

Summary Minutes

Meeting of the
Emergency Medical Services Regulatory Board
10:00 a.m., July 15, 2010
2829 University Avenue Southeast
First Floor, University Room
Minneapolis, Minnesota

Members Present

James Rieber, Chair
Dawn Bidwell
Brenda Brown
Lisa Consie
Bonnie Engen
Michael Gormley
Kathleen Haney
Michael Jordan
Paula Fink Kocken, M.D.
Sen. Gary Kubly
Pat Lee
Kevin Miller
Gary Pearson
Paul Satterlee, M.D.
Mark Schoenbaum
Matt Simpson
Marlys Tanner
Mari Thomas, M.D.

Members Absent

Rep. Jeremy Kalin

Guests

Suzanne Gaines
Tim Held
John Jordan
Cheryl Pasquerlla
Scott Reiten
Ron Robinson
Bill Snoke
Imo Sunderland

Staff

Katherine Burke Moore
Talia Landucci
Melody Nagy
Robert Norlen
Rose Olson
Debby Teske
Mary Zappetillo

Geoff Karls (AG)

I. Call to Order

Mr. Rieber called the meeting to order at 10:00 a.m.

II. Complaint Review Panel -- Closed Session

Mr. Rieber asked Mr. Karls to provide information on the case. Ms. Engen moved to accept the Stipulation and Consent Order. Ms. Tanner seconded. Voting yes: Ms. Consie, Ms. Engen, Mr. Gormley, Mr. Jordan, Dr. Fink Kocken, Mr. Lee, Mr. Miller, Mr. Pearson, Mr. Rieber, Dr. Satterlee, Mr. Schoenbaum, Mr. Simpson, Ms. Tanner, Dr. Thomas. Motion carried. Ms. Bidwell and Ms. Brown abstained.

III. Introductions

Mr. Rieber asked members and guests to introduce themselves.

IV. Approval of Agenda

Mr. Rieber asked for approval of the agenda. Ms. Bidwell moved approval. Ms. Brown seconded. Motion carried.

V. Approval of March Minutes

Mr. Jordan moved approval of the May, 20, 2010 minutes. Mr. Gormley seconded. Motion carried.

VI. Chair's Remarks

EMSRB Medical Director

Mr. Rieber said that the Executive Committee has met to discuss our options for a medical director and we have identified the critical duties. The physician board members may assume some duties. We will have the MDSAC review policy and we will have some contract duties (such as development of the medical direction course). He said that at the September Board meeting we will have a progress report. It was suggested that we change the IOP to clarify the state medical director. The state medical director will be the chair of the MDSAC and the other medical directors will be medical directors for the Board. Mr. Rieber said that this will be more cost effective, be fiscally responsible, and fulfill our role for medical direction

VII. Executive Director's Report

MNSTAR Compliance Report

Mr. Norlen provided a handout listing the compliance status for ambulance services through May 2010. The last page of the report notes services that need corrective action and we will be verifying run accuracy for some services.

Meeting in Alexandria

Ms. Burke Moore said that the next Board meeting will be Friday, September 10 in Alexandria.

- Medical Direction Standing Advisory Committee at 8 a.m.
- Board meeting at 10 a.m.

The EMSRB will not be paying for rooms for this meeting. If Board members wish to reserve a hotel room they should contact Ms. Bidwell.

- No Board meeting on September 16

Training Program Probation Status

Ms. Teske reported that there are 93 programs teaching the EMT basic course and 64 of the programs had students testing. This information is compiled by calendar year. 15 programs received a letter informing them that they have been placed on probation. We are asking them to provide a plan of corrective action. 23% of the training programs are on probation. Five training programs are on probation for the second time. The medical director for these five programs received a letter also. They will need to improve test scores and report quarterly to the Board.

Ms. Teske said that these problems happen for various reasons. Sometimes the training program change staff or does not teach often enough or not enough students. This affects their score. We want to help the programs to improve or see that they should not be teaching. If they do not improve then the Board could take action.

Ms. Teske said that the training program is placed on probation when students do not pass on their first attempt and the training program falls below the national average. The national average is 66%. Minnesota's pass rate was 74%. The programs on probation did not meet the 66%.

Ms. Engen said that classes are very small in her area. If a program is not offered locally then the volunteer will not attend. Ms. Teske said that the quality of the instructor needs to be looked at and we have tools available for the training programs to use. You need to match the instructors to the course content and screen students before admittance to the program.

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Ms. Bidwell agreed that students should be screened. She suggested that someone who cannot pass should become a First Responder to serve their community. Then they can take the EMT in the future. The student needs to commit to the homework. (4 – 6 hours per class).

Mr. Rieber said that in rural areas they can't prescreen because they do not have enough people volunteering. This is a great problem in the rural areas. We do not have the resources.

Ms. Bidwell said that some rural areas are using First Responders under the hardship variance and then they have experience. If the ambulance is paying for the class they should have a requirement of one year experience then they should be allowed to take the EMT class.

Mr. Rieber said that this is a good system. We can improve quality in a lot of areas and we are in danger of having not enough resources in rural areas. Ms. Bidwell said that we have a bridge program to get from FR to EMT. This is less hours. This requires a pre-test to see if they qualify for the bridge course. Ms. Teske said that there are less volunteers in many areas. We may need to have additional resources for rural communities.

Mr. Lee said he conducted a survey on education and training. He asked if this information is public. He wants to provide resources in his area for training programs. Mr. Teske said that this information is public and will be posted on the website next week.

Ms. Teske said that training programs can no longer use the board or National Registry for a gatekeeper. They must take responsibility for their results. Ms. Teske said that using Fisdap is beneficial because the test rate is higher for those who pass. This has been useful.

VIII. Executive Committee Report

Mr. Rieber said that the Executive Committee has been meeting every Wednesday by conference call. We are trying to keep updated on activities. The meetings will be every other Wednesday in the future and anyone can attend.

Trauma Triage Report

Mr. Norlen reported that the list from June 30 includes the names of the services that had guidelines approved by the Executive Committee. Mr. Rieber said that the Executive Committee has been empowered to take this action.

Mr. Norlen referred to handout from July 15 and said that two additional ambulance services have submitted guidelines. Gunflint Trail Volunteer Fire Department and Pine Medical Ambulance Service have submitted guidelines for approval by the Board. These guidelines meet the requirements. Mr. Pearson moved approval for these two guidelines. Ms. Bidwell seconded. Motion carried.

Dr. Fink Kocken moved approval of the June 30 document. Ms. Brown seconded. Motion carried. Ms. Engen moved approval of the July 15 list. Dr. Fink Kocken seconded. Motion carried. Mr. Miller and Dr. Satterlee abstained from this vote.

Deviation Requests

Mr. Norlen said that the Executive Committee approved the deviation requests that were previously submitted. Mr. Schoenbaum said that the Executive Committee was authorized to provisionally approve these deviation requests. Mr. Rieber said that the Board will need to take action to finalize these approvals.

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Dr. Satterlee asked if the Lakes Region questions were resolved. Mr. Rieber said that there was a question about the Lakes Region deviation request and Lakes Region will continue to meet with these hospitals.

Mr. Norlen said that two additional deviation requests were received and reviewed by the panel today. Marietta Ambulance and Deer River Ambulance have submitted deviation requests and the staff recommendation is to not approve these requests. Mr. Norlen explained that the recommendation is to not approve these two requests because there are designated facilities and other adequate resources to handle the calls.

Senator Kubly said that some patients request to go to South Dakota. Mr. Norlen said that if the call occurs in South Dakota we would not regulate that activity; if the call originates in Minnesota then the requirements would need to be complied with. Mr. Rieber said that this would only be for major trauma patients. Other patients may go to the hospital of choice. Marietta is a small service with approximately 28 calls per year.

Mr. Norlen said that Deer River Ambulance requested a deviation and is hospital owned. They are requesting to go to Deer River Hospital which is an undesignated hospital. There are other designated hospitals within the 30 minute time frame. The panel felt that it was important to get the patient to a level 3 facility. Deer River Hospital just submitted their application for designation. They can transport within 30 minutes to a level three facility at Grand Rapids. Mr. Rieber said that we approved some deviation requests to non designated hospitals but they have applications that are under review by MDH to be designated.

Mr. Pearson moved approval of the staff recommendation. Ms. Brown seconded. Motion carried. (to not approve the deviation requests for Marietta and Deer River)

Ms. Engen asked if all ambulance have submitted the required information. Mr. Rieber said yes, and thanked staff for their efforts. Mr. Schoenbaum commended staff and the ambulance services for their efforts. We have 101 designated hospitals out of 128. We have an operational statewide trauma system in Minnesota and that is a statement to our commitment. Mr. Rieber suggested a press release be drafted announcing this.

Mr. Reiten said that there may be additional deviation requests. Mr. Rieber said that that panel will be available to review additional requests. Mr. Rieber suggested a posting this information on the EMSRB website.

Proposed MOU for MCI Bus

Mr. Rieber said that the Executive Committee looked at our options. This is not a policy statement but a memorandum of understanding (MOU). Mr. Rieber provided an example of moving multiple patients. He said that we want to have something in writing to have everyone understand what this would be used for. This was developed with Mr. Robinson because there is a bus available in the metro area. There is also a bus available for the Fargo area.

Mr. Miller asked about the duty officer being involved. He said that this is not necessary. Mr. Rieber said that the duty officer would be notified but not authorize the use. Mr. Norlen said that the duty officer would be notified and EMSRB staff would be notified and this would be similar to when an ambulance has a crash and needs a loaner ambulance. This would put the information on file with the agency. This will not prevent an ambulance from using the bus it will notify us of the situation. Mr. Miller referred to the bullet point of notifying the EMSRB

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within 48 hours. Mr. Norlen said that a written report is requested in 30 days. Mr. Rieber said that no permission is required. Mr. Miller said that if the bus is used and if the situation is not declared a disaster what would the repercussions be. Mr. Norlen referred to Minnesota rule and said that rules can be exempted during a disaster. This is a clarification of the boards authority. If an ambulance service needs the bus it should be understood that the transport should not be by bus for one patient. Mr. Miller said that a hospital evacuation would not be a disaster. Mr. Norlen said that the bus could be used for certain situations and the ambulance service would notify the duty officer and the EMSRB staff. Then the EMSRB staff would clarify the use. If there are multiple requests then the control of the resource would be by the local ambulance. Mr. Rieber said that you contact metro region staff or Fargo for use of the bus.

Ms. Bidwell asked if any licensed bus can be used. Mr. Rieber said that this is a specifically equipped MCI bus not a school bus. A school bus could be used in a disaster.

Mr. Robinson said that we want to develop rules and statutes for the use of the MCI bus and clarify that a camper or school bus could only be used for a mass casualty bus in certain circumstances. The MCI bus is capable of transporting ICU level patients for 12 hours. We have ALS equipment and the necessary personnel can be provided. We can monitor critical patients. These are high tech resources and are available for use. We would like to clarify this further with legislation.

Mr. Norlen said that the notification will help clarify the use of other vehicles that someone may decide is needed for mass casualty. Ms. Bidwell said that she could see this for use in evacuation of a nursing home. Mr. Rieber said that the ambulance would be used for critical patients and the bus would be used for mobile patients. This resource must be requested by the local ambulance service.

Mr. Miller asked that clarification be provided. Mr. Rieber said that this notification can be done by the owner of the MCI bus. Mr. Norlen will be involved in this process. There will be an education component to distribute the MOU to ambulance services. Mr. Miller suggested that this be discussed at the Medical Directors conference.

Mr. Rieber said that the expense of the bus is borne by the requestor. Mr. Robinson said that we are using seat belt funds to cover this program. He said that he could have a bus available at the Medical Directors Conference.

Mr. Rieber suggested appointing a committee to review the equipment needed on the MCI bus.

Mr. Norlen said that he agreed with the conversation – the process for requesting the bus is separate. The MOU is to inform ambulances that this resource is available. The notification has nothing to do with a request for the bus. The request would be referred to the metro region or Fargo. Mr. Rieber said that we want to have this in writing so that we all understand the process. We have discussed developing an inspection manual. This will help provide continuity throughout the state.

Mr. Jordan said that on page 2 it lists ambulance requirements for a disaster. He asked if a disaster is declared then this MOU would not be required. Mr. Jordan asked about local events rising to level of disaster or not rising to level of disaster. Mr. Norlen said that it may be a disaster at the local level that does not get declared a disaster at the statewide level. It was suggested to change the language to “may or may not be declared a disaster”.

Mr. Miller asked if there would be a situation where we would disagree with the governor. He said that the language could lead to that assumption. Mr. Norlen said that could be a tricky situation because we have Minnesota Rule and have latitude to declare a disaster and to suspend rules. Mr. Miller asked for an Attorney General's opinion.

Ms. Engen said that she would like the MOU distributed to the counties for the emergency operations planning. Ms. Burke Moore said that we would also post this on the EMSRB website.

Dr. Fink Kocken asked for clarification of language for "mass casualty". She suggested changing the language to include "surge of need of service". Mr. Norlen said that he took these definitions from WHO and will look at them so they are appropriate. Mr. Rieber suggested changing the language to "when the need exceeds the local capacity".

Mr. Robinson suggested a temporary authorization until legislation can be passed to clarify this language. Mr. Robinson thanked Mr. Norlen for his efforts in reviewing the document.

Mr. Rieber said that a document will be provided when it is finalized.

IX. Complaint Review Panel Report

Ms. Bidwell reported that the panel met twice.

- 123 Disclosure files were reviewed (116 passed with no further action required, more information was requested for two cases, four conference invitations were issued, and one case was referred to HPSP).
- 4 complaints/mandatory reports were reviewed and three were closed. There was one request to prepare a Notice of Conference and one request for a Stipulation and Consent Order from the AG's office.
- 5 Minnesota Department of Revenue Suspension were reviewed
- 1 Stipulation and Order was signed
- 6 conferences were scheduled and four were attended.

Ms. Bidwell provided procedures for the complaint review panel. She asked for comments from Board members.

X. Other Business

Mr. Rieber said that Wyoming is developing an intercept vehicle system. He said that the Board needs to look at the future of ambulance services and may need to accommodate long transport times. We may need to develop creative ways to help the long transports.

Mr. Rieber said that he will be looking at the finances of the Board and the Finance Committee will be reviewing the status of the finances. We need to develop a proposed 5%, 10% and 15% budget reduction. We need to know what services we would not provide. We need a prepared document if a budget reduction would happen.

Mr. Rieber said that the state is having a difficult time in balancing the budget. Mr. Schoenbaum asked if there is a request for budget reductions to the base budget. Ms. Burke Moore said that is not in the current budget proposal. Mr. Rieber said that he wants to see this

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provided in advance. He said that positions may be need to be eliminated and services may need to change to the public.

XI. Public Comment

None.

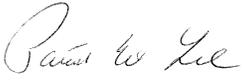
XII. Report of Executive Director's Performance Evaluation (closed session)

Mr. Rieber moved the Board into closed session at 11:20 a.m.

XIII. Adjourn

Mr. Pearson moved to adjourn. Mr. Miller seconded. Motion carried. Meeting adjourned 11:42 a.m.

Reviewed and Approved by:

 _____ 7/29/10 _____
Pat Lee, Secretary Date

_____ _____
James Rieber, Chair Date