

State of Minnesota
Emergency Medical Services Regulatory Board
Medical Direction Standing Advisory
Committee Meeting Minutes
March 6, 2020, 9:00 a.m.
Minneapolis Marriott North
Brooklyn Park, Minnesota

Attendance: Aaron Burnett, M.D. (Chair); Marc Conterato, M.D.; Jennifer Fischer, M.D.; Paula Fink Kocken, M.D.; R. J. Frascone, M.D. (by phone); Pat Lilja, M.D.; John Lyng, M.D.; John Pate, M.D.; Jonathan Shultz, M.D.; Nick Simpson, M.D.; Kevin Sipprell, M.D.; Andrew Stevens, M.D.; Peter Tanghe, M.D.; Christopher Ward, M.D.; Mike Wilcox, M.D. (by phone); J.B. Guiton, EMSRB Board Chair; Tony Spector; EMSRB Executive Director; Melody Nagy, EMSRB staff; Dave Rogers, EMSRB staff; Brian Shorten, EMS Specialist; Charles Soucheray, EMS Specialist; Greg Schaefer, Assistant Attorney General.

1. Call to Order and Introductions – 9:00 a.m.

Dr. Burnett called the meeting to order at 9:03 a.m.

2. Public Comment – 9:05 a.m.

None.

3. Review and Approve Agenda – 9:10 a.m.

Dr. Burnett said he wants to devote more time to discuss Coronavirus in his report. He asked if anyone else had anything for the agenda. He asked for a motion to approve the agenda.

Motion: Dr. Sipprell moved to approve the agenda. Dr. Lyng seconded. Motion carried.

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

Dr. Burnett asked for approval of the September 5, 2019, minutes.

Motion: Dr. Pate moved to approve the minutes. Dr. Lilja seconded. Motion carried.

5. Presentation by Biospatial, Inc. – Dave Zaiman – 9:20 a.m.

Dr. Burnett introduced Dave Zaiman who was asked to provide information on Biospatial to the committee. Mr. Zaiman introduced himself and provided background information on Biospatial. He said he appreciates the opportunity to present this information. Biospatial can provide an analytic tool to the State of Minnesota. Searches can be conducted by key words. He said other states are using this to monitor coronavirus. He provided a PowerPoint demonstration and handouts to the committee.

Dr. Burnett said Biospatial can provide analytics for a quality assurance program and can help this committee have a data driven approach. There is no cost to the State for this tool and it has received favorable reviews from other states. He said this would be beneficial to rural services.

Mr. Zaiman answered questions from committee members. Dr. Burnett said the committee is being asked to make a recommendation.

Motion: Dr. Pate moved the committee recommend the Board consider engaging Biospatial. Dr. Lilja seconded. A roll call vote was conducted. Motion carried unanimously.

6. MDSAC Committee Chair Report – 9:35 a.m.

Follow-up on Guidelines for Patient Assisted Medication

Dr. Burnett said this legislation was signed into law and documents are provided in the committee packet and posted on the EMSRB website. He thanked Dr. Stevens for his assistance.

Physician Medical Direction

Dr. Burnett said legislation has been introduced in Wyoming to allow physician assistants and advanced practice registered nurses to serve as medical directors. He said that this has been discussed in Minnesota but Minnesota statute requires a medical director to be a physician.

Dr. Pate said these individuals could be assistants to medical directors. Dr. Burnett said interfacing with receiving hospitals may best occur at the physician to physician level. Dr. Burnett said this would be challenging from a regulation standpoint. Dr. Lyng said this would be a step backwards.

Coronavirus Messaging Discussion

Dr. Burnett said Minnesota has pandemic plans in place. EMS in Minnesota is well prepared. Key documents (links) are available on the EMSRB website. Dr. Burnett said the crisis of care document discusses what we are facing. This document was updated in 2018. This document is on the MDH website and the EMSRB has placed a link to this document on the COVID-19 portion of its website. He referred to page 100 – specific to EMS. This is the plan in case of pandemic where demand for EMS services outpaces supply and describes the actions to be taken. Describes the priority of action. This is a guideline. Dr. Burnett stated the Metro Region Emergency Services Board EMS medical directors committee will review the metro region EMS crisis standards of care document next week. Once finalized this document will be presented to the EMSRB and MDH. The MESB medical director committee has significant overlap in membership with MDSAC. Specifically, 12/14 physicians present at the MDSAC meeting today also practice in the metro region. The metro region has offered to make these planning documents public for other EMS regions to see and incorporate if they want.

Dr. Burnett recognized Judy Seberg and Tim Held (EMSRB board member) in the audience as representatives of MDH. Dr. Burnett stressed that the EMSRB and MDH will work collaboratively to ensure the health and safety of the citizens of Minnesota. Dr. Burnett stated he hoped the presence and participation of MDH representatives at MDSAC is a very visible sign to the public of the collaboration of the EMSRB and MDH on the COVID-19 response.

Motion: Dr. Tanghe moved to post meeting minutes that have not been approved by the committee but have been reviewed by the committee chair. Dr. Sipprell seconded. A roll call vote was conducted. Motion carried unanimously.

POLST Task Force Member Replacement

Dr. Burnett said he is looking for a volunteer to attend this quarterly meeting. Dr. Tanghe was nominated and accepted this assignment. Mr. Guiton thanked Dr. Simpson for his participation.

Minnesota NAEMSP Chapter Update

Dr. Simpson said this group met in 2019. Minnesota formed a state chapter. The most recent meeting was in San Diego and was well attended. There were some sub committees established and discussion of medical direction issues. He said representatives will be meeting with legislators to be an advocate for EMS.

Discussion of Backboarding – Dr. Lilja

Dr. Lilja said concerns have been raised about what device must be carried by statute. He provided a sample backboard and asked if everyone agrees that this is a backboard. He asked if there are other devices that can be used for extrication without having regulatory issues. Dr. Lyng referred to the language in statute. He said requirements vary in other states.

Dr. Burnett said the medical director approves the equipment for the service. The statute lists splinting equipment.

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

Legislative Report

Mr. Spector said an EMSRB cleanup bill was introduced on Wednesday. There is a suggested modification regarding instructor requirements. The Board’s Executive Committee approved this modification.

Mr. Spector provided a handout and said that numerous bills have been introduced that were not introduced or authorized by the EMSRB.

The Board’s Executive Committee was asked for their thoughts on a bill regarding a change to the law for lights/siren (HF 3332/SF 3416). The Executive Committee discussed the issue and had various opinions. The Executive Committee decided to remain neutral on this issue. It was asked to be discussed at the MDSAC meeting. Dr. Burnett said this is permissive language. The MAA decided not to support the bill for liability issues.

Motion: Dr. Lilja moved that ambulances not always use siren when using lights 24 hours a day. Dr. Pate seconded. Motion carried.

Collection of Blood Samples from Source Individuals with Consent Authorization (HF 3161/SF 3158)

Motion: Dr. Stevens moved to support this legislation. Dr. Pate seconded. Motion carried.

Dr. Burnett suggested a change to the language under section (4) “a physician with specialty training in infectious diseases” – change to “licensed physician”.

Motion: Dr. Lyng moved to support this language change. Dr. Sipprell seconded. Motion carried.

EMS personnel applicant data: Mandatory data to be collected from EMSRB applicants for MDH (HF 3521/SF 3417)

Mr. Spector said this bill was introduced without discussion with the EMSRB. The survey could be longer than the renewal requirements. There is no statutory authority to collect this information. Mr. Spector said EMSRB staff currently have information available.

Mr. Held said his office collects information from these surveys. He said that he has discussed with Representative Huot that this language needs revision. He suggested that the Board and MDH could discuss this over the next year. Dr. Burnett said he feels that the EMSRB should be the lead agency for this task.

Motion: Dr. Stevens moved that MDSAC does not support this language and would like clarification of the gaps and that the EMSRB be the lead agency for this information. Dr. Simpson seconded. Motion carried.

Mr. Spector referred to a bill regarding “Patient Hold” ((HF 3544/SF 3416). The committee discussed the issue and made the following motion. Dr. Lilja moved that MDSAC does not support the legislation as written. Dr. Sipprell seconded. Tie vote. Dr. Burnett asked Dr. Stevens to have a discussion with the sponsors of the legislation to included additional representation. Dr. Lyng said he would like to see the record of the meeting reflect the feelings of the committee that the legislation should not be rejected but should be revised.

Mr. Spector said an EMS Task Force bill was introduced yesterday (HF 4171). There is currently not a companion bill in the Senate. There is no representation from the EMSRB in this bill. Dr. Burnett said there is no physician representation.

Motion: Dr. Stevens moved that the MDSAC not support this legislation. Dr. Lilja seconded. Further discussion. Motion carried unanimously.

Agency Report

Mr. Spector said handouts were provided in the packet regarding the number of EMRs, EMTs, AEMTs, and Paramedics by county. Mr. Spector provided a handout listing correction orders issued by the EMSRB. Mr. Spector said password requirements have been changed for accessing MNSTAR. Mr. Spector asked Mr. Rogers to provide information on the transition for ambulance services from MNSTAR version 2 to version 3. This is a goal for EMSRB staff and an ongoing project. Mr. Rogers said the EMSRB can create hospital integration accounts. This would allow integration of MNSTAR data to hospitals.

8. New Business – 10:55 a.m.

None.

9. Adjourn – 11:00 a.m.

Motion: Dr. Lyng moved to adjourn. Dr. Sipprell seconded. Motion carried.

Meeting adjourned 12:26 p.m.