



Emergency Medical Services Council

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EMS Medical Directors Subcommittee

Feb. 28, 2025, 9:30am-10:30am

Online meeting:

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

Draft Summary

Present	Absent
1. Peter Tanghe, MD, Chair 2. Joey Duren, MD 3. Kevin Sipprell, MD 4. Nick Simpson, MD 5. Paul Nystrom, MD	
Guests	Staff
1. Andrew Stevens, MD 2. Nick Maleska, MD	1. Kristin Mellstrom

1. **Today’s Agenda and the Meeting Summary** from Jan. 24, 2025 were approved with a quorum present.

2. Motor Vehicle Crash/Mass Casualty Incidents - Patient Dispositions Review

Recently, there have been a few instances where all critical patients in a motor vehicle accident have been sent to a single hospital via multiple ambulances.

While each hospital has indicated the maximum number of red, yellow and green patients its ED can take in the event of a large mass casualty incident, smaller incidents such as motor vehicle crashes with five patients could be managed differently to distribute patients across hospitals, especially if they are red patients.

Currently, the decision-making about dispositions is done on scene by the Incident Commander/Medical Director. Dan K., at MRCC and Tyler L., Hennepin EMS and Emergency Preparedness Committee Chair at MESB, offered to attend this meeting to discuss their perspectives on how these decisions are made in the field and other ways to increase two-way communication between hospitals and responders, so patients could be sent to multiple hospitals to provide best care for the patients.

Dr. Stevens described a coalition that was formed in Indianapolis to prepare for patient dispositions in MCIs and for smaller incidents. The practice of activating and practicing the plan was very useful for the area partners to be ready for an MCI. Dr. Stevens noted there are several tools that were used in this model if the EMS Council would like to engage in more preparedness work.

Dr. Simpson added that current tools for patient tracking have improved significantly, but they rely on radio reports because the tools aren't integrated to work with cell phones. Also, Beacon Mutual can display available units only; it doesn't indicate where ambulances are going and what type of patients are on board.

Also, while there are instructions for load leveling in the current EMS incident response plan (IRP), the agreements included in the plan for each hospital's capacity for red, yellow, and green patients and load leveling are activated only when an emergency is declared. Smaller incidents wouldn't automatically activate the plan. There have been some discussions about developing a strategy for smaller incidents where load leveling would be followed.

Dr. Maleksa noted that MRCC's have not actively played a role in load leveling, rather, these state entities are communication partners that relay information to the hospitals about incoming patients. After the metro region's hospital diversion policy changed in 2020 to eliminate patient diversions for stroke, STEMI and trauma patients, the MRCCs don't have to manage the hospitals going on and off line regarding those EMS transports.

Kristin will ask Dan and/or Tyler to speak at an upcoming meeting about the role of West MRCC and training on and use of the IRP so this committee can develop its next steps or, possibly, move this project to the Medical Care and Standards Committee for further work.

3. EMS Council Nominations and Revised Bylaws

The bylaws were changed by the County Board so staff asked this committee to discuss with their leadership to find a paramedic or EMT to serve on the renewed Ambulance Service Personnel Subcommittee of this committee.

4. Out of Hospital Cardiac Arrest Care (OHCA) Project

The committee will continue this project. It will meet next quarter, after CARES data is available.

5. Journal Club

A journal club meeting will be scheduled after CARES data are available in April. EMS Fellows, EMS Medical Directors, and metro cardiac arrest care providers will be invited to join the journal club to review the CARES data and discuss best practices regarding pre-hospital patient care.

6. Protocols

None to review today.

7. Performance Metrics

Currently, the Quality Standards Committee collects and reports data on pre-hospital trauma and stroke care for quality assurance; it has paused work on an OHCA metric while this committee pursues its project on this topic. Members of this committee noted that OHCA, as

a complex metric that depends on pre-EMS care, e.g. bystander CPR, AED use, professional CPR provided by first responders before EMS arrives. Discussion will continue at upcoming meetings to determine which data are available and what is most useful to report from the EMS care perspective. Kristin will work to get First Responder data on time to scene/start of professional CPR.

8. Minneapolis Lights and Sirens Group

Dr. Simpson has talked to the Mecklenburg County EMS Medical Director about its model that has significantly changed its response times for low acuity calls. Kristin will continue to meet with this group support collaboration on several aspects of moving Hennepin County toward the Mecklenburg model.

Kristin met with Hennepin EMS regarding next steps for the Lights and Sirens Group as it gathers information about legislation, local ordinances, state statutes and best practices for lights and sirens use. Dr. Simpson outlined a number of possible areas that the group could help to support to fund tools such as Zipit and Beacon Mutual, and work toward legislative action to allow more provider flexibility in the use of lights and sirens in Code 3 responses.

9. School Cardiac Emergency Response Plan (CERP)

A bill is moving through the House and Senate that would require all public and charter schools in MN to have a CERP written. Kristin is starting to work on this with school contacts to assess which schools have plans and how public health could support this work. Additionally, the Operations and Communications Committee of the EMS Council is responsible to engage in public education, so this may be an opportunity to partner with schools to review a sample plan or to provide some training to school partners.

10. High Consequence Infectious Diseases (HCID) Plan

Kristin connected with Dr. Hick about reviewing the 2015 Ebola plans to update them to a broader set of tools that could be used for any HCID. A first step would be to work with the Operations and Communications Committee to discuss screening questions that could be ready to go if MN Dept of Health or Hennepin County Epidemiology notifies first responders or communications centers that there are travelers or residents in the county who are under an isolation or quarantine order. Kristin will invite MDH, Epi, and HC Public Health partners to an upcoming committee meeting to discuss how communication could be developed to prevent first responder exposures to HCID when responding to 9-1-1 calls.

11. NAEMSP – No updates from Dr. Simpson; NAEMSP continues to meet with Rep. Huot and Sen. Seeberger. MEDS task force meetings continue. Call triage, MPDS, ProQA will be discussed at upcoming meetings.

12. Office of EMS – Dr. Stevens attended the first meeting of the new Office of EMS. Now that the Deputy Director position is filled, the next meeting for the physicians committee will focus on its work plan.

13. Meeting Schedule: Fourth Friday of the month at 9:30-10:30 am online. For the meeting invitation, please contact chd.ems@hennepin.us

14. Meeting ended at 10:31 a.m