



Bureau of Emergency
Preparedness, EMS
and Systems of Care

EMSCC Patient Movement Ad Hoc

MINUTES

November 6, 2025

10:00 a.m. – 3:00 p.m.

Otsego County EMS

100 McLouth Rd

Gaylord, MI 49735

in person only

Members: Debbie Condino-chair, Dr. Bigsby, Ken Cummings, Angela Madden, Doug Pratt, Ron Slagell, Mark Meijer.

Absent: Dr. Krohmer, Kelsey Ostergren, Alyson Sundberg, Ed Unger, Rob Warnemuende, Connie O'Malley, Ralph Ortiz.

Guests: Bruce Trevithick, Brandi Ginnever, Eric Snidersich, Michael Bentley, Lisa Martin.

Bureau staff: Bergquist, Flory, Corey, Babb.

- 1. Call to Order** The meeting was called to order by Debbie Condino at 10:05 a.m.
- 2. Roll Call** – see above. Introductions were done around the room.
- 3. Approval of Agenda and Minutes** -not necessary today.
- 4. Old Business**
- 5. New Business**
 - Review regional work and draft report for EMSCC
 - Working lunch at 12 p.m.
 - Continue work on report
 - Debbie introduced the purpose of today's meeting to the group. The hope today is to refine and identify themes and solutions. The end goal is to prepare a document that can be presented to EMSCC. Emily also discussed.
 - Mark asked if the issues have changed since our first meetings. The group discussed.
 - Volume, increase in transfers necessary, and distance were discussed. The time it takes to perform these transfers was discussed. Open beds are also an issue. This is a complicated issue.
 - Ken asked if the system is capable of self-correcting, or does it need corrected, and the group discussed. Different areas have different problems, making statewide solutions discussed.
 - **Guideline from the state on emergent transfers.**

All meetings are recorded. AI devices are not allowed per MDHHS and will be removed.

- The missing resource in this now is the hospitals. They were engaged at first but seem to have dropped off. Also, hospital reps from different areas. Maybe a takeaway to write in our recommendations that the hospitals needs to participate. MHA was discussed. Mark advised that the MHA was looking for a regulatory solution that EMS has to take the transfers. Lack of knowledge at the hospitals. The group discussed. It's a problem at many levels. There are many different issues at the hospitals in different areas. Hospitals have different motivations and expectations. Hospitals not understanding it is a system that they are a part of. Hospitals and having their own ambulances but them not doing it was discussed.
- TIME ON TASK.
- Constant re-education.
- Unintended consequence of protocol 8-15 (interfacility).
 - Sustainability of 911 response (availability to communities).
 - Measured through
 - i. Availability
 - 1. Use of mutual aid while transferring
 - 2. Utilization rate
 - 3. What percent of the time is a patient experiencing chest pain getting a response that can do 12 leads
 - 4. Chain of effects
 - 5. Agencies pull together to fix the problem, tracking how long they go to zero ambulance. Information sharing.
 - a. Technology that doesn't exist
 - b. Willingness
 - 6. Overtime usage (due to late calls due to extended transport time).
 - a. How to track.
 - 7. Call centers
 - 8. ED 12 time from database from data system. Create a dashboard?
 - ii. Able to sustain financially
 - iii. How many agencies totally rely on transfers to stay afloat. Non municipal mostly. This is important to keep in mind. Unintended consequences could come from changing the law. Preparedness has a interfacility and patient movement as a required deliverable.
 - iv. Essential service may not fix the problem.

- v. Rural Emergency Hospitals potential damage was discussed. Critical access hospitals were discussed, too, and they are limited on what they can keep.
 - RESPONSE TIME IS NOT TO BE A METRIC.
 - Difficulty of ensuring quality.
- Section 1: Introduction
- Section 2: Background on the issue, group, formation
- Section 3: Analysis of the situation, based on the following general categories (assuming they will tie into recommendations):
 - Regulatory/Structure
 - Billing/Finance
 - Staffing/Accessibility
 - Knowledge/Education
- Section 4: Recommendations
 - Based on above
 - Assign “actors” for each recommendation (this person/group should do this thing)

We have to list out what needs fixed regardless of feasibility.

New categories: See Lance’s diagram. Emily put them on the wall as sticky notes. Lance displayed a previous project on this topic in a fishbone document.

- Availability of resources
- Reimbursement
- Equipment/Infrastructure
- Education
 - What is a true emergency.
 - Legislators
- Regulatory

Hospital/Prehospital/Community

The group sorted the problem statements into the five categories on the wall sticky notes: See attachment.

Mega mass casualty events/exercises and extended surges were covered.

Wall time? This is a problem in some places but not others. “Through Put”. PS 10.

Prior authorization requirements are not always clear. Origin and destination, as well. PS 11. Includes closest appropriate facility. Many nuances with origin and destination.

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State 911 office not being able to tell us how many dispatch centers use EMD was discussed. PS 14.

Training people on how to call 911 was discussed. Mark said it's our job to educate. Emily addressed. PS 15. Group discussed.

Think about what is missing? The group discussed. EMD integration/MCA involvement. ET3 discontinuation was discussed.

Solution talk:

MIHIN concept.

Air Medical law? CON removal?

Kelsey can help facilitate discussions. Hospitals be present for the organization.

Emily – is there a way to leverage creating a biannual summit/touch base to revisit. With hospital executives. Timing is everything, having this at the postponed conference was discussed. We can create a conversation point and take to MHA/MCRH. Take away...the group to come up with an hour-long slide deck/presentation and shop it to all the conferences. Share what we've done in these meetings.

Coordination of care as a thing that could help in a lot of areas. Coord. Center, algorithm.

Statewide Play Book – Trevithick

STAT transfer, standardize terminology – Cummings

Level at participation in other states was discussed.

Invite a logistics expert for education session with us. Mark Meijer discussed difficulty in breaking into the hospital world.

Statewide Inventory/Assessment

Agency Leadership communication skills/relationship buildings. EMS Liaisons were discussed.

Not one solution for the entire state. What tools would everyone like to see to be able to take this topic to your area? Lance.

- Education tool kit – work with the HCC
 - Plans and Exercising are in their deliverables. Leverage their need to do this work. Come up with plans. HCC composition needs to be looked at – Bergquist.
 - Education – tool to communicate the message.
- Platform for discussion
- Playbook
- Task 911 centers to use EMD and coordinate with medical control. It's impacting resources.
 - Discussion around this.
 - Get state 911 to help. MCA Medical Directors to help. What is MCEP's role?
- MHA create an inventory.
- What about the other member orgs?
- Dust off a protocol.

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- Create a checklist for call intake.

Fishbone

Driver

White paper

Send out notes, have a meeting to finalize recommendations.

- 6. Additional Items from Attendees**
- 7. Adjourn at 2:58**
- 8. Next Meeting:**
 - November 24, 2025 – Keep or cancel? KEEP

Parking lot items:

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