



## Emergency Medical Services Council

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### EMS Medical Directors Subcommittee

Feb. 27, 2024, 12:30 p.m – 1:30 p.m.

Online meeting:

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

#### Draft Summary

Present	Absent
<ol style="list-style-type: none"> <li><b>Peter Tanghe, MD, Chair</b></li> <li>Nick Simpson, MD</li> <li>Paul Nystrom, MD</li> <li>Charlie Lick, MD</li> <li>Kevin Sipprell, MD</li> </ol>	<ol style="list-style-type: none"> <li>Kristin Mellstrom, Staff</li> </ol>
Guests	Staff
<ol style="list-style-type: none"> <li>Joey Duren, MD</li> </ol>	

1. **Today’s Agenda and the Meeting Summary** from Jan. 23, 2024 were approved with a quorum present.

#### 2. **Out of Hospital Cardiac Arrest Care**

All committee members agreed that the January meeting when Drs. Lurie and Yannopoulos spoke about EleGARD and ECMO, respectively, was a success in bringing the metro cardiac arrest care providers together to discuss the different approaches to pre-hospital cardiac arrest care. While there isn’t consensus on a best protocol that could be used across the metro, the discussion will continue and more research is desired. This meeting prompted the idea that east metro EMS Medical Directors could be invited to this monthly meeting to continue more collaborative work. Details about scheduling and whether it would be monthly or quarterly will be determined at the next meeting.

#### 3. **MIST**

Dr. Sipprell has been training Ridgeview EMS to use a MIST report format for all EMS patients so important information is relayed at hand-off in the ED. Dr. Tanghe is also training North EMS to use this report and ED staff at North Memorial and Maple Grove Hospitals are being trained on the report, including the use of posters about MIST in the EDs.

The committee decided to adopt the NAEMSP format of the report for use in the west metro. Final decisions about whether a standard report template that all EMS providers would use or if each provider will customize it for their own agency will be decided at the next meeting. Training posters or other training materials could also be created if there is consensus on the content.

#### **4. Code 3 and Code 2 Determinations**

There are some noticeable differences in the way that 9-1-1 requests are coded from one dispatch center to another. Some centers dispatch nearly all Code 3, while others use Code 2 for many low acuity calls. Discussion focused on whether there could more alignment across the metro dispatch centers.

The committee discussed the possibility of comparing each provider's MPDS to see where there may be some flexibility in assigned codes and protocols. There was also a question of whether Opticon could be activated without lights and sirens to reduce potential dangers associated with Code 3 calls. There was also a proposal to study Code 3 vs. Code 2 calls' response times to discern if there is a significant difference in times. Discussion will continue at the next meeting.

Dr. Simpson also noted that HEMS has extended its trial of Good SAM, which may be helpful to better determine patient acuity prior to EMS arrival on scene.

#### **5. TXA Administration in Pre-Hospital Setting**

There was discussion whether to adjust providers' TXA protocols to a 2 gm bolus because a second dose of TXA is sometimes missed at the ED. Multiple perspectives were discussed about changing current EMS practice. Dr. Simpson will invite the Hennepin EMS Pharmacist to an upcoming meeting to provide current research on the use of TXA for trauma patients.

#### **6. EMS Medical Directors Work Plan**

Dr. Tanghe requested that the committee members send in topics, standards, and/or protocols to create a list that can be prioritized for a work plan. It could also help to determine when the east metro should be invited to meetings and which ones would be west metro-focused.

7. **Communications** – Tony Martin's update postponed until next month.

#### **8. Legislative Updates – Dr. Simpson**

The MN State Legislature has a bill for one-time funding for EMS; more info to come. Interest in local control of EMS and changes to PSAs seems to be a lower priority this session compared to last year.

9. No drug shortages to review.

10. No scene responses to review.

11. Meeting was adjourned at 1322h

12. Next meeting: Tuesday, March. 27, 2024 online at 1500h