

**Summary Minutes**

Regular Meeting of the  
**Emergency Medical Services Regulatory Board**  
**Medical Direction Standing Advisory Committee**  
9 a.m., Friday, March 5, 2010  
Earle Brown Center  
Brooklyn Center, Minnesota

**Members Present**

Mari Thomas, M.D., Chair  
Gary Foley, M.D.  
Paula Fink-Kocken, M.D.  
Pat Lilja, M.D.  
Ralph Morris, M.D.  
John Pate, M.D.  
Paul Satterlee, M.D.

**Members Absent**

R. J. Frascone, M.D.  
Dan Hankins, M.D.  
John Hick, M.D.  
Kory Kaye, M.D.  
Mark Lindquist, M.D.  
Christopher Russi, M.D.  
Mike Wilcox, M.D.  
Bob Zotti, M.D.

**Guests**

Tim Held  
Charles Lick, M.D.  
Buck McAlpin  
Scott Reiten  
Ron Robinson

**Staff**

Katherine Burke Moore  
Executive Director  
Melody Nagy  
Debra Teske  
Keith Wesley, M.D.  
Mary Zappetillo

**Board Members Present**

Pat Lee  
Jim Rieber

**I. Call to Order**

Dr. Thomas called the meeting to order.

**II. Review of Agenda**

Dr. Thomas asked that a presentation by Dr. Lick on Take Heart Minnesota be added to the agenda. Dr. Satterlee moved approval of the revised agenda. Dr. Fink-Kocken seconded. Motion carried.

**III. Approval of Minutes**

Dr. Lilja moved approval of the September 11, 2009 minutes. Dr. Pate seconded. Motion carried.

**IV. EMSRB Updates**

Update on Trauma Triage Guidelines & Variance Process

Ms. Burke Moore said at the last Board meeting a committee was appointed to review deviation requests. Staff will be reviewing ambulance service trauma triage guidelines for Board approval. Ms. Burke Moore reported on how many guidelines have been received and how many are yet to be submitted per region. She stated the state law requires that the guidelines must be approved by the Board by July 1, 2010.

State Medical Director Contract

Ms. Burke Moore said that Dr. Wesley's contract will be ending by mutual agreement; as soon as a new State Medical Director is identified and a contract started. She and Dr. Wesley met and identified the critical duties in the contract that he will continue to fulfill. A copy of the letter spelling out those critical duties was shared.

Dr. Lilja asked if staff will be seeking input from other physicians on contract requirements. Ms. Burke Moore responded that these duties were discussed with the physician members of

the Board. Dr. Lilja asked if the new contract will be reviewed by the Board. Ms. Burke Moore said yes, the contract duties will be shared with the Executive Committee and Board. Ms. Burke Moore explained that the state contracting process is lengthy. We hope to have the RFP available at the end of April and have someone contracted at the end of May.

Dr. Lilja said that in the past a Board member has volunteered to be the state medical director and this would be a budget saving measure. Dr. Thomas said that the responsibilities have increased so that a contract is needed. Ms. Burke Moore said that the next contract will be similar to the reduced duties as outlined in the letter to Dr. Wesley. Ms. Burke Moore said that we will have a better idea of the EMSRB budget by the end of the Legislative session in May.

Dr. Wesley said that there is a state statute that requires a medical director. Dr. Satterlee asked about a state medical director for the state trauma system. Mr. Held replied that was not included in the legislation. A trauma medical director was recommended.

#### Medical Director Report

Dr. Wesley said that the POLST form is now on the EMSRB website. He suggested that the old form be removed. The form is also on the Minnesota Medical Association website. Dr. Lilja said that they have directed staff to accept both forms. Dr. Wesley commented that the vital signs portion was removed from the form.

Dr. Wesley said that at the CDC meeting the field triage flow chart was discussed. Dr. Lilja suggested that the CDC guidelines should be adopted. Mr. Held said that he would be happy to have that happen. Mr. Held said that this could be adopted as the state standard. Dr. Lilja said that this was also presented at the American College of Emergency Physicians and it was recommended there. Dr. Lilja moved that the Board look at the CDC guidelines for adoption and recommendation to STAC. This form was developed by Dr. Rick Hunt. Dr. Fink-Kocken seconded. Motion carried. Dr. Pate abstained from this vote. Mr. Held said that this topic can be introduced at the June STAC meeting. Dr. Lilja offered to present the information if Dr. Hunt the developer of the CDC field triage guidelines could not be present at the STAC meeting in June to present. Dr. Wesley said that he would be attending this meeting also.

Dr. Foley arrived at the meeting.

#### EMS Standards Workgroup Report

Dr. Satterlee said that the National EMS Standards will be coming out. Dr. Satterlee said that a workgroup has been developed and has met three times to discuss these standards and how they affect Minnesota certification. Dr. Satterlee said that Kansas has developed a good model and guideline for conversion that the committee is reviewing.

Dr. Satterlee said that training programs that are teaching FR and EMT are teaching above the national standard. Our challenge is to have Minnesota certification the same as the national standard. There will no longer be an EMT-I level. These people will either need to become a paramedic or drop down to EMT Basic. There are 280 current EMT-Is. Schools will need to develop a program for this gap. Dr. Lilja said that the Board has discouraged certification at this level. He said that he has concerns about this national standard. Dr. Lilja said that we need to train at a level that will impact health care. He said that he hopes the variances will continue.

Dr. Wesley said that we do not have a clear scope of practice for providers. There is a variance granted to the service – not the individual. He said that 95% of services avail themselves of variances according to his survey information. This is the same as an advanced EMT and these

ambulance services could bill at the ALS rate. Dr. Lilja said that this would increase education costs. Dr. Lilja said that the training must be more efficient. Ms. Teske said that the workgroup is looking at the scope of practice document and this workgroup will be meeting for a two year period. This will be a paradigm shift.

Dr. Pate said that the cost is a major concern for rural services. He said that with our current variances we take care of the vast majority of problems and ALS is called when needed. Dr. Satterlee said that this will be the national standard of care. We can have variances in Minnesota. Dr. Lilja said that this cannot be driven by the educational associations, but must be the best care for Minnesota citizens.

Dr. Satterlee said that there will be an adjustment of hour based versus competency based. This is an unfunded mandate in a way. Dr. Satterlee said the workgroup will continue to meet and discuss a plan for adopting this in the future.

Dr. Pate said that you need to look at the time that rural volunteers are willing to give. He said that this may cause some to groups to only be First Responder units. Dr. Lilja said that more ambulance services will be applying for hardship variances. Dr. Wesley said that you must look at patient care first – not the cost of training. Dr. Wesley said that the state does not regulate First Responder groups. Dr. Lilja said that we allow First Responders on ambulance services. Dr. Lilja said that the Board must look at the whole picture.

Dr. Satterlee said that we have input on the workgroup from small services. Dr. Pate said that his goal is to maintain two EMTs on an ambulance for routine operations. When a “larger incident” occurs then additional resources are called.

Ms. Teske said that the workgroup has discussed communication with other groups in the state. Ms. Teske said that she will share the handout provided to Dr. Satterlee with the physicians on this committee.

#### **V. EMT Continuing Education Resources**

Ms. Teske said that Ms. Bidwell developed this handout at the request of this committee. This is a list of training resources. Ms. Teske asked if any of the physicians wanted to comment on the list and said that it will be posted on the EMSRB website. Ms. Teske said that Ms. Bidwell spent a lot of time developing these resources. Ms. Teske said that she received a DVD regarding ankylosing spondylitis. This is CSBMS approved. Dr. Lilja said that it is wonderful to have these resources. Dr. Lilja said that we also put documents online for training.

Dr. Fink-Kocken asked if these are power point presentations. Ms. Teske said that these would be national registry approved topics. Dr. Fink-Kocken said that there is also information available on the EMSC website. Dr. Pate said that there is an extensive list on the CDC website. Dr. Lilja said that to receive credit for online education you must have a way to document the education. Dr. Thomas said that the topics can be certified by medical directors. Ms. Teske said that she provides information to educators in an online newsletter.

Dr. Pate asked that list of links for online courses be added to the EMSRB website.

#### **VI. Take Heart Minnesota Program**

Dr. Lick said that this is a sudden cardiac arrest treatment program. This is a systems based approach for treatment. He provided a handout for committee members. He said that Allina and Anoka County have a pilot program in place and the survival rate has doubled. This

information was presented at the Board meeting. There are training packets available and the regional programs have expressed interested in participating. He said that we are looking to increase awareness of this program, support of the program and endorsement from the EMSRB. Dr. Foley asked what this costs a community to implement. Dr. Lick said we have received grants for start up of the program. The costs can get complicated depending on the level of equipment and training provided. Dr. Lilja said that we must make people aware of this.

Dr. Pate moved that the committee refer to the EMSRB that the Medical Direction Standing Advisory committee supports the Take Heart Minnesota program and that a link be provided on the EMSRB website. Dr. Lilja seconded. Motion carried.

## **VII. MDSAC Membership Discussion**

Dr. Thomas said that when the Board's Internal Operating Procedures (IOP) were discussed at the last meeting, the section describing membership of this committee was referred back to the MDSAC for discussion. Ms. Burke Moore noted that the edit in the document is confusing. This language needs to be revised to clearly spell out the intended voting members of the committee. Ms. Burke Moore said that when new members join the Board some non physician members have requested to be on the MDSAC. Dr. Lilja said that it should be clear that this is a physician committee. Dr. Thomas agreed that this needs to be a pure physician committee. She commented that items can be brought to the committee from others for discussion. Ms. Burke Moore said in addition, these are open meetings and topics can be placed on this agenda. Dr. Fink-Kocken said that this committee does not have independent power; it is advisory. The Board has the power to make decisions. Dr. Satterlee said that the Board has greater financial restrictions now. Dr. Satterlee asked what we can recommend to the Board other than putting things on the website.

Dr. Thomas said that we agree that this should be physician members only. The three physicians on the Board and the medical director of each EMS region would make up the members of the MDSAC. This is not a requirement of the regional programs but a suggestion. This should be included in future Requests for Proposal (RFP) as a requirement for the regional programs and added to the contract language. Dr. Thomas said that the IOP states that terms are two years and this has never been enforced. Dr. Lilja said that this was formed as more of an "ad hoc" group to provide information to the Board.

Dr. Pate said that this has been a stimulating group to participate in. He suggested that other physicians could benefit from attending this meeting. Dr. Thomas said that she would not want to exclude other physicians input. The membership needs to be defined so a quorum can be determined. The membership terms should be ratified by the Board.

Dr. Lilja suggested that the quorum would be the physician Board members and regional program medical directors. Dr. Thomas said that all other physicians would be invited to attend and could vote but would not count as the quorum.

Dr. Thomas said that there is language that states "failure to attend three meetings and a member could be removed". This has not been enforced. Ms. Burke Moore said that we can add to the contract a requirement that a regional medical director attends MDSAC and she would discuss potential language with the regions in the development of the RFP. Dr. Fink-Kocken said that a designated alternate should attend if a regional medical director cannot attend.

Dr. Satterlee asked if these meetings can be held by conference call. Ms. Burke Moore said that she would need to look at the law to see if advisory committees are included. Ms. Burke Moore

said that a telephone conference call would require a 10 day meeting notice according to the open meeting law. The other issue is the cost of the phone charges. Ms. Burke Moore noted that a telephone meeting must have a location where at least one member of the committee is present at a location where others could gather and participate to adhere to the open meeting law.

Dr. Lilja moved that this committee be physician only and chaired by a physician. Dr. Pate seconded. Motion carried.

Dr. Lilja moved that membership shall include physician members of the Board and regional medical directors and an alternate at a minimum. Dr. Pate seconded. The committee discussed this motion. Dr. Lilja withdrew his motion to make another motion.

Dr. Fink-Kocken said all interested physicians would be allowed to participate and vote but they must apply to the chair to be considered for membership. Dr. Pate seconded. This motion was removed from consideration after further discussion regarding the quorum concerns voiced below. The motion below replaced this one.

Ms. Burke Moore said that the quorum should not vary meeting to meeting. Dr. Lilja said that the chair can appoint the other members and the quorum would depend on who is appointed. Dr. Satterlee said that you cannot require regional medical director participation. Dr. Lilja said that your quorum would be 51% of those who are members. Dr. Morris suggested a letter of commitment be submitted by persons seeking membership to the MDSAC chair for appointment and approval.

Dr. Morris asked if this can be a grant requirement. Ms. Burke Moore said that she would discuss this with the regional programs to find the best solution to get regional medical directors involved. Dr. Lilja said that this should be included in the regional medical director contract. Mr. Lee said that he would need to know the schedule of the meetings for the year. Dr. Thomas replied that the meetings are set six months in advance.

Mr. Rieber said that the eight regional programs should have a vote to bring things forward to the Board but the physician board members should not have a vote. Committee members disagreed with Mr. Rieber's statement. Mr. Rieber said that we need to be inclusive for discussion purposes. Dr. Lilja said that the people who show up should be allowed to vote because they are interested in the topics being discussed.

Dr. Lilja moved that the membership of MDSAC will include the physician members of the Board, all regional medical directors or their alternate and other interested physicians who would be appointed by the MDSAC chair after submitting a letter for consideration for MDSAC appointment. Dr. Pate seconded. Mr. Rieber suggested that the Board chair must be consulted on this membership. Dr. Thomas said that it would be the responsibility of the MDSAC chair to encourage attendance. Motion carried. Dr. Foley and Dr. Satterlee voted no.

Dr. Thomas said that the IOP states that there are membership terms of two years and members are subject to removal for non participation.

Dr. Lilja moved that the membership will be for two years with the opportunity for reappointment and membership will be reviewed by the chair of the committee and chair of the

board. Members may be removed for non participation. The committee discussed this motion. Dr. Lilja withdrew this motion.

Dr. Foley moved that membership terms be for two years with review of membership in January of even years. Dr. Pate seconded. Motion carried. Mr. Rieber suggested using the same language as the IOP that review occur January of each even numbered year.

### **VIII. MDSAC Goals**

Dr. Thomas said that the goals/purposes of the MDSAC should be reviewed. Dr. Thomas provided a handout for committee members to review.

Dr. Lilja asked how much is goal driven and how much is discussion and recommendations to the Board on current topics. Dr. Lilja said that regarding future plans you cannot know what is going to come up. Part time ALS has already been addressed. Dr. Thomas said that we are the consultant to the Board.

Dr. Pate suggested changing the language to general language and the goals do not expire. Dr. Lilja said that we do not need a work plan. Dr. Satterlee asked why are we meeting if we do not have a work plan? We need a purpose. Dr. Lilja said that staff would need to create a work plan but things that were discussed today were not in a work plan two years ago.

Dr. Wesley asked what has this committee done that affects state statute? Dr. Lilja replied that the change in licensure was a direct result of this committees and EMSRB action.

Dr. Wesley asked what is the role of the state medical director? He said that in other states the state medical director provides advice. Dr. Lilja said that it is dependent on how the state is organized. Dr. Lilja said that he was the state medical director for three years and this was not burdensome. Dr. Wesley said that if his salary was spent on monthly regional medical direction meetings that would benefit the state.

Ms. Teske said that this was the first time the EMSRB contracted for a medical director – this has been an experiment and the contract can be changed. There is now growth in the trauma system and we need representation at STAC. Dr. Lilja asked if Minnesota is worse off or better off than other states in the country as an EMS system. In Hennepin County we have a 20% survival rate for cardiac arrest. Do we need to change our system to have a strong state medical director. Dr. Lilja said that I worry about developing a bureaucracy that harms medical care.

Dr. Thomas said that this is all related. Dr. Lilja suggested a document be developed for the committee to review. Dr. Thomas said that we do not have to take action on this topic today but we can continue to develop information for review.

Dr. Lilja said that this committee should share research. Dr. Wesley said that the MDSAC would be a group that endorses best practices. Dr. Thomas said that we need a plan to disseminate information. Dr. Lilja said that is a staff function. We do not have addresses of emails for physicians statewide.

Ms. Burke Moore said that the physician Board members already have a lot of responsibility and tasks as board members. Expecting them to pick up the State Medical Director duties is unreasonable considering the time they already give the Board and the growing expectations of the State Medical Director. Dr. Lilja said that the medical director contract needs to be

carefully defined. Ms. Burke Moore agreed and said that the state medical director would be responsible for implementation of Board approved recommendations.

Dr. Lilja suggested this be discussed again at the next meeting. Dr. Thomas asked to receive comments by email and will provide a handout for the next meeting. Dr. Pate suggested broad goals be developed. This committee only meets twice a year. Dr. Wesley suggested a mission statement for MDSAC.

**IX. Other Business**

None.

**X. Next Meeting**

The next meeting for the Medical Direction Standing Advisory Committee was proposed for September 10, 2010 at 10 a.m. in Alexandria with the Medical Director's conference.

**XI. Public Comment**

Dr. Satterlee thanked Dr. Wesley for his work as the state medical director.

**XII. Adjourn**

Dr. Satterlee moved to adjourn. Dr. Pate seconded. Motion carried. The meeting adjourned at 11:20 a.m.