# Genesee County Medical Control Authority (GCMCA)

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Executive Director

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# MCA Statutory Foundation & Function

- Medical Control Authorities (MCA) Created under P.A. 368 of 1978 (as amended)
- Complete Oversight Authority for Emergency Medical Services (EMS)
  - Oversees the system; Cannot design or alter structure of system
- Governance Responsibility Given to Hospitals in MCA Area
  - Unfunded Mandate – Hospitals have limited desire to manage pre-hospital system
- Operates under a series of state-approved protocols
  - Currently 197 Treatment & Operational protocols in our county
  - They have the force of law
- Required to have an Emergency Department Physician Medical Director

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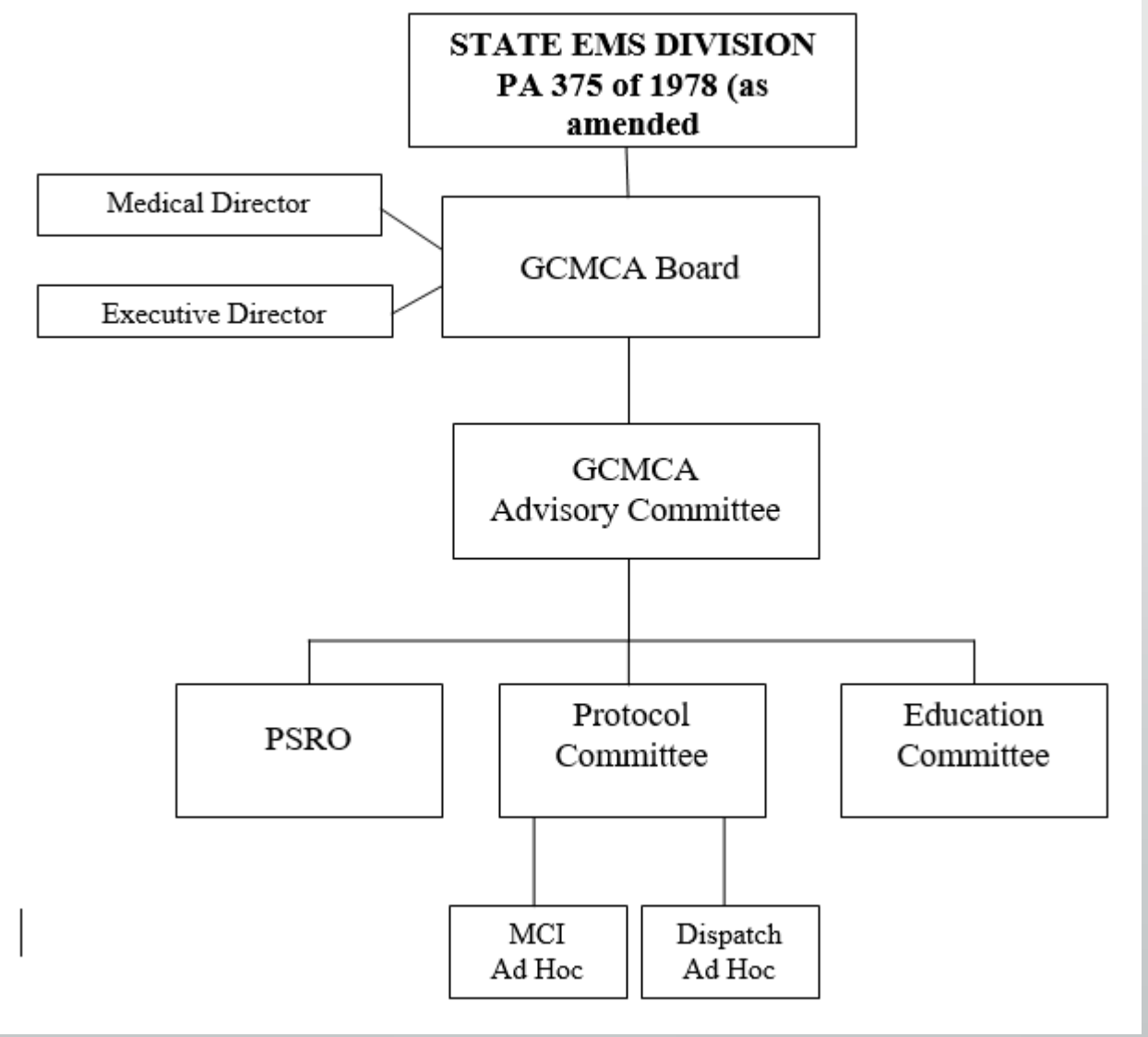
# GCMCA Structure & Function

- Governing Board (must be a majority of the participating hospitals) – Five (5) Members
  - Sheriff is County's Representative
- Advisory Body (must include each type of licensed agency & personnel)
- Quality Improvement (Professional Standards Review Organization)
- Protocol Committee
  - Ad Hoc Committees
- Education Committee

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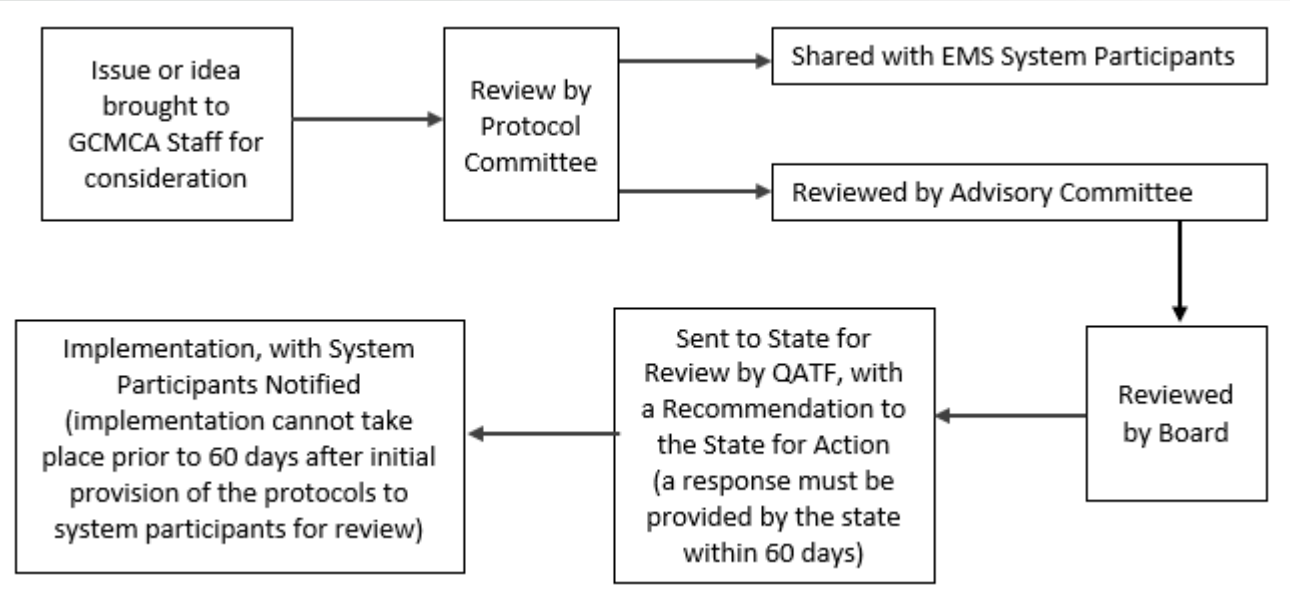
# GCMCA Protocols




- 197 total treatment and operational protocols
- All protocols are reviewed every three years
- 79 protocols reviewed in the last year
- Recent activity examples – Rocephin, DSD, Blood Administration, Stroke Identification

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# Agencies, Personnel, & 911

- 20 licensed EMS Agencies (MFR, BLS, ALS; Transport and Non-Transport)
  - Relicensed annually with review of numerous required elements
  - One of the few MCAs that requires CAAS accreditation
  - Current five (5) transporting agencies (at one time 15)
  - In the last 30 years – 21 New Agencies Opened; 25 Agencies Closed
- Current 860 licensed EMS personnel
  - Credentialled every three years
  - Protocol test; CPR, ACLS, pediatric and trauma certifications; Issued a GCMCA ID badge
  - Annual Core Competency Trainings for MFR personnel (four areas of focus)
- Two (2) PSAPs (911 Centers)
  - State Law requires MCAs have a Dispatch Protocol
  - Separate laws, so MCAs have no authority over 911 policies or operations

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# Professional Standards Review Organization (PSRO)

- The quality review entity dealing with incidents, studies, and system improvement issues
- 1,555 incidents reviewed in the last 10 years (45.7% found to be violations)
- Treatment and operational studies using data to evaluate compliance with protocols looking for system improvements and celebrating good work
  - 227 studies and system review issues completed in the last 10 years
- 344 individual provider suspensions in the last 10 years (most for credentialing and education non-compliance)
- One (1) Agency put on probation once and suspended twice in the last 10 years

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# GCMCA Patient Care Example

## ST Elevation Myocardial Infarctions (STEMIs)

- We instituted a program to activate the hospitals' Cath Labs based upon paramedic review and interpretation of 12-lead EKGs
- Decreases time to definitive care for heart attacks
- Paramedics trained to read 12-leads EKGs – looking for STEMIs (but they are tricky)
- Required to complete annual education/test
- Agencies submit all Cath Lab activations to our office with 12-leads monthly
- GCMCA Medical Director reviews to determine accuracy
- Further review with agency and medic when called incorrectly
- 91.2% accuracy rate in 2025

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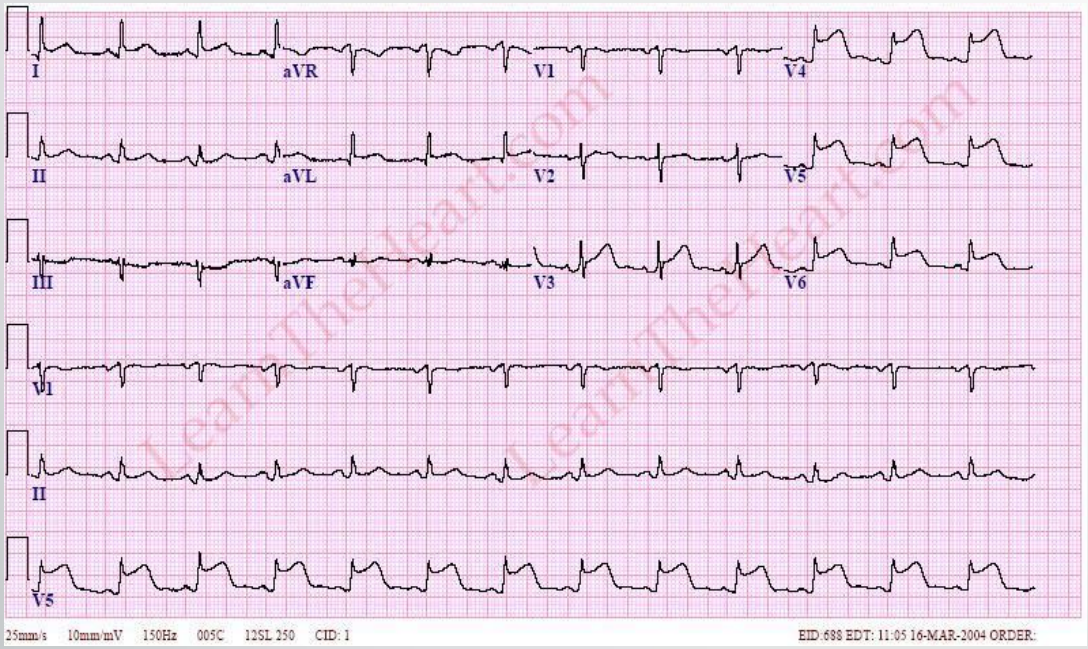
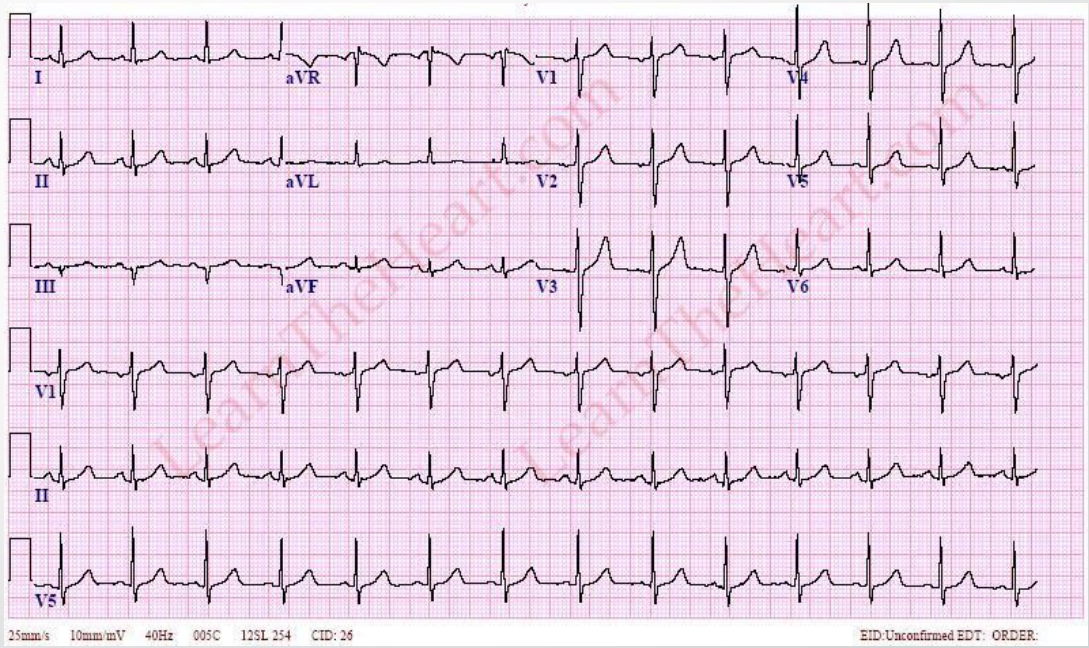
# Sample 12-leads




Anterior STEMI




Normal

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# GCMCA Patient Care Examples

## Missed Strokes

- Review EMS and Hospital stroke linkage data quarterly
- Identified cases  where patients were found to have strokes but missed by EMS
  - e.g. – 2024 Q3 – MI – 42.3%, Genesee County – 52.6%
- Most common primary impressions missed – Weakness, Altered Mental Status, Weakness, Falls
- Changed protocols to require stroke assessment on these impressions
- Evaluated assessment compliance data and provided additional education
- Reassess missed percentage in future quarters

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# GCMCA System Example

## Emergency Medical Dispatching (EMD)

- Genesee County 911 operating under APCO EMD
- Advocated for many years to switch to MPDS system (911 now committed to make the change)
- MPDS provides a more granular evaluation of calls for EMS
- Has six (6) different resource and response types (APCO has two)
- There are over 2,000 determinants that require MCA review
  - BLS or ALS resource to be sent; Lights and Sirens or no Lights and Sirens

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# Other GCMCA Activities

- State Activities
  - EMS Coordination Committee (member) and several subcommittees
- Regional Activities
  - Region 3 Healthcare Coalition (disaster preparedness)
  - Trauma Network
  - Southeast Michigan Regional MCA Committee (medication box)
  - Systems of Care (stroke, STEMI, perinatal)
- Local Activities
  - Genesee County 911 Advisory Committee
  - Local Emergency Planning Committee
  - Child Death Review
  - Genesee County Opioid Fatality Review

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# Other GCMCA Activities

- MCI Preparation, Training, Response
  - Protocols, Exercising, Hotwash
  - Emergency Operations Center (EOC) Staff – EMS
  - Support Services (CISD)
- Equipment Ownership
  - Ventilators
  - Decontamination
  - Radios
  - Stair Chairs
- Information Dissemination
  - Education Programs
  - Road Closures
- Website Development & Management
- Office Operations
  - Personnel & Agency Interface
  - Accounts Receivable and Payable
  - Filing
  - Cleaning and Trash

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# GCMCA Staff & Funding

- 1.5 FTE staff – Executive Director and part-time administrative assistant (position currently open)
- Medical Director receiving a stipend with approximately twenty (20) hours of work per month
- 2025-26 fiscal year budget of $287,000
- Hospitals pay 57% (divided equally between the three) and Genesee County pays 43% (from EMS millage)
- While we do a lot with a little, we have so much more we could and should be doing
  - Education (direct, rather than agency direction)
  - Quality Improvement (average two studies a month for 197 protocols)
  - Research, Innovation (behavioral and mental health service)

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# Genesee County EMS System

- Unlike most systems in the state and nation (and not in a good way)
  - Let's be clear, it's not the personnel or agencies
  - Historical Free Market approach has led to volatility/variability in service provision and lack of accountability to the community
  - Our organization has spent an extensive amount of time focused on addressing operational issues because of this, rather than medical care provided
  - Recent (last three years) implementation of exclusive EMS contracts in some communities has addressed the volatility and accountability there
  - County is in a transition period with both contacts and free market (only 25% of population in areas with contracts)
  - Contracted areas are getting more consistent and reliable service

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# Exclusive EMS Service Provision

- 490 Michigan municipalities have an exclusive EMS service provider (contracted private or municipal fire-based) – including 18 counties
- Michigan Public Health Code and Michigan 911 Committee states EMS contracts area legal, as well as multiple legal opinions
- Just like municipalities provide exclusive police and fire services they should do the same with the third leg of the public safety system
- Patients in non-contracted areas are not getting the same response
  - Critical Status in those areas = 1,481 calls held by 911 since June 2024
  - 240 of those calls were Tier 1, the most potentially life-threatening calls
- Zero calls held during that same time period in contracted areas
- So why are we hearing people say they are illegal or bad
  - Lack of understanding of how EMS works (they only know what we have had)
  - The current system benefits them

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# Thank You!

# Questions?