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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

NICK LYON
DIRECTOR

**STATE EMERGENCY MEDICAL SERVICES COORDINATION
COMMITTEE MEETING
Friday-March 17th, 2017**

Call to Order:

Dr. Edwards called the meeting to order at 9:37 AM.

Roll Call:

Members Present: J. Boyd, J. Bullen, Richard Oziemski for K. Cummings, Dr. R. Dunne, Dr. K.D. Edwards, Dr. M. Fill, B. Forbush (via phone), W. Hart, Dr. B. Kincaid, C. Lake, S. Myers (via phone), M. Nye, D. Pratt, G. Scafidi (via phone), L. Sincock (via phone), E. Smith, T. Sorensen, A. Sundberg (via phone), B. Trevithick, G. Wadaga (via phone), K. Wilkinson, Dr. S. Wise.

Members Absent: Sen. Casperson

MDHHS Representatives: K. Wahl, N. Babb, S. Slee, E. Worden, T. Godde, E. Bergquist, J. Potchen.

Others Present: Pete Rogers, LSTI; John Truba, Hayes Green Beach; Richard Oziemski, Concord EMS; Brent Siegel, Northville Township Fire Department; Dr. Noel Wagner, Saginaw Valley MCA; Katy Van Douselaar, Saginaw Valley MCA; David Miller, Star EMS; Chris Haney, Star EMS; Kim Piesik, Superior Ambulance; Kali Henderson, Saginaw Valley MCA; Audrey Shaver, Saginaw Valley MCA; Jim Grady, MMR; Dr. Robert Swor, Beaumont Health; Kolby Miller, Med Star; Damon Obiden, Kent County EMS; Angela Madden, MAAS; Michelle Harper, Tri County MCA; Leslie Hall, MiREMS; Dr. Robert Domeier, Washtenaw/Livingston MCA; Marvin Helmker, Lansing Community College; Elizabeth Madore, PGY4 St. Mary Mercy Hospital; Eric Snidersich, Saginaw Valley MCA.

Special Guests:

- Dr. Mashid Abir and ReKar K. Taymour.
 - Dr. Abir presented the study findings to the group and answered questions. The Power Point presentation will be sent to the EMSCC members and the subcommittees.

Approval of Agenda and Minutes:

AGENDA: Motion to Approve: Wilkinson, Lake. Motion Carries.

MINTUES: Motion to Approve Minutes from November 2016 meeting: Lake, Wilkinson. Motion Carries.

Old Business: None

New Business:

- Communication from Diane Bollman.
 - Dr. Edwards read a communication received from Ms. Bollman thanking the EMSCC and the Bureau of EMS, Trauma and Preparedness for thinking of her while she is ill.
- Change of Venue
 - Changing the venue of the EMSCC meetings was suggested at the Strategic Planning meeting. This group discussed. **Motion to move the EMSCC venue to Livingston County EMS: Pratt, Kincaid. Motion Carries.**

Strategic Planning Report by Kathy Wahl:

- K. Wahl presented a draft document to the group containing a summary and next steps from the Strategic Planning session held on 1/20/2017. It was asked for the group to look it over, share it with their constituents, talk to people and find out if this is the direction the EMS System should go. K. Wahl asked the group to bring thoughts on the document to the next meeting. The document will be finalized and progress will be reported on at every EMSCC meeting. Strategic Planning will be added as an agenda item going forward.
 - Discussion: B. Hart brought up the importance of follow through.
 - This document will be sent out electronically to the group.

Emergency Preparedness Update by Dr. Edwards:

- The new Budget Period 1-5 will start on July 1st, 2017. The State is preparing its application based on regional information to submit. Dr. Edwards briefly discussed some of the items that will go along with this.
- There will be an upgraded and revised PAPR/PPE requirement. There will be more discussion on the April statewide call.
- The burn surge training module for EMS rough draft has been completed. Michigan has trained close to 800 people on hands burn surge training.
- There will be a MI-TESA workshop on March 21st, 2017, followed by a short exercise. On March 22nd, the annual State SNS exercise will be conducted.
- The Special Pathogen Response Network has been working on protocols and are close to having finalized protocols to submit to the Quality Assurance Task Force.

EMS Systems Report by Kathy Wahl:

- K. Wahl introduced Emily Bergquist, who is the new EMS MCA Coordinator.
- The NHTSA assessment will be March 27th through March 31st. A comprehensive electronic briefing book has been prepared. All of the speakers have been lined up. The agenda is tight and space is limited, as there are only 30 chairs available.
- The composition of the EMSCC is being looked at because the system has grown, evolved and is dynamic. This can be changed through an executive order from the Governor. K. Wahl asked the group for suggestions.
 - Discussion: Suggestions offered included the state 911 director, the Office of Highway Safety Planning, Emergency Management, Extended Care Facilities, Law Enforcement and rural representation (MiREMS, Michigan Center for Rural Health). Reducing the “county less than” clauses was discussed. K. Wahl also mentioned the Michigan Pharmacy Association and Emergency Nurses. In addition a legal representative, such as from the AG’s office, and a representative from MDHHS policy and planning, were discussed as ex-officio additions. K. Wahl will put together a document with the suggested additions for the group’s review. This discussion will be added to the next agenda under “Old Business”.
- The MEDCOM plan is being looked at. Matthew Godde has been assigned this task, and will be pulling a group together in the summer to review this. K. Wahl went over some changes that have already been considered.
- The Michigan Center for Rural Health has a new quality improvement project for rural hospital MCAs. More information will be available in the future.
- The Recruitment and Retention committee will be co-chaired by the Michigan Center for Rural Health, MiREMS and MAAS.
- K. Wahl asked that the subcommittees start to meet and review the rules that relate to each one. E. Worden will hold an in-service workshop on the rules revision process for the subcommittees.
- The MI-MEDIC cards are being mailed out and the ACR shipping is complete.

Trauma Systems Report by Eileen Worden:

- There are 8 requests for instate site reviews, 5 for level 4 and 3 for level 3. There are also 7 ACS reviews.
- There are 178,699 incidents in the registry.
- The regional trauma networks are engaged in writing their next round of applications. These are required every three years. Continuum of care is being addressed.
- The Registrar Epidemiologist position is in the process of being filled.
- The recommendations from the 2007 NHTSA assessment have either been met or are ongoing.
- The rule changes are still working through the process.

Committee Reports:

A: Quality Assurance by Dr. Edwards:

- The protocol review continues to be worked on.
- The QATF had an appeal hearing, as the advisory body to the EMSCC in such matters, regarding STAT EMS Dispatch Issue with Saginaw Valley MCA (SVMCA). Dr. Edwards read the following summary to the group:

The Issue:

Were the actions or decisions of SVMCA in accordance with their protocols and state law as it relates to their review of the 10 patient care related allegations contained in complaint number 032-16?

Summary:

On February 3, 2017, an appeal hearing was held by the Quality Assurance Task Force (QATF) in response to a request by STAT EMS under the Open Meetings Act. Notice was given to all parties on January 19, 2017 via email and certified mail. The notice requested that the parties provide a joint statement of proposed issues to be resolved, a short statement outlining their respective positions, and written material supporting their respective positions by January 30, 2017. A separate request was received by Mobile Medical Response (MMR) to participate in the hearing. While they were not allowed to participate in the hearing, they were, however, allowed to submit relevant information and attend the hearing. All three entities submitted documents for review prior to the hearing. STAT EMS and Saginaw Valley MCA were both allotted 15 minutes in which to provide testimony on their behalf.

Presentation of Parties:

STAT EMS Presentation

- STAT EMS, through their attorney alleged that SVMCA is not adhering to their protocol to ensure that STAT is dispatched as indicated on their Part 1 application for licensure.
- STAT claims it has been prepared to respond to emergencies since 10/3/16.
- STAT claims it has not been dispatched by the Saginaw 911 secondary Public Safety Answering Point (PSAP) Center, even though they have medical control approval to be a part of the SVMCA EMS System.
- STAT alleged that the SVMCA review of the 10 patient care cases was not conducted according to SVMCA protocols. STAT, however, did not provide any specific information to support this allegation. STAT also claims that the PSAP's action of not dispatching STAT to calls creates a

public health threat.

- STAT contends that the 10 cases presented to the SVMCA for review are also representative of a larger issue in Saginaw County, that being the exclusion of STAT EMS from being dispatched by the PSAP, which is not consistent with SVMCA ensuring that the EMS system is coordinated in all aspects.

SVMCA Presentation

- The PSAP is operated by Mobile Medical Response (MMR), which has a contract with Saginaw County to be the secondary PSAP. The contract indicates that in return for being the secondary PSAP, MMR has exclusivity within the county.
- The SVMCA contends that they do not have the authority to override the contract between Saginaw County and MMR to dispatch STAT.
- SVMCA reported that they did review the 10 cases reported to them.
- The SVMCA Dispatch committee reviewed the complaints by looking at the times on the electronic patient care records.
- The dispatch committee is the PSRO entity that reviews any dispatch complaints.
- SVMCA reported that the response times were within the time frames required in their protocols. They reported that there are time exceptions in their protocols such as weather etc.
- SVMCA protocols do not indicate a set time for review of complaints.
- At the time of the original complaint, SVMCA had signed a Part 1 licensure application for STAT to provide services in Birch Run Township. The part 1 was subsequently expanded to the entire Saginaw County.

Findings

The QATF came to the following conclusions:

- STAT failed to provide evidence to support its claims that the SVMCA did not follow their protocol for reviewing the 10 patient care related allegations contained in complaint number 032-16.

Recommendations

1. SVMCA could have communicated with the complainant STAT better. In the future, it is recommended that the MCA be proactive with acknowledging receipt of complaints and outcomes of investigations as appropriate.

2. The QATF believes it is beyond the scope of the QATF to provide a recommendation that SVMCA override a private contract between the secondary PSAP and the county.
3. According to Act 32 of 1986 as Amended (the Emergency 9-1-1 Enabling Act) §484.1601, the emergency 9-1-1 service committee created in section 712, upon request by a service supplier, county, public agency, or public service agency, shall provide, to the extent possible, technical assistance regarding the formulation or implementation, or both, of a 9-1-1 service plan and assist in resolving a dispute between or among a service supplier, county, public agency, or public safety agency regarding their respective rights and duties under this act. §484.4602 (2) ...a dispute between or among 1 or more service suppliers, counties, public agencies, public service agencies, or any combination of those entities regarding their respective rights and duties under this act shall be heard as a contested case before the public service commission as provided in the administrative procedures act of 1969, 1969 PA 306 MCL 24.201 to 24.328. The QATF believes that some of the concerns expressed during the hearing are covered under Act 32 and that the involved parties should be referred to the Emergency 9-1-1 Service Committee as an additional resource to address the dispatch issues.
4. Further, it is recommended that the 911 Services Committee be added to the EMSCC to facilitate an understanding of EMS issues as they relate to dispatch and the requirements for a complex and effective EMS system.

- **Motion to support the Quality Assurance Task Force's recommendation and findings to the EMSCC. Wilkinson, Kincaid. Motion Carries (Trevithick abstained).**
- K. Wahl read the following statement regarding this matter to the group:

Division of EMS and Trauma Additional Recommendations Regarding STAT EMS v Saginaw County Medical Control Authority:

While I can appreciate the findings and recommendations of the QATF subcommittee, I would like to make a statement on behalf of the DHHS EMS and Trauma Division. In its appeal, STAT raised concerns regarding patient care due to delays in response times related to the dispatch policies in Saginaw County. We believe it is important to address on the potential public health and safety issues that are raised with any alleged delays in response times. Even if STAT did not meet its burden, it is unclear what, if anything, SVMCA did, or is doing, to address these issues.

According to Policy E, Emergency Medical Services Dispatching, which was approved by the State 9-1-1 Committee 9/21/10, it appears that Saginaw Valley MCA has the authority to require the Saginaw County Emergency Medical Dispatch service to dispatch the, “appropriate available public safety service unit located closest to the request for public safety service”.¹ Policy E also states, “Dispatching decisions of a PSAP policy-setting body need to be consistent with the local EMS System and with local medical control protocols.”

According to PA 368 of 1978 as amended §20919 (1), “A medical control authority shall establish written protocols for the practice of life support agencies and licensed emergency medical services personnel within its region. The medical control authority shall develop and adopt the protocols required under this section in accordance with procedures established by the department and shall include all of the following: ... (b) Medical protocols to ensure the appropriate dispatching of a life support agency based upon medical need and the capability of the emergency medical services system.”

The Saginaw Valley Medical Control Authority System Protocol 6-29 Life Support Agency Standards 2. indicates that LSAs authorized to operate within the SVMCA will have defined geographic service areas and that the SVMCA “shall have the final authority of whether an agreement is valid.” The geographic response area shall be explicitly declared on the LSA Agency application with the Department. Section 6 Dispatch and Communications b. “All dispatch protocols will be reviewed and approved by the Medical Director and the SVMCA. 13. New/Upgrade Services states, “a. Only services approved to function in the SVMCA shall operate. Approval to operate is based on State of MI legislation, MDCH rules, and SVMCA protocols. The SVMCA Board of Directors shall have the final authority in approving or denying application.

Policy E describes what should be done if there is a conflict or dispute in EMS dispatching policies.

1. Determine that the EMS agency is appropriately licensed to provide services in the area in question (that information is included in their EMS agency license Geographic Service Area).
2. Consult with the local Medical Control Authority and/or the medical director about their existing policies. They are responsible for the overall EMS System

¹ State 9-1-1 Committee. (2010). *Policy E: emergency medical services dispatching*
http://www.michigan.gov/documents/msp/Policy_E_528937_7.pdf

and can give you advice on the development of your policy. Ask for their advice in writing, including protocols which have been approved.

3. Review the contents of your approved County 9-1-1 Service Plan, as it may give you direction on which agency should be dispatched to a particular Emergency Service Zone.

4. Consult with county and/or local municipal leaders, depending on which agency arranges for EMS coverage. If the EMS agencies involved are appropriately licensed and Medical Control has no policy, local government can give you advice on the development of your dispatching policy.

Based on the record before us, it is unclear how SVMCA determined that there were no patient care related issues in regards to the alleged delayed response times. Additionally in this case, Dr. Wagner signed the STAT Part 1 License application indicating he will provide medical direction for the geographic service area of Saginaw and Tuscola counties. It appears Saginaw Valley MCA could request the Saginaw EMS Dispatch to dispatch the, "appropriate available public safety service unit located closest to the request for public safety service". This would include any Life Support Agency that is licensed to operate within the geographic service area. It is also unclear as to what efforts SVMCA undertook to follow the Policy E recommendations for addressing the dispatching issues that STAT raised.

- K. Wahl wrapped up by stating if assistance is needed in convening a workgroup or implementing Policy G (dispatching), she will be happy to help move that forward.

B: Ambulance Operations by Montgomery Nye:

- The subcommittee has not met, but the NFPA 1917 standards are up for review at NFPA.org and the CAAS GVS 1.0 is opening up a dialogue on remount standards.
- The uprising of remounts being added to fleets was brought up.

C: Medical Control by Bruce Trevithick:

- An MCA orientation was discussed, as well as an MCA mentoring program.
- In follow up to the MCA conference, they have been creating topics for potential presentations at the next conference.

D: Education by Kevin Wilkinson:

- Based on the strategic planning discussions, K. Wilkinson would like to know if there is interest in pursuing the discussion on eliminating the practical requirements at the Education subcommittee. Please send feedback to K. Wilkinson.

- The EMS Education Summits began at Lansing Community College and was well received. There will be one in Petoskey on April 7th and one in Escanaba on April 26th.
- DOSE Training: There was a record high number of infant sleep related deaths in 2015 and a record low in 2016. The city of Lansing is getting ready to do a huge campaign.
- DOSE and Human Trafficking will be available as webinars soon.
- The new National Registry Paramedic Practical exams began in January. The test is focusing on critical thinking. Those interested in becoming exam evaluators should contact T. Godde.
- T. Godde recognized Dr. Swor for winning a national award for his extensive work in research for emergency medicine and out of hospital care.

E: Statewide Trauma Advisory by Eileen Worden:

- The STAC appointments were extended for one year.

F: By-Laws by Jeff Boyd:

- The By-Laws subcommittee will be looking at the by-laws.
- Recommendations for committees:
 - Rural: Matt LaCrosse, Central UP and Shirley Curtis, Southern Michigan.
 - Legislative: Bill Hart
 - **Motion to accept the recommendations: Bullen, Dunne. Motion carries.**
 - Data: The Slate recommended for the data committee is: Jay Cooper, Bonnie Kincaid, Damon Obiden, Eric Snidersich, Luke Bowen, Kraig Dodge, Darin Inda, Mark Vroman, Lance Corey, Kevin Wilkinson, Angela Madden, Jessica Riley, and Greg Flynn. Staff would be Kevin Putman, Kathy Wahl, Sabrina Slee and the EMS QI Coordinator.
 - **Motion to accept the recommendations: Dunne, Lake.**
 - Discussion: Dr. Dunne spoke to the importance of having hospital data people involved.
 - **Motion carries.**

G: Data Task Force: Membership finalized at this meeting.

H: Legislative by Bruce Trevithick:

- The legislative committee has not met, but there is a new legislative session, so some bills have been reintroduced some pertinent bills.
 - HB 4170, 4171, 4173, 4174 – MI-POST – These pertain to MI-POST and have been supported by the committee in the past.
- HB 4269 – This bill would require an ambulance to be at any high school

football game or other event that may have an injury. This was opposed by the committee last time it was introduced.

- Discussion: B. Hart suggested the language be reviewed to ensure it is the same in the new bills.

I: Rural by Gary Wadaga:

- The committee will now meet every other month.
- The use of the i-gel® airway was accepted by the committee after much discussion.
- Tuition reimbursement and loan forgiveness are being worked on by Representative Whiteford.
- Recruitment and retention: The committee will meet after the EMSCC meetings in person going forward.
- The Michigan Center for Rural continues to do webinars.
- Service sustainability: Michigan Center for Rural Health has helped develop a survey for determining attributes of a successful rural ambulance service. This will give an idea of where things are lacking and what needs to be done to be successful.
- The committee would like to get their name out so they become the go to people for rural EMS providers. It was suggested they get an email list from the Department.
- A white page listing the struggles of rural EMS is being developed.

J: Pediatric Emergency Report: Nothing to report.

Membership Round Table Report:

- K. Wilkinson asked that those who plan to have meetings before or after the EMSCC at the new venue to contact him to make arrangements.
- J. Boyd reminded everyone of the Michigan EMS Expo on Mackinac Island May 4th-6th.

Public Comment:

- Derek Wilczynski, representing STAT EMS.
 - Gave a copy of what was submitted to the QATF by STAT EMS for the special hearing for the record.
 - Expressed concern that the recommendation doesn't address the issue of whether or not Saginaw Valley MCA is providing appropriate oversight with regard to dispatch issues. The ten complaints outlined in the brief submitted were to provide evidence to the dispatch issue as it exists. The QATF addressed whether those 10 issues were handled properly by SVMCA, but that wasn't the issue. The issues submitted to the Task Force were:

- Is the SVMCA required to ensure the appropriate dispatching of the LSA based upon the medical need and capability of the EMS system as mandated by statute?
- Is the SVMCA obligated, under its dispatching and communications protocol 6-29, to ensure the appropriate dispatching of LSA in the SVMCA's geographic service area?
- Pursuant to the Saginaw emergency 911 contract between the county and MMR (as the dispatching entity), is MMR as the MEDCOM provider required to dispatch the closest appropriate ambulance?
- Is the SVMCA required to coordinate all dispatch communication activities with the MCA pursuant to the communications reciprocity agreement between SVR and the 911 authority?
- Is the SVMCA required, pursuant to the communications reciprocity agreement, to approve "all EMD protocols and determine EMD standards and EMS service protocols and all secondary PSAP EMD call answering dispatch protocol"?
- The QATF's decision was not released before the meeting today. None of the above listed issues were covered in the decision and an entirely different issue was addressed. Mr. Wilczynski stated there is a fundamental misunderstanding of premise versus evidence to support the premise. The premise wasn't that SVMCA misapplied or didn't follow their protocols correctly with regard to those 10 complaints, but rather the dispatching was inappropriate and the 10 complaints were presented as evidence of that. Mr. Wilczynski stated the issue is that he represents a company that is licensed by the State of Michigan. Medical Control oversight is mandatory and has to be provided. His client now has Medical Control oversight, which took over 3 years in litigation to get to that point. Now the client is not getting dispatched, even though it meets all state requirements and has Medical Control oversight.
- In addressing the decision, Mr. Wilczynski asked that the EMSCC reconsider the issue with respect to the issues that were actually were presented with SVMCA protocol 6-29. Mr. Wilczynski asked what the procedures are for taking this up with the 911 committee.
- In response, K. Wahl stated she would contact the 911 person and has already been in contact with them regarding this issue.
- Leslie Hall, MiREMS.
 - Ms. Hall spoke about the Recruitment and Retention committee. They will be meeting every other month, following the EMSCC meetings. They will be meeting after this meeting at the BETP.

Next Meeting: Friday, May 19th, 2017 at Livingston County EMS.

Adjournment: Motion to adjourn: Kincaid, Wilkinson. Motion carries.

- Meeting adjourned at 12:02 PM.