STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

MICHIGAN EMS COORDINATION COMMITTEE MEETING
MINUTES
Friday, September 20, 2024
9:30 a.m.
Lansing Community College West
Buick, Chevrolet, and Oldsmobile Rooms (M120-M122)
5708 Cornerstone Drive
Lansing, MI 48917
Join the meeting now
1 248-509-0316 Phone Conference ID: 853 708 429#

Attendance:
Voting Members:
G. Flynn; Dr. K.D. Edwards; Dr. M. Fill; R. Warnemuende for D. Gorelick; A. Madden for T. May; K. Miller; M. Nye; E. Smith; Dr. R. Dunne for Dr. R. Smith; A. Sundberg; B. Trevithick; G. Wadaga; Dr. S. Wise; K. Wilkinson; K. Ostergren; M. Oakley; R. Ortiz; W. Hart; L. Martin; K. Cummings.

Virtual/Ex Officio members:
J. Harvey; D. Condino; A. Sledge; D. Pratt; C. Bruneau for Rep. Prestin; P. Fox; B. Forbush.

Absent:
Dr. C. Brent; R. Cronkright; F. Jalloul; Senator Brinks; J. Brown; C. Meixner.

Department Representatives:
Dr. W. Fales; E. Bergquist; N. Babb; K. Kuhl; J. Wagner; D. Flory; J. Youngblood; E. Hendy; Dr. S. Mishra; E. Baker; K. Piette; S. Minaudo; A. Brown; L. Corey; L. Ryal; R. Chadderton; S. Bliss; R. Rudzki; T. Frascone; A. Scott; K. Schaible; S. Kerr; A. Morrison; D. Fitzpatrick; T. Jenkins; K. Putman; C. Nethaway; T. Godde; A. Kinney; T. First; M. Ladatto; A. Biliti; D. Lali; A. Verlinde; D. Burke.

Guests:
Dr. Wagner, Saginaw-Tuscola MCA; R. Adams, Lapeer County EMS; Dr. Shanley, Corewell; J. Bestard and G. Csiki, Detroit Fire; B. Miljan, HEMS; M. Bentley, Kalamazoo County MCA; C. Robinet and D. Hawley, Superior; K. Henderson and Dr. Domeier, Washtenaw Livingston MCA; J. Theut, Oakland County MCA; K. Belanger, Tri-Hospital EMS; D. Bunge, Brighton Area Fire; Mark Davidson, ESO; S. Wilkinson and C. Lawton, WMRMCC; P. Bridges, Abbott.

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

Approval of Agenda: Motion to approve the agenda (Flynn, Martin). Approved.

Approval of Minutes: Motion to approve the minutes from 05/17/2024 (Wilkinson, Wadaga). Approved.

Announcements:
Reminders of upcoming educational opportunities:
UP EMS Eastern Conference: November 1-2, 2024
Traffic Incident Management Responder Training: November 18, 2024
EMS System Design and Safety Summit: November 20-21, 2024
MDHHS Systems Conference – MCA, STEMI, Stroke, Trauma: *Tentatively October 7-8, 2025*

- Debbie Condino asked if this was virtual. It is not and will be in Muskegon.

Guest Speaker: None.

Public Comment on Agenda Items: None.

Old Business & Committee Reports:
EMS Systems/Strategic Planning Update – E. Bergquist

- She briefly discussed the MDHHS Systems conference. She will chime in further as necessary during the committee reports.

Emergency Preparedness Update – Dr. Edwards

- There was a second strategic planning session with state leadership going over expectations for the updated 5-year ASPR plan. There will be an increased expectation for the coalitions and state to have more assessments done and increased plans, as well as the continuation of education, training, and exercises. These have been ongoing for a few years so that is positive for Michigan.
- Burn Surge and ABLS/NDLS will continue to be supported. ABLS is open to EMS to take, targeting paramedic level. It is also a skill for hospitals. Contact your healthcare coalition to get set up for that.
- Next week, the TEEX pediatric course will be hosted in Michigan, and this is the initial pilot of the new course.
- There will be ongoing consolidation amongst the resources and supplies that are part of the preparedness program and he discussed.
    - Bruce Trevithick asked about PPE caches at the state level. Dr. Edwards said this was discussed and they will continue to downside. There is not a lot of funding for this.

Systems of Care Report – K. Schaible for E. Worden

- Applications for STAC are being accepted.
    - Life Support Agency Manager that is a member of EMSCC.
- Systems of Care
    - Advisory Bodies being established a lot of interest in participating
    - Posted and hired:
        - Christine Laking
        - Mark Ladetto
        - Devendar Kumar
        - Positions reposted and in process
    - Office hours for accrediting bodies planned for Oct.
    - SOC newsletter update published soon

- Trauma:
    - Region 7 Regional trauma coordinator Deb Detro Fisher retired at the end of August capping a more than 40-year career in EMS and trauma. Aaron Brown is covering while we post and hire for that position.
    - Trauma system SMEs are discussing and considering revised criteria language for facilities seeking to be Michigan verified Level III and Level IV trauma facilities. That they will then forward to MDHHS with their recommendations. The discussion is ongoing, there has not been changes in the criteria language for eleven years and the stakeholders are taking time to be thoughtful about their recommendations.
    - RFP contract discussions continue. The recent cyberattacks had some impact on the state trauma registry (Section notified about delays in submissions and chart access for upcoming visits).
    - MDHHS will be accepting applications for the next STAC (term is from 2025-2027) applications are on the website. As a reminder the positions are described in statue and the Director makes the appointments which will hopefully occur by December of this year.
    - Stephanie Bliss is developing a public facing Dashboard for trauma data and one for the RPSRO.
    - The trauma section staff and SMEs are in the process of developing a Michigan Data Dictionary.
    - Conference planning will intensify over the winter and early spring.
    - Multiple trainings/webinars/office hours being planned for 2025

State 911 Administrator Report – J. Harvey

- Text-to-911
    - Text-to-911 in Michigan has now been implemented statewide!
- GIS Repository
    - Several efforts have been made by the State 911 Office and the Center for Shared Solutions GIS team to get all counties to upload their data into the repository. An updated map was added to the SNC website at the beginning of May. Please check the map to ensure your jurisdiction has provided their information. If you have questions about your agency's status, please reach out to the DTMB NG911 help desk.
      There is a link on the SNC website for the Michigan Statewide NG911 GIS Repository. This is a great resource with previously recorded training that has been provided along with information about how to contact the NG911 Repository help desk.
- Other Activity of the State 911 Office
    - The 2022-2023 OAG audit has been completed and the closeout meeting was on Sept 19. The only finding is the same as the last several audits — the dept of treasury database is outdated and does not sufficiently allow for effective management of the state 911 surcharge funds.

- The annual report to the legislature was sent out on July 2.
  - 13,163,441 total calls reported
  - 1,880 active FT Telecommunicators – 307 FT openings (2022: 1,942 PT active; 284 FT openings)
  - 158 active PT Telecommunicators – 50 PT openings (2022: 65 PT active; 60 PT openings)
- FCC Takes Action to Expedite the Transition to Next Generation 911 | Federal Communications Commission 7/19/24 - In the Report and Order, the FCC adopted the first nationwide NG911 transition rules that define the responsibilities and set deadlines for wireline, wireless, covered text providers, interconnected Voice over Internet Protocol (VoIP), and Internet-based Telecommunications Relay Service (TRS) providers to implement NG911 capabilities on their networks and deliver 911 calls to NG911 systems. This will expedite the nationwide transition to NG911, lead to faster call delivery, improved service reliability, and more accurate caller location, and save lives. This does NOT supersede the plans/requirements the states have in place. These rules will be a default for states to fall back on should they run into delays with transitioning services.
- Verizon went live with LBR in Michigan on 8/15/24. All major wireless carriers are now providing LBR services in Michigan.
- NENA is still in the process of adopting the 911/988 standard. It is currently going through the second round of public comment which is open until September 23.
- The NASNA Outage Workgroup has expanded to include collaborative efforts with Executive Directors of National APCO and NENA. The goal is to work together to develop an outage reporting solution that will meet the needs of both the PSAP/EEC community and the communications providers. The three organizations would bring a more unified voice to a final recommended solution to the FCC to address the over/under/lack of info reporting going on from the communication providers when an outage or other large service interruption occurs. The first meeting was 9/4/2024, and we will try to meet bi-monthly until a proposed solution is developed.
- She is still working on filling the Compliance Review position. It has been posted twice however they are having a hard time getting candidates qualified through Civil Service. She is working on updating the position description and once that is done it will be reposted as an analyst versus a specialist.
- Joni reported she has accepted a position as the Deputy Coordinator for the NHTSA National 911 Program. Her last day in the office with the state is Oct 3. She will start her new position with NHTSA on Oct 7. The MSP is in the process of hiring her replacement. She will be working closely with the EMS system in her new role, and she hopes to remain a resource if needed for anything.

EMS Medical Director Report – Dr. Fales

- Dr. Fales gave a presentation. His slides are attached to these minutes.
  - Joni Harvey asked about education for 911 dispatchers, and Dr. Fales addressed.

Committee Reports:

- Quality Assurance – Dr. Edwards
    - Dr. Edwards reported on protocol requests coming in. Protocol review is ongoing. Manistee County MCW merged with NW Regional MCA.
    - EMSCC Appeal Hearing, July 26, 2024
        - Dr. Edwards read the QATF's decision in the matter of D. Gorm vs. Bay County Medical Control Authority - File 2301441:
          In accordance with section 20919(4) of the Public Health Code, the purpose of the appeal to the EMSCC is to determine whether the actions or decisions of the medical control authority are in accordance with their department-approved protocols of the medical control authority and state law.
          The QATF received insufficient information to determine if the MCA's Due Process (8-26) or Disciplinary Action Appeal (8-25) protocols were followed by the MCA. Additionally, there is no indication that the MCA Appeal hearing occurred.
          The QATF will therefore recommend that the MCA and petitioner complete the appeal process at the local level, and then appeal to the QATF when local appeal processes have been exhausted INSERT
            - **Motion to approve (Flynn, Sundberg). Approved.**
    - Ambulance Operations – M. Nye
        - They met jointly with Legislative regarding comments for the OSHA proposed rules and that will be reported later in the Legislative report.
- Medical Control Authority – D. Condino
    - Debbie thanked Joni Harvey for always being supportive and wished her well in her new role.
    - The subcommittee met on September 3. The temporary licenses were discussed at length. They also discussed the MCA assessment and there is a lot of work going into that at the department level. There was discussion about creating a quick manual for MCAs, and the standards continue to be reviewed. The next meeting will be postponed, and they will meet again in November.
- Patient Movement Ad Hoc – D. Condino
    - They continue to meet and receive education on the topics being investigated. Behavioral health has taken on a life of its own, but they continue to work on all the problems identified.
    - A survey to prioritize the problem statements was sent out to the subcommittee. Emily discussed the results, which were not conclusive, and reviewed the problem statements survey. Key demographic information wasn't requested, and this hinders the analysis. Debbie advised that they are looking at having smaller regional groups. Emily spoke about sending the survey to EMSCC as well as the subcommittee.
        - Greg asked about the purpose of the Ad Hoc and the group discussed.
        - **Action item: Send problem statements and survey to EMSCC**

- Ethics and Compliance – K. Cummings – Did not meet.
- Education – K. Wilkinson – Did not meet.
- Bylaws – B. Trevithick
    - No applicants for Compliance and Ethics
        - Must be EMSCC member, no duplicate organizations.
            - Current member list
        - Please apply, send applications to Nicole Babb at babbn@michigan.gov.
    - Subcommittee Openings Slate
        - **Motion to appoint the slate as presented (Trevithick, Nye). Approved.**
- Data – D. Gorelick (J. Theut reported for Damon Gorelick)
    - NEMSIS 3.5 Transition discussion
        - Emily Bergquist stated 3.4 will be rejected starting on October 1. Agencies not on 3.5 will be non-compliant.
    - John was voted co-chair. Looking at reestablishing the committee as what it should be. The next meeting is October 16.
    - Open Office Hours
- Legislative – B. Trevithick
    - OSHA Comments – for information only
        - Bruce discussed.
        - Angela advised OSHA advised they believe these rules apply to volunteer agencies. She encourages everyone to look at them again, especially costs. **Action item: send the link to upcoming OSHA hearing.**
    - Legislative Draft Minutes from 09/09/2024
        - SB 641 – Open Meetings Act
            - This would make separate categories for the OMA. Initial though is that EMSCC would be class C and MCAs would be class B.
                - **Motion to support (Dunne, Miller). Approved.**
        - SB 542 – Opioid Antagonist
            - This would require Department to allow for other opioid antagonists to be distributed by them. Dr. Dunne spoke about this and the theory that might be behind this. He discussed that the other medication may not be as safe and discussed the literature that shows this doesn't have the same outcomes of naloxone. MCEP opposes this, as well as other groups, and they have stated so publicly.
                - **Motion to oppose (Wilkinson, Dunne). Approved.**
                    - Kelsey Ostergren thanked everyone for the comments provided and she did take this back to MHA. They changed their position to neutral in response.
        - HB 5179 – Fentanyl Test Strip De-Criminalization
            - This would amend the controlled substance law and exclude Fentanyl testing strips from being drug paraphernalia.
                - **Motion to support (Dunne, Wise). Approved.**

        - HB 5741 – Stop the Bleed Training in Schools
            - This adds language to add an educational component for Stop the Bleed.
                - **Motion to support (Warnemuende, Flynn). Approved.**
        - HB 5742 – Health Club No Duty to Act AED
            - **Motion to oppose (Flynn, Martin). MOTION WITHDRAWN.**
            - **NO ACTION TAKEN.**
            - Cameron Bruneau from Rep. Prestin's office provided some input that affected the reasoning behind the motion to oppose and the motion was withdrawn.
        - HB 5743 – Bleeding Control No Duty to Act Liability Protection
            - Bills 5742 and 5743 are tie barred and Bruce discussed.
            - **Motion to support (Wise, Warnemuende). Approved.**
        - HB 5905 – Responder Employment Protection (same as SB 44 2021)
            - This is for your information only. Please take to your constituency groups for review. Bruce summarized.
- Rural – G. Wadaga
    - They met this week and Gary provided a summary. There is a call to action to contact legislators regarding the non-payment of Wellpath for Michigan Department of Corrections. Angela advised it is just under $6,000,000. Alyson spoke about what hospitals are owed, as well. The news media is reaching out. Angela said the state sued Wellpath this week. The payments are over a year old at this point. Gary spoke about increasing IC classes and they have made some headway with that and a class is slated for Escanaba that will be virtual in January. They have about 18 prospects. Gary asked Cameron to take that back to Rep. Prestin.
        - Bill Hart spoke about Ontonagon and the closure of the hospital and asked if there was further attention being paid to EMS in that community. Gary addressed the issues they are experiencing and different things that are being done and efforts to assist.
- Pediatric Emergency Medicine – S. Mishra
    - CoPEM – will meet 10/10/24 at 9am
    - EMS for Children – grant and program update
        - Carryover fully approved, funding secured for:
            - Completing phase 2 of MI MEDIC card rollout to EMS education programs more robustly
            - The purchase of remaining Pediatapes for the remaining regions who have not already received them to rollout to the MCAs → EMS agencies
            - Initiating phase 3 of MI MEDIC access: establishing an online ordering portal for healthcare professionals to order additional MI MEDIC cards directly.
            - Co-hosting a pediatric readiness conference in early 2025, in partnership with HPP and BEPSOC.

        - Completion of the first national Pediatric Readiness Prehospital assessment
            - 269 agencies/departments participated from MI (34%)
            - Data is being cleaned with EDC and anticipated first release is before the new year.
            - Thank you!! To all of our MCAs, EMS leadership and providers who helped to advertise and support participation in this first national assessment.
    - Pediatric Education Opportunities
        - Monthly Pediatric Education hour – last Tuesday of every month, 2pm
            - Email Mishras@michigan.gov if you want the outlook series added
            - Securing EMS CEs for attendees whenever relevant, flyers included in Wed update and EMS PECC updates.
        - Midwest EMSC Prehospital Pediatric Symposium – October 29, 5 p.m. start time
            - 4th annual
            - Keynote speaker, former FBI agent Anna Brewer, Human Trafficking
    - Safe Transport of Children – update
        - Document for sharing is available and posted on the pediatric readiness website → resources → Prehospital provider resources
        - Language in protocol for safe transport of children clarification:
            - ACR is defined in the protocol as "ambulance child restraint," not ACR 4 ® TM
            - Using the phrase “ambulance child restraint” to describe any system designed to secure a pediatric patient in a ground ambulance.
            - We will review this language for any possible improvements for clarity
        - We cannot endorse any device designed for securing a pediatric patient in a ground ambulance
            - No crash test standards exist at this time, NASEMSO along with partners working to establish these standards so devices may be tested in the future
            - Dr. Sam is participating in these national efforts and brings back updates as soon as they are available. NASEMSO safe transport of children committee.
        - The ACR 4 ® TM – is no longer in production
            - There is no updated version of this product
            - The ECR is not an updated version of the ACR 4 ® TM, it is a new product designed to secure pediatric patients in a ground ambulance.
                - It is not a 5-point system.

- Air Medical – K. Wilkinson – Did not meet.
- EMS Safety – K. Miller
    - Joint Position Statement on EMS Performance Measures Beyond Response Times
    - They have met twice. They recommend we adopt the Joint Position paper above. This has several system performance measures and Kolby discussed.
        - **Motion for EMSCC to adopt as Michigan Best Practices and work with the other subcommittees on practical implementation (Miller, Wilkinson). Approved.**
            - Emily discussed. Kolby said this brings in system Bruce hopes the department will provide marketing and education to the community. Kolby discussed the upcoming conference.
- Critical Care Ad Hoc – E. Bergquist – ON HOLD.
- Communications – B. Forbush
    - They have not met. They meet in October. They are still working on the talk groups and push to talk applications. They will be looking at various apps, like Twiage, in 2025.

Recruitment and Retention Work Group – K. Cummings/E. Bergquist

- Agency Assessment – Reminder to agency leaders
    - If you do not have this, please ask them to look for it or reach out to Emily Bergquist so we can get a link out. The email comes from Qualtrics or Stephanie Bliss. Please let us know if you can't find it.

Community Integrated Paramedicine (CIP) – E. Bergquist – ON HOLD.

New Business: None.
Public Comment: None.
Membership Round Table Report:

- Alicia Sledge:
    - She thanked Lyn Nelson from the Systems of Care section for being a great partner with OHSP. They are piloting a rural bystander care training course and Lyn has been working with partners up in the Region 8 area. They've done a couple of sessions or a few sessions of train the trainer and did the initial session of the training course. They had 14 to 17 attendees and are looking to start that course back up again within the next month or so. They want to make this a success in the U.P., and then they can look at the potential for expanding this around other regions of the state.
    - The Michigan Traffic Safety Summit is scheduled for March 4th and 5th, 2025. It will be at the Amway Grand Plaza in Grand Rapids, MI, and submissions for agenda topics are due next Friday, September 27. Click here for the submission form. They are hoping to get more EMS participation and items for the agenda. They are also working on a potential session or presentation on the rural bystander care training.

- Alyson Sundberg
    - She spoke about the UP EMS Conference. This year, they are being hosted by Lake Superior State and Platinum Education Group is managing the majority of the conference for them and they are pretty excited about it.
    - The CIP program students are now all in the clinical stages and they hope to have them doing patient visits by January.
- Bill Hart advised as the consumer representative of this body, he's now entered his dotage, so he expects to be able to give you a firsthand example of consumers using the service.
- Bruce Trevithick spoke of an agency that could not obtain bottles of saline water and they had an incident. There is no opportunity for a waiver if the product can be obtained. He asked if Ambulance Operations could look at that. He also discussed temporary licenses.
- Patrick Fox spoke about the MCRH Leadership Conference that will be held in December. More information will be available soon.
- Emily Bergquist spoke about her testimony regarding the temporary licenses, and we would be capturing more people at a year than the previous time frame involved. She discussed the positives that could occur. This could be an epic failure and we are ready for that. This came out of the Recruitment and Retention committee in 2021. She thinks she would be doing a disservice if we don't try.
- The group discussed moving the November meeting, as it is on Opening Day for deer season, but decided not to move it.
- Dr. Edwards wrapped up by thanking everyone for their participation today. He said he thinks we accomplished a lot and thinks we actually come up with some solutions and we create some other dilemmas sometimes, but we as colleagues, we've got great minds here and very humbled and privileged always to. To try and end the meeting on a good note, he said we have a lot of unbelievable weather, which is really nice. And he spoke about the many sports teams, high school, college and professional, that are in action this time of year. He wished everyone safe travels and to enjoy the weekend.

Adjournment: Notion to adjourn at 12:14 (Wilkinson, Sundberg). Approved.

State EMS Coordinating Committee
State Medical Director Update

William Fales, MD

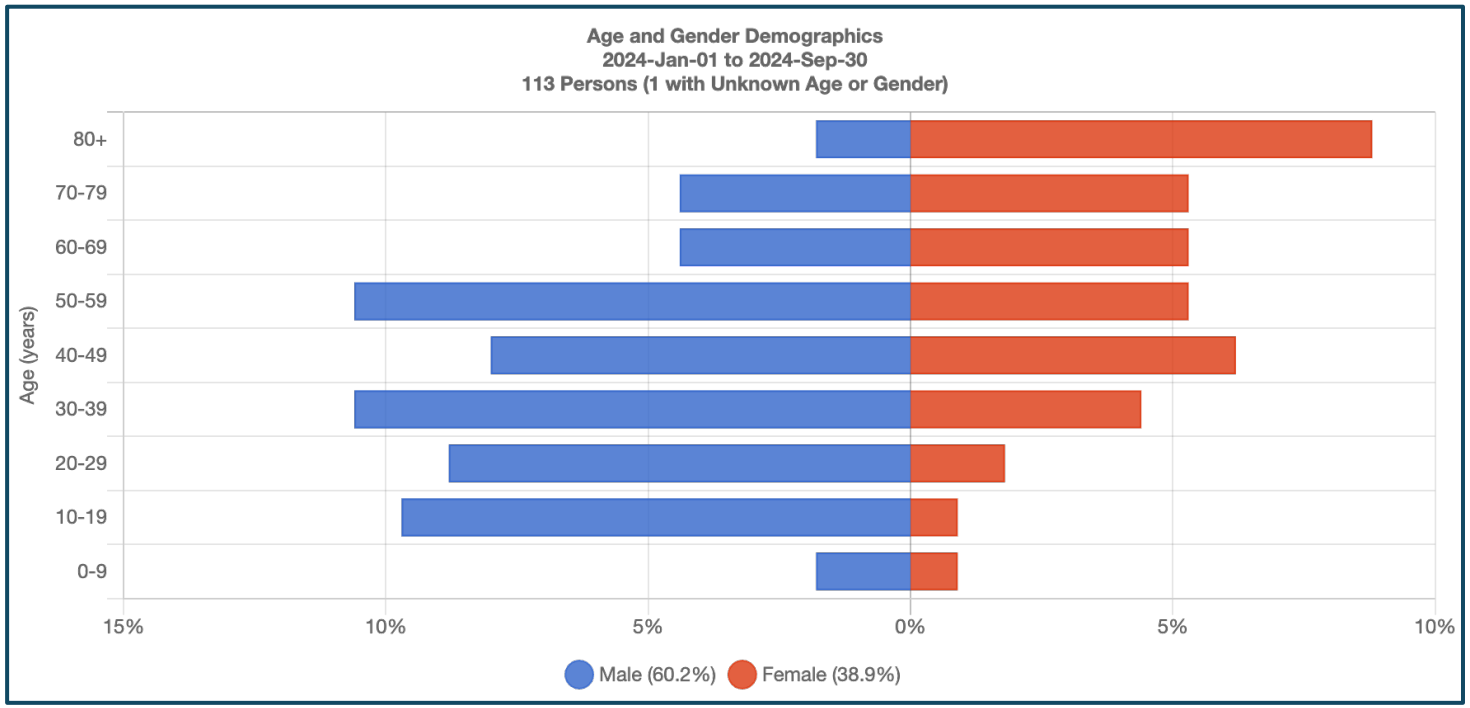
falesw@Michigan.gov

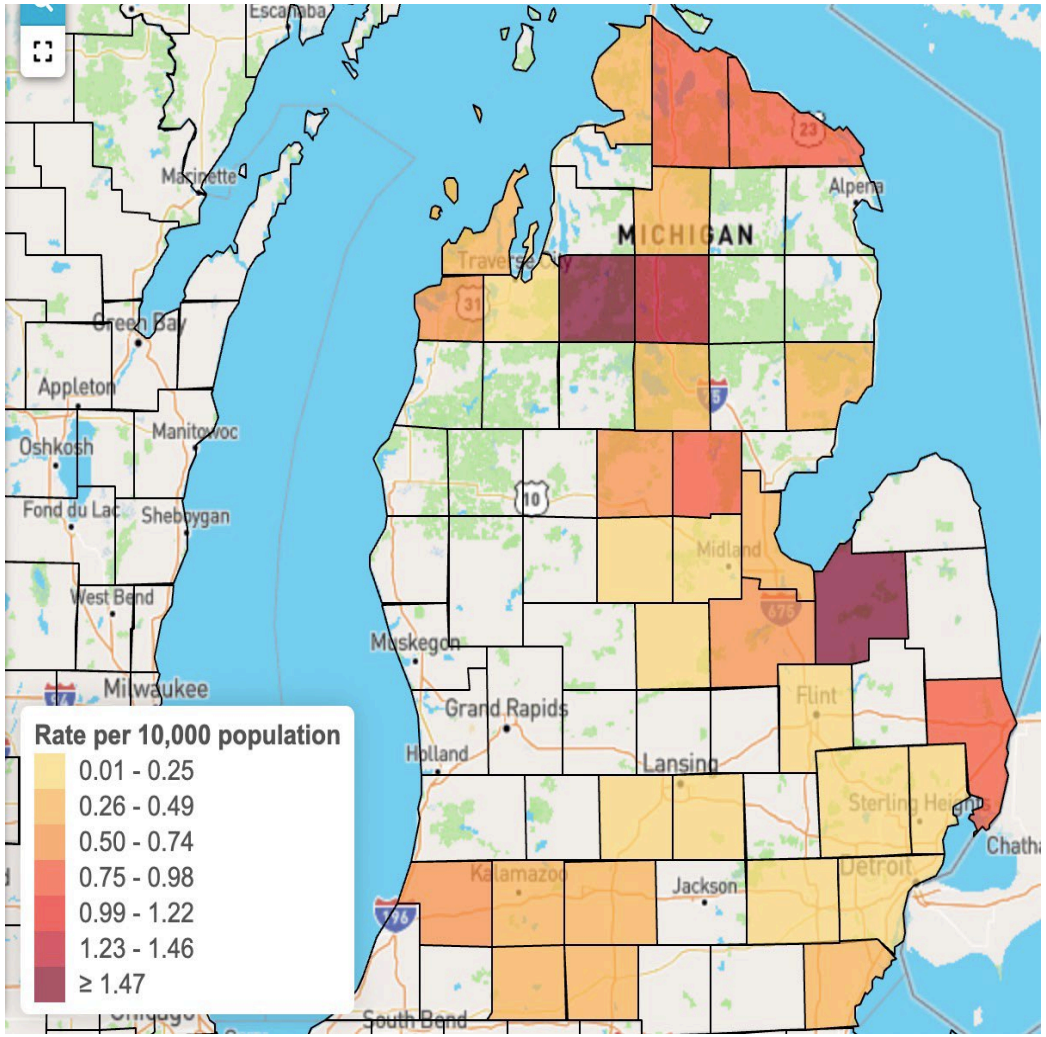
Antibiotics for [redacted]
1/1-9/18/2024

N=113

32%

273 incidents with transport time >14 min

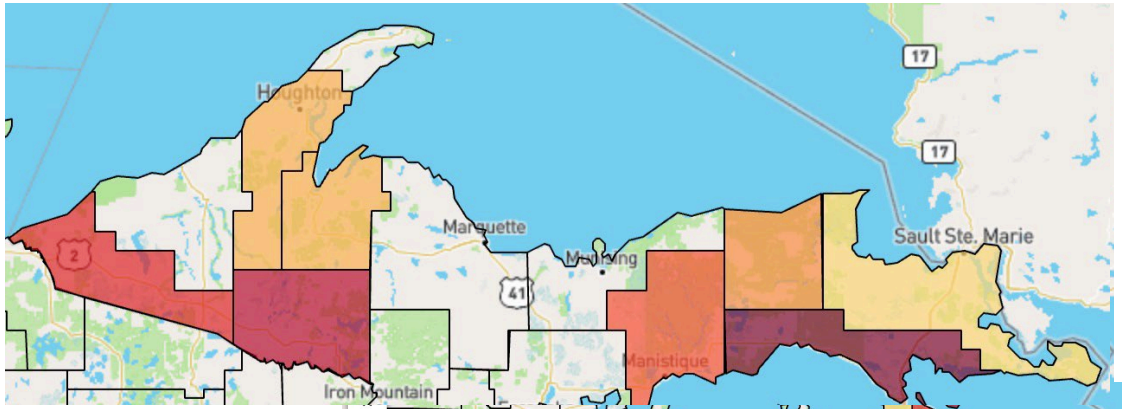


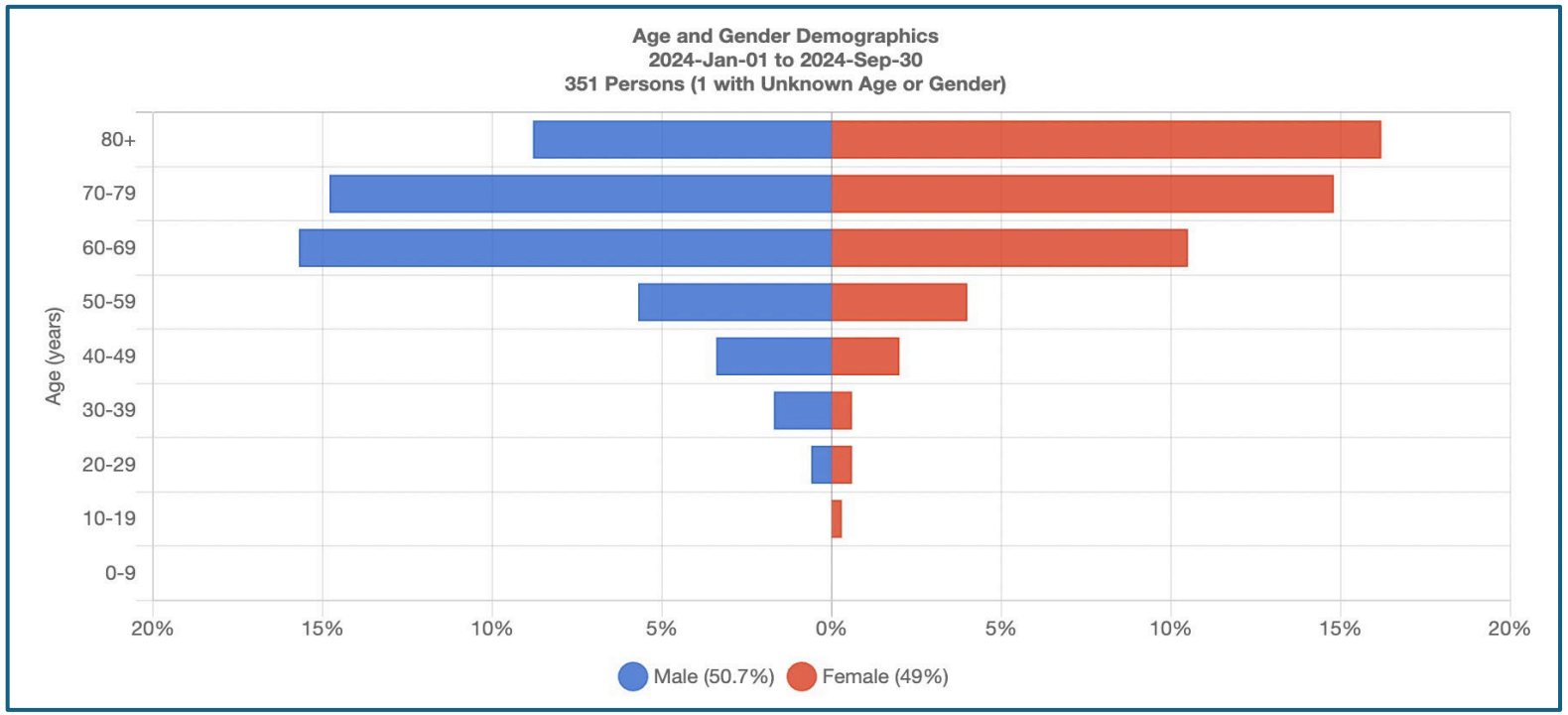


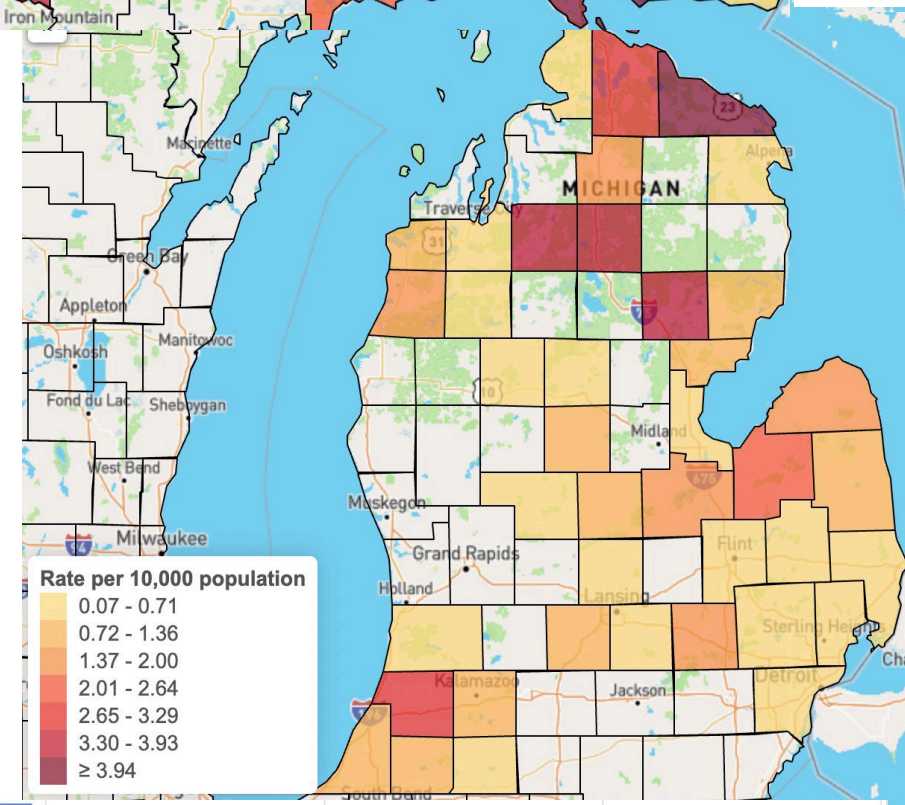
New Medications for Heart Rate Control for Atrial Fibrillation – 1/1-9/18/2024

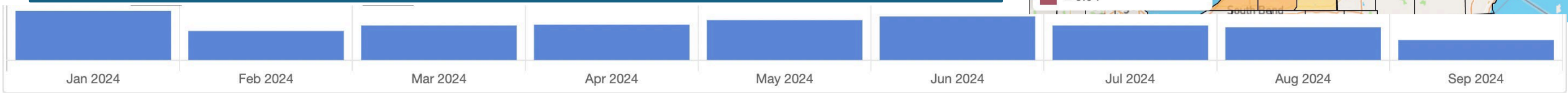
N=351

~6,100 cases of AFib w/RVR <6%







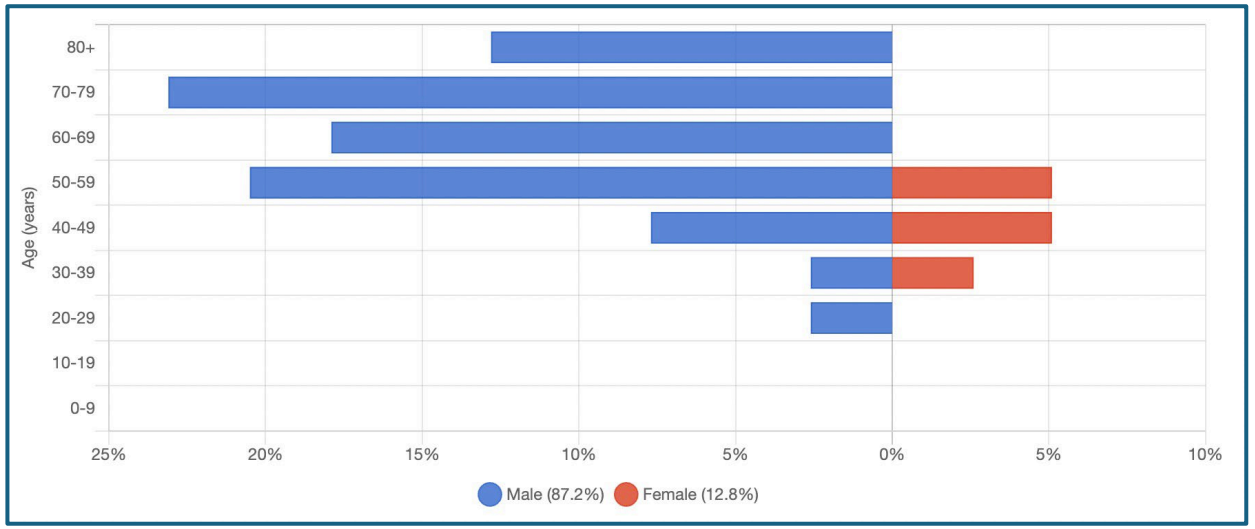


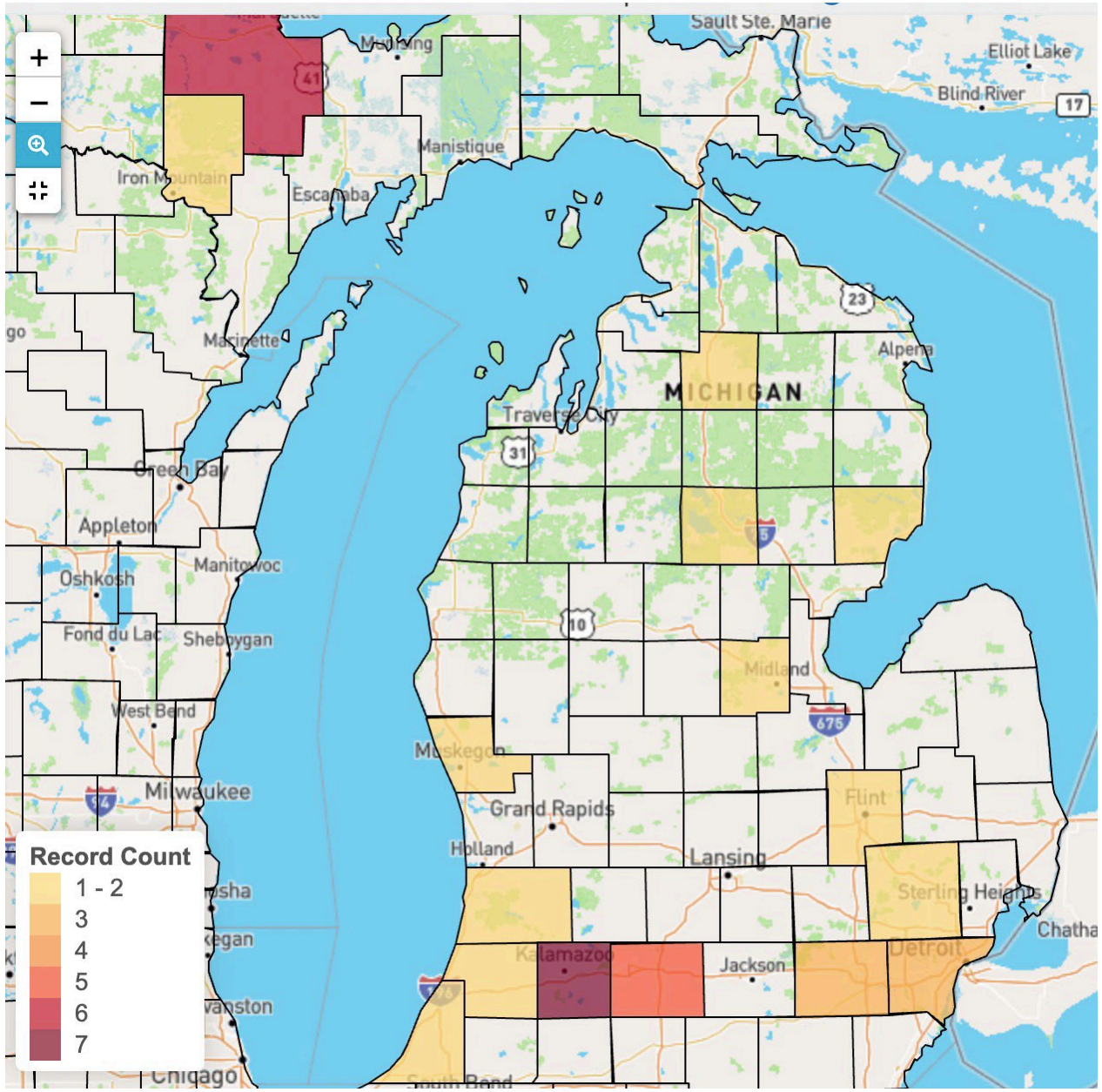
Dual Sequential Defibrillation (DSD)

N=31 / ROSC: 7 (22.3%)

Amiodarone/Lidocaine Use w/o

ROSC: 495 >>> Resistant: ~346 +/-





Support for Anterior Posterior Pad Placement

Original Investigation | Emergency Medicine

Initial Defibrillator Pad Position and Outcomes for Shockable Out-of-Hospital Cardiac Arrest

Joshua R. Lupton, MD, MPH, MPhil; Craig D. Newgard, MD, MPH; David Dennis, BS, EMT-P; Jack Nuttall, MA; Ritu Sahni, MD, MPH; Jonathan Jui, MD; Matthew R. Neth, MD; Mohamud R. Daya, MD, MS

Abstract

IMPORTANCE Ventricular fibrillation (VF) or pulseless ventricular tachycardia (pVT) are the most treatable causes of out-of-hospital cardiac arrest (OHCA). Yet, it remains unknown if defibrillator pad position, placement in the anterior-posterior (AP) or anterior-lateral (AL) locations, impacts patient outcomes in VF or pVT OHCA.

OBJECTIVE To determine the association between initial defibrillator pad placement position and OHCA outcomes for patients presenting with VF or pVT.

DESIGN, SETTING, AND PARTICIPANTS This prospective cohort study included patients with OHCA and VF or pVT treated by a single North American emergency medical services (EMS) agency from July 1, 2019, through June 30, 2023. The study included patients with OHCA treated by a large suburban fire-based EMS agency that covers a population of 550 000. Consecutive patients with an initial EMS-assessed rhythm of VF or pVT receiving EMS defibrillation were included. Pediatric patients (younger than 18 years), interfacility transfers, arrests of obvious traumatic etiology, and patients with preexisting do-not-resuscitate status were excluded.

EXPOSURE AP or AL pad placement.

MAIN OUTCOMES AND MEASURES Return of spontaneous circulation (ROSC) at any time with secondary outcomes of pulses present at emergency department (ED) arrival, survival to hospital admission, survival to hospital discharge, and functional survival at hospital discharge (cerebral

Key Points

Question What is the optimal initial defibrillator pad placement (anterior-posterior [AP] or anterior-lateral [AL]) for patients presenting with shockable out-of-hospital cardiac arrest (OHCA)?

Findings In this cohort study of 255 patients with shockable OHCA, patients with defibrillation pads placed AP had 2.64-fold greater odds of return of spontaneous circulation compared with patients with pads placed AL after adjustment for known confounders.

Meaning These findings suggest that AP placement may be superior to AL placement and clinicians should not assume equivalency of initial defibrillator pad positioning for patients with OHCA presenting with a shockable rhythm.

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Meaning These findings suggest that AP placement may be superior to AL placement and clinicians should not assume equivalency of initial defibrillator pad positioning for patients with OHCA presenting with a shockable rhythm.

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2823184