# Minutes for Calhoun County Medical Control Authority (CCMCA)

**Location:** Kellogg Community College, Student Center—Kellogg Room

Date: October 3, 2022

**Time:** 9:00 AM – 10:30 AM

## **Attendees:**

Dr. Chet Dalski	Betsy McDavid (remote)	
Nick Smith		
Steve Frisbie	Guests: Robert Stahelin, Deputy Director, Calhoun County 911 Shea Peters, BCFD Robert Prodinger, BBC Emergency Dept. Medical Director (remote) Clark Imus, Faculty Coordinator, EMS Education @ KCC Jay Radabaugh, EMS Faculty, KCC Jim (Guest) (remote)	NOTE: EXCUSED ABSENCE: Teresa Dawson (per email transmittal) Dorothy Malcolm (per email transmittal) Marty Erskine (per email transmittal) Absent: Daryl Cummings Angie Brown
Michael Armitage		Mary Louise Stefanski, Recorder
Dr. Ginger Swiderski (remote)		
Tracy Hickey (remote)		
Brian Walls (remote)		

# **Meeting Announcement: Chet Dalski**

Due to the excused absence of Board Chair, Dorothy Malcom, Dr. Chet Dalski conducted today's meeting. Dr. Chet Dalski announced that due to a lack of a quorum not present, we cannot conduct business for a vote, but we can discuss items on the agenda. Those present in attendance agreed to discuss items on the agenda.

# Call to Order: Chet Dalski

Meeting called to order at 9:05 AM by Secretary/Treasurer, Dr. Chet Dalski.

## **Additions or Deletions: Chet Dalski**

None.

# Approval of Minutes-July 18, 2022: Chet Dalski

Due to lack of a quorum cannot approve the July 18, 2022, CCMCA Minutes. These minutes will be tabled for the January 2023 meeting together with the October 3, 2022, CCMCA Minutes. Dr. Dalski inquired if there were any changes to be considered for the July 18, 2022, Minutes and there being no changes to be considered from those attending in person or remote.

# **Public Forum: Chet Dalski**

None

# **Reports:**

## Financial Report: Dr. Dalski

The CCMCA Financial Statement was emailed to the CCMCA Board Members prior to the start of the October 3, 2022, meeting. As of August 31, 2022, assets ending June 30, 2022, were \$223,910.56. Dr. Dalski announced a payment was made to the medical director and to the online protocol app leaving the cash balance on hand is \$102,414.16. Financial Report tabled for approval at the January 2023 meeting date.

### Medical Director Report: Dr. Swiderski

No direct update information from Dr. Swiderski, for the Medical Director Report about region information.

Dr. Swiderski did report of an update for the PSRO meeting which is noted in "Old Business: PSRO Meeting Update" indicated below.

## **Old Business:**

## Epinephrine Program Updates (BEES) - Chet Dalski/Clark Imus

Chet announced he has heard from all agencies except for Albion ambulance for kit preparation and distribution. Mr. Imus has been creating the EPI training together with input from Matt Godde and the folks from the West Michigan Central Region Medical Control Authority. They were kind enough to share protocols and training aspects and we used that as our launch pad for our training. The plan is upload the following documents to the CCMCA website, <a href="www.kellogg.edu/ccmca">www.kellogg.edu/ccmca</a>. This is what will be created and posted before thanksgiving break and an opportune time for training would be over the winter months in preparation for this spring.:

- 1. Video Presentation recorded YouTube video presentation
- 2. PowerPoint presentation file
- 3. Online Microsoft form/quiz
- 4. Paper quiz
- 5. Skill Sheet for IM Injection
- 6. Video YouTube Skill demonstration

Once project is in its finished stages, a training kit will be created for each agency to receive together with a workbook. Question was raised for a tracking mechanism. This is work in progress for consideration. Everyone thought it best to increase the vials in the bag and an exchange method is preferred over a pharmacy replacement. The modules will be online with training resource, skill sheet and video. Will be able to record and submit training presentation by the individuals. Would like consistency on how this to be handled and if recording is necessary. Training completion date was tossed about but did not settle upon a confirmed date for completion. Next question was retraining on an annual basis? Let's complete a first pilot of this before we bring about retraining. Betsy McDavid will send to Clark Imus the standardized training information they use for the Jackson area to him to link it into the online training module as reference. Chet was to check on an ALS listing of agencies for the region. Chet will prepare kits for distribution.

#### Narcan Left Behind Status: Dr. Dalski

Kits were distributed and currently encountered no further issues. For replacement kits agencies should go through the exchange process with BBC pharmacy.

## PSRO Meeting Update: Dr. Swiderski

After receiving survey poll results—announcement of the PSRO meetings to be held the second Monday of even months 2:30-4:00 PM.

Met with the PSRO Committee this week and would like to make it open to anyone who wants to participate and use the meeting as an education-based opportunity. I have spoken with Kristine Kuhl (DHHS Contractor), and she is fine with this. If specific incidents are to be reviewed, this committee will make the decision(s).

### Reduction of Lights and Sirens Response to Scene Section 8-7 Steve Frisbie

Will try to meet before the first 2023 quarterly meeting as work is in progress with the subcommittee and discussion tabled for January 2023 meeting for a status update.

### **New Business:**

#### Protocol Committee for Protocol Review – Chet Dalski

- Protocol Committee for Protocol Review
  - O Dates: MCA has 10/22-12/22 to review and adopt protocols
  - o January 1, 2023, protocols CAN be implemented.
  - o Emergency Protocols 14.02, 14.03, 14.09, and 14.10 all expire 11/18/22

Dr. Dalski note that the Emergency Protocols 14.02, 14.03, 14.09, and 14.10 all expire 11/18/22 for our region. The State is in the process of reviewing protocols which are to occur every 3 years which is listed on the State website. Lately it is taking 5 years for the review protocols to be completed. Chet posed a question: do we establish a protocol subcommittee or allow the CCMCA Board as a whole to take that charge for reviewing protocols? One recommendation was for this to be a discussion item at the PSRO meeting and establish a subcommittee to review them in batches. PSRO group to review and recommend. Steve and Chet mentioned that there should be no change for the first quarter and likely June 2023 would be a due date for all to be implemented which has not yet been established. Dr. Swiderski mentioned she would be the first individual to explain and make recommendation. We'll try this process and if it doesn't work, we can revisit the situation for another meeting discussion.

# Bylaw Compliance Issue - Chet Dalski

- Bylaw Compliance Issues raised by the State
  - o Meeting on 9/26/22 with Dr. Swiderski and Dr. Dalski with Kristine Kuhl
  - Issues raised with board composition not in compliance with law. Must be hospital majority on CCMCA board.

Dr. Dalski had a phone conversation regarding the CCMCA Board Composition with Kristine Kuhl, (MCA Coordinator, etc.), and Dr. Swiderski, CCMCA Medical Director & Executive Board Member, representing Emergency Department Physician, on Monday, September 26, 2022. The State has a couple of issues with our CCMCA Board composition with the Bylaws we operate under. The issue that Ms. Kuhl raised that the CCMCA doesn't meet the statutory requirements for medical control composition; it has 6 hospital representatives and 7 non-hospital representatives which underlies the concern Ms. Kuhl brought forward in the conversation with Drs. Swiderski and Dalski. Bylaws state chairperson has to be

from hospital together with Vice Chair. Ms. Kuhl shared that they are reviewing medical control compositions and trying t make sure all are in compliance with the various statues, and this was an issue for her. Other issues are having the medical director being a voting member of the Board which is a concern as well. Dr. Dalski asked those in attendance for suggestions on how to deal with that. Steve suggested adding an additional member from hospital position for BBC and Oaklawn and an alternate medical director/ER from Oaklawn. Dr. Dalski stated if this is the route we will be taking, we will need a bylaw change to make the change of board composition. This will become a discussion item for the first quarterly meeting in 2023. First will be the change in bylaws followed by a vote for board composition. In our particular situation because we do not have a quorum today, not sure we can even make this recommendation, but we can make a recommendation at the first quarterly meeting of 2023 and vote at the April 2023 meeting. This is the best we can do at this point. A written summary of the phone conversation is displayed below for reference purposes.

From: Kuhl, Kristine (DHHS-Contractor) < KuhlK2@michigan.gov >

**Sent:** Monday, September 26, 2022 2:38 PM **To:** Chet L Dalski < <u>dalskic@kellogg.edu</u>>

Cc: <a href="mailto:swiderskimd@gmail.com">swiderskimd@gmail.com</a>

Subject: Calhoun County Medical Control Authority Board - Composition

As mentioned in our conversation earlier today, the CCMCA doesn't meet statutory requirements for the medical control board composition. It has 6 hospital representatives and 7 non-hospital representatives.

#### Section 1.3 Number and Selection of Directors



The board of Directors shall consist of thirteen (13) persons as follows: one (1) licensed emergency department physician who shall serve in the capacity of Medical Director as appointed by the Board of Directors of CCMCA; two (2) hospital administrators (one each from Bronson Battle Creek (BBC) and Oaklawn); two (2) hospital emergency department nursing administrators (one each from BBC and Oaklawn); three (3) ambulance provider representatives (one each from Albion Community Ambulance, LifeCare Ambulance, and Marshall Area Firefighters Ambulance Authority.); two (2) representatives from agencies that provide Medical First Response within the County (designated by the Calhoun County Fire Chiefs Association, positions to represent urban/suburban and the rural settings); one (1) EMS training representative from Kellogg Community College; one (1) administrator from Calhoun County Central Dispatch. One (1) licensed emergency department physician who shall serve in the capacity of Assistant Medical Director (preferred from a different Calhoun County hospital than the Medical Director).

Administrative Rule: Emergency Medical Services-Life Support Agencies and Medical Control R 325.22202 (b)

Appoint a medical control authority board, as defined in these rules, to administer the medical control authority. The majority of the board shall be comprised, at a minimum, of members of the hospitals and, when applicable, freestanding surgical outpatient facilities. The board may include representation of life support agencies.

We've found the board composition off frequently when the advisory board is combined with the medical control authority board. It most certainly can be done, but the MCA board still needs to meet the requirement of hospital majority.

Also of note: In the bylaws Section 2.3 Duties (D.) last paragraph

The alternate Medical Director shall act in the absence of the Medical Director in all capacities. The Assistant Medical Director may only vote on Executive Committee matters in the absence of the Medical Director.

If the alternate Medical Director remains as one of the hospital representatives on the board but can NOT vote, I will have to consult with the director or legal to find out how this impacts hospital majority as described in rules. Neither the statute nor the rules acknowledge non-voting members of the MCA board.

#### Thanks,

-Krisy Kuhl

Kristine Kuhl

Kristine Kuhl, Paramedic, I/C, BA, MA
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**NOTE** My office phone number is being retired on June 24<sup>th</sup>. Please utilize my cell number and I am happy to receive text messages.

#### Division of EMS and Trauma Mission Statement:

To support the Michigan EMS System in protecting the public health and providing safe and effective patient care.

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## **Next Meeting Date: Chet Dalski**

Due to there being no quorum to set meeting dates for 2023, the next meeting will be tentatively scheduled for either January 11 or January 18, 2023. Steve and Dr. Swiderski requested a poll to be conducted to seek a date for better attendance. Dr. Dalski will send out a January 2023 meeting poll for the best response date for the 2023 quarterly meeting. Upon receiving those results, the Board members will receive a meeting invitation for the first 2023 quarterly meeting to take place.

## **Adjournment: Chet Dalski**

Due to lack of a quorum no motion and the meeting concluded at 9:50 AM.

CD/mls