



**BOARD APPROVED:
APRIL 1, 2011**

K A N S A S

DENNIS ALLIN, M.D., CHAIR
STEVEN SUTTON, EXECUTIVE DIRECTOR

MARK PARKINSON, GOVERNOR

BOARD OF EMERGENCY MEDICAL SERVICES

BOARD MEETING MINUTES

December 3, 2010

Board Members Present

Dr. Dennis Allin
Dr. Joel Hornung
Representative Vern Swanson
Senator Jay Emler
Mr. Joe Megredy
Mr. JR Behan
BC Rick Rook
Director Deb Kaufman
Commissioner Bob Boaldin
Commissioner John Miller
Mr. John Ralston

Guests

Jason White
Jeb Burress
Derek Sobelmon
Pam Kemp
Dawnelle Umberger
Jason Jenkins
Brandon Beck
Wendy Gronau
Donna Connell
Rosa Spanhour
Kathy Dooley
JJ Cashier
Dalene Deck
Chy Miller
David Stithem
Curtis Diehl
Ken Keller

Ralph Classen
Jeff Landgraf
Jon Friesen
Jeff Smith
Kylie Martin
Sabina Braithwaite
John Hultgren
Justin Waite
Con Olson
Chris Way
Jerry Jo Deckert
Jeff Landgraf
Chad Pore
George Elliott
Steve Isaacson
Darrel Kohls

Staff

Steven Sutton
Patti Artzer
Jim Reed
Carman Allen
Joe Moreland
Rashelle Fowler
Jerry Cunningham
Camille Nohe

Board Members Absent

Senator Oletha Faust-Goudeau
Representative Cindy Neighbor

CALL TO ORDER

Chairman Allin called the meeting to order on Friday December 3, 2010 at 9:09am.

APPROVAL OF MINUTES

The first order of business was to approve meeting minutes from the October 8, 2010 Board Meeting.

MOTION: To approve the October 8, 2010 meeting minutes. Moved by UNKNOWN, seconded by Dr. Hornung.

DISCUSSION: None

ACTION: Motion passed.

COMMITTEE REPORTS AND POSSIBLE ACTION

Executive Committee

Chairman Allin called upon Senator Emler to give the Executive Committee update.

1. The first item the executive committee reviewed was five statutes, one of them which was KSA 65-6145, we postponed any action on. The other four, KSA 65-6120, 65-6121, 65-6523 and 65-6144, the executive committee recommended approval of the changes.
2. The second item of business was a report by Camille Nohe on the implementation of Senate Bill 262, and basically we're not going to be ready yet when the statute goes into effect. The committee recommended that we strive to have the regulations, the forms, the process, everything that's needed to implement Senate Bill 262 and hopefully new legislation ready by July 1, 2011.
3. The third item of business was a report from the Medical Advisory Council who recommended
 - a. approval of the AEMT formulary and the committee recommended approval on contention upon passage of the statute in rules and regulations,
 - b. disapproval of endotracheal intubation in the AEMT scope of practice and the executive committee recommends that AEMT be denied the ability to do endotracheal intubation.
4. The last item was a discussion of the State EMS director, and that report came from Dr. Allin; who indicated that there was a lot of good work that had been done by the Medical Advisory Council and that the committee requested that Dr. Allin meet with Dr. Richardson to discuss some of the issues raised by the Medical Advisory Council.

MOTION: To adopt the recommendations on all issues presented by the Executive Committee. Moved by Senator Emler, seconded by Dr. Hornung.

DISCUSSION: None

ACTION: Motion failed.

Since the motion for approval of all recommendations failed, Dr. Allin requested that these recommendations be presented separately.

MOTION: *To accept the recommended 2011 legislative language change in the attendant Scope statutes. Moved by Senator Emler, seconded by Mr. Behan.*

DISCUSSION: *None*

ACTION: *Motion passed.*

MOTION: *To adopt July 1, 2011 date to have transition materials completed. Moved by Senator Emler, seconded by Mr. Megredy.*

DISCUSSION: *None*

ACTION: *Motion passed.*

MOTION: *To approved the AEMT Formulary. Moved by Senator Emler, seconded by Ms. Kaufman.*

DISCUSSION: *None*

ACTION: *Motion passed.*

MOTION: *To not allow AEMT's to use endotracheal intubation. Moved by Senator Emler, seconded by Dr. Hornung.*

DISCUSSION: *None*

ACTION: *Motion failed.*

MOTION: *To rewrite the regulation to allow EMT-Is currently authorized to intubate to be grandfathered in and upon transition to the AEMT, to be able to continue to intubate. Moved by Senator Emler, seconded by Mr. Megredy.*

DISCUSSION: *None*

ACTION: *Motion passed.*

Planning and Operations Committee

Chairman Allin called upon BC Rook to give the Planning and Operations Committee update.

Yesterday during Planning and Operations committee meeting we covered several things;

1. First off, Jason White with Mid American Regional Council gave a quick overview on a proposal to look at implementing a Federal Reimbursement Allocation (FRA) for ground ambulances in the State of Kansas. He was asking for our committee to have staff work with him and the possibility of placing a question on the attendant renewal forms for this next year for him to garnish some information he needs to proceed with the possibility of seeing if a FRA is possible. It was the Committee's recommendation to have staff assist him and leave it up to Steve and his staff to determine how to get that question on the form.
2. We also reviewed operation regulations. This has been ongoing process the last couple of months. The Committee's recommendation is to move forward with the following operational regulations for processing by staff which are: KAR 109-1-1, 109-2-1, 109-2-2, 109-2-5, 109-2-6, 109-2-7, 109-2-8. We had good comment over the last two months and even yesterday we had some more input. I think the vast majority of the questions that people had we were able to

come to consensus among people who gave input, the staff and also with the Committee's recommendations.

3. We were not able, due to time constraints, get to the air regulations which are KAR 109-2-11 and 109-2-12, so we'll take those up at the next Board meeting. But it's the Committee's recommendation that the ones mentioned earlier, that we go ahead and have staff move forward with those regulations and the Committee's recommendation is to do that.

MOTION: To direct staff to move the regulations mentioned above forward for processing. Moved by Mr. Behan, seconded by Dr. Hornung

DISCUSSION: None

ACTION: Motion passed.

4. Lastly, yesterday, December 2, 2010 was Cindy Neighbors last Board meeting due to her re-election loss. She thanked the Board and said to call on her if needed. She also said the Board of EMS was one of her favorite Boards to serve on and will miss being a Board Member.

Education, Examination, Training and Certification Committee

Dr. Allin called upon Mr. Behan to give the Education, Examination, Certification and Training committee report.

We have a couple of things we need to act on. We heard a couple of routine reports that we do every time.

1. Chy Miller, on behalf of Hutchinson Community College, requested, not necessarily for a complete variance but asking for conditional approval to start an EMT course, and just wants some assurance from the Committee and then the Board that they're going to be able to start right after the first of the year about the same day that our statute goes into effect. It's not a variance because variances are only good for sixty days. There are issues with text books and trying to let the students know what for sure is going on, the timing of the students to get into class. It was our recommendation to approve, to grant a conditional approval subject to the staff's review of the course, for Hutchinson Community College to do an EMT course that's going to start on or about January eighteenth. And I'll make that a motion.

MOTION: To grant a conditional approval subject to the staff's review of the course, for Hutchinson Community College to do an EMT course that's going to start on or about January eighteenth. Moved by Mr. Behan seconded by Board Member Ralston.

DISCUSSION: None

ACTION: Motion passed.

I might also add that Hutchinson Community College has done some work on abbreviations and on the new scope and trying to outline different modules. It's a really nice job and they are going to allow us to use that sort of a best practice. I want to make sure that they get some credit for that. It was nicely put together and good job by Hutchinson.

2. Our next item of business was a report from the Friesen group. There's a few updates that need to be added to the Advanced EMT curriculum. The Friesen group identified those from their meetings and identified some costs that are associated with that. While this isn't entirely up to the committee and probably not even the Board, we just wanted to make sure that we're on record in case it comes up during the negotiation or awarding of amending the contract, that the Board was ok with it. It's the Committee's recommendation to accept the Friesen group proposed Advanced EMT bridge curriculum modification. That'll be subject to the agency and purchasing getting together and determining what needs to be done, we wanted the Board to have already signed off on it, that if they're ok with we're ok with it.

MOTION: *To approve the updates and support the additional funding as identified in the memo provided by the Friesen and the modification of the contract if authorized by the State purchasing office. Moved by Mr. Behan seconded by Board Member Ralston.*

DISCUSSION: *None*

ACTION: *Motion passed.*

3. We had four different items that deal particularly with education standards, as far as implementation of the scope. We might be able to do all of these at one time, even though there was considerable discussion on one of them, but we did talk about;
 - the educational standards for Advanced EMT,
 - the educational standards for the Paramedic
 - adopting the 2002 National Guidelines for Educating EMS Instructors as the curriculum for the IC course,
 - adoption of the Board of EMS Training Officer I initial course standards and
 - adoption of the Board of EMS Training Officer II initial course standards.

Our only issue was that there were some items in the Training Officer II that weren't in the Training Officer I and after a considerable amount of discussion and trying to figure out how we could get around that since these were dated in August, we finally decided to incorporate the course evaluation by the students, the syllabus, the schedule and the records management section from the Training Officer II into the Training Officer I and just simply changing the date on the Training Officer I to today's date, leaving everything else the same. Our recommendation is to adopt the educational standards for the Advanced EMT, and the Paramedic, the adoption of the 2002 National Guidelines for Educating EMS Instructors for the IC course, the Board of EMS Training Officer I initial course standards and the Board of EMS educational standards for Training Officer II initial courses of instruction. The date on the Training Officer I should read December 3rd, the rest are August 2010.

MOTION: *To adopt the educational standards for the Advanced EMT, and the Paramedic each dated I August 2010, the adoption of the 2002 National Guidelines for Educating EMS Instructors for the IC, Board of EMS Training Officer I initial course standards for the Training Officer I course dated December 3, 2010 and the Board of EMS educational standards for Training Officer II dated August 2010 Moved by Mr. Behan, seconded by Mr. Ralston..*

DISCUSSION: *None*

ACTION: *Motion passed.*

4. We had several regulations to approve 5 to move forward. They're the ones we've talked about before. So unless anybody wants to look at them individually, I can go down and read through what the recommendations are for each. Is that ok with the Board?
- For temporary regulations, I have KARs 109-5-1, 109-5-7, 109-7-1 with the change to keep first responder needs to stay in the fee section along with the EMR,
 - KAR 109-8-1 with the changes to the number of examination attempts,
 - KAR 109-10-1 to change the date on the Training Officer 1 Educational Standards to December 3rd, 2010
 - KARs 109-10-6, 109-11-1 and 109-11-4 with the addition of "medical" in-between on that first line so it reads Advanced Emergency Medical Technician.

MOTION: To approve the temporary regulations as identified with the correction of KAR 109-10-1a instead of 109-10-1 for processing by staff. Moved by Mr. Behan, seconded by Mr. Ralston.

DISCUSSION: None

ACTION: Motion passed.

5. As far as permanent regulations we need to approve, to keep them moving through the process and likewise if anybody wants to look at one in particular just say so and we can do that. But if not, those regulations were KARs 109-5-5, 109-6-1, 109-9-1, 109-9-4, 109-10-2, 109-10-3, 109-10-5, 109-15-1 and 109-15-2.

MOTION: To approve the permanent regulations as identified for processing by staff. Moved by Mr. Behan, seconded by BC Rook.

DISCUSSION: None

ACTION: Motion passed.

6. We had a request from a Training Officer 2 that's also a Fire Service Instructor One, to forgo some of the IC course. I think we're going to just send him a letter he really doesn't need a variance. I'll make that a motion so that the staff can precede and it's documented.

MOTION: To conditionally approve and allow this person to proceed. Moved by Mr. Behan seconded by Ms. Kaufman. .

DISCUSSION: None

ACTION: Motion passed.

Investigations Committee

Chairman Allin called upon Board Member Megredy to give the Investigations Committee update.

Mr. Megredy reported there were 2 scheduled hearings; one was postponed until February 2011. There were five cases to be reviewed. One was approved for certification, one was tabled and

the last case was an emergency suspension. Hearing procedures were discussed. Hearings will not routinely be heard via teleconference. There will be an extension of the committee meeting today.

Budget/Office Update

Dr. Allin called upon Executive Director Sutton to give the office update. Mr. Sutton reported that;

1. all service inspections have been completed at this time.
2. several training programs have received inspections of their training records as part of a training update for Staff
3. staff who will begin inspecting training records as part of the Service Inspection process in 2011, as well as independent training programs inspections.
4. staff inspectors attended an Ambulance Safety Conference.
5. staff and Physician Board Members attended the data collection, education and training and the Medical Director's tracts at the NASEMSO meeting.
6. staff attended a rural health and community Paramedicine conference as well.
7. audits since the transition process for individual technicians will require a 100% audit of submitted documentation.
8. the office has been advised that an approximate cost to rebuild the Service on-line renewal process is roughly \$36,000.00. Roughly only 30% of the services are using the online renewal process. The budgeting plan for KEMIS is reaching its reduced levels. The continuing education audit process has been removed.
9. the Deputy Director position will be reviewed and announcement and hiring action will begin in 2011.

Public Comment

JEB BURRESS: Good morning, my name is Jeb Burress with Butler community college. As a program provider and talking to some of my counterparts and services that are program providers during the transition phase I would really like the Board to consider allowing to do the transition courses if you're a program provider through program providership, and not as an initial course. The only reason really given for doing it as an initial course is for accountability of tracking the students through rosters which as program providers were not required to submit at this time, I would think if we put in the regulation that we can do it by single course for non program providers and for program providers that can run it through their program providership they would still need to submit a roster for that transition class within fifteen days of it starting, and that way the Board could still track the attendants that have attended and gone through the program. Either do the single transition course or I do have a schedule since we were given the go ahead yesterday that we can move forward and our classes will be approved and we are going to in the spring semester, I have also built schedules that imbed they would have to come to twelve classes or more because its spread out between a few hours here and few hours there, but they would still get all the transition material, and I have that built into our actual initial course. That's all I have, everybody have a nice holiday.

CHRIS WAY: I'm going to really quickly represent the KEMSA Board, and we had our strategic planning on October twenty first and twenty second I believe and I was asked to lead and share the legislative committee this year, and the only thing we're going to ask today is that we work together with you, we've made that request in private to the executive director before and realize we have a new executive director but feel like we need to ask the whole Board that maybe we work on legislative issues together and make that offer now rather than wait till we get into the session and realize that we have either common ground or disagreements and wait till it blows up in a committee meeting or in a session at a hearing, let's work on those things now and together rather than waiting till we get to the point that we're all dressed up and arguing and fighting in front of them and look like we have some major division, and if we have major division let's try to work that out prior to getting across the street, let's do that over in this building rather than over in that building because I think as we transition into a new leadership and government over across the street that now is not the time as their looking at budget cuts and their looking at combining departments and their looking at ways to streamline government I don't know that we want to give up what we have but that means we all need to work together and that means we need to have give and take and I think at the same time you all need to have give and take so we would like to extend that olive branch so to speak now and make it very well known that we're willing to sit down and look at those legislative issues and work on that common ground together rather than getting to the point of contention as it has in past years.

PAM KEMP: The real reason I wanted to talk to you about today, I'll get to in a minute but

- First I want to let you know that I really am disappointed in the vote or the decision that you made on the intubation issue. You worked hard to get a medical advisory council and then the first thing of substance that they gave you, that had requested advice, you disregarded and I think you might want to rethink that, if intubation at the AEMT level is a good thing, I'm not seeing anything that says that it is, but if it comes out that it is then it is for every AEMT, this grandfathering thing to me, I'm sorry that just that's ego, that's protecting the stripes on our sleeve not what's best for our patient, and that's pretty much all I want to say on that. I don't want to see the whole scope of practice develop that flavor, because as most of you know I'm the director of a type two service in a very rural area, I'm not a paramedic. I'm an EMT-I , I went through the intubation module years ago when the EMT-I's could do that and we figured out pretty easy on, early on that was not good patient care in our setting and we've not done it, we've got one full time paramedic the rest of us, EMT-I's pretty much, and I will tell you in general the scope of practice changes that are coming are going to save lives of our patients and none of them are going to have a tube coming out of their throat it's our diabetic patients, it's our other medical emergency patients that now our EMT-I's will be able to really truly make a difference in the care of that patient versus applying more diesel to get that thirty miles with blood sugar of thirty to the hospital so I don't want to see it, all the good stuff get fogged up in the debate that we have to have over this intubation thing.
- The real reason that I signed up for public comment and that is did you all get list serve stuff yesterday? It got a little wacky and what that indicates to me is that in spite of all the best efforts that all of us that come to this room on a regular basis to fight and hopefully leave friends at the end of the day, in spite of all of our good efforts to educate and communicate something's gone amiss and the train has not made it to every station in Kansas, and we still have folks out there that aren't understand the scope of practice what all has gone into it, what benefits are out there for our patients and to kind of help resolve that I'm wondering if there isn't something that we can do in the way of, I kind of expected it to come with the

certification renewal this year but it's too late to do that now, but some sort of a printed document that we could mail to everybody that is certified as a first responder, EMT, an EMT-I, EMT-I/D, EMT-D, anybody that's going to be really affected by this scope of practice that just has the bullet points, the facts, what it means for them, what they're going to have to do, that type of document that type of education and communication I think is the only thing that's going to stop the misinformation, and most of the turmoil is based on misinformation, I think that it's something that, KEMSA and KEMTA, and the Board and the regions can all work together to develop I'm not, Steve's staff is maxed out just like all of us are, I'm not suggesting it be assigned to any one person but just my thought.

CHAD PORE: Thank you I just want to, thank all of you guys because the job you have is tough, I know that and I think everybody back here knows that, and regardless of what decision you make on anything you're never going to please everybody.

Share a couple things I agree with, or I support and the last one is the most important out of all of them today, but I do support Jeb, with using program provider for the transition, I think that's going to be better, I support the foul shot that gave KU the ability to extend their winning streak last night, I support the grandfathering of paramedics to be able to intubate when it's taken away nationally, but lastly I support a new group formed still working things out, that essentially is the muddy angels of Kansas, EMS has a EMS memorial for people that have died in the line of duty. Chad shared some information about the memorial and a bicycle ride that will take place and raise money for families of those that are in the Memorial. The ride next year will be three days in June 2011. Chad said that no one in Kansas had participated in the bicycle ride and they have a goal of getting twenty people to attend this year's ride.

MOTION: *To adjourn the board Meeting at 11:07am. Moved by Dr. Allin seconded by BC Rook.*

DISCUSSION: *None*

ACTION: *Motion passed.*