

EMS RB Proposed Workplan Addressing Recommendations from OLA Audit on Emergency Ambulance Service

03/01/2022

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Foreword

On February 25, 2022, the Minnesota Office of the Legislative Auditor released a program audit assessing both the state of the EMS industry statewide and the overall performance of the Emergency Medical Services Regulatory Board (EMSRB). [The issued report](#) contained 19 different recommendations. There are multiple recommendations that the EMSRB does not have the authority to address without legislative action. This workplan will primarily focus on recommendations that the EMSRB has the legal authority to address. All 19 recommendations are summarized below, recommendations marked with an * are items suggested for board action.

Some action items present the board with policy options along with the perceived pros and cons of each available policy option. Other action items contain a proposed implementation of strategy, this is done in the case where board policy direction is not needed or has previously been made clear. All information contained in this workplan is preliminary and is a result of work by staff. Information presented should not be construed as board action, or that the board will take any or all of the proposed action(s).

Recommendations

1. The Legislature should retain primary service areas, but it should restructure how they are created, modified, and overseen.
2. The Legislature should create a process for reviewing and revising primary service area boundaries on a periodic basis to address demographic and other societal changes & The Legislature should authorize EMSRB to administratively resolve overlaps and gaps in primary service area coverage—if necessary, without the consent of the ambulance services involved
3. *The Legislature should establish a process through which local units of government have input into which services provide ambulance care and transportation in their areas*
4. The Legislature should adopt more stringent statutory requirements for renewal of ambulance service licenses
5. *EMSRB should ensure that ambulance services meet requirements in law*
6. *The legislature should require ambulance services to go through the initial licensure process whenever there is a change in ownership or provider*
7. The Legislature should direct the EMSRB to develop and enforce performance standards for ambulance services
8. *EMSRB should work with the Legislature to ensure that it has sufficient authority to implement performance standards*
9. *EMSRB should explore reporting mechanisms that would enable to track nonresponse by ambulance services*
10. The Legislature should explore options for improving ambulance service sustainability in Minnesota, potentially through pilot programs or other trial programs
11. *The Legislature should require the EMSRB to create and periodically update a statewide EMS plan, and report regularly on its progress toward achieving the goals outlined in the plan*

12. *EMSRB should update its administrative rules*
13. *EMSRB should improve its documentation and publication of primary service area boundaries*
14. *Unless the Legislature decides to repeal the statutory requirement for a financial data collection system, EMSRB should implement this system*
15. *The EMSRB board should improve its oversight of the executive director & Ensure that the organization fulfills its responsibilities and maintains adequate staff to do so*
16. The Legislature should require the EMSRB board to regularly evaluate the executive director's performance
17. The Legislature should consider whether to make structural changes to the EMSRB board or EMSRB's responsibilities
18. The Legislature should clarify what constitutes a conflict of interest for EMSRB board members
19. *The Legislature should revise Minnesota Statutes 144 E to clarify contradictory or unclear language*

Overview of Proposed Action Item and Board Options with Projected Costs

Table 1: Overview of Recommendations and Projected Costs

Recommendation #	Plan Action Item #	Option #	Summary	Projected Cost	Recommended Option
1	N/A	No current recommendation, outside scope of EMSRB authority	N/A	N/A	N/A
2	N/A	No current recommendation, outside scope of EMSRB authority	N/A	N/A	N/A
3	<u>1</u>	<u>1</u>	No change to existing process	\$0.00	No specific option recommended by staff for this action item
3	<u>1</u>	<u>2</u>	Adds an in person public listening, within an affected PSA for an initial licensure process	\$900.00 per occurrence, includes staff time, travel, announcement of meeting	No specific option recommended by staff for this action item
4	N/A	No current recommendation, outside scope of EMSRB authority	N/A	N/A	N/A

Recommendation #	Plan Action Item #	Option #	Summary	Projected Cost	Recommended Option
5	<u>2</u>	<u>1</u>	Implements an inspection standard to ensure that all licensed ambulance services are inspected between 06/2019 and 12/2022. Establish an EMSRB performance measure on investigation clearance rate. Establish a safety inspection day once per quarter. Identifies the fiscal need for one additional EMS specialist	1 additional EMS Specialist \$105,000 per SFY [New Cost] Safety Inspection Program \$3,500.00 per SFY	Yes
6	<u>3</u>	<u>1</u>	No change to existing process	\$0.00	No
6	<u>3</u>	<u>2</u>	Establishes a public meeting within the PSA to solicit input from public on a proposed license transfer. Would require consultation with the AG's office to assure legality	\$900.00 per occurrence, includes staff time, travel, announcement of meeting. [New Cost] \$300.00 in legal consultation time [New Cost]	Yes
6	<u>3</u>	<u>3</u>	Places public notification requirements on the gaining EMS agency of a license transfer. Would require consultation with the AG's office to assure legality	Less than \$100 per occurrence in staff time \$300.00 in legal consultation time [New Cost]	No

Recommendation #	Plan Action Item #	Option #	Summary	Projected Cost	Recommended Option
7 & 8	4	1	No change to existing process	\$0.00	No
7&8	4	2	Establishes a process to create between 3 and 5 advisory performance measures focused on clinical operations. Further establishes process to publish online public reports and to provide individual agency written reports	\$7,500.00 Costs to involve primarily staff time to create dashboards and performance measures, and mailings for written reports	Yes
9	5	1	No change to existing processes	\$0.00	No
9	5	2	Improve existing EMSRB data collection tools and analysis to be able to monitor frequency of responses outside of designated PSA's.	\$40,000 [New Cost] Staff Time Arc GIS subscription Data connections	No
9	5	3	Revise Chapter 4690 to require EMS agencies to maintain a log of missed responses, which would have to be provided to the EMSRB	This option would require triggering of a comprehensive rewrite of existing regulation \$45,000 - \$55,000 [New Cost]	No

Recommendation #	Plan Action Item #	Option #	Summary	Projected Cost	Recommended Option
9	5	4	Request PSAP's to voluntarily submit nonresponse data to the EMSRB	\$3,500 per year in staff time to compile, track, and report information	Yes
9	5	5	Request EMS agencies to voluntarily submit nonresponse data to the EMSRB	\$3,500 per year in staff time to compile, track, and report information	No
10	N/A	No current recommendation, outside scope of EMSRB authority	N/A	N/A	N/A
11	6	1	No change	\$0.00	No
11	6	2	Adopt a format of this report as an interim state EMS plan for 2022 and begin efforts to implement a formalized comprehensive state EMS plan for 2023-2024	\$12,000 in staff time and miscellaneous expenses for plan creation between 2022 and 2023. Does not include the costs associate with implementation of such a plan [New Cost]	Yes
12	7	1	No change	\$0.00	No

Recommendation #	Plan Action Item #	Option #	Summary	Projected Cost	Recommended Option
12	<u>7</u>	<u>2</u>	Comprehensive update to administrative rules in Chapter 4690	\$45,000 - \$55,000 [New Cost]	No
12	<u>7</u>	<u>3</u>	Update to administrative rules in Chapter 4690 that focuses on the repeal of obsolete rules	\$12,000 - \$15,000 [New Cost]	Yes
13	<u>8</u>	<u>1</u>	Only continue work with MNIT on GIS mapping project	\$100,000 [New Cost]	No specific option recommended by staff for this action item
13	<u>8</u>	<u>2</u>	Continue work with MNIT on GIS mapping project, and in the interim begin to place existing PDF maps on EMSRB website	\$108,000 [New Cost]	No specific option recommended by staff for this action item
14	<u>9</u>	<u>1</u>	No change	\$0.00	No
14	<u>9</u>	<u>2</u>	Immediate implementation of cost collection data	\$15,000 of staff time and infrastructure to create collection instrument along with collecting data and information	No

Recommendation #	Plan Action Item #	Option #	Summary	Projected Cost	Recommended Option
14	9	3	Immediate announcement of intent to collect cost collection data at a defined later date, with the caveat that the data will not be collected if the statute is repealed by the legislature	\$15,000 of staff time and infrastructure to create collection instrument along with collecting data and information. Costs largely deferred until implementation date of collection.	Yes
15	10	1	IOP workgroup and board to finalize updates to the process for evaluation of the executive director. Evaluations for the executive directors first year should be conducted on or before 05/07/2022, 08/07/2022, 11/07/2022, and 02/07/2022. Transitioning to yearly evals thereafter	\$500.00, does not include consultant time which may have already been expended	Yes
16	N/A	No current recommendation, outside scope of EMSRB authority	N/A	N/A	N/A
17	N/A	No current recommendation, outside scope of EMSRB authority	N/A	N/A	N/A

Recommendation #	Plan Action Item #	Option #	Summary	Projected Cost	Recommended Option
18	N/A	No current recommendation, outside scope of EMSRB authority	N/A	N/A	N/A
19	11	1	Continue to work with legislators, industry representatives, and other policy makers to effectuate passage of EMSRB cleanup bill	\$5,000 in staff time	Yes

Action Item # 1 (Local Input)

Text of Recommendation: The Legislature should establish a process through which local units of government have input into which services provide ambulance care and transportation in their areas

Agency Formal Response to Recommendation: The EMSRB agrees that local units of government should be provided the opportunity to participate in PSA reviews, as should all other applicable stakeholders including but not limited to the public, municipalities, townships, tribal governments, and Public Safety Answering Points. We believe that this can be accomplished by empowering the EMSRB to hold public listening sessions and allowing the EMSRB to apply weight to that testimony in addition to the other critical factors of the PSA process.

Overview: While this recommendation is primarily directed at the legislature, within existing law and rules there may be opportunities to partially implement the general spirit of this recommendation. Because authority for implementation is uncertain, staff does not put forth a recommended option, but only provides general options for board consideration. Implementation of Option 2 would require full board action.

Current Status: This is a new recommendation. The board has limited authority under existing law to fully implement the spirit of this recommendation. Additionally, this recommendation is largely tied to the recommendations related to Primary Service Area.

Board Options

Option 1 (No Change)

Option 1 is to make no changes to the initial licensure process until the legislature takes definitive statutory action, and thus maintains the status quo.

Pros:

- Maintains the status quo
- Defers to the legislature to make changes

Cons

- By taking no action, recommendation remains active
- Potential perception that the EMSRB is not interested in public input

Option 2 (Addition of Local Public Meeting During Initial Licensure Process)

Option 2 would alter the existing process for the infrequently used initial licensure process. Historically the public has been largely unengaged in the initial licensure process. In instances where objections have been received to the issuance of an initial license, they are primarily from competing EMS agencies with individual interests top of mind.

An additional step could be added to include a public meeting in the area to be served that would occur during the 30-day objection period. All municipalities would be invited to the public meeting, along with invitations to other interested stakeholders, and potentially local media. EMSRB staff could present the information contained within the license application and the applying agency would also be invited to make a presentation. However, under current law they could not be compelled to do so. Staff could reinforce to the public the right to file objections, and to potentially have objection “forms” on hand.

Pros

- Is a proactive approach to implementing a recommendation of the OLA audit
- Potential to gather additional public input, that has historically been lacking, into the initial licensure process
- May avert or minimize the potential for future legislation incompatible with the board’s strategic direction

Cons

- Legal authority to implement is uncertain, would require AG office consultation
- Could potentially lead to an increase of contested cases related to initial licensure. However, due to the infrequency of the initial licensure process this impact should be minimal.

Action Item # 2 (EMS Agency Compliance with the Law)

Text of Recommendation: EMSRB should ensure that ambulance services meet requirements in law

Agency Formal Response: The EMSRB agrees that ambulance services must meet the requirements as outlined in section 144E and Chapter 4690. Related to this recommendation and the OLA’s key finding in Chapter 3 pertaining to a lack of meaningful oversight under Minnesota law, we encourage the Legislature to require inspection of ambulance services on a regular basis.

Historically EMSRB staff have inspected ambulances on a biennial basis to ensure compliance. While there are operational improvements that the EMSRB has and will continue to make, the EMSRB feels compelled to highlight that due to budget constraints, the number of available staff to perform this regulatory function has fallen from 6 FTE to 1 FTE before restructuring and obtaining 3 FTE as of February 2022. Based on workload the EMSRB projects that it needs 4 FTE dedicated to these functions. This previously existing condition paired with the COVID-19 pandemic and ensuing emergency response responsibilities has slowed progress in overcoming these logistical challenges. While we agree that this is a critical function of the agency, we request all due consideration for the needed statutory and fiscal support.

Overview: The primary impetus for this recommendation related to delays and deficiencies in EMS agency inspections and the investigation of complaints. While there are no policy options presented, the board is being asked to comment and make suggestions related to the implementation strategy.

Current Status: The EMSRB has significantly improved its performance related to both inspections and investigations. However, the agency to date has not done a great job in sharing the improvements that have been made in those areas. Table 1 is a proposed implementation strategy to publicly highlight improvements and to monitor the EMSRB's performance.

Proposed Implementation Strategy

Table 2: Implementation Strategy for Action Item # 2 (EMS Agency Compliance with the Law)

Task	Due Date	Responsible Party
Continue to evaluate agency financial position as it related to the ability to hire an additional EMS Specialist	Ongoing	Executive Director
All licensed EMS agencies inspected, who had not been inspected on or after 06/30/2019	12/31/2022	Staff
Establish an agency performance measure that a certain % of complaints are closed within 90 days of their receipt	04/01/2022	Executive Director

Task	Due Date	Responsible Party
<p>Dedicate no less than one day per quarter where all program field staff will conduct “Surprise Safety Inspections” across the state by inspecting ambulances for core requirements at receiving hospitals. At the conclusion publicly release on the EMSRB website the number of units inspected, and a high-level summary of results i.e., # of correction orders issued, units taken out of service, etc.</p>	<p>To begin Q3 of CY 2022</p>	<p>Staff</p>
<p>Utilizing ImageTrend Data, establish a public facing dashboard that displays the number of complaints received, the number of investigations in process, what % of complaints were resolved within 90 days, and the average length of resolution. Data would be categorized on a quarterly basis. This information would be provided at a statewide level</p>	<p>Go Live by 05/01/2022</p>	<p>Executive Director</p>

Task	Due Date	Responsible Party
Utilizing ImageTrend Data along with other needed sources, establish a public facing dashboard that displays the number of agency inspections conducted, and the number of EMS agencies that have not been inspected in the last 2.5 years. This information should be available at a regional level.	Go Live by 06/01/2022	Executive Director
Revisit ImageTrend relicensure process to attempt to address the process that led to the OLA drawing erroneous conclusions related to the relicensure process.	12/31/2022	Staff
Related to public messaging utilize the EMSRB website to share additional data dashboards and implementation of social media strategy to lift successes of the EMSRB	Ongoing	Staff

Action Item # 3 (New License Required for Transfer of Ownership)

Text of Recommendation: The legislature should require ambulance services to go through the initial licensure process whenever there is a change in ownership or provider

Agency Formal Response: While on general principle the EMSRB agrees with this recommendation, the agency wishes to highlight some potential concerns. A change in ownership can take multiple forms and can affect to varying degrees the type and quality of service provided within a given licensee's PSA. For example, if Hospital A

held a specific PSA, and Hospital A was purchased by Hospital B, and Hospital B was already a licensed EMS agency it may not be in the best interest of the EMS system overall to require compoment to the initial licensure process. The initial licensure process can cost several thousand dollars. In certain areas of Minnesota such a cost and time commitment could introduce the possibility of EMS agencies being unwilling to engage in the process and as a result cause an unintended consequence of gaps in ambulance coverage. The staff of the EMSRB would recommend the following:

“In the event that an ownership change occurs between two (2) licensed EMS agencies, implementation of the initial licensure process may not be required so long as it is determined by the board that there are no substantial changes to operations related to the level of service and that there is not any additional expansion of the PSA at the time of the ownership change.”

In instances where there would be substantial changes inconsistent with the proposed language above, or if the entity gaining ownership was not already a Minnesota licensed EMS agency the EMSRB supports implementation of the complete initial licensure process.

Overview: While this recommendation is primarily directed at the legislature, within existing law and rules there may be opportunities to partially implement the general spirit of this recommendation.

Current Status: Currently there does not appear to be any board standard in evaluating whether or not to grant transfer of ownerships. 144E.14 states in part “A license, or the ownership of a licensed ambulance service, may be transferred only upon approval of the board.” This permissive language indicates that the board has options related to whether to approve a transfer. This permissiveness means that the board has some different policy obligations to consider. There is not a recommended option for this action item.

Board Options

Option 1 (No Change)

With this option the board would continue to grant transfers of ownership so long as the statutory requirements are met.

Pros:

- Maintains the status quo
- Defers to the legislature to make changes in a controversial area
- Maintains a limited impact on larger EMS services assuming control of licenses from services that can no longer sustain themselves

Cons

- By taking no action, recommendation remains active
- Potential perception that the EMSRB is not interested in public input

Option 2 (Addition of Public Input Meeting)

Option 2 would include incorporating a very similar meeting as outlined in [Action Item 2 Option 2](#). If option 2 from Action Item 2 was not adopted by the board, implementation of this option here would be unlikely. Implementation would require the consultation of the AG's office.

Pros:

- Would provide an additional layer to incorporate and consider public input
- Since the issuance of a transfer is at the sole discretion of the board, considering public input as an additional factor would be within the authority of the board
- Implementation of additional factors in considering license transfers may mitigate the potential consequences of more drastic legislative action.
- Provides more opportunities for public input as called for in Action Item 1

Cons:

- There are more transfers of ownership than there are initial licensure requests. As a result, this would result in more travel and outlay of staff resources.

Option 3 (Require Actions of Gaining Service)

Option 3 would involve the gaining service of a transfer to make a public notice by publication and to solicit letters of support from local municipal officials. Implementation of this option would require consultation with the AG's office.

Pros:

- Would provide an additional layer to incorporate and consider public input
- Since the issuance of a transfer is at the sole discretion of the board, considering public input as an additional factor would be within the authority of the board
- Implementation of additional factors in considering license transfers may mitigate the potential consequences of more drastic legislative action.
- Provides more opportunities for public input as called for in Action Item 1
- By placing the impetus for action on the gaining EMS agency, minimizes administrative burden to the EMSRB

Cons:

- By placing an additional administrative action on an EMS agency, could be viewed as burdensome and may be subject to legal challenge.
- Not as much potential direct public input as outlined in option 2

Action Item # 4 (Performance Standards)

Text of Recommendation: EMSRB should work with the Legislature to ensure that it has sufficient authority to implement performance standards

Agency Formal Response: The EMSRB agrees with this recommendation. There have been conflicting interpretations pertaining to the EMSRB's authority to establish various performance measures. Upon questioning related to performance measures, the EMSRB immediately began to investigate the implementation of different types of performance measures. The EMSRB concludes that additional interaction and guidance from the Legislature would be helpful, particularly related to the desired action(s) when those performance measures are not consistently met.

Overview: The primary impetus for this recommendation relates to the OLA's underlying desire to see ambulance services across the state be held accountable for operational and clinical measures. With changes to law, there is potential to see these performance measures tied to a new PSA renewal process or initial licensure process or both.

Current Status: Currently via ImageTrend, EMSRB has a wealth of data related to clinical and operational performance that is not being used in an active manner. Despite statements of conflicting interpretations within the EMSRB the OLA feels that the EMSRB has the authority to implement performance measures. However, the action(s) that the EMSRB could take as a result of non-compliance with performance measures remains unclear and would require additional investigation.

Board Options

Option 1 (No Change)

Option 1 is to make no implementation of performance measures to the initial licensure process until the legislature takes definitive statutory action, and thus maintains the status quo.

Pros

- Other than maintain status quo, there are no pros associated with this option

Cons

- Continues to delay implementation of performance measures
- Would directly conflict with recommendations from the OLA, and could potentially make the EMSRB look obstructive to the implementation of report recommendations
- Could invite more invasive overly prescriptive legislation related to performance measures that would have unintended consequences on the state's EMS system

Option 2 (Creation of Draft Advisory Performance Standards) [Recommended Option]

Option 2 is to rapidly create a set of Draft Advisory Performance Standards. Until there are additional discussions and decisions to determine the option for enforcing or taking action on insufficient performance as determined by those measures; no regulatory action would be taken exclusively because of non-compliance with these measures. The OLA audit was extremely clear that the EMSRB does not have the authority to prescribe response time standards without legislative changes. Due to this fact and the difficulty thus far in reaching consensus on operational performance measures, it is recommended to begin with clinically focused measures.

Pros

- Demonstrates EMSRB commitment to the performance improvement process
- Is responsive to the audit recommendation
- Focusing initially on clinical measures rather than operational, should minimize, though not eliminate, the need to consider different size and capability of local EMS systems
- Can be accomplished relatively quickly
- Does not require the question of authority related to performance measures to be answered as information is advisory
- Familiarizes the community with the concept of performance measures, while the EMSRB and the legislature takes additional options

Cons

- Does not address operational concerns including response time
- Does not definitively address the performance measure authority question
- Creates the potential for different EMS services to make data requests against one another to disparage performance
- If agencies submit incomplete information in ImageTrend introduces the possibility for incomplete review of performance depending on selection of individual performance measures

Proposed Implementation Strategy

Table 3: Implementation Strategy for Action Item # 4 (Performance Standards)

Task	Due Date	Responsible Party
Develop no less than 3, but no more than 5 clinical performance measures that can be calculated from existing data within ImageTrend. Measures should be clearly delineated as applying to ALS services BLS services or all EMS services. If needed, standards should be set for urban, suburban, rural, and frontier environments	06/30/2022	Staff (Consultation has occurred with Dr. Burnett, and he advised to proceed with a focus on Compass/NEMSQA measures
Based on the submitted performance measures, develop a data dictionary that will identify what field(s) within ImageTrend will be used to calculate the measures numerator and denominator. Data dictionary to be published on EMSRB website	07/31/2022	Staff

Task	Due Date	Responsible Party
Create a publicly available report that at a high level explains each performance measure, and identifies based on 2 years' worth of data, what percentage of agencies are meeting each performance measure	08/31/2022	Staff
Prepare individual reports for each licensed EMS agency that shares their performance in relation to each applicable selected measure based on two years of data. For each measure the agency will be given a state comparison percentile, which will allow themselves to compare themselves to other agencies in the state. If time and resources allow consider creation of a regional comparison percentile as well.	10/31/2022	Staff
Individual agency reports to be mailed to agency ongoing on a quarterly basis	Ongoing (first quarterly report to be mailed by April 15, 2023)	Staff

Task	Due Date	Responsible Party
EMSRB to continue to work with legislature to address unresolved questions and authority related to performance measures, in addition to expanding focus on operational measures	Status update due 12/31/2022	Board, Legislative Workgroup, Executive Director
EMSRB to continue to investigate the feasibility and legality of Biospatial implementation to assist with real time tracking of performance measures	Ongoing	Board, Executive Director, Staff, AAG

Action Item # 5 (Non-Response Data)

Text of Recommendation: EMSRB should explore reporting mechanisms that would enable to track nonresponse by ambulance services

Agency Formal Response: The EMSRB agrees with this recommendation. Existing data sources available to the agency are generated from activity that is actually conducted by a licensed EMS agency. The agency has begun to examine if it is possible to identify from existing sources if there is a way to reliably track nonresponse. However, preliminary evaluation has indicated that the data would be largely incomplete and difficult to access.

As a result, the EMSRB believes that local Public Safety Answering Points would be the most appropriate entity from which the EMSRB could obtain this information. The agency would request legislative support by way of statutory revision to require that this data be provided to and in a manner prescribed by the EMSRB.

To conclude, despite existing pathways and requirements to report ambulance nonresponse, the EMSRB anecdotally has found that there are many EMS agencies who fail to report their neighboring services nonresponses, out of fear of being labeled a bad neighbor. The EMSRB additionally notes that there are some EMS agencies who will reach out to the agency and seek assistance and technical assistance from the EMSRB.

The EMSRB agrees that a coordinated EMS system can only occur when all stakeholders are aware of the available EMS resources on any given day. If given the appropriate tools, the EMSRB would welcome this change as we believe that it truly serves the public interest.

Overview: The primary impetus for this recommendation is that the EMSRB was unable to answer the question of how often EMS agencies were unable to respond to 911 calls in their PSA.

Current Status: The EMSRB has never had access to a reliable source of data to address this question. Existing ImageTrend data as is currently used is insufficient as it captures information from patient care charts, and thus would not detect non-responses by EMS agencies.

Board Options

Option 1 (No Change)

Option 1 is to make no implementation of on the collection of non-response data until the legislature takes definitive statutory action, and thus maintains the status quo.

Pros

- Maintains the status quo

Cons

- Would directly conflict with recommendations from the OLA, and could potentially make the EMSRB look obstructive to the implementation of report recommendations
- Could invite more invasive overly prescriptive legislation related to the collection of non-response data that could have unintended consequences on the state's EMS system
- The EMSRB would continue to be uninformed of struggling agencies that we could potentially be offering technical assistance to
- Continued rising frustrations of EMS agencies that are covering missed calls for other agencies

Option 2 (Improve EMSRB Data Capability)

Option 2 would involve significant technical and possibly capital outlay to utilize existing address level data from ImageTrend to detect how often an EMS agency responded to a 911 call outside of its legally designated PSA. This work would not be able to even begin until after completion of the MNIT PSA mapping project and there are no guarantees that a useable product would ultimately be developed. For these reasons short term reliance or implementation is not recommended at this time, but rather additional research conducted and potential intermediate or long-term implementation.

Pros

- Would provide near real time results
- Would not require any new data collection on the part of other system stakeholders

Cons

- Timeliness of implementation would largely be outside the control of the EMSRB, as it would rely on the completion of an existing MNIT project related to PSA mapping
- No guarantees that a useable product could ultimately be implemented with currently available information
- Would require the purchase of GIS product licenses, which depending on features needed could be quite expensive with a steep learning curve.

Option 3 (Revise Regulation to Require Agencies to Create a Log of this Data)

Option 3 would be to revise Chapter 4690 and require EMS agencies themselves to create a log of all calls that they were dispatched to and to submit that log to the EMSRB on an ongoing basis. This would allow EMSRB staff to cross reference calls dispatched to calls responded to based on ImageTrend data. For various reasons this option is not recommended.

Pros

- No readily apparent pros to this option

Cons

- Length of time needed to implement regulatory changes
- Could potentially be seen as a controversial regulatory change that the EMSRB might want to avoid as highlighted in Action Item 7 of this work plan
- Currently many EMS agencies do not report this information despite potential requirements to do so
- Would require intensive staff review as it would be a manual comparison process. Staff resources are not currently available to implement this option on an ongoing basis.

Option 4 (Request 911 Centers to Voluntarily Submit Data) [Recommended Option]

Option 4 would be to request that 911 centers voluntarily submit data to the EMSRB for instances of ambulance nonresponse.

Pros

- Responsive to the audit recommendation, if data is not received from the voluntary request process it could be used as an indication to the legislature that we cannot move forward with this recommendation without additional legislative authority
- Is a process that can be automated and monitored on an ongoing basis
- More easily identify EMS agencies who may be struggling to respond
- Data would be submitted by a more neutral party than EMS agencies themselves

Cons

- Data would likely be incomplete as we would not anticipate compliance from all 911 centers but would be more than we currently have available
- If messaging and communication are not careful and clear, there could be a negative perception of the program

Proposed Implementation Strategy

Table 4: Implementation Strategy for Action Item # 5 (Non-Response Data)

Task	Due Date	Responsible Party
Develop a specific definition for what exactly constitutes non-response. Is the focus on all instances requiring mutual aid, or should it be focused to instances where a unit was marked as available, but did not respond when dispatched? We must be clear with the 911 centers for what we are asking	TBD	Board
Coordinate with Sheriff's Association on how to best approach making the ask of the 911 centers	TBD	Board Chair, Executive Director
Create a simple data collection tool that can be utilized by 911 centers to provide the voluntarily requested information and share the tool with 911 centers	TBD	Staff

Task	Due Date	Responsible Party
Provide ongoing reports to the board related to high level findings and overall geographic submission information	Ongoing	Executive Director

Option 5 (Request EMS Agencies to Voluntarily Submit Non-Response Data)

Option 5 would involve the creation of a system that would allow EMS services to easily submit the data to the EMSRB.

Pros:

- Responsive to the audit recommendation, if data is not received from the voluntary request process it could be used as an indication to the legislature that we cannot move forward with this recommendation without additional legislative authority
- Is a process that can be automated and monitored on an ongoing basis
- More easily identify EMS agencies who may be struggling to respond

Cons

- Data would likely be incomplete as we would not anticipate compliance from all EMS agencies but would be more than we currently have available
- If messaging and communication are not careful and clear, there could be a negative perception of the program
- Agencies might under report information to protect perception interests

Proposed Implementation Strategy

The proposed implementation strategy for option 5 would be very similar to what was proposed for option 4, but with a different stakeholder focus.

Action Item # 6 (State EMS Plan)

Text of Recommendation: The Legislature should require the EMSRB to create and periodically update a statewide EMS plan, and report regularly on its progress toward achieving the goals outlined in the plan

Agency Formal Response: Regularly, the EMSRB has put forth a plan of goals and objectives for the board to complete within a given year. Additionally, section 144E.01, subdivision 6(b), permits the EMSRB to establish a work plan targeting different areas. In response to these findings, EMSRB staff have already begun to evaluate

EMS plans from different states. Additionally, a resource analysis is currently underway to identify what supports might be required in the creation and ultimate implementation of such a plan. Given recent structural changes made by the EMSRB, there is a greater focus on components related to leadership and sustainability. The agency feels that implementation of this recommendation would help demonstrate that renewed commitment.

Overview: The impetus of this recommendation was the EMSRB's lack of a strategic plan for the statewide EMS System.

Current Status: Previously there have been plans ratified by the board that focused on work that the board would work to accomplish in a given year. Due to a lack of a clear mandate on the various matters that a state EMS plan would address coupled with a lack of resources such a statewide plan has not been created in recent years.

Board Options

Option 1 (No Change)

Option 1 would adopt no changes and no movement towards the creation of a statewide EMS plan

Pros:

- Other than maintain status quo, there are no associated pros with this option

Cons:

- Makes it seem that the EMSRB is out of touch with the challenges of the EMS community
- May be viewed as open defiance of the OLA's audit recommendation

Option 2 (Adoption of an Interim Plan) [Recommended Option]

Option 2 would involve adopting the OLA audit work plan in an alternate form as an interim state EMS plan. While simultaneously making improvements contained within this workplan, the EMSRB would work through a process to establish a formal 2023 statewide EMS system plan for calendar year 2023. **This option would necessitate the creation of a separate implementation plan and strategy for developing the 2023 plan and would involve numerous stakeholders.** Envisioned is a system in which a state plan would consider overarching goals and areas for focus. We would then look to prioritize grant funding that aligns to those goals.

Pros:

- Keeps the EMSRB focus on making improvements to the overall EMS system while incorporating existing work and lines of effort
- Is the most expedient way of putting forth a plan
- Allows for a thoughtful process in developing the 2023 plan.

Cons

- There are no identified cons associated with this recommendation

Action Item # 7 (Update Administrative Rules)

Text of Recommendation: EMSRB should update its administrative rules

Agency Formal Response: The EMSRB agrees with this recommendation and has already begun to review existing regulations, while simultaneously assessing the projected budgetary needs for administrative rules revision. The EMSRB had previously received inconsistent and erroneous information related to costs that prevented implementation of this strategic priority.

As the report highlights funding does remain a concern for the agency. However, the EMSRB commits to avail itself of all available resources, and to strongly consider updates and revisions to Chapter 4690.

Overview: The impetus for this recommendation was a focus on outdated regulation, particularly related to outdated radio systems.

Current Status: Currently there is a lack of information on what is needed to complete the regulatory revision process. There appears to be a desire to amend and update administrative rules, but lack of an understanding of how to do so.

Option 1 (No Update to Administrative Rules)

Option 1 would not have the EMSRB engage in the process of updating administrative rules.

Pros:

- No financial outlay

Cons

- Rules remain outdated
- OLA finding and recommendation remains unresolved

Option 2 (Comprehensive Update to Administrative Rules)

Option 2 would involve a complete revision and update to the existing rules contained within Chapter 4690

Pros:

- Addresses OLA finding upon completion

- Potential to memorialize other changes made as part of the audit in rule, where statutory authority permits
- Addresses inconsistencies outlined in existing rule

Cons

- Significant capital outlay in excess of \$100,000
- Higher potential to have to go through the contested rulemaking process
- Much lengthier process
- Going through a complex process to make complex changes increases the chances for procedural errors
- If the legislature makes additional statutory changes as a result of other recommendations of the audit, may have to go back and change regulatory language again.

Option 3 (Update to Administrative Rules Focused on Repeals) [Recommended Option]

Option 3 would involve an update to Chapter 4690 and focus on the removal of rules that are outdated and no longer relevant to current system operations.

Pros

- Addresses OLA finding upon completion
- Less capital outlay than associate with option 2, estimated between \$10,000 - \$20,000
- Addresses inconsistencies outlined in existing rule

Cons

- If the legislature makes additional statutory changes because of other recommendations of the audit, may have to go back and revise rules again, and to do so more comprehensively. However, EMSRB will be more familiar with the process.

Proposed Implementation Strategy

Table 5: Implementation Strategy for Action Item # 7 (Update Administrative Rules)

Task	Due Date	Responsible Party
To be developed as additional understanding of the rules process is developed		

Action Item # 8 (PSA Mapping)

Text of Recommendation: EMSRB should improve its documentation and publication of primary service area boundaries

Agency Formal Response: The EMSRB agrees with this recommendation. Since early 2021 the agency has been working collaboratively with MNIT, in the creation of Geographic Information System (GIS) mapping of Minnesota's PSAs and is investing \$100,000 towards the project. While the project has incurred delays due to available program and IT resources, the project continues to be a priority of the EMSRB. Most recently the board chair along with EMSRB staff had a very productive meeting with MNIT on February 17th.

The EMSRB is hopeful that more readily available GIS information will help address inconsistencies in functional service boundaries versus the actual legal primary service area boundaries as outlined as a key finding in Chapter 2 of this report. The EMSRB has come across multiple situations where a Public Safety Answering Points may have established its own dispatch areas, and may not have been aware of the legally defined PSA.

Overview: The Office of the Legislative Auditor made the statement that they were the first ones to create maps related to the PSA process. While this is factually inaccurate as the EMSRB has PDF maps of Primary Service Areas, they are not readily available to the public, although any requests for information would certainly be shared.

Current Status: There was a kickoff meeting with MNIS on February 17, 2022 and the work to implement the full project is underway. Completion date for this project is currently not clear and will further be clarified. With work already underway there are limited policy options currently. However, there are temporary options available should the board choose from a policy aspect to do so. There is no recommended option.

Board Options

Option 1 (Only Continue Existing Work with MNIT)

Option 1 would be to continue the existing work with MNIT on the PSA mapping project and take no other action until that project is complete.

Pros

- Does not require any additional resources or work from staff other than what is already dedicated

Cons

- Unclear timeline from MNIT, the timeline for completion might not meet the expectations of the legislature

Option 2 (Continue Existing Work with MNIT and Post Existing PDF Maps to Website)

Option 2 would be to continue the existing work with MNIT on the PSA mapping project and to immediately begin posting existing PDF maps to the PSA section of the EMSRB website.

Pros

- In a timelier fashion meets the underlying spirit of the recommendation, and is potentially low hanging fruit

Cons

- Short but intensive demand on staff for a project that would have limited utility in the long term
- Potential missing or incomplete information from PDF maps

Action Item # 9 (Financial Data Collection)

Text of Recommendation: Unless the Legislature decides to repeal the statutory requirement for a financial data collection system, EMSRB should implement this system

Agency Formal Response: The EMSRB agrees with this recommendation. The agency requests the Legislature to take special note of the non-traditional location of this EMS related statute within 62J. That fact notwithstanding, the agency realizes and accepts its responsibility for ensuring implementation of all relevant pieces of legislation.

At this point, the EMSRB would recommend that the Legislature repeal the statutory requirement, related to EMS financial data collection outlined in section 62J. This is largely in part due to current cost collection efforts that are underway by the federal Center for Medicare Services (CMS). However, now that the EMSRB is aware of the requirement if it is not ultimately repealed the agency will in a timely fashion work towards compliance with the statute.

In response to this finding, agency staff conducted an exhaustive search and review of the Minnesota Revisor to identify any other existing statutes or regulation in alternate locations that impose responsibilities on the EMSRB. This information was presented to the EMSRB legislative workgroup on February 14, 2022.

Overview: The impetus of this recommendation came as a result of the EMSRB's lack of awareness with section 62J which required the collection of EMS agency financial data.

Current Status: There is currently no action or data collection related to EMS agency financial data.

Board Options

Option 1 (No Change)

Option 1 is to make no changes and not make any movement on the collection of financial data of ambulance services and hope that the legislature repeals the requirement, and thus maintains the status quo.

Pros:

- Maintains the status quo
- Does not impose a data collection burden on EMS agencies

Cons

- In taking a wait and see approach, the legislature may not repeal the requirement and as a result could result in a subsequent re issuance of this finding
- Legislative perception of noncompliance with recommendations

Option 2 (Immediate Implementation of Cost Collection)

Option 2 is to make immediate implementation of financial data collection utilizing the criteria outlined in Chapter 4690.0200 (M)

Pros:

- Shows significant movement on meeting the OLA recommendation
- Immediate compliance with the law and existing regulation

Cons

- Collection of financial information is likely to be sensitive and met with resistance from the EMS community
- Could be perceived as duplicative by agencies that have already participated or will be participating in CMS cost collection.
- Collection of data with limited use cases in the current regulatory environment

Option 3 (Gradual Implementation of Cost Collection) [Recommended Option]

Option 3 would include an immediate announcement of the EMSRB's intent to collect financial data of EMS agencies in the next 12 months (or some other time period) unless the legislature were to act by repealing the relevant sections of 62J.

Pros:

- Shows movement on meeting the OLA recommendation
- Allows the development of the needed data collection tools and process
- Potentially creates pressure on the legislature to repeal the requirement based on industry concerns
- EMSRB allows the legislature the opportunity to repeal the requirement

Cons

- Collection of financial information is likely to be sensitive and met with resistance from the EMS community although some of this resistance can be directed toward the legislature
- Could be perceived as duplicative by agencies that have already participated or will be participating in CMS cost collection.
- Collection of data with limited use cases in the current regulatory environment

Proposed Implementation Strategy

Table 6: Implementation Strategy for Action Item # 9 (Financial Data Collection)

Task	Due Date	Responsible Party
Staff in consultation with the Legislative Workgroup develop a paper and digital data collection tool to collect the financial data element required under Chapter 4690.002(M)	TBD	Legislative Workgroup, Staff

Task	Due Date	Responsible Party
Issue communication to EMS agencies of a date (≥ 12 months) in which the submission of financial data would be required. Allow the submission of data immediately but give the caveat that the EMSRB will remove the requirement to submit financial data if the legislature repeals the relevant sections of 62J. Share the data collection tools at that time.	TBD	Board Chair, Executive Director
If the legislature repeals the relevant sections of 62J the board should issue waivers to 4690.0200 (M) in accordance with 4690.8100 until such time that 4690.0200 (M) can be formally repealed.	TBD	Board
If the legislature does not repeal the relevant sections of 62J, begin to issue correction orders or discipline to agencies that do not submit the required financial data by the prescribed deadline.	TBD	Board, CRP, Staff

Action Item # 10 (Executive Director Oversight)

Text of Recommendation: The EMSRB board should improve its oversight of the executive director & Ensure that the organization fulfills its responsibilities and maintains adequate staff to do so

Agency Formal Response: The EMSRB agrees with this recommendation. The board has made multiple fundamental changes to the agency overall. Some of these structural changes include the establishment of board liaisons to agency staff to ensure that there is continuity and an adequate flow of information and communication to the board as a whole. This change was implemented by the board in its meeting on November 18, 2021. Additionally, the expectations for the position of the executive director were revised in August of 2021 prior to the initiation of a search for the then open position of executive director, by way of an updated position description.

The Board has established an internal operating procedure (IOP) workgroup to update and revise all board IOP's, with a special emphasis on the procedure, manner, and instrument of evaluation of the EMSRB's Executive Director. The timing of all these actions have been carefully choreographed and have intentionally been implemented in line with the hiring of the new executive director.

Overview: The impetus of this recommendation was infrequent evaluations of the EMSRB Executive Director

Current Status: There is a new executive director, currently there is a committee of board members working to revise IOP's including executive director evaluation. The proposed implementation plan below is at the sole discretion of the board, as it is the board that is responsible for evaluation of the executive director. It is provided for advisement and information purposes only.

Proposed Implementation Strategy

Table 7: Implementation Strategy for Action Item # 10 (Executive Director Oversight)

Task	Due Date	Responsible Party
With a new Executive Director, the Board through the Executive Committee should consider performance evaluations at 3 months, 6 months, 9 months, and 12 months. If the new IOP related to evaluation can be approved by the board on or before May 7, 2022 then that evaluation process should be used. If the IOP related to evaluation cannot be completed by then, the existing IOP or the standard state performance review process or both until such time that the IOP can be updated and approved.	3 Month Evaluation by May 7, 2022 6 Month Evaluation by August 7, 2022 9 Month Evaluation by November 7, 2022 12 Month Evaluation by February 7, 2023	IOP Workgroup, Board, Executive Committee

Action Item # 11 (144E Clean Up)

Text of Recommendation: The Legislature should revise Minnesota Statutes 144 E to clarify contradictory or unclear language

Agency Formal Response: The EMSRB agrees with this recommendation. For over three years the EMSRB put forth requested legislation that would have addressed inconsistencies and other matters of statutory incongruity. The EMSRB feels that previously there has not been meaningful collaboration between the agency and the Legislature related to proposed bills impacting emergency medical services. As discussed in previous responses this may have been due to various structural issues that the agency has since addressed. The EMSRB

stands ready to collaborate and offer any and all feasible assistance to the Minnesota Legislature in the vein of advancing Minnesota's EMS system.

Overview: The impetus of this recommendation while primarily directed at the legislature involves cleaning up various sections of 144E.

Current Status: On multiple occasions the board has put forth legislation to accomplish this task. However, the legislature has failed to act or engage on them in a meaningful way.

Proposed Implementation Strategy

Table 8: Implementation Strategy for Action Item # 11 (144E Cleanup)

Task	Due Date	Responsible Party
Continue to engage with committee chairs and ex officio members to advance EMSRB supported statutory clean up bills	Ongoing	Board, Legislative Workgroup, Executive Director