



Emergency Medical Services Council



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**Ambulance Medical Directors Subcommittee
Tuesday, May 30, 2017, 12:00 p.m. - 2:00 p.m.
Health Services Building, Room 311
525 Portland Avenue S., Minneapolis 55405**

Draft Summary

Present	Absent
1. Jeffrey Ho, M.D., Hennepin EMS 2. Charlie Lick, M.D., Allina Health EMS 3. John Lyng, M.D., North Memorial Ambulance Service 4. Paul Nystrom, M.D., Edina Fire Department 5. Kevin Sipprell, M.D., Ridgeview Ambulance Service (Chair)	
Guests	Staff
	1. Matthew R. Maxwell 2. Kristin Mellstrom

Welcome and Introductions – Chair Kevin Sipprell called the meeting to order at 12:05 p.m. with a quorum present. After introductions, the proposed May 30, 2017 agenda and meeting summary from May 5, 2017 were approved.

Stroke Disposition Guideline – Dr. Charlie Lick explained that he was at a conference recently and met with one of the Brain Attack Coalition (BAC) researchers who worked on the paper that was the foundation for the proposed stroke disposition guideline the Subcommittee crafted. Per Lick, in the coming months the BAC will be publishing new guidelines for the disposition of stroke patients that could impact the proposed guideline sufficiently to warrant tabling the discussion. The Subcommittee agreed to table the proposed guideline pending new information from the BAC.

STEMI Policy – Matthew Maxwell presented a STEMI Report (prepared by EMS Unit staff) which contained de-identified STEMI performance information, such as number of emergent PCIs performed and mean door to balloon times for patients presenting to the ED, for the seven west metro STEMI hospitals. The Subcommittee discussed the details of the report and how the data might guide revisions to the STEMI policy. The Subcommittee reviewed proposed revisions to the STEMI Policy prepared by Staff and offered some additional proposed changes. Some significant changes offered by the Subcommittee included elimination of the policy’s definitions section,

clarification that the policy should be primarily about emergent STEMI patients brought in by EMS, and expansion of the criteria to identify Level I Cardiac Center Facilities. The Subcommittee also added language pertaining to data submission for purposes of monitoring performance and enforcing the policy. The Subcommittee reached consensus on the proposed changes and agreed to forward the recommendations to the Medical Standards Committee for review.

Standard/Permitted ALS Procedures and Equipment, and Formulary – The Subcommittee briefly discussed the *Standard and Permitted ALS Procedures and Equipment* lists, and the *Formulary* and agreed procedures and equipment are detailed within individual protocols, and having lists is redundant and unnecessary. Also, the Subcommittee agreed the Formulary in the appendix held little value since paramedics utilize pocket formulary books, apps on their smartphones, or can access drug and formulary websites on their Toughbooks, all of which are far more up-to-date and complete than the formulary in the protocol book. The Subcommittee agreed to remove these items from the protocol book.

Protocols – The Subcommittee tabled discussion on the *OB Complications, Normal Labor and Delivery*, and *Newborn Emergencies* protocols.

Pain Management Study Result/Pain Management Protocol – Tabled.

Review SMD Scene Response/Phone Calls (standing topic) – No items to discuss.

The Subcommittee asked Staff to add to the next meeting Sobering Center(s) and issue with intoxicated patients disproportionately consuming emergency department resources.

The meeting was **adjourned** at 12:08 p.m.

Future meetings, Tuesdays 12:30 p.m.-2:30 p.m., Health Services Building, Minneapolis:

- June 27, 2017
- July 25, 2017
- August 29, 2017
- September 26, 2017
- October 31, 2017
- November 28, 2017
- December 26, 2017