EMERGENCY MEDICAL SERVICES PLAN
FOR
OAKLAND COUNTY

DANIEL T. MURPHY
COUNTY EXECUTIVE

CHAIRMAN, OAKLAND COUNTY EMS COUNCIL

DIRECTOR, EMERGENCY MEDICAL SERVICES DIVISION

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JOSEPH L. SCHIRLE, JR., M.D.
CHAIRMAN - OAKLAND COUNTY EMS COUNCIL

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Oakland County Executive

DANIEL T. MURPHY

TO: Oakland County Board of Commissioners

FROM: Daniel T. Murphy

DATE: August 7, 1975

Attached you will find the Executive Summary of the proposed Emergency Medical Services plan for Oakland County. I believe this summary represents the best thinking available on the subject of emergency medical care for our area. If fully implemented and funded, the Emergency Medical Services system could save more than 300 lives each year.

I urge and recommend that the Board of Commissioners take prompt and favorable action on this plan, so that the County will be eligible to submit a grant application to the U.S. Department of Health, Education and Welfare for Emergency Medical Services funding.

Assuming approval by the Board of Commissioners and funding by H.E.W., my specific recommendations on Emergency Medical Services and Oakland County are as follows:

1) Continuance of the EMS Division within County government, charged with the responsibility of coordinating, monitoring and evaluating the Emergency Medical Services System. I should emphasize that this would not be a County operated ambulance system, but a logical and effective means to improve and upgrade existing Emergency Medical Services.

2) Establishment of an Emergency Medical Services communications network under the auspices of the EMS Division.

3) Establishment of a program to systematically upgrade the training of those individuals most likely to be involved in the administration of emergency medical care, such as ambulance attendants, police officers, firemen, etc.

4) Establishment of a systematic program to improve and upgrade vehicles and equipment involved in delivering Emergency Medical Services.

5) Establishment of a program of public information and education to strengthen the link between those individuals requiring Emergency Medical Services and the providers of those services.

I further recommend that these major objectives be attained within the first year implementation phase. As you will see from the attached summary, these recommendations are in concurrence with those made by the Emergency Medical Services Council. I believe these goals are realistic and reasonable. I also believe that attainment of these goals is and should be of the highest priority.

Again, I respectfully urge your wholehearted support and speedy approval of the Emergency Medical Services plan.

OAKLAND COUNTY COUNCIL for EMERGENCY MEDICAL SERVICES

1200 NORTH TELEGRAPH, PONTIAC, MICHIGAN 48053

August 7, 1975

Mr. Fred D. Houghten, Chairman
Oakland County Board of Commissioners
1200 N. Telegraph Road
Pontiac, Michigan 48053

Dear Mr. Houghten:

On behalf of the Executive Committee and the entire Emergency Medical Services Council, I am pleased to present to you and the members of the Board of Commissioners, the Executive Summary of the Emergency Medical Services Plan for Oakland County.

This summary is an abridged version of the plan for the development and implementation of a countywide emergency medical services system.

The plan, as proposed, is in response to Resolution #6713 (adopted June 6, 1974) in which the Board of Commissioners charged the Council with the responsibility of planning and implementing an emergency medical services program for the County. The Council is confident that it has met this challenge in a responsible fashion.

Over sixty voluntary members, appointed by the Board of Commissioners, served on seven committees to actively engage in the planning process. Much time and effort have been expended in the development of a plan. The fruit of this labor is summarized in the enclosed.

It is the fervent hope of the Oakland County Emergency Medical Services Council that acceptance of the document will serve as a catalyst in promoting a systematic approach to EMS planning within Oakland County.

A special note of thanks is due both the County Board of Commissioners and Mr. Daniel Murphy, County Executive, for providing the leadership and the financial support to ensure the success of this project. It is especially appropriate at this time, to acknowledge the tremendous assistance of both Gary Canfield and Linda Kohn, who make up the County EMS Division. I believe I speak for the entire Council when I say that if it had not been for their expert guidance and staff support, we would not be where we are today.

It should be recognized that this plan is but the first step; the Council looks forward to a continued working relationship with County government in implementing the recommendations as outlined to provide the best emergency medical care system to the residents of Oakland County. On behalf of the EMS Council, I respectfully urge your approval of the plan.

Very truly yours,

Joseph L. Schirle, Jr., M.D.
Chairman, Oakland County EMS Council

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

I. INTRODUCTION

In the spring of 1974 the Oakland County Board of Commissioners appointed the Emergency Medical Services Council for Oakland County. This group, of approximately 60 individuals, comprised of health providers, community leaders, consumers, educators, etc. (See Exhibit A of Appendix for a complete list of Council members), was to advise the Board relative to the EMS needs of the County. With the creation of the Oakland County Emergency Medical Services Division under the County Executive in February of 1975, the Emergency Medical Services Council and the County Executive began developing a comprehensive emergency medical services plan for all of Oakland County.

From the very beginning the Council has recognized that the development of such a plan would serve several purposes. First and foremost it would ensure that the most efficient and effective EMS system would be provided to all citizens of Oakland County, at the least expense to all parties involved. Such a system could conceivably prevent needless death and disability resulting from medical emergencies. It has been estimated that over 300 coronary and accidental highway deaths could be prevented annually in Oakland County alone if an efficient EMS system existed.

Secondly, such a plan would ensure consistency with county, regional, state and federal EMS planning.

Finally, an appropriate plan would ensure that Oakland County would be eligible to acquire the necessary funding, primarily through Federal grants, for the implementation of the plan.

The Council is confident that it has developed a plan which will address the objectives outlined above. However, it must be noted

that it is the strong belief of the membership that the development of this plan is only a beginning. Although the EMS plan for Oakland County sets forth guidelines for the implementation of a comprehensive emergency medical services system, it is flexible enough that it can be amended or revised to address those areas which may have been inadvertently overlooked.

Moreover, to change the existing fragmented situation will take time, money, and above all, a cooperative effort of all those engaged in the delivery of emergency medical care, as well as the general public.

It is the fervent hope of the Oakland County Emergency Medical Services Council that the acceptance of this document will serve as a catalyst in promoting a systematic approach to EMS planning within Oakland County.

II. STATEMENT OF THE PROBLEM

The status of emergency medical care throughout Oakland County (as indeed throughout the entire nation) is in need of improvement. To date, at the County level, there have been inadequacies in planning, training, equipment and especially coordination. Practically speaking, these very deficiencies contribute to needless death and disability to the residents of Oakland County.

The consensus of persons concerned with the emergency care problem is that it need not exist -- that the technology, the expertise, and even the resources are currently available to ensure efficient, effective and acceptable emergency medical services to all who need them.

> In the final analysis, the deficiency in emergency care is in the unwillingness or inability of professions, institutions, agencies and units of local government to coordinate and use their joint existing resources and capabilities and in the failure of the State and Federal governments to coordinate their resources . . . Why is it possible to send men to another planet and back and monitor and protect their health . . . but not duplicate this feat within a radius of a few miles? The answer, of course, is clear. A tremendous amount of intensive planning and effort went into the space program. It was done comprehensively, with a systems approach.[1]

The following is a summary of major deficiencies, which are reflections of the fragmented situation which currently exists. A more detailed explanation of the situation is recounted in the individual subcommittee reports (included as an Appendix in the master copy).

Public Education

An effective and adequate public information and education system will provide the link between those individuals who require emergency medical services and those who provide them. The purpose of public information and education is to develop a level of understanding that enables the general public to define an emergency medical situation, to act quickly and appropriately in providing assistance, and to call for appropriate help.

As an example, in calling for appropriate assistance, there is no simple, uniform way for a citizen to access emergency medical services throughout Oakland County. Presently, there are over 80 telephone numbers utilized within the County to access emergency services.

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[1]John Hanlon, "Emergency Medical Care as a Comprehensive System," Health Services Reports, v.88:7 (Aug-Sept, 1973), pp. 582.

The "best" access method varies from village to village, city to city and township to township. There is reasonable evidence to assume that the average citizen in most areas is not aware of the "best" method (the possible exceptions to this statement are those few areas which currently utilize "911").

Additionally, the public is generally uneducated and unaware of what to do when medical emergencies occur. Citizens are not adequately trained in life saving measures. They are also unable to discriminate between good or bad emergency care, and therefore, many communities may be suffering from inadequate emergency medical services without realizing it.

Training

The education and training of those groups which might be called upon to render emergency medical care, including the general public, is inadequate to meet the needs.

As many citizens as possible should at least know the rudiments of first aid. It is vitally important that the general public know how to keep an ill or injured person alive until appropriate help can arrive. Such basic skills as maintaining an airway, control of excessive bleeding and the administration of cardiopulmonary resuscitation should be mastered by the trainable public. It is disconcerting to realize that in the last 3 years, less than 5% of the trainable public within Oakland County (ages 18-65) have taken advantage of programs which teach such skills (such as those offered by the American Red Cross and the Michigan Heart Association).

Historically, police and fire personnel are the first public safety agencies to arrive at the scene of most medical emergencies. Appropriate emergency care rendered at this time can be most crucial.

Many police and fire department personnel in the County are insufficiently trained to adequately respond to life threatening emergencies. A recent telephone survey[2] indicated that less than one-third of all police officers in the County are currently trained in advanced first aid techniques while approximately one-half of the fire personnel are currently trained to that level.

The situation as it relates to ambulance personnel is no less critical. More training is required of a person to cut hair in the State of Michigan than is required of a person who may be called upon daily to save lives in his capacity as an ambulance attendant. The State currently requires 2000 hours of training in order for an individual to be licensed as a barber, while an ambulance attendant may be licensed by the State after having completed a mere 26 hours of training in Advanced First Aid! Most knowledgeable sources agree that the present training standards for ambulance personnel as promulgated by the State are wholly inadequate.

Much of the responsibility for the low levels of training required of ambulance personnel must be borne by the State, which to date has been reluctant to make a commitment to upgrade EMS training standards.

Communications

A communications system in support of emergency medical services is not generally well developed throughout Oakland County. Communications systems have developed in response to the local needs of the commercial operators and local governmental entities. Hence, a completely uncoordinated system with few exceptions has evolved.

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[2]Conducted by the Emergency Medical Services Division, 6/75

For example, as cited previously under Public Information and Education, the plethora of numbers available to access emergency services boggles the mind.

Radio communications between vehicle and hospital, and vehicle and vehicle are no better off. Less than 25% of the emergency transporting vehicles operating within Oakland County are capable of communicating via radio to the hospital. Only nine of the twelve hospitals in the County that provide emergency medical care are capable of receiving radio transmissions.

Radio communications have proven to be a major adjunct in the provision of emergency medical care. Hospitals can be notified of the arrival of the critically ill or injured patient giving the emergency department sufficient time to prepare for the patient, thus facilitating admission and treatment. Furthermore, valuable assistance can be given via the radio by the emergency room physician to the ambulance technician in the field.

In addition to the day to day emergencies, in the event of a major mass casualty/disaster situation, there is currently no method of providing appropriate coordination to effect rapid and efficient response from all personnel who might be involved: police, fire, ambulances, disaster control/civil defense.

With development of UHF (Ultra High Frequencies) bio-medical telemetry, a whole new dimension of radio communications technology has been introduced. Already telemetry systems are being implemented as adjuncts to Advanced Life Support Units. It is important to note here, that unless a comprehensive UHF masterplan, similar to that proposed by the Communications Subcommittee, is adopted, the County runs

the risk, in the foreseeable future, of creating a fragmented UHF system similar to the uncoordinated VHF network with which the County is currently plagued.

Transportation

Emergency medical transportation of the sick and injured is one of the more critical areas of the EMS system to be addressed, inasmuch as developments during this phase may mean the difference between life or death for critically ill or injured patients. This subcomponent of the EMS system involves not only the appropriate means to transport patients, but also the equipment and levels of training necessary to address the medical needs of those patients.

Numerous deficiencies as they relate to transportation have been determined by the Transportation Subcommittee. Foremost among these, however, is the recognition of a lack of basic ambulance coverage within the County. Specifically, the townships of Brandon; Oxford and Orion in the north; and Highland, Milford and White Lake in the west, have been cited as areas where insufficient ambulance coverage currently exists. Documented response times for ambulances in those areas have run as high as 45 minutes. The needs of these communities must be addressed if adequate ambulance service is to be available throughout the County.

Although inadequate response time is generally associated with more rural areas, this is not a problem which can be ignored in the more urbanized areas. A definite lack of coordination among ambulance purveyors throughout the County has resulted in a lack of back-up or standby arrangements. Hence, needless delays may be encountered in summoning an ambulance if the primary vehicle is out of

service. This problem can, in part, be attributed to the lack of communications among ambulance agencies which may serve a given geographical area.

Insufficient standards at the State level have resulted in inadequately equipped emergency medical transportation vehicles. In a survey conducted by the Oakland County EMS Division (6/75), only 4 of 51 vehicles in the County were sufficiently equipped to meet the minimum standards for ambulances as established by the Committee on Transportation and consistent with recognized national standards (See Committee on Transportation report).

Likewise, although police and fire personnel are often dispatched to the scene of a medical emergency initially, they are inadequately equipped to handle life threatening emergencies. More often than not, the main function of such units after their arrival at the scene of the occurrence is to verify the emergency and request the ambulance.

Emergency Facilities

Most of the existing emergency facilities in Oakland County deal with large numbers of patients whose problems cannot be classified as "true emergencies." Such patients arrive in the emergency facility as non-scheduled patients needing non-emergency medical care. Many times their presence, in large numbers, ties up emergency facilities and complicates the treatment of "true emergency" cases.

Conversely, some patients are delivered to a facility which may not be equipped or staffed to handle the patient's problem. In Oakland County this is not a major or frequently occurring problem as most of the institutions are well staffed and equipped. However, the problem does arise on occasion.

The lack of a coordinated communications effort has greatly limited the use of direct radio communications between ambulances and hospitals and between hospitals. In effect, the potential benefits of an EMS radio system have not yet been realized in Oakland County.

Finally, many of the hospitals within the County do not have adequate highway signs indicating the direction to and the location of hospital emergency departments. This is a particular problem for both residents and non-residents of Oakland County.

Finance & Legislation

The implementation of any comprehensive countywide EMS plan will obviously necessitate adequate funding. At the present time, two levels of government have made commitments to establish effective EMS systems; the Federal government with the enactment of the Emergency Medical Services Systems Act of 1973 (PL 93-154) and Oakland County with the passage of Miscellaneous Resolution #6786 in August of 1974. To date, the State of Michigan has failed to make a meaningful commitment in terms of funding the implementation of EMS systems.

Although some local units of government contract for the provision of emergency medical services to their citizens, this is by far the exception as opposed to the rule. It is somewhat distressing to realize that while governmental entities appropriate millions of dollars for the pickup and removal of trash, a very small fraction of this, or in many cases nothing at all, is appropriated to ensure that citizens receive appropriate emergency medical care and transportation.

As has been mentioned previously, the present legislation at the State level regulating ambulances leaves much to be desired. As a result of the inadequacies of the law, ambulance personnel are

insufficiently trained, and ambulances are inadequately equipped. This lack of proper regulatory control fails to maintain acceptable levels of competent care.

Although several counties throughout the State have enacted ambulance ordinances to upgrade mediocre standards (e.g., Washtenaw and Kent Counties), to date, such an option has not been considered in Oakland County.

Coordinating Agency

The current fragmentation of emergency medical services throughout the County is a reflection of local entities addressing individual problems. This short-sightedness has contributed to the creation of the present situation. This problem will continue to be compounded unless some agency (ideally County government) accepts the responsibility for developing, implementing and maintaining a Countywide emergency medical services system.

III. STRATEGY

From its inception, the Council has recognized that the initiation of change in the current provision of emergency medical care requires a most delicate approach. The current system (if indeed it can be categorized as such) reflects both the best and the poorest approaches to emergency medical care. Great care must be exercised in replacing those poor and/or ineffective approaches. We must not merely change for the sake of change itself, for in that process we may also eliminate those approaches which have proven beneficial in the past.

A strategy for implementation which is designed to take advantage of the positive factors which we now have, will, in the long run, be the most effective strategy. A program which seeks to change perspective, to indicate and to facilitate coordination will, in the final analysis, be more successful than one which imposes change in a manner which is disruptive to the current situation, or which alienates significant numbers of people who now operate the system.

In this vein, while not specifically mentioned in the subsequent reports (see subcommittee reports included in the master copy), the Council recognizes and commends the efforts of those individuals or groups who have had the foresight to discern deficiencies and to improve EMS capabilities within their own respective spheres of influence. However, a much broader scope is necessary if we are to address the public health needs of our County. In fact, we must look beyond the County -- to the Region and to the State -- for guidance and involvement which will assure that change is pursued in the framework of adequate resources and necessary support.

Faced with the aforementioned deficiencies, there are obvious questions: "What do we do first? Who is going to participate? How will the new system be administered?" And foremost in the minds of our legislators, "Who is going to pay for it?" The following disucssion will hopefully answer these questions.

Recognizing the immensity of the job yet to be undertaken and bearing in mind the strategy previously outlined, the EMS Council has opted for an implementation schedule which involves two phases.

It should be noted here that all cost projections in the following section have been made in anticipation of a successful grant application as noted under Financial Implications.

A) Phase I (Basic System 9/1/75 - 12/31/76)

The Council recommends that existing resources (i.e., commercial ambulance purveyors, public agencies, volunteer agencies) be upgraded, expanded and utilized, within a coordinated framework, to provide emergency medical transportation of the sick and injured. Such an approach would be the most cost efficient route for the County to undertake at this time.

In order to effect a more efficient system along these lines the following specific recommendations are proposed in priority order as determined by the Executive Committee of the EMS Council:

Public Education - A countywide Emergency Medical Services System has no chance of success unless the public is informed regarding the utilization of such a system and the role they are expected to play in it. The Council recommends that programs of education and information for the lay public be established to provide an understanding of how the emergency medical services system works. Included as part of such programs would be "mini" first aid courses and the "do's and don't's" at the scene of an accident. The development of a speaker's bureau should also be undertaken for the purpose of providing information to individual communities and groups.

Intensive public education programs have proven their effectiveness. Recent studies conducted in such cities as Seattle and Jacksonville have indicated that appropriate measures taken by an informed public have been responsible for saving a significant number of lives.

Although it is anticipated that the Regional EMS Task Force will perform a major role in disseminating information to the general public, such a large scale program cannot address problem areas

particularly germane to Oakland County; hence, the allocation of $15,000 to develop a comprehensive public education program within the County. This sum would be utilized in the development and procurement of brochures, indoor and outdoor advertising posters, bumper stickers, seals and telephone stickers to be extensively used throughout the County.

Training - Adequate emergency medical care depends directly upon the qualifications of those rendering aid to the victim. This may include the general public and/or public safety agencies at the scene, ambulance attendants en route to the emergency facility and doctors and nurses in the hospital emergency department itself.

The Council, recognizing the necessity of addressing the needs of each of the specific groups mentioned recommends the following:

a) That an extensive campaign encouraging all of the trainable public to receive basic first aid and CPR training be developed. These programs as provided by the American Red Cross and the Michigan Heart Association could be implemented via service clubs, Scout groups, police and fire departments, etc.

b) That the 40-hour Crash Injury Management curriculum be instituted as a part of the Oakland County Police Academy curriculum. This course, specifically designed for law enforcement personnel, will enable graduating officers to cope with medical emergencies encountered in the field.

c) That in-service refresher training programs in first aid be instituted by fire departments throughout Oakland County, and that extrication courses be established and offered to fire personnel throughout the County.

d) That all ambulance personnel be trained as Basic Emergency Medical Technicians, according to the standards developed by the Federal Department of Transportation, by 1978 to ensure that both the driver and attendant have attained that status at that time.

e) That for those communities wishing to provide Advanced Life Support capabilities, that an Advanced EMT course be offered which is consistent with Federal Department of Transportation Standards.

f) That Advanced EMT Training Seminars be established to maintain advanced skills.

g) That continuing education programs of high quality be established at a County level for emergency physicians, nurses and allied hospital personnel.

The estimated figure of $100,000 (See Budget Summary) reflects the costs of procuring specialized training equipment, such as Resusci-Annies, Anatomic Annies, blood pressure cuffs, stethoscopes, suction apparatus, etc., which will be utilized in all of the courses outlined above and maintained by the County Emergency Medical Services Division. To the extent possible, such equipment will be obtained through the Office of Disaster Control. In addition to equipment costs, this figure also reflects the cost of providing such courses (employment of course coordinators, physicians, nurses, etc.).

An important function of the EMS Division will be to coordinate EMS training activities as outlined above. It should be noted that while such courses may be relatively new to the State of Michigan, they are recommended and promulgated as minimum training standards by the Federal government, the American Medical Association and others interested in EMS. Many areas throughout the nation have adopted these standards in an effort to upgrade the quality of emergency care being rendered.

In order to maintain coordination and quality of such programs, it may be necessary to obtain the services of a training coordinator for basic programs offered to police, fire and ambulance personnel and a clinical coordinator to assist in the development of advanced courses for EMT's and doctors and nurses. These costs are reflected in the $100,000 previously mentioned.

All courses outlined would be available to all who must meet the criteria established; this would include public as well as commerical operations.

Communications - Effective integrated communications is an extremely important element of an EMS system. It is the glue that will hold a countywide EMS system together.

Although no simple solution can resolve the complexities of accessing the system, it is recommended that the reporting of medical emergencies be continued through existing facilities until such time as a more comprehensive approach can be initiated. Information should be disseminated to the general public in order to make the public aware of the "best" means to access the system.

It is further recommended that a basic VHF emergency medical services communications system be implemented throughout Oakland County, such a system to include all hospitals providing emergency medical care to the general public, as well as all ambulances and Basic and Advanced Life Support Units in the County. These would include commercial purveyors, police or fire departments, volunteer agencies (fire related or independent) and funeral homes.

The Council further recommends that a County Communications Coordinating Center be established to provide coordination between the

many local EMS units currently operating in the County. Such a center could be operated in close proximity to the County Emergency Operating Center to enable more efficient operation.

It should be noted here that every effort has been made to ensure that the communications system, as specifically outlined in the subsequent report, is consistent with State and Regional planning. Operational communications systems in New York and Illinois were utilized as models in the development of the Communications section.

With the development of UHF bio-medical telemetry, a whole new phase of communications technology has been introduced within Oakland County. Already systems are being implemented in Southfield and Pontiac. The Council cautions that unless a comprehensive UHF system is implemented in the future as proposed by the Committee on Communications, the County will run the risk of creating a fragmented UHF system, similar to the fragmented VHF operation with which the County is currently plagued.

It is anticipated that implementation of the Basic VHF system (including minimal UHF equipment) as proposed by the Committee on Communications would cost approximately $200,000 (as enumerated in the Budget Summary).

Transportation - In order to ensure adequate emergency medical transportation service to the residents of Oakland County, ambulances must be strategically placed to respond quickly to the needs of those residents. The Council recommends that those townships, specifically Brandon; Oxford and Orion; and Milford, Highland and White Lake, not adequately covered by ambulance service at the present time, contract

for such service, costs for any proposed service to be divided among the villages and townships in those respective areas.

Improvements in response times, training and communications are not enough in themselves if emergency personnel do not have adequate equipment to provide quality care. Therefore, the Council recommends that equipment levels as outlined by the Committee on Transportation be instituted throughout the County by police, fire and ambulance agencies. Equipment as outlined is consistent with the recommendations of the Department of Transportation and the standards as established by the Committee on Trauma of the American College of Surgeons.

Maintenance of the system upon implementation will require that commercial purveyors (who provide the bulk of emergency medical transportation in Oakland County) are adequately reimbursed. Therefore, the Council urges that contractual agreements, between commercial purveyors and the units of local government which they serve, be established to ensure high levels of emergency medical care. The Council suggests that representatives of County government, commercial ambulance purveyors and third party payers meet to review and resolve any inadequacies in present reimbursement programs. Such arrangements could conceivably keep ambulance charges at a minimum for the general public.

Costs in the Budget Summary reflect purchase of basic emergency vehicles (to cover those areas cited above) and Advanced Life Support Units (to augment services currently being provided in the cities of Southfield and Pontiac). In addition, miscellaneous monies are also requested to purchase additional equipment (stethoscopes, bag mask resuscitators, blood pressure cuffs, suction apparatus, etc.) to upgrade equipment levels throughout the entire County. Equipment to be made available to private and public agencies as determined by the Council.

Finance & Legislation - As outlined under Financial Implications, the Council recommends that Oakland County government submit a grant application to the Department of Health, Education and Welfare (per the Emergency Medical Services Systems Act, PL 93-154), as part of a regional proposal, to implement EMS planning as recommended by this Council.

It is hoped that the State of Michigan will enact appropriate legislation to improve and maintain quality emergency medical care; however, if the State fails to act in such a manner, the Council urges County government to take the initiative to effect such legislation at the local level.

Emergency Facilities - The hospital emergency department is obviously an important component in providing systematic emergency medical care. The Council recommends that all emergency facilities in Oakland County be categorized to coordinate the capabilities of such facilities and to inform the general public.

The Council further urges that continuing education programs covering all aspects of emergency medical care be established.

And finally, the Council recommends that local and State governments provide and install adequate highway signs, indicating the direction to and location of all hospital emergency departments within Oakland County.

Administrative Responsibility - The Council urges County government to maintain the Emergency Medical Services Division to administer, coordinate and evaluate activities as cited. Evaluation of activities could be submitted to the Board of Commissioners in the form of a quarterly report to be submitted by the Director of Emergency Medical Services.

B) Phase II (Advanced System)

Although some are of the opinion that an Advanced Life Support System could be instituted throughout the County immediately, it is the general consensus of the EMS Council that an essential prerequisite be a functioning Phase I system.

The Council encourages local interested parties to continue in the pursuit of Advanced Life Support Systems and recommends that the guidelines as proposed, regarding the implementation of such systems be utilized in order to develop a coordinated framework. The Council will advise the Board of Commissioners of the feasibility of Advanced Life Support Systems after the Basic System has been established and at the appropriate time.

IV. FINANCIAL IMPLICATIONS

Implementation of planning obviously necessitates funding. From the very onset of its deliberations, the Council has been cognizant of the financial implications involved in an undertaking of this nature. The plan proposed reflects the most efficient and effective EMS system within appropriate financial constraints.

The continued utilization of existing resources to provide emergency medical care in a coordinated framework is far more cost efficient than the establishment of an entire agency. However, it must be recognized that in order to upgrade the existing situation, additional funding must be secured. It is unreasonable to assume that services will be improved unless adequate incentives are offered.

With the enactment of the Emergency Medical Services Systems Act of 1973, a valuable source of funding is available to the County. This Act provides funding (on a 50:50 matching basis) for the develop-

ment and implementation of EMS systems for programs consistent with Federal guidelines. The Council feels that the County is eligible for such funding and recommends that a grant application be submitted to the Department of Health, Education and Welfare (per EMS Systems Act, PL 93-154) as part of a regional proposal for the implementation of the EMS plan as proposed by this Council.

Inasmuch as matching funds may be provided on a hard or soft basis the Council anticipates no problems developing suitable match. Initial inquiries have resulted in over $6 million in potential match (both hard and soft) being identified by the Council to date.

The Council has requested that staff immediately develop these funding sources in anticipation of a grant application. Such sources throughout the County might include actual emergency department construction, salaries paid to existing EMS personnel, pro-rated costs of time expended by members of the EMS Council, County expenditures as appropriated for the EMS Division, etc.

County expenditures as appropriated for the EMS Division would represent a fraction of the total matching funds. The Council is of the opinion, however, that this comparatively small appropriation would stress the County's commitment to EMS planning and implementation.

In addition to HEW monies other sources of revenue are available as well, through the Federal government and private foundations. Unfortunately, the State of Michigan has yet to make a strong financial commitment in terms of funding EMS activities at the local level.

Maintenance of the system upon implementation will require that commercial purveyors (who provide the bulk of emergency medical transportation within Oakland County) are adequately reimbursed. The Council urges that contractual agreements between commercial purveyors and the units of local government they serve, be established to ensure high levels of emergency medical care.

Dialogue with commercial ambulance purveyors has elicited some questions regarding County reimbursement policies for the transportation of indigent patients within Oakland County. Inasmuch as the Council has not had adequate time to investigate and review the situation, it urges that representatives of County government and commercial ambulance purveyors meet to review and resolve any inadequacies in an equitable manner. Resultant costs from such arrangements will assist in maintaining high standards, yet be considerably less than the institution of a County operated ambulance network.

V. PRIMARY GOALS AND OBJECTIVES

As alluded to previously, the primary goal of this plan is to make available quality emergency medical care throughout Oakland County.

A major step in accomplishing this goal is the procurement of adequate funding. Should funding be obtained, as proposed, the Council submits that by the end of the first implementation year, the following objectives will have been accomplished:

Oakland County will be adequately covered by emergency medical transportation vehicles (ambulances) which are appropriately staffed and equipped to address the emergency needs of the citizenry throughout the entire County.

Appropriate training programs will have been initiated to upgrade public, police and fire department personnel and ambulance attendants. It is anticipated that over 100 ambulance attendants will be upgraded to the level of Emergency Medical Technician. This will ensure that at least one qualified EMT is with the patient on all runs. It is the desire of the Council that subsequently all ambulances be staffed by at least two (2) EMT's.

A county EMS communications network will be operational. Such a network would be consistent with State and Regional planning and would be utilized for everyday communications needs as well as for mass casualty/disaster situations. Such a network would enable direct radio communications between the following agencies:

Ambulance, Life Support Unit (LSU) to Hospital
Ambulance, LSU to Ambulance, LSU
Ambulance, LSU to Local Dispatch
Ambulance, LSU to County Communications Coordinating Center
Hospital to County Communications Coordinating Center
Hospital to Hospital

Adequate emergency transportation coverage and proper communications capabilities will ensure an average response time of less than 15 minutes throughout Oakland County, as opposed to the haphazard situation we are now facing.

The Council is confident that the major objectives, as outlined, can be achieved within the first year implementation phase. Numerous other activities, while not specifically enumerated, will also be accomplished (see implementation schedule).

The Council, in view of anticipated activities, must continue to be viable and effective in order to provide its expertise to the Board of Commissioners in reviewing and evaluating future needs as

they may arise during the implementation phases. The Council membership is prepared to assume this role.

The Council recommends that the Board of Commissioners be apprised of current developments via the submission of quarterly reports to be submitted by the Emergency Medical Services Division.

VI. BUDGET SUMMARY* (January 1, 1976 - December 31, 1976)

Equipment (Training)

Training aids and equipment (Basic) 5 Training Kits; @$3000 ea. (See list attached, page 24a)	15,000
Training aids and equipment (Advanced) (Intubation models, Arrythmia Annies, etc.)	10,000
Training aids and equipment (Extrication) (Rescue tools, slides, movies, etc.)	2,500
Textbooks 500, @ $6.00 ea.	3,000
Total	30,500

Equipment (Communications)

60 VHF (4 channel) Mobile Radios @ $2300 ea. (for ambulance and rescue communications)	138,000
5 VHF (2 channel) Base Stations @ $5000 ea., for the following hospitals: Botsford General Hospital Martin Place Hospital, East Madison Community Hospital Regional Hospital (to be designated) Macomb County Hospital (to be designated)	25,000
1 VHF Remote, Oakland County EMS Division @ $1200 ea.	1,200
1 VHF Base Station Central Coordinating Communications Center @ $5000 ea.	5,000
2 VHF Portables (4 channel) @ $1600 ea.	3,200
1 Recording Unit @ $12,000 ea.	12,000
Recording Tapes	2,000
UHF Telemetry equipment	50,000

EMERGENCY MEDICAL TECHNICIAN TRAINING COURSE (BASIC)

EQUIPMENT LIST

Resusci Annie
Anatomic Annie
Resusci Baby
Childbirth Manikin
Resuscitator (positive pressure, including one (1) extra "D" oxygen cylinder)
Suction Unit
"Hare" traction splint
Spine boards (long)
Spine boards (short)
Orthopedic stretcher (scoop type) folding
Bag resuscitator (P.M.R. type)
Oropharyngeal airways
Choke savers
Air splints (kit)
Wooden splints 18"
Wooden splints 48"
Wooden splints 60"
Thomas splints
Blankets
Sphygmomanometers
Stethoscopes (teaching type)
Stethoscopes (standard)
D.O.T. Rescue Extrication Slide Cassette Program

Films to be made available include:

Before the Emergency
Date with Disaster
Signal 30
Mechanized Death
Emergency Childbirth
Shock
First-aid Now
Bleeding and Bandaging
Rx for Life
Sucking Wounds of the Chest
Breath of Life
AAOS slides
Brady slides

Adaptation of existing VHF communications equipment		10,000
	Subtotal	246,400
15% Contingency Costs		36,960
	Total	283,360

Equipment (Vehicles)

3 Basic Life Support Units (for those areas designated) @ $11,500 ea.	34,500
4 Advanced Life Support Units @ $11,500 ea.	46,000
Total	80,500

Training

1 Instructors Course @ $1500 ea.	1,500
4 Basic EMT Courses 30 students/course; employing course coordinators, physicians, nurse, practical work instructor @ $3500/course	14,000
6 Crash Injury Management Courses 40 hours/course; employing course coordinator, physicians, practical work instructors, etc. @ $1500/course	9,000
3 (2 day) Extrication Courses @ $500 ea.	1,500
1 Medical Emergency Dispatch Course @ $2000 ea.	2,000
1 Advanced EMT Training Course 850 hours/course; employing physicians, nurses, etc.	9,000
5 Advanced Life Support Training Seminars @ $300 ea.	1,500

Continuing Education Programs for Emergency Department Nurses and Emergency Department Physicians	5,000
Total	43,500

Public Education

Comprehensive Public Education Program	15,000
Total	15,000

Personnel

Communications Coordinator	16,000
EMT Training Coordinator	12,000
Clinical Coordinator (Advanced EMT Course)	16,000
Fringe Benefits @ 30%	12,320
Total	56,320

Miscellaneous

Basic Ambulance Equipment	20,000
Rescue Equipment	15,000
Advanced Life Support Unit Equipment	25,000
Total	60,000

Total Required First Year	569,180

Sources of Matching Funds

Oakland County Commitment (EMS Division)	40,000**
Other Sources of Hard & Soft Match Throughout Oakland County	529,180
Total of Matching Funds	569,180

*Figures given are estimated.

**Based on previous year's budget.

VII. ROLE OF COUNTY GOVERNMENT

It is obvious that the Council does not recommend that County government engage in the actual provision of emergency medical care. Under these circumstances, a definition of an EMS system, as proposed by the Council, "is the accumulation of participating subsystems (and components) in a given geographical area operating under some organizational structure that assumes the responsibility and authority to deliver emergency medical services to the populace of that geographical area."[3] Assuming that the "geographical area" mentioned is Oakland County, it becomes clear that there is a definite role which the County must assume if the plan is to be successful. County government, under the auspices of the EMS Division, must continue to serve as the "organizational structure" which facilitates and coordinates existing local efforts to effect a systematic approach to the delivery of emergency medical services.

Therefore, the role of County government is multi-faceted. In addition to the coordination function, the system must be continuously monitored and evaluated to ascertain whether or not it is living up to its fullest potential. Furthermore, as indicated earlier, this plan is not inflexible -- good planning never is. The plan, indeed the entire Council, must address EMS needs as they may arise throughout the County. The continued staff support of the EMS Division is essential if the Council is to remain a viable organization. Responsibilities have already been delegated by the Region to the County Council which necessitate staff assistance (e.g., grant development, review functions, etc.).

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[3] Fred Vogt, "Open Memorandum: Standards," Emergency Medical Services, V. 4:1 (January/February, 1975), pp. 12.

In summary, the Council urges County government to assume the role of the lead agency in addressing EMS planning within the County. As such, the County will be in a better position to procure funding in order to implement what is being proposed. Grant monies which might be awarded to the County (as reflected in the proposed budget) would: 1) stimulate development of ambulance service where there is none; 2) upgrade equipment standards throughout the County; and 3) develop a communications network throughout the County.

Questions have been raised regarding ownership of equipment and vehicles purchased through a grant award; although the Council has specifically designated that communications equipment be retained in the name of the County (to ensure compliance with the County operating procedure), the Council has not had adequate time to review options available in the allocation of vehicles and equipment.

Furthermore, the Council wishes to assure the Board of Commissioners that all precautions will be taken to ensure that County government is not placed in the role of competing with private enterprise, nor that grant monies, should they be obtained, are spent to subsidize private enterprise.

VIII. RELATIONSHIP OF COUNTY EMS PLAN

The development of a countywide EMS system is dependent upon the support and understanding of the County Board of Commissioners. Furthermore, the Council recognizes that Oakland County cannot, by itself, completely overcome the present deficiencies in the system.

The County must rely upon the expertise, resources and necessary support available at other levels of government. Exhibit B

of the Appendix enumerates the roles and responsibilities of State, Region, County and local levels as adopted by the Regional Task Force on EMS and may be used as a reference.

As stated earlier, this County plan sets forth guidelines for the implementation of a high quality, comprehensive emergency medical services system. It can and should be utilized as an effective tool for the further planning and implementation of an EMS system. As such, its purpose is not to prohibit nor preclude EMS planning at the local level, but it does encourage that all efforts be coordinated and systematic per the guidelines as approved by this Council.

IX. SUMMARY

In summary, the Emergency Medical Services Council is proposing a strategy which will effectively utilize existing resources while seeking to upgrade and coordinate those resources into an efficient EMS system. The Council is confident that such a system, when implemented, will prevent needless death and disability within Oakland County.

This document represents a plan which must be implemented in order to establish a countywide EMS system. With the continued support of government at all levels, and with health providers, public safety agencies and the general public addressing the problems as outlined, Oakland County will be assured of a truly comprehensive system, which provides high quality emergency medical care for all, without barriers to access, arranged and inter-related so as to contain costs and maintain and improve the health status of the residents of Oakland County.

APPENDIX

I. Exhibit A -- Council Membership

II. Exhibit B -- Roles and Responsibilities

III. Exhibit C -- Implementation Schedule

EXHIBIT A

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EXHIBIT B

Roles and Responsibilities in Emergency Medical Services of
State, Region, County and Local
Regional Task Force on EMS - SEM*

		State	Region	County	Local
1.	General Role and Responsibility				
	Regulation and Certification	X	0	0	
	Coordination and Planning	X	X	X	0
	Review and Comment	X	X	X	
2.	Manpower				
	Coordination	X	X	X	0
	EMS Personnel - operational			X	X
3.	Training - Provision				
	Basic EMTs	0	X	X	X
	Advanced EMTs	0	X	X	X
	Standardization	X	0	0	0
	Coordination of Training	X	X	0	0
	Establishment of Training	0	X	X	X
	Establishment of Refresher Courses	0	X	X	X
4.	Communications				
	Coordination (including Plan)	X	X	X	0
	Central Dispatch	0	0	X	X

Legend:

0 Advise
X Primary Responsibility

*Adopted July 18, 1975

		State	Region	County	Local
4.	Communications (cont.)				
	Technical Assistance	X	X	X	X
	Systems Installation and Maintenance	0	0	X	X
5.	Transportation				
	ID Deficient Areas	X	X	X	X
	Ground Operation and Maintenance	0	0	X	X
	Establish Air	X	0	X	0
	Establish MICU	0	0	X	X
	Vehicle Standards and Licensing	X	0	0	0
6.	Facilities (treatment facilities)				
	Coordination and Planning	X	X	X	X
	Operation	0	0	0*	X
	Licensing and Standards	X	0	0	0
	Establish Transfer Agreements	0	0	0	X
7.	Accessibility to Critical Care Units				
	Planning and Coordination	X	X	X	X
	Implementation	0	0	0	X

* Primary responsibility when operating

		State	Region	County	Local
8.	Consumer Participation	X	X	X	X
9.	Accessibility to Care (without ability to pay)	X	0	X	0
10.	Standardized Recordkeeping	X	0	0	0
11.	Consumer Information	X	X	X	X
12.	Evaluation (will not be the primary responsibility of those giving care)	X	X	X	0
13.	Disaster Planning	X	0	X	X
14.	Mutual Aid Agreements	X	0	X	X

EXHIBIT C

IMPLEMENTATION SCHEDULE - PHASE I
(9/1/75 - 12/31/76)

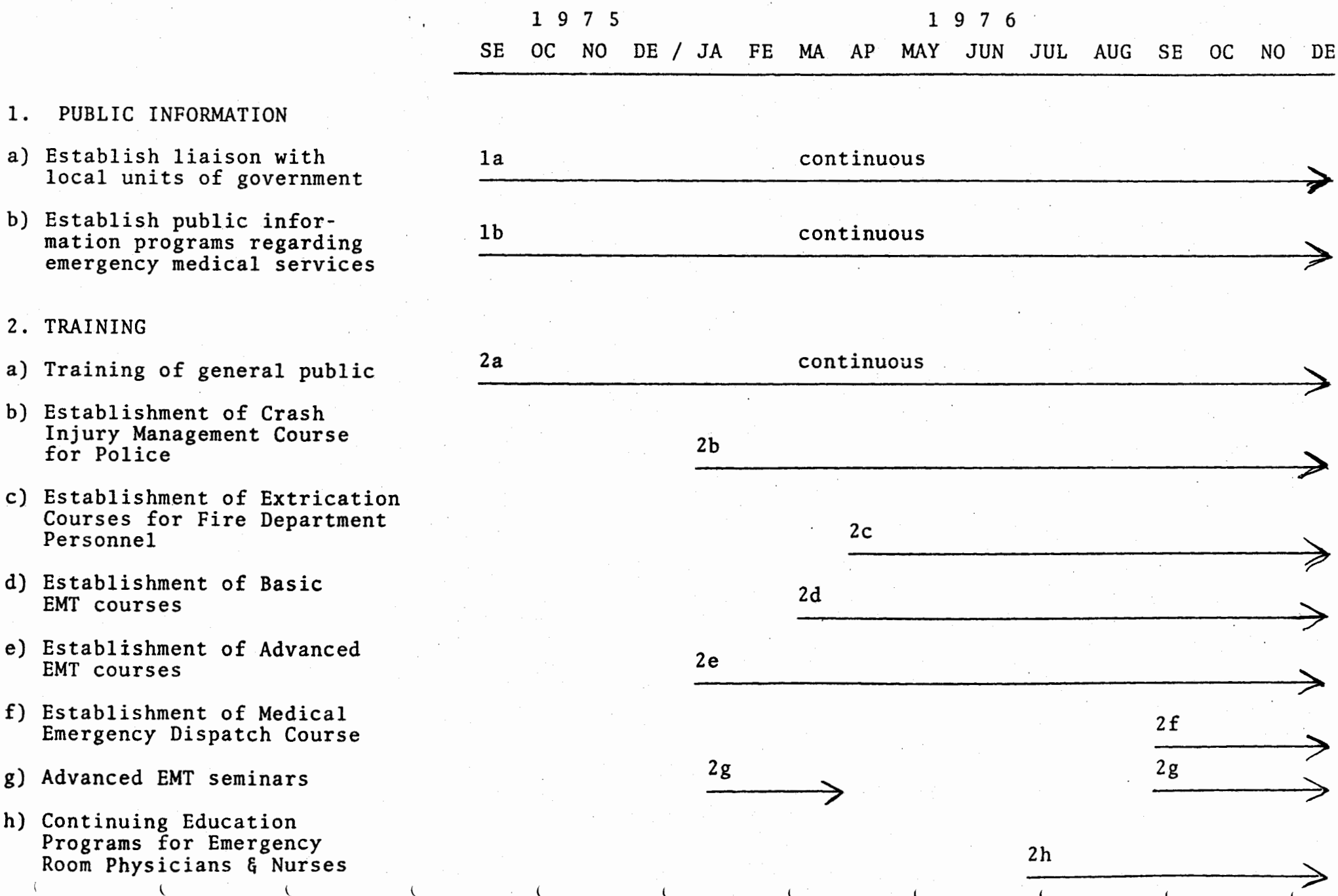


Exhibit C

Implementation Schedule
9/1/75 - 12/31/76

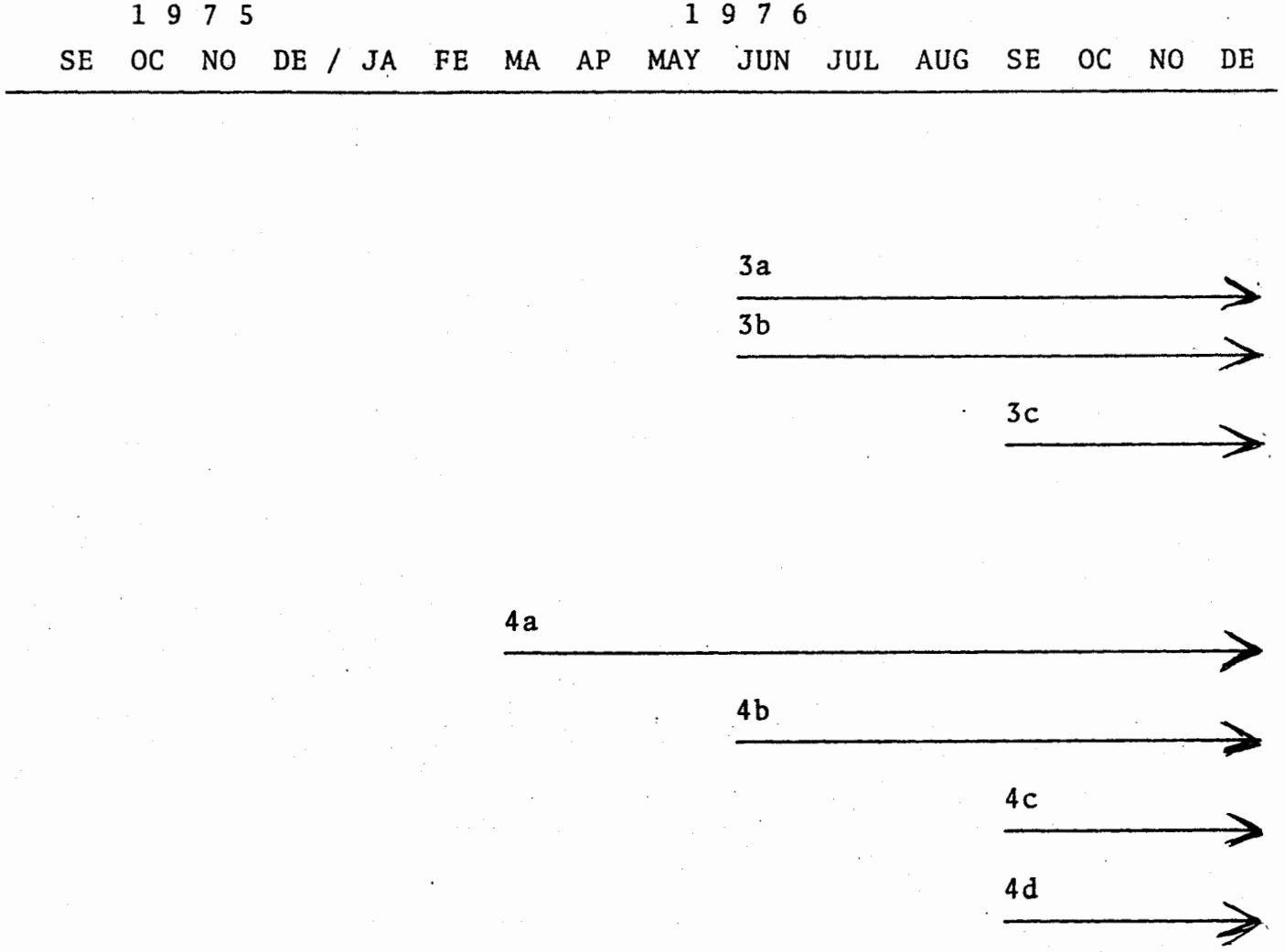
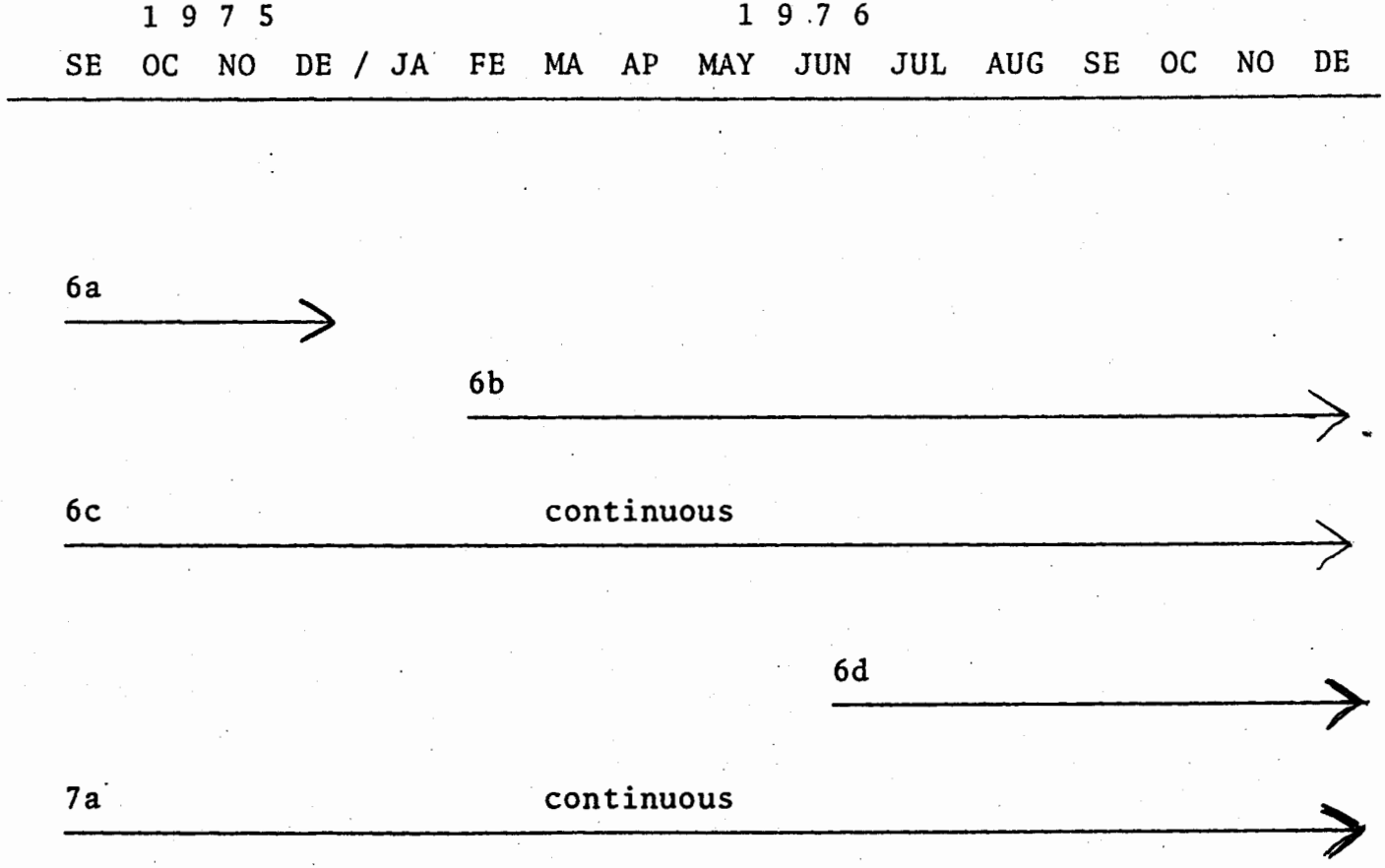


Exhibit C

Implementation Schedule
9/1/75 - 12/31/76



COMMITTEE ON COMMUNICATIONS

COMMITTEE ON COMMUNICATIONS

INTRODUCTION

Effective integrated communications is one of the most important elements of an emergency medical services system. Ambulances, hospitals, local dispatch centers and other public safety agencies, such as police and fire units, must be able to readily communicate with each other, as well as with some form of countywide coordinating agency to maximize efficiency of the various entities participating in a countywide program.

GENERAL OBJECTIVES (Not necessarily in priority order)

1. To improve EMS communications as a means of saving life and limb.

2. To design a system to take maximum advantage of existing resources.

3. To minimize response time and maximize the effectiveness of pre-hospital care.

4. To establish a direct communications link joining all hospitals providing emergency medical services in Oakland County which will also allow for inter-county communications.

5. To equip all vehicles, transporting or non-transporting, Basic Units or Advanced Life Support Units*, with VHF vehicle to hospital communications capability.

6. To equip Advanced Mobile Emergency Medical Care* Units with UHF patient to hospital communications capability including bio-medical telemetry.

7. To establish a County Communications Coordinating Center to ensure maximal utilization and efficiency of the EMS system by being a resource data center. This Center would also be capable of coordinating mutual medical aid in a disaster situation.

8. To assist in frequency coordination of EMS vehicles and/or hospitals.

9. To establish standard operating procedures and guide-lines for the complete EMS communications system.

10. To advise all participating agencies in the acquisition of communications equipment which is compatible with the County plan.

*As defined by Public Act 275

CURRENT SITUATION

"Uncoordinated" is the best word to describe emergency medical services communications within Oakland County at the present time. The present situation can best be addressed by analyzing the various components of a communications system.

Access

Access into the emergency medical system is currently gained through a variety of means. The most common among these is the use of the telephone. With the possible exceptions of "911" systems in Oak Park and Southfield (with the City of Pontiac initiating "911" by April of 1976), all requests for emergency medical assistance are obtained by either dialing "O" for the operator or by dialing the seven digit numbers of the police department, the fire department or the ambulance service within the particular community. As a consequence, there are 82 different telephone numbers utilized within Oakland County to access emergency services (a complete listing of these numbers as supplied by the Michigan Bell Telephone Co. is attached as an appendix to this report).

Vehicle Communications

Eighteen agencies provide emergency medical transportation within Oakland County. These agencies utilize approximately 50 vehicles throughout the County. Additionally, there are five (5) agencies utilizing five (5) vehicles manned by Emergency Medical Technicians which provide basic life support functions, but do not transport patients. Of the approximately 50 vehicles which do transport patients, only 11 have direct radio communications capability via frequency 155.340 MHz with hospitals within the County. The re-

maining 40 emergency transport vehicles are capable of communicating only with local dispatchers via a number of other frequencies utilizing both high and low band VHF frequencies (for a complete listing of frequencies, see appendix attached to this report). None of the non-transport vehicles have any direct radio communications with any of the hospitals.

Except for those vehicles operated by police or fire departments there are very few transport vehicles capable of direct radio communications with police or fire dispatchers.

In addition to the Basic Life Support Units outlined above, there are, at the present time, two Advanced Life Support Units operating within the City of Southfield which are capable of communicating with Providence Hospital on the UHF medical band. It is anticipated that another Advanced Life Support Unit will be operational in Southfield by the end of this year. Undoubtedly, this unit will also utilize the same frequency currently in operation.

The City of Pontiac has recently initiated an Advanced Life Support Unit as well, with plans for a second unit early next year. Although not yet operational, the Pontiac Fire Department will also utilize the UHF medical band to communicate with Pontiac Osteopathic Hospital. Undoubtedly, these units will have the same frequency capability as the units in Southfield with additional frequencies as requested by the Federal Communications Commission. It should be noted that whereas the use of VHF equipment provides for voice communications only, the use of UHF in Life Support Units not only provides for voice communications, but also enables Advanced Emergency Medical Technicians to transmit bio-medical telemetry from the scene. A complete listing

of UHF frequencies utilized by Southfield and planned for by Pontiac is attached as an appendix to this report.

Hospital Communications

Nine of the twelve hospitals within Oakland County are capable of rendering emergency medical care. Six of those nine (Crittenton Hospital, Rochester; Pontiac Osteopathic Hospital, Pontiac; Pontiac General Hospital, Pontiac; St. Joseph Mercy Hospital, Pontiac; Providence Hospital, Southfield; William Beaumont Hospital, Royal Oak) are equipped with two-way radio communications on frequency 155.340 MHz. This is one of the designated frequencies for ambulance to hospital and hospital to hospital communications. This frequency is also utilized extensively for hospital security and paging.

In addition to 155.340 MHz, Pontiac General Hospital, as a regional hospital (so designated by the Michigan Hospital Association), is also capable of communicating on frequency 155.280 MHz with other designated regional hospitals.

As previously mentioned, Providence Hospital, in addition to its VHF capability, is presently equipped to receive bio-medical telemetry communications from Southfield Fire Department's Advanced Life Support Units via UHF.

Pontiac Osteopathic Hospital in Pontiac is in the process of obtaining similar equipment to facilitate its communications with the Pontiac Fire Department's Advanced Life Support Unit.

Disaster Coordination

Of great concern at the present time is the inability of emergency medical vehicles and hospitals to effectively communicate

with the Emergency Operating Center of the County Disaster Control office. However, plans are currently being drawn up by the Disaster Control office to help alleviate this problem. If current planning is implemented, a VHF base station will be located in the Emergency Operating Center. Such a base station would be capable of communicating with ambulances and hospitals within the County on frequency 155.340 MHz.

Summary

In summary, the lack of a coordinated communications effort has greatly limited the use of direct radio communications between the ambulances and the hospitals. In effect, the potential benefits of an EMS radio system have not yet been realized within Oakland County.

MAJOR DEFICIENCIES

Communications in support of emergency medical services are not generally well developed throughout the County. Communications systems have developed in response to the needs of the commercial operators or the needs of governmental entities. Hence, a completely uncoordinated system, with a few exceptions, has evolved.

In addressing the deficiencies associated with the present situation, it is easiest to address the various phases involved in EMS communications.

Access (Detection)

There is no simple, uniform way for a citizen to access emergency medical services throughout Oakland County. The "best" access method varies from village to village, city to city and township to township. There is reasonable evidence to suggest that the average citizen in most areas is not aware of the "best" method. The possible exceptions to this statement are those areas which currently utilize "911".

Dispatch

The status of ambulance dispatch within Oakland County is certainly a cause for concern in some areas. Some of the greater concerns can be enumerated as follows:

a. Ambulance dispatch is generally the responsibility of police or fire agencies and is not their primary concern.

b. Police or fire dispatch personnel do not, as a rule, closely monitor ambulance runs. Thus, the availability of an ambulance within a given area is not known until such time as an emergency arises and one is requested.

c. Radio contact between the ambulances and police and fire dispatch centers is virtually non-existent (except for ambulances operated by public safety agencies).

d. Generally, the only means of communicating to hospitals available to dispatchers is via the telephone. There is no backup should the telephone service be disrupted.

e. Most dispatch personnel throughout the County do not have appropriate training for emergency medical dispatch functions. Implementation of appropriate training programs would enable such dispatchers to discern potential medical emergencies, thus, conceivably facilitating the dispatch of appropriate personnel.

Intercommunications

Links connecting emergency medical vehicles, public dispatchers (i.e., police and fire) and hospitals are not well developed.

Except for those municipalities which operate emergency medical vehicles out of the fire department or the public safety department, ambulances have no means of communicating directly with the police or fire dispatchers who have requested their services.

Such communications could facilitate the arrival of the ambulance at the scene if it were given appropriate directions en route. In addition, in the event of a major mass casualty/disaster situation, there currently is no method of providing appropriate coordination to effect rapid and efficient response from all personnel involved: police, fire, ambulance, disaster control/civil defense.

If a mass casualty situation were to occur in this County at the present time, it is frightening to realize that many public safety dispatchers throughout the County could not efficiently dispatch a sufficient number of ambulances to transport the sick and

injured. In fact, it has been suggested that they would have to contact the various ambulance agencies via telephone utilizing the "ambulance" listings in the yellow pages. This is absurd!

As indicated under "Current Situation" less than 25% of the ambulances operating within the County have direct radio communications with the hospitals. As a result, many times hospitals are unprepared to accept critical patients delivered via ambulance as they have no adequate forewarning of the nature of the emergency.

There is no hospital status reporting system in the County at the present time. Utilization of such a reporting system would greatly facilitate the delivery of the patient to the most appropriate facility capable of addressing the needs of the patient immediately.

With the development of bio-medical telemetry, a whole new phase of communications technology has been introduced within Oakland County. Already systems are being implemented in Southfield and Pontiac. The Committee on Communications cautions that unless a comprehensive UHF system is implemented as proposed in the recommendations, the County will run the risk of creating a fragmented UHF system, similar to the fragmented VHF operation with which the County is currently plagued.

Other

Although specifically designated for ambulance to hospital and hospital to hospital communications, frequency 155.340 MHz is also utilized extensively for hospital paging and security operations. This can be a severe problem inasmuch as ambulance to hospital transmissions can be cut off due to the indiscriminate use of the frequency for paging and security. Although the Federal Communications Commission

has mandated that paging and security communications abandon this frequency by 1980, this does not alleviate the problems which currently exist.

RECOMMENDATIONS (Not necessarily in priority order)

1. We recommend that until such time as cooperative or joint dispatching services become practical for police and fire services, the reporting of medical emergencies should be continued through existing facilities. However, all planning should make provisions for the inclusion of "911" communications systems as they may develop in the County. Information should be disseminated to the general public in order to make the public aware of the "best" means to access the system.

2. We recommend implementation of the basic system as proposed in order to provide a comprehensive EMS communications network throughout Oakland County, such a system to be consistent with the guidelines as follows.

Basic System (Phase I)

Hospital Communications

3. We recommend that hospital to hospital communications which are presently being conducted on the frequency 155.340 MHz be changed to 155.400 MHz.

4. We recommend that ambulance to hospital communications continue on the frequency 155.340 MHz. We further recommend that the frequency 155.400 MHz be utilized as a secondary ambulance to hospital frequency.

5. We recommend that the three hospitals in Oakland County that are not presently radio equipped be equipped with VHF radios having a minimum capability of two frequencies (155.340 MHz, 155.400 MHz).

6. We recommend that the six hospitals in Oakland County that are equipped with VHF radios acquire the frequency 155.400 MHz

for point-to-point hospital communications and for secondary ambulance to hospital communications.

7. We recommend that the existing digital signaling system be utilized for hospital to hospital communications on the frequencies 155.400 MHz and 155.340 MHz. Digital signaling on frequency 155.340 MHz may also be utilized by transient ambulances for communications to Oakland County hospitals.

8. We recommend that Macomb County be equipped with one VHF radio base station to provide coordination with Oakland County hospitals and ambulances on the frequencies 155.400 MHz and 155.340 MHz.

9. We recommend a standard communications procedure be adopted and distributed to all users of the EMS radio system. This procedure to be developed by the Oakland County EMS Communications Committee.

10. We recommend that a means be provided to record all communications on the frequencies 155.400 MHz and 155.340 MHz.

11. We recommend that the use of dedicated phone lines for hospital communications be studied and a report be given at a later date.

12. We recommend that all hospitals be encouraged to abandon the frequency 155.340 MHz for routine paging, security or other in-house operations.

13. We recommend that all hospitals be equipped with "tone" decoders for ambulance to hospital communications.

Vehicle Communications

14. We recommend that all ambulances and Basic and Advanced Life Support vehicles be equipped with four frequency radios having scanning receivers, dual control capabilities (driver and patient compartments, where applicable) and multiple tone encoders. The fre-

quencies should be designated as follows:

F1 - Local Dispatch (example: Pontiac Fire 154.340 MHz)

F2 - County Coordinating Center (155.265 MHz)

F3 - Primary Ambulance to Hospital (155.340 MHz)

F4 - Secondary Ambulance to Hospital (155.400 MHz)

15. We recommend a standard identification plan be adopted for vehicles utilizing the above frequencies to eliminate confusion should several units of different jurisdictions have to communicate. Such an identification plan to be developed by the Oakland County EMS Communications Committee.

16. We recommend a vehicular communications procedure be adopted and utilized by all vehicles utilizing the above frequencies. This procedure to be developed by the Oakland County EMS Communications Committee.

County Coordinating Center

17. We recommend that a County Communications Coordinating Center be established to provide coordination between the many local EMS units operating in the County. The purpose of the Coordinating Center would be to maintain current status displays of all Basic and Advanced Life Support vehicles in the County. The Coordinating Center is to have radio communication with those units so as to more efficiently coordinate emergency medical mutual aid activities, and basic and advanced hospital communications.

18. We recommend that such a Center be operated in close proximity to the County Emergency Operating Center to enable efficient coordination and operation.

19. We recommend that the County Coordinating Center have the following frequency capabilities:

F1 - 155.265 MHz (Coordination Frequency)

F2 - 155.340 MHz (Primary Ambulance to Hospital)

F3 - 155.400 MHz (Secondary Ambulance to Hospital)

F4 - OPEN

20. We recommend that Oakland County apply to the F.C.C. for a license on 155.265 MHz for the County Coordinating frequency (this is an extremely critical item due to frequency availability in this area). We further recommend that the County apply for a license on frequencies 155.340 MHz and 155.400 MHz.

21. We recommend that the feasibility of equipping other public safety command vehicles with the County Coordinating frequency be explored.

22. We recommend that a current emergency medical facility status system be maintained by the County Communications Coordinating Center. Such a status system would facilitate the expeditious routing of emergency medical transport vehicles to the appropriate facility.

23. We recommend that communications coordination with ambulance dispatchers be explored.

Advanced System (Phase II)

Hospital Communications

24. We recommend the eight UHF frequencies allocated to EMS telemetry communications be utilized in Oakland County.

25. We recommend that the participating hospitals be linked with each other and satellite receiver locations to allow simultaneous handling of communications on all eight frequencies (this could be accomplished by microwave link or dedicated phone lines).

Vehicle (Portable) Communications

26. We recommend that all Advanced Life Support vehicles* be equipped with UHF telemetry units capable of multi-frequency (minimum of ten) and full duplex operation. These units should be portable and capable of being taken directly to the patient. These units should also have the capability to coordinate with the County Coordinating Center in order to establish communications with an available hospital.

County Coordinating Center

27. We recommend that the County Coordinating Center have the capability of communicating via two UHF common calling channels with portable telemetry units. This would eliminate congestion by utilizing this channel as a common calling channel to establish communications. Once established, the communications would move to a designated telemetry channel.

Contractual Agreement

28. We recommend that Oakland County retain ownership of any communications equipment procured.

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*As defined by Public Act 275

Oakland County Emergency Medical Services Division

29. We recommend that the communications procedures as outlined above be implemented by the Oakland County Emergency Medical Services Division.

30. We recommend that the Oakland County EMS Division be designated as the EMS Communications Coordinating Agency within Oakland County. This will enable the Division to coordinate the EMS frequencies, thus ensuring maximum efficiency of the system.

31. We recommend that the Oakland County EMS Division be equipped with radio communications capability.

APPENDIX - COMMUNICATIONS

i) Committee Position Paper on "911"

ii) Oakland County Emergency Telephone Numbers

iii) Oakland County Ambulance Dispatch Frequencies

iv) Oakland County Hospital VHF Frequencies

v) Oakland County UHF Frequencies Utilized by Advanced Life Support Units

and

Oakland County Hospital UHF Frequencies

vi) Communications Subcommittee's Proposed VHF Radio System for Oakland County

vii) Communications Subcommittee's Proposed UHF Radio System for Oakland County

viii) Subcommittee Members

ENTRY INTO THE EMS SYSTEM

Time is a critical element in the delivery of Emergency Medical Service. That interval between the occurrence of an incident and the notification of the appropriate emergency resource agency contains great potential for saving crucial minutes.

Most calls for emergency assistance originate with the private citizen. Therefore, he is a key figure in the reduction of total response time. If he can be offered an easily remembered, easily dialed telephone number to call in an emergency, a substantial savings in time will result.

The Universal Emergency Telephone Number - 911 - provides an ideal solution to the notification problem. The telephone industry in the United States is commited to that concept. However, the preponderance of calls for emergency assistance within any political jurisdiction is directed to the Police and Fire Departments. Therefore, one of the minimum requirements for the implementation of a 911 system is that it incorporate the processing of emergency police and fire calls.

Such constraints place the adoption of 911 beyond the scope of planning for EMS itself. The major impetus for 911 in a particular jurisdiction must come from the Public Safety officials and political leaders of that jurisdiction. However, given the importance of 911 to the EMS program, it is incumbent upon those involved in the delivery of Emergency Medical Service to exert what influence they can to persuade those Public Safety Officials and political leaders to actively pursue the adoption of 911 for their communities. One measure that appears to be appropriate is a letter from the Oakland County Council for Emergency Medical Services to the political head of each jurisdiction within Oakland County citing the importance of 911 to EMS and offering to assist in the planning for its incorporation into the community's emergency assistance operations.

In the interim, entry into the Emergency Medical Service System should be made through existing Police and Fire Department telephone services. Since many of the calls for medical assistance are presently being made to these telephone numbers, there need not be the massive education program for County residents that would be required should a new and separate telephone number be used for EMS assistance. Then, too, the subsequent adoption of 911 by any jurisdiction within the County can be easily phased in without any major disruption of the internal EMS communication system that may have been installed to interface Public Safety Organizations with EMS.

In summary, the ultimate goal is to enable every resident of Oakland County, and its transient population as well, to summon emergency medical aid by calling 911. To reach that goal in an orderly fashion, the EMS notification system must be an integral part of each community's facility for handling requests for emergency police and fire assistance.

OAKEMS Communications
Subcommittee

OAKLAND COUNTY EMERGENCY TELEPHONE NUMBERS *

Community	Fire Dept.	Local Police
Addison Twp.	628-3121	628-3600
If no answer.....		858-4911
Auburn Heights	373-6200	373-6200
Avon Township	651-9611	-
Avondale	651-9611	-
Berkley	541-9000	541-9000
Beverly Hills	646-6400	646-6400
Bingham Farms	626-3221	-
Birmingham	644-1616	644-3400
Bloomfield Hills	644-4646	644-4200
Bloomfield Twp.	647-4200	644-5555
Brandon Twp.	1-627-3400	-
Brooklands	651-9611	-
Clarkston	625-3311	625-5573
If no answer.....		858-4911
Clawson	435-5000	435-5000
Commerce Twp.	363-3461	-
Davisburg	1-634-8611	-
Drayton Plains	673-1271	674-0351
Farmington	474-1212	474-1212
Farmington Hills	474-2335	474-2335
Ferndale	541-3600	541-3650
Franklin	626-3221	626-5444
Gingellville	693-8323	-
Groveland Twp.	634-3991	-
Hazel Park	542-6000	542-6161
Holly	634-4311	634-8221
Huntington Woods	541-1180	541-1180
Independence Twp.	625-3311	-
Keego Harbor	682-6111	682-3030
If no answer.....		858-4911
Lake Angelus	373-6200	332-1220
If no answer.....		858-4911
Lake Orion	693-8323	693-8321
Lakeville	628-3121	-
Lathrup Village	911	911
Leonard	628-3121	628-3600
If no answer.....		858-4911
Lyon Twp.	437-0400	-
Madison Heights	588-3603	585-2100
Milford	684-2335	684-1515
Novi	349-2222	349-2444
Oak Park	911	911
Oakland Twp.	651-9611	-
or.....	693-8323	-
Oakley Park	363-3461	-
Orchard Lake	682-6111	682-2400
If no answer.....		858-4911

Community	Fire Dept.	Local Police
Orion Twp.	693-8323	-
Ortonville	627-3400	-
Oxford	628-2525	628-2581
If no answer.....		858-4911
Oxford Twp.	628-2525	-
Pleasant Ridge	541-3600	541-2900
Pontiac	333-7001	338-1001
Pontiac Twp.	373-6200	373-6200
Rochester	651-9611	651-9621
Royal Oak	546-3322	543-7500
Royal Oak Twp.	542-7496	542-7484
Southfield-from		
#'s beginning with		
27, 35, 42, 44, 55	911	911
from all other #'s	354-7800	354-1010
South Lyon	437-2055	437-1773
Springfield Twp.	1-634-8611	-
Sylvan Lake	682-6111	682-1440
If no answer.....		858-4911
Troy	689-4455	689-4455
Union Lake	682-1111	-
Walled Lake	624-3551	624-3111
Waterford Twp.	673-1271	674-0351
West Bloomfield Twp.	682-1111	682-1555
White Lake Twp.	363-3551	363-8383
If no answer.....		858-4911
Wixom	624-3131	624-1111
Wolverine Lake	363-3461	624-1335
If no answer.....		858-4911

*As supplied by Michigan Bell Telephone Co.

EMERGENCY TELEPHONE NUMBERS
AMBULANCE DISPATCHERS

Addison Township Fire Dept.	628-3121
Berkley Fire Dept.	541-9000
County Ambulance Service, Inc.	576-1414
Farmington Hills Ambulance Service	478-3111
Ferndale Fire Dept.	541-3600
Fleet Ambulance Service, Inc.	334-4901
Hazel Park Fire Dept.	542-6000
Holly Volunteer Ambulance, Inc.	634-8221
Madison Heights Fire Dept.	588-3603
North End Ambulance Service	693-1919
Novi Ambulance Service	348-2050
Oak Park Public Safety Dept.	911
Riverside Chapel Ambulance Service	674-4181
Sherman Ambulance Service	627-3412
South Lyon Fire Dept.	437-2055
St. Onge Ambulance Corp.	651-3475
Suburban Ambulance Service	548-6066

OAKLAND COUNTY
AMBULANCE DISPATCH FREQUENCIES

Addison Township Fire Dept.	154.430
Berkley Fire Dept.	155.010
County Ambulance Service	47.580
Farmington Hills Ambulance Service	155.235
Ferndale Fire Dept.	154.340
Fleet Ambulance Service	155.280
Hazel Park Fire Dept.	154.340
Holly Volunteer Ambulance, Inc.	154.430
Madison Heights Fire Dept.	154.340
North End Ambulance Service	157.800
Novi Ambulance Service	
Oak Park Public Safety Dept.	158.775
Riverside Chapel Ambulance Service	461.550
Sherman Ambulance Service	None
South Lyon Fire Dept.	154.430
St.Onge Ambulance Corp.	35.960
Suburban Ambulance Service	(45.960 (155.295

HOSPITALS
VHF FREQUENCIES

Present	Proposed
PONTIAC GENERAL HOSPITAL	
F1 - 155.340 (Security) F2 - 155.280 Digital 1-526-722 "PL" 6A	F1 - 155.340 F2 - 155.400 F3 - 155.280 (Regional) Digital 1-526-722 "PL" 6A
WM. BEAUMONT HOSPITAL	
F1 - 155.340 (Security) F2 - blank Digital 1-527-422 "PL" 5A	F1 - 155.340 F2 - 155.400 Digital 1-527-422 "PL" 5A
PONTIAC OSTEOPATHIC	
F1 - 155.340 (Paging) Digital 1-555-622 "PL" 7A	F1 - 155.340 F2 - 155.400 Digital 1-555-622 "PL" 7A
ST. JOSEPH MERCY (PONTIAC)	
F1 - 155.340 (Security) Digital 1-526-922 "PL" 1Z	F1 - 155.340 F2 - 155.400 Digital 1-526-922 "PL" 1Z
CRITTENTON HOSPITAL	
F1 - 155.340 Digital 1-500-022 "PL" 6B	F1 - 155.340 F2 - 155.400 Digital 1-500-022 "PL" 6B
PROVIDENCE HOSPITAL	
F1 - 155.340 (Security) Digital 1-527-522 "PL" 4B	F1 - 155.340 F2 - 155.400 Digital 1-527-522 "PL" 4B
BOTSFORD OSTEOPATHIC	
No Radio	F1 - 155.340 F2 - 155.400 Digital "PL"

HOSPITALS (Cont.)

Present	Proposed
MARTIN PLACE EAST	
Business Band for Paging and Security	F1 - 155.340 F2 - 155.400 Digital "PL"
MADISON COMMUNITY	
No Radio	
ARDMORE	
No Radio	
OAKLAND COUNTY HOSPITAL	
No Radio	

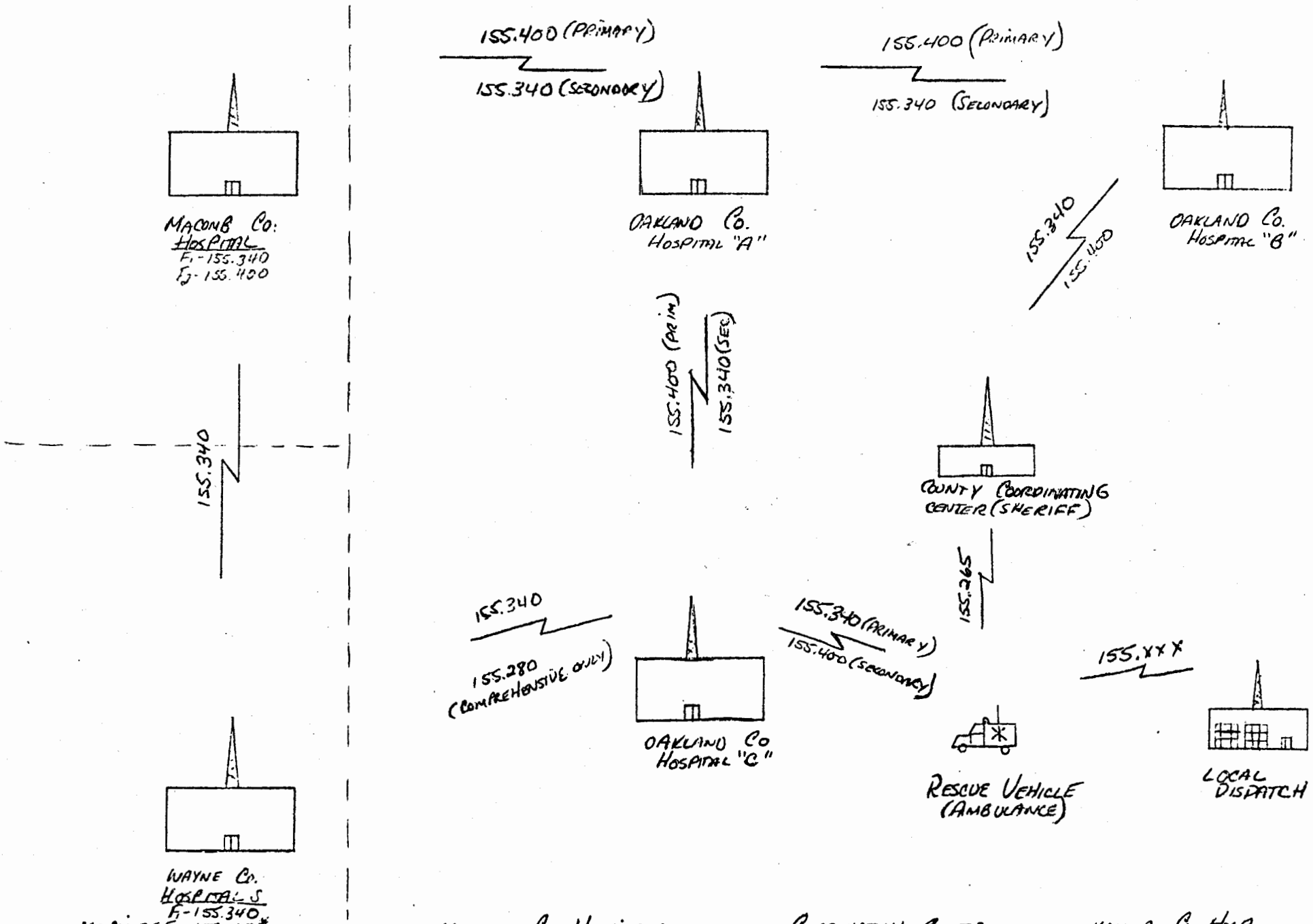
OAKLAND COUNTY UHF FREQUENCIES UTILIZED BY ADVANCED LIFE SUPPORT UNITS

Southfield	468.050
Pontiac	UHF frequencies to be designated in the near future.

OAKLAND COUNTY HOSPITAL UHF FREQUENCIES

Providence Hospital	463.050
Pontiac Osteopathic Hospital	UHF frequencies to be designated in the near future.

PHASE I - VHF COMMUNICATIONS



OAKLAND Co. Hospitals

F1 - 155.340 · AMB to Hosp.
F2 - 155.400 - Hosp to Hosp.
F3 - 155.280 · Hosp to Hosp *
* COMPREHENSIVE / MAJOR ONLY

Coordinating Center

F1 - 155.265 County Coordination
F2 - 155.340 Amb to Hosp
F3 - 155.400 Hosp to Hosp.

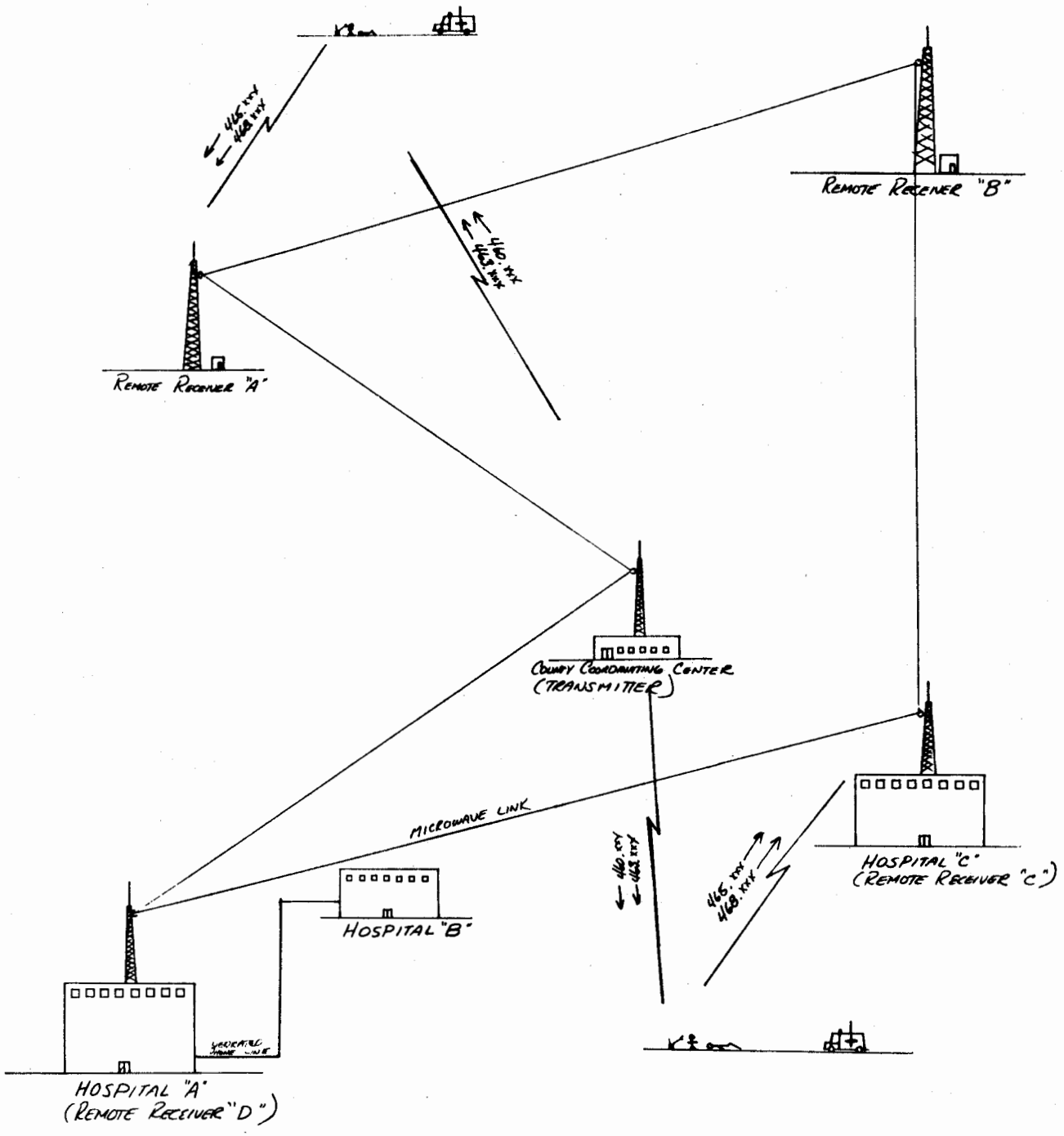
MACOMB Co. Hosp.

F1 - 155.340 - Amb to Hosp (Hosp to Ho.
F2 - 155.400 - Hosp to Hosp (OAKLAND

F1 - 155.XXX Local Dispatch
F2 - 155.265 County Coordination
F3 - 155.340 Primary Amb to Hosp.
F4 - 155.400 Secondary Amb to Hosp.

DRAFT

PHASE II
UHF



SEQUENCE

1. A-EMT determines need to communicate with Physician
2. A-EMT establishes contact with CCC on Coordination Frequency
3. CCC Assigns Frequency (MED 1-8) and Hospital for Contact
4. A-EMT selects Assigned Channel and establishes Contact with Hospital

FREQUENCIES

MED 1	463.000	468.000
MED 2	463.025	468.025
MED 3	463.050	468.050
MED 4	463.075	468.075
MED 5	463.100	468.100
MED 6	463.125	468.125
MED 7	463.150	468.150
MED 8	463.175	468.175

460.525 / 465.525
460.550 / 465.550
} DISPATCH, MUTUAL AID & COORDINATION

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COMMITTEE ON EMERGENCY FACILITIES

COMMITTEE ON EMERGENCY FACILITIES

INTRODUCTION

The delivery of emergency health care is an integral part of the total hospital service program, and planning for the delivery of emergency care must be part of the total institutional planning process. While various planning agencies are responsible for assisting in the development of pertinent guidelines, criteria and other tools to assist providers with their planning process, it is the responsibility of hospitals to plan among themselves, utilizing such guidelines, for an improved system of delivering emergency care.

GENERAL OBJECTIVES (Not necessarily in priority order)

I. The ultimate objective of planning for the delivery of emergency care is to increase the survival and recovery rate of the seriously ill or injured patient. To accomplish this goal, we set forth the following objectives for the Facilities Subcommittee:

1. Identify the capabilities of each institution's emergency facilities.

2. Encourage the further development of emergency facilities.

3. Encourage communications and working relationships among the various emergency facilities.

4. Encourage the appropriate utilization of the various emergency facilities.

5. Encourage cooperation among emergency facilities and the transportation network.

CURRENT SITUATION

Emergency Medical Care Facilities

There are twelve hospitals located within Oakland County. However, only nine of these hospitals (William Beaumont Hospital, Royal Oak; Botsford General Hospital, Farmington; Crittenton Hospital, Rochester; Madison Community Hospital, Madison Heights; Martin Place Hospital East, Madison Heights; Pontiac General Hospital, Pontiac; Pontiac Osteopathic Hospital, Pontiac; Providence Hospital, Southfield; St. Joseph Mercy Hospital, Pontiac) provide emergency medical care to the general public.

There were 332,669 emergency room visits recorded by these hospitals in 1974 (a breakdown by hospital is provided as an appendix to this report). The remaining three hospitals in the County do not provide emergency medical care to the general public. This includes Ardmore Hospital, Ferndale; Clinton Valley Center, Pontiac; and Oakland County Hospital, Pontiac.

Although the majority of medical care facilities are located in the more urbanized areas of the County, they are easily accessible to the majority of Oakland County residents in need of emergency medical care.

In addition to the hospitals enumerated above, two satellite facilities are presently under construction. These are Henry Ford Hospital, West Bloomfield Center (out-patient satellite) in West Bloomfield, scheduled for completion in November of this year; and William Beaumont Hospital (in-patient satellite) in Troy, which is scheduled for completion in the spring of 1977.

Critical Care Units

Within the County the following critical care units are available:

1. Intensive Care Units
2. Coronary Care Units
3. Major Trauma Care Units
4. Neo-natal Intensive Care Units
5. Radiation Decontamination Facilities
6. Hyperbaric Chamber Facilities
7. Facilities for patients suffering from acute psychiatric disorders
8. Poison Control Centers

Although most burns that occur in the County are cared for by the County's medical facilities, there is no major burn care center located within Oakland County. The closest specialized burn care center is in Ann Arbor.

In addition to the critical care facilities enumerated above, there currently exists within the County limited telemetry capability for the monitoring of suspected coronary patients from the scene via UHF bio-medical telemetry equipment.

AREAS FOR IMPROVEMENT

Most of the existing facilities in Oakland County deal with large numbers of patients whose problems are not "true emergencies." These patients arrive in the emergency facilities as non-scheduled patients needing medical care services; and often their presence, in large numbers, ties up emergency facilities, and complicates the treatment of the real emergencies. This situation occurs for a number of reasons.

One reason is because some physicians have left practice and haven't been replaced. Many physicians are not available to make house calls, and for others their practices are full or are not geared to take non-scheduled patients. Additionally, many organized programs for drug abuse, alcohol, child abuse, etc., have focused on emergency departments as a source of medical treatment for their patients.

A second area of concern is the instance in which a patient is brought, or brings himself, to a facility which may not be equipped or staffed to handle the patient's problem. In Oakland County this is not a major or frequently occurring problem, as most of the institutions are well staffed and equipped, and many of the ambulance companies and Life Support Units are familiar with the capabilities of the specific hospitals they deal with. But it is a potential problem in dealing with smaller hospital emergency services, as well as emergency services that are not tied directly to a hospital. The problem exists when the facility has not made working arrangements with other hospitals or physicians to properly, safely and rapidly transfer these patients after rendering initial emergency, diagnostic or treatment services.

Thirdly, the communications between emergency departments exist through telephone and radio; however, the utilization of this equipment has been limited. More effective procedures need to be developed to communicate when a patient transfer is needed. Additionally, there is a very limited use of ambulance to hospital communications to prepare the emergency department for receiving a particular type of patient.

Finally, many of the hospitals do not have adequate highway signs indicating the direction to and location of hospital emergency departments. This is a particular problem for both residents and non-residents of Oakland County.

Each of these areas needs addressing through the Oakland County Emergency Medical Services Council to help us attain the general objectives we have previously outlined in this document.

RECOMMENDATIONS (Not necessarily in priority order)

Categorization

1. Recommend that all emergency medical facilities in Oakland County be categorized on an interim basis utilizing the criteria as established by the Regional Task Force on Emergency Care (attached as part of the appendix). This Committee will be charged with a continuing attempt to create a categorization scheme which will reflect a greater in-depth analysis of the emergency facilities in the County. This categorization is for the purpose of informing the Council, the Commissioners and the public of the capabilities of each of the emergency medical facilities as they exist today. Further recommend that on-site inspection teams be established under the auspices of the Oakland County EMS Emergency Facilities Subcommittee to gain added information for the purpose of categorization. The Committee recommends that each emergency medical facility be re-examined for the purpose of re-establishing categorization annually.

2. Recommend that each emergency medical facility create and/or maintain effective emergency department committees. These committees should meet frequently to provide clinical and administrative leadership for emergency departments under the guidelines established by the institution's governing body. Emergency department committees should include representatives of various disciplines, including experts in the transportation of the sick and injured as ex-officio members.

3. Recommend that the Chairman of the Emergency Facilities Committee contact, via letter, all known facilities holding themselves

out as providing emergency medical care. The purpose of such a letter is to inform these facilities that the Committee is in the process of categorizing all emergency care facilities in order to establish the capabilities of the same.

If the facilities to whom this letter is sent are interested in becoming part of the countywide emergency medical services system, they can obtain further information from this Committee. A copy of the criteria for categorization will be forwarded with the letter.

Training

4. Recommend that all emergency medical facilities schedule training programs covering all aspects of emergency medical care on a continuing basis. Further recommend that all emergency medical facilities have on-going audit programs.

5. Recommend the encouragement of cooperation of the emergency facilities in the training of the Emergency Medical Technicians.

Communications

6. Recommend that a comprehensive medical emergency radio system be developed providing radio communications interconnecting all hospital emergency departments, all ambulances and all interrelated emergency resource services and personnel in Oakland County. These communications are to be used to notify the receiving emergency medical facility of the arrival of a seriously or critically sick and injured patient. This communications system can also be utilized in mass casualty situations.

7. Recommend that a study be made to explore the feasibility of providing all hospitals within the county with UHF bio-medical telemetry capabilities.

Patient Records

8. Recommend that a standardized ambulance reporting form be adopted for use in Oakland County. This report should accompany the patient transported to the emergency department and become part of the emergency department medical records.

9. Recommend that emergency department medical records (including ambulance reporting form) become a part of the patient's hospital medical records.

10. Recommend that a standardized hospital transfer form be adopted for use in Oakland County. Further recommend that appropriate procedures be developed for the inter-hospital transfer of emergency patients. Agreement between the transferring physician and the receiving physician is essential. All appropriate medical records should be transferred with the patient to facilitate admission of the patient at the receiving hospital.

11. Recommend that the Committee be charged with the future development of a system of interchangeability of emergency medical care records between facilities and physicians within the community.

Public Education

12. Recommend that local and state governments provide and install adequate highway signs indicating direction to and location of all hospital emergency departments within Oakland County.

13. Recommend that a public education campaign be developed to advise patients regarding the proper use of emergency departments.

14. Recommend that steps be taken to encourage residents of Oakland County to seek the care of a private physician whenever possible in non-emergency situations.

APPENDIX - EMERGENCY FACILITIES

i) Location of Hospitals Within Oakland County Providing Emergency Medical Care

ii) Summary -- Emergency Facilities Capabilities Within Oakland County

iii) Emergency Room Visits -- 1974

iv) Regional Task Force on Emergency Health Care

1) Minimum Criteria for a Comprehensive Emergency Service

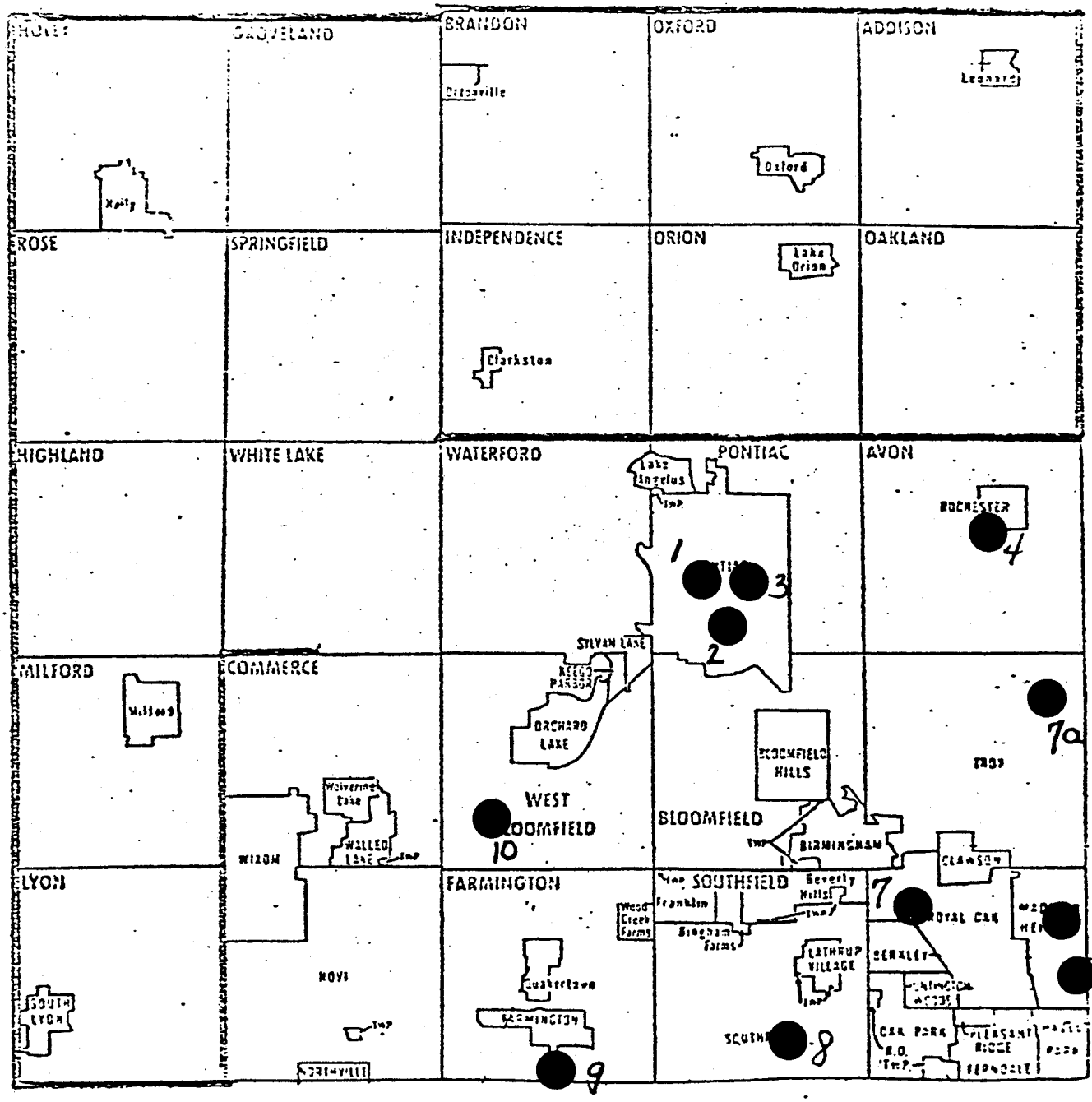
2) Minimum Criteria for a Major Emergency Service

3) Minimum Criteria for a General Emergency Service

4) Minimum Criteria for a Basic Emergency Service

v) Subcommittee Members

LOCATION OF HOSPITALS WITHIN OAKLAND COUNTY PROVIDING EMERGENCY MEDICAL CARE



1. Pontiac General Hospital
2. St. Joseph Mercy Hospital
3. Pontiac Osteopathic Hospital
4. Crittenton Hospital
5. Madison Community Hospital
6. Martin Place Hospital, East
7. William Beaumont Hospital
7a. William Beaumont Hospital-Troy
8. Providence Hospital
9. Botsford General Hospital
10. Henry Ford Hospital, West Bloomfield Center

EMERGENCY FACILITIES CAPABILITIES WITHIN OAKLAND COUNTY*

CAPABILITY	NUMBER OF HOSPITALS WITH CAPABILITY
MD or DO in ED 24 hours	9 (All)
Registered Nurse in ED 24 hours	8
Specialty Panel	9 (All)
Hospital Radio Communications	6
Minimum 4 Bed ED	9 (All)
CPR Supplies, Defibrillator, Monitor in ED	9 (All)
Lab Tech - 24 hours	8
Blood Bank - 24 hours in hospital	9 (All)
X-Ray Tech - Available in 15 Minutes	9 (All)
OR Available in 15 Minutes	9 (All)
Anesthesia Available in 30 Minutes	9 (All)
ICU & CCU	8
Disaster Plan	9 (All)
Medical Audit	9 (All)
JCAH or AOA Accreditation	9 (All)

*Hospitals Reporting: William Beaumont Hospital; Botsford General Hospital; Crittenton Hospital; Madison Community Hospital; Martin Place Hospital, East; Pontiac General Hospital; Pontiac Osteopathic Hopsital; Providence Hospital; St. Joseph Mercy Hospital

EMERGENCY ROOM VISITS
1974

HOSPITAL	NUMBER OF VISITS	PERCENTAGE OF TOTAL
Beaumont	78,176	23.5%
Botsford	32,400	9.7
Crittenton	29,561	8.8
Madison Community	6,000	1.8
Martin Place East	25,653	7.7
Pontiac General	49,914	15.0
Pontiac Osteopathic	24,740	7.4
Providence	46,825	14.1
St. Joseph Mercy	39,400	11.8
	332,669	

REGIONAL TASK FORCE
ON
EMERGENCY HEALTH CARE

Minimum Criteria for a Comprehensive Emergency Service

Minimum Criteria for a Major Emergency Service

Minimum Criteria for a General Emergency Service

Minimum Criteria for a Basic Emergency Service

REGIONAL TASK FORCE ON EMERGENCY HEALTH CARE

Minimum Criteria for a Comprehensive Emergency Service

1. Staffing

The emergency department staffing must include at all times experienced physicians, * registered nurses, and other allied health personnel, each with a background of broad training in emergency care, including special training in emergency life saving procedures. At least one licensed physician* and at least one registered nurse must be physically present in the emergency department to serve patients twenty-four hours a day; provision must be made for additional on-the-scene coverage of the emergency department by licensed physicians* and registered nurses whenever the volume of patients requires; physicians* in medicine, surgery, neurosurgery, orthopedic surgery, pediatrics and OB-GYN should be in the hospital twenty-four hours a day; a roster of physicians* on second call and a list of physicians* on fifteen-minute call in each of the recognized specialties of medicine should be maintained in the emergency department.

2. Support Units

The hospital itself should be staffed in-house twenty-four hours a day by experienced physicians* in all specialty categories necessary to management of life threatening conditions and by registered nurses and other allied health personnel.

Operating room personnel (at least one full team) should be on the premises twenty-four hours a day and at least one major operating room should be ready for use at all times.

An anesthesiologist* or nurse anesthetist (with an anesthesiologist* on call) should be on the premises and available within the hospital twenty-four hours a day.

The laboratory should be open and staffed with competent personnel twenty-four hours a day readily accessible to the emergency department, and capable of performing rapid analyses of blood gases, ph, serum electrolytes, analyses of body fluids for drugs and alcohol, and other procedures appropriate to emergency medical care.

The radiology department should be open and staffed by at least one radiologist*

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* Either an attending physician or a qualified resident is acceptable. However, whenever the physician is a resident, an attending physician must also be on fifteen-minute call.

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and one x-ray technologist twenty-four hours a day; readily accessible to the emergency department, and capable of providing routine studies on fixed or mobile equipment, with the capacity to do contrast studies (including angiography) on short notice.

The blood bank should be open and staffed with competent personnel twenty-four hours a day, readily accessible to the emergency department, and containing an adequate supply of conventional types with ready access to a supplemental supply.

3. Special Hospital Units

The Comprehensive Emergency Service should have the inpatient support readily available to provide most complex and specialized modern services for adults, infants and children, including but not limited to open heart surgery, renal dialysis and transplants, definitive burn treatment, neurosurgery, and similar programs.

The Comprehensive Emergency Service should contain a coronary care unit, an intensive care unit, a post-operative recovery unit, and such other special care units and specialized services which would make the transfer of patients for definitive diagnosis or treatment unnecessary. All such units should be staffed at all hours by specially trained personnel experienced in the critical care management of cardiac and respiratory crises, multiple injuries, renal failure, extensive body burns, and other medical, surgical, and psychiatric emergencies.

4. Emergency Department Equipment and Facilities (same for all categories)

The Comprehensive Emergency Service should have present in the emergency department and immediately available for use at least the following equipment:

Defibrillator
EKG
Pacemaker (not required in emergency department itself, if quickly available from another location)
Resuscitation and suction devices
Gastric lavage equipment
Endotracheal tubes
Central venous pressure monitoring equipment
Laryngoscope
Intravenous fluids and administration devices
Appropriate medications

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Sterile surgical sets
Oxygen, with related equipment

The Comprehensive Emergency Service should also have a separate telephone and radio transceiver to permit communications with ambulance, police, and neighboring institutions. The Comprehensive Emergency Service should have a separate emergency entrance, should be located on the first floor or ground-level floor, should be easily accessible and marked from the street, and should be on thoroughfares that provide good ingress and egress.

5. Organization of Emergency Services

The Comprehensive Emergency Service should have a triage mechanism which provides prompt medical evaluation of all incoming patients to determine the nature of the problem, the degree of urgency, the identification of the kind of service needed, and assignment for prompt emergency attention; an acutely ill patient should not be submitted to delay in receiving care pending financial arrangements or for any other non-medical reason; no patient, regardless of the degree of urgency of his condition, should ever be discharged or transferred from the emergency department without appropriate medical attention and clear-cut arrangements for follow-up; the patient care activities of the Comprehensive Emergency Service should be directed by a full-time medical director, and the hospital should be so organized administratively as to provide clear-cut assignment of authority and responsibility for all of the functions affecting the emergency department; a policy manual for the operation of the emergency department should be available and utilized; the Comprehensive Emergency Service and the hospital of which it is a part should have a disaster plan and drills should be held at least annually.

6. Community Orientation

The Comprehensive Emergency Service should provide service to all persons who present themselves, regardless of race, creed, color or financial status the Comprehensive Emergency Service should be prepared, if admission to a bed is medically indicated, to maintain the necessary support for all patients within the emergency department until a bed is available; if for any reason it is determined to be desirable to transfer a patient to another hospital for any part of his continued care, the medical director or his designee should determine that the patient's condition will not be adversely affected, the Comprehensive Emergency Service should make specific arrangements for the transfer and determine in advance that the other hospital will accept the patient, and the Comprehensive Emergency Service should transfer the patient's complete medical record with the patient and take such other steps as may be necessary to assure continuity of the care of the patient.

* * *

REGIONAL TASK FORCE ON EMERGENCY HEALTH CARE

Minimum Criteria for a Major Emergency Service

It should be noted that the following paragraphs are intended to provide only minimum criteria and are directed only to the emergency service capability of the hospital. It is recognized that many hospitals will provide resources far in excess of these criteria in order to support their other programs, and that is desirable providing such capacities do not result in unnecessary duplication of resources allocated to emergency programs.

1. Staffing

The emergency department staffing must include at all times experienced physicians,* registered nurses, and other allied health personnel, each with a background of broad training in emergency care, including special training in emergency life-saving procedures. At a minimum, at least one licensed physician* and one registered nurse must be physically present in the emergency department to serve patients twenty-four hours a day; a roster of physicians* on second call and a list of physicians* on fifteen-minute call in each of the recognized specialties of medicine should be maintained in the emergency department.

2. Support Units

The hospital itself should be staffed in-house twenty-four hours a day by experienced physicians* in all specialty categories necessary to management of life threatening conditions and by registered nurses and other allied health personnel.

Operating room personnel (at least one full team) should be on the premises twenty-four hours a day and at least one major operating room should be ready for use at all times.

An anesthesiologist* or nurse anesthetist (with an anesthesiologist* on call) should be on the premises and available within the hospital twenty-four hours a day.

The laboratory should be open and staffed with competent personnel twenty-four hours a day readily accessible to the emergency department, and capable of performing rapid analyses of blood gases, ph, serum electrolytes, analyses

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* Either an attending physician or a qualified resident is acceptable. However, whenever the physician is a resident, an attending physician must also be on fifteen-minute call.

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of body fluid for drugs and alcohol, and other procedures appropriate to emergency medical care.

The radiology department should be open and staffed by at least one x-ray technologist twenty-four hours a day (with a radiologist* on call) readily accessible to the emergency department and capable of providing routine studies on fixed or mobile equipment, with the capacity to do contrast studies (including angiography) on short notice.

The blood bank should be open and staffed with competent personnel twenty-four hours a day, readily accessible to the emergency department, and containing an adequate supply of conventional types with ready access to a supplemental supply.

3. Special Hospital Units

The Major Emergency Service should contain at least a general intensive care unit and a post-operative recovery room; it is also desirable that the Major Emergency Service contain a coronary care unit; the Major Emergency Service should include inpatient facilities for the care of routine medical and surgical conditions, with staffing by physicians,* registered nurses, and allied health personnel on a twenty-four hour basis that is consistent with the needs of the patients to be served.

4. Emergency Department Equipment and Facilities (same for all categories)

The Major Emergency Service should have present in the emergency department and immediately available for use at least the following equipment:

Defibrillator
EKG
Pacemaker (not required in emergency department itself, if quickly available from another location)
Resuscitation and suction devices
Gastric lavage equipment
Endotracheal tubes
Central venous pressure monitoring equipment
Laryngoscope
Intravenous fluids and administrative devices
Appropriate medications

* Either an attending physician or a qualified resident is acceptable. However, whenever the physician is a resident, an attending physician must also be on fifteen-minute call.

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Sterile surgical sets
Oxygen, with related equipment

The Major Emergency Service should have a separate telephone and radio transceiver to permit communications with ambulances, police, and neighboring institutions. The Major Emergency Service should have a separate emergency entrance, should be located on the first floor or ground-level floor, should be easily accessible and market from the street, and should be on thoroughfares that provide good ingress and egress.

5. Organization of Emergency Services

The Major Emergency Service should have a triage mechanism which provides prompt evaluation of all incoming patients to determine the nature of the problems, the degree of urgency, the identification of the kind of service needed, and assignment for prompt emergency attention; an acutely ill patient should not be submitted to delay in receiving care pending financial arrangements or for any other non-medical reason; no patient, regardless of the degree of urgency of his condition, should ever be discharged or transferred from the emergency department without appropriate medical attention and clear-cut arrangements for follow-up; the Major Emergency Service should have clear policies readily available to all personnel designed to limit its services to the care of those patients for whom its capacity is designed; a medical staff committee should direct the patient care activities of the Major Emergency Service, and the hospital should be so organized administratively as to provide clear-cut assignments of authority and responsibility for all of the functions affecting the emergency department; a policy manual for the operation of the emergency department should be available and utilized; the Major Emergency Service and the hospital of which it is a part should have a disaster plan and drills should be held at least annually.

6. Community Orientation

The Major Emergency Service should provide services to all persons who present themselves, regardless of race, creed, color or financial status; the Major Emergency Service should have a plan and specific arrangements with a Comprehensive Emergency Service; the Major Emergency Service should be prepared, if admission to a bed for routine medical or surgical care is medically indicated, to maintain the necessary support for such patients within the emergency department until a bed is available; if for any reason it is determined to be desirable to transfer a patient to another hospital for any part of his continued care, a licensed physician should determine that the patient's condition will not be adversely affected; the Major Emergency Service

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should make specific arrangements for the transfer and determine in advance that the other hospital will accept the patient, and the Major Emergency Service should transfer the patient's complete medical record with the patient and take such other steps as may be necessary to assure continuity of the care of the patient.

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REGIONAL TASK FORCE ON EMERGENCY HEALTH CARE

Minimum Criteria for a General Emergency Service

It should be noted that the following paragraphs are intended to provide only minimum criteria and are directed only to the emergency service capability of the hospital. It is recognized that many hospitals will provide resources far in excess of these criteria in order to support their other programs, and that is desirable providing such capacities do not result in unnecessary duplication of resources allocated to emergency programs.

1. Staffing

At a minimum, at least one licensed physician* and one registered nurse must be physically present in the hospital (preferably in the emergency department) to serve patients twenty-four hours a day; a roster of physicians* on second call and a list of physicians* on fifteen minute call in each of the recognized specialties of medicine should be maintained in the emergency department.

2. Support Units

Operating room personnel should either be on the premises or on call twenty-four hours a day; laboratory, diagnostic, x-ray, and blood bank personnel, and an anesthesiologist* or nurse anesthetist (with an anesthesiologist* on call) should be at least on call twenty-four hours a day.

3. Special Hospital Units

The General Emergency Service should contain at least a general intensive care unit and a post-operative recovery room; it is also desirable that the General Emergency Service should include inpatient facilities for the care of routine medical and surgical conditions, with staffing by physicians,* registered nurses, and allied health personnel on a twenty-four hour basis that is consistent with the needs of the patients to be served.

4. Emergency Department Equipment and Facilities (same for all categories)

The General Emergency Service should have present in the emergency department and immediately available for use at least the following equipment:

Defibrillator
EKG
Pacemaker (not required in emergency department itself, if quickly available from another location)

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* Either an attending physician or a qualified resident is acceptable. However, whenever the physician is a resident, an attending physician must also be on fifteen-minute call.

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Resuscitation and suction devices
Gastric lavage equipment
Endotracheal tubes
Central venous pressure monitoring equipment
Laryngoscope
Intravenous fluids and administrative devices
Appropriate medications
Sterile surgical sets
Oxygen, with related equipment

The General Emergency Service should have a separate telephone and radio transceiver to permit communications with ambulances, police, and neighboring institutions. The General Emergency Service should have a separate emergency entrance, should be located on the first floor or ground-level floor, should be easily accessible and marked from the street, and should be on thoroughfares that provide good ingress and egress.

5. Organization of Emergency Services

The General Emergency Service should have a triage mechanism which provides prompt medical evaluation of all incoming patients to determine the nature of the problems, the degree of urgency, the identification of the kind of service needed, and assignment for prompt emergency attention; an acutely ill patient should not be submitted to delay in receiving care pending financial arrangements or for any other non-medical reason; no patient, regardless of the degree of urgency of his condition, should ever be discharged or transferred from the emergency department without appropriate medical attention and clear-cut arrangements for follow-up; the General Emergency Service should have clear policies readily available to all personnel designed to limit its services to the care of those patients for whom its capacity is designed; a medical staff committee should direct the patient care activities of the General Emergency Service, and the hospital should be so organized administratively as to provide clear-cut assignments of authority and responsibility for all of the functions affecting the emergency department; a policy manual for the operation of the emergency department should be available and utilized; the General Emergency Service and the hospital of which it is a part should have a disaster plan and drills should be held at least annually.

6. Community Orientation

The General Emergency Service should provide services to all persons who present themselves, regardless of race, creed, color, or financial status; the General Emergency Service should have a plan and specific arrangements with a Comprehensive Emergency Service; the General Emergency Service

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should be prepared, if admission to a bed for routine medical or surgical care is medically indicated, to maintain the necessary support for such patients within the emergency department until a bed is available; if for any reason it is determined to be desirable to transfer a patient to another hospital for any part of his continued care, a licensed physician should determine that the patient's condition will not be adversely affected; the General Emergency Service should make specific arrangements for the transfer and determine in advance that the other hospital will accept the patient, and the General Emergency Service should transfer the patient's complete medical record with the patient and take such other steps as may be necessary to assure continuity of the care of the patient.

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Minimum Criteria for a Basic Emergency Service

It should be noted that the following paragraphs are intended to provide only minimum criteria and are directed only to the emergency service capability of the facility. It is recognized that many hospitals will provide resources far in excess of these criteria in order to support their other programs, and that is desirable providing such capacities do not result in unnecessary duplication of resources allocated to emergency care programs.

It should also be noted that a Basic Emergency Service need not be located within a hospital. Providing all of the criteria are met and a written affiliation agreement with a general hospital is developed and operative, a neighborhood health center or other ambulatory facility may serve as a Basic Emergency Service.

1. Staffing

At least one registered nurse (or paramedic with emergency training) should be physically present in the emergency department or immediately available in the facility for service to emergency patients twenty-four hours a day; a licensed physician* should be on fifteen-minute call; a roster of physicians* on second call and a list of physicians* on fifteen-minute call in each of the recognized specialties of medicine should be maintained in the emergency department.

2. Support Units

If located in a hospital, operating room personnel should at least be on call twenty-four hours a day; laboratory, diagnostic x-ray and blood bank personnel and an anesthesiologist* or nurse anesthetist (with an anesthesiologist* on call) should be at least on call twenty-four hours a day. If not located in a hospital; the Basic Emergency Service should have specific arrangements with a hospital that has such support units that can be made readily accessible to its patients.

3. Special Hospital Units

None required, provided that the Basic Emergency Service has specific arrangements for the transfer of patients to an appropriate Comprehensive

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* Either an attending physician or a qualified resident is acceptable. However, whenever the physician is a resident, an attending physician must also be on fifteen-minute call.

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Emergency Service, Major Emergency Service, or General Emergency Service.

4. Emergency Department Equipment and Facilities (same for all categories)

The Basic Emergency Service should have present in the emergency department and immediately available for use at least the following equipment:

Defibrillator
EKG
Pacemaker (not required in emergency department itself, if quickly available from another location)
Resuscitation and suction devices
Endotracheal tubes
Central venous pressure monitoring equipment
Laryngoscope
Intravenous fluids and administration devices
Appropriate medications
Sterile surgical sets
Oxygen, with related equipment

The Basic Emergency Service should also have a separate telephone and radio transceiver to permit communications with ambulances, police and neighboring institutions. The Basic Emergency Service should have a separate emergency entrance, should be located on the first floor or ground-level floor, should be easily accessible and marked from the street, and should be on thoroughfares that provide good ingress and egress.

5. Organization of Emergency Services

No patient, regardless of the degree of urgency of his condition, should ever be discharged or transferred from the emergency department without appropriate medical attention and clear-cut arrangements for follow-up; the Basic Emergency Service should have clear policies readily available to all personnel designed to limit its services to the care of those patients for whom its capacity is designed; a medical staff committee or a designated licensed physician should direct the patient care activities of the Basic Emergency Service, and the facility should be so organized administratively as to provide clear-cut assignments of authority and responsibility for all of the functions affecting the emergency department; a policy manual for the operation of the emergency department should be available and utilized; the Basic Emergency Service and the facility of which it is a part should have a disaster plan and

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drills should be held at least annually.

6. Community Orientation

The Basic Emergency Service should provide service for all persons who present themselves, regardless of race, creed, color, or financial status; the Basic Emergency Service should have a plan and specific arrangements with a Comprehensive Emergency Service and at least one Major Emergency Service or General Emergency Service for the prompt, safe, transfer of patients requiring the services of such a facility; the Basic Emergency Service should be prepared, if admission of a patient to a bed is medically indicated, to maintain the necessary support for such patients within the emergency department until arrangements for transfer to an appropriate facility can be safely completed; if for any reason it is determined to be desirable to transfer a patient to another hospital for any part of his continued care, a licensed physician should determine that the patient's condition will not be adversely affected, the Basic Emergency Service should make specific arrangements for the transfer and determine in advance that the other facility will accept the patient, and the Basic Emergency Service should transfer the patient's complete medical record with the patient and take such steps as may be necessary to assure continuity of the care of the patient.

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COMMITTEE ON FINANCE AND LEGISLATION

COMMITTEE ON FINANCE AND LEGISLATION

INTRODUCTION

Given the premise that an effective emergency medical services system will prevent increased morbidity and mortality, it is incumbent upon legislators at all levels of government to develop adequate legislation to ensure that EMS standards are upgraded and then maintained at acceptable levels.

However, the mere enactment of such legislation is not enough. No system, no matter how good it may look on paper, will save lives unless it is implemented. In order to implement comprehensive EMS systems, it will be necessary to appropriate adequate funding. The enactment of EMS legislation at the Federal level was a step in the right direction. Undoubtedly, funds awarded as a result of that legislation will be a major source of such monies to implement the planning which is currently being undertaken.

This initial effort must be carried on by local and state governments to realize the full potential of effective and efficient comprehensive EMS systems.

GENERAL OBJECTIVES (Not necessarily in priority order)

1. To establish organizational relationships which will weld diverse agencies into an efficient and effective EMS system.

2. To specify the levels of service to be provided by each participant in the operational system.

3. To seek and obtain adequate funding and specific incentives (i.e., expansion of the Good Samaritan Laws) for the continued maintenance and upgrading of the system.

4. To initiate legislation in order to improve and maintain efficient and effective emergency medical services to the citizens of Oakland County.

5. To analyze proposed legislation and regulations to determine their effect on the delivery of emergency medical services.

CURRENT LEGISLATIVE SITUATION

Federal

The Emergency Medical Services Systems Act of 1973 (PL 93-154) provides that plans developed and systems established, expanded and approved with funds under this act, address each of 15 components outlined in the Act. The law seeks to define an EMS system and thus, any plans developed must address each of the components outlined if the Act of Federal assistance is to be obtained.

State

Current legislation in Michigan is primarily focused on the provision of ambulance services. The Michigan Ambulance Licensing Act, Public Act 258 of 1968, as amended by Act 260, Public Acts of 1969, provides authority to the Michigan Department of Public Health for licensing ambulances and ambulance attendants. However, the legislation does not distinguish between vehicles and personnel serving in an emergency medical services system from those persons and vehicles operating in limited private emergency situations. The legislation authorizes counties, cities and smaller units of government to contract payment through a government's general fund or by an earmarked assessment for millage.

Public Act 275 of 1974 is the Advanced Emergency Medical Technician Practices Act. This law gives the Michigan Department of Public Health the authority to set standards for certifying advanced emergency medical technicians, and to promulgate rules to implement the provisions of the bill.

Inasmuch as monies were not appropriated to implement this legislation, an amendment was adopted granting those Advanced EMT's currently practicing in the State, provisional certification until such time as proper credentialing mechanisms are established per Public Act 275.

Recently, public hearings have been held regarding proposed legislation to establish a statewide EMS system. The proposal addresses four specific areas relating to EMS. First, the establishment of a coordinated statewide EMS system; second, the establishment of stricter controls regulating ambulance operations in the State; third, upgrading of ambulance personnel throughout the State; and fourth, the development of a statewide categorization plan via the Hospital Licensing Act.

This legislation is embodied in Senate Bills #984, 985, 986 and 987 introduced in the Michigan Legislature on June 18, 1975. The legislation as proposed has been generally well received, however, it will not provide financial assistance to local communities for implementation of EMS systems.

Local

Oakland County has recognized the need for improved emergency medical services. The Oakland County Board of Commissioners has appointed an Emergency Medical Services Council and has provided for staff assistance to the Council as well as funding for planning of EMS in Oakland County. The County of Oakland does not have an ambulance ordinance. Such may be necessary if adequate legislation is not passed at the State level.

Act 176 of the Public Acts of 1937 provides that counties may pay from the general fund the cost of ambulance transportation where the person so injured and transported is financially unable to pay and there are no relatives or other persons liable for the care of such persons. The County of Oakland has not elected to implement this law.

CURRENT FINANCING SITUATION

Federal

The Emergency Medical Services Systems Act of 1973 (PL 93-154) provides Federal financial assistance for feasibility studies, planning, establishment and initial operation, expansion and improvements of emergency medical services for local units of government.

State

No funding of emergency medical services activities at the local level is available nor is it contemplated under pending legislation.

Local

After unsuccessfully submitting a grant application for planning monies under PL 93-154, the Oakland County Board of Commissioners appropriated $40,000 for one year for the purpose of providing staff support and material to the previously appointed EMS Council in order to develop a comprehensive EMS plan for Oakland County.

MAJOR DEFICIENCIES

Legislation

As mentioned in the Introduction to this report, it is incumbent upon legislators to enact appropriate EMS legislation to address public health needs. It is the general consensus that the State should assume responsibility for regulation of those areas of emergency medical services that necessitate statewide standards such as training, certification of personnel, minimum ambulance criteria, etc. With the introduction of new legislation (Senate Bills #984, 985, 986 and 987), there is indication that attempts are being made to upgrade emergency medical services via a statewide approach.

Until such time as that legislation may be enacted, the current laws regarding the provision of emergency medical care are inadequate.

In addition, it is felt that planning and implementation of emergency medical services systems should be done a local and regional basis.

With the legislative deficiencies at the State level, there have been no attempts to rectify the situation at the County level. However, as indicated under "Current Situation" no County ambulance ordinance may be necessary if adequate legislation is passed at the State level.

Finance

Although monies have been appropriated by the Federal government (PL 93-154) and the Oakland County Board of Commissioners, no funding of EMS activities at the local level is available through

the State nor is it contemplated under the pending legislation. This is a serious oversight in the development of a comprehensive statewide EMS system.

Furthermore, on the question of financing emergency medical services systems, there are problems regarding third-party payment for emergency medical services. Most health insurance contracts do not cover medical services performed outside of the hospital. Blue Cross, through its major medical contract and certain of its optional plans, as well as some private health insurance plans do provide insurance coverage for ambulance services. Most of these, however, are limited in dollar amount of payment and contemplate transportation and first aid only. Another problem area exists in that many of the private plans provide for payment directly to the policy holder and make no provision for third-party payment.

RECOMMENDATIONS (Not necessarily in priority order)

Legislation

1. Recommend that legislation be enacted by the State to establish minimum standards to improve and maintain effective and efficient emergency medical services.

2. Recommend that legislation at the County level be enacted to improve and maintain effective and efficient emergency medical care should the State fail to do so.

3. The following are recommendations of the enumerated committees as they relate to legislation:

a) Communications: We recommend that Oakland County retain ownership of any communications equipment procured.

b) Communications: We recommend that statewide legislation be enacted to establish a statewide "911" system by 1980.

c) Emergency Facilities: Recommend that local and state governments provide and install adequate highway signs indicating the direction to and location of all hospital emergency departments within Oakland County.

d) Transportation: Recommend that representatives of County government, commercial ambulance purveyors and third party payers meet to review and resolve any inadequacies in present reimbursement programs for emergency medical transportation. Such an arrangement could keep ambulance charges at a minimum for the general public.

e) Transportation: Recommend that any EMS related regulatory responsibilities that the State may delegate to the County be delegated to the Oakland County EMS Division (e.g., ambulance inspection, certification of personnel, etc.).

f) Transportation: Recommend that a County Ordinance be established encompassing the objectives outlined above (sic). Such an ordinance would enable the Oakland County EMS Division to ensure that acceptable standards are maintained within the EMS system.

Finance

4. Recommend that Oakland County submit a grant application to the Department of Health, Education and Welfare (per the Emergency Medical Services Systems Act, PL 93-154) as part of a regional proposal for the implementation of the EMS plan as proposed by this Council.

5. Recommend that the State of Michigan provide sufficient resources for system implementation when and where appropriate.

6. Recommend that additional funding sources be explored and applied for when and where appropriate.

7. Recommend that the State Insurance Commissioner, the State Legislature and labor negotiators of health insurance contracts, be made aware of the current deficiencies regarding third-party payment of emergency medical services.

APPENDIX - FINANCE & LEGISLATION

i) Oakland County Legislative History:
Emergency Medical Services

ii) Subcommittee Members

WHEREAS your Committee recommends that said Grant Application in the total amount of $120,472.00, of which $5,500.00 in-kind services will be the County's matching share, be approved;

NOW THEREFORE BE IT RESOLVED that the renewal grant application for the Cooperative Reimbursement Program (Prosecutor's Office) be and is hereby approved.

The Human Resources Committee, by Wallace F. Gabler, Jr., Chairman, moves the acceptance of the foregoing report.

HUMAN RESOURCES COMMITTEE
Anne M. Hobart, Vice Chairman

Moved by Hobart supported by Button the report be accepted.

A sufficient majority having voted therefor, the motion carried.

Misc. 6526
By Mr. Brotherton
IN RE: PUBLIC HEARING - CASS LAKE WATERCRAFT CONTROLS
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS the Oakland County Board of Commissioners has become aware that the use of Cass Lake, located in the Township of West Bloomfield, Township of Waterford, City of Keego Harbor and the City of Orchard Lake Village, for recreational purposes has created problems on Cass Lake; and

WHEREAS Cass Lake has a public launching site, permitting non-residents to use Cass Lake, thereby creating safety hazards for swimmers, boaters and residents of Cass Lake; and

WHEREAS there is being constructed 565 multiple dwellings which will place an additional burden be recreational users of Cass Lake; and

WHEREAS the local units of government are not capable of correcting the problems on Cass Lake; and

WHEREAS the local units, namely, the City of Keego Harbor, City of Orchard Lake Village, Township of West Bloomfield and Township of Waterford, have requested Commissioners Hobart and Montante to request the Board of Commissioners to adopt a resolution requesting the Department of Natural Resources to conduct a public hearing.

NOW THEREFORE BE IT RESOLVED that the Oakland County Board of Commissioners does hereby request the Department of Natural Resources to hold a public hearing to inquire into the need of special local watercraft controls on Cass Lake, located in the City of Keego Harbor, City of Orchard Lake Village, Township of West Bloomfield and Township of Waterford, Oakland County, Michigan.

The Local and Regional Affairs Committee, by Wilbur V. Brotherton, Chairman, moves the adoption of the foregoing resolution.

LOCAL AND REGIONAL AFFAIRS COMMITTEE
Wilbur V. Brotherton, Chairman

Moved by Brotherton supported by Hobart the resolution be adopted.

A sufficient majority having voted therefor, the resolution was adopted.

REPORT
By Mr. Button
IN RE: RESOLUTION #6490 - ESTABLISHMENT OF EMERGENCY MEDICAL SERVICES COUNCIL
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

The Public Protection & Judiciary Committee reports Miscellaneous Resolution #6490 and recommends that said resolution be adopted.

PUBLIC PROTECTION & JUDICIARY COMMITTEE
Robert A. Button, Member

"Misc. 6490
By Mr. Montante
IN RE: ESTABLISHMENT OF EMERGENCY MEDICAL SERVICES COUNCIL
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS the disaster plans of the five hospitals in North Oakland County were tested for their ability to meet widespread emergencies; and

WHEREAS the Oakland County Civil Defense Director reports that an Emergency Medical Services Council is being established which will concern itself in four basic areas as follows:

1. Broad base community training
2. Communication systems to assure prompt response to need
3. Equipment facilities for training emergency medical technicians
4. Emergency care facilities, i.e., hospital, staff and equipment for delivery of services

and

WHEREAS the Council is to act as the coordinating element and provide funding, planning and leadership in establishing a community network involving the Sheriff's Department, County Disaster Control Department, hospitals, local units of government, some members of the Board of Commissioners, county ambulance services, United Community Services and the United Fund; and

WHEREAS your Committee recommends that the County of Oakland support the concept of an Emergency Medical Services Council, such support requiring no County financial assistance;

NOW THEREFORE BE IT RESOLVED that the County of Oakland hereby supports the concept of an Emergency Medical Services Council as being in the best interests of the citizens of Oakland County to meet widespread emergencies.

The Health Committee, by Joseph R. Montante, Chairman, moves the adoption of the foregoing resolution.

HEALTH COMMITTEE
Joseph R. Montnate, Chairman"

Moved by Button supported by Lennon the report be accepted.

A sufficient majority having voted therefor, the motion carried.

Moved by Button supported by Lennon that resolution #6490 be adopted.

A sufficient majority having voted therefor, the resolution was adopted.

Misc. 6527
By Mr. Button
IN RE: DESIGNATE OAKLAND COUNTY DEPARTMENT OF DISASTER CONTROL AND CIVIL DEFENSE AS COORDINATING AGENT IN ESTABLISHING EMERGENCY MEDICAL SERVICES COUNCIL FOR OAKLAND COUNTY

To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS pursuant to Miscellaneous Resolution #6490 the County of Oakland has approved the concept of the establishment of an Emergency Medical Services Council; and

WHEREAS your Committee recommends that the Oakland County Department of Disaster Control and Civil Defense be designated as the coordinating agent in establishing the Emergency Medical Services Council for Oakland County;

NOW THEREFORE BE IT RESOLVED that the Oakland County Department of Disaster Control and Civil Defense be and is hereby designated as the coordinating agent in establishing the Emergency Medical Services Council for Oakland County.

The Public Protection and Judiciary Committee, by Henry W. Hoot, Chairman, moves the adoption of the foregoing resolution.

PUBLIC PROTECTION & JUDICIARY COMMITTEE
Robert A. Button, Member

Moved by Button supported by Mathews the resolution be adopted.

A sufficient majority having voted therefor, the resolution was adopted.

Moved by Coy supported by Walker that Resolution #6488-Auditors Policy on Assignment of County Vehicles-Amendment, be taken from the table.

AYES: Hobart, Houghten, Perinoff, Walker, Berman, Button, Coy, Dunleavy. (8)
NAYS: Kasper, Lennon, Mathews, Montante, Nowak, Richardson, Vogt, Wilcox, Brotherton. (9)

A sufficient majority not having voted therefor, the motion lost.

Moved by Wilcox supported by Brotherton the Board adjourn until January 10, 1974 at 9:30 A. M.

A sufficient majority having voted therefor, the motion carried.

The Board adjourned at 12:20 P. M.

Lynn D. Allen
Clerk

Paul E. Kasper
Chairman

WHEREAS many changes in the organization of County government will take place in the near future:

NOW THEREFORE BE IT RESOLVED that the Oakland County Board of Commissioners hereby opposes S. B. 438 and so recommends to the Oakland County Legislators.

The Legislative Committee, by Robert A. Button, Chairman, moves the adoption of the foregoing resolution.

LEGISLATIVE COMMITTEE
Robert A. Button, Chairman

Moved by Button supported by Moffitt the resolution be adopted.

Discussion followed.

AYES: Richardson, Vogt, Wilcox, Berman, Brotherton, Burley, Button, Coy, Dunleavy, Gabler, Hobart, Hoot, Kasper, Mathews, Moffitt, Montante, Perinoff, Pernick. (18)
NAYS: Walker, Dearborn, Lennon, Olson, Patnales, Quinn. (6)

A sufficient majority having voted therefor, the resolution was adopted.

Misc. 6589
By Mr. Hoot
IN RE: APOINTMENT OF EMERGENCY MEDICAL SERVICE AD HOC TASK FORCE
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS pursuant to Miscellaneous Resolution #6490, dated December 20, 1973, the concept of the establishment of an Emergency Medical Services Council was adopted; and

WHEREAS your Committee recommends that a 15 member task force be appointed to suggest programs, recommend proper department to coordinate programs and make budget recommendations;

NOW THEREFORE BE IT RESOLVED that a 15 member task force be appointed by the Chairman of the Board, such task force to concern itself with recommendations for implementing an Emergency Medical Services Council and to report back such recommendations to this Committee.

The Public Protection and Judiciary Committee, by Henry W. Hoot, Chairman, moves the adoption of the foregoing resolution.

PUBLIC PROTECTION AND JUDICIARY COMMITTEE
Henry W. Hoot, Chairman

Moved by Hoot supported by Quinn the resolution be adopted.

A sufficient majority having voted therefor, the resolution was adopted.

The Chairman appointed the following persons members of the Emergency Medical Service Ad Hoc Task Force:

Dr. Robert Aranosian	John T. Kerr	Vicki Niederluecke
Thomas Cranshaw	Lonnie Merriett	Dr. Merle Rydesky
Harold Foote	Floyd Miles	Dr. Joseph Schirle
Dr. Thomas Grekin	Mark Nelson	Ann Starr
Peter Holman	William Nelson	Dr. John Van DeLeuv

The Ex-officio members of this Task Force will be John Dent and Dr. Lowell M. Wiese.

Discussion followed.

The appointments were approved.

REPORT
By Mr. Hoot
IN RE: MISCELLANEOUS RESOLUTION #6551, POLICE TRAINING ACADEMY
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

The Public Protection and Judiciary Committee reports Miscellaneous Resolution #6551 and recommends that the County Board of Commissioners obtain a facility for housing a Police Training Academy.

The Public Protection & Judiciary Committee, by Henry W. Hoot, Chairman, moves the acceptance of the foregoing report.

PUBLIC PROTECTION AND JUDICIARY
Henry W. Hoot, Chairman

"Misc. 6551
By Mrs. Dearborn
IN RE: POLICE TRAINING ACADEMY
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS a Police Training Academy has been discussed by the Public Protection and Judiciary Committee and by the Board of Commissioners; and

WHEREAS said Police Training Academy is programmed into capital improvements although to date no funds have been appropriated nor any dates set; and

WHEREAS your Finance Committee concurs in principle with the proposed Building Program and its priorities as changed; and

WHEREAS it is the understanding of your Committee that concurrence with this proposal does not authorize commencement of any project contained therein, this being a matter for consideration by this Board on a specific project request basis.

NOW THEREFORE BE IT RESOLVED that your Finance Committee concurs and recommends adoption of the proposed 1974 Capital Program.

The Finance Committee, by Fred D. Houghten, Chairman, moves the adoption of the foregoing resolution.

FINANCE COMMITTEE
Fred D. Houghten, Chairman

Moved by Houghten supported by Button the resolution be adopted.

Discussion followed.

A sufficient majority having voted therefor, the resolution was adopted.

Fiscal Report 6709
By Mr. Houghten
IN RE: FINANCE COMMITTEE REPORT ON THE EMERGENCY MEDICAL SERVICES (E.M.S.)GRANT APPLICATION
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

The Finance Committee has reviewed the subject grant application and reports the following:

(a) This is a six (6) month planning grant for approximately $91,950. The purpose of this grant will be to secure professional services to conduct a planning study, determine needs and resources currently available in Oakland County and propose an Emergency Medical Services implementation plan.

(b) In order to implement any E.M.S. program in Oakland County with Federal funding, a separate grant application would have to be made under Section 1203 of the Emergency Medical Services Act of 1973.

(c) There is no County cash or in-kind contributions toward this grant; in order to meet the in-kind contribution requirement of the grant, a proportionate share of salaries from members of the Emergency Medical Service Council will be used.

MR. Chairman, I move that this fiscal report and the Emergency Medical Services grant be referred to the Health Committee for their evaluation and recommendation.

FINANCE COMMITTEE
Fred D. Houghten, Chairman

Moved by Houghten supported by Pernick the report be referred to the Health Committee.

Moved by Hoot supported by Button the referral be amended to include the Public Protection and Judiciary Committee.

Vote on referral, as amended:

A sufficient majority having voted therefor, the report will be referred to the Health Committee and Public Protection and Judiciary Committee.

Fiscal Report 6710
By; Mr. Houghten
IN RE: FINANCE COMMITTEE REPORT ON THE N.E.T. GRANT APPLICATION
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

The Finance Committee has reviewed the subject grant application and reports the following:

Subject Grant is for a 9 months continuation until 6-30-75 of an existing grant of approximately $382,525.

The County financed implications are as follows:

	Final 9 Months 9/1/74 to 6/30/75
County Contribution	
Cash	27,282
In-Kind	64,000
Total County	91,282
Local Units Contribution	
Cash	6,010
In-Kind	153,025
Total Local Units	159,035
State Contribution	
Cash	1,958
In-Kind	95,000
Total State	96,958
Federal (L.E.A.A.)	
Cash	35,250
In-Kind	--
Total Federal	35,250
Total Program	382,525
Cash	70,500
In-Kind	312,025

Beginning July 1, 1975, Federal (L.E.A.A.) Funds will not be available to continue this program. Thus assuming the program is continued and assuming that Local Governmental Units do not increase their participation, the burden will be distributed as follows:

County Contribution:	
Cash	45,090
In-Kind	87,900
Total	132,990
Local Units Contribution	
Cash	6,010
In-Kind	153,025
Total	159,035
State Contribution:	
Cash	--
In-Kind	95,000
Total	95,000
Federal (L.E.A.A.)	
Cash	--
In-Kind	--
Total	--
Total Program	387,025
Cash	51,100
In-Kind	335,925

Mr. Chairman, I move that this fiscal report and the Oakland County Enforcement Team (N.E.T.) grant application be referred to the Public Protection and Judiciary Committee for their evaluation and recommendation.

FINANCE COMMITTEE
Fred D. Houghten, Chairman

Moved by Houghten supported by Mathews the report be referred to the Public Protection and Judiciary Committee. There were no objections.

Fiscal Report 6711
By Mr. Houghten
IN RE: FINANCE COMMITTEE REPORT ON THE 1974 SUMMER PROGRAM FOR ECONOMICALLY DISADVANTAGED YOUTH GRANT APPLICATION
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

The Finance Committee has reviewed the subject grant application and budget options previously considered by the Special Manpower Committee.

The Finance Committee concurs with the concept of the Summer Program for Economically Disadvantaged Youth and the filing of an Application for C.E.T.A. Title III funds.

Further, the Finance Committee finds that no direct cash contributions or in-kind services are required by Oakland County.

Of the following budget options considered, the Finance Committee recommends Option A, which is indicative of program and budget direction which results in a higher percentage of funds utilized for wages of enrollees for work performed.

SUMMARY OF BUDGET PROPOSAL A

Category	Amount	%
Enrollee Wages and fringe benefits	$617,534	83.8
Client Services	86,458	11.7
Project Administration	25,826	3.5
County Administration	7,372	1.0
	$737,190	100.0%

SUMMARY OF BUDGET PROPOSAL B

Category	Amount	%
Enrollee Wages and fringe benefits	$603,631	81.9
Client Services	98,305	13.3
Project Administration	27,882	3.8
County Administration	7,372	1.0
	$737,190	100.0%

Mr. Chairman, I move acceptance of the foregoing fiscal report.

FINANCE COMMITTEE
Fred D. Houghten, Chairman

Moved by Houghten supported by Richardson the report be accepted.

A sufficient majority having voted therefor, the report was accepted.

Misc. 6712
By Dr. Montante
IN RE: PAYMENT OF DUES TO COMPREHENSIVE HEALTH PLANNING COUNCIL
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS it is a well established fact that a need exists for the Comprehensive Health Planning Council in Southeastern Michigan; and

WHEREAS it is believed that Oakland County should be an integral part of such a local planning agency; and

WHEREAS in previous consideration of the question of Oakland County's membership in said Comprehensive Health Planning Council information was presented to the Oakland County Board of Commissioners that resulted in action being taken against paying dues to said Comprehensive Health Planning Council; and

WHEREAS facts and current information establish beyond a doubt the merits of membership in the Comprehensive Health Planning Council;

NOW THEREFORE BE IT RESOLVED that $19,800.00 of the requested 1974 County membership dues of $27,126.00 not be paid until the County of Oakland receives representation on the Executive Committee of the Comprehensive Health Planning Council.

BE IT FURTHER RESOLVED that discussion of the balance of said 1974 dues in the amount of $7,326.00 will be held contingent on the Health Committee receiving information regarding payment from other participating members and information regarding further federal funding.

The Health Committee, by Joseph R. Montante, M.D., Chairman, moves the adoption of the foregoing resolution.

HEALTH COMMITTEE
Joseph R. Montante, M.D., Chairman

Moved by Montante supported by Pernick the resolution be adopted.

Discussion followed.

AYES: Montante, Nowak, Patnales, Perinoff, Pernick, Richardson, Vogt, Walker, Brotherton, Button, Dearborn, Douglas, Dunleavy, Hobart, Houghten, Kasper, Lennon, Mathews, Moffitt. (19)
NAYS: Olson, Walker, Berman, Coy, Hoot. (5)

A sufficient majority having voted therefor, the resolution was adopted.

Misc. 6713
By Dr. Montante
IN RE: ACCEPTANCE OF EMERGENCY MEDICAL SERVICE TASK FORCE REPORT AND AUTHORIZATION TO ESTABLISH EMERGENCY MEDICAL SERVICES COORDINATING COUNCIL
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS pursuant to Miscellaneous Resolution #6589 this Board appointed a fifteen-member task force to develop a comprehensive emergency medical service plan and a council to execute such plan; and

WHEREAS said Task Force has presented its report of recommendations to the Health Committee of this Board, copy of said report attached hereto; and

WHEREAS your Committee recommends acceptance of the Task Force report dated May 20, 1974 and support in concept of the principles as outlined in said report;

NOW THEREFORE BE IT RESOLVED that the Oakland County Board of Commissioners hereby accepts the Emergency Medical Services Task Force Report as submitted dated May 20, 1974.

BE IT FURTHER RESOLVED that the Task Force proceed with the establishment of an Emergency Medical Services Coordinating Council and that the said Council immediately establish a job description for an Executive Director.

The Health Committee, by Joseph R. Montante, M.D., Chairman moves the adoption of the foregoing resolution.

HEALTH COMMITTEE
Joseph R. Montante, M.D., Chairman

EMERGENCY MEDICAL SERVICES TASK FORCE
Report to the Oakland County Board of Commissioners
May 20, 1974

The Oakland County Board of Commissioners appointed a fifteen member task force to develop a comprehensive emergency medical services plan and a council to execute that plan. The EMS Task Force perceives that certain commitments and actions are necessary to assure that every resident of Oakland County will receive quality emergency care regardless of his ability to pay for these services:

I. Appointment of an Emergency Medical Services Coordinating Council

A. The composition of the Council as developed by the Task Force is contained in Appendix I

B. The purposes and objectives of the Oakland County Emergency Medical Services Coordinating Council as developed by the Task Force are listed in Appendix II.

C. The Coordinating Council shall report directly to the County Board of Commissioners.

II. The following commitments are necessary from the County Commissioners in order to achieve successful county emergency medical services:

A. To obtain from all communities an agreement to accept standards of level of service as identified by the Coordinating Council. The Task Force has accepted the standards as outlined in Appendis III ("Emergency Medical Services in Michigan - A Statement of Public Policy". February 1974).

B. To create a zealous atmosphere for the purpose of obtaining passage of all appropriate legislation pertaining to emergency medical care.

C. To authorize the Coordinating Council to develop a job classification and description for an executive director in cooperation with the county executive. This will necessitate that an adequate salary be made available to attract the quality of executive director that is needed to make this entire plan work. The individual will have to possess exceptional expertise and experience in order to fulfill the requirements of the Council.

D. To provide funds for the implementation of the Coordinating Council's recommendations.

E. Under certain circumstances it will be necessary for the County Board of Commissioners to provide emergency medical services to municipalities unable to provide it for themselves. This may be done on a fee-for-service basis or a contractual basis.

F. Under certain circumstances it will be necessary for the County Board of Commissioners to aid individual communities in meeting educational and service requirements in order to maintain the high level of proficiency as outlined by the Coordinating Council.

This Task Force believes that the above steps are necessary if an adequate emergency medical service system is to evolve. The EMS Task Force requests that the Oakland County Board of Commissioners promptly take appropriate steps to initiate action and to stand ready to support the Coordinating Council as requested. The active participation of the Board of Commissioners in the ongoing EMS development is considered vital if implementation is to occur.

MEMBERSHIP APPOINTMENT GUIDELINES EMERGENCY MEDICAL SERVICES COORDINATING COUNCIL

A. PROVIDERS

(1) Hospital Administrators. A member shall be appointed to membership representing the Hospital Administrator from each of the following Oakland County Hospitals providing Emergency Medical Services.

Botsford Hospital	*	
Crittenton Hospital, Rochester	*	
Martin Place, East	*	
Pontiac General Hospital	*	
Pontiac Osteopathic Hospital	*	
Providence Hospital	*	Murray Leipzig
St. Joseph Mercy Hospital	*	Michael Schwartz
William Beaumont Hospital	*	Thomas Thompson
Henry Ford Hospital	*	
Madison Community Hospital	*	

(2) Physicians. A physician affiliated with Emergency Medical Care shall be appointed to membership from each of the following Oakland County Hospitals.

Botsford Hospital	*	
Crittenton Hospital, Rochester	*	Donald Ruesink, M.D.
Martin Place, East	*	
Pontiac General Hospital	*	
Pontiac Osteopathic Hospital	*	Robert Aranosian, D.O.
Providence Hospital	*	Merle Rydesky, M.D.
St. Joseph Mercy Hospital	*	Charles Bowers, M.D.
William Beaumont Hospital	*	
Henry Ford Hospital	*	
Madison Community Hospital	*	

(3) Ambulance Services. Ambulance Services shall be represented by two representatives. One representing the northern portion of the county and one representing the southern portion of the county.

	*	Floyd Miles
	*	Bill Nelson
(4) Oakland County Medical Society	*	John Van de Leuv
(5) Emergency Dept. Nurses Association	*	Gladys Cohen
(6) American College of Surgeons Trauma Committee	*	Thomas Grekin, M.D.

B. PUBLIC AGENCIES Each of the following agencies shall be members by appointment of one representative.

(1) Oakland County Health Department (2) Oakland County Medical Examiner	*	Lowell Wiese, M.D.
(3) Oakland County Sheriff's Department	*	Johannes Spreen
(4) Oakland County Dept. of Disaster Control	*	John Dent
(5) American Red Cross	*	James McDonald
(6) Michigan Heart Association	*	Lonnie Merriett
(7) United Community Services -Oakland Div.	*	Vicki Niederluecke
(8) Greater Detroit Areas Hospital Council	*	Peter Holman
(9) Comprehensive Health Planning Council	*	Tom Cranshaw
(10) Local Government Fire Departments		
(a) Urban fire departments	*	Ferndale Fire Department
(b) Suburban fire departments	*	Chief Nunnely - Birmingham Fire Dept.
(c) Rural fire departments	*	Independence Twp.
(11) Police Departments		
(a) Urban police departments	*	Royal Oak
(b) Suburban police departments	*	Waterford
(c) Rural police departments	*	Novi - Lee BeGole
(12) MESH	*	Mark Nelson

(13) Michigan State Police	✲
(14) Royal Oak Disaster Control	✲ Dolores Rogers
(15) Mobile Intensive Care Unit	✲ George Ritter, M.D.
C. COMMUNITY LEADERS	
(1) Oakland County Board of Commissioners	
(a) Chairman of the Health Committee	✲ Joseph Montante, M.D.
(b) Chairman of the Committee on Public Protection and Judiciary	✲ Henry Hoot
(2) Communications Industry	
(a) Michigan Bell Telephone	✲ Richard Bristow
(b) H.E.A.R. System	✲ Robert Bean, Jack Dawkins
(c) Hospital Communications Committee	✲ Gene Polk, Milton Steucheli, M.D.
(3) Blue Cross	✲
(4) Citizens for Better Care	✲
(a) Oakland Press	✲ John Riley
(b) Daily Tribune	✲ Sue Henry
(c) WXYZ TV	✲ Robert Wark
(d) WJR Radio	✲ Dave White
(5) Louis Wint, Clarkston	
D. EDUCATORS	
(1) Oakland University	✲ Robert Edgerton, Phd.
(2) Oakland Community College	✲ Richard Osgood
(3) Ann Starr	
(4) North Oakland County Planning Steering Committee	✲ Norman Swingle, M.D.
E. MILITARY	

EMERGENCY MEDICAL SERVICES TASK FORCE Appendix II

Statement of Purposes and Objectives Oakland County Emergency Medical Services Council

I. PURPOSES The purposes and scope of the activities of this Council shall include the following:

A. To study and analyze the problems associated with providing Emergency Medical Services throughout the Oakland County service area.

B. To develop and promote standards for the provision of Emergency Medical Services in the Oakland County service area.

C. To coordinate and assist with the training and education of both the professional and the general public, in the provision of Emergency Medical care.

D. To insure the uniform quality and availability of Emergency Medical Services.

E. To foster and promote research into improved methods of emergency medical service provision.

II. OBJECTIVES The objectives of this Council shall be to:

A. Serve as the expert body to guide the Board of Commissioners of Oakland County and other appropriate agencies on matters pertaining to Emergency Medical Services program planning, implementation, and operation.

B. Assist the Board of Commissioners of Oakland County and other appropriate agencies in defining and securing passage of all required Emergency Medical Services legislation.

C. Promote and implement necessary changes in existing Emergency Medical Services programs, plans, operations and orientation in order to achieve compatibility with area-wide comprehensive health plans in the county.

D. Approve evaluation procedures for Emergency Medical Services program and operational components.

E. Act as a coordinating agency with all other local Emergency Medical Services resources in order to be an effective catalyst for:

1. Initiating local EMS activity in the county.

2. Obtaining EMS grants from federal, state and non-governmental agencies, organization, or foundations.

3. Procuring EMS resources from outside the county when required.

4. Resolving jurisdictional and/or procedural differences between (or among) EMS operational organizations.

5. Conducting county-wide disaster exercises and emergency simulations for the purpose of improving EMS system response, organization, and coordination.

F. Provide technical assistance to all local agencies, organizations, and resources associated with Emergency Medical Services by:

1. Disseminating technical information.

2. Maintaining a complete, up-to-date inventory of the county's EMS resources.

3. Responding to direct inquiries from local and county organizations regarding hardware specifications and funding sources.

4. Advising local jurisdictions and organizations on equipment procurement and facilities construction.

5. Assisting in the development and/or maintenance of a county-wide management information system for EMS operations.

6. Providing a focal point for the development of operational guidelines, standards, and minimum requirements.

G. Assist in the development and implementation of effective regional Emergency Medical Services programs and plans by:

1. Sending representatives to all regional and state EMS councils in which the county is participating.

2. Providing assistance and technical information to all regional and state EMS councils when requested.

Adopted at EMS Task Force meeting April 11, 1974
sjm

Moved by Montante supported by Berman the report be accepted.

Moved by Hoot supported by Olson the report be referred to the Public Protection and Judiciary Committee.

A sufficient majority not having voted therefor, the motion failed.

Vote on main motion.

A sufficient majority having voted therefor, the report was accepted and Resolution #6713 was adopted.

The Personnel Practices Committee, by Paul E. Kasper, Chairman, moves the adoption of the foregoing resolution.

PERSONNEL PRACTICES COMMITTEE
Paul E. Kasper, Chairman

Moved by Kasper supported by Douglas the resolution be referred to the Finance Committee. There were no objections.

Misc. 6784
By Mr. Kasper
IN RE: SALARY RATE FOR COURT ADMINISTRATOR - JUDICIAL ASSISTANT
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS the one position in the classification of Court Administrator - Judicial Assistant in the Circuit Court has been vacant since the last incumbent resigned December 7, 1973; and

WHEREAS the Circuit Court bench has recently reorganized from a committee system to a system having a long term Presiding Judge acting as direct liaison with the Court Administrator - Judicial Assistant, increasing that person's responsibilities and authority; and

WHEREAS the current Oakland County salary range of $22,000 to $26,000 is compared with the $35,469 paid by Wayne County and $32,698 paid by the State for reasonably comparable jobs; and

WHEREAS the recruiting carried out by the Circuit Court Bench since last December has indicated qualified candidate availability at $31,000 per year but no less;

NOW THEREFORE BE IT RESOLVED that the non-merit system classification of Court Administrator - Judicial Assistant be changed from Management Salary Group Four to the unclassified salary group with a flat rate annual salary of $31,000 effective from October 1, 1974 through December 31, 1975.

The Personnel Practices Committee, by Paul E. Kasper, Chairman, moves the adoption of the foregoing resolution.

PERSONNEL PRACTICES COMMITTEE
Paul E. Kasper, Chairman

Moved by Kasper supported by Berman the resolution be referred to the Finance Committee. Mr. Hoot requested the resolution also be referred to the Public Protection and Judiciary Committee. There were no objections.

Misc. 6785
By Mr. Kasper
IN RE: APPOINTMENT OF SECRETARY-CLERK OF BOARD OF AUDITORS AND DEPUTY SECRETARY-CLERK OF BOARD OF AUDITORS
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS Section 6 of Act 275 of the Public Acts of 1913, as amended, authorizes the Board of Commissioners to appoint Secretaries to the Board of Auditors who shall perform the functions of the Clerk of the Board of Auditors; and

WHEREAS this Board has previously appointed a Secretary and Deputy Secretary pursuant to said Act; and

WHEREAS it is necessary because of turnover to appoint additional Deputy Secretaries;

NOW THEREFORE BE IT RESOLVED that pursuant to the provisions of Act 275 of the Public Acts of 1913, as amended, the Board of Commissioners appoints Dorothy E. Rosenberg as Secretary to the Board of Auditors, who shall perform the functions of the Clerk of the Board of Auditors with no change in classification or additional compensation and Sheila D. White as Deputy Secretary to the Board of Auditors with no change in classification or additional compensation.

The Personnel Practices Committee, by Paul E. Kasper, Chairman, moves the adoption of the foregoing resolution.

PERSONNEL PRACTICES COMMITTEE
Paul E. Kasper, Chairman

Moved by Kasper supported by Moffitt the resolution be adopted.

Discussion followed.

AYES: Moffitt, Montante, Nowak, Olson, Perinoff, Pernick, Richardson, Vogt, Wilcox, Berman, Brotherton, Burley, Button, Coy, Dearborn, Douglas, Dunleavy, Gabler, Hoot, Houghten, Kasper, Mathews. (22)

NAYS: Quinn, Lennon. (2)

A sufficient majority having voted therefor, the resolution was adopted.

Misc. 6786
By Dr. Montante
IN RE: FUNDING FOR EMERGENCY MEDICAL SERVICES PLANNING
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS the Emergency Medical Services Coordinating Council has developed a job description

for an Executive Director as directed by Miscellaneous Resolution #6713; and

WHEREAS the Director will need secretarial help and supplies and equipment; and

WHEREAS the importance of the development of a comprehensive Emergency Medical Services plan for Oakland County, consistent with Regional Planning, is paramount and should brook no delay;

NOW THEREFORE BE IT RESOLVED that the Oakland County Board of Commissioners direct that a sum of $40,000.00 be allocated to the Health Department as the fiduciary agent for the purpose of providing core staff and material to the Emergency Medical Services Coordinating Council for the specific purpose of developing a total County EMS plan.

The Health Committee, by Joseph R. Montante, M.D., Chairman, moves the adoption of the foregoing resolution.

HEALTH COMMITTEE
Joseph R. Montante, M.D., Chairman

Moved by Quinn supported by Button the resolution be adopted.

The Chairman announced that a Public Hearing would be held at this time in accordance with state law, for anyone to object to the spread of taxes, if they have objections, and asked if any person wished to speak.

Mr. John H. King, 5430 Longmeadow Road, Bloomfield Hills addressed the Board.

Vote on resolution:
AYES: Houghten, Kasper, Moffitt, Montante, Olson, Patnales, Perinoff, Pernick, Quinn, Richardson, Vogt, Wilcox, Berman, Button, Coy, Dearborn, Douglas, Dunleavy, Gabler, Hobart, Hoot. (21)
NAYS: None. (0)

A sufficient majority having voted therefor, the motion carried.

Misc. 6867
By Mr. Kasper
IN RE: NOTICE OF PROPOSED CHANGE IN MERIT SYSTEM RULE II, SECTIONS II, III AND IV
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS Section IV, Subsection A of the Merit System Resolution requires that copies of all changes in the rules and regulations of the Merit System shall be submitted to the Board of Commissioners at a regular meeting of the Board and shall become effective thirty days after such meeting unless objection is received in writing by the Chairman of the Board of Commissioners, in which case the objection shall become a matter of business at the next meeting of the Board; and

WHEREAS it has become desirable to make certain changes in the wording of Rule II as spelled out in the attachment to this resolution; and

WHEREAS your Personnel Practices Committee reviewed and approved these changes at its meeting of October 11, 1974;

NOW THEREFORE let the reading of this notice and the distribution of this notice and the attached form labeled "Proposed Change in Merit System Rule", to all the commissioners present and absent, be considered as the official submission, to the Board of Commissioners, of the described changes in Rule II.

PERSONNEL PRACTICES COMMITTEE
Paul E. Kasper, Chairman

(Proposed changes appear on the following pages)

Misc. 6868
By Mr. Kasper
IN RE: NOTICE OF PROPOSED CHANGE IN MERIT SYSTEM RULE 10, SECTION VII
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS Section IV, Subsection A of the Merit System Resolution requires that copies of all changes in the rules and regulations of the Merit System shall be submitted to the Board of Commissioners at a regular meeting of the Board and shall become effective thirty days after such meeting unless objection is received in writing by the Chairman of the Board of Commissioners, in which case the objection shall become a matter of business at the next meeting of the Board; and

WHEREAS it has become desirable to make certain changes in the wording of Rule 10 as spelled out in the attachment to this resolution; and

WHEREAS your Personnel Practices Committee reviewed and approved these changes at its meeting of October 11, 1974;

NOW THEREFORE let the reading of this notice and the distribution of this notice and the attached form labeled "Proposed Changes in Merit System Rule", to all the Commissioners present and absent, be considered as the official submission, to the Board of Commissioners, of the described changes in Rule 10.

PERSONNEL PRACTICES COMMITTEE
Paul E. Kasper, Chairman

(Proposed changes appear on the following pages)

REPORT
By Mr. Kasper
IN RE: MISCELLANEOUS RESOLUTION #6786 - FUNDING FOR EMERGENCY MEDICAL SERVICES PLANNING
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

The Personnel Practices Committee, by Paul E. Kasper, Chairman, reports Miscellaneous Resolution No. 6786 with the recommendation that the resolution, as amended October 3, 1974, be adopted with the following further amendment:

AND BE IT FURTHER RESOLVED that a position and classification of Director of Emergency Medical Services be established, with the following salary range:

BASE	1 YEAR	2 YEAR	3 YEAR	4 YEAR
16,000	17,000	18,000	19,000	20,000

AND BE IT FURTHER RESOLVED that one (1) clerical position be established for the assistance

of the Director of Emergency Medical Services, to utilize the existing classification of Typist II.

PERSONNEL PRACTICES COMMITTEE
Paul E. Kasper, Chairman

"REPORT
By Dr. Montante
IN RE: MISCELLANEOUS RESOLUTION #6786 - FUNDING FOR EMERGENCY MEDICAL SERVICES PLANNING
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

The Health Committee, by Joseph R. Montante, Chairman, reports Miscellaneous Resolution No. 6786 with the recommendation that the resolution be adopted.

HEALTH COMMITTEE
Joseph R. Montante, Chairman"

"Misc. 6786
By Dr. Montante
IN RE: FUNDING FOR EMERGENCY MEDICAL SERVICES PLANNING
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS the Emergency Medical Services Coordinating Council has developed a job description for an Executive Director as directed by Miscellaneous Resolution #6713; and

WHEREAS the Director will need secretarial help and supplies and equipment; and

WHEREAS the importance of the development of a comprehensive Emergency Medical Services plan for Oakland County, consistent with Regional Planning, is paramount and should brook no delay;

NOW THEREFORE BE IT RESOLVED that the Oakland County Board of Commissioners direct that a sum of $40,000.00 be allocated to the Health Department as the fiduciary agent for the purpose of providing core staff and material to the Emergency Medical Services Coordinating Council for the specific purpose of developing a total County EMS plan.

The Health Committee, by Joseph R. Montante, M.D., Chairman, moves the adoption of the foregoing resolution.

HEALTH COMMITTEE
Joseph R. Montante, M.D., Chairman"

"FINANCE COMMITTEE REPORT
By Mr. Houghten
IN RE: MISCELLANEOUS RESOLUTION 6786 - FUNDING FOR EMERGENCY SERVICES PLANNING
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

Pursuant to Rule XI-C of this Board, the Finance Committee finds the sum of $40,000 available in the Contingent Fund in the 1974 Oakland County Budget.

The Finance Committee further recommends that subject resolution be amended to specify that the positions of Coordinator and Secretary be temporary merit system positions of one (1) year duration.

FINANCE COMMITTEE
Fred D. Houghten, Chairman"

Moved by Kasper supported by Montante the report be accepted.

Discussion followed.

A sufficient majority having voted therefor, the motion carried.

Moved by Kasper supported by Berman that resolution #6786 be adopted.

AYES: Houghten, Kasper, Lennon, Moffitt, Montante, Nowak, Olson, Perinoff, Pernick, Richardson, Vogt, Wilcox, Berman, Button, Coy, Dearborn, Douglas, Dunleavy, Gabler, Hobart. (20)
NAYS: Quinn, Brotherton, Hoot. (3)

A sufficient majority having voted therefor, the resolution was adopted.

Misc. 6869
By Mr. Kasper
IN RE: NEW HEALTH DEPARTMENT ADMINISTRATIVE CLASSIFICATIONS
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS on November 1, 1973, this Board received from Touche-Ross and Company the "Operations Appraisal of the Oakland County Health Department"; and

WHEREAS said report recommended certain changes in the administrative organization of the Health Department; and

WHEREAS this Board, on November 29, 1973, referred to the Personnel Practices Committee Miscellaneous Resolution #6489, which recommended "that the Oakland County Health Department be reorganized as per the recommendation of the Touche-Ross report to the extent of the third level" of the administrative structure recommended in that report; and

WHEREAS certain steps in the implementation of such reorganization of the Health Department

AYES: Wilcox, Wilson, Aaron, Dearborn, Gabler, Perinoff, Pernick. (7)
NAYS: Coy, Daly, Dunleavy, Fortino, Hoot, Houghten, Kasper, McDonald, Moffitt, Nowak, Olson, Page, Patterson, Roth. (14)

A sufficient majority not having voted therefor, the objection was not sustained.

The Chairman referred the resolution to the Planning and Building Committee.

Misc. 6967
By Mr. Coy
IN RE: PROGRAMS FOR COMMUNITY HEALTH - 1976 BICENTENNIAL CELEBRATION
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS the nation will be celebrating its 200 birthday in 1976; and

WHEREAS it would be appropriate to improve one aspect of Community Health Care to commemorate this anniversary; and

WHEREAS one suggestion is to set as a specific goal providing increased numbers of Oakland County residents with the capability to deliver basic life support, such as cardiopulmonary resuscitation and other lifesaving techniques, in time of emergency; and

WHEREAS such a program would help save the lives of many people, including friends and relatives, during that critical period of time between a serious accident or heart attack and the arrival of trained emergency medical personnal.

NOW THEREFORE BE IT RESOLVED that the Oakland County Board of Commissioners supports a program to provide publicity and information through the Oakland County Health Department to (1) increase public awareness of the desirability of learning and using such techniques, and (2) to make known that cardiopulmonary resuscitation and other such courses are presently available through the Michigan Heart Association and, in the near future, the American Red Cross.

BE IT FURTHER RESOLVED that included in the twelve month planning phase for Emergency Medical Services in the County, will be a thorough review of what priority an enlarged program of cardiopulmonary resuscitation-type training should receive, at what point in the implementation cycle of Emergency Medical Services should it be initiated and at what cost.

Mr. Chairman, I move the referral of the foregoing resolution to the Human Resources and the Public Services Committees.

Lew L. Coy, County Commissioner - District #24

Moved by Coy supported by Page the resolution be referred to the Human Resources and Public Services Committees. There were no objections.

Misc. 6968
By Mr. Coy
IN RE: EMINENT DOMAIN TO ACQUIRE REFUSE DISPOSAL SYSTEM SITES
To the Oakland County Board of Commissioners
Mr. Chairman, Ladies and Gentlemen:

WHEREAS Act 185 of the Public Acts of 1957, as amended, permits the County, acting by and through a county department of public works to acquire and operate refuse disposal systems; and

WHEREAS said Act 185 permits a county, acting by and through a county department of public works, to exercise the right of eminent domain to acquire refuse disposal system sites; and

WHEREAS the Oakland County Board of Commissioners believes that it should not exercise the right of eminent domain to acquire refuse disposal system sites.

NOW THEREFORE BE IT RESOLVED that the Oakland County Board of Commissioners hereby establishes the policy that the County of Oakland shall not exercise the right of eminent domain to acquire refuse disposal system facilities and sites.

Mr. Chairman, I move the adoption of the foregoing resolution.

Lew L. Coy, County Commissioner - District #24

The Chairman referred the resolution to the Planning and Building Committee.

Mr. Perinoff objected to the referral.

The Chairman stated those in favor of sustaining the objection vote "yes" and those opposed vote "no".

AYES: Aaron, Perinoff, Pernick, Roth. (4)
NAYS: Simmons, Wilcox, Coy, Daly, Dearborn, Dunleavy, Fortino, Gabler, Hoot, Houghten, Kasper, McDonald, Moffitt, Nowak, Olson, Page, Patterson. (17)

A sufficient majority not having voted therefor, the objection was not sustained.

The resolution was referred to the Planning and Building Committee.

COMMITTEE ON FINANCE & LEGISLATION

CHAIRMAN:

JOHN DENT
Director, Oakland County Department of Disaster Control
1200 N. Telegraph Road
Pontiac, Michigan 48053

CLARENCE CADIEUX
Crittenton Hospital
1101 W. University Drive
Rochester, Michigan 48063

MERTON COLBURN
Councilman, City of Oak Park
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Oak Park, Michigan 48237

GEOFFREY HOCKMAN
Senior Consultant
Touche Ross & Co.
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JOSEPH MONTANTE, M.D.
Oakland County Board of Commissioners
3040 Middlebelt
Orchard Lake, Michigan 48033

CHARLES F. PINKERMAN
Madison Community Hospital
39671 Stephenson Highway
Madison Heights, Michigan 48071

*MICHAEL SCHWARTZ
Associate Administrator
St. Joseph Mercy Hospital
900 Woodward Avenue
Pontiac, Michigan 48053

JACK WHITLOW
Administrator
Pontiac Osteopathic Hospital
50 N. Perry
Pontiac, Michigan 48053

*Vice-Chairman

COMMITTEE ON PUBLIC EDUCATION

COMMITTEE ON PUBLIC EDUCATION

INTRODUCTION

An effective and adequate public information and education system will provide the link between those individuals who require emergency medical services and those who provide them. The purpose of public information and education is to develop a level of understanding that enables people to define an emergency situation, to act quickly and appropriately to provide assistance, and to call for additional help.

To make an appropriate decision at the time of an emergency must not be left to accident. This can only be accomplished by a total, all-encompassing educational program directed at the lay public. Only from such a program effectively instituted and constantly reviewed, can a first rate EMS system develop.

Programs that are designed to educate, influence and promote changes in the behavior of people face a multitude of problems. People are constantly on the move throughout the community and resources are variable in their availability and location. Moreover, responsibility for providing information on EMS services is not clearly established. Funding for both the development and implementation of health education programs is difficult.

A countywide Emergency Medical Services System has no chance of success unless the limitations and constraints placed upon such educational programs are overcome. Only in this way can the emergency medical needs of the people in our community be served.

Committee on Public Education

GENERAL OBJECTIVES (Not necessarily in priority order)

1. To develop programs, materials and strategies to increase emergency medical services information dissemination through the media.

2. To develop programs on the emergency medical services system and its components for local presentation to organized groups and for displays.

3. To provide information on the roles and responsibilities of state, areawide and local agencies in the planning and implementation of emergency medical serivces plans.

4. To identify the EMS resources in local areas and assist in the development of educational programs to give those resources public visibility.

5. To develop and circulate current information concerning methods (both public and private) for the delivery of emergency medical services, including comparative estimates of cost and benefits to the public.

6. To disseminate current information regarding address and telephone changes of existing emergency medical services system resources.

7. To disseminate information on the availability of services which can be utilized for non-emergencies in order to avoid unnecessary utilization of the emergency medical services system and encourage use of scarce resources.

8. To promote the posting of a universal phone number or single entry number on all public and private telephones in each central dispatch area.

9. To stress the proper utilization of the "911" system and its alternatives as proposed by the Communications Subcommittee.

10. To provide the consumer with appropriate materials to permit the consumer to know what information is necessary for the dispatchers to reply promptly and accurately to the request.

11. To develop programs and materials describing how to gain access to the emergency medical services system.

12. To develop programs and disseminate information on state ambulance standards and current comparative information on local ambulance services to upgrade citizen awareness of their local emergency medical services resources.

13. To disseminate information on the appropriate time and circumstances in which to call an ambulance or rescue service.

14. To develop informational materials regarding the availability of emergency medical facilities within the County.

15. To evaluate emergency medical services signs and symbols for the purpose of recommending a uniform countywide system.

16. To work cooperatively with agencies and groups responsible for the development of programs in accident prevention, highway and consumer product safety, home safety and industrial safety.

17. To develop programs to increase consumer and professional recognition of potential emergency situations including knowledge about signs and symptoms of emergency illness and injuries.

18. To assist local areas in the development of methods for inventory and evaluation of public training activities.

19. To disseminate information on the Good Samaritan statutes to encourage use of first aid skills by the public.

20. To develop and document the most effective methods of reaching people with emergency medical services messages.

21. To assist in increasing public awareness necessary to ensure effective citizen involvement in the detection of emergency medical situations.

22. To increase the ability and willingness of citizens to provide appropriate follow-up action at the scene of the emergency.

23. To instill competency through educational programs to the public to provide life support activities until professional help arrives.

24. To educate the public to become actively involved in solving the problems at the scene of accidents/disasters.

a) Pertinent action regarding crowd control, traffic direction, collection of pertinent information.

25. To recognize and accept assistance requested by individuals involved in professional EMS activities at the scene of emergenices and disasters.

CURRENT SITUATION

Approximately one million people reside in Oakland County and thousands more work in the County during the day. It is evident that regardless of efforts to disseminate this information, these multitudes have little or no knowledge of emergency medical services available to them.

Fragmented efforts have taken place at the local level to instruct citizens in basic first aid and cardiopulmonary resuscitation. These efforts have been sponsored primarily by volunteer groups and, though helpful, fall far short of addressing the needs of the County as a whole.

Unfortunately, the general public tends to dismiss the reality of the medical emergency until it hits close to home. Whatever the reasons, the general public is grossly uninformed regarding emergency medical services. It is therefore evident that the key to the development of a quality EMS system within Oakland County depends upon public information programs.

MAJOR DEFICIENCIES

The media is saturated with reports involving tragedies such as automobile accidents, fires and other forms of violent occurrences. Despite these reports, it rarely offers insight as to the vitally important part played by Emergency Medical Services within the County.

The general public is uneducated and unaware of who to contact in time of need; citizens are unable to discriminate between what is good or bad emergency care. Therefore, a community may be suffering from inadequate emergency medical services without knowing any better.

A poorly informed public adds to the problem of an EMS system by not understanding the system. It has been proven that many emergency room visits cannot be truly classified as requiring emergency medical care. It is clear, therefore, that public information and education regarding the appropriate use of emergency medical services could save lives and reduce costs.

At the present time there is a definite lack of information regarding EMS, particularly through the news media. It is evident that the news media does not understand the components of a first rate EMS system. Clear cut guidelines for both the media and the lay public regarding the importance of the development of a quality Emergency Medical Services System remain unclear. The assessment and development of these guidelines must be determined by the Public Information Committee.

RECOMMENDATIONS (Not necessarily in priority order)

1. Recommend that with the cooperation of local and national media resources, an extensive program of public education regarding emergency medical services be initiated.

2. Recommend that a program of education for the lay public be established for the purpose of providing them with an understanding of how the emergency medical services system works. With this increased understanding, the public then will know better how to gain access into the system. It will better utilize the system and therefore promote increased efficiency in the system's ability to provide care.

3. Recommend that an information program on medical self-help procedures be developed.

4. Recommend that a program of education on the "*do's and don't's*" at the scene of an accident be developed through the county emergency medical services system.

5. Recommend the sponsorship of first aid courses for the general public. Courses should also be designed and developed for those members of the lay public whose activities put them in proximity to high risk injury and illness situations.

6. Recommend the dissemination of information on the availability of services for non-emergency cases.

7. Recommend the development of a countywide educational program to inform the lay public of warning signs and symptoms of life-threatening diseases, i.e., heart attack, stroke, etc.

8. Recommend that a coordinated series of health education programs regarding emergency medical services be established. These programs should include the development of brochures, radio and television programs, indoor and outdoor advertising posters and paraphernalia such as bumper stickers, seals and telephone stickers to be extensively used throughout the County.

9. Recommend that wherever possible, service clubs (Lions, Kiwani's, etc.) be utilized to disseminate information regarding emergency medical care.

10. Recommend that an educational bureau be established through the Oakland County EMS Division. This bureau, composed of emergency medical services personnel, would be responsible for educating all of the communities within the County of the existence of emergency medical services in their areas. This program should include information which could be unique to the emergency medical services available in any one locality or community.

11. Recommend the development of a speaker's bureau through the Oakland County EMS Division for the purpose of providing information to individual communities as indicated above.

APPENDIX - PUBLIC EDUCATION

i. Subcommittee Members

COMMITTEE ON PUBLIC INFORMATION

CHAIRMAN:

VICKI NIEDERLUECKE, R.N.
4561 Motorway
Pontiac, Michigan 48054

*SGT. MARCEL CHARETTE
Advanced Emergency Medical Technician
Southfield Fire Department
18400 W. 9 Mile Road
Southfield, Michigan 48075

THOMAS GREKIN, M.D.
Chief, Ambulatory Patient Services
William Beaumont Hospital
3601 W. 13 Mile Road
Royal Oak, Michigan 48072

*Vice-Chairman

COMMITTEE ON TRAINING

COMMITTEE ON TRAINING

INTRODUCTION

Adequate emergency medical care depends directly upon the qualifications of those rendering aid to a victim. This may include the general public and/or public safety agencies at the scene, ambulance attendants en route to an emergency facility, and doctors and nurses in the hospital emergency department itself. Therefore, in addressing the EMS training needs of the County, it is absolutely necessary to develop educational programs for each of the specific groups mentioned.

As many citizens as possible should at least know the rudiments of first aid. It is of special importance that the general public know how to keep an ill or injured person alive until appropriate help can arrive. Such basic skills as maintaining an airway, control of excessive bleeding and the administration of cardiopulmonary resuscitation should be mastered by the trainable public.

Historically, police are the first public safety agency to arrive at the scene of most medical emergencies. Appropriate emergency care rendered at this point in time can be most crucial. Unfortunately, many police departments in the County are inadequately trained and equipped to handle life threatening emergencies.

Likewise, inadequately trained fire department personnel are often dispatched to the scene of an emergency to provide medical assistance and/or extricate the victim from a demolished vehicle.

Different training programs are necessary for such personnel if they are to become effective members of the "EMS team."

Police and fire department personnel are equally as important as ambulance personnel. However, more formalized and advanced training should be made available to ambulance personnel within the County on a regular basis. Such training will enable them to operate the life saving equipment as found on a properly equipped ambulance.

All emergency medical care personnel must be recognized as playing important roles in the delivery of health services to their communities. They must be able to perform competently as extensions of the emergency department physician and staff.

The training does not end there, however. In addition to the people operating in the "the field," the hospital emergency departments within the County must also be staffed by well trained physicians, nurses and ancillary personnel.

There is much that still needs to be done in Oakland County to help ensure that no one dies or has disabling injuries that might have been prevented by the administration of proper emergency medical care.

GENERAL OBJECTIVES (Not necessarily in priority order)

1. To estimate the need for each category of emergency medical services manpower in order that recommendations may be made for adjusting the supply to meet the demand, improving distribution and making full use of the available emergency medical services manpower pool.

2. To identify clear and uniform emergency medical services manpower categories that are consistent with role expectations and delineated responsibilities.

3. To identify the appropriate training level for each category of emergency medical services.

4. To develop recommendations regarding the training requirements, course content, learning objectives, proficiency standards, testing method and credentialing, registration, or licensing procedures appropriate to each level of training.

5. To assist the County in determining acceptable proficiency tests for each level of emergency medical service training, excluding the general public, and to designate testing centers.

6. To design, in concert with the State, recommendations to the County regarding the requirements for successive training levels in a sequential manner in order to assure the opportunity for clear mobility and advancement.

7. To designate appropriate training centers for Oakland County.

8. To maintain the competency of instructors in training at each level within Oakland County.

9. To advise and encourage the general public to participate in appropriate educational programs relative to emergency medical care.

CURRENT SITUATION

The following is a brief summary of training programs currently available within Oakland County relative to emergency medical care.

General Public

The American Red Cross and the Michigan Heart Association are two of the major agencies presently engaged in emergency medical care training for the general public.

The Red Cross offers a variety of programs ranging from the 8-hour multi-media course to the 52-hour Advanced First Aid and Emergency Care course. Standard and advanced courses have recently been revised and, as a result, are much more comprehensive in their scope.

The Michigan Heart Association focuses its training programs primarily on the instruction of cardiopulmonary resuscitation (CPR) techniques. It currently offers 2-3 hour courses to the general public. These courses also have recently been revised so that they too are excellent programs for the public.

Figures as provided by the Red Cross indicate that only 11,736 people in Oakland County have received some form of first aid training through that organization over the past three years. A more specific breakdown of this figure is attached as an appendix to this report. Red Cross requires that all participants who wish to remain current be retrained every three years.

Additional figures as provided by the Heart Association indicate that approximately 11,133 people have received training in CPR during the past three years. A breakdown per year is also included

in the appendix. Retraining every year is also suggested by the Heart Association.

Law Enforcement Personnel

All law enforcement personnel are required to receive some first aid training through the police academy prior to reporting for active duty within their respective departments. Within the 256 hour minimum academy program as required by the Law Enforcement Officers Training Council (LEOTC), a minimum of 14 hours has been alloted for police first aid training.

At the present time, there are no state requirements for in-service training programs. As a result, training in first aid after graduation from the academy varies from department to department. Some departments within the County provide annual in-service training programs in first aid while others seem to contend that the training the officer received in the academy is sufficient for his needs, no matter how long he may have been on the force. Unfortunately, it is apparent that most departments take the latter position, inasmuch as a telephone survey of all law enforcement agencies within Oakland County determined that only 28% of all police officers in the County are currently trained in advanced first aid techniques. To be more specific, of 1,429 full-time officers, only 398 are currently trained in advanced first aid.

There are no available figures as to how many police have CPR training.

Fire Department Personnel

Unlike the police academy there are no established required courses which fire department personnel must complete before going on active duty with their respective departments. Whatever training is given is usually on an in-service basis.

Per the telephone survey as cited earlier, it was reported that of 1,629 firemen (1,113 paid and 516 volunteer), 926, or about 51% are currently trained in advanced first aid. In addition to the advanced first aid training course, there are several departments who have availed themselves of both Basic EMT and Advanced EMT training.

Extrication courses for firemen are currently provided for the most part through in-service training programs. Although there is a standard extrication curriculum available (DOT program), the majority of departments are not aware of its existence.

There are no available figures as to how many firemen have received training in CPR.

Ambulance Personnel

As indicated in the Transportation section of this report, in order for an individual to be licensed as an ambulance attendant by the State of Michigan, he must: 1) pass a physical examination administered by a licensed physician, and 2) he must provide proof that he is currently certified by the Red Cross in Advanced First Aid. Normally, adequate proof is considered to be a current Advanced First Aid card as issued by the Red Cross. This may mean that the individual may have taken anywhere from 26 to 52 hours in first aid training depending on when the card was issued.

Of the approximately 355 ambulance attendants (full or part-time) currently providing emergency care in Oakland County, about 213 have received Advanced Red Cross First Aid training.

With the inception of the Highway Safety Act of 1966, the Federal Department of Transportation developed a training program designed specifically for ambulance personnel. The course as originally

designed provided for 71 hours of didactic and practical exercises addressing such topics as: airway management, CPR, fracture management, etc., and 10 hours in-hospital clinical observation. Those individuals successfully completing the 81 hour courses were considered Basic Emergency Medical Technicians - Ambulance (EMT).

An expanded version of the Basic EMT course is currently available through Oakland Community College. This course totaling 300 hours encompasses Advanced First Aid, anatomy, physiology, medical terminology and the Basic Emergency Medical Technicians course. As of this date, approximately 124 ambulance attendants in Oakland County are considered Emergency Medical Technicians having completed a plethora of EMT programs. Approximately one-half of these are associated with one volunteer organization.

The present status of EMT's throughout the entire State is somewhat questionable at this time, since the State has not established an approved EMT program at a statewide level. In addition, the State has consistently emphasized that it does not "certify" individuals as EMT's upon successful completion of a course, but merely issues certificates of completion instead.

Advanced Life Support Units

With the advent of sophisticated communications equipment and the achievements of military medics in the field (in Viet Nam, particularly), there has been a definite trend towards the promotion of Advanced Emergency Medical Technicians. Such personnel, under the radio direction of a physician, are capable of administering advanced life saving techniques until the patient is delivered to the emergency department of a hospital. Such techniques include the administration of drugs, intravenous solutions, defibrillation, etc.

Oakland Community College offers a program for Advanced Emergency Medical Technicians. It presently consists of over 800 contact hours, including the 300 hour Basic course.

To date, approximately 70 people have been trained as Advanced EMT's with the bulk of these coming from the Southfield and Pontiac Fire Departments which provide Advanced Life Support Units within those cities.

The State has enacted legislation mandating that all Advanced EMT's be registered and certified through the Department of Public Health. Only those successfully completing an examination to be administered by MDPH will be permitted to perform the functions of an Advanced EMT. To date, no test has been offered and all those functioning as Advanced EMT's are doing so on a provisional basis until such time as a test is developed.

Hospital Personnel

With the increased recognition of emergency medicine as a specialty within the medical profession, more attention is being given to the training of professionals in that specialty. As a result, emergency physicians and emergency department nurses have access to educational seminars devoted strictly to emergency medical care. For the most part, these seminars are sponsored by the American College of Emergency Physicians (ACEP) and the Emergency Department Nurses Association (EDNA). In addition to those projects, seminars are also sponsored locally.

Many hospitals in the County offer in-service training programs to ancillary personnel as well, inasmuch as these are the people who come in contact with the patient first.

MAJOR DEFICIENCIES

It is estimated that over 300 needless pre-hospital coronary and accidental deaths occur annually in Oakland County. This can be attributed to various causes, but the predominant cause is that inappropriate action was taken at the scene or en route to the emergency facility. It is conceivable that many additional lives could be saved if appropriate training programs were instituted throughout the County.

General Public

Given the figures as provided by the Red Cross and the Michigan Heart Association, it is apparent that a majority of the trainable public has not received appropriate training in basic emergency medical techniques. Of the over 500,000 trainable citizens of Oakland County (ages 18 to 65) less than 5% have received any training in the past three years through the combined efforts of the Red Cross and the Heart Association. Thus, it is reasonable to conclude that inadequate use is being made of the programs developed by those groups. As a result, lay citizens are not generally prepared to cope with emergency medical crises.

Law Enforcement Personnel

The telephone survey alluded to earlier in this report, clearly illustrates that Oakland County law enforcement personnel do not uniformly possess an adequate level of life-saving and life-sustaining skills.

The initial exposure to first aid training in the Police Academy (minimum of 14 hours) is insufficient in addressing the needs

of future police officers. To compound this deficiency it appears that the majority of departments provide no in-service programs to refresh and upgrade the skills of their personnel.

Historically, law enforcement personnel are the first public safety agency to arrive at the scene of a medical emergency. In such a capacity they should be able to competently render aid especially in life threatening situations, such as airway maintenance, cardio-pulmonary resuscitation, control of bleeding and prevention of shock. Many police officers are incapable of performing these important functions because of insufficient training and insufficient equipment. It should be noted that this problem is not germane to Oakland County alone, but exists throughout the State.

Fire Department Personnel

Although Oakland County fire personnel are somewhat better off than police in terms of training, the same applies: fire personnel within the County do not uniformly possess an adequate level of life-saving and life-sustaining skills.

This is due in part to non-enforcement of standards that exist at the State level and because of insufficient coordination throughout the County. Although some departments have taken the initiative to provide Basic EMT and Advanced EMT training to their personnel, this has been the exception rather than the rule. Hence, the number of fire department personnel trained as EMT's is not nearly enough to adequately address the needs of the County.

There is a definite need for extrication courses throughout the County. Instances have been documented where untrained tow-truck/ wrecker personnel have been called to assist in freeing entrapped victims

from automobiles. This dangerous procedure may mean the death of the victim, or at the very least, permanent disability.

Since many departments sponsor in-service programs, this means that courses are taught by various individuals utilizing various curricula, thus producing personnel with different levels of proficiency. There is no assurance that all of the programs taught define the objectives which should be addressed.

Ambulance Personnel

Although it has become a worn cliché, it is important to reiterate here that more training is required for a person to cut hair in Michigan than is required of a person who is "saving" lives on an ambulance! Absurd, but true! Most knowledgeable sources agree that the present training standards for ambulance attendants as promulgated by the State are inadequate. Even the revised Red Cross 52-hour Advanced First Aid and Emergency Care course is insufficient to address the needs of ambulance personnel. For instance, the course content does not cover oxygen equipment, aspirators, resuscitators and the like, which are necessary equipment found on well equipped ambulances.

Furthermore, as a voluntary agency providing a community service, the Red Cross has had difficulty in the past in effectively policing its certification procedure. As a result, many fraudulent Advanced First Aid cards exist throughout the State.

As a result of neglect by the State, there are currently no State standards for basic EMT requirements. There is a total absence of a comprehensive EMT program at the State level. Consequently, a variety of EMT programs taught by a variety of people exist even within

our own region of Southeastern Michigan. This lack of coordination lessens quality control while adding to the further fragmentation. of the system.

No refresher programs exist for personnel who have completed the Basic EMT course. National guidelines recommend that a 21-hour refresher course be attended every three years by those who wish to maintain EMT status. This problem has not even been addressed in Oakland County.

Assuming that the patient is adequately treated at the scene, what are the chances he will arrive at the hospital without further injury? There are no driver training courses available for ambulance personnel. The only training available is on-the-job training, a poor substitute. As many experts will attest, emergency driving is a skill which must be developed to ensure the safety of the driver, his occupants, and others. In Oakland County alone, 34 ambulance accidents occurred in 1974 resulting in injury to 27 people (per MDPH records).

Advanced Life Support Personnel

As outlined under "Current Situation" the Michigan Department of Public Health is responsible for the registration and certification of Advanced EMT's throughout the State. As such, the Department is responsible for developing training and on-going educational requirements, renewal and revocation procedures, establish record keeping requirements, the credentialing of course instructors and establishing standards for service evaluation. To date, none of these procedures have been established or initiated. As a result, Advanced EMT's throughout

the State, including those in Oakland County, have been granted "provisional" certification until such time as proper credentialing mechanisms are established by the Michigan Department of Public Health.

Hospital Personnel

Again the lack of standardized in-service training programs may mean that while some hospital personnel may be receiving excellent training, others may be receiving little or none at all.

Training in triage techniques is somewhat inadequate. Many of the hospital personnel who are in a position to see the patient first (medical secretaries, receptionists, etc.), are inappropriately trained to recognize potentially dangerous medical emergencies, hence, needlessly delaying the immediate attention of a physician.

General

Instructor Training

Only the Red Cross and the Heart Association certify instructors for their educational programs. At this point in time, there is no way of evaluating the effectiveness of instructors conducting other EMS training programs throughout the County. In essence, what this means is that there is little quality control over what is being taught and by whom, another indication of the currently fragmented and uncoordinated approach to EMS.

Summary

In establishing educational programs to address the needs of an Emergency Medical Services System, a strong coordinating agent is necessary to ensure maximum utilization and quality of such programs.

The lack of such coordination is evident within the County at the present time. The future development of specialized EMS curricula is meaningless without proper coordination and administration of such programs.

RECOMMENDATIONS (Not necessarily in priority order)

It is the opinion of the Training Committee that different communities can best utilize different kinds of personnel to achieve satsifactory emergency medical care, for example, volunteers, EMT personnel, law enforcement agencies, fire fighters, private ambulance services and the general public. However, it is an absolute necessity that individual programs be coordinated on a county-wide basis. Such coordination is of dire necessity to pull together an inadequate, fragmented system which currently exists. Therefore, it is recommended that a county-wide program of EMS training encompassing the following be adopted.

General Public

1. Recommend that the trainable public be encouraged to receive basic first aid and cardiopulmonary resuscitation training via programs as developed by the American Red Cross and the Michigan Heart Association. Such programs to be implemented via the following means: Continuing Education Programs, Fire Departments, Police Departments, Service Clubs (e.g., Lions, Jaycees, Kiwanis, etc.), PTA's, Scout Groups, Church Groups, Women's Social Clubs, the Red Cross, the Heart Association, Civil Defense, the Oakland County Health Deaprtment and the Oakland County Division of Emergency Medical Services.

2. Recommend that basic first aid training be instituted as a program within the high school curricula throughout Oakland County.

c) Recommend that fire personnel be trained in extrication techniques.

d) Recommend that those personnel currently staffing vehicles which provide primary emergency medical services be trained as Emergency Medical Technicians, according to the standards as outlined by the Department of Transportation. Further recommend that these courses be offered by an academic institution and coordinated by the Oakland County EMS Division.

Basic Ambulance Personnel

5. a) Recommend that all ambulance personnel be trained as Basic Emergency Medical Technicians, according to the standards as outlined by the Department of Transportation. Further recommend that these courses be offered by an academic institution and coordinated by the Oakland County EMS Division.

b) Recommend that an Emergency Medical Technician attend and successfully complete a refresher course every three years in order to maintain EMT status. Refresher courses to be coordinated by the Oakland County EMS Division.

Advanced Life Support Personnel

6. a) Recommend that Advanced Life Support personnel be trained as Advanced Emergency Medical Technicians, according to standards as outlined by the Department of Transportation. Further recommend that these courses be offered by an academic institution and coordinated by the Oakland County EMS Division.

b) Recommend that appropriate in-service training programs be instituted in order to ensure that advanced skills are maintained. Further recommend that such programs be established per the guidelines as developed by the Oakland County EMS Training Committee.

Hospital Personnel

7. Recommend that regularly scheduled training seminars be provided for doctors, nurses and other emergency room personnel.

General

8. Recommend that all Emergency Medical Technicians currently engaged in the provision of emergency medical care within Oakland County be registered with the County through the Division of Emergency Medical Services.

9. Recommend that the Oakland County EMS Division be continued to coordinate EMS training activities throughout the County.

10. Recommend that all ambulance drivers complete an emergency vehicle driving class as approved by the Oakland County EMS Division.

11. Recommend that a dispatcher's training course be established for personnel who receive calls for emergency medical aid.

12. Recommend that an Emergency Medical Care instructor's training course be established. Persons satisfactorily completing this course to be approved by the Training Committee as competent to instruct police, fire and ambulance personnel throughout the County. Such supervision will ensure standardized, qualitative EMS instruction throughout the entire County.

APPENDIX - TRAINING

i) Training of Personnel by the American Red Cross 1972-1974

ii) Training of Personnel by the Michigan Heart Association 1972-1974

iii) Training Levels of Ambulance Attendants in Oakland County

iv) Subcommittee Members

the good neighbor.

May 12, 1975

Mr. Gary Canfield
Director-Emergency Medical
Services
Department of Health
1200 N. Telegraph
Pontiac, Michigan 48053

Dear Mr. Canfield,

I have been requested by Mr. Richard Osgood to supply the OAKEMS sub-committee on training with the number of First-Aid certificates awarded in Oakland county over the past three years. The American National Red Cross is more than willing to assist in any way possible and I can supply you with the following statistics:

1972		1973	
Junior first-aid	78	Junior/Basic first-aid	185
Multi-media first-aid	399	Multi-media first-aid	664
Standard first-aid	1436	Standard first-aid	2233
Advanced first-aid	1194	Advanced first-aid	1464
	3107 total		4546 total

1974

Basic first-aid	375
Multi-media	688
Standard first-aid	966
Standard first-aid & Personal Safety	778
Advanced first-aid	905
Advanced first-aid & Emergency Care	371
	4083 total

Courses currently being offered are:

Basic first-aid
Multi-media first-aid
Standard first-aid & Personal Safety
Advanced first-aid & Emergency Care

The American Red Cross CPR Program should be initiated in late 1975 or early 1976.

If I can be of any further assistance, don't hesitate to call.

Sincerely,

Robert Wangen

ROBERT WANGEN
Field Representative
Safety Programs
Oakland County

RW/smg

copy: Mr. Richard Osgood
O.C.C.-Auburn Hills Campus

TRAINING OF PERSONNEL BY THE MICHIGAN HEART ASSOCIATION

1972 - 1974*

1972 - 1973	2,291**
1973 - 1974	4.082
1974 - 1975	4,760
	11,133

*Based on records provided by the Michigan Heart Association, Southfield

**Estimated

LEVEL OF TRAINING OF AMBULANCE (BASIC LIFE SUPPORT) PERSONNEL IN OAKLAND COUNTY*

Type of Ambulance Service	Number of Personnel trained in Standard First Aid		Number of Personnel trained in Advanced First Aid		Number of Personnel trained as Emergency Medical Technicians		Number of Personnel trained as Advanced Emergency Medical Technicians	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Commercial	2	16	30	28	38	13	5	
Funeral Home			5	9	3			
Police or Fire Department Operated			123		10			
Volunteer (Fire or Independent)				18		60		
TOTAL	2	16	158	55	51	73	5	

*Statistics indicated reflect summary of survey conducted 6/75 by the Committee on Transportation, thirteen of seventeen ambulance agencies responding.

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COMMITTEE ON TRANSPORTATION

COMMITTEE ON TRANSPORTATION

INTRODUCTION

Today's ambulance can no longer be considered as a horizontal taxicab which merely transports patients rapidly to an emergency facility. The role of the ambulance has been recognized as the first step in an organized EMS response system. The ambulance is a link in the chain of physical facilities. It must be considered as an extension of the emergency department and the hospital.

Likewise, the ambulance attendant is an extension of the emergency department physician and the medical staff. His role is no less important in the delivery of the emergency medical services. Therefore, he must be trained in order to meet the new standards expected of him.

Given the expanded role of ambulance services, it is not difficult to recognize the importance of this component within an organized system.

However, even the best equipped ambulances and the best trained ambulance personnel are meaningless if appropriate measures are not undertaken to sustain the life of the patient prior to their arrival. More often than not, such measures can and should be provided by properly trained and equipped police and fire personnel who historically are the first public agencies to respond to the scene of a medical emergency. Certainly, the role they play within the EMS system is no less important.

GENERAL OBJECTIVES (Not necessarily in priority order)

1. To ensure that all ambulance purveyors within the Oakland County EMS system transport patients in an environment which utilizes proven techniques commensurate with the medical needs of the patient. This Objective requires the following:

a) Rapid response to those in need of emergency health care. Adequate and easily accessible equipment and supplies to permit efficient emergency care by the ambulance attendants at the scene and while en route to the appropriate medical facility.

b) An appropriate vehicle with ample space within the vehicle to allow the trained attendants to deliver efficient emergency care.

c) Adequately trained attendants who can deliver proper and efficient care.

d) Adequate legislation to ensure that minimum standards are maintained relative to the transport of the ill and injured.

CURRENT SITUATION

Ambulances

At the present time emergency medical transportation within Oakland County is provided by various types of ambulance services. Per Michigan Department of Public Health records (compiled 12/31/74), ambulance service in the County is categorized as follows: 7 commercial ambulance operations (providing 22 ambulances); 5 paid fire departments (with one ambulance each for a total of 5); 1 independent volunteer department operating 3 ambulances; 2 volunteer fire departments operating a total of 4 ambulances; and 2 funeral homes operating 3 ambulances (for a complete listing of ambulances see appendix).

Those services as enumerated above provide the bulk of emergency transportation. Additionally, there are three "private" agencies which are not available for use by the general public. Of these three, those ambulances operated by General Motors and Clinton Valley Center are not licensed by the State while the third, Servi-Car of Michigan, is. In addition to those basic ambulance services outlined, there are three operational advanced life support vehicles in the County. Two of these units operate in the City of Southfield while the third is located in the City of Pontiac. It is anticipated that by the end of 1975 two additional units will be operational, one in Southfield and the other in Pontiac.

For obvious reasons, the greater number of ambulances in the County are concentrated in the more densely populated areas, specifically the southeastern quadrant. With exceptions, the response time for these units is generally good when the need is in the immediate area. However, when the scope of response is extended, difficulties ensue for various reasons. This situation is addressed under "Major Deficiencies."

Placement of ambulances throughout Oakland County is generally good, particularly in the more densely populated areas (see appendix: Current Ambulance Placement Within Oakland County). In those areas, the average ambulance response time is less than 10 minutes. However, there are areas in the County where inadequate ambulance coverage currently exists. Specifically, these areas include Highland, Milford and White Lake townships in the west, and Brandon; Oxford and Orion townships in the north. Numerous cases have been documented where ambulance response times in those areas have exceeded 30 minutes.

This inadequate service can be attributed to several factors. Foremost among these is the fact that no agency has expressed a willingness to provide a full-time comprehensive emergency medical transportation service. Fire and police departments in those areas are hesitant to become involved in the operation of an ambulance as it would strip available manpower from their primary functions.

Similarly, commercial ambulance purveyors are reluctant to commit resources to an area which would not be self-supporting in view of the relatively few number of runs generated from those areas. Furthermore, the townships cited have indicated no desire to enter into a contractual agreement for the provision of emergency medical transportation.

All these factors combined have produced the present inadequate situation.

Ostensibly all ambulance services within Michigan are presently regulated by the Michigan Department of Public Health. Under State law all ambulances and ambulance personnel are required to be licensed. In

order for a vehicle to be licensed in the State of Michigan the following requirements must be met:

1. Must pass State Police Safety Inspection.
2. Must be at least a station wagon with a rear door that opens.
3. Must be insured.

In order for an individual to be licensed as an ambulance attendant the State requires:

1. That he pass a physical examination administered by a licensed physician.
2. That he must possess a current Advanced Red Cross First Aid card (many attendants have met this criteria after successfully completing only a 26-hour course. The new Red Cross Advanced First Aid and Emergency Care course requires a 40-60 hour course, however, does not address the use of apparatus found on emergency vehicles).

State law mandates that one licensed attendant be present in the patient compartment at all times.

In order for an individual to be licensed as an ambulance driver, the State requires that he possess a currently valid operators license. There is no need for the driver to be trained in any first aid techniques.

It is of interest to note that over 40,000 runs were made by ambulances during 1974. A breakdown of the actual number of runs by category is provided as an appendix to this report.

Advanced Units

In addressing Advanced EMT Units (Life Support Units), one finds no legislation at the State level mandating what basic equipment and drugs are required to be carried on such vehicles. Only recently has the State enacted legislation (Act 275 of the Public Acts of 1974) requiring that Advanced Emergency Medical Technicians

be licensed by the State after passing an examination as provided by the Michigan Department of Public Health. As of this date, this examination has not been offered; hence, all personnel currently rendering advanced emergency medical care throughout the State are doing so on a provisional basis.

Police and Fire Department Vehicles

Currently there are no standards established regarding what equipment should be carried in police vehicles.

First aid equipment varies from department to department. Many police cars in Oakland County carry no first aid equipment at all, while others carry antiquated resuscitators and the like.

Similarly, there are no standards or guidelines relative to what items should be carried on rescue vehicles throughout the County. Some specialize strictly in extrication while others respond to all medical emergencies. The majority of such rescue units are operated by Fire Departments.

As developed in the Training portion of this report, training standards for the majority of public safety agencies is woefully inadequate with regard to medical emergencies.

MAJOR DEFICIENCIES

Emergency medical transportation is one of the more critical areas of the EMS system to be addressed, inasmuch as developments occurring during this phase may mean the difference between life and death for the victims of medical emergencies. More often than not, under the present circumstances, the acutely ill or injured patient does not have a good chance of reaching the appropriate emergency facility alive. This situation can be attributed to various deficiencies enumerated as follows.

Historically, police are the first public agency to arrive at the scene of most emergencies. Appropriate emergency care given at this point in time is most crucial. Unfortunately, most police departments in the County are inadequately equipped and trained to handle life threatening emergencies (airway maintenance and hemorrhage control). Generally, as is in most cases throughout the State, all the police officer does at the scene of an occurrence is to verify the emergency and to request an ambulance. Ideally, at this critical point in time some effort should be made to provide initial emergency medical care. Currently, this is not the common practice.

Fire department personnel are often dispatched to the scene to provide medical assistance and/or extrication. Again training is lacking with equipment being somewhat better than what is found in police patrol cars. A common practice within the County is the dispatch of a fire department rescue vehicle with some trained personnel. This vehicle does not transport patients, but again verifies the need for an ambulance. In most cases, an ambulance (transport vehicle) is not dispatched until the rescue unit personnel have assessed the situation. This is a time consuming and dangerous process only adding to the victim's

problems, for if the personnel (police and fire) do not provide the necessary emergency care, the time spent in duplicating efforts and getting a patient to the hospital may well have a deleterious effect on the patient's outcome.

The arrival of the ambulance does not necessarily mean that the patient will be given the proper emergency medical care. There are many contributing factors to this; foremost is the fact that it is generally acknowledged that the standards regarding ambulance operation as promulgated by the State are below the minimum requirements of what is necessary to ensure that effective and efficient emergency medical care is administered at the scene of an incident. Some of these deficiencies are enumerated as follows:

1. Inadequately Trained Ambulance Personnel

Advanced first aid (as outlined under "Current Situation") is the only training prerequisite for State licensure. The Red Cross course, even in its updated version, goes a long way in addressing the needs of the general public, however, falls short of instructing ambulance personnel in the correct utilization and operation of medical equipment found in properly equipped ambulances (i.e., suction apparatus, oxygen equipment, extrication equipment, resuscitators, etc.).

2. Inadequate Emergency Vehicles

We have reached the point in time where ambulances can no longer be considered horizontal taxi cabs. It is not merely enough to have a stretcher in the rear of a station wagon (as is required by State law). A properly equipped and trained Emergency Medical Technician must have sufficient room in order to administer the life saving techniques he has been taught.

3. Inadequately Equipped Vehicles

In conjunction with #1 and #2, the emergency medical technician must have access to equipment which can assist him in sustaining life until the arrival at a definitive care facility. The basic equipment list as required by the State certainly leaves much to be desired.

Given these less than adequate standards, this tragedy is compounded by the fact that there is little or no enforcement at the State level to ensure that even those standards are maintained. As a result of those inadequate standards, emergency care in Oakland County runs the gamut from advanced EMT's capable of performing advanced life support techniques in those areas which have addressed the need for better emergency care, while other areas of the County may be served by individuals who have absolutely no training in the provision of emergency medical care.

Inadequate response times are generally associated with the more rural areas of the County; however, this is a problem which is quite evident in the more urban settings as well. A definite lack of coordination exists among the ambulance purveyors of the County.

As noted previously, to be commercially successful private ambulance purveyors must congregate in the more densely populated areas due to the high volume of calls within those areas. Economics dictate that commercial companies must compete with one another which makes working in harmony difficult. Such competition may result in the holding of calls by one operation who is waiting for a car to call in service while his competition a short distance away may very well have an available ambulance in the vicinity. Such delays are needless and may prove dangerous to the patient who is waiting.

As alluded to previously, those municipalities which provide emergency medical services within the County generally do not coordinate with the private sector in the provision of emergency medical care.

Another major deficiency within the County at the present time is the lack of back-up or standby arrangements between ambulance agencies in order to provide adequate coverage to the communities they serve should the primary vehicle be out of service. This problem can be attributed, in part, to the lack of communications among the ambulances which may serve a given area. Compounding this problem is the fact that many of the public ambulances (those vehicles operated by police or fire departments) cannot legally respond to emergency calls outside of their political boundaries, hence they cannot provide back-up beyond that area. This situation creates additional problems. Generally those patients transported by public vehicles are taken to the closest hospital so that the vehicle may be placed back into service as quickly as possible. This is both unfortunate and dangerous since it may inconvenience the patient whose doctor may not be on the staff of the hospital he is taken to, but even more importantly, the hospital within that given area may not be the best facility to handle particular emergency medical problems.

Clearly, then, one of the major deficiencies regarding the emergency transportation of patients in Oakland County is the inadequate back-up ambulance coverage. However, in three areas of the County there is an even greater concern regarding primary ambulance coverage. Specifically, those areas include the townships of Brandon; Oxford and Orion; in the north, and Highland, Milford and White Lake in the west. Response times for ambulances in those areas can run as high as 45

minutes. The needs of these communities must be addressed if we wish to drop the maximum response time throughout the County to within 15 minutes which is one of the goals of the Committee.

At the present time, there is no clear protocol regarding the functions of police, fire and ambulance personnel at the scene of an accident and/or medical emergency. This lack of identity of functions has, at times, resulted in confusion and hard feelings among the different types of individuals who may be present at the scene. The problem of who is to be in charge of such a situation will not be resolved until specific regulations are developed regarding the functions of each of these personnel at the site.

Finally, the high cost of emergency medical transportation is well known especially to those who have had occasion to utilize those services. There is no doubt that the costs will remain high if we are to implement an efficient and effective system. However, we can keep these costs at a minimum if proper reimbursement procedures can be arranged. Those services which cannot meet the costs of providing quality emergency medical transportation will have no incentive to do better than they are doing now.

As noted in the initial paragraph of this report, the time between the arrival of the first public agency and the actual delivery of the patient to a definitive care facility is the most important phase of the entire emergency medical services system. There is much to be achieved if we are to realize the goal of saving more lives within Oakland County. It has been estimated that if the deficiencies cited above were corrected, more than 3000 additional lives could be saved annually in the State of Michigan (Source: Michigan Emergency

Services Health Council). Locally, this means that over 300 more lives could be saved annually in Oakland County alone if public safety agencies within the County (police, fire and ambulance) were organized into a truly coordinated system, lowering response times and responding with personnel who were better trained and better equipped to deal with medical emergencies.

RECOMMENDATIONS (Not necessarily in priority order)

Personnel

1. Recommend that all emergency and non-emergency ambulance vehicles be staffed by at least 2 people on every ambulance run. Further recommend that by January 1, 1977 the attendant administering patient care in the rear compartment be certified as a Basic EMT (Level 03* Further recommend that by January 1, 1978 both attendants be trained as Basic EMT's (Level 03*), a Basic EMT being one who has successfully completed any State approved EMT course.

2. Recommend that all Life Support Units be staffed by at least 3 personnel, 2 of whom must be Advanced EMT's** within the patient compartment to administer care during transport.

3. Recommend that all ambulance drivers complete an approved emergency vehicle driving class by January 1, 1977. Further recommend that a driving class be offered semi-annually in Oakland County to fulfill the anticipated need.

4. Recommend that Basic EMT courses be offered as coordinated through the Oakland County Emergency Medical Services Division in order to fulfill the anticipated need as outlined in Recommendation #1.

5. Recommend that the present Basic EMT program in Oakland County be re-evaluated in view of the number of people to be trained.

6. Recommend that Oakland County exceed the national recommendation that basic EMT's be re-certified by way of a refresher course as a prerequisite for licensing every two years. This refresher course is to be coordinated through the Oakland County Emergency Medical Services Division and is to be commensurate with the provisions as provided by the State Department of Health.

7. Recommend that a means of continuing education be established for Advanced EMT's involved in Advanced Life Support Units.

8. Recommend that a common ambulance reporting form be utilized to ensure standardization in the evaluation of the system. Should the State develop a form, it is recommended that this form be adopted for use in Oakland County.

*DEFINITIONS:

Training Levels

01 - Advanced Red Cross
02 - Student - Basic EMT Course
03 - Basic EMT - State Approved Course
04 - Student - Advanced EMT Course
05 - Advanced EMT - State Approved Course
07 - Experienced Advanced EMT
09 - To Be Determined

**As defined by Act 275 of the Public Acts of 1974

9. Recommend that a standard dress code and means of identification be developed for all persons involved in rescue team work.

Vehicles

10. Recommend that emergency medical transport vehicles follow the guidelines as established by Federal specifications: "Ambulance, Emergency Medical Care Vehicle (KKK-A-1822, January, 1974)" and the "Medical Requirements for Ambulance Design and Equipment"; and the Committee on Trauma of the American College of Surgeons, particularly with regard to the following minimum standards:

a) Headroom of at least 54" from floor to center point of ceiling.

b) Level floor of at least 116" in length.

c) 15" of working space at head and side of cot.

d) Heated and air-conditioned patient compartment.

Equipment

Basic Ambulance

11. Recommend that each emergency ambulance be equipped with the following items of equipment or their equivalent:

Communication equipment: Ambulance to Dispatcher
Ambulance to Hospital ER
Recording tachometer
Siren (Audible for 500 ft.)
Flashing red (or blue, as applicable) roof light
Fire extinguisher, 10 lb. A-B-C Unit
Search light powered from vehicle
Flashlight
Battery jumper cables
Removable multilevel stretcher
Folding stretcher (road)
Short (4') and long (6') back boards with 2" straps, with the appropriate equipment for the immobilization of the cervical spine.
Folding stair chair or pole stretcher
Emesis basin
Pillows (2)
Bed Linen, 2 sets
Blankets (1 for each stretcher)
Hinged Keller-Blake half ring (Thomas type) leg splint with stockinette
2 padded boards, 4 1/2' x 3")
2 padded boards, 3' x 3") -- 3 or 4 ply, 1/2" thick and appropriate
2 padded boards, 15" x 3") inflatable air splint
Portable oxygen cylinder (medical D or E sizes) with single stage regulator, a mask and other proper attachments
An oxygen supply of 100 cu. ft. with regulator, flow meter, two outlets, mask and other proper attachments.
Bag-Mask, with transparent mask and valve, capable of being attached to oxygen (ambulance or other)
Aspirator (attached or portable) with catheters, small and regular sizes
Mouth-to-mouth 2-way resuscitation airways, adult, child and infant sizes
Oropharyngeal airways, small and regular (plastic I type)
12 pkg. sterile gauze pads, 2" x 2", 4" x 4"
1" and 2" and 3" adhesive tape
Bandages, 3" or 4" conforming type, 12 rolls of either
Blood pressure sphygmomanometer
Stethoscope
3 Triangular bandages
2 Universal dressing or trauma pads
3 Elastic bandages, 3"
Bite sticks (tongue blade) (4)
Safety pins, large
Bandage scissors
Towels (4)
Rubber or plastic gloves (sterile), small and large)
Umbilical clamps, sterile) or Sterile
Sterile Sanitary Pads) OB Kit
Airbulb for infant tracheal suction)
Vaseline gauze
Ammonia inhalants
Cervical collar (1 each-adult and child)
Extrication equipment (optional)
Ice packs
Non-adhering dressings)
Sterile Normal Saline Solution) or Burn Kit
Sterile rubber gloves)
Sterile sheets)

Advanced Life Support Units

12. Recommend that a life support unit equipment list be established for each unit as recommended by the participating hospitals.

Police Patrol Vehicles

13. Recommend that all police patrol vehicles be equipped with the following items:

Oropharyngeal airways (infant, child and adult)
Sterile gauze pads (4" x 4")
2" adhesive tape bandages
3" conforming type bandages (2 pkgs.)
Triangular bandages (2)
ABD Dressing (large bandage dressing)
Elastic Ace Bandages (3")
Bite Stick
Transparent Bag-Mask Resuscitator or mouth mask equivalent

Fire Department Rescue Units

14. Recommend that all fire department rescue units engaged in extrication be equipped with the following:

Recommended equipment list:

Tin Snips
Claw Hammer
Short-handled sledgehammer (2½-pound)
Needle-nosed pliers
Vise-grip pliers
Screwdriver (regular and Phillips)
Regular frame hacksaw
Adjustable wrench (assorted sizes)
Pipe wrench (assorted sizes)
Socket wrench (3/8-inch drive, 3/8-inch to 3/4-inch capacity)
Rescue-type ax (such as the pry ax)
Impact bar
Bolt cutter (36-inch minimum)
Pry bar
Wrecking bar
Door-lock opener
Shovel
Linoleum knife
Hay hook
Rescue-type circular saw or disc-saw kit
Power shears
Porta-power, 10 ton minimum
2-ton come-a-long with 50 ft. cable minimum
Air chisel set
Safety flares

A, B, C, Fire Extinguishers, 20 lbs. minimum (e.g., 2-ten lb. units, or 4-five lb. units,etc.)
Small folding ladder (under 10 ft.)
Portable electric generator
Power cord and reel
Power distribution box
Portable floodlights
Battery-operated handlights
Spare air cylinders with extra hose
Safety helmet
Safety goggles
Gloves
Turnout coat
Boots
Self-contained, demand-regulator breathing apparatus
Spare compressed air cylinders
Asbestos blankets
Short spine-board with straps
Full backboard with straps
Basket stretcher
Number one grade manila rope (1/2-inch, 5/8-inch and 3/4-inch)
Jacks, hydraulic or ratchet types
Gasoline storage cans (2-one gallon cans of 2-cycle oil mixture, and 1-two gallon can of regular gas)
Mobile radio transceiver with public address capability
Portable radio transceiver to dispatch

Optional equipment list:

Battery Pliers
Channel-locking pliers
Diagonal-cutting pliers
Slip-joint pliers
Can opener
Hurst power tool
Oxy-acetylene cutting torch kit
Combustible gas detector kit
Block and tackle
Smoke ejector and extension tube
6 ft. pike pole

Ambulance Coverage

15. Recommend that those townships, specifically Brandon; Oxford and Orion; and Milford, Highland and White Lake, not adequately covered by ambulance service at the present time, contract for such service. Costs for any proposed service to be divided among the villages and townships in the three respective areas involved.

Reimbursement Procedures

16. Recommend that representatives of County government, commercial ambulance purveyors and third party payers meet to review and resolve any inadequacies in present reimbursement programs for emergency medical transportation. Such an arrangement could keep ambulance charges at a minimum for the general public.

Mutual Aid

17. Recommend that ambulance purveyors establish a mutual aid system so that adequate back-up arrangements can be made.

Emergency Vehicle Dispatch & Coordination

18. Recommend the simultaneous dispatch of police, rescue and/or ambulance vehicles for medical emergencies where indicated.

19. Recommend that protocol be developed for the handling of priorities in relationships between police, fire, rescue units and ambulance purveyors at the scene of an accident or medical emergency.

20. Recommend that all municipal dispatchers be provided with standard operating procedures regarding the deployment of emergency vehicles.

Aircraft

21. Recommend that helicopters not be used as a replacement for ground-based ambulances, only as a special supplement to them.

22. Recommend that fixed-wing aircraft not be used for primary transport in emergency medical services.

Patient Records

23. Recommend that a standard reporting form be adopted for use in Oakland County. This report could be utilized by both Basic and Advanced Life Support Units. The report should accompany the patient transported to the emergency department and become part of the emergency department medical records.

24. Recommend that a standard hospital transfer form be adopted for use in Oakland County. This would facilitate admission of the patient at the receiving hospital, eliminating the need for the ambulance to be out of service for great lengths of time.

Emergency Medical Services Division

25. Recommend that the Director of the EMS Division be responsible for mobilizing and directing all his resources to respond promptly, effectively and efficiently to the problems of the disaster situation.

26. Recommend that the County EMS Division investigate complaints relative to the provision of emergency medical services.

27. Recommend that any EMS related regulatory responsibilities that the State may delegate to the County, be delegated to the Oakland County EMS Division (e.g., ambulance inspection, certification of personnel, etc.).

Legislation

28. Recommend that if the State fails to take appropriate action, that a County Ordinance be established encompassing the objectives outlined above. Such an ordinance would enable the Oakland County EMS Division to ensure that acceptable standards are maintained within the EMS system.

APPENDIX - TRANSPORTATION

i) Ambulance Providers within Oakland County (Michigan Department of Public Health Records, 12/31/74)

ii) Advanced Life Support Units within Oakland County

iii) 1974 Ambulance Runs in Oakland County

iv) Ambulance Runs for 4th Quarter of 1974 by Townships

v) Summary - Transportation Survey

vi) Current Ambulance Placement within Oakland County

vii) Subcommittee Members

INVENTORY OF AMBULANCES LICENSED IN OAKLAND COUNTY

Per MDPH Records 12/31/74

Ambulance Service	Number of Vehicles	Main Station
Addison Twp. Fire Department	1	Fire Hall 15 Elmwood/Leonard
Berkley Fire Department	1	3322 Coolidge Hwy/Berkley
County Ambulance Service, Inc.	2	19666 W. 10 Mile Rd./Southfield
Farmington Hills Ambulance	1	31171 W. 10 Mile Rd./ Farmington Hills
Ferndale Fire Department	1	1635 Livernois/Ferndale
Fleet Ambulance Service, Inc.	8	P.O. Box 3034/Pontiac
Hazel Park Fire Department	1	22830 Russell/Hazel Park
Holly Volunteer Ambulance, Inc.	3	504½ E. Maple/Holly
Madison Heights Fire Department	1	340 E. 13 Mile Rd./Madison Heights
North End Ambulance Service	1	400 S. Broadway/Lake Orion

Inventory of Ambulances Licensed
In Oakland County (Cont.)

Ambulance Service	Number of Vehicles	Main Station
Novi Ambulance Service	2	25869 Novi Rd./Novi
Oak Park Public Safety Department	1	13600 Oak Park Blvd./Oak Park
Riverside Chapel Ambulance Service	1	5630 Pontiac Lake Rd./Pontiac
Sherman Ambulance Service	1	135 South Street/Ortonville
South Lyon Fire Department	3	215 Whipple/South Lyon
St. Onge Ambulance Corporation	3	1441 Parke/Rochester
Suburban Ambulance Service	5	1504 E. 11 Mile Rd./Royal Oak

ADVANCED LIFE SUPPORT UNITS WITHIN OAKLAND COUNTY

City of Southfield

Southfield Fire Department
18400 W. 9 Mile Road
Southfield, Michigan 48075

2 Units

City of Pontiac

Pontiac Fire Department
123 E. Pike
Pontiac, Michigan 48053

1 Unit

1974 AMBULANCE RUNS IN OAKLAND COUNTY*

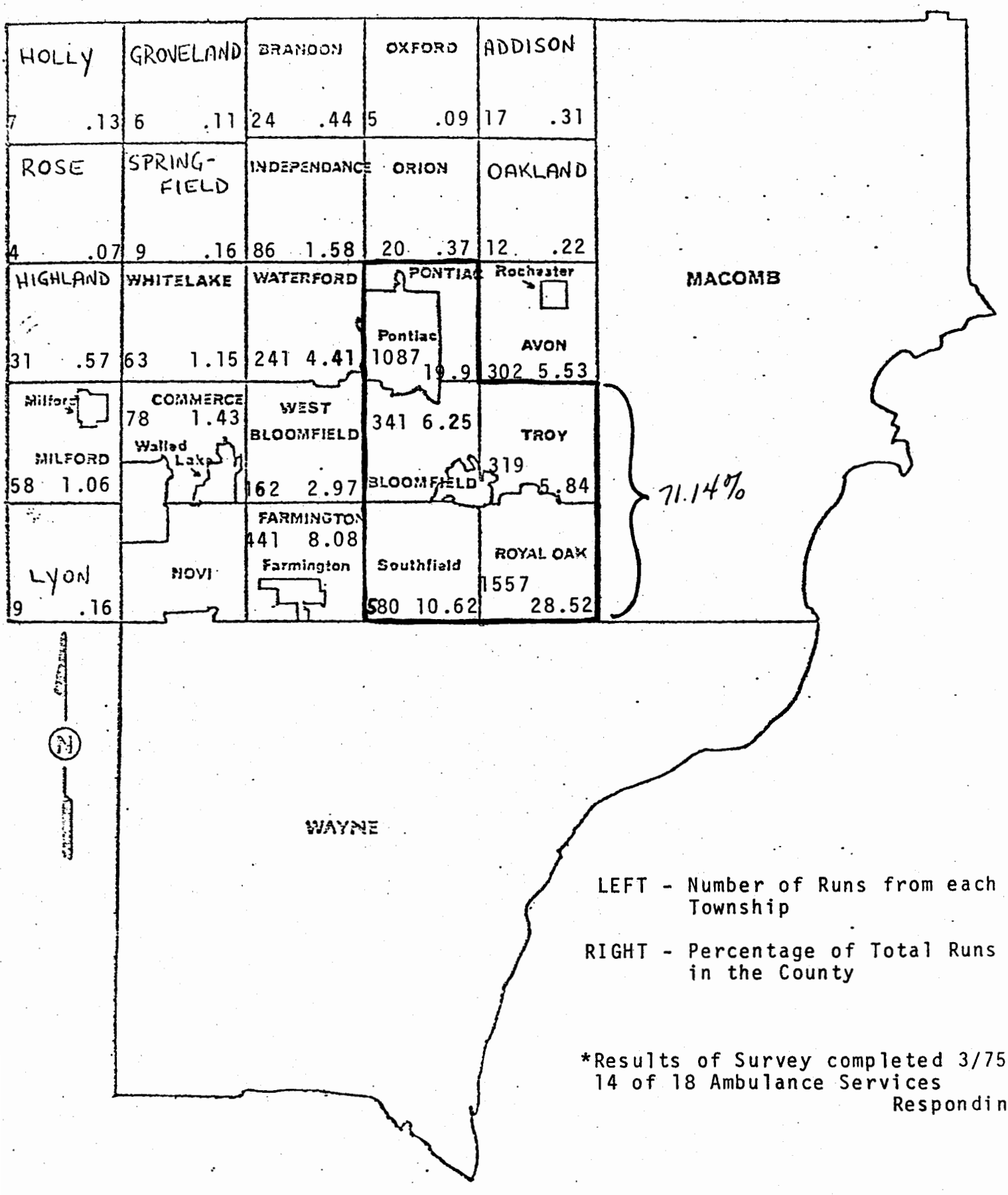
Commercial Ambulance Agencies	32,989
Funeral Home Ambulances	2,580
Police or Fire Department Operated Ambulances	3,227
Volunteer Ambulance Agencies (Fire Related and Independent)	496
TOTAL	39,292

*Figures given reflect summary of survey conducted 6/75 by the Committee on Transportation, thirteen of seventeen ambulance agencies responding.

EMERGENCY AND NON-EMERGENCY AMBULANCE RUNS

OAKLAND COUNTY

FOURTH QUARTER 1974*



LEFT - Number of Runs from each Township

RIGHT - Percentage of Total Runs in the County

*Results of Survey completed 3/75; 14 of 18 Ambulance Services Responding

OAKLAND COUNTY AMBULANCE TRANSPORTATION SURVEY

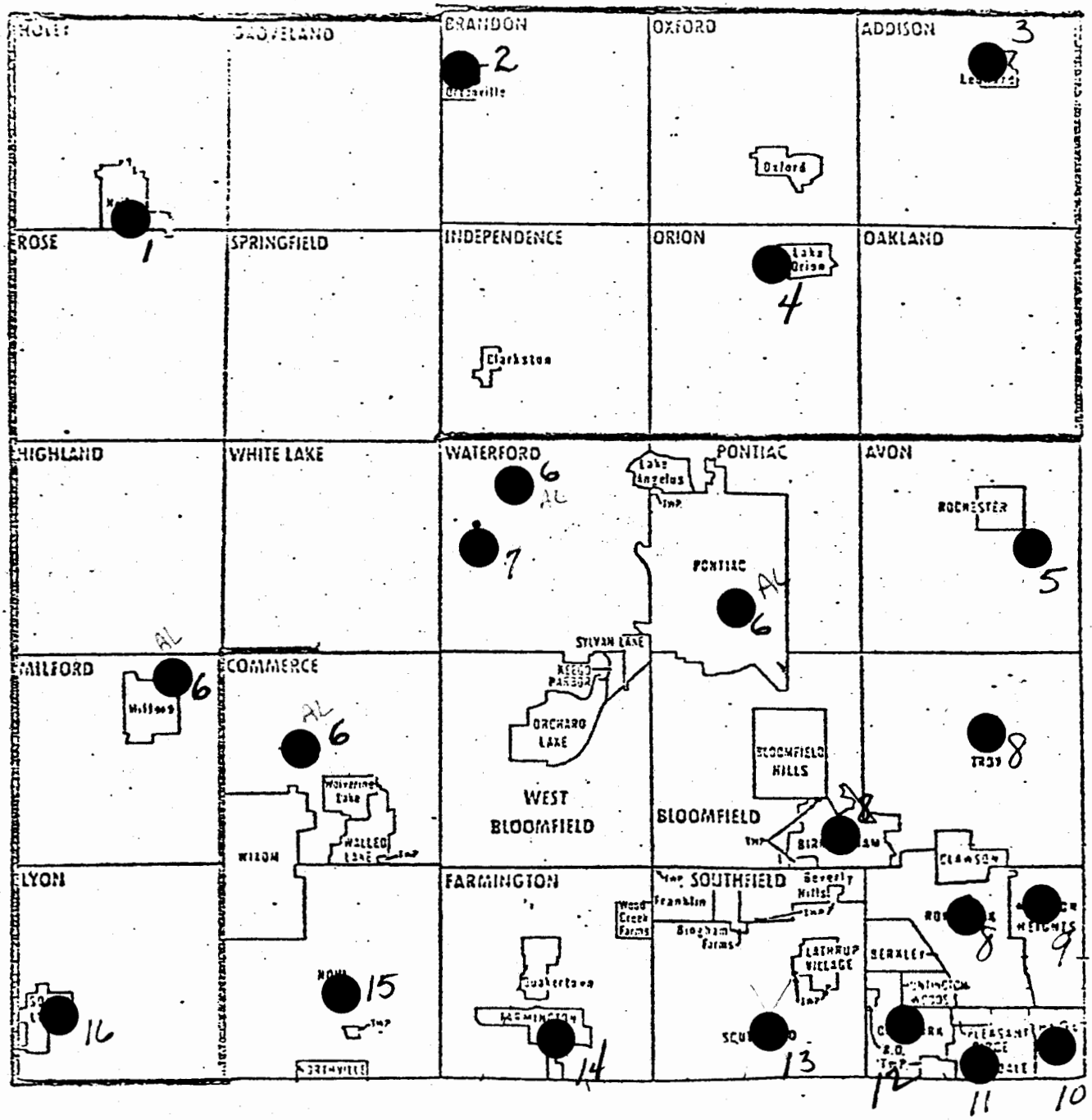
SUMMARY[1]

Type of Service	Number of Vehicles	Number of Vehicles Meeting Equipment Standards[2]	Training (full-time personnel only)		Area Served In Sq. Miles	Population Served (average)	Runs/ye (1974)
			Advanced First Aid	EMT (Basic)			
Commercial	39	4	30	38	532	153,000 - 307,000	37,989
Funeral Home	4	0	5	3	158	27,500 - 55,000	2,580
Public (Police or Fire operated)	5	0	123	10	23.5	94,000 - 160,000	3,227
Volunteer (Independent & Fire Related)	3	0	Volunteers are classified as part-time personnel		144	25,000 - 50,000	496
TOTAL	51	4	158	51	857.5		39,292

[1]Statistics indicated reflect summary of survey conducted 6/75 by Committee on Transportation, thirteen of seventeen agencies responding.

[2]Equipment standards as recommended by the Committee on Transportation.

LOCATION OF AMBULANCES WITHIN OAKLAND COUNTY



1. Holly Volunteer Ambulance
2. Sherman Ambulance Service
3. Addison Twp. Fire Dept.
4. North End Ambulance Serv.
5. St. Onge Ambulance Serv.
6. Fleet Ambulance Service
7. Riverside Chapel Ambulance Serv.
8. Suburban Ambulance Service
9. Madison Heights Fire Dept.
10. Hazel Park Fire Dept.
11. Ferndale Fire Dept.
12. Oak Park Public Safety Dept.
13. County Ambulance Service
14. Farmington Hills Ambulance Serv.
15. Novi Ambulance Service
16. South Lyon Fire Dept.

COMMITTEE ON TRANSPORTATION

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