

EMSCC Patient Movement Ad Hoc

Minutes

November 24, 2025

9:00 a.m. – 11:00 a.m.

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248-509-0316 Conference ID: 311 036 897#

virtual only

Members: Dr. Bigsby, A. Madden, R. Slagell, R. Warnemuende, M. Meijer, D. Condino-chair, E. Unger, D. Pratt, C. O'Malley, K. Cummings, Dr. Krohmer, K. Ostergren.

Absent: R. Ortiz, A. Sundberg.

Guests: L. Martin, HEMS; C. Hartman, Kent County; C. Robinet, Superior; M. Bentley, Region 5; B. Trevithick, Genesee Co. MCA; E. Snidersich, MMR.

MDHHS Staff: Babb, Bliss, Bergquist, Burke, Baker, Chadderton, Verlinde, Brown, Daughtery, Fitzpatrick, Worden, First, Riddle, Corey, Flory, Dr. Fales.

1. **Call to Order: The meeting was called to order at 9:01 a.m. by Debbie Condino.**
2. **Roll Call** – see above.
3. **Approval of Agenda and Minutes. Motion to approve (Pratt, Unger). Approved.**
4. **Old Business**
 - Review of in person meeting
 - The problem statements were broken into categories that will hopefully be more helpful for a broader audience. We started working on recommendations. Emily asked if anyone came up with any other recommendations. Mike Bentley suggested assigning intended audience for each bucket or statement at some point and discussed. Debbie spoke about prioritizing, as well. Lance said this would be good for the fish diagram and customizing. Dr. Bigsby spoke about push back he received from their MHA representative. Debbie did speak to Kelsey offline prior to the meeting. Kelsey spoke about engagement and will reach out to Dr. Bigsby offline to assist. Dr. Krohmer asked if there would be a venue or opportunity to present on these issues to an established hospital association body. He said that would be helpful at some point. Emily said doing targeted presentations to different groups. There should be more presenters than just herself. Ed Unger spoke about a court order limiting behavioral health transfers must be done by EMS. He said this has been in effect for years. Ron asked if we could get that. Ed said it was Marquette County. He doesn't know the back history, but they've been locked into it for 15-20 years. He said Alyson Sundberg would be the best point of contact. This needs more research. Connie spoke about reimbursement and changes being needed there, as well.
 - Issue buckets document:
 - Financial/Reimb.
 - Regulatory

- Resource Availability
 - Dr. Bigsby recommended adding problem statement 5.
 - Education
 - Equipment and Infrastructure
 - Suggestions:
 - Items identified for change.
 - Who will own.
 - We can't assign everything to ourselves.
 - Fish Diagram:
 - Aim
 - Primary Drivers
 - Secondary Drivers
 - Other ideas.
 - Additional recommendations from the group
- 5. New Business**
- Refine AIM statement
 - The group worked on crafting a comprehensive AIM statement. Connie O'Malley spoke about EMTLA and CMS being difficult.
 - ***To improve patient movement through coordination of care, improving clinical and operational efficiency, and improving patient outcomes while supporting the integrity of local healthcare and EMS systems.***
- Discussion of action items
- Deliverables to be prepared and responsible parties identified
 - Slide presentation to take on the road for education at various conferences and other appropriate arenas.
 - Fact sheets were discussed.
 - Putting together a packet of educational items.
 - Who can be asked for what.
 - Who can help?
 - Connie said government relations people to help with telehealth support as part of healthcare moving forward.
 - What are we missing?
- Conferences and presentation proposals
 - Emily spoke about making a process and getting this on the radar.
 - MCRH open now.
 - Expo open now.
 - MHA doesn't have a big conference for this but can do other things.
 - Hospital executives/decision makers.
 - Having a specific ask was discussed.
 - Connie and Kelsey are both willing to help.

- Mark asked about perceptions and Connie discussed changes in reimbursement. She said the fish diagram chart is accurate for her system and discussed.
 - Specialty and BHT are where issues arise.
 - Emily spoke about looking at trauma data that the division has.
 - Connie spoke about resources and grants, and hospital volume/movement.
 - Ken suggested we could have more education on the hospital movement/volume issues. Connie said one idea is trying to ensure the patients are delivered to the most appropriate facility to lessen the need for transfers. She said UM could maybe do a pilot program and discussed. The group discussed previous work done in this space. Oakland County has an in-depth destination protocol. This is what would be needed in the system. Eileen spoke about load balancing. Emily spoke about EMResource briefly. Connie spoke about differentiating protocols by hospital system. Automated and AI were mentioned. Dr. Bigsby spoke about BedSync. This is a preparedness item to meet federal reporting requirements.

- Discuss future report to EMSCC (2026)

6. Additional Items from Attendees

- None.

7. Adjourn: The meeting was adjourned at 10:37 a.m. (Unger, Bigsby).

8. Next Meeting:

- December 22, 2025 – make a working session with Babb, Bergquist, Corey and Condino.
- **At the next meeting in January, determine the audiences for fact sheets.**
 - **Legislature**
 - **C-Suite**
 - **Clinical Leadership**
- **List components of educational items.**
- **Look at driver diagram (fish) and determine what is missing.**

Parking lot items:

- [PA 146 of 2022](#)
- Develop protocol
- Protocol 8.15 review