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

EMSCC Patient Movement Ad Hoc
Minutes
August 26, 2024
9:00 a.m. – 11:00 p.m.
Click here to join the meeting
248-509-0316 Conference ID: 311 036 897#
virtual only

Members: Debbie Condino-chair, Dr. Bigsby, Ken Cummings, Dr. Krohmer, Ralph Ortiz, Kelsey Ostergren, Doug Pratt, Ron Slagell, Rob Warnemuende, Angela Madden, Jason MacDonald.

Absent: Ed Unger, Connie O'Malley, Alyson Sundberg.

Guests: Kolby Miller, Medstar**;** Dr. Robert Benkendorf; Mark Meijer, Life EMS; Dustin Hawley, Superior; Jeremy Kelly; Jodi McCollum; Dr. William Beecroft; Kevin Henderson, WL MCA; Carl Hartman, Kent County EMS; Carol Robinet, Superior; Damon Gorelick, DEMCA.

MDHHS Staff: Babb, Bergquist, Corey, Schaible, First, Burke, Nelson, Worden, Detro-Fisher, Chadderton, Flory, Bliss, Obiden, Jamie Anderson, Jean, Fitzpatrick, Verlinde, Fales.

1. **Call to Order: The meeting was called to order at 9:01 a.m. by Emily Bergquist.**
2. **Roll Call – We have a quorum today.**
3. **Approval of Agenda and Minutes**
   - **Motion to approve (Bigsby, Cummings). Approved.**
4. **Old Business**
   - Regional Meeting discussion – who to include
     - Emily Bergquist discussed. The purpose would be to get everyone at the table and then use the groups as hubs for education and distribution points. She would like to create a list to assemble these.
       - Regional MCA, HCC, RTN, Systems of Care leadership, PSAPs/911 commission/dispatchers, Provider Representation, stakeholder groups, MCEP EMS.
         - **Action item: Assemble lists and bring back to the group.**
     - How this might operate was briefly discussed, but we are still in step one of developing this concept.

- Behavioral Health Receiving Facility Information – MHA
    - Kelsey Ostergren spoke about this document, which is attached to these minutes.
        - They deployed a survey asking how Behavioral Health facilities accept patients. The group discussed. Emily said it confirms what was already being perceived. Debbie asked why they would only accept patients via ambulance. Mark Meijer and Ken Cummings discussed.
        - This survey represents 12 facilities.
        - Ken suggested surveying the transferring facilities to get their take.
        - Kelsey spoke about the need for education about the different options.
        - Mark spoke about confusion about restraints and voluntary/involuntary.
    - **Action item: Look at PA 146 of 2022 for next time.**
    - Dr. Fales asked what level of people completed the survey. It was a mix of senior leadership and clinical/operational staff.

5. New Business

- Issue Prioritization discussion
    - Emily went through the survey responses and discussed. This document is attached to these minutes.
    - The survey responses were anonymous.
    - **Action items:**
        - **Send the survey again.**
            - **Behavioral health contacts?**
            - **Narrow down where responses are coming from.**
        - **Emily and Debbie to meet prior to EMSCC.**
- Presentation on EMResource – Damon Obiden
    - Emily introduced the topic. She met internally with people about the concept of standing up a dashboard for agencies that are willing to do long distance transfers. Not all 800 agencies would be involved, they would have to opt in. Damon is going to talk about the capabilities of EMResource today. This would not be perfect.
    - Damon presented to the group. The EMResource tool is already in use for multiple applications.
    - Discussion AND CHAT
        - Ken Cummings said this creates a wide-open market for ambulance movement and this would destroy the entire system to go to a wide-open format and he

would oppose. He works hard to protect his local market by providing good service. This will take that away and you will have providers bouncing all over the state of Michigan snatching up all that volume to take advantage of a system he doesn't think will work long term.

- Emily advised controls to put in place were discussed.
- Dr. Bigsby said they desperately need this information in the UP. He asked if it would include out of state resources. Damon addressed.
- Ron Slagell spoke about protocols in place for this. He spoke about being willing to bring someone back if they were already in the UP dropping off a patient. Hospitals would have to understand this isn't necessarily a guarantee.
- Curt LeSage said they end up flying patients because they don't have the ground crew. He also said the facilities downstate give them a very narrow window, like 1 p.m. to 3 p.m., which can be problematic and discussed.
- Mark Meijer also spoke about the time windows for the receiving facilities. He spoke about needs and flexibility, as well as constraints.
- Emily said the boards exist no matter what happens with this discussion. She spoke about offering a resource to provide relief. We could put something together to govern interfacility transfers in steps.
    - Check box to allow others to come in/out of MCA.
    - Contact your local resources.
    - Go to dashboard.
    - Reach out to Healthcare Coalition.
        - We don't want people dying waiting for a transfer, we need a middle ground. What are the guardrails that need to be in place to make this work?
- Damon discussed how this could be built.
- Ken discussed prioritization of transfers and bad information and weakening the local systems. He said there are unintended consequences if it's not done correctly.
- Emily discussed how this could work. She thinks a relatively small number of agencies will use this. This is a tool.

- Mark Meijer spoke about the receiving window issue and challenges.
- Dr. Bigsby spoke about capabilities and patient needs.
- Emily discussed possibilities for moving forward. This is still in the early phases.
    - State model protocol that lays it all out.
        - Protocols have enforcement associated.
    - Regional super user meetings.
    - Education.
    - This group's task is to determine education points and guardrails to put in place so everything goes in the same direction.
    - **Action Item: Produce skeleton protocol with Krisy Kuhl.**

6. **Additional Items from Attendees**
    - **None.**
7. **Adjourn – Motion to adjourn at 10:32 a.m. (LeSage, Bigsby).**
8. **Next Meeting: September 23, 2024**

In spring 2024, MHA deployed a brief survey to psychiatric hospitals to assess which mode of transport is acceptable for inbound patients.

12 survey responses were received. The results of the survey are below.

	Ambulance	Ambucab/ Wheelchair Van	Personal Vehicle	BHT	Uber/ Lyft/Taxi	Law Enforcement
Number of sites who accept patients arriving via this mode of transport	12	10	9	10	8	10
Percent of sites who accept patients arriving via this mode of transport	100%	83%	75%	83%	67%	83%

75% of facilities indicated that a patients admission status (voluntary or involuntary) plays no role in how a patient can arrive to their facility.

- One of the sites who indicated that the patient's admission status **does** impact how the patient can arrive, offered the following commentary:
    - Voluntary patients may come by any mode of transportation. Involuntary patients arriving from the ER require transport via ambulance.

Additional feedback that was provided in the survey has been included below:

- A patient's mode of transport is determined by the sending facility and their assessment of what transportation method is safest, as it is their liability.
- Paperwork was elevated as a common theme.
    - Veterans must have appropriate legal paperwork when arriving to our inpatient mental health unit (petition, certificate, MC97)
    - We need appropriate paperwork to be transported with patients
- Hospitals report a variety of transport modes, though ambulance is the most common; especially for patients being transferred from another facility. Direct admits most commonly arriving via personal vehicle.

ID	Acuity	At what level is the prev	Acuity2	At what level is the prev	Acuity3
1	URGENT	Statewide	STABLE	Statewide	URGENT
2	EMERGENT	Statewide	URGENT	Statewide	EMERGENT
3	URGENT	Statewide	URGENT	Statewide	URGENT
4	URGENT	Statewide	URGENT	Regional	URGENT
5	URGENT	Regional	URGENT	Statewide	EMERGENT
6	EMERGENT	Statewide	URGENT	Regional	URGENT
7	EMERGENT	Statewide	URGENT	Statewide	URGENT
8	EMERGENT	Statewide	URGENT	Statewide	STABLE
9	URGENT	Statewide	URGENT	Statewide	URGENT
10	EMERGENT	Statewide	EMERGENT	Statewide	URGENT
11	URGENT	Statewide	STABLE	Statewide	EMERGENT

At what level is the prev	Acuity4	At what level is the prev	Acuity5	At what level is the prev	Acuity6
Statewide	EMERGENT	Statewide	EMERGENT	Statewide	EMERGENT
Regional	URGENT	Statewide	EMERGENT	Statewide	EMERGENT
Statewide	URGENT	Statewide	URGENT	Statewide	URGENT
Statewide	EMERGENT	Statewide	EMERGENT	Statewide	STABLE
Regional	EMERGENT	Regional	URGENT	Regional	EMERGENT
Regional	EMERGENT	Statewide	URGENT	Statewide	URGENT
Regional	STABLE	Local	URGENT	Local	STABLE
Statewide	URGENT	Regional	URGENT	Local	EMERGENT
Local	STABLE	Local	STABLE	Local	URGENT
Regional	EMERGENT	Regional	EMERGENT	Regional	EMERGENT
Statewide	EMERGENT	Statewide	URGENT	Statewide	STABLE

At what level is the prev	Acuity7	At what level is the prev	Acuity8	At what level is the prev	Acuity9
Regional	URGENT	Regional	EMERGENT	Regional	EMERGENT
Statewide	EMERGENT	Statewide	EMERGENT	Statewide	EMERGENT
Statewide	URGENT	Statewide	URGENT	Statewide	URGENT
Statewide	STABLE	Statewide	URGENT	Statewide	URGENT
Regional	URGENT	Statewide	URGENT	Local	URGENT
Regional	URGENT	Regional	EMERGENT	Statewide	EMERGENT
Regional	URGENT	Regional	STABLE	Local	STABLE
Statewide	URGENT	Statewide	EMERGENT	Statewide	URGENT
Regional	STABLE	Regional	EMERGENT	Local	EMERGENT
Regional	URGENT	Statewide	EMERGENT	Statewide	EMERGENT
Statewide	STABLE	Statewide	URGENT	Regional	STABLE

At what level is the prev Acuity10		At what level is the prev Acuity11		At what level is the prev Acuity12	
Statewide	EMERGENT	Statewide	EMERGENT	Local	EMERGENT
Statewide	EMERGENT	Statewide	URGENT	Regional	URGENT
Statewide	URGENT	Statewide	STABLE	Statewide	STABLE
Statewide	EMERGENT	Statewide	EMERGENT	Statewide	URGENT
Regional	EMERGENT	Regional	EMERGENT	Regional	EMERGENT
Statewide	URGENT	Statewide	URGENT	Regional	EMERGENT
Local	URGENT	Regional	URGENT	Statewide	EMERGENT
Statewide	URGENT	Statewide	URGENT	Statewide	EMERGENT
Local	EMERGENT	Local	URGENT	Local	EMERGENT
Statewide	URGENT	Regional	EMERGENT	Statewide	EMERGENT
Regional	URGENT	Regional	STABLE	Statewide	URGENT

At what level is the prev	Acuity13	At what level is the prev	Acuity14	At what level is the prev	Acuity15
Statewide	EMERGENT	Statewide	URGENT	Statewide	URGENT
Regional	EMERGENT	Statewide	EMERGENT	Statewide	EMERGENT
Statewide	URGENT	Statewide	URGENT	Statewide	URGENT
Statewide	URGENT	Statewide	URGENT	Statewide	URGENT
Statewide	STABLE	Local	URGENT	Local	URGENT
Statewide	URGENT	Regional	URGENT	Regional	EMERGENT
Statewide	URGENT	Local	URGENT	Local	URGENT
Statewide	STABLE	Statewide	URGENT	Statewide	URGENT
Statewide	STABLE	Local	STABLE	Statewide	URGENT
Statewide	EMERGENT	Statewide	URGENT	Regional	EMERGENT
Statewide	URGENT	Statewide	STABLE	Local	URGENT

At what level is the prev	Acuity16	At what level is the prev
Regional	EMERGENT	Statewide
Statewide	EMERGENT	Statewide
Statewide	EMERGENT	Statewide
Regional	URGENT	Regional
Regional	EMERGENT	Local
Statewide	URGENT	Statewide
Regional	STABLE	Local
Statewide	STABLE	Statewide
Regional	URGENT	Statewide
Statewide	EMERGENT	Statewide
Regional	STABLE	Regional