

State of Minnesota
Emergency Medical Services Regulatory Board
Board Meeting Agenda
September 7, 2018, 9:00 a.m.
Arrowwood Conference Center
Lake Milona Room (Lower Level)
2100 Arrowwood Drive
Alexandria, MN 56308

[MAP & DIRECTIONS](#)

- | | |
|---|----------------------------|
| 1. Call to Order – 9:00 a.m. | <u>Attachments</u> |
| 2. Oath of Office – 9:02 a.m. | |
| <ul style="list-style-type: none">• Reappointment of Patrick Coyne, Ambulance Service Director• Reappointment of Scott Hable, Sheriff’s Representative• Reappointment of Megan Hartigan, Registered Nurse• Reappointment of Jeffrey Ho, M.D., Regional EMS Program Representative• Reappointment of Michael Jordan, Public Member | |
| 3. Public Comment – 9:15 a.m. | |
| <p>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.</p> | |
| 4. Review and Approve Board Meeting Agenda – 9:20 a.m. | |
| 5. Review and Approve Board Meeting Minutes – 9:22 a.m. | M 1 |
| 6. Board Chair Report – 9:25 a.m. | |
| <ul style="list-style-type: none">• Election of Officers• Community EMT Pilot Project Presentation• Children’s Minnesota Ambulance License Application – Status Update• Board Member Conflict of Interest Discussion• EMSRB Specialist Position | BC 1
BC 2 |
| 7. Executive Director Report – 10:15 a.m. | |
| <ul style="list-style-type: none">• EMSRB eLicensing System Report• Agency Report | ED 1 |

8. Committee Reports – 10:30 a.m.

- Legislative Ad-Hoc Work Group Report
- Medical Direction Standing Advisory Committee

9. New Board Business – 10:45 a.m.

10. Adjourn – 10:50 a.m.

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: www.gov/boards/emsrp

Next Meeting:

November 15, 2018, 10:00 a.m.
Woodbury Public Safety
2100 Radio Drive
Woodbury, MN 55125

Attachment Key:

M = Minutes

ED = Executive Director Report

Meeting Minutes

M 1

Emergency Medical Services Regulatory Board

Thursday, July 19, 2018, 10:00 a.m.

Woodbury Public Safety

Woodbury, Minnesota

Attendance: J.B. Guiton, Board Chair; Jason Amborn; Lisa Brodsky; Lisa Consie; Steve DuChien; Tim Held; Paula Fink Kocken, M.D.; Kevin Miller; John Pate, M.D.; Jill Ryan Schultz; Matt Simpson; Tony Spector, Executive Director; Tanner Berris, EMSRB Staff; Melody Nagy, EMSRB Staff; Greg Schaefer, Assistant Attorney General.

Attending as Public (until their Board membership renewal is official): Patrick Coyne; Megan Hartigan

Absent: Rep. Jeff Backer; Aaron Burnett, M.D.; Scott Hable; Michael Jordan; Jeffrey Ho, M.D.

1. Call to Order – 10:10 a.m.

Mr. Guiton welcomed everyone to the Board meeting. He asked for introductions from 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. Review and Approve Board Meeting Agenda – 10:17 a.m.

Motion: Ms. Ryan Schultz moved to approve the agenda. Dr. Pate seconded. Motion carried.

4. Review and Approve Board Meeting Minutes – 10:20 a.m.

Motion: Mr. Miller moved to approve the minutes from the May 17, 2018, meeting. Dr. Pate seconded. Motion carried.

5. Board Chair Report – 10:25 a.m.

Board Member Appointment Report

Mr. Guiton announced that the Governor reappointed the following five (5) board members whose positions on the Board had expired: Pat Coyne. Scott Hable, Megan Hartigan, Jeff Ho, MD, and Michael Jordan. These appointments are effective July 23, 2018. The Oath of Office for these members will occur at the September Board meeting. Also at the September Board meeting will be an election of Board officers.

Board Meeting Date and Location

Mr. Guiton said the September Board meeting will be in Alexandria, Minnesota on Friday, September 7, 2018, at the Arrowwood Conference Center. This meeting will occur at the venue for the EMS

Medical Director's Conference. Ms. Nagy will be contacting board members regarding hotel arrangements.

Mr. Guiton mentioned two staff retirements (Mary Zappetillo and Robert Norlen) and wished to thank them for their service to the State of Minnesota.

6. Executive Director Report – 10:40 a.m. – Tony Spector

EMSRB E-Licensing System Report

Mr. Spector provided metrics regarding applications submitted through the eLicense portal as well as certification metrics.

Agency Report

Staffing

Mr. Spector said with the retirements of staff there was direction given by the Board Chair to “blow up” the current staffing model. He said he has been engaged in evaluating agency needs and organizational structure, and has been working with the state's Management Analysis Division as part of that analysis. Mr. Spector has contracted with the Management Analysis Division for this analysis and for writing the position descriptions that are determined to be needed by the agency. One such position is a grants coordinator position. Other position descriptions being drafted are for a field investigator and a compliance coordinator. Traditionally the agency has had the EMS Specialists conducting investigations. This model has had its challenges, and current and former staff as well as others believe a different staffing model is needed.

Mr. Spector said once the position descriptions are complete the next step is to have the positions scored and created as an agency positions. While the current budget allows for these positions, there may be a struggle to fill additional needed positions within the limited budget.

Mr. Spector said the Northeast and Southwest EMS Specialist positions are vacant. The EMS Specialist position description is inaccurate, and hiring for these positions is on hold until the position descriptions are more accurate.

Mr. Guiton said Mr. Spector is working with Mr. Miller on organizational design. Mr. Guiton said the industry has changed and methods of communication have changed. He said outstate Minnesota needs to feel that they receive the same quality of service as the metro area.

Mr. Spector said that every other licensing board separates investigations from technical assistance. It can be challenging to provide technical assistance one day and the next day investigate a situation.

Mr. Spector said he wants to have written processes for staff functions. Knowledge capture is needed, and certain written processes are notably absent but are being crafted. Minnesota Management and Budget recently sent a memorandum to all state agencies on the importance of having processes memorialized. SmART also has emphasized this to the EMSRB.

7. Committee Reports – Committee Chairs – 11:00 a.m.

Ambulance Standards Work Group

Mr. Coyne provided a summary of the work group discussions. He said the work group will have recommendations for Board approval for the next Board meeting.

CRP /HPSP

Mr. Simpson said the committee members continue to work diligently on cases. HPSP statistics were included in the Board packet.

EMS for Children

Dr. Fink Kocken said the federal government has fully funded the grant. Dr. Fink Kocken said there was an EMSC Program meeting in Austin Texas that focused on grant management and family representation.

Dr. Fink Kocken said that Ms. Polzin attended the National Association of State EMS Officials (NASEMSO) Conference. Child restraint guidelines were discussed and NASEMSO will be providing a protocol.

Dr. Fink Kocken said the EMSC Program and the Minnesota Department of Health (MDH) were involved in a surge grant that just finished in June. A statewide plan is being developed. Education segments will be available on the MDH website for training.

Legislative Work Group Report

Mr. Miller said part of the charter of the legislative work group is to rewrite of the language for 144E regarding Emergency Medical Responders (EMR). Recommendations were made by the education work group and these recommendations have been discussed by Mr. Miller, Mr. Spector and Mr. Lawler. The next step is to develop a document that will track changes for legislation. This will be drafted and presented to the Board at a future meeting.

Mr. Guiton said in Texas EMS personnel are being required to take four hours of training related to Texas laws. This is an interesting concept. Mr. Guiton suggested a handout regarding requirements and limitations for being an EMT. Dr. Pate said this is a good idea but this can be summarized in 30 minutes. EMS agencies in Minnesota need to concentrate on maintaining a crew in the rural area.

Medical Direction Standing Advisory Committee

Dr. Pate said he has been working with another physician on his presentation for the Medical Director's Course. The conference committee is allowing 90 minutes for this presentation.

8. New Board Business – 11:30 a.m.

Mr. Guiton said he wanted to recognize Ross Chavez, in attendance, on his recent promotion at Hennepin Healthcare EMS to the position of Assistant EMS Chief.

Ms. Ryan Schultz said she has received questions regarding the EMSRB selling email addresses. She asked if there is an opt out option. Mr. Spector said the agency receives requests for public information. Mr. Guiton said this is public information. Mr. Spector said this is public law (Chapter 13). Applicants are encouraged to provide their business address and email. Ms. Larson asked for a handout that explains this requirement.

Mr. Guiton recessed the Board for lunch and the Board thereafter reconvened in closed session.

9. Closed Session

Closed per Minn. Stat. § 144E.28, subd. 5 and Minn. Stat. § 13D.05, subd. 2(b) (*Complaint Review Panel*)

Disciplinary actions were discussed and voted on by Board members.

10. Re-Open Meeting

Mr. Guiton re-opened the meeting.

11. Adjourn – 11:45 a.m.

Motion: Ms. Consie moved to adjourn the meeting. Dr. Fink Kocken seconded. Motion carried.

**Next Board Meeting:
September 7, 2018, at 9:00 a.m.
Arrowwood Resort and Conference Center
2100 Arrowwood Lane NW
Alexandria, MN**

Reviewed and Approved By:

J.B. Guiton
Board Chair

8/28/18 (by email)
Date

Election of Officers

ELIGIBILITY

Current Board members may be nominated for vice chair, secretary/treasurer, and at-large Executive Committee member.

NOMINATION AND ELECTION

At the first regular Board meeting of each even-numbered calendar year, or as soon thereafter as the Governor has appointed new members, the chair will request a minimum of two nominations from the Board for each of the following: a vice chair, secretary/treasurer, and at-large Executive Committee member. Candidates will be given up to five minutes before the election to present themselves to the Board. Election will be by a simple majority of those present.

TERMS OF OFFICE

Terms of office for vice chair, secretary/treasurer, and at-large Executive Committee member are for two calendar years.

VICE CHAIR

The vice chair shall be elected by the Board. The vice chair shall preside at Board meeting in the absence of the chair and assist the chair in other matters as requested by the chair or as authorized by the Board.

SECRETARY/TREASURER

The secretary/treasurer shall be elected by the Board. The secretary/treasurer shall review staff drafts of Board meeting minutes, authenticate minutes by signature and present minutes to the Board for approval. The secretary/treasurer shall review and report on other documents, including Board financial statements, as requested by the chair. The secretary/treasurer shall assimilate, tabulate and hold in confidence non-public evaluation forms on the executive director's performance completed by the Board and staff.

AT-LARGE MEMBER*

There is not a definition in the IOP for the At-Large Member of the Executive Committee.

Board Membership

<u>Member</u>	<u>Category</u>	<u>Term Expiration</u>
Jason Amborn, St. Paul	Commissioner of Public Safety Designee	Ongoing
Rep. Jeff Backer, St. Paul <i>Ex-officio</i>	State House of Representatives	ongoing
Lisa Brodsky	Local Health Board Representative	January 2019
Aaron Burnett, M.D., St. Paul	Emergency Physician	January 2020
Lisa Consie, Duluth	Professional Firefighter	January 2020
Patrick Coyne, Blaine	Ambulance Service Director	January 2022
Steve DuChien, Grand Marais	Volunteer Firefighter	January 2020
J.B. Guiton, Woodbury <i>Chair</i>	Metro Region EMS Representative	January 2019
Scott Hable, Renville Co.	Sheriff's Representative	January 2022
Megan Hartigan, <i>Secretary/Treasurer</i>	Registered Nurse	January 2022
Tim Held, St. Paul	Commissioner of Health Designee	Ongoing
Jeffrey Ho, M.D., Minneapolis <i>At-Large EC Member</i>	Regional EMS Program Representative	January 2022
Michael Jordan, Apple Valley	Public Member	January 2022
Paula Fink Kocken, M.D., Minneapolis	Pediatrician	January 2020
Kevin Miller, Cannon Falls <i>Vice Chair</i>	Hospital Representative	January 2019
John Pate, M.D., Wadena	Family Practice Physician	January 2019
Jill Ryan Schultz, Rochester	EMT/Paramedic	January 2019
Senator - Vacant <i>Ex-officio</i>	State Senate	ongoing
Matt Simpson, St. Paul <i>EC Member</i>	Fire Chief Representative	January 2019

COMMUNITY EMT

Clinical Simulation Evaluation

Student Name _____ Date _____

Pre-visit

- Function as a member of the care team
 - Review patient care plan
 - Consider patient age, mental, behavioral, psychosocial, cultural health needs
- CEMT Safety
 - Situational awareness
 - PPE

Visit

- Introduction
 - Build rapport with patient
 - Take vital signs (BP, HR, respirations, O2 saturation)
- Care plan review
 - Medications
 - Review (new, old, current)
 - Assess compliance
 - Side effects/interactions
 - Future appointments
 - Scheduling needs
 - Transportation needs
 - Chronic/Acute disease management
 - Nutrition
 - Compliance
 - Food needs
- Assess patient support system
 - Build rapport
 - Communicate as needed
- Assess safety of patient's environment
 - Identify and mitigate hazards
 - Medical equipment assessment
- Connect patient with resources or care resource navigation based on needs

Post-Visit

- Documentation of the visit
- Communication with care team
- Reevaluate and follow-up as needed



_____ Satisfactory (student adequately demonstrates application of the CEMT process)

_____ Unsatisfactory (student failed to demonstrate application of the CEMT process)

Comments:

Course Instructor Signature _____ Date _____

COMMUNITY EMT

Clinical Performance Assessment Tool

Student _____

Purpose of Clinical Performance Assessment

The purpose of the Clinical Performance Assessment is to evaluate student's progress towards meeting each clinical objective:

1. Demonstrates course objectives with minimum guidance from preceptor
2. Performs all learned CEMT skills safely and professionally
3. Demonstrates appropriate application of knowledge to the care of the patient and/or support system
4. Employs effective communication (verbal and written) with patients, support system and care team members

Clinical Site(s)	Date	Hours	Preceptor	Preceptor Initials	*S/U

*(S) Satisfactory - student adequately demonstrates clinical objectives

*(U)Unsatisfactory – student failed to demonstrate clinical objectives

Medical Director signature _____ Date _____

Community EMT

Dates: Tuesday and Thursday nights, 6 pm – 10 pm, May 1 – May 24, 2018

Location: Hennepin Technical College, Eden Prairie Campus, C155

Instructors: CEMT Advisory Committee

Phone: Anne Mathiowetz, 952-995-1314

Email: Anne.Mathiowetz@hennepintech.edu

Course Description:

This course will prepare you to become a MN EMSRB licensed Community EMT.

Course Objectives:

Upon completion of this course, the student will be able to:

- Operate as a member of a patient care team
- Build rapport with patient
- Review care plan and assess compliance
- Assess patient support system
- Assess patient environment for safety
- Connect patient with resources if necessary
- Document visit and communicate to rest of care team

Course Format:

Class consists of:

- 24 hours of classroom - **MANDATORY**
- 8 hours of clinical simulation in classroom
- 16 hours of outside patient clinicals

Course Assessment:

- 4 satisfactory Clinical Simulation Evaluations
- 16 hours satisfactory Clinical Performance

Text: Chronic Disease Management (handed out in class) and class handouts

Prerequisite:

Current Minnesota EMSRB EMT certification

Class 1 –

2 hours: Role of the Community EMT in the Healthcare System

The Community EMT shall:

1. Define and describe mobile integrated healthcare and how CEMT falls into the spectrum
2. Discuss the history and future of the Community EMT

3. Explain the Scope of Practice of the Community EMT to stakeholders –
4. Differentiate relationships the Community EMT will have with members for the health care team
5. Define and defend strategies of advocacy and liaison work as a-Community EMT
6. Identify common local, regional, state, and national organizations that can provide support for clients
7. Identify and communicate the need for medical interventions aimed at bridging the gap between the field and other sources of care

1 hour: Social Determinants of Health

The Community EMT shall:

1. Define the social ecology model and determinants of health
2. Identify the impact organizational policies, societal regulations and laws have on health behaviors
3. Understand and defend the social margin

1 hour: Clinical simulation

Class 2 –

3 hours: Cultural Awareness

The Community EMT shall:

1. Provide a broad definition of culture as it is used by the Community EMT
2. Describe how culture influences health
3. Discuss and defend culturally specific care and its impact

1 hour: Clinical simulation

Class 3 –

2 hours: Health Care System and Primary Care System – Part 2

The Community EMT shall:

Part B: STUDENT PRESENTATIONS

1. Describe chronic disease management
 - a. Diabetes
 - b. Asthma
 - c. Heart failure
 - d. Osteoarthritis
 - e. Obesity
 - f. Depression
 - g. Chronic pain
2. Demonstrate competency with various home care equipment (*O₂, blood pressure, CPAP, walkers, canes, etc.*)

1 hour: Personal Safety and PPE

Using an OSDCE or scenario format for evaluation, the Community EMT shall:

1. Define infectious disease and demonstrate personal protective equipment (universal precautions) used to prevent transmission
2. Discuss and implement OSHA blood-borne pathogen standards
3. Identify and demonstrate how to minimize risks of infection

4. Identify and mitigate hazards while working in the home visit environment
5. Discuss medical, legal, and ethical boundaries that must be established with the client
6. Identify how to recognize and implement personal protective equipment

1 hour: Clinical simulation

Class 4 –

2 hours: Health Care System and Primary Care System – Part 1

The Community EMT shall:

Part A:

1. Describe health promotion education activities
2. Describe injury prevention activities
3. Describe acute and chronic diseases

1 hour: Clinical simulation

Class 5 –

3 hours: Understanding Patient Needs – Part 1

The Community EMT shall Understand how best to serve clients of various ages, mental, behavioral and psychosocial health needs

1. Understand best practices for working with individuals throughout the lifespan
2. Understand how best to serve individuals with dementia (neurocognitive disorder)
3. Understand how to best serve individuals with hearing, speech , and visual impairments
4. Defend various legal protections for clients (mandatory reporting, neglect, vul. adults, etc)
5. Understand how to best serve individuals with a history of abuse and/or neglect

1 hour: Clinical simulation

Class 6 -

3 hours: Understanding Patient Needs – Part 2

The Community EMT shall Understand how best to serve clients of various ages, mental, behavioral and psychosocial health needs

1. Discuss common behavioral emergencies
2. Understand how best to serve clients of various ages with substance related disorders
3. Understand how best to serve veterans
4. Understand how best to serve clients with cognitive, congenital, affective, and sensory issues
5. Understand how best to serve families who have members with special needs

1 hour: Clinical simulation

Class 7 –

3 hours: Community Awareness and Patient Resources

The Community EMT shall:

1. Discuss Community Health Needs Assessment (CHNA)
2. Recognize potential patient profiles
3. Evaluate gaps in the healthcare needs of the client
4. Discuss the purpose of community outreach
5. Approach a client, introduce self in a manner that sets the tone for effective outreach
6. Discuss the documentation used during client contact
7. Discuss different types of documentation to use when a client is contacted through the 911 system
8. Conduct an ongoing documentation for a client
9. Identify and mitigate hazards in the home visit environment

1 hour: Clinical simulation

Class 8 –

3 hours: Professional Wellness

The Community EMT shall:

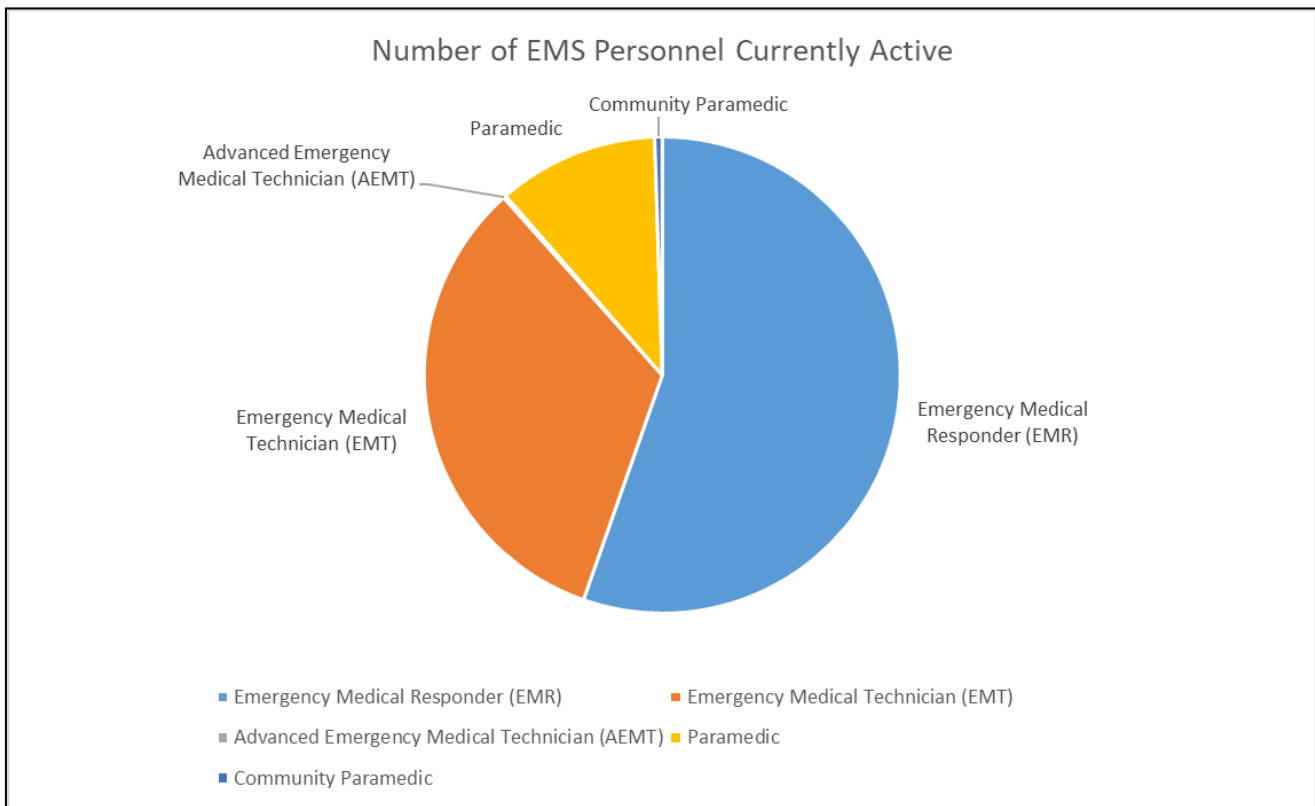
1. Discuss the components of well-being
2. Discuss the physiological effects of stress
3. Discuss the concept and warning signs of stress and burnout

1 hour: Clinical simulation

16 hours of outside patient clinicals

Number of EMS Personnel Currently Active

Number of EMS Personnel by Certification Level	
Emergency Medical Responder (EMR)	16,109
Emergency Medical Technician (EMT)	9,605
Advanced Emergency Medical Technician (AEMT)	51
Paramedic	3,116
Community Paramedic	145
Total:	29,026

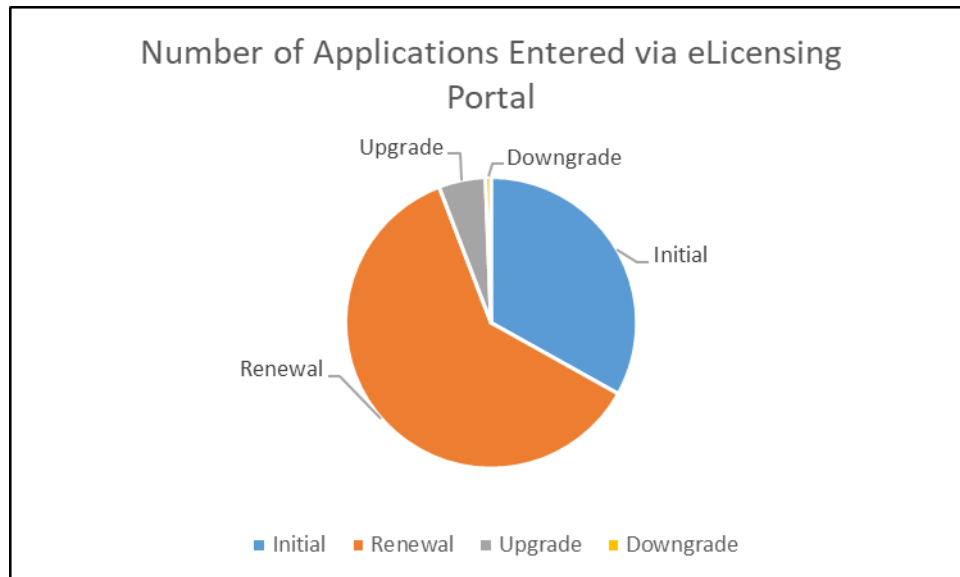


Current as of 8/31/2018 at 9:00 am

The Mission of the EMSRB is to protect the public's health and safety through regulation and support of the EMS system.

Number of Application Entered via eLicensing Portal

Number of EMS Personnel by Certification Level	
Initial Applications	5,723
EMR Initial Application	3,491
EMT, AEMT, Paramedic Initial Application	2,232
Renewal	10,556
EMR Renewal Application	4,960
EMT Renewal Application	3,868
AEMT Renewal Application	21
Paramedic Renewal Application	1,492
Community Paramedic Renewal Application	215
Upgrade	900
Upgrade to EMT	561
Upgrade to AEMT or Paramedic	227
Upgrade to Community EMT	88
Upgrade to Community Paramedic	24
Downgrade	106
Downgrade Certification Application	106
Total:	17,285



Current as of 8/31/2018 at 9:00 am

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