

State of Minnesota
Emergency Medical Services Regulatory Board
Executive Committee Meeting Agenda

April 20, 2017 – 10:00 a.m.

EMSRB Offices – 4th Floor Conference Room

[Map & Parking](#)

1. Call to Order – 10:00 a.m.

2. Public Comment – 10:05 a.m.

The public comment portion of the Executive Committee meeting is where the public is invited to address the committee 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.

3. Approve Agenda – 10:10 a.m.

4. Approve Minutes – 10:15 a.m.

- Approval Executive Committee Meeting Minutes from December 15, 2016

Attachments

A1

5. Board Chair Report – 10:20 a.m.

6. Executive Director Report – 10:30 a.m. – Tony Spector

- Agency Report
- Staff Report

7. Committee Reports – 11:00 a.m.

8. New Business – 11:40 a.m.

9. Closed Session – 11:45 a.m.

Closed per Minn. Stat. § 144E.28, subd. 5 and Minn. Stat. § 13D.05, subd. 2(a)(1); subd. 2(b) (Complaint Review Process)

10. Adjourn – 12:15 a.m.

Next Executive Committee Meeting: June 15, 2017 -- Minneapolis

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: <http://www.emsrb.state.mn.us>

State of Minnesota
Emergency Medical Services Regulatory Board
Executive Committee Meeting Minutes
December 15, 2016

Attendance: J.B. Guiton, Board Chair; Kevin Miller, Vice-Chair; Megan Hartigan, Secretary; Jeffrey Ho, M.D.; Matt Simpson; Tony Spector; Executive Director; Melody Nagy, Office Coordinator; Greg Schaefer, Assistant Attorney General

Absent: Aaron Burnett, M.D.

1. Call to Order – 10:00 a.m.

Mr. Guiton called the meeting to order at 10:08 a.m.

2. Public Comment – 10:09 a.m.

The public comment portion of the meeting is where the public is invited to address the Committee 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. Approve Agenda – 10:10 a.m.

Mr. Guiton asked for a motion to approve the agenda.

Motion: Dr. Ho moved to approve the agenda. Ms. Hartigan seconded. Motion carried.

4. Approve Minutes – 10:12 a.m.

Approval of Executive Committee Meeting Minutes from October 20, 2016.

Motion: Mr. Miller moved to approve the minutes from the October 20, 2016, Executive Committee meeting. Ms. Hartigan seconded. Motion carried.

5. Board Chair Report – 10:15 a.m.

POLST Follow-up Discussion

Mr. Guiton said Dr. Burnett has been discussing POLST (Physician Orders for Life-Sustaining Treatment) and the POLST form with Dr. Victor M. Sandler of Fairview Home Care and Hospice. A suggestion is to approve the concept of POLST with the understanding that there are changes the Medical Direction Standing Advisory Committee (MDSAC) would like to see regarding the format of the POLST form. In the future, MDSAC will provide input on the revisions of the form.

EMT Renewal Options and Requirements According to Statute

Mr. Guiton referred to the attachment/handout and asked Mr. Spector to provide information to the committee.

Mr. Spector apologized for misinformation provided regarding renewal requirements. Mr. Spector then referred to Minnesota Statute §144E.28, subdivision 7 and explained that there are four options for EMT renewal as provided by statute. Mr. Spector provided detailed information on the renewal options and requirements.

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

Mr. Spector further explained that employers have the ability to mandate which renewal option(s) its employees must complete. Likewise, employers may mandate that its employees obtain/maintain National Registry certification. Those decisions, however, are based upon employer/employee relationships. To be clear, the EMSRB, is not mandating that EMTs reinstate National Registry certification through the Mark King Initiative. Likewise, the EMSRB is not mandating that an EMT select a specific renewal option that is allowed by statute.

Mr. Spector said that in October 2016, the National Registry updated the NCCP model. Although the National Registry has not mandated that individual states communicate the update, the EMSRB believes it has such an obligation to communicate this information to the EMS system in Minnesota. Updated information will be forthcoming on the EMSRB web site and will be transmitted to stakeholders in the EMS system.

Internal Operating Procedures (IOP)

Mr. Guiton said the Board previously determined that the IOP should be reviewed every January. One item to be considered is whether any current work group should become a standing advisory committee.

Mr. Guiton said the IOP also refers to an annual self-assessment. He said part of the assessment process is for the Board Chair and Executive Director to review the IOP and complete a “self-assessment” of the IOP. Mr. Guiton asked that this topic be included on the agenda for the January Board meeting.

Critical Care Paramedic and Critical Care Flight Paramedic – Follow-up from July 17, 2014

Mr. Spector said Chapter 144E does not address or define the titles of Critical Care Paramedic or Critical Care Flight Paramedic. It has been brought to his attention that some paramedics wear an extra “rocker” on their uniform that indicates “Critical Care Paramedic”. Mr. Spector asked whether the EMSRB should explore this issue.

Mr. Miller said the topic previously was brought before the Board and is tied to funding for Medicare payments related to inter-facility transports. In July 2014, a Board motion was passed to address this. Mr. Miller said at Allina there is training from an approved agency above the paramedic level of training. These employees are then considered “critical care paramedics” for ground or flight.

Mr. Spector asked in light of the EMSRB’s mission whether the topic should be explored for a separate level of certification. There does not appear to be any regulatory process for the Critical Care Paramedic.

Mr. Miller said other states have this level of certification. Mr. Guiton suggested this should be explored and wondered if such a certification level helps the industry and the patient. Mr. Guiton said this will need to be discussed by the Medical Direction Standing Advisory Committee. The Post Transition Education Work Group could also have a role in this discussion. Dr. Ho asked about an equivalent for nursing.

Community EMT Education Program

Mr. Guiton said there has been an inquiry from an entity asking to teach Community EMT and referred the committee to the relevant statute addressing Community EMT certification and education provided in the handouts. Mr. Spector said Minnesota was on the cutting edge with Community Paramedicine. One important question for the Community EMT is curriculum. Mr. Spector asked about curriculum approval and whether staff or a work group approve curriculum.

The EMSRB does not wish to delay or hinder an education program's ability to participate in the open market, but the question needs to be addressed regarding a process for approving a Community EMT curriculum.

Mr. Spector said that withholding approval could impact commerce. A curriculum has been developed by an entity and provided as a "confidential document".

Dr. Ho said that this is similar to Community Paramedic and asked if this something that can be copyrighted. Mr. Spector said that a document can be copyrighted. Dr. Ho said that the EMSRB does not want to limit this to only one applicant and asked if it is possible to develop a course approval checklist.

Mr. Miller asked how validation of curriculum occurs for education programs that are approved by the EMSRB. Mr. Spector said the agency needs to review validation of education programs. Programs have adopted the NCCP Model and the agency needs to follow up on this. Mr. Spector said he has requested funding to hire a full-time education specialist to address this and other matters pertaining to EMS education. Mr. Miller offered to provide assistance in this discussion.

Mr. Guiton said he would be in favor of a "pilot program," but someone needs to evaluate the curriculum to see that it meets the statutes. Dr. Ho said that a medical director must be involved.

Mr. Guiton asked for this to be placed on the Board agenda for January with the thought that a pilot project could be approved. He also suggested that MDSAC should discuss this at their March meeting.

Mr. Guiton said EMSRB staff does not develop curriculum.

Dr. Ho suggested the documents be returned with the message that if this entity wants to make this application public then it can be discussed at the MDSAC meeting in March. Mr. Simpson said they can copyright their document before it comes to the Board.

6. Executive Director Report – 10:25 a.m.

Agency Report

Mr. Spector said the EMSRB hired a part-time clerical staff person; her name is Colette Brosko and she is assisting with processing applications and other administrative matters. Mr. Spector said he and Mr. Simpson interviewed 12 applicants over three days for the Southwest EMS Specialist position. The hiring decision will be made soon.

7. Committee Reports – 10:30 a.m.

Legislative Ad-Hoc Work Group Report

Mr. Miller said there are legislative changes that are needed, but because of agency staffing matters, Mr. Spector reached out to Bill Snoke to explore his willingness to work on this project for the EMSRB upon his retirement from full-time employment with Allina. Mr. Spector said he has had conversations with Mr. Snoke. The agency would need to contract with Mr. Snoke for this work. Prior to doing so, any conflicts of interest will be fully vetted.

Mr. Guiton said the Post Transition Education Work Group will be meeting in St. Cloud on January 10.

8. Closed Session

The Committee met in closed session to receive a security briefing. (Minnesota Statutes §13D.05, subd. 3(d).

9. New Business – 12:25 p.m.

None.

10. Adjourn – 12:26 p.m.

Motion: Dr. Ho moved to adjourn. Mr. Miller seconded. Motion carried.

The meeting adjourned at 12:27 p.m.