Welcome and Introductions – Chair Paul Nystrom called the meeting to order at 12:30 p.m. with a quorum present. After introductions, the proposed April 30, 2019 agenda and meeting summary from February 26, 2019 were approved.

Streamlining Patient Information Notifications – Dr. James Woodson, with Pulsara, presented on the Pulsara software application and its benefit to EMS and hospitals. Pulsara is a smart phone app, but also works on tablets and computers, to streamline the relay of information between the pre-hospital and hospital setting. The application is also embedded with tools allowing hospitals to
designate specified treatment teams (such as trauma, STEMI, etc.) and activate those teams based on the information EMS provides. Pulsara is free to use by EMS, but there is a minimal charge for hospital use. Dr. Charlie Lick, Allina Health EMS (AHEMS), indicated that AHEMS has been running a pilot with Pulsara for the past year and has found the tool very helpful in relaying information consistently and effectively.

The Subcommittee indicated that the use of information sharing tools to facilitate better communications between EMS and hospitals is beneficial, and while the EMS Council could endorse such use it shouldn’t promote or require use of a specific company’s product(s). The Subcommittee agreed this presentation would be of value given to the full EMS Council membership, which has more hospital representation. This was an informational presentation and no further action was taken.

ECMO (standing agenda topic) – Dr. Demetri Yannopolous, with the University of Minnesota Medical Center (UMMC), gave a brief update on the status of the metro ECMO system development. Per Yannopolous, the legal documents have been filed for the ECMO system organization’s incorporation; teams are nearing finalization including fourteen physicians who will comprise the teams; and the vehicles are nearly ready with HealthEast assuming responsibility for vehicle management and maintenance.

Yannopolous indicated that the targeted start date for mobilizing the ECMO teams is August 15th, 2019. The next step is organizing a pool of ECMO beds in the region with a process in place to alert providers how many ECMO beds are available at any given time. Per Yannopolous, ECMO beds must have ECMO equipment and staff available. The Subcommittee agreed to move ahead with development of a regional pre-hospital ECMO standard. Each AMD will submit to EMS Unit staff a copy of their organization’s current ECMO guideline. Staff will aggregate the information and bring a report detailing similarities and differences to the group’s next meeting.

EMS Hand-off of Potentially Violent Patients – Tabled due to time constraints.

Re-designating ALS Protocols – The Subcommittee agreed to rename EMS protocols to “guidelines” to reflect a less mandatory and more permissive nature.

Opioid Study – No update at this time.

Medical Control Exam (Review of Medical Control Data) – Tabled due to time constraints.

Stroke Disposition Guideline – Tabled due to time constraints.

Intoxicated patients, mental/behavioral health patients, and ED overcrowding (standing topic) – Tabled due to time constraints.

Review SMD Scene Response/Phone Calls (standing topic) – No items to discuss.

The meeting adjourned at 2:30 p.m.