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

March 2, 2018, 9:00 a.m.
Minneapolis Marriott Northwest
Brooklyn Park, Minnesota

Attendance: John Pate, M.D.; (Acting Chair) Jeffrey Ho, M.D.; Charles Lick, M.D.; Pat Lilja, M.D.; John Lyng; M.D.; Kevin Sipprell, M.D.; Andrew Stevens, M.D.; Mari Thomas, M.D.; Michael Wilcox, M.D.; Tony Spector; EMSRB Executive Director; Melody Nagy, EMSRB staff; Greg Schaefer, Assistant Attorney General. (By phone: Paul Allegra, M.D.)

1. Call to Order
Dr. Pate called the meeting to order at 9:01 a.m.

2. Public Comment
None.

3. Approve Agenda
Dr. Pate proposed amending the agenda by repositioning the discussion of Trauma System Deviation Requests to immediately follow the MDSAC Chair Report.

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

4. Approve Minutes

Dr. Lilja moved approval of the September 7, 2017, minutes. Dr. Thomas seconded. Motion carried.

5. MDSAC Committee Chair Report
Dr. Pate explained he is chairing the meeting because Dr. Aaron Burnett is on a sabbatical from Regions Hospital and unable to attend because he is out of the country.

Dr. Pate said the agenda item that was previously discussed regarding critical care paramedic designation will be postponed until the September meeting.

6. Trauma System Deviation Request
Dr. Lilja referred to the September 7, 2017, committee minutes that included a motion stating that the medical director be the person to determine the patient's destination. This is in statute. He asked whether this need to be discussed again. Dr. Ho commented there are statutes that are in conflict. Dr. Lilja said until there is a court ruling this should be handled by the local medical director.

Bruce Arvold, M.D., medical director for the Chippewa County Montevideo Hospital and Clara City Ambulance, appeared for the meeting and asked to speak to the committee. Dr. Arvold said the statewide trauma system is putting lives in danger as it is currently written. He said it would be irresponsible to not grant a deviation where it is needed, claiming that the law has real consequences and liability concerns. Dr. Sipprell asked for an explanation of the issue.

Dr. Arvold said that his hospital has been de-designated from the trauma system because there were problems with the paperwork and an employment issue. The paperwork issues have been corrected and efforts are in place now to take care of the patients appropriately.

Dr. Lilja asked if an ambulance service seeking a deviation from the statewide trauma system requirements is exempt from those requirements while the variance request is being considered. Mr. Schaefer said when a request for deviation is made it would need to be approved for the transports to continue. During the appeal process there would not be approval to accept transports. Dr. Lilja said that would put the service outside the law. Mr. Schaefer said this would follow the process.

Mr. Tim Held, Deputy Director for the Minnesota Department of Health Office of Rural Health and Primary Care (ORHPC) appeared for the meeting and explained that the State Trauma System is housed organizationally in the ORHPC. Mr. Held said there is an appeal process for the hospital. Mr. Held said by the time a hospital is de-designated it has taken six months and 50 – 60 hours of staff time to work with hospitals that are struggling to meet the required criteria. An application is required every three years for designation. MDH employees review the application and site visit from the previous designation. MDH staff help hospitals prepare for site visits. The applicant review committee (similar to CRP) reviews the application and the site visit report and goes to the hospital to discuss deficiencies. The hospital is still designated until the STAC takes action on the issue. When a hospital is recommended to be de-designed the hospital can appear at the STAC meeting where the decision is made. Mr. Held said that Dr. Arvold is correct that they are working hard to rebuild their program.

Dr. Arvold said what Mr. Held said is true the hospital had deficiencies three years ago. There was a new administrator and staffing changes. Improvements have been made. The hospital sent a letter withdrawing the designation to not have the public embarrassment of a public hearing. He said he wants to protect his patients but must follow the state law.

Dr. Pate said this is a complex question that involves the EMSRB and MDH. This puts an ambulance medical director in a difficult position. The Medical Direction Standing Advisory Committee has let its opinion be known.

Dr. Arvold said if the medical director has the authority to make the decision. The deviation should be approved based on the medical director’s decision. Dr. Pate said this decision is made by the MDH.

Dr. Ho said he would like to see a clarification of the conflicting statutes. Mr. Spector said the legislative work group is discussing changes. When staff approached the Revisors’ Office to ask them to format these changes, staff was informed no work would occur until the lawsuit was settled. Mr. Spector said he has had a discussion with the governor’s office on what statute changes to move forward.

Mr. Held said the decision only affects major trauma patients and additional education could be provided to hospital staff. This affects two patients a year for major trauma. Mr. Held said STAC will be meeting in two weeks and will be discussing recommendations for changes to criteria for level four designation. He suggested that MDH and the EMSRB continue to work together on this issue.

7. Executive Director Report – Tony Spector

<u>EMSRB eLicense System Report</u>

Mr. Spector provided an update on the EMS personnel certification renewal process and included metrics. Mr. Spector said he seeking updated medical director contact information for the new eLicense system. He said the method for communicating with medical directors will be improved using the gov.delivery platform.

Agency Update
Mr. Spector provided an updated correction order sample. Mr. Spector said the ambulance service owners and medical directors will be cc'd on correction orders.

Legislative Update (SF 2894)
Mr. Spector said this is not an EMSRB-initiated bill. Dr. Lilja said this was introduced in reaction to adrenal insufficiency.

Dr. Pate said there is a small group of children who could suffer a life threatening event and need assistance. The parent generally has the medication to give the patient. The committee's opinion was to have these parents alert the local medical agency of this condition.

Dr. Lyng said this is a good solution to the problem compared to the solution proposed in other states. The intent is to have the EMT/Paramedic give the drug with oversight by medical control. The providers on scene are encouraged to do the right thing. The request to mandate this medication has been removed.

8. Community EMT Certification – Education Renewal Requirements – Dr. Wilcox

Dr. Wilcox said at the last meeting the committee discussed Community EMT and an initial education certification pilot program has been conducted. He provided an outline of the curriculum. He said the didactic portion is focusing heavily on primary care, and cultural diversities, and includes 24 hours of clinical care. Regarding Community EMT certification renewal education, he recommends that every two years there is an additional eight hours of training in a module in this curriculum as approved by the medical response unit medical director.

Dr. Pate asked where the clinical sessions are. Dr. Wilcox clinical sessions in the community are being sought with physician oversight.

Dr. Ho asked how many programs will be offering this course. Dr. Wilcox said he does not know this answer. He suggested that the curriculum be uniform for education and clinical work. Do Ho asked about the ability of the EMSRB to oversee the education programs.

Mr. Spector said the Community EMT initial certification education pilot program is with Hennepin Technical College.

Dr. Thomas said programs doing Community Paramedic may be interested in Community EMT. She asked for the pre-requisites for Community EMT. Dr. Wilcox said the applicant would be required to be a currently-certified EMT or paramedic and have approval by a medical director and once they are certified as a Community EMT.

Dr. Pate said he would like to emphasize that EMSRB staff ensure that e sure the Community EMT is regionally available to remove obstacles to attain this certification. Dr. Pate suggested that medical director needs to have two years' experience and connection to a MRU.

Dr. Wilcox said that when he is approached to have someone become a Community EMT or community Paramedic he reviews their academic background and their work. Mr. Spector referred to statute and said that a Community EMT is required to meet certain initial requirements. Mr. Spector said the statute does not address renewal requirements and this should be discussed by the committee.

Dr. Pate asked for a motion.

Dr. Wilcox moved that Community EMT certification renewal include eight hours of continuing education every two years within the curriculum approved by the medical response unit medical director. Seconded Dr. Lilja seconded. Motion carried.

Dr. Sipprell said a medical director must review each individual's certification. Dr. Wilcox said the medical director or designee can review and approve. Mr. Spector said the education would need to occur at a Minnesota approved education program. Dr. Lilja asked if a medical director can provide the education. Dr. Wilcox said he would agree.

9. Medication Shortages

Dr. Pate said physicians are aware of the problem.

10. Pediatric Transport Guidelines – Robert Norlen

Dr. Pate referred to the handout provided in the packet. This information was reviewed by the ambulance standards work group.

Dr. Lyng said he had comments on the flow chart regarding position of the captain's chair. The position of patient forward facing or rear is confusing. The use of spinal immobilization is a concern. Secure the patient to the cot or car seat. Dr. Lyng said the use of spine boards has been significantly reduced this should be the same for pediatric patients. This is contrary to what is being recommended for adults. The direction of the captain's chair is not the focus. The direction of the patient is the concern. Transport of the mother is unclear. Dr. Lick asked if this refers to air bag deployment.

Dr. Lilja said the requirements should not be over restrictive for patients, for example, if there is only one ambulance without enough car seats for the pediatric patients.

Dr. Ho said that he just attended car seat restraint training and suggested that this committee should be careful in what is endorsed. Dr. Lyng said the goal is to transport the pediatric patient safety.

Mr. Norlen said this guideline was developed by the National Association of State EMS Officials and was discussed by national safety agencies. The ambulance standards workgroup discussed this guideline and changed the guideline to fit Minnesota needs. The guidelines are to be developed with local protocols. The goal is to have standard guidelines for all ambulance services. There are no recommendations for specific equipment. An equipment list is provided in a link in the document. The goal would be to bring a best practices document for Minnesota to the Board for approval.

Dr. Lyng said the document from NASEMSO was the starting point. Mr. Norlen said the committee recommended changes to fit what occurs in Minnesota and not have the guideline be too restrictive.

Dr. Stevens said that EMSC has advanced the care for pediatric patients and ould not support a Minnesota pediatric transport guideline. The medical director of the ambulance service should have guidelines for all patient safety. Dr. Lyng said the guidelines from NASEMSO are sufficient.

Mr. Norlen said the workgroup is not suggesting a protocol rather just a guideline. Dr. Pate said that this should be an educational tool. Mr. Norlen asked that comments be sent to him for further clarification. The next work group meeting is March 14.

Dr. Stevens volunteered to join the ambulance standards work group meeting and a physician member

11. Medical Director's Course in Alexandria

Dr. Pate said the course was presented in September 2016 at the Medical Director's Conference in Alexandria. He asked if there was interest in doing it again.

Dr. Lilja thanked Dr. Pate for providing the course. He asked if Dr. Pate is willing to do it again. He said that Dr. Tange said he was also interested in working on this course.

Dr. Thomas suggested offering the course and seeing who is interested. This information should be communicated to ambulance medical directors.

Dr. Pate said he will ask the conference committee for time in the conference schedule and then revise the presentation.

12. New Business

Dr. Allegra (on the phone) explained that the Cuyuna Regional Medical Center lost its trauma designation last year. He explained that the issue has been inpatient surgical involvement. There are efforts underway to regain trauma designation.

Dr. Pate said it was discussed that in a life threatening situation a paramedic under the auspices of the medical director transports the patient to the location specified by the medical director. It is the paramedic's decision when providing life saving measures under control of the medical director. Mr. Schaefer said that was a committee recommendation.

Dr. Lilja said Mr. Held from the MDH state trauma system discussed this issue with the committee He said they are discussing changes for level 4 trauma designation. That meeting is going to occur March 13 and people may attend by phone.

13. Next Meeting

The next meeting of the MDSAC will be on September 6, 2018, at 7:00 p.m. at the Medical Directors Conference in Alexandria, Minnesota.

14. Adjourn

Dr. Wilcox moved to adjourn. Dr. Lilja seconded. Motion carried.

Meeting adjourned 11:22 a.m.