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

QUALITY ASSURANCE TASK FORCE
Minutes
May 23, 2025
10:00 a.m.
VIRTUAL ONLY
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Attendance:
Member Roll Call: Dr. Edwards, B. McDavid, Dr. Noel, L. Weber, L. Martin, Dr. Wise, Dr. Domeier, Dr. Paul, D. Wagner.

Absent: Dr. Fales.

MCA Representatives:
Dr. Kemple, Monroe County MCA; R. Warnemuende, B. Weaver, and Dr. Wagner, Saginaw-Tuscola MCA; K. Henderson, Washtenaw Livingston MCA; J. Theut and B. Kincaid, Oakland County MCA; B. Brodin and K. Gleason, Northwest Regional MCA.

Guests:
M. Bentley and M. Richardson, Region 5; Dr. Van Alsten, WMed; C. Robinet, Superior; B. Trevithick, Genessee County MCA; Capt. C. Simon, STFD; J. Hogue, Bronson; Dr. Benkendorf and M. LaCrosse, Delta County MCA.

Bureau Staff:
Babb, Bergquist, Piette, Baker, Corey, Flory, Pantaleo, Rudzki.

Call to Order: The meeting was called to order at 10:01 a.m. by Dr. Edwards.

Minutes and agenda: Midland-Gladwin MCA will not be in attendance today. For quorum purposes, the MCAs will go first today.
Motion to approve the agenda and the minutes from 04/25/2025 (Paul, Wise). Approved.

BUSINESS:

1. **MCA SPECIAL STUDY REPORTS**
   a. POCUS – Oakland County MCA
      - J. Theut presented for the group. Independence Fire Department is doing this study. There are other agencies interested in doing this. There were two patients during Quarter One. There isn't much data for this yet. The POCUS study reviews patients that are in Cardiac Arrest to determine cardiac standstill. They are looking with ultrasound but are not changing any treatment. They are trying to determine if paramedics in the field can determine cardiac standstill. Emily Baker said one of the primary goals is to decrease burden on the EDs who

are receiving patients that could have been pronounced in the field and increase safety by reducing the number of transports of these patients. Bonnie Kincaid spoke of the potential for the future of ultrasound.

b. Comms – e-Bridge – Oakland County MCA
   - This was extended last year. John reported they've been holding steady with about 15,000 digital messages each quarter. HEMS is also using the platform with a higher volume. Oakland has seen success and no complaints about the voice communications that have occurred as long as there is good cell coverage. In areas where cellular coverage is weaker, they have been utilizing the text feature and sharing images through the app. They are working on upgrading the service to provide more real time text communications as opposed to voice and he explained. They are currently beta testing of this phase.

c. STEMI w/ heparin – Northwest Regional MCA
   - Bill Brodin presented to the group. They would like to move this from special study, as it has been going well. The MCA did not share any data related to the usage on patients or provider compliance.
   - ~~Midland Gladwin MCA~~

d. Stroke-BEFAST-VAN – Northwest Regional MCA
   - Bill Brodin advised this has continued to show good results for stroke and LVO recognition.
   - **Emily Baker advised to move either of the studies into a regular protocol, the MCA would need to present data on the use, compliance and beneficial outcomes of the study to show it has been reliably implemented. Dr. Edwards advised a summary of uses and positives, similar to an after-action report would be ideal. Emily Bergquist advised that it should be formatted like a poster presentation.**

e. Ultrasound – Northwest Regional MCA
   - This has not gotten much use, and they have scheduled additional training and looking to do another rollout.

2. <u>MCA CONSENT AGENDA</u>

3. <u>MCA AGENDA</u>

a. **MONROE COUNTY MCA**
   - 8.33 Behavioral Health Alternative Response – **Motion to support (Domeier, Weber). Approved with change.**
     - Dr. Kemple presented the protocol to the group. This is almost identical to Region Six's protocol. **Dr. Edwards asked if they could use the term PSRO in the QA section and asked how often they would be reviewing. Dr. Kemple said they would plan to review 10% and could update to PSRO.** Dr. Edwards asked if everyone was comfortable with Number 5 in the policy and Dr. Kemple addressed. Everyone is on board. Lance Corey asked if the Crisis Response Team was already in service in Monroe and Dr. Kemple advised they are. They waited until it was sustainable before

submitting the protocol. Lance also asked the hours of availability and Dr. Kemple said 24/7/365.

- **ACTION: Page 2 at the top, Quality Assurance: "The Medical Control Authority, under their PSRO committee, will maintain.....".**
- **OPTIONAL: Up to the MCA if they would like to specify the percentage of runs that will be reviewed. 10% was discussed during the presentation, the MCA will advise if they would include in the protocol.**

b. **SAGINAW-TUSCOLA MCA**

- 7.30 Blood Products – **Motion to support with information sharing and changes (Wise, Domeier). Approved with change.**
- 7.31 Blood Procurement – **Motion to support (Wise, Domeier). Approved.**
  - Rob Warnemuende and Dr. Wagner presented to the group. This was presented last month as a draft, and they adjusted based on that discussion. Rob went over the changes made to produce this version. Dr. Edwards asked about the vital signs**. Action item: Add "every" to ten minutes in number 6 under Infusion Procedure.** Dr. Domeier asked if there is a plan to report to QATF. Dr. Wagner said they plan to do 100% review, and they can report to QATF on a schedule. **Emily Baker said the office will work out a reporting schedule.** Dr. Domeier asked if this was being done under IRB and Dr. Wagner said no. Emily Bergquist said public comment only has to be taken from those directly affected. Betsy McDavid asked about the coolers and warmers for blood products. Rob addressed. Lance asked them to send the education module. Rob advised they will be putting this together and get It to Krisy Kuhl. There were no changes to 7.31 but the group discussed if this portion could be a policy rather than a protocol due to the nature of it. **Action item: Adjust the administration protocol to be consistent with the procurement.** Emily Baker advised it could be a procedure as long as they have a path to enforcement. This could be referenced to the pharmacy things. They could also have it as a protocol and every little procedure change doesn't need to go to QATF. It was decided to go with keeping it as a protocol.

c. **WASHTENAW LIVINGSTON MCA**

- 4.7 Pediatric Seizures – **Motion to support (Weber, Wise). Approved. Domeier, Noel, Wagner abstained.**
  - Dr. Noel presented for the group. This is a facet of their PediDOSE study. They are looking to put the age-based dosing to 12 months. That is the only change. They will go live as soon as they can, Rob said the biggest delay will be public comment.

4. **State Protocols/Bylaws:**
   a. The MCA related protocols Lance is working on were sent out to the QATF members for review. Please let Lance know if you have comments or concerns. Dr. Edwards said this topic would be worthy for the Systems of Care conference. Lance will compile all comments and prepare them for next month's meeting.

5. **Other Matters:**
   a. Lance discussed a dual sequential defibrillation metric that was developed in biospatial.

6. **Next Meeting: June 27, 2025**

7. **Adjournment: Motion to adjourn at 10:50 a.m. (Weber, Domeier). Adjourned.**