



Emergency Medical Services Council



Health Services Building – MC L963  
525 Portland Avenue South  
Minneapolis, MN 55415-1569

612-348-6001, Phone  
chd.ems@hennepin.us

**Communication Work Group**  
**Wednesday, April 20, 2016, 10:00 a.m. - 12:00 p.m.**  
**Edina Fire Station #1**  
**6250 Tracy Avenue, Edina 55436**

**Draft Summary**

<b>Present</b>	<b>Absent</b>
1. Jeff Cyzson – Allina Health EMS 2. Jeff Frederick, Ridgeview Ambulance Service 3. Doug Gesme, Hennepin EMS 4. Wendy Lynch, Hennepin EMS & West MRCC 5. Tony Martin - Edina Police Department 6. Mike Oliverius, North Memorial Ambulance Service 7. Darel Radde, Ridgeview Ambulance Service	1. Chuck Haneca, North Memorial Ambulance Service 2. Victoria Peckman, Allina Health EMS 3. Asst. Chief Darrell Todd, Edina Fire Department
<b>Guests</b>	<b>Staff</b>
	1. Matthew R. Maxwell 2. Kristin Mellstrom

**Welcome and Introductions** – Chair Darel Radde called the meeting to order at 10:04 a.m. with a quorum present. After introductions, the proposed April 20, 2016 agenda and meeting summary from March 23, 2016 were approved.

**Scheduled/Unscheduled Calls & 30-Minute Rule** – Radde briefly summarized the main issues that led to the creation of the work group and what progress has been made since its inception. Radde referred the work group members to the *Ordinance #9 Regulatory Enforcement* flowchart handout. Matthew Maxwell walked the work group through the handout, noting changes since the prior meeting and version that was reviewed. Per Maxwell, the version under review has been streamlined and is less of a graphical representation of Ordinance #9 and more representative of current EMS call processing practice within the constraints of Ordinance #9 and Minnesota Statute 144E.

The work group discussed issues surrounding patients in hospitals, the latitude hospitals are granted by Ordinance #9 to request a lights and sirens response for pre-arranged transfers and routine transports, and how to best fit those situations into the flow chart. The work group briefly discussed how to

incorporate requests for service where the patient can wait thirty minutes or longer into the flow chart, and at what point in the flow chart the call processing process has been initiated and is underway. Additionally, the work group reached consensus that the flow chart should exclude ambulance requests for discharges (e.g. hospital back to a skilled nursing facility or an assisted living home) and appointments (e.g. dialysis, a doctor's appointment, etc.).

The work group agreed to the following:

- Modify the flow chart by adding to the Call Received box "...and call processing initiated."
- Add an asterisk/note to the flow chart's "...call processing initiated..." language in the Call Received box stating "Call processing must be conducted using a nationally recognized call processing system, or one reviewed and approved by the Hennepin County EMS Council, or the call shall be transferred to the primary PSA holder for call processing. Excludes calls transferred from a 9-1-1 Primary PSAP, discharges, or appointments."
- Switch the "Can the patient wait 30 minutes or longer?" box with the "Emergency Situation?" box.

**Appropriate Call Receipt Methods** – The work group discussed how technology is changing the manner in which requests for ambulance service are received, and how some requests for ambulance service may arrive via non-verbal mediums such as facsimile, text messaging, or direct CAD to CAD interface. The work group briefly discussed limitations with receipt of non-verbal ambulance service requests, such as the inability to process the call to determine if life-threatening conditions exist. The work group felt that some requests for service, such as discharges and appointments, do not need to be processed via voice-to-voice communication and alternative mediums of call receipt are acceptable.

The work group agreed that requests for service that are received via a medium other than direct voice to voice communication should be processed, within a reasonable amount of time, according to the Ordinance #9 Regulatory flow chart. The work group reached consensus that requests for service transferred from a Primary PSAP, discharges, and appointments should be excluded from this requirement. The work group members agreed they have completed their assigned task and will present their findings and recommendations to the Operations Committee at its next meeting.

The meeting was **adjourned** at 11:26 a.m.

**Future meetings** – None scheduled at this time.