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

QUALITY ASSURANCE TASK FORCE
Minutes
October 24, 2025
10:00 a.m.
VIRTUAL ONLY
Join the meeting now
+1 248-509-0316 Conference ID: 538 465 315#

Attendance:

Member Roll Call:

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

Absent:

L. Weber, D. Wagner.

MCA Representatives:

Debbie Condino, Dr. Feld, K. Donovan, and Kolby Miller, Macomb County MCA; C. Hartman, Kent County EMS; R. Warnemuende, B. Weaver, Saginaw-Tuscola MCA; K. Henderson, Dr. Hunt, B. Stamm, Dr. L Wohlford, M. Royan, and Dr. Han, Washtenaw Livingston MCA; B. Priese, Tri-County MCA.

Guests:

Dr. Bigsby, Delta County MCA; John Theut, Oakland County MCA; M. Bentley, M. Richardson, and Dr. Van Alsten, Region 5; B. Trevithick, Genessee County MCA; Dr. R. Chaska, HFHS; C. Robinet, Superior, L. Mamer, Dr. J. Krohmer, J. Williams.

Bureau Staff:

Babb, Piette, Bergquist, Kuhl, Baker, Corey, Flory, Rudzki, Wrobleski, Burke.

Call to Order: The meeting was called to order at 10:02 a.m. by Dr. Edwards.

Minutes and agenda:

Motion to approve the agenda and the minutes from 09/26/2025 (Paul, Wise). Approved.

BUSINESS:

1. **MCA SPECIAL STUDY REPORTS**
   - **a. Washtenaw Livingston/Jackson/Wayne County (HEMS)**
     - HeadStrong Pediatric TBI Study
       - Dr. Hunt went over the report for the group. Their grant funding has been extended to 2027.

2. **MCA CONSENT AGENDA - Motion to approve (Paul, Martin). Approved.**
   - **a. Kent County MCA - on behalf of the region**
     - 8.3 Destination and Diversion Policy
   - **b. Saginaw-Tuscola MCA**
     - ~~8.2 Patient Prioritization Use of Lights and Sirens~~ – MOVED TO REGULAR AGENDA
     - 8.9 Helicopter Utilization

c. Tri County MCA
- 7.1(a) 12 Lead ECG Addendum
- 7.23(a) Vascular Access & IV Fluid Therapy Addendum
  - Included support document
    - https://tsaco.bmj.com/content/9/Suppl_2/e001369

a. Washtenaw Livingston MCA
- 8.1 Transport Protocol
- 8.34 Tactical EMS Medication Exchange and Replacement Procedure

b. Wayne County MCA (HEMS)
- 3.6 Hyperactive Delirium Syndrome with Severe Agitation

3. MCA AGENDA

a. Saginaw Tuscola MCA
- 8.2 Patient Prioritization Use of Lights and Sirens – PULLED FROM CONSENT AGENDA **– Motion to approve (Domeier, Paul). Approved.**
  - Discussion: This was pulled from the consent agenda for discussion. Dr. Domeier asked procedural questions and the group discussed.

b. Macomb County MCA
- 7.31 Blood Product Administration – **Motion to approve (Paul, Wise). Approved.**
  - Debbie Condino, Dr. Feld, and Kolby Miller presented to the group. They used Saginaw-Tuscola's protocol as a template and have been working on it for over a year.

c. Washtenaw Livingston MCA
- 8.36 Prehospital Brain Biomarker Feasibility Study – **Motion to approve (Paul, Martin). Approved. Domeier and Noel abstained.**
  - Dr. Wohlford presented to the group, including sharing a Power Point.
    - Discussion: Krisy asked who would have these. Dr. Wohford advised they will be working with Huron Valley Ambulance and discussed. CLIA waivers were discussed. Dr. Domeier advised for research, the CLIA waiver would not be needed, but it may be needed later. These devices will live at the agency and go out with the human able to use them, rather than on an ambulance. No destination would be altered for this study. The do have a UM IRB for this.

4. State Protocols/Bylaws
- 1.3 Nausea and Vomiting – **Motion to approve (Paul, Martin). Approved.**
- 3.8 Adult Fever – NEW – **Motion to approve (Paul, Martin). Approved.**
- 4.5 Peds Resp. Distress – **Motion to approve (Paul, Martin). Approved.**
  - Krisy presented these protocols to the group. Acetaminophen was discussed for Adult Fever. Dr. Edwards advised to run this by Deb Wagner, who isn't here today.

5. Other Matters

- Krisy had asked for guidance on a SIPQuik collar, and the group discussed. The recommendation is to not recommend.
- Emily Bergquist asked to look at DNR. The group reviewed and discussed. The law was changed, unbeknownst to us, to add Pediatrics to the DNR law. Crew education/support was discussed.
    - **Motion to approve DNR Protocol changes (Paul, Noel) – withdrawn. This will be cleaned up and brought to the November meeting.**

Next Meeting: NOVEMBER 17, 2025
Motion to adjourn – Paul. Adjouned at 11:29.

PREHOSPITAL BRAIN BIOMARKER FEASIBILITY STUDY PROTOCOL

Luke Wohlford, MD, MPH

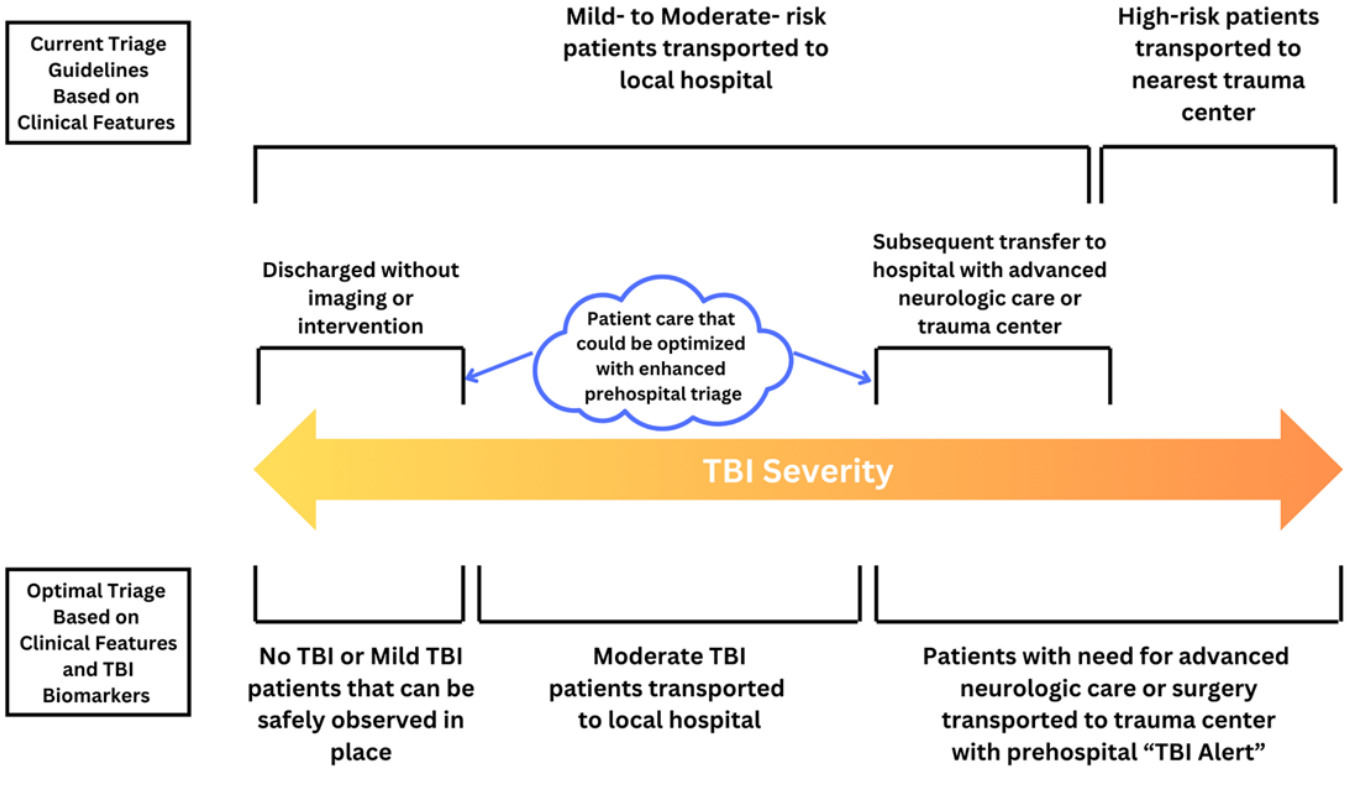
Project PIs:

Regina Royan, MD, MPH

Brian Stamm, MD, MSc

Lauren Mamer, MD PhD

SELECTING THE OPTIMAL DESTINATION FOR PATIENTS WITH TBI

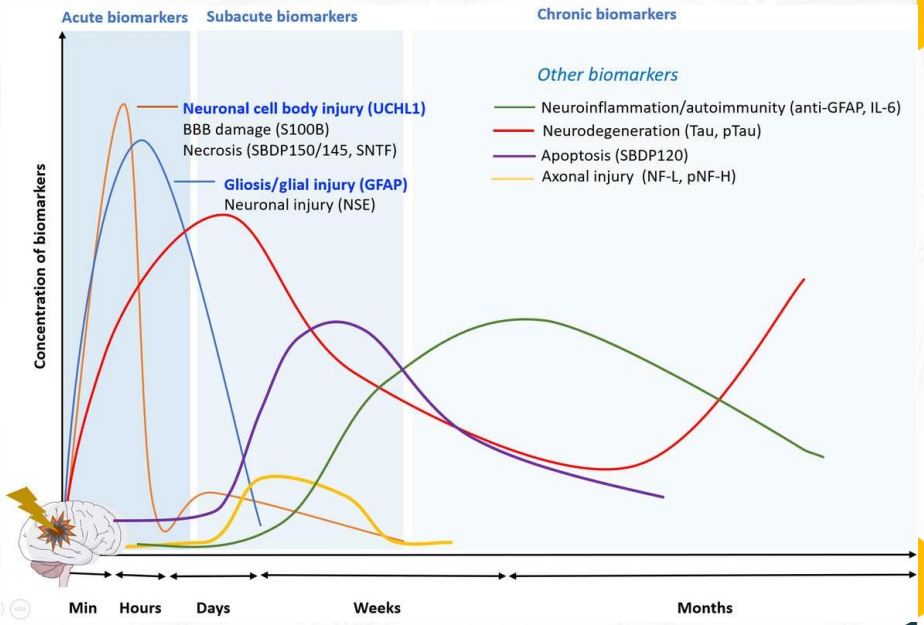


BRIAN INJURY BIOMARKERS

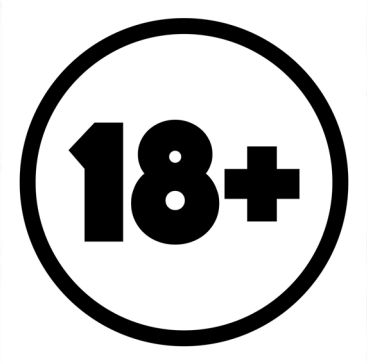
GFAP and UCH-L1 are two blood-based biomarkers that are present within minutes-to-hours of acute brain injury.

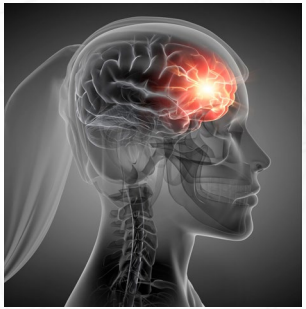
Recent innovations have allowed analysis of whole-blood samples to be performed on a hand-held device, with results in 15 minutes.

PROJECT GOAL: To understand the feasibility of EMS collecting and measuring brain injury biomarkers in the prehospital phase of care, and to inform the feasibility of future potential uses, including biomarker-guided triage, early initiation of treatment, and prehospital notification.



STUDY INCLUSION CRITERIA





1

Age ≥ 18 years

2

Mechanism of injury or clinical signs/symptoms suggestive of possible brain injury (TBI or Stroke)

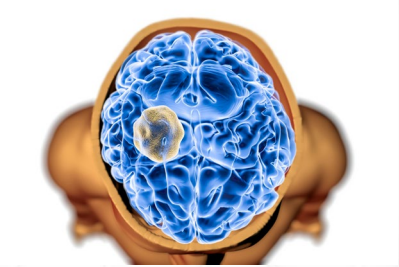
3

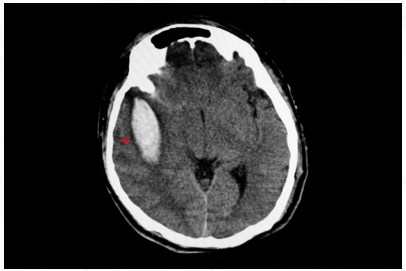
IV access obtained during normal patient care

4

Patient to be transported to University of Michigan Adult ED.

STUDY EXCLUSION CRITERIA

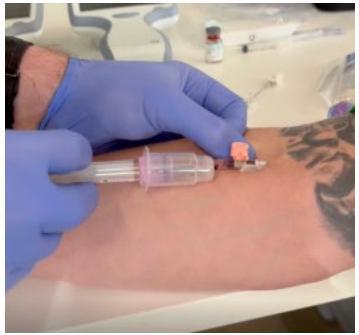


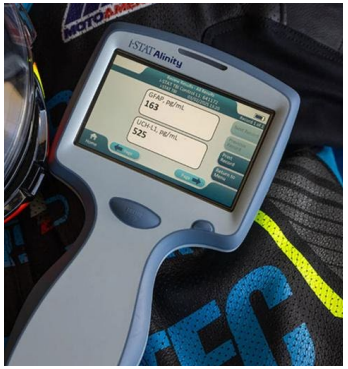


1. Traumatic brain injury or stroke symptoms occurred more than 24 hours from EMS arrival
2. Incarcerated persons
3. Patients with a history of a brain tumor
4. Patients with known intracranial hemorrhage or neurosurgery within 6 months

STUDY PROCEDURES

Washtenaw / Livingston MCA





1

Follow all applicable policies and procedures for patient conditions, especially 2.12 and 3.02

2

Obtain a sample of the patient's venous blood with the established IV line in a lavender top (EDTA) blood tube.

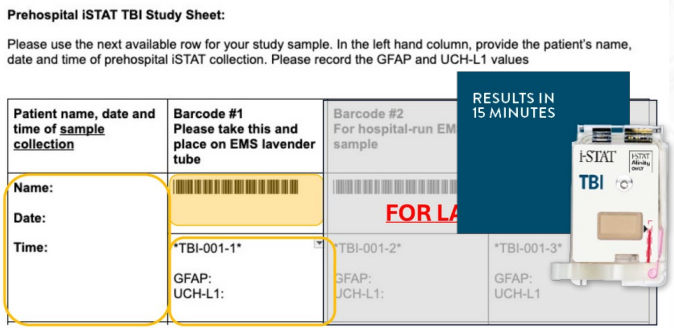
3

As soon as practicable, using the TBI-POCT adapter, deliver 20µL into the TBI-POCT cartridge to the maximum fill line.

4

Using the iSTAT Alinity device, insert the TBI-POCT cartridge. The test will run for 15 minutes.

STUDY PROCEDURE



Prehospital iSTAT TBI Study Sheet:

Please use the next available row for your study sample. In the left hand column, provide the patient's name, date and time of prehospital iSTAT collection. Please record the GFAP and UCH-L1 values

Patient name, date and time of sample collection	Barcode #1 Please take this and place on EMS lavender tube	Barcode #2 For hospital-run EM sample	
Name: Date: Time:	*TBI-001-1* GFAP: UCH-L1:	*TBI-001-2* GFAP: UCH-L1:	*TBI-001-3* GFAP: UCH-L1

5

Communicate during radio report that an i-STAT Brain Injury test was performed

6

Deliver the lavender tube to the labeled bin in the ED lab and notify ED lab personnel that a study sample has arrived.

7

Fill out ED lab study book with run number, patient identifiers, and results of iSTAT test

8

Pick up a new study bag with replacement study materials

Questions?