

Board Meeting Minutes

June 4, 2021

Approved
8/6/2021

Board Members Present

Rep. John Eplee
Dr. Gregory Faimon - phone
Sen. Faust-Goudeau - phone
Comm. Ricky James
Director Deb Kaufman
Chief Shane Pearson
Mr. Chad Pore
Director John Ralston
Dr. Martin Sellberg - phone
Mr. Dennis Shelby - phone
Comm. Bob Saueressig
Director Jeri Smith

Guests

Representing

Staff Present

Joseph House, Exec. Director
James Reed
Mary-Elaine Skinner
Suzette Smith
Carman Allen

Board Members Absent

Rep. Broderick Henderson
Dr. Joel Hornung

Attorney

Sam Feather

Call to Order

Vice-Chairman Pore called the Board Meeting to order on Friday, June 4, 2021 at 9:00 a.m.

Director Ralston made a motion to approve the April 2, 2021 minutes. Director Kaufman seconded the motion. No discussion. No opposition noted. The motion carried.

Old Business

Vice-Chairman Pore called upon Director House to provide an update on any COVID-19 related topics. Director House reported the State of Emergency Declaration was set to expire on May 28, 2021 but was extended to June 15, 2021 and is not anticipated to be extended again. The Executive Order to allow licensure extension to May 28, 2021 was allowed to lapse. Vice-

Chairman Pore asked if Director House will continue the weekly service director updates. He does want to keep the meetings and will shift away from COVID topics. Director Ralston suggested that with the State of Emergency ending we should remind services to ask Emergency Management for any PPE they need before it expires. Director House said KDHE will continue a courier service of specimens.

Planning and Operations Committee

Vice-Chairman Pore called upon Chief Pearson to provide the Planning and Operations Committee report. Chief Pearson gave the following report:

- Director House said there will be a KEMSIS Users Group meeting on July 12, 2021 at the Acorns Resort at Milford Lake beginning at 9:00 a.m. The afternoon will be a rollout of the Biospatial platform. The following day will be the annual legislative meeting to discuss legislative items for the next year.
- Director House has received quite a few data requests since the last meeting. He was asked by KDHE to monitor the Mission Control rollout to monitor usage. Region I asked for trauma data. He received a request from KU Med EMS Research on call volume. They asked if he could break it down by regions, which is possible. The annual report to KDOT was sent April 5th with good reviews. The funding KDOT received through 409 funding is dependent on the success of KEMSIS.
- Three services are currently not reporting data: CCT, Lifewatch and Via Christi. CCT is now reporting.
- Staff gave a service inspection update and reported that 58 inspections, 54 program provider audits and 17 initial course audits were completed.
- The Protocol approval bill passed as SB 238 and was published in the Kansas Register this week.
- The plan for permitting of non-transport agencies is to start from where we left off.
- Director House discussed the Interstate Compact and will provide a presentation at the next region meetings to get the information out. To qualify a provider must be an EMT, AEMT or paramedic and over 17 years old. We can track both those requirements, but not so easily the medical direction piece. Currently the state meets all requirements except the criminal background check which is due by October 7, 2022. Since we will monitor the medical direction side for Compact eligibility, we need rosters to be current. Right now a service has 90 days to update the roster. Director House asked the board to shorten that to seven days. Chief Pearson discussed services updating and remembering to remove someone who leaves. He thought two weeks to 30 days would be adequate. Commissioner Saueressig said seven days is reasonable but asked if someone is out on vacation are they penalized. There was no penalty defined. Director House explained we are linking licensure with KEMSIS so it will be one entry on the licensure side.

Director Ralston made a motion to work toward regulatory change to seven days for roster updates. Director Smith seconded the motion. No opposition noted. The motion carried.

Medical Advisory Council (MAC)

Vice-Chairman Pore called upon Dr. Sellberg for the MAC report. Dr. Sellberg reported the medication list for AEMT is recommended to include Ketoralac. It is also recommended that intranasal use of glucagon be approved at all levels.

Director Ralston made a motion to approve the addition of intranasal route of glucagon to all provider levels. Director Kaufman seconded the motion. No discussion. No opposition noted. The motion carried.

Director Ralston made a motion to approve the addition of Ketoralac to the AEMT medication list. Director Smith seconded the motion. Director House clarified that just because a medicine is on the list does not mean all services have to add it to their protocols. Adequate training would be needed. The motion carried 11-1.

Dr. Sellberg reported there was also consensus to allow point of care ultrasound for field use at the AEMT level. There was discussion on making sure training and quality assurance is there. Director House said this change would require us to open the statute. Director Ralston would recommend opening all three levels to this change. Director House recommend this item be considered at the legislative meeting next month and bring it back with the full legislative packet for next year.

Education, Examination, Training and Certification Committee

Vice-Chairman Pore called upon Director Kaufman to provide the EETC report. Director Kaufman gave the following report.

- There were no variances.
- Ms. Allen reported they have been very busy with exams in May. There were 25 BLS psychomotor examinations with 572 candidates examined. Over 300 of those were in a four day period.
- The sponsoring organization regulation packet is in the review process. The Attorney General's Office approved multiple regulations but found some need clarification and further review. Some of their recommendations are acceptable but some will be discussed with legal counsel. There are some instances where they say the agency is self-regulating.
- The committee will table the discussion on the Credentialing of EMS Providers for now.
- Three regulations were brought before the committee for discussion. K.A.R. 109-15-1 deals with reinstating provider certification after expiration. The changes would simplify the continuing education requirements for those reinstating after 2 years expired. The committee felt passing the written and practical exams is sufficient. K.A.R. 109-15-2 is for recognition of non-Kansas credentials. The proposed changes would remove language on instructional guidelines and add criminal background checks. K.A.R. 109-15-3 is a new regulation to address the requirements for certification, adds criminal background checks, and requires a 15-day application completion timeline. The committee recommended these regulation changes move forward.

Director Kaufman made a motion to move forward with changes to K.A.R. 109-15-1, K.A.R. 109-15-2 and K.A.R. 109-15-3. Director Ralston seconded the motion. No discussion. No opposition noted. The motion carried.

- For Sponsoring Organization QI Reporting there was discussion regarding future requirements for education programs that do not meet the 70% pass rate cut off. There is some requirement of program records already in regulation. We will bring back some expectations of basic components of a QI response plan.
- Ms. Allen reported the audit process began for June and will continue in July and August. She also reported they are very busy with 10 exams coming up in June. Staff has been working on an update on the exam guidebook to include more strict guidelines on electronic devices, increasing floor space to 15' x 15', and revising exam orientation with more specifics.
- There was discussion on I/C certification and the current meaning of that certification. The EDTF will have a report at the next meeting.
- A question was received regarding evaluation of background checks. There is not a list of findings that would automatically disqualify a candidate from certification. Infractions discovered through this process would need to be sent to the Investigations Committee for evaluation.

That concluded the report.

Investigations Committee

Vice-Chairman Pore provided the following Investigation Committee report.

- There was an Emergency Order of Suspension made previously on a case for child abuse. The provider was convicted so the Committee recommendation was to revoke certification.
- There was an education audit issue from a previous director. The service was fined \$250 for the violation.
- An Emergency Order of Suspension on previous charges was lifted when the charges were dismissed. The provider was given 90 days to renew certification.
- There were a number of medication errors. Most were human error and a violation did occur with the Committee accepting local action.
- A few errors were with Ketamine. He said we need to figure out from the agency level how to get a hold on this and limit errors.
- There was a legal recognition application with a legal issue in another state. The Committee is doing a Consent Agreement.
- There was a staffing issue with one agency and they were fined \$25.
- On another medication error the Committee recommended a Consent Agreement and the provider must present the full process 3 times to paramedic students.
- Director House was directed to work on sanctioning reference points for investigations. They want a tool to run issues through.

Liaison Reports

911 Coordinating Council – Mr. Nick Robbins reported they are getting everyone on the CAD system by the end of this year. There is no standardized training for dispatchers, but they are working on it.

State Interoperability Advisory Committee – Chief Pearson reported they will go back to in-person meetings in July and be held in Wichita. They are still moving forward with First Net and AT&T across the state.

Kansas Fire Training Rescue Institute – Mr. Eric Voss did not attend.

Advisory Committee on Trauma – Dr. Dennis Allin reported they had great surveillance data coming out of the Trauma Registry on all kinds of injuries broken down by age. June is Safety Month. The Northeast Council will be issuing free gun locks for safety, as unintended firearm injuries are by far the largest injury. Rural suicide is another big issue in Kansas. They are looking what we do with firearm injuries and what we need to do to reduce those instances.

Office Update

Vice-Chairman Pore called upon Director House to provide the Office Update. Director House provided the following information:

- Director House discussed the Rural Emergency Hospital legislation that is out there. It is a Kansas Hospital Association topic and there has been good strong conversations about it already. There will be a need for state regulation on this. The facilities will need to be 24/7 capable but no overnight stays. They must be a critical access hospital first. This will impact transportation. There is language for telehealth and ambulance services if furnished by a hospital. Currently only 22 hospitals are services too. There are 91 critical access hospitals in Kansas. We would have to ask the others if they want to become a service too. We will need to better define as to owning the ambulance or contracting an ambulance. Ron Marshall added that any rural hospital under 50 beds would qualify and any critical access hospital can become a Rural Emergency Hospital. They could also transition back. Currently there is no route to reopen a closed hospital. He also said a review showed 75% of calls could be handled in rural hospital settings. There is a lot yet to be determined and Director House will continue to provide updates.
- Director House gave a presentation on EMS data for our 164 services. The service renewal data found 58% of services have =>1 I/C; 30% use Allied Health personnel; 6% only provide BLS; 93% have a current CLIA certificate; 82% carry controlled substances; and 5% have a specific designated program for Mobile Integrated Health/Community Paramedicine. Service organization type shows that 78 services are government/non-fire, 27 are fire departments, 23 are private, 22 are hospitals and 14 are nonprofits. He presented data on a 25 year trend of call volume and transports.

That concluded the Office Update.w

With no public comment and no further business before the Board, Vice-Chairman Pore adjourned the meeting at 11:13 a.m.