

MEETING NOTICE

Emergency Medical Services Regulatory Board

Thursday, March 19, 2015, 10:00 a.m.

University Park Plaza

Conference Room A, 4th Floor

[Map-Directions-Parking](#)

Proposed Agenda

1. **Call to Order** – J.B. Guiton, Board Chair
2. **Approve Agenda** – J.B. Guiton

Motion: To approve the agenda for the March 19, 2015 Board meeting.

3. **Consent Agenda** – J.B. Guiton

All items listed under the consent agenda are considered to be routine by the EMSRB and will be enacted by one motion and an affirmative vote by a majority of the members present. There will be no separate discussion of these items unless a Board member requests to remove an item from the consent agenda and then the item will be considered a separate subject of discussion.

Approve Board Minutes:

Attachments

- | | |
|----------------------------|-------------|
| • <u>November 20, 2014</u> | <u>CA 1</u> |
| • <u>January 15, 2015</u> | <u>CA 2</u> |
| • <u>February 23, 2015</u> | <u>CA 3</u> |

EMT Psychomotor Examination Update:

CA 4

- On November 20, 2014 the Board unanimously approved a motion to “require all renewing EMTs, between the dates of April 2, 2014 and March 31, 2016, to take and pass the exam outlined in the NREMT Psychomotor Guidelines as administered by EMSRB or its Approved Agents. *Until March 31, 2016, the seven skill exams and retesting for failure may be conducted at different dates and/or locations, rather than as specified in the NREMT Psychomotor Guidelines, page 16 and 24.*”

Regional Systems/Programs-FY16 and FY17 Grant RFP:

- EMSRB staff team has the Request for Proposal (RFP) Prepared.
- RFP Execution Timeline CA 5

Emergency Medical Services for Children (EMSC) Grant Contract:

- The Minnesota Emergency Medical Services Regulatory Board (EMSRB) enters into a grant contract to distribute allocated federal funds in the amount of **\$103,290.00** for the Minnesota EMSC Program to Children’s Hospital. The EMSRB staff team is collaboratively working with Children’s Hospital to complete the grant contract documents for FY 16 (3/1/15 – 2/29/16). The Interim Executive Director will sign the grant contract on behalf of the Board.

Note: The EMSC grant contract has not been executed by the 3/1/2015 date due to receiving the grant funding allocation amount on 2/4/2015 leaving less than 20 days to complete the contract and get approval from both organizations. Contract was delivered to Children’s Hospital for review and signing on 2/28/15.

Medical Resource Communication Center (MRCC) Grant Contracts:

- The Minnesota Emergency Medical Services Regulatory Board (EMSRB) enters into a grant contract to distribute allocated grant funds, not to exceed **\$683,000.00**, to two MRCCs – *East* (Regions Hospital) and *West* (Hennepin County Human Services and Public Health Department) for FY 2016 and FY 2017 (07/01/2015 to 06/30/2017). The EMSRB staff team has drafted the contracts and has been in contact with our MRCC East and West partners to ensure grants will be executed to meet contract timelines. The Interim Executive Director will sign the grant contracts on behalf of the Board.

Motion: To approve the Consent Agenda for the March 19, 2015 Board meeting.

4. Public Comment – J.B. Guiton

Information

The public comment portion of the Board meeting is where the public may address the Board on subjects which are not part of the meeting agenda. Persons wishing to speak must complete the participation form provided at the meeting room door prior to the start of the meeting. Please limit remarks to 3 minutes. The Board will listen attentively to comments but, in most instances, will not respond at the meeting. Typically, replies to issues or concerns expressed will be made via letter or phone call within a week.

5. Board Chair Report – J.B. Guiton

- | | |
|---|----------------|
| • HPSP Committee Appointment | Board Decision |
| • Election of Interim Vice-Chair | Board Decision |
| • Appointment of Medical Director to MDH STAC (Trauma Advisory Committee) | Board Decision |
| • Ad-hoc Workgroup–Post EMS Education Standards Transition | Board Decision |
| • Meeting Procedural Changes | Report |

6. Interim Executive Director Report – Robert Norlen

Attachments

- | | |
|--|--------------|
| • <u>For the following items refer to the IED Report</u> | <u>IED</u> |
| ▪ <u>Agency Budget Summary Update</u> | <u>IED 1</u> |
| ▪ Cooper/Sams – Vol. Award Program | |
| ▪ Volunteer Training Reimbursement | |
| ▪ Certification/Licensure Update | |
| ▪ <u>Certification/License System Update (moving to Basic.gov)</u> | <u>IED 2</u> |
| ▪ <u>Quarterly Board Metrics</u> | <u>IED 3</u> |
| ▪ Ebola Funding Legislation | |
| ▪ MNSTAR Data | |
| ▪ Staff Update | Report |
| ▪ Proposed Staff Hiring | Report |

Motion(s): MNSTAR Data; Staff Hiring

Break (10 minutes)

7. Committee Reports – Committee Chairs:

- | | |
|---|----------------|
| • Complaint Review Panel | Report |
| • Health Professionals Services Program | Report |
| • Medical Direction Standing Advisory Committee | |
| ▪ The MDSAC met on March 6, 2015. | |
| ▪ <u>NARCAN Administration Sample Guidelines</u> | <u>MDSAC 1</u> |
| ▪ <u>Special Event and Mass Gathering Medical Care Planning Guideline</u> | <u>MDSAC 2</u> |

Motion: Motion to accept and adopt recommendations from Committee reports.

8. New Board Business – J.B. Guiton

9. Closed Session*– J.B. Guiton/Dr. Aaron Burnett

*Closed per Minnesota Statutes 144E.28, subdivision 5 and Minnesota Statute 13D.05, Subdivision 2(b) (*Complaint Reviews*) or Minnesota Statutes 13D.05, Subd. 3(2) (*Personnel Matters*)

- Disciplinary Action Board Decision
- Ad-Hoc Executive Director Transition Committee Discussion Board Decision

10. Re-Open Meeting – J.B. Guiton

- Report from Ad-hoc Executive Director Transition Committee Board Decision

11. Adjourn – J.B. Guiton

Board Decision

Next Board Meeting: Thursday May 21, 2015, 10:00 a.m.

Attachment Key:

CA = Consent Agenda

IED = Interim Executive Director

Report = Information Provided Verbally at Board Meeting and May Include a Document

If you plan to attend the meeting and need accommodations for a disability, please contact Melody Nagy at (651) 201-2802. In accordance with the Minnesota Open Meeting Law and the Internal Operating Procedures of the Emergency Medical Services Regulatory Board, this meeting notice was posted at: <http://www.emsrb.state.mn.us>

November 20, 2014, 10 a.m.
MEETING MINUTES

Emergency Medical Services Regulatory Board
University Park Plaza, Conference Room A
(See address above)

Prepared by Melody Nagy on November 24, 2014
Approved by Kelly Spratt on December 15, 2014
Presented to and approved by Board on _____

Attended:

Kelly Spratt, Chair	J.B. Guiton	Michael Jordan
Aaron Burnett, M.D.	Scott Hable	Paula Fink-Kocken, M.D.
Lisa Consie	Kathleen Haney	Mark Schoenbaum
Patrick Coyne	Megan Hartigan	Jill Ryan Schultz
Jennifer Deschaine	Jeffrey Ho, M.D.	Matthew Simpson
Steve DuChien		

Ex Officio: Pamela Biladeau, Executive Director; Greg Schaefer, AGO

Absent: Rep. Dan Schoen, Senator Kathy Sheran, Mari Thomas, M.D.

Agenda Item No.	Attachment	Topic	Information Discussion Decision	Person Responsible
1.		Call to Order Mr. Spratt called the meeting to order at 10:09 a.m.	Information	Kelly Spratt
2.		Approve Agenda/Consent Agenda Mr. Spratt said that he would move New Board Business before the Closed Session. <u>Motion: To approve the agenda with the change as noted by the Board Chair.</u> <u>Kocken moved</u> <u>Schultz seconded.</u> <u>Motion carried.</u> <u>Decision: 16 members voting yes; 0 members voting no.</u> <u>Motion: Approve Consent Agenda without Motion two in Section A.</u> <u>Hartigan moved</u> <u>Simpson seconded.</u> <u>Motion carried.</u> <u>Decision: 16 members voting yes; 0 members voting no.</u>	Decision	Kelly Spratt
3.		Public Comment Mr. Snoke informed the Board that Dr. Satterlee will no longer	Information	Kelly Spratt

	<p>be the medical director for Allina as of the first of the year and they will be doing a search to fill the position.</p> <p>Mr. Schoenbaum announced that it is National Rural Health Day today.</p>		
4.	<p>Executive Committee Report The Executive Committee met on October 16, 2014. The majority of the time was spent discussing Minnesota Ambulance Association (MAA)’s letter, attachment A9 to the Consent agenda.</p>	Information	Kelly Spratt
5.	<p>Education Program Orientation (?) Report Mr. Spratt referred to the MAA letter, attachment A9 of the Consent Agenda. Public comment was heard.</p> <p>The staff provided information, facts and recommendations (tab 7 and 8).</p> <p>Mr. Spratt clarified that the motion “<u>Regarding the format of the practical skills test, pending medical director approval, the practical skills test required for renewal, approved by the Board, may be conducted in a modular format by a board approved education program, that follows 144E.28 subdivision 7 and utilizes one on one testing would be allowed to fulfill the transitional EMT skills testing exam requirements for 2015 and 2016 renewals. The remainder of the May 31, 2013 transition decisions are not changed.</u>” is not a recommendation from the Executive Committee. It is intended to open discussion.</p> <p>A motion was developed as follows:</p> <p><u>Require all renewing EMTs, between the dates of April 2, 2014 and March 31, 2016, to take and pass the exam outlined in the NREMT Psychomotor Guidelines as administered by EMSRB or its Approved Agents. Until March 31, 2016, the seven skill exams and retesting for failure may be conducted at different dates and/or locations, rather than as specified in the NREMT Psychomotor Guidelines, page 16 and 24. The remainder of the May 29, 2013 transition decisions are not changed.</u></p> <p><u>Motion Guiton.</u> <u>Second Ho.</u></p> <p>Mr. Spratt called for a vote on the motion. <u>Motion carried.</u> <u>15 members voting yes. One member voting no.</u></p>	Discussion and Decision	Kelly Spratt
6.	<p>Chair Report There are five open seats on the Board. Mr. Spratt referred the Board members to information provided in the Board packet and posted on the Secretary of State’s website.</p> <p>Mr. Spratt said that the secretary position is open for the Board and includes membership on the Executive Committee.</p>	Information Decision	Kelly Spratt

		<p><u>Motion to elect Megan Hartigan as the Board secretary.</u> <u>Deschaine moved.</u> <u>Guiton seconded.</u> <u>Motion carried.</u> <u>Decision: 16 members voting yes; 0 members voting no.</u></p>		
7.	H	<p>Executive Director’s Report Executive Director Biladeau provided a written report in the Board packet.</p>	Information	Pamela Biladeau
8.		<p>Committee Reports <u>Complaint Review Panel (CRP)</u> Cases will be reviewed in closed session today.</p> <p><u>Medical Direction Standing Advisory Committee (MDSAC)</u> Dr. Fink-Kocken said that the MDSAC met the evening before the September Board meeting and discussed the following:</p> <ul style="list-style-type: none"> • Minutes will be provided after they have been reviewed by physicians attending the meeting. • MDSAC meets bi-annually. • The MDSAC will ask for a report from MNSTAR of the use of NARCAN by EMS providers for the first 12 months after institution of the new legislation. This will allow comparison of pre and post legislation use of the medicine. • We discussed pediatric airway equipment. New devices will be included in new guidelines. • Discussed focus of MDSAC. We have questions about open meeting requirements for impromptu meetings. • Defining how to support large events. Dr. Burnett is creating a metrics for staffing at large events. To be posted on EMSRB website. • Next meeting during the Long Hot Summer Conference (March 2015). • We will be looking for a chair of MDSAC. Dr. Thomas ends her term. <p><u>Health Professionals Services Programs (HPSP)</u> Ms. Deschaine said that the HPSP Committee met on Tuesday and discussed the following:</p> <ul style="list-style-type: none"> • Strategic plan and action plan. • Budget proposal. • Reviewed survey of Executive Director’s. High marks for the work of HPSP. • Minnesota has high heroin use. (referred to public television video) • 50% of referrals are substance abuse and mental health issues. 	Information	Committee Chairs
9.		<p>New Board Business None.</p>	Information	Kelly Spratt
10		<p>Closed Session Mr. Spratt said that the Board will go into closed session.</p>	Decision	Kelly Spratt

EMSRB Meeting – November 20, 2014

		Information was presented to Board members for a decision on disciplinary matters. (Minnesota Statutes 144E.28, subd. 5 and Minnesota Statute 13D.05 subd. 2(b). Issues were discussed and voted on.		
11		Adjourn Mr. Spratt opened the meeting. <u>Motion: To adjourn.</u> <u>Motion: Guiton.</u> <u>Second: Hable:</u> <u>Motion carried.</u> <u>Decision: 16 members voting yes; 0 members voting no.</u> <u>Meeting adjourned at 12:38 p.m.</u>	Decision	Kelly Spratt

***Disclaimer:**

Discussion content in the minutes is presented “AS IS.” The EMSRB has made no attempt to validate the content, in whole or in part. The EMSRB does not claim, represent, nor warrant, expressed or implied, the accuracy, completeness, timeliness, fitness for use, or appropriateness of its use.

January 15, 2015, 10 a.m.
MEETING MINUTES

Emergency Medical Services Regulatory Board
University Park Plaza, Conference Room A
(See address above.)

Prepared by Melody Nagy on January 15, 2015
Approved by Kelly Spratt on January 21, 2015
Presented to and approved by Board on

Attended:

Kelly Spratt, Chair (by phone)	J.B. Guiton (by phone)	Mark Schoenbaum
Aaron Burnett, M.D.	Megan Hartigan (by phone)	Jill Ryan Schultz (by phone)
Lisa Consie (by phone)	Jeffrey Ho, M.D.	Matthew Simpson
Jennifer Deschaine (by phone)	Michael Jordan (by phone)	
Steve DuChien (by phone)	Paula Fink-Kocken, M.D. (by phone)	

Ex Officio: Pamela Biladeau, Executive Director; Greg Schaefer, AGO

Absent: Patrick Coyne, Scott Hable, Kathleen Haney, Representative Dan Schoen, Senator Kathy Sheran, Mari Thomas, M.D.

Agenda Item No.	Attachment	Topic	Information Discussion Decision	Person Responsible
1.	N/A	Call to Order Mr. Spratt called the meeting to order at 10:11 a.m.	Information	Kelly Spratt
2.	X	Approve Agenda <u>Ms. Deschaine moved approval of the agenda.</u> <u>Mr. Jordan seconded.</u> <u>Motion carried. (12 members voting yes; 0 members voting no).</u> Mr. Spratt announced that the meeting will now go into closed session.	Decision	Kelly Spratt
3.		*Closed Session Mr. Spratt called the meeting to order in closed session. This closed session is to deal with disciplinary action per Minnesota Statute 13D.05. Mr. Spratt re-opened the meeting.	Decision	Kelly Spratt
4.		Adjourn <u>Mr. Simpson moved to adjourn.</u>	Decision	Kelly Spratt

"To protect the public's health and safety through regulation and support of the EMS system."

		<u>Dr. Ho seconded.</u> <u>Motion carried. (11 members voting yes; 0 members voting</u> <u>no).</u> Meeting adjourned 10:25 a.m.		
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www.emsrb.state.mn.us

Special Board Meeting
February 23, 2015, 3:30 p.m.
MEETING MINUTES

Emergency Medical Services Regulatory Board
University Park Plaza, Conference Room A
(See address above)

Prepared by Melody Nagy on February 27, 2015
Approved by J.B. Guiton on March 10, 2015
Presented to and approved by Board on _____

Attended:

J.B. Guiton, Chair	Scott Hable (by phone)	Mark Schoenbaum (by phone)
Aaron Burnett, M.D.	Kathleen Haney (by phone)	Jill Ryan Schultz (by phone)
Lisa Consie (by phone)	Megan Hartigan	Matthew Simpson
Jennifer Deschaine	Jeffrey Ho, M.D. (by phone)	
Steve DuChien (by phone)	Michael Jordan (by phone)	

Ex Officio: James Denzer, Assistant Executive Director; Greg Schaefer, AGO

Absent: Representative Jeff Backer, Patrick Coyne, Paula Fink-Kocken, Senator Kathy Sheran,
Mari Thomas, M.D.

Agenda Item No.	Attachment	Topic	Information Discussion Decision	Person Responsible
1.	N/A	Call to Order Mr. Guiton called the meeting to order at 3:45 p.m.	Information	J.B. Guiton
2.	X	Approve Agenda Mr. Guiton asked for approval of the agenda. Mr. Jordan asked that a report on the Executive Director hiring be added to the agenda. <u>Ms. Deschaine moved approval of the agenda with this addition.</u> <u>Ms. Hartigan seconded.</u> <u>Motion carried. (13 members voting yes; 0 members voting no).</u> Mr. Guiton reported that 41 applications have been received and they are being reviewed by the hiring committee.	Decision	J.B. Guiton

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Special Board Meeting – February 23, 2015

3.	<p>Appointment of Interim Executive Director <u>Ms. Hartigan moved that the Board appoint Mr. Norlen as the Interim Executive Director.</u> <u>Ms. Deschaine seconded.</u> <u>Motion carried. (13 members voting yes; 0 members voting no).</u></p>	Decision	J.B. Guiton
4.	<p>Hiring Freeze Mr. Guiton said that if the Board wants to implement a hiring freeze the Board would suspend the portion of the Internal Operating Procedures (IOP) that relate to Executive Director authority to hire.</p> <p><u>Simpson moved to temporarily suspend IOP Executive Director authority to appoint staff until a replacement director has been appointed with a final review date no later than the July 2015 Board meeting. Mr. Norlen would need Board authority to hire.</u> <u>Dr. Ho seconded the motion.</u> <u>Motion carried. (13 members voting yes; 0 members voting no).</u></p>	Decision	J.B. Guiton
5.	<p>Adjourn <u>Ms. Deschaine moved to adjourn.</u> <u>Ms. Hartigan seconded.</u> <u>Motion carried. (13 members voting yes; 0 members voting no).</u> Meeting adjourned 4:11 p.m.</p>	Decision	J.B. Guiton

Checklist for Requesting Exam Approval

Completed by Exam Coordinator

1. Refer to the "Conducting the EMT Psychomotor Examination" duties timeline to determine what needs to be done prior to requesting exam approval. Please refer to the Education Program Compliance Manual ([Education Program Compliance Manual](#)) – Starting on Page 99 in Appendix E.
2. Determine the date or dates you wish to hold your psychomotor exam.
3. Complete the **top** portion of the EMT Psychomotor Exam Approval and Verification Form.
 - ~ Exam date or dates and start time or times
 - ~ Double click on the box next to One Day or Multiple Day and it will open another box asking if you would like the box to be checked
 - ~ Double click on the box next to initial or refresher and it will open another box asking if you would like the box to be checked
 - ~ Name of Education Program conducting the exam
 - ~ Examination site is the location where the exam will actually take place
 - ~ The name of the person you have secured to be your Approved Agent or the name of the State Official
 - ~ The name of the exam coordinator and phone number during the exam
 - ~ The name of the physician medical director available for your exam
 - ~ Please check the EMSRB website (<http://mn.gov/health-licensing-boards/emsrb/educational/agentsandexaminers.jsp>) to make sure your examiners are listed as approved. A person planning to be an examiner MUST have completed the Examiner Application requirements and have received an approval from the EMSRB by the exam date. If the person is not listed as approved, please follow up with your EMSRB Specialist to ensure an application for approval has been received
4. Save the document in **WORD** format.
5. Send your request via e-mail to the EMS Specialist in your area. See map at: [EMSRB Points of Contact Map](#)
6. You will receive this form back from the EMS Specialist, via e-mail, with an approval number in the space "Date approved by State Official". You will also receive an Exam Roster to utilize for your exam results and reporting these results. **SAVE THESE FORMS.**

After the Exam is Complete

Completed by Exam Coordinator

1. Complete the remainder of the EMT Psychomotor Exam Approval and Verification Form.
 - ~ List the names, EMSRB certification number and expiration date of each of your examiners

- ~ For Multiple Day Exams, specify the date the particular skill was conducted
 - ~ For Same Day Re-tests, list the examiner information as specified above
 - ~ The name of the individual reading the orientation to the Skill Examiners
 - o For Multiple Day Exams include this information for each exam date
 - ~ The name of the individual reading the orientation to the candidates
 - o For Multiple Day Exams include this information for each exam date
 - ~ List **any** unusual circumstances that may have occurred
 - ~ Obtain the signature of the Exam Coordinator at the Exam
 - ~ Obtain the signature of the Approved Agent or State Official at the Exam
 - ~ Ensure the signatures are dated
2. Save the document in **PDF** format
 3. Ensure your Exam Roster is completed correctly – see sample

Single Day Exam

- Attach and return both documents to your EMS Specialist via email within **one week** of the exam date

Multiple Day Exam

Multiple Day Exam – conducted within **60 days or less**

- Attach and return both documents to your EMS Specialist via email within **one week** of the **last exam date**

Multiple Day Exam – conducted in **60 days or more**

- Attach and return both documents to your EMS Specialist via email with **one week** of **each exam date**

Conducting the EMT Psychomotor Examination during the transition period

CA 4

State Official = EMSRB Staff

Approved Agent = Persons approved by the EMSRB to oversee psychomotor examinations

Exam Coordinator = is responsible for the overall planning, staffing, implementation, quality control, and validation fo the psychomotor examination process in conjunction with the State EMS Official or approved agent.

As defined by the NREMT Userguide, the State EMS Official or approved agent must ensure that all candidates complete the psychomotor examination in the same standardized format.

All Basic Level examinations are administered by the State EMS Office or approved agents.

NREMT Guidelines apply to both Initial and Refresher candidates which includes 6 skills stations for 7 skills

Duty	State EMS Official	Approved Agent	Exam Coordinator	State Timeline	NREMT pg #	Notes
Exam Approval						
Determine Exam Date			X	4-5 Weeks	11-16	With Approved Agent
Secure Facilities			X	4-5 Weeks		
Find Approved Agent			X	4-5 Weeks		
Request to host exam			X	4-5 Weeks		With State Official
Approval of Exam Date	X			4-5 Weeks		
Reservations						
Maintain Reservation List			X	3-4 Weeks	12-13, 91	
Arrange Staffing			X		14-16	Minimum suggested staffing for 20 Candidates (6 Examiners, 2 EMT assistants, 4 Simulated Patients)
Verify Examiners qualifications		X	X	2-3 Weeks	53-55	
Forward Rosters to Approved Agent			X	2-3 Weeks		

For Multiple Day Exams - Exam staff must include an Approved Agent, Exam Coordinator, and Examiner or Examiners (if offering same day retests), for each exam date . EMT Assistants and Simulated Patients are also required for specific skills.

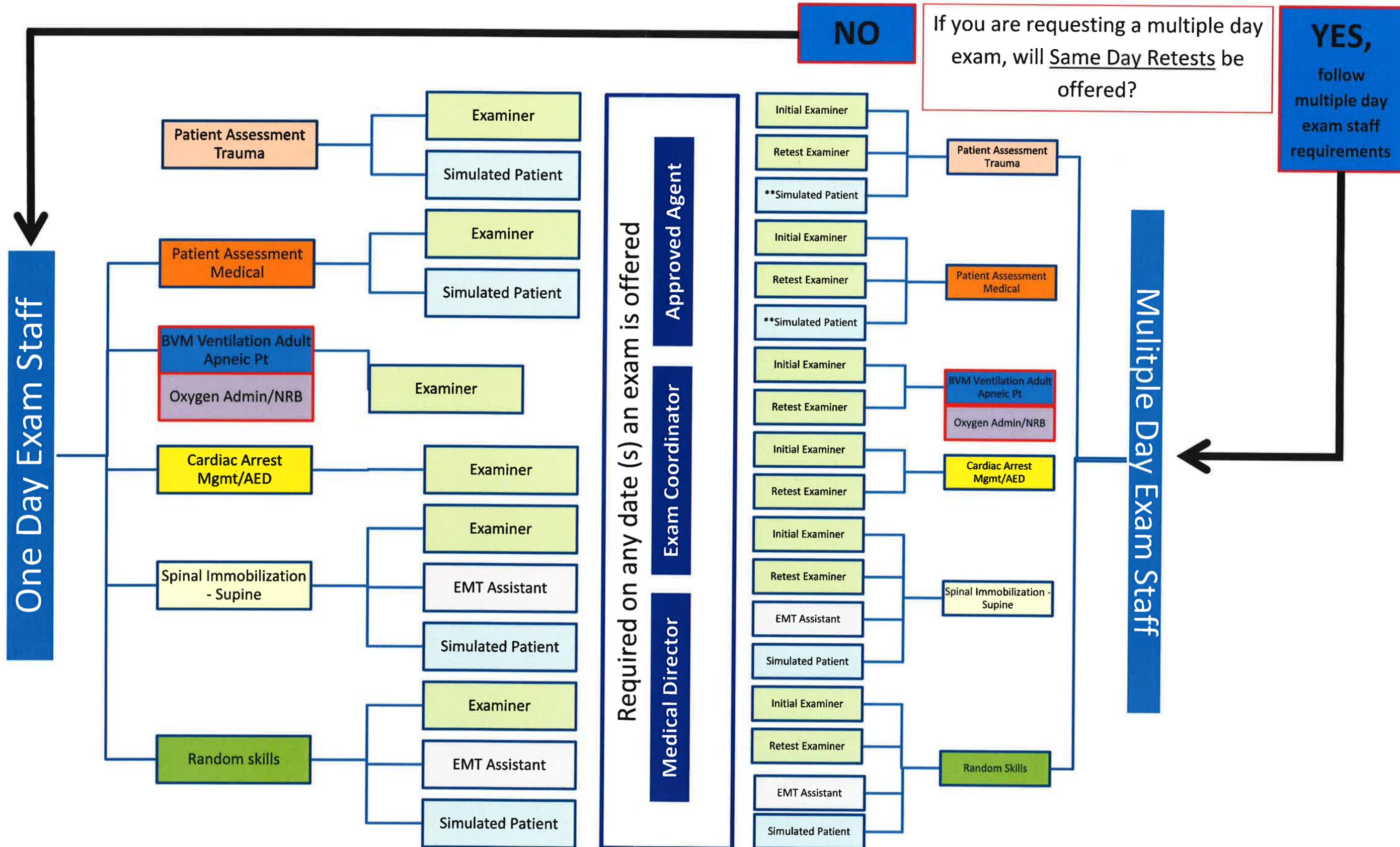
Exam Day						
Set Up Skills Stations			X	1 day	105-106	If possible
Supply Examiners with Items			X		57-89	Essays, Candidate Instructions, Skill Sheets, Clipboard, Pencil, timer
Confirm Availability of MD			X		37-41	Must be available by Phone or pager MD, Exam Coordinator and either State Official or Approved Agent
Serves as QA Team for Exam		X	X			
Responsible for Flow of Exam		X	X		16-17	
Orientation of Skills Examiners		X			27-30	
Orientation of Candidates		X			31-35	
Verification of Candidates		X			18-22	Photo ID
Dispatching Candidates			X			
Visit Skills throughout exam		X			46-50	Runner provides exam sheets to State Official or Approved Agent
Review Skill Evaluation Forms		X				
Score Results and Tabulate Retest Needs		X				
Privately Inform candidates of Results		X				These are Unofficial results only

Completing Exam						
Submitting Records to NREMT			X		24-25	Official results are 3rd party confirmed on NREMT website by Exam Coord
Submitting Records to State Office		X			52	Within 1 week of exam date
Retention of Official Records	X					12 - 24 months or in accordance with retention schedule

State Official may fill the role of Approved Agent at anytime.

PSYCHOMOTOR EXAMINATION STAFF
One Day vs. Multiple Day Exams

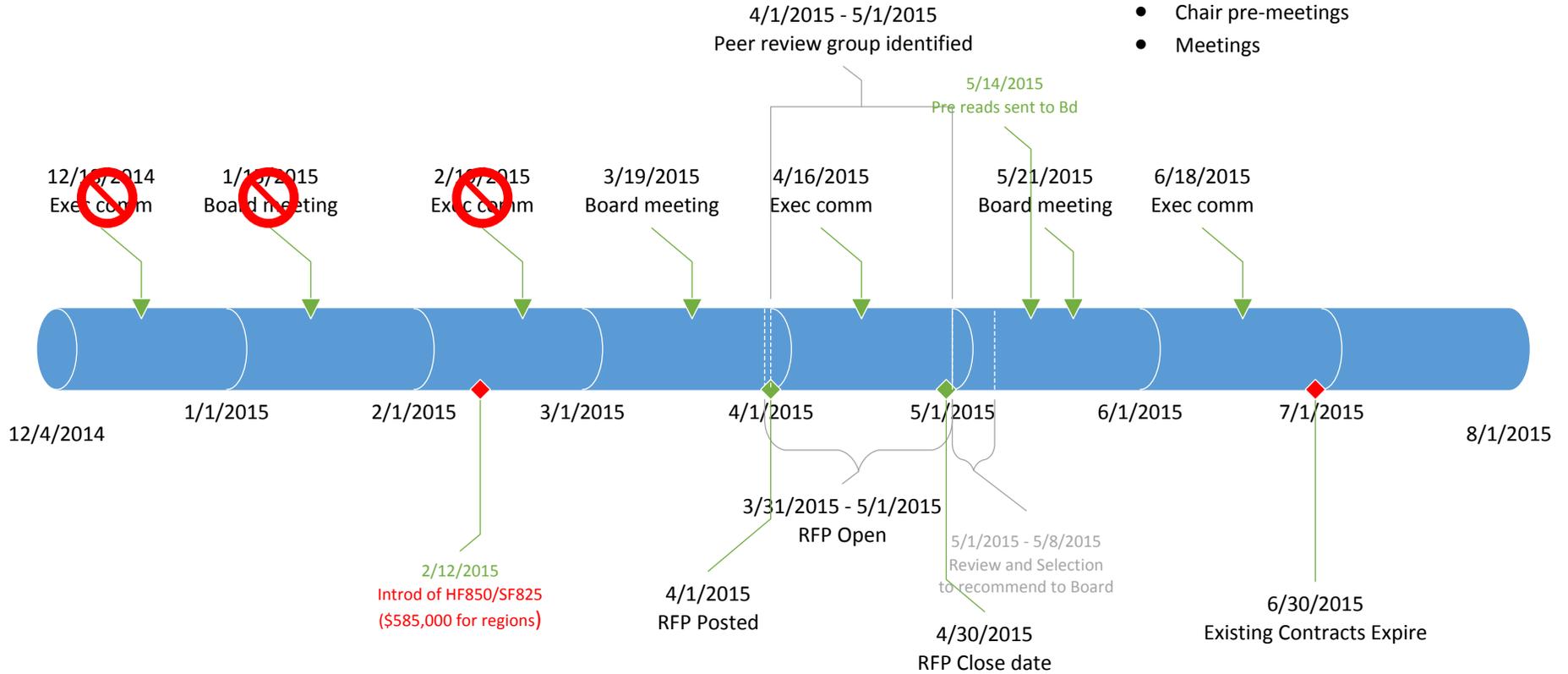
CA 4



** Simulated patients must be either re-mouled for retests or an additional simulated patient will also be required.

Board communication vehicles

- Agenda
- Consent Agenda
- Executive Director report
- Chair pre-meetings
- Meetings



2015 RFP Process Draft

- Identify current State template
- Create response template, ID'ing state's expectations:
 - Link to Results Based Accountability
 - Alignment with state budget practices
 - Business plan relating to grant funds
- Develop selection criteria
- Announce selection
- Finalize agreement

Interim Executive Director's Report
Attachment Document
March 19, 2015 – Board Meeting

- **Agency Budget Update:** [See Attachment: IED 1](#)
- **Regional System/Program Grants RFP Timeline:** [Refer to Attachment CA 5](#)
- **Emergency Medical Services for Children (EMSC) Partnership Grant Contract:**

The Minnesota Emergency Medical Services Regulatory Board (EMSRB) enters into a grant contract to distribute allocated federal funds in the amount of **\$103,290.00** for the Minnesota EMSC Program to Children's Hospital. The EMSRB staff team is collaboratively working with Children's Hospital to complete the grant contact documents for FY 16 (3/1/15 – 2/29/16). The Interim Executive Director will be signing the grant contract on behalf of the Board.

***Note:** The grant contract has not been executed by the 3/1/2015 date due to receiving the grant funding allocation amount on 2/4/2015 leaving less than 20 days to complete the contract and get approval from both organizations. Contract was delivered to Children's Hospital for review and signing on 2/28/15.*

- **Medical Resource Communications Center (MRCC) Partnership Grant Contract:**

The Minnesota Emergency Medical Services Regulatory Board (EMSRB) enters into a grant contract to distribute allocated grant funds, not to exceed **\$683,000.00**, to two MRCCs – *East* (Regions Hospital) and *West* (Hennepin County Human Services and Public Health Department) for FY 2016 and FY 2017 (07/01/2015 to 06/30/2017). The EMSRB staff team has drafted the contracts and has been in contact with our MRCC East and West partners to ensure grants will be executed to meet contract timelines. The Interim Executive Director will be signing the grant contracts on behalf of the Board.

- **Cooper/Sams – Volunteer Award Program – 2014 Summary Facts:**

- Number of people submitting a credit: **3,374**
- Number of payouts = 123 totaling: \$740,814.95*
- Total appropriation: **\$611,000.00**
- State Street Stock to be sold to cover payouts: **\$129,814.95**
- Highest credit value paid this year 23.4 credits = \$10,464.25
- Lowest 5 credits: **\$2,235.95**
- Average payment: **\$5,974.31**
- Average number of credits: **13.47**
- Oldest person making a claim: **82 Years**
- Average age of people making claims: **57 years**

***Payouts are being processed and scheduled to occur prior to April 1, 2015 as required in statute.**

- **Volunteer Training (EMS Education) Reimbursement:**

FY 2014 - \$361,000 Appropriated - \$298,756 Paid Out - \$62,243 Not Spent and Reallocated to Regional System/Programs to be spent on regional EMS identified projects.

Proposals and Contracts being received from the Eight (8) Regional System Programs – Six (6) have been completed signed and executed. Waiting for signed contract from one program and the proposal and signed contract from another.

FY 2015 - \$361,000 Appropriated - Currently Paid Out \$70,000

Based on current trends the Board may want to consider increasing the VTR payout limits in statute [144E.35](#) to ensure the money is proportionally allocated to the number of VTR applications we are receiving. The fewer number of applications being received could be viewed as being directly related to volunteer recruitment and retention issues statewide.

- **Certification/Licensure Update:**

EMS Personnel Certification Renewals as of 3/12/2015*:

Certificate	Renewal Expected	Actual Renewal/Upgrade Received & Processed To-Date	Remain	Percent Remain	Renewals processed per day - 13 business days remaining
Community Paramedic	33	23	10	30%	1
Paramedic Due	1101	580	521	47%	40
EMT Due	3652	1714	1938	53%	149
Total	4793	1757	3036	63%	233

*Updated information will be provided at Board Meeting.

Ambulance Licensure Actions:

- Part-Time ALS License – Hector Ambulance Service
- Staffing Hardship Variances:
 - Warren Ambulance Service
 - Ashby Ambulance Service
- BLS Medication Variance:
 - Gold Cross Ambulance – All Licenses
- **Certification/License System Update (moving to Basic.gov):** [See Attachment IED 2](#)
- **Quarterly Board Metrics:** [See Attachment IED 3](#)
- **Ebola Funding Legislation:**

Sec. 7. DEPARTMENT OF HEALTH; APPROPRIATION.

- (a) \$891,000 is appropriated from the general fund to the commissioner of health in fiscal year 2015 for costs of statewide planning, coordination, preparation, and response activities related to Ebola. The commissioner shall use federal funds awarded to the state for Ebola-related costs on or after December 19, 2014, to the extent permitted under federal law, before spending any of

this appropriation. This appropriation is available for expenditures between July 1, 2014, and June 30, 2016. Any unspent funds shall cancel.

(b) \$2,000,000 is appropriated in fiscal year 2015 from the general fund to the commissioner of health to provide grants to eligible hospitals and the Emergency Medical Services Regulatory Board for Ebola-related expenditures. The grants under this paragraph must only be awarded to the following hospitals and the Emergency Medical Services Regulatory Board for the amounts shown:

(1) Unity Hospital in Fridley, \$221,000;

(2) Children's Hospitals and Clinics of Minnesota, St. Paul Campus, \$710,000;

(3) Mayo Clinic Hospital, St. Mary's Campus, \$413,000

(4) the University of Minnesota Medical Center, \$508,000; and

(5) \$148,000 to the Emergency Medical Services Regulatory Board for service providers who can demonstrate extraordinary costs directly attributable to maintaining a state of readiness with respect to the public health threat posed by Ebola. The Emergency Medical Services Regulatory Board shall proportionally allocate this grant to these service providers.

The commissioner shall make no payments under this paragraph for expenses that are reimbursable with federal funds.

(c) The appropriations in this section are one time.

- **MNSTAR Data:**

- Providing MNSTAR Data to the Minnesota Department of Health (MDH)

- **MS § 144.608 Subdivision 3; Regional trauma advisory councils.**

“The commissioner, in consultation with the Emergency Medical Services Regulatory Board and the emergency medical services and trauma hospitals in each region, shall provide quarterly data updates on major trauma scene ground ambulance transports to each regional trauma advisory council.”

<https://www.revisor.mn.gov/statutes/?id=144.608>

Proposed Motion: Staff recommends the Board authorizes staff to provide MNSTAR data to the Minnesota Department of Health (MDH) as provided in MS § 144.608 Subdivision 3.

- **Staff Update:** Verbal Report will be provided at meeting.
- **Proposed Staff Hiring:** Verbal Report will be provided at meeting.

EMSRB BUDGET OVERVIEW

Available Funds

as of 3/10/2015

OPERATIONS

	Budget	Expended	Encumbered	Available	
BOARD MEMBER EXPENSE OPERATIONS	\$27,266.38	\$5,987.08	\$11,359.00	\$9,920.30	cancel on 6/30/15
EMS OPERATIONS	\$1,097,826.98	\$527,092.85	\$406,245.28	\$164,488.85	cancel on 6/30/15
REGIONAL GRANTS ADMIN OPERAT	\$32,320.39	\$19,060.18	\$13,251.03	\$9.18	cancel on 6/30/15
EMSC PARTNERSHIP INDIRECT COST	\$1,832.00	\$1,831.33	\$0.67	\$0.00	cancel on 6/30/15
LONGEVITY OPERATIONS	\$99,899.24	\$52,694.35	\$47,085.51	\$119.38	cancel on 6/30/15
MRCC ADMINISTRATIVE COSTS	\$88,556.66	\$42,426.43	\$26,752.31	\$19,377.92	can carry forward
TOTAL OPERATIONS	\$1,347,701.65	\$649,092.22	\$504,693.80	\$193,915.63	

Available funds to spend before 6/30/15
Operations
\$9,920.30
\$164,488.85
\$9.18
\$0.00
\$119.38
\$174,537.71

MISCELLANEOUS - ESTIMATED RECEIPTS

REQUEST FOR DATA-MISC RECEIPTS	\$191,542.18	\$0.00	\$21,093.18	\$170,449.00	can carry forward
SPECIAL DONATIONS - GIFT FUND	\$10,758.32	\$0.00	\$0.00	\$10,758.32	can carry forward
TOTAL MISCELLANEOUS	\$202,300.50	\$0.00	\$21,093.18	\$181,207.32	

REGIONS

STATE EMS REGIONAL GRANTS	\$585,000.00	\$271,849.50	\$313,150.50	\$0.00	cancel on 6/30/15
SEAT BELT GRANTS	\$909,317.44	\$178,446.68	\$730,870.73	\$0.03	
TOTAL REGIONS	\$1,494,317.44	\$450,296.18	\$1,044,021.23	\$0.03	

GRANTS / CONTRACTS

AMBULANCE TRAINING GRANTS	\$423,243.70	\$368,593.68	\$54,650.00	\$0.02	cancel on 6/30/15
MED RESOURCE COMMUNICATION CTR	\$614,700.00	\$349,467.35	\$265,232.65	\$0.00	
EMSC PARTNERSHIP	\$127,018.57	\$102,640.33	\$24,378.24	\$0.00	ends 2/28/2015
TOTAL GRANTS/CONTRACTS	\$1,164,962.27	\$820,701.36	\$344,260.89	\$0.02	

LONGEVITY

AWARDS	\$740,814.95	\$0.00	\$740,814.95	\$0.00	
TOTAL LONGEVITY	\$740,814.95	\$0.00	\$740,814.95	\$0.00	

Vacant Positions: Salary Budget Current Budget Delay in filling - savings
 Office & Administrative Specialist \$13,657.06

Projected Budget Spending - Remainder of FY 2015:

Total * \$100,483.99

**Includes HPSP Charges, ASU Payment, Severance Pay Outs, Staffing.*

EMSRB Moving from eLicensing to Basic Gov

Background

The EMSRB along with the other Health Licensing Boards have been using the eLicensing (ELS) system. This system has had problems from the start and has proven very difficult to work with resulting in frustration and severe lack of efficiency.

MN.IT sought a new provider for current users and chose Basic Gov / Sales force. This new system should give us the functionality we are looking for on the customer side as well as back office / employee side. Functionality we need includes reporting and ability to quickly complete tasks for both employees and customers.

Timeline

Kickoff: 12/2/2014

Projected completion: 7/1/2015

This project for the EMSRB to move from ELS to Basic Gov kicked off December 2, 2014. With a lot of work and time from the staff, we completed the “requirements gathering” phase the first week of February. The project is moving into the development phase.

This project is currently on time to be fully rolled out by June 30th. June 30th our contract with ELS expires and we need to be on the new system.

Where we are now

Preparing to Begin Development

Bob and Chris are working with Mark Boysen from MN.IT to find solutions to our requirements that will not add additional time, work, or money. Some of our requirements meant the developers had to configure and write new code, increasing the cost and time needed. We are looking for ways to use existing validation rules, codes to accomplish the tasks we need.

The development phase will consist of Basic Gov developing the full system in parts. They will develop one part and test it with us taking suggestions. Basic Gov will complete one part to our approval before moving onto the next part.

What we are preparing for

We are expecting a large number of calls when the system actually changes. We will be training current staff as well as bringing in temporary staff to help with customer calls / emails / concerns.

We will be working to have “Explainer Videos” as well as “How to” sheets available when the changeover occurs.

EMSRB Quarterly Reports 07/01/13-12/31/14

1 Ambulance Inspections Quarterly	FY 2014				FY 2015			
Date: December 31, 2014	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Inspections Performance Success:	70.00%	190.00%	5.00%	77.50%	135.00%	120.00%	0.00%	0.00%
Average Total Inspections Due:	40	40	40	40	40	40	40	40
Total Inspections Complete:	28	76	2	31	54	48	0	0
Difference from Inspections Due:	-12	36	-38	-9	14	8	0	0
Inspections Processed to Date:	28	104	106	137	191	239	0	0

2 Ambulance Licenses Quarterly	FY 2014				FY 2015			
Date: December 31, 2014	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Renewal Licenses - Performance Success:	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Total License Applications Due:	34	46	28	35	27	38		
Total License Applications Complete:	34	46	28	35	27	38		
Difference from Licenses Due:	0	0	0	0	0	0		
Renewal Licenses - Completed to Date:	34	80	108	143	27	65	65	65
New Licenses - Performance Success:								
Application Received :	1	1	0	2	0	0		
Total License Applications Complete:	0	0	0	0	1	1		
New Licenses - Issued :	0	0	0	0	1	0		

3 Complaints Investigations	FY 2014				FY 2015			
Date: December 31, 2014	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Total Completed Investigations:	11	19	22	20	15	31		
Day Range: 1-120	6	18	22	18	14	31		
Day Range: 121+	5	1	0	2	1	0		

324 Inspections Due	FY 2014/2015
Total Inspections Complete	239
% Complete	89.00%

324 Ambulance Licenses	FY 2014	FY 2015
Total Renewals	143	65
% Complete	100.00%	100.00%

Licenses to Renew	143	65
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Total New Licenses	4	0
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Investigations	FY 2014	FY 2015
Total Investigations	72	46
% Complete by 120 Days	88.89%	97.83%

EMSRB Quarterly Reports 07/01/13-12/31/14

3 CRP Case Reviews		FY 2014				FY 2015			
Date: December 31, 2014	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	
Total Cases Reviewed:	116	165	332	214	125	141			

4 EMS Regions Grants		FY 2013				FY 2014			
Date: December 31, 2014	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	
Total Grants Processed:	34	31	48	39	49	47			
Day Range: 1-45	29	23	30	27	29	28			
Day Range: 46-50	2	8	10	0	7	8			
**Day Range: 51+	3	0	9	12	13	11			

5 Certifications: NREMT 1st Time Pass Rates		FY 2014				FY 2015			
Date: December 31, 2014	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	
State									
Total Certifications Attempts	211	153	140	294	213	309			
Passed	180	138	114	251	177	241			
Percentage	85%	90%	81%	85%	83%	78%	#DIV/0!	#DIV/0!	
National									
Total Certifications Attempts	13227	16033	8176	11886	13583	15127			
Passed	9635	11588	5958	9148	9857	10595			
Percentage	73%	72%	73%	77%	73%	70%	#DIV/0!	#DIV/0!	

CRP Case Review	FY 2014	FY 2015
Total Cases Reviewed	827	266

EMS Reg. Grants	FY 2014	FY 2015
Total Grants	152	96
% Complete by 45 Days	71.71%	59.38%

State Certifications	FY 2014	FY 2015
Total Certifications	798	522
1st Time Pass %	85.59%	80.08%

National Certifications	FY 2014	FY 2015
Total Certifications	49322	28710
1st Time Pass %	73.66%	71.24%

EMSRB Quarterly Reports 07/01/13-12/31/14

Certification Count	FY 2014				FY 2015				
	Date: December 31, 2014	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Total Certifications/Registrations on Record:	33,607	29,114	29,028	31,370	32,268	28,893			
Community Paramedic	51	58	66	69	81	88			
EMT-Basic	10,153	10,356	9,200	9,717	9,965	9,910			
EMT- Intermediate	132	134	108	122	121	121			
Paramedic	2,804	2,848	2,686	2,809	2,865	2,933			
First Responders	19,986	15,718	15,790	18,480	18,598	13,441			
Education Program	116	134	145	150	152	155			
Medical Response Unit	45	43	25	26	29	40			
Ambulance Service	320	321	322	323	324	324			

Fiscal Year/quarters: July 1 - June 30 (Quarter 1: July-September; Quarter 2: October-December; Quarter 3: January-March; Quarter 4: April-June)

Key:

All **green** cells indicate values that are on target

All **yellow** cells indicate values that are in danger of falling short of attaining the prescribed standard range for success (i.e. +/- 10%).

All **red** cells are significantly off target and require immediate attention

5. Certifications: 1st Time Pass Rates on Certifications is on target at 70% and above

Sample Protocol to Administer Naloxone

(Ambulance Service Medical Director may amend)

Administration Warning Note: *Along with administration of Naloxone (Narcan), as approved by local ambulance service medical direction, it is important that Basic Life Support (BLS) management of airway, breathing and circulation be assessed and maintained, initially, during and following the administration of Narcan.*

Narcan (naloxone)

ACTION:

1. Naloxone displaces the opioid from the opioid receptor in the nervous system and blocks the actions of the opioid.
2. A single dose's effects can last as short as 30 minutes.

INDICATIONS:

1. Known opioid overdose; including Codeine, Fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, Iorcet, Lortab, norco, vicoden, Percocet, Percodan, opium and heroin.
2. Patients that have been prescribed an opioid and show symptoms of toxicity including;
Miosis (pinpoint pupils)
Respiratory depression
Decreased mental status

CONTRAINDICATIONS:

1. Known allergy or hypersensitivity to naloxone

PRECAUTIONS:

1. The administration of naloxone may result in the rapid onset of the signs and symptoms of opioid withdrawal.
Agitation
Tachycardia
Pulmonary edema
Nausea
Vomiting
Seizures
2. Prior to the administration of naloxone all patients should receive the appropriate medical treatment to provide support of their airway, breathing and circulation (ABC's).
3. Prior to the administration of naloxone all patients should be assessed for other causes of altered mental status and/or respiratory depression such as hypoxia, hypoglycemia, head injury, shock and stroke.
4. The adverse effects following naloxone administration, especially in chronic opioid users may place the patient, bystanders and EMS personnel at risk of injury.
5. Due to the potential adverse effects of naloxone administration, you may consider limiting its use to patients with known or suspected opioid overdoses with impending cardiopulmonary arrest, severe respiratory depression and shock.

ADMINISTRATION:

0.4-2mg IV/IM/SC/ETT/intranasal every 2-3 minute

SPECIAL NOTES:

1. All patients who receive naloxone must be transported to an ED.
2. All patients who receive naloxone must be monitored closely for recurrent symptoms, including altered mental status, respiratory depression and shock.
3. Always follow the ABC's and basic life support first, including IV access; then administer naloxone.

Narcan (Naloxone) Sample Education Guidelines

I. Objectives

- a. Cognitive objectives
 1. Recognize the signs and symptoms of opioid overdose
 2. Discuss the forms in which narcan may be found
 3. Understand and describe the actions of narcan
 4. Understand and describe the side effects of narcan
 5. Understand the need for good airway management
- b. Affective objectives
 1. Explain the rationale for the administration of narcan
- c. Psychomotor Objectives
 1. Demonstrate patient management of a person with a drug overdose
 2. Demonstrate general steps for administering narcan

II. Preparation

- a. Motivation
- b. Prerequisites
- c. Materials
 1. AV equipmentEMS equipment

III. Presentation

- a. Medication
 1. Generic name - Naloxone
 2. Trade name - Narcan
 3. Indications
 - a. Patients with known opioid overdose:
Legal, prescribed opioids: Codeine, Fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone
Illegal opioids: heroin, opium
 - b. Patients with signs and symptoms of opioid overdose:
Miosis (pinpoint pupils)
Respiratory depression
Decreased mental status
 4. Contraindications
 - a. Allergy or hypersensitivity to naloxone
 5. Dose
 - a. 0.4-2mg IV/IM/SC/ETT/intranasal every 2-3 minute
 6. Administration route
 - a. Intravenous
 - b. Intramuscular
 - c. through the ETT
 - d. intranasal

7. Actions
 - a. Antagonizes/blocks the opioid receptors in the brain to block the action of an opioid in the nervous system
 - b. This blockade may results in the sudden onset of the signs and symptoms of opioid withdrawal.
8. Side effects
 - a. Common reactions (opioid withdrawal)
 - Tachycardia
 - HTN
 - Hypotension
 - Nausea
 - Vomiting
 - Tremor
 - Withdrawal seizure
 - Diaphoresis (sweating)
 - Pulmonary edema
 - Irritability (peds)
 - b. Serious reactions:
 - Ventricular fibrillation
 - Cardiac arrest
 - Seizure

IV. Application

- a. Student Activities
 1. Auditory
 - a. The student will hear information on the medication they will use in the field
 2. Visual
 - a. The student will see the instructor prepare the medication for administration
 3. Kinesthetic
 - a. The student will practice inspecting and reading the label of the medication.

V. Evaluation

- A. Review questions (see attached sheet)
- B. Skill Sheet (see attached sheet)

Special Event and Mass Gathering Medical Care Planning Guideline

Background

Special events and mass gatherings may present unique challenges to public safety event planners. Variable weather, unpredictable crowds, the presence of alcohol and other drugs and difficulty accessing and extricating patients in crowded or austere environments adds barriers to providing standard medical care. Surges in requests for EMS above a service's daily call volume can severely stress unprepared EMS systems. Without proper planning and allocation of EMS resources to an event, EMS units assigned to cover a community for emergencies may need to be diverted to provide care at the event, in effect leaving a community without 911 EMS coverage. This document aims to help risk stratify mass gatherings in regards to their potential to generate medical events requiring an EMS response.

For special events and mass gatherings the local EMS primary service area holder (MN Statutes 144E.06) and the local hospital should be notified of the event in advance and ideally involved in the development of the medical plan.

Event classification matrix – add up scores (0-2) for each of 6 categories:

Variable	Points		
	2	1	0
Weather (outdoor events)	>90°F (Heat Index) <0°F (Wind Chill) No climate controlled shelter	80-90°F (Heat Index), 0-40°F (Wind Chill), Minimal climate controlled shelter	Climate-controlled environment
Peak attendance	>15,000	1,000 – 15,000	<1,000
Ethanol Consumption	Significant	Limited	None
Crowd age	Older	Mixed	Younger
Crowd intent	Animated/rowdy	Intermediate	Calm
Transport Time to Hospital	>30 minutes	20-29 minutes	<20 minutes

Higher Risk: Total score ≥ 5 , or scores of 2 in two different categories.

- ALS on-site medical aid station, ALS on-site ambulance and roaming teams are recommended. An on-site physician should be considered.

Intermediate Event: Total score 3 or 4, or a score of 2 in any category.

- BLS on-site medical aid station and on-site ALS ambulance recommended. Staffing levels, number of aid stations, and consideration of mobile teams should be based on event characteristics*.

Lower Risk Event: Total score < 3 and no single category with a score of 2.

- BLS on-site care with consideration of on-site BLS ambulance based on event characteristics*.

Unique Characteristics for Consideration in Planning for Mass Gatherings

- Venue location – indoors vs. outdoors, availability of shelter/shade or other climate control methods
- Nature of event – spectator event, athletic competition, concert, parade (or other linear distribution of spectators/participants)
- Weather – extremes of temperature and humidity correlate with volume/severity of patient encounters
- Alcohol availability, potential for recreational drug use
- Anticipated age of spectators and participants
- Crowd dynamics – varies with type of event, from calm to rowdy/aggressive
- Reasonable availability of free and unlimited drinking water
- Ingress/egress for emergency vehicles and access to the medical tent
- All-terrain vehicles or other intra-venue patient transport methods
- Liability insurance, medical supplies, and security considerations
- Transport time to the hospital – distance, traffic conditions, air ambulance (helicopter) assets

Grange, Baumann, Vaezazizi. "On-site Physicians Reduce Ambulance Transports at Mass Gatherings." *Prehosp Emerg Care*, 7 (3), 2003. pp 322-326.

Hartman et al. "Predicting Resource Use at Mass Gatherings Using a Simplified Stratification Scoring Model." *Am J Emerg Med*, 27 (3), 2009. pp 337-343.