



Emergency Medical Services Council



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Executive Committee
Mon., Dec. 11, 2017, 1:00 p.m. - 2:30 p.m.
Edina Fire Station #1
6250 Tracy Avenue, Edina, MN 55436

Draft Summary

Present	Absent
<ol style="list-style-type: none"> 1. Marc Conterato, MD, Quality Committee Chair 2. Pat Coyne, RN, EMT-P, EMS Council Chair 3. Mike Hughes, EMT-P, Ambulance Service Personnel Subcommittee Chair 4. Todd Joing, MD, EMS Council Vice Chair 5. Michelle London, MD, Medical Standards Committee Chair 6. Kevin Sipprell, MD, Ambulance Medical Directors Subcommittee Chair 7. Chief Dale Specken, Operations Committee Chair 	<ol style="list-style-type: none"> 1. Brian Mahoney, MD, EMS Council Immediate Past Chair
Guests	Staff
	<ol style="list-style-type: none"> 1. Matthew Maxwell 2. Kristin Mellstrom

1. The meeting was called to order by EMS Council Chair Coyne at 1:02 p.m., with a quorum assembled.
2. The September 11, 2017 Executive Committee meeting summary and today’s agenda were approved by

consent.

3. Nominations on EMS Council and Committees

None

4. Vacancies on EMS Council and committees

Admin (Alt.) rep seat on the EMS Council for Fairview Southdale Hospital is vacant. Dr. Joing will forward a request for someone at Fairview Southdale Hospital to fill the seat.

5. Work Plan and Committee Reports

Ambulance Service Personnel Subcommittee Report- Mike Hughes, EMT-P, Chair

The committee revised the DNR guideline to contain just essential information for paramedics, including instructions about handling situations in which a patient's family requests that resuscitation should not be initiated but a DNR is not signed and available on scene.

The committee also noted that the updated protocol with protocol changes from the October 2017 EMS Council meeting will be published online Jan. 1, 2018 and print copies distributed to medical control hospitals and the five ambulance services before that date. This will be the last print version of the protocol book. In the future, only the PDF version online will be available. Services and hospitals that wish to print new copies of the book after each update are encouraged to do so.

Ambulance Medical Directors Subcommittee Report – Kevin Sipprell, MD, Chair

Protocols – Moved to Medical Standards Committee

- Adult Tachycardia
- Pediatric Pain Management

Trauma Disposition Guideline

Dr. Jeff Ho's proposal to update the current trauma disposition guideline to reflect the newer 2011 CDC Trauma Disposition Guideline was reviewed by the Medical Standards Committee last week. After discussion of possible changes to the Hennepin EMS Council guideline, which currently follows the 2004 CDC trauma guideline and regulated by the MN Statewide Trauma System, the committee decided that significant changes to the current guideline would not be made. Because moving to the 2011 CDC Trauma Guideline would change patient flow for mild and moderate trauma away from Level III and IV Trauma Centers and toward Level I and II Trauma Centers, the committee voted to keep the EMS Council Trauma Guideline focused on major trauma as the current version does. The guideline will be reviewed by the AMD sub-committee for final revisions then sent back to Medical Standards committee.

ER Impact from High Volume of Patients with Chemical Dependency and Mental Health Treatment Needs

North Memorial Medical Center and Allina Health have workgroups currently researching the issue of a severe shortage of appropriate care and placements for patients with chemical dependency and behavioral health treatment needs. Lack of inpatient and outpatient care options significantly affect the ER by causing overcrowding while patients wait to be discharged to their next step in their treatment.

Medical Control Exam

The current medical control exam has been suspended while it is being reviewed and revised. For now, physicians who aren't certified but need to provide medical control will be certified by viewing the current online training video and have a verification of their training forwarded by their medical director to council staff.

Medical Standards Committee – Michelle London, M.D., Chair

Protocols- Protocols listed in the AMD report, above, were approved by the Medical Standards committee to move to the EMS Council agenda.

STEMI Policy – The AMD and Medical Standards Committees recognize a need to update the current STEMI Transport policy because it was last approved in 2004 and includes requirements that do not meet current best practice guidelines.

The following revisions were approved by the committee:

- STEMI patients are defined as a patient who presents with concern for acute coronary syndrome and 12-lead findings that are consistent with STEMI.
- STEMI Receiving Centers are identified as:
 1. Hospitals designated as STEMI Receiving Centers by the State of Minnesota Department of Health in accordance with MN Statute 144.4941, or
 2. Hospitals that meet state STEMI Receiving Center designation criteria (outlined in the state designation application).

The Committee also recommended the EMS Council require STEMI hospitals verify their STEMI hospital certification status annually. Public Health EMS Unit staff will disseminate a letter annually requesting the information.

After the meeting, when staff consulted with MDH regarding its work on the STEMI designation process, it was discovered that just one hospital in the metro area has been certified by an approved certifying agency (see 1, above) and that other metro hospitals would not currently meet the criteria (see 2, above).

Dr. Conterato offered to see if certification of STEMI hospitals is required as a standard of care in metro areas in other states. Staff will provide the specific question(s) to be sent in the inquiry.

This item will be discussed again at the next Medical Standards Committee meeting in March.

Operations Committee – Chief Dale Specken, Chair

EMS Line of Duty/Non-Line of Duty Death Handbook

The handbook that was created by the EMS Honor Guard was reviewed and moved to the council agenda for communication to all members. It is anticipated that the council will endorse voluntary use of the handbook by ambulance services.

Patient Information from EMS to Hospitals

Concerns have been reported to staff by some system hospitals that communication of important information, especially for critical patients, is not being relayed consistently from EMS to hospitals. The committee agreed that hospitals and individual providers within hospitals differ in the quantity and type of information they would like to receive. Since the Communications Policy outlines required information for critical patients, this should be the standard. The committee decided that all services should remind their medics of the required information, especially for critical patients.

MCI Ambulance Identification

Service name and number should both be provided when responding to a mass casualty event. At a recent response involving multiple services, it was discovered that some services have identical unit numbers so service name is also needed when responding to a call involving more than one service.

Text to 9-1-1

The committee will monitor this topic; currently, some primary PSAPs are receiving texted 9-1-1 calls, however, the text format poses problems for secondary PSAPs when pre-arrival instructions are needed but a caller is not connected by phone. The committee acknowledged the difficulty of providing useful and accurate pre-arrival instructions efficiently via text.

MNStar database transition to NEMESIS 3.4.0

Reported by staff member, Matt Maxwell: The new version of NEMESIS has changed some key data elements that make reporting on response time standards a challenge. One item that was previously a mandatory field and determined if a Code 3 or Code 2 response occurred, is now optional. A workaround has been agreed to among the five service to mandate a separate field which will identify Code 3 and Code 2 responses.

Response Time Standards

The committee forwarded a recommendation to the council agenda to renew the current response time standards for 2019-2020.

Review of Ordinance 9- The committee could not meet due to a lack of quorum, however, it plans to discuss the scope of a review of Ordinance 9 and how that could be accomplished. The last time the ordinance was revised was 1999, and a review was undertaken by the EMS Council about ten years ago but a proposal for changes to the ordinance were not brought to the Hennepin County Board.

Quality Committee Report-Marc Conterato, MD, Chair

System-Based Patient Information Follow-Up Process

The committee discussed the System-Based Follow-Up Process project, and moved forward with development of a project plan. Although the committee acknowledged that this project is too large for the Quality Committee to lead on its own, but it could:

- Investigate if organizations (MDH or MHA?) with wider reach than the Hennepin County EMS System are interested in working on this topic. 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.
- Publicize a list of early adopters, provide an award, or seek out a reporter to do a story on the value and importance of the initiative to create buzz and awareness and to reward those hospitals that participate.

- Invite a speaker from an EMS system that already has a data sharing system/process in place to speak at a committee or workgroup meeting.

The Committee asked staff to develop a project plan which incorporates many of the concepts and ideas voiced during the discussion.

Zipit Update – Report by staff

Kristin Mellstrom, staff to the council, reported that Wendy Lynch and staff met with a Zipit representative to gather information for hospitals if they would like to try this technology to receive patient information from West MRCC. Since Hennepin EMS began to use the Zipit platform to receive patient information communications from West MRCC, Wendy stated that information has been more accurately received by the hospital because it is in text form, more providers can receive the information directly, and time spent by West MRCC dispatchers waiting for a phone to be picked up at the receiving ER has decreased. When additional information is available, staff will forward it to the system hospitals' for further consideration.

6. Future Meetings in 2018

Exec. Committee meetings - Edina Fire Department, Station #1 from 1:00pm-2:30pm on March 12, June 11, Sept. 10, Dec. 10

EMS Council meetings - Hopkins Fire Station from 3:00p-5:00pm on April 12 and Oct. 11

7. The meeting adjourned at 2:15 p.m.

