

Discussion Notes

Emergency Medical Services Regulatory Board

Executive Committee Meeting
Wednesday, July 7, 2010, 9:00 a.m.
2829 University Avenue SE
Minneapolis, Minnesota

Members Present

Kevin Miller
Pat Lee (by phone)

Guests

Staff Present

Katherine Burke Moore
Melody Nagy

Members Absent

Jim Rieber
Paula Fink Kocken
Gary Pearson

I. Call to Order

There was not a quorum for this meeting. The Executive Committee members present had the following discussion.

II. Review of Medical Director Duties

Ms. Burke Moore said that the EMSRB medical director has been a contractor. In the past we put out a RFP outlining our needs and then received bids from interested parties. The next RFP is ready to publish again, if that is the direction we choose to take. The chair, Mr. Rieber, is suggesting that the physicians on the Board may be able to pick up some of the duties currently assigned to the contractor.

Ms. Burke Moore said that most state EMS agencies have a medical director on staff – I do not know a specific number of hours of service they provide or in what relationship they have; but she believes the EMSRB does need a medical director. The issue is but how do we do structure it.

Mr. Lee asked if statute sets out the duties for a State Medical Director. Ms. Burke Moore said that statutes rarely get into the detail of what is set out in contractual duties. However, EMSRB is mentioned in the Trauma Statutes (MS144.608, subd. 1) Clause 11 states that “the state emergency medical services medical director appointed by the Emergency Medical Services Regulatory Board” as a member of the Trauma Advisory Committee. Mr. Miller asked if there is a level of focus for the statute that requires a medical director.

It was asked if the medical director is a member of the Board. Ms. Burke Moore said that the medical director is not a member of the EMSR Board (members are set out in statute) but the state medical director has a role and should be an asset to the Board and board operations.

Ms. Burke Moore referred to the list of critical duties that had been set out for Dr. Wesley to focus his time on. She said that she would like to discuss the tasks listed. Mr. Miller suggested going through the list individually.

[The list of tasks begins with number 2.]

Task #2. Mr. Miller refers to the duty to provide leadership at MDSAC. The MDSAC chair should take this leadership role. This duty also includes guiding the implementation of MDSAC projects. Ms. Burke Moore wondered if the regional programs' Medical Directors could take on implementation. Task 2 could be completed by someone other than a contractor. Perhaps the MDSAC can take on some leadership in the duties.

Task #3. The statutory requirement that the EMSRB Medical Director serve as a member of the Trauma Advisory Council. Ms. Burke Moore said that we need consistent attendance and participation from one individual. This is a limited time commitment but we must have consistency. (If no one is willing to commit the time; we would need a contractor.)

Task #4. Keeping involved and informed in the NASEMSO Medical Directors meetings and other professional organizations. Share that information with the executive director and the Board. NASEMSO can have valuable information and connections with other State Medical Directors. Ms. Burke Moore said that she would like to explore what information NASEMSO may have that could be shared with medical directors involved in EMS. Perhaps create a mailing list or emailing list. Mr. Miller agreed. This does not need to be a contractor. Mr. Miller said that someone in MDSAC may also want to be involved in this. This is a way to empower the physicians.

Task #5. Serving as an alternate on the Complaint Review Panel. Ms. Burke Moore said that we always have a physician attend the CRP meetings. Dr. Fink-Kocken and Dr. Satterlee are attending now on a rotating basis. This would only be an alternate but could be filled by any physician. Mr. Lee asked if Dr. Thomas is available. Mr. Miller said that her schedule is difficult. Ms. Burke Moore noted that an alternate is requested sometime at the last minute and Dr. Thomas is not in the metro area – and she may not be able to clear a schedule to fill that role Mr. Miller said that this could be built into the budget easily – with per diem. We would know the potential cost for meetings. He suggested this task be included for the contractor.

Task #6 Developing Protocols and Procedures as requested. – Mr. Miller said that this is not a statutory requirement. Why do we need a medical director to approve these? Ms. Burke Moore said perhaps this could be handled by MDSAC. Mr. Miller said that we do not have protocols approved by the Board we just submit them with our renewal. Mr. Lee asked how often this happens. Mr. Miller said that this could be done by clinical evaluation within the CRP or some other body that provides advice. We do not want to pay someone to review protocols. Mr. Lee asked if the EMS Specialists review these. Ms. Burke Moore said that may be a question from the EMS Specialists and when they need medical advice. There could also be the need to consult a physician for an investigation that can be handled by a contractor to provide advice or opinion. This will be infrequent. Mr. Miller said that the CRP handles these tasks within their monthly meetings. Ms. Burke Moore questioned whether the CRP members could address this in monthly meetings.

Task #7. Mr. Miller stated that drug variances would be handled the same as number 6. Ms. Burke Moore asked if this could be handled by the regional medical directors. Mr. Miller said that he would be concerned about consistency. Ms. Burke Moore agreed, consistency is important when dealing with variances. Mr. Lee asked how many services have different protocols for nebulizers. They should all be the same. Mr. Miller said that

the procedure could be different but the wording should be clear. A contractor would result in better consistency. Or this could be paid by per diem the same as CRP.

Task #8 no longer needed as the trauma triage guideline review will be handled by the trauma deviation panel and the Board.

Task #9. Ms. Burke Moore said that she needs to hear back from Dr. Wesley on this. He was working on the Wisconsin Medical Director's course to adapt to Minnesota law, rule, and practice. Mr. Miller said that this could be issued as a separate RFP. Mr. Lee said that there was a disk available in the past for training that included an outline of duties and responsibilities. Mr. Lee agreed that this should be in the RFP and should be a top priority. Mr. Miller said that this would need to be reported on a quarterly basis. The Board physicians should review the documents developed. Mr. Miller suggested that Mr. Norlen and Ms. Teske and the other physicians meet to discuss the training component. Ms. Burke Moore noted that staff and others would be utilized to review the content, but the course has not been delivered by Dr. Wesley at this time.

Mr. Lee said that the rural physicians would love to see a document outlining what is needed for a rural ambulance medical director. He suggested the information be posted on the EMSRB website. Ms. Burke Moore said that she will again ask Dr. Wesley to provide the information he has developed. Mr. Lee said that he would like to see sample variances posted on the same website. Mr. Miller said that there should be information on how to apply for a part time ALS license.

Task #10. Schedule monthly telephone or face-to-face meetings to discuss issues and share information. How often should a check in meeting occur? Ms. Burke Moore said that would depend on what the final duties are. She suggested a quarterly conference call at least. Mr. Miller suggested that the Board physicians should be invited to this call.

Mr. Miller said that with the duties that we have outlined you can predict how much time is needed for a contractor.

Ms. Burke Moore said that the first contract was for \$28,500 per year. We had set aside about \$20,000 a year for this biennium. Mr. Miller said that he sees this as much less. Ms. Burke Moore said that the bids that came in were considerably higher because the hourly rate for physicians is quite high. Mr. Miller asked for a report on the hours paid to Dr. Wesley. Mr. Miller said that for \$200 dollars an hour you would get one hundred hours. Mr. Lee said that he thought 100 hours a year would be adequate. If the rate were \$400 per hour then you would only get 50 hours. Mr. Lee said that this would be 8 hours a month. Ms. Burke Moore said that this would not include CRP meetings. Mr. Miller said that CRP meetings are four hours.

Mr. Miller suggested that this could be capped not to exceed \$20,000 per year. Mr. Miller said that this would not be a full time salary. This would be an opportunity for someone who wants to be involved in EMS.

Ms. Burke Moore reminded the group, that the funding is not a salary. The medical director would *not* be staff, but possibly a contractor or if we identify a process that works with per diem. Mr. Miller said that the other duties that are not identified in the contract would be asked to be picked up by others. (Regional medical directors, board physicians or, MDSAC physicians).

Mr. Miller asked Ms. Burke Moore to revise the duties document for presentation to the Board and send to Mr. Lee and Mr. Miller before the Board meeting.

III. Review Trauma Triage and Deviation Process

Ms. Burke Moore said that the Board delegated this to the Executive Committee through June 30. A trauma triage deviation panel was named by the board and can be convened to review applications. Ms. Burke Moore said that the deviation process was handled well. She suggested that the panel review the additional pending deviation request and bring a recommendation to the Board. Mr. Miller asked if the panel can meet before the Board meeting – he said that he would have questions on this application.

IV. Upcoming Next Meetings

EMSRB Board Meeting on Thursday, July 15 at 9 a.m.

Joint Trauma Deviation Panel and Executive Committee on Thursday, July 15 at 9 a.m.

Finance Committee at 12:30 after the Board meeting on Thursday, July 15

July 28 an Executive Committee meeting by phone. No meeting on July 21.

V. Adjourn

The meeting was adjourned.