

ATTENDEES

BOARD MEMBERS

Medical Director	Jenny Atas, MD
Deputy Medical Director	Robert Dunne, MD
Beaumont Grosse Pointe	Doug MacAskill, MD
	Jim Nemeth
Children's Hospital	Sue Smith, RN
DEMCA Advisory Council	Joseph M. Wilson, Chief
	Terrye Nicholls
Harper Hospital/Hutzel	Selina Dallas, RN, MSN
Henry Ford Cottage	Gust Bills, DO
	Ruth Queenan
Henry Ford Hospital	Howard Klausner, MD
	Joyce Farrer, RN
Oakwood	Joe Murray
Sinai-Grace Hospital	Mark Brautigan, MD
St. John Medical Center	Kim Lagerquist
Trauma Surgeon Rep	J. H. Patton, MD

ADVISORY BOARD

Chairperson	Joe Wilson, City of Detroit - IC/Paramedic
Vice-Chair	Terrye Nicholls, DMCare Express - Paramedic
	Suprat Saely, Detroit Receiving Hospital – Pharmacy
	Joe Kovacs, Medstar - IC/Paramedic
	Kim Lagerquist, St. John Hospital - RN/IC/Paramedic
	Kim Piesik, Superior - IC/Paramedic

PUBLIC PROVIDERS

Detroit EMS	Joseph M. Wilson, Chief
Grosse Pointe Woods	Raymond Yonkowski, Detective Sergeant

PRIVATE PROVIDERS

American Ambulance	Marc McIntosh, Manager
Beaumont Medical Transport	Doug Gruenwald, Operations Manager
Community EMS	Ellen Fleming, Planning & Development
DMCare Express	Terrye Nicholls
MedStar Ambulance	Joe Kovacs
Rapid Response EMS	Jason Hosmer
Superior	Kim Piesik

GUESTS

Beaumont Grosse Pointe	Glen Clark, MD
	Mark Goldstein
	Dawn Cloutier
Detroit Receiving Hospital	Markyta Armstrong-Goldman, RN, Trauma
Henry Ford Hospital	Anna Baker
	Dean Creech
	Beth Kasbinar
	Chris Lewandowski
	John Snider
Sinai-Grace Hospital	Mark Rosenthal, MD
	Adelaide Ammon
	Gwyneth Navas
St. John Health Center	Arlene Boelster
Hart	Karen Bajer
Healthlink	Carol Robinet

Tuesday, January 18, 2011

I CALL TO ORDER

Jenny Atas, MD, Director, called the January 18, 2011 meeting of the Detroit/East Medical Control Authority to order in conference room 3R of the Receiving Hospital.

II MINUTES

ON MOTION MADE AND DULY SECONDED THE MINUTES OF NOVEMBER 16, 2010 WERE APPROVED WITH REVISIONS. CARRIED.

III OLD BUSINESS

1. Electronic Medical Record Transmission EMS Agencies

American	Yes, up and submitting
Beaumont	Yes, up and submitting
Community	Yes, up and submitting
DMC Care	Yes, up and submitting
Grosse Pte Park	No representative present
Grosse Pte Shores	No representative present
Grosse Pte City	No representative present
Grosse Pte Woods	Yes, up and submitting
Grosse Pte Farms	Yes, up and submitting
Hamtramck	Yes, up and submitting
Harper Woods	Yes, up and submitting
Hart	Yes, up and submitting
HealthLink	Yes, up and submitting
Medic One	Yes, up and submitting
MedStar	Yes, up and submitting
Rapid Response	Yes, up and submitting
Superior	Yes, up and submitting
Universal	Yes, up and submitting
Detroit EMS	Not up and running – submitting run sheets

Most hospitals are receiving the electronic medical records via fax but not via e-mail. There are concerns that it will be difficult to match run sheets received via email to charts and that emails will be lost. Discussion indicated that the Carepointe System can receive an email and forward it to a printer; need to look into this. Joe Kovacks will run another test of fax lines in a week with an announcement beforehand to let people know the test will occur. It is imperative, from a medical control perspective, to determine one unified method for sending/receiving run sheets, and it is necessary to get one system running efficiently before beginning to look at another.

2. State Model Protocol Update

In September a decision was made to adopt the state model protocols; administrative protocols stayed essentially the same with the addition of some state administrative protocols. The protocols will be reviewed at the state tomorrow; Kim Piesik will be at that meeting. The tentative effective date is 4/1/11. It was noted that the Southeast Michigan Protocol Committee decided to adopt the State Protocols without the algorithms; algorithms will be included in the DEMCA protocols.

3. Beaumont Update for Retrospective ECG Analysis

Beaumont Grosse Pointe has not received any ECGs.

4. Rampart Update

The Rampart Project is complete with 1024 patients in half the expected time. Detroit EMS is the #1 pre-hospital enroller in the country. Kudos to everyone involved.

5. Superior Critical Care Transport Protocols

Protocols developed for use by the Superior Air Ground Ambulance Critical Care Division were reviewed and approved by DEMCA Board and the DEMCA Advisory Board.

ON MOTION MADE AND DULY SECONDED THE SUPERIOR CRITICAL CARE TRANSPORT PROTOCOLS WERE APPROVED. CARRIED.

6. Region 2 South Casualty Transport System (CTS) Plan and MOU

Documents have been reviewed by the DEMCA Board as well as the Planning and Advisory Boards. No further discussion necessary.

ON MOTION MADE AND DULY SECONDED THE REGION 2 SOUTH CTS PLAN AND MOU WERE APPROVED. CARRIED.

7. CDC Pilot Study

The data collection for the CDC Pilot Study is complete. Please submit all run sheets. The next step is for the executive committee to interpret the data.

IV NEW BUSINESS

1. Pharmacy Update

The roll out date for the drugs associated with the new protocols is 3/28/2011. Macomb County has adopted the Pelican Box. However, the Southeastern Michigan Protocol Committee is considering an alternative, which will accommodate new drugs, provide room for growth, and has a lifetime warranty. Hospitals are responsible for the cost, believed to be around \$200/box with an estimated 200 boxes in circulation. Before moving forward, need to determine whether DEMCA qualifies for government pricing, the exact cost per box, the exact number of boxes needed, and a reasonable implementation date for new box. In the interim, the new drugs will fit into the old boxes. An educational handout on the new drugs was distributed. It will be distributed electronically with feedback to Suprat Saely.

2. Dues Increase

Dr. Atas presented a proposal to increase dues, for the first time, from \$500 to \$1000/hospital for 2011. DEMCA currently raises \$3500 of which almost \$3000 is needed to cover administrative support. It was noted that dues paid by hospitals to other medical control authorities are much higher. Money will be used to develop a website for DEMCA on which will be posted meeting minutes, educational notices, and protocols. Dr. Atas noted that she has received \$20,000 in grant money, which will be used to support the transition to the new drug boxes.

ON MOTION MADE AND DULY SECONDED THE PROPOSAL TO INCREASE HOSPITAL DUES TO \$1000 WAS APPROVED. CARRIED.

3. Beaumont Grosse Pointe Seeking Level 3 ACS Trauma Verification

Mark Goldstein introduced Dawn Cloutier, Trauma Program Manager, who presented the intention of Beaumont Grosse Pointe to improve its standards of care by meeting ACS criteria for and seeking verification as a Level III Trauma Center. It was noted that this would bring every in-patient facility in DEMCA to some level of trauma verification. The determination is made at the state level.

4. Region 2 South Implementation Fund Approval

The December 2010 and January 2011 Implementation Fund Reports were reviewed.

ON MOTION MADE AND DULY SECONDED TO APPROVE THE REGION 2 SOUTH IMPLEMENTATION BUDGET ITEMS LISTED. CARRIED.

5. State Trauma Advisory Council (STAC)

The Governor has signed into law legislation for annual funding of a trauma system. Region 2 South was integral in getting trauma partners together to form a network (4 med control directors), an advisory council and subcommittees including PSRO, administrative, protocol, community outreach, and data. The steering committee, comprised of trauma directors from verified and provisional sites and the four med control directors, have been meeting for over a year. The committee has drafted bylaws for the organizational structure and is currently writing the regional trauma plan. Dr. Atas is looking for more representation from hospitals and EMS providers on the trauma advisory council and the subcommittees. Everything from the subcommittees goes to the steering committee, the trauma advisory council, and finally the network for approval.

Dr. Patton reported that \$3.5 million has been approved for funding the trauma system, primarily for infrastructure, available as early as April 1 but more likely October 1, 2011 depending on whether there is a budgetary addition made for fiscal 2011. STAC has developed a proposed budgetary plan/action strategy that includes:

- Hiring a state trauma registrar. The registry is already up and running thanks to the CDC seed money for the field triage pilot.
- Hire regional trauma program managers/coordinators. These will be state employees local to regions. The job description in process with recruiting to begin in the summer to have someone in place in October. These people will be resource to the regions to put together regional plan, coordinate education activities, ensure data sources are adequate, and to begin to build the program that will identify data elements and process improvement areas.
- State will designate trauma centers according to ACS verification for Level 1, 2, 3, which will include commitments to submit data to state registry and to participate in the process improvement plan that is developed. Eventually every in-patient hospital will be required to be verified/designated at some level. The State has allowed for designation of a level 4 facility, criteria currently unclear. There are guidelines in the administrative rules for resources that need to be available at level 4 facilities; there will be no ACS level 4 verification; this will be a state administrated process. Some of the money will go toward developing the process of resource validation for level 4 facilities; this will occur some time later.

Finally, the new state administration is looking at all state committees including STAC. Six years ago, the governor appointed members to STAC, originally to 3-year terms but there has never been any reappointment. Three or four original committee members left and positions remain vacant. Two other positions remain on STAC for which current members no longer meet criteria. Currently on the STAC there are 2 trauma surgeons who must be trauma directors at verified sites, 1 emergency room physician, 2 MCA directors, 2 hospital administrators (1 from a level 1 or 2 and 1 from a non-level 1 or 2 facility), 1 trauma program manager, 1 trauma registrar, and 1 EMS provider. There are openings for an EMS representative, an emergency physician, and 1 or 2 trauma surgeons. STAC is a subcommittee of the MESCC committee; members of MESCC cannot be part of STAC. Those interested in serving contact Dr. Dunne or Dr. Patton.

V COMMITTEE REPORTS

1. Professional Standards Review Organization – Marc Rosenthal, DO

The PSRO Committee will meet at a new date and time at 10:00 A.M. on the third Tuesday of every other month immediately following the DEMCA Board meeting.

2. Advisory Board - Chief Joe Wilson

The Advisory Board reviewed Superior's Air Ambulance Protocols and are moving forward with the state roll-out.

3. Pharmacy Committee Report – Suprat Saely, Pharmacist

Nothing further to report.

4. Trauma Advisory Group - J.H. Patton, MD

The TAC is putting on PHTL class sponsored by the St. John and Henry Ford System. There are about 25 participants. There will be one more class offered in the fall.

5. Region 2 South Bioterrorism Update - Jenny Atas, MD

A funding letter was sent to all hospital Presidents and CEO's. Dr. Atas reminded that funding from the ASPAR grant is dependent on the following state requirements:

- NIMS compliance within organization
- 800 MHz roll call compliance (90%)
- Timely submission of information required for federal grant
- NDMS bed reporting, a federal requirement
- Attendance at meetings: planning board, advisory board, etc. (80%)

6. SE MI Protocol Committee Update

Nothing further to report.

VI OTHER BUSINESS

1. Educational Opportunities

A. BDLS 02/09/11, 03/16/11

6-hour course sponsored by AMA, strongly recommended for all EMS providers and expected to become part of a core course for EMS techs. Currently mandatory for Detroit EMS and DMCare Express supervisors.

B. ADLS 04/29-30/11

2-day course with hands on learning offered in conjunction with the Henry Ford Hospital Simulation Lab. Limited to 35 participants.

C. The State of Michigan is developing a training center in Fort Custer where ADLS will be offered a couple times a year. The Region will pay for the course for people unable to get into the course at Henry Ford who have completed BDLS and are active members of Region 2 South.

D. Henry Ford EMS Education Program, with Dr. Gerard Martin as program medical director, will offer free continuing education courses for all levels of EMS providers; the schedule is forthcoming.

E. PTHLS course at Henry Ford / St. John: Jan 17 & 18.

VII NEXT MEETING

The next DEMCA meeting is scheduled for 9:00 AM, Tuesday, March 15, 2011 at Detroit Receiving Hospital Emergency Administration, 3R.

VIII ADJOURNMENT