Emergency Medical Services Council

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Quality Committee
Tuesday, October 03, 2017, 1:30 p.m. - 3:30 p.m.
North Ambulance Service
4501 - 68th Avenue N., Brooklyn Center 55429

Draft Summary

Present	Absent
1. Marc Conterato, M.D., North Memorial Ambulance Service (Chair) 2. Brent Custard, North Memorial Ambulance Service 3. Paula Fink Kocken, M.D., Children's Hospital Minneapolis 4. Susan Long, Allina Health EMS 5. Greg Loppnow, M.D., University of Minnesota Medical Center 6. Kevin Sipprell, M.D., Ridgeview Ambulance Service	1. Craig Essig, Edina Fire Department 2. Doug Kayser, Ridgeview Ambulance Service 3. Dave Rogers, Hennepin EMS 4. Michael Seim, M.D., Methodist Hospital 5. Marnee Shepard, Fairview Southdale Hospital 6. Medical Control Hospital Administrator (Vacant)
Guests	**Staff**
• Gretchen Musicant, Minneapolis Public Health	1. Matthew R. Maxwell 2. Kristin Mellstrom

Welcome and Introductions – Chair Dr. Marc Conterato called the meeting to order at 1:36 p.m. with a quorum present. After introductions the proposed October 3, 2017 agenda, and meeting summary from April 4, 2017, were approved.

Response Time Standard Report – Matthew Maxwell explained that recent issues pertaining to response time standard (RTS) data have created barriers to bringing accurate and complete RTS performance reports to the Committee. Per Maxwell, some services have transitioned to the new 3.5 NEMSIS dataset while others have yet to make the transition. North Memorial Ambulance Service, which made the transition in early January, is still working with their vendor testing data uploads to the state and has no [usable] data in the state MNStar system from after their transition date.

Allina Health EMS (that has yet to make the transition to the new dataset) became aware of a data privacy concern with sending its internal RTS data to EMS Unit staff. Culling RTS data from MNStar for this service would result in roughly 1,200-1,400 calls per year being miscoded to different cities than where the actual responses transpired. The service is aware of this issue and is investigating potential solutions.

Maxwell briefed the Committee on a second issue pertaining to the new NEMSIS dataset. Per Maxwell, a new element has been introduced that classifies records as emergent, non-emergent, emergent upgrade or emergent downgrade. The element with response mode (lights and sirens, no lights and sirens, etc.) is an optional reporting element under the new dataset. Maxwell reported that Allina Health EMS, Hennepin EMS, Ridgeview Ambulance Service, and Edina Fire Department indicated emergent will be defined as a lights and sirens response, and non-emergent will be a non-lights and sirens response. North Memorial Ambulance Service indicated their use of this element will differ, explaining that emergent will be defined as a response needed in under 30 minutes. Staff explained this will create difficulty for the EMS Unit when pulling data from MNStar.

North Memorial Ambulance Service explained that their service will require that ambulance crews select the response mode, which should help in identification of calls qualifying for the RTS performance analysis. The Committee felt all services should interpret the emergent/non-emergent element the same. North Memorial Ambulance Service's representative indicated he would bring this issue up for discussion with North's management team.

System-Based Follow-up Process – The Committee reviewed an updated draft of the *Position Paper Regarding Patient Information Data Sharing between Hospitals Entities and EMS Agencies in Minnesota*. The group discussed how to move this initiative forward, and heard from Gretchen Musicant who is with Minneapolis Public Health and has experience lobbying. Some ideas, concepts, and themes that emerged from the discussion include:
- Investigating if there are any organizations with wider reach [than the Hennepin County EMS System] that are ready and willing to tackle this topic, and if so what nudge do they need to move from talking about it to action.
- Publicize a list of early adopters, give them an award, or get a reporter to do a piece on the value and importance of the initiative to create buzz and awareness and reward those participating.
- Form a committee or workgroup to work exclusively on this topic. Include members from organizations you want to influence and hope will participate in data sharing.
- Invite a speaker from an EMS system that already has in place a data sharing system to speak at a committee or workgroup meeting.
- Investigate if there is interest or readiness with the Minnesota Department of Health (MDH) or the Minnesota Hospital Association.

The Committee agreed this topic transcends the capabilities, scope, and reach of the Hennepin County EMS Council and System, but absent another organization spearheading this endeavor the Quality Committee should continue working on it. The Committee asked staff to develop a project plan which incorporates many of the concepts and ideas voiced during the discussion, and bring the plan to their next meeting.

The meeting was **adjourned** at 3:13 p.m.

Future meetings, Tuesdays 1:30 p.m.-3:30 p.m.; North Ambulance Service, Brooklyn Center:
- January 2, 2018
- April 3, 2018
- July 3, 2018
- October 2, 2018

D R A F T April 4, 2017