

Summary Minutes

Emergency Medical Services Regulatory Board

Executive Committee Meeting

Wednesday, June 23, 2010, 8:30 a.m.

2829 University Avenue SE

Minneapolis, Minnesota

Members Present

James Rieber (by phone)
Paula Fink-Kocken, M.D.
Pat Lee (by phone)
Kevin Miller (by phone)
Gary Pearson (by phone)

Guests

Tim Held (by phone)

Staff Present

Katherine Burke Moore
Melody Nagy
Robert Norlen (by phone)

Other Members Present

Mark Schoenbaum
Mari Thomas, M.D. (by phone)

I. Call to Order

Mr. Rieber called the meeting to order at 8:33 a.m.

II. Approval of Agenda

Mr. Lee moved approval of the agenda. Mr. Miller seconded. Voting yes: Paula Fink Kocken, M.D., Pat Lee, Kevin Miller, Gary Pearson, Jim Rieber. Motion carried.

III. Approval of Minutes

Mr. Rieber suggested tabling the May 20, 2010 minutes until the next meeting.

IV. Legislative Issues

Mr. Miller said that he wanted to talk to Ms. Burke Moore about unresolved issues and set up some meetings. The meetings should be coordinated with the MAA. Mr. Rieber suggested scheduling meetings for September. Ms. Burke Moore said that she would like to have a preliminary meeting for the EMSRB in mid-July. Mr. Miller agreed that he wanted to meet to develop a plan. Ms. Burke Moore said that she would send dates that she was available to Mr. Miller by email.

V. Budget Planning for FY 2011

Ms. Burke Moore said that the EMSRB cannot have shortfalls in any budget line. When the Executive Committee decided to distribute the money that was restored (\$247,000) that helped balance the shortfall. As it shows on the budget worksheet, the EMSRB is \$55,976 in the red. Although we can shift some funds from other line items; we need the full amount of \$47,538 earmarked to be restored to the EMSRB Operations budget, to end 2010 in the black.

Ms. Burke Moore said that in this fiscal environment, we will need to watch the budget closely throughout FY2011.

Mr. Pearson said that we have not had a Finance Committee meeting and had conflicts for setting a meeting within the 10 day time frame. Mr. Pearson said that he sent budget documents to the Finance Committee members. Mr. Pearson asked Ms. Burke Moore to set up a Finance Committee meeting and explain the budget at that meeting.

Mr. Miller asked why the salary account is in the red and would unspent money go back to general fund? She said that health care costs increased and that was not budgeted. Ms. Burke Moore said that this is a biennial budget and money is not returned, but carried over into FY2011. If there are extra funds next year, which I do not anticipate, the agency would identify how to spend the funds. Often this is the only opportunity to upgrade PCs, or replace out-dated

equipment. We have three positions vacant and that is how we have managed to have sufficient funds to cover costs. She said that she instructed staff to cut out overtime unless there is no other option. Staff has been asked to balance their hours. Mr. Miller asked when the plus and minus amounts are balanced; how much are we ahead. Ms. Burke Moore said that we balance there is no extra funding and no red.

Mr. Pearson said that the budget would be \$55,976 in the red but the \$47,538 balanced much of that deficit. Ms. Burke Moore said that the state medical director funding and the professional technical contract line made up a large part of that difference. Mr. Miller again asked if we will have a surplus. Ms. Burke Moore said that when we add the \$47,538 and shift money to the red lines we will not have extra money. The budget balances to zero.

Ms. Burke Moore said that she would communicate with Mr. Pearson on dates for a Finance Committee meeting.

Mr. Rieber asked about printing of MNSTAR forms. Ms. Burke Moore said that this is a wash. The money is used to print forms there is no extra money. The services pay the cost of the forms and shipping. Mr. Miller said that Ms. Vangness said at a previous meeting that there was extra money in MNSTAR forms account that was used to offset other expenses. Ms. Burke Moore said she would get clarification.

Mr. Rieber asked why the EMSRB prints forms – this should go to a private company. Ms. Nagy said that the costs would increase to ambulance services for the forms. Mr. Miller asked if the money goes back to the same account. Ms. Burke Moore said that she would speak to Ms. Vangness about this and report back. Mr. Rieber said that services could print their own forms with their own logos. This would save staff time.

Ms. Nagy said that she would seek a price quote from the state printing service. Mr. Rieber asked for a report on this for the July Board meeting.

VI. Medical Directors Contract

Ms. Burke Moore said that this is also a budget issue and the current budget amount is set for \$28,500 for each fiscal year or a total of \$57,000 for the biennium. Dr. Wesley has not spent a lot of funding this year. To date he has spent \$6,000 and will we anticipate receiving a claim for an additional \$2,000 at the end of this fiscal year. His contract will end June 30. Ms. Burke Moore said that we need to discuss how much to allocate to this contract. Ms. Landucci has developed RFP language.

Mr. Rieber said that when this was previously discussed we asked for a list of what is required for a state medical director. Ms. Burke Moore responded that we are required to have a medical director for trauma and we have other duties that we have had a medical director fulfill. Dr. Fink Kocken asked if the subcommittee that was appointed should meet to discuss this. Mr. Rieber said that we need the document of duties in writing.

Mr. Rieber said that he has had discussions with physicians that would be willing to take part of the contract. Mr. Rieber said that the subcommittee will discuss what duties we want filled and if we can contract with multiple entities. Ms. Burke Moore said that she will provide that document today. Mr. Rieber said that this should be discussed at the next Board meeting.

Dr. Fink Kocken said that this is a very short time frame for a meeting. We may need to have an interim person for the time period when there is no medical director. Mr. Rieber said that Dr.

Thomas is the Boards medical director. Ms. Burke Moore disagreed. Mr. Miller said that this was clarified when the medical director's contract was developed. Mr. Rieber quoted the IOP and said that he and Dr. Thomas are named to act in an emergency on behalf of the Board. We may need to clarify this in the IOP. A contract employee cannot take action on behalf of the Board. Dr. Fink Kocken said that the contract medical director would make decisions on routine matters. On decisions coming to the Board it would be the Board medical director. Mr. Rieber asked that this be put on the agenda for the June 30 Executive Directors meeting. Mr. Rieber stated that one of the physicians on the Board would be the Boards medical director.

Ms. Burke Moore said that she will provide a handout of the role of the medical director. Mr. Rieber said that this person should report to the Board's medical director. Dr. Fink Kocken said that Dr. Thomas should be invited to this discussion. Mr. Rieber agreed.

Mr. Miller asked if there have been situations that the state medical director had to act. Mr. Rieber said that a number of years ago something happened. (a licensed was revoked) He said that another situation would be to set aside rules during an emergency. (to use a school bus to transport patients in an emergency)

Dr. Fink Kocken said that there may be issues that Dr. Wesley is covering that may need to be handled. Ms. Burke Moore said that she will consult with the EMS Specialists to see what issues they bring to Dr. Wesley for consultation.

Mr. Rieber said that he emailed Dr. Thomas to have a discussion on pending issues. Mr. Rieber asked for a report from Ms. Burke Moore on these issues.

VII. Update on Trauma Triage Guidelines and Deviations

Mr. Rieber said that the Trauma Deviation Panel met on June 16. He said that staff recommendations were provided. He asked for the summary from the last meeting. Ms. Burke Moore said that we have minutes from that meeting. Mr. Lee said that he does not have the handouts and has received questions.

Mr. Miller said that the approvals handled at the Board meeting have not been communicated to ambulance services. Mr. Schoenbaum said that after we set up a process at the Board meeting we should have informed ambulance services of the progress of the requests.

Mr. Rieber said that we should take action on the uncontested deviation requests. Then discuss the other requests that we asked for additional information.

Allina Medical Transportation

Deviation request will be approved for one year ending July 1, 2011.

Mr. Lee moved approval of the request. Dr. Fink Kocken seconded. Voting yes: Paula Fink Kocken, M.D., Pat Lee, Gary Pearson, Jim Rieber. Motion carried. Kevin Miller abstained.

Boise Forte Ambulance

Determined no deviation would be necessary.

Edgerton Ambulance

Determined no deviation would be necessary due to Sanford Luverne hospital has been designated at level 4 since the deviation request was received.

Floodwood Ambulance

Requested approval to bypass a closer undesignated hospital and transport to hospitals designated at level 2 and 3 which are outside the 30 minutes. Dr. Fink Kocken moved approval of the deviation. Mr. Miller seconded. Voting yes: Paula Fink Kocken, M.D., Pat Lee, Kevin Miller, Gary Pearson, Jim Rieber. Motion carried.

Leech Lake Ambulance

They are looking at going to a designated trauma center and bypassing the local hospital. The staff recommendation is to accept the deviation request. Mr. Lee moved approval. Mr. Miller seconded. Voting yes: Paula Fink Kocken, M.D., Pat Lee, Kevin Miller, Gary Pearson, Jim Rieber. Motion carried.

Remer Ambulance

Mr. Norlen said that we received clarification from Remer that they want to bypass Deer River and go outside the 30 minutes to go to a designated hospital. Mr. Pearson moved approval of their request. Dr. Fink Kocken seconded. Voting yes: Paula Fink Kocken, M.D., Pat Lee, Kevin Miller, Gary Pearson, Jim Rieber. Motion carried.

Spring Grove Ambulance

Spring Grove transports patients to Iowa and Wisconsin. The closest designated facility is in Iowa. Mr. Norlen said that Wisconsin is the closest. Dr. Fink Kocken said that we questioned the validation methods in Iowa. Mr. Held said that the standards are higher. Mr. Pearson moved approval of the request. Dr. Fink Kocken seconded. Voting yes: Paula Fink Kocken, M.D., Pat Lee, Kevin Miller, Gary Pearson, Jim Rieber. Motion carried.

Virginia Regional Medical Center

Grant a deviation to Virginia Ambulance Service to transport to undesignated Virginia Regional Medical Center (VRMC) when a level 3 hospital is within 30 minutes transport time until September 30, 2010 or until the STAC takes action on the designation of VRMC. Once they achieve level 4 the deviation is not necessary. Mr. Held said this will be passed by STAC in July. Mr. Miller moved to approve the deviation. Mr. Pearson seconded. Voting yes: Paula Fink Kocken, M.D., Pat Lee, Kevin Miller, Gary Pearson, Jim Rieber. Motion carried.

Lakes Region EMS

Lakes Region EMS has applied for a deviation to allow them to transport to level 1 in the metro area 40 – 45 minutes away. They are requesting to take major trauma to level 1 instead of level 4 hospitals. The panel's recommendation is to approval this but we asked for comments from the other hospitals. Ms. Burke Moore said that three comments were received. Mr. Schoenbaum said that it was a good idea to communicate with these hospitals. He said that there are unresolved issues. They have not had enough time to talk at the local level.

Mr. Miller asked why they want this request; why bypass facilities. Mr. Held said that they are trying to get major trauma to definitive care the best way possible. He said they do not want to make a stop and then another transfer. This is an ALS service that provides good care and can perform level 4 care while in transport on the way to a level 1 facility. He said that this is in the best interest of the patient. BLS services need to transport to level 4 for stabilization of care. ALS is a different case.

Mr. Rieber said that Perham is a level 4 and we look at the best way to get a patient to definitive care the fastest possible way. Mr. Rieber said that the 30 minute time frame was a negotiated decision. Mr. Held said that this was a recommendation from the ACS (American College of Surgeons).

Mr. Rieber suggested referring this back for further discussion and action at the June 30 meeting. It is important to let them know that getting to definitive care is the priority. Mr. Schoenbaum said that we may end up approving this but we want the local agencies to have further discussion. Dr. Thomas asked if there is still opposition. Mr. Schoenbaum said that the parties still need to talk to each other.

Mr. Held asked about the PSA of Lakes Region – Pine Medical and Cambridge are a significant distance. Mr. Norlen replied that their area includes up to the county line including Isanti County. It depends on where the patient is for the 30 minute time frame. Mr. Norlen said that there would not be many patients transported to Pine Medical. Mr. Rieber said that he had this discussion with Lakes Region. Mr. Norlen said that Lakes Region may not spend much time talking to Pine Medical or Cambridge because the number of transports would be limited. Lakes Region was involved in the application process for Wyoming and has an agreement with their medical director. Mr. Held said that Wyoming would be the true bypass.

Mr. Rieber asked if there was any reason we would not support the request. Mr. Schoenbaum said that this is a process question. We need to develop communication between hospitals and ambulances. He suggested that Mr. Norlen talk to Pine Medical and Cambridge and provide MNSTAR data to them. Mr. Rieber said that this will be tabled until next week.

Ms. Tanner joined the meeting.

Rushford Ambulance

Rushford Ambulance's request included bypassing Winona Hospital. Winona is now designated as level 4 trauma hospital. Mr. Rieber asked if this is an actual bypass. Mr. Norlen said that generally Rushford would have an average transport time of 25 minutes to Winona hospital. The transport distance to Gunderson or Rochester (level 2 and 1) is outside the 30 Minutes. Rushford indicated, in most cases they use helicopters from LaCrosse or Rochester when appropriate or ALS intercept from Winona Ambulance Service. There would be very few major trauma patients that Rushford would not request air or ground intercept for. Mr. Rieber said that we may need to refer this back. The hospital has spoken to Rushford and we need to have a further discussion with Rushford. Mr. Norlen said that Ms. Hammann is seeking information from the director of Rushford. Rushford is asking for additional time to respond. Mr. Rieber suggested tabling this until next week.

Mr. Held said that if they withdraw they are prohibited from going to a level 1 or 2 this would limit their options of transport. He suggested that there should be leeway in a deviation. Mr. Norlen agreed that in this situation they would be driving away from the definitive care. This has merit and would allow the ambulance service the ability to make the decision based on the patient need.

VIII. Other Business

None.

IX. Next Meeting

June 30, 2010 at 9 a.m.

Mr. Norlen said that the Executive Committee will need to approve other guidelines submitted. Mr. Rieber asked for the documents by email before the next meeting.

X. Adjourn

Mr. Lee moved to adjourn. Dr. Fink Kocken seconded. Voting yes: Paula Fink Kocken, M.D., Pat Lee, Kevin Miller, Gary Pearson, Jim Rieber. Motion carried.