



Emergency Medical Services Council

Health Services Building – MC L963
525 Portland Avenue South Minneapolis, MN 55415-1569
612-348-6001
chd.ems@co.hennepin.mn.us



Quality Committee

Tuesday, May 2, 2023, 1:30 p.m. - 3:30 p.m.

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

Draft Summary

Present	Absent
<ol style="list-style-type: none"> 1. Marc Conterato, M.D., North Memorial Ambulance Service (Chair) 2. John Berkholtz, Ridgeview Ambulance Service 3. Kristie Royce, Hennepin EMS 4. Christie Traczyk, Allina Health EMS 5. Nik Vuljaj, MD, MHealth Fairview University Hospital 6. Mike Morelock, North Memorial Ambulance Service 7. Ryan Quinn, Edina Fire Department 	<ol style="list-style-type: none"> 1. Aaron Robinson, MD Hennepin EMS 2. Luke Dingman, M.D., Ridgeview Ambulance Service 3. Anna DePompolo, MD, Minneapolis Children’s Hospital
Guests	Staff
	<ol style="list-style-type: none"> 1. Kristin Mellstrom

1. Welcome and Introductions – Chair Marc Conterato called the meeting to order at 1:30 p.m. with a quorum present. After introductions, today’s agenda and meeting summary from Aug. 2, 2022 were approved.

2. Response Time Standards – Staff

Ordinance 9 Section VII continues to be suspended due to the local Hennepin County emergency order, so response time data was not being collected from Q1-2020 through 2022. When the local emergency ends, proposals for new or additional performance metrics will be presented to the Hennepin County Board for approval. The metrics may include response times, but this measurement is not required in the amended Ordinance 9.

The committee discussed concerns of some fire departments city councils about slower EMS response times especially to BLS/non-critical calls which requires Fire personnel to stay on scene until EMS arrives. Response times in this situation are around resource utilization and not about patient care provided by either Fire Dept. or EMS responders.

It was noted that data may be skewed in some cities where mutual aid is frequently requested and two EMS Providers have PSAs different parts of a city but the data aren't differentiated between mutual aid and responses within a provider's PSA.

Data collection and cleaning has varied over the past ten years. Some years there was a focus on the time to each call regardless of which provider responds; this was viewed as a better measure of overall system capacity and responsiveness. At other times, mutual aid calls were excluded from the reported data, which may skew the data toward shorter response times if mutual aid is called when a PSA holder expects a long delay before it can respond so it isn't reported.

Some committee members discussed the value of including all mutual aid calls in every provider's data so the focus is on system capacity. In areas such as Golden Valley, Minneapolis and Minnetonka where two providers have PSAs, it could be reasonable to expect that the mutual aid provider that has a PSA in that city would be able to respond quickly if a unit is available and the non-PSA holder accepts the mutual aid request. In contrast, mutual aid given by EMS Providers who are traveling further from their PSA may not be able to meet response time standards. These occurrences are apparent in the current reports except in the few cities where two PSAs are present.

In conclusion, all committee members agree that response times to the majority of calls is not a valuable performance measure when compared to many other metrics that focus on the care provided on scene and during transport rather than simply response time to the scene. If response times are included, it could be applied to limited patient impressions: cardiac arrest, stroke, altered level of consciousness, and trauma. Future work on better performance metrics will continue, as discussed below, along with considerations about community education on the usefulness of many types of performance metrics for different types of calls in addition to response times.

3. EMS Stroke Time on Scene Strokes Metric

Stroke Time on Scene Metric – Hennepin County Q1-Q4-2022

Median Times in minutes.seconds	Scene Time	Max. to 90 th percentile	N
A	16.46	24.29	358
B*	18	25	116
C*	16	23.27	73
D	17.0	24.4	Not reported
E	17	25	426
Cumulative Total			973

*Reported the mean, not median

The committee will continue to collect this data through 2023. Discussion focused on ways to decrease on scene times such as providing dispatch with instructions to callers to remove pets from the area, unlock doors, etc. that may also keep medics safer. A list of suggested instructions will be finalized at the next meeting.

A few items the committee discussed for stroke performance metrics are stroke scales and glucose checks before arriving at the ED.

The stroke scales used by different providers vary and all are considered to be within best practices, so the committee has decided that adoption of one scale is unnecessary, but all providers should use one or more of these nationally recognized scales.

Stroke scale used by each provider:

- MHealth Fairview University (BLS ambulances license in Hennepin County so it doesn't respond to strokes in Hennepin County): LA Cincinnati
- Allina Health EMS: Cincinnati and moving to VAN
- Hennepin EMS-FAST-ED
- Ridgeview Ambulance: BFAST
- North Memorial: FAST-ED

A final decision to determine which stroke metrics should be used by ALS Providers will be made at the next quarterly meeting in August and moved to the EMS Council for its October meeting. If approved, the metric will be forwarded to the Hennepin County Board of Commissioners for consideration.

4. Cardiac Arrest Metric

Several metrics are already available in CARES, so the committee decided to investigate how this can be utilized to minimize double reporting for each Provider. If additional cardiac arrest metrics are determined to be needed, this committee will continue the discussion after working on stroke and trauma metrics. Of note, a couple of hospitals including Minneapolis Children's do not participate in CARES, so there may need to be some work to obtain their data.

5. Incident Review

- Fairview Southdale Hospital's stroke designation on MDH website has changed to thrombectomy capable stroke center rather than comprehensive stroke center. These designations are functionally equivalent so large vessel occlusion strokes can still be transported to Southdale.
- Tabled until next meeting: Quality improvement when multiple requests from one scene are simultaneously transferred from dispatch to the PSA holder.

6. Next steps:

- Please send to Staff (Kristin) your ALS service's checklist/performance metrics on stroke and trauma.
- Dr. Conterato will review these and propose a set of metrics for these patient impressions for this committee to review and vote on at the next meeting in Aug.
- Kristin will connect with Lucinda at CARES to get state and Hennepin County data to

review at the Aug. or Nov. meeting.

7. Future Meetings

The first Tuesday of Feb., May, Aug., Nov. from 1:30pm to 3:30pm

Meetings are held online. See <https://www.hennepin.us/business/work-with-henn-co/ems-planning-reg> for more information.

The meeting ended at 2:52 pm.