



Emergency Medical Services Council

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Quality Committee

**Tuesday, May 04, 2021, 1:30 p.m. - 2:30 p.m.
online**

<https://www.hennepin.us/business/work-with-henn-co/ems-planning-reg>

Draft Summary

Present	Absent
1. Marc Conterato, M.D., North Memorial Ambulance Service (Chair)	1. Alex Trembley, North Memorial Medical Center
2. Emily Oltmanns, North Memorial Ambulance Service	2. Brent Walters, M.D., Methodist Hospital
3. Wade Johnson, Hennepin EMS	3. Anna DePompolo, MD, Minneapolis Children’s Hospital
4. Doug Kayser, Ridgeview Ambulance Service	4. Gregg Loppnow, MD, MHealth Fairview University Hospital
5. Christie Traczyk, Allina Health EMS	5. Andrew Stevens, MD, Allina Health Hospitals
6. Ryan Quinn, Edina Fire Department	
7. Kevin Sipprell, M.D., Ridgeview Ambulance Service	
Guests	Staff
1. Kristi Royce, Hennepin EMS	2. Kristin Mellstrom

Welcome and Introductions – Chair Marc Conterato called the meeting to order at 1:32 p.m. with a quorum present. After introductions, today’s agenda and meeting summary from November 5, 2019 were approved.

Ordinance 9 Review Summary from November 5, 2019

The committee thoroughly reviewed the proposed changes to the ordinance and provided feedback to the Ordinance 9 Work Group. Discussion of the proposed changes included:

The workgroup established four key objectives including removal of outdated terms, policies, and procedures; removal of redundant language currently covered by higher level regulations; preparing the EMS System for future health care changes; and strengthening language regarding compliance with EMS Council policies.

The Ordinance 9 Work Group Recommended:

- Eliminate the two paramedic requirement; the ordinance will now mirror Minnesota state statute 144E's minimum of one paramedic on each advanced life support ambulance standard for ALS responses.
- Require use of a nationally recognized call processing system (or one approved by the EMS Council) for processing Unscheduled/Emergent and Unscheduled/Non-Emergent calls.
- Require deployment of an ALS resource when there is any reasonable question regarding the nature, scope, or severity of the call.
- Eliminate the response time standard requirement from the ordinance and replace with a requirement that a performance standard shall be developed by the EMS Council and approved by the County Board at least every two years.

The review was suspended due to Covid, so this committee will resume a review of a few areas of concern which included hospital choice of disposition and data reporting to the Health Authority.

Response Time Standard Report – The committee reviewed 2020 data that was provided by the EMSRB for all five services. Staff reported that data in MNStar does not always match the data that is sent directly to staff for response time reports. Dave Rogers at the EMSRB would like to work with staff and ambulance providers to identify the cause of the data discrepancies. It is the intention of Staff to use MNStar data whenever possible, rather than collecting the same data directly from ambulance providers. The barrier to using solely MNStar data has been due to concerns of the EMSRB to provide municipal level data in communities with few transports.

The committee also discussed what metrics should be developed to better measure ambulance provider performance rather than relying exclusively on response time standards.

Cardiac Arrest Response Metric

Dr. Conterato will draft cardiac arrest metrics for the committee to review at an upcoming meeting. The outcome data that is already available on these patients in CARES may also be a useful measure of patient care.

Stroke Times for EMS – Because the committee has not been meeting or collecting data while during Covid, there was not data to review today. Quarterly Stroke Time data reporting to Staff will resume now, so the committee can review 2021 data at its next meeting in Aug.

Stroke Response Time Metric:

- 1) Quarterly data reporting began July 1, 2019 and will continue until the committee decides to discontinue data collection
- 2) Time stamped Arrived on scene time to departure from scene time
- 3) Provider impression equal to Stroke/CVA
- 4) Include data to the 90th percentile
- 5) Exclude real outliers
- 6) New: Only emergent transports are included

Ambulance providers will submit quarterly data to EMS Unit staff; staff will bring aggregated summary data for review at committee meetings.

System-Based Follow-up Process – Dr. Conterato reported that the EMSRB is working on this issue, so this may become a metro project to encourage data sharing between hospitals and EMS. Dr. Conterato will keep the committee updated on any developments.

Dave Rogers from the EMSRB has offered to speak to the committee about the HIPAA-compliant Hospital Hub that the EMSRB is implementing, which could provide an opportunity to safely share data between multiple hospital systems and EMS. He will be invited to join the meeting in Nov. for more discussion about this topic.

System Incident Reports –

Public Health has not received any reports.

The meeting was adjourned at 1:46 p.m.

Future meetings, the first Tuesdays in Feb., May, Aug. and Nov. from 1:30 p.m.-3:30 p.m. at North Ambulance Service, Brooklyn Center or online