

State of Minnesota
Emergency Medical Services Regulatory Board
Executive Committee Meeting Agenda
February 18, 2021, 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 Microsoft Teams and telephone.

[Join Teams Meeting Link](#)

Call-in Number: (651) 395-7448

Meeting Number (Access code): 223 487 185#

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|---|---------------------------|
| 1. Call to Order and Introductions – 10:00 a.m. | <u>Attachments</u> |
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| 2. Public Comment – 10:05 a.m. | |
| The public comment portion of the meeting is where the public is invited to address the Board on subjects which are <u>not part of the meeting agenda</u> . Persons wishing to speak are asked to email melody.nagy@state.mn.us Please limit remarks to three minutes. | |
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| 3. Review and Approve Agenda – 10:10 a.m. | |
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| 4. Review and Approve Meeting Minutes – 10:15 a.m. | |
| • December 7th Meeting Minutes | M 1 |
| • December 17th Meeting Minutes | M 2 |
|
 | |
| 5. Board Chair Report – 10:20 a.m. | |
| • Legislative Update | |
| • EMSRB Work Plan Discussion | |
| • Internal Operating Procedures (IOP) Discussion | BC 1 |
|
 | |
| 6. Executive Director Report – 10:50 a.m. | |
| • Agency Report | |

7. New Business – 11:05 a.m.

8. Adjourn – 11:10 a.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/emsr/b>

Next Meeting:

April 15, 2021, 10:00 a.m.
Location: Microsoft Teams

**State of Minnesota
Emergency Medical Services Regulatory Board
Emergency
Executive Committee Meeting Minutes
December 7, 2020**

Attendance: J.B. Guiton, Board Chair.; Kevin Miller; Megan Hartigan; Jeff Ho, M.D.; Matt Simpson; Tony Spector; Executive Director; Holly Jacobs, EMS Staff; Melody Nagy, EMS Staff; Dave Rogers, EMS Staff; Brian Shorten, EMS Staff; Charles Soucheray, EMS Staff; Greg Schaefer, Assistant Attorney General

Absent: Aaron Burnett, M.D.

1. Call to Order – 7:30 p.m.

Mr. Guiton called the meeting to order. Ms. Hartigan completed a roll call of Executive Committee members.

2. Recommendation to the Minnesota Department of Health (MDH) Concerning EMS Personnel and the Tier 1a COVID Vaccine Distribution Plan

Mr. Guiton said this is a special meeting of the Executive Committee to provide a recommendation to MDH for the Governor’s proposal for vaccine distribution. The response is needed by 9:00 a.m. tomorrow to be included in the Governor’s press conference.

Mr. Schaefer said he was asked to provide input about this being within the scope of the Board. He also commented that all Board members are invited to participate in the discussion with the Executive Committee voting on the recommendation.

Mr. Spector displayed a document on the Teams platform to provide a floor for this discussion. This document was developed based on review of statutes. Ms. Hartigan said this document is being provided as a draft and this needs to be considered from a public health perspective.

Board members, physicians, MDH staff, the public, and EMS staff discussed the document provided. Several options were discussed for a motion and at the conclusion of that discussion a motion was offered as follows:

Motion: Dr. Ho moved to provide a recommendation to MDH with the language noted below. Mr. Miller seconded. Motion carried on a roll call vote.

	EMS Personnel
Category 1A	Individuals <u>providing direct patient care</u> as part of the EMS system: Air Ambulance Pilots, Ground Ambulance Drivers, Physicians, Physician Assistants, Nurses, and those personnel certified or registered by the EMSRB: Paramedics, Advanced Emergency Medical Technicians, Emergency Medical Technicians, and Emergency Medical Responders.

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

Mr. Jordan asked for a summary of the information from tonight's meeting including what is released in the Governor's press conference. Mr. Miller asked that an update be provided at the regularly scheduled Executive Committee meeting next week.

3. Adjourn – 9:23 p.m.

Ms. Hartigan asked for a motion to adjourn.

Motion: Mr. Simpson moved to adjourn. Dr. Ho seconded. Motion carried on a roll call vote.

Reviewed and Approved By:

Board Secretary/Treasurer

Date

**State of Minnesota
Emergency Medical Services Regulatory Board
Executive Committee Meeting Minutes
December 17, 2020**

Attendance: Kevin Miller; Megan Hartigan; Matthew Simpson; Tony Spector; Executive Director; Holly Jacobs, EMS Staff; Hugo, McPhee, EMS Staff; Melody Nagy, EMS Staff; Donna Odegaard, EMS Staff; Dave Rogers, EMS Staff; Brian Shorten, EMS Staff; Charles Soucheray, EMS Staff; Greg Schaefer, Assistant Attorney General

Absent: J.B. Guiton, Jeffrey Ho, M.D.

1. Call to Order – 10:13 a.m.

Mr. Miller called the meeting to order.

2. Approval of Agenda – 10:15 a.m.

Mr. Miller asked for approval of the agenda.

Motion: Mr. Simpson moved to approve the agenda. Dr. Burnett seconded. Motion carried on a roll call vote.

3. Approval of Minutes – 10:15 a.m.

Mr. Miller asked for approval of the meeting minutes.

Motion: Dr. Burnett moved to approve the October 15, 2020, minutes. Mr. Simpson seconded. Motion carried on a roll call vote.

4. Public Comment

None.

5. Board Chair Report – 10:20 a.m.

Mr. Miller referred to the document distributed following the Emergency Executive Committee on December 7. He said the goal of the Executive Committee is to have the vaccine distributed first to front line personnel. He asked if there are any other comments. Dr. Burnett commented he would make a strong recommendation as the state medical director for providers to get the vaccine. Ms. Hartigan said part of the discussion was to create a list of frequently asked questions (FAQ). She said the Minnesota Department of Health (MDH) has more information. Do we refer these questions to MDH? Dr. Burnett said the EMSRB should not create a separate document and suggested referring questions to MDH and the CDC. Mr. Spector said MDH created a document that he received yesterday, and this document can be posted on the EMSRB website. Ms. Hartigan suggested a change to the language on page 2 (vaccines do have side effects) to change the language to “vaccines may have side effects”.

6. Executive Director Report – 10:30 a.m.

FEMA Summary Report of Ambulance Deployment

Mr. Spector provided a summary of the ambulance service deployment for FEMA. He said this was a coordinated event and went well. Mr. Spector said staff are discussing an after-action report.

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

Ms. Jacobs said each day there was a morning call to look at utilization of services and needs. It was determined that two teams could be demobilized early for fiscal reasons. There is discussion for future needs including potential 9-1-1 response.

Mr. Spector asked who should be contacted to be involved in the after-action report. Mr. Miller suggested there is a standard format, and this should be reported at the next Board meeting. He suggested a revision to the Board Internal Operating Procedures (IOP) to include this information. Mr. Miller commented on the staff time commitment for this effort.

EMSRB Office Relocation

Mr. Spector said he wants to discuss the re-location of the agency's office. Sam Sands (Executive Director, Board of Psychology) asked to speak to the committee.

Mr. Sands said the current lease is ending in 44 days. The current landlord did not submit a proposal to bid on a lease and bids were sought for new space. Mr. Sands said all the proposals were reviewed by Department of Administration. He said the proposed rental rates are within the state norms. He said the design work was collaboratively discussed and the EMSRB participated in this effort. In November legislative committees were notified of this request to move and this included information about increases in costs. This was approved at the committee level. Mr. Sands asked the Executive Committee to authorize Mr. Spector to sign the lease. He said this action is needed before fiscal year end for budgeting purposes. He said the EMSRB is last agency to sign the lease.

Mr. Miller asked for a report of the costs. Mr. Spector said the costs to the agency double. He said the EMSRB office space also increases. Mr. Spector said he consulted with staff on the layout of the space. He said there are also shared costs that are quite expensive (conference room space). He said the EMSRB will have a financial impact because the EMSRB is a general fund agency. The other boards are special fund agencies and can offset the costs with fees. Mr. Spector said he has two choices to cut his budget or ask for additional funding. Mr. Spector said that this move was contemplated before COVID. He said when he reviewed his authority to sign contracts, he does have this ability but is seeking the Boards input and approval.

Mr. Miller said this is a concern because real estate cost is going down. Mr. Sands said the expert opinion is that costs are not going down. He said the price per square foot has been known since March. He said the owner of the building knows there are challenges to state agencies and the owner has offered a 50% discount for the first year. Mr. Sands said this is not the time to look for other space. Mr. Spector said the lease negotiation was confidential information that he could not share. He said his discussions centered on the useable space for our agency. Mr. Miller said that this could significantly affect staffing for the EMSRB.

Ms. Hartigan said the pandemic has changed a lot. Ms. Hartigan said her employer has made changes to their request for future space needs. Ms. Hartigan asked what the risk for agencies is when the EMSRB cannot pay this bill.

Mr. Sands said a special revenue board must have legislative permission to increase fees. Mr. Sands said the negotiations for space did occur after the beginning of COVID. He said the other building had a similar cost per square foot. Mr. Sands said the communal space costs are distributed to each agency and there are increased costs for the large conference room. Mr. Simpson said this feels like this is a strong-arm discussion. Mr. Simpson asked if there can be combined space to decrease costs versus loss of FTEs.

Mr. Miller asked for a motion from the committee.

Motion: Dr. Burnett moved that Mr. Spector move forward on the lease. Ms. Hartigan seconded. Motion carried on a roll call vote with one-member voting no.

Mr. Spector said this discussion was not public because he had to sign a non-disclosure agreement. He said the space planning was discussed with the thought that working from home is temporary. He said he was limited in what he could discuss. He apologized that he could not provide further information to the committee. He said that the shared services model was the discussion that brought us to this place today.

Workforce Issues related to COVID

Mr. Spector said information was sought from ambulance services regarding their availability to provide staffing related to COVID risk. He provided an update to the handout. Mr. Miller asked staff to continue to monitor the scenario and report on any potential issues.

M Health Fairview Temporary License Report

Mr. Spector said staff were contacted regarding leased space within the primary service area (PSA). He said the City of Eagan created this leased space to M Health Fairview. Mr. Miller said it appears that this meets the statutory requirements. Mr. Spector said staff did not want to make this legal conclusion but believes that this does meet the requirements. Mr. Miller said this gives the impression of a base of operations and the photos support this conclusion. Ms. Hartigan agreed.

Mr. Miller said there is no objection from the Executive Committee. He asked if this becomes a permanent license. He asked about the overlaps in the PSA. He said this needs to be discussed with Mr. Schaefer. Mr. Schaefer said he will have a report for the Board meeting. Mr. Spector thanked M Health Fairview for their efforts and communications.

EMSRB Agency Report

Mr. Spector commented on the number of persons not renewing their Emergency Medical Responder (EMR). He said there were questions regarding a grace period and an extension from the Governor's office. He said there is no extension but as training occurs the renewals will increase. Mr. Spector thanked staff for their efforts to help with renewals.

Survey Results Regarding Driver Requirements

Mr. Spector said this discussion is for non-credentialed staffing. Mr. Spector said Rep. Huot also provided a 50-state report. Mr. Spector said the Complaint Review Panel has suggested that the EMSRB should have jurisdiction over someone who is a driver.

Mr. Miller said agencies in rural areas are struggling with staffing issues. Mr. Miller said he will be having discussion with Rep. Huot regarding a legislative package for the EMSRB. He asked if this should be included. He asked for this to be put on the Board agenda.

Dr. Burnett said that this is a concern for him, and this is a great concern for CRP. It is critical that this move forward.

National Registry (End of Issuing Provisional Certification)

Mr. Spector said the National Registry created a provisional certification due to COVID issues and because Minnesota is a quasi-National Registry state the Board could mirror these National Registry requirements. He said the National Registry has decided to end provisional certification. He said the staff recommendation was to cease offering this as of March 31. He offered to provide feedback to the

National Registry if the committee has another opinion. The Executive Committee's response was to follow the staff recommendation.

7. Base of Operations Workgroup Report – Brian Edwards – 11:20 a.m.

Mr. Edwards said the report was provided in the packet. Mr. Edwards said he sought other partners' participation in this effort. He said the workgroup looked at definitions in current statute and none of the statutes provide information on where base of operations or substations must be located. One statement indicated that it must be within the Primary Service Area (PSA). He said there was not much clarity on what a base of operations must be. Mr. Edwards said staff requested a survey from NASEMSO. He said there was not a lot of useful information from other states.

Mr. Edwards said this report can be considered by the Board for potential changes to statute. Mr. Edwards said performance standards were discussed but administrative rules do not address performance standards. He said he would refer questions or language suggestions to the legislative workgroup.

Mr. Miller complimented Mr. Edwards's thorough report. Mr. Miller said he thinks there is interest in making statutory changes and would seek this discussion at the full Board meeting.

Mr. Edwards said there were differences of opinion expressed during the workgroups discussion and said if we do not establish performance standards others will do this for us. He wants the Board to move forward.

Motion: Ms. Hartigan moved that this report be provided to the full Board for recommendations to the Legislative Workgroup. Dr. Burnett seconded. Motion carried on a roll call vote.

8. New Business – 11:45 a.m.

None.

9. Adjourn – 11:15 a.m.

Mr. Miller asked for a motion to adjourn.

Motion: Mr. Simpson moved to adjourn. Ms. Hartigan seconded. Motion carried on a roll call vote.

Reviewed and Approved By:

Board Secretary/Treasurer

Date



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INTERNAL 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

Revision history: 0

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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/TERMINATIONS

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.

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 refiling 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.

The Board may close a meeting to evaluate the performance of an individual subject to the authority of the Board, and shall identify the person prior to closing the meeting. At the next open meeting, the Board shall summarize its conclusions regarding the evaluation. The meeting must 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.

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.

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.

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.

EXECUTION 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

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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.

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 CONSTRAINT

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.

- Carver (1997) *Reinventing Your Board*. Jossey-Bass: San Francisco, p. 18.

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Decision-Making Guidelines Flowchart

