State of Minnesota
Emergency Medical Services Regulatory Board
Board Meeting Agenda
September 17, 2020, 10:00 a.m.

Note: Minnesota Statutes section 13D.021 requires a public body to determine that an in-person meeting is "not practical or prudent because of a health pandemic or an emergency declared under chapter 12." At this time, the Board Chair has determined that an in-person meeting is not practical or prudent because of the COVID health pandemic. This meeting therefore will not be held in-person. It will only be held by WebEx and telephone.

Join WebEx Meeting
Password: EMSRB2020
Call-in Number: (415) 655-0003
Meeting Number (Access code): 146 945 2225

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<td>Call to Order and Introductions – 10:00 a.m.</td>
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<td>2.</td>
<td>Review and Approve Agenda – 10:05 a.m.</td>
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<td>3.</td>
<td>Review and Approve Board Minutes – 10:10 a.m.</td>
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<td>4.</td>
<td>Public Comment – 10:15 a.m.</td>
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<td>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 email <a href="mailto:melody.nagy@state.mn.us">melody.nagy@state.mn.us</a>. Please limit remarks to three minutes.</td>
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<td>5.</td>
<td>Board Chair Report – 10:20 a.m.</td>
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<td>• Summary Report of Executive Committee (No meetings in June/August)</td>
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<td>• Extension of Peacetime Emergency – Minn. Stat. § 144E.266</td>
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<td>• Formation of ad hoc committee for Internal Operating Procedures Review</td>
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<td>• Request for Course Approval – Cardiopulmonary Resuscitation and Advanced Cardiac Life Support (Recommendation from MDSAC)</td>
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<td>6.</td>
<td>Executive Director Report – 10:45 a.m.</td>
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<td>• EMSRB Activities during COVID-19 – Update</td>
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<td>• MNSTAR Transition from Version 2 to Version 3 – Update</td>
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<td>• MNSTAR Data Submissions to the EMSRB</td>
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Attachments
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BC 1

BC 2

ED 1
7. **New Business – 12:50 p.m.**

8. **Adjourn – 1:00 p.m.**

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](https://mn.gov/emsrb)
Meeting Minutes

Emergency Medical Services Regulatory Board
Special Board Meeting
Thursday, July 16, 2020, 10:00 a.m.
WebEx Meeting

Attendance: J.B. Guiton, Board Chair; Jason Amborn; Aaron Burnett, M.D.; Brian Edwards; Megan Hartigan; Representative John Huot; Michael Jordan; Paula Fink-Kocken, M.D.; Amber Lage; Senator Andrew Lang; Kevin Miller; John Pate, M.D.; Scott Saehr; Matthew Simpson; Tony Spector, Executive Director; Holly Jacobs, EMSRB Staff; Melody Nagy, EMSRB Staff; Dave Rogers, EMSRB Staff; Brian Shorten, EMSRB Staff; Charlie Soucheray, EMSRB Staff; Greg Schaefer, Assistant Attorney General.

Absent: Scott Hable; Tim Held; Jeffrey Ho, M.D.

1. Call to Order – 10:00 a.m.
Mr. Guiton called the meeting to order at 10:06 a.m. Mr. Soucheray conducted a roll call of Board members attending.

2. Approval of Agenda – 10:05 a.m.
Mr. Guiton asked for a motion to approve the agenda.

Motion: Mr. Miller moved to approve the agenda. Dr. Pate seconded. A roll call vote was taken. Motion carried.

3. Review and Approve Board Minutes – 10:10 a.m.
Mr. Guiton asked for approval of the minutes.

Motion: Dr. Pate moved approval of the May 21, 2020, minutes. Dr. Burnett seconded. A roll call vote was taken. Motion carried.

Motion: Mr. Pate moved approval of the June 18, 2020, minutes. Mr. Amborn seconded. A roll call vote was taken. Motion carried*.

*Mr. Jordan asked that Chief Jungmann’s comments be attached to the minutes.

4. Public Comment – 10:15 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.

Mr. Guiton invited the public to comment on anything not on the agenda.

None.
5. **HealthEast Ambulance License Transfer of Ownership – 10:20 a.m.**

Mr. Guiton said some issues were identified regarding the last Board meeting. He said he wants to mention a couple of points of order:

- When someone calls the question, the Board chair can honor that and move forward or send it back; if there is a two-thirds majority vote [on calling the question or not calling the question?] then it is not necessary to the call the question. This did not affect the outcome of the vote but is good clarification.
- There was some confusion of whether the formation of the workgroup was tied to the issuance of a temporary license to Fairview Health Services. The formation of the workgroup and the license issuance are separate matters.
- There was some question of Ms. Hartigan making the motion and then recusing from the vote. If a Board member is going to recuse from a vote they should not be part of the discussion. However, if a Board member does not plan to recuse, they are free to participate in any discussion and are free to abstain from a vote.

Mr. Guiton said Mr. Jordan provided written comments to the Board. Mr. Jordan said he is seeking clarity on some issues and he outlined his concerns in the memo. He offered a recommendation to the Board. Board members continued the discussion and made the following motion.

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Motion: Dr. Pate moved to authorize a temporary license to Fairview for Advanced Life Support services for the Primary Service Area covered by license number 0234, minus the overlap. Mr. Jordan seconded. Ms. Nagy conducted a roll call vote. Voting yes five members, voting no three members, Mr. Edwards, Ms. Lage and Mr. Miller abstained from the vote and Ms. Hartigan recused from the vote. Motion carried.
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Mr. Schaefer said staff will conduct an inspection during the six months that the temporary license is in affect and if all requirements are met a permanent license can be issued.

Mr. Guiton asked for a motion to form an ad hoc workgroup and asked Mr. Edwards to chair this workgroup. He asked this workgroup to work with the legislative workgroup.

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Motion: Mr. Miller moved the Board create an ad hoc workgroup to identify and bring back to the Board suggestions regarding the substation statute and base of operations statute and appropriate administrative rules. Dr. Pate seconded. Ms. Nagy conducted a roll call vote. Motion carried unanimously.
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6. **Board Chair Report – 11:20 a.m.**

**Extension of Peacetime Emergency – Minnesota Statute § 144E.266**

Mr. Guiton said the peacetime emergency has been extended until August 12. The EMSRB rules are suspended until then. He said most services are operating normally.

**Formation of ad hoc Committee for Internal Operating Procedure Review**

Mr. Guiton said this will be discussed at the next Board meeting. Mr. Held may wish to be involved in this discussion.

**September Board Meeting Date (Medical Director’s Conference Cancelled)**

Mr. Guiton said the Board meeting scheduled for September 11 at the Medical Director’s Conference will need to change because the conference has been cancelled. Mr. Guiton asked for a motion for a meeting in September.
Motion: Dr. Pate moved to hold the September Board meeting on the third Thursday (September 17) at 10:00 a.m. Mr. Jordan seconded. Motion carried unanimously with a roll call vote.

Medical Direction Standing Advisory Committee September Meeting Date
Dr. Burnett suggested an evening meeting on September 10, 2020, at 7:00 p.m.

7. Executive Director Report – 11:45 a.m.
EMSRB Activities during COVID-19 – Update
Mr. Spector asked staff and regional program directors to provide an update.

Charlie Soucheray
- Staffing the State Emergency Operations Center (SEOC); meeting with critical care coordination center on transfer of patients
- Coordinating Personal Protective Equipment (PPE) distribution
- E-licensing work (review of applications and customer assistance)
- Processing applications for licensure changes
- Part-Time Advanced Life Support new license application inspection at Madelia

David Rogers
- Staffing the SEOC
- Working with services on data issues
- Developing metrics for COVID-19

Brian Shorten
- Working with services on license transfers and upgrades
- Part-Time Advanced Life Support new license application inspection at Madelia
- E-licensing work (review of applications and customer assistance)
- Review of education program applications

Kjelsey Polzin -- EMS for Children Program (EMSC)
- Updating the EMSC logo
- Updating the website to make it more appealing and user friendly
- Updating guidelines to be published by the end of the year
- Coordinating a virtual symposium regarding child trafficking (September 17 & 18) on Zoom

Arrowhead EMS Association – Caitlin Korpi for Adam Shadiow
- Working with the health care coalition on COVID-19 issues
- PPE distribution
- NARCAN training
- Meeting with ambulance services and medical directors
- ARMR 800 MHz radio transmission tower upgrades
- Thank you EMSRB staff for the grant extension

Central Minnesota EMS Region – Marion Larson
- Thank you EMSRB staff for the grant extension
- NARCAN push
- Working with Minnesota Department of Health, ambulance services, first responder agencies, and fire departments on COVID issues
Southeast Regional Program – Don Hauge
- Planning for PPE push
- Meeting with ambulance services bi-weekly
- Critical Incident Stress Management (CISM) team discussion of stress related to COVID-19
- Thank you EMSRB staff for the grant extension

Mr. Spector said he wanted to discuss if the EMSRB should submit a proposal to the State for COVID CARES Act funds as requested of the EMSRB by EMS stakeholders. The requested ask is 26 million dollars which would be provided to the eight EMS regions and all ambulance services in Minnesota. Mr. Spector said there are many questions and concerns about this request, that he has been discussing these concerns with SmART and the Executive Budget Officer at Minnesota Management and Budget. He said the recommendation from SmART and the Executive Budget Officer is that the EMSRB does not submit a proposal. Given this recommendation against submission, Mr. Spector asked if the Board nevertheless want the EMSRB to submit the funding request. The Board stated that it does not want the EMSRB to submit the CARES funding request.

Representative Huot made several comments and asked several questions about EMS stakeholders seeking CARES Act funds. He offered to host a statewide Zoom meeting to assess the financial viability of ambulance services.

Representative Huot asked about the status of Biospatial. Mr. Spector said he is working with MN.IT legal and security on contract requirements.

EMS Personnel Certification – Update
Mr. Spector referred to the handout in the Board packet and said that if anyone had questions to please let him know.

MNSTAR Transition from Version 2 to Version 3 – Update
Mr. Rogers said 14 agencies remain on the MNSTAR version 2 platform. He is working with services on this transition.

Ms. Hartigan said there are concerns about data being reported in real time. The Board needs to discuss “as recommended by the Board” for data collection.

Hospital Integration Accounts – Update
Mr. Rogers said a number of hospital accounts have been added. A handout with additional information is provided in the Board packet.

Changes of Ambulance Service Ownership Approved – Update
Mr. Spector referred members to the handout provided in the Board packet.

New Air Ambulance Service Licenses Issued – Update
Mr. Spector referred members to the handout provided in the Board packet.

EMS Regional program Contract Extension – Update
Mr. Spector said a memo was provided in the Board packet. The extension allows the money to be carried forward to the next fiscal year.
Mr. Jordan said there is an outstanding deliverable that was discussed at the November Board meeting. The Board needs to have a discussion on future spending regarding regional accountability, legitimate spending of funds, and declining seat belt revenues.

8. Committee Reports – 12:15 p.m.

None.

9. New Business

Mr. Guiton asked Board members if there is new business they wanted to discuss.

None.

10. Closed Session

Closed pursuant to Minnesota Statutes section §13D.05, subd. 3(d) security briefing to discuss IT infrastructure)

Mr. Guiton said the Board will meet in closed session.

11. Re-Open Meeting – 1:10 p.m.

Mr. Guiton re-opened the meeting and said IT infrastructure was discussed.

12. Adjourn – 1:11 p.m.

Mr. Guiton asked for a motion to adjourn.

Motion: Mr. Jordan moved to adjourn the meeting. Mr. Saehr seconded. Motion carried unanimously with a roll call vote.

The meeting adjourned at 1:15 p.m.

Next Board Meeting:

September 17, 2020, 10:00 a.m.
Location: WebEx

Reviewed and Approved By:

______________________________  ______________________
Board Secretary                    Date
MEMORANDUM

Date: September 15, 2020

To: EMSRB Board

From: JB Guiton, Board Chair

Re: Formation of Ad Hoc Committee for Internal Operating Procedure Review

Background

The Internal Operating Procedures (IOP) requires the Board to review and approve the IOP at the first meeting of each even-numbered year. Although the review and approval did not occur at the January 2020 Board meeting, I would like to form an ad hoc committee to engage in review and propose any amendments to the IOP at the November 2020 Board meeting.

Attached is a copy of the IOP.

Action

Seeking a motion to:

1) Form of an ad hoc committee to review and propose any amendments to the IOP;
2) Select Board members to serve on the ad hoc committee;
3) Charge the ad hoc committee with reporting any proposed amendments to the Board at its November meeting.
INTERNATIONAL OPERATING PROCEDURES

REVISION HISTORY:

Adopted:

June 1996

Revised:

July 1996
October 1996
December 1996
May 1998
August 1998
February 2000
May 2002
January 2003
January 2005
May 2006
January 2008
September 2013
November 2014
May 2015
September 2015
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INTRODUCTION

The Emergency Medical Services (EMS) Regulatory Board, hereafter the Board, was established by the 1995 Minnesota Legislature as defined in Minnesota Statutes 144E.01. Its function is to administer and enforce the provision of emergency medical services in the state. The EMS statute at Minnesota Statutes, Section 144E.01, subd.6 requires the Board to: (1) administer and enforce the provisions of Chapter 144E and other duties assigned to the Board; (2) advise applicants for state and federal emergency medical services funds, review and comment on such applications, and approve the use of funds unless otherwise required by federal law; (3) make recommendations to the legislature on improving the access, delivery, and effectiveness of the state’s emergency medical services delivery system; and (4) establish procedures for investigating, hearing, and resolving complaints against emergency medical services providers.

BOARD MEMBERS

RESPONSIBILITIES

The business and affairs of the Board shall be conducted in an open manner consistent with responsibilities of a public regulatory body. The Board shall not be responsible for managing day-to-day activities of the staff, but shall advise the executive director in the implementation of Board decisions.

MEMBERSHIP/TERMS

The Board consists of the following members, all of whom must work in Minnesota, except for the public member:

- an emergency physician certified by the American board of emergency physicians (actually known as the American board of emergency medicine);
- a representative of Minnesota hospitals;
- a representative of fire chiefs;
- a full-time firefighter who serves as a first responder and who is a member of a professional firefighter’s union;
- a volunteer firefighter who serves as a first responder;
- an attendant currently practicing on a licensed ambulance service who is a paramedic or an emergency medical technician;
- an ambulance director for a licensed ambulance service;
- a representative of sheriffs;
- a member of a local board of health to represent community health services;
- two representatives of regional emergency medical services programs, one of whom must be from the metropolitan regional emergency medical services program;
- a registered nurse currently practicing in a hospital emergency department;
- a pediatrician, certified by the American board of pediatrics, with experience in emergency medical services;
- a family practice physician who is currently involved in emergency medical services;
- a public member who resides in Minnesota;
- the commissioner of health, or a designee;
- the commissioner of public safety, or a designee;
- a state representative (ex officio non-voting member), appointed by the speaker of the house of representatives;
- a state senator (ex officio non-voting member), appointed by the committee on rules and administration of the senate.

Appointments are for four-year terms.

APPOINTMENTS/TERRMINATIONS

See Minnesota Statute 15.0575 regarding appointments and terminations of Board members.

COMPENSATION/EXPENSE REIMBURSEMENT

Compensation of Board members is governed by Minnesota Statutes 15.0575. Members are reimbursed for travel and other allowable expenses while engaged in official duty.

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OFFICERS

Officers of the Board shall consist of a chair, vice chair, and secretary/treasurer.

CHAIR

The Board chair is designated by the governor from the appointed members of the Board. The chair shall preside at Board meetings and Executive Committee meetings. The chair shall be the principal spokesperson for the Board and the only person authorized to represent the Board except the executive director. In rare circumstances, other members may be specifically authorized to represent the Board. The chair may create committees and appoint committee chairs as necessary to carry out the Board work plan.

The chair will set an agenda for each meeting. The chair will call Special Meetings of the Board and Executive Committee as needed. The chair may take emergency action on behalf of the Board in consult with the Chair of the Medical Director’s Standing Advisory Committee. Any emergency action must be reported to the Board immediately.

The role of the chair is to see that the Board follows its own rules and those legitimately imposed on it from outside the organization. Meeting responsibilities include:

- Meeting discussion content will be held to only those issues that clearly belong to the Board to decide, according to Board policy.
- Deliberation will be timely, fair, orderly and thorough, but also efficient, limited in time and kept to the point.
- Roberts Rules of Order are observed except where the Board has superseded them. The chair may participate in the debate on any issue, similar to other Board members.
- Chair authority does not include supervising, interpreting Board policy to, or otherwise directing the executive director.

VICE CHAIR

The vice chair shall be elected by the Board. The vice chair shall preside at Board meeting in the absence of the chair and assist the chair in other matters as requested by the chair or as authorized by the Board.

SECRETARY/TREASURER

The secretary/treasurer shall be elected by the Board. The secretary/treasurer shall review staff drafts of Board meeting minutes, authenticate minutes by signature and present minutes to the Board for approval. The secretary/treasurer shall review and report on other documents, including Board financial statements, as requested by the chair. The secretary/treasurer shall assimilate, tabulate and hold in confidence non-public evaluation forms on the executive director’s performance completed by the Board and staff.

ELECTIONS

ELIGIBILITY

Current Board members may be nominated for vice chair, secretary/treasurer, and at-large Executive Committee member.

NOMINATION AND ELECTION

At the first regular Board meeting of each even-numbered calendar year, or as soon thereafter as the Governor has appointed new members, the chair will request a minimum of two nominations from the Board for each of the following: a vice chair, secretary/treasurer, and at-large Executive Committee member. Candidates will be given up to five minutes before the election to present themselves to the Board. Election will be by a simple majority of those present.

TERMS OF OFFICE

Terms of office for vice chair, secretary/treasurer, and at-large Executive Committee member are for two calendar years.
BOARD MEETINGS
It shall be the intention of the Board to comply with all state and federal statutes, rules and regulations pertaining to open meetings, meeting notices and meeting participation. Additionally, the Board intends to exceed these standards whenever possible to better facilitate interested parties and the general public.

REGULAR MEETINGS
The Board shall select regular meeting dates and times at the first meeting of each calendar year. The regular meeting dates and times selected shall be for the period of February through January. A schedule of the regular meetings of the Board shall be kept on file in the Board’s office and a copy posted on the Board’s web page. If the Board decides to hold a regular meeting at a time or place different from that which is stated in the regular meeting posting, it shall give, at a minimum, the same notice that is required for special meetings. The frequency may vary depending on the business facing the Board, but will occur not less than six times per year. The chair may cancel any meeting due to inclement weather, hazardous travel conditions or other unforeseen circumstance.

SPECIAL MEETINGS
Special meetings may be called by the chair or the Executive Committee in order to conduct business that needs to be tended to prior to the next regular scheduled meeting. For special meetings, the Board shall post written notice of the date, time, place and purpose of the meeting on the principal bulletin board of the Board. The notice shall also be mailed or otherwise delivered to each person who has filed a written request for notice of special meeting with the Board. This notice shall be posted and mailed or delivered at least three days before the date of the meeting. A person filing a request for notice of special meetings may limit the request to notification of meetings concerning particular subjects. All requests for notice of special meetings shall expire on January 1 of each year. The Board shall send notice of the refilling requirement to each person who filed during the preceding year sixty days prior to the expiration date.

EMERGENCY MEETINGS
Emergency meetings may be called by the chair or the Executive Committee, because of circumstances that, in the judgment of the chair or Executive Committee, require immediate consideration by the Board. The Board shall make a good faith effort to provide notice of the meeting to each news medium that has filed a written request for notice, if the request includes the news medium’s telephone number.

CLOSED MEETINGS
The Board shall close a meeting for preliminary consideration of allegations or charges against an individual subject to the authority of the Board. If the Board concludes that discipline of any nature may be warranted, further meetings or hearings must be open. A meeting must also be open if requested by the individual who is the subject of the meeting.

Prior to closing any meeting, the Board shall state on the record the specific grounds permitting the meeting to be closed and describe the subject to be discussed.

PLACE OF MEETINGS
The Board shall select locations in the State of Minnesota to hold all regular meetings.

QUORUM
The presence of a majority of the voting Board members constitutes a quorum at Board meetings. No official business may be acted on without a quorum.

ACTION BY THE BOARD
When a quorum is present at any meeting, the Board may take action on items by a majority of the voting members present.

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PUBLIC INVOLVEMENT

All meetings of the Board, its committees, standing advisory committees and advisory task forces, except for meetings of the Complaint Review Panel, are open to the public, and are subject to the Minnesota Open Meeting Law, Minnesota Statutes, Chapter 13D. Observers at all meetings will be encouraged to provide input for Board consideration. The Board will provide a public comment period which enables members of the public to comment at meetings.

Board committees consist of only Board members. Standing advisory committees and advisory task forces may consist of Board members and appointed members of the public. Unless authorized by law, public members of standing advisory committees may not be compensated, even for expenses. Advisory task forces shall be governed by the provisions of Minnesota Statutes, Section 15.014.

GENERAL PROCEDURES

ORDER OF BUSINESS

An agenda will be prepared by the chair prior to each Board meeting.

CONDUCT OF BUSINESS

Proceedings are governed by Roberts Rules of Order, Newly Revised, except as specified in these internal operating procedures and applicable law. Operating procedures may be suspended for a stated purpose during a single meeting by a majority vote of those present and voting.

Voting on any matter will be by voice vote, except for election of officers which may be by written ballot. The minutes will reflect how each member voted. Upon request of any member, the recorder will repeat the motion and the name of the maker and seconder of the motion immediately preceding a vote. There will be no voting by proxy, and each member is entitled to only one vote on any issue.

Minutes will be kept of all Board meetings and will be submitted to the secretary/treasurer for review and signature prior to submission to the Board for approval.

COMMUNICATIONS

Board members shall refrain from writing letters or engaging in other kinds of communication in the name of the Board, unless such communications have been specifically authorized by the chair or the Board.

GUIDELINES

In order to perform their duties, Board members need to be fully informed on emergency medical services issues. Official communications to the Board on policy matters should be presented to the chair for review and consideration as an agenda item. Should any individual Board member or the executive director receive communications from any party that are appropriate for Board consideration, those communications should be forwarded immediately to the chair. The chair, through staff, shall transmit appropriate communications to the Board for consideration.

1. A Board member who receives information concerning a Board process issue, a Board-related question, notice of an important Board issue, or a Board-related complaint from the public, should refer the person to the executive director. In the case of a complaint from the public or notice of an important issue, the member shall also immediately personally notify the executive director.
2. A Board member who becomes aware that a person wants to complain about a possible violation of Board statute or rule shall ask the person to submit the complaint or allegation in writing to the executive director or chair. The member shall also immediately personally notify the executive director or chair.
3. A Board member who becomes aware that a non-member wants to add an item to a Board meeting agenda will suggest that the person submit the request in writing to the chair, including an adequate description of the matter proposed to be considered by the Board. Members shall receive a copy of these written reports in advance of meetings at which the matters are to be considered.
4. Board members will be made aware of threats of litigation as soon as possible.

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5. Board members will receive in advance of each meeting the information needed for proper consideration of all items that must be acted on at that meeting. Information not included in the information package for a meeting will be held for the next meeting unless it is determined to need immediate attention.

6. A Board member who receives a complaint from a staff member about an internal staff matter will refer the person to internal staff policies and procedures.

7. A Board member who has an issue with staff performance or operations should first present the matter to the executive director. If the matter remains unresolved after a reasonable period of time, the matter should be referred to the chair. If a member has an issue with the executive director’s performance, it shall be referred to the chair for consideration by the Executive Committee.

CONFIDENTIALITY/PRIVACY PROTECTION

The collection, creation, receipt, maintenance and dissemination of data maintained by the Board is governed by the Minnesota Government Data Practices Act.

CONFLICT OF INTEREST

As specified in Minnesota Statutes 144E.01, no member of the Board may participate or vote in Board proceedings in which the member has a direct conflict of interest, financial or otherwise.

CODE OF CONDUCT

The Board expects of itself and its members ethical and businesslike conduct. This commitment includes proper use of authority and appropriate decorum in group and individual behavior when acting as Board members. We value:

- a supportive and respectful work environment for our members and employees,
- a diverse and representative work force,
- a workplace where employees and those we serve are treated fairly and equitably,
- appreciation, acknowledgment and acceptance of individual differences,
- employees and Board members who take responsibility for modeling appropriate behavior and assuring respectful behavior of others.

Board members must represent un-conflicted loyalty to the interests of the citizens of Minnesota. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other boards or staffs. This accountability supersedes the personal interest of any member acting as an individual consumer of the agency’s services.

Board members will comply with all pertinent state laws and regulations that are applicable to public officials.

1. If a Board member has a conflict of interest in a matter before the Board, including any of the following areas, the member shall declare the conflict and refrain from discussion, and may not vote on the matter. In addition to these restrictions, if the conflict of interest is known in advance and is financial in nature, the member must prepare a written statement describing the matter requiring action or decision and the nature of the potential conflict of interest and deliver a copy of the statement to the Board chair.
   A. There must be no self-dealing or any conduct of private business or personal services between any member and the Board except as outlined in policy. This is to assure openness, competitive opportunity and equal access to information.
   B. Board members must not use their positions to obtain employment within the agency for themselves, family members or close associates.
   C. Should a Board member be considered for employment by the Board, s/he must temporarily withdraw from Board deliberation, voting and access to private Board information.

2. Board members may not attempt to exercise individual authority over the agency except as explicitly set forth in Board policies.
   A. Board members’ interactions with the executive director or with staff must recognize the lack of authority in any individual member or group of Board members.
   B. Board members’ interactions with the public, press or other entities must recognize the same limitation and the similar inability to speak for the Board unless specifically directed by the Board.
   C. Board members will make no judgments of the executive director or staff performance, except as outlined in the IOP process.

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D. Board members shall not engage in a business or professional activity that the affected person might reasonably expect would require or induce the affected person to disclose confidential information acquired by reason of the official position.

E. Board members shall not appear before the Board while acting as an advocate for him/herself or any other person who has an economic interest. Board members shall not represent, directly or indirectly, any business entity in any action or proceeding against the interest of the Board, or in any litigation in which the Board is a party.

F. Board members shall not use the official position to secure a special privilege or exemption for the affected person or others, or to secure confidential information for any purpose other than official duties.

G. Board members shall not intentionally or knowingly disclose any confidential information gained by reason of the affected person’s position concerning the property, operations, policies or affairs of the Board, or use such confidential information for pecuniary gain.

3. Complaints related to violations of this Code of Conduct will be referred to the Executive Committee. The Executive Committee, in consultation with the Attorney General’s Office, will determine the appropriate course of action.

EXEUCUTION OF CONTRACTS
The Board, except as otherwise provided in these internal operating procedures, may authorize any officer(s) or employee(s) to execute and deliver any contract or instrument in the name of and on behalf of the Board.

AMENDMENTS TO INTERNAL OPERATING PROCEDURES
Amendments of these internal operating procedures may be made at any meeting by a majority vote of all voting Board members. Suspending operating procedures does not constitute amendment.

The Board shall formally review and approve the internal operating procedures at the first meeting of each even-numbered year.

WORK PLAN
The Board shall prepare an initial work plan, which may be updated at least biennially.

ANNUAL SELF-ASSESSMENT
The Board and the executive director will conduct a self-assessment on an annual basis, preferably in December of each year. The purpose of the annual Board assessment is to evaluate the effectiveness of the Board governance structure and to determine developmental needs.

COMMITTEES

EXECUTIVE COMMITTEE
The Executive Committee will confer between meetings of the Board at the request of the chair and report all actions to the Board at its next meeting. The Committee is responsible for appraising the performance of the executive director at least annually and for developing, maintaining and enforcing a statement or policy regarding conflict of interest. The Executive Committee is comprised of the Board chair, vice chair, secretary/treasurer, Complaint Review Panel chair, Medical Direction Standing Advisory Committee chair, and an at-large Board member elected by the Board. The Board’s chair is the chair of the Executive Committee.

COMPLAINT REVIEW PANEL
The Complaint Review Panel, appointed by the chair, meets in closed session to review staff investigations of complaints against licensed ambulance services, training programs and individuals certified by the Board. The Panel also reviews criminal disclosure statements by individuals applying for certification or registration. The Panel reports to the Board when disciplinary action is recommended.

DATA POLICY STANDING ADVISORY COMMITTEE
The Committee chair and members of the Data Policy 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 pre-hospital data. Committee membership shall be a minimum of 8 members but not more than 12, excluding the Committee chair. Membership shall include representatives from ambulance services (both rural and metro, direct data entry users and
providers uploading data) and those representing public health, medical research and other public interests (hereafter public interest). At no time shall the representation from either the ambulance services or the public interest exceed 60% of the committee membership. No ambulance service 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. The Committee shall recommend policies and practices to the Board on the use and dissemination of pre-hospital data collected by the Board within the provisions of applicable law. The Committee may adopt additional policies and procedures to further define its responsibilities, which shall be effective upon approval by the Board.

Examples of Committee Structure:

**Ambulance Service Providers:**
- Four providers uploading data to MNSTAR
- Two providers using direct data entry
- Ambulance Service Medical Director

**Public Interest:**
- County Public Health
- Regional Program
- Minnesota Department of Health
- Hospital
- Medical Research
- EMSC
- Legislator
- Other Public

**MEDICAL DIRECTION STANDING ADVISORY COMMITTEE**

The chair, in consultation with the Executive Committee, shall appoint the chair (who must be a physician Board Member) and the members of the Medical Direction Standing Advisory Committee. The members of the Committee shall be appointed by the Committee chair in consultation with the Board chair and the Executive Committee. The Medical Direction Standing Advisory Committee shall include, at a minimum, all physician members of the Board and the medical director from each of the designated regional EMS systems. Membership terms shall be for two years; members shall be appointed from an applicant pool, without regard to previous appointment. Failure of a member to attend three consecutive Committee meetings may result in removal from the Committee. The Committee may adopt additional policies and procedures to further define the Committee’s responsibilities, which shall be effective upon approval by the Board.

[Note: The chair requested review of the January 2010 IOP amendments under the topic of “Medical Direction Standing Advisory Committee” by Dr. Thomas in consultation with Dr. Kocken and provide recommended changes to the executive committee.]

**AD HOC COMMITTEES**

Special ad hoc committees may be appointed by the chair with the concurrence of the Board for special tasks as circumstances warrant. The membership of ad hoc committees may be different than the membership of standing committees, as directed by majority vote of a quorum of the meeting.

**COMMITTEE CHAIRS**

The chairs of committees, standing advisory committees, advisory task forces and ad hoc committees must be Board members.

**COMMITTEE QUORUMS**

The presence of a majority of the appointed or designated voting committee, standing advisory committee, advisory task force or ad hoc committee members constitutes a quorum.

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COMMITTEE MINUTES

Each committee, standing advisory committee and advisory task force shall keep minutes. The minutes will reflect how each member voted.

ADMINISTRATION

INDEMNIFICATION

The Board may purchase and maintain insurance, if necessary, on behalf of any Board member or staff member or Board employee to cover any liability asserted against or incurred by such person arising out of an alleged act or omission occurring while a Board or staff member or Board employee is acting within the scope of his or her employment by the Board or while fulfilling Board responsibilities.

APPOINTMENT OF EXECUTIVE DIRECTOR

The Board shall appoint an executive director who shall serve in the unclassified service. All employees covered by the State of Minnesota’s Managerial Plan who become eligible for a cost-of-living pay increase will automatically receive the increase when it is made available by the state.

EXECUTIVE CONSTRANT

The executive director shall not cause or allow any practice, activity, decision or organizational circumstance which is either imprudent or in violation of commonly accepted government or professional ethics, law or state policy.

EMERGENCY MEDICAL SERVICES REGULATORY BOARD INTERNAL OPERATING PROCEDURES

1. It is the policy of the Board to provide a work environment that ensures equal opportunities and mutual respect for all employees, and to place the dignity of these employees, as well as the citizens we serve, in the highest regard.
2. Information and advice to the Board will have no significant gaps in timeliness, completeness or accuracy.
3. There shall be no conflict of interest in awarding purchases or other contracts.
4. All Board authority delegated to staff is delegated through the executive director, so that all authority and accountability of staff can be phrased--insofar as the Board is concerned--as authority and accountability of the executive director.
5. The executive director is authorized to establish all means policies, make all decisions, take all actions and develop all activities that are true to the Board’s policies. The Board may, by extending its policies, “undelegate” areas of the executive director’s authority, but will respect the executive director’s choices so long as the delegation continues. This does not prevent the Board from obtaining information about activities in the delegated areas.
6. No individual Board member, officer or committee (except the Executive Committee) has authority over the executive director. Information may be requested, but if such request, in the executive director’s judgment, requires a material amount of staff time, it may be refused.
7. Should the executive director deem it necessary to violate Board policy, s/he shall inform an officer of the Board. Informing is simply to guarantee no violation may be intentionally kept from the Board, not to request approval. Officer response, either approving or disapproving, does not exempt the executive director from subsequent Board judgment of the action nor does it impede any executive decision.
8. As the Board’s single official link to the operating organization, the executive director is accountable for all organizational performance and exercises all authority transmitted into the organization by the Board. Executive director performance will be considered to be synonymous with organizational performance as a total.

EXECUTIVE DIRECTOR EVALUATION

The Executive Committee is responsible for the evaluation of the executive director in May of each year or as necessary to align with the state’s performance review cycles. All Board members complete an evaluation form. The evaluation forms are held by the Board secretary/treasurer in confidence. Examples or statements should accompany each performance factor when the executive director is rated a 1 or 5. If Board members do not have direct knowledge or observation of performance within a specific factor, they leave that rating blank and state “no direct knowledge”. The overall performance rating is based on only the factors completed. The Executive Committee has latitude in how it weighs the evaluation form results compared to other performance criteria. It recommends to the Board the outcome of the evaluation process and any employment action. The Executive Committee, at the time of the executive director’s evaluation, conducts joint goal setting with the executive director for the forthcoming year. The

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position description is reviewed to assure compatibility with goals. The Executive Committee is responsible to the Board for oversight of the executive director’s reviews. These reviews are an integral part of the overall performance evaluation. The Board secretary/treasurer reports the results to the Board.

OTHER STAFF APPOINTMENTS
The executive director shall appoint other members of the staff.

STAFF ORGANIZATION
The executive director shall be responsible for designing, changing and operating an effective management structure, for staff organization and for all human resource functions.

APPENDIX: DECISION-MAKING GUIDELINES

ENDS/MEANS PHILOSOPHY*

*Ends* policies may include one, two or all three of the following components:

1. Focused on the impact, difference, change, benefit or outcome to be obtained through EMS in the lives of the people and the communities of Minnesota (results). **FOR WHAT GOOD?**
2. Focused on identifying and describing the populations (recipients) to receive services. **FOR WHICH PEOPLE?**
3. Focused on the monetary expense, relative worth or relative priority of a result or set of results, or the comparative priority of certain recipients rather than others getting the results. **AT WHAT COST?**

*Means* policies are any organizational issues that are not *ends*.

POTENTIAL INFORMATION SOURCES FOR DECISION-MAKING

STAFF
There is a **short-term or on-going** organizational activity/issue that requires on-going or just-in-time information gathering and to formulate recommendations which contribute to responsible decision-making.

BOARD COMMITTEE
There is an organizational core activity/issue for which the Board is solely responsible, that requires **on-going** information gathering and concentrated, extensive discussion to formulate recommendations which contribute to responsible decision-making. The core activity/issue may include the need for consistent membership that contributes expertise from the Board. The committee responsibilities can be stated in broad, categorical terms, e.g., Executive Committee.

ADVISORY COMMITTEE
There is a **long-term** Board activity that is narrowly focused and requires information gathering and concentrated, extensive discussion to formulate recommendations that contribute to responsible decision-making. The activity may include the need for membership that contributes expertise from outside the Board. The committee responsibility is stated in specific, time-limited terms, e.g., Medical Direction Standing Advisory Committee.

AD HOC COMMITTEE
There is a **short-term** Board activity/issue that is narrowly focused and requires information gathering and concentrated, extensive discussion to formulate recommendations that contribute to responsible decision-making. The activity/issue may include the need for membership that contributes expertise from outside the Board. The committee responsibility is stated in specific, time-limited terms.

CONSULTANT/EXPERT
There is a **short-term** Board activity/issue that requires special expertise from an individual or group for the Board to take action.


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Decision-Making Guidelines Flowchart

**DETERMINATION OF ENDS/MEANS IS ESTABLISHED** (Chair ensures)
- Is this a policy issue (Ends)?

**Discussion Criteria**
- Is the issue well defined?
- Does the issue impact the public?
- Will there be a negative outcome if issue is not addressed? Will there be a positive outcome if issue is addressed?
- Is information available to measure the impact of the change?
- Are resources are available or potentially available to address the issue?

**YES (ENDS)**
- State the policy question clearly
  (Relate to impact on mission)
- Determine the best methodology to address the policy question

**Considerations**
- Identify the persons who are most impacted by the policy
- Identify what will be affected if a course of action is taken
- Identify what needs to be understood by whom
- Identify key political influences
- Identify what information is necessary to make a responsible decision

**YES**
- Further information needed?

**Under nearly all circumstances, information gathering is completed by staff using appropriate resources. Rarely, the Board may be responsible for information gathering, eg. governance, mission, etc. If other expertise is needed, the following information vehicles may be considered with the input of staff:**
  - Board Committee
  - Consultant/Expert
  - Ad Hoc Committee
  - Advisory Committee

**Board (ends) / ED (means) gives clear direction on the task: What is to be determined? by when?**
- Provide resources if necessary

**Recommendations presented to Board (ends) / ED (means)**
- Recommendation(s) are evaluated by the Board/ED based on the following criteria:
  - The appropriate publics/stakeholders were invited and had input
  - All sides of the issue were explored
  - If more than one solution, pros and cons are presented

**NO (MEANS)**
- Forward to Executive Director
  (Identify boundaries if needed)
- ED is accountable and responsible for issue

**NO**
- Board decision: (Ends)
- ED (means) Action taken
  - Measures in place
  - Results communicated
MEMORANDUM

Date: September 15, 2020
To: EMSRB Board
From: EMSRB Staff
Re: Pacific Medical Training requesting that its Cardiopulmonary Resuscitation/Advanced Cardiac Life Support courses be added to the list of EMSRB-approved courses.

Background

Minnesota statute\(^1\) requires that as part of the certification renewal process, an EMT and AEMT must complete a course in cardiopulmonary resuscitation as approved by the EMSRB Board. Minnesota Statute\(^2\) requires that as part of the certification renewal process, a paramedic must complete a course in advanced cardiac life support as approved by the EMSRB Board. Attached as a list of those courses currently approved by the EMSRB.

Recently, Pacific Medical Training (PMT) approached EMSRB staff exploring how its courses could be approved by the EMSRB Board. Dr. Burnett tasked EMSRB staff with seeking information from PMT which would be relevant to the evaluation of its request. Staff received a significant amount of information from PMT which was provided to the Medical Direction Standing Advisory Committee for its meeting on September 10, 2020.

PMT is approved to provide training in cardiopulmonary resuscitation and advanced cardiac life support in Kansas, New Mexico, Tennessee, and Wyoming. PMT informed the EMSRB that its federal clients include the United States Army and NASA.

This matter was discussed at the Medical Direction Standing Advisory Committee meeting held on September 10, 2020. Committee members voted to recommend to the Board that the EMSRB approve PMT’s courses in cardiopulmonary resuscitation and advanced cardiac life support.

Action

Recommend (or not recommend) for approval PMT’s courses in cardiopulmonary resuscitation and advanced cardiac life support.

\(^1\) Minn. Stat. §144E.28, subd.7(a)(1); subd.7(b)(1)
\(^2\) Minn. Stat. §144E.28, subd.7(b)(1)

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# Cardiopulmonary Resuscitation and Advanced Cardiac Life Support Courses Approved by the EMSRB

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<thead>
<tr>
<th>Cardiopulmonary Resuscitation</th>
<th>Advanced Cardiac Life Support</th>
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<tr>
<td>American Heart Association (AHA)</td>
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<td>American Red Cross (ARC)</td>
<td>American Safety and Health Institute (ASHI)</td>
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<td>National Safety Council</td>
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<td>Pro CPR LLC (ProCPR.org)</td>
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Hi Holly,

Here is the requested information for our ACLS course:

1. Curriculum or course outline for CPR and ACLS [See attached ACLS course pdf]
2. Proposed algorithms taught for each of the different cardiac rhythms [See attached ACLS course pdf]
3. An example of a final exam (both written exam and case scenarios) with the passing score identified. [See attached ACLS exam pdf]
4. Qualifications to become an instructor to teach these courses Our PMT policy is that only instructors who hold current AHA instructor qualifications are eligible to teach PMT courses, [https://pacificmedicaltraining.com/education.html]
5. Information on whether your testing has been validated to ensure no bias is included in the questions The American Medical Association requires all bias to be removed from CME courses and all of our courses have been favorably reviewed by AMA, [https://pacificmedicaltraining.com/capabilities.html]

Please let me know if you need anything else.

Thanks,
Suzanne Williams
Pacific Medical Training
484-288-2444
Date: September 15, 2020

To: EMSRB Board

From: Dave Rogers, Data Manager & Analyst

Re: MNSTAR Data Submissions to the EMSRB – Attempt at Clarification

Background

Over the past year, I have had several conversations with EMS agencies regarding MNSTAR, and a take-away from those conversations has been a need to clarify and modernize some of the MNSTAR reporting processes and procedures agencies use to digitally submit its pre-hospital care data. It is clear that this data collected by the EMSRB is important and useful and at no time in our history have we had the ability to protect the public’s health more, to have the ability to protect and support our responders throughout the state, or to have the ability to identify cumulative exposures that may help to potentially identify threats to the physical and mental well-being of our EMS responders.

History

The earliest records in MNSTAR date to 2002. The rules and processes, however, were not clearly established for reporting in NEMSIS version 2 until roughly 2007 – 2008. While there was a defined NEMSIS dataset (v2.2.1), there was no business logic built into the version 2 ePCR systems, no state to state standard for the reporting of elements and no requirement that a vendor’s software be tested for compliance to the NEMSIS data standard; vendor testing was voluntary. This required vendors to charge their clients/agencies to create a system to extract data specific to each state. Generally, vendor systems were built to collect the National NEMSIS elements. To potentially limit the cost to agencies the EMSRB DPSAC determined that only the National EMS data Elements with the addition of several trauma markers and vital signs would be the required MNSTAR in the v2.2.1 dataset.

The six-member working group, established under the 2011 revision to Minn. Stat. §144E.1231, charged with consideration of “…user-friendly reporting requirements; data sets; improved...

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1 144E.123 PREHOSPITAL CARE DATA. §

Subdivision 1. Collection and maintenance.

A licensee shall collect and provide prehospital care data to the board in a manner prescribed by the board. At a minimum, the data must include items identified by the board that are part of the National Uniform Emergency Medical Services Data Set. A licensee shall maintain prehospital care data for every response.

Subd. 2. Copy to receiving hospital.

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accuracy of reported information; appropriate use of information gathered through the reporting system; and methods for minimizing the financial impact of data reporting on licenses, particularly for rural volunteer services.” In their report to the board, they noted that there were two (2) models of reporting: 1) Where the user was using MNSTAR as an ePCR system; and 2) Where the user was only using MNSTAR to comply with the law. In addition, they also made the recommendation to set the version number approved at the national level as the version number adopted in Minnesota, with the caveat that there are vendor systems available to the agencies at that level and further suggested that the version not be adopted until 1 year after approval at the national level.

In 2015, the DPSAC met to adopt the new elements to move the state to the NEMSIS version 3 platform (current). The DPSAC discussed each element to determine if the element was meaningful to collect and if collecting the element would not place an added burden to the agency with the goal of developing a consistent data set that can be collected by all agencies. In addition, the Version 3 Data set added a “Data Usage” definition to each element and while it was discussed by the DPSAC, I don’t believe we had a full understanding of the “Data Use” of each element other than the definition provided by NEMSIS.

NEMSIS Version 3 Improvements and Compliance

With the creation of the NEMSIS version 3 dataset, requirements were imposed on the vendors to submit the software for compliance testing to ensure the vendor system was capable of collecting and reporting all 585 National and State Demographic (Agency) and EMS (ePCR) Data Elements

If a patient is transported to a hospital, a copy of the ambulance report delineating prehospital medical care given shall be provided to the receiving hospital.

Subd. 3. Review.
Prehospital care data may be reviewed by the board or its designees. The data shall be classified as private data on individuals under chapter 13, the Minnesota Government Data Practices Act.

Subd. 4.
[Repealed by amendment, [Sp2011 c 9 art 2 s 21]

Subd. 5. Working group.
By October 1, 2011, the board must convene a working group composed of six members, three of which must be appointed by the board and three of which must be appointed by the Minnesota Ambulance Association, to redesign the board's policies related to collection of data from licenses. The issues to be considered include, but are not limited to, the following: user-friendly reporting requirements; data sets; improved accuracy of reported information; appropriate use of information gathered through the reporting system; and methods for minimizing the financial impact of data reporting on licenses, particularly for rural volunteer services. The working group must report its findings and recommendations to the board no later than July 1, 2012.

History:
1999 c 245 art 9 s 28; [Sp2011 c 9 art 2 s 21

2 Data Structure Information: Usage (#8)

  o Indication of when the data element is expected to be collected.
    ▪ Mandatory = Must be completed and does not allow for NOT values
    ▪ Required = Must be completed and allows NOT values
    ▪ Recommended = Does not need to be completed and allows NOT values
    ▪ Optional = Does not need to be completed and does not allow for NOT values
as well as creating a file that meets the business logic to “pass” the National Schematron (file validation) and can be sent to a state repository (MNSTAR) through an automated process called a web service (sending in the version 2 system in a manual process).

**NEMSIS version 3 Data Usage and Structure**

Each of the 585 NEMSIS data elements has an Element Number, an Element Name, a National and State Element Indicator\(^3\), and Element Definition, Version Number, Data Structure Information (Includes: Recurrence, Usage, NOT Value Characteristics, NOT Values Accepted, Pertinent Negative Values and Is Nillable), Associated Performance Measure Initiatives, Attributes, Code List (if applicable) and Editorial Comments.

The Data Usage for all National Elements is either Mandatory or Required; Mandatory and Required National Elements are the only data points (elements) shared with NEMSIS. The remainder of the Elements are State Elements\(^3\). A State Element is an Element that NEMSIS “Recommends” being collected at a State level. Apart from the National Elements (which are all also designated as State Elements), all State elements are defined with the Data Usage of “Recommended” and elements designated as “Optional” are neither National nor State elements.

Currently there are 201 elements in the MNSTAR data set (includes National, State and “Optional” Elements).

**Data Usage Discussion**

In the MNSTAR version 2 system, defining an element as “required” to determine which elements the State requires made sense because the vendors generally, had the reporting systems already built to send the NEMSIS Mandatory and Required Elements to any system, National or State. While adding a few elements i.e. Trauma markers and Vital signs may have added additional cost to the agencies, it was minimized by limiting the additional values required by the EMSRB.

An additional process was implemented in NEMSIS version 3 reporting that required vendors to submit their software for compliance testing. The systems are tested to ensure that every element in the NEMSIS 3.X.X Data set can be collected with the correct values, value types and the xml file created meets the NEMSIS defined Data Structure. As the DPSAC went through each element and determined is we would add the element to the MNSTAR dataset we also “changed” or kept the data usage for each element. For the elements we “changed” they were altered to ensure a real value was sent to MNSTAR versus a NULL value (default value) of Not Applicable or Not Reported.

What was not clearly understood by the DPSAC (or at least, by me as a member) is that in a NEMSIS compliant system, “Data Usage” cannot be altered. To change the data usage would be to break the NEMSIS compliant system.

**Schematron**

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\(^3\) National and State Element Indicator (\(^#2\), \(^#5\), \(^#6\))

- National = Yes, is an indication that the data element is required to be collected:
  - at the local EMS agency level and submitted to the state
- State = Yes, is an indication that the data element is recommended to be collected at the "State" level.
The addition of the Schematron layer in a NEMSIS compliant system gives the State and the agency the ability to enforce specific rules, business/close call logic and/or validation to collect the information at the data entry level. It is this layer that improves the data quality because it can be applied to all agencies.

The listing of all elements identified by the DPSAC for addition to the MNSTAR dataset are posted on the NEMSIS website as is a copy of the Minnesota State Schematron file. These files are available to all vendors for download and any vendor working with an agency in the State of Minnesota is required (by NEMSIS) to have all Minnesota listed elements “turned on” in their system. In addition, the Minnesota state Schematron file should be a basis for the rules in the agencies system (additional rules can be added, but the minimum platform to start should be the Minnesota state rules).

The Schematron rules are also how a user can be compelled to document an element in a specific manner regardless of the Data Usage definition. For example, Scene Address and Scene City are State Elements with a data usage definition of “Recommended”. NEMSIS defines a “Recommended” element as “Does not need to be completed and allows NOT values”, a “Recommended” element is not a National Element and is not included in the file structure when sent to NEMSIS.

As an example, Scene Address is an element the DPSAC identified for inclusion in the MNSTAR dataset. While “Data Usage” cannot be altered in a NEMSIS compliant system, a Minnesota Schematron rule exists that compels a user to enter a value.

Clarification

There is a need to clarify what and how agencies are reporting data to MNSTAR. Nearly all agencies are sending all the elements identified by the DPSAC for inclusion in the MNSTAR dataset. I have gotten 2 general responses from agencies who are missing elements or sending incorrect values to MNSTAR. 1. “We didn’t think there were any changes between the version 2 and version 3 systems" and 2. “We only send Mandatory and required elements”; while this statement was made, it is factually inaccurate because some recommended and optional elements are being sent but not others.

When the DPSAC identified the elements to collect from agencies in the state, the intent was to define a consistent data set that all agencies could collect and I do not believe that the DPSAC intended to allow agencies to independently determine if they are going to send an element to the state.

Further, some if not all the elements that are not being sent, because the agency only sends “mandatory and required” elements, are already being collected in their systems, they are choosing to block the sending of specific elements.

Summary

Through the current pandemic, we are using the data to look at response trending for a variety of metrics. One is Respiratory/infectious and Influenza Like Illness responses statewide. We are working with the Department of Health and MMB and preliminary data is suggestive that the EMS data could be predictive of ICU surge. Data is showing that our respiratory/infectious/ILI responses peak roughly 10-14 days before a peak in ICU admissions. We are continuing to pull and report trending weekly.
Consistent timely data is important to the ability to draw accurate conclusions.

**Recommendations**

1. Report all responses assigned to a unit (Ground/Rotor/Fixed)
2. Report all elements identified by the DPSAC for inclusion in the MNSTAR dataset
   a. Clarify NEMSIS Data usage misunderstandings
   b. Not just the “Mandatory and Required “elements as allowed in v2
   c. 3rd party vendors should use the National and Minnesota Schematron as the basis for the rules and validation for their Minnesota clients/agencies
3. Do not re-task elements (use for other than their defined purpose)
   a. i.e. agencies using EMS Response Number to record Hospital Care giver (PCS)
4. Report responses under license values as designated by EMSRB (compliance/regulation)
   a. Services operating a license should report responses under the licensee not the service
   b. Services that hold multiple licenses in a single area should work with the EMSRB to report responses appropriately
5. Data submitted by agencies using a web service should report as near to “real time” as possible and not delay submission to review a call, send to billing, etc. If a correction to the documentation is made, the response can be resent to MNSTAR.
6. Require all agencies to report in the NEMSIS version number approved at the National level using NEMSIS compliant software.

**Action**

For discussion as to whether the Board supports the recommendation of the 2012 Legislative Data Workgroup that:

EMSRB staff review and update the policy, procedures, and methods used to regulate MNSTAR data collection as required by Minnesota Statute §144E.123.

Or does the Board support an alternate process for addressing MNSTAR data collection “as approved by the Board.”

It is hoped that data collection policies and procedures ensure that data is complete, accurate, and received in a timely manner with the objective of superior data quality.
MEMORANDUM

Date: September 15, 2020
To: EMSRB Board
From: Tony Spector, Executive Director
Re: Emergency Medical Responder Renewal – National Registry Reciprocity

Background

Minnesota statutes allow a person to obtain initial Emergency Medical Responder (EMR) registration in Minnesota by one of two methods:

1) Successfully complete a EMSRB-approved initial EMR education program; or
2) Be credentialed as an EMR by the National Registry of Emergency Medical Technicians (National Registry).\(^1\)

Minnesota statutes allows a person to renew an EMR registration in Minnesota by only one method:

1) Successfully completing an EMSRB-approved refresher course.\(^2\)

The current statutory scheme does not recognize EMR renewal through National Registry reciprocity. There are EMRs registered in Minnesota seeking renewal via National Registry recertification.

In contrast, Emergency Medical Technicians, Advanced Emergency Medical Technicians, and Paramedics can (and often do) renew their Minnesota certification through National Registry renewal/reciprocity (which may be recertification by National Continued Competency Program continuing education) or National Registry recertification by cognitive examination.

National Registry EMR recertification requires either 16 hours of renewal education in accordance with the NCCP or recertification by cognitive examination.

This matter was discussed at the Medical Direction Standing Advisory Committee meeting held on September 10, 2020. The Committee members voted to recommend to the Board that the EMSRB recognize National Registry EMR recertification for EMR renewal in Minnesota.

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1 Minn. Stat. §144E.27, subd. 2
2 Minn. Stat. §144E.27, subd. 3

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

Recommend (or not recommend) that the EMSRB recognize National Registry EMR recertification for EMR renewal in Minnesota and recommend the requisite change to statutory language.