



Emergency Medical Services Council

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**Ordinance 9 Work Group, Executive Committee,  
and Ambulance Medical Directors**

**Combined Ordinance 9 Review Meeting**

**Jan. 22, 2020, 9:00 a.m. – 11:00 a.m.**

**Edina Fire Dept., 6250 Tracy Ave., Edina, MN 55436**

**Draft Summary**

Present	Absent
<ol style="list-style-type: none"> <li>1. Marc Conterato, M.D., North Memorial Ambulance Service</li> <li>2. Jeff Czyson, Allina Health EMS</li> <li>3. Shannon Gollnick, North Memorial Ambulance Service</li> <li>4. Jeff Ho, M.D., Hennepin EMS</li> <li>5. Charles Lick, M.D., Allina Health EMS</li> <li><b>6. Todd Joing, M.D., M Health Fairview Southdale Hospital, EMS Council Chair</b></li> <li>7. Paul Nystrom, M.D., Edina Fire Dept.</li> <li>8. Ryan Quinn, Edina Fire Dept.</li> <li>9. Darel Radde, Ridgeview Ambulance Service</li> <li>10. Tom Schmitz, Chief, Edina Fire Dept.</li> <li>11. Marty Scheerer, Hennepin EMS</li> <li>12. Nick Simpson, M.D., Hennepin EMS/HCMC</li> <li>13. Kevin Sipprell, M.D., Ridgeview Ambulance Service</li> <li>14. Angela Walker, Hennepin EMS</li> </ol>	
Guests	Staff
<ol style="list-style-type: none"> <li>1. Craig Tschautscher, M.D., HCMC</li> </ol>	<ol style="list-style-type: none"> <li>1. Kristin Mellstrom</li> </ol>

**Welcome and Introductions** – The meeting was called to order at 9:03 a.m. with a quorum present; the proposed agenda was approved.

## **Ordinance 9 Review Updates – Staff (Mellstrom)**

Staff to the EMS Council, Kristin Mellstrom, reviewed the process that has been followed since Hennepin County Public Health (HCPH) and the County Attorney's Office (CAO) started meeting with the work group in July, 2019:

- Susan Palchick (HCPH), Dan Kaczor and Beth Stack (CAO) have met with the newly combined ordinance work group (comprised of the EMS Council Ord. 9 work group, Exec. Committee, and Ambulance Medical Directors and interested parties), the EMS Council, and the members of the council's committees at four meetings in 2019 to present draft versions of the ordinance and collect feedback from council and committee membership.
- After feedback was reviewed, HCPH emailed an updated draft ordinance this week for this group to review today in preparation for a scheduled Hennepin County Board of Commissioners briefing.
- Staff to the council will take the feedback that is collected today from this work group back to HCPH and the CAO to determine the next steps to prepare for the board briefing and future progress toward a final board action request to propose changes to the ordinance.
- It is important to acknowledge that the current HCPH/CAO version of the draft ordinance will likely differ on some points from the draft that the EMS Council membership supports. Both groups will have the opportunity to answer questions from the county board of commissioners at the board briefing.
- To frame this ordinance review and the future composition and role of the council, it is also important that the council membership is aware of the level of future support that HCPH plans to provide. The HCPH/CAO version of the draft has reduced and refocused the county's regulatory responsibilities (e.g. protocols, license tracking, EMS staff training and credentialing, PSA enforcement) to eliminate duplication of roles and regulation that the state Emergency Medical Services Board now directs. HCPH will budget no more than one staff person to support the council. Other staff support models could be considered by the council if its membership chooses to provide additional funding or personnel time. This topic will be discussed at a future meeting. Several members noted concerns about the composition of the current EMS Council, which includes more hospital representation than in the past. EMS representatives stress the need for redistribution of representation to give EMS more votes than hospitals currently have on the council, since this is an EMS ordinance that regulates only EMS providers.

## **Review of the latest proposed changes to Ordinance 9 – Facilitated by Staff**

Staff presented three draft versions of the ordinance; at this meeting, the most recent version that was drafted by the CAO dated Sept. 9, 2019 (aka strikeouts in purple) and emailed to the group this week was used for discussion. This version incorporated HCPH/CAO proposed revisions to the ordinance after attending meetings and collecting feedback from council members several times.

The following changes, questions, and concerns regarding this version were proposed by this work group:

### **Support for continuation of Ordinance 9, with amendments**

- The group unanimous agreement that a county ordinance should continue to regulate some aspects of unscheduled 9-1-1 ALS services provided in Hennepin County by Primary Service Area (PSA) license holders. The county ordinance would add regulations that aren't already written in MN Statutes Chapter 144E and MN Rules Chapter 4690.
  - Rationale: Response time standards (RTS) or other performance metrics that are

agreed to by the EMS Council should be based on best practices and national standards; if different performance metrics were to be created by contiguous cities in the absence of the county's required performance metrics, new metrics may not serve the purpose of RTS, which is 1) to ensure acceptable and appropriate unscheduled ALS EMS service access to patients in all areas of the county and 2) to provide data on pre-hospital performance.

### **Section V: Definitions**

- Several definitions were removed from this draft in the CAO's version based on several factors including new standardization of county ordinances and references to definitions already included in state statute unless the ordinance has a unique EMS Council definition for certain terms. Although several terms may not be used in the language of this ordinance anymore, EMS providers noted that it is useful to have some operational terms and their definitions included in the ordinance or another policy document.
  - Question for the CAO: Could some definitions be included in the ordinance or an appendix or other policy that is enforced by HCPH/CAO? The work group would like to keep the following operational definitions, as previously written by the ordinance work group, in the ordinance or in a policy document:
    - "Non-Emergency"
    - "Pre-Arranged"
    - "Routine Transportation"
    - "Unscheduled Requests"
  - Note: "Unscheduled Ambulance Services," as used in Section II: Scope, is imprecisely defined, however, the group supported leaving this term as it is currently written in this version of the ordinance.

### **Section VI: Subsections 1 and 2: Administration and Documentation**

- The work group has concerns that the proposed language gives HCPH aka "Health Authority" access to all EMS records. This work group proposed that the language in the ordinance should be rewritten to reflect the limitations of EMS providers to give patient data to other entities by referring to the current state and federal statute.
- The group would also requests that the language state that Public Health would seek aggregate data, except in specified instances (e.g. to investigate incident reports and to gather RTS or other required performance data that includes zip codes.)
- Proposed language:
  - Subsection 2: Access to Records: All Ambulance Providers subject to this Ordinance shall, upon request by the Health Authority, provide to the Health Authority any and all health records that the Health Authority determines necessary to determine compliance with this Ordinance, subject to applicable state and federal law and regulations.
- Also proposed: Strike or amend the final sentence of subsection 1 regarding the Health Authority's data processing processes. The work group recommends that the ordinance require that data be reported in the format required by the state (MNStar) EMS database rather than HCPH/CAO-determined data format(s).

### **Section VII: Standards**

#### **Subsection 1: Staffing**

- The work group agrees that staffing needs are different between rural and urban areas in the county. All providers support a tiered system that allows triaged calls in which

ALS or BLS levels of service are dispatched based on call processing triage determinations.

- Due to the differences in patient populations and call volumes between municipalities and PSAs, the work group proposed the creation of a new geographically-based tiered system similar to RTS, where calls from high-density urban areas that are triaged as ALS would require two paramedics to respond. In areas similar to RTS “Developed Lake” and “Rural” areas, ALS could be staffed by a one paramedic and one EMT. BLS would require at least two certified EMTs on each ambulance.
- The group will continue a discussion of this new proposed staffing model at the next meeting. Here is a website offered by one of the work group members that could provide a guide to population-based staffing tiers:

<http://worldpopulationreview.com/states/minnesota-population/cities/>

We could look at cities with a population over 200,000 and state they should have a two paramedic configuration. Less than that can be one paramedic.

#### Subsection 2: Call Processing

- The work group agreed that the current language in the draft which requires the council to create a list of acceptable call processing systems to be used by secondary PSAPs to triage incoming requests is acceptable and reflects current practice.

#### Subsection 3: Medical Resource Standards

- Section VII, Subsection 3, B.
  - Proposed change: Add: ...may send a BLS ambulance or a “Medical Resource” to a request...
  - Question for CAO: Would this be acceptable, or does state statute cover the definition of “Medical Resource,” so, while currently the defined resource must be BLS, the definition in the ordinance would change if the state statute changes?
- The work group agreed that ALS would be acceptable as the default resource if call processing does not determine that BLS is appropriate or if there is a question as to the acuity of the patient condition.
- It was noted that the revised ordinance is a significant change from the current ordinance because it removes the need for EMS to report the use of BLS responses to the Public Health Authority as an exception report.
- Also, all ambulance providers noted that they all maintain the capability for two-way communication between the caller and the ambulance provider, so it is acceptable to leave that requirement in the new ordinance language to reflect current practice.
- All ambulance providers support the use of a tiered response system that uses call processing by the secondary PSAP to determine, or triage, appropriate resource levels to dispatch to each request for service.

#### **Next steps in the review**

The group agreed that one more session is needed to thoroughly review this version of the ordinance and decide what information and feedback will be presented by the council to the county board at the briefing. Staff will send out a poll to scheduled another meeting for the group. The next section of the ordinance to review will be VII: Standards, Subsection 4: Patient Choice and Disposition Standards. Note: Shannon Gollnick will bring language from CMS that describes patient choice in health care and circumstances when patient choice of

destination facility is and is not appropriate.

## **Ambulance Medical Directors Subcommittee Meeting**

### **New business**

Protocol #3240 - Persistent tachyarrhythmia ( $\geq 150$  bpm) with pulses – adult

Due to an urgent need to update protocol #3240, the group revised the flowchart for patients with wide complex stable tachyarrhythmia with pulses. The protocol will now direct EMS providers to use a 12-lead ECG and consider placing defibrillator pads on the patient. All other instructions for this type of patient condition were removed from the protocol because they could pose additional danger to the patient with wide stable tachyarrhythmia with pulses.

This change will go into effect immediately due to patient safety concerns, however, it will move on to the Medical Standards Committee and the council for additional review in April. If there is additional information to consider, it will be presented at the next council meeting.

### **Next steps:**

- Staff will poll the work group members to find a new meeting date to finish reviewing the draft ordinance.
- Notes for each meeting will be recorded by staff, sent to the work group, and posted online at [www.hennepin.us/ems](http://www.hennepin.us/ems)
- If the council would like to provide information or any documents to the county commissioners before the rescheduled Feb. 20 briefing, those materials will need to be prepared by the council members or their respective organizations and emailed to Hennepin County Administration by Feb. 13. Staff can email to County Administration on behalf of the Council, if needed.

*DRAFT Jan. 22, 2020*

