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

Sam Brownback, Governor

Board Meeting Minutes

December 2, 2016

Approved

02/03/2017

Board Members Present

Dr. Joel Hornung
Sen. Mitch Holmes
Comm. Ricky James
Director Deb Kaufman
Chief Shane Pearson
Director Chad Pore
Director John Ralston*
Director Jeri Smith
Rep. Susie Swanson
Dr. Martin Sellberg
Rep. Henderson
Sen. Faust-Goudeau
Dr. Greg Faimon
Comm. Bob Saueressig
*via phone

Attorney General Staff

Craig Paschang

Board Members Absent

Dennis Franks

Guests

Brandon Beck
Kerry McCue
John Hultgren
Craig Isom
Dan Hudson
John Cota
Marvin Van Blaricon

Terry David
Rosa Spainhaur
Charles Foat
Darlene Deck

James Zeeb
Jason White
Chrissy Bartel
Sean Hankin

Representing

KEMSA/Region V
Region I
Dickinson Co. EMS
Med-Trans Corp.
Univ. of KS Hospital
KCKFD
KEMSA/Clay Co.
EMS/Region IV
Reno Co. EMS
Kiowa Co. EMS
JCCC
Region 3/Sedgwick
Co. EMS
KCKFD
MARCER
Norwich EMS
KSAFC

Staff Present

Joe House-Exec Dir
Curt Shreckengast-Dep Dir
James Kennedy
Suzette Smith
Emilee Turkin
James Reed
Mark Willis
Ed Steinlage
Mark Grayson

Call to Order

Chairman Hornung called the Board Meeting to order on Friday, December 2, 2016 at 9:05 a.m. The first order of business was to approve the minutes from October 7, 2016.

Dr. Sellberg made a motion to approve the October 7, 2016 minutes as provided. Director Kaufman seconded the motion. No discussion. No opposition noted. The motion carried.

COMMITTEE REPORTS AND POSSIBLE ACTIONS

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 that KEMSIS training has been completed across the state to get everyone up to speed on ImageTrend Elite. The first agencies went live November 1st of last year. 104 of the 178 services went through the initial round of training. Forty services are currently live on Elite with several others going online January of 2017. The first user group meeting will be held in February 2017.
- James Reed reported that all service inspections have been completed and all program providers have been audited. This is the first time ever that both have been completed.
- There were two variances issued for lettering.
- The service recognition program has been discussed the last couple meetings. Mr. Reed will be sending it out to all service directors in the next couple weeks so they can be making their plans and goals for the coming year. Sometime after the first of the year, an application process will be available in the database. The committee that worked on the recommendation will get together again after the first of the year.
- K.A.R 109-2-8 was discussed for elimination of the mandatory medical equipment and supplies list. Two years ago, the mandatory medical equipment and supply list was revised to eliminate the requirement for a short backboard. Others items have been requested to be removed from the list. The intent is to change the list and redraft the equipment list to be in line with a service's protocols. Board inspectors would then make sure the lists are being followed. The committee wants to move this revision to the full board for consideration. Director Kaufman had concerns for services with high director turnover not having the list. A model list would be developed which Board staff would help them get started as well.

Chief Pearson made a motion to open the necessary regulations to revise the equipment list.

Commissioner Saueressig seconded the motion. No discussion. No opposition noted. The motion carried.

- There was discussion on ambulance vehicle standards. There have been a lot of changes with manufacturing standards. It is a fluid topic of discussion right now. Director House provided some handouts on crash standards. These standards are creating an increase in the cost of a new ambulance by \$5,000-\$6,000 for cot retention. Antlers will no longer be allowable due to crash issues. Stryker and Ferno do have approved cots. So services should be following the three organizations out there with standards. The big thing is SAE standards. Chief Pearson wants to get the word out that these standard changes are available.
- The Manager's Report discussed revising the inspection process in the future. Mr. Reed reported that staff may have to deviate from the inspection policy to transition from paper. No big impact is anticipated but staff will be using tablets on inspections. Mr. Reed sent out a survey on CDC guidelines to see what services are using them. He received 98 responses out of 165 services.
- The Regions reported their educator workshops and meetings.

Education, Examination, Training and Certification Committee

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

- The committee welcomed Mr. Mark Willis as the new Education Manager.

- The BLS Examination Vendor Report has many test sites coming up in December. SKEMS is needing patients and assistants at the sites.
- The EDTF is reorganized and taking nominations for chair and want staff support of the chair once installed. They meet again January 12, 2017.
- The Educator Proposal was sent to EDTF and it will be looked at to see if it is still applicable. Mr. Willis will need to be assigned as staff support for the task force. There was discussion on whether the TO is still necessary.
- The committee reviewed the assessment renewal concept and the need to have a credentialing process. Two medical directors, Dr. John Gallagher from Sedgwick County and Dr. Ryan Jacobsen from Johnson County, commented they currently have or are working towards a credentialing process that includes an assessment/competency program and they would be willing to offer those as pilot programs. The committee did not make a decision, but will put it on the agenda.
- The committee discussed the Kansas Continuing Education Plan and getting the word out. They want to identify how to assign hours for canned courses, like ACLS and PHTLS.
- There was a concern brought forward from Dr. Charles Foat regarding a situation with a Missouri paramedic course being held in Kansas. After discussion, this activity may not meet board requirements. Director House will notify COAEMSP and a policy will be issued. It was stressed that all classes need to offer the same standards.
- CECBEMS has recently had a name change to CAPCE. Board regulations need to reflect this change. Also there are a number of regulations that reference transition courses. Thus, those regulations are obsolete. The committee moved to seek Board approval for staff to start the proposed regulation changes.

Director Kaufman made a motion to open the necessary regulations to change CECBEMS references to CAPCE and open necessary regulations to remove transition course language that is obsolete.

Director Pore seconded. No opposition noted. The motion carried.

- Mr. Willis in his Manager's Report said 50 educators had renewed. 1,052 attendants have renewed with 60% still using paper renewals. The Board of Nursing believes this is a generational issue and the number will decrease. There are currently 446 applications pending. There are 3,647 attendants yet to initiate renewal. 356 educators yet to initiate renewal. Each application is taking approximately twelve minutes to process with the cards being the primary time problem.
- There are multiple exams coming up in December for EMS certification.
- The next EDTF meeting is scheduled for January 12th.

Executive Committee

Chairman Hornung presented the Executive Committee Report to the Board:

Federal Legislative Update

- H.R. 4365 / S. 2392 – Controlled Substances Act passed the House side but not the Senate side. There are only 30 days left in the session, so it probably will not make it.
- Dr. Jacobsen of the Medical Advisory Council (MAC) reported they passed bylaw changes including wanting to have face to face meetings between KBEMS committee meetings. This would be good for all participants. They also would reflect changes made

by the 7/1/2016 statute amendment to have 5 physicians and 1 physician board member on the MAC.

Dr. Hornung made a motion to approve the bylaw changes to the MAC to allow face to face meetings and reflect the changes made by the 7/1/2016 statute amendment. Director Pore seconded the motion. No discussion. No opposition noted. The motion carried.

- Dr. Jacobsen discussed the ongoing work by Darlene Whitlock with EMS medical directors training.
- The MAC talked about the scope of practice and medication list changes. Naloxone was presented as a change to the EMR and EMT scope. Some legislation will be brought forward to allow other prehospital personnel to provide Naloxone. It would be good to have EMS attendants do it too. Ideally, the EMR and EMT scope of practice would only be changed once when all recommendations were in. However, Dr. Jacobsen wants the Board to move forward now instead of waiting.

Director Pore made a motion to approve NARCAN on the scope of practice for EMR and EMT, then leave any other changes the MAC recommends for next year. Chief Pearson seconded the motion. No discussion. No opposition noted. The motion carried.

- Dr. Hornung said there needs to be education on how and when to use NARCAN. Director Pore said services have to address use as well. Dr. Hornung asked Dr. Jacobsen to look for any training tools.
- There is a potential of a position statement in support of EMD. The Board could come out in favor of it as a regulatory agency. However, it is not under the Board's power or jurisdiction and cannot be mandated. It does raise the quality of care.
- Director House provided information on a statewide patient tracking solution. Eighteen months have gone into the process at KDHE. EMS was brought in and now they are looking at ImageTrend as a solution. It can be linked to patient care reports with hospitals through the Hospital Hub. Recently outcomes were added to be sent back to the service. In looking at KEMSIS it was decided to be the best route to go. A tracking solution must be able to track patient information then once internet becomes available in transit, the information can transfer. This works on the Elite Field System. A statewide license costs \$174,000. The Board would not have those funds available. The intent is to pursue other funding sources. The annual maintenance is \$24,000. That is Phase I for Elite Field. Because we currently use this vendor, KDHE asked that we be the lead to move forward. When asked what individual services pay, Director Pore reported they pay \$7,500 up front and \$1,200 in annual maintenance. Terry David reported his service costs were similar. Currently some services use the field bridge. Phase II is enhancing the hospital bridge. The cost initially would be \$250,000 and \$50,000 in annual maintenance. For us to join the project would mean we can look outside EMS for funding for the maintenance. The Board would probably need to partner with MERGe to integrate when needed. Staff would have to pursue grant funding to fund this project.

Dr. Hornung made a motion to support the intent of a Statewide Patient Tracking Solution and proceed on the project and securing funding. 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:

- Three items were on the consent agenda for felony convictions. One was an error on the application with no actual felony; one withdrew, and one had completed probation and made restitution. The Committee accepted staff recommendations and closed all three cases.
- There were two big case discussions. One had a multiple agency response (11) at an incident. An individual gave an order to attendants by the patient to administer medication that was previously denied by two physicians earlier in the process. The Committee entered into a consent agreement with a \$500 fine; one year probation with an immediate 90 day suspension upon confirmation of any new violation occurring within that one year or if he doesn't complete any other requirement of the agreement; present to a minimum of two paramedic classes within six months on protocol knowledge and the importance of the relationship between physicians and paramedics, professional orders and professional ethics; prepare an article on the place of sodium bicarbonate in prehospital care; and obtain ICS 300 training within one year.
- Another was a service had stopped carrying two medications but left them on their protocols and formularies. There was conversation about how it affects all agencies. There is a requirement that you report protocol changes within 15 days. They did find there was a violation, but chose to close the case based on local action. Plans have been put in place to not allow it again. The committee did ask that it be brought up on the Planning and Operations Committee agenda regarding protocol submission to the board and timeframes to look at those regulations for a review.
- There was an application with a felony conviction but the individual has since passed away. So the case was closed.
- A medication error was reported from an agency with a couple previous cases. There were two medications next to each other that both started with *KETA* and the attendant grabbed the wrong medication and administered it. The attendant immediately reported this error to the hospital and his agency leadership, who took very good action. The case was closed and accepted local action. The Committee did ask Director House to send the agency a letter regarding the two recent incidents that sound like a system issue and have them reevaluate how they store medications, plus do a medication check program before they give a medication.
- There was an agency whose dispatch center paged them out but the tones did not go off in the station so there was a ten minute delay in response. The case was closed without any action because there was a communication issue with the communication system failing. They do have an agency policy that if there is no response they are to double check and that didn't occur. The agency is all over the issue to correct it. Board regulations require a 5 minutes average response time, so there was no violation.
- There was a case that went into KAPA. This was an education case that was just reported as the class was finishing. It is an AEMT class where the instructor submitted all the appropriate paperwork, which included all the Kansas enhancements we have for the AEMT. However, it came out that they did not teach the enhancements. They were going to finish the course without those enhancements and have the students test and then

try to bring them back for a couple weeks to give them the Kansas enhancements. Some students were told they had to get those from their own agencies. After much discussion, including that EIG money is involved, the Board directed staff to withdraw immediate approval of the course with the current instructor and shut the course down. The students would not complete the class or test. The sponsoring organization will be responsible to find a new instructor and complete the course within 45 days or reimburse the funding to every student that paid or their agency. A concern was if the new instructor got in there and realizes the students may not have been taught as much as originally thought, then the 45 day timeframe may not be enough. So once the new instructor gets in, then those conversations can be had.

That concluded the report from Director Pore.

Office Update

Chairman Hornung called on Director House to give the office update. Director House reported to the Board:

- A handout was presented with the services not reporting to KEMSIS. This will show who is eligible for grants. Johnson County Med-Act experienced a break in their link to KEMSIS but they are a month and a half past the estimated time they would have it reestablished. So they are on the list for now. The back of the handout has Facilities Not in Hospital Hub. We need a point of contact for each hospital. Once received, we can establish that account within the system so they can start receiving patient care reporting. Chief Pearson reported that for Concordia he can contact Salina Regional. Director Pore said this list is helpful to see the high percentage of reporting. And even though the number not reporting is higher in some regions, so is the number of services.
- A handout on boards and commissions was discussed. Director House will provide an agency overview to a special committee on public health boards. This is a legislative subcommittee looking at the Alvarez and Marsal recommendation to establish separate general industry, public health, and financial industry umbrella structures to leverage shared resources, labor capabilities, and mission alignment. This was brought to the board last session where there was an actual bill that was going to create these three committees. The bill did not end up getting through but these three committees were formed. The first meeting will be next Tuesday where Director House will provide an agency overview and our input on the recommendation. This does not affect the 15 members of the board. It appears to be an attempt to align agencies better who have shared missions. When looking at Board of Healing Arts, Board of Nursing and EMS, you see “licensing” boards. So while it looks like you could align them, that is not necessarily the case. The expertise necessary to execute the details in dealing with what we do is broad. We deal with educational institutions, ambulance services, inspect vehicles and business, personnel, and audits. We are one of a few that deals with people, vehicles, and businesses. And the businesses are not just private as we have county and city governments as well as hospitals operating a service. So this is a great opportunity to educate more on what we do. Director House will know more after the hearing about what questions are asked. There is also a second day for testimony on December 14th for organizations and associations to provide public comment. The committee then plans to make their recommendation at the conclusion of that hearing. Rep. Swanson asked if this is for cost savings. Director House said they are looking for efficiencies and we are at

36% on the efficiency scale when including grants. If you take grants out, then we are at 60% efficiency, which is in line with other health boards. He did know there was talk that the Nursing and Healing Arts Boards might be merged mainly due to nurse practitioners and mid-wives being handled by both agencies. This hearing sprawled out from there.

- This afternoon staff will be heading to Manhattan for a meeting with a state firefighters association and a few other groups on legislation.
- Director House discussed the Advanced EMT. As a Board, we need to better wrap our heads around that entire scope. One number he wanted to share deals with exam results. There are five different areas examined upon. It is not a computer adaptive test yet. Although it takes place on a computer, it is still linear in nature which means everyone gets the same set of questions. Until they do testing for a significant amount of time, they don't have enough questions to feed the monster that is the computer adaptive test. With that what we are seeing is some very alarming results. Our lowest scored area is trauma. And not a lot changes between levels on trauma. But over half of the students that fail, fail that area. The percentage that score "above passing" is only 3%. We need to look at that scope and see what is going on, such as are we giving the I/Cs the tools to instruct on this, are the standards ok, and are we utilizing the appropriate exam tool. The second area we graded lowest on was the EMS operations. This is also the same across the levels. We are doing well with medical, airway and cardiology. So we need to make some hard decision on AEMT scope of practice. Director Smith asked how many hours are required for this class. The state does not require a set number of hours. The lowest is about 180 hours goes up to over 500 hours. Field internship hours have skills and contact, instead of a specified number of hours. Chief Pearson said this may be another problem. Director Pore said that any committee looking into this should be heavily board member driven. Investigations Committee has dealt with a lot of AEMT scope issues. Dr. Hornung requested that Director Pore work on the AEMT process in his committee. Director Pore, Director Kaufman and Director House will get together with other interested board members and move it forward. Dr. Sellberg would like to see an executive summary on where we are, what the issues are, and what our current practice is so we can get a little direction. And there would be members of the MAC that would like to participate as well.

Public Comment

Chairman Hornung said no one signed up for public comment.

He did announce that Assistant Attorney General Sarah Fertig had her baby on November 28th. Mr. Craig Paschang was welcomed as our interim assistant attorney general.

Senator Holmes announced this is his last meeting with the board as he chose not to run again for his senate seat. He said he didn't have any ambulance experience until 2012 when his daughter's car was T-boned by a semi at highway speed. She came through it miraculously. Director Pore approached him one day at the Capitol and said KDHE wanted to use his daughter's accident as a case study on when everything went right. He saw a lot of changes during his time on the board. The investigation backlog was removed and there was a big case on an instructor that almost died after volunteering to be a subject during a class. He participated in the hiring of

Director House and interviewed all the applicants. The writing of the bylaws was an interesting process. The board had legislation passed to allow civil fines and subpoenas that he was involved in and testified on the House floor. Senator Holmes said he will miss the board and offered his thanks. He wished the board a good year next year.

Dr. Hornung adjourned the meeting at 10:30 am.

DRAFT