Emergency Medical Services Council

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Ordinance 9 Work Group
July 22, 2021, 9:30-11:30 a.m.
Online at https://www.hennepin.us/business/work-with-henn-co/ems-planning-reg

Draft Summary

Present	Absent
1. **Ryan Quinn, Edina Fire Dept., Chair** 2. Jeff Czyson, Allina Health EMS 3. Ryan Mayfield, Hennepin EMS 4. Tony Ebensteiner, North Memorial Health Ambulance 5. Darel Radde, Ridgeview Ambulance Service	
Guests	**Staff**
1. Kevin Miller, Allina Health EMS	1. Kristin Mellstrom

Welcome and Introductions – Ryan Quinn, Chair of the Ordinance 9 Work Group called the meeting to order at 9:30 a.m. with a quorum present.

Approved: Today's agenda and previous meeting minutes from 6-9-21.

Ordinance 9 Review
The work group continued its review of the March 12, 2021 draft of Ordinance 9, which was used as the framework for the last meeting's discussion. At that time, remaining questions and concerns focused on Section VII, Subsections 3 and 4.

Section VII: Standards

The work group noted that the ordinance requires call processing of all requests for service, however, in practice, only calls that are transferred from the Primary PSAP or are called directly to the Ambulance Dispatch can be routed through the Ambulance Provider's call processing system. To

clarify this, the pathway of the call to the Ambulance Dispatch was specified in Section VII, Subsection 2(B). *See below underlined in red.*

Ordinance 9, Section VII, Subsection 2: Call Processing System Standards

(A) The EMS Council shall establish a list of Call Processing Systems that are acceptable for use by Ambulance Providers. The EMS Council may approve an Ambulance Provider's Call Processing System that is not on the list of acceptable Call Processing Systems established by the EMS Council.

(B) All transferred unscheduled requests from a Primary PSAP, or called directly, for a Medical Resource shall be processed through a Call Processing System that is on the list of acceptable Call Processing Systems established by the EMS Council or that has been approved by the EMS Council.

Ordinance 9, Section VII, Subsection 3: Medical Resource Standards

The work group also proposed the use of a new term such as "medical resource" to replace "ambulance" because it may be defined as a specific type of transport vehicle, which may not allow for future changes in service models that are being tested by EMS services outside of Minnesota.

As requested by the work group, Staff requested the assistance of the Hennepin County Attorney's Office (CAO) regarding the work group's proposal to strike "ambulance" in subsection in (A) and (B) and use the term "medical resource" and its definition in Ordinance 9, Section V, Subsection 2(H), which incorporates any changes to definitions that are made to MN Statute 144E. The CAO supports the current language in the March 12 draft which includes "ambulance" as the transport vehicle and noted that the ordinance is silent on the definition of "ambulance," thus the state statute would provide the definition of ambulance, which the CAO explained, appears to allow for broad interpretation:

> **MN Stat. 144E.001 as of July 1, 2020**
> Subd.2 Ambulance
> "Ambulance" means any vehicle designed or intended for and actually used in providing ambulance service to ill or injured persons or expectant mothers.

As an alternative way to address the use of "ambulance," the work group proposed the following changes to allow for flexibility in transport modes for requests for service in which the Call Processing system does not determine that a patient's condition would require an ALS ambulance. A BLS ambulance may be sent if the Call Processing System determines that a BLS ambulance is the appropriate Medical Resource. In cases where an unscheduled request for service is evaluated through the Call Processing System, and neither an ALS or BLS ambulance is needed to appropriately serve the patient, the ordinance does not specify what type of medical resource shall be sent.

Ordinance 9, Section VII, Subsection 3: Medical Resource Standards

(A) Ambulance Providers shall send an ALS ambulance in response to an unscheduled request for an ambulance when an EMS Council-approved Call Processing System determines that an ALS ambulance is an appropriate Medical Resource under the circumstances, except in the circumstances detailed in Section VII, subsection 3, paragraph (B) below.

(B) Ambulance Providers may send a BLS ambulance ~~in response to a requestfor a Medical Resource~~ if:

(1) The Ambulance Provider sending a BLS ambulance has:

(a) Used an EMS Council-approved Call Processing System to determine that a BLS ambulance is an appropriate Medical Resource under the circumstances; or

(b) The Ambulance Provider's EMS Council-approved Call Processing System determined that an ALS ambulance is the appropriate Medical Resource under the circumstances, but the Ambulance Provider's ALS ambulance resources have been expended, and the ALS ambulance resources of the Ambulance Provider(s) with whom the Ambulance Providerhas a mutual aid agreement under Minn. Stat. § 144E.101, subd. 12 have also been expended; and

(c) The Ambulance Provider maintains capability for two-way communication with the caller requesting a Medical Resource;

Section VII: Standards, Subsection 4: Patient Choice and Disposition

Dispositions to Facilities other than Hospitals

The work group discussed the language subsection 4 in the ordinance that allows transports only to a "hospital" and gives priority to the patient's choice of disposition first, then lists exceptions for the Ambulance Provider on scene who are performing the initial assessment to override patient choice when necessary.

The work group proposed removing "hospital" and replacing it with "receiving facility" in Section VII, Subsection 4(A) and 4(B) because specialized facilities such as mental or behavioral health treatment centers are likely to become accepted destinations for some patients who are transported by ambulance and can go directly to their definitive care destination rather than going to the ED first, then requiring a secondary transport.

The CAO recommended leaving "hospital" in the ordinance rather than creating a special definition of "hospital" or using a new term for this ordinance. The ordinance does not define "hospital," so it's definition would be determined by state statute 144E, which also currently does not contain a specific definition of "hospital."

To address this concern, the work group added:

Section VII, Subsection 4(B), paragraph 4 :

or (4) an alternative medical facility is medically appropriate, in accordance with Minnesota statutes.

Clinical Assessments and Patient Choice of Facility/Destination

The work group and Ambulance Medical Directors have relayed concerns to the County Board and the Public Health Authority about the priority given to patients to direct their care to their chosen "hospital" in Section VII, Subsection 4(B), which states "Ambulance Providers shall transport the patient to the patient's choice of hospital…"

Ambulance Providers recommend that this should either become a guideline rather than a policy or standard, or it should prioritize the initial assessment completed by the Ambulance Provider on scene and specify that the Ambulance Provider will make the first disposition decisions based on clinical judgement or under the medical direction of a consulting physician who provides medical direction, which may limit patient choice regarding disposition decisions.

The work group reasoned that the Ambulance Providers on scene and/or online medical control physicians have clinical training to determine the range of appropriate facilities that could provide the services that are needed, based on the initial patient assessment. The clinical assessment and system resources should be identified in the ordinance as the priority to ensure appropriate patient care, before a patient choice of hospital or other treatment facility is considered.

It was also noted that Ambulance Providers work under the direction and medical license of their service's Medical Director, so while Ambulance Providers fully support the practice of offering disposition choices to patients whenever possible, the patient's clinical assessment should determine the range of medically appropriate hospitals or facilities that are offered to the patient.

The following changes were proposed to Section VII, Subsection 4(B):

> (B) Ambulance Providers shall transport the patient to the patient's choice of hospital (or to the hospital of choice of the patient's family or physician, if applicable) unless (1) the hospital of the patient's choice is unavailable to treat the patient, (2) transporting the patient to the hospital of his or her choice would not be medically ~~in~~appropriate, ~~or~~ based on the initial assessment, ~~the~~ patient disposition guidelines, and/or Ambulance Provider's clinical judgement, (3) the time and/or distance required to transport the patient to the hospital of his or her choice would remove the Medical Resource from service for a period of time that would compromise theability of the Ambulance Provider to serve other patients, or (4) an alternative medical facility is medically appropriate, in accordance with Minnesota statutes.

"Medically Appropriate" Definition

Ambulance Medical Directors and members of the work group discussed the term "medically appropriate" which is used but undefined in the ordinance; the work group explained that, as with treatment protocols, there are many factors that are taken into consideration by Ambulance Providers

when making treatment and/or transport decisions based on the initial patient assessment done in the field. At times, a diagnosis given at the ED, based on new data from diagnostic tools available only at the hospital, necessitates a change to the treatment plans that are initiated in the field. This could also lead patients to question decisions about treatment and dispositions that are made in the field, especially if patient choice is overridden if the Ambulance Service personnel determines that a patient's chosen destination does not meet the standard of "medically appropriate."

There was a proposal to add a definition of "medically appropriate" to Section V, Subsection I, but a definition was not completed at this meeting. Staff asked each work group member to consult with their counsel and leadership to draft a definition that could be presented to the group for review.

Section VII: Standards, subsection 6: Hospital Closure and Diversion

After further consideration and consultation with the Ambulance Medical Directors, after the June meeting, the work group supports the continuation of a Hospital Closure and Diversion standard/policy that is enforced by the EMS Council and the CAO.

Next Steps
The work group has concluded most its work on the draft ordinance and will circulate it to the EMS Council membership, the Public Health Authority, and the CAO before it is moved to the EMS Council in October. Upon approval of the county board, the new ordinance will be presented to the EMSRB for review, as required by state statute.

The work group agreed to the proposed timeline to move the ordinance forward:

- Oct. 14, 2021 – EMS Council will vote on final amendments to the ordinance
- Oct. 2021 - Public hearing with County Board
- Nov. 2021 - County board action on proposed amendments to Ordinance 9
- December 2021 – Amended County Ordinance 9 presented to the EMSRB Executive Committee
- January 2022- Ordinance 9 presented to EMSRB
- Q1-Q2 2022 – Council work group assigned to restructure committees to fit new scope of council work
- April 14, 2022 - Amend EMS Council bylaws to reflect changes to committees, responsibilities, and memberships
- May 2022 – County board action on EMS Council bylaws

The meeting was adjourned at 11:35 a.m. If additional meeting time is needed, it will be scheduled as needed.