

Summary Minutes

Meeting of the
Emergency Medical Services Regulatory Board
10:00 a.m., November 17, 2011
2829 University Avenue SE
Minneapolis, Minnesota

Members Present

Kelly Spratt, Chair
Lisa Consie
Jennifer Deschaine
Paula Fink Kocken, M.D.
Michael Jordan
Pat Lee
Kevin Miller
Gary Pearson
Mark Schoenbaum
Matt Simpson
Marlys Tanner
Mari Thomas, M.D.

Members Absent

Brenda Brown
Michael Gormley
Kathleen Haney
Sen. Gretchen Hoffman
Rep. Duane Quam
Paul Satterlee, M.D.
Jill Ryan Schultz

Guests

Todd Fisk
Suzanne Gaines
Joe Glaccum
Lynda Goerisch
Kai Hjermstad
Curt Ireland
George Mann
Darel Radde
Scott Reiten
Ron Robinson
Bill Snoko
Imo Sunderland
Tom Vanderwal
David Waltz
Ben Wasmund
Brad Wright

Staff

Pam Biladeau, Executive Director
William Granger
Talia Landucci
Melody Nagy
Robert Norlen
Rose Olson
Debby Teske

Karen Andrews, AAG
Geoffrey Karls, AAG

I. Call to Order

Mr. Spratt called the meeting to order and said that we are starting with a closed session. He asked audience members to leave and said that the closed session could be up to 45 minutes then we will call the audience back to the meeting.

II. Complaint Review Panel (closed session)

Mr. Spratt said that we have four cases to review today. The Attorney General's representative presented the facts for each case.

Mr. Jordan moved to accept the proposed findings in the first case. Mr. Pearson seconded. Voting yes: Ms. Consie, Mr. Jordan, Mr. Lee, Mr. Pearson, Mr. Schoenbaum, and Mr. Spratt. Dr. Thomas, Dr. Fink Kocken, Mr. Miller, Mr. Simpson, Ms. Tanner abstained from this vote. Motion carried.

Ms. Deschaine arrived.

Dr. Thomas moved to approve the order for temporary suspension for the second case. Ms. Deschaine seconded. Voting yes: Ms. Consie, Ms. Deschaine, Dr. Fink Kocken, Mr. Jordan, Mr. Lee, Mr. Miller, Mr. Pearson, Mr. Schoenbaum, Mr. Spratt, Ms. Tanner, and Dr. Thomas. Mr. Simpson abstained from this vote. Motion carried.

Mr. Lee moved to accept the Stipulation and Order for the third case. Mr. Pearson seconded. Voting yes: Ms. Consie, Ms. Deschaine, Dr. Fink Kocken, Mr. Jordan, Mr. Lee, Mr. Miller, Mr. Pearson, Mr. Schoenbaum, Mr. Spratt, Ms. Tanner, and Dr. Thomas. Mr. Simpson abstained from this vote. Motion carried.

Mr. Jordan moved to accept the Stipulation and Order for the fourth case. Mr. Pearson seconded. Voting yes: Ms. Consie, Ms. Deschaine, Dr. Fink Kocken, Mr. Jordan, Mr. Lee, Mr. Miller, Mr. Pearson, Mr. Schoenbaum, Mr. Spratt, Ms. Tanner, and Dr. Thomas. Mr. Simpson abstained from this vote. Motion carried.

III. Call to Order and Introductions

Mr. Spratt called the meeting to order and asked for introductions from the members and guests. Mr. Spratt announced that the public handouts are available in the red folders.

IV. Approval of Agenda

Mr. Spratt said that he has been asked to move the Legislative Committee Report after Chair's Remarks. Ms. Deschaine moved to approve the revised agenda. Mr. Simpson seconded. Motion carried.

V. Approval of Minutes

Mr. Spratt asked for a motion to approve the September 9, 2011, minutes. Mr. Miller moved approval. Ms. Consie seconded. Motion carried.

VI. Chair's Remarks

2012 Board Appointments

Mr. Spratt said that there will be five openings in January 2012. We are encouraging members to re-apply. The application form is on the Secretary of State's website. Mr. Miller said that he is not seeking reappointment so the Metro EMS Program Representative position will be open. Ms. Biladeau said that we will be confirming receipt of applications.

Appointment to Data Policy Standing Advisory Committee

Mr. Norlen said that he is speaking today on behalf of the chair of DPAC and we are recommending appointment of Dave Waltz. Mr. Norlen explained the membership of the committee. Mr. Spratt announced that Dave Waltz will be appointed.

Schedule Meetings for Next Year

Mr. Spratt said that this is being considered now because we must make room reservations. He said that the meeting on Friday, September 7 at 10 a.m. will be in Alexandria to coincide with Medical Director's retreat. Dr. Fink Kocken moved to approve the 2012 meeting schedule. Mr. Simpson seconded. Motion carried.

Grants/Contracts

Mr. Spratt said that the amount of contract work that is being processed at the EMSRB is significant. I am asking for authorization for the Executive Director to execute contracts on behalf of the Board for all grants/contracts that do not require an RFP. If an RFP is required the Executive Director would have the authority to sign up to \$25,000. He said that this can be discussed in more detail by the Finance Committee. Mr. Jordan asked about the range of potential contracts. Ms. Biladeau clarified these are not new contracts and this has been discussed at previous Board and committee meetings and would also be reviewed by the Finance Committee in more detail in January. Most of the current contracts are funds being received by the EMSRB. There may be a contract with Management Analysis and Development division to facilitate goal setting sessions. I will bring further contracts to the Board for discussion. Ms. Biladeau said that it will be \$10,000 to \$17,000 for the Board goal setting session.

Mr. Jordan said that he would like to see the full discussion from the Finance Committee and he suggested approval of the MAD contract. Ms. Biladeau said that we are negotiating this contract.

Mr. Jordan moved to give the Executive Director the power to close the MAD contract within \$30,000 and then deal with the other issues at the Finance Committee. Mr. Schoenbaum seconded. Motion carried.

Advancements to Regions

Ms. Biladeau said that this is in regard to language that is in the regional contract. We have a request for an advance from a regional system. This would allow regions to request funds in advance up to the total amount of currently available funds (total funds available for the contract period) and they would need to repay the advance before requesting additional repayments. Ms. Landucci said that they can ask for an advance of seat belt dollars collected to date. They would need to reconcile the advance before future dollars are provided. Ms. Tanner moved approval for advances to regional systems. Mr. Schoenbaum seconded.

Mr. Schoenbaum said that advances are frowned upon at MDH because of information provided in a recent auditor's report. These are scrutinized closely. Ms. Biladeau said that we discussed this with the Office of Grants Management and they approved this grant advancement language. Motion carried. Ms. Deschaine, Mr. Lee, Mr. Miller, and Dr. Thomas abstained from this vote.

Medical Resource Communication Center Contracts

Ms. Biladeau said that this is for Regions Hospital and Hennepin County Human Services and Public Health Department. This is standard contract language. Mr. Lee moved approval of the contracts. Ms. Tanner seconded. Motion carried.

408 Grant

Ms. Biladeau said that this was approved by the Executive Committee. The 408 grant provides money to hire a data analyst position. This person will assist ambulance services in using MNSTAR. The grant has two parts: 1) analyst position (\$95,000 for salary/fringes and \$5,000 travel) and 2) \$40,000 for mini grants to ambulance services for upgrading to 3.0. The data analyst would be hired for one year with a possible one year extension. Mr. Schoenbaum moved approval. Ms. Deschaine seconded. Motion carried.

EMSC Non-Competing Continuation Amendment

Ms. Biladeau said that this grant is an amendment because supplemental funding came through. Mr. Jordan moved to approve the amendment. Dr. Thomas seconded. Motion carried. Dr. Fink Kocken abstained from this vote.

VII. Legislative Committee Report

Mr. Miller asked to discuss radio communication plan language. Mr. Miller said that the legislative language is provided from the Revisor's office. Page 10 line 10 – 31 33 communication equipment. Mr. Miller said that we are trying to eliminate language in rules that is out of date and point to a plan approved by the Board. The plan was written in 2007 and this document is now obsolete and has no enforcement. Mr. Miller said that we (Mr. Glaccum) discussed the plan. Mr. Miller said that he was originally opposed to giving authority to the Radio Board. Mr. Miller said that the Radio Board has developed a "Best Practice Guide". Mr. Miller said that Mr. Glaccum and I discussed the Best Practice Guide and I switched my position on this. I have language to propose (handout).

Mr. Glaccum said that the SRB EMS Committee subgroup was asked to be formed to discuss radio communications. The Best Practice Guide was the result of these discussions. Fire and police are developing their own model. The 2007 EMS Radio Communications Plan is obsolete. If we want to make that plan current it would require a lot of effort and duplicate work. The Radio Board includes ARMER and other communications. We do not want a plan in statute that becomes obsolete. The

intent is that the enforcement would be with the EMSRB. The Radio Board would develop standards for enforcement. Mr. Miller asked how we move this to a guideline. Mr. Glaccum said that the SRB EMS Communications Workgroup would become a formal committee with bylaws and meeting minutes. The EMSRB would become a member of the committee (1 vote). Mr. Norlen has been attending the workgroup meetings. The intent is to have this adopted by the Radio Board.

Mr. Miller said that the intent is to include information on-line and off-line communications with the medical director and include this in the plan. Mr. Miller said that we do not have the enforcement ability (staffing to enforce this plan). Mr. Miller said that he would recommend adoption of this plan.

Mr. Schoenbaum asked for the Executive Director to share her thoughts. Ms. Biladeau said that she and Chairman Spratt have discussed the SRB EMS Committee proposal. We support the Radio Board activities. They have done a phenomenal job in development of the radio communication plan. The 2007 EMS Communications Plan has some areas that are out of date; however this is only recently. The Regional Radio Boards and subcommittees were only just being formed in 2008 and it took a while for them to determine what they needed for radio communications and implement plans; many are still working on these determinations. Therefore, the 2007 EMSRB Radio Communication Plan may have some areas that need updating, but this updating is a more recent event. Like any plan it will need updating and with regions at different stages it can be a moving target to determine what is current for all regions when they are at different stages. We appreciate the SRB EMS Committee in coming forward to support the EMSRB with their plan. Ms. Biladeau said that we are not sure how this would change the EMSRB's authority to review and determine what is required by ambulance services if directed to statute 403.36.

There is a "to do" list that was discussed at the 11/4/2011 Radio Communications Legislation Ad Hoc meeting where the SRB EMS Committee proposed that the EMSRB's authority for these decisions would happen through representation on the SRB EMS Committee (1 vote). We also want to better understand how the Radio Board makes decisions regarding standards, their communication plan, and how the EMSRB would complete the enforcement (i.e. rules, etc.). Ms. Biladeau said we are concerned how this will work. *We would want to look at the potential costs to ambulance services and regions.* How will this obligate the Board to regulate decisions made by the SRB and SRB Communications Plan? If redirecting our authority through legislation via 403.36, the Board would not be able to decide what is best for providing good prehospital care in Minnesota.

Mr. Jordan said that fire chiefs and sheriffs have had issues with 800 MHz. Is there a pecking order for receiving radios? Ms. Biladeau said that they are setting standards for towers and this is a complex process - interoperability issues and limited resources. The overall goal is for interoperability. What equipment and obligations would the EMSRB be required to enforce? We need to look at the radio standards. We are concerned about obligating costs/fines to ambulance services. Would we want this to be an EMSRB Board motion?

Mr. Glaccum said that the Radio Board includes representation from 1/3 outstate, 1/3 metro, and 1/3 state and includes two members from MAA. This includes development of standards for radio use that they must abide by standards for radio use. We understand the concerns of an unfunded mandate. We are concentrating on appropriate use of the radios and communications between EMS and others.

Mr. Miller said that we would potentially be enforcing something we do not have control over. We do not currently enforce the standards. The Radio Board understands the system. The Radio Board

is public and industry representation. The EMSRB has not moved to update our own radio plan. This will help agencies who want to move forward with an update.

Mr. Miller moved to adopt the language provided. Dr. Fink Kocken seconded. Ms. Deschaine said that she would be concerned that we adopt this before we are members of the Radio Board. We need to look at the process – this motion is premature.

Mr. Glaccum said that if the EMSRB chooses to maintain its own plan how do we maintain both plans. If there is a conflict how is that resolved. This puts the user in a bad position. The stewardship of the plan is well represented at the Radio Board. The EMSRB will not have a seat on the Statewide Radio Board but on the committee.

Ms. Biladeau said, as Chairman Spratt pointed out, we all seem to want the same thing and I believe that the EMSRB has current language regarding Education Standards that reflects what is being asked for with radio communications in very clear and simple terms. The Education Standards language points to using the National DOT Education Standards but the Board retains the ability to change what is used. We could point to the SRB Radio Communications Plan, but allow the EMSRB to retain the final authority as to which plan will be used if the SRB Plan obligates the Board to something they disagree with regulating. We agree that the plan needs to be updated. Mr. Jordan said that as an ambulance service you want to retain the requirement to communicate with physicians.

Mr. Miller said that there is much in the 2007 plan that is not current. The radio plan has more updated information. Mr. Norlen is involved in the committee. The radio plan is already in use. Mr. Glaccum said that in 403.06 said that the standards are not in statute. It refers to standards on the ARMER website. The standards are adopted by the Radio Board. Our intent is to update the Best Practice Guide to include on-line communication. You must have a radio in an ambulance and it must operate within the guidelines of the Radio Board. This information is provided in the guideline. Mr. Jordan said that we must include information on on-line medical control. Mr. Glaccum said that this is a modification to the plan. Mr. Glaccum said that the committee will move the guide to a plan and must have a blessing from the Radio Board. Mr. Jordan said we could lose the authority. Mr. Miller said that the Radio Board has surpassed the EMSRB's ability to enforce the plan. Ms. Deschaine said that the EMSRB has the ability to enforce. Who would have ability to enforce something in this statute? The EMSRB would enforce, but would not have input. We would enforce what the Radio Board decides. Dr. Thomas suggested that we would follow this at our discretion and include EMSRB direction for enforcement. Mr. Glaccum suggested an amendment to the motion to make it contingent to the guide and include on-line communication.

Mr. Miller said that he will accept this language. Mr. Spratt said that the EMSRB would retain the authority and would point to the Best Practice Guide. Mr. Miller withdrew the motion.

Mr. Miller moved that the EMSRB adopt the language provided to the Board with review and approval of the missing items in the Minnesota communication EMS Best Practice Guide. Dr. Fink Kocken seconded. The handout stated: "an ambulance must be equipped with a two way radio that is programmed and operated in accordance with the statewide radio board shared radio and communication plan as outlined in Minnesota Statute 403.36."

Dr. Thomas asked for the language for the Board authority in using the national standards suggested by Ms. Biladeau.

Dr. Fink Kocken said that this topic was also discussed at the Executive Committee. The plan is obsolete and is unsupportable. We would need a committee to re-write a plan if we do not use the radio communications guide. We need to overcome the obstacle of the language. Mr. Miller said that the 2007 plan is very burdensome. The guide is clearer.

Ms. Deschaine said that this guide is open to change and would not have oversight from the Board. Mr. Miller agreed. Mr. Pearson said that we lose if we do not update the plan. We need to protect the position in the enforcement of the EMSRB. Mr. Spratt said we need authority to retract a decision if needed. Mr. Glaccum said that the guide can and will be changed.

Mr. Jordan said that we have had the EMSRB plan in place for several years and it is obsolete. What if we wait – why make this decision now. What is harming us? Can we move along the path to revise the current plan? We could move to the plan later. Mr. Miller said that from a provider perspective I have to maintain VHF radios because it is in statute. It is obsolete; the urgency is replacement of radios with new equipment. The delay will incur extra cost for the industry. Mr. Jordan said we require more than the current statute and is that obsolete? Mr. Glaccum said that the VHF requirement forces ambulance to buy equipment. The current guide does not specify type of equipment. I would have to abide by Radio Board standards and the EMSRB Radio Communications Plan.

Mr. Schoenbaum said that the radio requirements are in rule. What do we do with the language in rule? What is the purpose for the proposed subdivision? Ms. Biladeau said that we are intending to repeal rules. The current suggestion is to move language to statutes and have the Board have the authority to update the guide.

Ms. Biladeau said that she found the language currently in statute for the Education Standards which reads . . . implement the most current version of the United State Department of Transportation curriculum or its equivalent as determined by the Board. This language points toward a specific curriculum while leaving the Board the authority to change it if need be. We could do something similar with the radio language and point towards the standards and/or best practice communication guide or its equivalent as determined by the Board. Dr. Thomas said she supports this language.

There was a call for a vote on the motion. Motion carried. Ms. Deschaine voted no.

Mr. Miller said that 4.31 added “NHTSA DOT” and spells out the education standards document. Mr. Miller referred to 5.11 through 5.15 “an emergency medical responder on or within a non-transporting or nonregistered agency” that clarifies a position for a Board member. Mr. Miller referred to 8.32 “registered nurse-EMT, or Physician Assistant-EMT” and to remove “EMT” and 11.34 adds “NHTSA DOT”, 14 .08 clause 7 “has been convicted of violating any state or federal law or any controlled substance law”. Ms. Andrews provided corrected language that needs to be made specific to EMSRB. She suggested combining information and changing language. She said that the Board of Nursing has language including adjudication of guilt. Ms. Andrews said that this can move forward with minor changes. 15.14 and 18.22 “an” education program and 21.24 change training to “education program”. Mr. Lee moved that we accept this language with Ms. Andrews wording included.

AHA Minnesota Acute Stroke System

Mr. Schoenbaum said that we received a handout (tab 12) on their work and MDH is participating in this committee to develop a stroke system. This is important work for public health. We would encourage ambulance services to work to improve stroke care. There has been discussion about

legislation. As a Board member I understand that we have concerns about improvement of our own data. This topic was discussed with the Board Chair and the Legislative Committee Chair. We want to be on record that we support improvement of stroke care but it is not the time to move forward with legislative language.

Mr. Schoenbaum moved that the EMSRB supports continuous improvement in the rapid response and care for stroke victims. However, the EMSRB believes it is premature to create expectations in legislation that the Board and the services it regulates take on new formal responsibilities in this area. Mr. Lee seconded. Motion carried.

Mr. Schoenbaum left the meeting.

Mr. Spratt called a five minute recess so that Ms. Andrews can provide language to the Board for the proposed legislation. Ms. Andrews provided language that the Board discussed.

Dr. Fink Kocken said we have covered our concerns with this language. Mr. Jordan asked what violating means. Ms. Andrews replied admitted problem is sufficient evidence. Conviction is better. Ms. Andrews said that the Complaint Review Panel reviews the cases to assure proof of wrongdoing.

Mr. Miller said we are looking at other corrections in the proposed legislation. Ms. Biladeau said that we want to repeal rules 24.29 and the language that we would include in statute repeals rules. We cannot repeal anything smaller than a part or subpart of 4690.0800 subpart 3D. This involves restricted treatments or procedures and should be left in statute. We can try to request a good cause exemption for rules.

Mr. Miller moved to accept the legislative packet as amended. Dr. Fink Kocken seconded.

Ms. Consie asked about the firefighter position on the Board. Is this a certification level change? Mr. Pearson said we want to include everyone. The intent does not change.

Mr. Spratt asked for a vote on the motion. Motion carried.

VIII. Executive Committee Report

Request for Regional re-assignment

Mr. Spratt said that we received a request from Chisago and Isanti counties to move from the Central Region to the Metro region. This is a well articulated request. This was discussed at the Executive Committee meeting and it was decided to move this to the Board for discussion and action.

Mr. Mann, Commissioner, Vice Chair of the Chisago County Board said that the reasons to make this change are in our letter. We are changing radios to 800 MHz and that is a costly change. There were many questions that lead us to think we should be in the metro area. Our reason for doing this is public safety. Our county has changed. Most citizens live in the suburbs of St. Paul/Minneapolis. I understand that this has not been asked of the Board before. We are in the process of making changes. It does not need to be decided today but we wanted to ask the question. We discussed this at several county board meetings. Isanti County also decided to make this request. The main reason is public safety. The patients are metro related. We are not here to cause disruption, but this may cause other requests. This regional designation was from the 1970s. Mr. Spratt said that your letter articulates why very well. The services have autonomy to operate in the metro region. The regional system grants were just distributed for the next two year

period. The concern is that this opens Pandora's Box. There is rational to support this for contiguous areas. Where do we draw the boundaries? What should be the criteria for regions? Why are there 8 regions? Are the criteria for regions valid? What are the deliverables for regional grants? The Grants Management Office is taking a look at statewide grants. I want to open this for discussion.

Mr. Pearson asked about the alignment. This would not be a financial change. What does the commissioner think of this change? It is supported.

Mr. Miller asked about the statewide perspective. Do we take this on a case by case basis? These boundaries were drawn in 1970's. The Board determines the regions. We do not intend to move the money that would cause more problems. It may be time to look at our statewide plan. There are many different borders.

Mr. Lee said that on behalf of the regional systems what you are stating makes sense but we are concerned about opening this up. If the Board approves this change what is not to say that some other counties may choose to change regions. We just signed the grant contracts for the two year cycle. The regional systems I have spoken to are against this.

Mr. Mann said that I look at this from the perspective of my constituents. I am concerned about my region. I think we have done everything we can do. I would like the boundaries to change.

Mr. Lee said that if you are on their 800 MHz what would change if you became a metro region with these two counties. What would be different than what you do now?

Mr. Ben Wasmund of Lakes Region EMS said that we receive support from the metro region. It would make this alignment official. We have received training money from the region. We would lose this training money and Lakes Region would take on these training duties. The support from the metro region would increase and we would be part of the metro region. We have the ability to respond because of proximity.

Ms. Deschaine asked if the county plans to request regional designation change from other entities. Mr. Mann said that the only request is EMS. We are looking at better ways to deliver services and maximize budget.

Ron Robinson said that they are members of region 6 in law enforcement but not public health. They are not in the metro hospital compact. The transport providers are part of the hospital system because of dispatch and radio systems.

Mr. Spratt said that this is well articulated and I also believe that other requests may come forward. My fear in granting this without further discussion is the criteria for granting this. There is no prohibition from participating in metro region activities. It raises questions that need to be addressed by the Board. We need more information to make a change today.

Mr. Jordan said he supports the Chairs' comments. This is a complex issue. We need to look at the whole plan. We need to look at boundaries. We need criteria for the change. We understand your commitment to the citizens. We must make statewide decisions and have our rationale in order. Mr. Mann said that I do not disagree. I know we are asking for something that has not been done before. We are using metro resources – we want to be in the region we are using. We are asking for the alignment. We are willing to wait. We are working in the county to make this

happen. If there is anything we can provide to make this decision we will provide information. My concern is for my citizens – my county uses metro resources.

Dr. Thomas asked about the history of the regions. What is the reason for the boundaries? Ms. Deschaine said that this was discussed in 1976 when the statute was developed at MDH. MDH designed the regions. This has not been reviewed since and this may be the time to review those guidelines.

Mr. Robinson said this has been discussed at open meetings. We tried to look at MDH archives and only found information from 1983. Very little information is available from the federal level.

Mr. Miller suggested an ad hoc committee of the Board to have further conversation and criteria discussion. How do we want to look at this from a statewide perspective? Dr. Fink Kocken asked for information on what other states have done.

Mr. Mann asked for a timeline for this ad hoc workgroup?

Mr. Spratt said that an ad hoc workgroup should be formed and he asked for volunteers. Mr. Lee said that Dr. Thomas is the medical director for central region. We should invite the central region person who is interested in this discussion. Mr. Mann asked that we start the process.

Mr. Spratt said that this task force needs broad representation. The criteria should be rural and metro both. Broad based input to have objective criteria. Mr. Robinson said that the commissioners are busy and could not make this meeting on short notice.

Mr. Pearson and Ms. Consie volunteered to be on the workgroup. Mr. Spratt said that goal would be to develop criteria. He said that most Board members touch regions in some fashion. Ms. Deschaine asked that an email be sent to absent Board members and asked about other representation from non-board members in the state. Mr. Spratt asked how big of an ad hoc group this needs to be. Interested parties should contact Ms. Nagy. Mr. Spratt said that this can also be discussed at the Executive Committee. Mr. Jordan said that we need a timeframe for a report by March Board meeting. Mr. Spratt said that is too soon. Mr. Pearson asked for six months. We can give a progress report in March.

Mr. Spratt repeated that there is nothing prohibiting participation in the metro region.

Mr. Pearson asked that this be a small committee and asked for information from other regions. Mr. Spratt asked Mr. Pearson to facilitate this discussion. Commissioner Green is on the board and can provide some information Mr. Mann said that he would like to provide information as requested.

IX. Community Paramedic Workgroup

Ms. Deschaine said that the Community Paramedic Workgroup met twice and intends to provide documents for Board action today. We looked at the application process (tab 13). We cited the statute language for these changes. We are asking for minimal application information. The application for the training program is more rigorous. Dr. Wilcox meets with the sponsoring individual. We are looking for rural paramedics. We are offering online education. Ms. Deschaine reviewed the training program application form. We have criteria specified in the application that is included in statute. Ms. Deschaine said that the continuing education document provides the focus for refresher education. This includes competencies from the national curriculum. The action item is to accept the certification and application forms. Ms. Deschaine moved approval of the forms. Mr. Lee seconded. Motion carried.

Ms. Deschaine moved for continuation of the committee to look at renewal process for continuing education for renewal of community paramedic. Mr. Jordan seconded. Motion carried.

X. Education Standards Workgroup

Ms. Goerisch said that she is representing the Education Standards Workgroup. We have met three times since the last Board meeting. We are planning a beta rollout session at the Arrowhead EMS conference. We have developed a draft agenda for that conference. This would be a four hour session for instructors. There would also be an additional afternoon information session. This would provide information on the new standards and the differences and the requirements for recertification. We would offer resources in a tool kit. We have done a gap analysis. We are going to offer a timeline for change to the new standards. The afternoon session would be modeled on a training provided at MNSCU.

Dr. Fink Kocken moved approval to provide the rollout session as the beta test. Mr. Pearson seconded. Mr. Miller asked if there will be a cost to the Board. Ms. Goerisch said no there will not be a cost to the Board. Mr. Lee said that there will be cost to attend the session. Motion carried.

Ms. Biladeau said that tab 10 provides information on the new education standards. A letter has been distributed to all ambulance services and regional programs. We already provide most of these education standards.

XI. Data Policy Standing Advisory Committee Report

Mr. Norlen said that Ms. Gaines and I are providing information on the DPSAC meeting. Mr. Norlen referred to the data submission report. Any services that are highlighted in the report are working with staff to determine issues and resolutions. Mr. Norlen also provided the data requests report (tab 15).

Ms. Gaines said that DPSAC requests the following action. DPSAC discussed reports that are being developed. The recommendation was approved to create six reports that would be automatically generated and distributed to ambulance services. The report would be specific to the ambulance provider and include regional and statewide data. We want the reports to be useful and we did not want to provide instructions to develop a report. ImageTrend can provide information in other formats if requested. Ms. Gaines said that we discussed why these reports would be useful to services. Ms. Gaines described elements of the reports. We want positive reports. We are looking forward to providing information within the proposed timeframe, but will be exploring the cost to provide this information. Ms. Gaines asked for this to be an action item for the Board today with the caveat regarding costs.

Mr. Jordan asked about the financial implications. How long is the transition for moving from 2.0 to 3.0? Ms. Biladeau said that there is another Board decision regarding the timeline for moving to 3.0 which was made at the March 17, 2011, Board meeting. We asked for costs to services and recently received information that the vendors will not be prepared to provide cost information until June 2012.

Ms. Gaines said that our recommendation for reports does not involve the version change. We can currently produce this data. Ms. Gaines said the motion and second is provided by the committee. Motion carried.

Mr. Spratt asked if members are clear on the deadlines. Ms. Biladeau repeated that this would move the deadline six months. Dr. Fink Kocken asked that DPSAC make a recommendation to

the Board. Mr. Spratt said that the December deadline will be missed if this is the request of the Board.

Mr. Spratt said we will table the remaining agenda items today due to time constraints.

XII. Adjourn

Mr. Pearson moved to adjourn. Mr. Lee seconded. Motion carried.

Meeting adjourned 1:40 p.m.

Reviewed and Approved by:



12/2/11

Pat Lee, Secretary

Date

Kelly Spratt, Chair