

EMERGENCY MEDICAL SERVICES PLAN FOR OAKLAND COUNTY



DANIEL T. MURPHY
COUNTY EXECUTIVE

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Summary

L. SCHIRLE, JR., M.D.
OAKLAND COUNTY EMS COUNCIL

MARY T. CANFIELD

EMERGENCY MEDICAL SERVICES DIVISION

EMERGENCY MEDICAL SERVICES PLAN FOR OAKLAND COUNTY

EXECUTIVE SUMMARY



DANIEL T. MURPHY
OAKLAND COUNTY EXECUTIVE

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

GARY T. CANFIELD
DIRECTOR - EMERGENCY MEDICAL SERVICES DIVISION

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EXECUTIVE SUMMARY





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.

Joseph L. Schire Jr. M.D.
Chairman
Pontiac General Hospital

EXECUTIVE COMMITTEE

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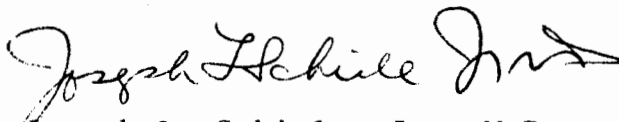
Membership appointed by
Oakland County
Board of Commissioners

Mr. Fred D. Houghten
August 7, 1975
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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,

A handwritten signature in cursive script that reads "Joseph L. Schirle, Jr." with a stylized flourish at the end.

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

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.

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

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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.

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Many police and fire department personnel in the County are insufficiently trained to adequately respond to life threatening emergencies. A recent telephone survey² 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.

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

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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

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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.

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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 discussion 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.

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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 Resuscitators, 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 commercial 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

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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

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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-

Executive Summary

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.

Executive Summary

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	<hr/> 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

Executive Summary

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

Executive Summary

Continuing Education Programs for Emergency Department Nurses and Emergency Department Physicians	5,000
Total	<u>43,500</u>

Public Education

Comprehensive Public Education Program	15,000
Total	<u>15,000</u>

Personnel

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

Miscellaneous

Basic Ambulance Equipment	20,000
Rescue Equipment	15,000
Advanced Life Support Unit Equipment	25,000
Total	<u>60,000</u>

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	<u>569,180</u>

*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 sub-systems (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.).

³Fred 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

Executive Summary

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*

	<u>State</u>	<u>Region</u>	<u>County</u>	<u>Local</u>
1. <u>General Role and Responsibility</u>				
Regulation and Certification	X	0	0	
Coordination and Planning	X	X	X	0
Review and Comment	X	X	X	
2. <u>Manpower</u>				
Coordination	X	X	X	0
EMS Personnel - operational			X	X
3. <u>Training - Provision</u>				
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. <u>Communications</u>				
Coordination (including Plan)	X	X	X	0
Central Dispatch	0	0	X	X

Legend:

0 Advise
X Primary Responsibility

*Adopted July 18, 1975

	<u>State</u>	<u>Region</u>	<u>County</u>	<u>Local</u>
4. <u>Communications (cont.)</u>				
Technical Assistance	X	X	X	X
Systems Installation and Maintenance	0	0	X	X
5. <u>Transportation</u>				
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. <u>Facilities (treatment facilities)</u>				
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. <u>Accessibility to Critical Care Units</u>				
Planning and Coordination	X	X	X	X
Implementation	0	0	0	X

* Primary responsibility when operating

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

EXHIBIT C

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

	1 9 7 5					1 9 7 6										
	SE	OC	NO	DE	JA	FE	MA	AP	MAY	JUN	JUL	AUG	SE	OC	NO	DE
1. PUBLIC INFORMATION																
a) Establish liaison with local units of government	1a					continuous										
b) Establish public information programs regarding emergency medical services	1b					continuous										
2. TRAINING																
a) Training of general public	2a					continuous										
b) Establishment of Crash Injury Management Course for Police						2b										
c) Establishment of Extrication Courses for Fire Department Personnel											2c					
d) Establishment of Basic EMT courses											2d					
e) Establishment of Advanced EMT courses						2e										
f) Establishment of Medical Emergency Dispatch Course												2f				
g) Advanced EMT seminars						2g										
h) Continuing Education Programs for Emergency Room Physicians & Nurses												2h				

1 9 7 5					1 9 7 6										
SE	OC	NO	DE	/ JA	FE	MA	AP	MAY	JUN	JUL	AUG	SE	OC	NO	DE

3. COMMUNICATIONS

Establishment of Basic
EMS Communications Network:

- a) Ambulance 3a
_____→
- b) Hospital 3b
_____→
- c) County Communications
Coordinating Center 3c
_____→

4. TRANSPORTATION

- a) Provide adequate
ambulance service through-
out Oakland County 4a
_____→
- b) Upgrade ambulance
equipment 4b
_____→
- c) Upgrade First Aid
equipment of police 4c
_____→
- d) Upgrade First Aid
equipment of fire 4d
_____→

5. FINANCE & LEGISLATION

- a) Submit County EMS grant
application as part of
Regional package 5a
_____→

1 9 7 5					1 9 7 6										
SE	OC	NO	DE	JA	FE	MA	AP	MAY	JUN	JUL	AUG	SE	OC	NO	DE

6. EMERGENCY FACILITIES

a) Complete categorization scheme of Oakland County hospitals

6a →

b) Establish on-site inspection teams

6b →

c) Provide on-going, in-service educational programs

6c continuous →

d) Placement of highway signs indicating location of hospital Emergency Department

6d →

7. CONTINUANCE OF EMS DIVISION

7a continuous →