

**Calhoun County Medical Control Authority  
July 15, 2019**

**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 at 9:03 by Dr. Michael Chapman, Medical Director.

**Board Members Present**

Name	Represents	Position	Meeting Date: 7-15-2019			Attendance History
			Present	Excused	Absent	
Clark Imus	KCC	Sec/Treasurer	X			4/4
Mark Burke	Marshall FFA	At-Large Exe.	X			13/13
Rich Feole	911 Dispatch	Board Member	X			11/12
Betsy McDavid	Albion Comm. Amb	Board Member	X			4/4
Steve Frisbie	LifeCare Amb.	Board Member	X			13/13
Dorothy Malcolm	BBC ER Director	Chair		X		13/13
Martin Erskine	Urban MFR	Board Member	X			4/4
Kathy Cowles	BBC	Board Member	X			9/9
Angie Brown	Oaklawn Hospital	Board Member	X			13/13
Daryl Cummins	Rural MFR	Board Member		X		3/5
Michael Chapman	CCMCA	Medical Director	X			5/6
Theresa Dawson	Oaklawn Hospital	Board Member	X			5/6

Others Present-Craig Dieringer, 5DMRC; Dr. Jan Karazim, Kellogg Community College; Rob Miller, Kellogg Community College; Karl Rock, Albion Community Ambulance

**Additions or Deletions to the Agenda**-Community Integrated Paramedic Education and Program; CCMCA Mission Statement; iGels for MFR's

**Introductions/Announcements**-Dr. Karazim from KCC is here to; Craig Dieringer working with- WMed and Dr. Fales, 5DMRC, Region 5 MCA. His role is to act as the fiduciary for the mentioned group and to report/inform agencies/groups of what those groups are doing.

## **Approval of Minutes-**

Motion to approve the minutes as written. Motion carried. (Imus/Feole)

### **Public Forum:**

**Craig Dieringer** reported on an ADLS course taking place in July at Sim City in Kalamazoo including live actors moulaged out and a HazMat component-a fairly large scale event. There is also an ICS 400 course in July as well.

He reported on the availability of MCI materials including the stocking of all ALS ambulances with the first-in kits including plate carriers with a focus on blast wounds, gunshot wounds-136 total. There is a Moodle course providers need to take for training purposes. 80% of any organizations employees must take the training in order to qualify for the kit.

The Region has been working on RTF training. The training is focused on the coordination needed in a MCI between law enforcement, fire departments and EMS personnel.

The group has also created a drug bag audit-the audit is required each month using an online platform. The purpose is to make sure any issues are reported and then can be addressed on a regional level versus just in-county. This also helps with data gathering in regards to the drug bags.

Craig reported that the efforts at regionalization seems to be going well. Communication is coming along and gets better all the time. Recent additions to the meetings/discussions include pharmacists who can now weigh in on drug use and any shortages to be addressed.

The 5 Regional Medical Control meetings are on the second Tuesday of the month. **Location?**

Craig reported on Mi-PEERS- a study looking into the efficacy EMS Pediatric calls that has been ongoing for approximately 10 years. Some changes in personnel has had a negative effect on the study.

Discussion re:

- Study funding done in 6 months-the director is seeking new funding, more to follow.
- MCI Kits-available for MFR agencies? Not yet but some agencies are creating their own and making sure their kits match the actual MCI Kits provided by R5MCAN-kit cost approximately 450.00 and including plate carriers approximately 1020.00 in total.
- Drug bags issued to training centers? Yes but will not be part of the audit.
- Warm Zone training-available to MFR? Yes RTF would like all agencies MFR, Fire Dept, Law Enforcement and EMS invited to train together.

**Community Integrated Paramedic**-Christine Cole (via conference call). Christine introduced herself-she is the State of Michigan Community Paramedic Coordinator

Highlights include-

- 500,000.00 Grant to develop community paramedicine in Michigan. Money was used to create a Special Study in order to test the training, effectiveness. Community Paramedicine is the category and the work has been further detailed to include Mobile Integrated Health and Community Paramedic
  - Mobile Integrated Health works with a local hospital to provide a specific service
  - Requires 10-20 additional hours of training in a specific topic
- Community Paramedicine, based on national requirements, is much broader in scope of practice and includes a much more in-depth training (acute vs. chronic; medications; maternal/child concerns) with a similar requirement in

- education to initial paramedic training.
- There are 6 pilot programs in place right now and in the pipeline are updated protocols, education reviews and licensure level. More to follow on that.
- The reimbursement conversations have begun with health care insurance companies and they are interested and ready to work with Community Paramedicine. They just need to ensure consistency.
- The demand is there!
- Curriculum evaluations show a lack of consistency nationwide, as well as a lack of consistency in protocols applied in paramedicine.
- National curriculum lacks the hands on/skills lab component Michigan is looking for to meet requirements in core competencies, disease competencies and procedure competencies.
- The State of Michigan is looking for test sites to provide a education using the developed curriculum and making sure it works in Michigan. There would be some leeway to adjust the curriculum based on further discussion with the state. The training is currently available online only, with a hybrid course in the works.
  - Questions re: tuition grant funding for students attached to agencies- could be up to 3000.00 per student with up to four students per agency.
  - Insurance billing-how is it going? BCBS is paying on contracts, there are pockets of reimbursement. It seems to be about relationships-knowing the community-selective. There is no universal insurance code as yet.
- Discussion followed-
  - KCC has been asked to participate as an education resource.
  - There are no local contracts for reimbursement.
  - Funding for education?
  - No funding in local hospitals.
  - Regional demand.
  - How is funding collected?
    - BCBS pays and Medicare and Medicaid will pay.
  - This offers KCC the opportunity to be one of only 2 programs in the SOM.
  - Finding instructors, developing curriculum.
  - Region 5 level partnerships?

## II. Committee/Officer Reports:

- A. Medical Director Report/PSRO Committee** –Dr. Chapman reported that the committee has renewed their commitment to building on the foundation of basic pre-hospital care and in recognition of exemplary skills there have been a number of “kudos” letters sent to providers. They have been well received. Dr. Chapman reported that there have been some complaints including one from a local hospital that resulted in some punitive actions. The electronic reporting system seems to be working well.

The PSRO will review random cases on a specific topic on a monthly basis. The schedule will be available upon request.

The PSRO has committed to creating a mission statement for the MCA; it is still in the discussion phase and is a work in progress. Dr. Chapman made a request for MCA members to review and provide feedback feeling free to wordsmith as necessary.

Discussion re: Ketamine concerns regarding over dosing/under dosing, using in drip bag instead? Protocol deviation? No-just change in delivery. This is a work in progress and there needs to be training in alternate administration.

The agency data base has been created and is a live document. The next step includes individual emails and home address.

Dr. Chapman reminded folks to take a look at the CCMCA Newsletter and requested folks make sure it is available to employees. The hope is that it will be seen as a positive to the EMS community.

**B. Education Committee**-Nothing to report.

**C. Finance Committee (Clark Imus)** – Clark provided the printed financial report. Assets-207,069.48 total with cash on hand 64,519.49, investments at 97,838.30 and loan to MAFFAA make up the difference. No changes to the budget from 2018. Invoices include protocol app subscription renewal and MCA Conference attendance fees for 3 attendees.

Clark reported on a couple of outstanding bills but all looks good and appropriate at this time. Housekeeping included votes for previous month's reports. (Imus/Frisbie) Motion to accept the financial report and pay the bills as presented. Motion carries. (Erskine/Burke)

**D. Regional MCA Network**-Already reported by Craig Dieringer earlier in the meeting.

#### **Old Business:**

- A. Protocol Update**- Clark reported that the protocols are still in progress. Clark reviewed the process for additional trainings and recordkeeping (iGel and Narcan). Steve Frisbie reported a conversation with Daryl Cummins regarding MFR response in a mutual aid, out of county response, protocols, drug bags, etc. It was recommended that the individual check with that county Medical Director.

#### **New Business:**

- A. Community Paramedicine**-Discussed earlier in the meeting.
- B. iGels for MFR Agencies**- Marty shared a conversation at the Fire Chiefs meeting regarding the funding for iGels kits. He reminded the group that funding was made available for Narcan when it became apparent all would be carrying it. Discussion followed. Re: replacement of iGel, initial costs, initial training for use, annual training.

Motion to provide start-up iGels Airway kits for up to 2 kits per department with the ability to reimburse those who have made the initial investment upon request. Departments must maintain training and ability to provide care. Funding amount to be no more than 3,000.00 for entire project. Motion carries. (Frisbie/Imus)

**Announcements**-Dr. Chapman reported that Springfield Fire Dept is short-handed and will discontinue responding to calls. They will use the VA for mutual aid.

**VI. Adjournment**-Meeting adjourned at 10:42am. by Dr. Chapman.