



## Emergency Medical Services Council

Health Services Building – MCL963  
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www.co.hennepin.mn.us/ems



### Draft Summary HENNEPIN COUNTY EMS COUNCIL MEETING April 13, 2023 – 3:00-4:30 p.m.

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

#### Representation:

##### Medical Control Hospitals

##### **Abbott Northwestern Hospital:**

###### **Administrator**

Steven Dickson (Reg.)  
Chris Breitbach (Alt.) - present

##### **Abbott Northwestern Hospital:**

###### **Emergency physician**

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

##### **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.) - present

##### **Fairview Southdale Hospital:**

###### **Administrator**

Mike Fasbender (Reg.)  
Sherry Nail-Sadowsky (Alt.)

##### **MHealth Fairview**

###### **Southdale Hospital:**

###### **Emergency physician**

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

##### **MHealth Fairview University Hospital:**

###### **Administrator**

Sarah Fredensborg (Reg.) - present  
*Vacant* (Alt.)

##### **MHealth Fairview University Hospital:**

###### **Emergency physician**

Nik Vuljaj, M.D. (Reg.) - present  
Drew Zinkel, M.D. (Alt.) - present

##### **HCMC: Administrator**

Wendy Stulac-Motzel (Reg.)-present  
*Vacant* (Alt.)

##### **HCMC: Emergency physician**

Gregg Jones, M.D. (Reg.)  
John Hick, M.D. (Alt.)

##### **Maple Grove Hospital: Administrator**

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

##### **Maple Grove Hospital: Emergency physician**

Todd Gengerke, M.D. (Reg.)  
Andy Winter, M.D. (Alt.)

##### **Methodist Hospital: Administrator**

Megan Grewe (Reg.)  
Dez Ludvigson (Alt.) - present

##### **Methodist Hospital: Emergency physician**

Jill Donofrio, O.D. (Reg.) present  
Owen Anderson, O.D. (Alt.) - present

##### **North Memorial Medical Center:**

###### **Administrator**

Jen Shaft (Reg.)  
*Vacant* (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) - present

##### **Primary PSAP in Hennepin County**

Tony Martin (Primary PSAP)-present

##### **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**

*Vacant*

##### **At-large Paramedic**

*Vacant*



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### Advanced Life Support (ALS) Ambulance Providers

### Hennepin County

#### **Allina Health System EMS: Administrator**

Kevin Miller (Reg.)- present  
*Vacant* (Alt.)  
Susan Long (Vice Chair, EMS Council) present

#### **Hennepin County Public Health: Administrator (ex-officio)**

Susan Palchick, Public Health Director (Reg.)  
Stephanie Abel (Alt.)

#### **Allina Health System EMS: Ambulance Medical Director**

Charles Lick, M.D. (Reg.)-present  
Joey Duren, M.D. (Alt.)-present

#### **Edina Fire - Ambulance Service: Administrator**

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

#### **Edina Fire - Ambulance Service Ambulance Medical Director**

Paul Nystrom, M.D. (Reg.)-present  
*Vacant* (Alt.)

#### **Hennepin EMS: Administrator**

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

#### **Hennepin EMS:**

##### **Ambulance Medical Director**

Nick Simpson, M.D. (Reg.)-present  
Aaron Robinson, M.D. (Alt.)

#### **North Memorial Health Ambulance:**

##### **Administrator**

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

#### **North Memorial Health Ambulance:**

##### **Ambulance Medical Director**

Peter Tanghe, M.D. (Reg.)  
Zach Finn, M.D. (Alt.)

#### **Ridgeview Ambulance Service: Administrator**

Mark Anderson (Reg.) -present  
*Vacant* (Alt.)

#### **Ridgeview Ambulance Service:**

##### **Ambulance Medical Director**

Kevin Sipprell, M.D. (Reg.)-present  
Luke Dingman, M.D. (Alt.)-present

Guests: Glennon Park, M.D. (Veterans Affairs Medical Center [VAMC]); Dan Klawitter (West MRCC); Dylan Ferguson (EMS Regulatory Board); Dave Rogers (EMS Regulatory Board); Amy Caron (Hennepin County Public Health Dept.); Marcee Shaughnessy (Hennepin County Public Health Dept.)

Staff: Kristin Mellstrom (Hennepin County Public Health)

1. Welcome and Introductions. EMS Council Chair Dr. Todd Joing called the meeting to order at 3:00 p.m.
2. **Action:** Approval of today's agenda - **Approved**
3. **Action:** Approval of meeting summary from Oct. 13, 2022 - **Approved**
4. **Action:** Approval of EMS Council and Committee nominations – **Approved**

### EMS Council

- Sherry Nail-Sadowsky as MHealth Fairview Southdale alt. administrator rep.
- Sarah Fredensborg as MHealth Fairview University administrator rep.
- Drew Zinkel, MD as MHealth Fairview University alt. emergency physician rep.
- Gregg Jones, MD as HCMC emergency physician rep.
- Todd Gengerke, MD to replace Jeffrey Elder, MD as Maple Grove Hospital emergency physician rep.
- Andy Winter, MD to replace Todd Gengerke, MD as Maple Grove Hospital alt. emergency physician rep.
- Owen Anderson, MD to replace Michael Knudson, MD as Methodist Hospital alt. emergency physician rep.
- Aaron Robinson, MD to replace Jeff Ho, MD as Hennepin EMS alt. ambulance medical director rep.
- Zachary Finn, MD as North Memorial Health Hospital alt. ambulance medical director rep.
- Luke Dingman, MD as Ridgeview Ambulance Service ambulance medical director rep.
- Kevin Sipprell, MD as Ridgeview Ambulance Service ambulance medical director alt. rep.

### Executive Committee

- Peter Tanghe, MD (North Memorial Health Ambulance) as Chair of Ambulance Medical Directors Subcommittee

### Medical Standards Committee

- Owen Anderson, MD as emergency physician rep. from a medical control hospital

### Ambulance Medical Directors Subcommittee

- Luke Dingman, MD as rep. for Ridgeview Ambulance Service

### Ambulance Service Personnel Subcommittee

- Benjamin Krikava, EMT-P as rep. for North Memorial Health Hospital Ambulance Service

### Quality Committee

- Michael Morelock to replace Emily Oltmann as clinical quality rep. for North Memorial Health Hospital Ambulance Service

**5. Ambulance Service Personnel Subcommittee Report** – Staff (Kristin) for Angela Walker, Subcommittee Chair

The committee has not met since the last EMS Council meeting.

**6. Ambulance Medical Directors Subcommittee Report**- Paul Nystrom, MD (Subcommittee Chair)

**6.1 New Chair** - Dr. Pete Tanghe was selected by the subcommittee to be the new chair.

**6.2 Protocols**

Allina Health EMS is adding diltiazem as an option for patients with rapid a-fib. A recent study and some sample protocols from other ALS providers around the country that are using diltiazem will be forwarded to the subcommittee to discuss at the next meeting.

**6.3 Protocol Book**

- The last EMS Council protocol book was updated in 2021.
- New changes to each ALS Provider’s protocols will continue to be discussed in this committee but they will not be published in a single EMS Council protocol book in the future. The revised Ordinance 9 does not require a protocol book as a product of the EMS Council. A discussion of how a live document that isn’t assembled into a single PDF protocol book could be maintained by committee members will continue at the next meeting.
- Policies such as patient dispositions for certain conditions, system communications, and a patient diversion policy will continue to be reviewed by the full EMS Council.

**6.4 Medical Control Physician Certification**

- Emergency Physicians Professional Association (EPPA) offered to manage the training and certification paperwork for its emergency physicians rather than have ED Medical Directors need to manage these tasks.
- Now that a single EMS Council protocol book will not be continued, each EMS Medical Director would like to manage the training of medical control physicians who work under their medical license using the protocols they have written for their own service as the EMS Medical Director (ref: MN Statute 144E.265). This change would not prevent EMS from calling other west metro hospitals when needed for medical control advice, particularly for specialized care provided at Children’s Hospitals and Masonic Children’s Hospital. A motion to change the medical control training and certification process to streamline it to a single hospital affiliated with each EMS Medical Director/ALS Ambulance Provider was moved to the Medical Standards Committee.

**6.5 Hospital Capabilities Matrix**

The matrix was last updated in 2014, so we’re trying to update it again for the 16 medical control hospitals. We’ve received only a few responses after last year’s requests to hospitals, so this project is not active for now. Staff will send it out one more time for additional updates.

## 6.6 Legislative Updates

- The House Omnibus Bill includes funding, as requested in HF449, for east and west MRCCs to continue at current levels this year and will increase next year.
- A task force that includes multiple First Responder partner representatives to discuss issues cited in the Office of Legislative Audit (OLA) report regarding EMS across the state and the organization and authority of the EMSRB will be selected and begin its work this year.
- HF2736 regarding EMS Provider's PSA license renewals and municipal permits to regulate EMS will not go forward this session. Discussion of these topics continues among municipal leaders, EMS and First Responders, and other partners at the city, county, and state levels.

## 7. Medical Standards Committee –Michelle London, MD, Committee Chair

The committee has not met since the last EMS Council meeting. At the June meeting, the committee will discuss the motions forwarded from the EMS Medical Directors (AMD) Subcommittee:

**7.1.** Proposed changes to medical control training and certifications so ambulance service personnel will typically call their own hospital for medical control consultation. If this change is approved by the EMS Council, it will require a bylaws change to discontinue the requirement that hospitals maintain 24-7 medical control certification and capability in order to obtain membership on the EMS Council.

**7.2** Proposal to delete section 6.1 in the Hospital Closure and Diversion Policy so the exception that allows hospitals to divert Red patients when a critical equipment failure occurs (e.g. CT scanner down).

## 8. Operations Committee – Ryan Quinn, EMT-P, Committee Chair

### 8.1 Monthly radio checks

- West MRCC continues to support user education and provides technical assistance with identifying and addressing radio equipment failures at medical control hospitals.
- West MRCC will start sending out the monthly email reminders to hospital contacts starting next month. Public Health will continue to manage data collection and reporting.
- After a few missed hails from hospitals during recent monthly tests, West MRCC increased the volume of the assigned talkgroup during the test times to minimize missed hails. Sometimes hails will not be answered if dispatchers are busy coordinating patient care, so the hospital should continue, as usual, to call back using the provided phone number if the hails aren't answered.

### 8.2 Zipit

- West MRCC continues to encourage all west metro hospitals to use Zipit.
- When EMS can use Zipit to relay information to EDs, it increases efficiency by saving about 2.5 minutes per call for West MRCC.
- Zipit provides a place for more detailed patient information to be sent directly to the ED, where

providers can share the information as needed in their hospital and customize which providers/groups of providers receive messages. Please contact Dan Klawitter if your hospital would like to learn more about Zipit.

### **8.3 GoodSAM**

Hennepin EMS is piloting GoodSAM for communications between patient and/or crew on scene and the dispatch center.

- The web-based, HIPAA compliant application can send real time data on the patient. It has been useful to assist in triage decisions at the dispatch center to upgrade or downgrade calls before crews are dispatched.

### **8.4 Beacon ED**

- Hennepin EMS continues to test this product which provides patient acuity data and a real ETA on a map. The goal is to push EMS CAD data from all five ALS Providers to ED's to provide physicians with accurate data to manage incoming patient care and specialized team activations.
- This data may also assist with mutual aid calls if available crews can be seen on a map so a PSA holder could request mutual aid from a nearby unit if a call could be better served by another PSA holder.

### **8.5 Hennepin County Sheriff's Office update**

- Hennepin County's ARPA-funded alternative response program pilot in Brooklyn Park has been responding for the past few months where a Community Paramedic and a social worker is dispatched to calls for a patient who is in crisis.
- These 911 requests have been call processed and determined that an ALS transport isn't needed to a hospital and there are no weapons on scene that would pose a safety threat.
- Next steps focus on funding this program permanently.
- Brooklyn Park is also planning to add an alternative response/co-responder model where a social worker can be sent with a police officer to a scene when the patient is in crisis and safety is a concern.

### **8.6 CAD to CAD RFP**

Applications for MESB's program to support CAD to CAD have been received. An RFP review committee will decide which applicants will receive funding.

### **8.7 Allina Health EMS**

- Training -- EMTs are now all trained at the 911 standard, so there is no difference in training between EMTs scheduled on IFTs and EMTs responding to some 911 calls.
- One or two BLS trucks will be scheduled per shift to respond to alpha and omega calls that have been call processed via ProQA by Allina Dispatch.
- Allina is collecting data on this change to ensure that the resource dispatched is appropriate to the patient acuity; this change should help ease the challenge of staffing responses to high acuity calls where a paramedic is needed if EMTs can respond to some of the lowest acuity alpha and omega calls.

- Allina also has about 30 EMTs in training to move up to Paramedic in the future.

### 8.8 ECMO

The ECMO group is working on a plan for transports of ECMO patients on the west metro side to go to the ALS Provider’s service area first, then could be sent out for a mutual aid to others if needed. Presently, the ECMO truck remains at Edina Fire, responds and transports to MHealth Fairview Southdale.

### 8.9 Legislative Updates

- Efforts to gain support for pension funds for dispatchers/telecommunication across the state is considered critical for hiring and retaining dispatch staff. Dispatchers are highly trained, especially in the metro area, but they often leave their jobs after about five to ten years and it’s increasingly difficult to find replacement staff for PSAPs.
- The Operations Committee would like to recognize telecommunicator staff around the state as we celebrate National Public Safety Telecommunicators week.

## 9 Quality Committee – Marc Conterato, MD, Committee Chair

No action to report since the last EMS Council meeting because the Q2 meeting was cancelled.

Items on the agenda for the June Q3 meeting:

### 9.1 Stroke Time on Scene

The committee will continue to collect baseline data and discuss whether a list should be sent to dispatchers so they could tell patients/bystanders simple ways to help responders stay safe and to decrease scene times (e.g. unlock doors, keep pets away from the patient).

By end of Q2, the committee plans to have:

- A scene time goal
- An evaluation tool/checklist for EMS to determine if all procedures in the protocol are being performed on scene and
- If any of those procedures should be done during transport rather than creating possible delays on scene

### 9.2 Future Cardiac Arrest Metrics

The committee is working on a set of cardiac arrest metrics which may include:

- **911 dispatcher-assisted CPR** e.g. time between dispatcher and bystander CPR start time – this data may be in CARES but not all calls are call processed; may look to primary PSAPs for this data if it isn’t available in CARES
- **Improved coordination between partners**
  - Time to scene of First Responders

- CPR in progress on arrival of First Responder unit
  - Airway management by First Responders
  - AED use and recorded outcome by First Responders if data are available
- **Improved transitions of care**
    - MIST or other standardized reporting forms
    - EKG hand-off
    - Code summary hand off by EMS
- **CQI efforts**
    - Use of quarterly data from multiple partners such as EMS, First Responders, Dispatch, and hospitals to evaluate care provided. One goal is to use Hospital Hub data whenever possible

At the next meeting, the committee will discuss:

- Development of a cardiac arrest metric checklist and data collection tool
- Determine when to start a 6 month data collection period to establish a baseline

### **9.3 Response Times and Staffing Configurations Metrics**

The committee has discussed concerns of First Responder organizations about EMS response times especially for BLS/non-critical that occurred in 2022.

Public Health recently collected response time data from 2022 and is working with the EMSRB on compiling staffing data to report back to the Hennepin County Board of Commissioners. The Quality Committee will support data requests for that report as needed.

### **9.4 Hospital Hub**

- The EMSRB purchased Hospital Hub to link data between EMS and hospitals so EMS can electronically transfer the ePCRs to the hospital.
- This database also gives hospitals the opportunity to see MNStar data for any patients they receive from EMS. As of today, all hospitals in the metro have access to use this platform.
- For agencies that use the state MNStar Elite system, Hospital Hub will be the best way for EMS to provide an ePCR when they transfer their patient. This can replace a FAX or paper form PCR. A report can also be printed as a PDF if needed.
- All MN hospitals have access to view and add outcome data to the EMS record, which would make it available to the EMS agency that transported the patient.
- This would be a very useful first step toward better QI data sharing between EMS and hospitals.
- The Quality Committee strongly encourages hospitals to utilize Hospital Hub for patient data sharing with EMS. For more information about Hospital Hub, please contact Dave Rogers at the EMSRB.



### **9.5 BioSpatial (presented by [Dave.Rogers@state.mn.us](mailto:Dave.Rogers@state.mn.us) at EMSRB)**

- Analytics platform is ready for EMS agencies to use; 38 other states use this so MN data can be compared to other states' published data
- Dashboards include biosurveillance, overdoses, pediatric resuscitation, time-sensitive syndromes
- Interfaces with MNStar data to pull each agency's data into metrics including state clinical advisory performance measures, NEMSQA, NEMSQA Fair, Mission Lifelines, Coverdell, TBI, Stroke, STEMI, Trauma measures
- Please contact Dave Rogers at EMSRB if any EMS agencies would like to meet to discuss this new tool that the EMSRB has purchased for all EMS providers in MN.

**10. Executive Committee Report – Todd Joing, MD – EMS Council Chair**

**10.1 Ordinance 9 Update**

On Aug. 18. the EMSRB approved amended Ordinance 9; the Hennepin County Administrator with the support of the Board of Commissioners subsequently lifted the suspension of the ordinance that day even though the local emergency is still in effect.

The amended ordinance, as approved by Hennepin County’s Board:

- Removes Response Time Standards as a required performance metric
- The EMS Council will recommend performance metrics for approval by the county board this fall; the HC Board of Commissioners must review the proposed metrics and approve or amend the metrics
- Maintains the patient choice standard
- Maintains the requirement for EMS Providers to submit certain data to Public Health for monitoring purposes
- Maintains the two-paramedic staffing standard as written in the 1999 Ordinance. However, the 2-paramedic staffing standard is suspended until the end of 2025.
- Public Health was charged to conduct a study of the effects of staffing models on EMS providers’ budgets, hiring, and equity of EMS care provided within the county.
  - The Public Health Department will report findings to the commissioners in July 2024 and 2025, before the staffing requirement suspension ends.
  - It is expected that the County Board will make a final decision on staffing after it has reviewed the study results.
- In the meantime, the minimum staffing standard for ALS transports of 1 medic and 1 EMT, as required by MN Statute 144E, is not effective in Hennepin County due to MN Statute 144.244 which suspends that requirement in the case of a local emergency. Once the local emergency ends, the state’s statutory staffing standard will be effective in Hennepin County.

**10.2 New Ordinance 9 Work Group**

- An ad hoc work group was created by the Executive Committee with the charge to review the scope and function of the EMS Council, its committees, membership, and work priorities.
- The work group will make recommendations to the Executive Committee regarding bylaws changes that are needed to structure the EMS Council now that more decision-making authority has moved to the EMS Council and out of the ordinance.

Work group members include Todd Joing, MD, Susan Long, Ryan Quinn, and Jeff Czyson. The group will meet soon so recommendations are ready for the Executive Committee to review and bring to the EMS Council this fall.

**11. Staff Report - Kristin**

Reminder that EMS Council information such as agendas, meeting summaries, radio check information, medical control forms and links to policies, protocols and Ordinance 9 are published online at [www.hennepin.us/ems](http://www.hennepin.us/ems)

- Orientation for new members – Staff will send invites to new members for orientation sessions to be held in the next few months.

#### **10 EMS Partner Reports**

Dylan Ferguson, Executive Director of the EMSRB, provided information about a state audit requirement to collect cost collection data for EMS Providers by June 30, 2023. All ground ambulances should have received a packet from Holly J at the EMSRB about this request.

Please contact [Dylan.Ferguson@state.mn.us](mailto:Dylan.Ferguson@state.mn.us) at the EMSRB with questions about this request.

#### **11 Action: Adjourn – Approved**

The meeting adjourned at 3:50 p.m.

Next EMS Council meeting is October 12, 2023 from 3-5pm; location will be online and/or Hopkins Fire Dept. - TBD