MDHHS Michigan Department of Health & Human Services | Bureau of Emergency Preparedness, EMS and Systems of Care

EMSCC Patient Movement Ad Hoc
Minutes
April 22, 2024
9:00 a.m. – 11:00 p.m.
Click here to join the meeting
248-509-0316 Conference ID: 311 036 897#
1001 Terminal Road, Lansing, MI 48906

Members: Debbie Condino-chair, Dr. Bigsby, Ken Cummings, Dr. Krohmer, Ralph Ortiz, Alyson Sundberg, Ed Unger.

Absent: Lauren LaPine, Connie O'Malley, Doug Pratt, Ron Slagell, Rob Warnemuende, Angela Madden, Jason MacDonald.

Guests: Steph Rahilly, Life EMS**;** Curtis LeSage, UPHS; Kelsey Ostergren, MHA; Bruce Trevithick, Genesee County MCA; Mark Meijer, Life EMS; Lance Corey, Kent County EMS; Carol Robinet and Dustin Hawley, Superior; Suzette Proctor, Corewell; Dr. Benkendorf, Alpena; Eric Snidersich, MMR; Lynn Weber, Clinton County Ambulance Service; Bill Priese, Tri County MCA.

MDHHS Staff: Babb, Bergquist, Schaible, Nelson, Burke, Worden, Baker, Detro-Fisher, Brown, Chadderton, Kapnick, Jean, Flory, Bliss, Jamie Anderson, Krista Hausermann, Verlinde.

1. **Call to Order: The meeting was called to order at 9:02 a.m. by Debbie Condino.**
2. **Roll Call-There is not a quorum today.**
3. **Approval of Agenda and minutes from 02/26/2024:** No quorum.
4. **Old Business**
5. **New Business**

- Behavioral Health Presentation – Mark Meijer, Life EMS
  - Mark Meijer gave a presentation for the group and his slides are attached to these minutes.
    - Questions:
      - Cummings: Have you seen any demand for this in the 911 environment? Mark addressed and discussed a project being put together in Kent County He thinks the 911 aspect will be on their agenda very soon. Ken talked about reimbursement and thanked Mark for the groundwork they've done. Ken said he thinks that a lot of the topics that we're discussing on this committee are really driven by this issue alone and we might see a lot of those fall off if we could come up with a statewide initiative on how to do this. Mark discussed some of the challenges the program has presented.
      - Corey: Lance discussed the program they are developing and said they will be meeting with Pine Rest.

- Ostergren: Kelsey advised she's been having conversations with people around this topic. She thanked Mark for the presentation and offered support from MHA.
- Hausermann: Krista is the Crisis and Stabilization Services section manager at Michigan Department of Health and Human Services. She discussed medical clearance and asked who she can contact to learn more. Mark said she is welcome to contact them, and also suggested Lance Corey, as they are doing work on this, too.
- Trevithick: Bruce spoke about reimbursement and asked Mark what ideas he might have for others looking at doing this type of program from a financial perspective. Mark discussed and advised they bill the facilities at the moment, and they are trying to find someone to speak to at Medicaid. They don't want this program to be confused with ambulance reimbursement. In the short term, the facilities need to realize it's in their best interest to pay for these. Illinois was discussed and Emily asked if there was a person in the Illinois Medicare office she could talk to. Mark said they will try to get her a name.
- Hausermann: Krista discussed making connections and Medicaid. She asked about reimbursement and Emily explained. Alternate destinations were brought up and the group discussed.
- Bergquist: Emily asked about transport logistics with staffing and Steph from Life EMS addressed. Emily said it is Community Paramedic adjacent and discussed.
- Condino: Deb said she sees a great opportunity here and asked Kelsey if she could help with starting to educate hospital administrators and discussed.
- Snidersich: Eric asked about pediatric patients. Steph Rahilly explained how these patients are handled.
- Bergquist: Emily asked if Kelsey could reach out to her contacts and try to get a perspective of how many would receive a vehicle like this right now. Kelsey advised she'd be happy to ask. She also suggested that Emily, Krista, and herself continue to discuss the state hospital side of things.
- Bergquist: Emily asked Mark if they have a script for dispatch. She also discussed triage and checklists. The group discussed. Emily also asked if Life has policies they would be willing to share, even if deidentified.
- Worden: **Eileen suggested a white paper on this topic.**
- Steph provided her contact information. Thank you to Life EMS for this presentation today.

- Report on meeting with Behavioral Health – Bergquist/Condino
    - Emily and Debbie discussed the meeting, and the minutes from that are attached to these minutes.

6. **Additional Items from Attendees**
7. **Adjourn at 10:46 a.m.**
8. **Next Meeting: May 27, 2024 – Memorial Day (cancel or reschedule?)**
    - **Nicole to send out a scheduling poll.**

April 22, 2024 – Presented to EMSCC Patient Movement Ad Hoc Committee

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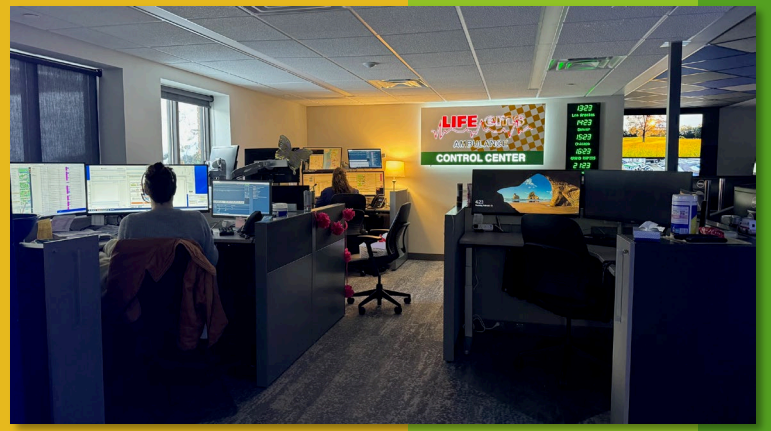
Behavioral Health Transport (BHT) Program

Mark Meijer
President



Mission statement

Life EMS Ambulance's Behavioral Health Transport (BHT) program is dedicated to providing safe, comfortable, and respectful transport of clients requiring mental health services by using a proven, cost-effective platform to address client safety, dignity, medical necessity compliance and transport availability.

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How did we get here?

- Demand exceeding resource supply
- Implied and Imposed admission criteria/barriers/restrictions
- Greater travel distances due to lack of beds at local level
- Lack of awareness of true client needs
- Lack of medical necessity for ambulance transport benefit: i.e. is the medical training of EMS personnel required?

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History

Initial Brainstorming session with Pine Rest leadership on best in class BHT services

2018

BHT idea is born from discussions regarding AMT model in Illinois

2019

First rendition of BHT, custom upfitted safety concept vehicle

June 2022

First BHT trip completed

October 2022

1,000th BHT achieved

November 2023

First Third Party Commercial coverage begins

January 1, 2024

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Vehicle

Disabled Controls and Smooth Surfaces

Partitions

Camera and Communication

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Training for Behavioral Health Specialist (BHS)

- Mental Health First Aid Certification
  - Mental Health First Aid teaches about *recovery* and *resiliency* – the belief that individuals experiencing these challenges can and do get better and use their strengths to stay well. MHFA is a nationally recognized 3-year certificate.
- Pine Rest
  - A half-day in person training developed in partnership with Pine Rest. With focus on Pine Rest clinical experience of behavioral health clients and de-escalation techniques.

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FAQs

- **Are there any distance restrictions?**
  - No. The longest transport to date was 8 hours. A stop at the halfway point for a restroom and meal break was coordinated with law enforcement presence.
- **How do you manage a client having to use the restroom?**
  - The BHS encourages all clients to use the restroom prior to transport to mitigate the need enroute. If needed enroute, the BHS will notify the BHT Supervisor. The BHT Supervisor will coordinate with local law enforcement.
- **Feedback from receiving facilities (walking in an ambulatory client) is there a written process?**
  - An escort from the receiving facility is required and using a wheelchair is the expectation to mitigate elopement, but ultimate judgement resides with the BHS.
- **How do you manage restraints/elopement issues?**
  - We've successfully transported clients that were in physical restraints for days and removed just prior to transport. The language we use is "The vehicle is the restraint". There have been 4-5 instances of increased aggression/attempted elopement resulting in damage to the vehicle, but no successful elopement or injury to date.
- **Do Medical Directors endorse this program?**
  - State mandated, local EMS medical control / physician oversight was involved and fully supported the BHT program from its inception. The BHT Questionnaire was developed in partnership with Medical Control and existing protocols allow for the use of "Alternate vehicles" for the transport of Behavioral Health Clients.

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Thank you to

Illinois Patient Transport
a division of Advanced Medical Transport of Central Illinois
Behavioral Health Services

PINE REST Christian Mental Health Services

and

West Michigan Emergency Physicians and Health Systems

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Q & A

Life EMS Contacts

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EMS and Behavioral Health

4/15/2024:

Attendees: Rob Warnemuende, Jaime White – CEO at Havenwyck, Angela Madden, Deb Condino, Deb Rozewicz – CEO of Bronson Behavioral Health Hospital Battle Creek Calhoun County, Ed Unger, Shannon Southway – COO at Havenwyck in Auburn Hills, Dr. Krohmer, Kelsey Ostergren - MHA, Alyson Sundberg, Ralph Ortiz, Kyle Hoffmaster – Patient Access at Pine Rest in GR, Ken Cummings, Missy Hurst – Director of Admissions at Bronson, Doug Pratt.

Bureau: Nicole Babb, Emily Bergquist.

Emily did an introduction to the meeting. This is an informal conversation. She thanked Kelsey for helping to put this together.

Intros done around the room.

Emily provided background information. This ad hoc was formed to look at patient movement. The ad hoc came up with a list of problem statements, and Emily shared. **She advised we can send this out.** After these were crafted, the group started having educational sessions and Emily discussed. When we moved to behavioral health, Emily had spoke to LARA and MDHHS and there was a lack of information. We are trying to learn what EMS can do to facilitate transfers and handoffs and do these efficiently and iron out wrinkles that are in our control. This is an informal discussion.

Dr. Krohmer: From the Med Director perspective, it's important that clinical care continues by the EMS clinicians while they are transporting to and from behavioral health facility and that the hand off is appropriate from their perspective. Operational considerations from the EMS Agency were discussed. It became apparent that agencies across the states are experiencing differences in transition of care. Sometimes it is rapid, in other settings, it takes longer to do the transition and the clinicians are waiting 60-90 minutes or more to transfer patient and get back in service. A way to do this rapidly without compromising care would be great.

Jaime: Time constraints at the facility. Sometimes they can get to patients faster than others. She thinks there is a need for an in between option between BH transport and ambulance.

Kyle: They admit 12 plus patients per day from EMS. Life EMS uses BH transport cars, and this has been helpful. Life EMS has been a positive experience. He discussed a post BOVID shift to private transports. He advocates they continue to allow family and friends to transport when reasonable. They want to develop a mechanism where transport can go directly to the facility and not the ED and discussed. Communication between the facility, hospital and EMS needs to be more streamlined and efficient.

Deb R: Echoed Jaime and Kyle's statements. They are relatively new, they opened in July 2023. They don't have much of an issue with ambulances waiting. How can we be a conduit to help with EMS, if possible? She would like to know how they are working with CMH to get patients directly. They are running into instances where patients have been picked up and on their way before communication has taken place. "Nurse to Nurse". Can EMS be an advocate to ensure Nurse to Nurse has occurred before transport?

Cummings: Discussed from the agency perspective. They are trying to balance 911 with transporting BH patients in a certain time. They also have limited resources. EMS is clearly in the middle of the process, and he discussed. He spoke about his staff being tied up at the intake point for up to two hours and this in not safe for the communities they serve as the ambulance is out of service for that time. He said it has escalated to almost involving law enforcement to free the ambulance crew from a facility. Doug advised they have been kept in the holding area for up to 4 hours.

Krohmer: He asked if the BH people have had conversations with colleagues around the state about this issue.

- Kyle said there is not a group specific for this.
- Jaime added to let them know if there is a facility that is doing this well so they can look at how they do it.
- Deb spoke about the partnership with Bronson and holding the hospital accountable for what they are sending them. They get pushback. She spoke about disparities in asks from BH facilities.

Sundberg: Their transport times can be 8-10 hours and discussed the challenges of having the patient for that long. The patients can sit in the ED for weeks before transport. Finding a bed and then finding a crew are issues. Times of accepting can also be an issue. There are many issues.

Unger: Can the facilities create a checklist that EMS can use to make sure pre-transport items are complete? **Creating a checklist is an action item.**

Southway: Asked if we could talk about times of day that are best to receive transports. Ken said this would differ based on geographic reasons. Alternate transport methods need to be looked at. Alyson spoke about losing beds not being EMS fault if they aren't included in the beginning.

Follow up with Mark Meijer on presenting at the next full group.

Emily: Is there someone that can give us the rules that we have to have so the EMS providers can know what is needed? Extended transfers are bad things waiting to happen.

Kyle: There would be multiple checklists as it's not always the same, it is circumstance dependent. They complete the pretransfer process prior to EMS being involved at all.

Deb: The checklist can just be was nurse to nurse completed. That is the primary item.

Jaime: Agrees with Kyle, they do everything they can to ensure smooth transport. She said they should be doing all the things with the sending facility prior to transport.

Alyson: Not including EMS is not good, the EMS team should be included in the nurse to nurse. They need all of that information. They are the caregivers during the transports. She appreciates the thought, but they need to be engaged in that patient's care.

Ken: Agreed with Alyson. He spoke about the hospitals. There are different procedures at the transferring facility level and discussed. He asked how we move forward.

Dr. Krohmer: MHA and MCEP should be involved in the conversation.

Kyle: Agrees with Ken and Alyson. This is coordination of care. His opinion is a standardized communication pathway would be more useful than a checklist.

Deb: Transport vehicles.

Krohmer: Explain the difference in which vehicles transport (Ambulance vs BHT) so we aren't shorting the ambulances.

Debbie asked Kyle why their transfers are smooth. Kyle said they have a designated space. He said the transport vehicle offers a better patient experience unless they must come by ambulance due to the patient's other conditions.

Ken: Is there a specific type of patient that you would want to come only by ambulance, and do you have guidance, or does that solely rest with the transferring facility? Jaime addressed. Education is the first step and making sure their teams are aware. They have had a wide range of experiences. Ken said many agencies operate wheelchair van businesses and explained how that came about. Ken thinks there is an opportunity for many agencies to look at this. He said he thinks many agencies assume they must go by ambulance.

Kyle: Ambucab used to be used. Their preference comes down to the patient's situations. They are a stand-alone facility so there are exclusions as they don't have medical interventions available. They don't have any input on which car Life EMS uses. They don't know how that is determined. Kelsey advised they are using an algorithm, but she does not have the details. **That is a follow up point for Katie to come and talk about that.**

Debbie: Wrap up. This has been a great conversation with lots of information learned.

Debbie will get with Emily for next steps. She is sure this group will be engaged again in the future.