

Washtenaw/Livingston Medical Control Authority
Ann Arbor, Michigan

Robert Domeier, M.D., FACEP, EMS Medical Director
Stacey Noel, M.D., Deputy EMS Medical Director
Joan Cottrell, EMT, EMS Office Coordinator

EMS System Overview

Medical oversight in the Washtenaw/Livingston Medical Control Authority (MCA) is provided by the Washtenaw/Livingston Medical Control Corporation. This non-profit organization is designated by the EMS Section of the Michigan Department of Health and Human Services as the medical control authority for Washtenaw and Livingston Counties.

The Washtenaw/Livingston EMS system includes urban, rural and suburban geographic areas. Ambulance transport is provided by two ALS services. Huron Valley Ambulance, a nonprofit community ambulance service, covers Washtenaw County. Livingston County is served by Livingston County EMS, a third service separate from the fire service, funded by a county millage. First Response service is provided by 26 area fire agencies (volunteer and full time). Ten of these services are licensed at the Basic Life Support level, the others at the Medical First Response level. University of Michigan Survival Flight provides prehospital and interfacility air medical response.

Funding for the MCA is provided primarily by the area hospitals. The transporting services provide support through a voluntarily contribution based on the number of vehicles operated. Staff support is provided by Washtenaw County through the medical control corporation, which pays all costs for staff and office support.

The medical control corporation is composed of hospital administrators from the five member hospitals with voting representation based on a corporation-approved formula. The medical control corporation meets annually to approve the budget and set yearly goals for the medical control authority.

The Medical Control Board, which meets monthly, is composed of two representatives from each of the hospitals, one from each transporting ambulance service, one from the air ambulance service, and one member representing the Mutual Aid Fire Association from each county. All members of the board have one vote. The Medical Control Advisory Body elects the medical director from the hospital physician representatives. The MCA grants privileges for Paramedic, A-EMT and EMT-Basic practice within the EMS system based on a written test and mandatory procedure orientations.

Other committees which support the activities of the Medical Control Board are the:

- Medical Control Advisory Body
- Data and Evaluation Committee
- Professional Standards Review Organization

These committees have varying representation from the hospital and prehospital agencies.

The system has established protocols for triage of adult and pediatric trauma patients to Level I or II Trauma Centers. The system also has triage protocols for Acute Myocardial Infarction (AMI), Stroke and Post Cardiac Arrest patients. The MCA oversees the function of two paramedic-staffed mobile intensive care units (MICU) for interfacility patient transfer. These units run by the ground transporting services are capable of managing patients on ventilators and numerous medication drips. Pre-hospital 12-lead ECG is available within the system and prehospital paralytic intubation for trauma patients, when indicated, is practiced as well.

The MCA provides medical oversight for Technical Rescue Team paramedics and Hazardous Materials Medical Response Team paramedics that are coordinated through our transport services. The Hazardous Materials Medical Response Teams use specialized hazardous materials treatment protocols and is equipped with a specialized hazardous materials medication box.

On-line medical direction is provided by emergency physicians and nurses at three of the six system hospitals. These three hospitals provide on-line medical direction for patients transported to its institution and for patients transported to the other acute care hospitals that do not provide on-line direction.

On-line communications are called directly to the hospitals providing medical direction. Disaster communications are coordinated through a central communications center which is based at one of the ground ambulance dispatch centers. Radio communications occur via the MPSCS 800 MHz system. VHF communications are used for notification when no on-line direction is anticipated by the prehospital personnel and for trauma notification.