Welcome and Introductions – Chair Marc Conterato called the meeting to order at 1:35 p.m. with a quorum present. After introductions, the proposed October 2, 2018 agenda and meeting summary from October 3, 2017 were approved.

Response Time Standard Report – The Subcommittee briefly reviewed the 2017 calendar year response time standard (RTS) report and first quarter 2018 RTS report. After brief discussion on a handful of municipalities that did not make the municipal standard, some of which contributed to their zone failing to make the standard, no action was taken by the committee.
System-Based Follow-up Process – Conterato gave a brief update on the progress of this initiative. Per Conterato, a meeting of quality improvement (QI) and compliance representatives from hospitals and ambulance service was held on September 26. The QI/compliance group highlighted three tasks going forward:

- Draft a list of objectives and deliverables for the development of a state-wide patient information sharing system. The system will encompass two entities – hospitals and EMS (EMS defined as transporting ambulance services).
- Connect with MDH and/or the MN AGO for a ruling on the absence of EMS as a named entity from the Minnesota Health Records Act and how that impacts sharing of information between hospitals and EMS.
- Meet with the MHA to discuss them acting as the lead organization to develop a state-wide patient information sharing system.

Conterato added that the QI/compliance group felt this initiative transcended the scope of the Hennepin County EMS Council and should be elevated to an organization, such as the Minnesota Hospital Association, that has state-wide reach. The Quality Committee agreed to keep this item on their agenda for informational updates only. No further action was taken.

Adult Behavioral Emergencies Protocol Review – Matthew Maxwell explained that Hennepin Healthcare requested the EMS Council’s Quality Committee conduct a review of the Hennepin County EMS System Adult Behavioral Emergencies Protocol. Doctor Paula Kocken, with Children’s Hospital of Minneapolis, interim chaired the discussion. The Committee was asked to address the following questions:

1. Does the Hennepin County EMS System Adult Behavioral Emergencies protocol meet best practices for the pre-hospital treatment of acute behavioral emergencies?
2. Does the protocol’s definition of “severe agitation” and “profound agitation” provide adequate and clear differentiation?
3. Is the protocol clear when ketamine should, and should not, be administered?

To answer question #1 the Committee reviewed current NAEMSP position paper(s) on best practices for the pre-hospital treatment of adult behavioral emergencies. Also, the Committee compared the Hennepin County Adult Behavioral Emergencies protocol to protocols from the following other large metropolitan EMS systems:

1. Denver Metro EMS
   - Psychiatric/Behavioral Patient Protocol (#6000)
   - Agitated/Combative Patient Protocol (#6010)
2. Bureau of EMS, Trauma & Preparedness – Southeast Michigan Regional Protocol (Detroit EMS)
   - Adult Treatment Excited Delirium (Section 3-6)
   - Procedures Patient Sedation (Section 7-17)
3. Department of Health Services County of Los Angeles (L.A. County EMS), California
   - Treatment protocol: Behavioral/Psychiatric Crisis (ref no 1209)
4. Regional Emergency Medical Services Council of New York City; Advanced Paramedic Protocols
   - Adult Excited Delirium Protocol (#530)
5. Regions Hospital (Saint Paul, MN) Adult Behavioral/Excited Delirium Protocol (guideline 2)

Committee findings question #1 – Based on best practices evident in the NAEMSP position paper(s), and a comparison of the Hennepin County Adult Behavioral Emergencies protocol to similar protocols from other large metropolitan EMS systems, the Quality Committee reached consensus that the Hennepin County EMS System Adult Behavioral Emergencies protocol meets existing best practices for the pre-hospital treatment of acute behavioral emergencies.

To answer question #2 the Committee analyzed the Hennepin County Adult Behavioral Emergencies protocol’s definitions of severe agitation and profound agitation. Severe agitation is defined in the protocol as a patient that poses an immediate threat to himself/herself or others, and profound agitation is defined as a patient with evident active physical violence to himself/herself or others, and usual chemical or physical restraints (section C of the protocol) may not be appropriate or safely used.

The operative language that defines a severely agitated patient is “poses an immediate threat to himself/herself or others,” conversely the operative language that defines a profoundly agitated patient – and differentiates it from a severely agitated patient – is “evident active physical violence to himself/herself or others, and usual chemical or physical restraints may not be appropriate or safely used.”

The Committee acknowledged that, while it agreed the definitions themselves provided sufficient clarity to differentiate the two categories of agitation, the headers (“severe agitation” and “profound agitation”) in and of themselves do not provide adequate descriptive differentiation. The Committee recommended the Hennepin County EMS Council take this into consideration when considering future changes to the protocol.

Committee findings question #2 – Based on the Committee’s review of the definitions of severe agitation and profound agitation, the Committee reached consensus that the Hennepin County EMS System Adult Behavioral Emergencies protocol’s definitions of severe agitation and profound agitation provide adequate and clear differentiation.

To answer question #3 the Committee reviewed the Hennepin County Adult Behavioral Emergencies protocol’s treatment modalities to determine whether it is clear when the medication ketamine should, and should not, be administered. The Committee acknowledged that the Hennepin County EMS System ALS Medical Protocols are treatment protocols that delineate which treatments, procedures, and medications should be administered and under what circumstances. The
Committee also recognized that paramedics do not practice medicine and instead operate on standing orders.

The Committee recognized that Ketamine is listed in the protocol as a medication choice for treatment of profound agitation, and is not a choice for the treatment of severe agitation. The Committee reached consensus that the absence of Ketamine as a listed medication choice for severe agitation (section C) excludes ketamine as a medication choice for the treatment of severe agitation. The Committee agreed that Ketamine, per the Hennepin County EMS System Adult Behavioral Emergencies protocol, is a medication choice only for the treatment of profound agitation.

Committee findings question #3 – Based on the Committee’s review of the treatment choices listed in the Hennepin County Adult Behavioral Emergencies protocol for severe agitation and profound agitation, the Committee reached consensus that (per the protocol) Ketamine is a medication choice exclusively for the treatment of patients meeting the profound agitation definition and therefore the Hennepin County EMS System Adult Behavioral Emergencies protocol clearly delineates when Ketamine should, and should not, be utilized for the treatment of agitation.

**Stroke Times for EMS** – Due to time constraints, and pending the Brain Attack Coalition publishing their forthcoming position paper on stroke care, the committee agreed to table this topic.

**Large Vein Occlusion (LVO)** – Due to time constraints the committee agreed to table this topic. Staff will collect existing LVO scales and bring a summary to the next Committee meeting for review.

The meeting was adjourned at 3:24 p.m.

Future meetings, Tuesdays 1:30 p.m.-3:30 p.m.; North Ambulance Service, Brooklyn Center:
- February 5, 2018
- May 7, 2018
- August 6, 2018
- November 5, 2018