

Summary Minutes

Meeting of the
Emergency Medical Services Regulatory Board
Arrowwood Resort and Conference Center
2100 Arrowwood Lane NW
Alexandria, MN
9:00 a.m., September 7, 2012

Members Present

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

Members Absent

Sen. Gretchen Hoffman
Michael Jordan
Gary Pearson
Rep. Duane Quam
Mark Schoenbaum
Jill Ryan Schultz
Marlys Tanner

Guests

Melinda Buss
Mike Consie
Dan DeSmet
Tom Fennell
Josh Fischer
Todd Fisk
Suzanne Gaines
Don Hauge
Brad Hanson
Tim Held
Gwen Kleven Olson
Marion Larson
Matt Maxwell
Buck McAlpin
Kevin Miller
Ralph Morris, M.D.
Toby Oehler
Tia Radant
Aarron Reinert
Scott Reiten
Ron Robinson
Bill Snoke
Imo Sunderland
Pete Tanghe, M.D.
Rick Wagner
Mike Wilcox, M.D.

Staff

Pam Biladeau, Executive Director
Melody Nagy
Robert Norlen
Jennifer Ojiaku
Debby Teske

Greg Schaefer, AGO

I. Call to Order

Mr. Spratt called the meeting to order at 9:03 a.m. Mr. Spratt asked members and guests to introduce themselves.

II. Approval of Agenda

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

III. Approval of Minutes

Mr. Guiton asked that his name be added to the minutes for July 19, 2012. Mr. Lee moved approval of the July 19, 2012 minutes with this addition. Mr. Guiton seconded. Motion carried.

IV. Chairs Remark's

Proposed Change to January Meeting Date

The January 17, 2013 meeting date conflicts with the Arrowhead EMS Conference so we are changing the meeting to Thursday, January 31, 2013, at 10 a.m.

Emergency Board Member Phone List

Mr. Spratt said that there is a request to have emergency contact information for Board members. This would be a private list that is not published and only used to access Board members in an emergency situation.

Complaint Review Panel Membership Appointments

Ms. Consie, Mr. Guiton and Mr. Lee have expressed interested in participating on the CRP. Mr. Simpson will continue to chair and the others will be appointed if there are no objections.

V. Executive Director's Report

Biennial Budget

Ms. Biladeau said that we are developing the agency budget for 2014 – 2015. The Executive Committee will be meeting on Tuesday, October 2, 2012, at 3:00 p.m. A Special Board meeting to approve the budget is scheduled for Wednesday, October 3, 2012, at 1:00 p.m. this is a phone meeting. We are scheduling a Board Strategic Planning Session for Tuesday, October 9, 2012, at 8:00 a.m. The next strategic planning meeting is critical in our planning process.

Mr. Spratt said that the idea is to regroup the Board, for a variety of reasons the Board has become an operations Board and the Board needs to be a governance Board. To move forward we need to discuss the goals of the Board. We need to discuss our resources and set our priorities.

Ms. Biladeau said that the budget document is performance based and staff has been developing statistics over the last year that will feed into the budget. Ms. Biladeau said that the state is still facing a significant budget shortfall. Ms. Biladeau said that we do not have past history and we are developing automated information systems and aligning operational systems. We will have additional information to provide to the Board as systems are developed and will continue to present informational orientations of the Agency's functional responsibilities at each Board meeting.

Activity Report

Ms. Biladeau said that due to the full agenda and limited time for today's meeting, she will not present this report in detail but if members have questions, please contact her. This information will be discussed at strategic planning session and provide more detail during the presentations at each Board meeting.

VI. HPSP Reporting Recommendations

Ms. Deschaine said that all the Health Related Boards have representation on this committee and she represents the EMSRB. The purpose of the Health Professional Services Program (HPSP) is to monitor individuals with chemical dependency or other issues. The Committee is discussing ~~changing the confidentiality requirements for referrals.~~ the impact of the confidentiality issues.

Ms. Deschaine provided information from the 2012 HPSP Annual Report. The highest number of enrollees is from the Board of Nursing. Ms. Deschaine read a statement from the report regarding diversion.

Ms. Deschaine said that there is discretion in statute for the case manager on the information shared. The bottom line is that there are concerns about diversions. The situation can worsen and there can be concerns for patient safety. She said she is asking for a recommendation from the Board.

Mr. Spratt asked what other states are doing. Ms. Deschaine said that in Oregon the Board of Pharmacy faced this situation and they stopped their program and there was a 30% increase in suicide attempts. They are reconsidering their program.

Dr. Satterlee said that this is a question of privacy for the enrollee between the time of self-reporting and the resulting plan of action for the protection of the public. He said that he would not want to decrease the privacy policies. Mr. Simpson agreed and said that we want a high standard.

Ms. Deschaine said that self-referrals are 31% of enrollees. Mr. Simpson said that the CRP sees this as a way for individuals to help themselves and we do not want to take that away from them. Ms. Deschaine said that the Board of Nursing may be proposing legislation; their Executive Director will be discussing the statute with the Attorney General's office. Mr. Spratt asked if EMSRB would be the only standout. Ms. Deschaine said that she thinks the smaller boards are looking for direction.

Mr. Guiton moved that the EMSRB support the HPSP Program as it stands today and their statutory language and feels that it protects the citizens of Minnesota and the EMS providers. Dr. Satterlee seconded the motion. Motion carried.

VII. JPC Report

Dr. Satterlee said he wanted to provide background information to the Board. He said that the American College of Surgeons made recommendations for improvements to Minnesota's system.

Dr. Satterlee asked members to look at these recommendations.

- Ambulance service coverage
 - The EMSRB has addressed this including a recommendation regarding First Responders staffing ambulances and we have that in place.
- State medical director
 - We need to re-evaluate this position.
- Educational materials
 - The Board will not have the specific role to develop curriculum but to provide resources to show people where it is available.
- Regulation of First Responders
 - This was discussed at the legislature and they do not want to have it presented again. Is the Board satisfied with this response?
- Regulation of air transport
 - This has been discussed and the Board should support the position that this should not change.
- Develop regional disaster teams.
 - This has been done with the mobile medical teams.
- Trauma protocols
 - We developed and approved trauma protocols for all ambulance services.

The Board should look at this document and make some further decisions. Mr. Spratt asked that this document be distributed to Board members. We should work with the MDH Trauma System.

5 minute break

VIII. Pre-Hospital Care Data Workgroup Report/Discussion

Mr. Spratt said that a workgroup was formed in result of a legislative mandate. The workgroup brings forward these recommendations. We provided time in the agenda today for a discussion of this subject including time for public comment. Mr. Spratt thanked Mr. Reinert for chairing the workgroup.

Mr. Reinert said that he thought about how to provide this information. Mr. Reinert said that we are collecting data but do not know the question we are trying to answer and this can be challenging.

Mr. Reinert named the workgroup members. Mr. Reinert thanked staff for their support. Mr. Reinert said that he does not want to provide his personal agenda/opinions. He wants to provide the workgroup perspective. This is a long term project. Data collection became mandatory 10 years ago. This is a step in the process to have the Board evaluate progress so far and discuss where to go in the future. The workgroup was charged to provide a report by July 2012.

Mr. Reinert said that the workgroup discussed what is working and not working in data. We looked for common themes in data. The first question for the workgroup was: "Should data collection continue in the State of Minnesota?" The unanimous answer was yes. The workgroup had questions on how data is used or not used in Minnesota. How is that data regulated and are there penalties. Is the data being used for competitive purposes? Mr. Reinert referred to the recommendations in the report.

Mr. Reinert said that as a provider there is a motion the Board passed that requires ambulance services to be compliant with NEMSIS 3.0 as of January 1, 2013. Mr. Spratt said that the vendors do not have a product yet. Mr. Reinert said that there are a small number of vendors and they will soon have 3.0 available and they are developing the product. Mr. Spratt said that the recommendation is one year after vendors are ready. Mr. Reinert said that we need to look at the two things together. We want to allow ambulances time to work this into their budget – we wanted to allow flexibility but have a timeline.

Mr. Guiton asked if everyone agrees with how data is collected today. Mr. Reinert said that that was discussed by the workgroup. He said that the data collection error rate has improved. Mr. Guiton asked if this is a financial burden. Mr. Reinert said that we have 100% compliance and expect that to continue.

Mr. Fischer said that there are always challenges and costs for services. Time is needed for services and vendors to make software changes. There are clearly challenges. Mr. Spratt said that IT changes are very costly.

Mr. Reinert said that our conversation is consistent with the conversation on the national level. The question is: "Are we using the data to make service better for the public?" Do we have an example of where the data is used to make public service better?

Dr. Satterlee said that he presented information on improving trauma care at a conference based on MNSTAR data. Dr. Thomas said that she has looked at procedures and has made changes in her service due to run report review of data from MNSTAR. Ambulance services have the responsibility to review their data. They also need to have enough information to review. This is an ongoing process.

Ms. Biladeau said that the staff goal is to provide information for the Board to review. She commented that when she joined the EMSRB in April 2011 there was discussion about collection and use of the data. She said that Dr. Satterlee and she have had several conversations about data collection. She said that a survey was developed to determine data collection usage and quality (provided in Board packet). We also more recently conducted a survey to review data as part of our quality improvement research initiative (provided in Board packet), and is funded by a grant from Public Safety and Department of Transportation who supports NEMSIS which MNSTAR uses as a guide for data collection. We have some answers. The research analyst and staff continue to look at the quality of the data and we are

reviewing reports with services involved in a pilot project. These surveys give a broad picture as to how the data is being used include both perceived positives and negatives by users. Ms. Biladeau asked Ms. Ojiaku to provide information to the Board on her efforts.

Ms. Ojiaku said that we collected a sampling of run reports and looked at data entered into MNSTAR compared to the actual run report. There are two types of errors. One issue is a different interpretation of answers to questions. Call times is a good example that needs to be addressed and clarified in the data dictionary. Leaving elements blank causes errors in the reports that will lead to inaccuracies. We need to create the correct information and provide education to services to help services improve the quality of the data. Call times are changed in the upload and need to be clarified to answer the question correctly in the upload. There are mapping errors that can be fixed and these are easy fixes. For example, the area of medications and procedure reporting errors occur in the wording and can be fixed with mapping corrections. These small things can be easily fixed. Ms. Biladeau thanked Ms. Ojiaku for her work and provided information on her background and experience with this type of research.

Ms. Biladeau said that we intend to do some training in each region to help services understand how they can improve the quality of the data. Ms. Biladeau said that the “EMSRB MNSTAR Data Quality Improvement Bulletin” is provided in your packet and it provides further information. She said that she does not want to provide the impression that this is a great system. IT systems will always need improvements and we have identified some improvements that we can work on right away.

Mr. Reinert said that regarding the issue of collection of 3.0 and the implementation date. We want to change it to one year from release of this version. He said that we also would request that DPSAC look at this date. The new data base will address questions to improve outcomes. If the Board does choose to delay implementation of 3.0 the trauma system is looking for additional elements that they need for trauma research. This is a recommendation in the report.

Mr. Fischer said that 62.2% of services do direct data entry and 52% have a person doing the entry. We discussed only collecting data that we need but now we are suggesting adding elements. The survey states that we are not using the data. We need to address the comments in the survey. The intent of the workgroup was to fix the system or stop collecting the data. We agreed that we did not want to stop collecting data. We need to fix the system.

Mr. Guiton asked if Dr. Thomas is using the data for QA. Dr. Thomas said that we have a volunteer service with 18 staff. We would like to have a paid staff but do not see that happening. We use this system as the best available information. She said that this provides the information she needs. Dr. Thomas said that reports are easily available. Mr. Guiton commented that most small services do not have electronic data collection. He asked how many services currently enter the additional trauma information we are discussing. Mr. Norlen said that 80% of services are entering this information. The service uses the information at the service level.

Mr. Reiten said that most services in his region are using paper forms have the data. The electronic reporters did not have the information.

Dr. Sirmons said that there are several research projects nationally that use this data. This data is important for the future.

Dr. Pate said that most of his services are very rural and he has not used data for research purposes. The volunteers have additional stresses (we do not want to lose volunteers as we continue to add to the system). We need to evaluate what we are asking for.

Mr. Spratt asked if the additional elements being discussed are critical information.

Mr. Held (of the MDH trauma system) said we are working with staff to discuss the need for this information. We need vital signs for a mandatory report and this is the only way for us to understand the condition of patients in the field. We need to know what happened to the patient prior to arrival at the hospital. This is valuable QA.

Mr. Fischer asked how many additional elements would be involved in the transition from 2.21 to 3.0.

Mr. Reinert said that the next workgroup recommendation is regarding the system for small services. Early in the system development we discussed having MNSTAR be the data collection system for statewide information. The system was created to mirror the paper patient care report. Is this a good vision for the future? We need to look at this. Should this be mandatory data elements or the EPCR system? Some providers may use this as a compliance system and some providers may use this for EPCR. Dr. Satterlee said that very few services use this as EPCR. Mr. Reinert said that we discussed this and the survey found that this is a small number.

Mr. Reinert said that we discussed how the data is used. Release of the MNSTAR data was a large conversation of the workgroup. We want to have guidance on data practices. We tried to frame the question to provide to the Attorney General's office and we asked that the Executive Director have a discussion with the Attorney General's office. Information received from the Attorney General's office is included in the report. We want the data to be labeled "private". We need an explanation of data releases for services, regions and statewide data. Mr. Reinert said that this is a big concern. The perception is that the data is only being used for competitive use. This is a strong perception but may not be the reality.

Mr. Schaefer said that the legal data release discussion included his review of Minnesota Statutes 144E.123 all prehospital care data is considered private data on individuals. This is considered private data under chapter 13. This does not include specific medical records. This data is not to be released to the public but there is an exception. There is a provision in chapter 13 for release of summary data. The data cannot be connected to individuals or characteristics specific to an individual. He said he looked at the patient care report to review the patient identifiable data. Certain items can be released by the Board as summary data. The Board's recommendation is to release information on a regional level. The Board does not have to release any information. The Board sets their policy on this. The Board can release data but must review the private data elements and remove that information from the report. Everything requested does not have to be released. This must be a policy from the Board.

Ms. Deschaine asked if this would exclude data being released to a public health agency for public health planning purposes. Mr. Schaefer said that this needed to be designated by the Board. The Board needs to review this request and look at what data is being requested and have a policy for release of data.

Mr. Reinert asked if a person doing research can have a specific allowance for research. Mr. Schaefer responded that a patient waiver would need to be requested. This would need to be looked at by the Board. Dr. Fink Kocken said that specific data for an age group in summary information can be provided. Mr. Schaefer said that data privacy must be maintained.

Mr. Guiton asked if the regional level is the right level. Mr. Schaefer responded that is a Board decision. Ms. Biladeau asked for clarification regarding what constitutes privacy for summary data. For example, when only one record is being released in a summary of data for a specific age, etc. there could be a connection between news reports and the data provided. Mr. Schaefer said that if the information collected is one response or one individual that could be interpreted by an outside source. This

information is from other sources. If the data released is summary data then the data release is appropriate.

Mr. Fennell said that as a provider we work with different standards. He said that age and zip codes are protected information. He said that the data can become easily identifiable. He said that the workgroup tried to reach a compromise. What is the intent of the data? The intent is to benefit patient care in Minnesota. Services are held to a different standard. This is a difficult situation for providers.

Mr. Spratt said that the recommendations include referral to DPSAC regarding release of data. Mr. Reinert said that the workgroup discussed this and made the recommendation on release of data on a regional level. This is a Board decision. The Board is not subject to HIPPA law.

Ms. Consie asked if the workgroup is recommending limiting data. Mr. Reinert said that we wanted to understand the law and we also wanted to recommend limited release of data to improve patient care.

Mr. Fischer said that once a provider submits information to the Board and if the patient becomes identifiable is the Board liable or is the service liable. Mr. Schaefer responded that the Board has authority to obtain this information. That is the defense to the service. The Board has the responsibility to protect the data. The patient may file a complaint.

Dr. Satterlee said that HIPPA has been discussed and that is not applicable.

Mr. Miller asked how is the information not proprietary information for ambulance services in how they conduct business. Is there statutory language for proprietary information? Mr. Miller said that information is collected by MDH for hospitals and how is that not released as proprietary information? Mr. Schaefer said that the Board is authorized to collect data. It could be used for competitive purposes but that is not the purpose/intent of the Board. MDH has limitations on what is released also. The information does not have to be released if the Board so chooses.

Ms. Deschaine said that the data she would be requesting is used for planning purposes. She would like to see specific data for planning purposes.

Mr. Miller said that hospitals may not be putting in data requests for competitive purposes – how is MDH different in their requests? Mr. Held said that he can speak to trauma requests. Information is private on individuals and other information is nonpublic. This requires an annual public report for comparisons from hospitals. We have data that is useful.

Ms. Consie said that she understands the reason for private data. Why do we want to limit the release of data? Regional information is not specific enough for research for a specific service or agency. We need rules on what to release.

Dr. Thomas said that she creates her own reports and does not need to ask the state for data. Ms. Consie said First Responder units do not have the same access to this data. Dr. Thomas said that the request can go from service to service. Mr. Miller said that providers in a large system would appreciate the request being from service to service rather than providing inaccurate information to a city council. Ms. Consie said we need to fix the data.

Dr. Satterlee said we need to develop a policy as a Board. We have the opportunity as a Board to discuss data requests. We have the Attorney General's opinion. When we have requests for helicopter information this can be a discussion at Board meetings and include public comment.

Ms. Gaines said that there are time limits to reply to data requests.

Dr. Satterlee said that the Board decides what is released and we need a process developed for what the Board discusses within a specific timeframe. Mr. Schaefer said that the Board can set specific reports that are released upon request. Mr. Schaefer said that there are timeframes involved but we must discuss the data privacy elements.

Mr. Reinert said that the next recommendation is regarding quality of data. DPSAC has done a considerable amount of work discussing quality of the data. Ms. Gaines has also worked on this as part of a subcommittee. The recommendation is that DPSAC continue to look at quality.

Mr. Reinert said that the next recommendation is for a change in membership to DPSAC to include providers and non-providers. This is a Board decision.

Mr. Reinert said there is a suggestion that MDSAC review the data for their work. We want to change the perception that the data is not used and suggest that MDSAC look at the data.

Mr. Reinert said that the last recommendation discusses administration of the system. How is it decided that services are in compliance. What triggers corrective action and fines. Is there a process in place? If there is a policy it needs to be shared. Does the Board need to develop a policy? Mr. Spratt said that the policy exists. Did the workgroup review the policy? Mr. Reinert said that we did not review the policy the perception was that there was not a policy. We ask that the Board share the policy. (Policy was requested at the last workgroup meeting and is included in the handouts).

Mr. Reinert thanked Board members and the workgroup members for this discussion. The workgroup members chose to provide a lot of their time and passion to the effort. He said that Board role is to consider the recommendations and accept/reject them as a Board. Mr. Reinert said that this is a journey – not a destination. We need to continue this conversation. Mr. Spratt thanked Mr. Reinert again and the workgroup members also. Mr. Spratt said that several items in the report could be considered actionable.

Mr. Guiton moved that the Board accept the data elements section of the recommendations of the Prehospital Care Data Workgroup. Dr. Thomas seconded.

Ms. Deschaine asked about an implementation date for 3.0. Mr. Norlen said that 3.0 was finalized in May and NEMESIS is coordinating with vendors on formatting questions. The data values and schema format are finalized as of May 2012. Ms. Deschaine asked for a clarification of the date of implementation. Dr. Satterlee said that the intent is a year from when the software vendors have 3.0 available and when the services have the budget process in place. We want a year time frame. Mr. Reinert said that data dictionary is available. The intent is to encourage the Board to set a one-year time frame from when it becomes publicly available. We want DPSAC to review this timeframe. Mr. Guiton said that it will not be available January 1, 2013. This is only a delay. It is not ready at the national level.

Dr. Thomas suggested amending the motion to read “and delayed until one year after it is approved at the national level and verified as functional for the State of Minnesota by DPSAC”. Mr. Guiton agreed to the amendment. Motion carried.

Mr. Guiton moved that the interface features be referred to DPSAC for further work. Dr. Satterlee seconded. Motion carried.

Dr. Satterlee said that the first bullet point is not needed regarding release of data.

Dr. Satterlee moved to accept the third bullet point as the motion. “That the data workgroup recommends the EMSRB implements DPSAC approved standardized aggregate reports (still requires Attorney

General's Office guidance on data classification of these reports, which are more specific than regional).
Mr. Lee seconded. Motion carried.

Dr. Satterlee moved to accept the recommendation on quality and the recommendation on DPSAC membership as written in the report. Mr. Guiton seconded. "The data workgroup recommends that the Data Policy Standing Advisory Committee (DPSAC) continues, and continues its work on data quality, data integrity, and standardized aggregate reports for ambulance providers. The data workgroup recommends that the Medical Direction Standing Advisory Committee (MDSAC) begins to use the MNSTAR data as part of its regular work. The data workgroup recommends that the membership of DPSAC change to include the following: six appointees that are specifically ambulance providers, two of which are appointed by the MAA with the expectation they represent the MAA membership as a whole, not just their specific services." Motion carried.

Mr. Lee suggested MNSTAR report information be included in the Medical Director's Course information.

Dr. Satterlee moved that the Board develop a process by which data requests are approved by the full Board either by consent agenda, full board vote, or defined accepted reports. Mr. Guiton seconded. Mr. Spratt said that the Board would develop guidelines for release. Dr. Fink Kocken asked if this a staff review or a DPSAC review. Mr. Spratt said that DPSAC would determine what is recommended to be released and report to the Board. Who defines the reports? Dr. Satterlee said DPPSAC would make a recommendation to the Board on reports. Ms. Biladeau said that current practices for Agency implementation of policies are to be overly cautious on release of data. Motion carried.

Mr. Guiton moved that we recognize the workgroup for their work. The report is appreciated. Mr. Lee seconded. Motion carried.

IX. MDSAC Report

Dr. Thomas said that the MDSAC met last evening for a short meeting. We were provided information on a number of topics including mobile medical units. We looked at the Medical Director's Course information provided by Dr. Satterlee. She commented that this is not a course for new medical directors. This is a review of information for medical directors. This is a tool for rural medical directors.

Dr. Thomas said that we discussed the change in the law for "Safe Place for Newborns". This change now includes ambulance services. We could see a new born being dropped off at an ambulance service. Dr. Fink Kocken will provide information to be shared with services and put on the EMSRB website.

Expired Drugs

Dr. Thomas said that services are running into issues at the local service level. This situation changes daily. This topic is also being discussed at the national level. She asked if the Board can have a position on expired drugs. Oregon has legislation on this and has approval on a case by case basis. There are a number of groups discussing this. The FDA policy is that it is an "expired drug". The Board of Pharmacy statutes agree. The MDSAC agreed that expired drugs should not be used. A motion was adopted as a mission statement for the Board. Dr. Thomas moved that the Board adopt the following as our policy statement. Mr. Gormley seconded. The motion is as follows:

The EMSRB supports the national efforts to find a broad resolution to this problem. The EMSRB encourages the local EMS medical director to prepare and adapt protocols in anticipation of shortages of medications. The EMSRB recognizes that the final decision will rest with the local EMS medical director, as established by Minnesota statute after weighing the risks and benefits to patients.

Ms. Buss asked how this is to be interpreted during an ambulance inspection. Dr. Thomas said that a medical director cannot advocate use of expired drugs. Dr. Satterlee said that this is a decision for a medical director as the situation warrants. A medical director needs to provide information on requests for an inspection of that physician's policy.

Mr. Schaefer said that FDA will not approve the use of expired drugs. If this is a violation the standard of care it will be reviewed by the Board of Medical Practice. We need documentation for the file that the drug has been ordered. Ms. Buss said that she disagrees. This is still a violation and would result in a correction order. Dr. Satterlee agreed and asked if the Board would have a situation when a correction order would not be issued when there is a special circumstance. Mr. Schaefer said that the Board can develop a policy on a case by case basis to dismiss a correction order. There needs to be a reasonable basis to make this decision. Ms. Biladeau asked that statutes, policy and procedures be followed as it stands and to keep in mind this process includes the option for services to bring their situations to the CRP for review--staff does not have the delegated authority to change current statutes, policies and procedures.

Dr. Thomas suggested splitting the motion. Mr. Guiton said that the medical director has the right to do what the medical director needs to be informed of the situation. Dr. Thomas said that this falls under the medical directors license. The motion was reviewed. Motion carried.

Ms. Deschaine asked that this recommendation be shared with medical directors. Ms. Biladeau said that the regulatory process will remain the same.

Dr. Satterlee moved that the EMS Specialists continue with assessment of medications and regulation as established and concerns be directed to the CRP regarding expired drugs. Dr. Thomas seconded. Motion carried.

X. Other Business

Ms. Deschaine said that the 4th Community Paramedic class has started and includes 24 students half on ITV. We are excited for this opportunity. We have included more instruction in the class. 20 additional students will be starting class in October and another class is anticipated for January.

XI. Public Comment

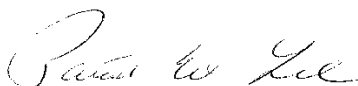
Ms. Buss said that she appreciates the work of the staff.

Ms. Biladeau said she wanted to recognize Ms. Horth and Ms. Sunderland on their retirement and congratulated Ms. Buss on her new position and thanked her for all of her contributions to the EMSRB.

XII. Adjourn

Ms. Deschaine moved that the meeting adjourn. Mr. Lee seconded. Motion carried. Meeting adjourned 12:15 p.m.

Reviewed and Approved by:



Pat Lee, Secretary

9/28/12

Date

Kelly Spratt, Chair

Date