

## Summary Minutes

Regular Meeting of the  
**Emergency Medical Services Regulatory Board**  
**Medical Direction Standing Advisory Committee**  
9:00 a.m., Friday, March 11, 2011

### Members Present

Mari Thomas, M.D., Chair  
Aaron Burnett, M.D.  
Paula Fink-Kocken, M.D.  
Pat Lilja, M.D.  
John Pate, M.D.  
Paul Satterlee, M.D.  
Mike Wilcox, M.D.

### Members Absent

Gary Foley, M.D.  
R. J. Frascone, M.D.  
Dan Hankins, M.D.  
John Hick, M.D.  
Kory Kaye, M.D.  
Mark Lindquist, M.D.  
Ralph Morris, M.D.  
Christopher Russi, M.D.  
Bob Zotti, M.D.

### Guests

Suzanne Gaines  
Curt Ireland  
Pat Lee  
Kristi Moline  
Scott Reiten  
Imo Sunderland  
Tom Vanderwal

### Staff

Melody Nagy  
Robert Norlen  
Debra Teske

### Board Members Present

Dawn Bidwell  
Pat Lee  
Kevin Miller  
Jim Rieber

#### **I. Call to Order**

Dr. Thomas called the meeting to order.

#### **II. Introductions**

Dr. Thomas asked members and guests to introduce themselves. Dr. Thomas welcomed Dr. Burnett, of Regions Hospital.

#### **III. Approval of Agenda**

Dr. Thomas said that she would like to discuss a proposal to eliminate the trauma system (SF 557) under other business. Dr. Burnett moved approval of the agenda. Dr. Wilcox seconded. Motion carried.

#### **IV. Approval of September 10, 2010 Minutes**

Dr. Lilja moved approval of the minutes. Dr. Pate seconded. Motion carried.

#### **V. EMSRB Updates**

##### **Executive Director Search**

Mr. Lee said that the Board's hiring committee conducted interviews last week. A final candidate was agreed upon by the committee and will be brought forward for Board approval at the meeting this coming Thursday.

#### **VI. Workgroup to Review American Heart Association Standards**

Dr. Thomas said that this was suggested at the last meeting. The teaching materials are being released this month.

Dr. Thomas asked if the committee would like to review these guidelines or form a workgroup for this review and bring information back to the next meeting. Dr. Thomas suggested rolling this into the review of the pre-hospital guidelines. As the medical directors review the pre-hospital guidelines they should also review the new American Heart Association standards and offer their recommendations.

Dr. Lilja said that he attended a meeting last week where this was discussed. The consensus was that the guidelines deviate from the usual standard. Dr. Burnett said that Regions will be implementing the guidelines in a limited fashion.

#### **VII. Review of Patient Care Guidelines and Pre-Hospital BLS/ALS Pediatric Guidelines**

Dr. Fink Kocken asked if this is a functional document in its current format. She provided an example that includes both ALS and BLS in a one page format. She asked if the protocols should be combined into one large document or separate PDF documents by topic. Dr. Pate said that they have a combined document. Dr. Thomas said that she downloads all the information at once and then sorts by topic. Dr. Fink Kocken said that there is also a PDF fill-in document available. Dr. Fink Kocken said that she will work on developing a combined document. The EMSC Program has a workgroup reviewing this information and will bring a recommendation to the September meeting.

Dr. Thomas asked that committee members send comments to her on the BLS document and to Dr. Fink Kocken on pediatric guidelines.

#### **VIII. DPSAC Report**

Dr. Satterlee said that the Data Policy Standing Advisory Committee has been meeting for the last six months and have discussed moving to the NEMESIS 3.0 data set. The Board adopted this recommendation at their January meeting. The committee also discussed the costs associated with this change, as well as a timeline including flexibility for software testing. Mr. Norlen said that NEMESIS is finalizing software testing. Mr. Norlen said that the Board approved a timeline with compliance from one year of software testing.

Dr. Lilja said that there are concerns about the cost of this unfunded mandate, given the value and use of the data. The Board needs to be cautious in this because of budget concerns. Dr. Pate said that his service is hospital based and receives no public reimbursement of any sort. They maintain a balanced budget but a costly major change would be a problem for our hospital.

Dr. Lilja said that the MNSTAR data is unreliable. Mr. Norlen said that the emphasis in this transition is to have the data improved. Mr. Norlen asked Dr. Lilja for an example of data problems. Dr. Lilja said that he has done chart review and cannot prove the correctness of the data. If money were not an issue this would not be a problem.

Mr. Miller said that it was not a unanimous vote by the Board and added that there was a comment period with very few comments received. Mr. Norlen said that no cost estimates were received from services during the comment period.

#### **Discussion of Future Reports**

Dr. Satterlee said that he has heard comments that the state has spent millions of dollars implementing MNSTAR. Dr. Satterlee said that steps have been taken to assure that the data is accurate and complete. Dr. Satterlee said that we need data reporting to drive the improvement of data accuracy. Dr. Lilja said that he cannot use the data for quality improvement.

Dr. Satterlee said that he sent an email asking for data points to report to services at both the BLS and ALS level. This would provide information for building reports for ambulance services and could be a point of comparison at the regional and state level. Dr. Satterlee said that he asked for the seven most important data points from the medical directors. He added that, as migration to the new data set occurs, more information can be provided to the ambulance services.

Dr. Satterlee suggested that we could consider trauma scene time as one of the components and report this back to services. Dr. Pate said that he is not sure of the accurate reporting of dispatch times by the sheriff's office. Dr. Thomas said that the data may not be accurate but that does not mean that we do not want to collect it to improve the accuracy of the data.

Dr. Satterlee said that the goal is to have the data reports developed (which will take some time). We need to provide feedback to the services. Dr. Thomas asked if this would be a "canned" report or a custom report created quarterly.

Dr. Satterlee said that "no load" rates and aspirin for chest pain would be two suggested data points. He said that he would like to see a 5 to 7 point report that is provided to services.

Dr. Pate said that his hospital based service has ImageTrend and the reports are very good. Dr. Pate said that he reviews these reports with his service personnel. Dr. Burnett said that when someone is reviewing the data the quality is better. If we can trend an improvement then we have value added. Dr. Satterlee said that he is not suggesting a performance standard. He is not suggesting penalties for non compliance.

Mr. Scott Reiten said that the regional trauma committee he works with is discussing data reporting for trauma and will be requesting specific data soon. He said that MNSTAR is a big help to them.

Mr. Rieber commented that as you look at automated reporting you should not assume that everyone wants the same data. He said that this will require education by the EMS Specialists. Mr. Rieber said that there are issues with the accuracy of the data and each agency is responsible for tracking the accuracy of their data. We need to drive the system and make sure the data is accurate and complete. Mr. Rieber commented that there is very limited time for EMSRB staff to provide these reports.

Dr. Lilja said that there are two separate issues. We can provide data now. People will use comparison data to potentially take over another service. As health care gets more competitive the data will be used for reporting about another services' practices.

Mr. Norlen said that we will be able to do good things with our data. He said that we need the MDSAC to be engaged in improving and reporting the data. The rural services that input the data look at the validity scores and the completeness of the reports and it is very good quality data. He said that this is good review for medical directors with their service personnel. Mr. Norlen said that we have worked very hard so that the mapping is accurate on the data that is coming into the system. Dr. Pate said that he wants to assure the privacy of the data. Mr. Norlen said that this is all public data with the exception of patient specific items.

Dr. Thomas said that she does not want to automatically receive reports but wants to choose which report she receives.

Mr. Ireland said that he feels the data useful. He said that there is a significant cost for him to have the data input.

Dr. Lilja said that the CARES data is accurate but he does not believe he would receive the same data from MNSTAR. Dr. Lilja said that from chart review he does not see the same data in MNSTAR. Dr. Thomas said that the information provided is based on how you look at the definitions.

Dr. Satterlee said that he is asking for input from committee members for reporting of data points. Dr. Satterlee said that he will be having a discussion with Mr. Norlen and ImageTrend on how to collect and distribute this data.

Dr. Burnett said that we want to determine our own data points before another group makes this decision for us.

Mr. Norlen said we also want to include education of providers. Medical directors working with the DPSAC will be essential to success of this. Mr. Norlen said that we have CARES information in MNSTAR.

Dr. Lilja said that if the EMSRB is going to mandate something we have to weigh the cost of doing this. Dr. Satterlee asked what the MDSAC has done to improve quality care for the citizens of Minnesota. Dr. Pate said that he reviews what is discussed here and implements improvement in his system.

Dr. Lilja said that MNSTAR does help but he still needs to do chart review to assure the accuracy of the data. We need a very low error rate to assure the data provided is accurate in his QA review.

Mr. Vanderwal said that he would like to see the reporting be easier from a rural perspective.

## **IX. Other Business**

SF 557 (trauma system repeal)

Dr. Thomas said that Ms. Teske received information yesterday regarding repeal of the trauma system. Ms. Teske said that we are seeking information from the MDSAC to take to the Board meeting next week. This bill would repeal the entire trauma system. There is not a house companion bill at this time. Ms. Teske said that we want input from MDSAC to provide information at the legislature if asked.

Mr. Rieber said that he is asking the Board to vote on this at next Thursday's meeting so we are clear on the Boards' position. He reiterated the needs for input from the MDSAC. Mr. Rieber said that all mandates are being reviewed that have funding attached and there are other things being proposed that have cost.

Ms. Teske said that the senate cuts are proposed at 1.6 billion to health and human services. It will be a battle to come to a budget resolution.

Dr. Wilcox said that he is a strong proponent of the state trauma system in the rural area.

Dr. Wilcox moved to support the trauma system. Dr. Pate seconded. Dr. Lilja said that this has not changed the care for the patients from his perspective. He said that education will help. He said that patients are not dying at rural hospitals. We have always done a good job in our patient care.

Dr. Wilcox said that it is early in the system for a review of the results. Dr. Thomas said that this provides equal training for all rural hospitals in her area. This is improving faster transfers. Dr. Thomas said that there will be less change in the metro area.

Dr. Pate said that staff comes and goes. The level of training for nurses has improved because of CALS. This keeps the hospital administrator focused on funding for the ER.

Mr. Rieber said that the trauma system has been beneficial for his service. The feedback is good and provides review of potential bottlenecks.

Dr. Fink Kocken asked if the outreach is beneficial. Several doctors agreed that it is. Dr. Fink Kocken said that the EMSC program received a rural health grant to provide training.

Dr. Thomas asked for a vote on the motion to oppose SF 557, which would repeal the state trauma system. Motion carried.

**X. Public Comment**

Dr. Fink Kocken said that there is a nationwide study regarding pediatric cardiac arrest results. She asked that comments be provided to Dr. Jack Nowak. There will be training provided to ambulance services and ERs. Dr. Lilja said that Dr. Conterato will have an option on this topic. Dr. Lilja said that we have had very good results in our efforts in cooling.

Dr. Lilja said that it is good to have this study. Dr. Lilja said that we are studying cooling and strokes. Dr. Kocken said that she will ask Dr. Nowak to speak at the September conference on the Therapeutic Hypothermia Study. Dr. Thomas suggested this be a panel discussion.

Dr. Wilcox said that he is interested in extending the role of paramedics in rural areas. He said that we are seeking a recommendation from each region for three candidates for a community paramedic course. This will be a MNSCU course with a certificate.

Dr. Burnett asked if there is interest from employers. Dr. Wilcox said that he has received comments on this. Dr. Lilja said that we are discussing this and how the reimbursement would occur. This would also be a staffing issue.

Dr. Wilcox said that there needs to be an assessment at the community level of what is needed. Dr. Thomas said that she would see this beneficial for communities. Dr. Lilja said that a paramedic in a hospital ER has to be carefully managed.

Mr. Rieber thanked the MDSAC for the information and input provided to the EMSRB. He said that he is ending his term as the chair of the Board.

Mr. Norlen said that part time ALS guidelines are being requested. Dr. Lilja said that guidelines can be shared by services.

**XI. Next Meeting**

September 9, 2011 from 8 a.m. to 10 a.m. with EMSRB meeting following, in conjunction the Medical Directors Conference in Alexandria.

**XII. Adjourn**

Dr. Satterlee moved to adjourn. Dr. Wilcox seconded. Motion carried. Meeting adjourned at 10:45 am.