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James R. Behan, Chair  
Steven Sutton, Executive Director

Sam Brownback, Governor

**Board Meeting Minutes  
December 6, 2013**

**Board Members Present**

James R. Behan  
Senator Jay Emler  
Dennis Franks  
Dr. Joel Hornung  
Director Deb Kaufman  
Dr. David Kingfisher  
Comm. Mike Lewis  
Dr. Denise Miller  
Comm. Keith Olsen  
Shane Pearson  
Director Chad Pore  
Rep. Vern Swanson

**Attorney General Staff**

Sarah Fertig

**Board Members Absent**

Rep. Broderick Henderson  
Senator Oletha Faust-  
Goudeau  
Director John Ralston

**Guests**

Kathy Dooley  
Eric Voss  
Carman Allen  
Jon Friesen  
Dalene Deck  
Wendy Gronau  
Dave Johnston  
Brad Sisk  
Curt Shreckengaust  
Terry David  
Ken Keller  
Kerry McCue  
Jeb Burress  
Derek Sobelman  
Brian Smith  
Dwayne Yager  
Grant Helferich  
Terry Staggs  
Jason White  
Marguerite Underhill  
Dan Hudson  
John Hultgren  
Complete attendance  
not available

**Representing**

SKEMS  
Concordia Fire  
KDHE  
HCC EMS/Region III  
SCEMS/Region III  
Lincoln Co EMS  
KEMSA/SCEMS  
GCCC/SKEMS  
Lenexa Fire  
KEMSA/ Rice Co EMS  
AMR  
Region I/Ellis Co EMS  
BCC  
Olathe Fire  
KCK Fire  
Salina Fire  
Butler Co EMS  
Labette Health EMS  
MARCER  
Washburn Tech  
KU Hospital  
Dickinson Co EMS

**Staff**

Steve Sutton  
Joseph House  
Ann Stevenson  
Dave Cromwell  
Georganne Lovelace  
Rashelle Fowler  
Chrystine Hannon  
Danielle Buchheister

## CALL TO ORDER

Chairman Behan called the Board Meeting to order on Friday December 6, 2013 at 9:04 a.m. He first welcomed the two new Board Members, Dennis Franks and Dr. Denise Miller.

## APPROVAL OF MINUTES

The next order of business was to approve meeting minutes from the October 3, 2013 Board meeting.

*Representative Swanson made a motion to approve the October 3, 2013 Board Meeting minutes; Commissioner Lewis seconded the motion. The motion carried.*

## COMMITTEE REPORTS AND POSSIBLE ACTIONS

### Planning and Operations Committee

Chairman Behan called upon Chief Pearson to give the Planning and Operations Committee update. Chief Pearson reported to the Board that there was really no new information regarding two of the committees' standing items, KEMSIS and sample protocol updates, so they didn't hear from Joe Moreland or Darlene Whitlock.

Chief Pearson reported that under old business the committee discussed several regulations and one of them, K.A.R. 109-2-2, needs a roll call vote. Chief Pearson asked Mr. Cromwell to say a few words about it and he mentioned that it passed the committee yesterday with no issues or problems. Mr. Cromwell reported that there were minimal changes, just three lines, and it would allow services to have vehicle maintenance programs.

*Board Member Pearson made a motion to move forward with K.A.R.109-2-2; Commissioner Olsen seconded the motion.*

Chairman Behan briefly explains for the new board members that roll call votes are rare and only used when adopting regulations into final form. *Director Sutton called for the votes for K.A.R.109-2-2: ROLL CALL VOTE:*

<i>Chairman Behan</i>	<i>Yes</i>	<i>Comm. Lewis</i>	<i>Yes</i>
<i>Senator Emler</i>	<i>Yes</i>	<i>Comm. Olsen</i>	<i>Yes</i>
<i>Senator Faust-Goudeau, (Absent)</i>		<i>Dr. Miller</i>	<i>Yes</i>
<i>Mr. Franks</i>	<i>Yes</i>	<i>Chief Pearson</i>	<i>Yes</i>
<i>Rep. Henderson</i>	<i>(Absent)</i>	<i>Director Pore</i>	<i>Yes</i>
<i>Dr. Hornung</i>	<i>Yes</i>	<i>Director Ralston</i>	<i>(Absent)</i>
<i>Director Kaufman</i>	<i>Yes</i>	<i>Rep. Swanson</i>	<i>Yes</i>
<i>Dr. Kingfisher</i>	<i>Yes</i>		

*The motion carried.*

Chief Pearson reported that the committee discussed K.A.R.109-2-7 ambulance staffing, which has been ongoing. The ambulance staffing committee has been working on this and they will have a presentation for the board in February of some suggested changes and ideas to consider. He pointed out that there was a comment after the meeting regarding the word “and” behind LPN or licensed physician on page 4, if it should be stricken or not. After discussion with Sarah Fertig and Mr. Cromwell it was agreed it should not be stricken. He also reported that K.A.R.109-2-11 and K.A.R.109-2-13 were opened and will be published on December 12, 2013. Mr. Cromwell explained the reason was to move staffing language for rotor wing from K.A.R.109-2-13 to K.A.R.109-2-11.

Chief Pearson reported that the committee discussed 109-3-5 that deals with the AEMT medication list. There was an error found that fentanyl had not been moved into the classification of opioids and that it's been corrected.

Chief Pearson reported that the committee received a letter from OP Fire Dept. in support of opening up K.A.R.109-2-8 to remove the requirement for a short spine board to be carried on the ambulance due to protocol changes and the Spinal Immobilization Position Statement from the MAC.

***Director Pore motioned to open K.A.R.109-2-8 for purposes of discussion and review of required equipment; Mr. Franks seconded the motion. After discussion, the motion carried.***

Chief Pearson reported that the committee heard a manager's report and saw a PowerPoint presentation given by Mr. Cromwell regarding state wide changes based on deficiencies found during the inspection process and that there has been significant improvement over the last couple years. The committee has been asked to look at the deficiencies versus easily correctable things that do not affect patient care to help services out.

Chief Pearson reported that there was time at the end of the meeting to hear some brief updates from the regions.

Chairman Behan asked if there are areas pertaining to data collection from services that board staff monitors regularly. There was some discussion regarding data collection and which committee would be responsible to recommend data tracking and policies. Director Sutton stated that the Executive Committee could delegate that responsibility to another committee, to the MAC, and/or to staff to work with the committees.

### **Education, Examination, Training and Certification Committee**

Chairman Behan filled in for Director Kaufman so he gave the Education Examination Training and Certification committee report.

Chairman Behan reported to the Board that the committee heard reports on the transition update. Currently there are a little over 1,700 attendants remaining to transition, 770 of those by the end of the year. This is the data as of the November, 2013. On transition course audit updates it was reported that the board staff is waiting on one course to submit documentation as part of their corrective action plan. Chairman Behan reported that the public hearing for K.A.R.

109-15-2, the recognition of non-Kansas credentials that has been worked on for quite some time, will take place on Dec 16, 2013. This will be addressed in the February meeting unless the need arises for special meeting before then.

Chairman Behan reported that 14 regulations were identified at the October board meeting that needs to be cleaned up to remove language that no longer applies and that board staff will continue to move forward on those. He reported that a couple items need action; it was the committee's recommendation on 109-10-1 to move the language regarding curriculum approval to 109-10-1a and 109-10-1b where it appropriately fits. All of the committee's recommendations to move forward were unanimous. The other item is 109-11-6a lines 31 & 48 in the packet, dealing with paramedic course approval. Although it is part of the 14 regulations that will be worked on all at once, the recommendation was to change the Type 1 license ambulances service to read something along the lines of under the supervision of paramedic instead of specifying a license type.

***Chairman Behan made a motion that the board proceed with the 14 regulations that need clean up: K.A.R. 109-11, K.A.R. 109-53, K.A.R. 109-81, K.A.R. 109-94, K.A.R. 109-10-1, K.A.R. 109-10-1F, K.A.R. 10-1G, K.A.R. 109-10-3, K.A.R. 109-10-7, K.A.R. 09-11-1A, K.A.R. 109-11-3A, K.A.R. 109-11-4A, K.A.R. 109-11-6A with the change to delete the license type in K.A.R. 109-13-1; Director Kaufman seconded the motion. The motion carried.***

Chairman Behan reported that Chris Cannon, who is the board appointed representative on the EDTF was present for the EETC meeting. The committee moved the regulations K.A.R. 109-10-2, long term accreditation of training programs, to the February meeting to allow more time to work on it. Chairman Behan reported that K.A.R. 109-11-1 dealing with citations was revoked and changes have been incorporated to K.A.R. 109-10-7, 109-11-3a, K.A.R. 109-11-4a, and K.A.R. 109-11-6a.

Chairman Behan reported as of January 1, 2014, only 5 individuals would qualify to take a course that meets this approval. Rashelle reported to the EETC that the board office has not approved a single EMT bridge course. It is the committee's recommendation that K.A.R. 109-11-10 be revoked.

***Chairman Behan made a motion that K.A.R. 109-11-10 be revoked; Chief Pearson seconded. The motion carried.***

Chairman Behan reported the committee had an item about Paramedic Field Internship, but it was taken care of that with the K.A.R. 109-11-6a change. Also the committee discussed the retroactive CE and prior approved CE and will discuss further in February. The committee also discussed the AEMT educational standards and the changes in that scope of practice. Board staff is going to come back with some ideas in February as to how that would look and where to include it.

Chairman Behan reported that the committee heard a report from Curt Shreckengaust, chair of the EDTF. Mr. Shreckengaust reported that they continue to work on the development of BLS scenarios for implementation hopefully by July of 2014. Mr. Shreckengaust also reported on the ongoing Educator Proposal.

Chairman Behan called on Board member Dr. Kingfisher to give the Executive Committee report.

### Executive Committee

Dr. Kingfisher reported to the board that the committee discussed the Legislative packet. The committee's recommendation was to move it to the full board for discussion without making any changes. Dr. Kingfisher asked for clarification on the highlighted yellow and green. Director Sutton clarified that the yellow was what was adopted by the board at the last meeting; the green was what was decided during discussion by the board at that meeting. Director Sutton states that this document is the last approved version by the board. Dr. Kingfisher then confirms that the committee recommends approval from the board and asks the Chairman if the board should move for discussion now.

At Senator Emler's request the following is the detailed discussion pertaining to the proposed changes to the legislative packet regarding Cardiac Monitoring:

**Chairman Behan:** Yes, I sort of have a motion ready if I can get to it here. I'm going off of the items in the packet. I know that we have some changes and I know that you Director Pore had a change right in K.S.A 65-6144 or something like that?

**Director Sutton:** Are you talking about the changes we discussed?

**Chairman Behan:** Moving the EMR to the EMT, the language, do you remember that? I have written in my notes line 248 and 249 to move those to line 474.

**Director Pore:** I think those are ones from the last Board meeting; the actual changes did get made.

**Chairman Behan:** Then I thought also you had a change about Training Officers or deleting something out of IC?

**Director Sutton:** The reference to Trainer is going to be replaced by Training Officer, but that shouldn't be new that's already been proposed. The other was the Cardiac Monitoring that we talked about yesterday.

**Chairman Behan:** I think that's where my notes are that we're going to move that; that needs to be moved to K.S.A 65-6144 is that not right?

**Director Pore:** My thought process is we have Cardiac Monitoring under the EMT. I know there was a lot of discussion about EMR's being able to put on at least EKG leads. My actual recommendation would be just strike the Cardiac Monitoring, because I think that's confusing. I think if you say that in the EMS profession we instantly think that's a patient that needs to be monitored for period of time. I don't think we want the EMT's to do that, but we are ok with at least everybody putting the leads on and capturing a strip to hand to a physician.

My question is with that being really not an invasive skill at all; in hospital settings they typically train Lab Technicians, or somebody else to do that. Does that even need to be in the statute? Can services just not train their EMRs and EMTs to apply a four lead or 12 lead monitor and capture a strip without interpreting it to be able to give to the Physician? My recommendation would be to just strike it. I know Dr. King-Fisher talked yesterday that there's been a lot input. With how big the packet is, sometimes we overlooking things. I think this meeting today is really our last chance to try to make any changes before it goes over there. We know it's going to get changes over there, but I'm just having heart burn over the term Cardiac Monitoring at the EMT level.

**Chairman Behan:** Okay, do you know what line that's on?

**Director Sutton:** Yes that's on line 474, page 28.

**Chairman Behan:** We are just striking that?

**Director Sutton:** That's his recommendation.

**Director Pore:** I think Sarah that would be a question for you; from a scope of practice stand point does that create an issue? Can those people still do that skill if they are trained on it? We don't tell people they can't hold an emesis basin underneath a vomiting patient.

**Sarah Fertig:** I mean yes you're right. At a certain point you can't list in statute every single thing that somebody can do. Are you going to say they can turn on the lights in the truck; can they do that? This is really more for the Board. I guess my question for the board would be if you strike the term Cardiac Monitoring, will there then be a flood of questions over whether an EMT can actually apply the leads? Forgive me, I haven't been trained on how to do this; I know my nomenclature is probably bad. Will there be a flood of questions following that, if that's still within the EMT scope of practice? Or if it's stricken, will the EMT's out there suddenly think they that can't do any of those things, and will medical directors think that? Another alternative would be to rephrase it; instead of Cardiac Monitoring say what you mean. Applying the leads and rhythm strip if that's what you mean you can just replace it with that.

**Director Pore:** From my opinion just as one person, I think if you just strike it, it makes it easier. I think that you know if people are calling the Board office, they are going to be able to tell them there's nothing preventing you from doing it. I think there maybe confusion for a little bit because it's new, even still it's going to be new, but I just really don't like the term.

**Mr. Franks:** I would agree with the Sarah on that. Just making that definition, I think, can really help out a lot because we are talking about dealing with other human beings. So just having that definition I think would be a lot better. You are absolutely right in our hospital we train respiratory therapy techs and ER nurses, etc. to run those, but it is explained that you are running those just to get a read.

**Chairman Behan:** Representative?

**Rep Swanson:** Thank you Mr. Chair, Director Pore has there been an issue with this terminology in the past? Are we changing something for the sake of change or are we changing it because it needs to be changed? Is there problem with that terminology?

**Director Pore:** This is all new stuff with the scope so I can't say that there's been a problem, because people are just now getting everybody through to the new scope. I think there's still the question at times from people whether they can even apply the leads. I can't say there is a problem where this is occurring. I didn't even catch it until recently going through this again. I guess my fear is that and I'll pick on the western Kansas of the world because that's where I'm at. There are times where, as sad as it is, there are Cardiac patients, as the example, because we've seen it and had to put a stop to it in our own area, where an EMS crew will be paged out for a transfer from somewhere to Wichita or Kansas Heart, and the patient needs Cardiac Monitoring. They don't have any medications going at the time, but maybe some Cardiac stuff going on; or they're concerned about Cardiac so they need Cardiac Monitoring and ALS is not available. I've personally seen Physicians that have said, "Well, then they don't need the monitor just go ahead and load them up and get them there". I don't think that's safe and definitely in poor choice. We did something in our own agency to correct that so it doesn't happen after I got there. What I foresee happening, if we don't have terminology or some type of better clarification of this, the situation where a hospital calls and says we have a Cardiac patient that needs monitored going to Wichita; there's nothing to prevent a service from saying, "Well I've got an EMT that I can put in there, because they can perform cardiac monitoring". Then we are sending Cardiac patients down the road with an EMT, who may be trained to interpret the rhythms but really can't treat the situation. So I can't say there's a problem specifically today, I think it's more of one where if we can prevent it, if we can change it today so we don't have to worry about the issue coming up in the future, is kind of the route I'm looking at.

**Rep. Swanson:** I appreciate your proactive stance it's just a matter of I'm just questioning if this is changed for change sake, that's not good. Thank you.

**Chairman Behan:** Dr. Miller?

**Dr. Miller:** I would agree with him using the monitor it assumes the person...

**Director Kaufman:** It's kind of hard for me to hear right now. If we take the monitoring out of the EMT, do we need to put it at the A-EMT level? I would be in favor of leaving it at the EMT level, because I think it's subject to interpretation, but I think that the EMT can monitor whether the patient is in asystole or whether they have a rhythm.

**Chairman Behan:** Ok Dr. Miller, go ahead.

**Dr. Miller:** I understand what you're saying, in using the term monitoring you assume the person who is looking at it can act and recognize if there is an arrhythmia. It does not do any good to recognize the arrhythmia if you can't act upon it. If there's something that can acutely be done, then I do see what your point is there. I do think we need to add the verbiage that clarifies that they can put monitor leads on or do a rhythm strip. The reason for that is they have to be appropriately trained, because I'm relying on the on EKG to be done correctly to make a correct interpretation as far as what the patient may need. I think that is important. It's not just anybody



who can do an EKG tracing or place leads on without appropriate training. I think it's important that we clarify that.

**Director Pore:** It does Chair Behan it has it a little bit further up in that statute right above that section. It talks about successfully completing an approved course of instruction, specialized device training and competency validation so it kind of covers the training issue for sure. I think we are setting ourselves up for in the future having an issue.

**Dr. Miller:** I think as long we have in there that there has to be appropriate training for them to perform an EKG or a rhythm strip then we would be covered, but I understand and would agree with you regarding the monitoring.

**Chairman Behan:** Yes Sir?

**Director Sutton:** If we have this capability at the EMR level, which yesterday we were told we did, but we didn't have this terminology in the EMR and the statute then it might be appropriate to move this terminology. It might be more appropriate to move it down to the EMR that statutorily they have that authority and in regulation it might specify what that is. As it stands right now as we looked at this through discussion yesterday, an EMR can put on leads, but the statute doesn't say that they can. So if we want to consistent on our approach to this, whatever term we put if keep with Cardiac Monitoring then that probably ought to be put in 44 so that it supports that regulatory language that allows them to do that. Or take that language out of EMR and put it in EMT so that it's consistent.

**Director Pore:** Mr. Chair?

**Chairman Behan:** Yes?

**Director Pore:** That was my thought on just striking it over all. As Mr. Franks said a second ago, with the different people they train in their facility and I know it's different in every hospital you go into. I don't foresee that other health professions have it listed somewhere in the scope of practice of a lab technician or respiratory therapist or whoever else that they can perform a 12 lead EKG. I think that's just that hospitals understand that we can utilize other people to do this. We just have to, like Dr. Miller said, make sure they are trained appropriately and know what they are doing. So I guess to me, we talked a lot in the staffing meeting about there's a point where we have to trust our agencies and our directors who are out there running services and our medical directors who are out there overseeing the services to make sure they are doing right thing. For me the simple fix is just to strike it, because it's not an invasive skill and in hospitals we'd basically be following the same process they are. If you train them as a service director and the medical director wants them to do it, then make sure they have the training and they could capture those 12 leads or put on a three lead monitor for a strip and it would fit right in with what other health care professions are doing regarding that situation.

**Chairman Behan:** Yes Dr. Miller?



**Dr. Miller:** I would just say actually at my institution it is part of the job description and they have to go through a competency. So it is outlined that they have to be trained appropriately; it's not just anybody that can do it.

**Director Pore:** But it's in the job description of the hospital and not necessarily the legal statute of those employees. The hospital has made the decision and said we wanted to make sure they are competent. I think we should allow our agencies that same, absolutely same ability.

**Chairman Behan:** Before trying to make this motion, I don't want it to get so confusing that nobody knows what they are voting on so I was hoping that maybe somebody would offer up something on this line so we could either keep it or delete it.

**Rep. Swanson:** Being the guy that doesn't know whole lot about this, Cardiac Monitoring to include whatever the verbiage was from Sarah, does that need to be in there for clarification or is Cardiac Monitoring too broad of a term? That's speaking from somebody who doesn't know.

**Dr. Hornung:** Yes Cardiac Monitoring is broad of a term, I would say that maybe we just need to stick with putting on the leads and getting a rhythm strip, and put that at the EMR level and leave it at that. I would make that motion.

**Mr. Franks:** I'll second that motion.

**Chairman Behan:** Okay, yes sir?

**Director Sutton:** This isn't a matter of trust; as a regulatory agency we have to have verbiage in place that supports what we want so if it's not done we can take action. In the absence of those discriminators, if there's an issue involved with it we can't take any action, it may seem useless or unnecessary to do that. When we start looking at potentially taking action in a situation in this may not be one of them, but if the language isn't there we can't do anything about it. It's a matter of importance as far as adherence to that practice.

**Dr. Hornung:** Senator Emler asked me to clarify that my motion would include removing the Cardiac Monitoring from the EMT statute and moving applying the leads and acquiring a rhythm strip to the EMR level.

**44:50 – 45:31:** talking off microphone

**Chairman Behan:** Are you guys getting this?

**Director Sutton:** We can't hear the conversation

**Dr. Miller:** My recommendation was that we worded in the statute that they can utilize equipment to obtain EKG's and rhythm strips. That allows them to use the equipment, but they are not obligated to interpret what they acquire.

**Chairman Behan:** I think we are talking about the stuff on line 474 right, is there any other discussion?

**Mr. Franks:** Just that I'll extend my second to the changes that were made from the previous motion.

**Chairman Behan:** Senator?

**Senator Emler:** I think the minutes need to clearly reflect this discussion so that if there is any doubt or litigation later on they can go back to the minutes and say "no what was meant was they did **not** interpret, they only put the leads on and ran a strip." I think the minutes need to clearly reflect that.

**Chairman Behan:** Does anybody have the exact line number that we are talking about? We're not going to see this again; this cow is going to be out of the barn by the time we get here in February.

**Senator Emler:** Chair Behan it's on 475.

**Chairman Behan:** Ok, any other discussion? I would agree Senator Emler I think that's one nice thing about recording this that we can go back and listen if the need arises. All those in favor signify by saying I.

**Board Members:** I

**Chairman Behan:** Any opposed? Okay, we are still on your legislative packet; I have a motion ready if we are ready.

*Chairman Behan made a motion to move forward with the legislative packet with changes incorporated that had been made on the previous motion, changes to K.S.A 65-6102, K.S.A 65-6111, K.S.A 65-6112, K.S.A 65-6119, K.S.A 65-6120, K.S.A 65-6121, K.S.A 65-6129C, K.S.A 65-6130, K.S.A 65-6133, K.S.A 65-6135, and K.S.A 65-6144; Dr. King-Fisher seconded.*

Chairman Behan asked if Jason White and Terry David wished to comment before the board voted.

Jason White reported to the board some statistics and costs involved if back ground checks are put in place. He made the point that there are 1,100 technicians with felony convictions and many people have transgressions in their past and asked that their successful careers not be put in danger because of mistake they made in their younger years. He asked the board were the costs going to fall on the initial student or on the agency, or is the KRAF grant supposed to cover the costs instead of using the money for the other good things it supports? He reported on behalf of his employers that they do not support this process and strongly request that the back ground checks be remanded back for some further study. They would be happy to participate in that kind of process if a task force is put together to do so.

Terry David reported that he agrees with Mr. White and on behalf of KEMSA they also oppose moving forward the back ground checks at the current language. He reported that they

met with all the fire representatives in the state of Kansas. KEMSA went to bat for the board on fines and subpoenas. After explanation they bought into that. Mr. David also discussed the costs and mentioned that Mr. White's employer said that it could cost around \$16,000 for all of their employees to go thru that process the first time. Mr. David makes the point that employers and colleges already do background checks and it would add a huge financial impact on counties, agencies and individual volunteers. He said it is not the way to go right now.

*Chairman Behan clarifies that his motion and what the second is for is for everything that's in the legislative packet **except** for the background checks.*

Director Pore added just for clarification for Director Kaufman, that Cardiac Monitoring is listed in the AEMT already; it covers what they are allowed to do and treat.

***The board voted. The motion carried.***

Chairman Behan asked Director Sutton if he is going to work with our legislators and keep them in the loop. Director Sutton confirmed that he will.

Chairman Behan called on Dr. Kingfisher to give the Medical Advisory Council report. Dr. Kingfisher reported to the board that the motion made was to move the Spinal Immobilization Position Statement forward to the board and specifically to direct Director Sutton to publish this in some manner. He reported that spinal immobilization has been discussed in many forms and an article was in the main stream publication "Jems". The MAC's recommendation is that the Board move to recommend the position statement be published.

***Dr. Kingfisher motioned; Commissioner Lewis seconded. The motion carried.***

Chairman Behan calls on Director Sutton to discuss K.A.R.109-16-1 Graduated Sanctions. Director Sutton clarifies that this regulation is a plan that applies to services, attendants and educators in regards to disciplinary action based on violations and them being graded. It will help with consistency in the approach to action by the Investigations Committee.

Chairman Behan calls for a motion to move K.A.R.109-16-1 forward to the roll call vote.

***Director Pore motioned; Commissioner Lewis seconded.***

Chairman Behan mentions this probably should have been done first before the legislative packet was adopted but this goes with the fines issues and it may help people rest easier knowing that. He then called on Director Sutton to take the roll call vote.

***Director Sutton called for the vote for K.A.R.109-16-1:***

**ROLL CALL VOTE:**

<i>Chairman Behan</i>	<i>Yes</i>	<i>Comm. Lewis</i>	<i>Yes</i>
<i>Senator Emler</i>	<i>Yes</i>	<i>Comm. Olsen</i>	<i>Yes</i>
<i>Senator Faust-Goudeau, (Absent)</i>		<i>Dr. Miller</i>	<i>Yes</i>
<i>Mr. Franks</i>	<i>Yes</i>	<i>Chief Pearson</i>	<i>Yes</i>
<i>Rep. Henderson</i>	<i>(Absent)</i>	<i>Director Pore</i>	<i>Yes</i>
<i>Dr. Hornung</i>	<i>Yes</i>	<i>Director Ralston</i>	<i>(Absent)</i>
<i>Director Kaufman</i>	<i>Yes</i>	<i>Rep. Swanson</i>	<i>Yes</i>
<i>Dr. Kingfisher</i>	<i>Yes</i>		

**The motion carried.**

**Office Update**

Chairman Behan called on Director Sutton to give the office update.

Director Sutton reported to the board that board staff has met with some supporting agencies to look at options. The Dept. of Admin offered to contract HR services for &500/mo. Director Sutton reported that this is not in the budget and the small size of the office does not have much Human Resources activity.

Director Sutton reported that the budget was concurred with and there are no modifications to it. Although it was approved by the Governor, staff still has to stand before the house and senate to defend why we need it. He reported that Jean Claude Kandagaye's last day was to be November 22<sup>nd</sup>, but due to a death in the family he came back for three more days to help train Joe on some of the IT and website processes. Director Sutton also reported that the board office will not be able to hire someone at the same rate of pay to do all that Jean Claude did. The state is willing to manage the KBEMS website but it won't be as sophisticated as it is right now. Board staff will follow up on that.

Director Sutton introduced the newest staff member Danielle Buchheister she is the receptionist.

**Public Comment**

Chairman Behan called on Terry David for public comment.

Terry David, representing Rice Co. EMS, reported to the board that in August he took the board to task regarding the Image Trend problems. He reported that Mr. Joe Moreland put together a great 2-day program at the Highway Patrol Training Facility. The representative from ImageTrend was engaged and cleared up all their questions. He thanked Mr. Moreland and the

agency for this program. Mr. David stated that he believes it is very important to get the users group back together to meet face to face to discuss problems. Some of them are fixable and it makes more sense than 70 services that are using ImageTrend, trying to contact Mr. Moreland.

Chairman Behan announces it is time for the evaluation of the Executive Director in Executive Session after a 10 minute break.

*Chairman Behan motioned that the board convene into Executive Session at 10:25am for 30 minutes then the board will call in Director Sutton; Commissioner Olsen seconded. The motion carried.*

*Representative Swanson motioned to continue the Executive Session at 10:55am for 15 minutes; Commissioner Lewis seconded. The motion carried.*

*Commissioner Lewis motioned to continue the Executive Session at 11:10am for 10 minutes; Dr. Hornung seconded. The motion carried.*

*Dr. Hornung motioned to continue the Executive Session at 11:20am with Director Sutton for 30 minutes; Senator Emler seconded. The motion carried.*

*Senator Emler motioned to continue the Executive Session at 11:50am with the Director Sutton for 5 minutes; Commissioner Lewis seconded. The motion carried.*

At 11:55am the open meeting resumed. No action was taken during the executive session.

Chairman Behan asked for any discussion or new business from the Board Members; hearing none other than a motion and second to adjourn: *the meeting adjourned at 12:00pm*

The next meetings are scheduled for February 6 & 7, 2014.