



Landon State Office Building  
900 SW Jackson Street, Room 1031  
Topeka, KS 66612-1228

phone: 785-296-7296  
fax: 785-296-6212  
www.ksbems.org

Dr. Joel E Hornung, Chair  
Joseph House, Executive Director

Sam Brownback, Governor

**Board Meeting Minutes**  
**April 7, 2017**

**Approved**  
**06/02/2017**

Board Members Present

Dr. Greg Faimon  
Sen. Faust-Goudeau  
Dr. Joel Hornung  
Comm. Ricky James  
Director Deb Kaufman  
Chief Shane Pearson  
Director Chad Pore  
Director John Ralston  
Comm. Bob Saueressig  
Director Jeri Smith  
Rep. Susie Swanson

Attorney General Staff

Sarah Fertig

Board Members Absent

Dennis Franks  
Rep. Henderson  
Dr. Martin Sellberg

Guests

Brandon Beck  
Kathy Dooley  
Kathy Coleman  
Charles Foat  
John Hultgren  
Dan Hudson  
John Cota  
Terry David  
Rosa Spainhour  
James Zeeb  
Jason White  
Chrissy Bartel  
Rob Boyd  
Gary Winter  
Ron Marshall  
Jeb Burres  
Kerry McCue  
Craig Isom  
Frank Williams

Representing

KEMSA/Region V  
Region II  
Region IV  
JCCC  
Dickinson Co. EMT  
Univ. of KS Hospital  
KCKFD  
Reno Co. EMS  
Kiowa Co. EMS  
KCKFD  
MARCER  
Norwich EMS  
Region II  
Region I  
KHA  
Butler College  
Ellis Co./Region I  
Med-Trans Corp  
KAMTS & Life  
Team

Staff Present

Joe House-Exec Dir  
Curt Shreckengaust-Dep Dir  
James Kennedy  
Suzette Smith  
Emilee Turkin  
James Reed  
Mark Willis  
Ed Steinlage  
Mark Grayson  
Nance Young  
Kim Cott  
Ann Stevenson  
Chrystine Hannon

Call to Order

Chairman Hornung called the Board Meeting to order on Friday, April 7, 2017 at 9:00 a.m. Dr. Hornung announced there are changes to the agenda for legislators with time commitments this morning. After approval of the minutes, K.A.R.109-3-3 and K.A.R. 109-3-4 will be addressed. At the end of the committee meetings and after the office update, Director Pore will give a presentation. There will be a short executive session after the meeting. Chairman Hornung called for a motion to approve the minutes.

***Director Ralston made a motion to approve the February 3, 2017 minutes. Director Kaufman seconded the motion. No discussion. No opposition noted. The motion carried.***

***Director Pore made a motion to approve K.A.R. 109-3-3 as revised. Director Kaufman seconded the motion. The motion carried.***

***Roll call vote as noted:***

<i>Dr. Faimon</i>	<i>Aye</i>	<i>Chief Pearson</i>	<i>Aye</i>
<i>Senator Faust-Goudeau</i>	<i>Aye</i>	<i>Director Pore</i>	<i>Aye</i>
<i>Mr. Franks</i>	<i>(Absent)</i>	<i>Director Ralston</i>	<i>Aye</i>
<i>Rep. Henderson</i>	<i>(Absent)</i>	<i>Comm. Saueressig</i>	<i>Aye</i>
<i>Chairman Dr. Hornung</i>	<i>Aye</i>	<i>Dr. Sellberg</i>	<i>(Absent)</i>
<i>Comm. James</i>	<i>Aye</i>	<i>Director Smith</i>	<i>Aye</i>
<i>Director Kaufman</i>	<i>Aye</i>	<i>Rep. Swanson</i>	<i>Aye</i>

***K.A.R. 109-3-3 is approved by the Board as revised on an 11-0 vote (11Yes; 0 No; 3 Absent).***

***Director Pore made a motion to approve K.A.R. 109-3-4 as revised. Director Smith seconded the motion. The motion carried.***

***Roll call vote as noted:***

<i>Dr. Faimon</i>	<i>Aye</i>	<i>Chief Pearson</i>	<i>Aye</i>
<i>Senator Faust-Goudeau</i>	<i>Aye</i>	<i>Director Pore</i>	<i>Aye</i>
<i>Mr. Franks</i>	<i>(Absent)</i>	<i>Director Ralston</i>	<i>Aye</i>
<i>Rep. Henderson</i>	<i>(Absent)</i>	<i>Comm. Saueressig</i>	<i>Aye</i>
<i>Chairman Dr. Hornung</i>	<i>Aye</i>	<i>Sr. Sellberg</i>	<i>(Absent)</i>
<i>Comm. James</i>	<i>Aye</i>	<i>Director Smith</i>	<i>Aye</i>
<i>Director Kaufman</i>	<i>Aye</i>	<i>Rep. Swanson</i>	<i>Aye</i>

***K.A.R. 109-3-4 is approved by the Board as revised on an 11-0 vote (11Yes; 0 No; 3 Absent).***

Dr. Hornung provided the following MAC report to the Board:

- The AEMT Medication list was discussed. Dr. Hornung said it was Dr. Gallagher and Dr. Jacobson against him most of the time. Dr. Hornung was wanting to whittle down the medication list to what would be the most beneficial and helpful. Their response was all of them are beneficial; it is whether or not we can provide all the training that is needed. Dr. Hornung said they were at a standoff. The main comment was if we are going to be using these medications, we need to figure out a better way to verify the education on the medications to a certain level of competency. They will continue to work on the list, and so far they have not made any huge changes in the AEMT list.

## Planning and Operations Committee

Chairman Hornung called upon Chief Pearson to give the Planning and Operations Committee report. Chief Pearson reported to the Board:

- KEMSIS Update: Director Pore reported there are over 100 agencies entering in the system and another 30 are submitting data of some sort. There have been some issues sent on to ImageTrend. On the state side, Director House and Director Pore have been receiving around 10 e-mails per week between the both of them regarding issues or requests. There are issues with how the system is set up as a whole that they continue to work on with ImageTrend.
- Mr. Reed reported they have conducted 49 service inspections using the License Management System. They have had some technical difficulties with their tablets, but these will be corrected. Mr. Reed also reported they had completed 39 program provider audits, and it's going fairly well.
- Two variances were issued for lettering for loaner ambulances.
- The equipment regulation K.A.R. 109-2-8 is in the 60 day comment period. Nothing significant to report at this time. The public hearing is May 23rd at 9:00am in Room 509.
- Mr. Reed reported the service and vehicle renewal process started at the end of February. So far, 89 services have been licensed and 82 ground ambulance permits renewed. Currently there is same day processing.
- The Governor will be signing the EMS Week Declaration on April 28th at 9:30.
- Traffic Issue Management Training will be starting soon. This is a statewide effort with multiple agencies involved.
- The regions reported their meetings coming up over the next couple of weeks.

## Education, Examination, Training and Certification Committee

Chairman Hornung called upon Director Kaufman to give the EETC Committee Report. Director Kaufman reported to the Board:

- Mr. Willis reported that there was one potential variance involving an attendant who was unable to renew due to having been in an accident. However, the attendant did not respond when contacted and will be going through the reinstatement process to regain certification.
- Rob Boyd provided a BLS Examination Vendor Report to the committee. He reported that between January 1st and March 31st, 153 students were tested and 129 of them passed. There were 148 EMT students and 5 EMR students to test, of which 20 were retests. The committee thanked them for their dedication to this process.
- At the February Board meeting the EDTF was asked to discuss the question regarding the certification of the Training Officer as currently viewed by regulation in Kansas. The regulations have been changed since the inception of the Training Officer certification. Those changes have resulted in the sponsoring organization having regulatory responsibility for continuing education conducted within the organization. No regulatory responsibility remained with the TO for education provided. The Training Officer role had been changed to one responsible for completion of paperwork. It became evident that we needed to change regulation to restore a larger role to the Training Officer or do away with the certification.
- Dr. Charles Foat, EDTF Chair, reported an initial survey was distributed by the EDTF and the results were discussed during their Feb 23rd meeting. More issues were identified and a 2nd survey went out via the board portal. This resulted in over 1,000 responses. Among

those who responded, we did identify a group of respondents who did not understand the question at hand or the ramifications for voting to retain or eliminate the TO certification. Due to the number of respondents, it was possible to look at the responses as a whole and also categorized into groups based on certification level and roles. The same percentages of responses were obtained in the group as a whole and within the sub-categories. There were 60% in favor of eliminating the certification requirement. Likewise, in answering the question regarding the expected change in education quality, 70% of respondents said they would anticipate it would stay the same or improve.

- During the March 30th EDTF meeting, the second survey results were reviewed. The EDTF members took a vote and the majority voted to eliminate certification for this role. They did want it to be clear that they were supporting education and training but not the certification of the individual in the role of completing paperwork for the sponsoring organization.
- Our committee had discussion regarding the impact of this change and points learned as a result of conducting this process. Many valid comments were received and we want to address those issues as we move forward. We do want to thank the EDTF and staff for addressing this issue as quickly and thoroughly as they did, and all those who answered the survey and provided input.
- We need to emphasize that eliminating the Training Officer certification would not take away the ability or limit services from offering training through a current long term program provider. An I/C would not be required as the program manager in those organizations.
- Following that discussion we heard a motion to no longer regulate or offer certification for the Training Officer level and we bring that forward as a motion to the full board.

***Director Kaufman made a motion to move forward to eliminate the TO certification. Director Ralston seconded the motion. After a brief discussion and no opposition noted, the motion carried.***

- Mr. Willis will start the revision of the 18 initial regulations that have been identified and we will probably run into a few more. We will also have statute clean up at some point in the definitions in 65-6112 and 65-6129c.
- We received a document from Colorado showing training administration course material used in their EMS Administrator Orientation Course. The staff, EDTF, and two colleges have offered to research resources that will be made available to assist with continuing education. The professional organizations and Regions will be asked as well.
- It was also suggested that we have a Frequently Asked Questions memo assembled on the questions we have fielded.
- We had discussion on the role of the program manager because of the upcoming changes needed in K.A.R. 109-5-3. Because that role reports to the sponsoring organization that has regulatory responsibility, the role will have no specific requirements.
- There are five regulations up for revocation that have been approved by the Department of Administration and will move forward through the regulatory approval process.
- Mr. Willis informed the committee that Wisconsin has given the Kansas Board of EMS permission to provide their training programs, presentations and model protocols for Naloxone to services and providers as a resource. Included is a BLS program and first responder program. This will be posted on the website as a resource. Local protocol with specific medical direction will have to be referenced when presenting the programs. We also need to update the education guidelines for EMR and EMT to include the addition of Naloxone in medication list and the administration routes for this medication.

- In his Education Manager's Report, Mr. Willis reported he continues to be impressed with staff working together to meet the challenges of processing education documents and responding to the EMS community with education support. He provided the committee with a written document highlighting recent activity of Board Staff. There have been 85 initial course requests for 2017. Between February 5th and April 3rd, there were 194 candidate written examination results processed.
- We viewed the 2016 State Annual Report from the National Registry of Emergency Medical Technicians. Mr. Willis briefly shared his experience from attending the 2017 NASEMSO Conference and enlightening presentations he observed. One of the presentations particularly stood out as a result of recent discussion of our pass/fail rate on the National Registry Exam at each level. It is a National problem, not just a Kansas problem, that pass rates are not as high as we would like them to be.
- Mr. Willis attended a presentation by David Page, Director of Prehospital Care Research Forum at UCLA, titled "Recipe for 100% Pass Rates on National Registry EMT First Attempt". To mention a few of the highlights, he stressed preparing students to take a computer adaptive exam scenario to use in the classroom as a didactic event (replacing PowerPoint, reading the PowerPoints and lecturing), use of evidence based medicine and sample protocols as presented in the NASEMSO National Model EMS clinical guidelines, and utilizing progressive levels of questions designed with increase in difficulty to promote critical thinking in the class room. More ambulance clinical time is also important and time spent shows a direct correlation to passing the exam. Thank you to Mr. Willis for sharing the information. We appreciate the time he takes to identify issues with our current system and identification of resources to make available to the educators.
- Following the Education Manager's report, there was discussion on the AEMT courses offered in the State of Kansas as a follow up to the morning MAC meeting. Each level of certification is enhanced in Kansas over what is presented nationally as a minimum guideline. Dr. Sellberg shared the AEMT level is vitally important to our state. As we enhance the certification levels, we also have that responsibility to monitor and work to ensure the education is also adequate. Director Pore reported we are reviewing data on AEMT classes and will continue to do so as we monitor education for the Kansas certification levels.

### Executive Committee

Chairman Hornung presented the Executive Committee report to the Board:

- There is nothing really new on the federal side.
- Director House reported on the current Kansas Legislation. House Bill 2076-The Seat Belt Safety Fund is sitting on the calendar on the Senate side. House Bill 2044-Medicaid Expansion was vetoed by the governor but still has possibilities to be resurrected. House Bill 2137-The County Commissioner/City Council Volunteer EMS/Fire ability to participate was sent to the governor for signature on April 5th. House Bill 2217-Access to Naloxone was sent to the governor for signature on April 4<sup>th</sup>. The EMS REPLICA Multi-State Compact is set to gain its 10th state (Georgia) and go into effect July 1st.
- The Naloxone regulatory revision has already been voted on by the Board.
- Kansas Revolving Assistance Fund- The KRAF Grant submission process had 58 requests for \$1,082,796.48. The committee approved funding of around \$380,000.
- Director Pore commented the committee did really good and he feels very confident with the recommendations.

***Dr. Hornung brought the committee's recommendation as a motion to approve the funding for the KRAF Grant. Director Pore seconded the motion. No discussion. No opposition noted. The motion carried.***

- There was a brief discussion on the examination contract renewal for the BLS examination contract. This is an extension of the current contract.

***Dr. Hornung said the committee would recommend renewal of the contract for approval as a motion. Director Ralston seconded the motion. No discussion. No opposition noted. The motion carried.***

- Dr. Hornung stated we have our first distributor approval for DNR identifiers. This was provided by StickyJ Medical ID. According to staff, the company did meet the qualifications for distributor as listed in the guidelines. The staff recommended this application be approved.

***Dr. Hornung stated the committee would recommend approval of this distributor as a motion. Director Ralston seconded the motion. No discussion. No opposition noted. The motion carried.***

- Dr. Hornung said we have an audit policy that the staff has put together for a consistent plan for auditing each education service. The committee approved the plan and recommended using the policy.

***Dr. Hornung stated the committee would recommend approval of this policy as a motion. Director Pore seconded the motion. No discussion. No opposition noted. The motion carried.***

### **Investigations Committee**

Chairman Hornung called on Director Pore to give the Investigations Committee report. Director Pore reported to the Board:

- The committee heard 11 consent cases and they agreed with Board staff recommendations. Most of those were related to applications. People who had taken an EMT class had checked that they had legal issues. Some of these were old felonies such as DUI's. The committee agreed with Board staff recommendations. This included one applicant who was not allowed to reinstate due to current legal issues.
- The committee actually talked about and took other action on the following four cases:
  - 1) A case which was held over from last time was a paramedic who practiced outside their protocol without any medical control. More information was requested and the committee accepted local action and closed the case.
  - 2) An emergency order of suspension was put in for an attendant who was arrested for some person crimes. The District Attorney's office has dismissed any felony charges, but there are still some legal issues. The emergency order of suspension was lifted to allow the person to continue to work until the legal case has concluded. The case will be evaluated at a later date.
  - 3) A service that had been having issues for a while received a letter requesting they appear before the committee to show cause on why they should not have to surrender their permit. Since the last meeting, the service has surrendered their permit. The case was closed.

- 4) A service changed Medical Directors and they both signed the forms, but forgot to send in the forms. They were found 4 months later under a stack on his desk. The forms were sent in and he filed a self-report. The committee logged that there was a violation, but since there was no ill intent no action was taken.
- The committee discussed a case afterwards. A person had just been arrested for some other person crimes. The crimes were three years old and he was never arrested. A new District Attorney reviewed the case and decided there was enough to arrest him and file charges. A summary proceeding order was issued for a temporary suspension until the legal case is finished.

### New Business

- Trooper Troy Setzkorn from the Kansas Highway Patrol Tactical Team presented a report to the Board. Dr. Allen is the director of the team. Special Troopers Julie Dorneker and Luka Henderson were also present. The mission of the special response team is to provide the Kansas Highway Patrol and municipalities, sheriff offices, rural agencies, and other entities with a highly trained, well-equipped team to assist in the completion of any critical incident quickly, safely and without collateral damage. A tactical medical position will be added to the special response team. Since current EMS systems cannot provide care in hot zones, the tactical team will provide advanced care in the hot zones of the special operation until the area has been cleared for EMS to enter or to extract them out to where EMS will be staged. Our special operations include high risk warrant service, barricaded subjects, hostage rescue, fugitive tracking, clandestine labs, civil disorder riot, marijuana eradication surveillance, VIP protection, crisis negotiation, bus and aircraft assaults, WMD response and CBRNE incidents. This is the first medic program of its kind in the state of Kansas. The Tactical Team is providing troopers advanced tactics training, and then training them up to the paramedic level. Because we operate across the entire state, we will be working with many different EMS systems each having varying levels of training capabilities. We are affiliated with KU Medical Center where our medics are working regular clinical rotations in the emergency room and in the cadaver labs to maintain high proficiency in our skills. We are currently working on protocols with Dr. Allen and are in the process of acquiring the appropriate equipment and supplies. Trooper Setzkorn thanked everyone for the opportunity to introduce their program and they welcomed any expert advice from the Board. Dr. Hornung said it sounds like a great project and we might have you come back in a year or so for an update on how the process is going.

### Office Update

- Director House, Deputy Director Shreckengaust and Mr. Willis attended the NASEMSO Conference the first week of March in New Orleans. There was a lot of information presented and it was a good opportunity to meet others and hear what is going on in other places.
- Director House gave a slide show presenting the statistics that came out of KEMSIS and License Management System (LMS). Using the dashboard in LMS we can instantly pull up data such as the number of attendants and when they expire. The majority of the information presented was from January 1, 2016 thru December 31, 2016.
- Service Directors were informed that some of the usual information requested on their service renewals was removed because it is now available in the system.

- We project there will be about 400,000 calls across the state this year. Using KEMSIS information we are receiving data on about 50% of the calls. We have some extremely high volume services not reporting. Vendor issues are the biggest problem right now on trying to get those services reporting.
- When looking at inter-facility transfers, he reported that you can look at where the patient was picked up and where the destination was to determine what type of call it was. About 2,000 calls were reported as 911, but were pickups from a hospital with a drop off of a hospital. So from that we know we have some education to do to say that is not a 911 response. Director Pore stated that the billing world is driving this reporting, because if the transfer is to occur right now, it is considered an emergency. He emphasized that education is needed so it is reported in KEMSIS as a transfer, but can still bill as an emergency.
- We started collecting data in KEMSIS in 2008 for a partial year with 19,000 runs. Currently we are bringing in about 50,000 runs per quarter. Last year we were at our high with 193,000 events. In 2016 we broke the one million record mark. Director Pore reported that getting some of the larger services on will really boost the numbers and services such as Sedgwick County intent to upload data back through 2008 when they are linked.
- A review of the run data shows 52% of calls are for females and the most frequently seen age group is 55-64. In the top ten pediatric impressions traumatic injury was 76.7% of the calls. In the top ten adult impressions traumatic injury was 60.6% of the calls. In the older adults (65 and over) traumatic injury was 62.9% of the calls. In clinical care we looked at a 12 lead being used for cardiac chest pain in patients 35 years and older and found it was documented as 33.6% of the time. While this percent is low, it does not take into account if it was written into a narrative. It does identify an opportunity for us to provide education on how to report usage to get more accurate data. Aspirin administration was reviewed under the same scenario and found it was reported in 35% of those calls.
- In 2017, Director House hopes to get 100% Kansas hospital participation, 90% of all calls submitted into KEMSIS, and 25% of the hospitals providing outcome data at least for the trauma patients through the hospital hub.
- The collected data suggests that we need to continue to work with our services on defining how to enter some of these runs.
- Director House said they will be looking at providing education to the Service Directors and IT staff to generate their own reports so they will have the ability to call out the anomalies. It is a whole lot easier for the services to draw out that data and address it locally than for a state report to be issued and they have to scramble to make corrections. Staff will provide education on how services can get this data.
- Director House asked the Board to let him know what other information they think we should be trending.
- Director Smith asked if the hospitals will have access to data on the hospital hub. Director House replied we have been working with ImageTrend to make this work.
- Dr. Hornung asked if a service can call the Board to obtain information on how they are doing. Director House responded they just need to write a report and we can help them write it.

Director Pore discussed a project that Butler County has been working on for about 2 ½ years to improve safety including the redesign of ambulances. Part of the process has been working with Ronald Rolfsen from Oslo Norway. Director Pore said they are currently using a Sprinter as a 911 ambulance. One of the biggest issues is the crew are not always sitting down

and staying belted in. Their internal policy was changed to not allowing manual CPR to be given during transport. The ambulance will have to pull over to the side of the road if manual CPR is to be administered. Director Pore said they are building two ambulances: a medium height Ford Transit and a low top Sprinter. A device next to the steering wheel with controls is a new safety feature. The cockpit area will have forward facing seats with cabinetry built around the seats. Everything the technician will need when they sit down facing forward in the ambulance will be within reach so they should not have a reason to unlock their seat belt and stand up. They are going to try the low top ambulance because the high top makes it easier for attendants to stand up. The low top will force them to sit and that's where you want them. All of the controls will be in the cockpit area. The monitor will be on the opposite side within reach. The attendant will not have a reason to get up so they will have to stay engaged with the patient. They will have a full cabinet in the back to store equipment. A simulation made up of foam board had been made to determine the correct space requirements. Adjustments will be made if necessary. This will be the first low top Sprinter ambulance built in the United States. The cost of the low top Sprinter ambulance with powerload system is \$135,000 to \$140,000. The cost of the Transit with the powerload and medium height roof is \$130,000. The Sprinter is 62 inches from floor to ceiling and the Transit is 68 inches from floor to ceiling.

*Dr. Horning moved the Board go into Executive Session for 15 minutes to discuss non- elected personnel. Assistant Attorney General Fertig will join the session. The open session will resume at 10:45.*

*The Board reconvened. Director Pore moved for the chairman to begin the evaluation and compensation review process with the Executive Director. Director Smith seconded the motion. No discussion. The motion carried.*

*Dr. Hornung adjourned the meeting at 10:50 am.*