



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

MICHIGAN EMS COORDINATION COMMITTEE MEETING MINUTES

Friday, September 17, 2021

9:30 a.m.

Livingston County EMS
1911 Tooley Road
Howell, MI 48855

[Click here to join the meeting](#)

1 248-509-0316 Phone Conference ID: 479 869 384#

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 (*virtual: Mackinac County, Portage Township, Curtis, Michigan*); J. Harvey (*virtual: non-voting*); F. Jalloul; D. Gorelick for B. Kincaid; L. Martin; K. Miller (*virtual: Livingston County, Hartland Township, Michigan*); S. Myers; M. Nye; R. Ortiz; D. Pratt (*virtual: Crawford County, Frederic Township, Michigan*); A. Sledge (*virtual: non-voting*); A. Sundberg (*virtual: Marquette County, Ishpeming, Michigan*); R. Smith (*virtual: Grand Traverse/Leelanau Counties, Cedar, Michigan*); T. Sorensen; B. Trevithick; C. Haney for G. Wadaga; G. Wadaga (*virtual: not voting, alternate in place*); K. Wilkinson; Dr. S. Wise (*virtual: Wayne County, Livonia, Michigan*).

Absent: C. Baker; R. Cronkright; G. Flynn; Senator McBroom; Representative J. Yaroch.

BETP Representatives: S. Kerr; Dr. W. Fales; E. Bergquist (in person); N. Babb (in person); E. Worden; K. Kuhl; T. Godde; J. Wagner; D. Flory; L. Nelson; J. Wagner; J. Youngblood; D. Burke; K. Putman; E. Hendy; L. Ryal; L. Scott.

Guests: Bill Grubb, Star EMS; Andrew Brown, Superior Ambulance (virtual); Dr. Robert Dunne, DEMCA (virtual); Angela Madden, MAAS (virtual); Al DiBrito, Berrien County MCA (virtual); Carol Robinet, Superior Ambulance (virtual); Dr. Bob Domeier, Washtenaw/Livingston MCA (virtual); Stephen Dowker, U of M; Dustin Hawley, Superior Ambulance (virtual); Antony Hsu (virtual); Katie Donovan, Macomb County MCA (virtual); Kevin Henderson, Washtenaw/Livingston MCA (virtual); Jason Bestard, Detroit Fire; Mel Oakley (virtual); Russ Adams, Lapeer County EMS (virtual); Bob Miljan, Wayne County MCA (virtual); Jeff Spitzley, MDHHS (virtual); Jeff Friend, Cedar Area Fire and Rescue (virtual); Sariely Sandoval; Matthew Ball, Henry Ford Health System, Dave Feldpausch, Livingston County EMS; Amy Chapman, Livingston County EMS.

Approval of Agenda: Motion to approve the agenda with an addition proposed by Dr. Edwards for discussion of recruitment and retention under New Business (Trevithick, Sorensen). Motion carried.

Approval of Minutes: Motion to approve the minutes from 5/21/2021 (Cummings, Forbush). Motion carried.

Communications:

- None.

Announcements:

Reminders of upcoming educational opportunities:

- MCA and Trauma Conference-September 29 and 30, 2021
- UP EMS Conference-September 23-26, 2021

Old Business & Committee Reports:

COVID-19 – DET Staff

- Sabrina Kerr gave a brief update. The CHECC is still active. Any updates on EMS protocols or guidance will be listed on www.michigan.gov/emscovid. For general COVID-19 updates, please visit www.michigan.gov/coronavirus.

EMS Systems/Strategic Planning Update – DET Staff

- The administrative rules continue to go through the process and have moved to the next step in the process.
- Johnny Wagner gave an update on the EMS monthly performance measures that are being tracked and answered questions from the group. The charts he shared are attached to these minutes.
- Kevin Putman announced the state would be starting the transition to NEMSIS 3.5. This will go to the Data Subcommittee next month and come to the full EMSCC in November.
- Terrie Godde reported the IC exam will continue to be virtually proctored and is moving to Scantron and explained the benefits. The Continuing Education is now going through the eLicensing portal, and this is going well. More modules will be online soon. Terrie discussed COVID-19 vaccine requirements and concerns with clinicals. She discussed a National Registry task force she is on called [IDEA](#) and she shared some demographic information for students. The charts she shared are attached to these minutes. Terrie spoke about a program Kolby Miller has done through Medstar with going into high schools and Kolby discussed in more detail.
 - **Tony Sorensen asked for an additional graph of population diversity of the state and Emily said that can be worked on.**
- Sabrina gave an update for Anthony Pantaleo, who is not joining us today. She reported he is continuing to work with MCAs on adopting the naloxone leave behind protocol. He is also working with Quick Response Team programs to incorporate EMS and improve follow up referrals. He is also working on scheduling CIP Opioid Use Disorder initial education this fall.
- Bruce Trevithick asked about the fulfillment of Kathy Wahl's position and Linda Scott announced interviews would be happening soon.

Emergency Preparedness Update – Dr. Edwards

- The FDA meets today about additional vaccination/booster shots, and there will be a follow up meeting next week with the CDC/APIC work group.
- There was 100% completion on the national NEDARC pediatric readiness survey and Dr. Edwards thanked everyone involved in that effort.
- He spoke about the importance of the data being entered into EMResource and how it is used and thanked those participating. It is used for both situational awareness and planning. He spoke about the reporting that Damon Obiden has been working on and how useful it is. He also spoke about various data requests across the healthcare system and a task force created to address gaps and shortages in staffing.
- Burn surge training continues to go up for the virtual hands-on sessions. There are courses scheduled for September 28, 2021, and November 16, 2021. A benefit of the virtual training is elevated attendance.
- The last pediatric workshop was completed, and he thanked those that participated. All regions held a workshop.
- MEDRUN and CHEMPACK will begin sustainment this month.

Trauma Systems Report – E. Worden

- The Trauma funding source has a sunset built in that takes place at the end of this fiscal year. She discussed the status of the bill and asked the EMSCC to make sure their stakeholders are involved. She said she understands there will be another vote next week. There is a short timeline, and this is imperative.
- The trauma system supported 213 grants and are wrapping things up.
- STAC members were willing to have a one-year extension that expires this year, and they are accepting applications for the next term.
- They have been piloting virtual verification visits. The American College of Surgeons is also doing virtual visits.
- 158 people are registered for the Trauma Conference. She said the presentations can be viewed for up to 60 days after the conference.
- Trauma events are up in every county. Emergency departments are getting filled up and they are paying close attention.
- Work on initiatives and program building continue.

EMS Medical Director Report – Dr. Fales

- Dr. Fales spoke about COVID-19. It is still here, and we need to continue to plow through. He is hearing anecdotal reports on masks and proper PPE not being used. He said it doesn't matter if you are vaccinated or not, these are MI-OSHA rules and good medicine, and everyone needs to stay safe. COVID-19 is still a threat, and the Delta variant is not our friend. He said there are over 1,400 hospitalizations and the trend is rising. He also spoke about monoclonal antibody therapy. The good news is over 20,000 patients in Michigan have been treated with monoclonal antibodies. He spoke about

administration statistics on preventing hospitalization and deaths. He said the FDA broadened the EUA to include post exposure prophylaxis and discussed. He said the FDA has also authorized REGEN-COV and this can be administered subcutaneously and discussed when it may be advantageous to use subcutaneous instead of IV. He said we have seen an increase in EMS agencies offering this treatment. He spoke about different avenues of operationalization, as well as a plan for reacting to nursing home outbreaks for early treatment. Dr. Fales spoke of changes in the supply chain distribution by HHS for monoclonal antibodies and how that affects things.

- Dr. Edwards asked if Dr. Fales knows how many subcutaneous uses have been used and about adverse effects or complaints to inform those that are thinking of beginning administrations. Dr. Fales said there have been about 240 subcutaneous uses and a guidance document will be produced to promote the more liberal use of the subcutaneous route. He said good results continue to be reported and discussed adverse reactions briefly.
- Monty Nye asked about third booster shots. He discussed a Mayo Clinic study showed the Pfizer vaccine was 42% effective and Moderna about 70%. He asked if EMS will be prioritized for booster shots. Linda Scott said there is no clarity on how that will be done yet.
- Bruce Trevithick asked if there was data on the efficacy of subcutaneous vs IV administration. Dr. Fales said the data is limited and discussed.

Committee Reports:

- Quality Assurance – Dr. Edwards
 - The next QATF meeting is next week. He thanked those that have been involved in the protocol review process. There is not a timeline for completion of that review yet.
- Ambulance Operations – M. Nye
 - Agency Inspection Checklist
 - **Motion to support protocol access language changes (Haney, Wilkinson). Motion carries.**
 - **Motion to support change to wording on non-compliance (Forbush, Haney). Motion carries.**
 - Lisa asked what happens if an agency is non-compliant. Derek said with this being removed it allows the department to take other actions, and the agency can still operate. Ken Cummings asked what taking action means, and Emily answered and explained.
 - Ground Transport Checklists-All levels
 - **Motion to support protocol access language changes for MFR vehicles (Forbush, Condino). Motion carries.**

- **Motion to add “rigid” back to the splinting requirements (Haney, Martin). Motion carries.**
 - Draft policy: EMS 203 EMS Agencies
 - The group reviewed the draft policy and discussed. Emily explained the reasoning behind it and how it came to be.
 - **Motion to approve with suggested change in language (Cummings, Wilkinson). Motion carries.**
 - **It was suggested to change the language to “resident in Michigan”. The department will make that change.**
- Medical Control Authority – D. Condino
 - Debbie thanked Monty for allowing the committees to work together to solve the protocol access issue. Debbie reported they are working on the conference and resources documents that will be coming to EMSCC, hopefully in November, and they are planning what to work for next year.
- Ethics and Compliance – K. Cummings
 - Michigan EMS Code of Ethics
 - **Motion to approve (Haney, Wilkinson). Motion carries.**
 - Ken reported the committee has been meeting regularly and pointed out the work the department and compliance committee has done on preparing evaluation documents to make the process fair and equitable. He suggested having Scott Minaudo come to a meeting and discuss with the EMSCC.
 - Ken said discussed the code of ethics and spoke about its history and its purpose. The intent is for this to be included in the curriculum.
- Education – K. Wilkinson
 - Kevin reported English as a second language is on their upcoming agenda, and he will add recruitment and retention to the agenda.
- Bylaws – B. Trevithick
 - They have not met but will meet before the next meeting.
- Data – B. Kincaid
 - They have not met; the next meeting is October 14 at 1:00 p.m.
- Legislative – B. Trevithick
 - Safe Delivery of Newborns
 - This is draft language, and a sponsor will need to be found. This would change the safe delivery of newborns act and Bruce explained the changes. The committee recommends supporting the language. It was asked how often this happens and it was said it is rare.

and it is understood that resources are different in different places. Kevin said he would also like more time.

- **Motion to table (Wilkinson, Condino). Motion carries.**
- HB 4934 (re: VIRTUAL PUBLIC MEETINGS)
 - Bruce discussed the changes to the Open Meeting Act. This bill would address the issue and allow for virtual participation for groups like this one.
 - **Motion to support (Condino, Martin). Motion carries.**
- HB 5084 (re: assaults on providers-no sign requirement)
 - The committee is concerned about the sign requirement. The committee recommends opposing as currently written.
 - **Motion to oppose as written due to the signage requirements (Nye, Gorelick). MOTION AMMENDED BELOW.**
 - Ken spoke of the importance of the protections vs. the sign requirement. Monty said that recommendation will be made. Ken said he is working with the sponsor on this bill already.
 - **Amended motion: Motion to support the legislation except for the requirements of signs in licensed vehicles and the EMSCC would like that removed. (Nye, Gorelick). Motion carries.**
- HB 5266 (re: expand EMS liability protections)
 - This would add protections for transportation.
 - **Motion to support (Haney, Wilkinson). Motion carries.**
- Rural – G. Wadaga
 - Rural White Paper
 - Gary presented the paper to the group.
 - **Motion to support the use and distribution of the document (Cummings, Haney). Motion carries.**
 - Bruce suggested creating an executive summary for the ease of the legislators.
 - **Emily said we could make a Rural EMS quick sheet for this, and she will bring the template to the next meeting.**
 - Terrie said the pass rates need to be dated. Alyson Sundberg said she hopes this document has the impact desired and she said Gary's endeavors are appreciated.
- Pediatric Emergency Medicine – S. Mishra
 - Emily gave Dr. Mishra's report. The next meeting is 10/14/2021.

- **PedsReady assessment** – 100% participation from all Michigan Emergency Departments. Numerous partners including many from the Trauma systems across the State - would not have accomplished this without them! Thank you!
- **PWDC:** PECC (pediatric champion) Workforce Development Collaborative – national EMSC collaborative-Michigan has participants in all tracks offered (EMS, ED, and EMSC state programs).
- **EMS Education & Pediatric Champion Engagement**
 - Continued increase in EMS providers stepping up as Pediatric Champions, great job everyone!
 - Updated recordings and on-demand video education completed or underway:
 - Autism Spectrum Disorder – collaboration with Carter Kits, OCMCA, LCEMS, EMS on Air.
 - Infant Safe Sleep – collaboration with the DOSE program – updated training 9.16 and will be available on MITRAIN soon.
 - Aligning with ED Pediatric Champion education efforts – avoid duplication of efforts
 - Align topics and speakers to benefit both EMS and ED champions whenever possible.
 - Well attended by EMS pediatric champions – we offer CEs for the relevant sessions.
 - Upcoming topics include: behavioral health in adolescents and pediatric respiratory emergencies.
 - **Opportunities coming up**
 - Out of Hospital births– collaborative care with Certified Professional Midwives (CPMs) and EMS
 - Virtual mini conference
 - Collaborative effort between several EMS Regional Coordinators, local CPMs and MES.
 - Details and save the date to come.
 - Midwest EMSC Symposium – for Prehospital Pediatric Champions – virtual
 - Collaborative EMSC effort in MI, IL, IN, WI, MN.
 - We have secured 3 speakers from Michigan! There will be CE credits for EMS providers.
 - Details and registration information to come shortly. November 2021.

- Air Medical Ad Hoc – K. Wilkinson
 - Rotary Inspection Form
 - Fixed Wing Inspection Form
 - **Motion to support (Haney, Forbush). Motion carries.**
 - Bruce asked the charge of the Air Medical ad hoc. Kevin said the CON was going away so it was to look at the rules.
- EMS Safety Ad Hoc – E. Bergquist
 - No update.
- Critical Care Ad Hoc – E. Bergquist
 - No update.
- Community Integrated Paramedicine Workgroup – K. Kuhl
 - Krisy Kuhl gave an update. Education has been a huge barrier. There are now 5 programs. An MCA and a proprietary school are looking to add programs, as well. She discussed personnel. There are 19 programs, two of them are MIH and the rest CP. There are another 9 programs expected to come on board. They are still moving forward on data collection process. She discussed call volume. She said they are waiting on a meeting with a liaison on legislation. These are currently still in special study.

Community Integrated Paramedicine (CIP)

- Draft Language for Review-still in process, no updates.

New Business:

Cedar Area Fire & Rescue Bennet Bill Application

- Jeff Friend gave a brief statement about the application.

Highland Township Fire Department Bennet Bill Update

- **Move to approve the application and the update (Forbush, Haney). Motion carries.**
 - The group discussed the update for Highland Township.
- Dr. Edwards discussed Retention and Recruitment and creating an ad hoc subcommittee. Bill Forbush spoke about a grant that was awarded for recruitment and retention. He recommends Chris Peterson, himself, and Andrea Abbas being involved, as well. No one is opposed to forming an ad hoc subcommittee. The bylaws say an ad hoc can be chaired by anyone. They will refer to the bylaws subcommittee. Ken said short-term and long-term issues should be part of the charge. He said funding is a big issue but not the only issue. He said they should look at immediate things that can be done today. Kevin said usually an ad hoc has a charge and a time limit. He said Dr. Edwards could charge all the subcommittee to do work on this and report back. Dr. Edwards suggested having the chairs and one or two other members of each group

meet and report back. Andrea Abbas asked if it is possible to have someone who is working the road full time.

Public Comment: None.

Membership Round Table Report:

- Andrea Abbas announced there are a few spots left for MCRH’s quality assurance training. More information can be found [here](#).
- Bill Forbush offered kudos to Mark and Amanda Kinney for their work on the rural whitepaper.
- Joni Harvey gave a report for 911.
 - A 911 workgroup made up of 911 directors across the state was established to discuss a potential best practice recommendation draft to provide guidance and coordination plans for 911 and 988. We have tabled our efforts at this time. We are waiting for details such as technology capabilities for transferring information, backup plans for unanswered calls, training requirements for 988 call takers etc., before we can begin to draft language recommendations. Once we have more information on how 988 will be implemented and maintained in Michigan, the 911 workgroup has all agreed to come back together and resume working on this project. The 988 Coalition has done a lot of work on this program and will continue to provide support to the success of implementing 988 in Michigan.
 - **Background regarding crisis lines and 988 in Michigan (info is from the 988 Coalition Leaders):** There are currently at least 50 crisis lines in Michigan, offering a variety of available services and hours of operations (46 of the crisis lines are operated by Community Mental Health Services Programs). One of these crisis lines is the Michigan Crisis and Access Line (MiCAL) which was codified into Michigan law in 2020, and was chosen as the method for servicing initial 988 calls received in Michigan; MiCAL went live in two pilot regions in April of 2021, but will become a statewide support system.

Prior to MiCAL, the State of Michigan did not have a formal role in servicing the National Suicide Prevention Line (NSPL) - better known as the National Suicide Hotline. There are six regional crisis lines that have been serving as coverage for NSPL for much of the state, but this has been done independently of the State of Michigan, have been self-sustaining, and again offer somewhat different services and hours of availability. Some of these crisis lines partnered with MDHHS to temporarily expand NSPL coverage in Michigan through a grant, until MiCAL could provide statewide coverage.

The goal is to provide statewide NSPL coverage with 24/7 resources, including suicide prevention education, lifesaving response, and continuum of care for those in need of services through a centralized crisis line, mobile crisis response, and crisis stabilization units. The 988 Coalition will have its last official meeting in September where we hope

to gain more insight on technology capabilities, call processing procedures including back up plans for unanswered calls, and funding measures. The MDHHS planning team is working on a method to keep the 988 Coalition members and stakeholders updated after the September meeting. 911 in particular will be contacted in the coming months for further collaboration to hopefully be completed by July 2022.

Michigan 988 initial rollout is scheduled for July 2022, with follow up and additional bench-mark items scheduled post-launch.

- The 911 Training Subcommittee has requested that the Certification Subcommittee discuss the possibility of making T-CPR a best practice recommendation for PSAPs. While EMD is already a best practice recommendation which requires a telecommunicator to be CPR certified, there is nothing actually requiring telecommunicators to use EMD or to apply pre-arrival instructions for CPR. We have a subcommittee member who is part of the SaveMIHeart initiative, and she has been providing the subcommittees with data and other information needed for these discussions.
- She is currently participating in a workgroup that is developing a shortened version of a CIT (Crisis Intervention Team) training for public safety and other public servant organizations such as CMH. The development of this course is through MCOLES and DHHS. The class is Behavioral Health Crisis Training, and we are in the process of conducting pilot trainings.
 - This is a great opportunity to have our first responders and CMH partners come together to learn and strengthen skills when responding to those who are experiencing a mental illness or behavioral health crisis situation. This will ultimately be a train the trainer type course, and we are discussing options such as providing this training for individual public safety/public health communities to attend together, so they can follow up afterwards and develop processes that work best for their areas. If you are interested in learning more about this training, contact Eric Waddell jericwaddell@thecardinalgroup2.com.
- 3G networks will be decommissioned as early as January 2022. That means any devices that connect via 3G will no longer work at all, including not being able to call 911. We encourage the public safety agencies and phone carriers to continue educating their communities on the upcoming decommissioning of 3G services, and to contact their carriers for more information. Gratiot County and Oakland County have both made great strides in this effort and are valuable resources for centers needing some assistance in their outreach efforts.

[AT&T](#) addresses (in the included link):

- When AT&T will be decommissioning its 3G network (which will be February 2022).

- Other relevant information related to AT&T's decommissioning of its 3G network.
- A list of supported and unsupported devices after AT&T decommissions its 3G network.

[Verizon](#) addresses (in the included link):

- When Verizon will be decommissioning its 3G network (which will be December 31, 2022).
- Other relevant information related to Verizon's decommissioning of its 3G network.

[T-Mobile](#) addresses (in the included link):

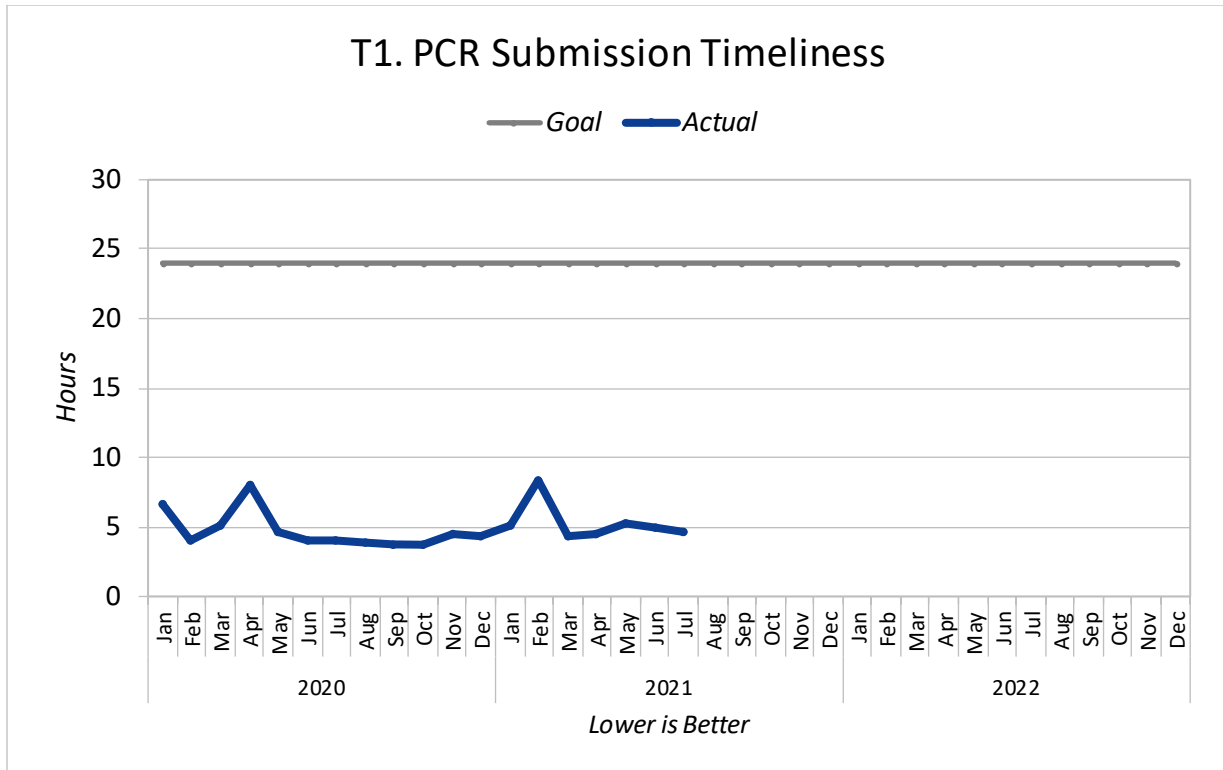
- When Sprint will be decommissioning its 3G network (which will be January 1, 2022).
- When Sprint will be decommissioning its LTE network (which will be June 30, 2022).
- And per the link, no date has been set for the decommissioning of T-Mobile's 3G network.
- Other relevant information related to Sprint's/T-Mobile's decommissioning efforts.

- HB 5026 (Rewrite of the 911 Act)– Sponsored by Rep. Calley. Our main goal is for this rewrite is to continue funding the NG911 network in Michigan to complete the transition from the copper line legacy system, and then be able to maintain the system once the conversions have been completed. The current 911 Act sunsets Dec 31, 2021, so it is imperative we get this bill passed. We are hoping to see some movement on it in the Senate this month.
- NG911 update: Currently all but one county and one service district have either converted to, is in progress of, or has been scheduled to convert to NG911 in Michigan. Text to 911 has also been continuing implementation in Michigan. All except one county and 2 service districts have either deployed or are in the process of deploying text to 911 in Michigan.
- Nationally – focusing on funding for NG911: The House Energy & Commerce Committee released its portion of the Budget Reconciliation Act last Thursday which included \$10 billion federal funding for NG911 that would be made available through grants until Sept. 30, 2026. The bill is still in committee and will still need to go through the full House and Senate. You can read the bill as introduced here.

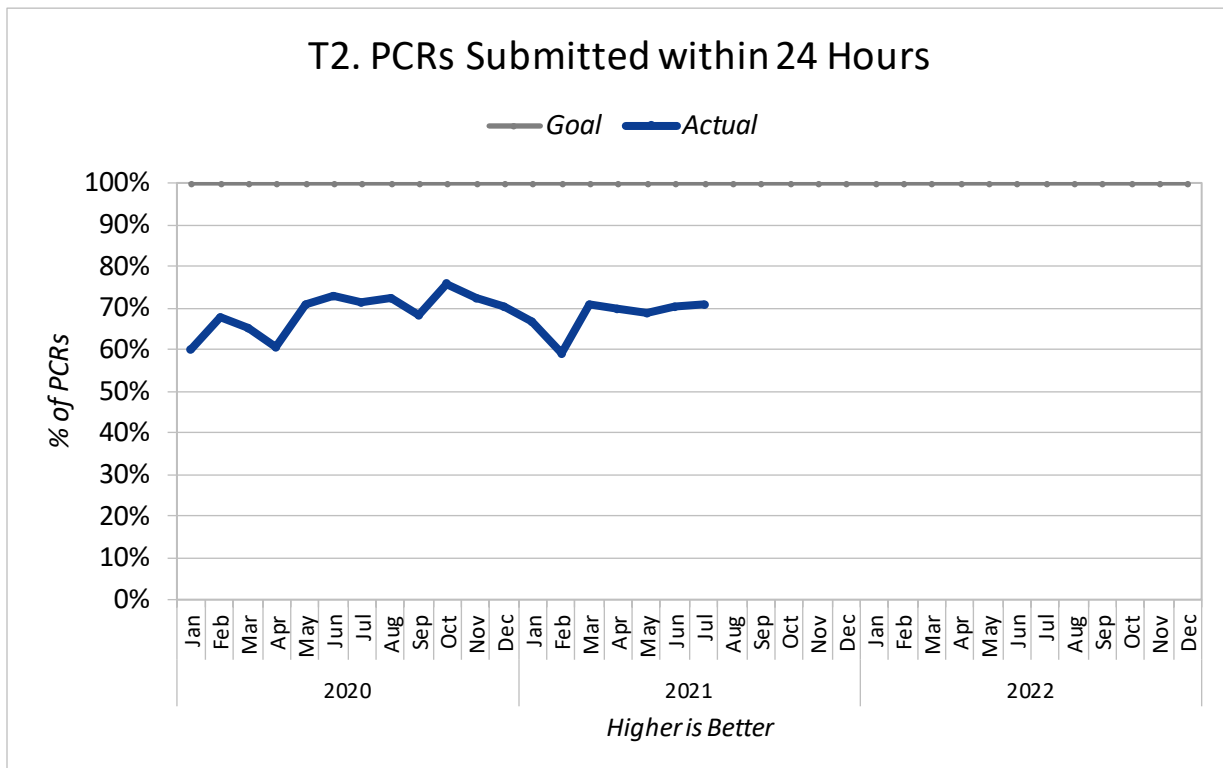
Also included is a NG911 Cybersecurity board that would work with state, regional, and local governments in regard to sharing information on NG911 cybersecurity, and an NG911 advisory board to assist with managing the federal grant. As proposed in the current reconciliation bill, this grant would not only be for implementation of NG911, but also maintenance of the system which could be a great opportunity for Michigan since we are almost fully converted.

- Efforts have been revived to reclassify emergency telecommunicators from administrative/secretary to public safety through the 911 SAVES Act S.1175.
- FCC Fee Diversion Update:
 - From what we have seen so far in the current R&O that was released by the FCC, we are in pretty good shape as far as MI allowables and disallowables, but there is still some concern about interpretations regarding LMR. We are hoping to see some clarification with the Strike Force recommendations.
 - Strike Force Meeting this Friday at 10am. Nothing is confirmed until the final Strike Force recommendations are considered. We expect a report and order final update from FCC by September 23. Changes need to be implemented by October 18, 2021, so we are anxiously awaiting this final update.
- Alicia Sledge provided an update for the Office of Highway Safety Planning.
 - Jamie Dolan, OHSP's Upper Peninsula staff person is coordinating a Rural Bystander Care session at next week's U.P. EMS Conference.
 - OHSP is working with Sabrina Kerr of the EMS Office on a FY22 grant to improve quality of crash data in the EMS information system.
 - The Governor's Highway Safety Association has recently released a report entitled 'Law Enforcement, First Responder, and Crash Investigators' Preparation for Autonomous Vehicle Technology'.
 - The GHSA Annual Meeting this week included a workshop on Autonomous Vehicles and First Responders, with a panel of speakers who shared insight into what is needed as this issue continues to evolve. If anyone has any questions, please feel free to contact her at sledgea@michigan.gov.

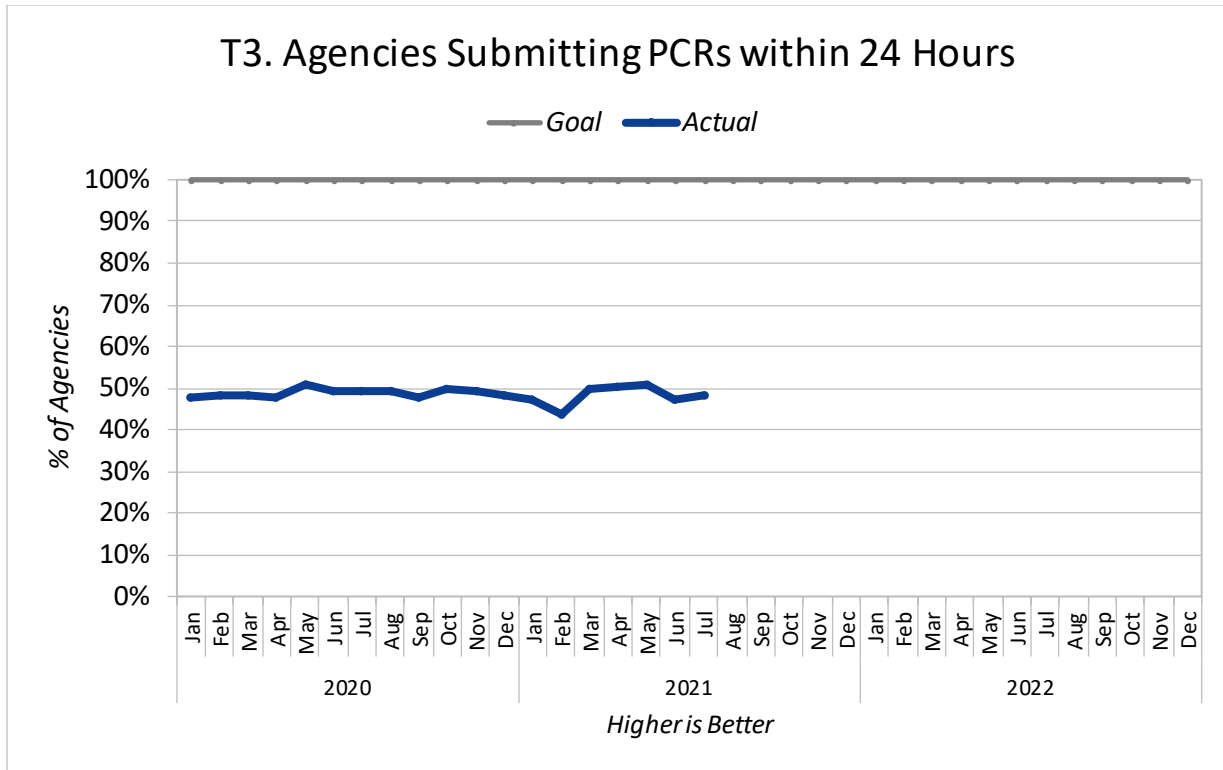
Adjournment: Motion to adjourn at 12:54 p.m. (Haney, Cummings). Motion carries.



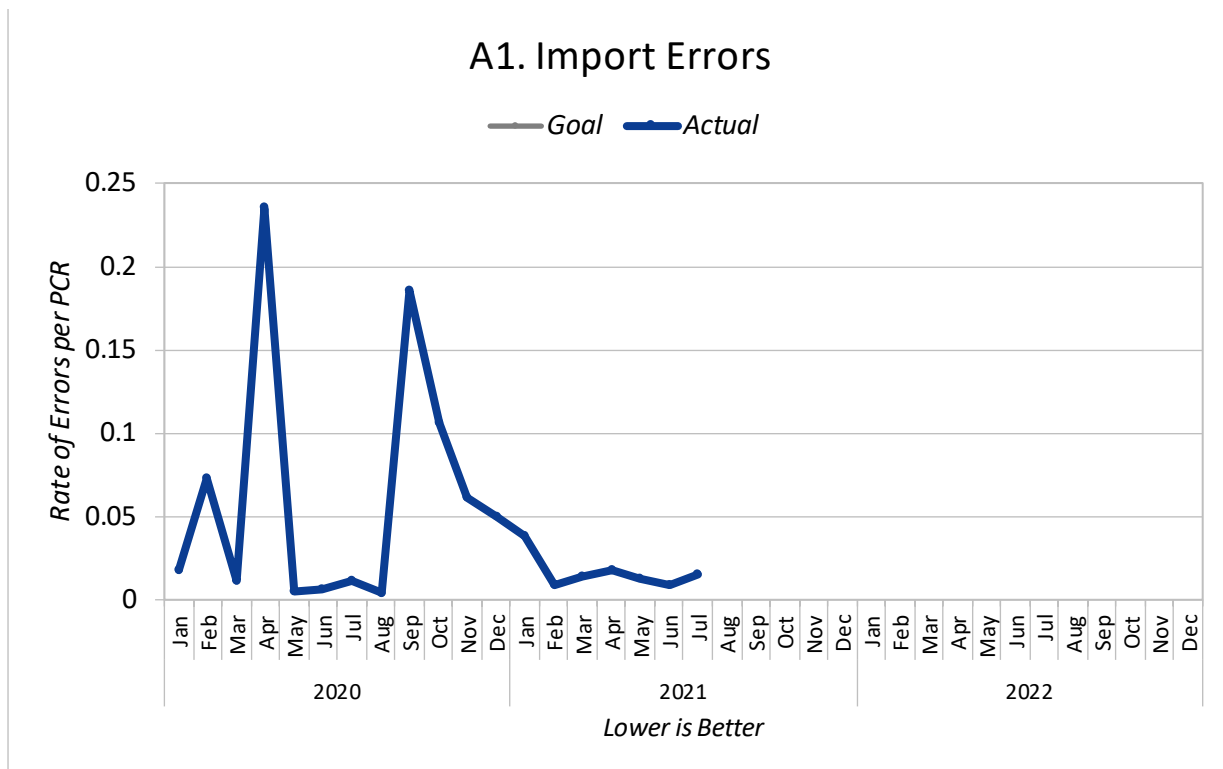
The median number of hours that it takes for a NEMSIS version 3 patient care report to be received by the state data system (from the time the EMS unit was back in service after the call).



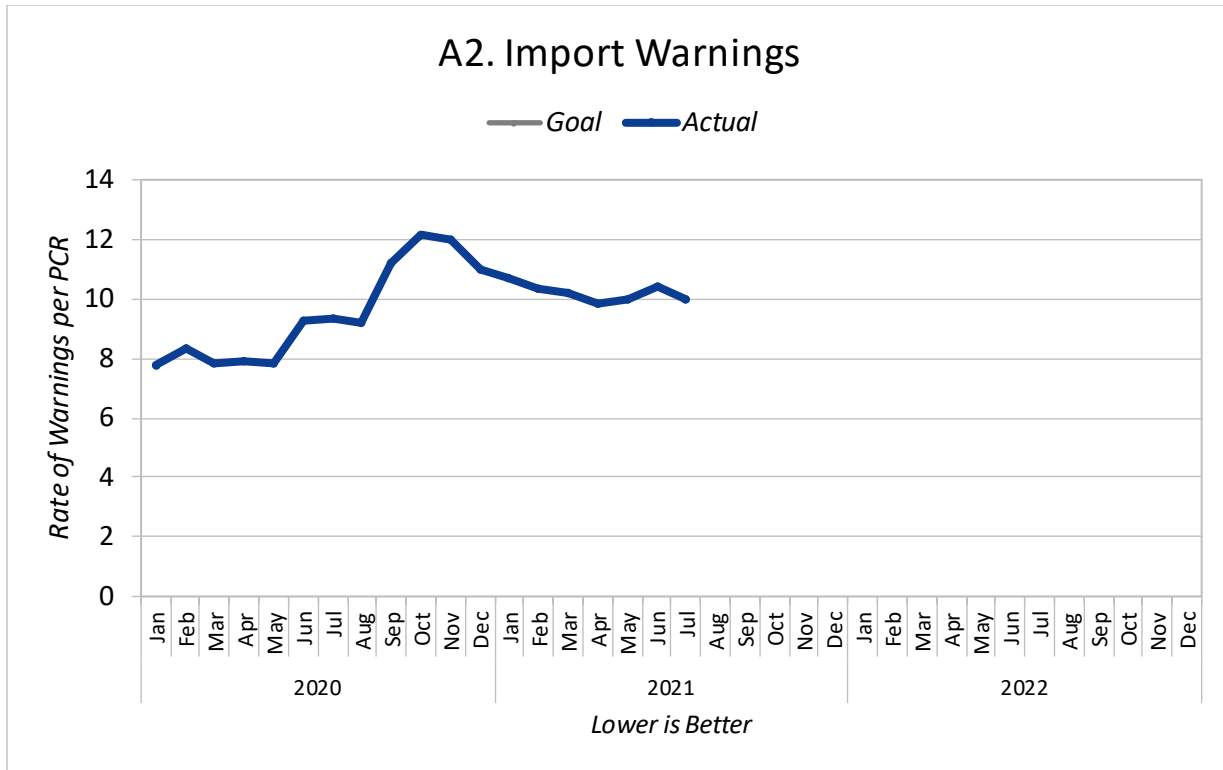
The percentage of NEMSIS version 3 patient care reports received by the state data system within 24 hours from the time the EMS unit was back in service after the call.



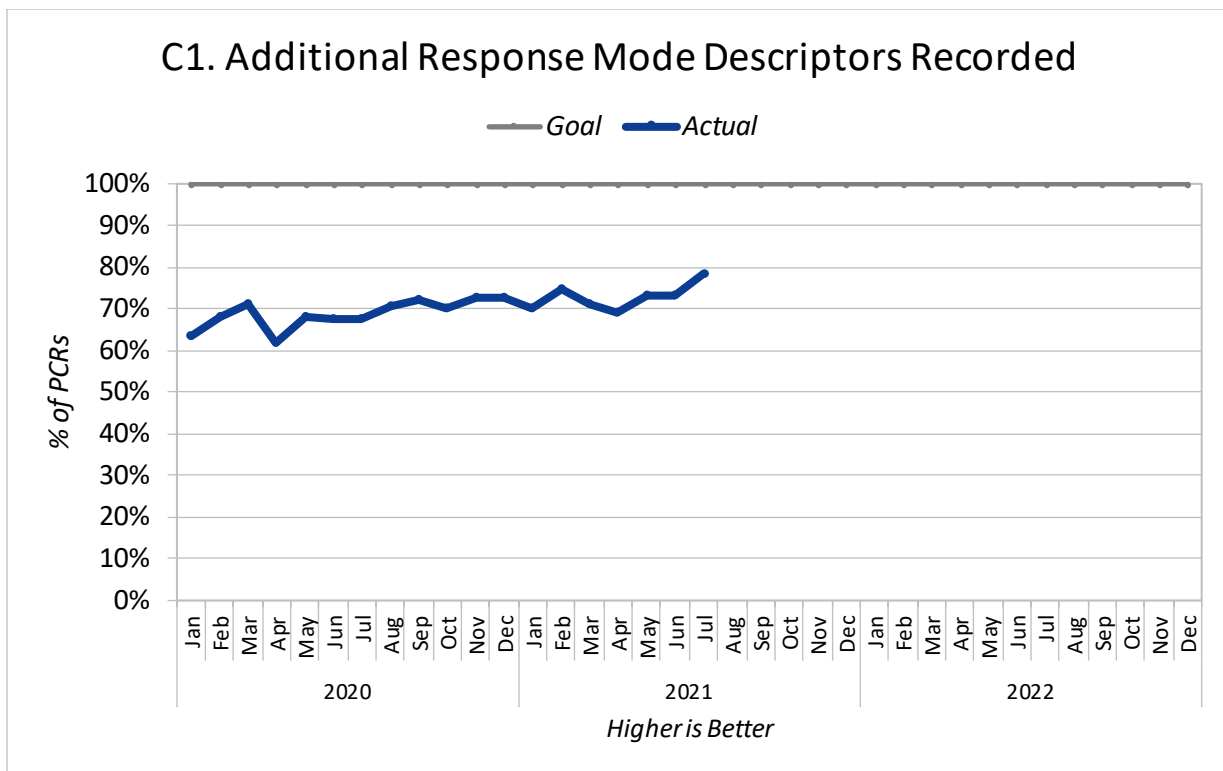
The percentage of agencies where the median number of hours that it takes for a NEMSIS version 3 patient care report to be received by the state data system (from the time the EMS unit was back in service after the call) is less than 24.



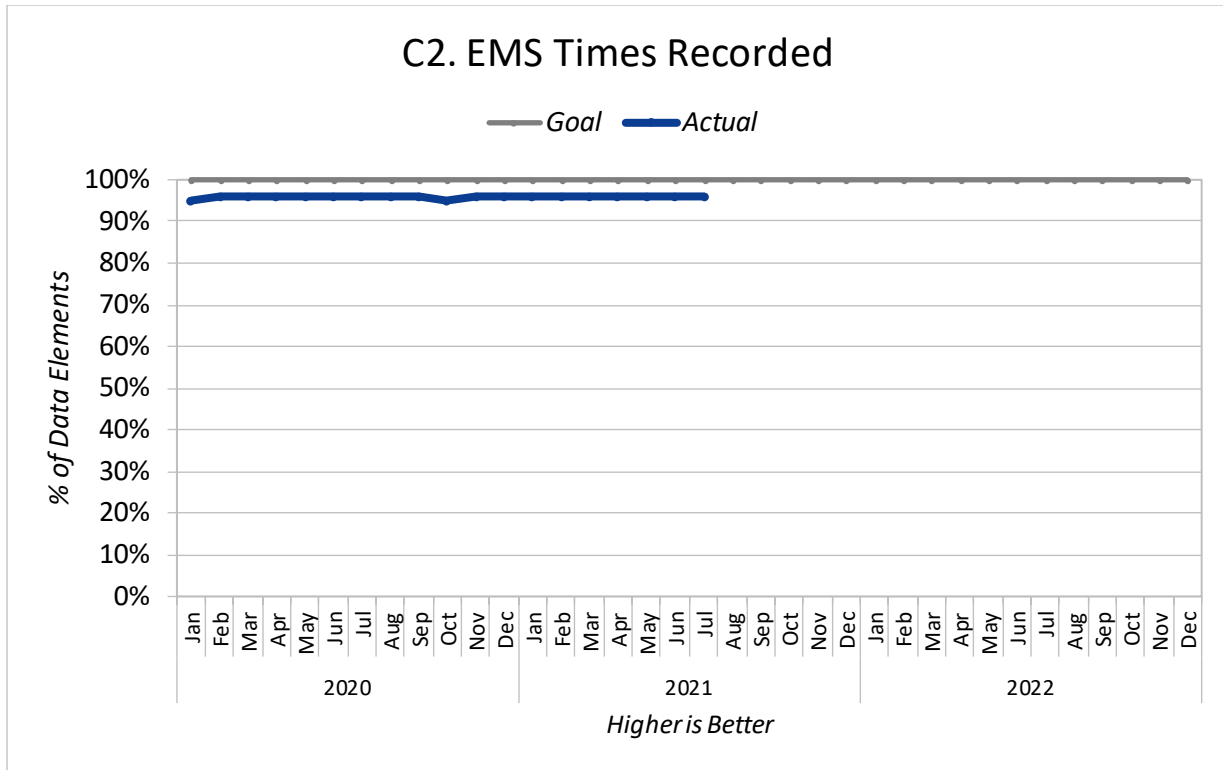
The rate of errors in NEMSIS 3 data submitted to the state EMS data system from other systems.



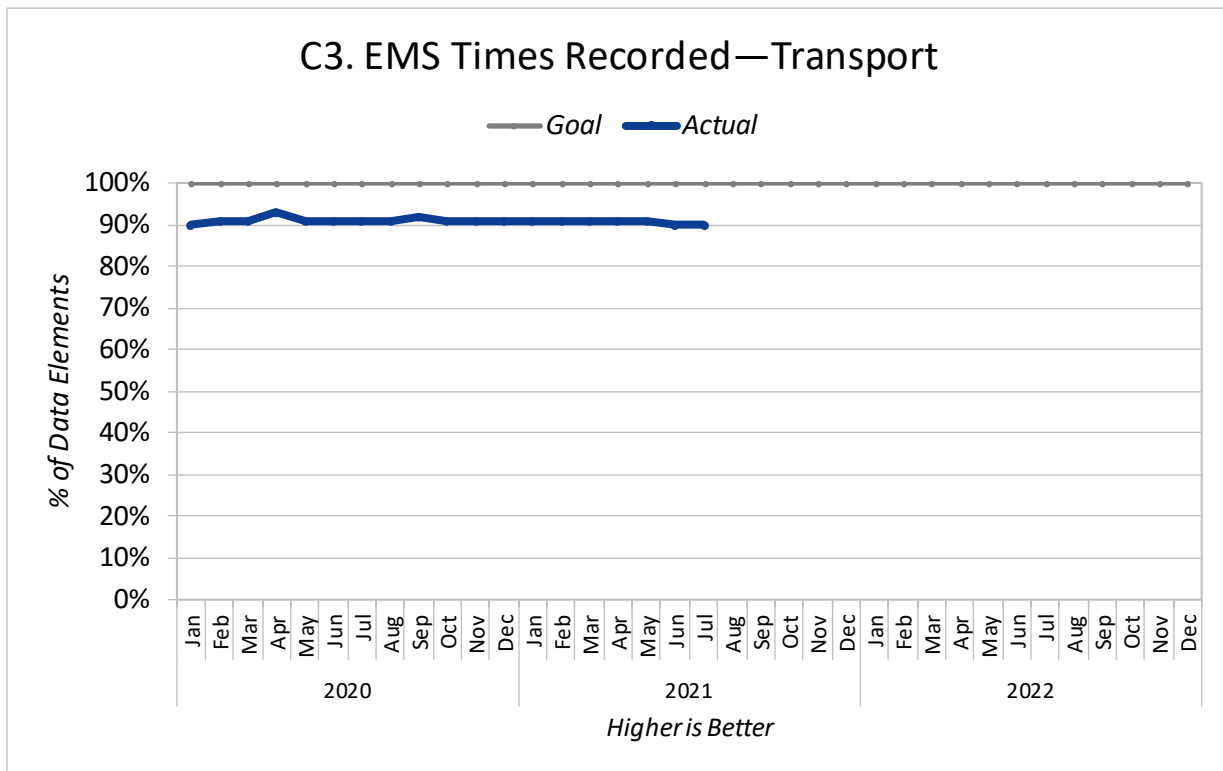
The rate of warnings in NEMSIS 3 data submitted to the state EMS data system from other systems.



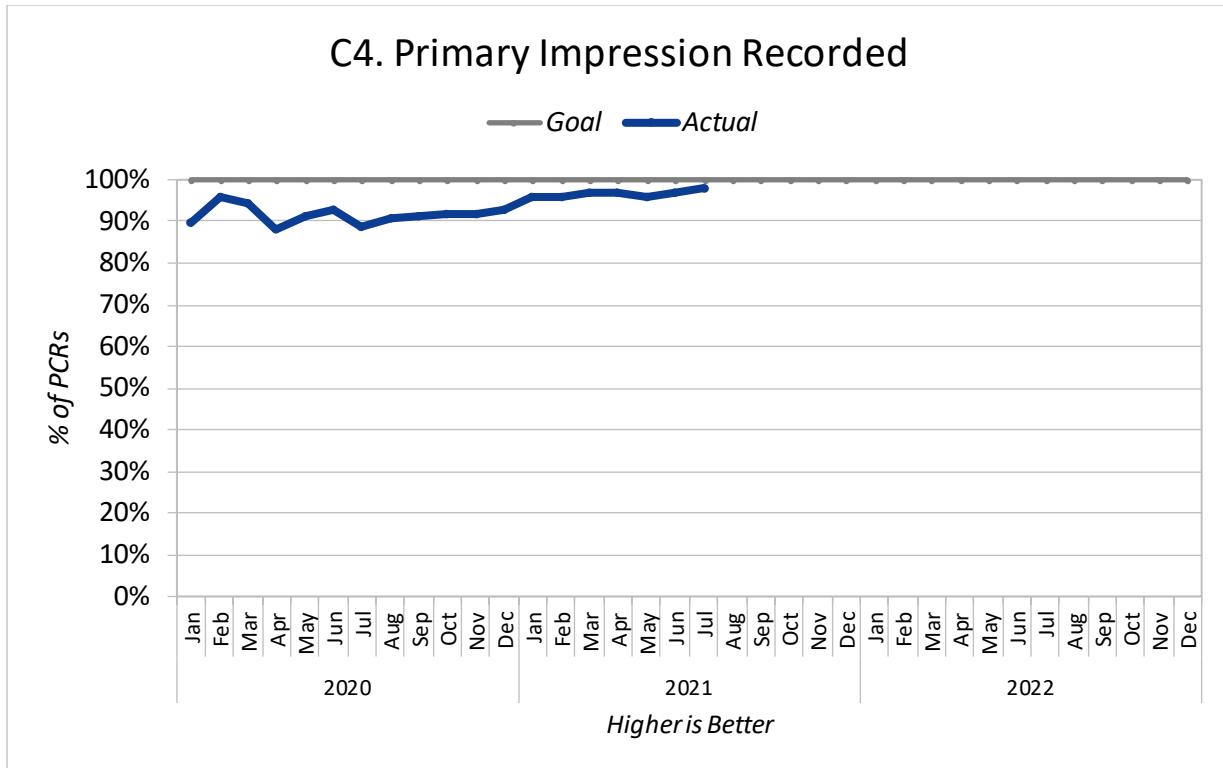
Where there is an incident scene, the percentage of patient care reports where Additional Response Mode Descriptors is recorded with a non-blank value.



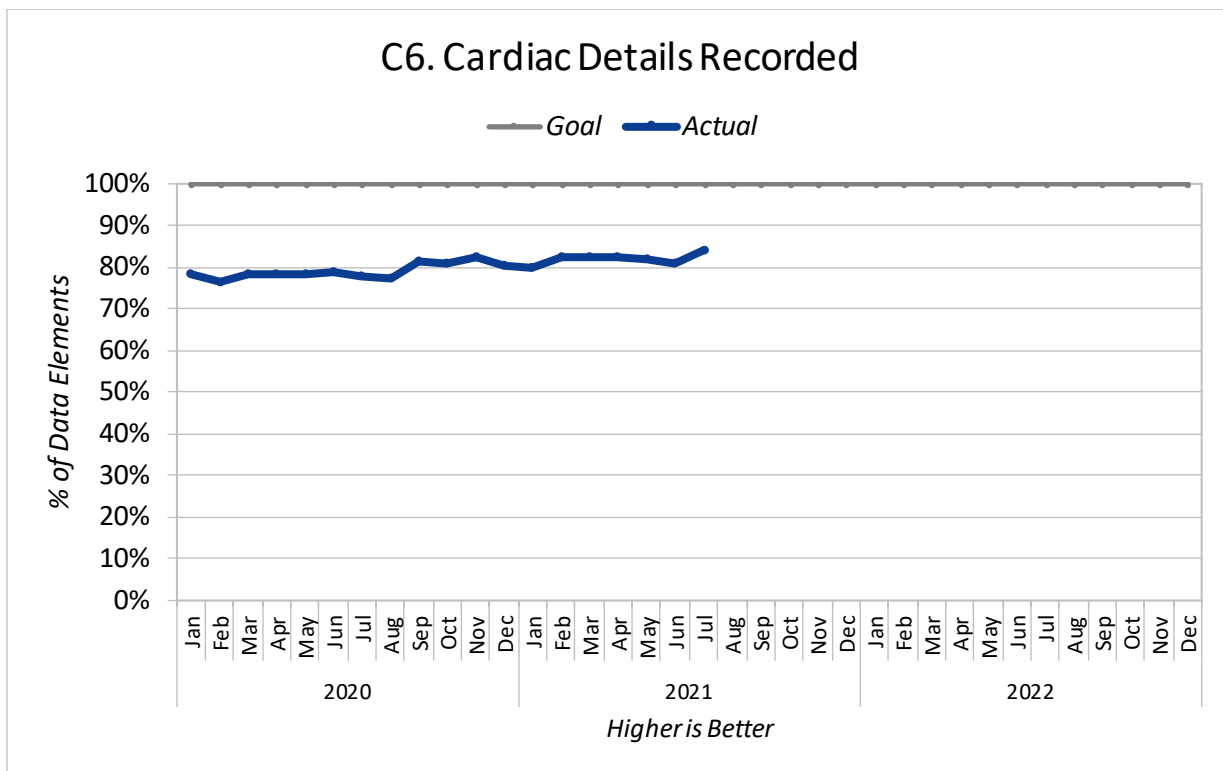
Where a patient is encountered, the average percentage of selected time-related elements with a non-blank value per NEMSIS 3 patient care report.



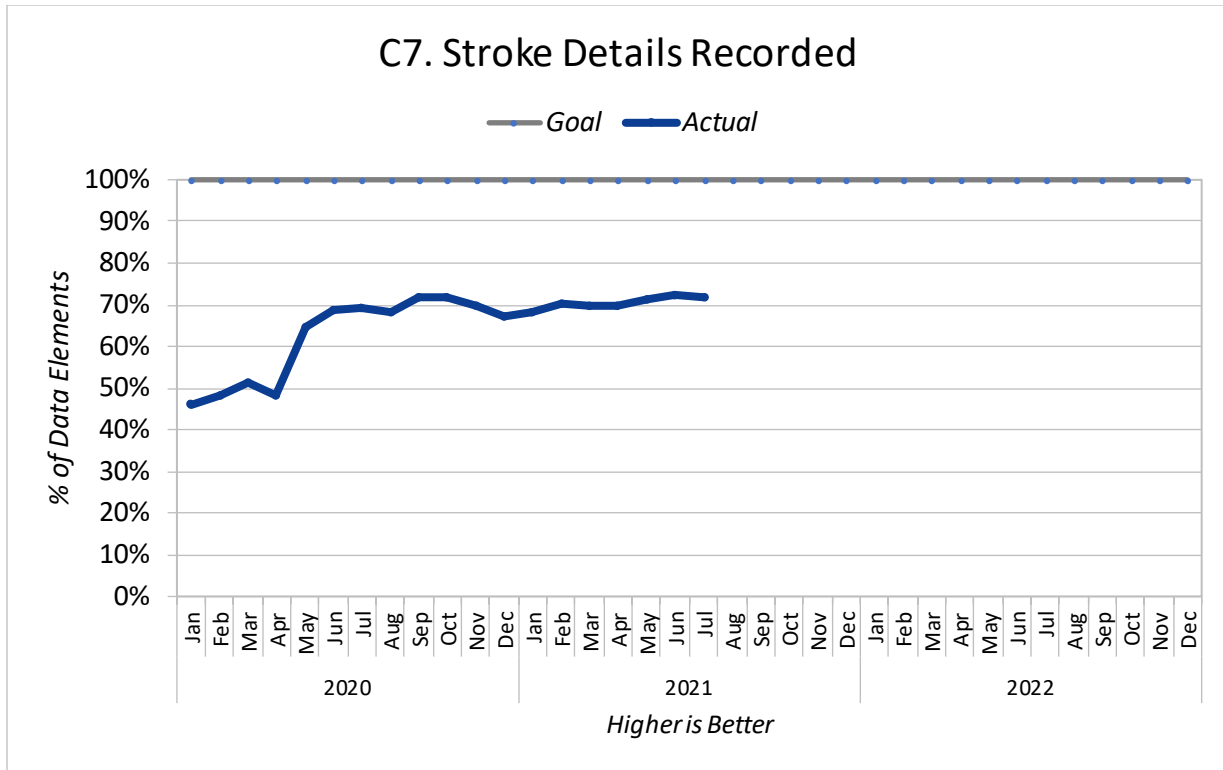
Where a patient is transported by EMS, the average percentage of selected time-related elements with a non-blank value per NEMSIS 3 patient care report.



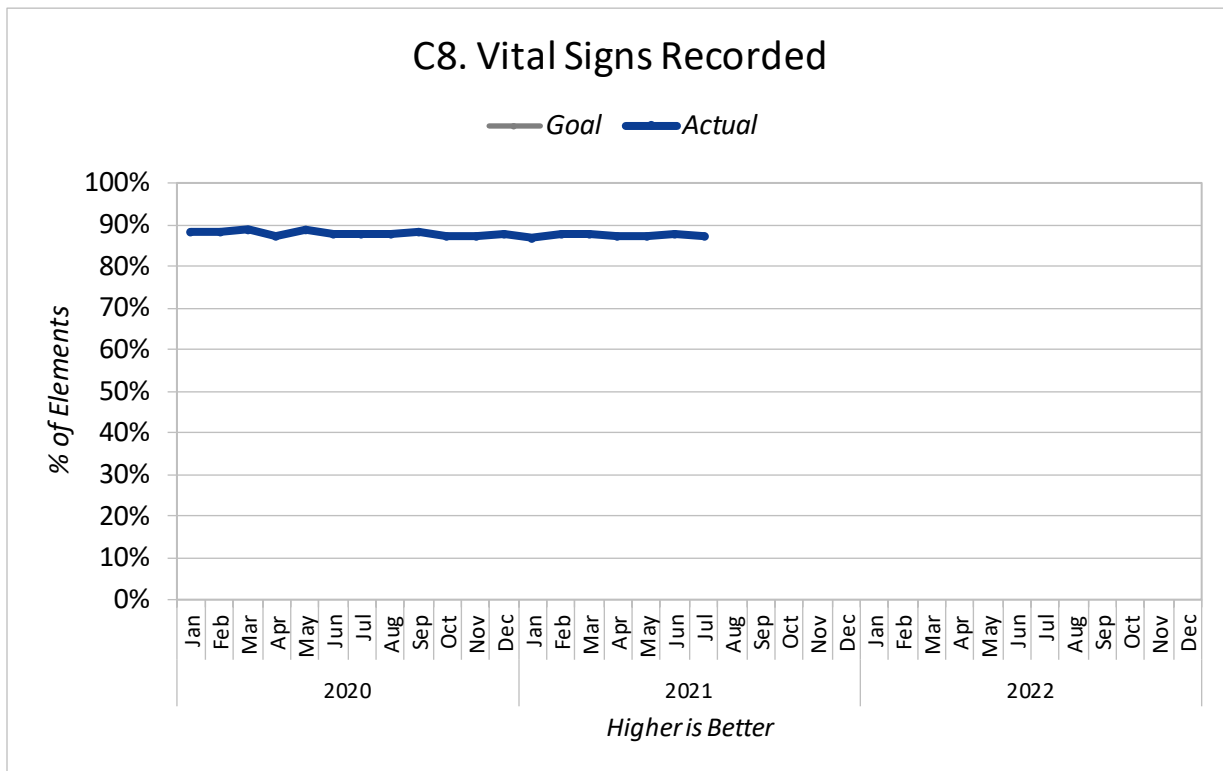
Where a patient is treated, the percentage of NEMSIS 3 patient care reports with a Primary Impression recorded



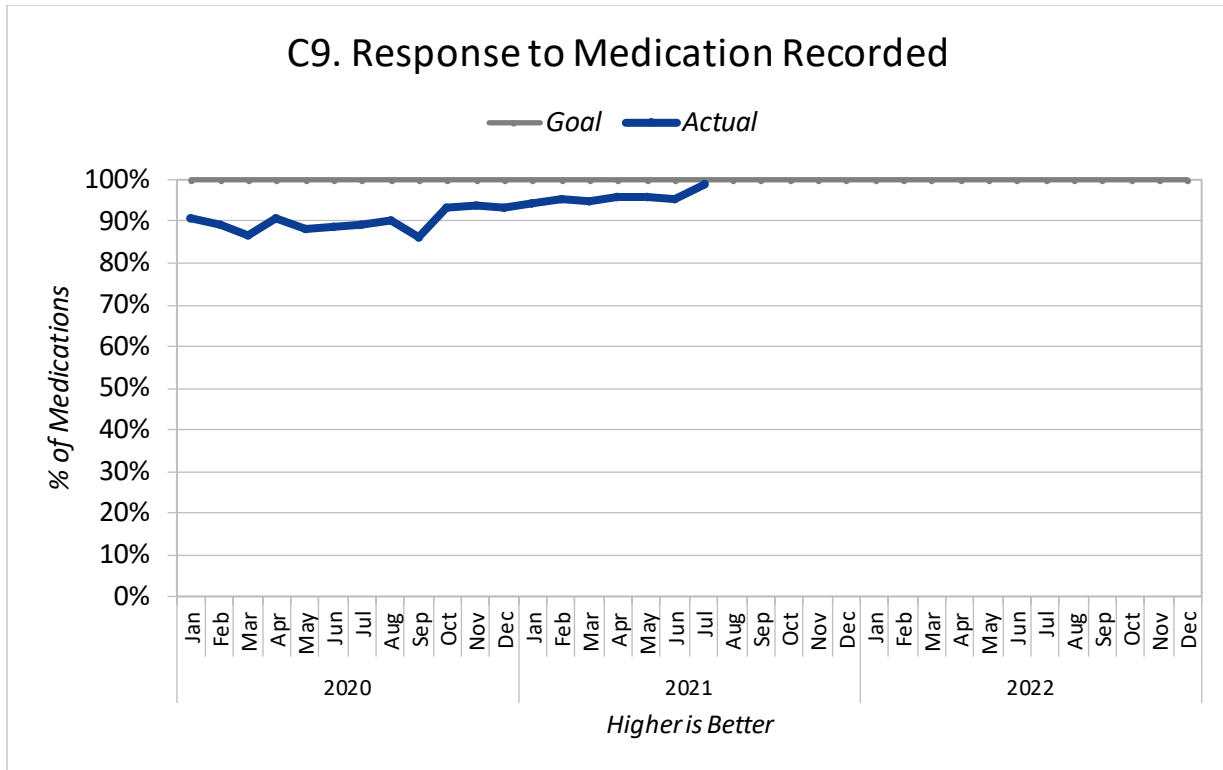
Where there is a cardiac arrest, the average percentage of selected cardiac-related elements with a non-blank value per NEMSIS 3 patient care report.



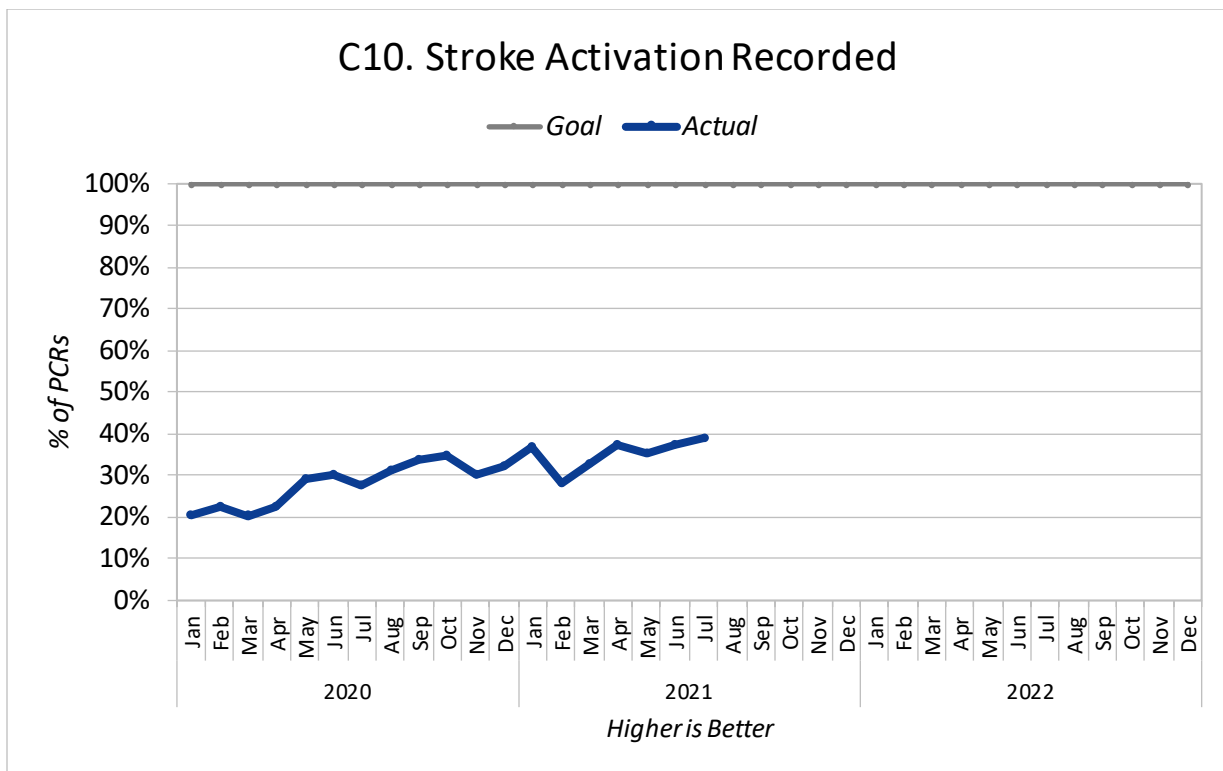
Where Primary Impression is stroke and Type of Service Requested is 911 response (scene), the average percentage of selected stroke-related elements with a non-blank value per NEMSIS 3 patient care report.



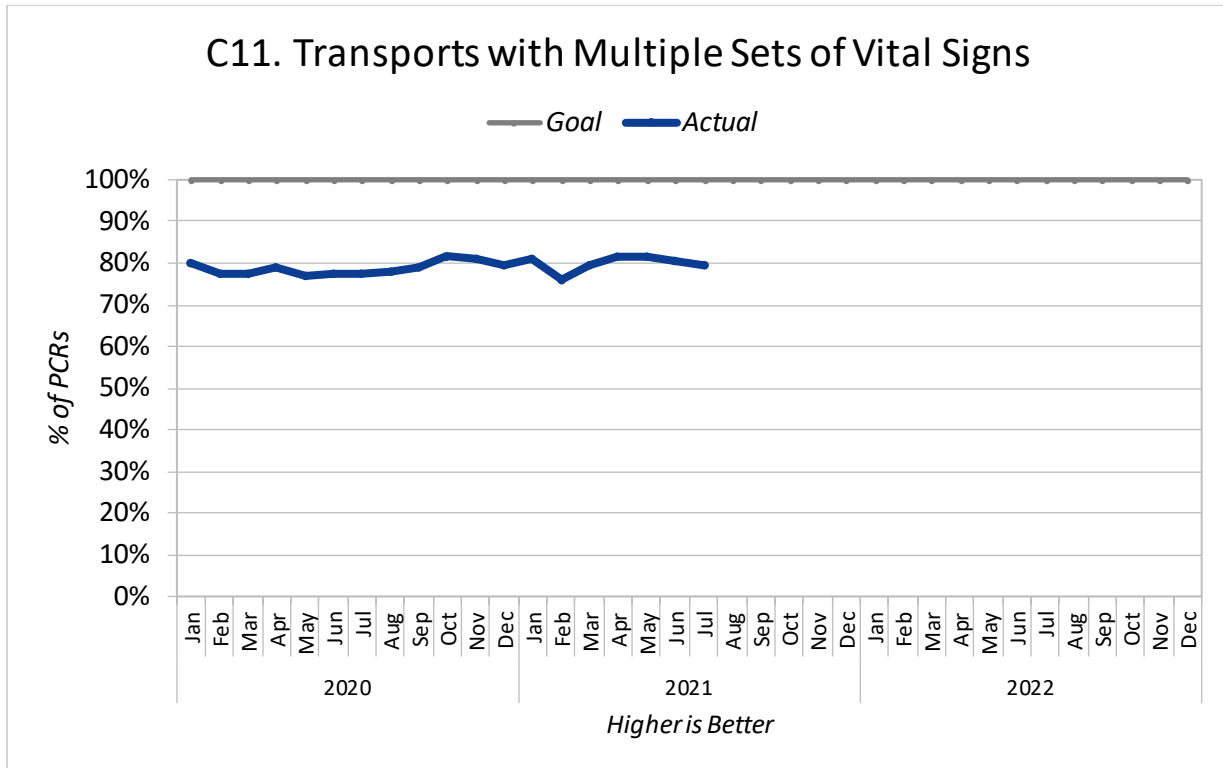
Where a patient is treated, the average percentage of selected vital sign elements with a non-blank value per NEMSIS 3 patient care report.



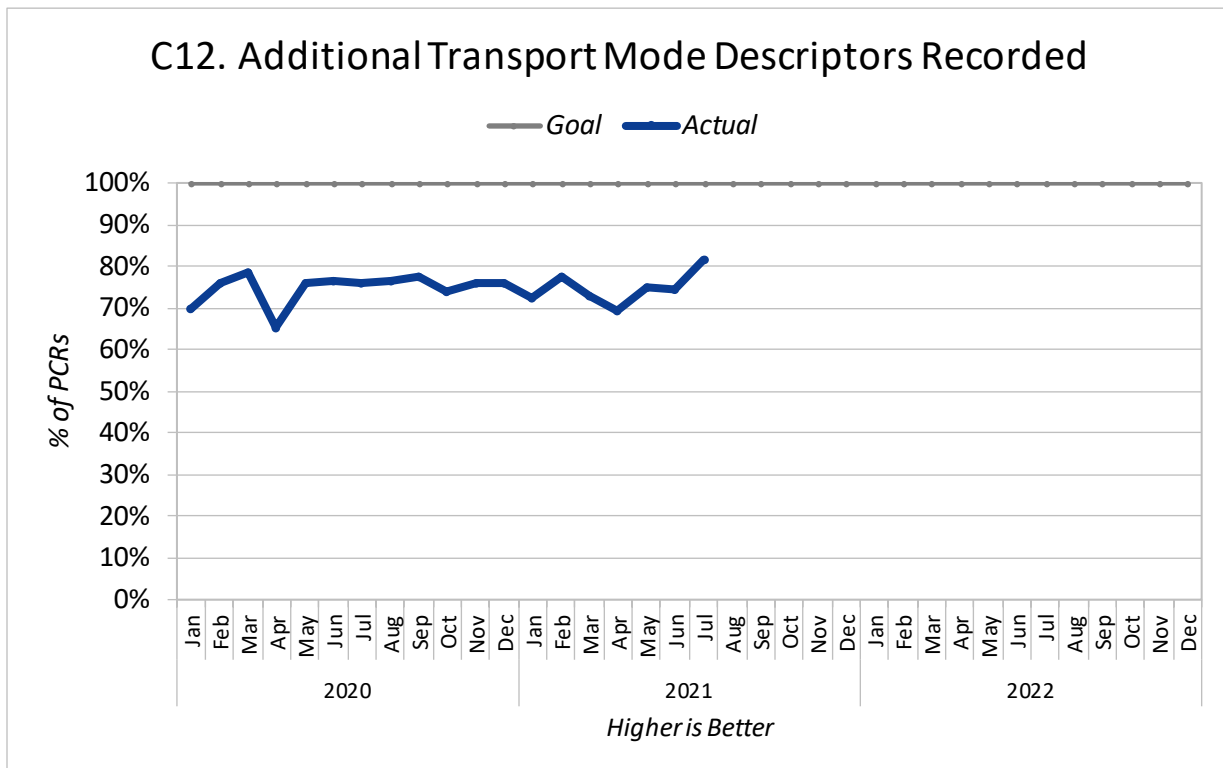
The percentage of medication administrations with Response to Medication recorded



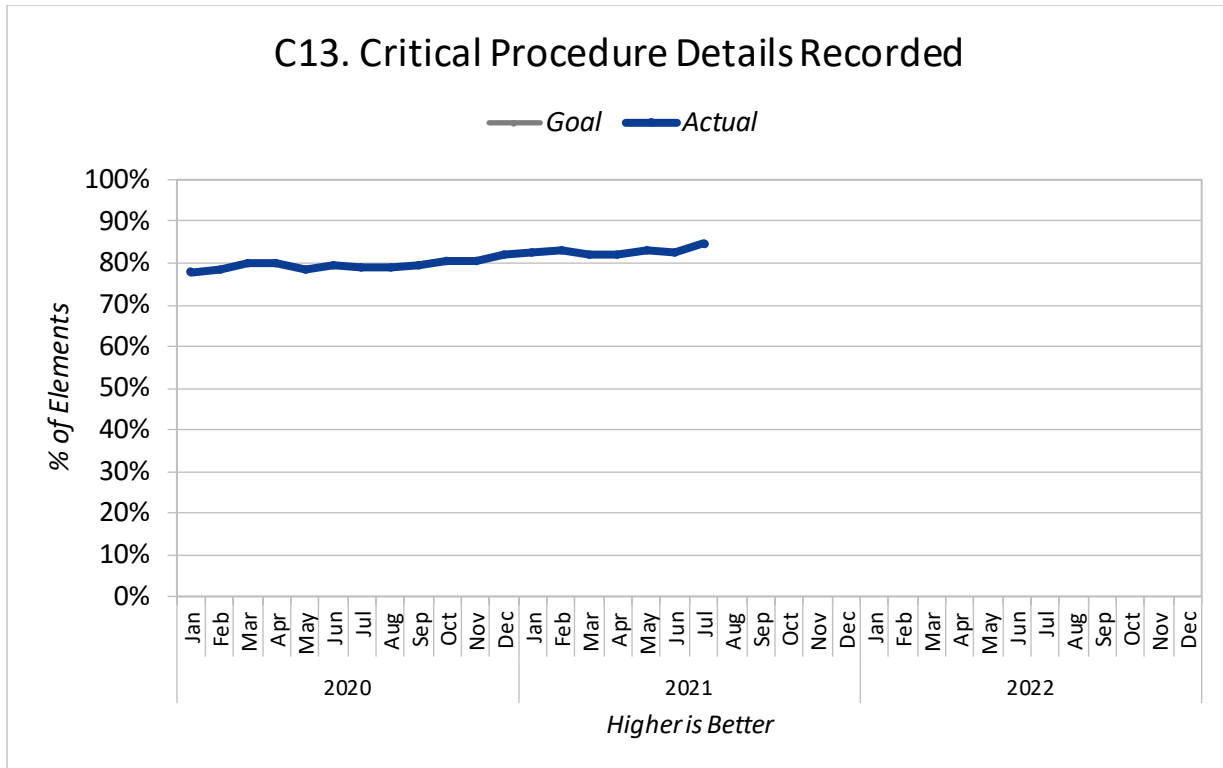
Where Primary Impression is stroke and Type of Service Requested is 911 response (scene) and a patient is treated and transported, the percentage of NEMSIS 3 patient care reports with a destination team stroke pre-arrival alert or activation recorded.



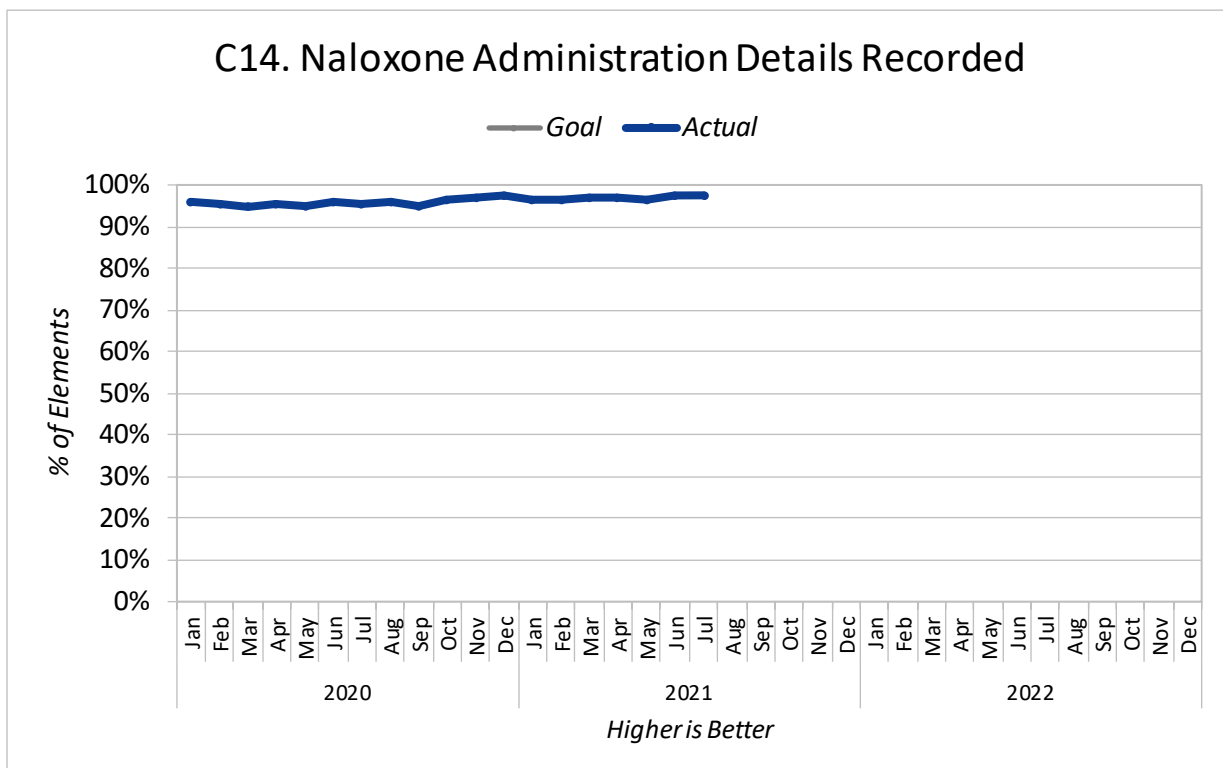
Where a patient is treated and transported, the percentage NEMSIS 3 patient care reports where more than one set of vital signs is recorded.



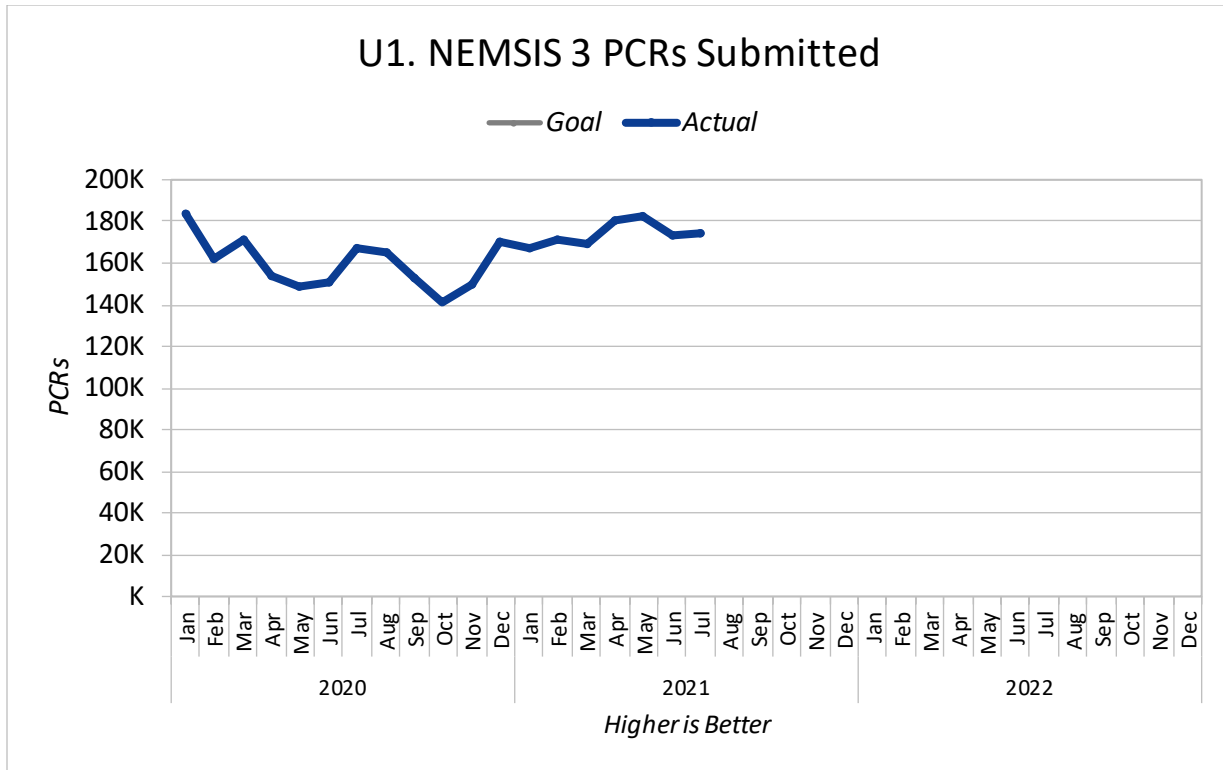
Where a patient is treated and transported, the percentage of patient care reports where Additional Transport Mode Descriptors is recorded with a non-blank value.



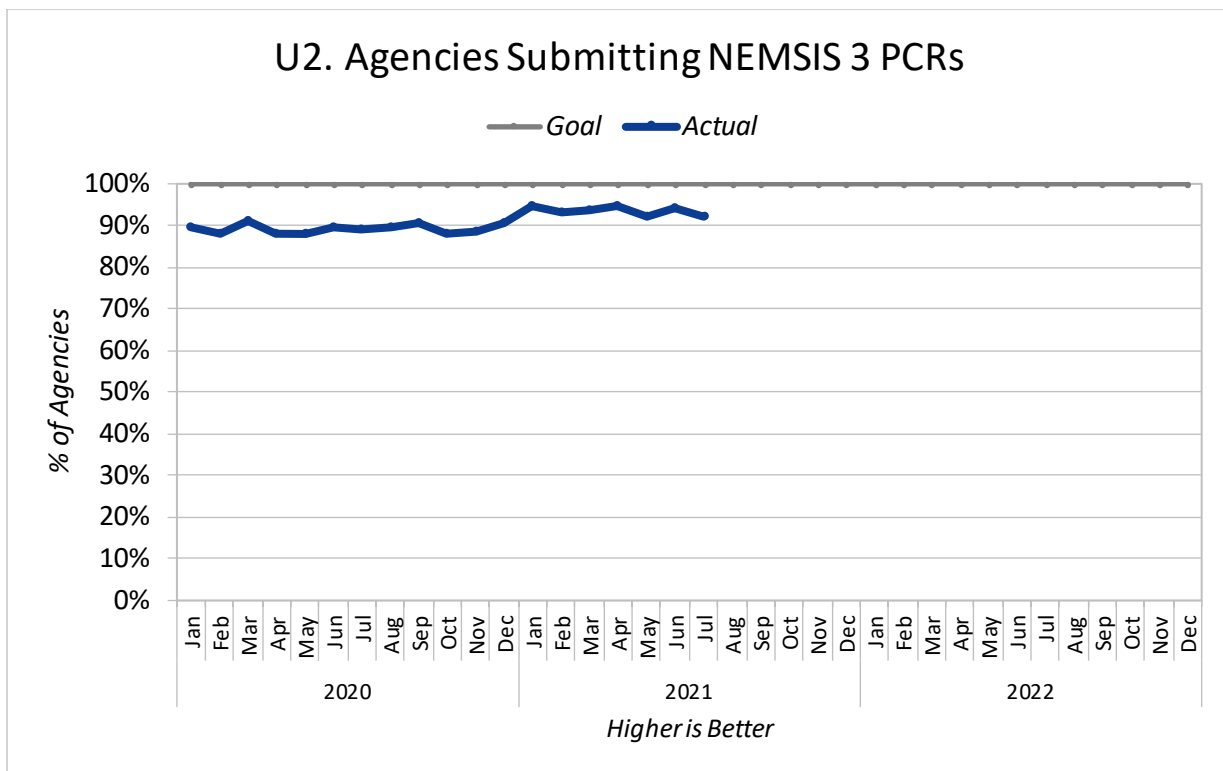
Where a critical procedure is performed, the average percentage of selected procedure-related elements with a non-blank value per procedure performed.



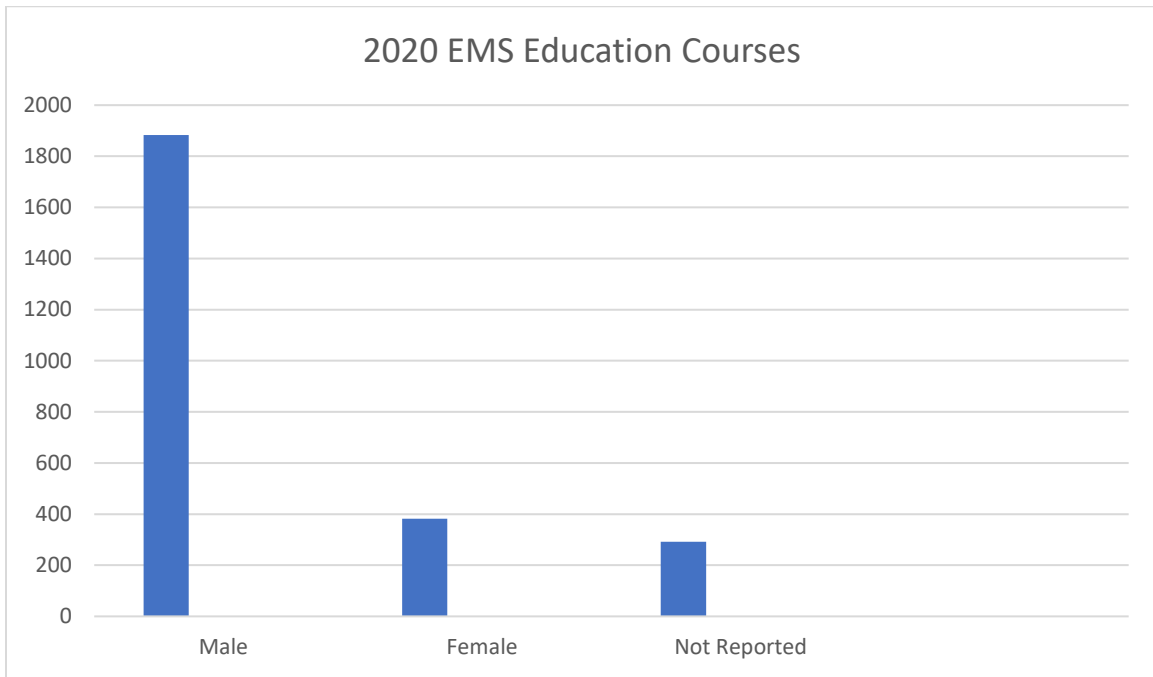
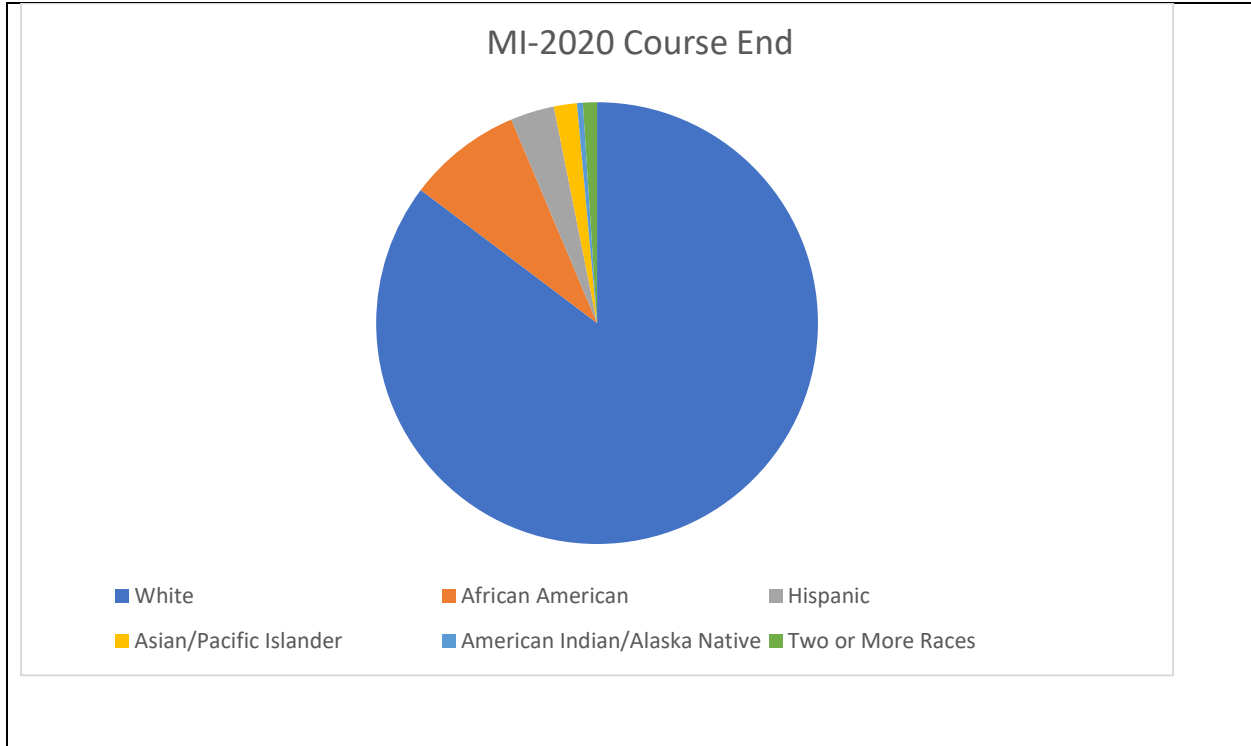
Where naloxone is administered, the average percentage of selected medication-related elements with a non-blank value per naloxone administration.



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



The percentage of agencies submitting NEMSIS version 3 data.



Began Program	Completed Program	Did not complete	Male	Female	African American	White	Hispanic	Asian/Pacific Islander	American Indian/Alaska Native	2 or more races
3937	2557	1319	1883	382	253	2581	97	51	13	31