State of Minnesota
Emergency Medical Services Regulatory Board
Board Meeting Agenda
November 16, 2017, 10:00 AM
2829 University Ave., SE
Conference Room A - Fourth Floor
Minneapolis MN 55414

Map and Directions

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1. **Call to Order -- 10:00 a.m.**

2. **Public Comment -- 10:05 a.m.**

   The public comment portion of the Board meeting is where the public is invited to address the Board 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. **Review and Approve Board Meeting Agenda -- 10:15 a.m.**

4. **Review and Approve Board Meeting Minutes -- 10:25 a.m.**

5. **Board Chair Report -- 10:35 a.m.**

   - Board Retirement
   - Board Vacancies
   - Proposed Board Meeting Schedule for 2018 -- Action Item
   - Education Standards Post-Transition Work Group Recommendations
   - Report on EMS Agenda 2050 Conference

6. **Executive Director Report -- 11:15 a.m.**

   - EMSRB eLicensing Update
   - Agency Update

7. **HPSP Presentation -- 12:00**

   - HPSP Statistics

8. **Committee Reports -- 12:10 p.m.**

   - Ambulance Standards Work Group
   - CRP
   - Data Policy Standing Advisory Committee
   - Legislative Ad-Hoc Work Group
   - Medical Direction Standing Advisory Committee
     - EMTs Admin of IV Medications-Proposed Rule Change-Action Item

9. **New Board Business -- 12:25 p.m.**

10. **Closed Session -- 12:30 p.m.**

    Closed per Minn. Stat. section 144E.28, subd. 5 and Minn. Stat. section 13D.05, subd. 2(b) *(Complaint Reviews)*

11. **Re-Open Meeting -- 1:00 p.m.**

12. **Adjourn -- 1:05 p.m.**

Lunch will be provided to Board members and guests during a break to be determined by the Board Chair.

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://wwwemsrb.state.mn.us

Next Meeting: January 25, 2018, 10:00 a.m., Board Room, Minneapolis

Minnesota Emergency Medical Services Regulatory Board

2829 University Avenue Southeast, Suite 310
Minneapolis, Minnesota 55414-3222

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www.emsrb.state.mn.us

Meeting Minutes

Emergency Medical Services Regulatory Board

Thursday, September 8, 2017, 9:00 a.m.
Arrowwood Conference Center
Alexandria, Minnesota

Attendance: J.B. Guiton, Board Chair; Jason Amborn; Rep. Jeff Backer; Aaron Burnett, M.D.; Lisa Consie; Patrick Coyne; Paula Fink-Kocken, M.D.; Scott Hable; Megan Hartigan; Jeffrey Ho, M.D.; Kevin Miller; John Pate, M.D.; Matt Simpson; Tony Spector, Executive Director; Tanner Berris, EMSRB Staff; Holly Hammann-Jacobs, EMSRB Staff (by phone); Melody Nagy, EMSRB Staff; Jennifer Nath, EMSRB Staff; Greg Schaefer, Assistant Attorney General.

Absent: Lisa Brodsky; Steve DuChien; Michael Jordan; Mark Schoenbaum; Jill Ryan Schultz

1. **Call to Order – 9:00 a.m.**
   Mr. Guiton welcomed everyone to the meeting.

2. **Public Comment – 9:05 a.m.**
   The public comment portion of the Board meeting is where the public is invited to address the Board 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. **Review and Approve Board Meeting Agenda – 9:10 a.m.**

   Motion: Dr. Burnett moved to approve the agenda. Dr. Pate seconded. Motion carried.

4. **Review and Approve Board Meeting Minutes – 9:15 a.m.**

   Motion: Dr. Fink-Kocken moved to approve the minutes from the July 20, 2017, Board meeting. Dr. Pate seconded. Motion carried.

5. **Board Chair Report – 9:20 a.m. – J.B. Guiton**
   Request for Deviation from Statewide Trauma System Requirements – ACTION ITEM
   Mr. Guiton said the Board will be discussing a variance request for a deviation to the statewide trauma system requirements.

   Dr. Burnett said the Medical Direction Standing Advisory Committee (MDSAC) discussed this issue last night at its meeting. This is the first such request for a variance. The MDSAC recommends that this variance be denied. He said that Cuyuna Regional Medical Center was un-designated as a trauma hospital. They requested a variance to transport patients to a non-trauma hospital. There are two other designated trauma hospitals within 30 minutes transport time.

   Mr. Guiton said the medical directors expressed concern about telling physicians where they can or cannot transport patients. Mr. Guiton asked for a motion on this topic.

Motion: Dr. Pate moved to accept the recommendation of MDSAC to deny the variance. Dr. Ho seconded. A roll call vote was taken. Motion carried. Mr. Miller abstained from the vote.

6. Executive Director Report – 9:35 a.m. – Tony Spector

EMSRB eLicensing Update

Mr. Spector announced the new system is ready to go live. A brief demonstration was provided to the Board (a more detailed presentation is to be provided at the Medical Director's Conference).

Since the EMSRB began processing paper applications beginning in July 2016, staff have processed more than 15,000 paper applications. This was not done by choice in the sense that the previous eLicense system was taken away. MN.IT offered to build a system but the EMSRB chose to build a system with ImageTrend. There was a considerable amount of time and testing involved in building the new system. In addition, when the legacy data was pulled from the system there were issues in the formatting of the data. All staff have been involved in this process. Mr. Norlen and Ms. Hammann-Jacobs are leading this process. Mr. Berris is working on application review to make the system easily readable. Mr. Spector said processing the offline applications had presented many challenges. He thanked all the EMSRB staff for their efforts. He provided a demonstration of a login for a new EMT.

The next component to build will be ambulance service renewals and education program renewals and then investigations. Mr. Spector said we have been very specific in asking for full legal name to avoid confusion in the records. There have been discussions about gathering information regarding gender and race; they are optional fields. There must be a designated address that is public information. He discussed public address versus private address requirements and issues.

Ms. Hammann-Jacobs said the system is linked to the National Registry database to verify National Registry status and once a certification is approved the system will issue a card. A PDF of an application can be saved.

Mr. Spector said the applicant will receive an emailed card. He provided a sample card with the new format. The cards will no longer have an effective date which is the issue date. This caused some confusion of the issue date when an individual asked for a duplicate card.

Mr. Spector thanked the following individuals for their assistance in testing the new system:

- St. Anthony Fire Chief Mark Sitarz
- Golden Valley Battalion Chief Steve Baker
- Burnsville Fire Chief BJ Jungmann

Small Agency Resource Team (SmART)

Mr. Spector said the EMSRB has used the Health Related Board's Administrative Services Unit (ASU) for purchasing, financial transactions, budgeting and human resource functions. These services have been provided on a fee for service basis. The EMSRB paid $110,000.00 per year in fiscal years 2013 through 2015; in fiscal year2 2016 and 2017 the cost was $140,000.00 per year. The proposed contract for fiscal year 2018 is $300,000.00 per year. He said he struggled with this significant increase that ASU explained was based upon a complicated formula selected by the other Health Related Board's Executive Directors. Other board have significantly more employees. This issue was discussed with Mr. Guiton.

Mr. Spector said he looked at other options. SmART is a state agency that provides administrative services to other boards. He said he met with SmART agency staff. When researching the history of payments to ASU it was found that the money paid to ASU was not going to the operations fund. These are unanswered questions. There are exploratory discussions regarding a transition to using SmART for our transactions. This was not well received by ASU. One of the remaining issues is the costs for IT services. One choice is for EMSRB to pay a separate contract for IT to ASU. ASU has not been able to provide a specific cost for these services.

Mr. Spector said that an additional issue is use of conference room space. The EMSRB uses the shared conference rooms 10 times per year for Board and Committee meetings. When meeting with ASU management there was a comment made that if the EMSRB moves to SmART there needs to be a clean break which means that the EMSRB cannot use the conference rooms even for a fee. It was suggested to write a letter from the Board to ASU asking for use of the meeting rooms because it is in the best public interest for the EMSRB to continue to meet at this location.

Mr. Spector said SmART offers professional services that the EMSRB is not currently receiving. The target move date is October 4 and the EMSRB would look for alternate space for our meetings.

Mr. Miller said SmART was equally confused on how these fees were allocated. The brick walls being erected are frustrating. Mr. Miller commented on the business practices that would be provided by SmART. There will be additional financial reporting features offered by SmART.

Mr. Spector said when he asked for advice for human resource functions from ASU staff he was often given an unacceptable answer.

Mr. Guiton suggested that this letter be written to fully express our wishes.

City of Jordan

Mr. Spector said he was contacted by the Administrator from the City of Jordan. The statement he was given was they want to have their own ambulance. Belle Plaine Fire Department and Allina Health EMS provide service to this area. Mr. Spector said he attended the City Council meeting where this issue was discussed. Their perspective is that the system is rigged. Mr. Spector explained the license application process to them. The article that was published regarding this issue listed all the Board members names. Mr. Spector said that Allina Health EMS and Ridgeview Hospital employees also attended this meeting.

Mr. Spector said he is providing this as information to the Board. The article specifically cited Mr. Miller who works for Allina Health EMS and said the system is rigged. Mr. Spector said there is a system in place if a Board member would have a conflict of interest when an issue is brought before the Board.

Central EMS Region

Mr. Spector said he received a letter from the Central EMS Region. The letter is asking about funding. Additional funding was requested at the legislature, but it was not received. The Regional Programs also had a proposal for additional funding this did not happen.

Mr. Spector said he will attend the meeting on September 29 to answer questions. He is in favor of additional funding for the regional programs. This result was beyond my control.

Mr. Guiton said that this funding requested was originally included in the final legislative package and somewhere in the last minute negotiations it was cut along with the staff request for funding.

Mr. McAlpin said the full proposal was vetoed by the Governor. All the language died. When there was special session this was not included. He suggested including this as a supplemental budget request.

7. Committee Reports – Committee Chairs – 9:55 a.m.

Ambulance Standards Work Group

Mr. Coyne said the next work group meeting is scheduled for September 26 at the EMSRB office.

CRP and HPSP

Mr. Simpson said the Complaint Review Panel meets monthly. The meetings are very active. HPSP continues to be a good program and he said the committee encourages participation for anyone who needs this service. Mr. Guiton said that there are contract investigators that are providing reports that have additional detail.

Data Policy Standing Advisory Committee

Ms. Hartigan said the Data Policy Standing Advisory Committee is scheduled to meet on September 27 by SKYPE.

Mr. Spector said MN STAR Version 3 data is hosted at ImageTrend and Version 2 is at MN.IT. The EMSRB is exploring moving the Version 2 to ImageTrend. They would host, maintain and support all systems. There will be additional costs but also benefits to this change.

Legislative Ad-Hoc Work Group

Mr. Miller said the work group has not met. Mr. Miller said there is a contract vendor that provided clean up language for statute changes. Mr. Miller said he will be meeting with Mr. Spector to discuss the statute changes and then the work group should meet in the fall.

Mr. Guiton said that Education Work Group Report was pulled from the meeting agenda today. The recommendations provided by the work group will require additional discussion and due to time constraints today this will be posted for the next meeting.

Medical Direction Standing Advisory Committee – Dr. Burnett

Dr. Burnett reported that 14 physicians attended the meeting yesterday. The committee discussed continuing education requirements for Community EMTs. One class has occurred. Dr. Wilcox will provide recommendations for the next meeting.

Dr. Burnett said that medication shortages were discussed and a motion passed to work with Board of Pharmacy on a statement for using expired medication when there is no other option available. The committee also passed a motion regarding the need for a medical director for medical response units.

Dr. Burnett said the committee had a long discussion about having EMTs administer IV medications (D10 for hypoglycemic patients). Dr. Gardner and Dr. Frascone have championed this change. This is an accurate measurement for this life threatening situation with minimal risk. He said a motion passed to recommend a rule change for administration of dextrose at no greater than 10% for EMTs as a variance. This would require medical director approval at the service level. Mr. Guiton said this will be brought before the full Board soon.

Mr. Spector said the Mark King Initiative is available for persons wishing to regain National Registry. This can also be allowed for 2017 expirations. The National Registry audits documents submitted for continuing education. This benefits Minnesota. It is not a Board requirement to maintain National Registry until 2036.

Motion: Dr. Pate moved that the EMSRB extend the Mark King Initiative until 2019. Mr. Amborn seconded. Motion carried.

8. New Board Business – 10:15 a.m.

Dr. Ho announced this Medical Directors Conference has grown and there will be changes to the planning committee. The conference is seeking representation from all entities in the planning process. Details about a new planning committee are at the booth. Dr. Wilcox has joined the conference board to represent rural areas and community paramedic. The planning board is meant to be comprised of physicians.

Mr. Guiton said the meeting will move to closed session.

9. Closed Session – 10:30 a.m.

Closed per Minn. Stat. § 144E.28, subd. 5 and Minn. Stat. § 13D.05, subd. 2(b) *(Complaint Review Panel)*

Motion: Dr. Pate moved to accept the stipulation and order. Dr. Burnett seconded. Motion carried. Mr. Guiton, Dr. Fink Kocken and Mr. Simpson recused from the vote.

10. Re-Open Meeting – 10:40 a.m.

Mr. Guiton re-opened the meeting at 10:42 a.m.

11. Adjourn – 10:45 a.m.

Motion: Dr. Ho moved to adjourn the meeting. Dr. Pate seconded. Motion carried.

Next Board Meeting:
November 16, 2017, at 10:00 a.m.
Minneapolis, MN

EMSRB
Minnesota Emergency Medical Services Regulatory Board

2829 University Avenue Southeast, Suite 310
Minneapolis, Minnesota 55414-3222

(651) 201-2800 ▪ (800) 747-2011 ▪ FAX (651) 201-2812 ▪ TTY (800) 627-3529

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Proposed Board Meeting Schedule for 2018

Board Meetings

Thursday, January 25, 10:00 a.m.	Board Room, Minneapolis
Thursday, March 15, 10:00 a.m.	Board Room, Minneapolis
Thursday, May 17, 10:00 a.m.	Board Room, Minneapolis
Thursday, July 19, 10:00 a.m.	Board Room, Minneapolis
Friday, September 7, 9:00 a.m.	Arrowwood Conference Center, Alexandria
Thursday, November 15, 9:00 a.m. (Meeting room only available until Noon)	Board Room, Minneapolis

2019

Thursday, January 24, 10:00 a.m.	Board Room, Minneapolis

Executive Committee Meetings

Thursday, February 15, 10:00 a.m.	Board Room, Minneapolis
Thursday, April 19, 10:00 a.m.	Board Room, Minneapolis
Thursday, June 21, 10:00 a.m.	Board Room, Minneapolis
Tuesday, August 16, 10:00 a.m.	Board Room, Minneapolis
Thursday, October 18, 10:00 a.m.	Board Room, Minneapolis
Thursday, December 20, 10:00 a.m.	Board Room, Minneapolis

2019

Thursday, February 21, 10:00 a.m.	Board Room, Minneapolis

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

Recommendation to the full Emergency Medical Services Regulatory Board (EMSRB)
from the Post-Transition Education Work Group (PTEWG).

The PTEWG respectfully recommends that a new Education Standing Advisory Committee (EdSAC) be added to the EMSRB. Suggested language for the Internal Operating Procedures (IOP):

> The EdSAC shall recommend policy and procedure to the Board regarding initial and recertification education standards, education institution and educator licensing. The Committee chair and members of the Education Standing Advisory Committee shall be appointed by the Board chair, in consultation with the chair of the Committee. Members shall include Board members and other individuals with interest or expertise in EMS Education. Committee membership shall be a minimum of 8 members but not more than 12, excluding the Committee chair. Membership shall include representatives from education providers (both private and public), ambulance services (both rural and metro), and those representing public interests. At no time shall the representation from either the ambulance services or the public interest exceed 60% of the committee membership. No ambulance service, education institution or public entity shall have more than one representative from the same agency. The Committee chair may appoint workgroups or subcommittees as needed which may include Committee and non-Committee members. Terms shall be for two years; members shall be appointed from an applicant pool without regard to previous appointment, but members may be reappointed. At the first meeting after appointment, Committee members may designate an alternate. The alternates will be appointed by the chair of the Committee. Failure of a member or alternate to attend three consecutive meetings may result in removal from the Committee.

Possible committee members discussed include: a member of the MDSAC member and/or Education Institution Medical Director, Regional Program Director(s), Law Enforcement (extend invitation to MN Police Chiefs Assoc. and the MN Sheriff's Assoc.), and Fire (MN Fire Chiefs Assoc.) representatives. The Board Chair is encouraged to create a committee with a balance of representation including metro and greater MN representatives, MNSCU schools, non-MNSCU institutions, for profit and not for profit ambulance services and institutions, and institutions that focus on specific provider levels (paramedic only or EMT/EMR only institutions).

Issues that the EdSAC would impact include: identifying needs and providing resources in EMS Education, liaison between end users and board on education issues, monitor changes in EMS Education including the NREMT NCCP guidelines including the scheduled revisions every 4 years with possible input to those changes, consider LCCR recommendations (if any), effects of changes on EMR recertification, monitoring the audit process for education institutions, instructor requirements, suggestions on implementation or acceptance by the Board of any future education methods, and monitoring/recommendations related to any new certification levels and associated education programs (community EMT, etc.)

STATE OF MINNESOTA

Health Professionals Services Program

1380 Energy Lane, Suite 202, St. Paul, MN 55108 Phone: 651/643-2120 Fax: 651/643-2163 Website: www.hpsp.state.mn.us

EMERGENCY SERVICES REGULATORY BOARD

November 2017

MISSION AND GOALS

Mission: Minnesota's Health Professionals Program protects the public by providing monitoring services to regulated health professionals whose illnesses may impact their ability to practice safely. The goals of HPSP are to promote early intervention, diagnosis and treatment for health professionals with illnesses, and to provide monitoring services as an alternative to board discipline. Early intervention enhances the likelihood of successful treatment, before clinical skills or public safety are compromised.

SERVICES

HPSP provides monitoring services by developing and implementing individualized Monitoring Plans. Monitoring Plans establish illness and practice related provisions that assist participants in documenting appropriate illness management. A plan may include the participant's agreement to comply with continuing care recommendations, practice restrictions, random drug screening, and support group participation.

FUNCTIONS

Provide health professionals with services to determine if they have an illness that warrants monitoring:

- Evaluate symptoms, treatment needs, immediate safety and potential risk to patients
- Obtain substance, psychiatric, and medical histories along with social, and occupational data
- Determine practice limitations, if necessary
- Secure records consistent with state and federal data practice regulations
- Collaborate with medical consultants and community providers concerning treatment

Create and implement monitoring contracts:

- Specify requirements for appropriate treatment and continuing care
- Determine illness-specific and practice-related limitations or conditions

Monitor the continuing care and compliance of health program participants:

- Communicate monitoring procedures to treatment providers, supervisors and other collaborative parties
- Review records and reports from treatment providers, supervisors and other sources regarding the health professional's level of functioning and compliance with monitoring
- Coordinate toxicology screening process
- Intervene, as necessary, for non-compliance, inappropriate treatment, or symptom exacerbation

Act as a resource for licensees, licensing boards, health employers, practitioners, and medical communities

EXAMPLES OF HOW HPSP PROTECTS THE PUBLIC

Employers report practitioners to HPSP for:

- Stealing narcotics
- Being intoxicated
- Being manic or psychotic
- Being unable to function due to brain damage

Health professionals call HPSP when they are:

- Terminated or put on leave due to symptoms of mania, psychosis, dementia or other medical disorders
- Terminated for diverting drugs or showing up to work intoxicated
- Seeking treatment for a substance use disorder

How HPSP responds:

HPSP intervenes immediately. For example, HPSP may request that practitioners refrain from practice if their illness is active (i.e.: not sober, hasn't been assessed or treated). HPSP requests that practitioners obtain assessments (substance, psychiatric and/or medical) to determine the appropriate level of care needed and whether they are safe to return to practice. After the assessments are completed, HPSP implements monitoring contracts and reviews the practitioners' compliance with the monitoring contract.

It is the experience of HPSP and other PHPs around the country that a process that allows referral to HPSP protects the public. HPSP is able to intervene immediately whereas a regulatory entity must build a case capable of withstanding court challenge. This later route can be time consuming, placing the public at risk, and is expensive.

UNIQUE CHARACTERISTICS

While health professional monitoring programs are found throughout the United States, HPSP is unique in the following ways:

- Offers a single point of contact for all regulated health professionals, providers, and employers
- Eliminates the duplication of services among boards
- Serves health professionals with substance, psychiatric, and other medical disorders

BENEFITS

- HPSP legislation enables health professionals to report their illness to HPSP in lieu of to their licensing board
- HPSP legislation provides permission, confidentiality and immunity for others reporting impaired health professionals
- Protects the public by monitoring and/or restricting the practice of impaired health professionals
- Provides health professionals with a proactive and structured method to document appropriate illness management
- Ensures licensees are receiving the appropriate level of care

LEGISLATION

HPSP is governed by Minn. Stat. 214.29 to 214.36.

FUNDING

HPSP is funded almost entirely (99%) by the health-licensing boards, whose income is generated through licensing fees. Each board pays an annual participation fee of $1,000 and a pro rata share of program expenses based upon number of licensees enrolled. The average annual cost per HPSP participant is approximately $1,000, which is charged to the licensing board. There is no cost to the participant except for toxicology screens, if required.

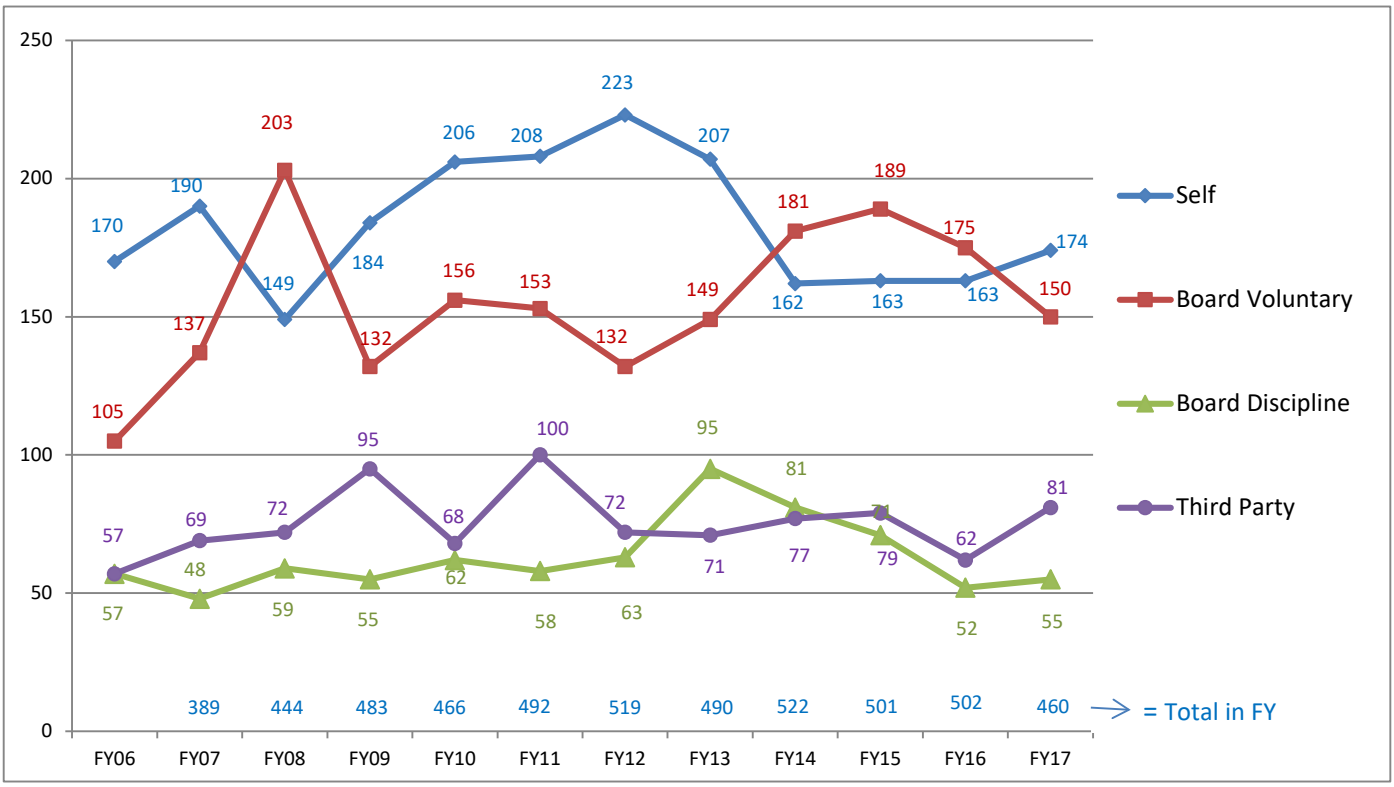
ILLNESSES MONITORED

HPSP monitors health care professionals diagnosed with substance, psychiatric and/or other medical disorders. On July 14, 2017, there were 515 health professionals enrolled in HPSP with signed Participation Agreements. The following data identify the illnesses for which they are being monitored.

Illness Category 515 Participants	Number of Participants	% of Participants
Substance Use Disorders	436	85%
Psychiatric Disorders	365	71%
Medical Disorders	57	11%

REFERRALS

The chart below shows the number of referrals to HPSP by first referral source from fiscal year 2006 through fiscal year 2017.

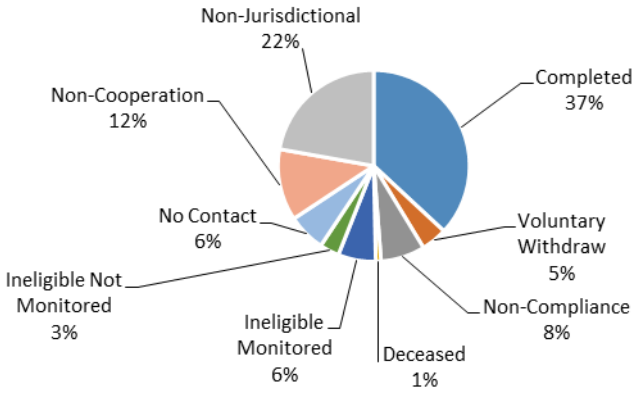


DISCHARGES

From July 1, 2016 to June 30, 2017, 455 licensees were discharged from HPSP. Of those that engaged in monitoring, 66% successfully completed the conditions of their monitoring contracts. Discharge rates vary considerably by profession. Persons in professions with higher incomes tend to complete the program at a higher rate than those with lower incomes.

Discharges by Category

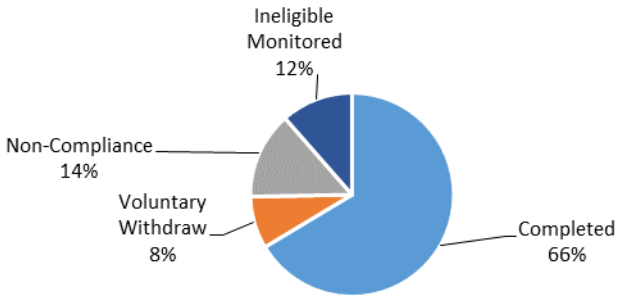
The table below shows the discharge categories for all persons discharged from HPSP in fiscal year 2017.



Of persons discharged in fiscal year 2017, 43% did not engage in monitoring, which is reflected in the table on the left (includes the categories of non-jurisdictional, non-cooperation, no contact, and ineligible-not monitored), which skews the overall completion rate to 33%. The most common reason that persons did not engage in monitoring is that HPSP did not identify an illness that warranted monitoring.

Discharges by Category for Those Monitored

The table below shows the discharge categories of persons who engaged in monitoring and were discharged from HPSP in fiscal year 2017.



The completion rate of 66% reflects only persons that engaged in monitoring.

ACTIVE CASELOAD

On July 12, 2017, there were 565 licensees had active cases with HPSP; 518 had signed Participation Agreements and 47 were in the intake process.

Board		Number of Participants
Board of Behavioral Health & Therapy		26
	LPC	1
	LPCC	3
	LADC	22
Board of Chiropractic Examiners		**4**
Board of Dentistry		23
	Dental Assistants	7
	Dental Hygienists	6
	Dentists	10
Department of Health		6
	Occupational Therapists	5
	Occupational Therapy Assistant	1
Board of Dietetics and Nutrition Practice		2
Board of Exam. of Nursing Home Admin.		0
Emergency Medical Services Regulatory Board		**12**
	CMPA	1
	EMT1	9
	EMTP	7
Board of Marriage and Family Therapy		2
Board of Medical Practice		84
	Physician Assistant	7
	Physician	67
	Respiratory Care Practitioner	7
	Resident	3
Board of Nursing		329
	RN	268
	LPN	61
Board of Optometry		0
Board of Pharmacy		18
	Pharmacist	13
	Technician	5
Board of Physical Therapy		16
	Physical Therapist	11
	Physical Therapist Assistant	5
Board of Podiatric Medicine		2
Board of Psychology		6
Board of Social Work		24
	LGSW	11
	LICSW	6
	LISW	1
	LSW	6
Board of Veterinary Medicine		5
Total		565

EMERGENCY SERVICES REGULATORY BOARD PARTICIPATION

On November 8, 2017, there were sixteen persons regulated by the Emergency Services Regulatory Board enrolled in HPSP; eleven self-referred, four were Board referred without discipline and one was board referred with discipline.

EMRB Referrals by Fiscal Year

Referral Source	Fiscal Years				Sum
	14	15	16	17	
Board Voluntary	9	5	8	10	32
Board Discipline	1	3	1	0	5
Self	7	8	3	11	29
Third Party	0	0	0	2	2
SUM	17	16	12	23	68

EMSRB Discharges by Fiscal Year

Discharge Category	Fiscal Years				Sum
	14	15	16	17	
Completion	2	3	4	4	13
Voluntary Withdraw	1	2	2	1	6
Non-Compliance	3	1	3	0	7
Deceased	0	0	1	0	1
Ineligible Monitored	0	1	1	0	2
Ineligible Not Monitored	1	0	0	0	1
No Contact	1	1	1	5	8
Non Cooperation	2	4	3	2	11
Non-Jurisdictional	5	4	3	5	**17**
SUM	15	16	18	17	66