State of Minnesota
Emergency Medical Services Regulatory Board
Medical Direction Standing Advisory
Committee Meeting Minutes

September 7, 2017, 7:00 p.m.
Arrowwood Conference Center
Alexandria, Minnesota

Attendance: Aaron Burnett, M.D., Chair; J.B. Guiton, Board Chair; Gary Foley, M.D.; R. J. Frascone, M.D.; Jeffrey Ho, M.D.; Paula Fink Kocken, M.D.; Charles Lick, M.D.; Pat Lilja, M.D.; Ralph Morris, M.D.: John Pate, M.D.; Bjorn Peterson, M.D.; Kevin Sipprell, M.D.; Peter Tanghe, M.D.; Mari Thomas, M.D.; Michael Wilcox, M.D.; Tony Spector; Executive Director; Tanner Berris, EMSRB Staff; Melody Nagy, EMSRB Staff; Jennifer Nath, EMSRB Staff; Greg Schaefer, Assistant Attorney General. (John Lyng, M.D. on the phone)

1. **Call to Order**
   Dr. Burnett called the meeting to order at 7:03 p.m.

2. **Public Comment**
   None.

3. **Approve Agenda**
   Dr. Burnett said he would like to make two additions to the agenda. He said Dr. Fink-Kocken would like to provide an update on Emergency Medical Services for Children and Dr. Ho would like to provide a conference update.

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

4. **Approve Minutes**

Dr. Lilja moved approval of the March 3, 2017, minutes. Dr. Thomas seconded. Motion carried.

5. **MDSAC Committee Chair Report**
   <u>Continuing Education Requirements for Community EMT</u>
   Dr. Burnett said the EMSRB is issuing Community EMT cards. The Board is asking for discussion from the committee on the requirements for continuing education for Community EMTs.

   Dr. Wilcox said the first class was conducted a month and a half ago. The thought was to have eight hours every two years. He asked for input from the other physicians present. This is in addition to the credits needed for renewal of their EMT.

   Dr. Ho asked about outcome measurement (testing). Dr. Wilcox responded that strong oversight from medical directors is being sought. Dr. Ho said he does not want this to just be a certificate.

   Dr. Burnett said we do not need to finalize our recommendations today. He asked Dr. Wilcox to provide a recommendation to the committee. Dr. Wilcox said he would like input from other physicians.

Dr. Lick said he agrees that there should be input from a local medical director with focused training on what is happening in their local service area.

Critical Care Paramedic

Dr. Burnett said there is an identified gap that there is not a defined level for critical care paramedic. There is no consistency statewide. Many other states have developed standardized requirements. Dr. Burnett asked what state recognition would mean in Minnesota. Mr. Guiton said there are individuals with patches for critical care paramedic.

Dr. Pate said when we have a critical patient we use available resources to get the patient to a higher level of care. Dr. Sipprell asked if this would limit what non critical care paramedic can do?

Dr. Lilja said they teach their paramedics in rural areas these additional skills. Dr. Lilja said the patients' needs can be discussed with an available physician to provide assistance in determining the care needs for the patient. Dr. Lyng said the National Scope of Practice includes additional skills for street level paramedics. Dr. Frascone asked what the expectation for the physician is. Why did other states think this is necessary?

Dr. Ho said this should be determined on the service level. We do not define a tactical paramedic.

Dr. Burnett said is there a benefit to standardizing this. It is fluid now. What should the public expect?

Dr. Thomas said if the Board defines critical care paramedic then we could be asked to define a lot more levels. Depending on patient needs we determine what resources to send. Mr. Guiton said he has seen this as a marketing tool.

Dr. Ho said this should be determined at the service level. The official stance of the EMSRB is that the EMSRB does not regulate this.

Dr. Burnett we do not have a consensus for this discussion. Dr. Frascone said there issues other than certification. (staffing and equipment) He suggested the Board take this under advisement. Dr. Lyng asked for a survey. Was this requested previously?

Dr. Lilja moved to send a letter to all ambulance services and hospitals that critical care ambulance and critical care paramedic is not a recognized level in Minnesota by the EMSRB. Dr. Frascone seconded. Motion carried.

Mr. Miller said that there was an action on this three years ago at the Board level because this affects Medicare payments. This is a higher rate of payment.

Medication Shortages

Dr. Burnett said that this has been previously discussed by the Board. This is a reoccurring situation for agencies that is impacting patient care. EMS providers are asking for a statement from the state agency for the situation if there is no medication or an expired medication what is the decision that is made to best care for the patient. Dr. Burnett said he would like to have a discussion with the Board of Pharmacy. Dr. Lilja offered to make a motion.

Dr. Lilja moved that when a medication shortage makes access to a lifesaving medications unavailable for patients the ambulance service medical director can authorize the use of expired medications when they assess the benefit to the patient outweighs the risk of no access to that medication at all. Dr. Frascone seconded. Motion carried.

Best Practices for when a Medical Director is needed for a Medical Response Unit

Dr. Burnett said he is being asked to provide best practice guidelines for when a medical response unit should have a medical director. Ms. Larson brought this question to the committee.

Ms. Larson said this is a frequent question in her region.

Dr. Lyng asked if this was written to not be too restrictive. We do not want medical directors that only sign off on paperwork. There should be a trigger for first responder agencies that require medical direction. There needs to be quality control.

Dr. Ho said a best practice is that a first responder unit should have a medical director. This provides the expertise needed. Dr. Thomas said when she is asked her response is that when a person is giving medicine then a medical director is needed. Including the use of the AED. This assures the public safety.

Dr. Wilcox said training is needed to keep skills at the appropriate level. Many first responder units train with EMTs. When this occurs under my license that is what is required.

Dr. Lilja said that EMSRB can help regional directors and explain that first responder units cannot provide medication and do invasive procedures. This is against the law. He suggested sending a memo.

Dr. Ho moved that the EMSRB official position is that a medical response unit should whenever possible have a medical director. Dr. Pate seconded. Motion carried.

6. Executive Director Report – Tony Spector

Agency Update

Mr. Spector thanked staff for their efforts for the set up for this meeting.

Mr. Spector provided a brief overview of the new eLicense system. The "go live" date is Tuesday, September 12, 2017, with the vendor ImageTrend. Building the forms, processes, and triggers has taken hundreds of hours of staff time. This has had a significant amount of testing. EMSRB staff Bob Norlen and Holly Hammann-Jacobs took the lead on this project.

Mr. Spector said he received an email from Chris Caukins that provides information that Minnesota allows students enrolled in a Wisconsin paramedic program to do clinical rotations in Minnesota but Wisconsin will not allow students enrolled in Minnesota paramedic programs to do clinical rotations in Wisconsin. Mr. Spector said he will discuss this with the Wisconsin EMS Office.

Mr. Spector said the application is available for the Mark King Initiative for individuals with certifications expiring in March 2018. The Board will be discussing allowing persons with a March 2017 expiration to apply.

Legislative Update

Mr. Spector said the agency's intent is to "clean up" Chapter 144E and seek enactment of the recommendations approved by the Board. The EMSRB requested funding for the regional programs but that did not pass and some of the regions are struggling.

7. Request for Deviation from Statewide Trauma System Requirements – ACTION ITEM

Dr. Burnett said the Board will be acting on this topic tomorrow. The EMSRB has regulatory authority for this requirement. Dr. Burnett said he sits on the committee that reviewed this request. He said Cuyuna Regional Medical Center was un-designed. There are other trauma facilities within 30 minutes. He asked for the opinion of the committee members.

Dr. Lilja said this is a question for statute. A medical director is responsible for medical transport triage guidelines. The legislation of the trauma system is contradictory as to what is in law. The ambulance director is not obligated to follow the trauma system guidelines. The physician is responsible for the transport of the patient. Stay with current law.

Dr. Ho asked how the EMSRB has this authority.

Mr. Schaefer said that MDH has authority to non-designate a hospital. The medical director has authority to designate where to transport the patient. The medical director should know the hospital is not a designed trauma center.

Dr. Burnett said the State Trauma Joint Policy Committee made a recommendation that opposes granting the variance. Dr. Ho asked how the EMSRB enforces the variance.

Mr. Held said the trauma statute outlines the trauma transport requirements. The EMSRB has the authority to grant a variance to the statute.

Dr. Burnett said that there will be vote tomorrow on this at the Board meeting tomorrow and the Board would like a recommendation from this committee.

Dr. Pate said if we grant one variance then we would be considered to not be fair if we do not grant the variance to anyone else.

Dr. Lyng asked why they are requesting a variance and not becoming compliant with the trauma system requirements.

Mr. Schaefer said that the medical director can do less than comply with the trauma requirements. This is depending on location and specialty needed by the patient. For the Boards decision there is an allowance for a variance. The Board may approve the variance if the changes are in the best interest of the patients' health. Dr. Burnett said that there are other resources within 30 minutes of this hospital.

Dr. Lyng moved that the recommendation of the Medical Direction Standing Advisory Committee deny this request for a variance. Dr. Tange seconded. Motion carried. Dr. Lilja and Dr. Sipprell opposed.

Dr. Lilja moved that a medical director should be the person responsible to determine a patients' destination. Dr. Sipprell seconded. Motion carried.

Mr. Guiton asked for further review by the Legislative Work Group.

8. Consideration of D10W Emergency Infusion

Dr. Burnett said Dr. Gardner wrote a letter on this topic provided in your handouts. He said that EMTs cannot administer medications.

Dr. Frascone said that he only knows of one study for this situation. He said that there was no difference between these two drugs. D10 has very low risk. The time of response and amount of drug given provided no difference. The recommendation is to discontinue D50 and use D10. Do not put this in the hands of politicians. This should be allowed.

Dr. Lilja agreed and said this will require a rule change and rule changes are laborious and expensive. Dr. Frascone said this does not need to be a challenged change. Mr. Guiton said EMTs are not trained to administer medications.

Dr. Fink-Kocken said from the pediatric perspective we are in favor of D10 because of the effect for the patient. Dr. Burnett said you can measure the condition. This is to assist with a life threatening situation.

Dr. Lyng asked if the Minnesota statute is consistence with the National Scope of Practice. Dr. Burnett responded that Minnesota has more variances.

> Dr. Lilja moved that the Medical Direction Standing Advisory Committee recommend to the EMSRB to pursue a rule change to allow EMTs to give IV dextrose medications at no greater than 10% for patients that are hypoglycemic. Dr. Frascone seconded. Motion carried.

Dr. Pate spoke against it. Do Ho asked what the harm is. D10 is safe. Dr. Foley said having this as a variance would allow control by the medical director.

9. 2016 Rural EMS Sustainability Survey Results

Mr. Held is presenting this information and said that Dr. Stevens was involved in this project. The Minnesota Ambulance Association and others worked with federal flex dollars to support rural hospitals and to help sustainability. This survey was conducted for a rural ambulance to understand their sustainability. What is happening in rural Minnesota? The survey was sent to 230 agencies with an 81% response rate. Mr. Held asked committee members to review the report provided. He said this makes the issues more understandable. We want to comprehensively address the issues and this can be used to help solve the problems. The Greater Northwest EMS Regional Program, the Minnesota Ambulance Association and the Minnesota Department of Health conducted a summit in 2015.

Mr. Held referred to a chart regarding training for a medical director. This could be an opportunity for this committee. Mr. Held said a medical direction consortium is more widely used. This has helped stabilized medical director participation. Mr. Held said that there have been efforts for a medical director's course. This was offered at this meeting last year. This conference is a good tool for medical direction.

Dr. Frascone thanked Mr. Held for this information. There are some inventive ways to provide medical direction. He knows of a state that has a state medical director (Louisiana). Dr. Frascone said another solution would be a very healthy pension plan. Mr. Held said that this is a workforce issues to discuss comprehensively.

Dr. Wilcox said that EMS is not a good advocate for what they do in their communities. We need recognition for the health care team. They should be paid public service providers. This would change sustainability.

Dr. Tange asked if this information can be included in the medical director course. Dr. Pate said the course is being presented in alternate years. Yes, the information can be updated. We need medical directors to come to the conference.

Mr. Spector said EMSRB staff have conducted interviews. He said fire departments provide everything for their members. EMS does not provide a full uniform. Training is needed for ambulance managers to spot organizational issues.

10. New Business

Dr. Fink-Kocken said the funding for the EMSC Program has been restored. Dr. Fink-Kocken said that each hospital was asked to participate in a survey to rank readiness for pediatric patients. The survey is online.

Dr. Fink-Kocken said that there is an EMSC ambulance service survey currently being conducted. We want all ambulance services to participate. We want to know if there is on line or off line contact for pediatric advice and what type of equipment you have. If you have received this survey please respond.

Dr. Ho said he is the Conference Chair for this conference and the group has decided that we need to grow and have participation by others. Dr. Wilcox is a new committee member. We are disbanding the current planning committee and encouraging nominations for a new committee. More information available at the conference check in booth.

11. Next Meeting

Meeting proposed for Friday, March 2, 2018 at 9:00 a.m. during the Long Hot Summer Conference.

12. Adjourn

Dr. Peterson moved to adjourn. Dr. Frascone seconded. Motion carried.

Meeting adjourned 9:30 p.m.