

State of Minnesota
Emergency Medical Services Regulatory Board
Medical Direction Standing Advisory Committee
Meeting Agenda
March 1, 2019, 9:00 a.m.
Minneapolis Marriott Northwest
Lake Ontario Room (Lower Level)
7025 Northland Drive
Brooklyn Park MN 55428

[MAP & DIRECTIONS](#)

Note: The public may call into this meeting by dialing:
888-742-5095
and when prompted entering conference code 3908550771#

Attachments

1. Call to Order – Dr. Aaron Burnett – 9:00 a.m.

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.

3. Review and Approve Agenda – 9:15 a.m.

4. Review and Approve Minutes – 9:20 a.m.

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5. MDSAC Committee Chair Report – 9:25 a.m.

- National Association of EMS Physicians (NAEMSP) State Chapter Formation
- State Trauma Advisory Council (STAC) Motion Regarding Air Ambulances and Dispatching the Closest Available Asset – Discussion

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6. Executive Director Report – Tony Spector – 9:50 a.m.

- Agency Report
- Legislative Report
- Hennepin Technical College Community EMT Education Program – Discussion

7. Community EMT and Community Paramedic Telemedicine – Discussion
– Dr. Peter Tanghe/Dr. Michael Wilcox – 10:25 a.m.

8. New Business – 10:55 a.m.

9. Adjourn – 11:00 a.m.

Note: Some Committee members may be attending this meeting by telephone. In accordance with Minn. Stat. § 13D.015, subd. 4, this meeting may be monitored by the public remotely and telephonically.

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: <https://mn.gov/emsrb>

Next Meeting:

**September 5, 2019, 7:00 p.m.
Arrowwood Conference Center
2100 Arrowwood Lane
Alexandria, Minnesota 56308**

Attachment Key:

M = Minutes

CC = Committee Chair

State of Minnesota
Emergency Medical Services Regulatory Board
Medical Direction Standing Advisory
Committee Meeting Minutes
September 6, 2018, 7:00 p.m.
Arrowwood Conference Center
Alexandria, Minnesota

Attendance: Aaron Burnett, 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.; Kevin Sipprell, M.D.; Peter Tanghe, M.D.; Mari Thomas, M.D.; Michael Wilcox, M.D.; Tony Spector; EMSRB Executive Director; J.B. Guiton, Board Chair; Kevin Miller, Board Vice Chair; Melody Nagy, EMSRB staff; Greg Schaefer, Assistant Attorney General

1. Call to Order

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

2. Public Comment

None.

3. Approve Agenda

Dr. Burnett suggested amending the agenda by repositioning the Executive Director's Report after New Business.

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

4. Approve Minutes

Dr. Lick moved approval of the March 2, 2018, minutes. Dr. Thomas seconded. Motion carried.

5. MDSAC Committee Chair Report

Medical Director Succession

Dr. Burnett explained he was seeking input from committee members regarding the consequences of an ambulance service's medical director is unable to perform its duties. Without a medical director, an ambulance service is statutorily unable to provide service. Dr. Burnett said he sees this as an opportunity for medical directors to mentor additional medical directors in an effort to have back-up and redundancy in the event the primary medical director is no longer able or available to perform as medical director. Dr. Burnett inquired with the committee members as to how many medical directors have assistant medical directors.

Dr. Wilcox said that when he was the State Medical Director he was able to provide medical direction on an interim basis for ambulance services who unexpectedly found themselves without a medical director. Dr. Burnett said having the State EMSRB Medical Director serving in this capacity warrants further discussion.

Mr. Guiton said some services contract with a group of medical directors.

Dr. Lilja said in an emergency situation physicians on the MDSAC committee could volunteer to fulfill the role of the ambulance service medical director. Dr. Burnett said that would be an option that merits consideration.

Dr. Burnett said that Dr. Pate and Dr. Tanghe will be providing a presentation at the conference on Friday, September 7, 2018, beginning at 9:00 a.m. for new medical directors.

6. Stroke Presentation and Discussion – Albert Tsai, Ph.D. (MDH)

Dr. Albert Tsai said he has been the Director of the Stroke Program at the Minnesota Department of Health for 10 years. He reported that at the international stroke conference information was released regarding new treatments for stroke care. Dr. Tsai provided a power point presentation. He said recent studies show an expanded treatment window for stroke care. A question for medical directors would be should EMTs and Paramedics screen at the scene for stroke symptoms. Another questions pertains to whether ambulances should be taken out of service for interfacility transports to transport patients for stroke care. Dr. Tsai said the statistics do not show a significant issue with time on scene.

Dr. Ho said we have not discussed the time required from scene to a designed stroke center. Dr. Burnett commented there are challenges in the rural area for which type of treatment is given. Dr. Lilja said there are physicians that are providing different treatments. Dr. Lilja said hospitals in rural areas may appear that they are stroke ready. Dr. Thomas said there is a tele-stroke system where they contract with physicians for evaluation and then do the interfacility transport.

Mr. Guiton said that he wanted Dr. Tsai to know that he may receive comments about his email being a mandate. Dr. Tsai said MDH is analyzing data and providing training.

Dr. Tsai said he knows of eight stroke severity scales. Four of these are validated. He inquired as to which one should be used and the discussion turned to whether EMTs can be trained to conduct assessments in the field. He said current patient care guidelines are ten years old. It was suggested that it may be time to consider having a subcommittee meet to review the guidelines and recommend changes. Dr. Burnett said health care has developed regional protocols and this needs to occur. Dr. Burnett said he will be reaching out to committee members in the future for further discussion of guideline changes.

7. In-Hospital Paramedic Practice

Dr. Burnett said at his hospital the use of paramedics inside the facility is increasing greatly. Dr. Burnett asked about whether a regulatory requirements need to be modified in light of the in-hospital paramedic practice. Do these individuals required supervision of a medical director.

Dr. Lilja said the EMSRB would not have statutory authority for paramedics working elsewhere. Dr. Burnett said this discussion has occurred at the Complaint Review Panel meetings. Dr. Burnett asked the committee members whether there should be an exploration of statutory change. Dr. Lick said paramedics have different supervision at hospitals.

Dr. Ho said a paramedic is utilized because of their training as a paramedic. He explained that he provides medical direction for these individuals. Mr. Guiton said if a person is providing paramedic skills then the EMSRB has jurisdiction over the certification of that paramedic. Dr. Burnett asked if a paramedic is still under medical control working at other locations. Dr. Wilcox said the role of the paramedic varies based on their work assignment.

Dr. Tanghe said Community Paramedics can provide a model for this situation. This work relationship is pre-designed. Hospitals provide direct supervision. Dr. Burnett said the Community Paramedics role with a medical director is clear in statute. Dr. Burnett said this should be considered during a future legislative discussion.

8. New Business

Medical Director Authority in the State

Dr. Ho presented a hypothetical situation that affects physician medical control. He described the scenario and cited a court opinion dating back to 1990. He referred to current statute 144E.265 regarding authority for a medical director. Dr. Ho asked for discussion of this hypothetical situation.

Dr. Lilja expressed his surprise with the current language of the statute in comparison to its previous version.

Dr. Sipprell said that in his opinion a physician has no legal obligation to sign the verification of skills form.

Mr. Miller said this has been discussed by his organization. He quoted Minnesota Statute 147A.09 regarding licensing of physician assistants. He said subdivision 12 refers to EMS personnel.

Mr. Schaefer said there was a substantial change from rules to statutes in 1999. He agreed that a physician would be under no obligation to sign off on the skills of an individual. The employer would need to make the decision regarding removing this person from practice.

Mr. Guiton said this is being discussed by the Legislative Ad-Hoc Work Group and by the industry. Minnesota needs to continue to be a medical director driven state. Mr. Miller asked if a statute change should be considered. Dr. Burnett said this needs further discussion.

9. Executive Director Report – Tony Spector

Children’s Minnesota License Application

Mr. Spector provided an update as to the application process and timeline. The notice of hearing, pre-hearing order, and license application are posted on the EMSRB website. Mr. Spector provided details of the deadlines for interested persons wishing to participate in the contested hearing process. Interested persons wishing to participate in the hearing must appear at the pre-hearing conference.

EMSRB eLicense System Report

Mr. Spector provided an update on EMS personnel certification renewal processing that included metrics. He said the e-license portal went live one year ago. The Minnesota system is being modeled in other states. Mr. Spector complemented Ms. Jacobs and Mr. Norlen for their work in the development of this system.

Mr. Spector said that in a recent email there was an error regarding the deadline for renewals. A clarification email was provided.

Agency Update

Mr. Spector said when he started at the EMSRB the Board Chair and Executive Committee tasked him with assessing the staffing and organizational structure and service delivery model of the agency. As part of that evaluation, he explained that he has spoken with many stakeholders and is working with a consultant from the Management Analysis Division of Minnesota Management and Budget. One result

is that the EMSRB will have a more centralized staffing model. In addition, a full time investigator position also is being developed. Mr. Spector described other positions that are being developed for the agency

Mr. Spector said that on a go-forward basis it is quite likely that the EMS Specialists will be based in the Minneapolis office. There may be some discomfort with this change in greater Minnesota. He said he wants this viewed as positive evolution. He said that he did not make these decisions without input from the Executive Committee and has asked for opinions from other persons.

Dr. Burnett said the MDSAC may have input for the data manager and analyst position being created. The data manager can provide information to MDSAC. Mr. Spector agreed that quality data is important for decision making.

Mr. Guiton said there have not been changes to the staff organizational structure since 1994. The decision to “blow” the place up was a thoughtful decision.

Mr. Spector thanked Mr. Guiton and Mr. Miller for their involvement in this process.

Dr. Pate said that he can see potential improvements. He said surprise inspections would be an issue in rural areas of the state.

Mr. Spector said that he wants to continue to provide transparency of his activities.

Mr. Miller said that Mr. Spector has done a lot of work. He thanked Mr. Spector.

Dr. Thomas said she wanted to offer a suggestion that there be consistency in the inspections.

Mr. Edwards asked for a historical count of certification personnel. Mr. Spector said this information can be provided and the agency may be able to post this information on the website in the future.

10. Adjourn

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

MDSAC Committee Chair Report

From the minutes of the State Trauma Advisory Council (STAC) meeting on December 4, 2018:

“Dr. Hick moved that the STAC support coordination between aeromedical services to ensure that the closest available helicopter is dispatched to the scene when requested. Dr. Paulson seconded.”

The motion carried unanimously.