

Draft Summary Minutes

Meeting of the
Emergency Medical Services Regulatory Board
Hennepin Technical College
13100 Collegeview Drive
Eden Prairie MN
10:00 a.m., July 19, 2012

Members Present

Kelly Spratt, Chair
Lisa Consie
Jennifer Deschaine
Steve DuChien
J.B. Guiton
Paula Fink Kocken, M.D.
Kathleen Haney
Michael Jordan
Pat Lee
Paul Satterlee, M.D.
Mark Schoenbaum
Matt Simpson
Marlys Tanner
Mari Thomas, M.D.

Members Absent

Michael Gormley
Sen. Gretchen Hoffman
Gary Pearson
Rep. Duane Quam
Jill Ryan Schultz

Guests

O. J. Doyle
Randy Fischer
Suzanne Gaines
Marion Larson
Scott Reiten
Ron Robinson
Tollef Ringdahl
Bill Snoke
Michael Wilcox, M.D.

Staff

Pam Biladeau, Executive Director
William Granger
Melody Nagy
Robert Norlen
Rose Olson
Debby Teske

Karen Andrews, AGO
Clay Mann
Charlie Peterson

I. Call to Order

Mr. Spratt called the meeting to order at 10:14 a.m. Mr. Spratt said that the closed session is delayed (due to the other party) a new date will be determined.

II. Approval of Agenda

Ms. Tanner moved approval of the agenda. Dr. Fink Kocken seconded. Motion carried.

III. Approval of Minutes

Ms. Deschaine moved approval of the May 17, 2012 minutes. Dr. Thomas seconded. Motion carried.

IV. Chairs Remark's

EMSRB Board New Appointments

Mr. Spratt said that he wanted to welcome the two new Board members. He asked for introductions from the Board, staff and guests.

Mr. Spratt thanked Ms. Andrews, AAG for her service to the Board. He announced that she has accepted another position with the AG's Office.

IOP

Executive Director Performance Review

Mr. Spratt said that the review was delayed in January and the deadline was changed. The review was completed today. This was conducted in conjunction with our strategic planning process upon completion the Executive Director's performance goals will be reviewed as part of the process.

Election of Officers

Mr. Spratt said that Mr. Miller was the vice chair and that seat is now vacant. The preference is to hold on election of officers while we continue our planning process. This is the approach we would like to take at this time. We still have a quorum of the Executive Committee to meet if necessary. There were no objections.

Appointments to CRP

Mr. Simpson said that the Complaint Review Panel currently includes (himself) as the chair, Dr. Fink Kocken, Dr. Satterlee, Ms. Tanner, Dr. Thomas (as the alternate) and we have two vacant positions. Mr. Spratt said that this is a very active committee and a critical committee. The members have done a wonderful job. He said that Board members who are interested in participating should contact Mr. Simpson.

Conflict of Interest

Mr. Spratt said that a document was provided regarding conflict of interest. He asked that Board members review the document.

Lodging Policy

Ms. Biladeau said that lodging was one of the areas identified by the State Auditor in the 2008 report. The report noted that Board member cannot accept frequent flyer miles, hotel bonus points or other perks. The policy is to use the state credit card for travel arrangements. Ms. Nagy will be providing information on the upcoming meeting in Alexandria as soon as arrangements are finalized.

V. Prehospital Care Data Workgroup Report

Mr. Spratt said that the workgroup met numerous times within a short time frame. He thanked the members of the workgroup. Mr. Reinert chaired the workgroup. He said that this is a hot topic in the ambulance industry.

Mr. Spratt said that Dr. Clay Mann is also here to give a presentation on the national perspective for data collection. Mr. Spratt said that the workgroup report will be presented today and will also be on the agenda for the September meeting.

Ms. Haney arrived at 10:29 a.m.

Dr. Satterlee said that he would be presenting today because Mr. Reinert is not available. Dr. Satterlee said that the workgroup included three Board members and three Minnesota Ambulance Association (MAA) appointees. He said that the workgroup gathered information on data collection – how data is used, problems, etc.--as outlined in the report.

Dr. Satterlee said that the workgroup discussed concerns and the issue of HIPPA was again brought forward. The Data Policy Standing Advisory Committee (DPSAC) meetings were put on hold during these discussions. One concern was that many of the data requests appeared to be motivated by competition. This was discussed by the workgroup and an attorney general's opinion was sought.

Mr. Schoenbaum said that patient identifiable data is included in the trauma data and that data is considered private. The trauma system has statutory authority to report on arrival and destination patterns.

Dr. Satterlee said that there was a discussion on consistency on submission of data. There were questions about the process for correction orders. We need to define what we intend to do and we need to communicate our policy as a Board.

Dr. Satterlee said that some of the decisions the Board has made are affected by a timeline that has now changed at the national level.

Dr. Satterlee said that the workgroup recommendations include adding these six data elements for trauma data collection. The data reports that were recommended will become available over the next several months.

There was a lot of discussion on how the data would be used. Dr. Satterlee said that you hear that the data is horrible. That is not confirmed. The DPSAC will continue to meet to review data. One of the workgroup recommendations is that DPSAC be changed to include ambulance providers and that the Board asks MAA to provide two members to participate on the committee. Dr. Satterlee said that as a Board we need to discuss these recommendations further and set a policy for the future.

Mr. Guiton asked about reports. Dr. Satterlee said that the reports can be run in a variety of ways. He said that information can be provided at the regional level to protect patient identifiable data.

Ms. Deschaine asked about availability of data to community health boards within their jurisdiction for prevention planning. Ms. Gaines said that Hennepin County has separate statutory authority regarding data collection. Ms. Gaines said that past practice is that anyone can request data.

Mr. Schoenbaum said that the workgroup was charged when there was a great amount of dissatisfaction and conflict with the Board. It was obvious that there is a need to improve quality and processes and valuable uses of the data. We have moved along way from that crisis point to today. These recommendations are the workgroups attempt to be responsible and have a joint problem-solving track. There is serious effort to be responsive. Ms. Gaines said that it was good to have representation from MAA to hear the view point from their perspective.

Mr. Spratt said that we will have a greater in-depth conversation about this in September. Mr. Spratt said that we need to specify the purpose of the data and that will help us all.

Mr. Schoenbaum said that this product represents a compromise position. The question of data releases is yet to be determined and needs to be discussed in more detail.

Mr. Spratt thanked the members for their participation. Mr. Spratt said we will discuss the report in more depth at the September meeting. He said that he would encourage ambulance services to participate in this discussion. We will have audience participation in Alexandria in conjunction with the Medical Director's Retreat. The Board will need to take action on these recommendations. We need this to be an open discussion.

Mr. Fischer asked if the action items will be communicated to the community before the vote by the Board. Mr. Spratt said that this document can be provided on the EMSRB website. Ms. Gaines said that under Roberts Rules a recommendation by a committee is considered a motion and a second. She pointed out a correction that needs to be made before the document is posted regarding the word "private" instead of "non--public".

VI. Clay Mann, Ph.D., MS, NEMSIS Technical Assistance Center, University of Utah School of Medicine

Mr. Spratt introduced Dr. Mann. Dr. Mann thanked the Board for having him here today. He provided a power point presentation on data collection history and efforts at the National level. He said that he will be happy to entertain questions during and after his presentation.

Mr. Spratt asked how other states are implementing these changes and does Dr. Mann have some recommendations for Minnesota. Dr. Mann said that there is a wide variability in how states are moving forward. Minnesota is in the top tier for data quality and completeness of data. He said that the implementation of version 3.0 cleans up data questions for many. Other states are asking these same questions. How do we make this valuable to the paramedic in the field. This will come with time. Minnesota is a data leader.

Mr. Schoenbaum said that we have a variety of submission types and software vendors. Is there another state that has this same experience? Mr. Mann said that North Carolina has a great reporting system from the state to the local level. He said that they have great regional organizations.

Dr. Satterlee asked if an individual ambulance service can access the national data. Dr. Mann said that we have the data and are looking at this. We are looking at building profiles and providing performance report data for the profile that the service fits (rural vs. metro). Dr. Mann said that we make data available for research purposes but it is not identifiable by patient, location or state.

VII. Executive Director's Report

Ms. Biladeau said that a document was provided in the Board packet on policies for data collection/fines. There have been 51 correction orders since 2000. She asked how flexible the Board wishes to be in this process or how strict the Board wishes to be in implementation of these policies.

Mr. Norlen quoted the collection requirements established in 2003, Minnesota Statutes 144E.123. Staff monitors collection on a monthly basis. He also discussed corrective action requirements. A fine must be approved by the Executive Director. Mr. Norlen said that the staff works very closely with ambulance services so that they do not receive correction orders or fines. Staff has provided training to ambulance services on MNSTAR data entry. When there is repeated non-compliance there comes a point where a correction order is necessary.

Dr. Satterlee said that there is no involvement of the Board in the correction order or fine process. He thought that the Board should have a role. Mr. Guiton said that the Boards' role is in the appeal process if someone protests a fine. Ms. Biladeau said that there is a moratorium on fines (there have been no fines; prior to the moratorium there were only a couple fines and that was many years ago) staff is following past practice and acts on behalf of the Board; however, review of current practices is going to be part of the strategic planning process to determine if adjustments need to be made to Board policies and practices.

Mr. Spratt said that Dr. Satterlee is suggesting a report on correction orders and fines at every meeting. This would be a consent item on the agenda. Mr. Spratt said that this is a delegated authority in the IOP. Mr. Jordan said that the Board decides the goals and policies (ends) the Executive Director takes action on the goals set forth.

Ms. Deschaine asked if correction orders are public information. Ms. Andrews said that the legal remedy would be a reconsideration of a fine. The Board decides delegation of authority.

Ms. Biladeau said that the 2008 audit pointed out the need for receipts for all regional entities. Ms. Deschaine asked about audits of the receipts. Ms. Biladeau said that we have received information on how to conduct those audits. Mr. Lee asked if this came up because of seat belt dollar requirements.

VIII. HPSP Reporting Recommendations

It was suggested that we delay this discussion until the next Board meeting. Ms. Deschaine said that she can provide information to HPSP after the next meeting. The Committee is receiving input from all the Boards. This has become more controversial and has received some media input and may spark some legislative change. Ms. Biladeau said seatbelt funding also required receipts prior to disbursements.

IX. Other Business

Mr. Spratt said that we need to discuss the timing for the meeting in Alexandria. The Board discussed their options and 9 a.m. was selected.

Dr. Thomas said that there have been concerns about drug shortages. On a national level there are some drugs shortages and it changes daily. We do not have state mandated drugs and that helps in Minnesota. There has been a request that the Board have a position on expired drug use. The FDA sent an email that expiration dates stand. Some states are discussing allowing use of expired drugs. She said that she would like to have this on the agenda in September. Minnesota is locally controlled for medical direction and we can substitute drugs. This problem is not going away – it is getting worse. She is said that the Medical Direction Standing Advisory Committee (MDSAC) should make a recommendation to the Board.

Mr. Schoenbaum said that he questions the Board having the authority to contradict federal law. We need a legal opinion on this also.

Dr. Thomas said that there are two questions, substitute medications and expired drugs. She said that there is a suggestion regarding using stockpiled medications. The MDSAC has been requested to have a position and there is interest in proposing legislation.

Ms. Deschaine asked about a Board of Pharmacy position on this issue. The Pharmacy Board provides information on drug availability. Dr. Thomas said that she needs to complete additional research to have answers to these questions.

X. Public Comment

None.

XI. Strategic Planning

Mr. Charlie Peterson said that he will be standing in today because Ms. Deming is not available. The Board discussed a mission statement. Mr. Peterson quoted the mission statement as proposed and asked does this language hold. Is that what the Board wants for a mission statement? Does this need to be a motion? The language for the mission statement was approved by acclamation. [“To protect the public’s health and safety through regulation and support of the EMS system.”]

Mr. Peterson said that the Board wants to develop a work plan for the next few years. We want to look at the vision for the future of the Board for 3 – 5 years. What does the Board want to accomplish. What will the board be? We want to include Carver principles. Vision looks at ends. This is a key piece. Ends are defined results – for whom at what costs. We want to look at the defined results. The Board is responsible to focus on the results and have a broad picture. We want to build our vision together.

Mr. Peterson asked Board members to provide answers to the following questions on note paper.

- What do you want to accomplish
- What do you want the organization to look like
- How does it operate

The Board discussed the questions and developed four statements for a vision starting point. The discussion for the next meeting: for whom, at what cost – and re-write as goals in the Carver Model.

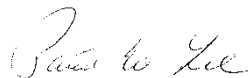
Other Business (continued)

Ms. Consie asked where we are with hiring positions. Ms. Biladeau said that we are working on the process and we are looking at budgets to see that we have funding going forward to see what will be allowed in the upcoming biennial budget. For example, OET has had price increases that affect every agency. We need to look at our budget before hiring can occur.

XII. Adjourn

Mr. Schoenbaum moved to adjourn. Mr. DuChien seconded. Motion carried. Meeting adjourned at 1:55 p.m.

Reviewed and Approved by:



8/14/12

Pat Lee, Secretary

Date

Kelly Spratt, Chair