

## Draft Summary Minutes

Regular Meeting of the  
**Emergency Medical Services Regulatory Board**  
**Medical Direction Standing Advisory Committee**  
**Minneapolis Marriott Northwest**  
**7025 Northland Drive, Brooklyn Park Minnesota**  
**10:00 a.m., Friday, March 8, 2013**

### Members Present

Mari Thomas, M.D., Chair  
Aaron Burnett, M.D.  
Paula Fink-Kocken, M.D.  
Gary Foley, M.D.  
Charles Lick, M.D.  
Pat Lilja, M.D.  
John Lyng, M.D.  
John Pate, M.D.  
Mike Wilcox, M.D.

### Members Absent

R. J. Frascone, M.D.  
Dan Hankins, M.D.  
John Hick, M.D.  
Ralph Morris, M.D.  
Christopher Russi, M.D.  
Paul Satterlee, M.D.  
Kevin Sirmons, M.D.  
Bob Zotti, M.D.

### Guests

Tim Held  
Curt Ireland  
Kristi Moline  
Karie Pearce  
Kjelsy Polzin  
Tom Vanderwal

### Staff

Pam Biladeau, ED  
Melody Nagy  
  
Julie Rapacki, MAD

#### **I. Call to Order**

Dr. Thomas called the meeting to order at 10:04 a.m.

#### **II. Introductions**

Dr. Thomas asked members and guests to introduce themselves.

#### **III. Approval of Agenda**

Dr. Thomas asked for approval of the agenda. No members suggested changes to the agenda so Dr. Thomas said that the agenda will stand as it is.

#### **IV. Approval of Minutes**

Dr. Thomas asked for approval of the minutes from the September 6, 2012 meeting. Dr. Foley moved approval. Dr. Wilcox seconded. Motion carried.

#### **V. EMSRB Update**

Ms. Biladeau said that there are not a lot of issues for her to report. She said that at the January 31, 2013 Board meeting they approved the education standards timeline and we are looking for one date for our change over. More details will be coming. Staff developed an education standards manual. The manual is being vetted by educators. This has been a very good effort and will be approved for all education levels at the Board meeting in March. This is for the new education standards and this is the first change in 17 years. We made a comparison to the old DOT standards. The change that physicians will note is the requirement of a medical director for First Responder programs.

Ms. Biladeau said that HF 669 is a proposed name change for the statewide radio board, but may include information on dispatch. Some of this language mirrors other language. We will keep you posted as this is updated.

Ms. Biladeau said that we are excited about looking at going “green”. We are looking at purchasing notepads to replace paper handouts. We are looking at SharePoint for sharing handouts.

Ms. Biladeau said that there is a document from the Minnesota Ambulance Association regarding uncompensated care by emergency medical services for visitors from out of state needing care. We have been asked to provide our thoughts and have provided MNSTAR data. The Board does not have a position on this. The reimbursement does not involve the EMSRB. This just came out and I wanted to inform you.

Dr. Pate asked about First Responders requiring a medical director. Ms. Biladeau said that the training program will require a medical director.

Dr. Pate asked about interval testing for refreshers. Ms. Biladeau said that it is self-reporting now. This needs to be researched and discussed further. Dr. Lilja said that is a medical issue that involves determining competency and the education workgroup would not be the body to review this. It is a physician call. Ms. Biladeau agreed that we want to hear concerns and we would discuss issues with the Board and the chair of the MDSAC. Dr. Lilja said that he strongly feels that medical care must be controlled by the medical director. Ms. Biladeau asked for these concerns to be presented in writing. She asked that the information be sent by email to the Executive Director and the MDSAC chair. Dr. Lyng said that Minnesota Statutes 144E.265 subd 3 requires a medical director to verify an annual review of skills. Dr. Pate said that review occurs annually. Dr. Pate said that certain skills may not be reviewed and may require more attention. This is a duplication of efforts because 144E.265 subd 3 already requires an annual review. Dr. Thomas said that there was confusion in how this was presented and we are looking to make it clearer. Dr. Lilja said that we do not want the tail wagging the dog. The medical director must be involved in these decisions. Dr. Thomas said that Minnesota has much more medical direction involvement than other states. This is not set in stone but will be discussed again by the committee. Ms. Biladeau said that the education workgroup is providing advice to the Board for their final decision. Dr. Thomas said that the physicians on the Board will be monitoring the situation.

#### **VI. Science Advisory Team (Resource Cards Triage Information for Crisis Standards of Care)**

Dr. Fink-Kocken said that this information includes crisis standards of care for hospitals. She provided a power point presentation that will be repeated at the conference tomorrow. She said that this is background information and has included involvement with the Minnesota Department of Health (MDH). MDH has been working on this for six years. She provided examples of the discussions:

- How would we handle situations for lack of ventilators?
- How would we ration resources?
- MDH triaged calls regarding H1N1.
- We looked at pediatrics/burn and palliative care

Dr. Fink-Kocken said that we do not want to think about these bad situations and this could be a nationwide or local situation. There is also fear of terrorism. There are also medication shortages to deal with on a daily basis. There are specific rural concerns.

Dr. Fink-Kocken said that in 2009 a committee was formed to discuss this and in 2012 these recommendations are available for review. There is an EMS segment to this plan including a focus on how EMS works together and how we communicate. Most of the recommendations involve hospitals and will trickle down to EMS. More information is available on the MDH website. The documents will be available soon and will be distributed regionally. Dr. Fink-Kocken said that Dr. Hick and I discussed that we wanted to share this information with MDSAC.

Dr. Lick said that there was a series of protocols developed with red/yellow/green tags. Dr. Burnett said that MDH has mobile medical resources and teams available for deployment today. Dr. Lyng said that pediatric patients taken care of at trauma facilities have a similar level of care results not dependent on

what level facility they are delivered to. Dr. Fink-Kocken said that if similar cases were happening throughout the state the hospitals would then have to determine what patients need to be moved to another level of care. Dr. Lyng said that pediatric patients can be cared for well at an adult trauma center. Dr. Thomas agreed and said that it depends on resources available. Dr. Lyng said that we would not want to transport long distances.

Dr. Pate agreed that this is great work. He said that this involves levels of catastrophe and guidelines for response. Dr. Fink-Kocken said that this is for discussion for hospitals on what to do next.

Dr. Pate said that there was micromanagement in handling care for the recent flu situation. Dr. Fink-Kocken said that this was developed when there was not a crisis and we can look at our options for instance veterinary medication can be used for humans in a crisis situation.

Mr. Vanderwal said that resources are available in the rural areas and that there needs to be training on when the resources need to be called. This comes down to “cash”. We need the disaster declaration to release the resources. There needs to be a liaison to the decision maker. Dr. Fink-Kocken said that we discussed operational issues. She agrees and for example in the metro we need to decide when we are diverting. Mr. Vanderwal said that this is an awareness situation. Dr. Fink-Kocken said that we need to think about the scenarios when we are not in crisis.

Ms. Moline asked about the rollout. Dr. Fink-Kocken said that the information is available now. The peds surge is being presented regionally. Dr. Lilja said that this was presented after 9 11 and has been periodically referred to.

Dr. Thomas asked if this power point can be made available as a handout. Dr. Fink-Kocken said yes. The pediatric presentation is April 9 in St. Cloud and is a train the trainer session.

## **VII. BLS & Peds (ALS & BLS Guideline Review)**

Dr. Thomas said that we will review these guidelines in September and she asked members to communicate their concerns with her.

## **VIII. POLST Review**

Dr. Thomas said that the POLST form is to be reviewed yearly. Dr. Lilja said that the form needs to be distributed by the primary health care industry. EMS is aware of the form. Most primary care doctors do not know about the form. Most people think this is for a terminal patient. Dr. Lyng said that the Minnesota Medical Association is involved in distribution of the form. He suggested that this be adopted as the only form for use in the state. There are too many different forms available. Dr. Pate said that some of these forms are being used in his area. Dr. Lilja said that he would agree with mandating use of the form. He asked if the EMSRB can send a suggestion to the State Medical Association and propose this be a mandated form.

Dr. Pate moved that the MDSAC recommend that EMSRB adopt the POLST form for end of life wishes and recommend this for legislative inclusion. Dr. Burnett seconded.

Dr. Lilja said we want to pay close attention to part A of the form and part B of the form. Dr. Lilja said that we do not want to confuse this with other care. Dr. Lilja suggested that this can be included in next years’ legislative packet. He said that the Minnesota Medical Association should also be on board with this recommendation. Dr. Thomas said that we should partner with them. Dr. Lyng said that we need to make our message clear.

Dr. Thomas said that we should ask the Minnesota Medical Association to partner with us on this effort. Dr. Lilja said that this can be introduced from multiple sources. We do not want to depend on others to head this effort. Mr. Held said that this must also be approved at the Governor's office to be included in state agency legislation. This would be a bigger approval. Dr. Lilja suggested that we discuss this with ACEP and MAA. Dr. Pate said that this is a frequent issue in the field. I receive calls on how to interpret the form. Dr. Lyng said that sometimes a family member contradicts the form

Ms. Biladeau asked what the specific regulation for statute is. What would that look like? What are the legal requirements? Dr. Lilja said that we would require that this is the only form that EMS will recognize (if a nursing home provides another form we will not follow that form). Dr. Pate said that we would then provide the POLST form for the nursing home to provide to the family. Ms. Biladeau asked what concerns would this cause for the nursing home. Dr. Thomas said that this would standardize the process. Dr. Pate said that in the rural area when an ambulance is called and the First Responder arrives the First Responder can refer to the POLST form instructions before ambulance personnel arrive.

Ms. Biladeau said that we need to look at what concerns this would cause for others. Would this have concerns for cities or counties? Dr. Thomas said that this is clean up. We want to have only one form not several different forms.

Dr. Lilja pointed out that the physician must sign the form. Ms. Biladeau said that the Attorney General's Office would need to review the form. If a family member has a different form then there could be a problem. Dr. Lyng said that the goal of the form is the same the format is different. Many forms are ambiguous and difficult to interpret. Dr. Lyng suggested looking at legislation in New York and other states. Dr. Lilja said to look at Oregon.

Dr. Thomas said that the fact that this is signed by a physician carries weight over other forms. Mr. Held said that we need to address this when it is presented to the Governor's office. He said that we can build a list of supporters before this is presented.

Dr. Thomas said that she would also have a discussion with Dr. Ratner.

Mr. Vanderwal said that this is also a recruitment/retention issue. This will provide support to local agencies.

Dr. Lilja called the question. The motion was repeated. Motion carried. Dr. Thomas said that she would communicate this with Dr. Rater.

## **IX. Other Business (how to make the MDSAC "green")**

Dr. Thomas said that she has discussed going "green" with Ms. Biladeau. She said that Ms. Biladeau discussed purchasing tablets but then the question is how to we provide information to the audience. Mr. Ireland said that most people have a laptop at meetings. Dr. Burnett suggested posting information to the website. Dr. Lilja said that people can furnish their own flash drive for downloads. Dr. Thomas said that the information could be available on the website for a limited time.

Dr. Burnett said that the accreditation council just accepted and reviewed accreditation for a EMS subspecialty. Regions was accepted so our fellowship graduates will be able to sit for the exam. This is a one year fellowship. Dr. Burnett said that the first exam is being given next year and there is a grandfather clause. The application is due June 30 and there is more information is available on American Board of Emergency Medicine website. Dr. Lilja said that there are courses available for review. Dr. Lyng provided more information on the hours requirements. He said that the application

looks simple and clear. The grandfathering clause ends in five years. Exams will only be offered every other year by computerized testing.

**X. Public Comment**

None.

**XI. Next Meeting**

Dr. Thomas said that the next MDSAC meeting will be Thursday, September 12, 2013 at 7 p.m. at the Medical Directors Conference in Alexandria. The meeting dates are one week later this year. The Board meeting will be at 9 a.m. on Friday, September 13, 2013.

**XII. Adjourn**

The meeting was adjourned at 11:20 a.m.