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

QUALITY ASSURANCE TASK FORCE
Minutes
June 27, 2025
10:00 a.m.
VIRTUAL ONLY
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Attendance:

Member Roll Call:

Dr. Edwards, B. McDavid, Dr. Noel, Dr. Domeier, D. Wagner, Dr. Fales, Dr. Paul, L. Martin, Dr. Wise.

Absent:

L. Weber.

MCA Representatives:

Bonnie Kincaid, John Theut, Dr. Cooper and Dr. McGraw, Oakland County MCA; B. Trevithick, Genessee County MCA; M. Bentley, Dr. Mastenbrook, and Dr. Van Alsten, Region 5. Dr. Hunt and Dr. Smith, Washtenaw Livingston MCA; C. Hartman and K. Smith, Kent County EMS; Dr. Rauch, Region Six.

Guests:

B. Miljan, Dr. Klausner and Dr. Evans, Wayne County MCA/HEMS; Dr. A Han, UT Southwestern Medical Center; T. Hoag, McLaren; Dr. R. Chaska, HFHS; D. Yarger, Barry County MCA; C. Robinet, Superior; Capt. C. Simon, STFD; M. LaCrosse, Delta County MCA; R. Warnemuende, Saginaw-Tuscola MCA; M. Kropp, Macomb County MCA; Dr. L. Wohlford, UM; K. Henderson, Washtenaw Livingston MCA; H. Pykonen, AMR; Dr. VanWoerkom, WMed; M. Obajdin; P. Bridges; V. Waryas, MAAS;
Bill Priese, Tri County MCA.

Bureau Staff:

Babb, Piette, Kuhl, Baker, Corey, Flory, Fitzpatrick, Minaudo, Bergquist, Rudzki.

Call to Order: The meeting was called to order at 10:04 a.m. by Dr. Edwards.

Minutes and agenda:

Motion to approve the agenda and the minutes from 06/27/2025 (Martin, McDavid). Approved.

1. **MCA SPECIAL STUDY REPORTS**
   a. **Headstrong TBI Pediatric**
      - Washtenaw Livingston
      - Jackson
        - Dr. Hunt reported on these studies for both MCAs. This study is using community paramedics to go out to the homes of pediatric patients that have experienced mild TBI to provide education and do things like testing, symptom inventory, and other things. They've had 10 enrollments. Jackson enrollment was briefly paused but that has

restarted. They have been getting positive feedback from these visits, especially about the additional education related to concussion and how it's diagnosed and sort of the expected course of the injury. They had previously received permission to expand into Western Wayne County and have seen two patients there. They continue to look for other sites. There is a concussion center in Western Michigan they are looking at as a potentially alternative pathway for enrollment, as right now they all come from the emergency room.

b. Pedi Dose

- Washtenaw Livingston
  - Dr. Noel presented for the group. This study looks at dosing of versed for prehospital seizures. They are not seeing adverse effects in their reviews.

c. Heads Up CPR

- Wayne County MCA/HEMS
  - Dr. Hunt presented for the group. They had a slow month and Dr. Hunt explained the reasons. They've had no major complications and are watching things closely. The department recently changed monitors, so they're keeping a close eye on things because that's brought some challenges utilizing the care bundle, as well as back-end review. It will be fine after the adjustment period.

2. MCA CONSENT AGENDA – Motion to approve the consent agenda with the exception of one protocol being moved to the regular agenda. (Martin, McDavid). Approved.

a. Genesee County MCA

- 8.6 Dispatch
- 8.17 EMS Agency Responsibilities
- 8.24 Complaint Investigation and Resolution
- 9.6 Pharmacy

b. Lapeer County MCA

- 9.6.2 Lapeer MFR, BLS, LALS Medication Box Exchange

c. Region 5 Medical Control Authority Network

- x.x Personnel Rehabilitation During Scene Operations

d. Oakland County MCA

- 1.3 Nausea and Vomiting
- 2.10 Heat Emergencies
- 2.11 Hypothermia Frostbite
- 2.12 Head Injury Adult
- 2.13 BCON
- 7.1 12 Lead ECG
- 7.11 Impedance Threshold Device
- 7.16 Patient Restraint

- 7.26 Interfacility High Flow Nasal Oxygen
- 7.8 Electrical Therapy
- 7.8S Double Sequential Defibrillation
- 8.113 Medical Control and Participating Hospital Policy
- 8.15 Inter-Facility Patient Transfers
- 8.2 Patient Prioritization and Use of Lights and Sirens
- 8.27 PSRO Responsibilities, Structure and Operational Protocol
- 8.3 Transportation Protocol
- 9.101 MFR-EMT Medication Exchange
- 9.103 BLS Medication Kit Contents Exchange
- 9.104 MFR Medication Kit Contents Exchange
- 9.8 Naloxone Leave Behind Medication Kit
    - There was brief discussion on why Oakland has so many protocols. Krisy explained the process for something being on the consent agenda versus the regular agenda.

e. WMRMCC (Region Six)

- 5.5 Chest Pain/ACS – **Move to regular agenda.**
    - **Pulled off consent agenda and moved to regular agenda.**

3. <u>MCA AGENDA</u>

a. Calhoun County MCA

- x.x EMS Dispatch and Response - **Motion to approve (Domeier, Martin). Approved. McDavid abstained.**
    - Dr. Van Alsten presented to the group. Lisa Martin asked a question about dispatch and Dr. Van Alsten addressed. Dr. Domeier asked about response times and it there will be consequences if the targets are not met. Dr. Van Alsten advised they are monitoring so they know what is happening.

b. Genesee County MCA

- 8.3 Transportation – **Motion to approve (Martin, McDavid). Approved.**
- 8.57 Transfer of Patient Care to Receiving Facility – **Motion to approve (Martin, McDavid). Approved.**
    - Bruce Trevithick presented to the group.
        - 8.3: Krisy advised patient choice needs to be acknowledged and discussed. She also asked if this could have been handled through education. Bruce addressed. **Action item: Protocol 8.3 needs to be ADA Compliant.**
        - 8.57: Krisy asked Bruce how they were able to get the hospitals on board for this protocol and Bruce addressed.

c. WMRMCC (Region Six)

- Moved from consent agenda 5.5 Chest Pain/ACS **– Motion to approve (McDavid, Wagner). Approved.**
- 7.13 Pain Management**– Motion to approve (McDavid, Wagner). Approved.**
- 9.24R Fentanyl**– Motion to approve (McDavid, Wagner). Approved.**

- Carl Hartman presented for the group. These three protocols center around a new dosing scheme for fentanyl that was discussed as a region. Lisa Martin asked if the dosing was enough. Dr. Domeier discussed dosing from a doctor's perspective. Dr. Fales spoke about dosing as well. State protocol was discussed. Deb Wagner advised this simplifies things and is better for patient safety. Emily said this would now be the third version of rounding and also would be contrary to MI MEDIC. Dr. Rauch spoke.

d. Region 5 Medical Control Authority Network

- x.x Conducted Electrical Weapon Injury (Taser) **– Motion to approve with change and reporting request (Martin, Domeier). Approved. Fales abstained.**
  - Michael Bentley presented to the group. This is a provider driven protocol. They were approached by a paramedic in their system about some questions and concerns about not having clear direction on how to interact and how to engage with patients who have been tased. Specifically, the Taser bar removal and disposal and whether or not each patient needed to have an EKG or a transport. After much discussion around the region, this is the protocol that they came up with to address those issues. Dr. Fales suggested looking at this as a statewide protocol. This is the first protocol of this type. Discussion ensued. Probe removal was discussed. **Action item: Make C say " If not prior removed by law enforcement, remove the probe." Lisa asked if they could report on how many times this is used prior to making a state protocol.**

e. Washtenaw Livingston MCA

- 8.12 Emergency Response and Utilization of ALS, BLS and MFR Units – **Motion to approve (Martin, Wise). Approved. Noel and Domeier, Wagner abstained.**
  - Dr. Smith presented to the group**. Action item: Make ADA Compliant. Add wording about requiring two sets of vital signs for establishing stability.**

f. Oakland County MCA

- **New special study - Evolving Provider Based ED**
  - Protocol 8.200 Evolving Provider Based ED Study Protocol – **Motion to approve (Martin, Domeier). Approved.**
    - Bonnie Kincaid presented to the group. Emily asked if they would be willing to share the NEMSIS criteria they are using and discussed. Bonnie advised yes, and that criteria is in the study. It may change as necessary. Emily said she would like to bring in Stephanie Bliss, the division's epidemiologist, and discussed. Education was discussed. They are already collecting data so they can do a before and after. Dr. Fales asked if they got an IRB and if not, he would suggest running it by them so it can be published. Lisa asked if they would add additional EDs to the study as they

pop up or will they focus on the ones they have now and Bonnie addressed. **They will present to QATF on the same schedule as their other studies.**

- **Regular Protocols**
  - **1.100 Diabetic Emergencies – Motion to reject (Domeier, Wise). Rejected.**
  - 4.5 Pediatric Respiratory Distress – **Motion to approve (Paul, Martin). Approved.**
  - **6.1 Pediatric General Arrest – Motion to not approve as written (Martin, Noel). Not approved.**
  - 7.19 Refusal of Care – **Motion to approve with clarifying language added (Paul, Martin). Approved.**
  - 8.7 ALS to BLS Transfer of Care – **Motion to approve with change (Paul, Martin). Approved.**
  - 8.18 Agency and EMS Personnel Criteria for Participation – **Motion to approve (Martin, Paul). Approved.**
  - 8.19 On-Scene Physician or Non-Physician Provider Interaction – **Motion to approve (Paul, Wise). Approved.**
  - 3.3 Respiratory Distress – **Motion to approve with changes (Paul, Martin). Approved.**
  - 5.5 Chest Pain – **Motion to approve (Paul, Martin). Approved.**
    - John Theut presented to the group. He discussed the reasons behind the size of the packet they sent in for this meeting. Discussions below:
    - **1.100**: They are wanting to add IO and they don't carry glucagon. Krisy asked if there is clinical support from QATF for discontinuing IO in the field. Dr. Fales discussed. Patient waking up and refusing was mentioned. John discussed the guardrails in the protocol. Dr. Domeier said he would not allow this and discussed the one time he used it and discussed medical control. He asked about manufactures' recommendations for IO removal. He asked about the studies used. John advised they were included and also said the NASEMSO guidelines allow it. Dr. Fales spoke about this for more complicated patients. He suggested every IO use be reviewed as a sentinel event. Dr. McGraw agreed and it would show the risk/benefit. He said this wouldn't be commonly used due to IV experience and short transport times. He would have no hesitation in reviewing the cases. Emily Bergquist spoke about the introduction of germs into the patients. Removing an IO needs to be an express consent documented by a physician. Dr. Edwards asked about the NASEMSO provision, and Emily Bergquist addressed. Betsy said she did a brief search on how many times glucagon was used in her system, and it was 435 but not unique patients. Some were seen multiple times. She questioned the decision to not use glucagon in the protocol. Emily Bergquist spoke about cost for agencies vs. hospitals. These cases may not be as

uncommon as they think. Krisy asked about dextrose leaking back out and causing necrosis. Dr. Domeier didn't think that was a concern. He asked John to send him the studies and asked again about manufacturers' removal guidelines. John addressed and said the person recommending did indicate there are instructions, but they did not review. Emily Baker said she found some in a quick Google search. Lisa asked about insertion sites and John answered. Dr. Domeier said he isn't seeing proof that it is safe and effective. Dr. Fales thanked Oakland County for the discussion and expressed concerns. He suggested asking Oakland to provide outcome data. He thinks this should be a special study or more evidence needs to be provided. John spoke about how this came about and how they started looking at this. They don't think this will be used very often. Protocol deviation as a way to handle this topic was discussed. A brittle diabetic is a special patient that 7.23 may not address. Guardrails in the protocol were discussed. Dr. Fales spoke about patient scenarios and concerns. Dr. McGraw asked if it would help to add a caveat that the patient be unconscious. Dr. Domeier said it could be addressed with a memo from the MCA reminding providers starting an IO is allowed for a patient need with online medical control. Bonnie asked if a vote could be taken so they can take it back to the board. Dr. Fales said this is an important discussion and he would ask Oakland County to look at this further to see the scope of the problem. We don't know that at this time and need establishment of clinical need. Deb looked at the cost of glucagon and Dr. Fales wondered if it was time for SE Michigan to look at transitioning to glucagon.

- **3.3**: Krisy asked a question about why it refers to end tidal CO2 and John addressed. Krisy advised of things that were different in the protocol Washtenaw Livingston provided them vs. what was approved for Washtenaw Livingston. **Action items - Add parameter for repeating times 1 under EMT, remove duplicate of number 5, mag sulfate.**
- **4.5**: Emily Bergquist advised she wanted to hear from Dr. Noel on this one. It will be a contradiction to the MI MEDIC. She also advised NASEMSO guidelines are being revised. John advised it is on the MI MEDIC. Dr. Noel has no issue with this.
- **5.5**: Krisy asked about the changes to O2 administration. John addressed. Dr. Fales spoke about this position statement and future revision of the state protocols.
- **6.1**: This change was based on PALS. Dr. Fales discussed clinical aspects of Hs and Ts, and Dr. Noel agreed. It's not hurting anything to be there but shouldn't take precedent over other things that need done, such as airway. This could cause inappropriate focus. Dr. Noel said it makes more sense in the post arrest protocol. John

advised the concerns could be shared should this be approved. Dr. Fales advised PALS and AHA say they should not be considered standards of care and discussed. He recommended this not be approved. Dr. Noel advised that it should be in post arrest. Dr. Edwards discussed, as well. Hypoglycemia being in the pediatric ROSC protocol was discussed.

- **7.19**: Krisy asked if this leaves the door open to avoid reports. John addressed. Krisy spoke about enforceability. Emily Baker suggested adding clarification. Dr. McGraw and Dr. Domeier discussed the addition of this clarification. **Action item: Add clarifying language**.
- **8.7**: Krisy asked about the wording on 1a on page 1 and suggested to make it "must be willing to accept patient". John advised this is a typo. **Action item: change to "must be willing to accept patient".**
- **8.18:** Dr. Edwards brought up certification vs. currency with these designations. Krisy asked for clarification that they could have a provider without ACLS and confirmation the agencies were okay with that. Dr. McGraw addressed. John also advised that this provision is optional and not required.
- **8.19:** Bonnie Kincaid presented this one to the group. Krisy asked about Page 2 C3 and Bonnie answered. Dr. Fales discussed midwives, and their training/oversight when they are not nurse midwives and said ultimately the paramedic should have control of what's going on at the scene. Dr. Edwards discussed numbers 5 and 6, and also agreed with Dr. Fales' statements. Bonnie advised full control still rests with the EMS provider. The provisions in number 6 were discussed, as Dr. Fales said it addresses an important concern. **Dr. Fales said to flag this as a state protocol opportunity.**

- **CARDIAC ARREST BUNDLE**
  - **5.6 Return of Spontaneous Circulation – Motion to approve (Paul, Domeier). Motion did not pass.**
  - **7.6 Dead on Scene, Termination of Resuscitation – Motion to approve (Paul, Domeier). Motion did not pass.**
    - John Theut presented to the group and explained the change requests. Dr. McGraw discussed PEA arrests. Dr. Fales spoke about PEA, as well. Discussion ensued. Bonnie advised that this would need to go back to their board. **Emily suggested creating a checklist for the conversation with online medical control.** Handling things with education was discussed, rather than changing the state protocol. Krisy discussed how the two protocols affect each other. The group continued to discuss the protocols, and the changes would have to go back to Oakland's board. Dr. Fales offered to help.

- **COMPLIANCE_LC SME BUNDLE**
  - 8.24 Complaint Investigation and Resolution – **Motion to approve (Paul, Martin). Approved.**
  - 8.25 Disciplinary Action Appeal Resolution – **Motion to approve (Paul, Martin). Approved.**
    - Dr. Edwards asked the department if this aligns with the new changes presented in Lance's work that is also on the agenda today. Emily Baker addressed and advised the office is in talks with the AG's office for clarification at this time. Emily Bergquist also spoke and referred to the administrative rules. She said it will never be more than six days. This is still an outstanding issue. John asked to have the rule so he can refer to it. Lance advised the following:
      - *333.20919 (e) requires MCAs to have a protocol that when there is an immediate threat to public health, safety (etc). there is a process to remove "medical control" the MCA must have the opportunity to review the action at a hearing. And, the hearing must be within 3 business days.*
      - *325.22207 Medical control authority; protocol development; promulgation of protocols; emergency protocol.*
        - *(g) Protocols defining the process to immediately remove medical control if the medical control authority determines that an immediate threat to the public health, safety, or welfare exists. These protocols must specify that a medical control authority has 3 business days to hold a hearing and make a determination.*
- **LR/NS FLUSH BUNDLE**
  - **7.23 Vascular Access and IV Fluid Therapy – Motion to approve (Martin, Domeier). Motion does not pass.**
  - **3.6 Hyperactive Delirium Syndrome – Motion to approve (Martin, Domeier). Motion does not pass.**
  - **7.13 Pain Management – Motion to approve (Martin, Domeier). Motion does not pass.**
  - **7.17 Procedural Sedation – Motion to approve (Martin, Domeier). Motion does not pass.**
    - Krisy advised whatever is decided on 7.23 will go with the rest of the protocols in the bundle and discussed what are state vs MCA changes. She also discussed checks and balances from a system perspective and talked about managing differences in the

protocols. Deb Wagner advised there are a lot of medications that aren't compatible with lactated ringers.

- **AMS/SZ BUNDLE**
  - 4.7 Pediatric Seizures – **Motion to approve (Martin, Paul). Approved.**
  - **3.1 Altered Mental Status - request to retain MCA version/not accept state version
  - **3.4 Seizures - request to retain MCA version/not accept state version
  - **4.4 Pediatric Altered Mental Status - request to retain MCA version/not accept state version
    - The O in O2 being lowercase was discussed.

4. **State Protocols/Bylaws:**
   a. **CIP - Opioid Use Disorder**
      - x.x Medication for Opioid Use Disorder (MOUD)
      - x.x Clinical Opioid Withdrawal Scale (COWS)
        - Emily Baker asked if QATF would be willing to review these offline and send comments to Anthony Pantaleo. His email is pantaleoa@michigan.gov. **She will send a note to the committee.**

   b. **Complaint Investigation Protocols**
      - X.XX Professional Standards Review Organization and Committees NEW – **Motion to approve (Paul, McDavid). Approved**.
      - **8.24 PSRO Complaint Investigation & Resolution – Motion to approve (Domeier, Paul). Approved**.
      - 8.25 Order of Disciplinary Action Appeal Domeier Paul **– Motion to approve (Domeier, Paul). Approved**.
      - New Template - Complaint Investigation Notice
      - New Resource - PSRO Investigation Checklist
      - New Resource - MCA Open Meeting Act (OMA) FAQ Sheet
        - Lance led the discussion and answered questions from the group.

5. **Other Matters: None.**

6. **Next Meeting: August 22, 2025**

7. **Adjournment: Motion to adjourn at 2:23 p.m. (Paul, McDavid). Adjourned.**