Minutes for Calhoun County Medical Control Authority (CCMCA)

Location: Teams

Date: January 24, 2022

Time: 9:00 AM – 10:30 AM

Attendees:

Angela Brown, Betsy McDavid, Brian Walls, Dr. Chet Dalski, Clark Imus, Darryl Cummings, Dorothy Malcolm, Dr. Ginger Swiderski, Martin Erskine, Nick Smith, Robert Miller, Steve Frisbie, Mary Louise Stefanski

Absent: Teresa Dawson and Excused Absence: Michael Armitage

Additions or Deletions:

- N/A

Approval of Minutes – October 18, 2021

Darryl Cummings made a motion to accept the minutes from October 18, 2021 with an update to the list of policies reviewed. Nick Smith seconded the motion. Motion passes.

Public Comment:

None

Reports:

Medical Director Report

Dr. Ginger Swiderski – There was an issue with several transports over the last couple of weekends. There were cases that required time sensitive intervention and LifeCare refused transport. Several calls and texts were received. The instances included: two patients that had massive Pes that were supposed to go to IR for thrombectomies and LifeCare would not transport casing a delay and Van Buren was called to complete the transport, one stemmie that needed to go to the catheter lab, one patient with a subdermal hematoma and surgery wanted to do bur holes. This is concerning. I understand that we would like to have ambulance services in our county readily available, but when there are time sensitive interventions that are necessary, that are emergency cases, I would want them to get to the center to get the treatment to save their lives, I would want them to get it as soon as possible. I think it is reasonable for that ambulance to transport them and other services that we have in the area to cover while they are out of county. It is frustrating that the transports are being delayed and they are being taken by an ambulance two counties over than have to come all the way to us to transport the patient to Kalamazoo. I don't know what the issue is or the remedy, but this is causing stress and frustration throughout the Emergency Department and physicians. We need to get this fixed. Any comments or solutions? Is it due to a lack of staffing or not wanting to complete the transports? I would like to know the reason for this.

Darryl stated that 14.16 Emergent Facility Transfer protocol that was presented last month was addressed.

Dr. Swiderski contacted the State. They stated if there are emergency transports there is a standard protocol. 14.16 is a clarification, not a new protocol. 14.16 is a protective protocol because if they end up transporting a patient and the patient was not needing a time sensitive intervention, they can file a complaint and the hospital will get reprimanded for using the service inappropriately. There is a standard State protocol that states if there is a patient needing emergency transport, and there is only one ambulance in the area, it is appropriate for them to transport that patient and be out of the service area because it is emergent.

Steve shared that it defined when physicians can state that it is an emergency. The word emergency in the State of Michigan has a different connotation as it is an emergency until it is undeclared. I wish you would reach out once in a while instead of bringing this up at the meeting. As far as I know, you have not reached out to LifeCare to resolve this issue. We put in place cut off levels so that we can serve the community and our primary goal is to serve the community when there is an emergency when medical care is not ongoing. We will take STAT transfers, but the problem the hospitals have is when they overprioritize these calls and take ambulances out of service for extended periods of time; then there are people waiting in the street or at home for hours for medical services. It is the same thing that you face in the hospital with staffing issues. This is not just a county or State issue, this is a national issue. We can take emergency transports and we told you we will do those when they are truly STAT, and they are going to someplace for immediate intervention. Van Buren is willing to come over and take transports then the patient is getting to where they need to go.

Dorothy stated the concern is the four cases were definite emergencies. I guess we need to figure out what the process/protocol is to get those patients transferred whether they are at Oaklawn or Bronson Battle Creek. We have to ensure this is getting through to dispatch. I am unsure if it is our wording or language we use, but this is something we need to work on.

Darryl asked if it was possible to get the list of patients to Steve and he can connect with Dr. Swiderski?

Dorothy explained that the hospitals are trying to think outside of the box and know that resources are sparce in the hospital and with EMS. Dorothy asked Steve to share items that they are working on at LifeCare, and all the EMS entities, on how they are coming together to try and expedite some of these cases. In the ER realm, we have determined that we will not go into aversion and it puts us in a real bad spot. We have to work together to mitigate that. We have been successful. I didn't know if EMS can create a group to work through issues like the hospitals have.

Steve answered that the EMS entities are at barebones staffing and until that is resolved the use of other counties is a good solution. Kalamazoo has gone to BLS transports with the City of Kalamazoo due to the shortage of ALS transports. I think there are times when we have BLS transport available, but then it becomes a question of whether the patient is better off in Kalamazoo or staying in Battle Creek. There are a lot of things in the region like ambulance services and fire departments that have BLS staffing, and they can activate for emergency calls. We are putting together training for twenty EMTs in an academy style. We have to pay them to do that ($150,000) so it will not be inexpensive. Hopefully, we get 75% of them certified and they can go to work.

Darryl asked if those EMTs will be for Calhoun County. Steve replied mostly.

Darryl asked if they are going to reach out to the fire departments to see if their first responders want to go from MFR to EMT?

Steve replied no, this is for individuals that want to go into the workforce. We continue looking for individuals to enter the workforce. KCC is training people but they are entering the workforce part-time. There are a lot of items on the horizon. The quit rate is high at this point in the nation. We lobbied for more money from the State and got it.

Darryl shared that if Nick needs us, they can drive the rig down here and the MFR can drive the rig from the hospital. The county fire chiefs are willing to help out.

Nick acknowledged that it is helpful, and they may use that down the road. There needs to be a conversation about how that will work.

Darryl will add that concern to the next Fire Chief Meeting agenda to see if they can help out with that.

Dorothy asked if there can be a discussion with Steve and what needs to be said to get transports completed.

PSRO if you have concerns to be addressed specifically at every other month meeting, let Dr. Swiderski know. Stroke protocols will be discussed.

Financial Report

CCMCA 2021.12.pdf

Rob presented the financial report. It will be emailed to the committee.
Darryl made a motion to accept the financial report as presented. Nick seconded the motion. Motion carried.

Old Business:

PSRO Meeting Update – December 2021 (Dr. Swiderski)
No update.

Letter of Agreement Update (Mary Louise Stefanski)
We have current letters except for the hospital administrators of Bronson Battle Creek and Oaklawn which are pending. Once those are received, we will be current.

Pace Program Documents Update (Steve Frisbie)
Those were provided but not formally approved. They were discussed two meetings ago. Dorothy asked for the documents to be resent. Steve will put them in a protocol format. This is physician led direction from Pace where they are trying to send someone to the ER on a weekend night or extending their stay for entrance into a clinic.

Darryl asked how this is going to affect staffing. Steve said it does not. This is to avoid filling up the ERs by having paramedics go to homes and give IVs. These are already emergency calls, priority 3, extended time. They can be sent out and approved virtually.

Narcan Update – (Dr. Dalski)
No update. Sent questions to the State but have not received a response. Narcan has to be obtained at an emergency pharmacy (Oaklawn and Bronson Battle Creek). We are still in the catch 22. Matt was working on it. There is a concern that the fire departments cannot afford it. The October minutes stated that the ambulance services were going to check into the exchange with the emergency pharmacies. There was an inquiry with Oaklawn. Battle Creek is working on it too. The county put in place that the agencies would pay for Narcan years ago.

After the meeting adjourned update:
https://www.kellogg.edu/wp-content/uploads/2013/12/2015-Narcan-Protocols.pdf

Information is documented in the previous board meeting minutes (2015) for that time period. https://www.kellogg.edu/academics/departments/public-safety-education/emergency-medical-services/ccmca/ccmca-minutes/

Who will pay for Narcan required of my agency? Answer: The CCMCA has offered to pay the initial costs of stocking this drug on every licensed Basic Life Support vehicle in Calhoun County. After the initial stocking, restocking must be paid for by the Basic Life Support Agency. Currently it can be obtained at either Bronson Battle Creek or Oaklawn Hospitals for approximately $35.00/dose by authorized individuals from each agency. Agencies must submit a list of individuals authorized to purchase Narcan on their behalf to the CCMCA PRIOR to attempting purchase. Additional information will be provided to agencies regarding the specifics of where and how to replace the drug. Understand that the price of this drug may change over the next two years.

New Business:

CCMCA New Protocols (Dr. Dalski)

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	Resource Allocation/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	Recended 1/24/22 CCMCA Meeting - NOT in EFFECT
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 / RESCENDED 10/27/21	4/19/2021	NOT IN EFFECT
14.09	Stationary Treatment of Low Acuity and Asymptomatic Patients during COVID-19 Outbreak	11.17.2020 / RESCINDED 7.28.2021 / REINSTATED 9.8.2021	4/19/2021 & 1/24/2022	
14.10	Destination and Transport for Patients at Risk for COVID-19	8.28.2020 / RESCINDED 7.28.2021	1/24/2022	
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.
	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 III.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	
14.18	Emergency Department Diversion During COVID 19	1/10/2022	1/24/2021	NOT IN EFFECT

14.05 Modification

14.05 nCoV Infection Prevention

14.05 Emergency COVID-19 Pandemic, Infection Prevention during the Coronavirus Disease (COVID-19) Pandemic. Need to accept or deny protocol. Only a few terminology changes and backs off on some of the precautions that were in the original.

14.09 Modification

14.09 COVID 19
Treat in Place Final

14.09 Emergency COVID-19 Pandemic, Stationary Treatment of Low Acuity, and Asymptomatic Patients during COVID-19 Pandemic. This has a name change and small changes within. There is a bit of redefining of information.

14.10 Not Adopted

14.10 nCoV
Destination Protoco

14.10 Emergency COVID-19 Pandemic, Destination and Transport during the Coronavirus (COVID-19) Pandemic. Discussed this one in the past but have not adopted it.

14.18 New Protocol on ER Diversion

14.18 Emergency
Department Diversic

14.18 Emergency COVID-19 Pandemic, Emergency Department Diversions. This is a new protocol. This is rating Emergency Department diversion.

14.05 – to adopt (rescinded)

Chet made a motion to adopt. Darryl seconded the motion.
Brian Walls (Albion Community Ambulance) wanted to ensure that everyone is aware of a change that all EMS workers need to wear N95 masks.
Steve shared EMS workers have to be fit tested between brands. There is not an ability to procure masks due to the supply chain issues. I am leery in approving this with the issue of getting appropriate PPE.
Nick shared that this guidance is for all patients not just COVID-19 infected.
Steve stated that we can do this for a few weeks before being out of PPE and then out of compliance. I would feel better adopting something that states we are going to use our resources to protect the public, patients, and staff to the best of our abilities with the supply chain.
Ginger added that the rewriting of the protocol to state supplies as available makes sense.

Darryl rescinded his second to the motion based on the argument stated. Chet rescinded his motion to approve.

Marty made a motion to rescind this protocol for writing our own protocol. Steve seconded the motion. Motion carries.

We can rewrite and submit to the State to be entered into their protocol committee for review. Nick, Brian, and Steve will draft the new protocol. Chet will submit to State after an electronic vote by this committee.

14.09 – to adopt (carries) (renewed)
Chet made a motion to adopt. Brian seconded the motion. Motion carries.

14.10 – to adopt (carries)
Chet made a motion to adopt. Steve seconded the motion. Motion carries.

14.18 – to adopt (rescinded)
Darryl made a motion to rescind. Steve seconded the motion. Motion rescinded.

Ginger stated that there are issues when both Emergency Departments (Oaklawn and Bronson Battle Creek) and the EMS is asking where to take a patient. We should be alternating between the facilities. I am unsure if this will help the EMS departments. If this helps with that issue, it would be beneficial. Dorothy asked if they were to go on diversion, they would alternate hospitals. Already in place. If both are overwhelmed, they work together and go on diversion for a couple of hours.
EMS concurs that this is already in place.

Meeting Adjourned 10:11 AM