

Summary Minutes

Regular Meeting of the
Emergency Medical Services Regulatory Board
Medical Direction Standing Advisory Committee
10:00 a.m., Friday, March 6, 2009
Northland Inn Conference Center
Brooklyn Park, Minnesota

Members Present

Mari Thomas, M.D., Chair
Paula Fink-Kocken, M.D.
Mark Lindquist, M.D.
Ralph Morris, M.D.
John Pate, M.D.
Mike Wilcox, M.D.

Members Absent

Gary Foley, M.D.
R. J. Frascone, M.D.
Dan Hankins, M.D.
John Hick, M.D.
Kory Kaye, M.D.
Pat Lilja, M.D.
Steven Mulder, M.D.
Tim Rittenour, M.D.
Christopher Russi, M.D.
Paul Satterlee, M.D.
Robert Zotti, M.D.

Guests

Marty Forsythe
Suzanne Gaines
Tim Held
Iver Johnson
Kristi Moline
Janet Steinkamp
Pete Tanghe, M.D.

Staff

Katherine Burke Moore
Executive Director
Melody Nagy
Robert Norlen

Keith Wesley, M.D.

Board Members Present

Kevin Miller

I. Call to Order

Dr. Thomas called the meeting to order at 10:05 a.m. and asked members to introduce themselves.

II. Approval of Agenda

No additions were suggested to the agenda. (no quorum)

III. Review of Minutes

No changes were suggested to the September minutes.

IV. EMSRB Update

Ms. Burke Moore said that we are working on the pilot project for e-licensing. This is taking significant staff time for testing. We will be making further announcements on our website regarding the progress of this project.

Ms. Burke Moore said that we have a housekeeping bill that will be introduced and we are trying to do what we can to retain the longevity account for the volunteers. We are currently not being asked to take a budget cut and I hope that remains true.

V. Medical Director Update

Dr. Wesley said that Janet Steinkamp will be presenting information on the Take Heart Minnesota Program.

Take Heart Minnesota Program

Ms. Steinkamp provided a power point presentation regarding the Take Heart Minnesota Program and said that the program is expanding nationwide. She provided a handout with her

contact information and asked medical directors that are interested in the program to contact her for more information on how to become involved.

Dr. Pate asked how the CPR training will be funded at the community level and how AEDs could be purchased for local areas. Dr. Wesley responded that this needs to be adopted at the regional level. He said that Take Heart Minnesota has access to funding and the regional programs would have funding available at the local level. Ms. Burke Moore said that the regional funding comes through the EMSRB. Dr. Wesley suggested that the regional programs could do a fund matching program with Take Heart Minnesota to develop the program in their region. Dr. Wesley said that these funding mechanisms still need to be developed. Dr. Wesley said that to provide CPR training is not costly but requires a commitment of time for persons to give the course. Dr. Wesley said that medical directors must have uniform BLS/ALS protocols. Dr. Wesley said that the program is expanding based on the success of the St. Cloud program. Dr. Wesley said that we are seeking involvement from other medical directors.

Dr. Wesley said that he would like to start a new “heart saver” award from the State of Minnesota and he will discuss this with Ms. Burke Moore. This would be a public service award event. Dr. Pate asked if this would be an award to citizens. He suggested an award to the first person on scene giving CPR. Dr. Wesley said the award would include all levels of involvement of the persons who rescued the patient.

Dr. Wilcox said that the regional medical directors can be strong advocates for this program.

Medical Direction Course

Dr. Wesley said that his project for this year is an online medical direction course. This information is hosted on the website emsconsulting.net. We will work with the EMSRB to put this out. Dr. Wesley thanked Iver Johnson for his technical assistance in the development of this website. The concept is to go through each module. It has a narrated video presentation of up to 25 minutes and it has test questions and a resource library for additional information. This was developed in Wisconsin but did not receive funding. I will change this to reflect Minnesota information when it is fully developed. Dr. Wesley asked that medical directors enroll and provide feedback on the information provided on each module. This includes the national curriculum. Dr. Wesley asked Mr. Norlen to provide information for the state statutes/rules module.

Dr. Wesley said that a certificate of completion will be available for persons completing the online program. Dr. Wesley said that he is exploring the opportunity for CEU credits for completing the program.

Dr. Wesley said that he will be sending out an email to the members of the Medical Direction Standing Advisory Committee asking them to enroll in the program and review the materials provided. He said that physicians can respond by email. Dr. Wesley said that the state of Tennessee has also expressed interest in this course. He said that he would like to have a final product available in the fall.

DNR/DNI Form

Dr. Thomas said that a sample form is provided for committee members this version is from Oregon. Dr. Wesley said that he has had discussions with the POLST group on this topic. He said that we received feedback from hospice agencies encouraging us to have this form developed and distributed statewide. Dr. Wesley said that Allina is using a version of this form.

Dr. Wesley asked committee members to look at the form (section A) for use for EMS in Minnesota.

Dr. Pate commented on the layout and content of the form. He said that he would like to implement a form in his area of the state but has been waiting to see what form would be recommended. Dr. Thomas said that the form has been revised to be less confusing for the EMTs who arrive first on the scene. Dr. Wesley asked if there is a consensus of this group to approve the form. Dr. Wesley asked that this be placed on the Board agenda for March. Mr. Norlen commented that another form was reviewed two or three years ago by this committee and board and it was approved and placed on the EMSRB website. The website will not be changed unless the form is approved by the Board.

BLS/ALS EMSC Pediatric Patient Care Guidelines

Dr. Fink Kocken said that the guidelines were posted on the EMSC website. There was an error in the content when this was posted and they were removed. We will be providing a corrected version of the BLS guideline at the end of March. Dr. Lindquist said that the format was difficult to edit to be customized for his service. He asked that the guidelines be posted in an editable format.

VI. Intraosseous Infusion – BLS Equipment Use Clarification

Dr. Thomas said that EMSRB staff has had additional questions about intraosseous infusion being an IV. The answer was that yes this is an IV. The easy IO was the device mentioned in the letter. Can other devices be used? Dr. Thomas said that we do not want to limit ambulance services to one device. Dr. Lindquist said that the committee did not intend to endorse one method but to discuss the appropriateness of its use and that was the device available then.

Mr. Norlen said that a statute change was made in 1999 and an IV variance is not required. The service must have approval of their medical director for this equipment and have documentation of the training of their ambulance staff. Mr. Norlen said that the specialists are finding a variety of IO devices on ambulances. He provided MNSTAR information of IO use on ambulance services. He said that concerns we have are for skill verification in use of the device. The easy IO is the easiest and most successful method of implementation but the state should not be recommending a certain device but must assure that the medical director is providing adequate training on use of the device. Dr. Lindquist said that the intent of the letter was not to endorse a product but to provide information on use in a BLS setting. Dr. Thomas said that we want to confirm that one device is not being recommended. Dr. Pate suggested a clarification that removes reference to one product.

Dr. Lindquist said that IO is equal to IV. Mr. Norlen asked that a letter of clarification be sent to all medical directors that would emphasize a guideline for use and training for ambulance personnel. The letter would be signed by Dr. Thomas and Dr. Wesley.

Mr. Norlen said that the Medical Direction Standing Advisory committee could also consider a change to statute to clarify these requirements. Dr. Wilcox said that crews should not be administering medication just IV fluids. Dr. Wesley said that treatments may change also in the future.

VII. MNSTAR Data Elements – Related to Treatment and Transport of “Major Trauma” Patients

Mr. Norlen said that two documents were provided for committee members for consideration. He said that the documents relate to the EMSRB requirements that would allow a deviation by an ambulance service for transport requirements. The EMSRB will need to have a process in place by July 2010 to approve deviation requests. He said that the EMSRB must have data available to make these decisions. The trauma advisory committee has provided recommendations. Mr. Norlen said that Minnesota Statute 144.608 lists the requirements for transport of patients. Mr. Norlen said that to evaluate the requests for deviation we need data provided in the MNSTAR system. A small percentage of calls will be major trauma calls but we need additional data from the MNSTAR system and some of these items are optional elements.

Mr. Norlen said the Board has closed the data dictionary until September 2010. These optional items are important to define major trauma. The EMSRB will not change the data dictionary but we would like the Medical Direction Standing Advisory Committee to provide a letter to ambulance services encouraging ambulance service medical directors to request the crews to accurately collect and report these optional items for data collection. Mr. Norlen said that he is developing a report for medical directors on the collection of these optional items. Mr. Norlen said that he has had a discussion with a number of ambulance services and has heard that unless the EMSRB has mandated the data collection they will not document optional items. Dr. Thomas said that she uses MNSTAR for review of runs with crews. She said that if people see this as a tool for quality improvement the reporting would improve.

Dr. Wesley asked for sample reports for the next committee meeting. Dr. Wesley said that he would like to see reports emailed to medical directors. Dr. Wesley said that he would like to develop some template reports on CQI to present at the September meeting.

Mr. Norlen said that the collection of optional items to MNSTAR must be encouraged by the local medical director. Ms. Burke Moore said that this is information for the medical directors to market this to their services. Mr. Norlen said that this will happen in small steps. The more the service uses the data the better the data is entered into the system. We need to continue encouraging medical directors.

VIII. MDH Trauma System Update

Dr. Thomas said that the trauma joint policy committee has discussed the trauma/triage data request. Dr. Thomas said that in her service area the trauma patients would go to St. Cloud which is further in time and distance. She asked how services would set their policies on deviating from the guideline.

Dr. Lindquist said it would be helpful to him is to see some sample triage protocols from the EMSRB. This may reduce the number of deviation requests. Dr. Wilcox said that a document is being developed. Dr. Wesley said that this should be discussed at the September meeting.

Dr. Wesley said that several changes were suggested for the final bill from MDH. The bill was just introduced yesterday. Dr. Wesley said that an implementation guide will need to be distributed. Mr. Norlen said that a sample guideline will be distributed by the EMSRB.

Mr. Norlen said that to evaluate the deviation requests it will be important to have criteria developed. The requests may come to this committee. MNSTAR data will be needed to

evaluate these requests. Dr. Wesley said that he would discuss this issue further with Mr. Norlen.

IX. Continuing Education for EMTs

Dr. Thomas said that this discussion will be delayed until the next meeting.

X. Other Business

Dr. Wilcox said that we discussed education requirements for trauma care. It was recommended that education for EMS personnel on trauma care be included. Dr. Wilcox provided a report that was adopted by STAC. He said that medical directors need to incorporate trauma training in their usual training for ambulance crews. It will be advocated but not mandated. He asked for an endorsement by the committee. He said that pediatric components should also be considered.

Dr. Wesley said that this should be covered in the other courses that are currently provided. Dr. Wilcox said that the courses have changed over the years and the accessibility of the courses has not been the same as before. We may need to develop other ways to access this.

Dr. Wilcox said that the number of hours needed for trauma training will need to be determined by the local medical director. The medical director must determine how this fits into their local curriculum. Dr. Thomas said that providing training in conjunction with the local hospital is a good way to provide this training. EMTs like the feedback on what they do right and what they do wrong.

XI. Confirmation of Next Meeting

Dr. Thomas said that the next meeting would be September 11, 2009, at 9 a.m. before the Board meeting in Alexandria. Meeting materials will be provided by email.

XII. Adjourn

Dr. Thomas adjourned the meeting at 12:32 p.m.