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

Sam Brownback, Governor

## Board Meeting Minutes

August 4, 2017

Approved  
10/06/2017

### 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  
Dr. Martin Sellberg  
Dennis Shelby  
Director Jeri Smith  
Rep. Susie Swanson

### Guests

Brandon Beck  
John Cota  
Rosa Spainhour  
Jason White  
Chrissy Bartel  
Tony Burr  
  
Colin Fitzgerald  
Ryan Jacobsen  
Mark Holcomb  
J. R. Behan  
Dan Hudson

### Representing

KEMSA/Region V  
KCKFD  
Kiowa Co. EMS  
MARCER  
Norwich EMS  
Edwardsville Fire &  
EMS  
Leawood Fire  
Johnson Co. EMS  
Med-Trans  
  
KU Health Systems

### Staff Present

Joe House-Exec Dir  
Curt Shreckengaust-Dep Dir  
James Kennedy  
Suzette Smith  
Emilee Turkin  
James Reed  
Mark Willis  
Kim Cott  
Amanda Walton  
Chrystine Hannon  
Alicia Bergquist

### Attorney General Staff

Sarah Fertig

### Board Members Absent

Rep. Henderson

### Call to Order

Chairman Hornung called the Board Meeting to order on Friday, August 4, 2017 at 9:00 a.m.  
Dr. Hornung called for a motion to approve the minutes.

***Director Ralston made a motion to approve the June 2, 2017 minutes with one correction. Dr. Hornung seconded the motion. No discussion. No opposition noted. The motion carried.***

Dr. Hornung introduced Mr. Dennis Shelby as a new board member. He is the Chief Executive Officer at Wilson Medical Center in Neodesha and is happy to be on the board.

## 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 House reported that staff had attended the ImageTrend Connect Conference earlier this month in Minnesota. There are more states that are integrating to the Health Information Exchange. The Hospital Bridge has the ability to link with patients in the field and can be turned on and off. Director House added this is not active yet in our system.
- Mr. Reed reported they have conducted 112 service inspections. This is not quite as many as last year. Initial course audits are about the same as last year.
- The committee received the Non-Transport EMS recommendation from staff. Three public meetings have been held so far, in Salina, Topeka, and Colby, with several board members and staff present. The meetings were well attended. The proposal by staff is to start allowing Non-Transporting entities to voluntarily register and provide what protocols they are under. The first part is to gather information. This will be done using License Management System in the same way as Services. And during renewals attendants will identify who they work for. If they are not affiliated, they will check “not affiliated”. This will affect those services who render aid beyond first aid. Director House pointed out that you must be under protocols to provide patient care beyond basic first aid.

***Chief Pearson made a motion to allow staff to continue moving forward with data collection on non-transport entities. Director Kaufman seconded the motion. There was no opposition. The motion carried.***

- In reference to K.S.A. 65-6126 discussion was held on an alternative procedure for medical oversight if no medical director is available. There is a service that is having extreme difficulty finding a medical director. Staff is looking for guidance on what the “alternative procedure” should be as we need to put a plan in place. The MAC discussed this topic yesterday. The committee tabled the item and awaits advice from the MAC.
- The Kansas State Fair is in September. Mr. Reed sent out emails to fill 2-3 slots for volunteer help at the agency’s booth. He also reported there is room if anyone wants to have a static display at the booth.
- Work continues on the EMS Voluntary Recognition Program. A template has been completed, but the program is a few months out. This program continues moving forward.
- Region I – will have a pediatric conference by Childrens Mercy Hospital. They have given out scholarships to attend the KEMSA Conference this month.
- Region III – They are sponsoring people to attend the KEMSA Conference. There was a MERGe meeting last week. They are taking applications for MERGe. Mr. David said there is a push to get Kansas EMS involved in their regional Health Care Coalitions. There is a disconnect between federal and state agencies on training activity and they want EMS at the table.
- Region IV – They held a medical director workshop using the FLEX grant. They are planning KEMSIS user groups for the region in September and October.
- Region V – They are sponsoring individuals to attend the KEMSA Conference.
- KDHE – A statewide Trauma Symposium will be held October 11 in Wichita. EMS data collection has been received from 57 services.

- MARCER – An update was provided on Medicaid reimbursement. First Net is a nationwide radio communications network that state governors must opt in or out of. Director House reported the cost is high. The plan is on the Governor’s desk to either opt in or out, but only has a 60 day window. AT&T has been contacted to look at cost again. Senator Faust-Goudeau asked if Lieutenant Governor Colyer had been contacted on this. Director House said some individuals have contacted the Governor’s office.
- Darlene Whitlock gave an update on the FLEX grant for EMS medical directors.
- Director House reported that at the recent ImageTrend Connect Conference Butler County EMS was given the Hooley Award for their work in utilizing data to determine response mode for their ambulance and responding to 911 calls.

Chief Pearson concluded his committee report.

### 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 were no variances received.
- Chief Rob Boyd, SKEMS Chair, was not present to report, but no exams were held in July.
- Dr. Charles Foat, EDTF Committee Chair, provided the committee with an update on their activities. The June meeting was canceled. The July 27 meeting was held. There was discussion on facilitating more avenues to keep communications between membership open. Mr. Willis is working on a website update to host the minutes and will also email the regional chairs. EDTF is having challenges with attendance again. There was discussion on the frequency of meetings and those present thought it was important to continue meeting monthly. There is a regulatory requirement for a mentored class following an I/C course. Discussion was held regarding this needing to be an EMT class versus allowing it to be an EMR class. Everyone in attendance felt the EMR class was adequate to demonstrate the items evaluated. EDTF consensus is that a process be in place to grant variances to allow provisional I/C’s to teach an EMR, as well as EMT courses based on local needs. The EDTF continued discussion on K.A.R. 109-9-4, “Requirements for Acceptance into an Instructor – Coordinator Initial Course of Instruction”. They also discussed the need to update the testing scenarios for the EMR and EMT levels. The I/C mentored class requirement has not shown evidence via increased pass rates that it has delivered the hoped results. Dr. Foat is designing a survey to gather the opinion of the group on the mentoring position.
- Mr. Willis gave a regulatory revision status update and reported the 29 regulations being revised or revoked have received approval. It was suggested that K.A.R. 109-2-9 be further revised regarding the language on variances. Mr. Willis will be announcing the date of the public hearing once regulations are complete and a public hearing notice is published by the Secretary of State. They should be back to the board by the end of 2017.
- Mr. Willis informed the committee that K.A.R. 109-9-4 has been redrafted to reflect changes approved at the June 2017 meeting. This is an effort to define the qualifications for I/C’s minimum competencies. There is a slight change in wording to reflect intent, which will allow institutions instructing the courses to define requirements for entrance into their programs. Also discussed was the need to review the regulation on certification requirements for the I/C candidate and reciprocity for those educators coming from out of state.
- Mr. Willis brought to the committee’s attention a request for revisions to K.A.R. 109-9-1 (a)(4), “requires an Instructor/Coordinator candidate completes ...an assistant teaching

experience in one EMT initial course of instruction...”. Members of the EDTF are asking for this regulation to be revised to allow EMR initial course for the teaching experience. The committee felt it more appropriate to table changes to the regulation pending identification through variance application of the frequency of the need for this change. It was also felt this regulation might soon need further changes and it would be better to make all changes following evaluation of the I/C regulations as a whole by the EDTF. During this discussion it was also identified that we will want to re-evaluate the mentored class requirement and evaluate if we are looking for the requirement of a mentored experience or a preceptor experience.

- The Attorney General’s office has recommended specific changes in K.A.R. 109-2-9 to provide greater latitude to the board to grant variances from identified regulations in special situations.

***Director Kaufman moved to accept the draft revisions to K.A.R. 109-2-9. Director Ralston seconded the motion. No opposition noted. The motion carried.***

- An application was reviewed from board staff requesting designation as an approved long-term provider of continuing education for courses of instruction delivered by staff. Assistant Attorney General Fertig requested she be kept informed of these trainings. Director Ralston offered to review the application and bring back his findings to the board. He reported he was able to verify all requirements. He didn’t have a sign in sheet or certificate, but received one this morning. The committee will also be kept informed of training provided.

***Director Ralston moved to approve the request for board staff to be a long-term provider of continuing education. Director Kaufman seconded the motion. No opposition noted. The motion carried.***

- Mr. Willis provided the committee with a synopsis of the office activities. He gave a presentation of visual aids for the Kansas Continuing Education Plan. Staff has been meeting with groups on the renewal process and also providing assistance and information on the phone. There is some concern with the way the hours look in the License Management System. Deputy Director Shreckengast is working with ImageTrend to clarify the hours in the portal.
- Mr. Willis reported that Alicia Bergquist has joined the office filling the position of EMS Specialist.
- Mr. Willis also reported it has been a busy summer with 88 initial courses approved for the fall, working on retroactive applications, and providing LMS assistance.
- The current BLS exam contract expires on June 30, 2018. Director House would like to bring forth a plan to have board staff conduct the exam, at least for a period of time.

***Director Kaufman moved to forgo development of an RFP pending review of a plan proposed by board staff to provide the EMR and EMT skills certification exam. Director Ralston seconded the motion. No opposition noted. The motion carried.***

Director Kaufman concluded her committee report.

**[Executive Committee](#)**

Chairman Hornung called upon Director Pore to provide the Executive Committee report. Director Pore provided the following to the Board:

- Director House gave a federal legislative update. Specifically, House Resolution 3236 and HR 3378 were discussed. HR 3236 deals with Medicare reimbursement and a five year extension for the increased funding for super rural, rural and urban. As a rural state, this funding is very important to Kansas.

***Director Pore made a motion for Director House to send a letter of support from the full board for HR 3236. Chief Pearson seconded the motion. No opposition noted. The motion carried.***

- REPLICA – EMS Personnel Licensure Compact took effect when the tenth state signed on. There are now 11 states that have joined and a 12<sup>th</sup> state is coming soon. The first committee meeting will be held October 7 and 8 in Oklahoma City to make the rules and establish bylaws. There is a lot of activity in surrounding states including Missouri, Nebraska, and Oklahoma and we hope some of these states will come on board as well.
- For Legislative Items for the 2018 Session Director House reported that he did not get any additional items from board members. The only thing mentioned was with medical director protocol approvals that might impact some changes in statutes.
- The EMR and EMT Psychomotor Exam Contract was discussed, but was deferred to the EETC for consideration.
- There was discussion on Extended Usage Dates. Pfizer has extended the expiration date on a number of their medications under certain lot numbers. This was approved by the FDA. In June Director House sent out a letter to all services detailing a process to allow the use of those medications in their service. If the lot number is on the medication list from Pfizer, then the service needs to send a letter to the board showing which medications they have and proof that the medical director knows that those expiration dates are extended. Director House said this is a quick, short-term solution, but asked what we want to do in the long term. The committee felt this process would be good for the long term. Dr. Sellberg talked about what to do when we have a drug shortage and need to make a change within the same drug classification. The committee requested that Director House put together a draft policy and bring it to the October meeting to address both processes with a long term solution.
- The Protocol Approval Process was discussed. The current system allows for medical society approval. However, there are fewer active medical societies. The second option is approval by medical staff at the facility the service uses most. There has been concern that in the past certain facilities have held the protocols hostage to have services bring patients there first. Dr. Sellberg was very supportive of a regional option. It may be necessary to try to find ways to fund a regional approach. The committee recommendation was for staff to work to find a way to improve the protocol approval process.
- Medical Communication Centers were discussed. There have been a couple of dispatching issues where errors were made. There is no one to report this to. Director House found that K.S.A. 65-6138 gives the board authority to oversee medical related dispatch. The MAC has worked on a position statement on EMT dispatching. The committee thought this issue needs to be addressed. Director House noted that the 911 Coordinating Council is still meeting and works on dispatching issues. He recommends that we go to that group to let them know of our interest in participating. There was discussion on regionalizing but still need local dispatch.

Director Pore concluded his report.

Dr. Hornung called for the MAC report.

- Dr. Jacobsen reported the main focus was the lack of alternative to a medical director. Their recommendation is that there is no alternative for medical oversight. They talked about medication extended usage dates. The AEMT scope of practice is on the back burner as the National Registry is going to be coming out with a new scope of practice model. They discussed Emergency Medical Dispatching and recognize it as best practice based on patient outcomes making that their recommendation for a 911 Call Center.

### Office Update

- Director House announced that Alicia Bergquist is the new Education Specialist, working on continuing education, program providers and initial courses. Amanda Walton has come onboard as support staff. The receptionist recently resigned and an offer on this position will be made this afternoon.
- The position of the Facility Recognition Program through the EMS for Children Program and the Pediatric Readiness Program is that all emergency rooms should be able to handle any pediatric patient. They have a pediatric readiness survey available. This is a self-assessment to look through available equipment and training that is available. The Program is designed to help get facilities feeling strong about the capacity that they have. It is just getting ready to kick off in the state.
- The Kansas Hospital Association has an EMS technical advisory group that met in July. A couple of insurance company representatives were present for discussion on community paramedicine and where there are reimbursement issues, and the insurance companies are having higher claim rates on specific out of hospital emergencies. This was a great opportunity to share information. EM Resource and Hospital Hub are two systems that should work a little bit better. They will be working to get those two systems to better communicate internally and get that information out to our providers. The Rural EMS Conference was discussed. We needed to let hospitals know that we changed types of ambulances to air and ground, so that information was shared. There was a question about the ability to track ambulances better. With First Net those cellphones can be used to track location. Transfer patterns, particularly interfacility, were discussed. We have developed a report to allow hospitals to look at transfer patterns including where the transfers are from and where they are sending patients out to. We just need to teach them how to get the information.
- The ImageTrend Conference provided a lot of information such as how to adapt our state system. The State Track had 23 other states there which enabled us to learn best practices. Staff were able to provide more best practices than we received. There was a Licensure Track that included eight states. We started some conversations with Colorado, Missouri, Oklahoma and Nebraska since we all use ImageTrend as our state repository for EMS run records. Each state has services that cross our borders almost daily. We are going to look to see if we can establish some stronger integration, especially on the hospital side. Currently KU Medical Hospital has three logins for different states to see data.
- We do have a reporting system to track Naloxone administration provided by bystanders. None have been reported through today. We will continue tracking on a monthly, quarterly and annual basis. We provide this information to the Board of Pharmacy and will report to the legislative committee that passed the bill, as well. New Hampshire has a large opioid issue, so they are focusing on lives saved. Their system is easy and takes their score on how

responsive the person was before and after administration and sums that with the difference in respiratory rate. The score of five or higher is a positive impact from the administration of Naloxone; above zero to five is somewhat improved; zero is no change; and below zero is negative improvement. We grabbed that methodology to test it. 2017 data through July 25<sup>th</sup> showed 48 administrations: 16 with a positive impact, 16 with a somewhat improved, 6 with no change, and 10 with a negative improvement. We took that information and modified the records to see how many times they had a GCS of 14 or less, and/or respiratory rate of 10 or less. For that we only had 10 Naloxone administrations and eight showed improvement.

- Commissioner Saueressig invited Director House to come down on July 12<sup>th</sup> to the LEPC meeting in Burlington to do a mini annual report from KEMSIS. There was a lot of excitement for use of KEMSIS data for population health assessments that counties are required to perform. We have received two invitations to talk with Health Care Coalitions. Director House discussed the File of Life that Coffey County is using. It is designed to maintain or track health history. It is a great project.
- The renewal process opens on September 1<sup>st</sup>. Multiple notices will go out: 4 months, 2 months and 30 days.

Director House concluded his update.

*Director Pore moved the Board go into Executive Session for 15 minutes to discuss non- elected personnel to protect the privacy of those involved. The open session will resume in the same location at 10:30 a.m. Director Ralston seconded the motion. Assistant Attorney General Fertig will join the session. The motion carried.*

*The Board reconvened at 10:30 a.m. Dr. Sellberg moved that the chairman have the ability to negotiate a salary increase for the Executive Director with the Governor's Office. Director Ralston seconded the motion. No discussion. The motion carried.*

*Dr. Hornung adjourned the meeting at 10:35a.m.*