation hearings from 5/20/2021 (Wilkinson, Martin). Motion carried.

Approval of Minutes: Motion to approve the minutes from 3/19/2021 (Myers, Condino). Motion carried.

Communications:

- None

Announcements:

Reminders of upcoming educational opportunities: None

Old Business & Committee Reports:

COVID-19 – DET Staff

- Kathy Wahl provided an update. The CHECC is still activated for the COVID-19 response. She advised to use the www.michigan.gov/coronavirus website to keep up to date on information.
 - The number of new cases is declining, as well as positivity, but is still higher than we would like to see it. As of yesterday, the numbers were 881,057 cases, 18,815 deaths, 755,119 recovered (defined as being alive 30 days out from onset of illness). The most predominant variant in Michigan remains the B.1.1.7 variant. Hospital bed situation has improved. Vaccinations are slowing down, however the eligible age population has increased. As of 5/19/2021, 4,436,348 first doses have been administered, equating to 51.6 % of Michiganders 12 and older. 3,521,193 second doses administered. The complete average of 1 or 2 doses for Michigan is 44.1%.
 - We are awaiting the new MIOSHA rules to come out before changing guidance for EMS.
 - Thank you to all agencies that have been participating in the vaccine efforts and mAb administration.
 - A pilot is taking place next week with vaccine distribution by established community paramedic programs that have already been involved in vaccine administration. In collaboration with Ascension Health System and other partners, they will be going to “where the people are” to offer J & J vaccines from Ascension Health. Populations of focus will be those that are not likely or capable of making a trip to a vaccine clinic-homeless tent camps, etc. The agencies are also working in concert with their local health departments for this effort. Kathy said she would like to recognize Krisy Kuhl, Dr. Mishra, and Emily Bergquist for pulling this together on very short notice when Krisy was approached by Ascension.
 - As reported previously, Medicaid is now paying the Medicare rates that are higher than Medicaid for mAb administration, retroactive to January.
 - Thank you to all of you who have helped shine the spotlight on Michigan efforts by providing best practices presentations on the weekly NHTSA/ASPR ECHO calls. Most recently, Eric Snidersich did an excellent presentation on the collaboration between EMS Agencies and MCAs with Regional Healthcare Coalitions. Kathy thanked Eric for that.
- COVID-19 Pediatric Updates: Dr. Mishra is working on the vaccine project today, so Kathy provided her updates.

- StayWell has supported the formation of adolescent support groups for teens across Michigan, recognizing this population have had a high rate of behavioral health issues related to COVID-19.
- MIS-C:
 - The third peak was seen mid-April through beginning of May following the latest COVID surge across the State.
 - 115 total cases of MIS-C have been reported and verified – with fewer than 5 deaths.
 - 80% required ICU admission.
 - 43% between the ages of 5-10 years.
 - Provider outreach via multiple channels leading up to the most recent increase in cases to improve awareness, early recognition and proper intervention for better outcomes.
 - Updated website www.michigan.gov/miscChildren.
 - Michigan has been a leader in this research and sharing resources for clinicians, parents, and families.

EMS Systems/Strategic Planning Update – K. Wahl

- Kathy spoke about EMS Week. EMS providers on the front lines are heroes in many ways and we honor them and thank them for their efforts regardless of time of day, weather conditions, always being ready and supporting their communities whether rural, urban or suburban. We also recognize there are quiet behind-the-scenes heroes who do not often get the spotlight. EMS administrators, Instructor Coordinators, training officers, quality improvement coordinators, the mechanics who keep the trucks running, dispatch centers, Medical Control Authorities and their medical directors and staff, subject matter experts who contribute tons of time to education, system development meetings and EMSCC activities, and of course the EMS and Trauma Staff. It takes a great deal of collaboration, support, and communication to meet the needs of our ever-progressive EMS and Trauma System. 2020 was a particularly difficult year for all of us and there are many challenges ahead, such as growing the workforce, increasing reimbursement for EMS agencies, educating the public about the importance of EMS to communities, and moving forward with systems of care and community paramedicine, etc., but she is confident that the MI EMS system is strong enough and progressive enough to continue to successfully lead these efforts.
 - The staff created a quick (3 minute) video to thank EMS agencies for their hard work during this pandemic. It is not a professional video-it is recorded from a Zoom meeting, but the thanks come from our hearts.

- Thank you to MAAS for getting the EMS week proclamation from the EOG and the resolutions from the legislature.
- EMS Strategic Plan Updates:
 - EMS for Children: Dr. Sam Mishra (presented by K. Wahl)
 - CoPEM met April 8, 2021. They are forming work groups to tackle some of their projects, including injury prevention, children with special health care needs, data, protocol reviews, and ongoing pediatric education.
 - Michigan is now represented in the national EMS for Children Scholars and Fellows program
 - Dr. Mishra was selected to represent NASEMSO on the NHTSA Pediatric Vehicular Heatstroke workgroup
 - EMS for Children Survey data is being processed now at the national level.
 - This is expected to be released in June and will be shared and made available for all partners.
 - Data will be used to reach agencies desiring to improve pediatric readiness and adopt pediatric champions as well as acknowledge the agencies that have appointed a pediatric champion already.
 - Pediatric Champions - 85 EMS pediatric champions identified and engaged in pediatric readiness plans for their agencies and communities.
 - There is ongoing collaboration with the Preparedness division and other partners to promote pediatric readiness across the fields of emergency medicine.
 - Peds Ready Assessment is currently live – assisting ED pediatric champions to complete.
 - Education modules are being created for the MI Pediatric Care Coordinating Center (PCCC).
 - Future virtual exercises to come once partners have received these resources and learned more about the PCCC.
 - Education: Terrie Godde
 - The IC Exam is moving to a vendor, Scantron, for a virtual proctored test. This is expected to go live in August, if not sooner.
 - Annual Reports for EMS Education Programs are due in July. A live webinar was held yesterday that went through many things, including mentors. Terrie will be matching requests for mentors with mentors available.
 - CE Applications on the eLicensing portal are going well.

- MCA: Emily Bergquist
 - An MCA orientation is scheduled for June and sign-up information will be going out shortly. The last one was recorded in segments and is available on MI-TRAIN, so you can search by topic.
- Data: Johnny Wagner
 - Johnny Wagner shared system performance measure graphs with the group and discussed. These were created to improve the data system as a whole.
 - Bruce asked if these could be shared with the group. They will be attached to these minutes.
- Opioid Outreach: Anthony Pantaleo
 - Things continue to be busy working with surveillance and vital strategies monitoring opioid syndromes and overdoses.
 - We are seeing an 18% increase for the first quarter this year versus last year.
 - The combination of opioids and stimulants has also been a concern.
 - Continue to work with MCAs on the Leave Behind Naloxone. About 16 MCAs have adopted this to date.
 - Continuing education efforts with Community Paramedicine.
 - A press release will be coming out on Monday targeting veterans and their families, a project Anthony has been working on.
- Policy and Procedure: Sabrina Kerr
 - Sabrina reported that the rules are now in the first edit stage.
 - Policies and procedures are in the process of being standardized. Three of those have gone to the subcommittees and are on the agenda today. More will be coming to the EMSCC for recommendation.
- Agency: Derek Flory
 - Derek discussed a correspondence from CAAS that semiconductor shortages are affecting ambulance manufacturers and assembly lines could be shutting down in the future.

Emergency Preparedness Update – Dr. Edwards

- Dr. Edwards echoed Kathy’s sentiments about Eric Snidersich’s presentation on the ECHO call mentioned above. He spoke about the importance of these calls and encouraged participation.
- The daily American Osteopathic Association brief this morning reported the United States has fewer than 30,000 COVID-19 cases for 5 consecutive days, and this is the first time the number has been that low since Mid-June.

- The coalitions working with the state leadership are working on updating the state medical surge plan.
- [CHEMPACK](#) has begun its annual sustainment in coordination with the CDC.
- The gradual trend for COVID-19 continues to go down, but there are still a fair number of patients in the ICUs.
- Damon Obiden has been helpful with EMResource. The data are providing situational awareness that has been impressive. He thanked Damon for his assistance.
- Burn surge training occurred in March and May. There were two of the biggest attended classes they've had. Advanced training opportunities are being developed.
- Dr. Edwards discussed some of the outcomes for EMS from the pandemic.
 - Things that stayed the same for EMS include performing the exam, the value of PPE, and the ability to stretch.
 - Things that changed for EMS include vaccine administration, facilitation, and advocacy, learning new things, like high flow nasal canula, the expansion of telehealth, and the support of the state and coalitions on the monoclonal antibodies.
- Dr. Edwards expressed thanks to the Trauma team before handing the meeting over to Eileen for her report.

Trauma Systems Report – E. Worden

- May is Trauma Awareness month and partners and stakeholders were recognized.
- May 20 is the Stop the Bleed date. A resolution was requested by Trauma surgeons and partners to recognize this date formally. The resolution was introduced this week, but Eileen does not know how far it has advanced.
- The statewide trauma system annual report has been published and is on the website.
- A fact sheet was published. She discussed the sunset language and would welcome the support of the EMS community.
- Working on trauma data quality in the registry. Education is planned around this in the fall.
- Virtual facility designation visits are planned to be pilot tested.
- The MCA and Trauma Conference is September 29 and 30.
- The trauma staff is involved in supporting a variety of initiatives in the COVID-19 response and Eileen briefly discussed some of those.

EMS Medical Director Report – Dr. Fales

- Dr. Fales wished everyone a Happy EMS Week. Amazing work has been done this past year.
- Dr. Fales shared a slide from biospatial that shows where monoclonal antibodies have been administered by EMS in the state. There have been over 300 administrations.
- Cardiac Arrest ([CARES](#))

- Dr. Fales went over a Power Point on the 2020 CARES data and that is attached to these minutes.

Committee Reports:

- Quality Assurance – Dr. Edwards
 - QATF has been actively meeting. The protocol review process is starting. EMS Fellows are assisting in this process, and it is appreciated. The COVID-19 protocols are dynamic and being kept up to date. Eight MCAs have protocols up for review this month.
- Ambulance Operations – M. Nye
 - The committee had a joint meeting with the MCA Subcommittee regarding protocol access for EMS personnel. This was discussed at length and sent back to Ambulance Operations. They will meet on Tuesday, May 25, 2021, where they will discuss language for this. The plan is to ensure access, but leave it up to the MCA how that happens.
- Medical Control Authority – D. Condino
 - Debbie thanked Monty and the Ambulance Operations subcommittee for meeting with the MCA subcommittee to work through the protocol access for EMS personnel issue. They are working on helping Emily with the MCA and Trauma Conference. The agenda is pretty much final, and more information will be coming out. They are also working on Quick Sheets to inform people about EMS. These are still in process.
- Ethics and Compliance – K. Cummings
 - Ken addressed the group. The committee has two items today.
 - BETP Division of EMS and Trauma Policies and Procedures
 - EMS-562 Criminal Convictions
 - This policy outlines how the department handles these. The committee has reviewed a couple of times. The track changes were sent out for review, as well.
 - **Motion to approve (Sorensen, Haney). Motion carries.**
 - EMS Code of Ethics
 - This is a draft document for information only and not for action today. Ken discussed the process in producing this draft. Comments on this document will be sought now. Ken said people may be surprised at some of the issues the department deals with, as well as the volume. He thinks it's important to establish standards, and incorporate these into education. This will be revisited after comments are returned.

- Education – K. Wilkinson
 - Kevin Wilkinson presented the two items on the agenda for action today.
 - BETP Division of EMS and Trauma Policies and Procedures
 - EMS-304 EMS Initial Education Program Performance Improvement Plan
 - EMS-305 EMS Initial Education Program Annual Report
 - **Motion to approve both (Haney, Wilkinson). Motion carries.**
- By-Laws – B. Trevithick
 - They did not meet.
- Data Task Force – B. Kincaid
 - They met on April 8, 2021, and continue to meet every other month. The next meeting is June 10. In addition to what Johnny Wagner discussed earlier in the meeting, Bonnie reported the NEMSIS 3.5 question keeps coming up. Kevin Putman added they were planning on presenting a transition plan in June, but they are pushing it back to August as Kevin is attending a NEMSIS boot camp on the subject in June. Kevin said the hardest thing is going to be splitting the disposition from one element into five elements, and briefly explained.
- Legislative – B. Trevithick
 - Bruce Trevithick presented the following legislation to the group:
 - SIB-0044
 - This bill is the responder employment protection bill, and this protects EMS providers leaving work to respond to a call. Many providers work for more than one agency. If they are on a call for their volunteer agency and can't arrive at another employer, this may have downstream consequences for the other employer in the form of coverage, overtime, etc. The subcommittee recommend opposing this legislation as written. They would like language added addressing other EMS agencies.
 - **Motion to support the subcommittee's recommendation to oppose SIB-044 (Kincaid, Condino). Motion carries.**
 - SIB-0067
 - This is the assault on Emergency Department personnel legislation. EMS was already included in it, but the concern is about language requiring signs. The idea is to support the bill, but it is not a great idea to require signage in the ambulances.
 - **Motion to support SIB-0067 if the signage language is addressed (Trevithick, Nye). Motion carries.**

- SEBS-0210 and SEBS-0211
 - Both of these bills relate to ORVs and helmet usage. It would allow operation without helmets.
 - **Motion to oppose SEBS-0210 and SEBS-0211 (Nye, Condino). Motion carries.**
- HIB-4471
 - This bill is designed to prohibit employers from discriminating against unvaccinated employees. The subcommittee feels this should not be a legislative issue. He said it doesn't look like this will move through the legislature.
 - **Motion to oppose HIB-4471 (Kincaid, Nye). Motion carries.**
- HR 1193
 - This federal legislation identifies cardiac arrest funding for a number of different endeavors and would support things like CARES and SaveMiHeart. The subcommittee supports this and encourages constituency groups to reach out to their federal legislators.
 - **Motion to support HR 1193 (Kincaid, Haney). Motion carries.**
- SIB-0357
 - This is a violence prevention program legislation. This would require EMS agencies to create extensive health prevention programs within their organization. The subcommittee felt it is onerous and lacks clarity, among other things, and took a position of opposition.
 - **Motion to oppose SIB-0357 (Kincaid, Hart). Motion carries.**
- HIB-4822
 - This bill was introduced after the last subcommittee meeting, so the subcommittee has not discussed this yet but may go through before EMSCC meets again, so it is being brought directly to the EMSCC. This would include responders that were exposed to COVID and had a negative outcome from the exposure in the worker's compensation law.
 - **Motion to support HIB-4822 (Nye, Kincaid). Motion defeated.**

- **YES: Forbush, Jalloul, Kincaid, Nye, Ortiz, Pratt, R. Smith**
 - **NO: Condino, Cummings, Fill, Hart, Miller, Myers, Haney for E. Smith, Sorensen, Trevithick, Wadaga, Wilkinson, Wise**
- Discussion: Bill Hart asked how an exposure would be tracked and said he thinks that is a weakness in this legislation. Debbie Condino and Kolby Miller agreed, and Kolby expanded on this. Ken Cummings is not sure how they define evidence, and discussed from his agency's perspective. He said he is in opposition to this. Monty Nye said they support it and it covers what the governor's orders had done. They support it on the basis of protecting the workers. Representative Yaroch spoke. He is a cosponsor of the bill and spoke about it. He said this is in support of the people. He understands the cost frustration for the employers. He said the risk to providers is high. He said he hopes EMSCC will support the legislature in supporting EMS and firefighters in these difficult times. Kolby spoke from his organization's perspective, both in handling COVID with employees and providers that work for more than one organization. Dr. Fill asked if there was a sunset in this bill. Representative Yaroch said there is not an end date, but he can make that recommendation to add one. Ken Cummings spoke again and said this is ambiguous and would be hard to trace and pin down. He spoke about employer's having the ability to go above and beyond without being required by legislation. Bruce Trevithick said this is an amendment to the current worker's compensation law and spoke about that. Rep Yaroch spoke again. He said this is statutorily doing what the emergency rule has been doing for a year regarding the COVID presumption for workers. Ralph spoke in support, as one of the goals is to prevent people coming to work sick and spreading it to patients and coworkers. Ken Cummings said if it's clearly contracted at work, and the contact tracing supports that, he assumes worker's comp should cover it. He said the concern is

there is no reference to contact tracing and he doesn't know how evidence is defined. Representative Yaroch spoke again. Kolby Miller spoke about these rules being written into worker's comp law prior to the development of vaccines and prior to the declaration of community spread and discussed. Representative Yaroch asked if anyone sent comments to the Department of Labor and Economic Opportunity suggesting that this was a bad rule. No one answered that they did.

- After the motion was defeated, Bruce proposed taking this back to the legislative committee for further review. Ken suggested doing another motion to oppose. Bruce reiterated that this has not been reviewed by the subcommittee.
- **Motion to oppose HIB-4822 at this time (Condino, Miller). Motion carries.**
 - **YES: Condino, Cummings, Fill, Hart, Miller, Myers, Haney for E. Smith, Sorensen, Wadaga, Wilkinson, Wise.**
 - **No: Forbush, Nye, Ortiz, Pratt, R. Smith.**
 - **Abstain: Kincaid, Trevithick.**
 - Representative Yaroch asked if there is something that could get a yes vote, such as removing EMS personnel or a sunset? Ken said it should be clearly work related.
- Rural – G. Wadaga
 - They met this week. There are a lot of initiatives going on with the Michigan Center for Rural Health, the Michigan Rural EMS Network, and the Northern Michigan Center for Rural Health.
- Pediatric Emergency Medicine – S. Mishra
 - Nothing additional to report.
- EMS Safety Ad Hoc – E. Bergquist
 - They have met a few times. They had an excellent webinar last week with Dr. Kupas from Pennsylvania that was recorded and will be posted to MI-TRAIN.
- Critical Care Ad Hoc – E. Bergquist
 - They have not met.

- Community Integrated Paramedicine Workgroup – K. Kuhl
 - Krisy Kuhl gave an update. The virtual assemblies have been going well and are posted in the Wednesday Update. She went over the last agenda and spoke about what they'll be talking about next month. They are working with various partners in the communities. This month, two programs will go to QATF for approval. Education classes are wrapping up and an evaluation survey is being developed.

New Business:

Community Integrated Paramedicine (CIP)

- Draft Legislative Language for Review
 - Krisy presented this to the group. Nicole will be sending out the form for comments after the meeting. This will be posted on the website, as well. Please share with your constituent groups and return comments to Nicole. Kathy said this is just a concept, this will go to the Legislative Services Bureau to be drafted into actual legislative language and then go through the bill process.

Addition to agenda: EMS Legislative hearings on 5/20/2021

- Ken Cummings gave an update on the hearings that happened yesterday. He said MAAS and MAFC had issued a request to the governor and legislature for an additional \$10,000,000 allocation for increasing Medicaid reimbursement rates. They were given the opportunity to go to Lansing and testify before both the Senate and House Health Policy committees. He said the request is twofold, the increase in Medicaid and to address staffing concerns with a one-time allocation of \$5,000,000 towards training programs. He spoke about the staffing crisis in the Michigan, and he thought the response was favorable. He spoke about wage levels, in addition to lack of training. He said he thinks the department is eager to work with us to find solutions. Access to training needs to be expanded. Terrie spoke about some education ideas, both nationally and in Michigan, and Kathy spoke about brainstorming on ways the EMS office can help. She said needs multi-prong approach and there is a lot to this. She said she is hopeful we can tackle this as a team. Monty discussed problems getting data to share with the legislators and suggested having agencies report active members. Kathy said that can be done now in the electronic system. Ken spoke about that difficulty, as well, as even he is a licensed paramedic but not practicing, so he shows up in the number. Ken encouraged everyone to contact their legislators. He said if they don't hear from us, they won't think it's an important issue. Angela Madden directed everyone to a form on their website, which can be found [here](#). She said feel free to share any MAAS graphics, or [email](#) her for more information. Bruce Trevithick asked legislative questions and Angela answered. Representative Yaroch expanded more on

the legislative budget process. He said to make clear this has been going on for years when you contact your legislators, so they know it is not about COVID specifically.

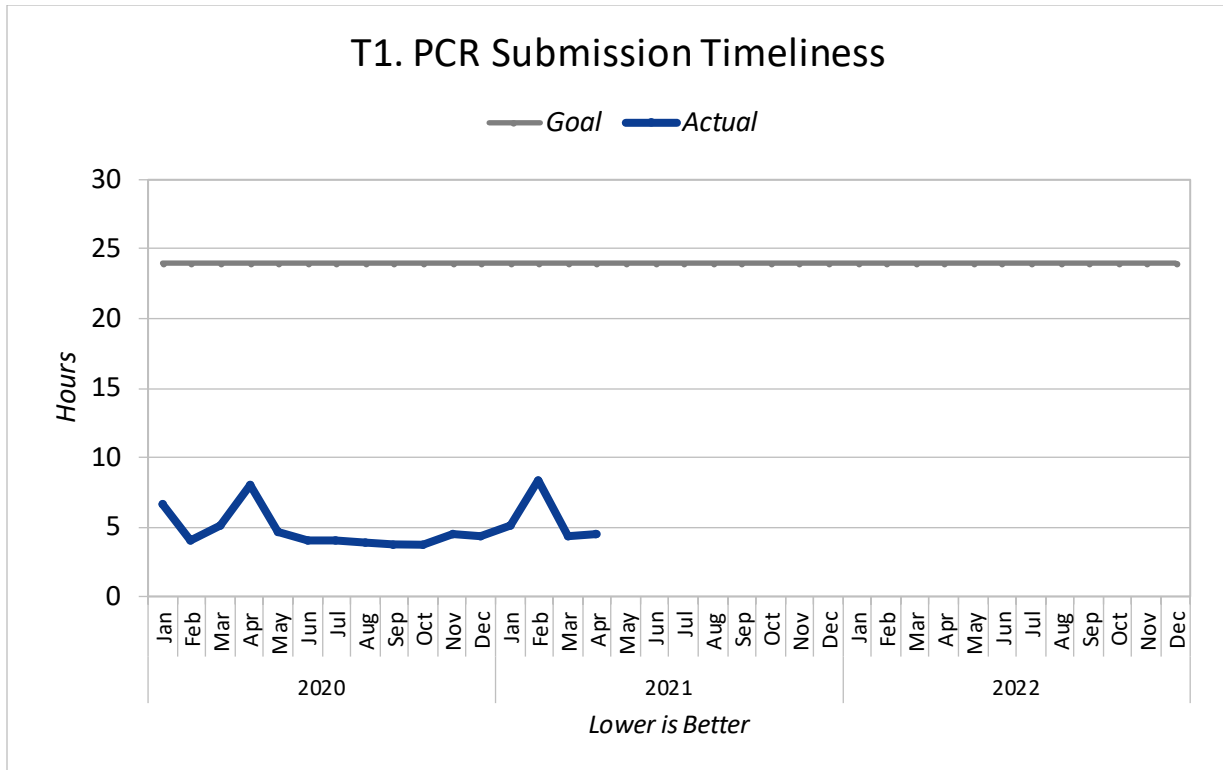
Public Comment:

- None.

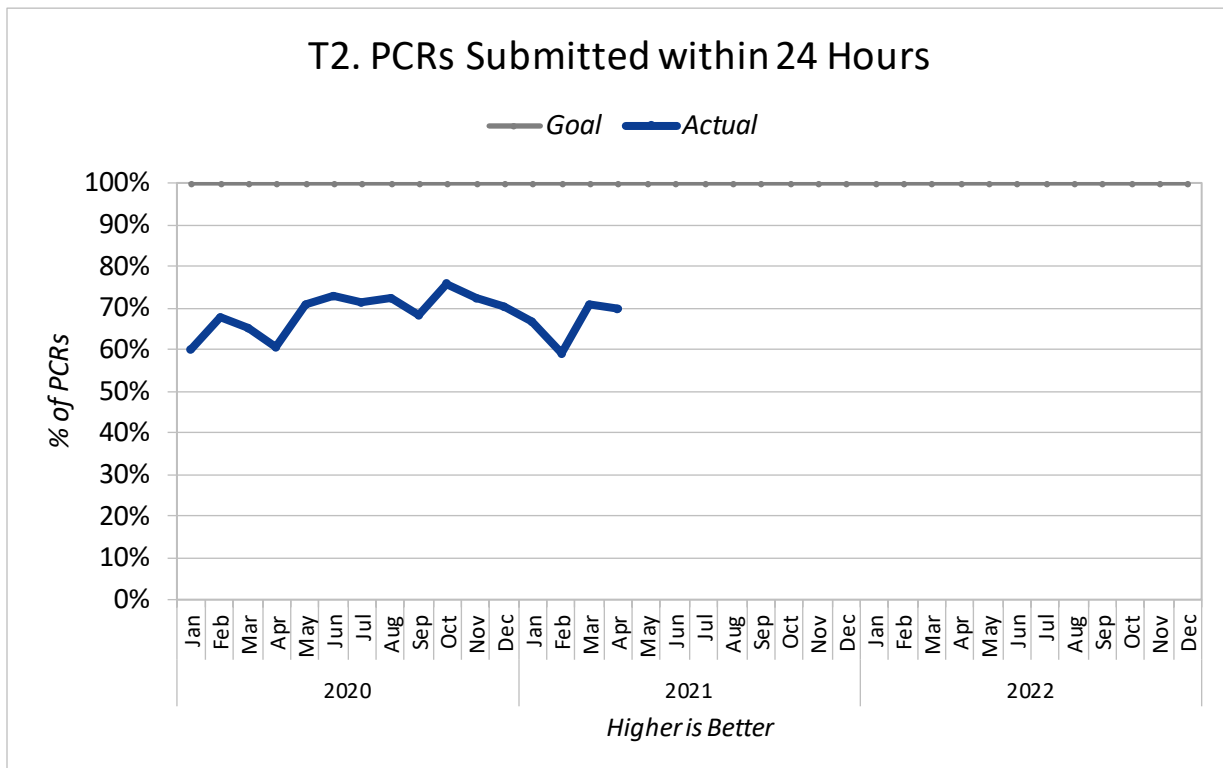
Membership Round Table Report:

- None.

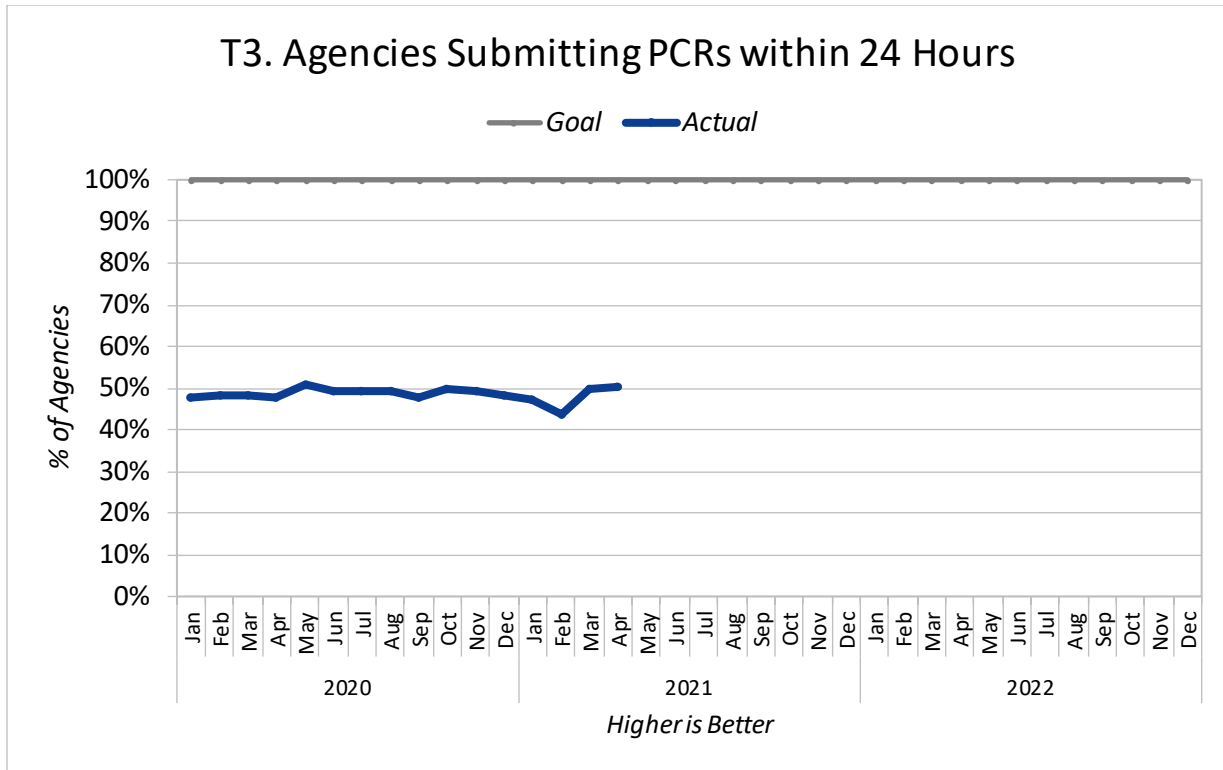
Adjournment: The meeting was adjourned at 12:10 p.m. (Nye, Sorensen). Approved.



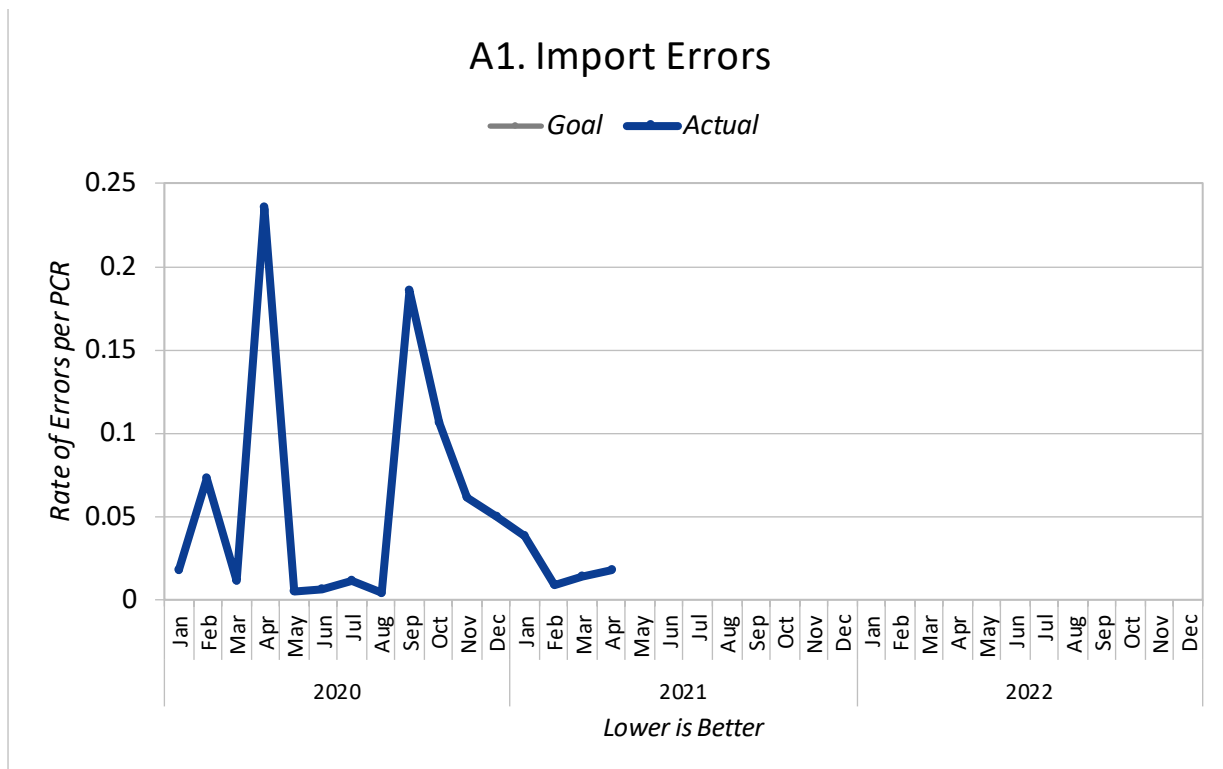
The median number of hours that it takes for a NEMSIS version 3 patient care report to be received by the state data system (from the time the EMS unit was back in service after the call).



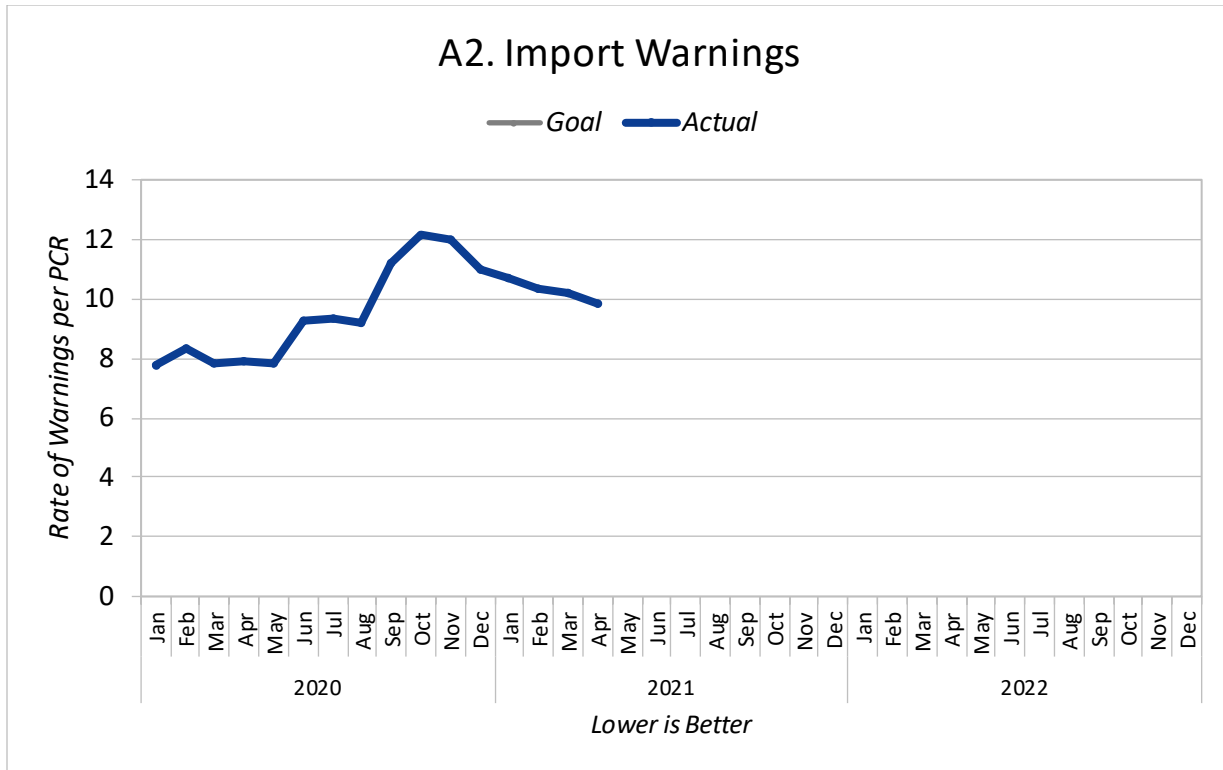
The percentage of NEMSIS version 3 patient care reports received by the state data system within 24 hours from the time the EMS unit was back in service after the call.



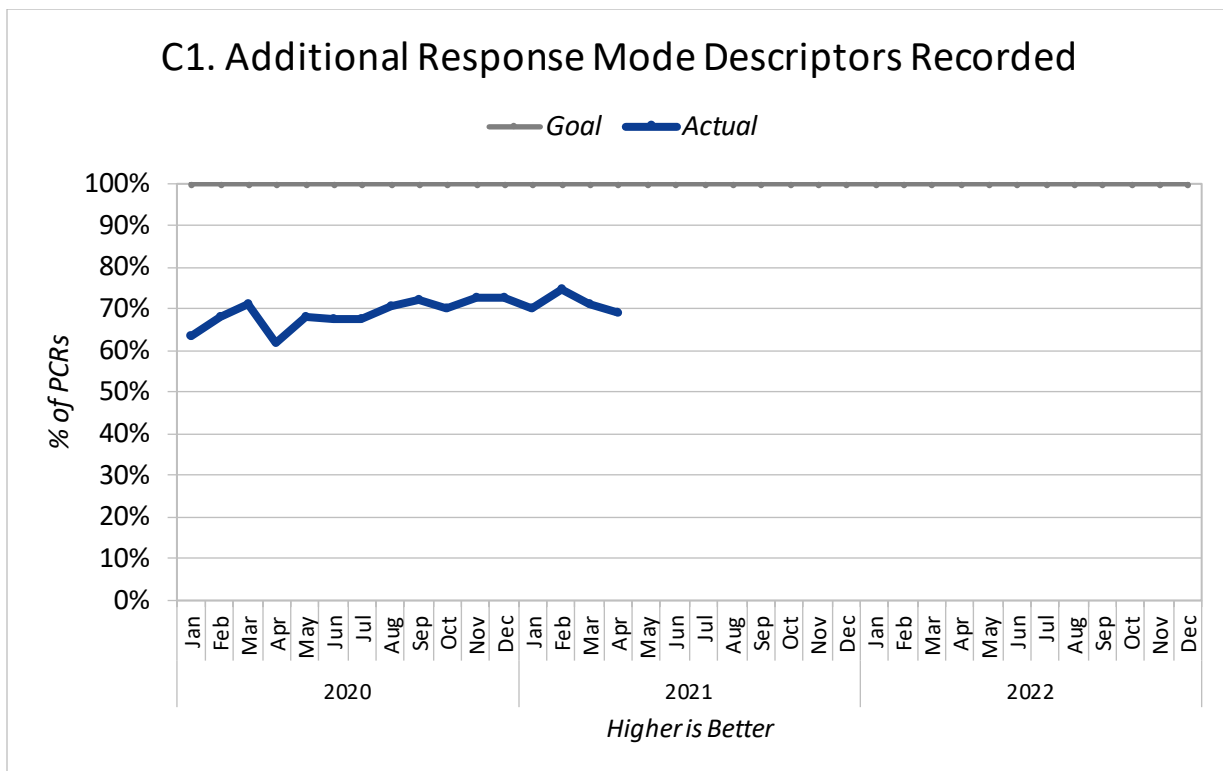
The percentage of agencies where the median number of hours that it takes for a NEMSIS version 3 patient care report to be received by the state data system (from the time the EMS unit was back in service after the call) is less than 24.



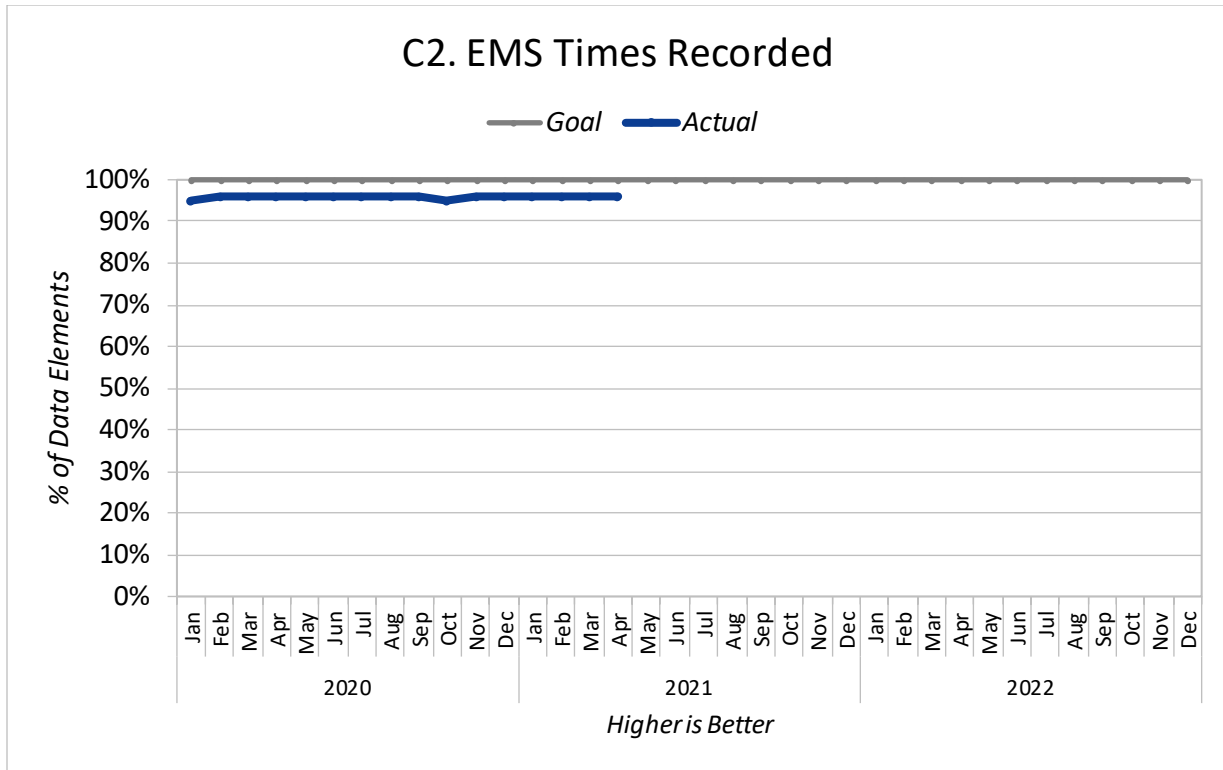
The rate of errors in NEMSIS 3 data submitted to the state EMS data system from other systems.



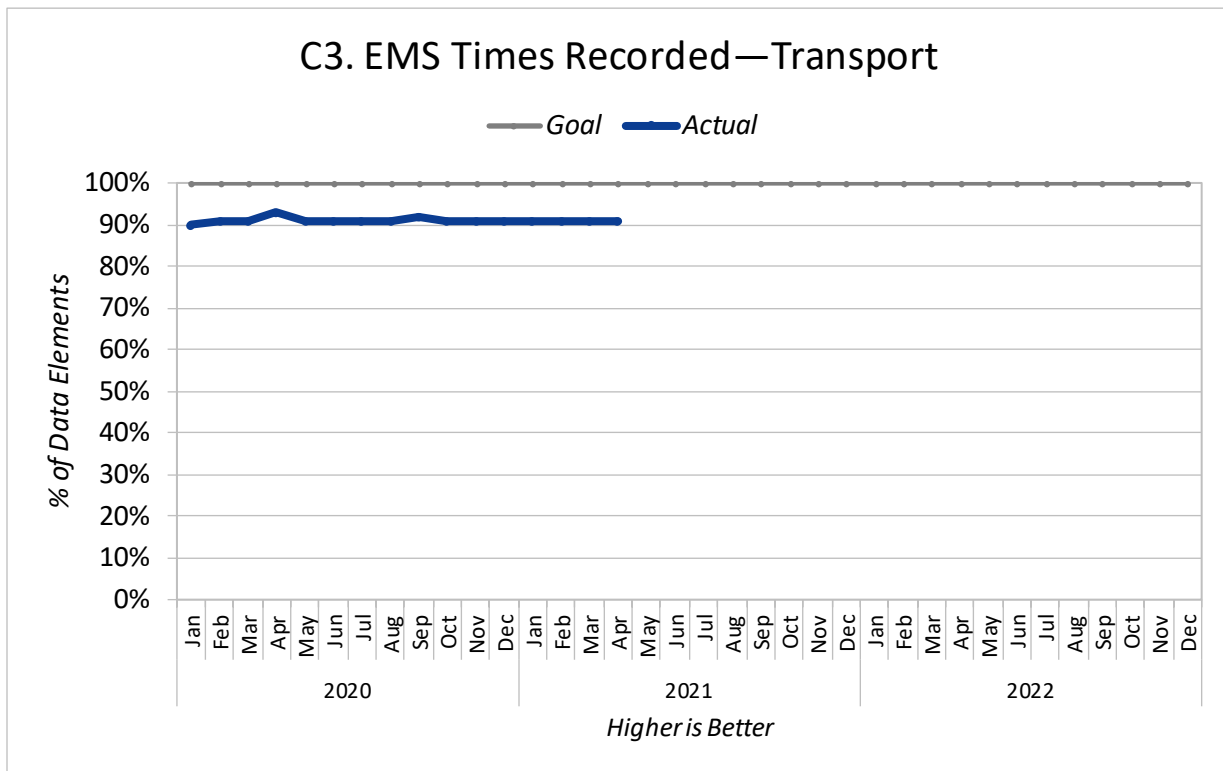
The rate of warnings in NEMSIS 3 data submitted to the state EMS data system from other systems.



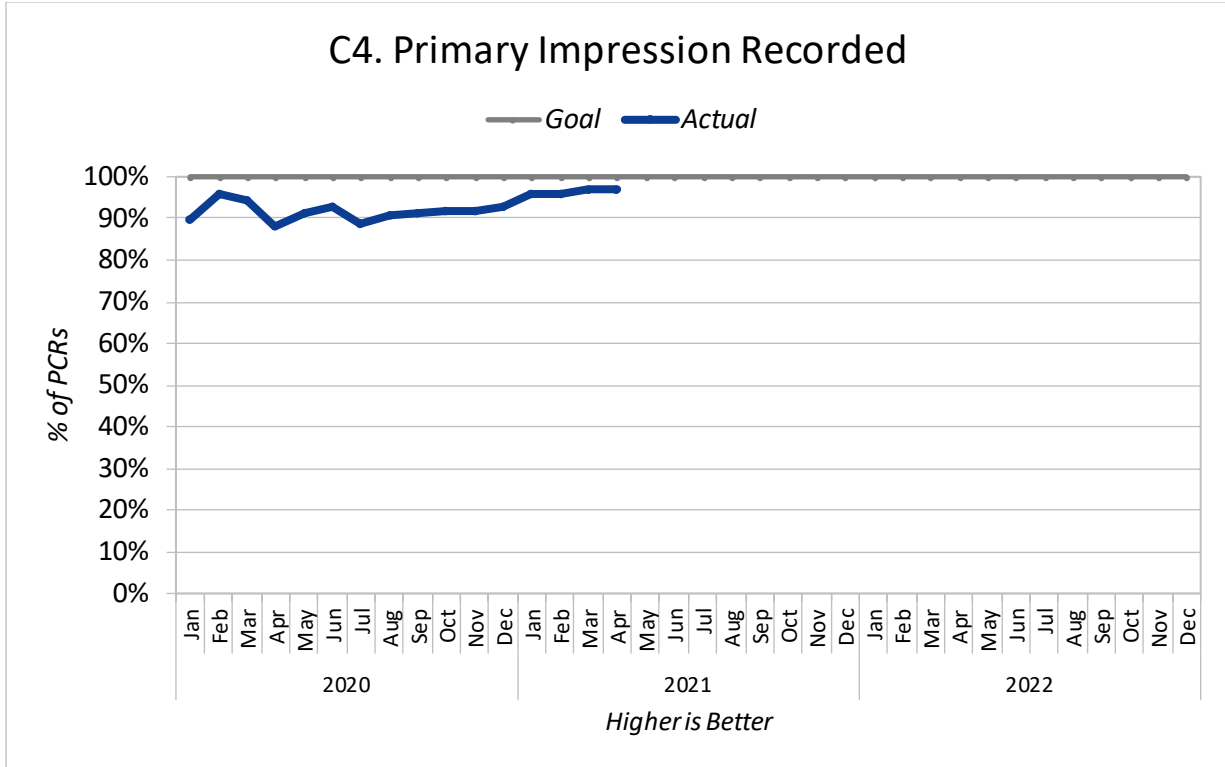
Where there is an incident scene, the percentage of patient care reports where Additional Response Mode Descriptors is recorded with a non-blank value.



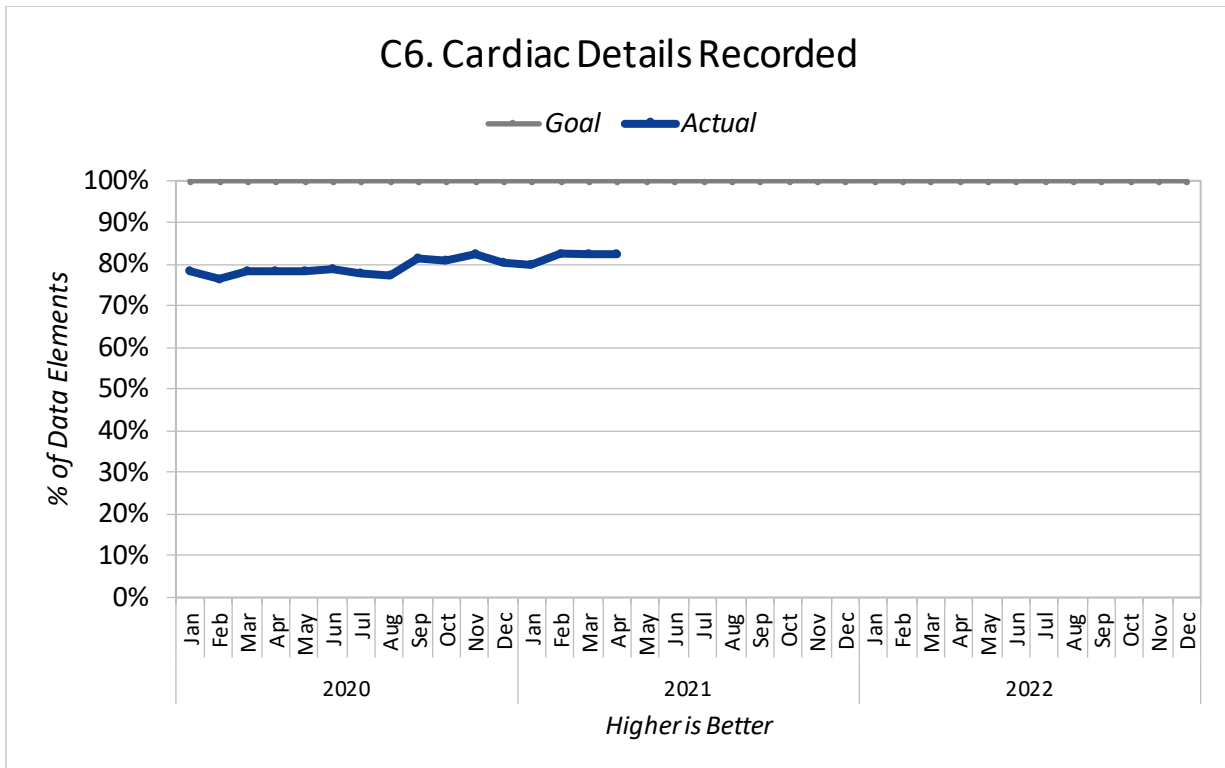
Where a patient is encountered, the average percentage of selected time-related elements with a non-blank value per NEMSIS 3 patient care report.



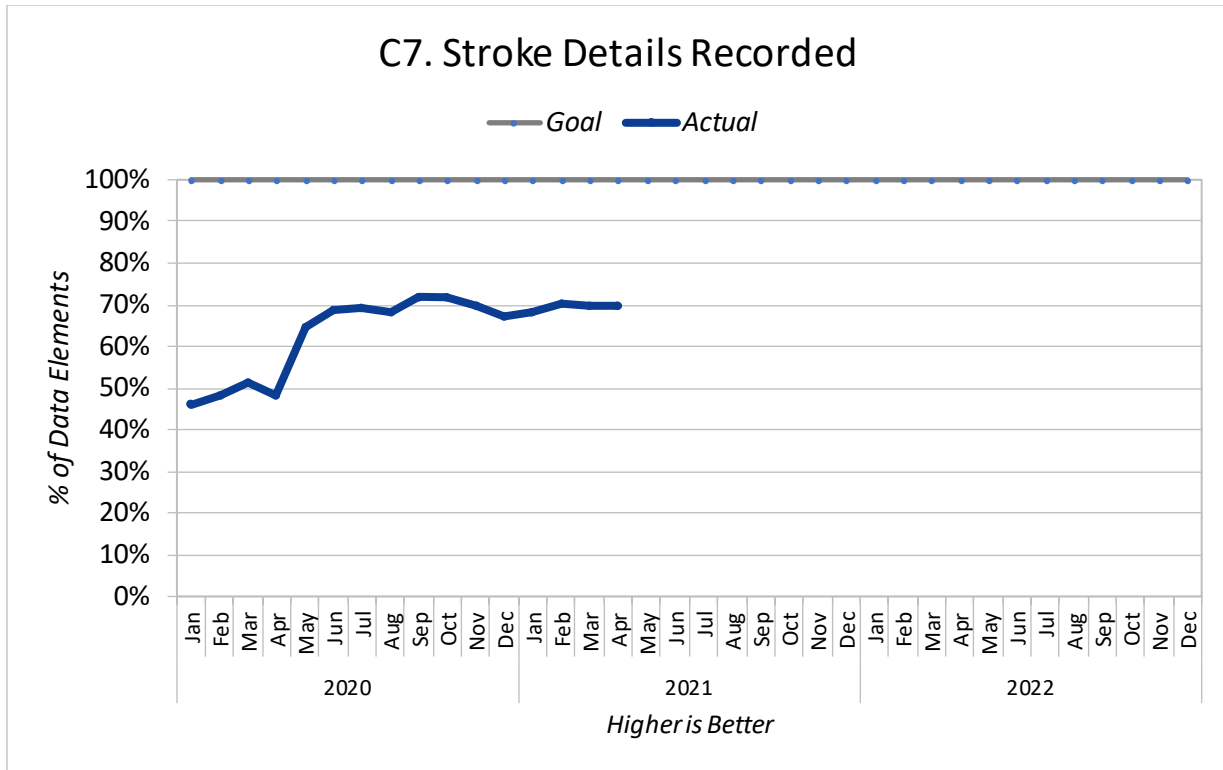
Where a patient is transported by EMS, the average percentage of selected time-related elements with a non-blank value per NEMSIS 3 patient care report.



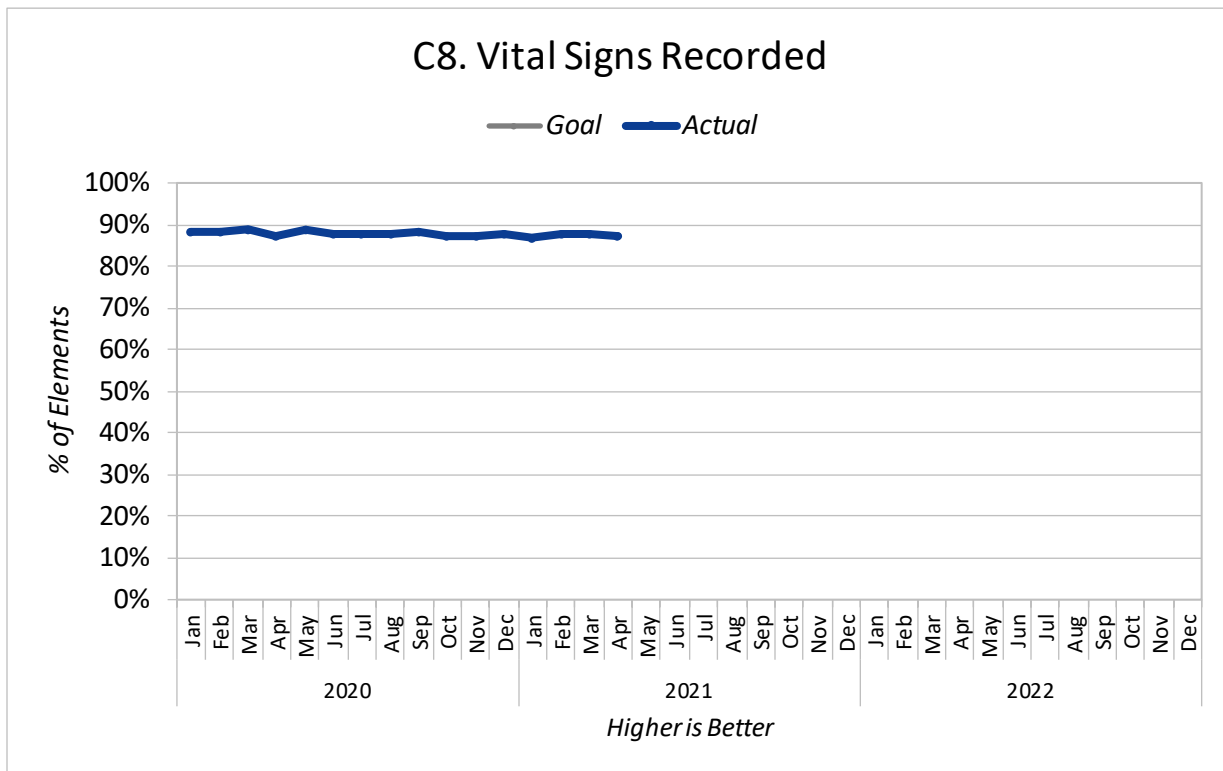
Where a patient is treated, the percentage of NEMSIS 3 patient care reports with a Primary Impression recorded



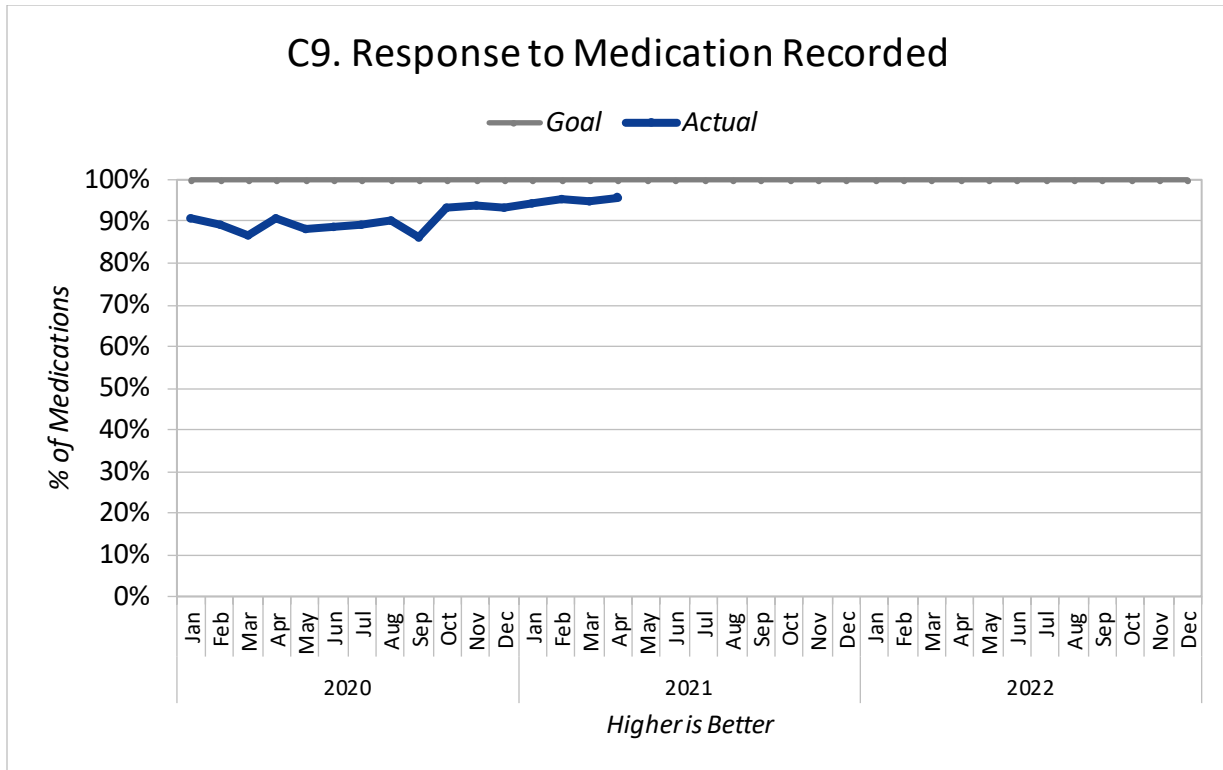
Where there is a cardiac arrest, the average percentage of selected cardiac-related elements with a non-blank value per NEMSIS 3 patient care report.



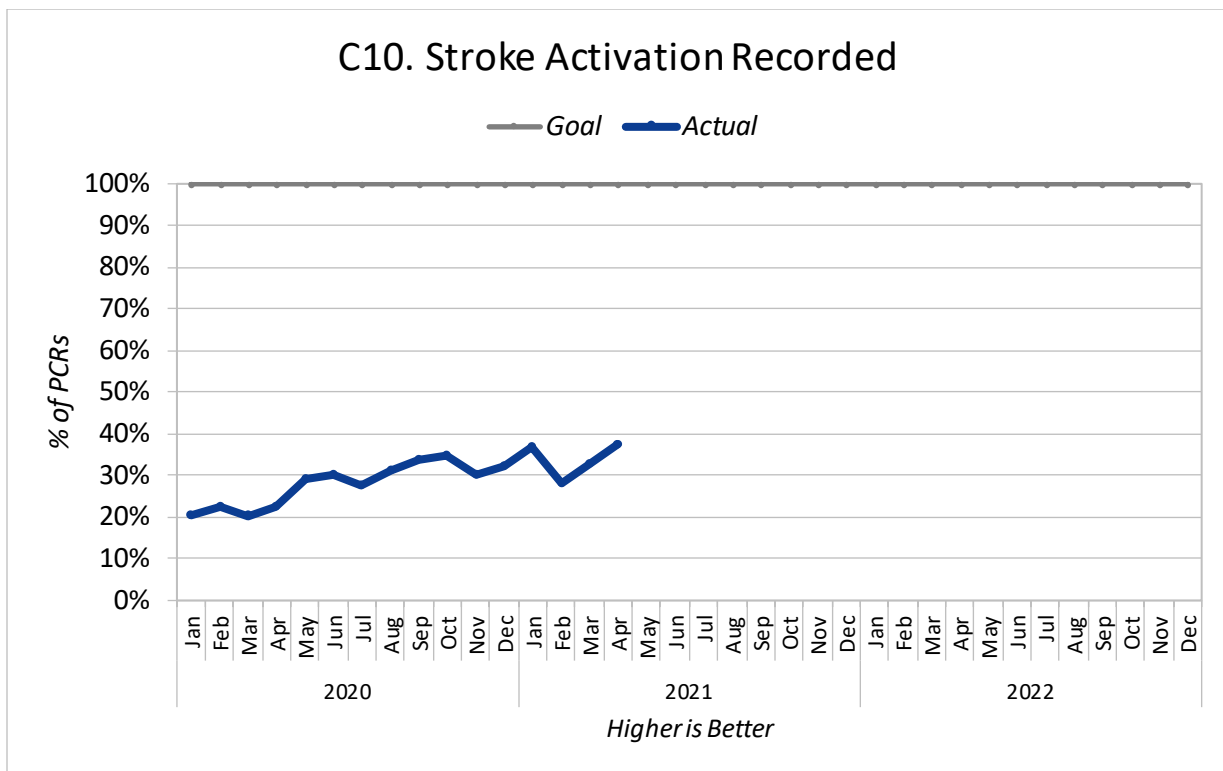
Where Primary Impression is stroke and Type of Service Requested is 911 response (scene), the average percentage of selected stroke-related elements with a non-blank value per NEMSIS 3 patient care report.



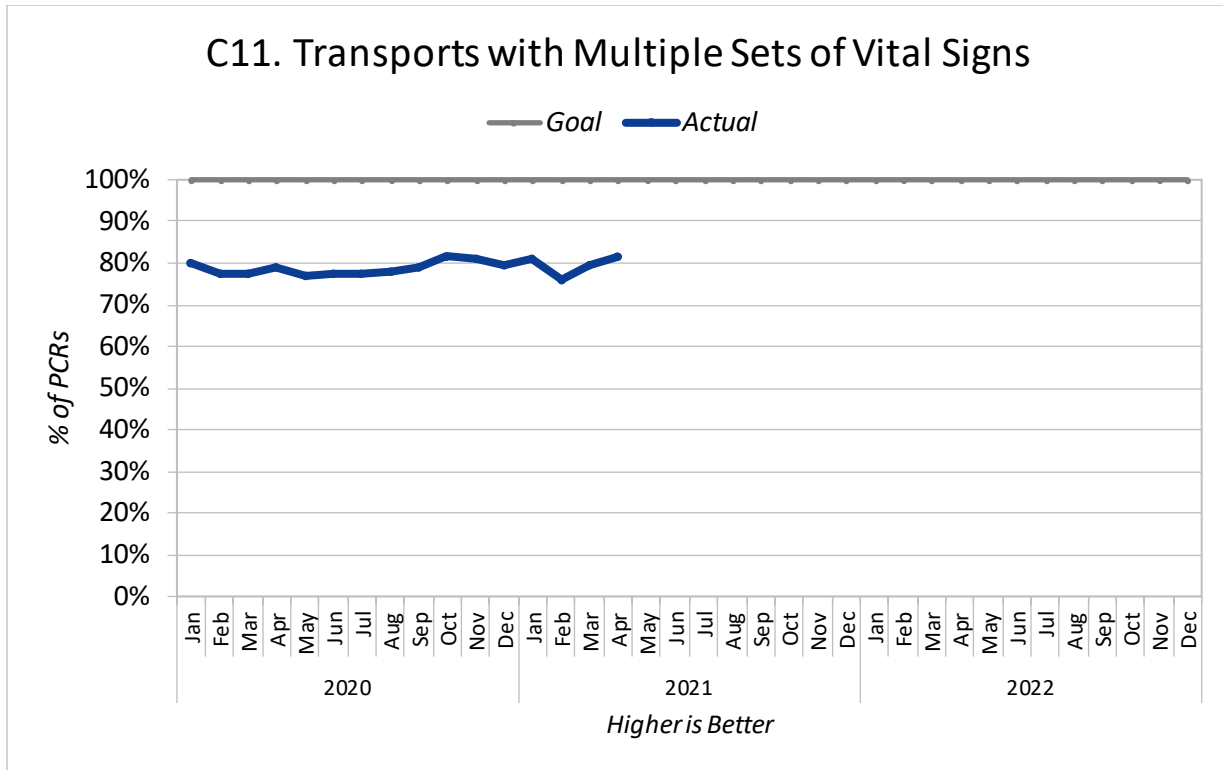
Where a patient is treated, the average percentage of selected vital sign elements with a non-blank value per NEMSIS 3 patient care report.



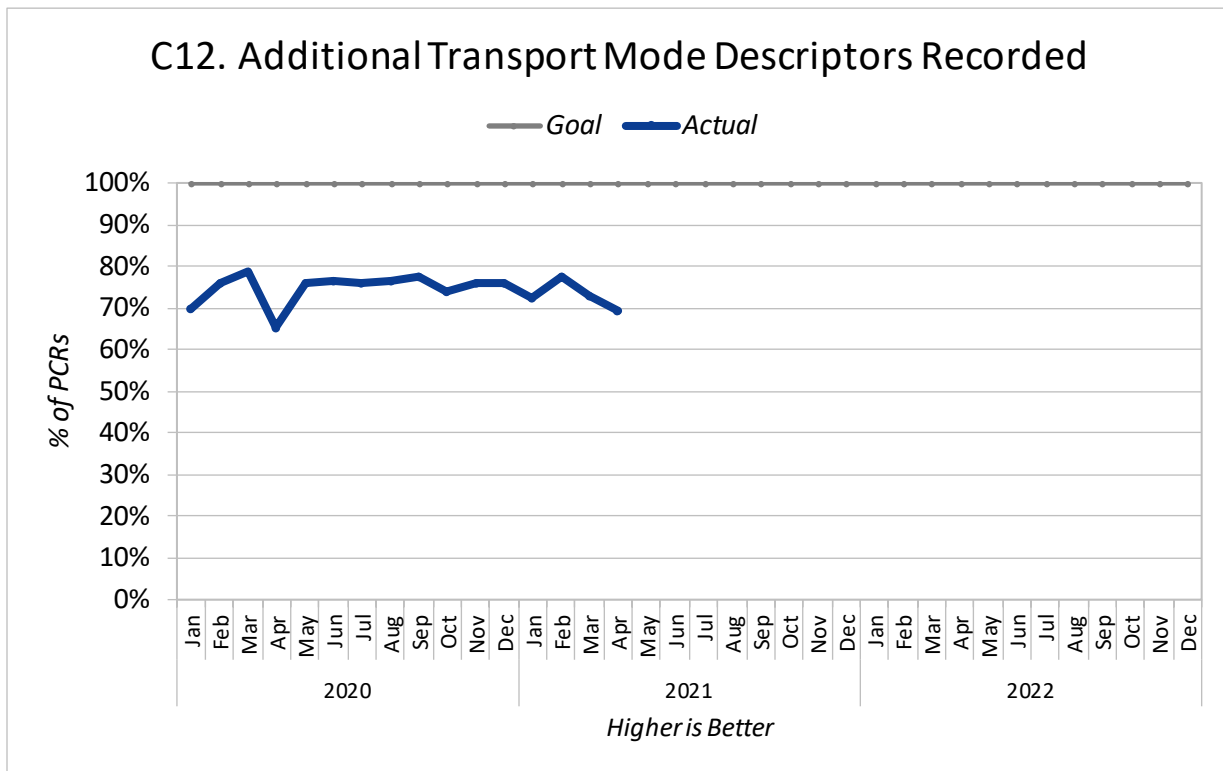
The percentage of medication administrations with Response to Medication recorded



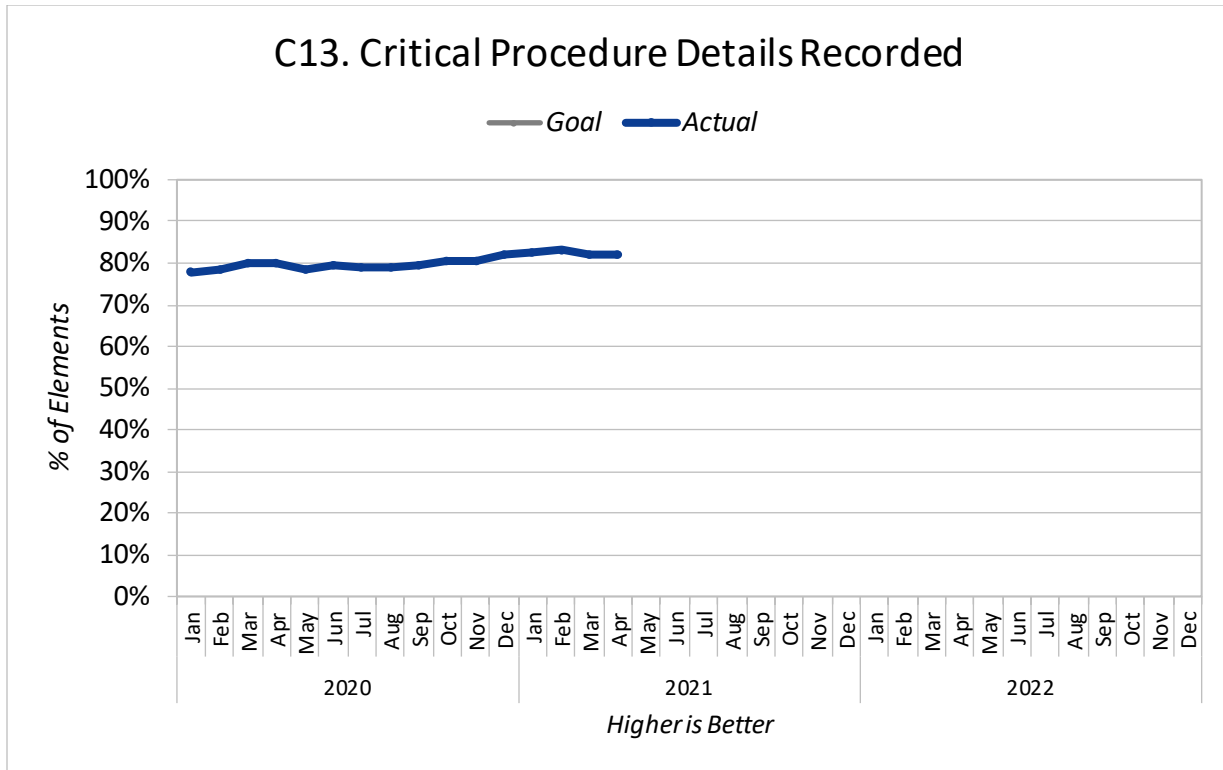
Where Primary Impression is stroke and Type of Service Requested is 911 response (scene) and a patient is treated and transported, the percentage of NEMSIS 3 patient care reports with a destination team stroke pre-arrival alert or activation recorded.



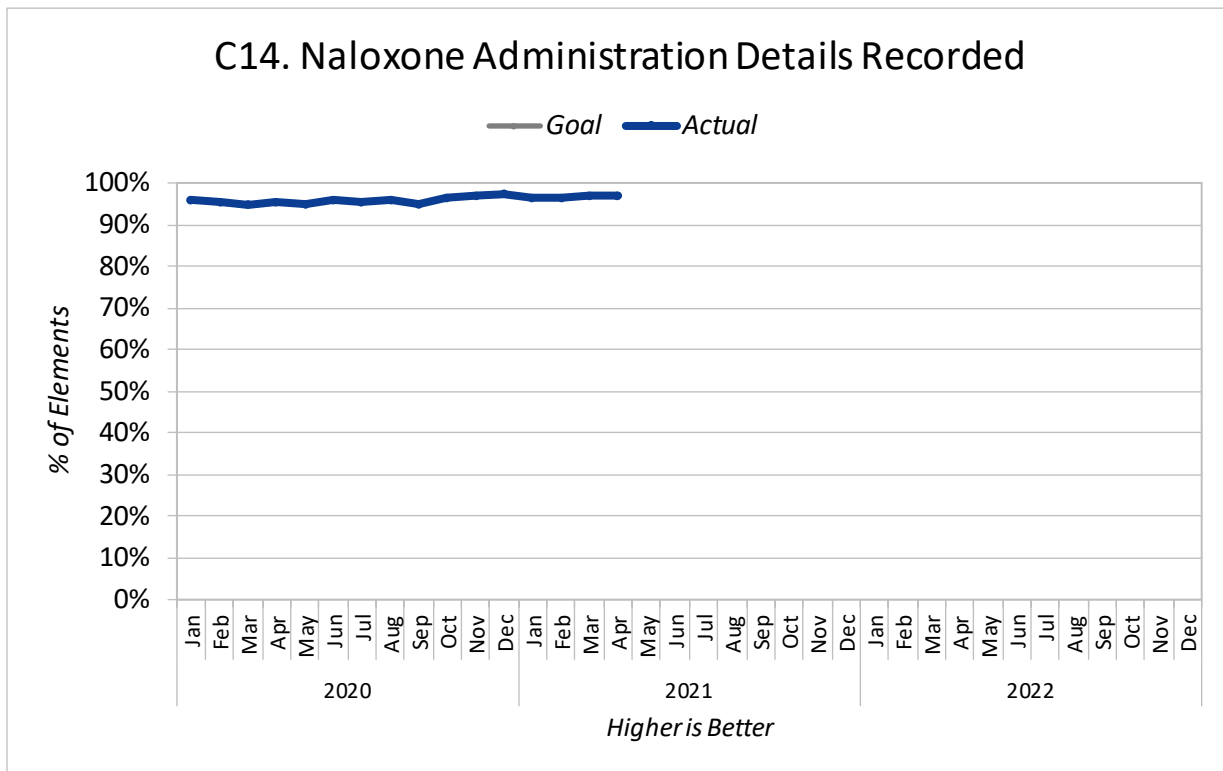
Where a patient is treated and transported, the percentage NEMSIS 3 patient care reports where more than one set of vital signs is recorded.



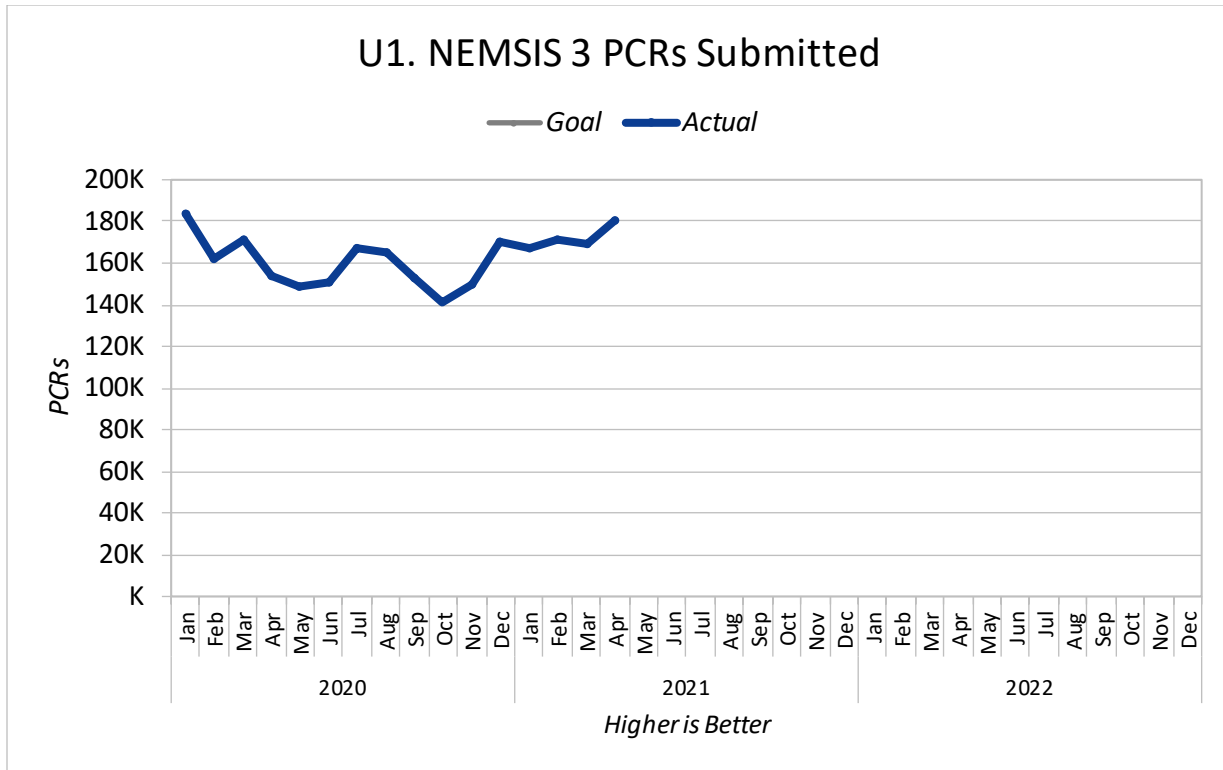
Where a patient is treated and transported, the percentage of patient care reports where Additional Transport Mode Descriptors is recorded with a non-blank value.



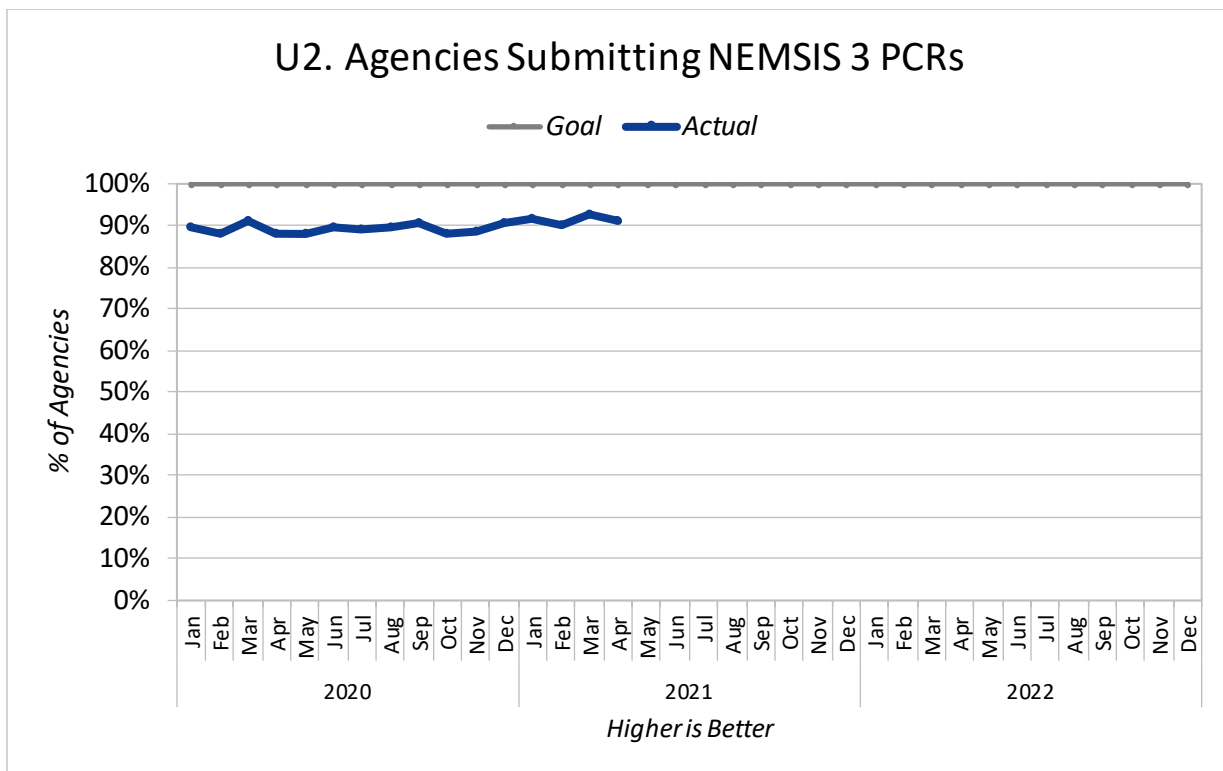
Where a critical procedure is performed, the average percentage of selected procedure-related elements with a non-blank value per procedure performed.



Where naloxone is administered, the average percentage of selected medication-related elements with a non-blank value per naloxone administration.

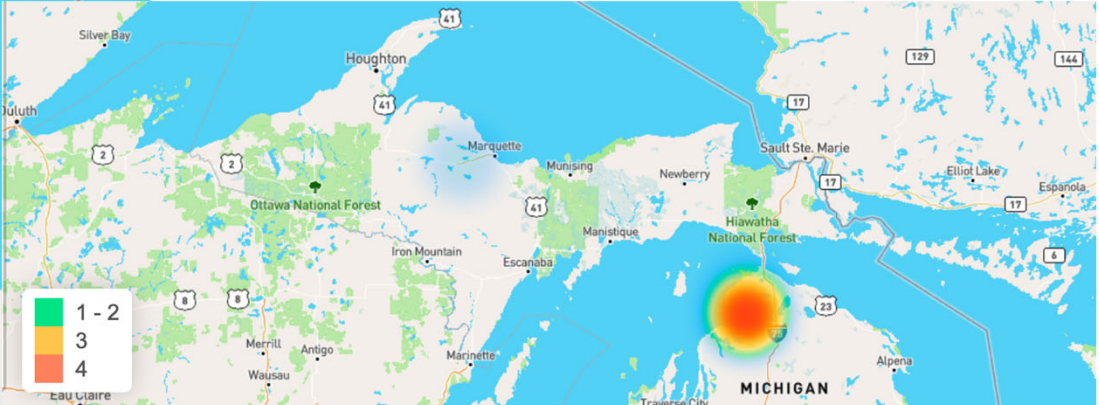
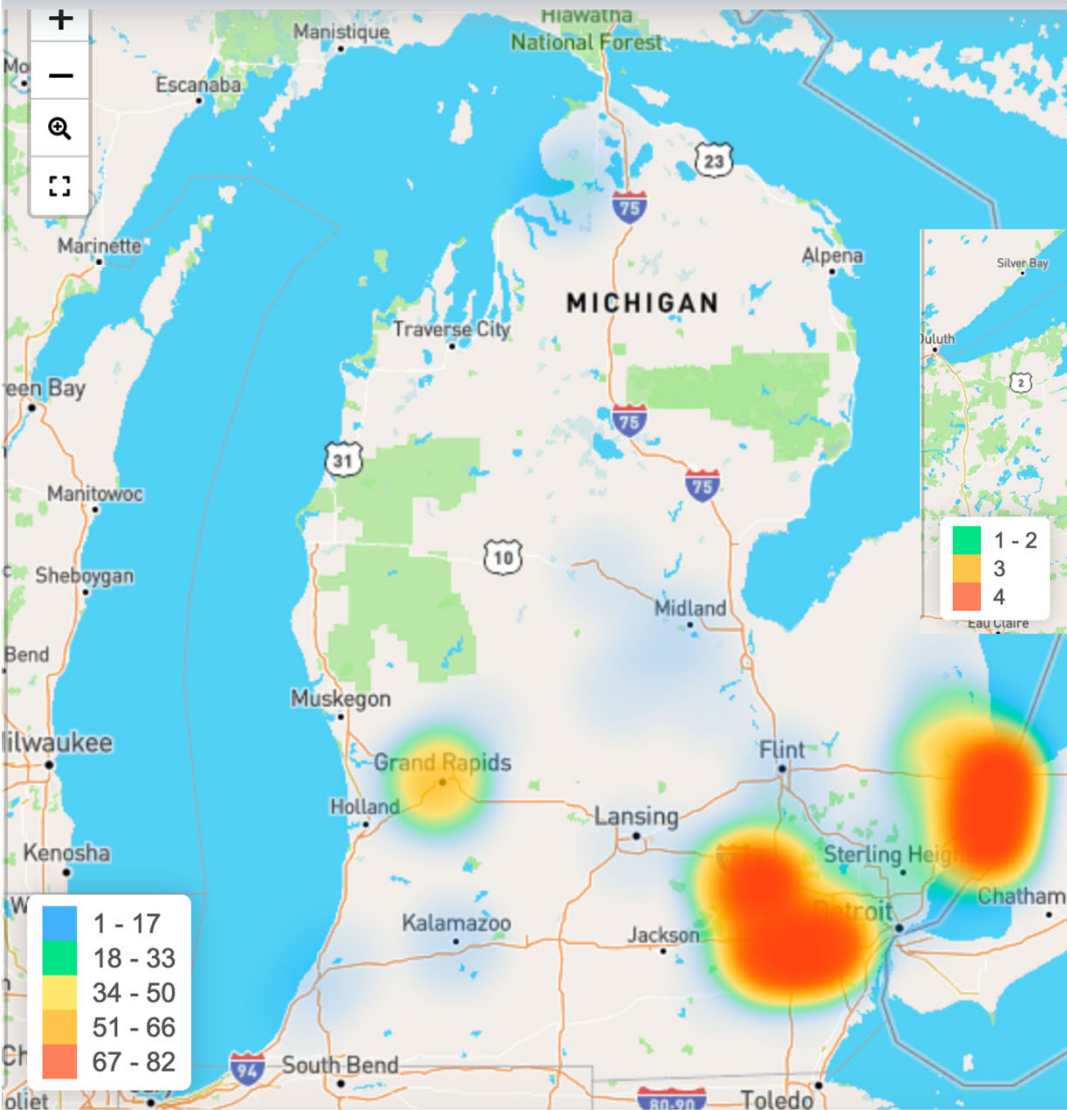


The number of NEMSIS version 3 patient care reports received by the state data system.



The percentage of agencies submitting NEMSIS version 3 data.

Monoclonal Antibody Therapy by EMS





CARES Report Michigan vs US 2019 vs 2020

88% of Michigan
Population
Covered

Cardiac Arrest by Age and Gender – 2019 vs 2020

	Michigan		National	
	2019	2020	2019	2020
Age	7726	9288	100,923	127,337
Mean	63.2	63.7	62.4	62.3
Median	66.0	66.0	65.0	65.0
Gender (%)	7726	9290	100,950	127,370
Female	3027 (39.2)	3668 (39.5)	38,128 (37.8)	48,256 (37.9)
Male	4699 (60.8)	5621 (60.5)	62822 (62.2)	79,109 (62.1)

Cardiac Arrest by Race – 2019 vs. 2020

	Michigan		National	
	2019	2020	2019	2020
American Indian/Alaskan	9 (0.1)	12 (0.1)	384 (0.4)	503 (0.4)
Asian	28 (0.4)	54 (0.7)	2134 (2.1)	2917 (2.3%)
Black-African American	207 (26.8)	272 (29.3)	22,750 (22.5)	29,572 (23.2)
Hispanic/Latino	85 (1.1)	115 (1.2)	6803 (6.7)	10,229 (8.0)
Native Hawaiian	7 (0.1)	9 (0.1)	439 (0.4)	583 (0.5)
White	4505 (58.5)	5318 (57.4)	50985 (50.5)	64,949 (51.0)
Multi-Racial		2 (0.0)		32 (0.0)
Unknown	1002 (13.0)	1031 (11.1)	17,419 (17.3)	18,540 (14.6)

2.5%
increase

Cardiac Arrest by Location Type – 2019 vs. 2020

	Michigan		National	
	2019	2020	2019	2020
Location of Arrest (%)	N=7727	N=9290	N=100,955	N=127,374
-Home/Residence	5452 (70.6)	6718 (72.3)	71109 (70.4)	94556 (74.2)
-Nursing Home	1106 (14.3)	396 (15.0)	10991 (10.9)	135,88 (10.7)
-Public Setting	1169 (15.1)	1176 (12.7)	18855 (18.7)	19,230 (15.1)

2.4%
decrease

Cardiac Arrest – Witnessed and First CPR

	Michigan		National	
	2019	2020	2019	2020
Arrest witnessed (%)	N=7727	N=9290	N=100,955	N=127370
-Bystander Witnessed	2953 (38.2)	3331 (35.9)	38,344 (38.0)	47206 (37.1)
-Witnessed by 911 Responder	815 (10.5)	1028 (11.1)	12,605 (12.5)	16344 (12.8)
-Unwitnessed	3959 (51.2)	4931 (53.1)	50006 (49.5)	63820 (50.1)
Who Initiated CPR? (%)	N=7727	N=9290	N=100,948	N=127,366
-Bystander	3357 (43.4)	3781 (40.7)	41962 (41.6)	51,906 (40.8)
-First Responder	2075 (26.9)	2337 (25.2)	28,207 (27.9)	35977 (28.2)
-EMS	2293 (29.7)	3172 (34.1)	30728 (30.4)	39427 (31.0)

4.4%
increase

Cardiac Arrest – First Defibrillation and Rhythm

	Michigan		National	
	2019	2020	2019	2020
Who first defibrillated the patient? (%)	N=7727	N=9290	N=99,622	N=126,071
-Not Applicable	5354 (69.3)	6583 (70.9)	68516 (68.8)	90,306 (71.6)
-Bystander	134 (1.7)	161 (1.7)	1729 (1.7)	1594 (1.3)
-First Responder	524 (6.8)	526 (5.7)	6017 (6.0)	6474 (5.1)
-Responding EMS Personnel	1715 (22.2)	2020 (21.7)	23360 (23.4)	27697 (22.0)
First Arrest Rhythm (%)	N=7726	N=9290	N=100,943	N=127,359
-VF, VT, Unknown Shockable	1337 (17.3)	1424 (15.3)	19,084 (18.9)	20953 (16.5)

2% decrease

Pre-Hospital Outcomes - 2019 vs. 2020

	Michigan		National	
	2019	2020	2019	2020
Sustained ROSC (%)	N=7727	N=9290	N=100,936	N=127,334
-Yes	2296 (29.7)	2382 (25.6)	31,029 (30.7)	34524 (27.1)
-No	5431 (70.3)	6908 (74.4)	69907 (69.3)	92810 (72.9)
Pre-hospital Outcome (%)	N=7727	N=9290	N=100953	N=127,376
-Pronounced in the Field	3278 (42.4)	4858 (52.3)	36,730 (36.4)	54,015 (42.4)
-Pronounced in ED	748 (9.7)	714 (7.7)	13397 (13.3)	15287 (12.0)
-Ongoing ED Resuscitation	3701 (47.9)	3718 (40.0)	50831 (50.4)	58074 (45.6)

20.2% increase

4.1% decrease

9.9% increase

Cardiac Arrest Outcomes - 2019 vs. 2020

	Michigan		National	
	2019	2020	2019	2020
Overall Survival (%)	N=7727	N=9290	N=100956	N=127376
Overall Survival to Hospital Admission	2010 (26.0)	2023 (21.8)	28188 (27.9)	30608 (24.0)
Overall Survival to Hospital Discharge	673 (8.7)	658 (7.1)	10641 (10.5)	11419 (9.0)
With Good or Moderate Cerebral Performance	549 (7.1)	537 (5.8)	8569 (8.5)	9063 (7.1)
Utstein Survival (%)	N=822 (30.3%)	N=839 (27.4%)	N=11471 (33.2%)	N=12,241 (29.2%)
Utstein Bystander Survival (%)	N=499 (34.1%)	N=477 (30.2%)	N=6948 (37.3%)	N=7269 (33.0%)

20.2% increase

1.3% decrease

2.9% decrease