Draft Summary

<table>
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<th>Present</th>
<th>Absent</th>
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<tr>
<td>1. Marc Conterato, MD, Quality Committee Chair</td>
<td>1. Angela Walker, Ambulance Service Personnel Subcommittee Chair (incoming)</td>
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<td>2. Pat Coyne, RN, EMT-P, EMS Council Chair</td>
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<td>3. Mike Hughes, EMT-P, Ambulance Service Personnel Subcommittee Chair</td>
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<td>4. Todd Joing, MD, EMS Council Vice Chair</td>
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<td>5. Michelle London, MD, Medical Standards Committee Chair</td>
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<td>6. Kevin Sipprell, MD, Ambulance Medical Directors Subcommittee Chair</td>
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<td>7. Shannon Gollnick, Operations Committee Chair and Ordinance 9 Work Group Chair</td>
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<th>Guests</th>
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<td>1. Kristin Mellstrom</td>
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I. The meeting was called to order by EMS Council Chair Coyne at 1:08 p.m., with a quorum assembled.

II. The September 10, 2018 Executive Committee meeting summary and today’s agenda were approved by consent.
III. Action: Nominations on EMS Council and Committees – all approved to move to the council

EMS Council
- Jen DeWald to replace Mandy Seymour as MHealth/Fairview University alt. rep
- Kevin Miller to replace Jeff Czyson as Allina Health EMS reg. rep
- Jeff Lanenberg to replace Kevin Miller as Allina Health EMS alt. rep
- Ryan Quinn to replace Jeff Siems as Edina Fire Dept. reg. rep
- Tom Schmitz as Edina Fire Dept. alt. rep (vacant seat)
- Angela Walker (Hennepin EMS) as paramedic-at-large for an ALS ambulance provider in Hennepin County rep (vacant seat)

Ambulance Service Personnel Subcommittee
- Nick Larson to replace Mike Hughes as Edina Fire Dept. rep

Operations Committee
- Ryan Quinn to replace Jeff Siems as Edina Fire Dept. rep
- Jeff Lanenberg to replace Jeff Czyson as Allina Health EMS rep

Quality Committee
- Wade Johnson as Hennepin EMS clinical quality rep (vacant seat)
- Ryan Quinn as Edina Fire Dept. clinical quality rep (vacant seat)

IV. Open seats-Need nominations
- ALS Service Admin./Manager rep on Medical Standards Committee
- Public rep without EMS industry affiliation on Operations Committee
- Non-supervisory ambulance service personnel from an ALS ambulance provider on Operations Committee
- Admin. rep at a medical control hospital on Quality Committee

V. Work Plan and Committee Reports

Ambulance Service Personnel Subcommittee Report- Mike Hughes, EMT-P, Chair
The subcommittee did not meet in February.

Ambulance Medical Directors Subcommittee Report – Kevin Sipprell, MD, Chair

ECMO/ECPR – Discussion of development of a system-based ECMO/ECPR policy/guideline will continue with the assistance of guests Dr. Frascone (Regions), Dr. Yannopoulos (MHealth/University), and Dr. Simpson (HCMC), who have been involved in the initial implementation of ECMO in the metro area. Currently, Abbott-Northwestern, HCMC, and the University/Fairview for adults. Pediatrics ECMO policies and guidelines haven’t been addressed yet; they will likely need a separate set of guidelines to address the most common patient conditions that would require ECMO. Staff will contact West MRCC to

EMS Handoff of Potentially Violent Patients – EMS is looking at a system-wide code that paramedics can relay to receiving EDs when a patient is potentially violent and paramedics don’t want the patient to overhear them asking the hospital for security upon arrival.
Suicidal and Mental Health Holds – EMS is concerned that some law enforcement agencies are taking a more hands-off approach to attempted suicide or suicide ideation cases and electing not to place these individuals on a mental health hold (e.g. transport hold). Dr. Nystrom and/or Dr. Ho will follow up with the law enforcement community to determine how EMS, the on-scene mental health professionals, and law enforcement can best work together to meet patients’ medical needs.

ALS Medical Protocols

- **Oxygen Therapy** – Changed protocol to include specific SpO2 target levels for suspected smoke/CO inhalation, critically ill or unconscious patients with suspected hypoxia, STEMI or CVA, and patients at risk for hypercapnic respiratory failure. Protocol proposal sent to Medical Standards for review.

- **Adult Behavioral Emergencies** – Re-write of the protocol moves away from splitting treatment between significant or profound agitation, eliminates definitions of agitation levels, and combines all drug treatment options into one group leaving judgement of which to use up to paramedics. Protocol proposal sent to Medical Standards for review.

Hospital Closure and Ambulance Diversion Policy – The proposal changed language from “Closed” to “Divert” and eliminated System Medical Director approval requirement for an 8-hour Full Diversion. A hospital may Close at their own discretion for eight hours, which denotes all patients are turned away, regardless of the patient’s means of coming to the hospital. The group noted that wait times for patients and medics when a hospital is extremely busy but doesn’t go on divert can also lead to less optimal patient care and inefficient use of EMS resources, so a more thorough look from those perspectives is needed before a new policy will be ready for council action.

Medical Standards Committee – Michelle London, M.D., Chair

Hospital Closure and Ambulance Diversion Policy
See above for discussion of the changes to the policy. The committee also acknowledged that changes in language will need to go to the advisory committee that oversees MNTrac, to determine what language can be changed in the system from a programming standpoint, and if the committee views these changes as a system-wide change. Since the current MNTrac verbiage is “Closed to ED, Closed to Trauma, etc.” rather than the proposed “ED Divert for 2 hours, Trauma Divert for 2 hours,” it may be difficult to expect the statewide partners to change the language that has been in place for several years. County staff would bring the proposed language to the MNTrac Advisory Committee for a review if this policy is approved at the council.

The goal of the committee is to move proposed changes to MNTrac terms through required reviews at the state level so this policy could be implemented with new protocols on July 1, but this will depend on the state advisory committee’s review process, time line and determination.

ALS Medical Protocols

- **Oxygen Therapy** – See description above. This was moved to the council agenda.

- **Adult Behavioral Emergencies** – See description above. This was moved to the council agenda.

MDH Closure Data – The committee reviewed closure data and had a lengthy discussion that
provided perspectives from multiple viewpoints. Some AMDs would like to stop having the option for hospitals to divert patients who are arriving by ambulance because the doctors feel it doesn’t solve the most common problems of staffing shortages that prompt certain hospitals to close frequently. Representatives from some of those hospitals explained that when they do not have available beds, especially for red patients, it is usually best for the patient to go to a nearby hospital that has a stab room ready to go upon arrival. Paramedic representative Walker also noted that wall time is not good for the patient or efficient for EMS.

**Operations Committee – Shannon Gollnick, Chair**

The committee did not meet in the last quarter.

**Ordinance 9 Work Group – Shannon Gollnick, Chair**

The work group has been meeting since June, 2018 to draft proposed changes to the ordinance. All aspects of the ordinance were reviewed, including the scope, definitions, operating standards, staffing requirements, and response times.

**Key recommendations:**

- The staffing model will require at least one paramedic and one EMT on each ALS ambulance.
- A nationally recognized call processing system is required to be used to determine resource allocation/response time standard for all 9-1-1 unscheduled calls.
- Advanced life support is the standard of care for all unscheduled 9-1-1 requests in which there is any question about the patient’s condition and if the patient could wait for 30 minutes for care.
- Response Time Standards will remain as a required element in the ordinance because many audiences still use this metric as a tool for evaluating the quality of care provided by EMS for 9-1-1 unscheduled calls.

**Quality Committee – Marc Conterato, MD, Chair - Mark Conterato, M.D., Chair**

**Response Time Standard Reporting** – The committee discussed the issue of raw response time data that contains protected health information elements such as incident number, city identification, and county identification that is needed for staff to conduct data analysis until staff regains access to the updated MNStar database. Ambulance providers agreed to submit summary RTS data on a worksheet that staff can aggregate. This keeps everyone compliant with HIPAA and MN Data Privacy laws because all protected health information will be removed before the data is sent to staff to compile the required reports.

**Information Sharing System** – This project is still moving forward, albeit slowly. Several hospital QA/QI representatives met to discuss the project and determined that this work transcends the Hennepin County EMS System and should be elevated to a state-wide endeavor. Matt Hill with North Memorial Health Hospital will connect with the MN Hospital Association to coordinate a meeting to see if it would be willing to add this topic to its policy work, especially since a data
sharing agreement and policy would likely require a change to the MN Data Privacy law. If the MN Hospital Association isn’t interested, the west metro system will work to establish a voluntary data sharing policy locally.

**Stroke Times for EMS** – The committee discussed developing a system-based stroke scene time performance metric. Tracking stroke times as an EMS system performance metric has value due to increasing healthcare system focus on time-sensitive conditions, such as stroke, STEMI, trauma, and sepsis. Committee agreed to move forward and develop a metric based on North Ambulance’s stroke scene time key performance indicator. The committee will review the criteria and review initial data at its next meeting.

**Large Vein Occlusion (LVO)** – The committee discussed tools paramedics can use to assess a stroke patient and increase the likelihood of identifying an LVO. The FastED app was one such tool reviewed during the meeting. The committee felt tools such as these are helpful for paramedics and could potentially reduce the LVO miss rate.

**System Incident Report Review** – The committee reviewed half a dozen system incident reports, mostly dosing error reports. Most of the providers handle incident reports internally, so the consideration is whether these need to continue to be reviewed at the Quality Committee.

VI. Medical Control Radio Checks – staff update

Radio checks continue to be done each month. Due to time constraints, data on the results of the checks will be reviewed at the next meeting. Overall, the radio tests continue to work to identify radio outages and keep at least one hospital staff member engaged in tracking the functionality of its medical control radio.

VII. County Board request on ketamine data

The county board has asked for staff to pull basic information from MNStar about administration of ketamine by EMS providers in Hennepin County. In order to carry out this task, staff is pursuing the discussion of regaining access to MNStar via the EMSRB for this and for other data monitoring and reporting needs.

VIII. Law enforcement Crisis Intervention Training update – Dr. Conterato

Law enforcement agencies now require all their staff to take a minimum of hours of CIT training. After an incident in Plymouth recently, several west metro law enforcement agencies are now adding social workers to their complement of staff in responses to calls for patients experiencing behavioral health emergencies. Hennepin County Police Chiefs is looking for EMS representation at their monthly meeting.

IX. **Action: EMS Council Meeting materials**

The draft agenda for the April EMS Council meeting was approved to move to the April 11, 2019 council meeting.
X. Future Meetings - 2019
   • Exec. Committee - Edina Fire Department, Station #1 from 1:00pm-2:30pm
     • June 10, Sept. 9, and Dec. 9
   • EMS Council - Hopkins Fire Station from 3:00pm-5:00pm
     • April 11 and Oct. 10

XI. The meeting adjourned at 2:34 p.m.