

TOPIC	DISCUSSION	ACTION	RESPONSIBLE PERSON
Welcome/Call to Order/ Introductions	Dr. Atas called the meeting to order at 9:00 AM.		J Atas
Approval of Previous Minutes	Minutes were approved as submitted. <b>ON MOTION MADE AND DULY SECONDED THE MINUTES OF THE SEPTEMBER 17, 2013 MEETING WERE APPROVED. CARRIED.</b>		J Atas Committee
Attendance	Sign-in record on file.		Committee
<b>Continuing Business</b>			
Electronic Medical Record Transmission – EMS Agencies	<ul style="list-style-type: none"> <li>• Link run sheets to medical record: Obtaining run sheets is improving overall with one exception; that service has been contacted.</li> <li>• Linking John/Jane Doe to a specific record: Agencies need to remain at the hospitals until identification is assigned and entered that will link the run sheet and the hospital medical record.</li> </ul>	Ongoing	J Atas
Pre-Hospital CPAP	<ul style="list-style-type: none"> <li>• DEMCA Protocol 5-7S has state approval and makes pre-hospital CPAP mandatory for ALS Units. Training is ongoing in the City of Detroit where equipment is scheduled for deployment in mid-December.</li> <li>• Hospitals report they are prepared for exchange.</li> <li>• Email regarding HEMS request that DEMCA consider using Flow Safe 2 rather than O2 Rescue CPAP was not discussed.</li> </ul>	Ongoing	J Atas
Construction Update - Sinai Grace	Construction remains on schedule to open in February - no change in traffic patterns until then.	Ongoing	M Rosenthal
STEMI Project	<ul style="list-style-type: none"> <li>• Data Fields Definitions: Jeanne Rash reported that the BMC2 project will add the following data elements focusing on pre-hospital data, which will allow better measure of timeliness and outcomes of STEMI care: <ul style="list-style-type: none"> <li>• STEMI or STEMI Equivalent</li> <li>• Means of Transport to Hospital</li> <li>• Location of 1st Medical Contact</li> <li>• Location Date and Time of 1st ECG</li> <li>• Did hospital receive pre-notification of STEMI dx from EMS</li> </ul> </li> <li>• Each hospital in Michigan that has a cath lab already participates in this data collection; the BMC2 project coordinators have communicated with hospitals about additional data points.</li> <li>• There was conversation regarding the need to know what agency delivers a patient in order for hospitals and DEMCA to use data in process improvement.</li> <li>• There was a suggestion that STEMI meetings continue on a quarterly basis beginning in March.</li> </ul>	Ongoing	J Atas
Detroit Cardiac Survival Data Collection–Changing Public Perception	By early 2014, the project is expected to have 4-6 months of data on pre-hospital and hospital outcomes.	Ongoing	R Dunne

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Proposed Protocol: Reauthorization/ Licensure of EMS Agencies	No discussion.	Ongoing	J Atas
Carepoint / Maintenance Agreements	<p>Carepointe monitor maintenance agreements expire next year. The monitors were installed 6-8 years ago and are no longer being serviced. Dr. Atas is negotiating an upgrade from CAREpoint Workstation v1.0 to CAREpoint Workstation v2.0. Dr. Atas distributed a quotation, which included an option for UltraCARE support: Silver (5 days/week) or Gold (24/7- \$800 more than silver).</p> <p>A poll indicated 12 monitors:</p> <ul style="list-style-type: none"> <li>• Beaumont Grosse Pointe-1</li> <li>• Botsford-1</li> <li>• Children's-1</li> <li>• Detroit Receiving-2</li> <li>• Harper-1</li> <li>• Henry Ford Cottage-1</li> <li>• Henry Ford Main-1</li> <li>• St John-2</li> <li>• Sinai Grace-2</li> </ul>	Ongoing	J Atas
Protocol 1-16 Adult Seizure	There was discussion in the previous meeting about patients experiencing respiratory depression on the Midazolam 5 mg IV/IO prescribed in the adult seizure protocol. Kim Piesik reported that this was discussed at the regional group meeting; no changes will be made in the protocol at this time.	Complete	K Piesik
Election	Nominations for the positions of DEMCA Medical Director and Deputy Medical Director are being accepted by the nominating committee: Crystal Arthur, Chair; Joyce Farrer, and Terrye Nicholls.	Ongoing	C Arthur
Medical Examiner	The Medical Examiner Office processes 14,000 calls/year; staff reductions require the elimination of unnecessary calls. The Medical Examiner provided a description of deaths that need to be reported (see handout), basically any death in which the manner of death is other than natural. It was noted that if a hospice patient arrives dead in the ED, it has to be reported, but it can be reported by a clerk rather than a physician.	Complete	J Atas
<b>New Business</b>			
Region 2 South Implementation Funds	October implementation fund budgets were reviewed. <b>ON MOTION MADE AND DULY SECONDED THE IMPLEMENTATION FUNDS WERE APPROVED, CARRIED.</b>	Complete	J Atas
Construction – St John	K Lagerquist reported that the St John NICU expansion will take place between 8 am and 4 pm on Wednesday, December 4, 2013. The South West Emergency Ambulance Entrance Driveway will be closed; traffic will need to use the South Center Hospital Driveway from Moross Road to reach the Emergency Center Ambulance Entrance. Signs will be posted.	Complete	K Lagerquist

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EMS MERS-CoV Screening Tool	The emergence of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) is necessitating screening of patients who have recently traveled or been in close contact with someone who has traveled to the Middle East and presents with fever, cough, or difficulty breathing. When patients meet this criteria, paramedics are asked to put an N-95 mask on self, a surgical mask on patient, and radio ED that patient is a suspect MERS-CoV patient. If confirmed, follow-up will occur.	Complete	J Atas
Possible Specialty Compound Contamination	Henry Ford Wyandotte reported contaminated Dextrose 50%, 50 ml vials; these are not stocked in DEMCA.	Complete	J Atas
Protocols	The State deemed unnecessary protocol supplements that refer to another protocol, the rationale being that providers are responsible for knowing all the protocols. Approved protocols are available on the DEMCA website: <a href="http://www.demca.org">www.demca.org</a>	Complete	J Atas
LVAD Patients	LVAD patients should be transported to Henry Ford Hospital for care by Celeste Williams, MD, head of HFHS transplant services, Training is being rolled out in Detroit EMS. It was recommended that HFH as the LVAD center be added to the transportation protocol.	Revise Protocol	J Atas
Public Health Code / Legislative Bills	Governor Snyder has tasked the Department of Public Health with reviewing all Public Health Acts as part of regulatory streamlining; administrative rules could change, which would affect licensing. Bills are open for public comment until mid-December. K Lagerquist will chair a subcommittee including J Snider and M Goldstein to draft correspondence to Rep Tlaib on behalf of DEMCA.	Draft Letter	K Lagerquist M Goldstein J Snider
<b>Committee Reports</b>			
Professional Standards Review Org	Third quarter QA/QI reports are due at the end of November. Forms are available on the DEMCA website: <a href="http://www.demca.org">www.demca.org</a> .	Ongoing	M Rosenthal
Advisory Board	Chief James suggested DEMCA advisory board meetings be held at Public Safety Headquarters where there are several multimedia meeting spaces and free parking.	Ongoing	J James
Pharmacy Committee	S Saely reported a shortage of dopamine vials. HEMS plans to put premade dopamine bags with 400 mg/250 ml concentration in EMS boxes. There was suggestion that Dopamine is an antiquated treatment. Dopamine is currently used in the following DEMCA protocols: 1-17 Sepsis 1-18 Shock 2-2 Bradycardia 2-4 Cardiac Arrest ROSC 2-7 Pulmonary Edema/CHF 3-13 Pediatric Shock 5-35 SE Michigan Medication Exchange and Replacement 6-14 Inter-facility Patient Transfers	Ongoing	S Saely
Trauma Advisory Council	A Sisley reported that the Region 2 South Trauma Network is working with trauma directors to revise bylaws.	Ongoing	A Sisley
Region 2 South Health Care Coalition	Dr. Atas announced there will be a TESA Drill in May 19-22, 2014 with 3 ambulance strike teams from Huron Valley, Superior, and Universal.	Ongoing	J Atas

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SE MI Protocol Committee	<p>K Piesik reported the following:</p> <ul style="list-style-type: none"> <li>• Backboarding Protocol: Currently the Adult Trauma and Spinal Immobilization protocols do not give specific inclusionary criteria. In light of the recent research regarding backboarding, the Regional group recommended a protocol that would provide that inclusionary criteria. Dr. Domeier (Washtenaw/Livingston MCA) will take recommendation to the State QA Task Force. Bonnie is requesting suggestions/input for the language to be included.</li> <li>• Drug Box Protocol: Revisions are being made to the drug box/A-pack replacement forms and the drug discrepancy forms. The patient address will be dropped off the forms and date of birth added. Also, the placement of the patient name and DOB will be adjusted to clarify that the paramedic is being requested to fill in this information, rather than the pharmacist.</li> <li>• Versed level in drug boxes: Currently there is 10 mg of Versed in each drug box. The Excited Delirium Protocol directs 10 mg IM, with an option for an additional 10 mg post-radio. This would require the Versed level to be increased to 20 mg. Genesee County is the only MCA opposed to this increase.</li> <li>• Refusal of Care Protocol: Item 2D directs providers to call a hospital any time the provider observes signs of illness or injury, and the patient refuses hospital transport. Following this protocol to the letter would result in a large number of unnecessary calls to ER physicians. Dr. Domeier will work with QA Task Force to change that language.</li> </ul>	Ongoing	K Piesik
<b>Other Business</b>			
Educational Opportunities	<p>Many educational opportunities; please distribute to medics:</p> <ul style="list-style-type: none"> <li>• Monthly EMS Continuing Education, one Thursday/month, 8-11 AM, Beaumont Grosse Pointe</li> <li>• Trauma Services Professional Education Calendar, Henry Ford Wyandotte Hospital.</li> </ul>	Ongoing	J Atas
Next Meeting	Tuesday, January 21, 2014 – 9:00 A.M. – DRH 3R – Emergency Administration.		
Adjournment	Dr. Atas adjourned the meeting at 9:50 A.M.		

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Committee Chair

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Date