

GENESEE COUNTY MEDICAL CONTROL AUTHORITY (GCMCA)

2016 ANNUAL REPORT

June 9, 2017

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GCMCA Background

In 1990 P.A. 368 of 1978 was revised, placing the responsibility of oversight for emergency medical services (EMS) on the hospitals within a community through entities known as medical control authorities (MCAs). Since that time the GCMCA has served Genesee County as the statutory body established to meet the expectations of the state law.

Through a protocol driven process the GCMCA provides direction on the dispatch, triage, treatment, transport, and system operation of the EMS system. This is done with an open, inclusive, and transparent process that includes all sectors of the pre-hospital patient care structure.

Mission Statement

The Genesee County Medical Control Authority (GCMCA) will strive towards an integrated, cooperative, and quality-based pre-hospital system designed to provide timely and professional services to the communities in which it serves.

Funders

The GCMCA is exceedingly grateful for the financial support of our operational budget from the following organizations:

County of Genesee
Genesys Regional Medical Center
Hurley Medical Center
McLaren-Flint











EMS Agencies Currently Serving Genesee County

We are grateful to have many high quality EMS agencies serving Genesee County. Many of these organizations serve the entire county and some specific local jurisdictions. At the time of the printing of this document we have twelve (12) MFR agencies, eight (8) ALS transporting agencies, and one (1) ALS first response agency. The following are the EMS agencies serving our community:

Medical First Response Agencies:

Argentine Township Fire and Rescue
Atlas Township Fire Department
Bishop Airport Fire and Rescue
Davison Richfield Fire Department
Fenton City Fire Department
Fenton Township Fire Department
Flint Fire Department
Forest Township Fire Department
Gaines Township Fire Department
Linden City Fire Department
Montrose Township Fire Department
Mundy Township Fire Department

ALS Transporting Agencies:

Elite EMS
Medstar Ambulance
Mobile Medical Response
Patriot Ambulance
STAT EMS
Swartz Ambulance Service
Twin Township Ambulance
Universal EMS

ALS First Response Agency:

Genesee County Sheriff's Office Paramedic Division

Board and Committee Membership

Board

Austin Burgess, MD Josh Newblatt, DO Ray Rudoni, MD John Stewart Mark Valacak

Protocol

David Ackley
Ed Blight
Alex Boros
Austin Burgess, MD
Sara Dubey
Joe Karlichek
Jason MacDonald
Harold McNew
Joshua Newblatt, DO
Ray Rudoni, MD
Casey Tafoya

Education

Ron Andersen

Alex Boros
Austin Burgess, MD
Jennifer Compau
Dominic Foster
Joe Hyrman
Mike McCartney
Harold McNew
Jamie Morris
Joshua Newblatt, DO
Chris Patrello
Ray Rudoni, MD
Kat VanSickle
Todd Witthuhn

PSRO

Dave Ackley
Amy Benko
Austin Burgess, MD
Frank Byers
Sara Dubey
Dominic Foster
Joe Karlichek
Jason MacDonald
Joshua Newblatt, DO
Ray Rudoni, MD
Casey Tafoya
Marta Wright

Appeals Review

Garrett Fairchild Patrick Hawley, MD Joe Hyrman Gina Murphy Kieth Rumbold

System Demographics - 2016

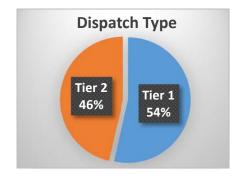
The following provides some basic information regarding the EMS system in Genesee County.

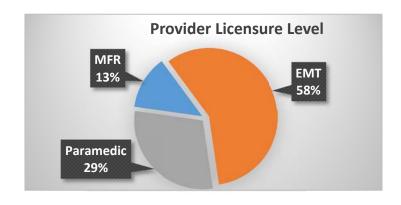
Total 911 EMS Calls Dispatched:

Total Individual EMS Providers:

65,331	938
Tier 1 Calls: 34,969	MFR 119
Tier 2 Calls: 30,358	EMT 542

Paramedic 277





<u>Licensed Vehicles</u>:

Note that an agency can license a unit as BLS and upgrade them to ALS as personnel are available, so the number of ALS transporting units on the road and available to respond at any given time is much higher than the number licensed

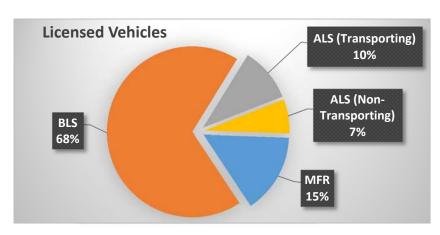


MFR: **28**

<u>BLS:</u> 126

ALS (Transporting): 19

ALS (Non-Transporting): 12



Protocols

The GCMCA is a protocol-driven organization, with all protocols receiving the approval of the State of Michigan and having the force of law. The protocol adoption process involves reviewing system concerns; researching operational models and new treatment modalities; writing protocols language; having multiple committees review proposed changes: and shepherding the changes through the approval process.

In 2016 the GCMCA completed its triennial protocol review where all protocols were reviewed and updated according to state rules. In addition to this extensive process there were individual

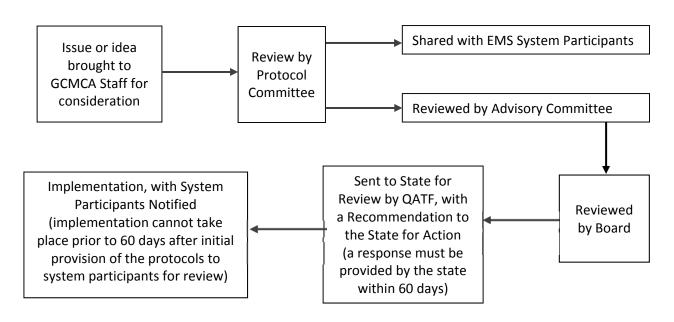


recommendations for change and actual protocol revisions or new protocols adopted. Throughout the year the organization reviewed fifty-two (52) separate issues for potential protocol changes resulting in Board approval of changes to twenty-three (23) protocols.

As outlined below, the approval process involves a review by multiple committees, the GCMCA Board, and the state. In addition, all protocols are shared with system participants, which provides an opportunity for input by individuals and agencies that do not serve

on one of the GCMCA committees. Once the approval process is completed the protocols are emailed to all system participants and posted to the GCMCA website. EMS agencies are responsible for providing education to EMS providers on protocol changes.

Protocol Approval Process



Individual Provider Credentialing

In order to operate as a Medical First Responder (MFR), Emergency Medical Technician (EMT), or Paramedic in Genesee County, additional training, testing, and verification is required. Those working for an MFR agency receive annual core competency training in four categories: airway,

trauma, vital signs, and CPR. For for an ALS agency they are certification and obtain additional pediatric and trauma courses beginning employment in the

In addition to the above Genesee County are required to be through an extensive 12-lead focused on recognition of ST-(STEMIs), which result in the from paramedic interpretation of that program will be discussed



those MFRs and EMTs working required to receive AHA CPR certifications in approved within six months of first county.

certifications, paramedics in current in AHA ACLS and go training and testing process Elevation Myocardial Infarctions activation of hospital Cath Labs the 12-lead. Additional detail on later in this report.

By participating in this process EMS providers are issued an identification badge that lists their name, GCMCA-approved level of operation, photo, and state license expiration date. These badges are to be renewed when the state license is renewed and failure to do so within sixty days of expiration will result in the suspension of the individual's ability to operate in the county.

In 2016 we had 353 EMS providers complete this process, being issued new or renewed badges. There were fourteen (14) individuals who did not complete the process in a timely manner and had their privileges to operate suspended.

Medical Direction

All MCAs are required by state law to have a physician medical director who is board certified in emergency medicine. Our system rotates this responsibility between the three hospitals every two



years. In 2016 we saw the end of Dr. Austin Burgess' two-year term (Genesys) and the beginning of Dr. Joshua Newblatt's term (Hurley). We are truly grateful for the commitment and dedication of these health care professionals.

In addition to providing routine input on clinical questions from providers, agencies, and staff, the medical director serves as a member of the Board and all committees. On a monthly basis all EMS runs involving patients with STEMIs, pediatric arrests, cricothyroidotomies, and transfers involving a

decline in status are reviewed by the medical director. Detailed data on these cases will be provided under the PSRO section of this report.

Professional Standards Review Organization (PSRO)

The PSRO is a statutorily-established peer review entity that is responsible for quality improvement efforts of a MCA. All activities of the organization are confidential and protected by

law. The GCMCA PSRO is an exceedingly active group addressing a variety of quality issues. On a monthly basis the group looks at complaints submitted by patients, hospitals, EMS agencies, 911, and other system participants; reviews studies of specific operational and treatment topics; meets with agencies and providers to address protocol compliance concerns: and makes recommendations Advisory the to Committee and Board for disciplinary



actions if other avenues to address concerns are unsuccessful.

In 2016 the PSRO reviewed the following studies and other systemic issues:

- BLS Naloxone Cases
- Complaint History
- Corrective Action Plan Review for Agencies
- CVA-Stroke ¹
- EMS Calls Needing Police Assistance
- Lights and Sirens Usage ¹
- Monitoring Individuals and Agencies Suspended or on Probation
- Netviewer Availability for Emergency Response
- Number of Patients Under 9 Years of Age ¹
- Overdose Data ¹
- Pain Management ¹
- Pharmacy Documentation (Narcotic Usage)
- Private Tier 1 Call Compliance
- Quarterly Chute Times
- Scene time ¹
- Stroke Scene Time ¹
- Trauma Run Record Submission

Specific Run Records Reviewed

The medical director reviewed twenty-four (24) pediatric cardiac arrests in 2016. Of those, 61% were patients less than one year of age and 91% were children less than four years of age. In addition the following were specific issues reviewed: seventy-three (73) STEMI patients with hospital Cath Lab activation (see additional information on this issue later in the report); nine (9)

¹ Reports available for public review upon request.

EMS vehicle accidents requiring a police report while the unit was actively involved in an EMS call; four (4) transfer cases where the patient's status declined; four (4) cricothyroidotomies; and two (2) reported assaults on EMS providers.

Incidents and Disciplinary Actions

In 2016 the GCMCA PSRO received eighty-five (85) incidents/complaints regarding potential protocol violations related to various operational and treatment protocols. In order to complete a review of these concerns each was investigated by having the individual or agency involved submit documentation that could include run records, dispatch records, radio recordings, written statements from those involved, or interviews with providers or agency representatives. Once the PSRO has completely reviewed all of the documentation they will either find a protocol violation or not. If a protocol violation is determined those found at fault could receive any number of actions including trending, education/retraining, reprimand, probation, suspension, or recommendation to the state that a license be revoked.

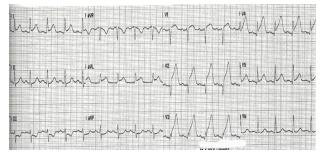
The goal of the GCMCA and the PSRO is to address quality concerns and protocol non-compliance with education and counseling. However there are some cases that require probation or suspension. In 2016 the PSRO recommended, and the GCMCA Board approved, suspensions of forty (40) EMS providers and one (1) EMS agency. In addition the same agency that was suspended was also placed on probation. The individual suspensions were for various reasons and are as follows: fourteen (14) – ID badge renewal; twelve (12) – pediatric and/or trauma certification non-compliance; twelve (12) – 12-lead training and testing non-compliance; and two (2) other protocol violation issues.

12-Lead Program

Genesee County hospitals have been activating their Cath Labs since 2014 from the field based upon the paramedic's interpretation of the 12-lead ECG. This program was put into place after the

establishment of an extensive training and testing process for all paramedics operating in the county.

Every medic is required to complete an initial STEMI recognition program that includes a one-hour agency training, a four-hour online training, and a two-hour face-to-face training with Dr. Michael Jule. At the completion of the



training they must pass a forty question test that includes multiple choice questions and correct identification of 12-lead findings. Every three years medics are also required to pass a twenty question refresher 12-lead test. In 2016 twenty-four new medics to the county completed this training and forty-six medics took the refresher test.

In 2016 paramedics activated hospital Cath Labs seventy-three (73) times. Each 12-lead was reviewed by the GCMCA medical director to determine if the finding was correcting. Of those activations, 85.5% were correctly activated.

Education

The GCMCA has an active Education Committee with dedicated volunteers. The role of the committee is to provide guidance and recommendations for educating providers on protocol changes and new areas of EMS treatment and operations. The committee put on one classroom education program that was focused on EMS response to rail emergencies. Twenty-three (23) providers attended the course, and a special thank you goes out to Greg Palmer of CN Railway who was kind enough to volunteer his time to lead the program.

In addition to this program the Education Committee provide direction on educating providers and agencies on the following issues:

- Carfentanil
- Child Car Seat Identification Stickers
- Donning and Doffing of PPE
- EPI Special Study
- Flu Vaccination
- Narcan for Law Enforcement
- PICC Line Access
- Stroke Study Findings
- STEMI Card Produced for Medics
- Use-Replacement Form Documentation
- Vital ICE App

The GCMCA produces a bi-monthly newsletter that focuses on hot topics in the EMS profession, changes to protocols, important quality study findings, and games and trivia with prizes to the winners. This newsletter is shared with EMS providers and agencies on our website and through



our email distribution list of nearly one thousand contacts. This distribution list is also used for dissemination of flyers and educational materials for non-GCMCA CE programs for the benefit of our providers.

Finally, the GCMCA maintains an education consortium agreement with Genesys and McLaren-Flint's EMS education programs. This agreement

provides GCMCA educational support for CEs and course leadership by these two programs. We are extremely grateful for their commitment to EMS and our organization.

Disaster Preparedness

While major disasters are rare, but as we have seen around the country and world, being unprepared

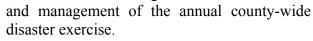
for the unthinkable can make a terrible situation much, much worse. As part of the public safety system the GCMCA focuses a considerable amount of time in preparation for natural or man-made disasters.

GCMCA staff are active participants in the Region 3 Healthcare Preparedness Network, attending meetings, participating in drills and trainings, and holding leadership positions in the



organization. Our organization also has responsibility for the dissemination and tracking of a large quantity of equipment issued by the Region and provided to our agencies.

Locally, the GCMCA is involved in the Genesee County Health Department's Health Threat Preparedness Committee; the Emergency Management Office's Local Planning Team; reviews and updates our own Mass Casualty Incident plan; and assists in the organization, coordination,





For many years the GCMCA staff has been the organizing entity for the volunteer victims at the annual exercise, in cooperation with Genesee Career Institute, who provides moulaged students to act in this capacity. Each is given a fictitious persona with detailed injuries that first responders and hospital staff can use to simulate

an actual incident. In 2016 GCMCA staff provided this service to the tri-annual air disaster drill at the Bishop International Airport.

Local Involvement

In addition to previously mentioned committees and groups that the GCMCA participates with, staff is actively involved with several local organizations to support their work and provide an EMS perspective. The GCMCA Executive Director is a voting member of the Genesee County 911 Consortium's Advisory Committee, serves on the Mott Community College's EMT Academy Advisory Board, the Genesee County Child Death Review Committee, and starting in just the past year the Genesee County Sexual Assault Response Team (SART).

GCMCA staff also speaks to local groups on EMS issues, including EMT initial education classes, providing information on the role and function of a MCA in the EMS system. If your organization is interested in learning more about the Genesee County EMS system and would like a GCMCA staff member to attend a meeting, please feel free to contact us.

Regional Involvement

Regional activity has been an important part of the GCMCA's operation since first being involved in the creation of the Southeast Michigan Regional Protocol Committee and drug box system in the late 1990's. That committee continues to meet regularly making changes to protocols and managing the drug box system. Last year's focus was on the expansion of the region with new MCAs, reviewing and approval of changes to the drug box contents, and the beginning stages of changing to a new physical drug box. This process will be completed by mid-2017.

In recent years the growth of regional organizations has been spurred by efforts at the state level.

GCMCA staff has been involved with the Region 3 Trauma Network from its infancy, serving on the Board; Advisory Committee; the Triage, Transport and Destination Subcommittee; and the Application and Work Plan Subcommittee.

In 2015 the state established Regional MCA Networks (RMCAN), which included state funding to support regionalization projects. As Genesee County has interests in two different regions, GCMCA staff has been an active



participant in both the RMCANs of Region 2 North and 3. These groups have afforded us the opportunity to strengthen previously established relationships with our counterparts in these regions and provided funding for projects that will improve and benefit our county's EMS system.

State Involvement

Having a strong connection to state EMS issues has proven beneficial for both our local MCA and offers support to our colleagues in the state by providing leadership in various areas. The GCMCA Executive Director has served as a member of the state's statutory advisory body for EMS issues since 2004. In addition to being a regular attendee to the group's meetings, GCMCA staff serves on several of the EMS Coordinating Committee's (EMS CC) subcommittees, and is chairperson of the MCA and Legislative subcommittees.

The GCMCA is also involved with and supportive of other state-wide activities. MCAs around the state are able to join the Michigan Association of EMS Systems, which is a trade association for MCA staff in the state. This group meets to share ideas, best practices, and provide input on state issues being discussed at the EMS CC, where the association has a voting member. GCMCA staff has previously served in leadership positions with this organization. In the past year our MCA has also become more involved with the SaveMiHeart organization. Dedicated to decreasing deaths from sudden cardiac arrest, GCMCA staff is working with this group to have Genesee County EMS agencies enter cardiac arrest data into the national CARES registry, with the goal of having all agencies and hospitals inputting data by the end of 2017.

Strategic Planning

In 2016 the GCMCA completed its strategic planning process and developed a three-year plan, which is available upon request. In order to develop a plan that would reflect the thoughts and input of the county's EMS community, a ten-question survey was sent to more than one thousand individuals, with 127 responses received.

With this information in hand, as well as the input from GCMCA staff and Board members, the 2017-2019 strategic plan was developed. The following are the six objectives that are the focus of the plan:

- Develop a social media presence
- Create an annual report
- Transfer hard copy historical records to digitized files
- Relationship building with EMS agencies
- Grow existing educational infrastructure
- Increase Organizational Infrastructure

Work has already been done to meet the expectations of the plan over the next three years.

Financial Status

The GCMCA is grateful for the financial support of Genesee County through their county-wide EMS millage as well as the three Genesee County hospitals. The 2015-16 fiscal year operating



budget was \$305,359, and we have been able to maintain hospital contributions at the current level since 2004. The organizations fund balance at the end of the fiscal year, which concluded on June 30, 2016, was \$128,643. This is slightly than the six months of reserves recommended for non-profit organizations.

As part of the GCMCA's 2017-19 strategic plan, efforts will be made to identify other

options to support the financial stability of the organization, but the unique nature of an MCA's work creates challenges in this regard.

Thank You!

Thank you for taking the time to review this report. If you have any questions about any items found here, or if you need anything related to the Genesee County EMS system, please feel free to contact us



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