

State of Minnesota
Emergency Medical Services Regulatory Board
Board Meeting Agenda
September 9, 2016, 9:00 a.m.
Lake Miliona Room, Alexandria, MN
[Map and Directions](#)

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 is invited to address the Board on subjects which are not part of the meeting agenda. Persons wishing to speak are asked to complete the participation form located at the meeting room door prior to the start of the meeting. Please limit remarks to three minutes.

Attachments

3. Oath of Office for Board Members – 9:10 a.m.

4. Review and Approve Board Meeting Agenda – 9:15 a.m.

5. Review and Approve Board Meeting Minutes from July 21, 2016 – 9:20 a.m.

- Approval of Board Meeting Minutes from July 21, 2016 M1

6. Board Chair Report – 9:25 a.m.

- 2017 Board Meeting Calendar BC1
- EMSRB Celebrating 20 Years

7. Executive Director Report – 9:35 a.m. – Tony Spector

- Cooper/Sams Volunteer Ambulance Award Program Status Report ED1
- Hiring of Southwest EMS Specialist
- Budget Update ED2
- Small Agency Report ED3
- Board Metrics ED4

8. Committee Reports – Committee Chairs – 9:50 a.m.

- Ambulance Standards Ad-Hoc Work Group Report AS1
- Complaint Review Panel and HPSP – Matt Simpson HPSP1-2
- Data Policy Standing Advisory Committee Report – Megan Hartigan
- Medical Direction Standing Advisory Committee – Aaron Burnett, M.D. MDSAC1
- Post Transition Education Work Group Report – Lisa Consie PTWEG 1-6

9. New Board Business – 10:30 a.m.

- 10. Closed Session – 10:35 a.m. (must have a quorum of members present to vote)**
Closed per Minn. Stat. § 144E.28, subd. 5 and Minn. Stat. § 13D.05, subd. 2(b) (*Complaint Reviews*)
- 11. Re-Open Meeting – 10:50 a.m.**
- 12. Adjourn – 11:00 a.m.**

Next Board Meeting: Thursday, November 17, 2016, at 10:00 a.m.
Minneapolis, Minnesota

Attachment Key:

M = Minutes
BC = Board Chair
ED = Executive Director
AS = Ambulance Standards Ad-Hoc Work Group
HPSP = Health Professional Services Program
MDSAC = Medical Direction Standing Advisory Committee
PTEW = Post Transition Education Workgroup

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

Meeting Minutes

Emergency Medical Services Regulatory Board

Thursday July 21, 2016, 10:00 a.m.

Minneapolis, Minnesota

Attendance: J.B. Guiton, Board Chair; Jason Amborn; Aaron Burnett, M.D.; Patrick Coyne; Steve DuChien; Jeffrey Ho, M.D.; Michael Jordan; Paula Fink-Kocken, M.D.; John Pate, M.D.; Matt Simpson; Tony Spector, Executive Director; Melody Nagy, Office Coordinator; Robert Norlen, Field Services Supervisor; Rose Olson, Licensing Administrator; Chris Popp, Compliance Supervisor; Greg Schaefer, Assistant Attorney General.

Absent: Rep. Jeff Backer; Lisa Brodsky; Lisa Consie; Scott Hable; Megan Hartigan; Kevin Miller; Mark Schoenbaum; Jill Ryan Schultz; Senator Kathy Sheran

1. Call to Order – 10:00 a.m.

Mr. Guiton welcomed everyone to the meeting. He asked for introductions from Board members and guests.

2. Public Comment – 10:05 a.m.

The public comment portion of the Board meeting is where the public is invited to address the Board on subjects which are not part of the meeting agenda. Persons wishing to speak are asked to complete the participation form located at the meeting room door prior to the start of the meeting. Please limit remarks to three minutes.

None.

3. Oath of Office for Reappointed Board Members – 10:10 a.m.

Mr. Guiton administered the Oath of Office to Aaron Burnett, M.D.; Steve DuChien; and Paula Fink-Kocken, M.D.

4. Review and Approve Board Meeting Agenda – 10:15 a.m.

Motion: Dr. Pate moved to approve the agenda for the July 21, 2016, Board meeting. Dr. Burnett seconded. Motion carried.

5. Review and Approve Board Meeting Minutes from May 19, 2016 – 10:20 a.m.

Motion: Mr. Simpson moved to approve the minutes from the May 19, 2016, Board meeting. Mr. DuChien seconded. Motion carried.

6. Board Chair Report – 10:25 a.m.

Provider Orders for Life-Sustaining Treatment (POLST) Form

Presentation by Dr. Victor M. Sandler

Dr. Sandler provided a power point presentation with details of the revised POLST form. This form was first endorsed by EMSRB in 2010. Dr. Sandler answered questions from Board members.

Dr. Sandler said the POLST program wishes to re-invigorate the program and wants to provide the POLST form to patients at the time of hospital discharge. To that end, the POLST program will be providing additional education throughout the state.

Mr. Guiton asked this discussion be referred to the Medical Direction Standing Advisory Committee (MDSAC) for their review and a recommendation to the Board. The form could be endorsed at the September Board meeting. Mr. Guiton thanked Dr. Sandler for his presentation.

Motion: Dr. Pate moved to refer this discussion to the MDSAC. Dr. Ho seconded. Motion carried.

EMSRB 20 Year Anniversary

Mr. Guiton announced it is the 20 Year Anniversary of the EMSRB. Three employees have worked for the agency since its inception back in 1996. Awards were presented to: Melody Nagy, Robert Norlen and Rose Olson.

Seeking Volunteers to Serve on the State Trauma Advisory Council/Emergency Medical Services Joint Policy Committee

Mr. Guiton said that there is renewed effort to reconvene the State Trauma Advisory Council/Emergency Medical Services Joint Policy Committee. He asked Mr. Tim Held of the Minnesota Department of Health – Office of Rural Health (and present at the meeting) to provide information to the Board about this committee.

Mr. Held said the committee purpose is to address crossover issues related to trauma systems. EMS data will drive the work of the committee. This committee makes recommendations for appointments to the Regional Trauma Advisory Committee (RTAC). Mr. Held said the committee will be meeting quarterly.

Mr. Guiton said that Dr. Burnett and Dr. Ho have volunteered we are seeking one additional Board member. Dr. Pate volunteered. Mr. Coyne will be the alternate.

Motion: Dr. Fink-Kocken moved to appoint Dr. Burnett, Dr. Ho and Dr. Pate as members of the State Trauma Advisory Council/Emergency Medical Services Joint Policy Committee with Mr. Coyne as the alternate. Mr. DuChien seconded. Motion carried.

7. Executive Director Report – 11:00 a.m. – Tony Spector

NEMSIS Reporting Issue

Mr. Spector said he met with the vendor and the problem of data that had not been reported to NEMSIS has been resolved.

Offline Licensing and Credentialing Process

Mr. Spector said the EMSRB is seeking to have a replacement online licensing and certification system in place by October. Agency staff have developed an offline process and implemented it beginning July 5. Forms were developed with input from all staff and vetted for legal requirements. The forms are posted on the EMSRB website.

Mr. Spector walked through completion of the form. He described the reasons for a designated address and said the designated address provided is public information. Mr. Spector said applicants receive an email auto response that their application has been received and an email certification/registration card once their application has been approved. Staff contact any applicant that submits and incomplete application.

The new email address for customer use is: emsrb@state.mn.us

U of M Research Project Cancelled by U of M

Mr. Spector said this project was cancelled by the U of M. Mr. Spector explained that at the last Board meeting (May 2016), he announced a research project proposed by the U of M that would validate MNSTAR data against the data obtained by Cardiac Arrest Registry to Enhance Survival (CARES). Mr. Spector and Rose Olson met with the student and her project advisor/faculty member. They asked for a full download of all MNSTAR data. Mr. Spector expressed very serious concern at the prospect of providing a copy of all MNSTAR data to the U of M. Mr. Spector explained that he informed the student and advisor that the EMSRB can provide access to the data but will not provide a full download of this data. The student later decided on another project.

September Meetings in Alexandria

Mr. Spector said the next Board meeting will be at the Arrowwood Conference Center in Alexandria. The Complaint Review Panel will be meeting and the Medical Direction Standing Advisory Committee. The Medical Director's Course will be provided to new and newer medical directors as a pre-conference presentation.

Systems of Care Coordination Steering Committee Meeting

Mr. Spector said he was invited to this meeting hosted by the American Heart Association. The meeting's agenda and documentation included with it caused some concerns. The documentation seems to include information that is factually inaccurate. This caused some concern to EMS staff and stakeholders. Nevertheless, the EMSRB appreciated being invited to the meeting to discuss collaborative efforts. There were topics discussed outside the usual "swim lanes" of the American Heart Association. In addition, there may be a legislative agenda flowing from the efforts of the group. Mr. Spector will seek to learn more information and report to the Executive Committee and Board in September.

Mr. Spector said the EMSRB values its partners and stakeholders and wishes to work in cooperation and collaboration with everyone and not be in competition. The EMSRB has a mission and must meet its statutory responsibilities. The EMSRB does its best to support the EMS system. The EMSRB believes that regulation and support are not mutually exclusive but in contrast go hand-in-hand. He provided an example of an agency that is both regulatory and support: The Department of Public Safety. It has enforcement (state patrol), and education (TZD Program) and engineering (its partnership with the Department of Transportation). The EMSRB works collaboratively with the Department of Public Safety on several initiatives in partnership.

Mr. Spector said it is his obligation to fully communicate with the Board information that is cause for concern.

Agency Update

Mr. Spector said the agency was very hopeful that it would have received supplemental funding during the past legislative session. It did not. Part of the supplemental funding request was for the additional fees directly related to the agency's transition to MNSTAR 3.4.0. The hosting fee is increasing significantly and the agency is looking for creative ways to pay these additional costs. Mr. Spector is reviewing the agency budget and will provide a full budget report at the September meeting. The agency cannot continue funding technology by sacrificing staffing needs.

Mr. Spector said with verified funding available the agency will be hiring the Southwest EMS Specialist position. The posting will occur very soon and be open for application for two weeks. Staff is working on the development of a position description to hire an additional office person.

Mr. Spector said he was asked to write an article for *Minnesota Physician Magazine* about the EMSRB. It is published if anyone wishes to review it.

Mr. Spector said one of the agenda items for discussion for the next Post-Transition Education Work Group (PTWEG) meeting is the renewal requirements for the Emergency Medical Responders (EMR). The EMSRB has reached out to its police and fire service partners with communications and inviting their input as they are a vital part of EMS. The Minnesota Police Chiefs Association has asked if one of its members could be part of the PTEWG. PTEWG Vice-Chair Lawler said that the work group would welcome input from a representative of the Police Chiefs Association. Mr. Guiton said that he is very supportive of this addition. The Board supported the addition of the new member.

Mr. Spector said the Board metrics are provided and unless there are questions he will not spend further time on this topic.

Mr. Spector mentioned his commitment to providing responses to data practices requests including providing summary data when appropriate.

Mr. Spector said that the Board may want to consider options for its meetings in 2017. The January Board meeting is slated to occur in Duluth or the Executive Committee could meet in Duluth. Mr. Spector sought input from the members in attendance. Mr. Guiton said the Board will discuss the topic at the September meeting. He asked Board members to provide feedback to Mr. Spector on their preferences of where to have meetings and how many times to travel per year.

Mr. Guiton recessed the meeting for a five-minute break.

**8. Committee Reports – Committee Chairs – 11:40 a.m.
Ambulance Standards Ad-Hoc Work Group – Pat Coyne**

Mr. Coyne said the work group met in late May. The group's charge is to come up with different ambulance standards from the federal KKK. Other states are also discussing this process. The work group reviewed the standards and focused on occupant safety and equipment safety. The work group will be making a recommendation to adopt the CAAS standards.

Dr. Pate said a rural service in his area is replacing a vehicle and it will be in use for 10 years. He asked about the requirements. Mr. Coyne said that the recommendation will be for future purchase of new ambulances.

Mr. Guiton asked if this should be a standing advisory committee. Mr. Coyne said that such a decision would be at the will of the Board.

Complaint Review Panel and HPSP – Matt Simpson

Mr. Simpson said the committee does not meet in July. He asked Board members to reach out to him with questions.

Medical Direction Standing Advisory Committee – Aaron Burnett, M.D.

Dr. Burnett said the EMS Crisis Standards of Care Work Group has produced a final draft document that will be distributed soon. The Minnesota Department of Health is the EMSRB's partner in this effort. This will be a resource document for use in a public health emergency.

Dr. Burnett said Dr. Pate will be presenting the Medical Director's Course at 9:00 a.m. on Friday, September 9, 2016. This is being presented as a partnership with the Medical Director's Association. New and newer medical directors are encouraged to attend; there is no charge for this course.

Post Transition Education Work Group – Ron Lawler

Mr. Lawler said the last scheduled meeting was cancelled. The next meeting is scheduled for August 25, 2016 at the EMSRB office. He said that the Mark King Initiative has been launched and EMSRB staff have worked hard on this communication. He described NCCR education requirements and answered questions. He said the National Registry will accept blended courses for renewals during the transition.

9. New Board Business – 12:15 p.m.

None.

10. Closed Session – 12:15 p.m.

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

Mr. Guiton moved the meeting to a closed session. Disciplinary actions were discussed and voted on by Board members. Personnel matters were discussed.

11. Re-Open Meeting – 12:50 p.m.

Mr. Guiton reopened the meeting and asked Dr. Burnett to report on the Executive Director's review.

Dr. Burnett reported that Mr. Spector is meeting and exceeding job expectations. Mr. Guiton said he wants the Executive Director's yearly review completed in the future at the end of May. It should be an agenda item for the March Board meeting. The Board discussed parameters for future reviews. Mr. Guiton asked Mr. Jordan to provide a concept document for the Board to discuss at the November meeting.

12. Adjourn – 1:00 p.m.

Motion: Mr. Coyne moved to adjourn the meeting. Dr. Fink-Kocken seconded. Motion carried.

Next Board Meeting: September 9, 2016, at 9:00 a.m.
Arrowwood Conference Center
Alexandria MN

Proposed Meeting Schedule

Board Meetings

2017

Regular Meeting	Thursday, January 26, 10 a.m.	Location TBD, Minneapolis
Regular Meeting	Thursday, March 16, 10 a.m.	Rochester, Minnesota
Regular Meeting	Thursday, May 18, 10 a.m.	Board Room, Minneapolis
Regular Meeting	Thursday, July 20, 10 a.m.	Board Room, Minneapolis
Regular Meeting	September 8, 8 a.m.	Alexandria, Minnesota
Regular Meeting	Thursday, November 16, 10 a.m.	Board Room, Minneapolis

2018

Regular Meeting	Thursday, January 18, 2018, 10 a.m.	Board Room, Minneapolis
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Executive Committee Meetings

2017

Regular Meeting	Thursday, February 16, 10 a.m.	Board Room, Minneapolis
Regular Meeting	Thursday, April 20, 10 a.m.	Board Room, Minneapolis
Regular Meeting	Thursday, June 15, 10 a.m.	Board Room, Minneapolis
Regular Meeting	Tuesday, August 17, 10 a.m.	Board Room, Minneapolis
Regular Meeting	Thursday, October 19, 10 a.m.	Board Room, Minneapolis
Regular Meeting	Thursday, December 21, 10 a.m.	Board Room, Minneapolis

2018

Regular Meeting	Thursday, February 15, 10 a.m.	Board Room, Minneapolis
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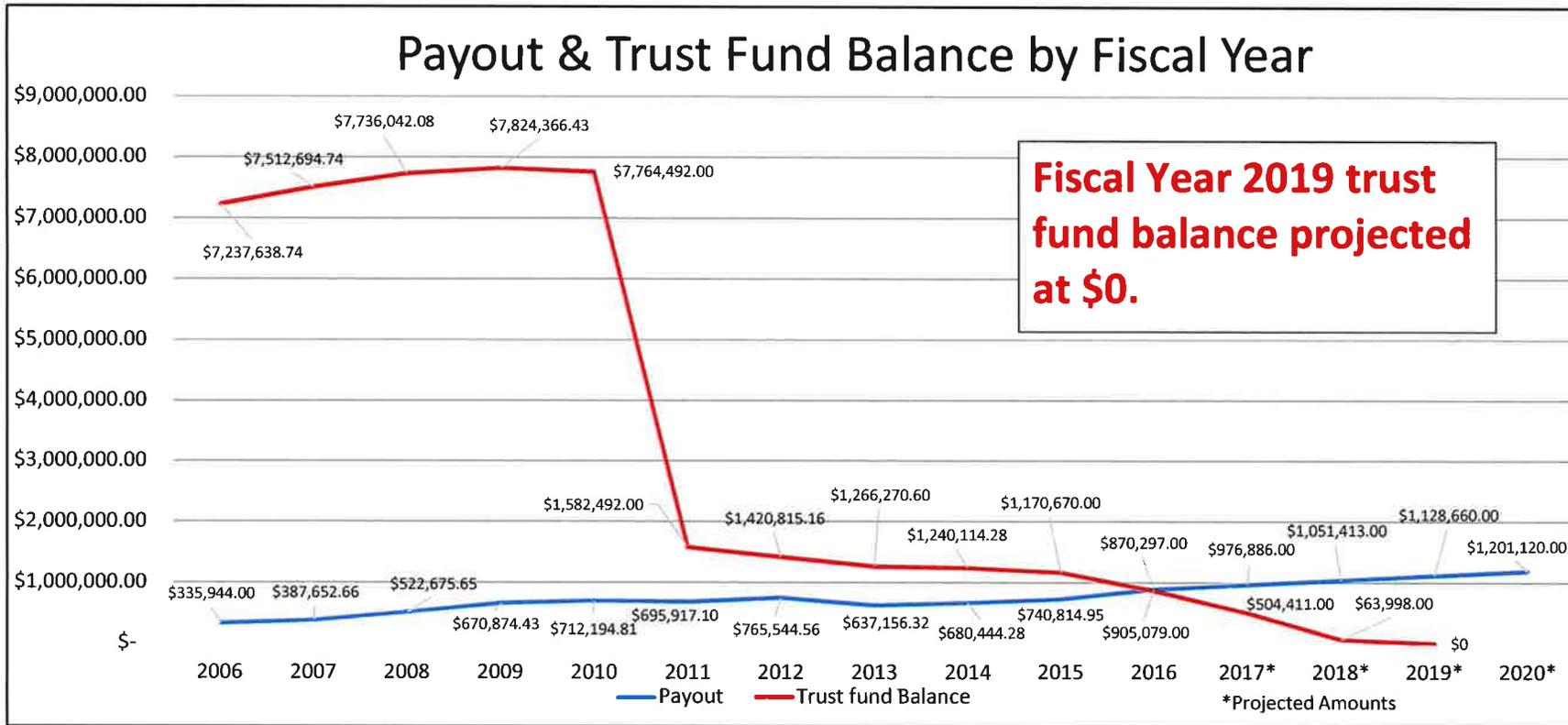
EMS Conference Schedule

MEMSA	September 16 - 18, 2016	Morton
Allina Pulse Check	September 22 & 23, 2016	Prior Lake
Greater NW EMS Conference	September 30 – October 1, 2016	Mahnomen
Trauma Tactics (Life Link III)	October 7 & 8, 2016	St. Cloud
Arrowhead EMS Conference	January 18 – 22, 2017	Duluth
Long Hot Summer (North Memorial)	March 3 & 4, 2017	Brooklyn Park
SE EMS Heroes Among Us Conference	March 17 & 18, 2017	Rochester
Medical Director's Conference	September 8 – 10, 2017	Alexandria

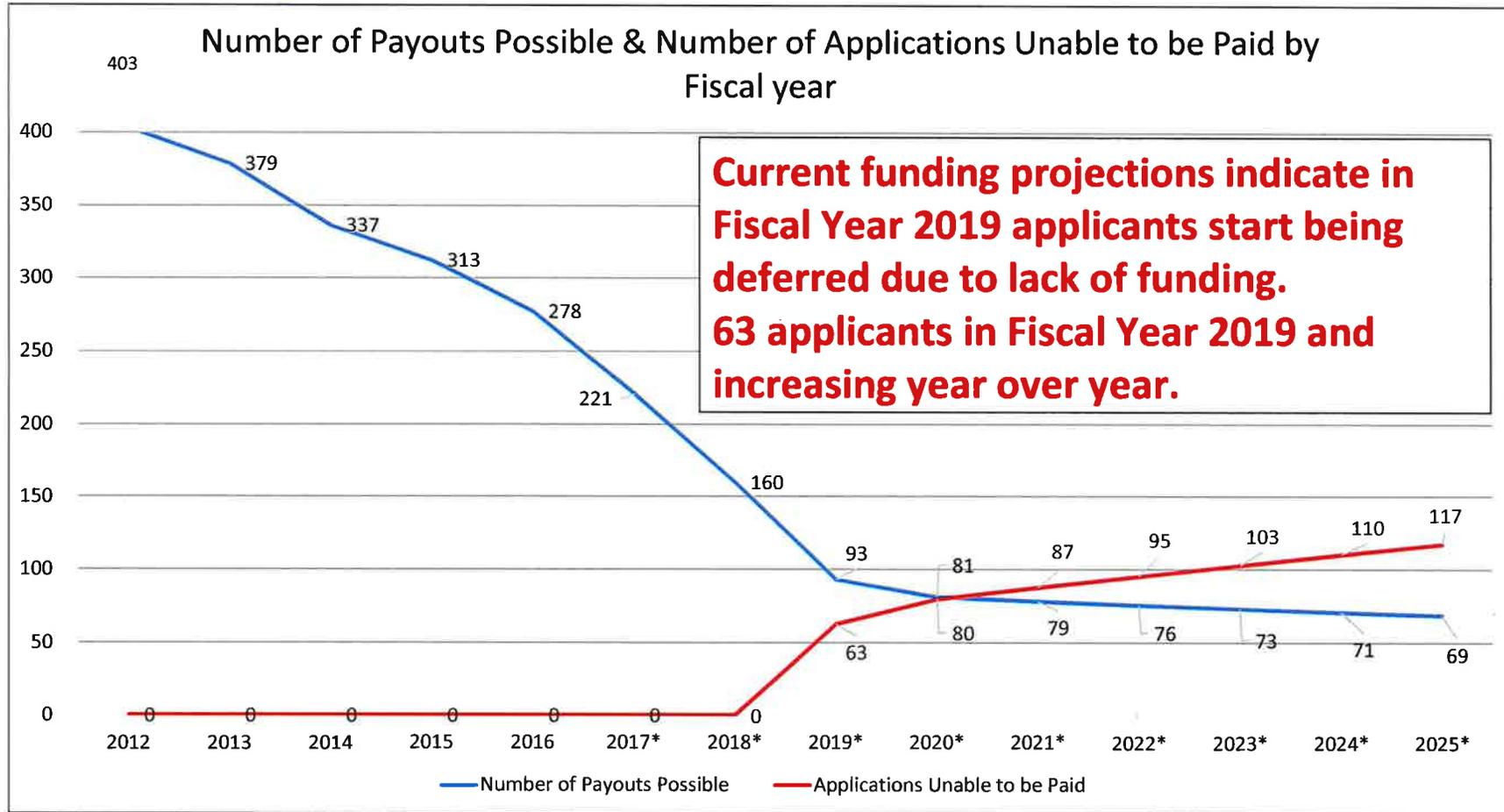
Cooper/Sams Volunteer Ambulance Award Program Status Report

The available funds in the Cooper/Sams Volunteer Ambulance Trust Account is \$870,297.95. The appropriation from the general fund is \$611,000.00 per year. The average payout for applicants is increasing and the number of volunteers retiring is also increasing. The combination of these factors leaves this program severely underfunded.

- In 2010, by legislative action, \$6,182,000.00 was removed from the Cooper/Sams Volunteer Ambulance Trust Account and transferred to the general fund. That amount was never restored to the Account.
- In Fiscal Year 2019 the Cooper/Sams Volunteer Ambulance Trust Account balance is projected to be \$0.
- In Fiscal year 2019 the EMSRB is expecting to be unable to pay 63 applicants due to lack of funding. The number of unpaid applicants will increase year over year.



2010 legislative action removed \$6,182,000.00 from the Cooper/Sams volunteer ambulance trust account.



Cooper/Sams Data

Fiscal Year	Number of Cooper Sams Applicants	Average Payout	Payout Amount	Base Compensation	Trust fund Balance	Number of Payouts Possible	Applications Unable to be Paid
2006	91	\$ 3,692.00	\$ 335,944.00	\$ 611,000.00			
2007	93	\$ 4,168.00	\$ 387,652.66	\$ 611,000.00	\$ 7,237,638.74	1,883	0
2008	113	\$ 4,625.00	\$ 522,675.65	\$ 611,000.00	\$ 7,512,694.74	1,756	0
2009	148	\$ 4,533.00	\$ 670,874.43	\$ 611,000.00	\$ 7,736,042.08	1,841	0
2010	153	\$ 4,655.00	\$ 712,194.81	\$ 611,000.00	\$ 7,824,366.43	1,812	0
2011	144	\$ 4,833.00	\$ 695,917.10	\$ 611,000.00	\$ 7,764,492.00	1,733	0
2012	141	\$ 5,437.00	\$ 765,544.56	\$ 611,000.00	\$ 1,582,492.00	403	0
2013	119	\$ 5,358.00	\$ 637,156.32	\$ 611,000.00	\$ 1,420,815.16	379	0
2014	122	\$ 5,577.00	\$ 680,444.28	\$ 611,000.00	\$ 1,266,270.60	337	0
2015	122	\$ 5,922.00	\$ 740,814.95	\$ 611,000.00	\$ 1,240,114.28	313	0
2016	141	\$ 6,419.00	\$ 905,079.00	\$ 611,000.00	\$ 1,170,670.00	278	0
2017*	146	\$ 6,691.00	\$ 976,886.00	\$ 611,000.00	\$ 870,297.00	221	0
2018*	151	\$ 6,963.00	\$ 1,051,413.00	\$ 611,000.00	\$ 504,411.00	160	0
2019*	156	\$ 7,235.00	\$ 1,128,660.00	\$ 611,000.00	\$ 63,998.00	93	63
2020*	161	\$ 7,507.00	\$ 1,208,627.00	\$ 611,000.00	\$0	81	80
2021*	166	\$ 7,779.00	\$ 1,291,314.00	\$ 611,000.00	\$0	79	87
2022*	171	\$ 8,051.00	\$ 1,376,721.00	\$ 611,000.00	\$0	76	95
2023*	176	\$ 8,323.00	\$ 1,464,848.00	\$ 611,000.00	\$0	73	103
2024*	181	\$ 8,595.00	\$ 1,555,695.00	\$ 611,000.00	\$0	71	110
2025*	186	\$ 8,867.00	\$ 1,649,262.00	\$ 611,000.00	\$0	69	117

*Shaded rows are projections based on current trends

EMSRB Budget Summary Highlights

For FY 2015 – FY 2017 (7/1/2014 – 6/30/2017)

August 25, 2016

FY 2015 & FY 2017 Budget Status:

Total Expenses	FY 2015	FY 2016	FY 2017
OPERATIONS	Actual	Actual	Estimate
EMSRB Operations	\$1,099,581.93	\$1,026,721.33	\$1,360,000.00
Board Expense Operations	\$27,261.38	Moved to EMS Operations	
State Regional Grants Operations	\$32,320.39		
Longevity Operations	\$99,899.24	\$75,504.26	\$89,000.00
MRCC – Administrative Costs *	\$71,486.31	\$55,905.98	\$68,300.00
EMSC Partnership Indirect Cost	\$1,832.00	\$1,887.00	\$1,944.00
Community Medical Response EMT	N/A	\$31,999.66	\$31,000.00
Total Operations	\$1,332,381.25	\$1,192,018.23	\$1,550,244.00
REGIONAL GRANTS			
State EMS Regional Grants	\$585,000.00	\$585,000.00	\$585,000.00
EMS Seat Belt Grants *	\$616,785.30	\$860,937.51	\$631,800.00
Total Regional Grants	\$1,201,785.30	\$1,445,937.51	\$1,216,800.00
GRANTS / CONTRACTS			
Volunteer Education Reimbursement *	\$423,243.68	\$361,000.00	\$361,000.00
Ebola Grant	N/A	\$148,000.00	N/A
MRCC Communication Center Grant	\$614,700.00	\$614,700.00	\$614,700.00
EMSC Partnership Grant	\$169,755.94	\$117,900.57	\$128,056.00
Total Grants / Contracts	\$1,207,699.62	\$1,241,600.57	\$1,103,756.00
LONGEVITY AWARDS			
Longevity Awards	\$740,814.95	\$911,373.22	\$611,000.00
Total Longevity Awards	\$740,814.95	\$911,373.22	\$611,000.00
MISCELLANEOUS			
MNSTAR Forms*	\$21,093.18	\$18,495.95	\$23,000.00
Special Donations – Gift Fund *	\$0.00	\$0.00	\$50.00
Total Miscellaneous Receipts/Gifts	\$21,093.18	\$1,080.79	\$23,050.00
Total Appropriation	\$ 4,771,453.91	\$4,792,010.32	\$4,504,850.00
Total Spent	\$ 4,771,453.91	\$4,792,010.32	\$4,504,850.00
Total Carried Forward to next year	\$0.00	\$242,054.13	\$0.00
Total Encumbered	\$0.00	\$9,329.72	\$0.00

FY 2016 - July 1, 2015-June 30, 2016

- Any unspent FY 2016 funds carry forward to FY 2017. At the end of FY 2017 unspent funds will cancel to the fund balance at final close mid-August 2017.
- *These are special revenue accounts that have authority to carry forward unspent funds to the next fiscal year – unspent funds do not cancel.

FY 2017 Total Operation Expenses - Budget

Salary & Fringe & Per Diem	66.60%	Agency Provided PT Services	16.40%
Rent	4.40%	Central MN.IT Services	2.88%
Printing	.19%	Supplies	2.00%
Communications/Computer Serv	1.38%	Equipment	0.34%
In state/Out state Travel	4.34%	Repairs/Maintenance	0.19%
Employee Development	0.25%	Other Operations	0.72%
Professional/Tech Services	0.31%	Total	100.00%

FY 2017 Total Grants/Awards - Budget

Awards to Individuals	Longevity Awards	21.02%
Education Reimbursement	Volunteer Education Reimbursement	12.42%
Aids to Counties	State Regional/Seat Belt/MRCC/Federal Grants	18.52%
Aids to Other Governments	State Regional/Seat Belt/MRCC/Federal Grants	23.44%
Aids to Non Governments	State Regional/Seat Belt/MRCC/Federal Grants	24.60%
Total		100.00%

Volunteer Education Reimbursement	FY 2014	FY 2015	FY 2016	FY 2017
Grants Paid Out	\$298,756.30	\$361,000.00	\$361,000.00	\$361,000.00
Grants transferred to eight regions	\$62,243.70	\$0.00	\$0.00	\$0.00

- Longevity Awards
 - Application due in October – Payments processed spring (March) each year
 - If the total award exceeds \$611,000.00 base budget – stock is sold from the investment account through the Board of Investments
- Volunteer Education Reimbursement
 - Base budget \$361,000.00 – unspent funds at end of fiscal year carry forward to be granted to the eight regional programs

<http://mn.gov/boards/emsrb>

AT A GLANCE

- 10% of Minnesota's population receives emergency medical services annually
- 86,943 square miles of around-the-clock, 9-1-1 ambulance response coverage
- 285 licensed ambulance services operating 846 vehicles across the state
- 323 ambulance service licenses issued (some ambulance services possess multiple licenses)
- 161 ambulance services and 423 vehicles are inspected annually
- 157 approved emergency medical services education programs
- 29,378 certified emergency medical services personnel
- Nearly 900 applicant disclosures reviewed annually
- 54 investigations completed in response to allegations of misconduct pertaining to individuals and entities subject to the agency's jurisdiction
- 62% of the 285 licensed ambulance services are estimated to be volunteer or combination paid / volunteer
- 71% of the EMS Regulatory Board's total budget is disbursed to the emergency medical services community
- 10 full-time employees across the state

PURPOSE

The mission of the Minnesota Emergency Medical Services (EMS) Regulatory Board (Board) is to protect the public's health and safety through regulation and support of the EMS system. We are the lead agency in Minnesota responsible for certifying EMS personnel, licensing and inspecting ambulance services, and approving and auditing education programs. We also investigate all complaints and allegations of misconduct involving those individuals and entities subject to our jurisdiction. Our services start prior to the 9-1-1 call requesting response to a medical emergency: we safeguard the quality of care delivered by EMS personnel by ensuring the delivery of nationally-recognized education and testing standards.

We make certain that ambulance services are safe, reliable, and available around-the-clock in metropolitan areas and in Greater Minnesota. Areas with small population bases often rely on volunteer EMS personnel to cover the cost of providing continuous ambulance service. Recruitment and retention of these volunteers continues to be stretched by an anticipated decrease in population in 74 counties through 2025. At the same time, the elderly population, which generally requires more complex care, is increasing. We work with these services and communities to implement realistic solutions proven successful by other services assisted by this agency.

We coordinate ambulance and EMS assets and communication as part of our responsibilities during a natural or human-caused disaster or emergency.

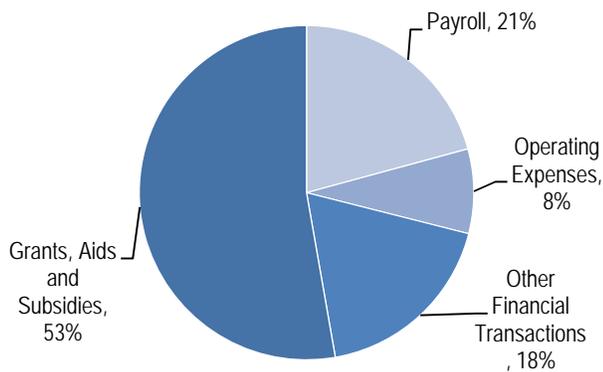
The Board has formed committees and workgroups to aid in the execution of its mission. One such committee is the Medical Direction Standing Advisory Committee, which is comprised of physicians experienced in emergency medicine and emergency medical services and is led by a Board member/emergency physician who serves as the State's EMS Medical Director. This committee discusses, evaluates, and recommends improvements in matters pertaining to the delivery of pre-hospital emergency care.

Our agency services include distributing state and federal grant funds that support the EMS community with retention and recruitment of EMS personnel, ambulance/hospital communications, education reimbursement, equipment acquisition, and improving the pediatric care infrastructure. Our service delivery continues with assessing and advising rural ambulance services and their managers, and it concludes with reinforcing quality care through inspections and audits, complaint reviews and investigations, and intervention of both a discipline and non-discipline nature.

By providing the necessary support to those individuals and entities that we regulate, we believe strongly that our contributions ensure that **all Minnesotans have continuous, consistent, and safe emergency medical services available when the need arises.**

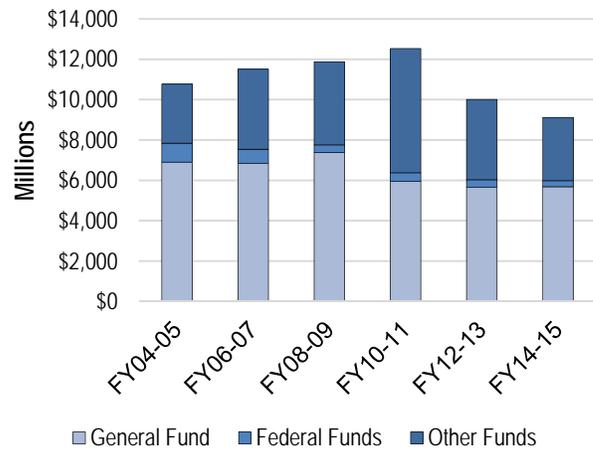
BUDGET

Spending by Category
FY 15 Actual



Source: BPAS

Historical Spending



Source: Consolidated Fund Statement

The board budget is from a variety of sources: general fund, dedicated funds, federal grants and fines for seat-belt violations. Because the EMS system in Minnesota is heavily dependent on a diminishing pool of volunteers, particularly in rural areas, there is no fee for certification, thereby preventing the EMSRB from becoming fee-supported. A majority of the agency's budget is dedicated to grant programs to support volunteer ambulance services. Administrative expenses of the EMSRB accounts for 8% of its budget expenditures (13 full-time equivalent employees).

STRATEGIES

To accomplish its mission of protecting the public's health and safety, the Emergency Medical Services (EMS) Regulatory Board uses the following strategies:

1. **Regulation**
 - a. Establish and enforce standards and requirements for ambulance services, EMS personnel, and education programs.
 - b. License ambulance services, credential EMS personnel, and approve education programs.
2. **Prevention**
 - a. Conduct educational compliance seminars.
 - b. Communicate compliance requirements to medical and ambulance service directors to reduce compliance issues.
 - c. Conduct rural ambulance assessments to help those services in Greater Minnesota obtain and maintain operational and organizational success.
3. **Compliance and Discipline**
 - a. Conduct on-site inspections of ambulance services and vehicles.
 - b. Investigate complaints, allegations of misconduct, and self-reported violations in a fair and timely manner, ensuring that the subjects of those investigations receive the necessary due process.

- c. Review evidence to determine appropriate action through the agency's Complaint Review Panel, which is a subset of our Board and supported by advice from the Attorney General's Office and agency staff.
 - d. Collaborate with the Health Professionals Services Program for matters involving impaired professionals.
4. **Support of the EMS System**
- a. Educate the public, EMS personnel, ambulance services, and education programs about certification and licensing requirements and responsibilities, ethical standards, and the complaint resolution process.
 - b. Distribute state and federal grant funds that support the EMS community with retention and recruitment of personnel, ambulance/hospital communications, education reimbursement, equipment acquisition, and improving the pediatric care infrastructure.
 - c. Continue to reach out to our wider audience: the public, employers, and ethnically-diverse populations.
5. **Maximize Technology and Online Services**
- a. Use technology to maximize efficiencies, improve customer service, increase data security, and decrease costs.
 - b. Provide free, 24/7 online application and renewal process, license and certification look-up, and access to public data on adverse license and certification actions.
6. **Risk Assessment and Continuous Improvement**
- a. Evaluate performance through customer surveys, research, and data analysis.
 - b. Identify trends in the EMS industry that may need new or improved support, standards, or oversight to ensure the public is protected.
 - c. Conduct system reviews and audits of fees, expenditures, receipts, and disbursements; improve systems as appropriate.
 - d. Engage public and private expertise and input. Our board, committees, and work groups are comprised of volunteers representing EMS physicians and personnel, educators, and stakeholders from public, private, and non-profit organizations. This is important because EMS has touch points in every part of the health care system, and these subject matter experts help identify issues and craft solutions.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of EMS Personnel credentialed by the Emergency Medical Services Regulatory Board	31,902	29,378	FY 2014 & FY 2016
Quality	Average time from receipt of completed application to issuance of credentials	3 days	3 days	FY 2014 & FY 2016
Quantity	Requests for ambulance services statewide	542,462	596,536	FY 2014 & FY 2016
Quantity	Number of ambulance services receiving correction orders	78	39	FY 2014 & FY 2016
Quality	Percentage of correction orders resolved within 60 days	80%	88%	FY 2014 & FY 2016
Quality	First-Time Pass Rate - Minnesota Students NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS Certification Examination	80%	80%	FY 2014 & FY 2016
Quality	First-Time Test Pass Rate – National Average NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS Certification Examination	72%	72%	FY 2014 & FY 2016
Quality	Prompt Payments to Grantees (within 45 days)	72%	96%	FY 2014 & FY 2016
Quantity	Number of investigations completed in response to allegations of misconduct	72	54	FY 2014 & FY 2016
Quality	Resolution Cycle: Percentage of investigations resolved within 12 months	100%	100%	FY 2014 & FY 2016

Ambulance Inspections and Correction Orders

1 Ambulance Inspections Quarterly	Calendar Year 2015				Calendar Year 2016			
Date: August 30, 2016	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Inspections Performance Success:	72.50%	95.00%	112.20%	56.10%	25.00%	52.50%	9.76%	
Average Total Inspections Due:	40	40	41	41	40	40	41	41
Total Inspections Complete:	29	38	46	23	10	21	4	
Difference from Inspections Due:	-11	-2	5	-18	-30	-19	-37	
Inspections Processed Year to Date:	29	67	113	136	10	31	35	

324 Inspections Due	Calendar Yrs 2015/2016	% Complete/Remain
Total Inspections Complete	171	53%
Inspections Remaining	153	47%

2 Correction Orders Quarterly	Calendar Year 2015				Calendar Year 2016			
Date: August 30, 2016	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Number of Correction Orders Issued	31	26	36	4	17	16	6	
Correction Orders Year to Date	31	57	93	97	17	33	39	

Breakdown of Correction Orders for Third Quarter of 2016 to Date	
Description	Number
Expired Medications or Supplies	2
No Equipment Maintenance, or Documentation on File	2
Collection & Reporting of MNSTAR Data	1
Non-Certified Personnel	1

Ambulance Licenses

3 Ambulance Licenses Quarterly	Calendar Year 2015				Calendar Year 2016				
	Date: August 30, 2016	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%	100.00%	100.00%	
Total License Applications Due:	24	39	45	69	34	46	27		
Total License Applications Complete:	24	39	45	69	34	46	27		
Difference from Licenses Due:	0	0	0	0	0	0	0		
Renewal Licenses - Completed to Date:	24	63	108	177	34	80	107		

324 Ambulance Licenses	Calendar Year 2015	Calendar Year 2016
Total Renewals	177	107
% Complete	100.00%	100.00%
*All Ambulance license renewals due in quarter 3 were completed during quarter 2, in preparation for e-license system transition.		
Licenses to Renew	177	107

New Licenses - Performance Success:	Calendar Year 2015				Calendar Year 2016			
	Quarter	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q*
Application Received :	0	0	0	0	3	0	0	
Total License Applications Complete:	1	0	0	0	0	0	0	
New Licenses - Issued :	1	0	0	0	0	0	0	

	Calendar Year 2015	Calendar Year 2016
Total New Licenses	1	0

Complaints and Investigations

4 Complaints / Investigations	Calendar Year 2015				Calendar Year 2016			
	Date: August 30, 2016	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q
Total Completed Investigations:	18	7	26	18	4	8	1	
Day Range: 1-120	18	7	26	16	4	8	1	
Day Range: 121+	0	0	0	2	0	0	0	

Investigations	Calendar Year 2015	Calendar Year 2016
Total Investigations	69	13
% Complete by 120 Days	97.10%	100.00%

Breakdown of Investigations for Third Quarter of 2016 to Date		
Description	Number	
Termination/Resignation in Lieu of Termination		3
Patient Care	2	
Employment Issues	1	
Drug/Alcohol Use		2
Alcohol	1	
Drug	1	
Drug Diversion	0	
Patient Care		3
Charged with or Convicted of Reportable Crime		1
Felony	0	
Misdemeanor	1	
Total		9

CRP Case Reviews and EMS Personnel Using HPSP

5 CRP Case Reviews (Disclosures)	Calendar Year 2015				Calendar Year 2016			
	Date: August 30, 2016	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q
Total Cases Reviewed:	319	195	137	185	271	305	54	

CRP Case Review	Calendar Year 2015	Calendar Year 2016
Total Cases Reviewed	836	630

6 EMS Personnel using HPSP Services	Calendar Year 2015				Calendar Year 2016			
	Date: August 30, 2016	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q
Number of EMS Personnel using HPSP		16*	18*			12	14	
Voluntary / Self-Reporting		8*				7	9	
Referred by Complaint Review Panel		8*				5	5	

*Numbers provided as per HPSP Fiscal Year Report

Regional Grant Payments

7 EMS Regions Grants	Calendar Year 2015				Calendar Year 2016			
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Date: August 30, 2016								
Total Grant Reimbursements Processed:	64	55	70	59	51	45	27	
*Day Range: 1-45	55	52	70	59	48	44	27	
*Day Range: 46-50	2	2	0	0	0	0	0	
*Day Range: 51+	7	1	0	0	3	1	0	

EMS Regional Grants	Calendar Year 2015	Calendar Year 2016
Total Grant Payments	248	123
% Complete by 45 days	95.16%	96.75%

Testing Pass Rates

8	Certifications: NREMT 1st Time Pass Rates	Calendar Year 2015				Calendar Year 2016			
		1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Date: August 30, 2016									
State									
Total Certifications Attempts		133	380	272	211	169	416	95	
Passed		104	304	210	179	122	325	70	
Percentage		78%	80%	77%	85%	72%	78%	74%	
National									
Total Certifications Attempts		7,469	16,621	12,351	12,409	9,988	23,256	5,317	
Passed		5,278	11,576	9,145	9,158	6,882	16,372	4,258	
Percentage		71%	70%	74%	74%	69%	70%	80%	

Certifications: 1st time pass rates on certifications has a goal of 70% and above

State Certifications	Calendar Year 2015	Calendar Year 2016
Total Certification Attempts	996	680
1st Time Pass %	80.02%	76.03%

National Certifications	Calendar Year 2015	Calendar Year 2016
Total Certification Attempts	48,850	38,561
1st Time Pass %	71.97%	71.35%

Certifications: 1st time pass rates on certifications has a goal of 70% and above

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

Certification, Registration, and License Count

9 Certification, Registration, and License Count	Calendar Year 2015				Calendar Year 2016			
Date: August 30, 2016	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Total Certifications, Registrations, and Licenses on Record:	29,437	30,537	31,711	27,413	27,440	29,378	29,553	
Community Paramedic	93	97	102	109	113	124	125	
EMT / EMT-Basic	9,235	9,573	10,038	10,295	9,104	9,656	9,751	
EMT-Intermediate / AEMT	75	77	80	82	24	28	28	
EMT-Paramedic / Paramedic	2,762	2,856	2,926	2,992	2,810	2,954	2,959	
Emergency Medical Responder	17,272	17,934	18,565	13,935	15,389	16,616	16,690	
Approved Education Programs	156	156	157	158	154	156	158	
Medical Response Units	44	44	45	16	24	28	27	
Licensed Ambulance Services	325	325	325	324	324	322	322	
Number Individual Ambulance Service Agencies*	223	223	223	223	222	222	222	

*Some agencies operate multiple licenses

Manual Certifications and Registrations

10 Manual Certifications and Registrations	Calendar Year 2015				Calendar Year 2016			
Date: August 30, 2016	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Number of Manual Applications Received	N/A	N/A	N/A	N/A	N/A	N/A	577	
Approved	N/A	N/A	N/A	N/A	N/A	N/A	398	
Disclosure	N/A	N/A	N/A	N/A	N/A	N/A	15	
Waiting For NREMT	N/A	N/A	N/A	N/A	N/A	N/A	41	
Waiting for CEUs	N/A	N/A	N/A	N/A	N/A	N/A	0	
Waiting for Education Program	N/A	N/A	N/A	N/A	N/A	N/A	94	
Problem Applications	N/A	N/A	N/A	N/A	N/A	N/A	16	
Denied	N/A	N/A	N/A	N/A	N/A	N/A	9	
Withdrawn by Applicant	N/A	N/A	N/A	N/A	N/A	N/A	4	
Number of Applications in Process	N/A	N/A	N/A	N/A	N/A	N/A	166	

Manual Certification and Registration Summary	Calendar Year 2016
Total Applications Received	577
Total Applications Processed	411
Average Number of Days Before Applications are Reviewed	2.5

Ambulance Standards Work Group

Update Report to the EMSRB

Friday September 9, 2016

The ambulance standards work group met on Tuesday August 30, 2016, to continue discussion on recommending implementation of updated ambulance manufacturing standards in Minnesota. The work group has been in communication with specific standard development bodies for some clarifying information for implementation and possible exceptions to specific requirements in Minnesota. The work group is also seeking cost figures from ambulance vendors for implementation of standards that include ambulance safety features such as the “cot retention systems” and other important patient and crew safety features included in the three recognized ambulance build standards. The next meeting scheduled for the work group is Tuesday October 18, 2016 @ 10:00am – EMSRB offices.

The work group expects to bring a recommendation to the Board at their November 2016 meeting.

HPSP Monthly Case Allocation Report

Begin Dat

Report Date: 8/1/2016

End Date

Board	Profession	All	Closed	EF Signed*	Active	Allocation
Behavioral Health and Therapy						
	Licensed Prof. Clinical Counselor	8	0	1	3	4
	Licensed Professional Counselor	16	0	0	0	0
	Board Total	24	0	1	3	4
Behavioral Health and Therapy-2						
	LADC	207	1	3	19	22
	Board Total	207	1	3	19	22
Benha						
	Administrator	8	0	0	0	0
	Board Total	8	0	0	0	0
Chiropractic Examiners						
	Chiropractor	227	2	1	7	8
	Board Total	227	2	1	7	8
Dentistry						
	Dental Asst.	280	0	1	12	13
	Dental Hyg.	177	2	1	7	8
	Dental Therapist	4	0	0	0	0
	Dentist	234	0	0	10	10
	Board Total	695	2	2	29	31
Department of Health						
	Alternative Medicine Providers	3	0	0	0	0
	Audiologists	1	0	0	0	0
	Hearing Instrument Dispencers	2	0	0	1	1
	OTA's	6	0	0	0	0
	OT's	24	1	0	6	6
	Speech/Language Pathologists	9	0	0	0	0
	Board Total	45	1	0	7	7

Board	Profession	All	Closed	EF Signed*	Active	Allocation
Dietetics and Nutrition						
	Licensed Dietitian	10	0	0	4	4
	Licensed Nutritionist	0	0	0	0	0
	Board Total	10	0	0	4	4
EMS						
	AEMT	0	0	0	0	0
	CMPA	0	0	0	0	0
	EMR	36	0	0	0	0
	EMTI	8	1	1	4	5
	EMTN	97	0	0	2	2
	EMTP	65	0	0	6	6
	Board Total	206	1	1	12	13
Marriage & Family Therapy						
	Licensed Marriage & Fam. Therapist	31	0	0	2	2
	Board Total	31	0	0	2	2
Medical Practice						
	Acupunct.	4	0	0	0	0
	Athletic Trainer	13	0	0	0	0
	Phys. Asst.	76	0	0	6	6
	Phys. Therap.	0	0	0	0	0
	Physician	1129	5	3	77	80
	RCP	102	1	0	4	4
	Resident	45	0	0	1	1
	Board Total	1369	6	3	88	91
Nursing						
	LPN	1238	7	3	48	51
	RN	3301	12	16	247	263
	Board Total	4539	19	19	295	314
Office of Mental Health Practice (Social						
	Unlicensed Mental Health Practitioner	5	0	0	0	0
	Board Total	5	0	0	0	0

Board	Profession	All	Closed	EF Signed*	Active	Allocation
Optometry						
	Optometrist	15	0	0	0	0
	Board Total	15	0	0	0	0
Pharmacy						
	Intern	11	0	0	1	1
	Pharmacist	215	3	1	18	19
	Tech	62	1	1	4	5
	Board Total	288	4	2	23	25
Physical Therapy						
	Physical Therapist	94	0	0	9	9
	PT Assistant	31	1	0	3	3
	Board Total	125	1	0	12	12
Podiatric Medicine						
	Podiatrist	12	0	0	1	1
	Resident	0	0	0	0	0
	Board Total	12	0	0	1	1
Psychology						
	Psychologist	71	2	0	5	5
	Board Total	71	2	0	5	5
Social Work						
	LGSW	45	0	0	8	8
	LICSW	73	0	1	5	6
	LISW	7	0	0	2	2
	LSW	85	1	3	5	8
	Board Total	210	1	4	20	24
Veterinary Medicine						
	Veterinarian	58	0	0	6	6
	Board Total	58	0	0	6	6
	Total	8145	40	36	533	569

HPSP Report - Discharges by Board and Profession

Case Closed Date From: 7/1/2016

Report Date: 8/1/2016

To: 7/31/2016

Board	Profession	Discharge Category	Counts
Behavioral Health and Therapy-2			
	LADC		
		Non-Compliance	1
			Board Total: 1
Chiropractic Examiners			
	Chiropractor		
		Completion	1
		Non-Compliance	1
			Board Total: 2
Dentistry			
	Dental Hyg.		
		Non-Jurisdictional	2
			Board Total: 2
Department of Health			
	OT's		
		Non-Cooperation	1
			Board Total: 1
EMS			
	EMTI		
		Non-Jurisdictional	1
			Board Total: 1
Medical Practice			
	Physician		
		Completion	1
		Deceased	1
		Ineligible - Not Monitored	2
		No Contact	1
	RCP		
		Non-Cooperation	1
			Board Total: 6
Nursing			
	LPN		

HPSP Report - Referrals by Board and Profession

Begin Date: 7/1/2016

End Date: 7/31/2016

Report Date: 8/1/2016

Board	Profession	Referral Source	Counts
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Behavioral Health and Therapy

	Licensed Prof. Clinical Co	Self-Report	1
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Board Total 1

Chiropractic Examiners

	Chiropractor	Board - Eligibility for Monitoring	1
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Board Total 1

Dentistry

	Dental Asst.	Board - Eligibility for Monitoring	3
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	Dental Hyg.	Board - Eligibility for Monitoring	1
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Board Total 4

Department of Health

	OT's	Board Action	1
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	OT's	Self-Report	1
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Board Total 2

EMS

	EMTI	Self-Report	1
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Board Total 1

Medical Practice

	Phys. Asst.	Board Action	1
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	Physician	Board - Eligibility for Monitoring	1
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	Physician	Self-Report	1
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Board Total 3

Nursing

	LPN	Self-Report	1
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	LPN	Board Action	3
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	LPN	Third Party	2
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	RN	Board - Eligibility for Monitoring	2
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Board	Profession	Referral Source	Counts
	RN	Board Action	3
	RN	Self-Report	7
	RN	Third Party	1
	LPN	Board - Eligibility for Monitoring	1
Board Total			20
Pharmacy			
	Tech	Self-Report	1
Board Total			1
Physical Therapy			
	Physical Therapist	Self-Report	1
	PT Assistant	Board - Eligibility for Monitoring	1
Board Total			2
Social Work			
	LICSW	Self-Report	1
	LGSW	Board - Eligibility for Monitoring	1
Board Total			2
Total:			37

Board	Profession	Discharge Category	Counts
		No Contact	1
		Non-Compliance	3
		Non-Cooperation	2
	RN	Non-Jurisdictional	1
		No Contact	2
		Completion	6
		Non-Cooperation	2
		Non-Jurisdictional	1
		Non-Compliance	1
		Board Total:	19
Pharmacy			
	Pharmacist		
		Completion	1
		Voluntary Withdrawal	1
		No Contact	1
	Tech		
		Completion	1
		Board Total:	4
Physical Therapy			
	PT Assistant		
		Non-Compliance	1
		Board Total:	1
Psychology			
	Psychologist		
		Completion	2
		Board Total:	2
Social Work			
	LSW		
		Non-Jurisdictional	1
		Board Total:	1
		Total:	40

HPSP Monthly Case Allocation Report

Begin Dat
 End Date

Report Date: 8/31/2016

Board	Profession	All	Closed	EF Signed*	Active	Allocation
Behavioral Health and Therapy						
	Licensed Prof. Clinical Counselor	8	2	1	2	3
	Licensed Professional Counselor	16	0	0	0	0
	Board Total	24	2	1	2	3
Behavioral Health and Therapy-2						
	LADC	210	6	2	16	18
	Board Total	210	6	2	16	18
Benha						
	Administrator	8	0	0	0	0
	Board Total	8	0	0	0	0
Chiropractic Examiners						
	Chiropractor	227	1	0	6	6
	Board Total	227	1	0	6	6
Dentistry						
	Dental Asst.	280	1	1	12	13
	Dental Hyg.	178	3	2	6	8
	Dental Therapist	4	0	0	0	0
	Dentist	235	0	1	11	12
	Board Total	697	4	4	29	33
Department of Health						
	Alternative Medicine Providers	3	0	0	0	0
	Audiologists	1	0	0	0	0
	Hearing Instrument Dispencers	2	1	0	0	0
	OTA's	6	0	0	0	0
	OT's	24	0	1	7	8
	Speech/Language Pathologists	9	0	0	0	0
	Board Total	45	1	1	7	8

*: Enrollment Form Signed

Board	Profession	All	Closed	EF Signed*	Active	Allocation
Dietetics and Nutrition						
	Licensed Dietitian	10	0	0	4	4
	Licensed Nutritionist	0	0	0	0	0
	Board Total	10	0	0	4	4
EMS						
	AEMT	0	0	0	0	0
	CMPA	0	0	0	0	0
	EMR	37	0	0	0	0
	EMTI	8	0	0	4	4
	EMTN	97	0	0	2	2
	EMTP	66	0	1	7	8
	Board Total	208	0	1	13	14
Marriage & Family Therapy						
	Licensed Marriage & Fam. Therapist	31	0	0	2	2
	Board Total	31	0	0	2	2
Medical Practice						
	Acupunct.	4	0	0	0	0
	Athletic Trainer	13	0	0	0	0
	Phys. Asst.	76	0	1	7	8
	Phys. Therap.	0	0	0	0	0
	Physician	1133	1	0	76	76
	RCP	103	0	1	5	6
	Resident	45	0	0	1	1
	Board Total	1374	1	2	89	91
Nursing						
	LPN	1246	2	8	54	62
	RN	3323	13	15	250	265
	Board Total	4569	15	23	304	327
Office of Mental Health Practice (Social						
	Unlicensed Mental Health Practitioner	5	0	0	0	0
	Board Total	5	0	0	0	0

Board	Profession	All	Closed	EF Signed*	Active	Allocation
Optometry						
	Optometrist	15	0	0	0	0
	Board Total	15	0	0	0	0
Pharmacy						
	Intern	11	0	0	1	1
	Pharmacist	216	1	1	18	19
	Tech	62	0	0	4	4
	Board Total	289	1	1	23	24
Physical Therapy						
	Physical Therapist	95	1	1	9	10
	PT Assistant	32	1	1	3	4
	Board Total	127	2	2	12	14
Podiatric Medicine						
	Podiatrist	12	0	0	1	1
	Resident	0	0	0	0	0
	Board Total	12	0	0	1	1
Psychology						
	Psychologist	72	0	0	5	5
	Board Total	72	0	0	5	5
Social Work						
	LGSW	46	0	1	9	10
	LICSW	74	0	1	6	7
	LISW	7	0	0	2	2
	LSW	85	0	0	5	5
	Board Total	212	0	2	22	24
Veterinary Medicine						
	Veterinarian	58	0	0	6	6
	Board Total	58	0	0	6	6
	Total	8193	33	39	541	580

HPSP Report - Discharges by Board and Profession

Case Closed Date From: 8/1/2016

Report Date: 8/31/2016

To: 8/31/2016

Board	Profession	Discharge Category	Counts
Behavioral Health and Therapy			
	Licensed Prof. Clinical Counsel		
		Non-Jurisdictional	1
		Completion	1
Board Total:			2
Behavioral Health and Therapy-2			
	LADC		
		Completion	1
		Non-Compliance	1
		Ineligible - Monitored	2
		Non-Cooperation	1
		Non-Jurisdictional	1
Board Total:			6
Chiropractic Examiners			
	Chiropractor		
		Non-Jurisdictional	1
Board Total:			1
Dentistry			
	Dental Asst.		
		Non-Jurisdictional	1
	Dental Hyg.		
		Non-Jurisdictional	3
Board Total:			4
Department of Health			
	Hearing Instrument Dispencer		
		Non-Jurisdictional	1
Board Total:			1
Medical Practice			
	Physician		
		Non-Jurisdictional	1
Board Total:			1
Nursing			

HPSP Report - Referrals by Board and Profession

Begin Date: 8/1/2016

End Date: 8/31/2016

Report Date: 8/31/2016

Board	Profession	Referral Source	Counts
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Behavioral Health and Therapy-2

LADC		Board - Follow-Up to Diagnosis/Treatment	1
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LADC		Self-Report	1
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LADC		Board - Eligibility for Monitoring	1
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Board Total			3
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Dentistry

Dental Hyg.		Board - Eligibility for Monitoring	1
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Dentist		Self-Report	1
---------	--	-------------	---

Board Total			2
--------------------	--	--	----------

EMS

EMR		Board - Eligibility for Monitoring	1
-----	--	------------------------------------	---

EMTP		Self-Report	1
------	--	-------------	---

Board Total			2
--------------------	--	--	----------

Medical Practice

RCP		Third Party	1
-----	--	-------------	---

Physician		Board - Eligibility for Monitoring	1
-----------	--	------------------------------------	---

Physician		Self-Report	2
-----------	--	-------------	---

Physician		Third Party	1
-----------	--	-------------	---

Board Total			5
--------------------	--	--	----------

Nursing

LPN		Self-Report	2
-----	--	-------------	---

LPN		Third Party	5
-----	--	-------------	---

RN		Board - Eligibility for Monitoring	10
----	--	------------------------------------	----

RN		Board Action	3
----	--	--------------	---

RN		Self-Report	7
----	--	-------------	---

RN		Third Party	1
----	--	-------------	---

LPN		Board - Eligibility for Monitoring	1
-----	--	------------------------------------	---

Board	Profession	Referral Source	Counts
		Board Total	29
Pharmacy			
	Pharmacist	Self-Report	1
		Board Total	1
Physical Therapy			
	Physical Therapist	Board - Eligibility for Monitoring	1
	PT Assistant	Board - Eligibility for Monitoring	1
		Board Total	2
Psychology			
	Psychologist	Board - Eligibility for Monitoring	1
		Board Total	1
Social Work			
	LGSW	Self-Report	1
		Board Total	1
		Total:	46

Board	Profession	Discharge Category	Counts
	LPN	Non-Compliance	1
		Non-Jurisdictional	1
	RN	Completion	7
		Non-Compliance	1
		Ineligible - Monitored	2
		Non-Cooperation	2
		Non-Jurisdictional	1
		Board Total:	15
Pharmacy			
	Pharmacist	Completion	1
		Board Total:	1
Physical Therapy			
	Physical Therapist	Non-Compliance	1
	PT Assistant	Non-Jurisdictional	1
		Board Total:	2
		Total:	33

POLST: Provider Orders for Life Sustaining Treatment POLST

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

FIRST follow these orders, THEN contact the patient's provider. This is a provider order sheet based on the patient's medical condition and wishes. POLST translates an advance directive into provider orders. Any section not completed implies the most aggressive treatment for that section. Patients should always be treated with dignity and respect.

Last Name

First/Middle Initial

Date of Birth

Primary Care Provider/Phone

A CARDIOPULMONARY RESUSCITATION (CPR):

Check One

Patient has no pulse and is not breathing.

CPR/ATTEMPT RESUSCITATION DNR/DO NOT ATTEMPT RESUSCITATION (Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in B and C. | An automatic external defibrillator (AED) should not be used for a patient who has chosen "Do Not Attempt Resuscitation."

B GOALS OF TREATMENT:

Check One Goal

Patient has pulse and/or is breathing. See Section A regarding CPR if pulse is lost.

Additional Orders (e.g. dialysis, etc.)

COMFORT CARE — Do not intubate but use medication, oxygen, oral suction, and manual clearing of airways, etc. as needed for immediate comfort.

Check all that apply:

- In an emergency, call _____ (e.g. hospice)
- If possible, do not transport to ER (when patient can be made comfortable at residence)
- If possible, do not admit to the hospital from the ER (e.g. when patient can be made comfortable at residence)

LIMIT INTERVENTIONS AND TREAT REVERSIBLE CONDITIONS — Provide interventions aimed at treatment of new or reversible illness / injury or non-life threatening chronic conditions. Duration of invasive or uncomfortable interventions should generally be limited. (Transport to ER presumed)

Check one:

- Do not intubate
- Trial of intubation (e.g. _____ days) or other instructions: _____

PROVIDE LIFE SUSTAINING TREATMENT
Intubate, cardiovert, and provide medically necessary care to sustain life. (Transport to ER presumed)

C INTERVENTIONS AND TREATMENT

Check All That Apply

ANTIBIOTICS (*check one*):

- No Antibiotics (Use other methods to relieve symptoms whenever possible.)
- Oral Antibiotics Only (No IV/IM)
- Use IV/IM Antibiotic Treatment

NUTRITION/HYDRATION (*check all that apply*):

- Offer food and liquids by mouth (Oral fluids and nutrition must always be offered if medically feasible)
- Tube feeding through mouth or nose
- Tube feeding directly into GI tract
- IV fluid administration
- Other: _____

Additional Orders:

Provider Name (MD/DO/APRN/PA when delegated, are acceptable)

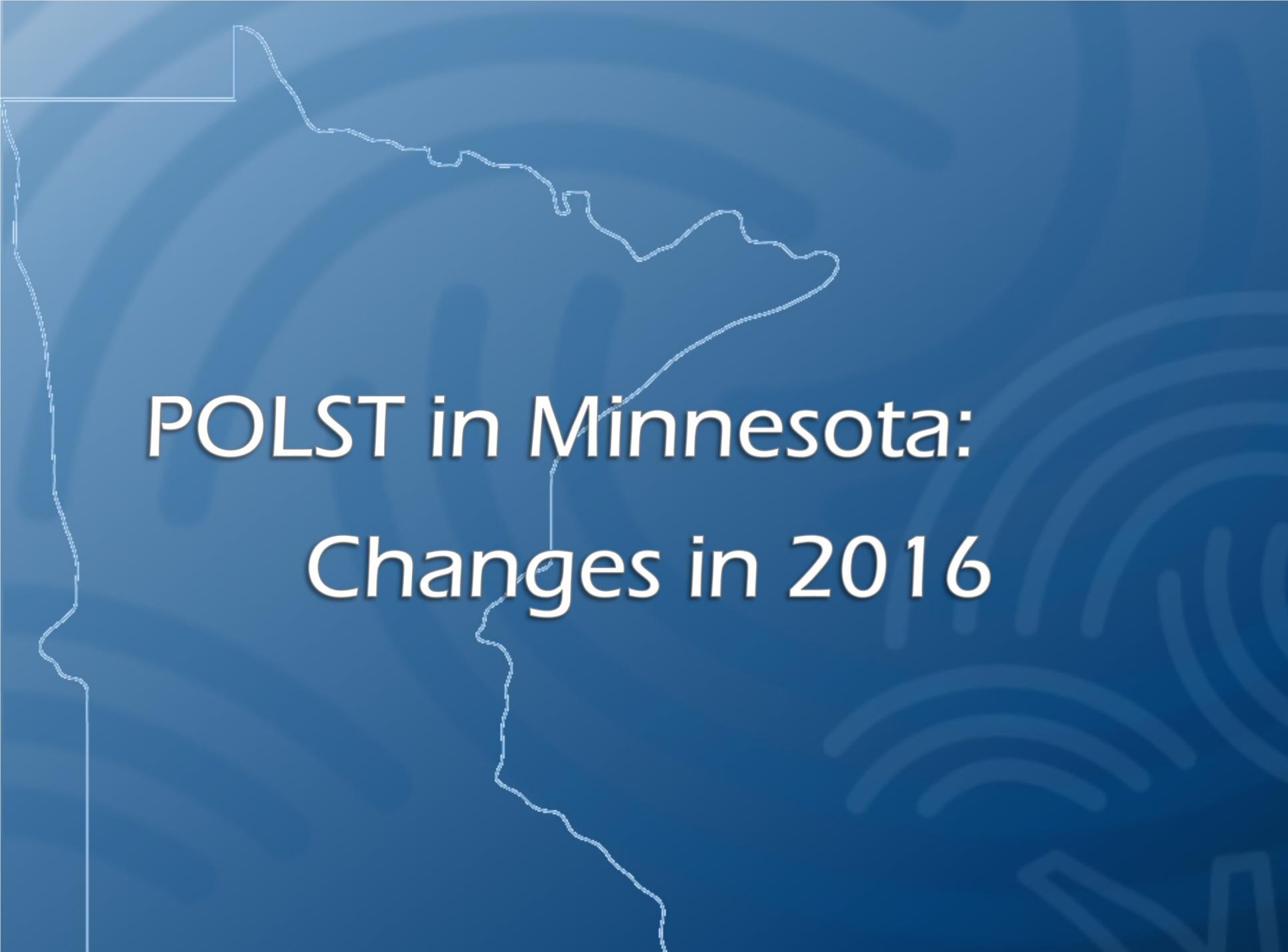
Provider Signature

Date

FAXED COPIES AND PHOTOCOPIES OF THIS FORM ARE VALID.

TO VOID THIS FORM, DRAW A LINE ACROSS SECTIONS A - D AND WRITE "VOID" IN LARGE LETTERS.

POLST



POLST in Minnesota: Changes in 2016

POLST

Provider Orders for Life Sustaining Treatment

History:

- National



- Minnesota

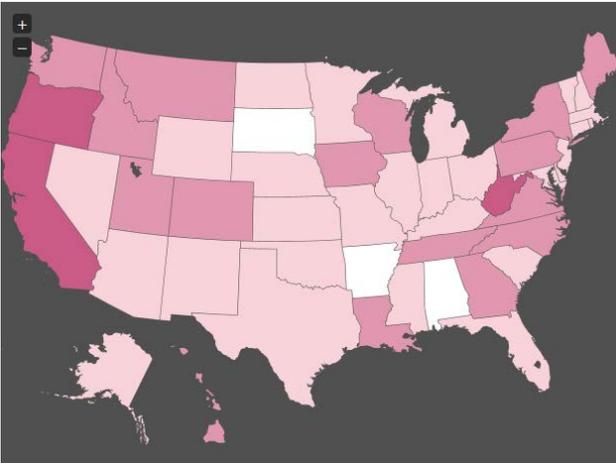


MINNESOTA
MEDICAL
ASSOCIATION



Changes:

- Meet national standards
- National endorsement



Currently:

- 19 Endorsed (3 Mature)
- 25 Developing
- 3 Non-conforming
- 3 Not (yet) developing



MINNESOTA

Provider Orders for Life-Sustaining Treatment (POLST)

Follow these orders until orders change. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section. With significant change of condition new orders may need to be written. Patients should always be treated with dignity and respect.

LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH		
PRIMARY MEDICAL CARE PROVIDER NAME		PRIMARY MEDICAL CARE PROVIDER PHONE (WITH AREA CODE)

Newly-revised Minnesota form:

A CARDIOPULMONARY RESUSCITATION (CPR) *Patient has no pulse and is not breathing.*

CHECK ONE

- Attempt** Resuscitation / CPR (Note: selecting this requires selecting "Full Treatment" in Section B).
- Do Not Attempt** Resuscitation / DNR (**Allow Natural Death**).

When not in cardiopulmonary arrest, follow orders in B.

B MEDICAL TREATMENTS *Patient has pulse and/or is breathing.*

CHECK ONE
(NOTE REQUIREMENTS)

- Full Treatment.** Use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. All patients will receive comfort-focused treatments.
TREATMENT PLAN: Full treatment including life support measures in the intensive care unit.
- Selective Treatment.** Use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. All patients will receive comfort-focused treatments.
TREATMENT PLAN: Provide basic medical treatments aimed at treating new or reversible illness.
- Comfort-Focused Treatment (Allow Natural Death).** Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.
TREATMENT PLAN: Maximize comfort through symptom management.

C DOCUMENTATION OF DISCUSSION

CHECK ALL THAT APPLY

- | | | |
|---|--|---|
| <input type="checkbox"/> Patient (<i>Patient has capacity</i>) | <input type="checkbox"/> Court-Appointed Guardian | <input type="checkbox"/> Other Surrogate |
| <input type="checkbox"/> Parent of Minor | <input type="checkbox"/> Health Care Agent | <input type="checkbox"/> Health Care Directive |

SIGNATURE OF PATIENT OR SURROGATE

SIGNATURE (STRONGLY RECOMMENDED)	NAME (<i>PRINT</i>)
RELATIONSHIP (IF YOU ARE THE PATIENT, WRITE "SELF")	PHONE (<i>WITH AREA CODE</i>)

Signature acknowledges that these orders reflect the patient's treatment wishes. Absence of signature does not negate the above orders.

D SIGNATURE OF PHYSICIAN / APRN / PA

My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.

NAME (<i>PRINT</i>) (REQUIRED)	LICENSE TYPE (REQUIRED)	PHONE (<i>WITH AREA CODE</i>)
SIGNATURE (REQUIRED)	DATE (REQUIRED)	

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. FAXED, PHOTOCOPIED OR ELECTRONIC VERSIONS OF THIS FORM ARE VALID.

Added our state name on front!



MINNESOTA

Provider Orders for Life-Sustaining Treatment (POLST)

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LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH		
PRIMARY MEDICAL CARE PROVIDER NAME	PRIMARY MEDICAL CARE PROVIDER PHONE (WITH AREA CODE)	

A **CARDIOPULMONARY RESUSCITATION (CPR)** *Patient has no pulse and is not breathing.*

CHECK ONE

Attempt Resuscitation / CPR (Note: selecting this requires selecting "Full Treatment" in Section B).

Do Not Attempt Resuscitation / DNR (**Allow Natural Death**).

When not in cardiopulmonary arrest, follow orders in B.

B **MEDICAL TREATMENTS** *Patient has pulse and/or is breathing.*

CHECK ONE (NOTE REQUIREMENTS)

Full Treatment. Use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. All patients will receive comfort-focused treatments.
TREATMENT PLAN: Full treatment including life support measures in the intensive care unit.

Selective Treatment. Use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. All patients will receive comfort-focused treatments.
TREATMENT PLAN: Provide basic medical treatments aimed at treating new or reversible illness.

Comfort-Focused Treatment (Allow Natural Death). Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.
TREATMENT PLAN: Maximize comfort through symptom management.

C **DOCUMENTATION OF DISCUSSION**

CHECK ALL THAT APPLY

Patient (*Patient has capacity*) **Court-Appointed Guardian** **Other Surrogate**
 Parent of Minor **Health Care Agent** **Health Care Directive**

SIGNATURE OF PATIENT OR SURROGATE

SIGNATURE (**STRONGLY RECOMMENDED**) NAME (*PRINT*)

RELATIONSHIP (IF YOU ARE THE PATIENT, WRITE "SELF") PHONE (*WITH AREA CODE*)

Signature acknowledges that these orders reflect the patient's treatment wishes. Absence of signature does not negate the above orders.

D **SIGNATURE OF PHYSICIAN / APRN / PA**

My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.

NAME (*PRINT*) (**REQUIRED**) LICENSE TYPE (**REQUIRED**) PHONE (*WITH AREA CODE*)

SIGNATURE (**REQUIRED**) DATE (**REQUIRED**)

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. FAXED, PHOTOCOPIED OR ELECTRONIC VERSIONS OF THIS FORM ARE VALID.

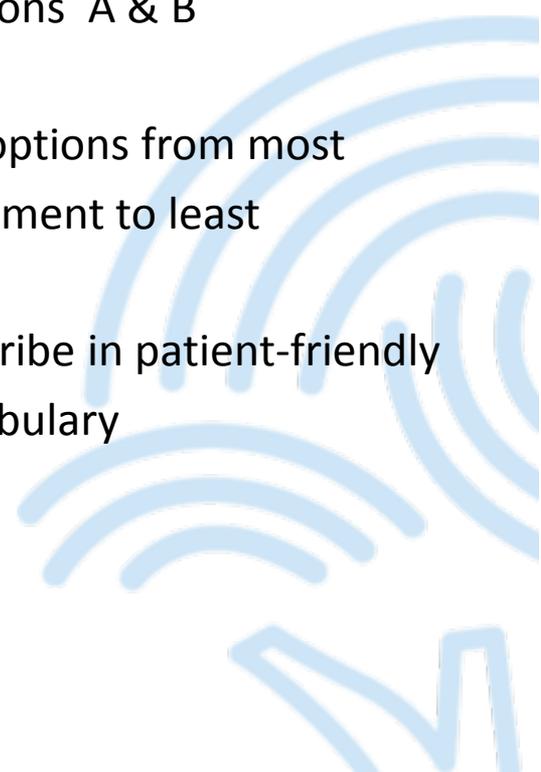
Newly-revised Minnesota form:

Sections A & B:

Indicate connection between choices made in sections A & B

List options from most treatment to least

Describe in patient-friendly vocabulary



MINNESOTA

Provider Orders for Life-Sustaining Treatment (POLST)

Follow these orders until orders change. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section. With significant change of condition new orders may need to be written. Patients should always be treated with dignity and respect.

LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH		
PRIMARY MEDICAL CARE PROVIDER NAME		PRIMARY MEDICAL CARE PROVIDER PHONE (WITH AREA CODE)

Newly-revised Minnesota form:

A **CARDIOPULMONARY RESUSCITATION (CPR)** *Patient has no pulse and is not breathing.*

CHECK ONE

Attempt Resuscitation / CPR (Note: selecting this requires selecting "Full Treatment" in Section B).

Do Not Attempt Resuscitation / DNR (**Allow Natural Death**).

When not in cardiopulmonary arrest, follow orders in B.

Sections C & D:

B **MEDICAL TREATMENTS** *Patient has pulse and/or is breathing.*

CHECK ONE
(NOTE REQUIREMENTS)

Full Treatment. Use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. All patients will receive comfort-focused treatments.
TREATMENT PLAN: Full treatment including life support measures in the intensive care unit.

Selective Treatment. Use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. All patients will receive comfort-focused treatments.
TREATMENT PLAN: Provide basic medical treatments aimed at treating new or reversible illness.

Comfort-Focused Treatment (Allow Natural Death). Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.
TREATMENT PLAN: Maximize comfort through symptom management.

Move to front to indicate importance

C **DOCUMENTATION OF DISCUSSION**

CHECK ALL THAT APPLY

Patient (*Patient has capacity*) **Court-Appointed Guardian** **Other Surrogate**

Parent of Minor **Health Care Agent** **Health Care Directive**

SIGNATURE OF PATIENT OR SURROGATE

SIGNATURE (**STRONGLY RECOMMENDED**) NAME (*PRINT*)

RELATIONSHIP (*IF YOU ARE THE PATIENT, WRITE "SELF"*) PHONE (*WITH AREA CODE*)

Signature acknowledges that these orders reflect the patient's treatment wishes. Absence of signature does not negate the above orders.

Clarify signature space

D **SIGNATURE OF PHYSICIAN / APRN / PA**

My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.

NAME (*PRINT*) (**REQUIRED**) LICENSE TYPE (**REQUIRED**) PHONE (*WITH AREA CODE*)

SIGNATURE (**REQUIRED**) DATE (**REQUIRED**)

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. FAXED, PHOTOCOPIED OR ELECTRONIC VERSIONS OF THIS FORM ARE VALID.

INFORMATION FOR

PATIENT NAMED ON THIS FORM

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT

E ADDITIONAL PATIENT PREFERENCES (OPTIONAL)

CHECK ONE FROM EACH SECTION

ARTIFICIALLY ADMINISTERED NUTRITION *Offer food by mouth if feasible.*

- Long-term artificial nutrition by tube.
- Defined trial period of artificial nutrition by tube.
- No artificial nutrition by tube.

ANTIBIOTICS

- Use IV/IM antibiotic treatment.
- Oral antibiotics only (no IV/IM).
- No antibiotics. Use other methods to relieve symptoms when possible.

ADDITIONAL PATIENT PREFERENCES *(e.g. dialysis, duration of intubation).*

HEALTH CARE PROVIDER WHO PREPARED DOCUMENT

PREPARER NAME (REQUIRED)

PREPARER TITLE (REQUIRED)

PREPARER PHONE (WITH AREA CODE) (REQUIRED)

DATE PREPARED (REQUIRED)

NOTE TO PATIENTS AND SURROGATES

The POLST form is always voluntary and is for persons with advanced illness or frailty. POLST records your wishes for medical treatment in your current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form

can address all the medical treatment decisions that may need to be made. A Health Care Directive is recommended for all capable adults, regardless of their health status. A Health Care Directive allows you to document in detail your future health care instructions and/or name a Health Care Agent to speak for you if you are unable to speak for yourself.

DIRECTIONS FOR HEALTH CARE PROVIDERS

Completing POLST

- Completing a POLST is always voluntary and cannot be mandated for a patient.
- POLST should reflect current preferences of persons with advanced illness or frailty. Also, encourage completion of a Health Care Directive.
- Verbal / phone orders are acceptable with follow-up signature by physician/APRN/PA in accordance with facility/community policy.
- A surrogate may include a court appointed guardian, Health Care Agent designated in a Health Care Directive, or a person whom the patient's health care provider believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known, such as a verbally designated surrogate, spouse, registered domestic partner, parent of a minor, or closest available relative.

Reviewing POLST

- This POLST should be reviewed periodically, and if:
- The patient is transferred from one care setting or care level to another, or
 - There is a substantial change in the patient's health status, or
 - The patient's treatment preferences change, or
 - The patient's Primary Medical Care Provider changes.

Voiding POLST

- A person with capacity, or the valid surrogate of a person without capacity, can void the form and request alternative treatment.
- Draw line through sections A through E and write "VOID" in large letters if POLST is replaced or becomes invalid.
- If included in an electronic medical record, follow voiding procedures of facility/community.

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. FAXED, PHOTOCOPIED OR ELECTRONIC VERSIONS OF THIS FORM ARE VALID.

Newly-revised Minnesota form:

Back (Page 2):

Add patient name on page 2

Allow space for optional treatment indicators

Clarify preparer information

Update and clarify instructions

Add URL and revision date

POLST

Provider Orders for Life Sustaining Treatment

What's next:

- Final approvals and endorsements
- Education development
- Roll out!



Questions?

MINNESOTA

Provider Orders for Life-Sustaining Treatment (POLST)

Follow these orders until orders change. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section. With significant change of condition new orders may need to be written. Patients should always be treated with dignity and respect.

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

DATE OF BIRTH _____

PRIMARY MEDICAL CARE PROVIDER NAME _____ PRIMARY MEDICAL CARE PROVIDER PHONE (WITH AREA CODE) _____

A

CARDIOPULMONARY RESUSCITATION (CPR) *Patient has no pulse and is not breathing.*

CHECK ONE

- Attempt Resuscitation / CPR** (Note: selecting this requires selecting "Full Treatment" in Section B).
- Do Not Attempt Resuscitation / DNR (Allow Natural Death).**

When not in cardiopulmonary arrest, follow orders in B.

B

MEDICAL TREATMENTS *Patient has pulse and/or is breathing.*

CHECK ONE

(NOTE REQUIREMENTS)

- Full Treatment.** Use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. All patients will receive comfort-focused treatments.
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TREATMENT PLAN: Maximize comfort through symptom management.

C

DOCUMENTATION OF DISCUSSION

CHECK ALL THAT APPLY

- Patient** (*Patient has capacity*)
- Court-Appointed Guardian**
- Other Surrogate**
- Parent of Minor**
- Health Care Agent**
- Health Care Directive**

SIGNATURE OF PATIENT OR SURROGATE

SIGNATURE (**STRONGLY RECOMMENDED**) _____ NAME (*PRINT*) _____

RELATIONSHIP (*IF YOU ARE THE PATIENT, WRITE "SELF"*) _____ PHONE (*WITH AREA CODE*) _____

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SIGNATURE OF PHYSICIAN / APRN / PA

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SIGNATURE (**REQUIRED**) _____ DATE (**REQUIRED**) _____

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INFORMATION FOR

PATIENT NAMED ON THIS FORM

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT

E ADDITIONAL PATIENT PREFERENCES (OPTIONAL)

CHECK
ONE
FROM
EACH
SECTION

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ANTIBIOTICS

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- Oral antibiotics only (no IV/IM).
- No antibiotics. Use other methods to relieve symptoms when possible.

ADDITIONAL PATIENT PREFERENCES (e.g. dialysis, duration of intubation).

HEALTH CARE PROVIDER WHO PREPARED DOCUMENT

PREPARER NAME (REQUIRED)

PREPARER TITLE (REQUIRED)

PREPARER PHONE (WITH AREA CODE) (REQUIRED)

DATE PREPARED (REQUIRED)

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- If included in an electronic medical record, follow voiding procedures of facility/community.

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Post-Transition Education Workgroup Meeting – August 25, 2016 Recommendations to the Board

1. **The Work Group recommends that there should be no educational difference between a license and a certificate.** Put another way, there should not be a distinct certificate and license option at each level for a Community Paramedic, Paramedic, AEMT, EMT, or EMR.
2. Instructor Qualifications – See Attachments 1 & 2
3. Emergency Medical Responder Renewal – See Attachments 3 - 5
4. Work Group Past Recommendation – Further Clarification
 - **“All NCCR components taught in Minnesota are administered by education programs approved by the EMSRB”**
5. **Cardiopulmonary Resuscitation (CPR) / Advanced Cardiac Life Support (ACLS)**

The Work Group recommends that a CPR requirement is added as a statutory requirement for EMR renewal.

The Work Group also recommends that there be no change in statute re: CPR/ACLS requirements for EMT, AEMT, and Paramedic renewal.

Currently in Statute:

- EMR: NO CPR Required for Renewal
- EMT: CPR Required for Renewal
- AEMT: CPR Required for Renewal
- Paramedic: ACLS Required for Renewal

(See Attachment 6)



INSTRUCTOR QUALIFICATIONS

Post-Transition Education Work Group Recommendations to Minn. Stat. § 144E.283

1. Certification:

- Current NREMT certification at or above the level teaching (if required by state certification requirements)
- Current Minnesota certification at or above the level teaching.

2. Experience and Education:

- Associate’s Degree...AND... three (3) years of certification at or above the level teaching; OR
- Five (5) years of certification at or above the level teaching.

3. Adult Education:

- Complete the NAEMSE EMS Instructor (Level 1) Course; OR
- Complete the DOT NHTSA EMS Instructor Course; OR
- Fire Instructor I Certification; OR
- Possess a Bachelor’s Degree in Education; OR
- Possess a Master’s Degree or higher in any field of study; OR
- Successful completion of the MnSCU faculty credentialing process.

Instructor Type	Credentialed By	Notes
Primary Instructor	Program Director Verified by EMSRB	See the requirements detailed in Minn. Stat. 144E.285 <i>Primary Instructors are required to deliver at least 50% of the total didactic course material.</i>
Assistant Instructor	Program Director	Supplemental instructors may deliver up to 50% of a total course content under the supervision of a Primary instructor.
Special Topic Instructor	Program Director	
Subject Matter Expert	Program Director	
Skills Instructor	Program Director	Must have sufficient knowledge, skill and education to function in the role.
Clinical Instructor	Program Director	

These recommendations were discussed and approved by the Education Work Group on August 25, 2016, and are submitted to the Board for discussion and approval.

144E.283 INSTRUCTOR QUALIFICATIONS.

(a) An emergency medical technician instructor must:

(1) possess valid certification, registration, or licensure as an EMT, AEMT, paramedic, physician, physician assistant, or registered nurse;

(2) have two years of active emergency medical practical experience;

(3) be recommended by a medical director of a licensed hospital, ambulance service, or education program approved by the board;

(4) successfully complete the United States Department of Transportation Emergency Medical Services Instructor Education Program or its equivalent as approved by the board; and

(5) complete eight hours of continuing education in educational topics every two years, with documentation filed with the education program coordinator.

(b) An emergency medical responder instructor must possess valid registration, certification, or licensure as an EMR, EMT, AEMT, paramedic, physician, physician assistant, or registered nurse.

History: 1999 c 245 art 9 s 38; 2012 c 193 s 37,49



Emergency Medical Responder (EMR) Refresher Education

Post-Transition Education Work Group Recommendations

to Minn. Stat. §144E.27, subd. 3

Minn. Stat. §144E.27, subd. 3, entitled Renewal, states that the Board may renew the registration of an EMR who:

- Successfully complete a board-approved refresher course, and
- Submit a completed renewal application to the board before the registration expiration date.

On August 25, 2016, Post-Transition Education Workgroup recommends the Board define a board-approved refresher course as follows:

- A board-approved refresher course is defined as the 16-hour U.S. Department of Transportation (DOT) refresher course, OR
- The National Registry of Emergency Medical Technician's (NREMT) Nationally Registered Emergency Medical Responder (NREMR) National Continued Competency Program (NCCP) Model.

The Work Group also recommends that any future changes related to EMR renewal hour requirements set forth either by the DOT or the NREMT will be revisited by the Board prior to adoption by the Board.

What does this mean?

If adopted by the Board, Minnesota EMR's will have flexibility when renewing their EMR registration.

- They may renew by taking a traditional 16-hour U.S. DOT refresher course, in accordance with the National Education Standards, as adopted by the Board on May 29, 2013, OR
- They may renew by using the NCCP NREMR model (8 Hours NCCR, 4 hours LCCR, 4 hours ICCR).

144E.27 EDUCATION PROGRAMS; BOARD APPROVAL.

Subdivision 1. **Education program instructor.** An education program instructor must be an emergency medical responder, EMT, AEMT, paramedic, physician, physician assistant, or registered nurse.

Subd. 1a. **Approval required.** (a) All education programs for an emergency medical responder must be approved by the board.

(b) To be approved by the board, an education program must:

(1) submit an application prescribed by the board that includes:

(i) type and length of course to be offered;

(ii) names, addresses, and qualifications of the program medical director, program education coordinator, and instructors;

(iii) admission criteria for students; and

(iv) materials and equipment to be used;

(2) for each course, implement the most current version of the United States Department of Transportation EMS Education Standards, or its equivalent as determined by the board applicable to Emergency Medical Responder registration education;

(3) have a program medical director and a program coordinator;

(4) have at least one instructor for every ten students at the practical skill stations;

(5) retain documentation of program approval by the board, course outline, and student information; and

(6) submit the appropriate fee as required under section 144E.29.

(c) The National EMS Education Standards by the NHTSA, United States Department of Transportation contains the minimal entry level of knowledge and skills for emergency medical responders. Medical directors of emergency medical responder groups may expand the knowledge and skill set.

Subd. 2. **Registration.** To be eligible for registration with the board as an emergency medical responder, an individual shall complete a board-approved application form and:

(1) successfully complete a board-approved initial emergency medical responder education program. Registration under this clause is valid for two years and expires on October 31; or

(2) be credentialed as an emergency medical responder by the National Registry of Emergency Medical Technicians. Registration under this clause expires the same day as the National Registry credential.

* * * *

Subd. 3. **Renewal.** (a) The board may renew the registration of an emergency medical responder who:

(1) successfully completes a board-approved refresher course; and

(2) submits a completed renewal application to the board before the registration expiration date.

(b) The board may renew the lapsed registration of an emergency medical responder who:

(1) successfully completes a board-approved refresher course; and

(2) submits a completed renewal application to the board within 12 months after the registration expiration date.

* * * *

History: 1997 c 199 s 13; 1999 c 245 art 9 s 35,36; 2004 c 144 s 3,4; 2005 c 147 art 10 s 5; 2012 c 193 s 27-31; 2013 c 13 s 3,4

EMR National Continued Competency Program (NCCP)

Note: A total of 16 hours of continuing education is required to recertify.

National Continued Competency Requirements (NCCR) - 8 hours**

Area	Hours	Topic Breakdown
Airway, Respiration, & Ventilation	2	<ul style="list-style-type: none"> Ventilation [1 hrs] Oxygenation [1 hr]
Cardiovascular	2	<ul style="list-style-type: none"> Stroke [1 hr], Cardiac Arrest [0.5 hrs], Post Resuscitation Care [0.5 hrs]
Trauma	1	<ul style="list-style-type: none"> CNS Injury [0.5 hrs], Tourniquets [0.5 hrs]
Medical	3	<ul style="list-style-type: none"> Psychiatric Emergencies [1.5 hrs] Immunological Diseases [1 hr] Communicable Diseases [0.5 hrs]

Local Continued Competency Requirements (LCCR) - 4 hours**

These requirements are developed at the local EMS level and may be specified by your State EMS Office, EMS region directors (if applicable), or agency level administrators (for example Training Officers and Medical Directors). If not specified, you may use any additional state or CECBEMS-approved EMS related education towards these requirements.

Individual Continued Competency Requirements (ICCR) - 4 hours**

You may use any additional state or CECBEMS-approved EMS related education towards these requirements.

**Maximum Distributive Education (DE) Allowances:

Distributive Education (DE) is any instruction method where the student does not have access to an instructor in real time. Examples include: online courses, video reviews, and journal article reviews. Note: CECBEMS uses the F3 designation for distributive education. Other CECBEMS designations F1 (one-time events), F2 (multiple-event activities such as ACLS, PALS, PHTLS, etc.), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education and can be counted as instructor based training.

National Continued Competency Requirements	3	One-third or 3 of the DE hours may be used towards your NCCR.
Local Continued Competency Requirements	3	Two-thirds or 3 of the DE hours may be used towards your LCCR.
Individual Continued Competency Requirements	4	Three-thirds or 4 of the DE hours may be used towards your ICCR.

Nationally Registered
Emergency Medical Responder (NREMR)

National Continued
Competency Program
(NCCP)

EMR
Recertification
Requirements
2015-2016

National Registry of
Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION™



Nationally Registered Emergency Medical Responder (NREMR)

NCCP Recertification Requirements

To Apply for Recertification You Must:

1. Demonstrate continued cognitive competency by:
Recertification by Examination
or
Documentation of Continuing Education
2. Maintain skills as verified by your Training Officer/ Supervisor (requires a signature or electronic signature on your recertification application validating competency of skills)
3. Submit your completed recertification application by September 30, 2016.

Demonstration of Cognitive Competency Options(2)

1. **Recertification by Examination**

- OR -
2. **Documentation of Continuing Education**

1. Recertification by Examination Option

This option enables you to demonstrate continued cognitive competency without documenting continuing education.

- Login to your NREMT account. Complete a recertification by examination application and pay the exam fee. **NOTE:** Be sure you complete the recertification application and **not** the initial entry application. After 24-48 hours, login to your NREMT account and print your Authorization to Test (ATT) letter. Follow the directions in the letter to schedule your exam.
- You may make one attempt to take and pass the exam between **April 1 and September 30, 2016**. A cognitive competency by exam form will become available through your NREMT account upon successful completion of the exam.
- Return your completed cognitive competency by exam form by **September 30, 2016** with signatures and supporting documentation.

All other recertification requirements (including criminal conviction statement, BLS-CPR for the Healthcare Provider or equivalent, verification of skills, etc.) must still be met and verified.

2. Continuing Education Option*

- Complete a total of **16 hours** of continuing education including:
 - A state or CECBEMS (F1, F2, F3**, F5) approved 8 hour EMR National Continued Competency Requirements course or equivalent state or CECBEMS approved continuing education.
 - 4 hours of Local Continued Competency Requirements (LCCR) additional state or CECBEMS (F1, F2, F3**, F5) approved EMS-related continuing education
 - 4 hours of Individual Continued Competency Requirements (ICCR). Must be state or CECBEMS (F1, F2, F3**, F5) approved EMS-related continuing education.
- Login to your NREMT account and fill out your electronic recertification application.
- Pay the \$10 (US funds only) non-refundable recertification fee at the time of submission of application. *Effective 10/1/15: all paper recertification applications will require an additional \$5.00 paper processing fee in addition to your \$10.00 recertification fee.*

All continuing education hours, to include the refresher, must be completed within the current certification cycle. Education completed during your previous certification cycle will NOT be accepted. If this is your first time to recertify, only education completed after the date you became nationally certified will be accepted.

**See chart on page 1 of this brochure for detailed continuing education requirements and allowances regarding distributive education.*

Reinstatement

*If you fail to submit your application by September 30, 2016 and all educational requirements have been completed prior to your expiration date, you may seek reinstatement of your National EMS Certification until October 31, 2016 for a \$50 reinstatement fee in addition to your \$10 processing fee (\$60 total). *Effective 10/1/15: all paper recertification applications will require an additional \$5.00 paper processing fee in addition to your recertification and reinstatement fees.**

Lapsed Certification

If your National Certification lapsed, please review the [Lapsed Certification & Re-Entry Policies](#).

Terms of Recertification

In applying for recertification registrants agree to comply with all recertification requirements, rules and standards of the NREMT. The registrant bears the burden of demonstrating and maintaining compliance at all times. The NREMT considers individuals to be solely responsible for their certification.

Individuals must notify the NREMT within 30 days to the change of mailing address. Change of mailing address can be made via our website: www.nremt.org

Individuals must notify the NREMT within 30 days of any criminal arrests.

Individuals must notify the NREMT within 30 days of any disciplinary action taken by any state that has resulted in the following:

- Suspension, revocation or probation of state license or certification
- Voluntary surrender of state license or certification while under investigation.

Disciplinary Policy/Revocation of Certification

The NREMT has disciplinary procedures, rights of appeals and due process within its policies. Individuals applying for certification or recertification who wish to exercise these rights may consult the [Eligibility, Disciplinary and Appeal Policies](#).

Audits

The NREMT reserves the right to investigate recertification material at any time. You must retain verification of attendance of all education submitted. Failure to submit documentation when audited will result in denial of eligibility to recertify.

National Registry of Emergency Medical Technicians®

6610 Busch Blvd.
Columbus, OH 43229
614-888-4484
www.nremt.org

The Nation's EMS Certification™

NREMR- National Component 8 hours total

Airway, Respiration & Ventilation	
<i>Ventilation [1 hours]</i>	2 total hours of Airway Respiration & Ventilation
<ul style="list-style-type: none"> Assisted Ventilation <ul style="list-style-type: none"> Respiratory failure versus distress Adjuncts Positioning 	
<i>Oxygenation [1 hour]</i>	

Cardiovascular	
<i>Stroke [1 hour]</i>	2 total hours of Cardiovascular
<ul style="list-style-type: none"> Assessment (Stroke scale) Oxygen administration Time of onset (duration) Transport destination 	
<i>Cardiac Arrest [0.5 hours]</i>	
<ul style="list-style-type: none"> Ventricular Assist Devices 	
<i>Post Resuscitation Care [0.5 hours]</i>	
<ul style="list-style-type: none"> Recognition of Return of Spontaneous Circulation (ROSC) 	

NREMR- National Component 8 hours total

Trauma	
<i>CNS Injury [0.5 hours]</i>	1 total hour of Trauma
<ul style="list-style-type: none"> Concussion 	
<i>Tourniquets [0.5 hours]</i>	

Medical	
<i>Immunological Diseases [1 hour]</i>	3 total hours of Medical
<ul style="list-style-type: none"> Allergic reaction Anaphylaxis 	
<i>Communicable Diseases [0.5 hours]</i>	
<ul style="list-style-type: none"> Hygiene (hand washing, etc.) Vaccines Influenza 	
<i>Psychiatric Emergencies [1.5 hours]</i>	
<ul style="list-style-type: none"> Mental Health Patient restraint <ul style="list-style-type: none"> Agitated delirium Depression/suicide 	

144E.28 CERTIFICATION OF EMT, AEMT, AND PARAMEDIC.

Subdivision 1. **Requirements.** To be eligible for certification by the board as an EMT, AEMT, or paramedic, an individual shall:

- (1) successfully complete the United States Department of Transportation course, or its equivalent as approved by the board, specific to the EMT, AEMT, or paramedic classification;
- (2) pass the written and practical examinations approved by the board and administered by the board or its designee, specific to the EMT, AEMT, or paramedic classification; and
- (3) complete a board-approved application form.

* * *

Subd. 7. **Renewal.** (a) Before the expiration date of certification, an applicant for renewal of certification as an EMT shall:

- (1) successfully complete a course in cardiopulmonary resuscitation that is approved by the board or the licensee's medical director;

- (2) take the United States Department of Transportation EMT refresher course and successfully pass the practical skills test portion of the course, or successfully complete 48 hours of continuing education in EMT programs that are consistent with the United States Department of Transportation National EMS Education Standards or its equivalent as approved by the board or as approved by the licensee's medical director and pass a practical skills test approved by the board and administered by an education program approved by the board. The cardiopulmonary resuscitation course and practical skills test may be included as part of the refresher course or continuing education renewal requirements; and

- (3) complete a board-approved application form.

(b) Before the expiration date of certification, an applicant for renewal of certification as an AEMT or paramedic shall:

- (1) for an AEMT, successfully complete a course in cardiopulmonary resuscitation that is approved by the board or the licensee's medical director and for a paramedic, successfully complete a course in advanced cardiac life support that is approved by the board or the licensee's medical director;

- (2) successfully complete 48 hours of continuing education in emergency medical training programs, appropriate to the level of the applicant's AEMT or paramedic certification, that are consistent with the United States Department of Transportation National EMS Education Standards or its equivalent as approved by the board or as approved by the licensee's medical director. An applicant may take the United States Department of Transportation Emergency Medical Technician refresher course or its equivalent without the written or practical test as approved by the board, and as appropriate to the applicant's level of certification, as part of the 48 hours of continuing education. Each hour of the refresher course, the cardiopulmonary resuscitation course, and the advanced cardiac life-support course counts toward the 48-hour continuing education requirement; and

- (3) complete a board-approved application form.

(c) Certification shall be renewed every two years.

(d) If the applicant does not meet the renewal requirements under this subdivision, the applicant's certification expires.

must ensure that the services provided by the community paramedic are consistent with the services offered by the patient's health care home, if one exists, that the patient receives the necessary services, and that there is no duplication of services to the patient.

(b) A community paramedic is subject to all certification, disciplinary, complaint, renewal, and other regulatory requirements that apply to paramedics under this chapter. In addition to the renewal requirements in subdivision 7, a community paramedic must complete an additional 12 hours of continuing education in clinical topics approved by the ambulance service medical director.

* * * *

History: 1999 c 245 art 9 s 37; 2000 c 313 s 2,3; 2005 c 147 art 10 s 6-9; 2011 c 12 s 2; 2012 c 193 s 33-36; 2013 c 18 s 1