

Calhoun County Medical Control Authority

Meeting Minutes

Location: Teams
Date: October 18, 2021
Time: 9:00 am – 10:30 am

Attendees:

Angela Brown, Betsy McDavid, Brian Walls, Dr. Chet Dalski, Darryl Cummings, Dr. Ginger Swiderski, Michael Armitage, Nick Smith, Robert Miller, Steve Frisbie, Mary Louise Stefanski

Moving virtual meetings to the Teams platform.

Additions or Deletions:

- Added CCMCA new Protocols (Resource Utilization, CoV Licensed Health Care, Emergent Interfacility Transfer, Transfer Categorization, and Interfacility Form)
- Pace Program and Medical Control

Approval of Minutes – July 19, 2021

Betsy McDavid made a motion to accept the minutes from July 19, 2021. Steve Frisbie seconded the motion. Motion passes.

Public Comment:

None

Reports:

Medical Director Report

Dr. Ginger Swiderski – Started representation in July. Works within the Bronson System (Battle Creek, Kalamazoo, Paw Paw, South Haven). Thanks everyone for their work throughout COVID.

CARES Report for Cardiac Arrest.

Dr. Swiderski asked if anyone is familiar with this topic. It was stated that the reporting has been set up and will begin January 2022.

If anyone has anything that Dr. Swiderski needs to review, please contact her.

Financial Report

None

Old Business:

PSRO Meeting (Dr. Swiderski)

Dr. Swiderski has been working with the State (Emily) to get access to various platforms to gather data and information. Would like to have the PSRO meetings every other month. Have it on the second Tuesday of the month, in the afternoon, starting December. Dr. Dalski asked Dr. Swiderski to contact Mary Louise to set up the meetings in Teams.

Letter of Agreement Update (Mary Louise Stefanski)

Mary Louise shared that the only letter received, since July, is from Jim Blocker appointing Michael Armitage to the Calhoun County Medical Control Authority Board. Michael Armitage is the Executive Director of Calhoun County Dispatch Authority replacing Richard Feole.

Dr. Dalski stated that everyone on the Board needs to have an updated appointment letter from their organization. We are lacking those letters from most organizations. At this point, please get those letters sent in within the next two weeks. Darryl Cummings stated that he sent his letter to Rob Miller after the July meeting. Rob stated he would forward that letter to Mary Louise. Mary Louise will send an email to those individuals missing their letters.

New Business:

CCMCA COVID Protocols (Dr. Dalski)

On September 9, 2021, Dr. Dalski sent out the State Reactivated COVID Protocols. Three of the protocols will be immediately enacted, per the Medical Director and Chairperson:

- 14.01 Privileging and Participating Facilities Release
- 14.09 COVID-19 Telemedicine
- 14.12 nCoV Rapid Antigen Test

These were adopted and sent to the State. They may or may not affect your organization, but we wanted to share the information with you.

CCMCA New Protocols (Dr. Swiderski) (chart sent in email to Board)

Chart of Emergency COVID Protocol Status for Calhoun County Medical Control Authority				
Number	Protocol Description	State Effective Date Status	CCMCA Adoption Date	Notes
14.01	Privileging and Participating Facilities Release During COVID-19 Outbreak	RESCINDED 7.28.2021 / REINSTATED 9.8.2021	4/19/2021	
14.02	Staffing During the COVID-19 Pandemic	11/10/2020	4/19/2021	
14.03	Dispatch Screening Guidelines for COVID-19 Outbreak	8/28/2020	4/19/2021	
14.04	Conventional Response During COVID-19 Outbreak	12/21/2020 / RESCINDED 6/25/2021	4/19/2021 & 10/18/21	
14.05	Infection Prevention During The Coronavirus Disease (Covid-19) Pandemic	12.18/20	4/19/2021	
14.06	Clinical Treatment for Patient with Suspected or Confirmed COVID-19	8/28/2020	4/19/2021	
14.07	Nasopharyngeal Specimen Collection for COVID-19	8/28/2020	4/19/2021	
14.08	Cardiac Arrest in a Patient with Suspected or Confirmed COVID-19	8/28/2020	4/19/2021	
14.09	COVID-19 Treat in Place	11.17.2020 / RESCINDED 7.28.2021 / REINSTATED 9.8.2021	4/19/2021	
14.10	Destination and Transport for Patients at Risk for COVID-19	8.28.2020 / RESCINDED 7.28.2021	4/19/2021	
14.11	Immunization Support During COVID-19 Outbreak	10.23.2020	4/19/2021	
14.12	COVID-19 Rapid Antigen Testing	9.8.2021	4/19/2021	
14.13	Monoclonal Antibody Administration	9.8.2021	Not adopted	CCMCA Board tabled for reconsideration if needed at a later time.
14.14	Fillable Order Form	6.9.2021	Not adopted	CCMCA Board tabled for reconsideration if needed at a later time.
14.14	Interfacility High Flow Nasal Oxygen (HFNO)	12.11.2020	Not adopted	CCMCA Board tabled for reconsideration if needed at a later time.
14.15	Patient Care by a Licensed Health Professional - Other than an EMS Provider	10/14/2021	10/18/2021	CCMCA approved with addition to Ill.D. Advanced Life Support - may be staffed by a Paramedic and MFR (driver only)
14.16	Emergent Facility Transfers		Not adopted	CCMCA Board voted against protocol based on system needs/priorities
14.17	Categorization of Interfacility Patient Transfers		10/18/2021	
	Fillable Interfacility Transfer Form		10/18/2021	

There are six new protocols to review:

- 14.02 Emergency Staffing during the COVID-19 Pandemic
- 14.03 Dispatch Screening Guidelines for COVID-19 Outbreak
- 14.04 Resource Utilization
- 14.15 nCoV Licensed Health Professional Staffing
- 14.16 Emergent Interfacility Transfer

14.17 Transfer Categorization and Interfacility Transfer Form

Dr. Swiderski explained that the new protocols were sent out last Friday by the State. These protocols are trying to make good use of the systems as all of the systems are strained right now.

14.04 is discussing BLS and ALS available to an incident where BLS can transport relieving ALS to move to another call. Do you feel that this is manageable or should a BLS and ALS rig be sent to the same scene? Or would it be a waste of resources. Dr. Dalski asked do we have any BLS units? Yes. If there is only a BLS ambulance available, what steps should they take? If only a BLS ambulance is available, they can transport. If BLS arrives and the patient needs a higher level of care, they can await the ALS team. It was stated that if the BLS rig can transport before an ALS rig arrives, should they go ahead and transport because ALS rigs may have to travel a great distance. The BLS teams have been trained to transport if the transportation is a shorter amount of time rather than waiting on an ALS rig. It would be nice to have that language added to this protocol. It is stated under III section b, "For Priority 1 and 2 incidents where no ALS unit is available OR if the time interval for BLS response to the hospital arrival is less than an ALS response time, a BLS ambulance should be dispatched to the scene." Dr. Swiderski does not have any qualms with adopting this protocol.

Should the fire departments be able to assess patients to determine if an ALS ambulance is needed in an effort to free up resources?

14.15 is discussing that staffing for ambulances can include other medical professionals other than EMTs and paramedics, such as a registered nurse, nurse practitioner, physician assistant, or a physician. This is to help transporting patients when there is a limited team available. This may not be practical due to the shortage of EMTs and nurses. This protocol will allow us to use individuals as necessary. For example, had a patient at Battle Creek ER and they need ALS transport and only a BLS team is available, they can send a nurse or physician assistant with them. It gives flexibility of using staff available at the time. It is a useful protocol but may not be used often. How would the PCR work? Would the nurse fill out our PCR or the one with the hospital system? Dr. Swiderski stated that whoever is on the ambulance can work with you within your system. Thus, whoever is completing the transfer would complete the report and have the nurse or medical professional sign that report. I would like to see an addition to the medical list of an MFR that can help with the driving of the rig if a paramedic is alone. This would help with transporting the patient and allow the paramedic to offer care. This would be in a crisis only. There is a request to modify this protocol based on this scenario. Dr. Dalski shared that these protocols are coming from the Bureau and any changes will need to be submitted to that Bureau. It was stated that Branch and St. Joe was going to submit changes as well. Add a III D to this protocol (adding MFR driver with a paramedic), for transfers, and send to the State. Keeping in mind that this is an emergency order. Discussion about reinstating the original protocol (14.02) as well. The State site is not showing 14.02 as rescinded.

14.02 can be adopted by this group today. Emergency Staffing during the COVID-19 Pandemic.

14.16 is discussing highly, critically ill patients needing an interfacility transfer and giving priority to the emergent request versus delaying the transfer. For example, there are different levels of ambulance and this will give emergent hospital transfers the emergency vehicles. This is not a favorable protocol because it would be removing an emergency vehicle from the streets where patients have no intervention and sending that vehicle to a hospital where the patient is under a physician's care. There have been issues of

emergent requests from hospitals that were not that emergent thus removing an ambulance from service when it could be used elsewhere.

14.17 is discussing the categories of patients for the interfacility transfer without the need of an ALS crew. This brings back the discussion of other medical professional to help with the care of the patient in route. This is to accompany 14.16, along with a form.

14.03 Dispatch Screening Guidelines for COVID-19 Outbreak. Michael Armitage put in a request to add this to the agenda. 14.03 is referring to dispatch guidelines. The question is if this protocol is necessary as other counties have dropped it. Feedback is that it is no longer necessary. It was shared the fire chiefs feel the same way.

There is a need to fill in the approval information and update the app so that medical facilities using the protocols are aware which are approved and rescinded, with dates. Dr. Dalski will look into needs to update this information. Clark Imus will be contacted to get more information. The State has adopted these protocols, the question is about the County adopting the protocols.

14.04 – to adopt

Dr. Swiderski moves to accept protocol 14.04, Resource Utilization, as presented. Steve Frisbie seconds the motion.

Motion Carries.

14.15 – to resubmit to the State

Darryl Cummings moves to submit a revision to the State pertaining to protocol 14.15, nCoV Licensed Health Professional Staffing, with the addition of adding the MFR as a driver of an ALS rig. Dr. Swiderski seconds the motion.

Motion Carries.

14.02 – to adopt

In the event that this has not been approved in the past, this item is coming forward.

Betsy McDavid moved to accept protocol 14.02, Emergency Staffing during the COVID-19 Pandemic, as presented. Dr. Swiderski seconded the motion.

Motion Carries

14.16 – to adopt

No motion was stated. Calhoun County will not adopt this protocol because it removes an ambulance from service to transport a patient that is already under a physician's care.

Discussion

There is a concern that someone will not be transferred, if an ambulance is available, to receive life saving medical care at a facility that offers that care. For example, stroke care.

Vote Yes

Darryl Cummings
Dr. Ginger Swiderski
Michael Armitage

Vote No

Betsy McDavid
Brian Walls

Angela Brown
Dr. Chet Dalski/Rob Miller
Nick Smith
Steve Frisbie

14.17 – to adopt

Dr. Swiderski moves to accept protocol 14.17, Transfer Categorization and Interfacility Transfer Form, as presented. Betsy McDavid seconds the motion.

Motion Carries.

14.03 – to rescind

Referring to dispatch guidelines, if previously approved.

Discussion

Is this still necessary as all first responders are wearing PPE? This would remove the COVID questions that are asked. If people present with COVID symptoms, it would be listed in the call notes.

Motion

Darryl Cummings made a motion to rescind protocol 14.03, Dispatch Screening Guidelines for COVID-19 Outbreak. Steve Frisbie seconded the motion.

Motion Carries.

CCFDA 911 Technical Advisory Committee Representative (Dr. Dalski)

Mark Burke has retired. We will need a new candidate that is utilizing the 911 system. Who would the committee like to have fill that seat on the Board?

Motion

Dr. Dalski made a motion to appoint Nick Smith as the CCFDA 911 Technical Advisory Committee Representative. Darryl Cummings seconded the motion.

Motion Carries

Pace Program and Medical Control (Dr. Dalski/Theresa Dawson)

Dr. Dalski stated that Theresa Dawson brought this to his attention. Nick and Theresa attended a meeting where a patient had fallen at a facility and sustained a hip fracture. In consultation with provider to transport that patient to Bronson Battle Creek, there was a concern over the Medical Control Authority and the PACE physician can override the Medical Control Authority. The call came through 911. The opinion of the physician at the facility was taken into consideration and was not taken as an order. There is an agreement with PACE (3 or 4 years ago). It was to take the physician direction. We should get that document out and review it in this group. Theresa thinks there would be a lot of liability and wonders if an attorney needs to review it, if it isn't already in place.

Proposed 2022 Meeting Dates

January 24, 2022 – 9:00-10:30 AM (changing from January 17)

April 18, 2022 – 9:00-10:30 AM

July 18, 2022 – 9:00-10:30 AM

October 17, 2022 – 9:00-10:30 AM

Meeting dates are as listed.

Narcan – tabled on July 19, 2021.

There was a State meeting [stated people in that meeting]. They presented that one of the frustrations is that law enforcement can get Narcan free or at a reduced rate as EMS and fire services cannot. The reason being the State of Michigan laws, EMS and fire must use emergency pharmacies. Calhoun County has two emergency pharmacies, one at Oaklawn and one in Battle Creek. One of the things that [they] were going to do is contact the pharmacies to see if they will provide Narcan at little to no cost. The emergency pharmacies have expressed that they are not going to do it at their costs. There is no further information at this time.

Daryl stated that Matt was supposed to attend this meeting and share information about this issue. Daryl is not comfortable speaking third person about the subject. This can be tabled until the next meeting. Chet state that we are still under the law and until a change is made to the law, this is where we are currently at. Daryl stated that in some counties, like in Tekonsha, and [some acronym] comes down here we can switch out, then it gets charged to the pharmacy at the hospital. Chet stated that if they are willing to do that it would be legal, but then [acronym] will have to be reimbursed from the hospital. Daryl asked if this is something, they should work out with the ambulance services in their areas. Chet stated that this should be tabled until the next meeting before a decision is made. [More discussion about what is hopeful to happen.] Discuss the possibility of a letter of understand with fire and the pharmacies for the medical control so that it is on file for inspections.

Dr. Dalski stated that the last meeting [a month and a half ago] with the State, they said that we still have to use the emergency pharmacy (Oaklawn or Bronson Battle Creek). They are going to look at the issue, but there has not been an update. We need a protocol that states we can get Narcan from other sources. In Kalamazoo, they have to purchase their Narcan from Battle Creek or Oaklawn. They would like to have an exchange program, with a protocol in place, that when Narcan is administered through MFR, that it can be exchanged with ambulance services. A lot of fire departments do not carry Narcan because they have to purchase it themselves. If we are able to exchange Narcan with the ambulance companies, it will keep Narcan in stock and is the most viable option with waiting on an ambulance service due to out-of-town, transfer runs, and staffing issues, to name a few. Having a fire department on scene bagging a patient for forty-five minutes is not a preferable option. With the consensus of the Calhoun County Fire Chief Association, we would like to have this introduced as a protocol. Bronson is on board with implementing this protocol and the past medical director was going to check with Oaklawn. The initial doses would be offset with the State surplus, so the hospitals would not be out anything other than the initial set-up. Kalamazoo County has an exchange policy/protocol where the fire departments can replenish their Narcan with the ambulance service, along with several other counties.

A question was asked if the ambulances would be charged when replenishing their Narcan. That is unknown at this time. This is to have the fire departments [MFR] to administer Narcan if the wait for an ambulance is greater than a stated time period. Dr. Dalski shared that there is a concern about the ambulances having to pay for the restocking. Do we need to get a protocol written or is there one that we can adopt? Kalamazoo County may have one we can adopt. Matt Godde will reach out. The concern is whether Bronson Battle Creek and Oaklawn want to absorb the cost for the Narcan when exchanged with the ambulance that was used by the fire department. Many of the patients do not go to the hospital which eliminates the hospital from recouping the costs. The hospitals have to purchase Narcan, based on their accreditation, they are not allowed to accept donations of Narcan. If a fire department administers Narcan, they are not able to bill the patient. If an ambulance administers Narcan, they are not allowed to charge the patient because the meds belong to the hospital. If the ambulance does not transport the patient after administering the Narcan, the hospital cannot charge the patient because the patient never entered the

hospital. If a patient is transported, they can not be charged for meds given in the field but can be charged for ER services which helps to recoup the costs.

In Kalamazoo, the hospitals (Borgess and Bronson) would pay the bill for all of the Narcan administered by an MFR exchange with an ambulance. The systems are different between Calhoun and Kalamazoo Counties. Nick will talk with the Oaklawn pharmacy to see if they are willing to do an exchange. Matt will obtain the Kalamazoo protocol. Everything will be sent to the committee for review. This will be added to the January agenda.