Emergency Medical Services Council

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Operations Committee
Tuesday, October 10, 2017, 9:30 a.m. - 11:30 a.m.
Hopkins Fire Department
101 - 17th Avenue South, Hopkins 55343

Draft Summary

Present	Absent
1. Dan Conboy, Hennepin County Police Chiefs Association 2. Jeff Czyson, Allina Health EMS 3. Doug Gesme, Hennepin EMS 4. Shannon Gollnick, North Memorial Ambulance Service 5. Mike Hughes, Edina Fire Department 6. G. Patrick Lilja, M.D., North Memorial Ambulance Service 7. Wendy Lynch, Hennepin EMS & West MRCC 8. Darel Radde, Ridgeview Ambulance Service 9. Asst. Chief Mike Seims, Edina Fire Department 10. Chief Dale Specken, Hennepin County Fire Chiefs Assoc., (Chair)	1. Mike Fasbender, Fairview Southdale Hospital 2. Bonnie Paulsen, Bloomington Public Health
Guests	**Staff**
1. Craig Anderson, EMS Honor Guard 2. Marc Conterato, M.D., North Memorial Ambulance Service 3. Brad Johnson, EMS Honor Guard	1. Matthew R. Maxwell 2. Kristin Mellstrom

Welcome and Introductions – Chair Dale Specken called the meeting to order at 9:30 a.m. with a quorum present. After introductions, the proposed October 10, 2017 agenda and meeting summary from April 11, 2017 were approved.

West Metro EMS Line of Duty Death/Serious Injury Handbook – Craig Anderson and Brad Johnson, with the Minnesota EMS Honor Guard, walked the Committee through the final version of the West Metro EMS Line of Duty Death/Serious Injury Handbook. The Committee was very pleased with the final product and had no further feedback for the EMS Honor Guard. The Committee indicated it would recommend the EMS Council endorse the document. No further action was taken on this topic.

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EM System Communications – Dr. Marc Conterato explained that concern exists among some hospitals that too little patient information is being provided in EMS pre-arrival reports for critical "Red" patients. Conterato indicated that the information provided for non-acute "Green" or "Yellow" acuity patients is sufficient, but for Red patients more information helps hospitals prepare resources, mobilize staff (e.g trauma teams), ready stabilization rooms, etc. prior to patient arrival.

The Committee recognized that there are a myriad of factors surrounding how System communications are handled that act as barriers to having a cohesive and effective System-based communication process. Different ambulance services utilize different technologies (radio versus phone), and methods of relaying patient information varies by service – some call hospitals directly and some relay information to the West MRCC who then relays the information to hospitals (sometimes via text messaging systems (such as ZipIt) and other times via phone. The Committee acknowledged that corporate interests are also a factor. Each of the five ambulance services operating in Hennepin County are owned by a different organization, and occasionally the communication interests of those organizations differ or don't necessarily align with overall EMS System interest.

There is also significant hospital variability when it comes to how they receive and process patient information. At some hospitals a Health Unit Clerk (HUC) intakes the call, others a nurse. Some hospitals have visible/audio alerts that notify staff of an incoming call, others someone must hear the phone ring (which in a busy ED can be missed). Hospital staff also have differing opinions regarding what information is necessary, especially for Red acuity patients. Even within a given hospital emergency department individual physicians have different ideas on what information they feel should be provided in an EMS patient report.

The Committee briefly discussed if there was an appetite to convene a special workgroup to investigate current EMS System communication issues, barriers, and potential solutions. While there wasn't consensus that a workgroup should be formed, the Committee recognized that the Communication policy's patient report format guideline routine patient information list could be improved. There was shared agreement that the "response to treatment" and "other pertinent information" items were highly subjective, could use clarification, and might benefit from listing a few examples.

The Committee agreed to add a few examples for "response to treatment" and "other pertinent information" in the routine patient information list. Also, Conterato and staff will collaborate to develop a list of some patient conditions and forward them to system hospitals to solicit feedback on what information [for said conditions] the hospitals feel is pertinent. The Committee will review the examples and feedback from hospitals at its next meeting.

MCI Ambulance Identification – Dr. Pat Lilja explained that, while most metro ambulance service unit identifiers are unique to each ambulance service, some services on the outskirts of the metro or out-state utilize the same unit numbering conventions as metro services. This can lead to confusion when crews from services sharing the same unit identifier naming conventions forget to give their service name plus unit identifier when responding to a multi-casualty incident (MCI). After brief discussion the Committee agreed individual ambulance services should remind staff that, when responding to a MCI, to state both their service name and unit identifier.

Texting & 9-1-1 Call Receipt – Darel Radde explained that the proliferation of text messaging services and cellular phones, and reduction in use of landline services, has led many primary 9-1-1 Public Service Answering Points (PSAP) to start taking 9-1-1 calls via text messaging. Per Radde, while text 9-1-1 calls represent a small percent of total 9-1-1 calls, it is rapidly growing as a method to contact emergency services. Wendy Lynch, Communications Chief for Hennepin EMS and manager of the West MRCC, briefly explained some of the challenges primary and secondary PSAPs, and ambulance service dispatch centers, face when receiving text 9-1-1 requests for service. Per Wendy, one significant issue is there isn't a traditional

caller who the primary PSAP can transfer to the secondary PSAP for purposes of pre-arrival instructions. The Committee agreed this issue will continue to grow and evolve, and asked staff to add it as a standing agenda topic. No further action was taken on this topic.

MNStar Version 3.0 – Matthew Maxwell explained that the latest version of MNStar has changed certain elements which will introduce challenges for the Hennepin County EMS System to calculate ambulance response time standard (RTS) performance data. Per Maxwell, the prior data dictionary included elements E2.04 Type of Service Requested (Response Scene, Mutual Aid, Interfacility Transport, etc.), and E2.20 Response Mode to Scene (Lights and Sirens, No Lights and Sirens, Upgrade to Lights and Sirens, Downgrade from Lights and Sirens) which EMS Unit staff utilized to differentiate between calls that would be included in a RTS performance report (9-1-1 calls and mutual aid calls) and calls that would not (interfacility transports, intercepts, etc.), and to split calls into Code 3 (Lights and Sirens) and Code 2 (No Lights and Sirens, Upgrade to Lights and Sirens, and Downgrade from Lights and Sirens).

The newest version of MNStar retains element E2.4 (renamed eResponse.05), but E2.20 (renamed eResponse.23) changed its options to Emergent, Non- Emergent, Emergent Downgraded to Non-Emergent, and Non-Emergent Upgraded to Emergent. While the definition given by MNStar indicates an Emergent response is "typically conducted using lights and sirens" some ambulance services have interpreted it to indicate the urgency of the request (e.g. Emergent means an ambulance is needed within 30 minutes, Non-Emergent means the patient can wait longer than 30 minutes for an ambulance). While a new element (eResponse.24) has been introduced that includes choices such as Lights and Sirens, No Lights and Sirens, and Upgraded or Downgraded, this element contains other options such as Scheduled, Speed-Normal Traffic, and Intersection, just to name a few. Also, this element is not a mandatory element meaning crews can leave it blank or select a null value choice.

Maxwell explained that, for services interpreting eResponse.23 to indicate Code 2 or Code 2 response, it will be simple for staff to classify which of their calls are Code 3 versus Code 2. But for services interpreting eResponse.23 to indicate the urgency of the request it will be difficult to consistently and accurately classify which of their calls are Code 3 or Code 2 because eResponse.24 isn't mandatory and if filled out, allows other options.

Shannon Gollnick, with North Memorial Ambulance Service (NMAS), explained that NMAS is interpreting eResponse.23 to indicate call urgency, but will be mandating eResponse.24 and limiting the choices to Lights and Sirens, No Lights and Sirens, Upgrade to Lights and Sirens, and Downgrade from Lights and Sirens. Darel Radde indicated Ridgeview Ambulance Service will also utilize eResponse.23 and eResponse.24 in the same manner as NMAS. EMS Unit staff added that knowing how each services will use eResponse.23 and eResponse.24 will enable staff to collect RTS data and develop performance reports to meet Ordinance 9's RTS performance monitoring requirement.

The Committee also briefly discussed the optional MNStar elements that the Hennepin County EMS System mandates, the value of the information each element produces, and if some of them have become mandatory with the new dataset. The Committee asked staff to compare the Hennepin County EMS System mandated elements to the new dataset to determine which are still optional. Staff will report their findings at the next Committee meeting.

2019/2020 Response Time Standard Recommendation – Specken explained that the Committee is responsible for making a biennial response time standard (RTS) recommendation to the EMS Council, and referred Committee members to the pertinent RTS handouts in the meeting packet. Staff indicated that zones used in the current standard were based on the Metropolitan Council's 2030 Regional Development Framework, which was published in 2006. The Committee agreed to recommend maintaining the current response time standard for the next biennium pending a cross reference with the Metropolitan Council to

determine if any zones have changed. If any zones have changed, staff will bring the information to the Committee's next meeting for further discussion. If no zones have changed, the RTS recommendation will be brought to the EMS Council in April for deliberation.

Ordinance 9 Review – Maxwell explained that at the Committee's last meeting members reached shared agreement that some of Ordinance 9's provisions (such as the response time standard) may not adequately reflect the current state of EMS, the healthcare system, or best practices. Ordinance 9 hasn't been amended since 1985, over thirty years ago, and much has changed in the healthcare and EMS landscape since. Lilja, a founding member of the Hennepin County EMS System, gave a brief summary of the System's inception, the status of the healthcare and emergency medical system at the time, and why Ordinance 9 came into being.

Lilja indicated that, at the time Ordinance 9 was created, there weren't any state ambulance statutes governing the provision of emergency medical services and Ordinance 9 was needed to provide a measure of structure to the local EMS system, but today its value is diminished because the state or other organizations have assumed responsibility for many of the things Ordinance 9 was designed to govern.

The Committee reviewed an Ordinance 9 draft (prepared by staff) which highlighted numerous provisions that are outdated, ambiguous, no longer applicable, or are [now] governed by the state or other organizations. After brief discussion on the response time standard requirement, dual paramedic requirement, and other provisions of Ordinance 9 the Committee reached consensus to recommend the EMS Council form a workgroup charged with reviewing Ordinance 9 and making recommendations.

Report by non-EMS Committee members – No reports.

The meeting was **adjourned** at 11:46 a.m.

Future meetings, Mondays 9:30 a.m.-11:30 a.m., Hopkins Fire Department, Station #1:

- January 10, 2018
- April 10, 2018
- July 10, 2018
- October 10, 2018