



Emergency Medical Services Council

Health Services Building – MC L963
525 Portland Avenue South
Minneapolis, MN 55415-1569

612-348-6001, Phone
chd.ems@co.hennepin.mn.us



Executive Committee
Monday, June 12, 2017, 1:00 p.m. - 2:30 p.m.
Edina Fire Station #1
6250 Tracy Avenue, Edina, MN 55436

Draft Summary

Present	Absent
1. Marc Conterato, MD , Quality Committee Chair 2. Pat Coyne, RN , EMS Council Chair 3. Mike Hughes, EMT-P , Ambulance Service Personnel Subcommittee Chair 3. Todd Joing, MD, EMS Council Vice Chair 4. Michelle London, MD , Medical Standards Committee Chair 5. Kevin Sipprell, MD , Ambulance Medical Directors Subcommittee Chair 6. Chief Dale Specken , Operations Committee Chair	1. Brian Mahoney, MD , EMS Council Immediate Past Chair
Guests	Staff
	1. Matthew Maxwell 2. Kristin Mellstrom

- I. The meeting was called to order by EMS Council Chair Coyne at 1:04 p.m., with a quorum assembled.
- II. The March 13, 2017 Executive Committee meeting summary and today’s agenda were approved by

consent.

III. Vacancies on EMS Council and committees

Current vacancies were reviewed. All organizations that have vacant seats on the EMS Council or committees have been notified by Council staff to forward nominations when they are ready.

- Administrator (Alt.) at Abbott Northwestern Hospital on EMS Council
- Administrator (Alt.) at Methodist Hospital on EMS Council
- Administrator (Alt.) at North Memorial Medical Center on EMS Council
- Rep. (Alt.) from Hennepin County Chiefs of Police Assoc. on EMS Council
- Administrator at a Medical Control Hospital on Quality Committee (open seat)
- Non-supervisory ambulance service personnel from an ambulance service providing unscheduled care within Hennepin County on the Medical Standards Committee (open seat)
- Non-supervisory ambulance service personnel from an ambulance service: North Memorial Ambulance Service, on the Ambulance Service Personnel Committee

Staff will send a request for nominations for the vacant seats to EMS Council members.

IV. Work Plan and Committee Reports

Ambulance Service Personnel Subcommittee Report- Mike Hughes, EMT-P, Chair

The following three protocols are under review. Dr. Charile Lick offered to bring the proposed changes to Allina OB/GYN Dept. to ensure the protocol meets current best practice.

- Normal Labor and Delivery
- OB Complications
- Newborn Emergencies

The protocol book formulary review will commence at the next ASP meeting.

Protocols that were moved to other committees are listed in the AMD or Medical Standards reports below.

Ambulance Medical Directors Subcommittee Report – Kevin Sipprell, MD, Chair

- Infectious Disease Alert- The committee considered a motion to develop a new alert for infectious diseases, however, the motion was tabled, with the understanding that there is a need to focus work on expanding the pan flu and Ebola plans to a broader infectious disease plan that could include some type of alert in the future. Services are being directed by their AMD's to let MRCC know if an infectious disease is suspected by the medics.

This highlights the challenges of communications where each hospital or physician may desire different levels of detail in the patient information that is relayed from medics to hospitals, usually via MRCC. Some services use radios, some use cell phones, and some use a combination of both. Medics and services vary in how much information they provide. Per the current EMS Council Communications Policy, there is a list of required patient information elements for critical/Red patients, however, some hospitals have voiced concerns that required information is not always being relayed by the medics or potentially by the MRCC in

reports to the hospitals.

The Executive Committee recommends that Operations Committee consider creation of a workgroup to review the current communications issues and if there are parts of the current system that could be changed to make it more efficient and ensure accurate information relays.

- Closure and Diversion Policies for STEMIs and Strokes – The committee discussed a motion to add a short term closure option in MNTrac for CT scanner or other critical equipment for temporary maintenance or outages. The AMD Subcommittee decided that adding new short term closures for specific equipment maintenance or failures would become more complicated in the matrix of choices already in MNTrac and that current practice meets the need. Hospitals are encouraged to ask West MRCC to use the alert function in MNTrac to notify medics/EMS services when scanners, labs or other functions are temporarily down and when it would be important for medics to know when transporting critical patients that would require such equipment or services for immediate treatment at the hospital.
- 9-1-1 Calls for Emergency Transports from a health care facility (e.g. nursing home, urgent care) – There have been a few instances when a non-PSA holder has provided Code 3 transport from a health care facility to an Emergency Dept. without first contacting the PSA holder in that call's location. The committee clarified that for all emergent calls, the call must be offered first to the PSA holder, which then has the option to give the call to a mutual aid provider.
- Protocols – Moved to Medical Standards Committee
 - Hyperkalemia
 - Labor and Delivery
 - Formulary and Equipment List
- Major Trauma Disposition Guidelines- Updated to 2011 CDC and North guidelines, which is newer than the current EMS Council approved guideline that mirrors the state trauma guideline (last updated in 2009). The draft was moved to the Medical Standards Committee.
- Stroke Disposition Guidelines – Discussion of three levels of Stroke Designation Hospitals, the committee decided to table further discussion pending updated Brain Attack Coalition recommendations expected to be published this fall.

Medical Standards Committee – Michelle London, M.D., Chair

- Protocols
 - Adult Sepsis
 - Hyperkalemia (formerly Symptomatic Renal Patient)
 - Standard and Permitted Procedures List (being removed)
 - Formulary List and Formulary entries (being removed)
- Major Trauma Disposition Guidelines- Update current guideline to 2011 CDC with elements of the North Memorial Ambulance Service guidelines, which is newer than the current EMS Council approved guideline that mirrors the current state trauma guideline from 2009. The new CDC guideline includes more types of trauma than current disposition guideline, so much of the discussion among the committee was about the new guideline's directive to send more patients to highest level trauma care centers based on criteria such as patient age if on a blood thinner, and/or minor head trauma. Committee members agreed

that the proposed changes to the Trauma Disposition guideline should be reviewed by a workgroup made up of trauma coordinators from the hospitals and EMS, which will bring a revised guideline back to the Medical Standards Committee for review.

- STEMI Policy – The AMD and Medical Standards Committees recognize a need to review and update the current STEMI Transport policy because it was last approved in 2004 and includes requirements that do not meet best practice guidelines. Current practice over the last decade has been that each hospital has remained on the metro EMS System STEMI list once the hospital sent a letter to their respective public health authority stating that they meet the standards outlined in the policy. Ongoing data has not been collected to verify that the hospitals continue to meet the requirements of the policy and many, if not most of the hospitals, don't meet all the requirements because some requirements are outdated and not needed.

In 2016, MN Stat. 144.491 granted authority of MDH to designate hospitals as STEMI receiving centers if the hospitals meet criteria from selected accrediting organizations, however, the statute did not mandate that hospitals that receive STEMI patients go through the accreditation and designation processes; STEMI designation is voluntary and is being pursued by just one hospital in the Hennepin EMS system at this time.

Absent a mandated state or national STEMI designation in order for hospitals to receive STEMI patients, the Medical Standards Committee members decided that this draft of an updated council STEMI disposition policy needs further discussion due to its significant impact on disposition determinations within the EMS Council hospitals. The committee recommended that a new draft should also be sent to STEMI catheterization centers for comment and feedback will be reviewed before the committee moves a new policy draft to the council.

Operations Committee – Chief Dale Specken, Chair

- Line of Duty and Non-Line of Duty Handbook - is ready for use if services choose to follow the guidelines.
- System Annual Report – The committee discussed creation of an annual report to supplement the quarterly response time standards reports as a measure of EMS performance. After consideration of which metrics may be more accurate measures and useful to present at a local/municipal level, the committee decided that target audiences would be interested in different types of data and levels of detail so creating a single report for multiple audiences wouldn't serve the intended purpose without a great deal of resources to customize reports for each audience.
- Review of Ordinance 9- At the July meeting, the committee plans to discuss whether a thorough review of Ordinance 9 is needed, how that could be accomplished, and if a recommendation to go forward should be made to the council.

Quality Committee Report-Marc Conterato, MD, Chair

- EMS – Hospital System-Based Data Sharing Process - Dr. Conterato initiated contact with other interested parties including the State Attorney General’s Office, as the committee drafts a position paper that could be presented to the EMS Council as a first step toward a data sharing agreement, with the goal of creating a larger regional or state-wide QI data sharing agreement in the future. a voluntary data sharing policy and procedure since legal barriers to make mandatory data sharing difficult. It appears that voluntary adoption of a policy written by the EMS Council would be the most efficient way to begin a more formal data sharing effort between system hospitals and EMS services.
- Response Time Standards – Data that is being downloaded by public health from MNStar for quarterly RST reports has been difficult to manage due to some breakdowns between data transfers from North’s previous e-PCR system and Allina’s current e-PCR that doesn’t align with MNStar’s Airport and Ft Snelling areas codes. After consulting with Bob Norlen at EMSRB, Matt Maxwell found that the newest version of MNStar has corrected for the coding errors in the airport area, so that data should be correctly coded directly from Allina’s e-PCRs once Allina soon. North anticipates that its transition to a new e-PCR system will solve the data transfer issues that were identified while using the previous system.

V. Future Meetings in 2017

Exec. Committee meetings - Edina Fire Department, Station #1 from 1:00pm-2:30pm on Sept. 11, Dec. 11

EMS Council meetings - Hopkins Fire Station from 3:00p-5:00pm on Oct. 12

VI. The meeting adjourned at 2:28 p.m.

VII.