

Minutes for Calhoun County Medical Control Authority (CCMCA)

Location: Kellogg Community College, Student Center- Kellogg Room and Zoom

Date: May 31st, 2023

Time: 10:00 AM- 11:00 PM

Attendance:

Nick Smith Board Member at Large/MAFFAA	Daryl Cummins County Fire Chief – Rural Rep.
Brian Walls ACA	Angie Brown Oaklawn Hospital
Jay Rudabaugh KCC EMS	Tracy Hickey BBC Hospital
Dorothy Malcom BBC Hospital, CCMCA Chair	Jess Hanley (Guest representing Bronson EMS Liaison)
Dr. Allison Field (remote and Guest representing Oaklawn Hospital as ED Medical Director)	Martin Erskine County Fire Chief – Urban Rep.
Dr. Ginger Swiderski (Zoom) Bronson, Emergency Medicine	Betsy McDavid (Zoom) ACA/JCA
Clark Imus Secretary/Treasurer	Steve Frisby Lifecare Ambulance
Rick Holland Training officer for Battle Creek	
Christine Vandenberg Executive Director of Allied Health programs at KCC	

Call to Order:

Dorothy Malcom at 10:08 AM, EST, by Chairperson, Dorothy Malcom.

Additions or Deletions

None At this time.

Introductions requested by Chairperson, Dorothy Malcolm

See Attendees as displayed in the table above.

Approval of Minutes, Dorothy Malcom

Clark Imus motioned to approve the meeting minutes from January 17th, 2023, as presented. Martin Erskine seconded the motion, which was subsequently approved.

A discussion ensued regarding the issue of refusing Emergency Room (ER) treatment or trauma care in the context of Public Form BCFD. The concern was raised that current protocols sometimes lead to unnecessary delays of up to 30 minutes, particularly in lower-priority calls. The proposal was to explore the possibility of canceling life care and moving forward with a refusal, provided it aligns with established protocols at the Medical First Responder (MFR) level.

Additionally, the conversation delved into the importance of accurately documenting such cases for reliability and accountability within the National Emergency Medical Services Information System (NEMSIS) and the Michigan Emergency Medical Services Information System (MI-EMSIS). This process includes proper filing and submission to the state. Various systems involved in this procedure were discussed. Furthermore, the meeting addressed the workflows for different types of calls, especially the Prehospital Care Report (PCR), and the significance of tracking all relevant information throughout the call.

Reports

Medical Director Report, Dr. Swiderski

None currently.

Financial Report

Clark Imus delivered a report based on the previous quarter's meeting, which occurred on March 31, 2023. The April meeting had to be canceled due to scheduling conflicts. At present, the CCMCA holds cash assets totaling \$96,871.26, and our mutual funds are valued at \$120,439.45, resulting in a total net asset of \$217,310.71. There are currently no identified liabilities, revenues, or expenses.

For the current month, revenues were at \$6,063.05, and income loss in other areas was also reported. These expenses primarily pertain to medical direction. Going forward, medical controls are expected to be supported by stakeholders, with no fees to be charged for transportation or services provided to agencies.

Historically, our budget has been structured based on the number of patients seen in both Oakland and BBC, which largely supports our financials. The remaining budget is allocated between Lifecare, Marshall, and Albion based on the number of runs.

A plan is in the works, which will involve Dorothy, Doctor Swiderski, and the executive committee, to establish a process and present it to the board. A significant portion of our budget is derived from the hospital, with the majority coming from Bronson and Oakland, approximately \$20,000 and \$16,000 respectively, with a small portion, about \$5,500 to \$6,000, coming from Marshall and Lifecare. We will need to assess this budget to either reduce expenditures or negotiate higher rates with the hospitals, an ongoing project to be presented to the board in the future.

Our largest expense is related to the medical director's costs, predominantly associated with Dr Swiderski. Lastly. Ongoing costs linked to the PPP App have been covered, and updates on the process and contacts were discussed.

The Financial Report was presented and motioned for approval by Daryl Cummins and Steve Frisbie.

KELLOGG COMMUNITY COLLEGE
CCMCA - Financial Statements
March 31, 2023

ASSETS		6/30/2022
Cash - held by KCC	\$ 96,871.26	\$109,534.16
Mutual Funds - RW Baird	120,439.45	114,376.40
Loans Receivable:	-	-
Total Net Assets	<u>\$ 217,310.71</u>	<u>\$223,910.56</u>

NOTE - There are no known liabilities.

REVENUE & EXPENSES		
Revenue		
Investment Income (Loss)	\$ 6,063.05	\$ (2,880.53)
Other	-	-
Total Revenue	6,063.05	(2,880.53)
Expenses		
	<u>12,662.90</u>	<u>22,240.00</u>
Revenue over (under) expenses	(6,599.85)	(25,120.53)
Beginning Net Assets	<u>223,910.56</u>	<u>249,031.09</u>
Ending Net Assets	<u>\$ 217,310.71</u>	<u>\$ 223,910.56</u>

Cash Proof	
Cash held, beginning of the year	\$ 109,534.16
Revenue received	-
Expenses paid	(12,662.90)
MAFF repayments	-
Cash held, end of the year	<u>\$ 96,871.26</u>

Old Business

Epinephrine Program Updates BEES

Clark Imus forwarded out regarding the state that they are going to require that you either have EPI pens or IM injection EPI under trucks for first responding agencies. We have all the Epi Kits ready to go currently. Dan Lok, our equipment professionals going to be helping us to get those out and distributed. Currently there are about 5 departments that are ready to go currently. The IM Replacement kits have been sent out to Ambulance Agencies to allow for MFR agencies to swap out IM EPI kits with the transporting agency. Additionally, MFR and Ambulance agencies can acquire replacement kits from BBC pharmacy. Continued efforts are needed to Ensure that the MFR agencies complete annual training and be granted approval from the CCMCA yearly. If you are in need of training supplies or training materials, please reach out to Dan Lok (lok@kellogg.edu) or reference the CCMCA website: www.kellogg.edu/ccmca.

Reduction of Lights and Sirens Response to Scene Section 8-2- Steve Frisbie

Currently, there hasn't been significant progress. They've embarked on a new project in collaboration with 911, focusing on radios and related matters, which has consumed their time. Additionally, they haven't had the opportunity to convene a committee meeting.

The process revolves around initially assigning a lower priority to calls and then adjusting to the right priority once someone arrives. In essence, their goal is to reduce the number of instances where lights and sirens are used for responses. This adjustment has also proven to decrease the number of calls to fire departments.

Another critical aspect is to minimize safety risks and ensure that the appropriate resources reach the patient at the right time. This could ultimately lower costs for first responder agencies, reducing the frequency of unnecessary callouts.

One of the major challenges discussed at the Chief's meeting is related to calls where individuals report breathing difficulties. They've committed to addressing this issue, as it frequently results in priority one responses. Currently, they are achieving a 95% correct usage of protocols for reducing lights and sirens responses.

Steve Frisbie expressed his determination to continue pushing for these improvements, and Clark Imus mentioned that they will schedule another meeting. Clark Imus is keen on facilitating this meeting within the 2023 protocols.

By Law Compliance Issue- Clark Imus/ Dr. Swiderski

In relation to the Bylaw compliance issue raised in September of the previous year, concerning the MCA's failure to adhere to the board's composition guided by hospital administration, several suggestions were presented:

Clark Imus suggested the formation of a small committee tasked with providing recommendations for structural changes to the bylaws. The primary objective was to ensure that the majority of the vote rested with the hospitals. Currently, the majority of the vote is held by fire and EMS agencies, which was deemed unacceptable. The options discussed included either reducing the number of voting individuals or increasing hospital representation. Another option involved an executive committee that would offer advice and then vote. Furthermore, additional hospital representatives could be added. It was acknowledged that with a large quorum, conducting business became increasingly challenging.

There was a recommendation to swiftly achieve compliance, developing proposals within two weeks to demonstrate progress to the state, especially after a lack of progress in September. This would allow for a subsequent discussion with all stakeholders to determine the most suitable approach.

Regarding Section 1.3, the challenge lay in the current structure of the MCA, where everyone held a vote, predominantly from the EMS side and insufficient representation from hospitals. The main solution discussed was eliminating Clark Imus as a voting member, providing one of the fire department representatives a dual role. Alternatively, the option of excluding the fire service from participation was considered, leaning more towards hospital control. A third option involved adding hospital positions, with the caveat that an overly large committee might hinder efficiency. Thus, the committee needed to carefully compare these options and choose the best one to maintain a balanced representation.

In summary, it was proposed to either reduce the size of the committee or ensure that the executive committee leans toward hospital representation while keeping it smaller, while retaining the advisory committee as it operates currently. The need for more frequent meetings was also emphasized, as Dr. Swiderski had previously mentioned. Dorothy Malcom clarified that the next steps would involve reconvening the group, working on these proposals within the executive committee, and then bringing them back for collective discussion and voting. Allowing a two-week window for everyone to convene and formulate a proposal, the dates and times will be electronically dispatched via email. Following this, a final decision will be reached and communicated for confirmation in preparation for the upcoming meeting.

PSRO Meeting Update- Dr. Swiderski

A next meeting date needs verification, and it is crucial to ensure that all the necessary information is prepared for the case reviews. The forthcoming date, June 13th, is marked on the calendar for this purpose.

Clark Imus is currently in the process of reissuing invitations for the upcoming meeting due to ongoing access restrictions. The state has provided Clark Imus with a protocol outlining the responsibilities and commitments associated with being a member of PSRO. This protocol outlines the purpose and processes involved, aspects that have been informally followed but necessitate formal documentation. Members will receive a document for review, verification, and signature to align with the protocol's requirements.

Dr. Swiderski and Clark Imus will collaborate to ensure the inclusion of agenda items and the generation of relevant reports for review. Additionally, Clark Imus has proposed the inclusion of instructional staff to contribute from an educational perspective. Recognizing life-saving efforts by providers within the MCA is also under consideration, as it can strengthen relationships.

Establish 2023-2024 Meeting Dates/ Times- Dorothy Malcom

Proposed 2023-2024 Meeting Schedule CCMCA Board Meetings

Fourth Wednesday of the Month (Quarterly)

1. *January 24th, 2024, 10:00 – 12:00 PM (Kellogg Community College – Kellogg Room)*
2. *April 24th, 2024, 10:00 – 12:00 PM (Kellogg Community College – Kellogg Room)*
3. *July 24th, 2024, 10:00 – 12:00 PM (Kellogg Community College – Kellogg Room)*
4. *October 23rd, 2024, 10:00 – 12:00 PM (Kellogg Community College – Kellogg Room)*

PSRO Committee Meeting

1. *Fourth Tuesday of the month from 2:30 – 4:00 PM*

New Business

The upcoming review of new protocols in 2023 and the establishment of a dedicated committee for their evaluation are vital steps in the ongoing efforts of the CCMCA to adapt to the evolving requirements set by the State of Michigan. Correcting our bylaws is the first crucial action towards this end. The proactive approach taken by the committee underscores our commitment to maintaining a robust and efficient healthcare system. In this regard, we have scheduled an impromptu meeting for September 27th, 2023, from 9-10 AM to thoroughly discuss these proposed changes and the new protocols. We acknowledge that the short notice may be inconvenient, but we believe that addressing these important matters promptly is in the best interest of all members.

For those unable to attend the September 27 review of CCMCA Bylaws and 2023 Protocols or those who wish to revisit the discussion, a recording of the meeting will be available for your reference.

- [Meeting Recording Link](#)
- Passcode: DH5=9ijc

Links to the protocol files for their review. A comprehensive understanding of these protocols is imperative to maintain the highest standards within the organization.

- [Protocol File 1 - Sections 1-10 Protocols PDF](#)
- [Protocol File 2 - Sections 7-10 Optional Protocols PDF](#)

Lastly, we are seeking individuals interested in forming a protocol review committee. The committee's role will be pivotal in ensuring the meticulous review, refinement, and alignment of protocols with our objectives. If members wish to volunteer or have recommendations, please let Clark Imus know at your earliest convenience.

Adjournment

Motion to adjourn by 54:52 and supported by Steve. This concluded at 11:03 PM.