

**Calhoun County Medical Control Authority
January 22, 2018**

**Kellogg Community College, EMS Conference Room
Battle Creek, MI**

9:00 – 11:00 a.m.

I. Call to Order – The meeting was called to order by Dorothy Malcolm, Chair.

Board Members Present

Name	Represents	Position	Meeting Date: 1-22-18			Attendance History
			Present	Excused	Absent	
Clark Imus	KCC	Sec/Treasurer	X			2/2
Mark Burke	Marshall FFA	At-Large Exe.	X			13/13
Rich Feole	911 Dispatch	Board Member		X		7/8
Jason Kortgoede	Albion Comm. Amb	Board Member		X		5/8
Steve Frisbie	LifeCare Amb.	Board Member	X			13/13
Dorothy Malcolm	BBC ER Director	Chair	X			13/13
Dave Schmaltz	Urban MFR	Board Member	X			3/4
Kathy Cowles	BBC	Board Member	X			5/5
Kim Campbell	Oaklawn Hospital	Vice Chair	X			11/13
Joshua Miller	Rural MFR	Board Member	X			1/2
Tyler Vaughn	CCMCA	Medical Director	X			3/3
Michael Chapman	CCMCA	Assoc Med	X			3/3
Theresa Dawson	Oaklawn Hospital	Board Member	X			2/2

Others Present-Aleatha DeVriendt-LifeCare Ambulance

Additions or Deletions to the Agenda- None

Introductions-Dorothy introduced Aleatha DeVriendt from LifeCare Ambulance.

Approval of Minutes- Motion to approve the minutes as written. Motion carried.
(Imus/Frisbie)

Public Forum: None

II. Committee/Officer Reports:

A. Medical Director Report/PSRO Committee –

Dr. Vaughn reported the PSRO meetings are going well. The committee is working on prioritizing needs and making data driven decisions. They are working through data driven information including quality GAMUT Programs; scene audits questions re: equipment on scene especially during breathing incidents; data collection mechanisms, getting image trends to be functional for data collection, standardizing the evaluation process for our systems; identifying our own issues that need attention. They are working through the protocols with special attention to the protocols with big changes including removal dopamine, increasing epinephrine, the pediatric protocols, the TXA protocol has been published and there are grants available to supply the ALS trucks with initial doses.

Dr. Vaughn reported proposed changes to the PSRO committee structure to add subcommittees that are the work groups and the PSRO Committee then would make reports and the MCA would take action. Dr. Vaughn hopes to include representatives from medical directors, MFR Agencies, pharmacy representation in order to offer a broader statement at the decision making stage. Committees include an EMS Council and an Education Committee, more committees to be announced

Discussion followed-questions re: QA oversight; participation commitments from employers, who will participate, active participants who make real contributions, purpose of PSRO from a legal standard, situations reviewed, questions re: EMS data from hospitals, what data is needed? By law changes-no Chair can appoint committees and we will see what works and go from there.

Dr. Vaughn will be asking for approval for new PSRO structure to add committees.

Credentialing Pathway-Dr. Vaughn has identified a lack of oversight on licensing in our MCA. It is part of the MCA responsibility. He provided a rough outline of a proposed process to include a standard protocol test and a face to face interview. 5th District is very interested in this process. He shared the reality of slight differences between counties but overall the similarities are there. He shared that after the hiring process the MCA would provide some oversight in the test, interview and some follow-up. Looking to create a streamlined standard process county wide. This pathway is actually part of the new state protocols. He expressed a recognition of the nuances created by a brand new medic versus a medic new to our system. This process would also include some call reviews. Discussion/questions re: other mechanisms that validate compliance to on-going independent practice, tier one special occurrences, filters needed/used, how to get feedback on these occurrences, medics only?, others would like to see it for all levels-it provides much better caregivers and care based on the protocols. It may come but there is not enough personnel right now. Observation-National education standards are different from local protocols.

Dr. Vaughn reported on protocol changes-

Blood glucose for eye gel and airway—recommend allowing both on a case by case basis with the understanding that there will need to be data reported on the incident.

Narcan- same as above, data will be required

Questions re: cost for MFR agencies (should come from the pharmacies and hospitals and be swapped out on scene); drug administration test being rolled out by 2019?, pharmacy involvement in the past?

Swap must be done according to state guidelines but is supported-there is a form on the website-question re: law enforcement ability to swap out Documentation will be required.

System education-Dr. Vaughn reported work in progress on provider education as protocols change. This will ensure care is the same from area to area.

Dr. Vaughn approached by Bronson, they are interested in providing a tool developed in Minnesota to use in a study of large vessel strokes. Tool/score indicates destination of patient for best intervention. Great opportunity to participate in a national study and to gather data to provide better care.

Discussion re: transportation challenges for smaller hospitals, inaccurate scores, feedback availability, is change/tool effective, transporting if not necessary, special protocol needed, including all county facilities, goal of protocol, data on folks who refuse care, timeliness of feedback data, out of county data, effects of DNR orders, patient choice on destination, transport times.

Reported a vascular transport issue conversation regarding destination challenges. This physician has been cited via letter in the past. After a review of the original letter, discussion followed. There seems to be some concern for attempts to direct the EMS professionals on destinations which is not appropriate. Note-the physician in question did not respond to the original letter.

Medication cross-check-Clark reported on a protocol for cross checking medications both as the correct medication and the correct dosage. He reviewed the protocol/process and the rationale. It would require a two person visual cross check. KCC Medic program has been teaching/practicing over the last 2 years and at least LifeCare has been moving in this direction as well. Clark provided a copy of a protocol from the PSRO Committee. Discussion followed. Motion to move to protocol status. Motion carries. (Imus/Chapman)

Revision of Excited delirium protocol-wordsmith for modifications; Changes to Pediatric Nausea Protocol and Febrile Children Protocol all to be submitted to the State of Michigan for approval.

Psych Transfer discussion-questions re: individuals who should be admitted to psych hospital and patient refusal of care-what is our position? Voluntary vs. involuntary? Safety is an issue for both patient and providers. PSRO create/beef up the current protocol. What are the legalities for MCA/provider/hospital? Check with the Fieldstone Hospital for resources/case studies. Chair to work to create a committee with area experts to address the issue.

Dr. Vaughn met with Dr. Hoyle regarding upcoming protocol changes and will continue to meet with him as we move through the many protocol changes.

Dr. Vaughn was asked to participate in a project to collect hospital outcomes data for the County Emergency Management Agency. Response has been good.

Dr. Vaughn has been on a few scene responses and is pleased with the experiences. He is handicapped by lack of radio accessibility. Cost of a radio is as much as \$4000.00. He is exploring options through providers and 5th District grant monies. He has not provided direct patient care on scene but is requesting

support for malpractice insurance reimbursement. Motion to purchase. Motion carries. (Burke/Malcolm)

Dr. Vaughn reported on the State Medical Control Meeting-review of administrative rules, data collection, community paramedic requirements, there was discussion regarding standardization of curriculums and practices based on evidence and best practices in an effort to have as much national unity as a profession and to provide the best care possible. There is a lot of support for community paramedicine but the continuing challenge is funding.

- B. **Finance Committee (Clark Imus)** – Clark provided the written financial report and shared that it will be sent with meeting info beginning in April. He also shared the Hilliard Lyons report and reminded all present that it is a month behind. He reported a couple of expenses in the form of compensation and conference participation. Please see handout for further information.
Motion to approve the Financial Report. Motion carries. (Vaughn/Schmaltz)
- C. **Regional MCA Network**-Dr. Vaughn reported that the group is in the process of setting up an actual board as the current structure is less than effective. Grants will be disbursed in a different way and the group is working to make regional projects more effective. Changes include regularly scheduled meetings on Tuesdays. More to follow.
Clark reported that the TXA kits are ready to disburse. Numbers have come in from most of our providers but we are behind in this reporting. Clark reported on future activities include education and/or tuition support in an effort to recruit/develop more providers to help with our current shortage. KCC is working with several k-12 districts to create programs for juniors and seniors out of the high schools.

Old Business:

- A. **TXA**-Motion to accept the state protocol as written. There is an abundance of data that shows it to be safe and there are grants available to provide initial doses. Data collection is a must as we move forward. Motion carries. (Vaughn/Frisbie)
- B. **Bylaws**- Motion to accept the updated bylaws. Motion carries. (Imus/Vaughn)
- C. **Alternate Destination Protocol**- Clark reported the response from the state regarding our submission of the protocol. Julie Masten and Dr. Vaughn will address the Quality Assurance Task Force in Kalamazoo. Expect support but more to follow.

New Business:

- A. **IV Fluid Shortage**- We have put saline locks in place and need to do anything we can to save fluids due to the weather related damage in Puerto Rico. Both MAFFAA and LifeCare have this in place. Should it get worse we will revisit the issue.
- B. **Action items**-
- Motion to approve the restructuring of the PSRO including the creation of the committees and the reporting structure. Motion carries. (Vaughn/Frisbie)
 - Motion to adopt the protocols included in the PSRO Excel file as well as any amendments made by the group. Effective date to be April 1, 2018. (Vaughn/

Schmaltz)

- Motion to accept the new Credentialing Process as outlined by Dr. Vaughn. Motion carries. (Vaughn/Schmaltz)
- Motion to participate in the Stroke Study pending more information. Motion carries. (Vaughn/Imus)

What went well What Went Well and What Needs to Improve – Good discussion!

Next Board Meeting scheduled for April 16, 2018 9 am, at Kellogg Community College, Lane Thomas Building, EMS Conference Room

Announcements-None

VI. Adjournment-Meeting adjourned at 10:48 am. by Dorothy Malcolm.