

State of Minnesota
Emergency Medical Services Regulatory Board
Board Meeting Agenda
Public Copy
September 11, 2015

1. Call to Order – 9:00 a.m.

2. Public Comment – 9:05 a.m.

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.

3. Review and Approve Board Meeting Agenda – 9:10 a.m.

4. Consent Agenda – 9:15 a.m.

- Approval of Board Meeting Minutes from July 16, 2015

Attachments
CA 1

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.

5. Board Chair Report – 9:15 a.m.

- Employee Recognition

- Data Policy Standing Advisory Committee List of Positions

Attachments
BC1

- Appointments to Data Policy Standing Advisory Committee

- o Kristin Mellstrom – Hennepin County Public Health
- o Mark Jones -- North Valley Health Center EMS in Warren, MAA president
- o Dan Stensrud – Dodge Center Ambulance Service, MAA representative
- o Manu Madhok, MD -- Children’s Hospital, pediatrics representative

- Federal Specifications – KKK-A-1822 F Star of Life Ambulance
Change Notice 8

Attachments
BC 2

- Change to Internal Operating Procedures

- o Appointment of State Medical Director to Executive Committee

Attachments
IOP

6. Executive Director Report – 9:30 a.m. – Tony Spector

- Agency Budget Update
- Board Metrics
- Executive Director Update

Attachments
ED 1
ED 2

7. Committee Reports – 9:50 a.m.

- Data Policy Standing Advisory Committee – Megan Hartigan
- Complaint Review Panel – Matt Simpson
- Medical Direction Standing Advisory Committee – Aaron Burnett, MD

8. New Board Business – 10:30 a.m.

9. Closed Session – 10:35 a.m.

Closed per Minn. Stat. § 144E.28, subdivision 5 and Minn. Stat. § 13D.05, Subd. 2(b) (*Complaint Reviews*) or Minn. Stat. § 13D.05, Subd. 3(2) (*Personnel Matters*)

10. Re-Open Meeting – 10:55 a.m.

11. Adjourn – 11:00 a.m.

Next Board Meeting: Friday November 19, 2015, 10:00 a.m.

Attachment Key:

BC = Board Chair

CA = Consent Agenda

ED = Executive Director

IOP = Internal Operating Procedures

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 agenda was is posted at: <http://www.emsrb.state.mn.us>

Draft Meeting Minutes

Emergency Medical Services Regulatory Board

Thursday, July 16, 2015, 10:00 a.m. – 12:00 p.m.

University Park Plaza
Conference Room A, 4th Floor

Attendance: J.B. Guiton, Board Chair; Aaron Burnett, M.D.; Lisa Consie; Patrick Coyne; Steve DuChien; Mark Dunaski; Megan Hartigan; Michael Jordan (by phone); Kevin Miller; John Pate, M.D. (by phone); Mark Schoenbaum; Jill Ryan Schultz; Matt Simpson; Tony Spector, Executive Director; Robert Norlen, Field Services Supervisor; Chris Popp, Compliance Supervisor; Melody Nagy, Office Coordinator; Greg Schaefer, Assistant Attorney General.

Absent: Rep. Jeff Backer, Scott Hable, Jeffrey Ho, M.D., Paula Fink-Kocken, M.D., Senator Kathy Sheran

1. Call to Order – (10:00 a.m.) – J.B. Guiton, Board Chair

Mr. Guiton called the meeting to order at 10:04 a.m.

2. Governor's Board Appointments and Welcome – J.B. Guiton

Mr. Guiton welcomed the new Board members and those reappointed. He asked the new members to introduce themselves. The Oath of Office was taken by the new and reappointed members.

- J.B. Guiton (Board Chair – formally appointed by Governor Dayton)
- Dr. John Pate (Family Physician Representative – New Appointment)
- Kevin Miller (Hospital Representative – New Appointment)
- Matthew Simpson (Fire Chief Representative – Reappointment)
- Jill Ryan Schultz (Paramedic/EMT Representative – Reappointment)
- Vacant (Local Board of Health Representative)

There is an application pending to fill the Local Board of Health Representative. The position will be filled by the next Board meeting.

3. Approve Agenda – J.B. Guiton

Motion: Mr. Simpson moved to approve the agenda for the July 16, 2015 Board meeting. Mr. Miller seconded. A roll call vote was taken. Motion carried. Dr. Pate abstained from this vote.

4. 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:

. May 21, 2015

Motion: Mr. Jordan moved to approve the Consent Agenda for the July 16, 2015 Board meeting. Dr. Burnett seconded. A roll call vote was taken. Motion carried. Dr. Pate abstained from this vote.

5. Public Comment – J.B. Guiton

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.

There was no public comment.

6. Board Chair Report – J.B. Guiton

Mr. Guiton described the Board officer positions.

- **Introduction and Description of Board Positions**

- Board Vice-Chair (currently held by Matt Simpson in an interim capacity)

- Medical Direction Standing Advisory Committee (MDSAC) Chair (currently vacant)

- Complaint Review Panel Chair (currently held by Matt Simpson)

- Data Policy Standing Advisory Committee (DPSAC) Chair (currently vacant)

- At-Large Board Member (also serves on Executive Committee – currently held by Dr. Jeffrey Ho)

- Legislative Workgroup Chair (currently vacant)

- Education Post Transition Workgroup Chair (currently held by Lisa Consie)

- Health Professional Service Program (HPSP) Representative (Matt Simpson-Expressed Interest)

- State Medical Director (currently vacant)

7. Executive Director Report – Tony Spector

Mr. Spector thanked the Board members for this opportunity. He also thanked staff for their efforts and Ms. Rapacki for her efforts as our consultant. Her appointment ends August 1.

- Agency Budget Update

Mr. Spector provided a handout. He said that he would provide a more detailed report at the September meeting regarding the fiscal year close.

- Data Practices – Designation of Responsible Authority

Mr. Spector provided a proposed Board resolution and accompanying memorandum. He said the designation information will be posted on the EMSRB website. Mr. Spector said this is a formal Board action that is filed at the Office of Secretary of State.

Motion: Mr. DuChien moved to authorize the Board Chair to sign data practices designation of responsible authority resolution. Ms. Hartigan seconded. A roll call vote was taken. Motion carried.

- Board Quarterly Metrics

Mr. Spector referred Board members to the handout provided. Mr. Guiton asked about regional program payments. Mr. Popp provided information on a new process for submitting grant invoices. Receipts will not be required with invoice submissions, but staff will visit the region offices to review records, and audits will be conducted of the regions.

- Regional System Grant Contracts – FY 2016 & 2017

Mr. Popp said that all the contracts are fully executed.

- Volunteer Education Reimbursement

Mr. Spector said that the funds will be fully spent. Ms. Rapacki processed these payments.

- E-Card System for Certification and Registration of EMS Personnel

Certification and registration cards currently are mailed to individuals. The new system delivers these cards electronically by sending them to the individual's email address. The cards may also be sent directly to an email at the agency where they are employed. This will save thousands of dollars in postage and staff time.

Mr. Guiton asked about revoked and suspended certifications. Mr. Popp said the system has a safeguard that will fail to provide a card for someone who has a revoked or suspended certification.

- Executive Director 30-Day Update
Mr. Spector provided a power point presentation of his first 30 days.

8. Committee Reports – Committee Chairs:

- Complaint Review Panel
Mr. Simpson said he will have an updated report for the September meeting.
- Medical Direction Standing Advisory Committee
Dr. Burnett said that a power point presentation is being developed to share with medical directors.

Mr. Guiton recessed the meeting for a brief break. The meeting reconvened thereafter.

9. New Board Business – J.B. Guiton

- **Nomination/Appointment of Board Member Positions** ([Link to Board Committees in IOP-Page 7&8](#))

Vice-Chair

Mr. Miller said that he would be interested in being the Vice- Chair. He said that he would also be able to fill the role of legislative chair.

Motion: Ms. Ryan Schultz moved to appoint Mr. Miller as Board Vice- Chair. Mr. Simpson seconded. A roll call vote was taken. Motion carried.

MDSAC

Mr. Guiton said this person would be chair of MDSAC and the State Medical Director and attend STAC meetings.

Dr. Pate said that this position has been shared by physicians on the Board. Dr. Burnett spoke in favor of a physician to be named to the position.

Dr. Pate volunteered. Dr. Burnett was nominated. Dr. Pate withdrew his name.

Motion: Mr. Simpson moved to appoint Dr. Burnet as Chair of the MDSAC, lead state medical director and attend STAC meetings. Mr. Coyne seconded. A roll call vote was taken. Motion carried. Dr. Burnett abstained from the vote.

CRP Chair

Mr. Simpson volunteered to continue.

Motion: Ms. Hartigan moved to appoint Mr. Simpson as Chair of the CRP. Mr. Miller seconded. A roll call vote was taken. Motion carried. Mr. Simpson abstained from the vote.

DPSAC Chair

Ms. Hartigan volunteered.

Motion: Ms. Consie moved to appoint Ms. Hartigan as Chair of the DPSAC. Ms. Ryan Schultz seconded. A roll call vote was taken. Motion carried. Ms. Hartigan abstained from the vote.

At Large Executive Committee Member

Dr. Ho was recently appointed to this position.

Motion: Dr. Burnett moved to appoint Dr. Ho as At-Large Executive Committee member. Mr. Coyne seconded. A roll call vote was taken. Motion carried.

HPSP Representative

Mr. Simpson volunteered.

Motion: Mr. Miller moved to appoint Mr. Simpson as Representative to HPSP. Dr. Burnett seconded. A roll call vote was taken. Motion carried.

DPSAC Membership

Motion: Mr. Schoenbaum moved to approve appointment of Ms. Haney to DPSAC. Mr. Simpson seconded. A roll call vote was taken. Motion carried.

Note: A roster of other members that were appointed to DPSAC is included in the May Board meeting minutes. Additional positions will be filled at the next Board meeting.

- **Board Member SurfacePro 3 Computers**
 - Distribution and initial login and training occurred.
 - Tour of newly-remodeled EMSRB offices.

10. Closed Session*– J.B. Guiton

*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 actions were discussed and voted on by Board members.

Re-Open Meeting – J.B. Guiton

11. Adjourn – (12:00 p.m.) – J.B. Guiton

The meeting adjourned without a quorum.

Next Board Meeting: Friday September 11, 2015, 9:00 a.m.; Alexandria, MN

BC 1

Data Policy Standing Advisory Committee Membership

DPSAC – Chairperson

Megan Hartigan (Appointed 7/16/2015)

Ambulance Provider - Uploading to MNSTAR

Tom Fennell – Gold Cross Ambulance Service (Appointed 5/21/2015)

Patrick Egan – Allina Medical Transportation (Appointed 5/21/2015)

Brian Carlson – Burnsville Fire/Ambulance (Appointed 5/21/2015)

Marty Van Buren – HCMC-EMS (Appointed 5/21/2015)

Clif Geise – North Memorial (Appointed 5/21/2015)

Dan Stensrud – Dodge Center Ambulance Service – MAA Rep (proposed appointment 9/11/2015)

Ambulance Provider - Direct Entry to Web-Site

Renee Donnelly – Deer River Ambulance Service (Appointed 5/21/2015)

Mark Jones – North Valley Health Center – Warren – MAA Rep (proposed appointment 9/11/2015)

County Public Health

Kristin Mellstrom – Hennepin County Public Health (proposed appointment 9/11/2015)

Minnesota Department of Public Safety

Kathleen Haney – Office of Traffic Safety (Appointed 7/16/2015)

Minnesota Department of Health (MDH)

Tim Held – Office of Rural Health (Appointed 5/21/2015)

Hospital

Dave Waltz – Regions Hospital (Appointed 5/21/2015)

EMSC / Medical Research

Manu Madhok, M.D. – Children’s Hospital – Pediatrics (proposed appointment 9/11/2015)

Public

= Indicates EMSRB Board Member



GSA Federal Supply Service

July 1, 2015

Federal Specification for the Star-of-Life Ambulance
KKK-A-1822F
Dated 1 August 2007
Change Notice 8

THIS CHANGE NOTICE IS NOT CUMULATIVE AND SHALL BE RETAINED
UNTIL SUCH TIME AS THE STANDARD IS REVISED.

The following changes, which form a part of FED-STD KKK-A-1822F, dated 1 August 2007, are approved by the General Services Administration, for use by all agencies.

If you have technical questions regarding this change notice, please contact John McDonald at jmcdonald@gsa.gov for assistance.

Daniel Buckingham
Chief, Vehicle Engineering Branch (QMDAA)
Vehicle Purchasing Division
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2.2 OTHER PUBLICATIONS

Add the following:

SOCIETY OF AUTOMOTIVE ENGINEERS (SAE), INC., STANDARDS, AND RECOMMENDED PRACTICES:

SAE J3026 Ambulance Patient Compartment Seating Integrity and Occupant Restraint
SAE J3027 Ambulance Litter Integrity, Retention, and Patient Restraint

3.5.2 PAYLOAD CAPACITY

Delete the third paragraph and replace it with the following:

The required minimum payload (patients, passengers and cargo/equipment) per vehicle without optional permanently mounted equipment shall be as follows:

1. Van ambulances (Type II) — 1,500 lbs.
2. Modular ambulances (Type I or III) — 1,750 lbs.
3. Additional duty modular ambulances (Type I AD or III AD) — 2,250 lbs.

3.6.7 WHEELS

Delete Paragraph 3.6.7 and replace it with the following:

Wheels shall conform to the recommendations of the Tire and Rim Association, Inc., and shall be identical in type, size, and load rating for all wheels on the ambulance.

3.10.3 EMERGENCY MEDICAL SERVICES PROVIDER (EMSP) SEATING

Delete Paragraph 3.10.3 and the heading, and replace it with the following:

3.10.3 RESERVED

3.11.4 PATIENT COMPARTMENT SEATING

Delete Paragraph 3.11.4, and replace it with the following paragraphs:

All seats in the patient compartment shall conform to all applicable FMVSS requirements and SAE J3026. The seats(s) shall be installed according to the seat manufacturer's directions.

To facilitate cleaning and disinfecting, all seats furnished and installed by the FSAM shall be cleanable to OSHA standards, and all exposed surfaces shall be free of vent devices that would permit the entrapment of biological contaminants.

The patient compartment shall contain seating to allow for the care of the primary patient (EMERGENCY MEDICAL SERVICES PROVIDER (EMSP) seating)

3.11.4.1 SEATS

Delete Paragraph 3.11.4.1, and replace it with the following paragraphs:

Commercially produced seats (OEM seating) will be padded and have the largest practical padded back and headrests. The upholstery shall be non-absorbent, washable and impervious to disinfectants.

Seat(s) manufactured by the FSAM shall be padded and have the largest practical padded back and headrests. The seats shall not be less than 15" deep by 18" wide (per seating position), and the seat backs shall be a minimum of 18" wide by 7" tall. Padding material shall be rubber or polyester urethane foam of a medium to firm density, with a minimum finished thickness (padding and upholstery) of 2.5" for seat pads, and 2" for head and backrests. Seats shall have 40 oz. (minimum) reinforced vinyl upholstery. The upholstery shall be non-absorbent, washable and impervious to disinfectants.

Add the following paragraph:

3.11.4.2 SEATING OVERHEAD CLEARANCE

All seating positions in the patient compartment shall be provided with a minimum vertical overhead clearance measurement of 43".

3.11.6 LITTER FASTENERS AND ANCHORAGES

Delete Paragraph 3.11.6, and replace it with the following paragraph:

A complete litter fastener assembly shall be furnished. The installed litter fastener device for wheeled cots shall meet the performance requirements of SAE J3027

The litter fastener device shall be installed according to the litter fastener manufacturer's directions.

ALL LITTERS SHOULD ONLY BE USED WITH THE REQUIRED FASTENER ASSEMBLY AS PRESCRIBED BY THE LITTER MANUFACTURER.

3.15.3 CONFIGURATION WORKSHEET

Delete the existing text before “Reference Section 3.0 – REQUIREMENTS”, and replace it with the following:

The Department of Homeland Security, in conjunction with the National Institute of Standards and Technology, and National Institute for Occupational Safety and Health, has developed a guidebook focused on helping EMS provider organizations design and specify ambulance patient compartments, which includes design criteria and best practices based on human performance research, human factors engineering design standards, and EMS community requirements.

This document is titled, “Ambulance Patient Compartment Human Factors Design Guidebook.”

It can be downloaded at:

<http://www.firstresponder.gov/TechnologyDocuments/Ambulance%20Patient%20Compartment%20Human%20Factors%20Design%20Guidebook.pdf>

Practitioners shall utilize this document when designing ambulances in conjunction with this specification.

3.16.4 REFLECTIVE EMBLEMS AND MARKINGS

Delete Paragraph B, and replace it with the following:

B. Side and rear markings

1. Each side of the ambulance shall be marked with:
 - a. One “Star of Life,” emblem not less than 16", in blue, die cut style, with a white border
 - b. The word “AMBULANCE” in block, blue, die cut style letters of not less than 6" in height, with a white border, alongside or under the “Star of Life” .
2. The rear of the ambulance shall be marked with:
 - a. Two “Star of Life,” emblems not less than 10", in blue, die cut style, with a white border
 - b. The word “AMBULANCE” in block, blue, die cut style letters of not less than 6" in height, with a white border, alongside or under the two “Star of Life” emblems.

FIGURES:

Delete existing figure 6.

END OF CHANGES



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INTERNAL OPERATING PROCEDURES

REVISION HISTORY:

Adopted:

June 1996

Revised:

July 1996

October 1996

December 1996

May 1998

August 1998

February 2000

May 2002

January 2003

January 2005

May 2006

January 2008

September 2013

November 2014

May 2015

Proposed revision September 2015

Revision history: 0

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INTRODUCTION

The Emergency Medical Services (EMS) Regulatory Board, hereafter the Board, was established by the 1995 Minnesota Legislature as defined in Minnesota Statutes 144E.01. Its function is to administer and enforce the provision of emergency medical services in the state. The EMS statute at Minnesota Statutes, Section 144E.01, subd.6 requires the Board to: (1) administer and enforce the provisions of Chapter 144E and other duties assigned to the Board; (2) advise applicants for state and federal emergency medical services funds, review and comment on such applications, and approve the use of funds unless otherwise required by federal law; (3) make recommendations to the legislature on improving the access, delivery, and effectiveness of the state's emergency medical services delivery system; and (4) establish procedures for investigating, hearing, and resolving complaints against emergency medical services providers.

BOARD MEMBERS

RESPONSIBILITIES

The business and affairs of the Board shall be conducted in an open manner consistent with responsibilities of a public regulatory body. The Board shall not be responsible for managing day-to-day activities of the staff, but shall advise the executive director in the implementation of Board decisions.

MEMBERSHIP/TERMS

The Board consists of the following members, all of whom must work in Minnesota, except for the public member:

- an *emergency physician* certified by the American board of emergency physicians (actually known as the American board of emergency medicine);
- a representative of Minnesota hospitals;
- a representative of fire chiefs;
- a *full-time firefighter* who serves as a first responder and who is a member of a professional firefighter's union;
- a *volunteer firefighter* who serves as a first responder;
- an attendant currently practicing on a licensed ambulance service who is a paramedic or an emergency medical technician;
- an *ambulance director* for a licensed ambulance service;
- a representative of sheriffs;
- a *member of a local board of health* to represent community health services;
- two *representatives of regional emergency medical services programs*, one of whom must be from the metropolitan regional emergency medical services program;
- a *registered nurse* currently practicing in a hospital emergency department;
- a *pediatrician*, certified by the American board of pediatrics, with experience in emergency medical services;
- a *family practice physician* who is currently involved in emergency medical services;
- a *public member* who resides in Minnesota;
- the commissioner of health, or a designee;
- the commissioner of public safety, or a designee;
- a state *representative* (ex officio non-voting member), appointed by the speaker of the house of representatives;
- a state *senator* (ex officio non-voting member), appointed by the committee on rules and administration of the senate.

Appointments are for four-year terms.

APPOINTMENTS/TERMINATIONS

See Minnesota Statute 15.0575 regarding appointments and terminations of Board members.

COMPENSATION/EXPENSE REIMBURSEMENT

Compensation of Board members is governed by Minnesota Statutes 15.0575. Members are reimbursed for travel and other allowable expenses while engaged in official duty.

OFFICERS

Officers of the Board shall consist of a chair, vice chair, ~~and~~ secretary/treasurer.

CHAIR

The Board chair is designated by the governor from the appointed members of the Board. The chair shall preside at Board meetings and Executive Committee meetings. The chair shall be the principal spokesperson for the Board and the only person authorized to represent the Board except the executive director. In rare circumstances, other members may be specifically authorized to represent the Board. The chair may create committees and appoint committee chairs as necessary to carry out the Board work plan.

The chair will set an agenda for each meeting. The chair will call Special Meetings of the Board and Executive Committee as needed. The chair may take emergency action on behalf of the Board in consult with the Chair of the Medical Director's Standing Advisory Committee. Any emergency action must be reported to the Board immediately.

The role of the chair is to see that the Board follows its own rules and those legitimately imposed on it from outside the organization. Meeting responsibilities include:

- Meeting discussion content will be held to only those issues that clearly belong to the Board to decide, according to Board policy.
- Deliberation will be timely, fair, orderly and thorough, but also efficient, limited in time and kept to the point.
- Roberts Rules of Order are observed except where the Board has superseded them. The chair may participate in the debate on any issue, similar to other Board members.
- Chair authority does not include supervising, interpreting Board policy to, or otherwise directing the executive director.

VICE CHAIR

The vice chair shall be elected by the Board. The vice chair shall preside at Board meeting in the absence of the chair and assist the chair in other matters as requested by the chair or as authorized by the Board.

SECRETARY/TREASURER

The secretary/treasurer shall be elected by the Board. The secretary/treasurer shall review staff drafts of Board meeting minutes, authenticate minutes by signature and present minutes to the Board for approval. The secretary/treasurer shall review and report on other documents, including Board financial statements, as requested by the chair. The secretary/treasurer shall assimilate, tabulate and hold in confidence non-public evaluation forms on the executive director's performance completed by the Board and staff.

ELECTIONS

ELIGIBILITY

Current Board members may be nominated for vice chair, secretary/treasurer, and at-large Executive Committee member.

NOMINATION AND ELECTION

At the first regular Board meeting of each even-numbered calendar year, or as soon thereafter as the Governor has appointed new members, the chair will request a minimum of two nominations from the Board for each of the following: a vice chair, secretary/treasurer, and at-large Executive Committee member. Candidates will be given up to five minutes before the election to present themselves to the Board. Election will be by a simple majority of those present.

TERMS OF OFFICE

Terms of office for vice chair, secretary/treasurer, and at-large Executive Committee member are for two calendar years.

BOARD MEETINGS

It shall be the intention of the Board to comply with all state and federal statutes, rules and regulations pertaining to open meetings, meeting notices and meeting participation. Additionally, the Board intends to exceed these standards whenever possible to better facilitate interested parties and the general public.

REGULAR MEETINGS

The Board shall select regular meeting dates and times at the first meeting of each calendar year. The regular meeting dates and times selected shall be for the period of February through January. A schedule of the regular meetings of the Board shall be kept on file in the Board's office and a copy posted on the Board's web page. If the Board decides to hold a regular meeting at a time or place different from that which is stated in the regular meeting posting, it shall give, at a minimum, the same notice that is required for special meetings. The frequency may vary depending on the business facing the Board, but will occur not less than six times per year. The chair may cancel any meeting due to inclement weather, hazardous travel conditions or other unforeseen circumstance.

SPECIAL MEETINGS

Special meetings may be called by the chair or the Executive Committee in order to conduct business that needs to be tended to prior to the next regular scheduled meeting. For special meetings, the Board shall post written notice of the date, time, place and purpose of the meeting on the principal bulletin board of the Board. The notice shall also be mailed or otherwise delivered to each person who has filed a written request for notice of special meeting with the Board. This notice shall be posted and mailed or delivered at least three days before the date of the meeting. A person filing a request for notice of special meetings may limit the request to notification of meetings concerning particular subjects. All requests for notice of special meetings shall expire on January 1 of each year. The Board shall send notice of the refiling requirement to each person who filed during the preceding year sixty days prior to the expiration date.

EMERGENCY MEETINGS

Emergency meetings may be called by the chair or the Executive Committee, because of circumstances that, in the judgment of the chair or Executive Committee, require immediate consideration by the Board. The Board shall make a good faith effort to provide notice of the meeting to each news medium that has filed a written request for notice, if the request includes the news medium's telephone number.

CLOSED MEETINGS

The Board shall close a meeting for preliminary consideration of allegations or charges against an individual subject to the authority of the Board. If the Board concludes that discipline of any nature may be warranted, further meetings or hearings must be open. A meeting must also be open if requested by the individual who is the subject of the meeting.

The Board may close a meeting to evaluate the performance of an individual subject to the authority of the Board, and shall identify the person prior to closing the meeting. At the next open meeting, the Board shall summarize its conclusions regarding the evaluation. The meeting must be open if requested by the individual who is the subject of the meeting.

Prior to closing any meeting, the Board shall state on the record the specific grounds permitting the meeting to be closed and describe the subject to be discussed.

PLACE OF MEETINGS

The Board shall select locations in the State of Minnesota to hold all regular meetings.

QUORUM

The presence of a majority of the voting Board members constitutes a quorum at Board meetings. No official business may be acted on without a quorum.

ACTION BY THE BOARD

When a quorum is present at any meeting, the Board may take action on items by a majority of the voting members present.

PUBLIC INVOLVEMENT

All meetings of the Board, its committees, standing advisory committees and advisory task forces, except for meetings of the Complaint Review Panel, are open to the public, and are subject to the Minnesota Open Meeting Law, Minnesota Statutes, Chapter 13D. Observers at all meetings will be encouraged to provide input for Board consideration. The Board will provide a public comment period which enables members of the public to comment at meetings.

Board committees consist of only Board members. Standing advisory committees and advisory task forces may consist of Board members and appointed members of the public. Unless authorized by law, public members of standing advisory committees may not be compensated, even for expenses. Advisory task forces shall be governed by the provisions of Minnesota Statutes, Section 15.014.

GENERAL PROCEDURES

ORDER OF BUSINESS

An agenda will be prepared by the chair prior to each Board meeting.

CONDUCT OF BUSINESS

Proceedings are governed by Roberts Rules of Order, Newly Revised, except as specified in these internal operating procedures and applicable law. Operating procedures may be suspended for a stated purpose during a single meeting by a majority vote of those present and voting.

Voting on any matter will be by voice vote, except for election of officers which may be by written ballot. The minutes will reflect how each member voted. Upon request of any member, the recorder will repeat the motion and the name of the maker and seconder of the motion immediately preceding a vote. There will be no voting by proxy, and each member is entitled to only one vote on any issue.

Minutes will be kept of all Board meetings and will be submitted to the secretary/treasurer for review and signature prior to submission to the Board for approval.

COMMUNICATIONS

Board members shall refrain from writing letters or engaging in other kinds of communication in the name of the Board, unless such communications have been specifically authorized by the chair or the Board.

GUIDELINES

In order to perform their duties, Board members need to be fully informed on emergency medical services issues. Official communications to the Board on policy matters should be presented to the chair for review and consideration as an agenda item. Should any individual Board member or the executive director receive communications from any party that are appropriate for Board consideration, those communications should be forwarded immediately to the chair. The chair, through staff, shall transmit appropriate communications to the Board for consideration.

1. A Board member who receives information concerning a Board process issue, a Board-related question, notice of an important Board issue, or a Board-related complaint from the public, should refer the person to the executive director. In the case of a complaint from the public or notice of an important issue, the member shall also immediately personally notify the executive director.
2. A Board member who becomes aware that a person wants to complain about a possible violation of Board statute or rule shall ask the person to submit the complaint or allegation in writing to the executive director or chair. The member shall also immediately personally notify the executive director or chair.
3. A Board member who becomes aware that a non-member wants to add an item to a Board meeting agenda will suggest that the person submit the request in writing to the chair, including an adequate description of the matter proposed to be considered by the Board. Members shall receive a copy of these written reports in advance of meetings at which the matters are to be considered.
4. Board members will be made aware of threats of litigation as soon as possible.

5. Board members will receive in advance of each meeting the information needed for proper consideration of all items that must be acted on at that meeting. Information not included in the information package for a meeting will be held for the next meeting unless it is determined to need immediate attention.
6. A Board member who receives a complaint from a staff member about an internal staff matter will refer the person to internal staff policies and procedures.
7. A Board member who has an issue with staff performance or operations should first present the matter to the executive director. If the matter remains unresolved after a reasonable period of time, the matter should be referred to the chair. If a member has an issue with the executive director's performance, it shall be referred to the chair for consideration by the Executive Committee.

CONFIDENTIALITY/PRIVACY PROTECTION

The collection, creation, receipt, maintenance and dissemination of data maintained by the Board is governed by the Minnesota Government Data Practices Act.

CONFLICT OF INTEREST

As specified in Minnesota Statutes 144E.01, no member of the Board may participate or vote in Board proceedings in which the member has a direct conflict of interest, financial or otherwise.

CODE OF CONDUCT

The Board expects of itself and its members ethical and businesslike conduct. This commitment includes proper use of authority and appropriate decorum in group and individual behavior when acting as Board members. We value:

- a supportive and respectful work environment for our members and employees,
- a diverse and representative work force,
- a workplace where employees and those we serve are treated fairly and equitably,
- appreciation, acknowledgment and acceptance of individual differences,
- employees and Board members who take responsibility for modeling appropriate behavior and assuring respectful behavior of others.

Board members must represent un-conflicted loyalty to the interests of the citizens of Minnesota. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other boards or staffs. This accountability supersedes the personal interest of any member acting as an individual consumer of the agency's services.

Board members will comply with all pertinent state laws and regulations that are applicable to public officials.

1. If a Board member has a conflict of interest in a matter before the Board, including any of the following areas, the member shall declare the conflict and refrain from discussion, and may not vote on the matter. In addition to these restrictions, if the conflict of interest is known in advance and is financial in nature, the member must prepare a written statement describing the matter requiring action or decision and the nature of the potential conflict of interest and deliver a copy of the statement to the Board chair.
 - A. There must be no self-dealing or any conduct of private business or personal services between any member and the Board except as outlined in policy. This is to assure openness, competitive opportunity and equal access to information.
 - B. Board members must not use their positions to obtain employment within the agency for themselves, family members or close associates.
 - C. Should a Board member be considered for employment by the Board, s/he must temporarily withdraw from Board deliberation, voting and access to private Board information.
2. Board members may not attempt to exercise individual authority over the agency except as explicitly set forth in Board policies.
 - A. Board members' interactions with the executive director or with staff must recognize the lack of authority in any individual member or group of Board members.
 - B. Board members' interactions with the public, press or other entities must recognize the same limitation and the similar inability to speak for the Board unless specifically directed by the Board.
 - C. Board members will make no judgments of the executive director or staff performance, except as outlined in the IOP process.

D. Board members shall not engage in a business or professional activity that the affected person might reasonably expect would require or induce the affected person to disclose confidential information acquired by reason of the official position.

E. Board members shall not appear before the Board while acting as an advocate for him/herself or any other person who has an economic interest. Board members shall not represent, directly or indirectly, any business entity in any action or proceeding against the interest of the Board, or in any litigation in which the Board is a party.

F. Board members shall not use the official position to secure a special privilege or exemption for the affected person or others, or to secure confidential information for any purpose other than official duties.

G. Board members shall not intentionally or knowingly disclose any confidential information gained by reason of the affected person's position concerning the property, operations, policies or affairs of the Board, or use such confidential information for pecuniary gain.

3. Complaints related to violations of this Code of Conduct will be referred to the Executive Committee. The Executive Committee, in consultation with the Attorney General's Office, will determine the appropriate course of action.

EXECUTION OF CONTRACTS

The Board, except as otherwise provided in these internal operating procedures, may authorize any officer(s) or employee(s) to execute and deliver any contract or instrument in the name of and on behalf of the Board.

AMENDMENTS TO INTERNAL OPERATING PROCEDURES

Amendments of these internal operating procedures may be made at any meeting by a majority vote of all voting Board members. Suspending operating procedures does not constitute amendment.

The Board shall formally review and approve the internal operating procedures at the first meeting of each even-numbered year.

WORK PLAN

The Board shall prepare an initial work plan, which may be updated at least biennially.

ANNUAL SELF-ASSESSMENT

The Board and the executive director will conduct a self-assessment on an annual basis, preferably in December of each year. The purpose of the annual Board assessment is to evaluate the effectiveness of the Board governance structure and to determine developmental needs.

COMMITTEES

EXECUTIVE COMMITTEE

The Executive Committee will confer between meetings of the Board at the request of the chair and report all actions to the Board at its next meeting. The Committee is responsible for appraising the performance of the executive director at least annually and for developing, maintaining and enforcing a statement or policy regarding conflict of interest. The Executive Committee is comprised of the Board chair, vice chair, secretary/treasurer, Complaint Review Panel chair, **Medical Direction Standing Advisory Committee chair**, and an at-large Board member elected by the Board. The Board's chair is the chair of the Executive Committee.

COMPLAINT REVIEW PANEL

The Complaint Review Panel, appointed by the chair, meets in closed session to review staff investigations of complaints against licensed ambulance services, training programs and individuals certified by the Board. The Panel also reviews criminal disclosure statements by individuals applying for certification or registration. The Panel reports to the Board when disciplinary action is recommended.

DATA POLICY STANDING ADVISORY COMMITTEE

The Committee chair and members of the Data Policy Standing Advisory Committee shall be appointed by the Board chair, in consultation with the chair of the Committee. Members shall include Board members and other individuals with interest or expertise in pre-hospital data. Committee membership shall be a minimum of 8 members but not more than 12, excluding the Committee chair. Membership shall include representatives from ambulance services (both rural and metro, direct data entry users and

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providers uploading data) and those representing public health, medical research and other public interests (hereafter public interest). At no time shall the representation from either the ambulance services or the public interest exceed 60% of the committee membership. No ambulance service or public entity shall have more than one representative from the same agency. The Committee chair may appoint workgroups or subcommittees as needed which may include Committee and non-Committee members. Terms shall be for two years; members shall be appointed from an applicant pool without regard to previous appointment, but members may be reappointed. At the first meeting after appointment, Committee members may designate an alternate. The alternates will be appointed by the chair of the Committee. Failure of a member or alternate to attend three consecutive meetings may result in removal from the Committee. The Committee shall recommend policies and practices to the Board on the use and dissemination of pre-hospital data collected by the Board within the provisions of applicable law. The Committee may adopt additional policies and procedures to further define its responsibilities, which shall be effective upon approval by the Board.

Examples of Committee Structure:

Ambulance Service Providers:

- Four providers uploading data to MNSTAR
- Two providers using direct data entry
- Ambulance Service Medical Director

Public Interest:

- County Public Health
- Regional Program
- Minnesota Department of Health
- Hospital
- Medical Research
- EMSC
- Legislator
- Other Public

MEDICAL DIRECTION STANDING ADVISORY COMMITTEE

The chair, in consultation with the Executive Committee, shall appoint the chair (who must be a physician Board Member) and the members of the Medical Direction Standing Advisory Committee. The members of the Committee shall be appointed by the Committee chair in consultation with the Board chair and the Executive Committee. The Medical Direction Standing Advisory Committee shall include, at a minimum, all physician members of the Board and the medical director from each of the designated regional EMS systems. Membership terms shall be for two years; members shall be appointed from an applicant pool, without regard to previous appointment. Failure of a member to attend three consecutive Committee meetings may result in removal from the Committee. The Committee may adopt additional policies and procedures to further define the Committee's responsibilities, which shall be effective upon approval by the Board.

[Note: The chair requested review of the January 2010 IOP amendments under the topic of "Medical Direction Standing Advisory Committee" by Dr. Thomas in consultation with Dr. Kocken and provide recommended changes to the executive committee.]

AD HOC COMMITTEES

Special ad hoc committees may be appointed by the chair with the concurrence of the Board for special tasks as circumstances warrant. The membership of ad hoc committees may be different than the membership of standing committees, as directed by majority vote of a quorum of the meeting.

COMMITTEE CHAIRS

The chairs of committees, standing advisory committees, advisory task forces and ad hoc committees must be Board members.

COMMITTEE QUORUMS

The presence of a majority of the appointed or designated voting committee, standing advisory committee, advisory task force or ad hoc committee members constitutes a quorum.

COMMITTEE MINUTES

Each committee, standing advisory committee and advisory task force shall keep minutes. The minutes will reflect how each member voted.

ADMINISTRATION

INDEMNIFICATION

The Board may purchase and maintain insurance, if necessary, on behalf of any Board member or staff member or Board employee to cover any liability asserted against or incurred by such person arising out of an alleged act or omission occurring while a Board or staff member or Board employee is acting within the scope of his or her employment by the Board or while fulfilling Board responsibilities.

APPOINTMENT OF EXECUTIVE DIRECTOR

The Board shall appoint an executive director who shall serve in the unclassified service. All employees covered by the State of Minnesota's Managerial Plan who become eligible for a cost-of-living pay increase will automatically receive the increase when it is made available by the state.

EXECUTIVE CONSTRAINT

The executive director shall not cause or allow any practice, activity, decision or organizational circumstance which is either imprudent or in violation of commonly accepted government or professional ethics, law or state policy.

EMERGENCY MEDICAL SERVICES REGULATORY BOARD INTERNAL OPERATING PROCEDURES

1. It is the policy of the Board to provide a work environment that ensures equal opportunities and mutual respect for all employees, and to place the dignity of these employees, as well as the citizens we serve, in the highest regard.
2. Information and advice to the Board will have no significant gaps in timeliness, completeness or accuracy.
3. There shall be no conflict of interest in awarding purchases or other contracts.
4. All Board authority delegated to staff is delegated through the executive director, so that all authority and accountability of staff can be phrased-- insofar as the Board is concerned--as authority and accountability of the executive director.
5. The executive director is authorized to establish all means policies, make all decisions, take all actions and develop all activities that are true to the Board's policies. The Board may, by extending its policies, "undelegate" areas of the executive director's authority, but will respect the executive director's choices so long as the delegation continues. This does not prevent the Board from obtaining information about activities in the delegated areas.
6. No individual Board member, officer or committee (except the Executive Committee) has authority over the executive director. Information may be requested, but if such request, in the executive director's judgment, requires a material amount of staff time, it may be refused.
7. Should the executive director deem it necessary to violate Board policy, s/he shall inform an officer of the Board. Informing is simply to guarantee no violation may be intentionally kept from the Board, not to request approval. Officer response, either approving or disapproving, does not exempt the executive director from subsequent Board judgment of the action nor does it impede any executive decision.
8. As the Board's single official link to the operating organization, the executive director is accountable for all organizational performance and exercises all authority transmitted into the organization by the Board. Executive director performance will be considered to be synonymous with organizational performance as a total.

EXECUTIVE DIRECTOR EVALUATION

The Executive Committee is responsible for the evaluation of the executive director in May of each year or as necessary to align with the state's performance review cycles. All Board members complete an evaluation form. The evaluation forms are held by the Board secretary/treasurer in confidence. Examples or statements should accompany each performance factor when the executive director is rated a 1 or 5. If Board members do not have direct knowledge or observation of performance within a specific factor, they leave that rating blank and state "no direct knowledge". The overall performance rating is based on only the factors completed. The Executive Committee has latitude in how it weighs the evaluation form results compared to other performance criteria. It recommends to the Board the outcome of the evaluation process and any employment action. The Executive Committee, at the time of the executive director's evaluation, conducts joint goal setting with the executive director for the forthcoming year. The

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position description is reviewed to assure compatibility with goals. The Executive Committee is responsible to the Board for oversight of the executive director's reviews. These reviews are an integral part of the overall performance evaluation. The Board secretary/treasurer reports the results to the Board.

OTHER STAFF APPOINTMENTS

The executive director shall appoint other members of the staff.

STAFF ORGANIZATION

The executive director shall be responsible for designing, changing and operating an effective management structure, for staff organization and for all human resource functions.

APPENDIX: DECISION-MAKING GUIDELINES

ENDS/MEANS PHILOSOPHY*

Ends policies may include one, two or all three of the following components:

1. Focused on the impact, difference, change, benefit or outcome to be obtained through EMS in the lives of the people and the communities of Minnesota (results). **FOR WHAT GOOD?**
2. Focused on identifying and describing the populations (recipients) to receive services. **FOR WHICH PEOPLE?**
3. Focused on the monetary expense, relative worth or relative priority of a result or set of results, or the comparative priority of certain recipients rather than others getting the results. **AT WHAT COST?**

Means policies are any organizational issues that are not *ends*.

POTENTIAL INFORMATION SOURCES FOR DECISION-MAKING

STAFF

There is a **short-term or on-going** organizational activity/issue that requires on-going or just-in-time information gathering and to formulate recommendations which contribute to responsible decision-making.

BOARD COMMITTEE

There is an organizational core activity/issue for which the Board is solely responsible, that requires **on-going** information gathering and concentrated, extensive discussion to formulate recommendations which contribute to responsible decision-making. The core activity/issue may include the need for consistent membership that contributes expertise from the Board. The committee responsibilities can be stated in broad, categorical terms, e.g., Executive Committee.

ADVISORY COMMITTEE

There is a **long-term** Board activity that is narrowly focused and requires information gathering and concentrated, extensive discussion to formulate recommendations that contribute to responsible decision-making. The activity may include the need for membership that contributes expertise from outside the Board. The committee responsibility is stated in specific, time-limited terms, e.g., Medical Direction Standing Advisory Committee.

AD HOC COMMITTEE

There is a **short-term** Board activity/issue that is narrowly focused and requires information gathering and concentrated, extensive discussion to formulate recommendations that contribute to responsible decision-making. The activity/issue may include the need for membership that contributes expertise from outside the Board. The committee responsibility is stated in specific, time-limited terms.

CONSULTANT/EXPERT

There is a **short-term** Board activity/issue that requires special expertise from an individual or group for the Board to take action.

- Carver (1997) *Reinventing Your Board*. Jossey-Bass: San Francisco, p. 18.

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EMSRB Budget Summary Highlights

For FY 2014 – FY 2017 (7/1/2013 – 6/30/2017)

August 17, 2015

FY 2014 & FY 2015 Budget Status:

Total Expenses	Base Budget	FY 2014	FY 2015
OPERATIONS			
EMSRB Operations	\$ 1,044,000	\$ 985,505.61	\$ 1,052,385.43
Board Expense Operations	\$ 21,000	\$ 14,733.62	\$ 27,261.38
State Regional Grants Operations	\$ 30,000	\$ 27,679.61	\$ 32,320.39
Longevity Operations	\$ 89,000	\$ 78,100.76	\$ 86,110.24
MRCC – Administrative Costs *	\$ 68,300	\$ 108,859.90	\$ 71,486.31
EMSC Partnership Indirect Cost	\$ 1,832	\$ 333.19	\$ 1,832.00
MNStar Improvements	\$ 1,303	\$ 1,303.06	
Total Operations	\$ 1,255,435	\$ 1,216,515.75	\$ 1,271,395.75
REGIONAL GRANTS			
State EMS Regional Grants	\$ 585,000	\$ 575,433.26	\$ 584,947.48
EMS Seat Belt Grants *	\$ 1,090,635	\$ 727,431.42	\$ 616,785.30
Total Regional Grants	\$ 1,675,635	\$ 1,302,864.68	\$ 1,201,699.62
GRANTS / CONTRACTS			
Ambulance Training Grant *	\$ 361,000	\$ 298,756.30	\$ 423,243.68
MRCC Communication Center Grant	\$ 614,700	\$ 614,700.00	\$ 614,700.00
EMSC Partnership Grant	\$ 128,168	\$ 121,486.15	\$ 169,755.94
Total Grants / Contracts	\$ 1,103,868	\$ 1,034,942.45	\$ 1,207,699.62
LONGEVITY AWARDS			
Longevity Awards	\$ 611,000	\$ 680,444.28	\$ 740,814.95
Total Longevity Awards	\$ 611,000	\$ 680,444.28	\$ 740,814.95
MISCELLANEOUS RECEIPTS/GIFTS			
Requests for data – Misc. Receipts *	\$ 23,000	\$ 0.00	\$ 21,093.18
Special Donations – Gift Fund *	\$ 500	\$ 0.00	\$ 0.00
Total Miscellaneous Receipts / Gifts	\$ 23,500	\$ 0.00	\$ 21,093.18
Total Appropriation	\$ 4,669,438	\$ 4,768,318.14	\$ 4,814,501.04
Total Spent		\$ 4,234,767.16	\$ 4,442,736.28
Total Carried Forward to next year		\$ 156,113.37	\$ 310,273.22
Total Encumbered		\$ 377,437.61	\$ 61,491.54

○ FY 2015 - July 1, 2014-June 30, 2015

○ Second year of the biennium

○ Any unspent FY 2015 funds cancel to the fund balance at final close mid-August 2015.

○ *These are special revenue accounts that authority to carry forward unspent funds to the next fiscal year – unspent funds do not cancel.

FY 2015 Total Operation Expenses

Salary & Fringe & Per Diem	70.63%	Agency Provided PT Services	10.47%
Rent	5.07%	Central MN.IT Services	1.59%
Printing	2.12%	Supplies	1.03%
Communications/Computer Serv	2.57%	Equipment	2.47%
In state / Out state Travel	2.92%	Repairs / Maintenance	0.11%
Employee Develop	0.37%	Other Operations	0.65%
		Total	100.00%

FY 2015 Total Grants / Awards

Awards to Individuals	Longevity Awards	23.76%
Training Reimbursements	Ambulance Training Grants	11.58%
Aids to Counties	State Regional/Seat Belt/MRCC/Federal Grants	30.05%
Aids to Other Governments	State Regional/Seat Belt/MRCC/Federal Grants	12.00%
Aids to Non Governments	State Regional/Seat Belt/MRCC/Federal Grants	22.61%
Total		100.00%

- Longevity Awards
 - Application due in October – Payments processed spring (March) each year
 - If the total award exceeds \$611,000 base budget – stock is sold from the investment account through the Board of Investments
- Ambulance Training Grants
 - Base budget \$361,000 – unspent funds at end of fiscal year carry forward to be granted to the 8 regional grant programs

Ambulance Training Grant	FY 2012	FY 2013	FY 2014	FY 2015
Grants Paid Out	\$361,000	\$361,000	\$298,756.30	\$361,000
Grants transferred to 8 regions	\$0.00	\$0.00	\$62,243.70	\$0.00

FY 2014 & FY 2015 Revenue Balances:

Fiscal Year	Anticipated	Actual	Actual Revenue Percentage	Overage/Deficit
2014	\$90,000	\$93,315.22	103.68%	\$3,315.22 over anticipated
2015	\$60,000	\$65,493.00	109.16%	\$5,493.00 over anticipated

FY 2012 & FY 2015 Agency Provided PT Services:

Paid within the operation accounts.

Agency Paid	FY 2012	FY 2013	FY 2014	FY 2015	Total
MMB Management Analysis Division	\$3,312.50	\$100,625.00	\$176,312.50	\$101,830.62	\$382,080.62
Health Professional Services Program	\$14,877.79	\$16,949.20	\$20,439.41	\$22,137.76	\$74,404.16
Administrative Services Unit	\$65,808.81	\$65,808.81	\$0.00	\$51,168.99	\$335,808.81
		\$218,831.01			

FY 2016 & FY 2017 Budget:

Base Budget	FY 2016	FY 2017
OPERATIONS		
EMSRB Operations	\$ 1,226,000	\$ 1,360,000
Longevity Operations	\$ 89,000	\$ 89,000
MRCC – Administrative Costs	\$ 68,300	\$ 68,300
Community Med Response EMT	\$ 32,000	\$ 31,000
EMSC Partnership Indirect Cost	\$ 1,887	\$ 1,887
Total Operations	\$ 1,417,187	\$ 1,550,187
REGIONAL GRANTS		
State EMS Regional Grants	\$ 585,000	\$ 585,000
EMS Seat Belt Grants	\$ 1,000,000	\$ 1,000,000
Total Regional Grants	\$ 1,585,000	\$ 1,585,000
GRANTS / CONTRACTS		
Ambulance Training Grant	\$ 361,000	\$ 361,000
MRCC Communication Center Grant	\$ 614,700	\$ 614,700
EMSC Partnership Grant	\$ 128,113	\$ 128,113
Total Grants / Contracts	\$ 1,103,813	\$ 1,103,813
LONGEVITY AWARDS		
Longevity Awards	\$ 611,000	\$ 611,000
Total Longevity Awards	\$ 611,000	\$ 611,000
MISCELLANEOUS RECEIPTS/GIFTS		
Requests for data – Misc. Receipts	\$ 23,000	\$ 23,000
Special Donations – Gift Fund	\$ 550	\$ 550
Total Miscellaneous Receipts / Gifts	\$ 23,550	\$ 23,550
Total Base Budget	\$ 4,740,550	\$ 4,873,550

The board submitted a \$948,000 Small Agency Increase and fee increase October 2014, during the budget planning for FY 2016 and FY 2017, in anticipation of legislation being introduced in the 2015 Legislative Session. The board received a salary appropriation increase of \$131,000 FY 16 and \$265,000 FY 17 that was enacted effective 7/1/2015.

- Any unspent FY 2016 operational funds “carry forward” to FY 2017, which is second year in biennium July 1, 2016-June 30, 2017

FY 16-17 Planning

- This fall agencies may have an opportunity to bring policy items forward for consideration during the 2016 legislative session.
 - This is the non-budget year so typically agencies do not proposed budget changes.
 - We have not received our instructions from MMB – these should be out mid-September
 - The board may want to address items related to statute changes – clean up current language, propose new language.

Emergency Medical Services Regulatory Board

EMSRB Quarterly Reports 07/01/13-06/30/15

ED 2

1 Ambulance Inspections Quarterly	FY 2015				FY 2016			
Date: June 30, 2015	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Inspections Performance Success:	135.00%	120.00%	72.50%	95.00%	100.00%	0.00%	0.00%	0.00%
Average Total Inspections Due:	40	40	40	40	40	40	40	40
Total Inspections Complete:	54	48	29	38	40	0	0	0
Difference from Inspections Due:	14	8	-11	-2	0	-40	-40	-40
Inspections Processed to Date:	54	102	131	169	40	40	40	40

2 Ambulance Licenses Quarterly	FY 2015				FY 2016			
Date: June 30, 2015	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%	#DIV/0!	#DIV/0!	#DIV/0!
Total License Applications Due:	27	38	24	39	45	0	0	0
Total License Applications Complete:	27	38	24	39	45	0	0	0
Difference from Licenses Due:	0	0	0	0	0	0	0	0
Renewal Licenses - Completed to Date:	27	65	89	128	45	45	45	45
New Licenses - Performance Success:								
Application Received :	0	0	0	0	0			
Total License Applications Complete:	1	1	1	0	0			
New Licenses - Issued :	1	1	1	0	0			

3 Complaints and Investigations	FY 2015				FY 2016			
Date: June 30, 2015	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Total Completed Investigations:	15	31	18	7	17	0	0	0
Day Range: 1-120	14	31	18	7	17			
Day Range: 121+	1	0	0	0	0			

324 Inspections Due	FY 2015/2016
Total Inspections Complete	306
% Complete	94.44%

324 Ambulance Licenses	FY 2015	FY 2016
Total Renewals	128	45
% Complete	100.00%	#DIV/0!

Licenses to Renew	128	45
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Total New Licenses	3	0
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Investigations	FY 2015	FY 2016
Total Investigations	71	17
% Complete by 120 Days	98.59%	100.00%

Note: There were 18 complaints received by the EMSRB.
 One complaint related to a matter outside of its jurisdiction and therefore was not investigated by staff.

EMSRB Quarterly Reports 07/01/13-06/30/15

4 CRP Case Reviews	FY 2015				FY 2016			
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Date: June 30, 2015								
Total Cases Reviewed:	125	141	319	195	88			

5 EMS Regions Grants	FY 2015				FY 2016			
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Date: June 30, 2015								
Total Grant Reimbursements Processed:	49	47	64	55	40	0	0	0
*Day Range: 1-45	29	28	55	52	40			
*Day Range: 46-50	7	8	2	2	0			
*Day Range: 51+	13	11	7	1	0			

6 Certifications: NREMT 1st Time Pass Rates	FY 2015				FY 2016			
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Date: June 30, 2015								
State								
Total Certifications Attempts	213	309	133	380	94			
Passed	177	241	104	304	122			
Percentage	83%	78%	78%	80%	77%	#DIV/0!	#DIV/0!	#DIV/0!
National								
Total Certifications Attempts	13,583	15,127	7,469	16,621	6,678			
Passed	9,857	10,595	5,278	11,576	5,166			
Percentage	73%	70%	71%	70%	77%	#DIV/0!	#DIV/0!	#DIV/0!

CRP Case Review	FY 2015	FY 2016
Total Cases Reviewed	780	88

EMS Regions Grants	FY 2015	FY 2016
Total Number of Payments	215	40
% Complete by 45 Days	76.28%	100.00%

*Based on Calendar Days

State Certifications	FY 2015	FY 2016
Total Certifications	1035	94
1st Time Pass %	79.81%	129.79%

National Certifications	FY 2015	FY 2016
Total Certifications	52800	6678
1st Time Pass %	70.66%	77.36%

EMSRB Quarterly Reports 07/01/13-06/30/15

7 Certification / Licensure Count	FY 2015				FY 2016				
	Date: June 30, 2015	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Total Certifications/Registrations on Record:	31,630	29,778	29,437	30,537	31,316	-	-	-	-
Community Paramedic	81	88	93	97	100				
EMT / EMT-Basic	9,965	9,910	9,235	9,573	9,871				
EMT-Intermediate / AEMT	121	121	75	77	77				
EMT-Paramedic / Paramedic	2,865	2,933	2,762	2,856	2,911				
Emergency Medical Responder	18,598	16,726	17,272	17,934	18,357				
Education Program	152	155	156	156	157				
Medical Response Unit	29	40	44	44	45				
Ambulance Service Licenses	324	324	325	325	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