Patient Movement Subcommittee

September 25, 2023







- Create understanding of regulatory components for patient movement.
- Provide baseline for what is "within the oversight" of MDHHS.
- Overview roles in the system.

PA 368 of 1978, as amended



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.

Departmental Responsibility



- Michigan Public Act 368 of 1978, part 209, Department Responsibility
 - The department shall do all of the following:
 - Be responsible for the development, coordination, and administration of a statewide emergency medical services system.
 - Facilitate and promote programs of public information and education concerning emergency medical services.
 - In case of actual disasters and disaster training drills and exercises, provide emergency medical services resources pursuant to applicable provisions of the Michigan emergency preparedness plan, or as prescribed by the director of emergency services pursuant to the emergency management act, 1976 PA 390, MCL 30.401 to 30.421.
 - Consistent with the rules of the federal communications commission, plan, develop, coordinate, and administer a statewide emergency medical services communications system.

Departmental Responsibility



- Michigan Public Act 368 of 1978, part 209, Department Responsibility
 - The department shall do all of the following (continued):
 - Develop and maintain standards of emergency medical services and personnel...
 - Promulgate rules to establish and maintain standards for and regulate the use of descriptive words, phrases, symbols, or emblems that represent or denote...
 - Designate a medical control authority as the medical control for emergency medical services for a particular geographic region as provided for under this part.
 - Develop and implement field studies...
 - Collect data as necessary to assess the need for and quality of emergency medical services throughout the state pursuant to 1967 PA 270, MCL 331.531 to 331.533.
 - Develop, with the advice of the emergency medical services coordination committee, an emergency medical services plan that includes rural issues.

Departmental Responsibility



- Michigan Public Act 368 of 1978, part 209, Department Responsibility
 - The department shall do all of the following (continued):
 - Develop recommendations for territorial boundaries of medical control authorities that are designed to assure that there exists reasonable emergency medical services capacity within the boundaries for the estimated demand for emergency medical services.
 - Within 1 year after the statewide trauma care advisory subcommittee...
 - Promulgate other rules to implement this part.
 - Perform other duties as set forth in this part.

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.

Protocols (not all inclusive)



- Michigan Public Act 368 of 1978, 333.20919
- A medical control authority shall establish written protocols for the practice of life support agencies and licensed emergency medical services personnel within its region. The medical control authority shall develop and adopt the protocols required under this section in accordance with procedures established by the department and shall include all of the following:
 - The acts, tasks, or functions that may be performed by each type of emergency medical services personnel licensed under this part.
 - Medical protocols to ensure the appropriate dispatching of a life support agency based upon medical need and the capability of the emergency medical services system.
 - Protocols to ensure that a quality improvement program is in place within a medical control authority and provides data protection as provided in 1967 PA 270, MCL 331.531 to 331.534.

Protocols (not all inclusive)



- Michigan Public Act 368 of 1978, 333.20919
- If adopted in protocols approved by the department, a medical control authority may require life support agencies within its region to meet reasonable additional standards for equipment and personnel, other than medical first responders, that may be more stringent than are otherwise required under this part. If a medical control authority proposes a protocol that establishes additional standards for equipment and personnel, the medical control authority and the department shall consider the medical and economic impact on the local community, the need for communities to do long-term planning, and the availability of personnel. If either the medical control authority or the department determines that negative medical or economic impacts outweigh the benefits of those additional medical or economic impacts outweigh the benefits of those additional standards as they affect public health, safety, and welfare, the medical control authority shall not adopt and the department shall not approve protocols containing those additional standards.

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.

Administrative Rules



Administrative Rules



- Life Support Agency and MCA
- 325.22217
 - A medical control authority may adopt a protocol that governs the transport of a patient from 1 health facility to another. If a medical control authority has not established department-approved protocols for the interfacility transport of a patient, then patient care must be determined according to written orders of the transferring physician within the scope of practice of the emergency medical services personnel.
 - A life support agency is accountable to a medical control authority in which it has been approved to operate.

• 325.22218

With department approval, a medical control authority may implement a
protocol that governs the treatment and stretcher transport of nonemergency
patients.

Protocols







- Interfacility Patient Transfer NEW 2023
- 8.15 and 8.15(s)

Other Declarations



Information to Reference

- <u>AG Opinion 7072 (2001)</u>
 - Applicability of protocols on interfacility transfers
- Declaratory Ruling (2009)
 - Ability for MCAs to oversee/grant ability for agencies to perform transfers

Summary

- No rules or laws that force an agency to do nonemergency transport.
- Authority for the movement of these patients does rest with the MCA/Department
- MCAs do have some tools at their disposal to facilitate interfacility patient movement.

Questions and Discussion

