1. Call to Order

Dr. Burnett called the meeting to order at 7:02 p.m.

2. Public Comment

Ms. Devon Green, Reservation Ambulance Service, White Earth, asked to speak to the committee. She said Dr. Carson Gardner is not able to attend the meeting. Ms. Green stated the position of their service in requesting a variance to allow for use of a new syringe-volume-limiting clip to administer epinephrine. Dr. Burnett said this is being suggested as an alternative for a volume limited syringe. The committee discussed methods of epinephrine administration. Dr. Lilja asked for clarification of the memo provided by the state. Mr. Schaefer quoted the statute. Dr. Burnett said the ambulance service medical director makes the determination if the devise meets the law.

3. Approve Agenda

Dr. Lick moved approval of the agenda. Dr. Pate seconded. Motion carried.

4. Approve Minutes

Dr. Lick moved approval of the March 4, 2016 minutes. Dr. Lilja seconded. Motion carried.

5. MDSAC Committee Chair Report

Welcome New Member Dr. Andrew Stevens

Dr. Burnett said that Dr. Stevens could not attend tonight. Dr. Burnett provided background information about him.

Burnsville Fire Department EMS Pilot Project No. 2

Chief B.J. Jungmann of the Burnsville Fire Department provided a Power Point presentation. He discussed a timeline for implementation of this project and commented that there are a number of programs that are similar to this. He referenced a white paper regarding triage. He provided a sample of a triage protocol. Burnsville Fire Department will never deny service to a patient. The question Chief Jungmann posed to MDSAC: is there something Burnsville Fire needs to do regarding its pilot projects to be compliant with the EMSRB? Dr. Lilja asked if this is allowed under current statute. His
reading of the statute is that a service must respond when called. Should the committee be suggesting a change to rule? Dr. Burnett said that this is being offered as an option. (Patient choice.)

Dr. Lyng moved to refer this topic to the Legislative Ad-Hoc Work Group and Executive Committee and asked the Attorney General to provide an opinion for:

- What triggers the requirement for a response?
- What constitutes a response?
- What is a request for an ambulance?
- Is secondary focused medical triage of a 9-1-1 caller who is requesting an ambulance under the regulatory authority of the EMSRB? (If so, how does EMSRB compliance fit into secondary triage?)

Dr. Pate seconded. Motion carried.

### POLST Form

Dr. Burnett said the Board has supported the POLST form in the past. There are minor updates to this form. A Power Point presentation was referred to that was also provided in the handouts. Mr. Guiton said this form was updated to meet national standards. The goal is to have a physician sit with the patient and the family to clarify the patient’s wishes. Dr. Lilja said use of the form should not be limited to someone who has less than 12 months to live. There should be a form that anyone can use. Mr. Guiton said the Minnesota Ambulance Association (MAA) has approved the updated form and the EMSRB is being requested to endorse the form. The committee discussed the format of the form. Several physicians suggested modifications to the form. Dr. Burnett suggested that he would like specific to see language for trial of intubation with a fill in for number of days.

Dr. Lilja suggested sending a letter to the MAA expressing the concerns of the MDSAC.

Dr. Burnett moved to recognize that a POLST form is the best way for a patient to communicate their wishes to EMS. The following suggestions were offered:

- Stronger emphasis for a patient that prefers no transport to the hospital. (Similar to the previous form.)
- Adding if a patient requests a call to 9-1-1 or an alternate source. (i.e., hospice)
- Amend the form to make more bullet points or checkbox format.
- POLST form could be part of any individual’s health care planning regardless of their life expectancy.

Dr. Frascone seconded. Motion carried.

Dr. Lyng said he would like to know how this information can be communicated in a secure data base in real time and honor peoples wishes.

Mr. Guiton asked if the committee would be able to meet before March to discuss this issue. Dr. Burnett said this issue alone, no. If there are enough agenda items to call a meeting, this could be included.
Role of MDSAC in State EMS Crisis Standards of Care
Dr. Burnett said the Minnesota Department of Health formed a committee to discuss EMS Crisis Standards of Care. Dr. Burnett suggested the MDSAC would be the subject experts for medical care advice. The draft document developed by the committee is open for public comment.

Physician Involvement in Rural Ambulance Assessments
Dr. Burnett said the EMSRB has conducted several rural ambulance assessments recently. Physician involvement is critical to the quality of these assessments. A medical director provides insight that no one else can provide. Dr. Burnett said he is looking for volunteers from this committee for the assessment team.

Medical Director’s Course
Dr. Pate said this course is being offered for new or newer medical directors. Twelve attendees are registered to attend. This is a one-hour presentation and provides a basic review for a new medical director. Mr. Spector said that this is being presented at no charge. Dr. Burnett thanked Dr. Pate and the Medical Director’s Association.

6. Education Standards Transition
Mr. Spector referred to the handouts that list the requirements for ACLS and CPR. He said Board member Lisa Consie was present to provide clarification of the committee’s discussions. Mr. Spector asked for a recommendation from MDSAC. The EMSRB would need to develop language for any suggested changes to statute. The Post Transition Education Standards Work Group suggested that CPR be included as a requirement for EMR. This would require a statute change. Should ACLS be required? The current statute lists a course or approved by the medical director.

Dr. Lilja said there should be a broad interpretation of what is included as a CPR course. Dr. Lilja said sometimes the protocol is different than what is taught as CPR.

Dr. Burnett said that the national core competency requirements do not require CPR and ACLS. Minnesota statute requires CPR. Dr. Lyng suggested endorsement of the concept but not name a specific course.

Dr. Pate asked if use of an AED would be included in the CPR course. Dr. Burnett responded that would depend on the wishes of the medical director.

Mr. Spector said the EMSRB is certifying EMR renewals and the EMR on an ambulance should have CPR.

**Motion:** Dr. Foley moved to require a course in CPR approved by the Board or a medical director for EMR. Dr. Thomas seconded. Motion carried.

Dr. Lilja asked about medical director verification for renewals. How do you maintain paramedic certification without a medical director to sign the form? The National Registry has an inactive status.

7. Executive Director Report
Mr. Spector said that he is presenting agency information at the Board meeting and at the conference. He said the agency has reached its 20-year anniversary. He acknowledged the persons in the room that have served EMS for 20 years or more. He acknowledged staff with 20 years of service.
Mr. Spector mentioned the EMSRB mission is to regulate and support the system. Discipline is one tool and the EMSRB has had requests for assistance that did not require discipline. An engaged medical director makes a difference for an ambulance service. The EMSRB seeks medical directors who are willing to lend their assistance as the EMSRB works with services that are struggling.

8. EMSC Pediatric BLS/ALS Guidelines Approval

Dr. Fink Kocken provided a handout and Power Point presentation. When the American Heart Association makes changes to their recommendations it is necessary to update our guidelines. These are guidelines and every service has their own protocols but may adopt these guidelines if they wish. These guidelines were reviewed by a small committee. This information will be posted on our website and the EMSRB website. The updated ALS/BLS combined format will be provided. New sections have been added.

Dr. Burnett asked if adrenal insufficiency is included in the guideline. Dr. Fink Kocken said yes.

Dr. Fink Kocken said the roll out date is September 23. The guidelines will be available for download. EMSC will have flash drives to provide at future conferences.

Dr. Fink Kocken said if there are suggested additions, I will be happy to discuss this with you.

9. U of M Cardiac Care Consortium

Dr. Burnett said that Lucinda Hodgson and Kim Harkins could not attend the meeting tonight so Dr. Lick presented information regarding this program. Dr. Lick said that this not specifically a University of Minnesota program. This is system based care and a national program for heart rescue. The Minnesota program remains strong and there are lots of partners in the program. The goal is to improve survival. There is a registry for data on cardiac arrest. Dr. Lick provided statics on participation. You can compare your service with regional and national data. This provides performance data. He referred to the handouts provided to the committee. Dr. Lick suggested if services are not using CARES, contact Ms. Hodgson to join.

10. New Business

Mr. Spector thanked staff for their work in organizing this meeting.

11. Next Meeting

The next meeting will be scheduled to be at the Long Hot Summer Conference in Brooklyn Park, on March 3, 2017.

12. Adjourn

**Dr. Lilja moved to adjourn. Dr. Frascone seconded. Motion carried.**

Meeting adjourned at 9:00 p.m.