

Meeting Minutes

Emergency Medical Services Regulatory Board **Medical Direction Standing Advisory Committee (MDSAC)**

Thursday, September 10, 2015, 7 p.m. – 10 p.m.
Arrowwood Resort, Alexandria, MN

Members Present: Dr. Burnett, Dr. Conterato, Dr. Hankins, Dr. Ho, Dr. Fink Kocken, Dr. Frascone,
Dr. Pate, Dr. Thomas, Dr. Wilcox

Staff/Guests: Pat Coyne, Dan DeSmet, J.B. Guiton, Tim Held, Kevin Miller, Melody Nagy, Robert Norlen, Rose Olson, Bill Snoke, Tony Spector

- 1. Call to Order – (7:00 p.m.) – Dr. Burnett, Committee Chair**
Dr. Burnett welcomed everyone to the meeting.

Dr. Burnett thanked Dr. Thomas for her leadership of the MDSAC. Dr. Burnett welcomed Dr. Pate as the new representative of family practice to the Board.

- 2. Approve Agenda – Dr. Burnett**

Dr. Ho asked for a discussion of EMR renewals (to occur at the same time). Mr. Spector commented that staff have a response for this question and will provide this information to Dr. Ho.

Dr. Frascone asked for a discussion of “holds”.

- 3. Approval of Minutes – Dr. Burnett**

Dr. Wilcox moved to approve the minutes from the March 6, 2015 meeting. Dr. Ho seconded. Motion carried.

- 4. EMSRB Update – Tony Spector, Executive Director**

Mr. Spector said he was fortunate to be appointed as the Executive Director. He thanked staff for their work in making the agency run smoothly. He noted that the EMSRB is comprised of a very small staff, and he is evaluating staffing needs. He reminded everyone that the EMSRB mission is to protect the public’s health and safety and on his watch that is and will be the top priority. He explained that staff will continue to be responsive and timely to our stakeholders. To that end, staff has implemented e-cards for certification and recertification of EMS personnel. The certification is sent by email which provides a faster response to our customers.

Mr. Spector thanked Dr. Burnett for his tour of the State Fair medical control. He said that is the busiest emergency department in the state for 12 days working in conjunction with Regions Hospital.

- 5. Composition of MDSAC – Dr. Burnett**

Dr. Burnett said the number of medical directors in the state is growing and this committee should also grow. He said that we need a group of members who attend and vote on motions to give advice to the Board. He also led discussion on how to bring new members to the committee.

Dr. Thomas said the core group is the eight regional medical directors and the physicians on the Board. We need representation from each region.

Dr. Pate asked if some meetings can be by phone. He said travel can be a factor.

Dr. Ho suggested an announcement at the conference that the membership is being opened up.

Dr. Burnett suggested four additional members who have minimum knowledge of being a medical director for an ambulance service. He wants the Board to consult with MDSAC as a partner in EMS medicine.

Dr. Fink Kocken said that a focus is to be the State Medical Director. We could also have participation with NASEMSO medical direction. Dr. Burnett said we should identify the roles for the members.

Mr. Spector said that meetings can be held by phone with conditions. The Board chair will determine this participation. DPSAC is meeting by Lync.

Dr. Burnett said that he would like to encourage rural medical directors to attend this meeting.

6. Medication Expiration Dates and Manufacturer Recommended Storage (Succinylcholine)

Dr. Burnett said we want medication that is safe and effective. Dr. Thomas asked if we want a modification of Minnesota Rule. Dr. Thomas asked who decides what is appropriate. What happens when staff does an inspection and something is expired? What is the ruling?

Dr. Pate said the committee would cite literature and have a guideline. The responsibility would be with the medical director.

Dr. Ho suggested changing the rules to have the medical director be responsible. Similar to what is required when there is a drug shortage. This could be handled on a case by case basis. This should be the medical director's decision.

Mr. Spector said that the statute would need to be modified this year. Mr. Spector said boards are changing from rule to statute because it would be cleaner. The EMSRB is obligated to follow the statute. Dr. Thomas said we do not want to change rules based on specific medications.

Mr. Miller said that there are rules that are unenforceable. Dr. Burnett said that is a broad topic and should be discussed another day. Mr. Schaefer said the agency must follow the statute.

Dr. Pate moved that if published peer review literature in a reputable medical journal relating to the storage and maintenance of equipment and drugs conflicts with the manufactures recommendations a service medical director may choose to store and maintain the equipment or drug according to the information/data provided in the peer review journal. Dr. Thomas seconded. Motion carried.

7. Minnesota Medical Directors Course - Dr. Pate

Dr. Pate provided an overview of the Medical Director's Course power point presentation. Dr. Pate suggested two hours of presentation and another hour of equipment review. Dr. Pate asked for comments from the other members of the committee.

Dr. Thomas said that this provides the basics for being a medical director. This can be a good way to ask questions of the physicians on the Board.

Dr. Wilcox asked if this can be web-based education or a conference session. Dr. Hankins asked about accreditation for continuing medical education.

Dr. Pate said that this is aimed at new rural medical directors. He suggested posting this on the EMSRB website. Dr. Burnett agreed and also suggested emailing it to all ambulance services. Dr. Pate suggested this be emailed when the state is informed of a medical director change.

Dr. Thomas said that we want to impact retention of medical directors. This can be a resource for a frustrated medical director.

8. Spinal Precautions Algorithm

Dr. Lyng was not able to be at the meeting today. North Memorial has implemented this guideline.

Dr. Conterato said we should seek broad-based opinion on this change. Dr. Lyng wanted this to move this forward as a statewide change with MDSAC approval. This needs to be shared at the physician, nurse and EMS level. The state trauma committee could make a statement in a joint effort. Dr. Frascone said that the national physician statement is a more powerful tool to use.

Dr. Thomas said documents were provided by email that can be shared.

Mr. Held said the regional medical advisory committees are also discussing this issue. The information can be distributed at that level.

Mr. Guiton said this is an accepted practice in the metro area.

9. Community Paramedic Education Program Approval – Dr. Ho

Dr. Ho said he is looking for a recommendation to the Board. There is a request for a program but there is a Board hold on approval of Community Paramedic Education Programs. We want to recommend moving forward with approval of the curriculum.

Mr. Guiton said that Inver Hills and Hennepin currently teach this. Others are interested in teaching this. The Board should grant approval if a program is using the same curriculum.

Dr. Fink Kocken said that we are giving Board certification for Community Paramedics and approving the education programs. The issue is evaluating what should be included in a community paramedic program. The physicians on the Board are not skilled in evaluating programs. She asked Dr. Wilcox to speak on this issue.

Dr. Wilcox said the curriculum that is currently used was developed by the North Central EMS Institute. It focuses on primary care and chronic disease management. The curriculum is available to any institute that has an academic setting. The medical director for which these people are working can sign off for their certification. Dr. Wilcox said it should be acceptable to have other institutes provide this education.

We are discussing national certification.

Mr. Spector said that the approval of programs was put on hold. A workgroup was suggested but the workgroup never met. The Board's Executive Committee suggested that the topic is best discussed by MDSAC. Mr. Guiton said that we can approve this with the use of the accepted curriculum.

Dr. Ho said that we need to move this forward. We should not deny a program using the same curriculum. Dr. Wilcox said that there can be a partnership with groups that teach the program now.

Mr. Norlen said that there is legislation that took effect for Community EMT and we need to think about the curriculum for this program. Dr. Wilcox said we are discussing community EMT.

Dr. Fink Kocken moved the EMSRB allow institutions of higher learning to use the most current version of the International Roundtable on Community Paramedic Curriculum. Dr. Wilcox seconded the motion. Motion carried.

Mr. Guiton said we want to thank Dr. Wilcox for his work as a pioneer in EMS.

10. Other Business - Dr. Burnett

Dr. Frascone said he would like to discuss transport “holds”. The current state of the law is that this can only be signed by a peace officer or a health officer as defined by statute. Health officer does not include paramedics. The opinion at Regions is to not have a doctor sign this. This may change depending on the physician. Dr. Frascone suggested adding a definition of paramedic to a health care professional or a physician who is not present at the scene can authorize signing the “hold”, i.e., an on-line medical control physician .

Dr. Ho said that this has been discussed at west metro. We may be waiting on scene for police officer to arrive. We do not want to “kidnap” patients. We could ask for a language change suggesting with the authorization of a Medical Director. Dr. Burnett said that this could include online medical control.

Dr. Frascone said we want to make the law clear. Mr. Snoke said that this was discussed by the Minnesota Ambulance Association. We want immunity for our personnel. We want to change the appropriate statute.

Dr. Frascone asked that this be referred to the Board for discussion. Ideally a paramedic could sign. A physician not present should be able to authorize signature. Online medical control can be discussed.

Mr. Guiton suggested this be discussed by the Legislative Committee.

Dr. Frascone moved MDSAC recommends to the EMSRB that the Legislative Committee investigate changes to Minnesota Statute 253B subdivision 9 definition of health officer to include paramedics and online medical control. Dr. Hankins seconded the motion. Motion carried.

11. Public Comment – Dr. Burnett

None.

12. Next Meeting Date – Dr. Burnett

At the Long Hot Summer Conference in March – date and time to be announced.

13. Adjourn – Dr. Burnett

The meeting adjourned at 9:45 p.m.