



Emergency Medical Services Council

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Draft Summary HENNEPIN COUNTY EMS COUNCIL MEETING AGENDA April 10, 2025 – 3:00-4:00 p.m.

Online at: <https://www.hennepin.us/business/work-with-henn-co/ems-planning-reg>

1. Welcome and Introductions. EMS Council Vice Chair Peter Tanghe, MD called the meeting to order at 3:00 p.m. with a quorum present.

EMS Council membership attendance:

Elected Officers of the EMS Council

1. Chairperson: Susan Long (Allina Health EMS) first term ends in April 2026 - Absent
2. Vice Chairperson – Peter Tanghe, MD (North Memorial Health Ambulance Service) - Present

EMS Council Executive Committee Chairpersons

3. EMS Medical Directors Committee Chair – Peter Tanghe, MD (North Memorial Health Ambulance)- Present
4. Medical Care and Standards Committee Chair – Nick Simpson, MD (Hennepin EMS) - Present
5. Operations and System Communications Chairperson – Tony Martin (Hennepin County Sheriff's Office) - Present
6. Quality Standards Committee – Mike Morelock (North Memorial Health Ambulance) - Absent
7. Ambulance Service Personnel Subcommittee of the EMS Medical Directors Committee - Vacant

Healthcare systems in Hennepin County that operate at least one 24-hour emergency department or stand-alone ED and operate a 9-1-1 EMS Provider with a Primary Service Area (PSA) in Hennepin County (one vote per system, with an emergency physician serving as either the regular or alternate representative; two-year rotation is optional, at the discretion of each healthcare system)

8. Allina Health Hospitals – Megan Elsenheimer Plutt, DO (reg.) - Present; and Steven Dickson (alt.) - Present
9. Hennepin Healthcare HCMC – Wendy Stulac-Motzel (reg.) – Absent; and Gregg Jones, MD (alt.) - Absent
10. North Memorial Health Hospital – David Schmoyer (reg.) – Present; and Vacant (alt.)

Healthcare systems in Hennepin County that operate at least one 24-hour emergency department or stand-alone ED (one vote per system, with an emergency physician serving as either the regular or alternate representative; two-year rotation is optional, at the discretion of each healthcare system)

11. Children's MN – Emma Fisher, MD (reg.) – Absent; and David Hirschmann, MD (alt.) - Present
12. MHealth Fairview – Nik Vuljaj, MD (reg.) – Present; and (alt.) Vacant
13. HealthPartners Methodist Hospital – Jill Donofrio, DO (reg.) – Present; and Megan Grewe (alt.) - Present

Healthcare systems that operate at least one 24-hour emergency department or standalone ED and operate a 9-1-1 EMS Provider with a PSA in Hennepin County (one vote per system, with an emergency physician serving as either the regular or alternate representative; two-year rotation is optional, at the discretion of each healthcare system)

14. Ridgeview Medical Center – Matt Herold, MD (reg.) – Absent; and Scott Joing, MD (alt.) – Present

EMS Providers with a PSA in Hennepin County and licensed to operate 9-1-1 service

Two-year rotation is optional, at the discretion of each EMS Provider

Allina Health EMS

15. EMS Medical Director – Joey Duren, MD – Proxy: Charlie Lick, MD - Present
16. Administrator – Kevin Miller - Present

Edina Fire EMS

17. EMS Medical Director – Paul Nystrom, MD - Absent
18. Administrator – Shaun White - Present

Hennepin EMS

19. EMS Medical Director – Nick Simpson, MD – Present
20. Administrator – Marty Scheerer - Present

North Memorial Health Ambulance Service

21. EMS Medical Director - Peter Tanghe, MD - Present
22. Administrator - Brent Custard - Present

Ridgeview Ambulance Service

23. EMS Medical Director – Kevin Sipprell, MD - Present
24. Administrator – Mark Anderson – Proxy: Joe DiBenedetto - Present

Additional Representatives

Two-year rotation is recommended for the following seats

25. Paramedic (employed at a licensed 9-1-1 EMS Provider with a PSA in Hennepin County)
Jeremiah Steele, EMT-P (Edina Fire EMS) - Absent
26. Paramedic (employed at a licensed 9-1-1 EMS Provider with a PSA in Hennepin County)
Vacant
27. Ambulance Dispatch Center (at a licensed 9-1-1 EMS Provider with a PSA in Hennepin County)
Vacant
28. Primary Public Safety Answering Point (PSAP) in Hennepin County
Tony Martin (Hennepin County Sheriff's Office) first term ends April 2026 - Present
29. West Medical Resource Control Center (West MRCC)
Dan Klawitter - Present
30. Hennepin County Chiefs of Police Association
Vacant
31. Hennepin County Fire Chiefs Association
Dale Specken (Hopkins Fire Dept. Chief) - Absent

32. Public representative without EMS industry affiliation (either a citizen of Hennepin County or an employee of a public health department in Hennepin County)
Cynthia Myntti (Hennepin County resident) - Present
33. A representative from organized labor representing hospital-based EMS
Vacant
34. A representative from organized labor representing firefighters
Vacant
35. Hennepin County Director of Public Health Dept. (non-voting, ex-officio member)
Sara Hollie - Present

Guests:

Sara Burton (Ridgeview Ambulance Service); Dylan Ferguson (Director, Office of EMS); Charles Soucheray (Deputy Director, Office of EMS); Greg Loppnow, MD (VAMC); Marcee Shaughnessy (Hennepin County Public Health); Todd Joing, MD (MHealth Fairview Southdale Hospital)

Staff: Kristin Mellstrom (Hennepin County Public Health)

2. **Action:** Approval of today's agenda – **Approved**
3. **Action:** Approval of meeting summary from Oct. 3, 2024 – **Approved**
4. **Action:** Approval of EMS Council and committee nominations – **Approved**

Nominations:

EMS Council

MHealth Fairview University

Alternate: Robert Tanouye, MD to replace Drew Zinkel, MD

North Memorial Health Hospital

Regular: John Lyng, MD to replace David Schmoyer and Alternate: Liz Robinson, MD to replace Marc Conterato, MD

Paramedic employed at a 9-1-1 licensed EMS Provider with a PSA in Hennepin County

Angela Pesta, EMT-P (Hennepin EMS)

Ambulance Dispatch Center at a licensed 9-1-1 EMS Provider with a PSA in Hennepin County

Vacant

Hennepin County Chiefs of Police representative

Vacant

Organized labor seat representing firefighters

Vacant

Organized labor seat representing a 9-1-1 licensed EMS Provider with a PSA in Hennepin County

Sam Erickson, EMT-P (HCAPE)

EMS Council Committees

Medical Care and Standards Committee

Hailey Kennedy, EMT-P at Hennepin EMS as the representative Paramedic from a licensed 9-1-1 EMS Provider with a PSA in Hennepin County

Operations and Communications Committee

Tammy Doll (Hennepin County COPE) as a social worker representative

Ambulance Service Personnel Subcommittee of the EMS Medical Directors Committee

Chair: vacant

Allina Health EMS, EMT or EMT-P – vacant

Edina Fire EMS, EMT or EMT-P – vacant

Hennepin EMS, EMT or EMT-P –

North Memorial Health Ambulance, EMT or EMT-P – vacant

Ridgeview Ambulance Service – **Kristin Lange, EMT-P**

EMS Medical Director – vacant

Emergency physician from a hospital in Hennepin County that operates a 24-hour emergency department - vacant

One labor representative – **Sam Erickson, HCAPE**

5. Presentation: “Legislative Updates 2025” by Dylan Ferguson, Executive Director, Office of EMS

- The redesigned Office of EMS website can be found at: <https://mn.gov/oems/>
- Most Office of EMS positions are filled and committees have begun to meet. Meetings are open to the public; the calendar can be found on the front page of the website.
 - Interviews are underway for the open financial operations position; three applications were received for the Deputy Director of Medical Services; and an upcoming vacancy will occur when Dave Rogers, who manages all of the Office of EMS data systems and analysis retires in May. The OEMS is actively recruiting, with the goal to hire someone soon, so Dave could provide training to the new data manager.
- Proposed amendment to Chapter 4690.8300 related to BLS medication variances, would allow:
 - Intranasal glucagon in addition to the currently allowable IM route
 - Anticholinergic IE Atrovent to be paired with a beta agonist (albuterol)
 - Intranasal epinephrine is proposed, still in the public comment period until April 30, when, unless there is significant opposition to this proposed change, it will move forward to be included with the other proposed amendments.
 - To provide public comment, see: <https://mn.gov/oems/laws->

[rules/rulemaking.jsp](#) and email: info.oems@state.mn.us

- The annual EMS system report from 2024 MNStar data is being finalized and will be published to the website soon. This year's report will include more detailed information on each of the nine clinical performance indicators. Of note, many EMS providers in Hennepin County received Clinical Excellence awards because they achieved 80% or better in at least five clinical performance indicators last year.
- The Health and Human Services Omnibus bill includes:
 - \$500,000 earmarked for 2026 and 2027, respectively, for the Earn While You Learn program to fund grants to EMS Providers to hire and pay for EMT training.
 - Other education funding includes \$100,000 for each of the next two years for reimbursements to EMS Providers for EMT and EMR training
 - A new provision was proposed to reimburse EMS providers based on EMS Providers' reports that document operational losses. There was not an appropriation attached to this provision, so if future appropriations are approved, it would offer a path for financial relief in the form of grants to ambulance services that submit documented financial losses.
- Senate Higher Education Omnibus bill included reauthorization of the Paramedic Scholarship program for EMTs who take courses to achieve EMT-P level certification. \$1M for each of 2026 and 2027 is included in the bill. 297 scholarships were awarded in the past two years to EMTs.
- On the House side, most EMS-related bills are not yet as well-defined; waiting to see what bills meet their deadlines
- With projected budget shortfalls in 2028 and 2029, future funding for EMS is very uncertain at this point.
- For more information, the Office of EMS website continually provides legislative updates throughout the session. Please look under Laws and Rules tab.

6. New Business

- a. Discuss EMS Council 2025 Work Plan
Reviewed, no changes. See Appendix A.
- b. **Action:** Revised Medical Control Radio Checks Procedure – **Approved**
See Appendix B for the approved document.
A monthly radio check will continue to be required of all hospitals that opt to provide medical control, however, the procedure will change. West MRCC will initiate the radio check at a random time during the month rather than during a specified three-day period each month.

7. Old Business

None

8. Committee Reports

EMS Medical Directors Committee Report – Pete Tanghe, MD

- On scene patient disposition decisions in smaller incidents and mass casualty incidents are being reviewed, especially when several red patients need transports

simultaneously. Patient disposition decisions follow Ordinance 9, which typically gives patients the opportunity to choose which hospital they're transported to, with some exceptions e.g. cases where on-scene medical direction or EMS has discretion to direct patients to certain EDs based on each hospital's capabilities and available resources to treat the patient(s) at that time. Further discussion about managing dispositions to effectively utilize hospital resources across the system will continue next month, with additional information provided by West MRCC and one or more 9-1-1 EMS Providers.

- Metro EMS Medical Directors and the EMS Journal Club is awaiting publication of 2024 CARES data, then will reconvene to discuss out of hospital cardiac arrest (OHCA) care in the metro, best practices, documentation of different treatment approaches in cardiac arrest care including initial on-scene treatment by first responder partners, and an OHCA performance metric.
- EMS Providers offered to support K-12 school cardiac emergency response plans that are starting to be drafted in some districts. If schools need assistance to review their plans, EMS and potentially other first responders could provide feedback for schools in their PSAs, since first responders will be dispatched to these 9-1-1 calls for cardiac emergencies.
- There is continued interest in finding ways to support and partner with the Minneapolis citizens group that's focused on Code 3 EMS responses to 9-1-1 calls, effective call processing, and reduction in siren noise when Code 3 responses aren't needed.
- Next month, MDH will present information about policies and protocols used to guide monitoring and care of patients with suspected or confirmed high consequence infectious disease. The committee is looking for ways to improve communication and partnership with MDH and Hennepin County Epidemiology to improve patient care and provider safety when EMS responds to call from a patient in isolation or quarantine at home.

Medical Care and Standards Committee Report – Nick Simpson, MD

- The committee has not met since the last EMS Council meeting, because it meets on an as needed basis. Now that the Medical Control Hospital Radio Check Procedure has been updated by the Operations Committee and approved at today's meeting by the EMS Council, the Medical Care and Standards Committee will convene in the next quarter to update the full Medical Control for Hospitals and Physicians Policy to reflect current practice and expectations for hospitals that provide medical control.

Operations and Communications Committee Report–Tony Martin

- The hospital capability destination matrix is being updated by EDs and will be circulated to EMS Providers to assist with disposition decisions for certain patient impressions. The matrix will show special services or capabilities such as a hyperbaric chamber; burn unit capacity; levels of care for trauma, STEMI, stroke; and other relevant hospital resources.
- The committee will begin a thorough review of the EMS Council Communications Policy with consideration of whether how required information for patient care reports

relayed by West MRCC follows current tools such as Zipit; if MIST at hand-offs should be a recommended report; and how to support use of a new communications card distributed to metro EMS by the MESB.

Quality Standards Committee Report – Reported by Staff

- The committee met in February, without a quorum, to share information and review 2024 stroke and trauma performance data from the EMS Providers that submitted their data. Overall, from the data that were available from 2024, the providers have met the 20 minute on scene time metric that mirrors the Office of EMS performance indicators for those patient impressions. At the next meeting, the committee will discuss setting a value that would flag cases that should be reviewed more thoroughly for quality improvement. The committee will also decide if a performance metric that is lower than 20 minutes on scene would be appropriate for this metro area.
- Staff has also requested 2024 MNStar stroke and trauma performance data from the Office of EMS. Data from MNStar will be compared to the data collected from each provider. If the data appear to be the same or have a few errors that can be identified and cleaned easily, future performance reports will be created from MNStar data rather than from each provider's data.

Ambulance Service Personnel Subcommittee – This committee did not meet.

There are still several vacant seats on this new committee; recruitment will continue and a meeting invitation will be sent when the committee seats have been filled sufficiently to achieve a quorum.

Executive Committee Report – Peter Tanghe, MD

- The committee will continue to look for nominations to fill vacant seats on the Council and committees.
- The committee has begun a discussion about creating a newsletter or report that could be posted online to highlight ongoing work and special projects undertaking by the EMS Council.

9. Staff Report – Kristin Mellstrom

- New member orientation will be May 15, 2025 at 9:00 online. A meeting invitation will be sent to all EMS Council members and interested parties. Members of the public are always welcome.

10. EMS Council Member Reports

System Communications - Dan Klawitter, West MRCC

- East and West MRCCs, the RHRC, and MDH have finalized updates to MNTrac so both east and west sides of the metro region will have the same hospital diversion options. East side hospitals will discontinue the Labor and Delivery and NICU diversions and move to the Full Close option only, which will be determined by the hospital. Multiple hospitals

may be on divert simultaneously, when needed. See Appendix C for a memo with the new changes.

- MNTrac Notification Usage- Notifications in MNTrac are designed to be used infrequently for broader messages about system issues, not for staffing or surge issues at individual hospitals. System advisories can continue to be used for that information.
- All but two west side EDs in the metro are now using Zipit to receive patient information from West MRCC. West MRCC is working with those EDs to assist with the ED connection to Zipit.
- With over 155,000 patient reports to EDs last year at an average phone call time of 2.5 minutes per patient information relay, Zipit has significantly reduced the time needed per call. Previously, West MRCC had to wait for available ED staff to take patient information calls; Zipit has also increased the accuracy of the data that is shared.
- Beacon Mutual is a product that allows EMS agency PSAPs to view all available rigs and coordinate resources between agencies for mutual aid; a pilot is being supported financially by the MESB to give all metro EMS agency PSAPs access to try out this product. All EMS providers have opted in, so work is ongoing to connect everyone.
- Beacon ED product gives EDs a view of incoming ambulances' ETAs which is especially helpful for hospitals when red patients are en route. HCMC piloted this over the past year and ED physicians strongly supported the continuation of this product, so it will be funded by the MESB to pilot it at additional EDs. One ED has opted in to adopt Beacon ED and is in the process of getting it set up.

11. EMS Partner Agency Reports - none

12. Interested Parties Reports - none

13. Action: Adjourn – The meeting adjourned at 4:00 p.m.

Upcoming Meetings

- Next EMS Council meeting: Thursday, Oct. 9, 2025; 3:00-4:00 p.m. (online)
- EMS Council new member orientation session: May 15, at 9:00 am (online)

2025 Meeting Calendar

- EMS Council** 3:00-4:30pm on 2nd Thursday of April and Oct.
- Executive Committee** 1:00-2:30pm on 2nd Monday of March-June-Sept.- Dec.
- Quality Committee** 1:30-3:00 on 1st Tuesday of Feb.-May-Aug.-Nov.
- Operations Committee** 9:30-10:30am on 2nd Tuesday of Jan.-April-July-Oct.
- EMS Medical Directors** 2:00-3:30pm on 4th Tuesday of each month
- Medical Standards Committee** 12:30-1:30pm before the EMS Medical Directors mtg in March-June-Sept.-Dec.-tentative; the committee convenes when needed

2025 EMS Council Projects

1) **Ordinance 9 (EMS Council; Staff)**

- a) Identify data needed by the Hennepin County Board to make final decision on Ordinance 9 by Dec. 1, 2025.
- b) Present final version approved by County Board of Commissioners to the Office of EMS for approval in 2026. Date to be determined by the Office of EMS.

2) **EMS Council Bylaws (Exec Committee; EMS Council; Staff)**

- a) Recommend necessary revisions to Bylaws regarding EMS Council committees and/or membership seats to the EMS Council for approval (Exec Committee) by Oct. 15, 2025, if changes are needed.
- b) Move recommended revisions to the Hennepin County Board of Commissioners (EMS Council Chair, Staff) by Dec. 1, 2025.

3) **Membership on Committees of the EMS Council (Executive Committee, EMS Council; Staff)**

- a) Nominate candidates for vacant seats as needed.
- b) Focus on recruitment of paramedics and EMTs for Ambulance Service Personnel Subcommittee.

4) **MNStar Data Access (Quality Committee; Staff; County Attorney's Office)**

- a) Work with the Office of EMS to create reporting tools so quarterly performance data is available for committee work and reports.

5) **Performance Standards (Quality Committee; HCPH; Staff)**

- a) Collect and evaluate quarterly and annual 2024-2025 data on current stroke and trauma performance metrics.
- b) Create performance data reporting tool to publish data on website and to community partners.
- c) Present stroke and trauma performance data to Hennepin County Board of Commissioners by Dec. 1, 2025.

6) **Hospital Closure/Ambulance Diversion Policy Changes (Medical Standards Committee)**

- a) Update EMS Council Medical Control for Hospitals and Physicians Policy by Dec. 2025.

7) **Review Patient Disposition Algorithm for Non-MCIs (EMS Medical Directors Committee; West MRCC; Staff)**

- a) Review patient disposition data, discuss possible development of patient load leveling guideline by Dec. 2025.

8) **Hospital Destination Matrix (Operations and Communications Committee; Staff)**

- a) Revise matrix and identify best method to continuously update and distribute current information to EMS.

- 9) **EMS Council Medical Control Hospital Policy (Operations and Communications Committee; Staff)**
a) Revise Medical Control Hospital Policy by Dec. 31, 2025.
- 10) **Monthly Medical Control Radio Checks (West MRCC; Operations and Communications Committee; Staff)**
a) Move revised Medical Control Hospital Radio Checks Procedure to EMS Council by Oct. 2025.
b) Continue monthly medical control hospital radio checks with West MRCC.
c) Develop Medical Control Radio Checks Log by Oct. 2025.
d) Follow up to ensure all medical control hospitals have functional radios and staff are trained to use radio to provide medical control consultation to EMS 24-7.
- 11) **EMS Council Communications Policy (Operations and Comms Committee; Staff)**
a) Revise policy to align with current patient reports and communications tools (Zipit, patient data at hand-off) by Q1-2026.
- 12) **Support use of Communication Tools and Data Sharing Platforms (EMS Council; Operations and Comms Committee)**
a) Assist with training and utilization of existing tools for data sharing (e.g. Zipit, Beacon Mutual, Beacon ED; CAD to CAD).
- 13) **Out of Hospital Cardiac Arrest (OHCA) Care Project (EMS Medical Directors Committee)**
a) Research best practices for OHCA care.
b) Meet with regional partners to discuss pre-hospital ECPR, and heads up CPR; document which technologies are used by metro First Responder agencies and types of care available at metro hospitals.
c) Identify data needed for a new OHCA performance metric by Oct. 9, 2025.
- 14) **Update Emerging/High Consequence Infectious Diseases (HCID) Plan (EMS Medical Directors; HCPH Epi; Staff)**
a) Develop travel-related infectious disease screening tools for PSAPs.
b) Review guidance and training for First Responder PPE for HCID.
c) Develop a plan with HCPH Epi and/or MN Dept. of Health to identify patients who are in isolation or quarantine and notify First Responders and EMS before they arrive on scene.
d) Review ED-EMS plans for ambulances transporting and transferring patients with HCID.
e) Review process for EMS and First Responder HCID post-exposure notifications from EDs, when identified after patient transfers.
- 15) **Public Education (Operations and Comms Committee; Staff)**
a) Choose one to two education topics for next year (e.g. AEDs, use of 9-1-1, 9-1-1 Behavioral Health response work) by July 2025.
- 16) **Legislative topics (Executive Committee; EMS Medical Directors Committee; Medical Standards Committee; Staff)**
a) Review legislative actions to align EMS Council policies with legislative mandates.

17) EMS Website, Meeting Communications (Staff)

- a) Ensure Open Meeting Law requirements are followed.
- b) Update website to provide current information to members and the public.

18) Community Connection/Outreach (Staff; EMS Medical Directors)

- a) Coordinate with Minneapolis community interest group to identify opportunities for partnership to support increased resources for patient call processing and efficient use of ALS vs. BLS responses.

19) Protocols (EMS Medical Directors Committee)

- a) Share west metro region EMS Providers' protocols.

20) Behavioral Health and Substance Use Disorders – Care/Treatment Needs Assessment (TBD; Staff) – Tabled

- a) Work with Hennepin County COPE staff to increase coordination and co-responses
- b) Review Hennepin County and regional resources for Mental Health and Substance Use Disorders inpatient and outpatient treatment at discharge from ER
- c) Needs assessment/data collection from EMS Council System hospitals to identify patient treatment needs
- d) Identify and partner with organizations that support efforts to improve efficient transition of patients to appropriate care outside of ED after initial assessment and stabilization

21) Data Sharing Project EMS and Hospitals (Quality Standards Committee; EMS Council; Staff)- Tabled

- a) Support Office of EMS Hospital Hub project to increase data access between EMS and EDs in metro for patient follow up, EMS QA and QI projects

**Hennepin County EMS Council
Medical Control Hospital Radio Checks Procedure
Approved by the Hennepin County EMS Council
April 10, 2025**

I. Purpose & Applicability

The purpose of this procedure is to establish standards within the Hennepin County for conducting radio checks to assure the integrity of the medical control communication system. This procedure applies to facilities approved by the Hennepin County EMS Council to provide medical control (see EMS Council Medical Control Hospital Policy).

II. Radio Check Procedure

1. At 8 am on the first Monday of each month, West MRCC will send a notification e-mail to each medical control hospital's EMS Council regular administrative representative (or designee) informing them that the mandatory radio check will start on the first Tuesday of the month and run through the end of the month. The email will contain instructions on how the radio check will be conducted.
2. West MRCC will initiate radio checks throughout the month. West MRCC will attempt to randomize the day and time of the monthly radio checks to ensure that staff across all shifts are proficient in the use of the medical control radio(s).
 - West MRCC will contact each medical control hospital via phone call to request a monthly radio check. West MRCC will instruct the individual to go to the medical control radio and hail West MRCC on their medical control talkgroup.
 - The initial hail by the medical control hospital on their medical control talkgroup shall be stated: "West MRCC, this is <hospital name> on <hospital name> medical control talkgroup, radio check." West MRCC will acknowledge the radio check with "<hospital name>, West MRCC copies the medical control radio check."
 - West MRCC will log the date, time, and first name with last name initial of the individual performing the radio check and additional pertinent information in the West MRCC Medical Control Radio Check Log. West MRCC will log all issues and/or barriers experienced during the monthly medical control radio checks.
 - Medical control hospitals may be required to complete an online survey to notify the Hennepin EMS Council that the radio check was successfully performed.

3. West MRCC will complete and send the West MRCC Medical Control Radio Check Log to the EMS Council.

III. Compliance

1. Hospitals that were unable to complete one monthly radio check will receive a follow-up contact from the EMS Council. The EMS Council and West MRCC will work with the hospital to address issues that prohibited the completion of the monthly radio check.



Metro MNTrac Diversion Policy Changes

What's new?

1. **East and West Metro regions merged** in MNTrac.
2. **ALL Diversion statuses removed** from Metro hospital picklists (including NICU and OB) — only "Open" and "Full Closed" remain.
 - Full closure requests shall come from leadership, not frontline staff, and require leadership approval before contacting MRCC. See below for more details.
3. **East and West MRCCs are now aligned** in their MNTrac roles, features, and responsibilities. See below for more details.

MRCC will post the following messages in MNTrac:

1. **EMS General Notification** – For non-emergency updates affecting EMS agencies.
Examples include:
 - **Hospital Access Issues:** Cranes, helipad closures, blocked ambulance bays, road closures.
 - **Weather-Related EMS Diversions:** If road conditions force EMS to go to the nearest hospital instead of usual destinations.
 - **Equipment Issues:** If critical equipment fails and you can't provide emergency care, and a patient transfer is needed.
 - Use internal backup plans first.
 - If patient care is at risk, contact MRCC to post a notification.
 - **Not allowed** for staffing or capacity issues. Escalate those internally and consider activating internal disaster plans.
2. **EMS System Advisory** – Urgent notification for large-scale incidents in the metro area that require EMS response and may involve multiple patients.
3. **Hospital Full Closure** Hospitals may choose to move to Full Closed status in MNTrac when the facility is unable to accept any ambulance transports or patient transfers due to a physical plant failure, an extended security lockdown (including in the triage area), or other unexpected conditions that significantly impact the quality of care for incoming patients.
 - **Not allowed** for staffing or capacity issues. Escalate those internally and consider activating internal disaster plans.
 - Full closure requests shall come from leadership, not frontline staff, and require leadership approval before contacting MRCC.