Welcome and Introductions – Acting Chair Mike Hughes, filling in Chair Dale Specken, called the meeting to order at 9:33 a.m. with a quorum present. After introductions, the proposed April 11, 2017 agenda and meeting summary from July 12, 2016 were approved.

West Metro EMS Line of Duty Death/Serious Injury Handbook – Hughes referred the Committee to the draft West Metro EMS Line of Duty Death/Serious Injury Handbook and associated documents/forms that will accompany the Handbook. Craig Anderson and Brad Johnson, with the Minnesota EMS Honor Guard, walked the Committee through the various components of the Handbook and process when a line of duty death or serious injury occurs. The Committee provided feedback on some components of the Handbook, which the EMS Honor Guard will incorporate. It was noted that the Handbook will continue to evolve and grow to meet the needs of the ambulance services related to line of duty deaths, and should be considered a living-breathing document.
The Committee agreed the Handbook and associated documents (with recommended edits) were ready for distribution and use. Also, the Committee agreed the Handbook was a construct of a 3rd party organization (MN EMS Honor Guard), and while specific to the ambulance services in the metropolitan area did not need official EMS Council action to approve or distribute. Representatives from the five West-Metro ambulance services present at the meeting endorsed the Handbook and agreed to implement and operationalize on June 1, 2017. The Committee agreed work on this topic was complete, and recommended removal of the subject from future Operation Committee agendas.

**Annual EMS System Report** – Matthew Maxwell provided a brief history of the topic, indicating that there was interest in migrating away from Response Time Standards (RTS) as the sole metric of EMS System performance. Per Maxwell, the Committee was interested in developing an annual EMS System Report that would contain information about the EMS System (e.g. progress on current work plan topics), but would also serve as a vehicle to begin educating the audience about other possible performance measures.

The Committee acknowledged that a response time standard is codified in Ordinance 9 and is a long-standing measure which is easy to understand and many elected officials, administrators, and the public are familiar with. The Committee felt that ideal measures of EMS system performance should be results driven and tied to clinical outcomes, and those measure should be compared to standards to gauge performance (e.g. how are we doing compared to elsewhere). Also, the measures should convey the value that the EMS System provides.

The Committee briefly discussed various other metrics that could be utilized to gauge EMS System performance, such as percent intubation success or percent of patient’s complaining of chest pain who receive an aspirin, but felt many existing clinical measures are difficult for lay people to understand. The Committee voiced concern that if the intent (shifting away from RTS metrics and towards clinical metrics) is not implicit, the message could end up confusing people if they received an annual EMS System report containing various measures. Also, the Committee felt that regardless of additional performance measures that could be utilized to convey overall EMS System performance, Ordinance 9 still requires a response time standard.

There was agreement from Committee members that some research indicates measuring the response time of an ambulance in a multi-tiered EMS system – where first responders typically arrive on scene first, initiate care, and begin the stabilization process – serves little value. Also, the Committee felt that the EMS System and healthcare system has changed significantly since Ordinance 9 was drafted and last amended, and to be effective any clinical metrics of EMS System performance should be codified in the Ordinance since that is the yard stick by which the system is regulated and performance measured.

The Committee came to agreement that Ordinance 9 hasn’t been amended since 1985 and some of its provisions (such as a response time standard) may not adequately reflect the current state of EMS, the healthcare system, or best practices. The Committee agreed to add to its next agenda a discussion on whether or not to recommend to the EMS Council a review of Ordinance 9.

**Report by non-EMS Committee members** – No reports.

The meeting was **adjourned** at 11:30 a.m.

**Future meetings**, Mondays 9:30 a.m.-11:30 a.m., Hopkins Fire Department, Station #1:

- July 11, 2017
- October 10, 2017