



Emergency Medical Services Council

Health Services Building – MC L963
525 Portland Avenue South
Minneapolis, MN55415-1569

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



Draft Summary
HENNEPIN COUNTY EMS COUNCIL MEETING
April 8, 2021 – 3:00-4:00 p.m.
Meeting location: online

Representation:

Medical Control Hospitals

Abbott Northwestern Hospital:

Administrator

Jennifer McAnnany (Reg.) present
Chris Breitbach (Alt.) present

Abbott Northwestern Hospital:

Emergency physician

Brittany Philpot, M.D. (Reg.) present
Marc Ellingson, M.D. (Alt.) present

Children's Hospitals & Clinics:

Administrator

Anna DePompolo, M.D. (Reg.) present
Rob Sicoli, M.D. (Alt.)

Children's Hospitals & Clinics:

Emergency physician

Michelle London, M.D. (Reg.) present
David Hirschman, M.D. (Alt.)

Fairview Southdale Hospital:

Administrator

Mike Fasbender (Reg.)
Eric Joncas (Alt.)

MHealth Fairview

Southdale Hospital:

Emergency physician

Todd R. Joing, M.D. (Reg.) present
Brandon Trigger, M.D. (Alt.)

MHealth Fairview University Hospital:

Administrator

Jenn DeWald (Reg.) present
Vacant (Alt.)

MHealth Fairview University Hospital:

Emergency physician

Greg Loppnow, M.D. (Reg.)
Nik Vuljaj, M.D. (Alt.)

HCMC: Administrator

Vacant (Reg.)

Vacant (Alt.)

HCMC: Emergency physician

Jeff Ho, M.D. (Reg.)
John Hick, M.D. (Alt.)

Maple Grove Hospital: Administrator

Jeff Miller (Reg.) present
Holly Hughes (Alt.)

Maple Grove Hospital: Emergency physician

Jeffrey Elder, M.D. (Reg.) present
Todd Gengerke, M.D. (Alt.)

Methodist Hospital: Administrator

Megan Grewe (Reg.) present
Cody Bohm (Alt.) present

Methodist Hospital: Emergency physician

Brent Walters, M.D. (Reg.) present
Michael Knudson, M.D. (Alt.)

North Memorial Medical Center:

Administrator

Jake John (Reg.)
Jennifer Shaft (Alt.)

North Memorial Medical Center:

Emergency physician

Marc Conterato, M.D. (Reg.) present
Vacant (Alt.)

Partner Organizations and Representatives

ALS Ambulance Dispatch in Hennepin County

Tama Lynn (North Memorial Ambulance Service)

Primary PSAP in Hennepin County

Tony Martin (Primary PSAP)

Hennepin County Chiefs of Police Association

Dan Conboy, Lt. (Reg.)
Vacant (Alt.)

Hennepin County Fire Chiefs Association

Dale Specken, Chief (Reg.) present
Mike Dobesh, Chief (Alt.)

Public representative without EMS industry affiliation

Gretchen Musicant (Health Commissioner-City of Mpls.) present

At-large Paramedic

Angela Walker, EMT-P (Hennepin EMS) present



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Advanced Life Support (ALS) Ambulance Providers

Hennepin County

Allina Health System EMS: Administrator

Kevin Miller (Reg.) present
Jeff Lanenberg (Alt.) present

Hennepin County Public Health: Administrator (ex-officio)

Susan Palchick, Public Health Director (Reg.) present
Vacant (Alt.)

Allina Health System EMS: Ambulance Medical Director

Charles Lick, M.D. (Reg.) present
Andrew Stevens, M.D. (Alt.)

Edina Fire - Ambulance Service: Administrator

Ryan Quinn (Reg.) present
Vacant (Alt.)

Edina Fire - Ambulance Service Ambulance Medical Director

Paul Nystrom, M.D. (Reg.) present
Jeff Ho, M.D. (Alt.)

Hennepin EMS: Administrator

Marty Scheerer (Reg.) present
Ryan Mayfield (Alt.)

Hennepin EMS:

Ambulance Medical Director

Nick Simpson, M.D. (Reg.) present
Jeff Ho, M.D. (Alt.)

North Memorial Health Ambulance: Administrator

Scott Sampey (Reg.) present
Tony Ebensteiner (Alt.) present

North Memorial Health Ambulance: Ambulance Medical Director

Peter Tanghe, M.D. (Reg.) present
Vacant (Alt.)

Ridgeview Ambulance Service: Administrator

Darel Radde (Reg.) present
Vacant (Alt.)

Ridgeview Ambulance Service: Ambulance Medical Director

Kevin Sipprell, M.D. (Reg.) present
Dave Larson, M.D. (Alt.)

Guests: Tony Spector (Emergency Medical Services Regulatory Board [EMSRB]); Dave Rogers (EMSRB); Glennon Park, M.D. (Veterans Affairs Medical Center [VAMC])

Staff: Kristin Mellstrom

1. Welcome and Introductions. Chair Joing called the meeting to order at 3:04 p.m. Meeting attendance was taken from attendees listed in the online meeting link
2. **Action:** Approval of today's agenda - **Approved**
3. **Action:** Approval of meeting summary from Oct. 10, 2019 - **Approved**
4. **Action:** Approval of EMS Council and Committees' nominations for today's meeting - **Approved**

Nominations

EMS Council

- Susan Long (Allina Health EMS) for Vice Chair, EMS Council- Administrator (vacant seat)
- Brittany Philpot, MD, to replace Wade Brennom, MD as Abbott Northwestern Hospital emergency physician rep.
- Megan Grewe to replace Eric Graff as Methodist Hospital Administrator rep.
- Cody Bohm to replace Megan Grewe as Methodist Hospital Administrator rep. (alt.)
- Tony Martin (Hennepin County Sheriff's Office) as Primary Public Safety Answering Point in Hennepin County rep.

Medical Standards Committee

- Brittany Philpot, MD, to replace Wade Brennom, MD as an emergency physician rep. from a medical control hospital (Abbott Northwestern Hospital)

Quality Committee

- Emily Oltmans to replace Brent Custard as clinical quality rep. for North Memorial Health Ambulance

5. Ambulance Service Personnel Subcommittee (ASP) Report – Angela Walker, EMT-P
The committee has not met since the last council meeting. On the agenda for the May meeting:
 - a. **Protocol review (#2150, #3410): EMS hand-off of potentially violent patients** – The subcommittee will make a recommendation for a system-wide code or phrase paramedics can use to alert receiving EDs if a patient is agitated, potentially violent, or a flight risk.
 - b. **Ordinance 9 Review**-The ASP subcommittee was the first group to review the proposed changes to Ordinance 9 at its May 2019 meeting. Since many additional changes were made in July-Sept. of 2019, subcommittee members will provide additional feedback when an updated version is ready to review again.
 - c. **Request for Policy Review**- Kenneth Brown, a member of the public, requested that the committee review examples of other city and ambulance providers' policies that address the transport, storage, and/or care of patient mobility devices and service animals when the

patient is transported via ambulance to the hospital. The committee will review the materials that Kenneth Brown sent and make a recommendation to the Ambulance Medical Directors Subcommittee regarding the request.

6. Ambulance Medical Directors Subcommittee (AMD) Report – Paul Nystrom, MD

a. **Changes to the following ALS Protocols are pending final subcommittee approval before moving to the Medical Standards Committee**

1. To align with updated American Heart Association guidelines, protocols #3220, #3270, #4210 and #4220 have been revised. When the changes are approved by the subcommittee, they will be moved to the Medical Standards Committee.
2. Terbutaline administration will be changed to IM rather than SC for all protocols that include terbutaline (#3330-#3340 Transmittable Respiratory Illness, Breathing and Not Breathing -Adult and #4310 Asthma Attack – Peds.) This protocol was moved to the Medical Standards Committee.

b. **Mental/Behavioral Health Emergencies Crisis Intervention Policies and Protocols – Law Enforcement and EMS responses**

The committee will meet with Hennepin County’s adult Community Outreach for Psychiatric Emergencies (COPE) team to discuss cases in which COPE staff have emailed a notice to EMS and/or police to place a temporary hold on a patient to transport them to hospital for an evaluation. EMS would like to engage COPE staff to be part of the on-scene treatment team to add the COPE staff members’ specialized training as part of the care team for these patients in crisis.

c. **Metro ECMO System**

The metro ECMO system is currently managing hospital patient loads via MNTrac to alert ambulance providers when the hospitals are open and closed to ECMO patients.

d. **Ketamine Checklist**

The subcommittee plans to create a checklist to standardize and document use of the ketamine by medics.

e. **2021 AMD Work Plan**

The subcommittee reviewed current work plan items for this year. The following projects will remain on the plan:

1. Medical control certifications of physicians and of hospitals
2. Joint EMS – Law Enforcement responses to crisis calls/ED alternatives for patients with chemical, behavioral and/or mental health needs
3. Metro ECMO coordination
4. High Consequence/Emerging Infectious Disease Plan
5. Policy and protocol reviews

f. **Legislative Topics**

The subcommittee will reach out to external contacts to track legislation that affects EMS and

hospitals. Last session, Minn. Stat. 253B.051 was amended to require evaluations to be completed within 12 hours upon arrival at the ED but several EMS providers were not aware of the bill as it was discussed during the 2020 session.

g. Hospital Closure and Diversion Policy Review

A change to the East Metro EMS diversion policy was made to allow up to three ED's to close simultaneously before the fourth ED request would force all ED's off divert status. Previously the east and west metro EMS diversion policies allowed just two hospitals to divert EMS, with a third ED divert request forcing all to open. The west metro hospitals are monitoring this change to ensure that patient flow doesn't surge on the west side when three east metro hospitals close. The west metro's Hennepin County EMS Council policy will continue to have a maximum of two simultaneous ED diversions with a third request to divert triggering all ED's to be forced open.

7. Medical Standards Committee – Michelle London, MD

a. Action: Proposed Changes to ALS Protocols – All Protocols Approved

1. Approved

Diabetic Hypoglycemic Patient Refusal of Transport – Adult #3020

Summary of changes: *protocol was completely rewritten; changes underlined*

DIABETIC HYPOGLYCEMIC PATIENT REFUSAL OF TRANSPORT – ADULT #3020

Standing Orders

Standing orders for all diabetic hypoglycemic patients refusing transport:

- A. The following criteria must be documented on your Patient Care Report (PCR) in order to leave a patient (without contacting medical control) experiencing a diabetic hypoglycemic emergency who refuses transport:
1. Identifiable reason to explain the hypoglycemia
 2. Blood sugar greater than 100 post treatment
 3. Awake, alert, & oriented, GCS 15 post treatment
 4. Food available and/or eaten
 5. Friend or family present to stay with the patient
 6. Discussion with the patient to contact their primary care provider
 7. Vital signs within normal limits
 8. Not on oral agents besides metformin (Glucophage)
 9. No suspected overdose of any diabetes medications
 10. No recent fever, acute illness, other concerning symptoms such as chest pain, shortness of breath, etc.
- B. If ALL of these conditions are met, it is not necessary to contact a medical control physician. If however, any one of them is not met, contact medical control physician.

C. Paramedic also has discretion to contact medical control physician for any questions.

(end of edited protocol)

2. **Approved**

Adult Pain Management #3050 (see pp. 14-16 in the packet)

Summary of changes:

- *Added ketorolac for mild/moderate pain management*
- *Added History of GI bleed as a contraindication for ketorolac*
- *Decreased maximum IV/IO ketamine dose for pain of traumatic origin from 50mg to 25 mg*

3. **Approved**

Emergency Behavioral Health (Adult) #3410 (see pp. 17-18)

Summary of changes:

- *Added PO olanzapine ODT (Zyprexa/Zydis) 5-10 mg or risperidone M-Tab (Risperdal) 2-4mg*

b. **Approved-**

Hospital Closure and Diversion Policy Revisions

Summary of changes:

1- Added--New Alert: Divert Red/Critical Patients due to Equipment Failure

- A new type of alert will be added to clarify which patients should be diverted from hospitals when there is a critical equipment failure.
- This motion was initiated by the ambulance medical directors, who noted that the alert language to “Transport Accordingly” in MNTrac sometimes leaves medics with difficult choices about patient dispositions. In the field, medics may not be able to predict what diagnostic tools (e.g. CT, MRI, Interventional Radiology) will be needed when the patient arrives at the ED.
- To clarify which patients should be diverted, “Transport Accordingly” and the specific equipment failure or outage will be replaced by an alert stating:

ED and Trauma Divert for Red/Critical Patients due to Equipment Failure

ED and Trauma Open to Red/Critical Patients -Equipment Failure Concluded

- The new ED and Trauma Divert for Red/Critical patients would be in place for a minimum of 4 hours.
- Hospitals do not need to a system medical director’s approval but they would need to call West MRCC to request the alert to be entered in MNTrac.

- After four hours, the alert may be renewed, or it may be concluded when the equipment is back in service. The hospital will need to call West MRCC to update the status in MNTrac to Open to Red/Critical Patients.
 - This alert is a request to divert patients. As with other closure and diversion requests in this policy, EMS may bring patients to a hospital regardless of its status in MNTrac if the ambulance provider determines that transport to a specific hospital is in the best interest of the patient, except when the hospital is fully closed.
 - Equipment Failure may be noted in the description of the MNTrac alert
 - Examples include:
 - CT scanner is down
 - MRI machine is down
 - Interventional Radiology is down
 - Catheter Lab is unavailable
 -
- 2- Revised--Requests from hospitals to System Medical Directors to allow Full Closed status in MNTrac were eliminated from this policy.

Hospitals may elect to be on Full Closed status in MNTrac without consultation or approval from the System Medical Director. The full closed status must be in effect for a minimum of eight hours. After eight hours, the hospital may continue the full closure in MNTrac for as long as needed, or open without consultation with a System Medical Director.

Update-

Additional revisions to this policy are still pending discussion by the Hospital Compact's MNTrac Advisory Committee to determine if changes to the terms "Divert" and "Closed" will be adopted to align more with the definitions proposed by the Ambulance Medical Directors Subcommittee. The policy change would include fewer options and would be consistent for most situations rather than continuing a policy in which hospitals need to call a system medical director (SMD) to request multiple two hour diversions or a temporary closure for between 2 and 8 hours for non-disaster situations (e.g. planned maintenance that takes a room or equipment offline for less than eight hours). The new policy would allow the following types of diversions and closures with the following definitions:

"Divert" would mean that the hospital is diverting patients who would arrive by ambulance to that hospital's ED.

"Closed" would mean the hospital is closed to all incoming patients and would require that the hospital would not receive any patients regardless of mode of transportation.

Three options were proposed in the 2019 updated policy:

- 1) **Divert ambulance patients for up to 2 hours, then a mandatory open for 4 hours;** managed on MNTrac, no system medical director consultation needed (same as current policy)

- a. ED Divert
- b. ED/Trauma Divert
- c. Trauma Divert

2) **Full Divert for 8 hours** – No system medical director consultation needed; must be called in to MRCC to manage notifications in MNTrac; each diversion will be in 8 hour increments; this diverts all ambulances and IFTs for eight hours, unless a system medical director is called to determine if the closure can end early (e.g. ED lockdowns due to scene safety threats that are cleared in fewer than eight hours). This would replace the current Full Closed status in MNTrac.

3) **Closed** – No system medical director consultation needed; MNTrac notifications would be managed by MRCC; this diverts all patients regardless of transportation mode to the hospital for a known or unknown time. This is intended for use if there is a building/physical plant emergency or other situation (e.g. flooding, mudslide/soil erosion affecting structural integrity of the hospital, complete power failure affecting electronic health records and equipment, temporary personnel and patient safety and security threat in hospital) that makes the ED unable to care for any patients.

c. Standing Order of Business: MNTrac Hospital Closure and Diversion Data

The most recent reports from 2020 and 2021 were reviewed by the committee. It was noted that during COVID-19 patient surges, there was an increased use of diversions, however, systemically, there were no instances where patient dispositions were not able to be managed in the west metro system.

8. Operations Committee – Ryan Quinn, interim Chair

The committee did not have a quorum at its meeting in January.

a. New Response Time Standards Recommendation for 2021-2022

The required response time standards recommendation that would usually be due to the county board was postponed due to COVID-19 and until the local emergency ends. It is expected that EMS providers will continue to follow the ordinance requirements as much as possible during the pandemic and that data on RTS will continue to be collected and monitored, but there is no enforcement of the requirement while Ordinance 9 is suspended.

It's expected that the local emergency will end sometime in 2021, so the committee will make a new recommendation to the EMS Council in Oct. 2021 regarding 2021-2022 response time standards. After the EMS Council approves new standards, the recommendation will be presented to the County Board of Commissioners before the end of the year.

9. Ordinance 9 Work Group

The latest version of the updated ordinance was presented by Hennepin County Public Health in a briefing to the Hennepin County Board of Commissioners in Feb. 2020.

Next steps to complete in spring and early summer, with the timeline dependent on resources available during responses to COVID-19 and civil unrest:

- Final review by committees

- Final changes approved by the EMS Council
- New board briefing will be set up by staff, if requested by the board
- Staff will work with County Administration to schedule a public hearing at which the public and the EMS Council can provide comments to the county board regarding additional proposed changes or concerns about the ordinance
- County Board will add the ordinance revisions to the board agenda to proceed with a vote or wait until further discussion or information is presented.
- Request the county board-approved version to be reviewed by the EMSRB Executive Committee.
- Upon approval by the EMSRB Executive Committee, the ordinance would be reviewed by the EMSRB. If approved, it will become the governing ordinance for the Hennepin EMS Council.

10. Quality Committee – Marc Conterato, MD

The committee has not met since the last council meeting. It will reconvene on May 4.

The agenda at the next meeting will include:

- Ordinance 9 Review-final comments
- EMS Response to Strokes - Review Data
- New Cardiac Arrest Response Metric – Plans to create a new metric
- Hospital-EMS Patient Data Exchange for QI/QA; possibly use the new Hospital Hub app
- System Incidents Review (standing agenda item)
- Response Time Standards data review- on hold while the ordinance is suspended

11. Executive Committee Report – Todd Joing, MD

- The priority project for the EMS Council is to review and approve a revised Ordinance 9 and request that it move to the County Board of Commissioner’s agenda for action.
- Sections IV-VII of Ordinance 9 continue to be suspended during the local Hennepin County emergency. It is expected that the local emergency will end sometime in the next few months, so committees are planning accordingly to restart work to collect, report, and review required data

12. Staff Report - Kristin

- Membership contact info- A survey will be emailed in May to update your contact information. If your information changes later this year or you resign a seat on the council, please let staff know.
- Orientation to the EMS Council- Staff will contact new council members to set up a time for new member orientation online this spring or early summer.
- Medical Control Radio Checks- Monthly radio checks continue. If a hospital fails to complete its radio check, staff will follow up to confirm that a radio check contact is identified at the hospital. If a new radio check coordinator is needed, staff will contact the EMS Council’s Admin. rep for that hospital.

13. EMS Council Members’ Reports

Chief Specken (Hopkins Fire Chief and Hennepin Fire Chiefs rep) reported that Hennepin Fire Chiefs are working with the North and West field forces to address possible civil unrest related to the Chauvin verdict. Hopkins and Brooklyn Park will stand up EOCs 24 hours before the verdict is read; the EOCs will

include Fire, EMS, and Police.

14. External Partners' Reports

Dave Rogers, Data Analyst at Emergency Medical Services Regulatory Board (EMSRB), reported that the Hospital Hub application is being configured to connect MNStar to hospitals for data transfers. Hospital QI data, Trauma, Stroke, and STEMI registry data can be uploaded from the hospital directly. This new app will be available to all registered users of the MNStar system. The Hospital Hub will be used as early as next week, after new user accounts are created.

Tony Spector, Executive Director of the EMSRB, noted that the current office lease in Minneapolis ends this month, so EMSRB staff will be working remotely until new office space in St. Paul is ready this summer.

15. **Action: Adjournment at 4:01 p.m. - Approved**

Next EMS Council meeting – Thursday, Oct. 14, 2021 from 3:00-5:00 p.m.
at Hopkins Fire Dept. Station 1 or online