

October 8, 2015 Post Transition Workgroup Meeting Minutes

All public participants and committee members were asked to sign in.

Called to order at 1009 by Chair Lisa Consie

Members Present: Cathy Anderson, Mark Baisley, Robert Beckl, Paula Castleman, Lisa Consie (Chair), Joanne Ewen, Heather Grinsteiner, Steve Hagstrom, Ron Lawler (Vice Chair), Tia Radant, Dave Schutz, Serena Totske-Johnson, Kelly Wanzek, Eric Weller, Jon Willoughby, Brad Wright

EMSRB Staff: Holly Hammann-Jacobs, Pat Lee, Tony Spector, Mary Zappetillo

NREMT (Severo Rodriguez, Executive Director [Tre]) joined by phone

Agenda and Materials received by email – Wanzek, Wright – MCU

1. Charge of the workgroup reviewed
  - a. Where are we going and what we need to do needs to be our focus.
  - b. Do not dwell on what has happened or where you come from, but ensuring the EMT's are prepared regardless of where they are in the state.
2. National Registry Information presented by Mary as charged by the committee from the last meeting. Info provided by Rob Wagoner from NREMT and Tre is joining by phone.
  - a. Mark King Initiative and NCCP
    - i. Can the Mark King Initiative go in phases? Yes (we can start with Paramedics, or whatever level we would like)
    - ii. This would be a State Initiative and would take about 6 months to get all the appropriate people to the table.
    - iii. Target the furthest date out. Example provided
    - iv. No requirement for statutory language changes regarding NREMT language in the MN Statutes.
    - v. The Board will determine what statutory language needs to change. The workgroup makes the recommendations.
    - vi. Allows the opportunity to Sunset so those who choose not to get NREMT back can maintain State – then the workgroup charge would be to determine requirements for maintenance of State Certification.
  - b. NCCP
    - i. 50% NCCR – National Continued Competence Requirement
      1. Information is provided by NREMT FREE of Charge to Programs in the State
    - ii. 25% LCCR – Local and 25% ICCR – Individual
      1. Allows for flexibility with education programs, online education, conferences, monthly training, etc. Up to 20 hours can be completed online.
  - c. Tre – NREMT
    - i. Thanks for participation
    - ii. Mark King is a specific mechanism for those who have maintained their State Certification and are in good standing to obtain NREMT status again without

testing and is a fairly straight forward process. This originated by Mark King, former West Virginia Executive Director, to allow those who faced challenges in their careers to obtain their credential once again.

- iii. NCCP as a program itself is intended to be an update to how we maintain/sustain continued competency through EMS Education. This was developed after a model of the American Board of Special – current research findings, current treatments, current standards of care, etc. The topics are selected by experts in the field and objectives developed. It is often found that all topics are brought down to the operational level. The other element of the NCCP is a design to ensure the local needs are being met – examples would be Ebola, SARS, and other specific topics that would require additional education on top of previous models. At the individual level, this is intended to provide an opportunity for the individual provider who requires more work in continual development to do so. If all CEU's are provided by an employer they can obtain them this way. There is a tremendous reduction in hours and are currently efficiently using those hours to continually develop and maintain competency.
  1. Paramedic – 60 hours (distance education allowable 35)
  2. AEMT – 50 hours (distance education allowable 28.5)
  3. EMT – 40 hours (distance education allowable 24)
  4. EMR – 16 hours (distance education allowable 10)
  5. There is still a requirement for face-to-face based on needs determined by the subject experts.
- iv. There has been some discussion that modifying the current model will affect rural EMS. Can the NREMT discuss how this has impacted rural EMS?
  1. Tre is from Texas and was a former educator there. The EMS professionals regardless of where they were and their compensation level, are often working with little or additional resources. The questions asked were “how to approve the resources they have”. The NCCP model is able to engage all providers with current topics to changes in evidence based medicine in a manner that is easily consumed and recognizes those who have current options for continuing education options. The operational reality is really undeniable.
  2. The other question that arose was for those who wish to reclaim his/her NREMT through the Mark King Initiative what are the obligations other than the maintenance of certification and the financial component.
  3. Hagstrom question – additional over 24 hour refresher plus psychomotor exam is expensive if you are doing this is legit. So the National component appears to be a good option.

MN Total NREMT Personnel				MN Total Personnel		
Reg Level	Description	Count	Total	Total	Count	Description
B	EMT-Basic / EMT	964	5,959	10,044	4891	EMT-Basic
E	EMT	4995			5153	EMT
M	Paramedic	1216	2,065	3,030	2928	Paramedic
P	EMT-Paramedic / Paramedic	849			102	Community Paramedic
T	Advanced EMT (AEMT)	5	5	18	18	Advanced EMT (AEMT)
			8,029	13,092		
				18,580	12,173	First Responder
					6,407	EMR
				62	62	EMT-Intermediate

v.

Clarification that Mark King is an option

1. Reinstatement for NREMT requires 1 of 2 options:
  - a. Mark King – reinstated, once reinstated must maintain their credential.
  - b. NREMT re-instatement without Mark King = Completion of CEU, Practical, and Cognitive Exam.
- vi. Certification vs licensure discussion
  1. Certification speaks to the competency of an individual
  2. License authorizes the individual to practice
    - a. Ultimately the NREMT says the State has the highest authority to determine.
- vii. Questions regarding verification of competency. (Beckl)
  1. What method has the NREMT developed to verify competency?
    - a. Individual verified completion of the topic hours over the two-year period, additional competency can be verified by Training Officer – Medical Director.
    - b. So it's the student saying I've completed by CE and the training officer or MD verifying this requirement has been met.
      - i. This provides a fairly even blend of professional progress versus other professional models and allows the MD to designate persons to verify competencies.
    - c. Weller: Verification of competence: you could go through the 40 hours and not even touch a piece of equipment. Education Program, training officer, medical directors – all the checks and balances – if all of those pieces are in place – not sure we are there yet – we have them in place on paper – not sure if they are actually in place.
      - i. Are we overregulating? Nurses do CE and that's it. MD's do 75 hours over three years. We have higher standards for EMT's & paramedics than the majority of the other health care providers in the state.
      - ii. Lawler: on the other hand - they have very, very limited volunteerism. The nursing home across the street the ambulance garage doesn't have a single volunteer nurse working there – so how do you verify competency if they don't have a boss that can fire them. We need to

look at the spectrum of CE. Yes, they only have 24 or 40 hours of CEU required – but they also have a supervisor that will see if they are not doing their job and correct them. Here, we don't necessarily have that and need to verify an individual's competency when this might not be their full time job – this is their volunteer job, or looking at the person who is working versus the one that is not working. Medical Directors have that responsibility – It's their license.

1. It's one thing if you work for a service that runs 600 calls or a service that run 20 calls and we need to ensure there is a method for verification of competency at all levels and experience. How do we get competence out of people in a way that is effective and not onerous.
2. Zapp: That is exactly why we are here – how are we going to get this done as a state so the standard is the same cross the state.
3. Comparing to Nurses – the measurement methods the NPLEX uses are comparable to those the NREMT uses are very similar. The operational models are different.

BREAK

Reconvened at 11:25

Motion from previous meeting read regarding EMT – suggestion made to add AEMT and Paramedic to this motion. Discussion – Wright suggests amendment to motion to add AEMT and Paramedic, amendment accepted by Hagstrom and Willoughby, MCU

DISCUSSION regarding EMT level for re-certification-

1. Where do we go from here? Many do not like current model.
2. Willoughby has suggestion from Erin Glover
  - a. Suggestions for NREMT
    - i. Continue 24 hours CE (quality v quantity), Implement a SIM lab versus practical exam, utilizing a team approach. If a SIM lab isn't available then offer the exam in a team approach. (Please obtain for actual language).
    - ii. Look at quality of the continuing education versus slamming people with more hours. It is realistic to note someone with violate this but right now it is so restrictive that it's not viable.
    - iii. Having Team Lead and scenario based testing.
3. Radant – how did NREMT come up with the current NCCP numbers?

Tre:

- a. Looked at other healthcare professions with various stakeholders.
  - b. What are the fiscal operational realities?
  - c. What has science told us?
  - d. Wanted to ensure efficiency in how the hours were used.
4. Lawler –to play off of Tre’s response
- a. Can look at some options to include the skills and should require skills in the CE
5. Consie – when is NCCP required at the NREMT 2017?

Tre:

- a. We partner with the State counterparts – so that looks like a meeting with the State staff and Tony to optimize transition to this phase efficiently.
  - b. There is an expiry date for those are currently have NREMT – there is currently no expiry date, but 2020 looks to be the date.
  - c. In the next two years, we’d like to have most of the states transitioned to NCCP or have a plan to transition.
6. Mary put options on the board
- a. MKI plus NCCP
  - b. 24 hours with or without Psychomotor Exam
  - c. 48 Hours CEU with or without Psychomotor Exam
  - d. 24 Hours CEU with or without Exam
  - e. 20 Hours NCCR plus 4 hours skills something
7. Zapp – what we are hearing around the room is that item c above is not an option.
- a. Radant – would like to change c above to read to mirror the NCCP and maintain State only. (Mirror NCCP with or without NREMT)
  - b. Tre –
    - i. New students obtain NREMT and maintain
    - ii. NREMT current and maintain state
    - iii. Individuals who are subject to the MKI and maintain
    - iv. Individuals who are effectively maintain a state license (the one thing with this group, is NREMT asks this group mirrors the NCCP guidelines).
  - c. Radant – trickling hours along 2 years really give options for services to obtain what they need.
  - d. Consie – How is the 20 hours distributed
    - i. North Dakota – the State provides the information. Allows for flexibility,
  - e. Willoughby – Why was the psychomotor exam ever required
    - i. Zapp – cited statute and discussed previous workgroup work regarding the psychomotor exam.
  - f. Beckl – the skills component in NCCP includes skills components – how do you regulate that? Leave teaching the NCCR and how we verify skills up to the approved Education Programs – how they choose to do that is up to them.
  - g. Radant – currently the NREMT is using someone (training officer/medical director) to verify that the skill components in the NCCR are being met.

- h. Consie: are we taking out the approved education piece? I as a training officer could teach all this myself – why do I need to hire an education program to do this for me? Outliers – inactive, don't work for a service.
  - i. Zapp — anecdotal - This is part of how we got here we left it up to the education program – need to have group consider the checks and balances that will assist the regulatory agency in verification.
  - j. Serena – there are often ways to “workaround” any system and we are allowing more options for “pencil whipping” in this instance.
  - k. Zapp – asked Schutz and Serena about their plans
    - i. Schutz – what I am hearing basically anyone could sign off
    - ii. Weller – In order to have a regulatory component – I think you need to have the Approved Education Programs provide the NCCR.
    - iii. Grinsteiner – allows flexibility for volunteers/services and the Medical Directors Consortium.
8. What we are hearing is take out the word psychomotor exam and replace with skills competency verification in all options above.

#### LUNCH BREAK

Informal Poll over lunch revealed the following

24 Hour refresher was not favorable

MKI plus NCCP

Mirror NCCP with or without NREMT 40 hours

**Motion by Wright to under charge 2 bullet 3 to move to the NCCP model of recertification for EMT, AEMT, and Paramedics – Amended to read or proof of valid NREMT Certification by Wanzek –**

**Amended accepted by wright and seconded by Radant**

**Discussion – requiring the National Registry Card can create a financial burden on the certified individual**

**Amendment – Wright – to require the same recertification requirements as the NREMT for EMT's, AEMT's and Paramedics or proof of a valid NREMT Certification. (Seconded by Radant)**

**Motion to close discussion Baisley – Second Weller – MCU**

**Vote on motion – Motion passes – with Nay by Willoughby**

Most services no longer require NREMT be maintained – question by Zapp.

**Motion by Weller second by Lawler under charge 5 to state “all NCCR requirements are taught by MN Approved Education program.**

Discussion this includes 20 EMT, 25 AEMT, 30 Paramedic. This is currently the model used in North Dakota.

Baisley – please spell out NCCR and NCCP to avoid confusion

**Lee – can rural services afford this. Lawler – this can be viewed as a traditional refresher and taught by education programs.**

**Amendment by Lawler to add or other components as approved by the Board – approved by Weller**

Discussion – this would be a conference who requests approval by the Board to have NCCR qualifiers approved.

**Motion – MC – abstain Wright**

**Radant –Recommend to the Board to make a request to the NREMT to designate the State of MN as an NCCP State as of April 1, 2016 for EMT, AEMT, and Paramedic. (This decreases the hours from 72 to 40-50-60) Seconded by – Willoughby, no further discussion – MCU**

Next Items for discussion – 4. EMR, 3. Approved Education Programs, and 5. Licensure vs Certification – 2. Mark King and 1. clarification of NCCP skills component

Board Meeting is November 19<sup>th</sup> at 10am

Motion to adjourn