

Summary Minutes

Regular Meeting of the
Emergency Medical Services Regulatory Board
Medical Direction Standing Advisory Committee
8 a.m., Friday, September 10, 2010

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

Matt Anderson
Paula Chambers
Pat Coyne
Dan DeSmet
Larry Erickson
Randy Fischer
Suzanne Gaines
Mark Griffith
J B Guiton
Tim Held
Curt Ireland
B J Jungmann
Gwen Klenen Olson
Buck McAlpin
Kristi Moline
Karie Pearce
Scott Reiten
Bill Snoke
Dan Stensrud
Dave Waltz
Brad Wright

Staff

Katherine Burke Moore
Executive Director
Melody Nagy
Robert Norlen
Debra Teske

Board Members Present

Dawn Bidwell
Pat Lee
Jim Rieber
Mark Schoenbaum

I. Call to Order

Dr. Thomas called the meeting to order.

II. Introductions

Dr. Thomas asked members and guests to introduce themselves.

III. Approval of Agenda

Dr. Foley moved approval of the agenda. Dr. Lilja seconded. Motion carried.

IV. Approval of March 5, 2010 Minutes

Dr. Pate moved approval of the minutes. Dr. Lilja seconded. Motion carried.

V. EMSRB Updates

Data Policy Standing Advisory Committee Update

Ms. Burke Moore said that the MNSTAR data dictionary has been closed until September 2010. The DPSAC convened a workgroup to discuss potential changes to the data dictionary. The workgroup is proposing adoption of the national standards. The 3.0 dictionary will be open for comments for 3 months. The implementation date may be flexible based on how software development is managed. The DPSAC is discussing the cost of the changes and is seeking comments from ambulance services on these costs.

Update on Trauma Triage Guidelines and Deviations

Ms. Burke Moore said that she is pleased about the ambulance services response to the need for trauma guidelines. All ambulance services submitted guidelines in a timely manner. The deviation requests were reviewed by a committee and then approved by the Board.

VI. EMS Education Standards Workgroup Report

Dr. Satterlee offered a power point presentation that outlined the workgroup efforts. The workgroup is making a presentation today for approval by the Board. Dr. Satterlee said that there will be community presentations conducted in multiple areas of the state to provide information on these changes. Dr. Satterlee commented that if this is approved by the Board there will be legislation proposed in January 2011.

Dr. Pate asked if First Responders are being regulated. Ms. Teske responded that this is an effort by the educators to standardize training dates. Mr. Rieber said that this will be a point of discussion by the Board sometime in the near future because some First Responders are part of an ambulance crew.

Ms. Teske thanked the workgroup members for their efforts.

VII. State Medical Director Status/MDSAC Plan and Purpose

Ms. Burke Moore said that the state medical director has been a contractor. Dr. Wesley served in that position and is no longer the state medical director. Ms. Burke Moore said that the Board has several options including contracting with another state medical director. The three physicians on the Board had a discussion with the chair of the Board to develop a plan to fill the needs of a state medical director with the Board physicians each having a role. Ms. Burke Moore said that budget issues are one reason we did not fill the contract immediately. There may not be adequate funding to have a contractor. Mr. Rieber said that we wanted to clarify the role of the medical director as a contractor and a contractor cannot be a member of the Board.

Dr. Lilja suggested that medical directors may volunteer to provide advice to ambulance services.

Dr. Thomas described the division of duties agreed upon by the physicians on the Board. Dr. Thomas said that the Board physicians had a discussion and the handout provided today is a list of the duties that will be shared by the physician Board members. Dr. Thomas commented that the chair of the MDSAC was previously the state medical director but now there are additional duties that prevent this from being one person. Dr. Thomas said that the handout provides suggested language for a change to the Board's IOP relating to the duties of a state medical director. Dr. Thomas said that we discussed at the last meeting the plan/purpose of the MDSAC. She said that the MDSAC will have a role to review ambulance guidelines and protocols.

Dr. Satterlee has offered to look at a revision of the medical director course. Dr. Thomas said that one year the MDSAC would review at ambulance guidelines. The second year MDSAC would review the medical director guidelines.

Dr. Pate said that he had a situation recently that needed an official state medical director. He said that Dr. Wesley was a good resource to provide information.

Dr. Thomas said that there needs to be a state medical director for the trauma system committee. Dr. Thomas said that many of these duties will fall to the MDSAC chair with the other physicians as a backup.

Ms. Burke Moore said that much of this information was developed based on contractor duties. Ms. Burke Moore said that the only statutorily required function is the trauma committee. Ms. Burke Moore said that this is not a long term solution but this will be a stopgap to protect the public and assist staff with questions as needed. Dr. Thomas said that MDSAC will have a role in these tasks. The MDSAC can review protocols and make recommendations to the Board.

Dr. Lilja agreed with this approach and suggested that each physician provide documentation on their time spent on each task. This information could be used in the future to determine the need for an RFP.

Mr. Rieber said that in the future this function may be an employee of the Board. A contractor would have a different role. This may happen up to five years in the future. Ms. Burke Moore said that in other states some agencies have a contractor and some have an employee. Ms. Burke Moore said that she will be receiving a final report from Dr. Wesley.

Mr. Held asked if this would change the open appointments process for persons applying to the Board as a physician. Mr. Rieber said that we will inform physicians who are applying for these positions of these duties and offer the flexibility of how they fill the duties within the membership of the Board.

Dr. Thomas said that she would like to provide this information to the other medical directors not present today. The IOP change will not be implemented without following the process for adoption. Dr. Thomas said that she will be seeking comments on this document and would hope that it could be adopted at the next meeting.

Ms. Burke Moore said that we have three very good physicians on the Board and my fear is that we could burn out the physicians on the Board because of these extra duties.

Dr. Thomas said that if there were questions on drug variances that could be reviewed by MDSAC for recommendation to the Board.

VIII. Other Business

Dr. Satterlee said that the new American Heart Association standards will come out in January. We will need volunteers to review these standards. He asked that a committee be appointed at the next meeting.

Mr. Rieber thanked the committee members for their valuable input and direction and guidance. Mr. Rieber said that he appreciated this group's effort to protect the public.

IX. Next Meeting Date

During the Long Hot Summer Conference -- March 11 at 9 a.m. at the Northland Inn

X. Public Comment

None.

XI. Adjourn

The meeting adjourned at 9:15 a.m.