

Rural EMS System Components and Challenges



Overview

- System components
- Responsibilities in the system
- Rural EMS Specifics

Public Act 368 of 1978, part 209 (as amended)

- Defines all components of the EMS system
- Includes responsibilities for:
 - MDHHS
 - MCAs
 - Agencies
 - Education programs
 - Licensees

Definitions

- Michigan Public Act 368 of 1978, [part 209](#), definitions
 - "Ambulance" means a motor vehicle or rotary aircraft that is primarily used or designated as available to provide transportation and basic life support, limited advanced life support, or advanced life support.
 - "Ambulance operation" means a person licensed under this part to provide emergency medical services and patient transport, for profit or otherwise.
 - "Emergency" means a condition or situation in which an individual declares a need for immediate medical attention for any individual, or where that need is declared by emergency medical services personnel or a public safety official.
 - "Emergency patient" means an individual with a physical or mental condition that manifests itself by acute symptoms of sufficient severity, including, but not limited to, pain such that a prudent layperson, possessing average knowledge of health and medicine, could reasonably expect to result in 1 or all of the following:
 - Placing the health of the individual or, in the case of a pregnant woman, the health of the patient or the unborn child, or both, in serious jeopardy.
 - Serious impairment of bodily function.
 - Serious dysfunction of a body organ or part.

Definitions

- Michigan Public Act 368 of 1978, [part 209](#), definitions
 - "Medical control" means supervising and coordinating emergency medical services through a medical control authority, as prescribed, adopted, and enforced through department-approved protocols, within an emergency medical services system.
 - "Medical control authority" means an organization designated by the department under section 20910(1)(g) to provide medical control.
 - "Medical director" means a physician who is appointed to that position by a medical control authority under section 20918.
 - "Nonemergency patient" means an individual who is transported by stretcher, isolette, cot, or litter but whose physical or mental condition is such that the individual may reasonably be suspected of not being in imminent danger of loss of life or of significant health impairment.
 - "Protocol" means a patient care standard, standing orders, policy, or procedure for providing emergency medical services that is established by a medical control authority and approved by the department under section 20919.

Medical Control Authorities

- **Must:**
 - Be administered by the hospitals
 - Have a board
 - Have a medical director
 - Have an advisory body comprised of agencies and licensees

Medical Control Authorities

- Michigan Public Act 368 of 1978, 333.20918
 - Each hospital licensed under part 215 and each freestanding surgical outpatient facility licensed under part 208 that operates a service for treating emergency patients 24 hours a day, 7 days a week and meets standards established by medical control authority protocols shall be given the **opportunity to participate** in the ongoing planning and development activities of the local medical control authority designated by the department and **shall adhere to protocols for providing services to a patient before care of the patient is transferred to hospital personnel**, to the extent that those protocols apply to a hospital or freestanding surgical outpatient facility.
 - The department shall designate a medical control authority... In designating a medical control authority, the department shall assure that there is a **reasonable relationship** between the existing emergency medical services capacity in the geographical area to be served by the medical control authority and the estimated demand for emergency medical services in that area.

Medical Control Authorities

- Michigan Public Act 368 of 1978, 333.20918
 - A medical control authority shall be administered by the participating hospitals...
 - With the advice of the advisory body of the medical control authority appointed under subsection (2), a medical control authority shall appoint a medical director of the medical control authority. [...]The medical director is responsible for medical control for the emergency medical services system served by the medical control authority.
 - Each life support agency and individual licensed under this part is accountable to the medical control authority in the provision of emergency medical services, as defined in protocols developed by the medical control authority and approved by the department under this part.

Life Support Agencies

- Must be licensed in order to respond
- Staff according to the law (different levels and types)
- Medical First Responder can not transport
- Basic Life Support may be transporting or non-transporting
- Limited Advanced may be transporting or non-transporting
- Advanced Life Support may be transporting or non-transporting

Ambulance Operations

- Michigan Public Act 368 of 1978, 333.20921
- An ambulance operation shall do all of the following:
 - Except as provided in section 20921a, provide at least 1 ambulance available for response to requests for emergency assistance on a 24-hour-a-day, 7-day-a-week basis in accordance with local medical control authority protocols.
 - Respond or ensure that a response is provided to each request for emergency assistance originating from within the bounds of its service area.
 - Operate under the direction of a medical control authority or the medical control authorities with jurisdiction over the ambulance operation.
 - Notify the department immediately of a change that would alter the information contained on its application for an ambulance operation license or renewal.
 - ...provide life support consistent with its license and approved local medical control authority protocols to each emergency patient without prior inquiry into ability to pay or source of payment.

Ambulance Operations

- **Michigan Public Act 368 of 1978, 333.20921**
- Except as provided in subsection (4) and section 20921a, an ambulance operation shall not operate, attend, or permit an ambulance to be operated while transporting a patient unless the ambulance is, at a minimum, staffed as follows: (staffing rules)
- Except as provided in subsection (6), an ambulance operation shall ensure that an emergency medical technician, an emergency medical technician specialist, or a paramedic is in the patient compartment of an ambulance while transporting an emergency patient.
- Subsection (5) does not apply to the transportation of a patient by an ambulance if the patient is accompanied in the patient compartment of the ambulance by an appropriate licensed health professional designated by a physician and after a physician-patient relationship has been established as prescribed in this part or the rules promulgated by the department under this part.

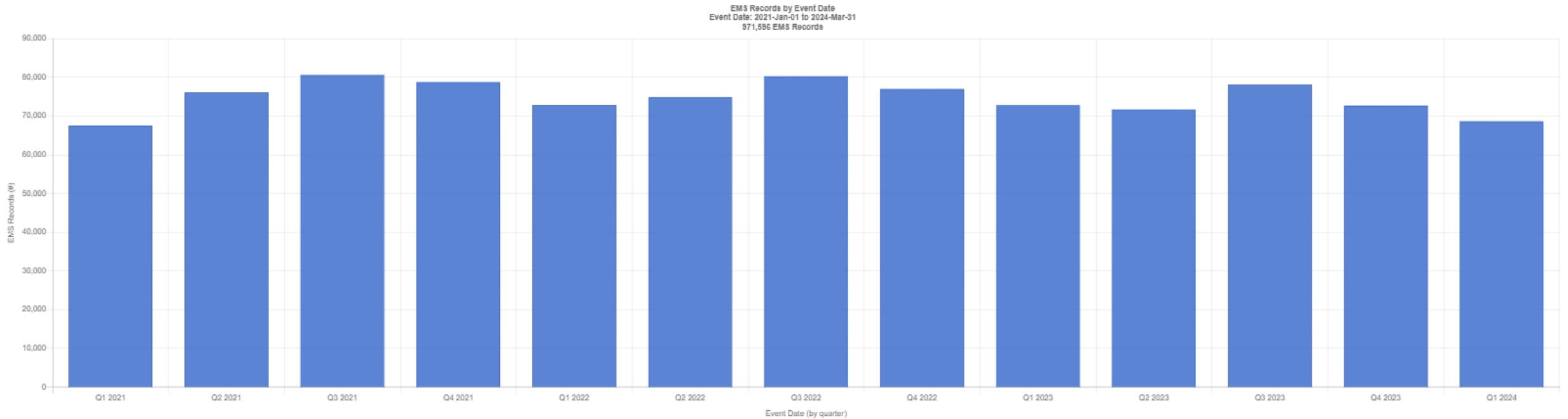
Life Support Agencies

- Must respond to emergency calls within their geographic service area – there are no “transfer only” agencies.
- Must maintain 24/7, you can’t staff part time.
- Must have mutual aid agreements to ensure calls get covered if you already have one call.

Agency Operations

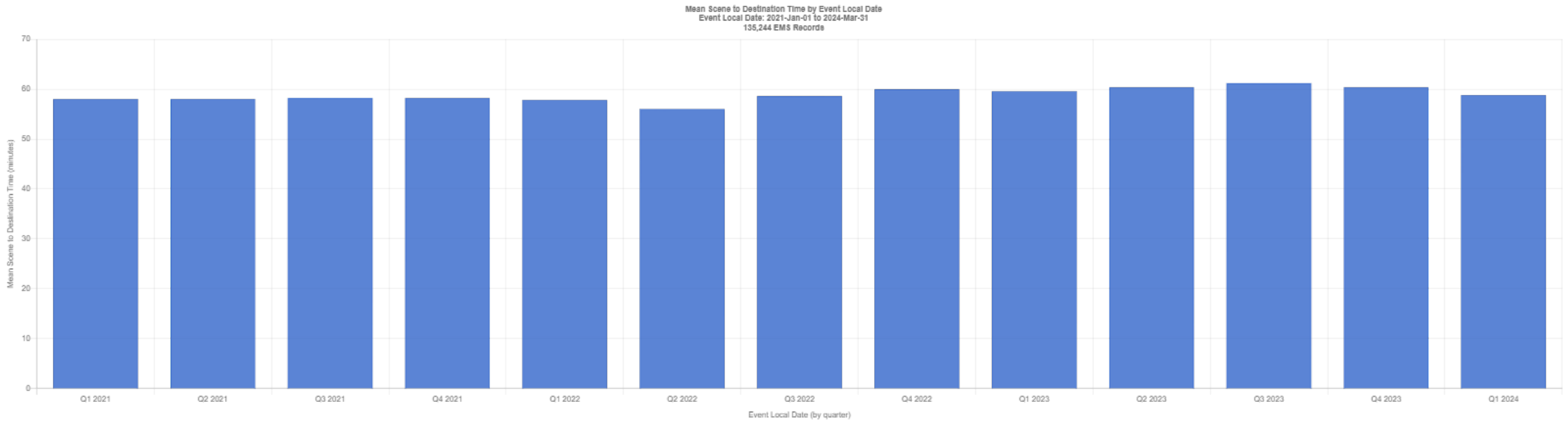
- Costs
 - Readiness – 24/7
 - Equipment
 - Staffing
- Reimbursement
 - Transportation only (Flat rate, plus mileage)
 - No method for non-transport billing
- Community support

Volume by Quarter



*All EMS incidents in 53 rural counties as pulled from biospatial on 6/13/2024.

Interfacility Transport time by Quarter



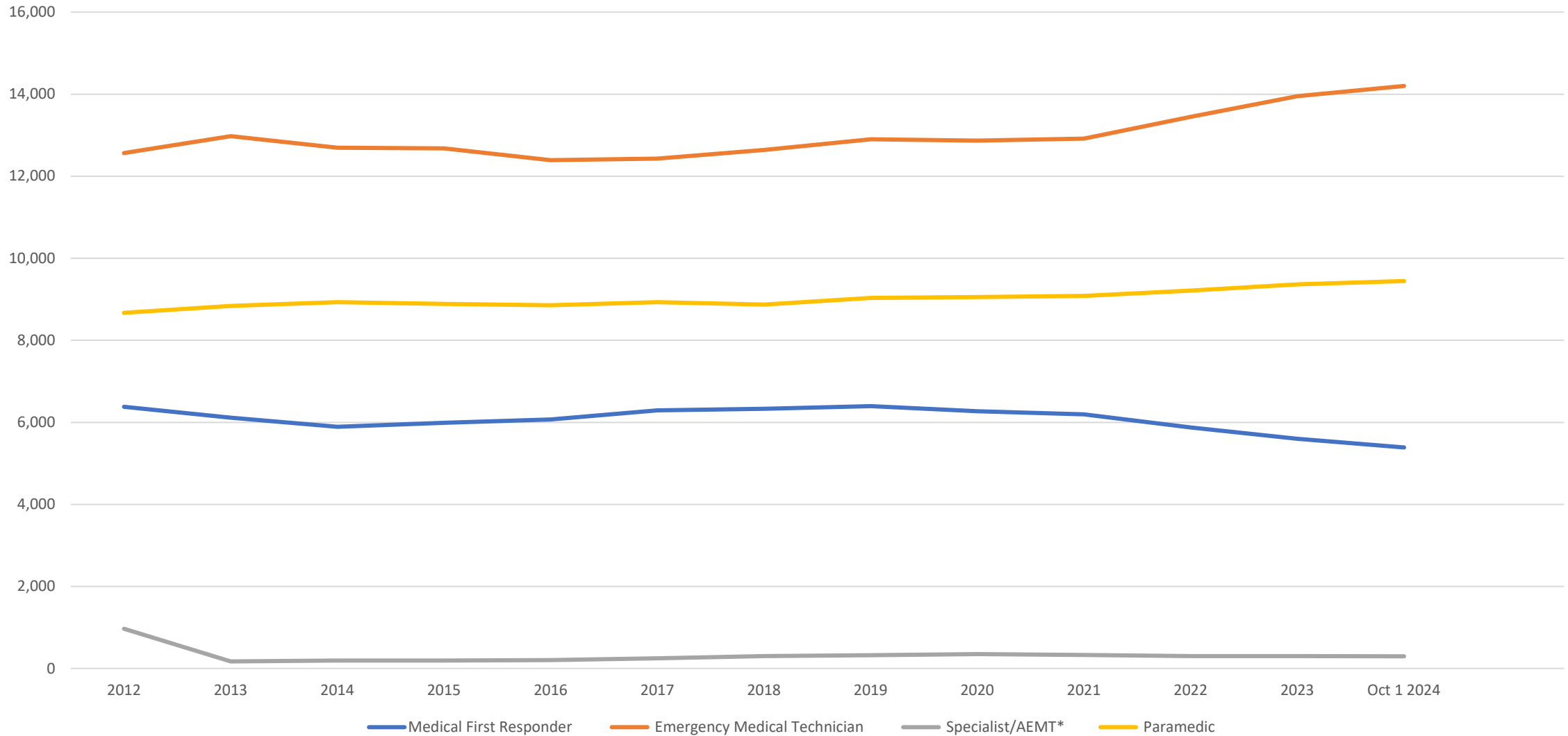
*All EMS interfacility incidents in 53 rural counties as pulled from biospatial on 6/13/2024.

Workforce.

- Licensees all registered electronically in the system.
- Each agency is responsible for their own roster.
- Likely updated only annually at renewal.
- Roles at the agencies are not specific to work done.

The Workforce?

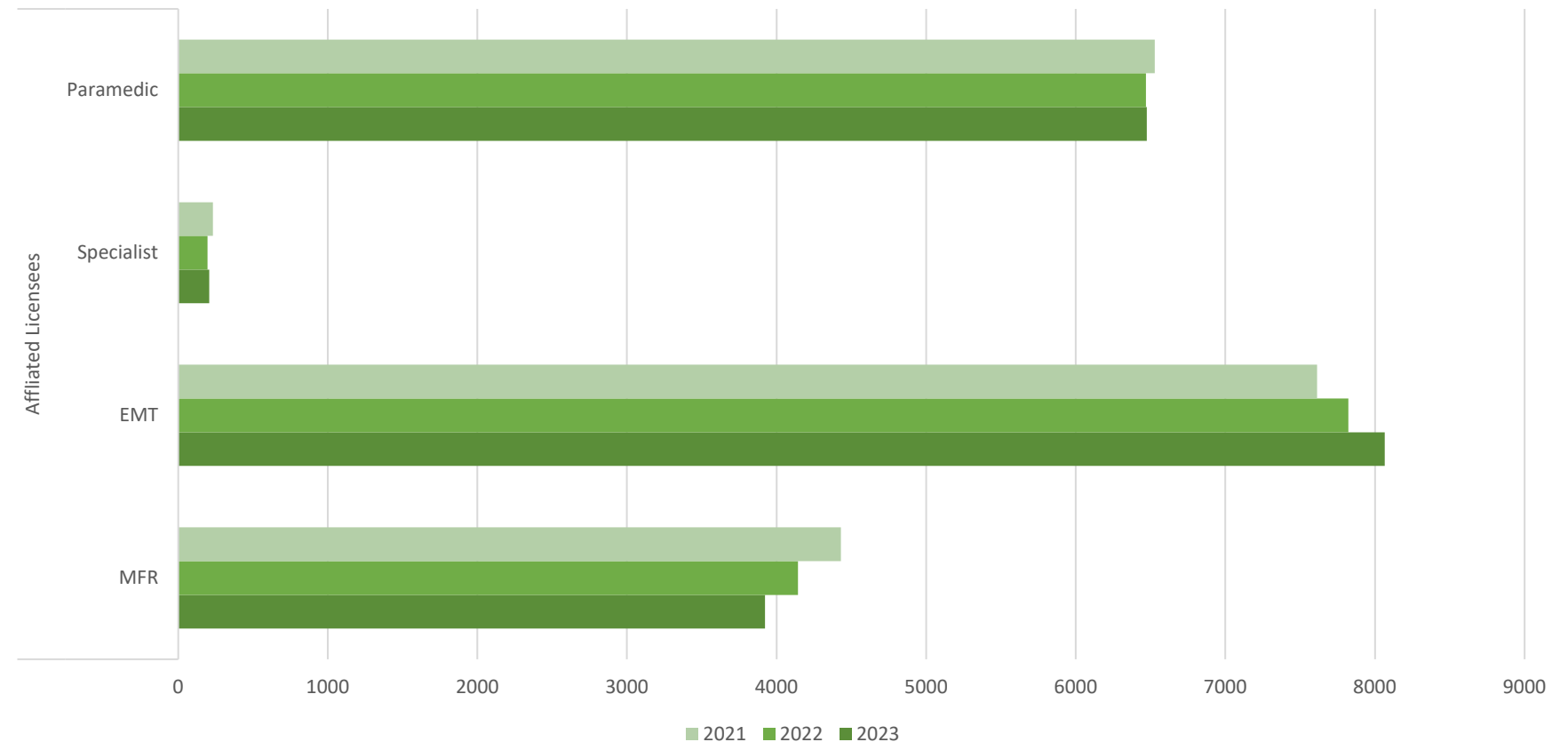
Licenses by Level Over Time



But who is working?

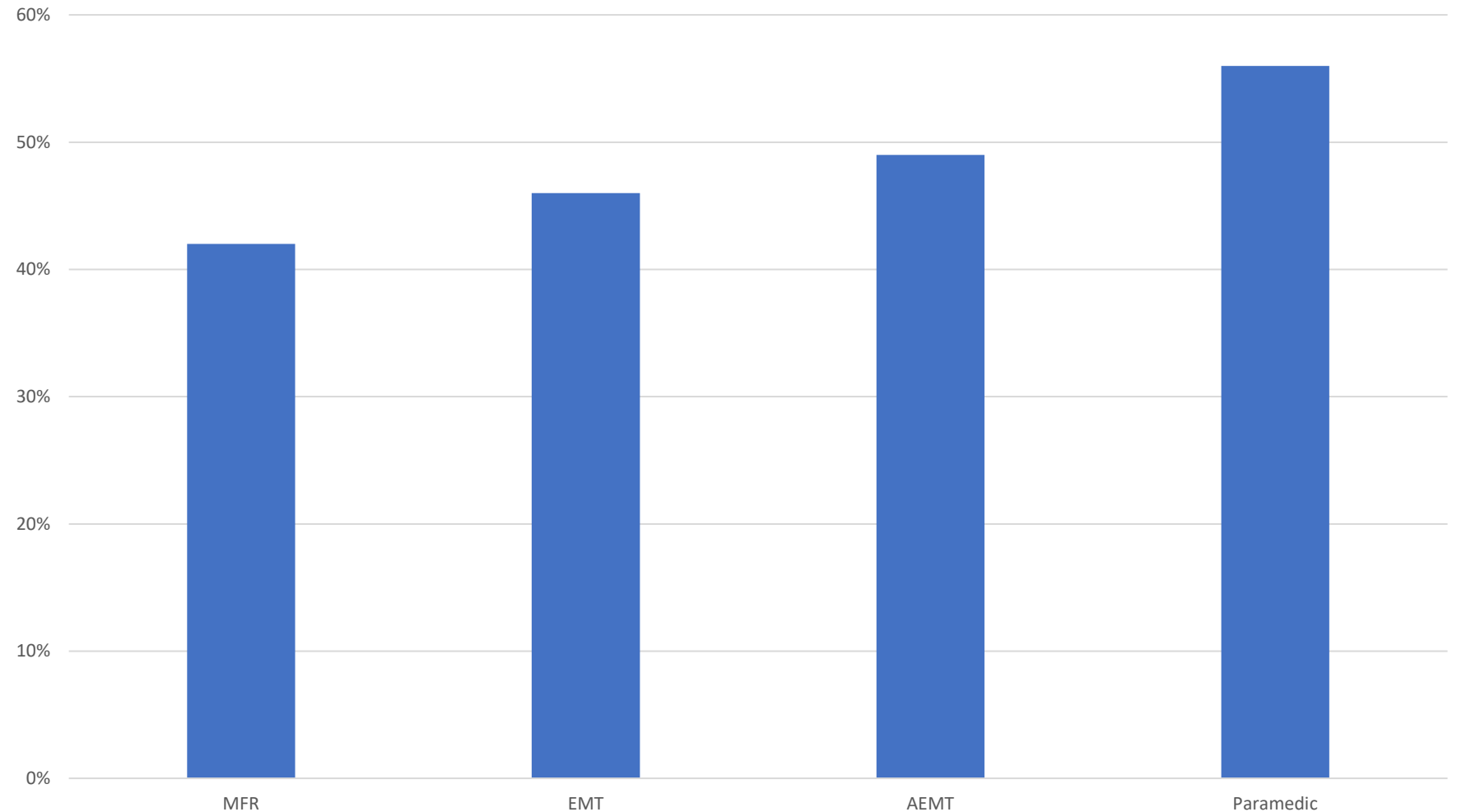
Around 30% of MFRs, AEMT, and Paramedic are unaffiliated. That jumps to just over 40% at the EMT level!

Affiliated Licensees as of 4/2024



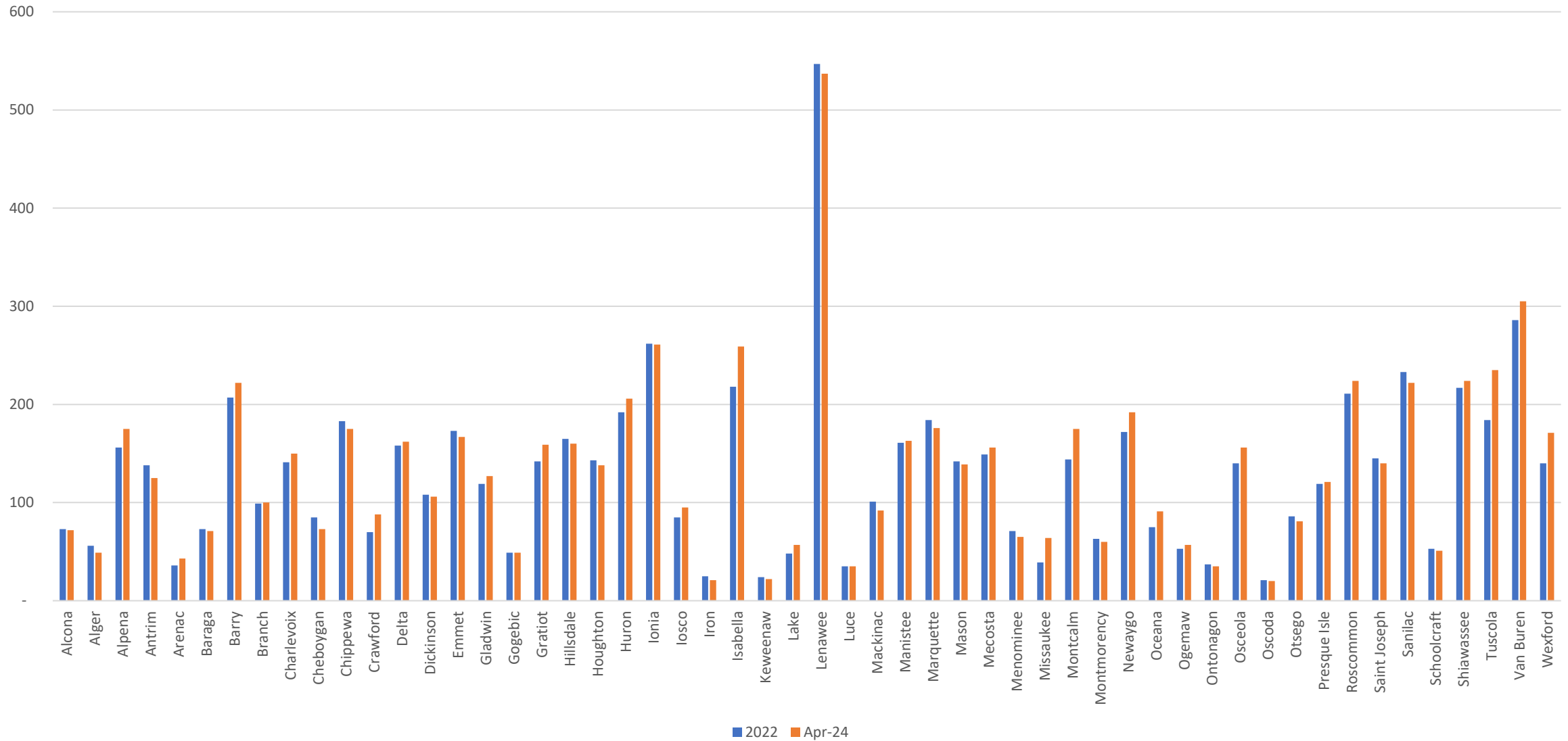
But who is working?

Licensees
appearing in at
least one record,
January to May
2024.



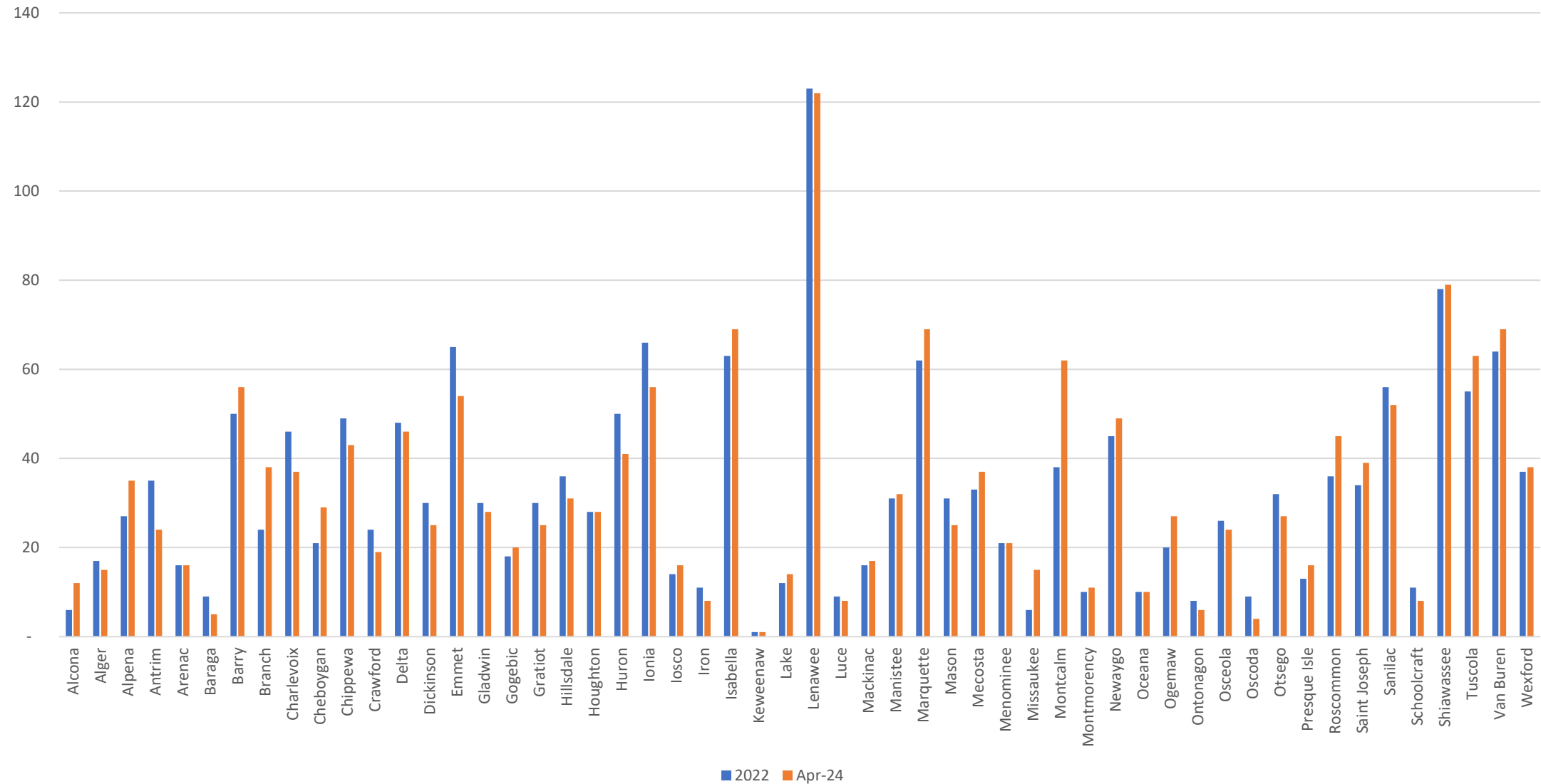
The Rural Workforce

Total Licensees by County



Unaffiliated Licensees

Unaffiliated Licensees by County



Summary

- While volumes remain consistent, the time needed to complete calls is increasing.
- Consolidation of service and hospital closures increase the burden on EMS clinicians, especially transporting agencies.
- Reimbursement rates are not increasing and do not offset the cost of readiness.
- Increasing access to out of hospital clinicians, like Community Paramedics may help reduce burdens on both EMS and hospitals.
- Volunteerism is down, causing staffing for non-transporting agencies to be near impossible.

Questions and Discussion
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