ENGLISH

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

MICHIGAN EMS COORDINATION COMMITTEE MEETING
Friday, May 17, 2024
9:30 a.m.
Bay de Noc Community College
2001 N. Lincoln Road
Joseph Heirman University Center
Big Bay De Noc Conference Room 952A
Escanaba, MI 49829
Join the meeting now
1 248-509-0316 Phone Conference ID: 247 805 362#

Attendance:
Voting Members:
D. Condino; G. Flynn; Dr. K.D. Edwards; Dr. S. McGraw for Dr. M. Fill; B. Forbush; D. Gorelick; K. Miller; M. Nye; E. Smith; Dr. R. Dunne for Dr. R. Smith; A. Sundberg; B. Trevithick; G. Wadaga; Dr. S. Wise.

Virtual/Ex Officio members:
A. Sledge; W. Hart; L. Martin; K. Cummings; Representative Prestin.

Absent:
Dr. C. Brent; J. Brown; R. Cronkright; L. LaPine; T. May; D. Pratt; K. Wilkinson; R. Ortiz; J. Harvey; F. Jalloul; Senator Brinks.

Department Representatives:
Dr. W. Fales; E. Bergquist; N. Babb; E. Worden; K. Kuhl; J. Wagner; D. Flory; J. Youngblood; E. Hendy; Dr. S. Mishra; E. Baker; K. Piette; S. Minaudo; A. Brown; L. Nelson; L. Ryal; R. Chadderton; S. Bliss; R. Rudzki; T. Frascone; A. Scott; K. Schaible; S. Kerr; J. Jean; A. Morrison; D. Fitzpatrick; T. Forbush; A. Pantaleo; K. Putman; C. Nethaway; D. Kapnick; N. Rossow; J. Spitzley; T. Godde; A. Kinney.

Guests:
A. Madden, MAAS; A. Massingill, Adrian Fire; M. Meijer; Senator McBroom**;** J. Bestard, Detroit Fire; B. Miljan, HEMS; M. Bentley, Kalamazoo County MCA; C. Robinet and D. Hawley, Superior; Dr. Domeier and Dr. Argentieri, Washtenaw Livingston MCA; J. Theut, Oakland County MCA; K. Belanger, Tri-Hospital EMS; S. Lahr; M. LaCrosse; J. Thune; E. Unger; Dr. Bigsby; R. Trudeau; B. Huntly; Dr. Krohmer; A. Johnston.

Call to Order: The meeting was called to order at 9:36 a.m. by Dr. Edwards.

Approval of Agenda: Motion to approve the agenda and minutes from 3/15/2024 (Sundberg, McGraw). Motion carried.

Announcements:
Reminders of upcoming educational opportunities:
2024 Bay College EMS Conference - May 17-18 in Escanaba.

- EMS credits are offered for today's session, please sign in.

EMS WEEK:

- Dr. Edwards provided some history trivia pearls for the group to share with their colleagues. This is the golden anniversary of EMS Week.

Guest Speaker: None.

Public Comment on Agenda Items: None.

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

- Emily's slides are attached to these minutes.
- Emily spoke briefly about EMS history, including the Freedom House presentation at the national NASEMSO meeting earlier this week.
- The MI MEDIC are in. Emily discussed distribution plans briefly. It will take a bit of time before the regional coordinators are inspecting for this version, due to logistics of distribution. Pedi tapes will also be distributed. The state office is in negotiation with a vendor to have a way for agencies to be able to order their own copies in the future and discussed.
    - Bruce asked if there were enough for vehicles and MCAs. Emily discussed briefly the plans for order of distribution. Region 8 already has them. They are going out in batches of 100.
- Workforce Grants are open right now and Emily discussed.
    - Greg Flynn asked if there is a list of who were successful for last time and suggested others speak to entities that were successful. He also advised he had asked for feedback and received. He suggested looking at this differently and helping each other. Share, and Greg advised people can reach out to him.
        - Emily advised that the grant reviewers are not all from the division, there are reviewers from across MDHHS.
        - Bruce asked about direct communications to education programs. Emily discussed.
        - The group discussed difficulties.
- Closure of Ontonagon
    - Emily discussed the things that have been happening to mitigate the effects of this hospital closing. She said this type of monitoring can be done by any MCA user and discussed. Johnny Wagner and Emily Baker can help with this.
- Ascension Interruptions
    - They are still functioning mostly on paper and Emily discussed.

- Dr. McGraw spoke about the situation. He was able to join us in person today despite the problems they have been having.

Emergency Preparedness Update – Dr. Edwards

- There was a joint meeting with Preparedness, tribal health partners and the EPCs from the health departments prior to the Great Lakes Homeland Security Conference.
- The preparedness program is awaiting the capabilities information for July 1st going forward. It makes it a little challenging sometimes under planning, but for all eight regions it is a similar theme and supported by state leadership. They are looking to get back to what they were doing pre Covid. There have been challenges with staff shortages, replacements, and new roles.
- Disposable items in the state cache will be reduced and he discussed.
  - Bruce asked about conversations to prevent shortages in future pandemics. Dr. Edwards said that the regional, state and ASPR are all concerned with no increase in funding to support ongoing replenishment.
  - Dr. Krohmer advised he is working with ASPR on this issue. They are actively working on evaluating a number of models to bring it up to speed. ASPR is responsible for this now, not the CDC.
  - Alyson advised that the dash tool under ASPR is well worth checking out.
- The first ever national cold weather event for DMORT will be held in Marquette next year.
- CHEMPACK sustainment was completed, and another Fall sustainment may be coming as many of the supplies may need replacing.
- Burn surge training will continue in the fall. Michigan is a national leader in getting people trained and he encouraged hospital and EMS staff to contact their region for this excellent training opportunity.
- Dr. Edwards spoke about NDLS and BDLS trainings.

Systems of Care Report – E. Worden

- They are working on looking at verification criteria for Levels 3 and 4. It will be presented to STAC and then EMSCC.
- Some positions will be posted for support staff so they can help grow the stroke and STEMI systems.
- Advisory bodies are also being formed. Contact Katelyn Schaible for more information. There are update FAQs on the Systems of Care website, as well as the advisory body application. The application process will close in August.
- This is the last year for the current STAC appointments. Applications will be accepted in September.
- She spoke about trickle down effects with the Ascension cyber-attack.
- Eileen stepped down as the chair of the Trauma Managers council at NASEMSO. She talked about points from the NASEMSO annual meeting earlier this week.
- The American College of Surgeons have a system consult opportunity. They have also updated guidance and are working on getting that out, but it is going slow.

State 911 Administrator Report – J. Harvey

- No report today.

EMS Medical Director Report – Dr. Fales

- It is Dr. Fales' birthday, and everyone sang happy birthday!!
- Dr. Fales gave an update. His slides are attached to these minutes.
- Save Mi Heart conference was last Friday, May 10. and he discussed briefly. Joni Harvey and Emily Bergquist gave a joint presentation.
- He discussed the tornados in Kalamazoo area. EMS transported 12 people with two admitted. He spoke about the response. An MCI plan was activated.
    - Bruce asked about law enforcement with AED. Emily and Dr. Fales addressed. Dr. Fales said there is specific legislation about this. Bruce's concern was law enforcement being dispatched to medical calls. Dr. Fales discussed.
    - Monty said they went through this at Meridian Township and their law enforcement became an MFR agency.
    - Kolby spoke about an opinion from John Hubinger saying they have to be licensed.
    - Dr. Dunne spoke about EMD and response coordination determinants, along with planning and coordination.
    - **Action item: A department policy statement could be considered.**

Committee Reports:

- Quality Assurance – Dr. Edwards
    - It has been nice the last couple of months. Some suggestions that come in have been great feedback and will be looked at for the state protocol. He discussed some of the things upcoming next week. The next meeting is May 24.
        - Dr. McGraw commended the staff and members of QATF.
- Ambulance Operations – M. Nye – Did not meet.
    - Discussion about the OSHA release of rules that are out for comments. Greg Flynn started the discussion. If the federal rules are adopted, he thinks the state will adopt it, as well. This is a complete overhaul of the current rules that were done in 1980. This would affect EMS. He asked if we need a workgroup, or small group to go into this. This has administrative implications and he said we should be in front of it instead of chasing it. Bill Forbush advised the original rules were for fire brigades. The new standard will affect ALL of emergency response.
        - Derek discussed. The comment period has been extended. There are resources. Derek will make a packet to go out to the committee. THIS AFFECTS EMS. Emily said MIOSHA usually incorporates the federal standard by reference and explained.
        - Angela also spoke.
        - Volunteer providers will be covered under this.
        - Emily briefly discussed. Comments need to be specific. They are looking for actionable comments.
        - Possible shared Ambulance Operations and Legislative, then poll EMSCC.

- **Motion to refer this issue to AO and Leg jointly to direct them to develop comments and authorize Dr. Edwards to submit comments on behalf of the EMSCC (Forbush, Gorelick).Approved.**
    - **Action item: Scheduling poll for an in person joint meeting with Ambulance Operations and Legislative. JUNE 21st is comment deadline.**

- Medical Control Authority – D. Condino
    - MCA Assessment Final Report
        - This has given us a lot of information. There are action items. This report went out with the agenda.
    - Debbie gave a report. They continue to discuss the medical director position and job specifications. Some drafts have been created, as well as classification. Work on this continue. The goal is to work this through and have a final standard with options for grandfathering where feasible.
    - Debbie spoke briefly about protocol statistics.
    - Next meeting is June 4, 2024.
- Patient Movement Ad Hoc – D. Condino
    - These meetings continue to be valuable. The last three sessions have been related to behavioral health. The committee met with behavioral health partners, and then Mark Meijer presented to the group on a program they developed. There was a lot of interested in pursuing doing this elsewhere. Emily discussed. Debbie said there is a lot of interested in the hospital administrations.
- Ethics and Compliance – K. Cummings
    - Removing disciplinary action from public portal discussion
        - They are reviewing a draft policy to remove these after a period of time. It is not ready to present to EMSCC yet. They hope to have a draft available in the fall.
    - They met last week. They reviewed trending data. One of the challenges they are having is how deeply do they dive into the trends from the state office.
- Education – K. Wilkinson
    - Dynamic Roster discussion
        - Amanda Kinney discussed. She was finally able to create a video on how to use it, along with testimonials. This went out in the Wednesday Update. We want to make sure programs are using it so they student can benefit from it. The current pass rate is 94% first time pass rate vs. 76% nationwide. Emily also gave credit to the grants and discussed. Greg said we should be fired up about this.
    - EMS-3XX Continuing Ed for Course Coordination
        - Amanda discussed. This gives 3 credits for course coordination, and they will automatically be issued from the division.
            - **Motion to support (Trevithick, Gorelick). Approved.**
- Bylaws – B. Trevithick -They have not meet.
    - They will need to meet, as we had multiple people get hired by the department.

- Data – D. Gorelick
    - NEMSIS 3.5 Transition discussion
        - Damon advised the transition is going better than expected.
    - The subcommittee is looking to create some more subgroups to do more work in between their meetings, especially to start quantifying some of the areas that are more subjective going in to get better data coming out.
    - Damon discussed biospatial reporting features briefly.
- Legislative – B. Trevithick
    - HIB 5695 Ground Emergency Transport Reimbursement
        - Relates to a program to access additional federal dollars similar to the QAAP. There was a lot of discussion. The motion to support did not pass the subcommittee. There is no specific recommendation.
            - Rep. Prestin asked for clarification. Emily discussed, as well. She has had discussions with Medicaid. Greg stated this proposed legislation could increase funding for 70% of the system.
            - Funding was discussed.
            - **No action taken at this time.**
    - SIB 0849 Health Professions Reciprocity
        - This bill is a bill for al health professions other than EMS.
        - **No action taken.**
    - HIB 5636 Freestanding Birthing Centers
        - This would create a framework for freestanding birthing centers. There is nothing that would provide for transfers. The subcommittee opposed it. Senator McBroom asked questions and the group discussed. Dr. Dunne commented on his MCA's experience. Bruce advised MHA was discussing this with the sponsors. Transfer agreements were discussed. Emily addressed. Senator McBroom asked if it was better they just didn't exist without a transfer agreement. Monty spoke about his experiences when working the road. Dr. Dunne said it needs to be sorted out in the language and spoke to the importance of having a specific plan. Alyson spoke about freestanding surgery centers and their requirements to have an agreement and spoke to consistency, but also doesn't want to legislate the centers out of existence.
            - **Motion that the EMSCC supports the concept of legislating birthing center (Trevithick, Nye). Approved.**
    - HR 6960 Reauthorization of Federal Funding for EMSC Programs
        - This would support the work EMSC does.
            - **Motion to support (Forbush Gorelick). Approved.**
    - Bruce advised SB 249 for the Michigan Paramedic license has passed both houses and is expected to be signed by the Governor. Emily said we will be doing a time study, as budget and funding is an issue.
- Rural – G. Wadaga
    - They meet next week. The meetings have mostly been advisory. On the next agenda, prisoner transport and payment issues will be discussed. E**mily advised**

she will escalate this issue. The Michigan Department of Corrections has changed their provider.

- Concerns
  - Declining number of first responders in the state.
  - IC Program
    - Alyson advised they will try to use the workforce grants to increase the number of ICs and discussed.

- Pediatric Emergency Medicine – S. Mishra
  - **CoPEM – last met April 11, 2024**
    - School based pediatric readiness – working with school nurses.
      - MERT teams and disaster plans
    - CPST efforts to improve access to certification programs for EMS and Fire Pediatric Champions to become certified Car Seat techs.
    - Mental health for children and youth
      - MC3 expansion – EDs – R7
      - Mobile Crisis Intervention Teams – children supported at home, or where they are. Working with local EMS and law enforcement, decrease transport to EDs, hospitalization.
  - **EMS Agency – Peds Ready Assessment – opened May 1, 2024**
    - Every EMS Agency in United States is invited to participate in the National Prehospital Pediatric Readiness Assessment! This is the first assessment of the Nation's pre-hospital pediatric readiness.
    - Please keep an eye out in the Wednesday update as well as for communications from EMS for Children, MCAs and other partners about this opportunity.
    - ***104 agencies have responded as of today, 5.17.2024 (13% of our 911 responding agencies)***
    - www.EMSPedsReady.org
  - **Pediatric Champion office hours**
    - May – support for Peds Ready Assessment
      - If agencies have questions or need assistance
    - June – start of pediatric "summer" injuries and illnesses
  - **EMS for Children Updates**
    - **HR 6960**, the Emergency Medical Services for Children Reauthorization Act of 2024, was passed by the House in a 399-13 vote. (5.15.2924)
      - We will continue to follow the companion bill in the Senate, S.3765, and share updates as available.
    - **EMSC Day – Part of EMS Week**
      - Video to share, supporting pediatric readiness and improved outcomes for children who received appropriate and timely care.
      - Webinar on May 22, 2024

- Air Medical – K. Wilkinson
    - Air Equipment Changes
        - Air Agency Inspection form
        - Rotary checklist
        - Fixed Wing checklist
            - **Motion to approve all three (Forbush, Dunne). Approved.**
- EMS Safety – K. Miller
    - They did not meet, there will be a meeting next month.
- Critical Care Ad Hoc – E. Bergquist
    - They did not meet.
- Communications – B. Forbush
    - The Communications Subcommittee is finalizing a new system for standardizing ambulance-to-hospital MPSCS talkgroups into an EMS pool that will be coordinated by MDHHS-EMS rather than MPSCS. Talkgroup names will reflect regions. A statewide directory of MPSCS talkgroups (TGs) and HERN VHF PL tones is being produced and will be distributed later this year. Optional use of encryption by some EMS systems is being discussed. If a hospital chooses to encrypt its ambulance-to-hospital communications, it will be required to also maintain a non-encrypted TG as well.
    - The Subcommittee is now looking at LTE/broadband applications being used for ambulance to hospital communications in some areas. These include *eBridge, Twiage and Pulsara*.
    - The Subcommittee is also looking at Mission Critical Push to Talk (MCPPT) applications such as *Rapid Radios, FirstNet PTT and Zello*. Such uses require priority/preemption under the current plan, as well as compliance with the "90/90 rule".
    - There is discussion of the recent AT&T system failure in February 2024 and the current cyberattack on Ascension Healthcare facilities. All LTE/broadband applications, and the entire Michigan Public Service Communications System (MPSCS) are internet based, and are therefore potentially vulnerable to cyberattack or infrastructure failure. The MEDCOM mandate on VHF radios in all ERs and EMS vehicles constitutes the only backup system that is not. Use and exercising these systems is critical for reliability when needed.

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

- Report on Recruitment Campaign – S. Bliss
    - Epidemiologist Stephanie Bliss analyzed the survey and discussed. Her slides are attached to these minutes.
    - They are planning to make a dashboard for this data.
        - Bruce asked about the pay question variable and Emily addressed.
- Agency Assessment
    - Questions are drafted and are being entered into Qualtrics. This will go out this summer.
- Grants are open right now.

Community Integrated Paramedicine (CIP) – E. Bergquist

- Nothing to report.

New Business:

- Meeting location for 2025 discussion
    - The group is okay with moving to Livingston County EMS. The rest of this year will remain at Lansing Community College West.
    - Alyson advised that Marquette and Escanaba will work together for the future yearly meetings in the UP.
- July meeting discussion
    - **Motion to cancel July (Trevithick, Gorelick). Approved.**

Public Comment: None.

- Dr. Edwards thanked today's attendees for coming.

Membership Round Table Report:

- **Emily Bergquist** and **Kallie Piette** thanked everyone for coming so we had quorum. **Nicole Babb** echoes this sentiment.
- **Alyson Sundberg:** Their agency was able to participate in the motorcade yesterday for the vice-presidential visit.
- **Monty Nye:** Thanked Bay College for hosting and advised he looks forward to coming up here every year.
- **Bill Forbush:** Don't miss his exciting class on communications at 2 p.m.
- **Greg Flynn:** The MAFC conference is next week in Grand Rapids.
- **Senator McBroom:** The senator advised he has introduced legislation (SB 641) that may move the EMSCC to a class three open meeting and could allow quorum with virtual attendance. He asked for the group's support.
- **Alica Sledge**: OHSP is continuing to work with the MDHHS EMS Office on a few projects regarding EMS data as it pertains to motor vehicle crashes. OHSP is also working with regional funding partners to identify allowable funding items/activities which would allow to better partner with Michigan's EMS agencies.
- **Dr. Edwards:** Dr. Edwards discussed the Fed Ex logo for EMS Week. There is an arrow in it, but Dr. Edwards discussed the spoon inside the "e", and it represents measuring everything you can do. He discussed measuring things and how it relates to EMS.
- **Many members wished everyone a Happy EMS Week!**

Adjournment: Motion to adjourn at 12:59 p.m. (Sundberg, Trevithick). Adjourned.

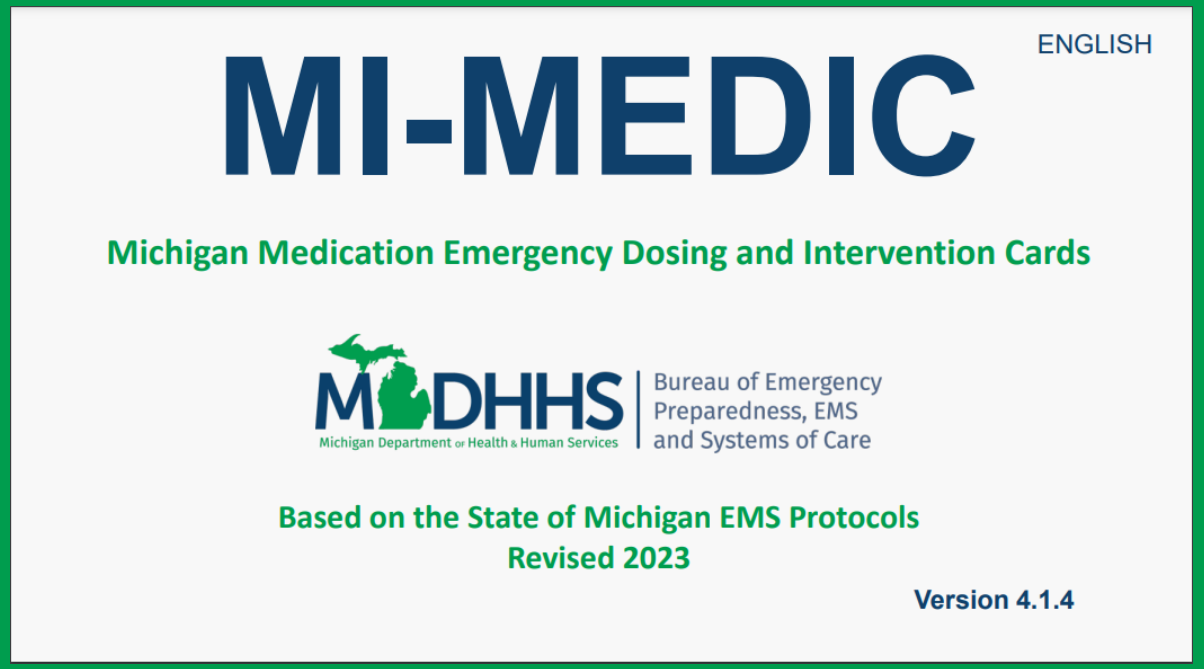
EMSCC 5/17/2024

EMS and Systems of Care Update

MDHHS
Michigan Department of Health & Human Services

Updates.

- MI MEDIC
- Fiscal Year 2025 Workforce Grants
- Ontonagon Closure



- Many have gone to their respective HCCs and/or RMCAN.
- Once agencies have theirs, education programs, then secondary distribution
- Pedi tapes
- Future ordering

Workforce Grants

- Carry forward
  - Only for those that are who have paramedics being supported in school at the end of the FY (9/30/2024)
  - No “scholarship based” or EMT funding will be carried forward
  - Contracts will open sometime mid summer (not in our hands)
- FY 2025 Grants
  - Will be ONE application

WEMSS – 2025 Timeline

Event/Item of Note	Date/Time
Application Opens	April 1, 2024
Pre-application conference	April 8, 2024 11:00 am EDT
Deadline for submitting questions regarding the grant application	April 11, 2024
Q & A Posted on EGrAMS	April 17, 2024
Agency EGrAMS registration, agency profile and project director request deadline to gain access to Application	May 23, 2024 5:00 pm EDT
EGrAMS technical assistance deadline	May 30, 2024 12:00 pm EDT
Grant application deadline	May 30, 2024 3:00 pm EDT
Notification of Award/Denial	July 30, 2024
Grants Awarded modification deadline	August 13, 2024

WEMSS – 2025 Totals

Funds will be limited to a total amount of $400,000, made up of:

- $400,000 for paramedic funding
- $75,000 for MFR/EMR, EMT, Specialist, or instructor coordinator candidates.

WEMSS – 2025 Scholarship Amounts

Traditional grants, limited to:

- $20,000 per paramedic student
- $1,500 per EMT Specialist student
- $2,000 per EMT Student
- $500 per MFR/EMR Student
- $2,000 per instructor student

to cover costs of tuition and associated fees for paramedic training at a Michigan approved education program.

WEMSS – 2025 Wage Amounts

Hourly reimbursement for time spent in EMS training programs, at a rate of $15/hour, to a maximum of:

- $16,000 per paramedic student,
- $2,100 per specialist student,
- $3,000 per EMT student,
- $900 per MFR/EMR student,
- $2,600 per instructor coordinator student.

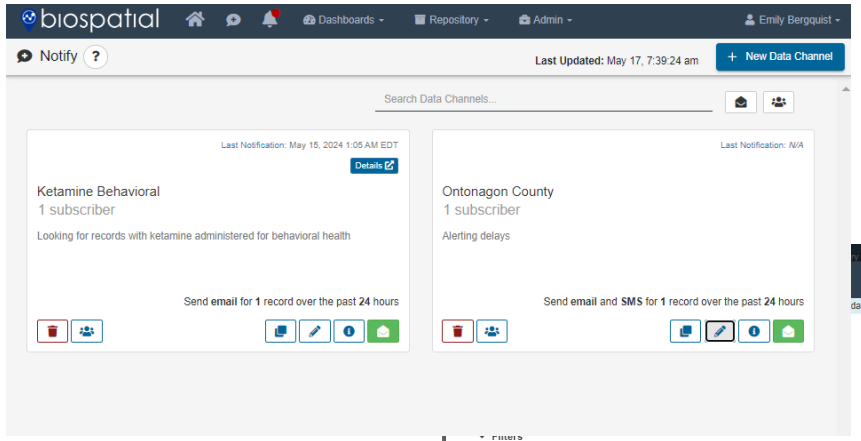
WEMSS - 2025

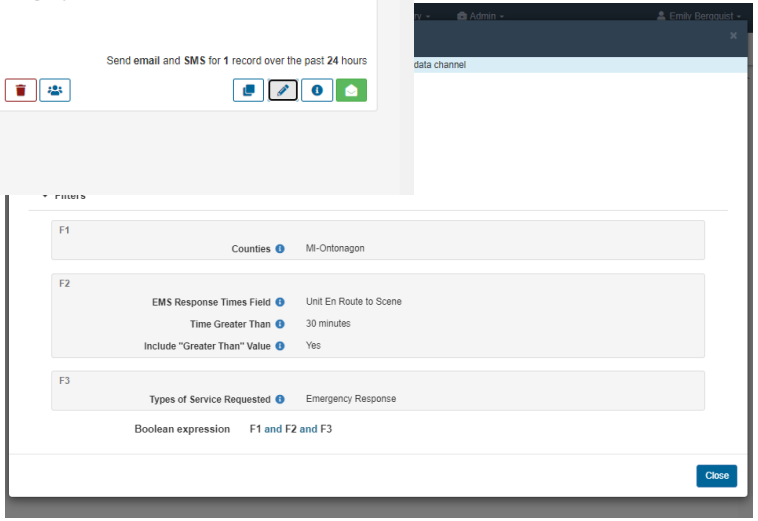
EMS Education Access grants may be funded in the following potential categories:

- Expansion and increased access to EMS education to areas currently not served by initial education programs. Applicants will be responsible for demonstrating how their proposal increases access to an underserved area. This funding may be used for accreditation fees, administration cost, instructor salary (if the program is not also establishing scholarships as noted in Section II 5., below), etc.
- Barrier reduction efforts, if the proposal specifically outlines how the funding request will decrease barriers to enrollment or student success.
- Outreach campaigns to increase student enrollment in EMS training programs.

Ontonagon Closure

- Hospital closed to ambulance traffic on 4/20/2024





Ascension Interruptions

- Still functioning *mostly* on paper.
- MCAs, Trauma Networks (PSROs) and agencies should be monitoring their system and advising of issues.

Questions?

MDHHS
Michigan Department of Health & Human Services

MCA Assessment

Key Takeaways and Action Items

- **Updated manuals and handbooks and accessibility of materials.**
  - Creation and distribution of a “quick manual” for those who may not read the MCA Handbook in full – especially for Board, Advisory Body, and PSRO members.
  - Development of a new MCA Handbook which is regularly updated based on need.
  - Creation of easily accessible MCA manuals and handbooks that are published electronically and provided in hard copy as needed.

MCA Assessment

Key Takeaways and Action Items

- **Improved data collection for regular oversight of MCAs.**
  - Regular collection of relevant data points regarding the structure and functions of all MCAs.
  - Creation and regular maintenance of databases encompassing relevant data points.

MCA Assessment

Key Takeaways and Action Items

- **Increased enforcement of MCA policies and procedures.**
  - Level-setting with all stakeholders to stress importance and legal weight of MCA protocols.
  - Administration of regular knowledge tests regarding understanding of MCA policies and procedures.
  - Implementation of other enforcement mechanisms, as needed.

MCA Assessment

Key Takeaways and Action Items

- **Increased stakeholder engagement.**
  - Review of knowledge test results with stakeholders based on composite scores, especially MCA Board, Advisory Body, and PSRO.
  - Increased engagement with stakeholders, including enhanced feedback and input mechanisms for Advisory Body and MCA Board.

MCA Assessment

Key Takeaways and Action Items

- **Continued, consistent training and education.**
  - Provision of regular education and training opportunities regarding MCA policies and procedures, not just upon onboarding.
  - Continued knowledge dissemination at conferences, workshops, and other educational forums.

State Medical Director Update
May 17, 2024

William Fales, MD

falesw@michigan.gov

Use of New Medications by Transporting Agencies for 911 Responses

Jan to April 2023

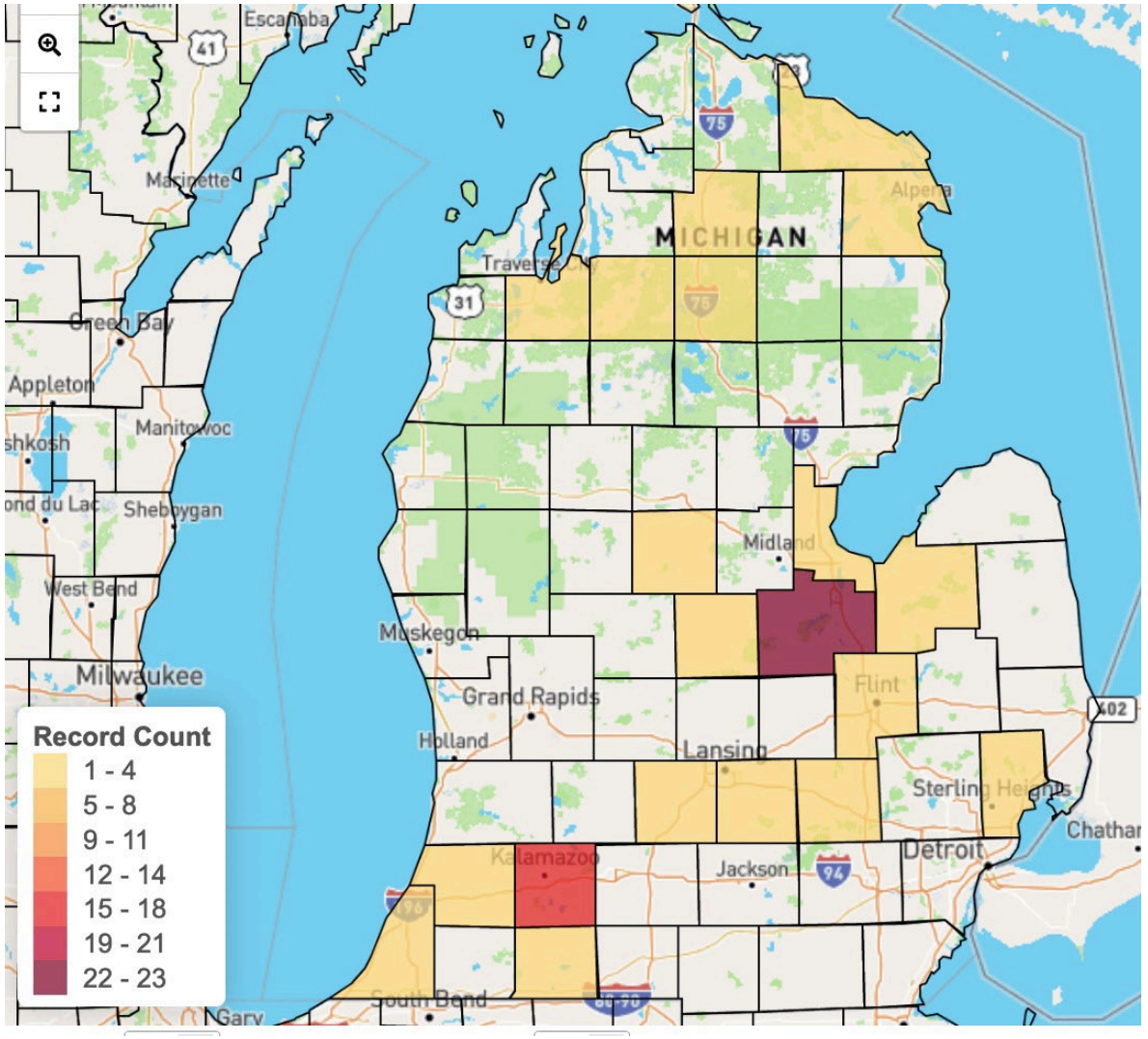
- Diltiazem* or verapamil* used:
  - 5 administrations
- “Cefazolin” or “ceftriaxone” used:
  - 15 administrations

Jan to April 2024

- Diltiazem or verapamil used:
  - 73 administrations
- “Cefazolin” or “ceftriaxone” used:
  - 21 administrations

*Recommend post-medical control consultation

Diltiazem or Verapamil Used



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

Michigan
Trauma and Environmental
HEAD INJURY
MODERATE & SEVERE TBI

Initial Date 03/24/2023
Revied Date:

Section: 2-12

Head Injury – Moderate & Severe TBI

Purpose: Reduction of morbidity and mortality associated with Traumatic Brain Injury (TBI). The treatment of a patient with suspected TBI should focus on four important clinically identifiable conditions: hypoxia, hyperventilation, hypotension, and hemorrhage. Overall approach: Continuous monitoring of O2 saturation with high-flow oxygen regardless of O2 saturation, avoidance of positive pressure ventilation (PPV) whenever possible and use of continuous quantitative end-tidal CO2 (ETCO2) monitoring in patients requiring positive pressure ventilation, blood pressure monitoring every 3-5 minutes and using IV fluids to maintain BP above target, and assessment for signs of hemorrhage or hemorrhagic shock with use of applicable bleeding control interventions.

O2 Use in Patients with "Trauma" and Median GCS <14 Among Transporting Agencies for 911

Jan to April 2023

- Median GCS<14: 3,101
  - with "oxygen" or "O2": 612 (19.7%)
  - With "NRB", "BVM", or "non-rebreather" or "bag-valve": 1,089 (35.1%)
  - With "seizure" or "seiz*", or "convuls*": 332 (10.7%)
    - W/O hx of seizure: 236 (7.6%)

Jan to April 2024

- Median GCS<14: 3,077
  - with "oxygen" or "O2": 587 (19.1%)
  - With "NRB", "BVM", or "non-rebreather" or "bag-valve": 1,060 (34.4%)
  - With "seizure" or "seiz*", or "convuls*": 300 (9.8%)
    - W/O hx of seizure: 199 (6.5%)

Source: MI-EMSIS via Biospatial

EMS Workforce Surveys Regional Results

Stephanie Bliss, MS
EMS & Systems of Care Epidemiologist
Michigan Department of Health & Human Services

5/17/2024

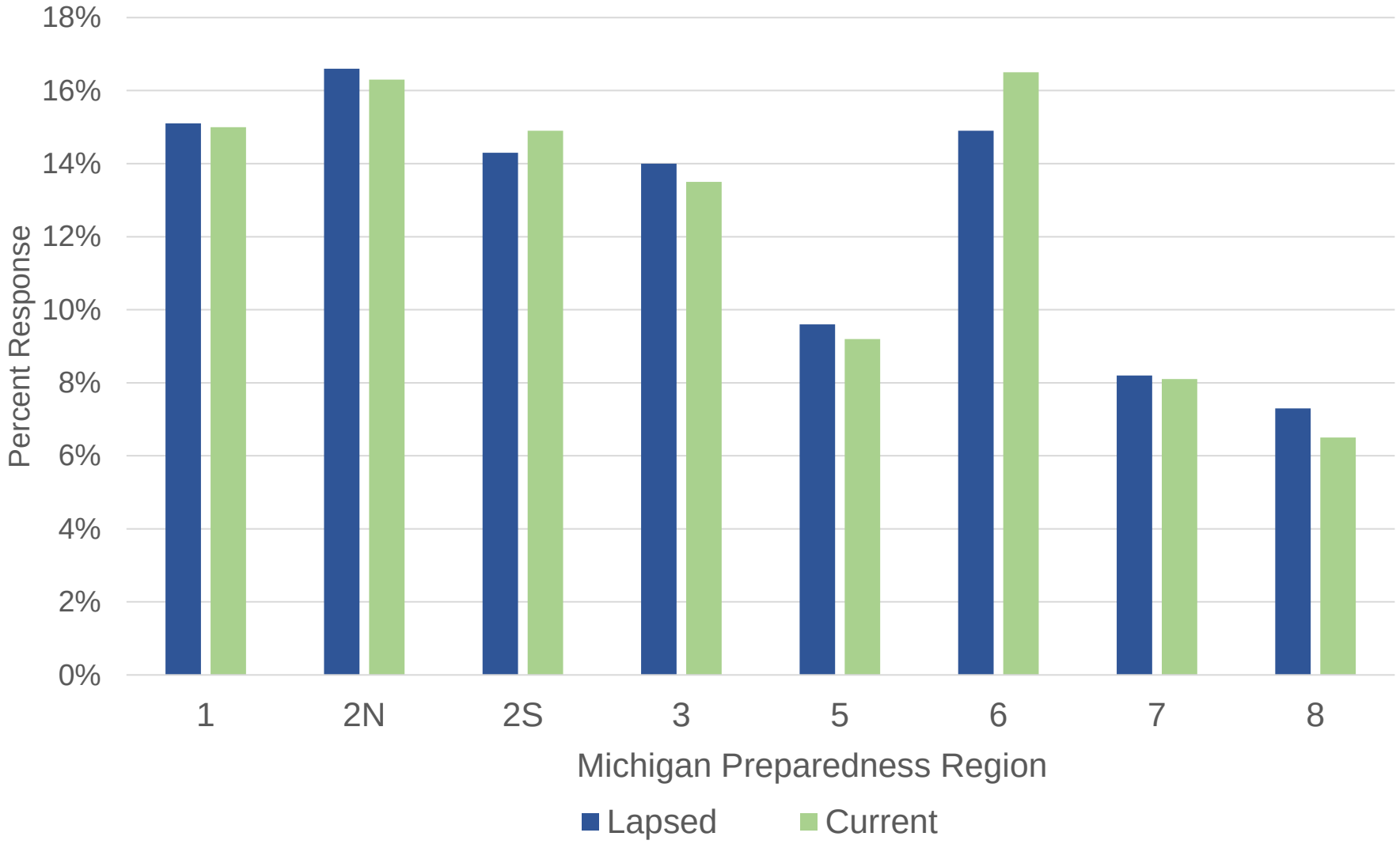
MDHHS
Michigan Department of Health & Human Services

MISSION:
Michigan Department of Health and Human Services (MDHHS) provides opportunities, services, and programs that promote a healthy, safe and stable environment for residents to be self-sufficient.

Important Notes

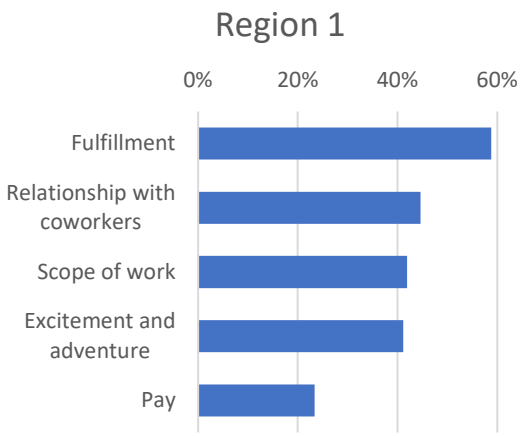
- Purpose of the surveys-to gain a better understanding of the status of current and previous licensees, their role (if any) in the EMS system, and their likelihood of remaining in (or rejoining) the EMS workforce
- Process-Recruitment and Retention Workgroup
- Collection timeframe (~6 weeks, reminder and thank you emails)
- 2 surveys/3 categories (**current** (working/not working) and **lapsed**)
- Response rate for current licensees=**24%** (6499)
- Response rate for lapsed licensees=**15%** (1403)

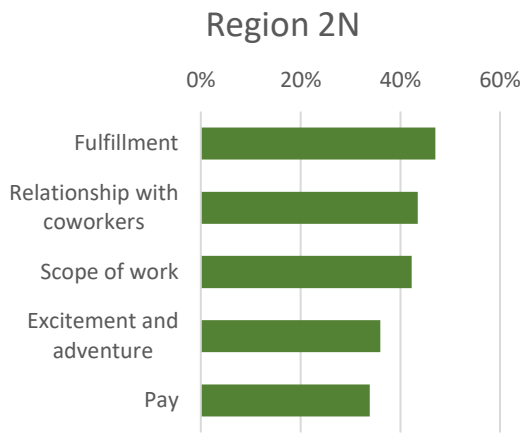
Percent Response by Region

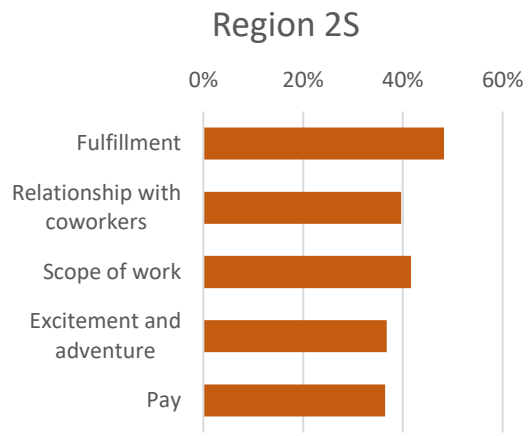


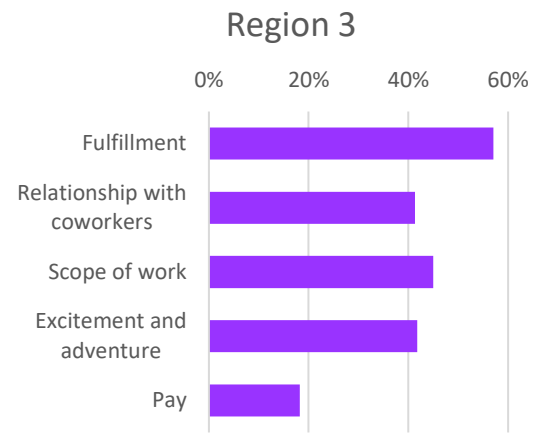
Top 5 Responses by Region-What Makes You Stay in EMS

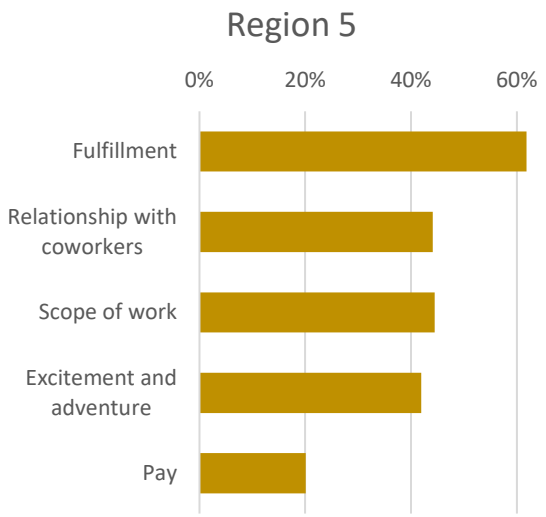
MDHHS Michigan Department of Health & Human Services

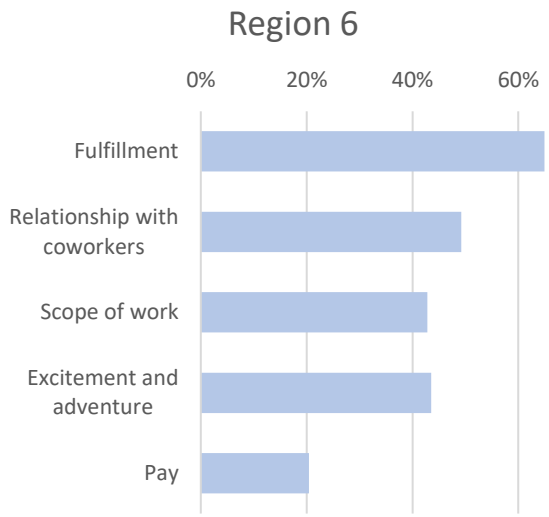


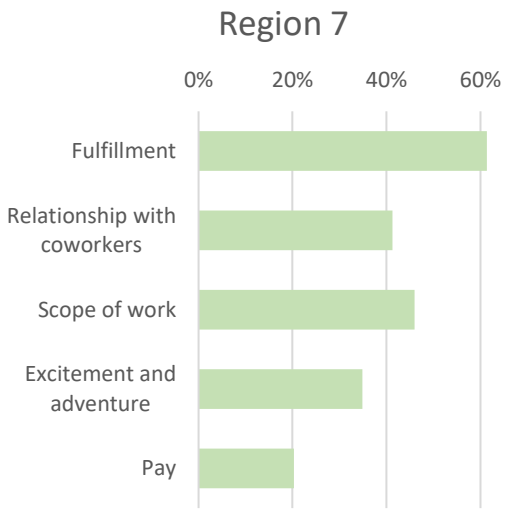


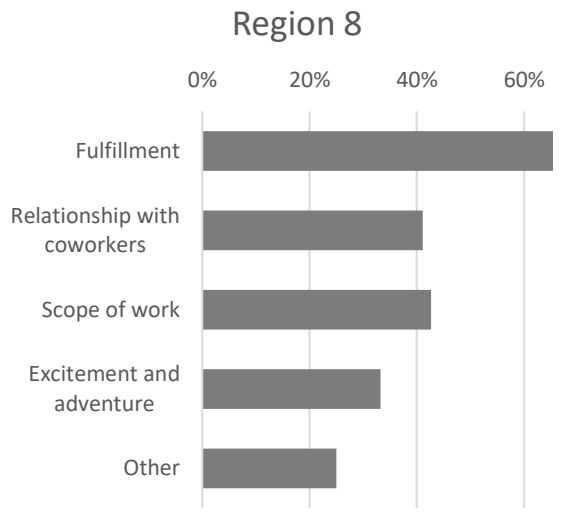






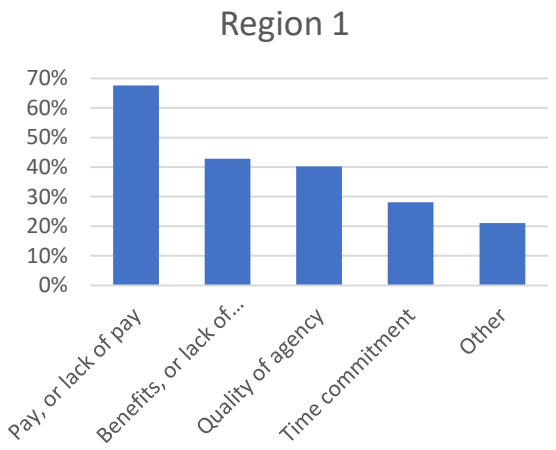


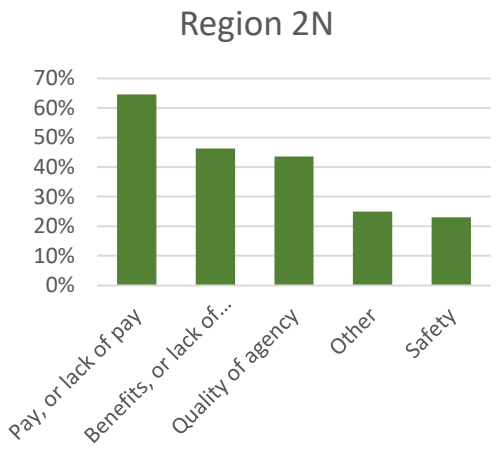


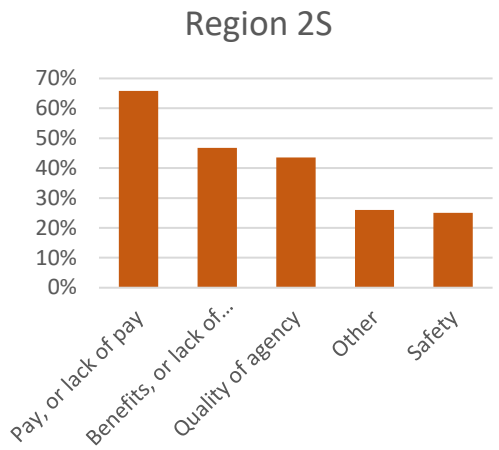


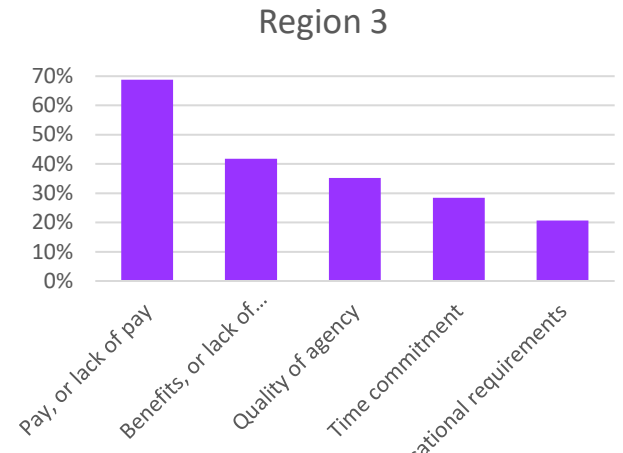
Top 5 Responses by Region-What Makes You Want to Leave EMS

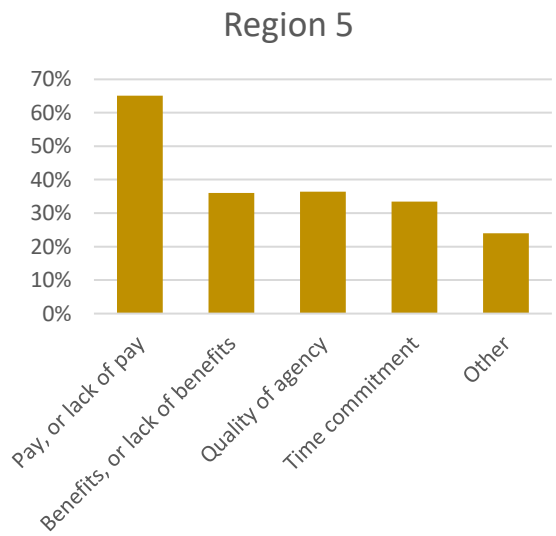
MDHHS Michigan Department of Health & Human Services

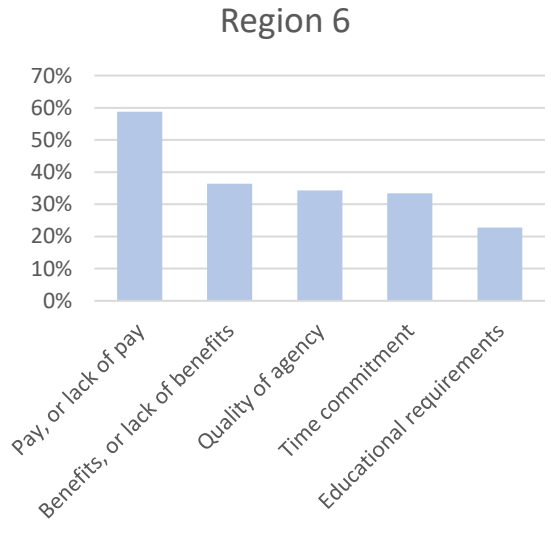


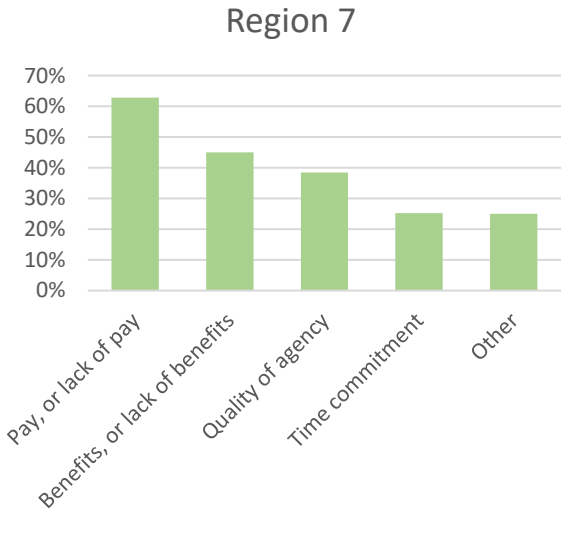


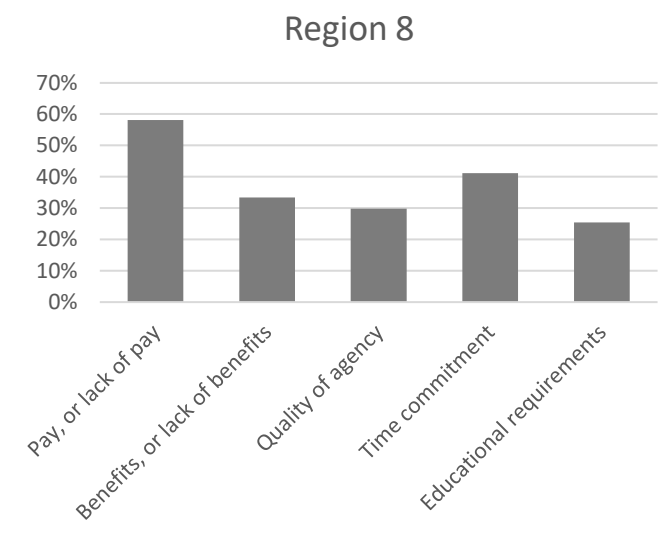












Stay/Leave Themes

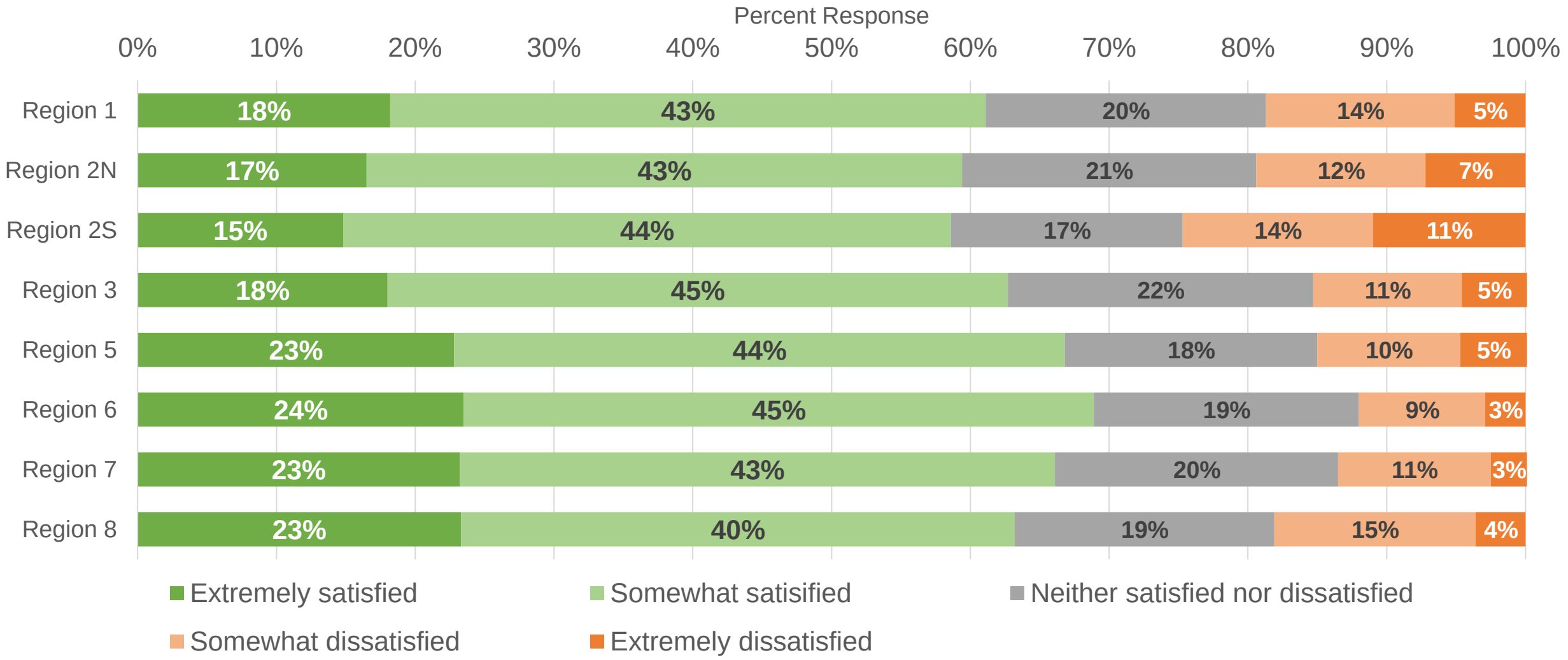
Stay in EMS-Other

- Service to people/community
- Lack of replacements
- Experience for future employment
- Required by employer
- Limited other employment opportunities

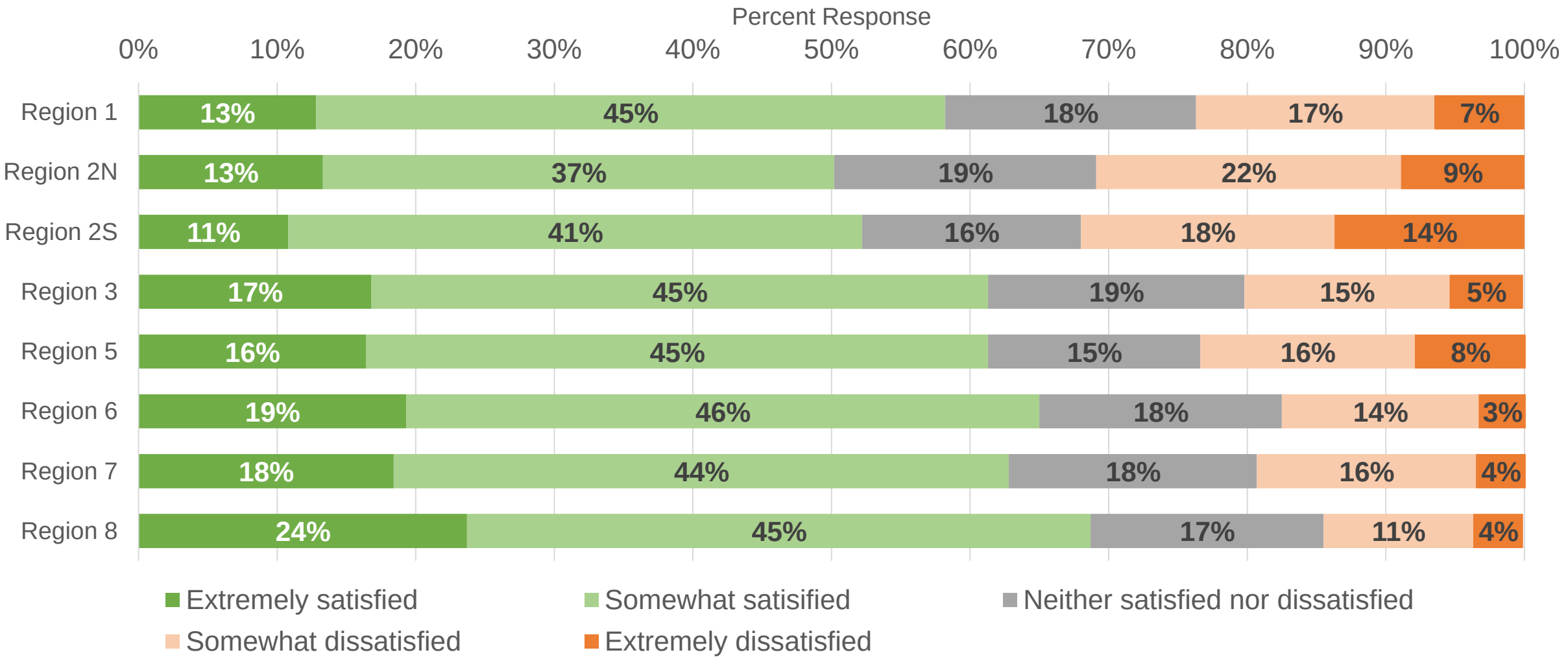
Leave EMS-Other

- Retirement
- Lack of respect from other agencies and/or hospitals
- Misuse of 911
- Mental health/burnout
- Physical health
- Scheduling/call volume/staffing issues
- Lack of advancement opportunities

Satisfaction of Primary EMS Job by Region



Satisfaction of EMS Profession by Region

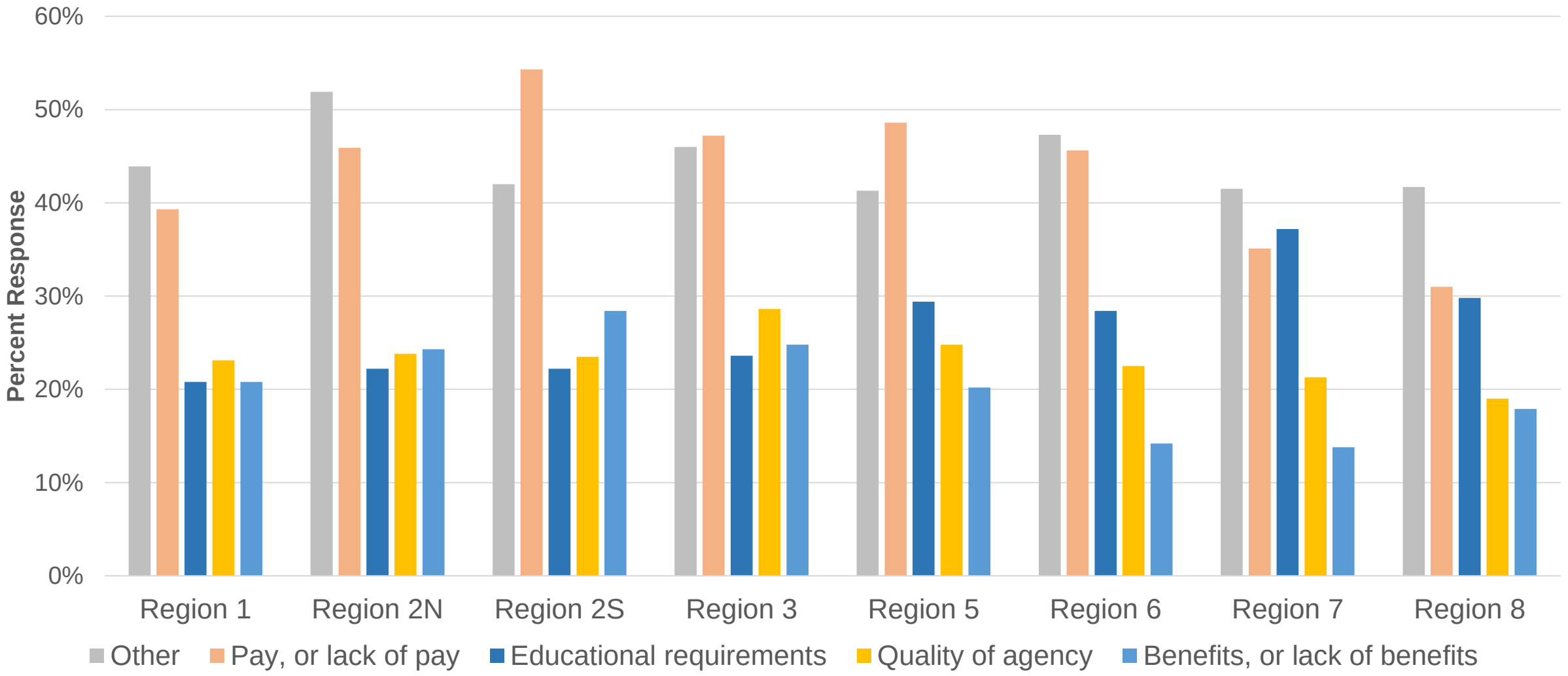


Statistical Significance

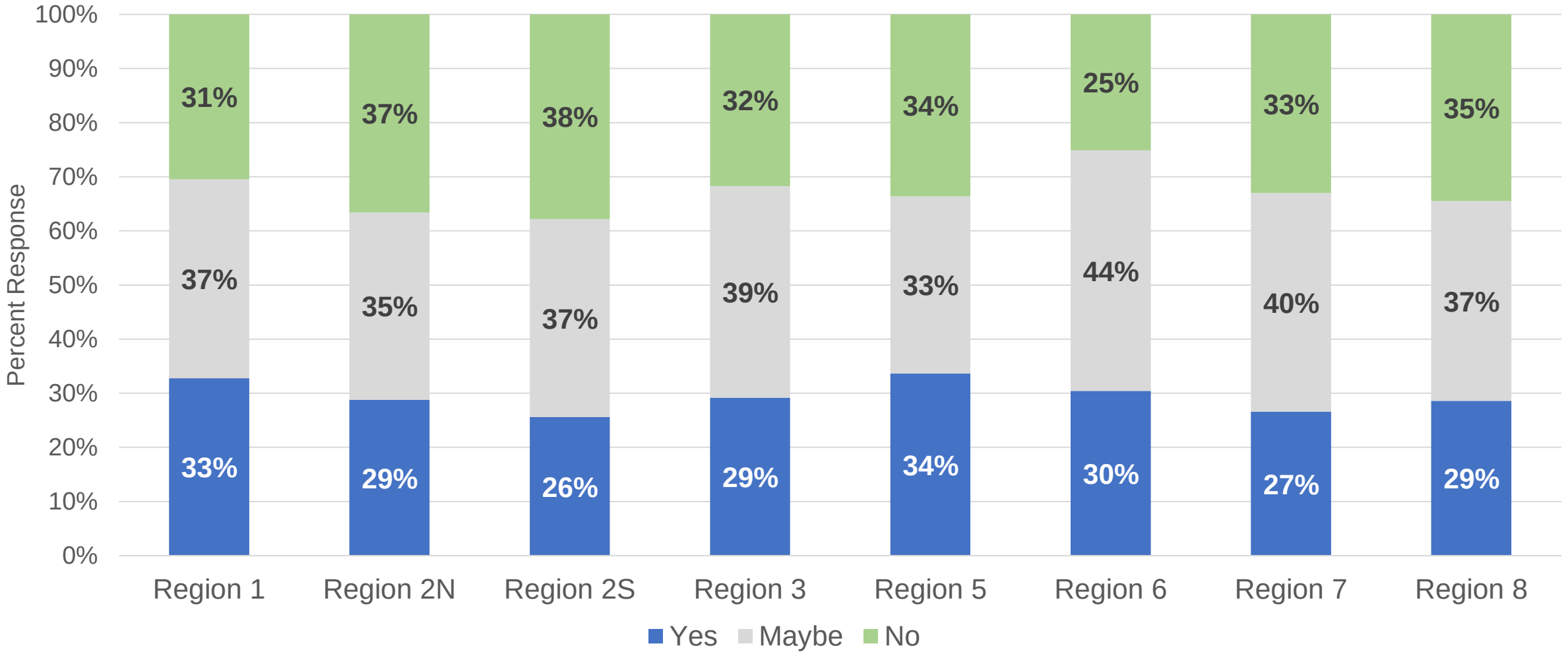
There is a statistically significant relationship between preparedness region and the response to the following questions:

- How likely is it that you'll leave your current primary EMS job within the next 12 months? **P-Value 0.02**
- How likely is it that you'll leave EMS within the next 12 months? **P-Value 0.04**
- How satisfied are you with the EMS profession overall? **P-Value <0.00001**
- How satisfied are you with your primary EMS job? **P-Value <0.00001**
- How safe do you feel at your primary EMS job? **P-Value <0.00001**
- How likely are you to recommend EMS as a profession? **P-Value <0.00001**

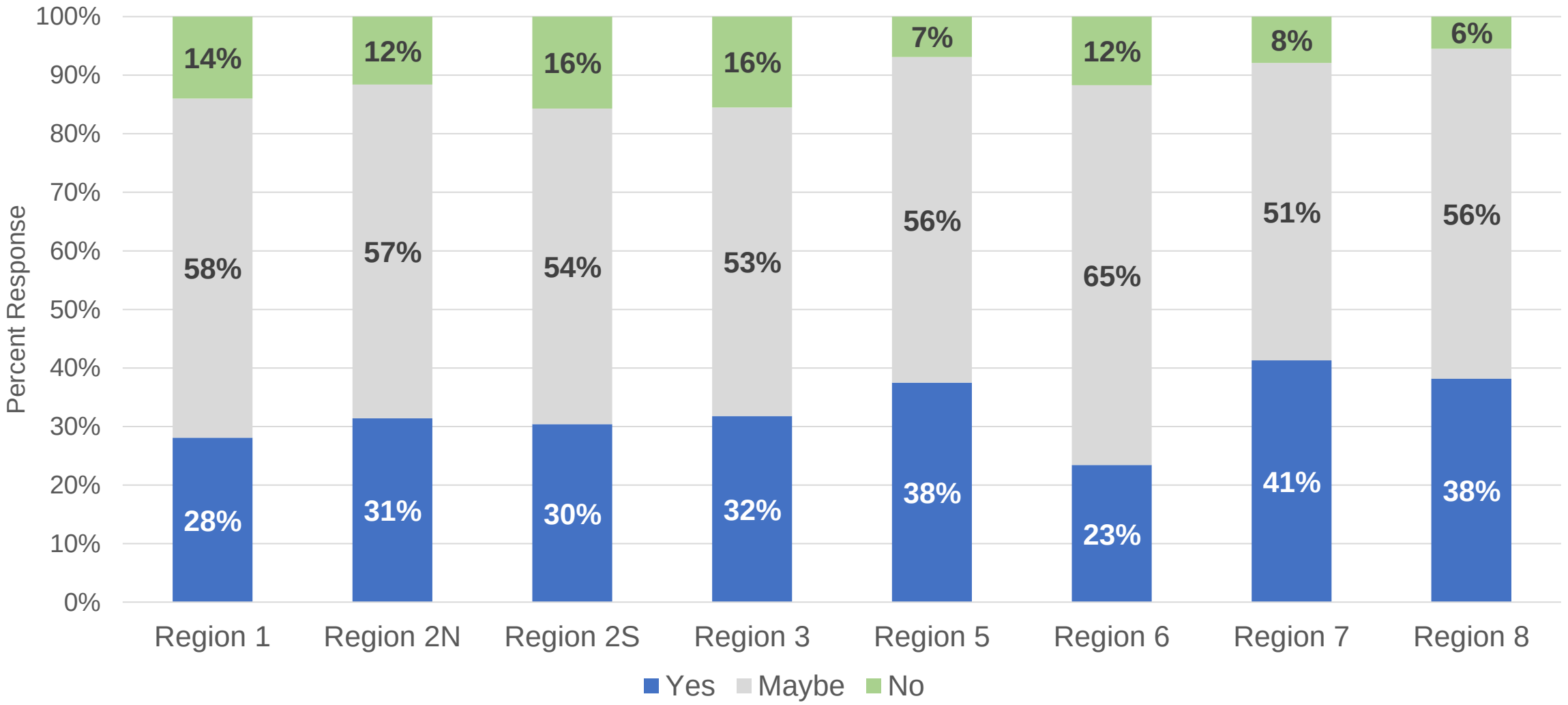
Top 5 Reasons That Influenced Decision to Not Renew by Region



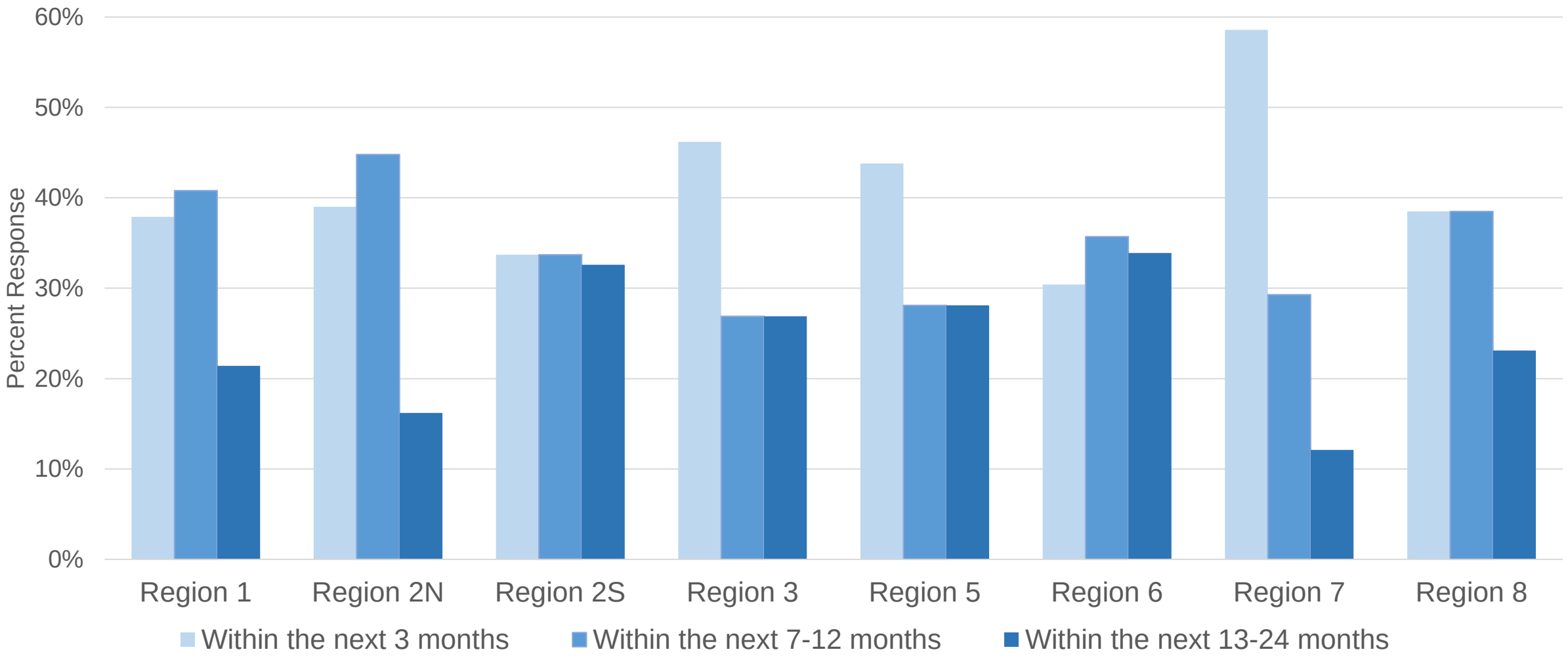
Willingness to Relicense by Region



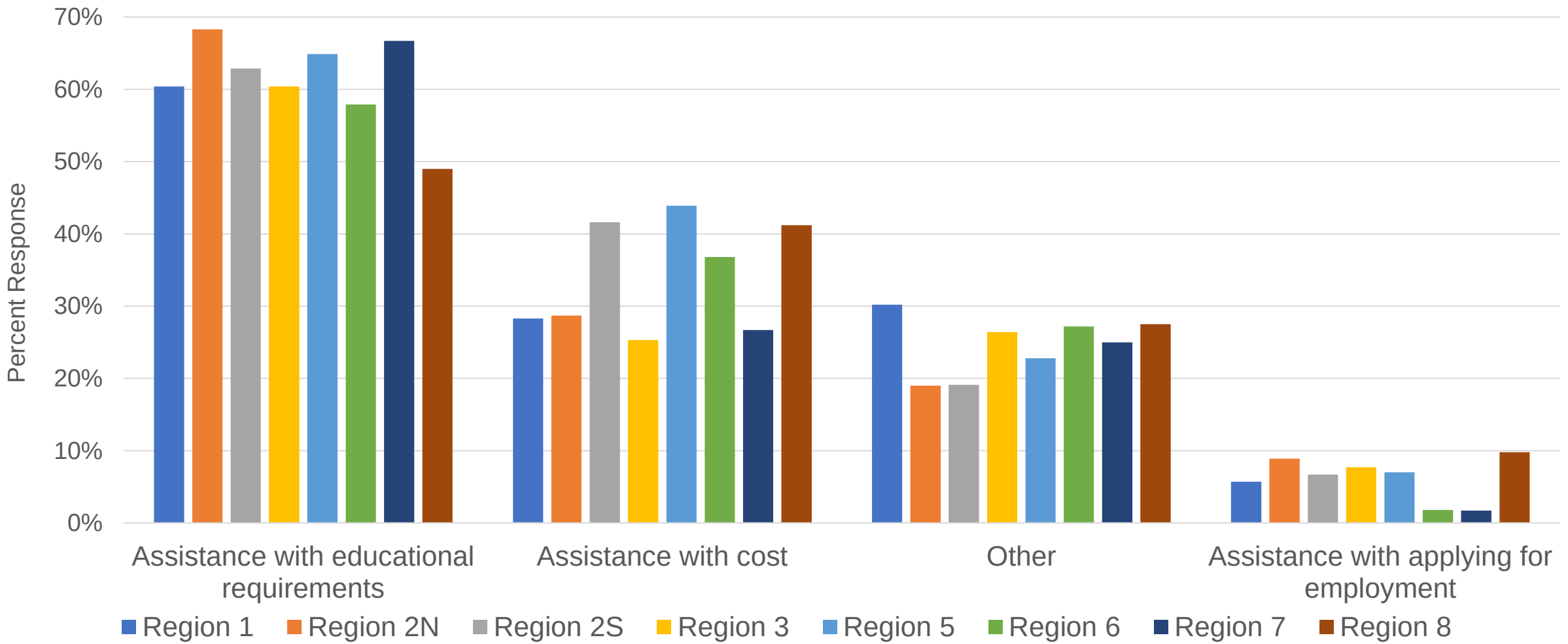
Willingness to Return to EMS Workforce by Region



Timeframe for Willing to Return by Region



Resources That Would Help to Relicense by Region



Resources That Would Help to Relicense-Other

Respondents mentioned the following:

- Childcare
- Pay that reflects the responsibility of the work
- Better pay and hours
- Better mental health awareness and treatment options
- Time to do it, it’s quite involved
- Improved CEU availability/better online selections
- Expedited relicensing

Thank you for your time.☺

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MDHHS
Michigan Department of Health & Human Services