



Emergency Medical Services Council



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Quality Committee
Tuesday, November 5, 2019, 1:30 p.m. - 3:30 p.m.
North Ambulance Service
4501 - 68th Avenue N., Brooklyn Center 55429

Draft Summary

Present	Absent
<ol style="list-style-type: none"> Marc Conterato, M.D., North Memorial Ambulance Service (Chair) Brent Custard, North Memorial Ambulance Service Doug Kayser, Ridgeview Ambulance Service Paula Fink Kocken, M.D., Children’s Hospital Minneapolis Susan Long, Allina Health EMS Greg Loppnow, M.D., University of Minnesota Medical Center (by phone) Ryan Quinn, Edina Fire Department Kevin Sipprell, M.D., Ridgeview Ambulance Service Brent Walters, M.D., Methodist Hospital 	<ol style="list-style-type: none"> Administrator Representing a Medical Control Hospital Seat (Vacant) Alex Trembley, North Memorial Medical Center Wade Johnson, Hennepin EMS
Guests	Staff
<ol style="list-style-type: none"> Christie Trczyk (Allina Health EMS) Susan Palchick (Hennepin County Public Health) Beth Stack (Hennepin County Attorney’s Office) 	<ol style="list-style-type: none"> Kristin Mellstrom

Welcome and Introductions – Chair Marc Conterato called the meeting to order at 1:33 p.m. with a quorum present. After introductions, the proposed Nov. 5, 2019 agenda and meeting summary from Aug. 6, 2019 were approved.

Ordinance 9 Draft Presentation – Susan Palchick from Hennepin County Public Health and Beth Stack from the County Attorney’s Office presented a draft of Ordinance 9 that has been edited by the Council’s Ordinance 9 Work Group and Hennepin County leadership. A new framework for components of the ordinance and EMS council work uses three broad categories based on different

types of expertise and responsibilities of members in the EMS Council system. The new structure will better clarify which policies, standards and guidelines will be required and enforced by the county under Ordinance 9 and which would become optional and not enforced through the county.

The group discussed the three-category structure of the draft ordinance and the placement of proposed components into the three categories. Overall, the committee agreed that clarifying the three types of policy components is helpful. The three categories of policies/procedures/protocols/guidelines/standards are:

- 1) Required and enforced by Hennepin County, as specified in the ordinance
- 2) Required and enforced by Hennepin County, but assigned to the council to develop the specifics of the policy or standard
- 3) Optional and not enforced by Hennepin County but maybe recommended by the council as a best practice

Concerns from some members of the group were:

Section VI - Compliance review- Data privacy concerns about the language in the ordinance "...shall, upon request, ...provide Health Authority any and all records..." (subsection 2)

VII-Standards – Subsection 3 A and B

ALS as a standard was opposed by some members citing that this is cumbersome to include in the ordinance. AMDs note that ambulance providers send ALS when needed (already other regulation in place to ensure best patient care) but as written, this will create the need to prove that BLS is acceptable through a documented call processing decision tree. It was noted that other counties don't have any similar requirement, so providers outside Hennepin just follow state statute which requires either ALS or BLS to be sent.

VII Standards

Subsection 4 A and B

Patient Steering/Dispositions- Medical directors voiced strong opinions that this is the domain of medical directors. The AMDs have concerns that 1) patients will complain about disposition decisions, 2) providers already respect patient choice whenever it's appropriate, and 3) misdemeanor charges would be possible for infractions of Ord. 9

Green/EMS Council Policy –

Hospital Closure and Diversion – This is seen as not enforceable and noted that other counties don't have a similar policy. In the metro, there is a requirement to adhere to a hospital closure and diversion policy so that MNTrac parameters can be set. Hospital Compact members from both east and west sides will begin a discussion of current similarities and differences on closure and diversion policies between east and west metro systems. Historically, the Compact has looked to the EMS Council for a closure and diversion policy for all west side hospitals in the county; EMPAC acts like the EMS Council for the east side hospitals.

Question for future planning

What happens if the council membership wants to add new required standards that could be enforced but the county disagrees/won't enforce it? As a county board-created advisory entity, can the council create its own regulatory rules and enforce standards outside of the ordinance? How would requests be made to Public Health or the County Attorney's Office in these situations? Would appeals of decisions go to the county board for consideration?

Section IX – Waivers and Variances

Add time to for PH to investigate and respond

Who/how are requests for waivers and variances determined? Is there a group of impartial experts that could decide if it's out of scope for PH and/or county board?

Q1 2019 Response Time Standard Report – The Q2 data was not ready for review at this meeting. Q1-Q3 data will be reviewed at the next committee meeting.

Stroke Times for EMS

Samples of stroke response times from a few of the services were reviewed to determine if and how data collection should proceed. This data will provide one metric that is considered more meaningful as a measure of EMS service quality rather than simply reporting response times for all types of primary impression. The committee agreed to report quarterly data to staff to aggregate and review at meetings. Staff will also send a reminder email to contacts at each ambulance service a few weeks before each Quality Committee meeting. The data parameters are:

- Hennepin County data
- Primary Impression = CVA, TIA, or Stroke; not Intracranial Hemorrhage
- Use time stamped scene time arrival (not patient contact time that medics record) and departure from scene
- Report data to the 90th %ile
- Exclude real outliers

EMS-Hospital Patient Feedback Project

Dr. Conterato has discussed this topic with Matt Hill, who has contacted the Minnesota Hospital Association.

System-Based Follow-up Process – Chair Conterato briefly updated the committee on the progress of this initiative. Per Conterato, Matt Hill was working to set up a meeting with the MHA to gauge their interest in acting as the lead organization to develop a state-wide patient information sharing system, but Hill has since left employment at North. Dr. Conterato added that he reached out to Hill who is still interested in bringing this topic to the MHA. The Committee agreed if the MHA isn't open to championing this, the committee we will move forward with developing a Hennepin County pilot.

The meeting was adjourned at 3:00 p.m.

Future meetings, Tuesdays 1:30 p.m.-3:30 p.m.; North Ambulance Service, Brooklyn Center:

- Feb. 4
- May 5
- August 4
- November 3

