



Emergency Medical Services Council

Health Services Building – MCL963
525 Portland Avenue South
Minneapolis, MN 55415

612-348-6001, Phone
chd.ems@co.hennepin.mn.us
hennepin.us/ems



Draft Summary HENNEPIN COUNTY EMS COUNCIL MEETING Oct. 12, 2023 – 3:00-4:30 p.m.

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

Representation:

Medical Control Hospitals

Abbott Northwestern Hospital: Administrator

Steven Dickson (Reg.) - present
Chris Breitbach (Alt.)

Abbott Northwestern Hospital: Emergency physician

Brittany Philpot, M.D. (Reg.) present
Marc Ellingson, M.D. (Alt.)

Children's Hospitals & Clinics: Administrator

Anna DePompolo, M.D. (Reg.) - present
Rob Sicoli, M.D. (Alt.)

Children's Hospitals & Clinics: Emergency physician

Emma Fisher, M.D. (Reg.) - present
David Hirschman, M.D. (Alt.) - present

Fairview Southdale Hospital: Administrator

Mike Fasbender (Reg.)
Vacant (Alt.)

MHealth Fairview Southdale Hospital: Emergency physician

Todd R. Joing, M.D. (Reg.)-present
Brandon Trigger, M.D. (Alt.)

MHealth Fairview University Hospital: Administrator

Sarah Fredensborg (Reg.)
Vacant (Alt.)

MHealth Fairview University Hospital: Emergency physician

Nik Vuljaj, M.D. (Reg.)
Drew Zinkel, M.D. (Alt.) - present

HCMC: Administrator

Wendy Stulac-Motzel (Reg.)-present
Vacant (Alt.)

HCMC: Emergency physician

Gregg Jones, M.D. (Reg.) present
John Hick, M.D. (Alt.)

Maple Grove Hospital: Administrator

Jeff Miller (Reg.) - present
Holly Hughes (Alt.)

Maple Grove Hospital: Emergency physician

Todd Gengerke, M.D. (Reg.) present
Andy Winter, M.D. (Alt.)

Methodist Hospital: Administrator

Megan Grewe (Reg.)
Dez Ludvigson (Alt.) - present

Methodist Hospital: Emergency physician

Jill Donofrio, O.D. (Reg.) present
Owen Anderson, O.D. (Alt.) - present

North Memorial Medical Center: Administrator

Jen Shaft (Reg.)
Vacant (Alt.)

North Memorial Medical Center: Emergency physician

Marc Conterato, M.D. (Reg.) present
Vacant (Alt.)

Partner Organizations and Representatives

ALS Ambulance Dispatch in Hennepin County

Tama Lynn (North Memorial Ambulance
Service) - present

Primary PSAP in Hennepin County

Tony Martin (Primary PSAP)-present

Hennepin County Chiefs of Police Association

Vacant (Reg.)
Vacant (Alt.)

Hennepin County Fire Chiefs Association

Dale Specken, Chief (Reg.)- present
Mike Dobesh, Chief (Alt.)

Public representative without EMS industry affiliation

Vacant

At-large Paramedic

Vacant



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Advanced Life Support (ALS) Ambulance Providers

Hennepin County

Allina Health System EMS: Administrator

Kevin Miller (Reg.)- present
Vacant (Alt.)
Susan Long (Vice Chair, EMS Council) present

Hennepin County Public Health: Administrator (ex-officio)

Susan Palchick, Public Health Director (Reg.) present
Stephanie Abel (Alt.)

Allina Health System EMS: Ambulance Medical Director

Charles Lick, M.D. (Reg.)-present
Joey Duren, M.D. (Alt.)-present

Edina Fire - Ambulance Service: Administrator

Ryan Quinn (Reg.)- present
Vacant (Alt.)

Edina Fire - Ambulance Service Ambulance Medical Director

Paul Nystrom, M.D. (Reg.)-present
Vacant (Alt.)

Hennepin EMS: Administrator

Marty Scheerer (Reg.)-present
Ryan Mayfield (Alt.)

Hennepin EMS:

Ambulance Medical Director

Nick Simpson, M.D. (Reg.)-present
Aaron Robinson, M.D. (Alt.)-present

North Memorial Health Ambulance:

Administrator

Scott Sampey (Reg.)
Tony Ebensteiner (Alt.)

North Memorial Health Ambulance:

Ambulance Medical Director

Peter Tanghe, M.D. (Reg.)-present
Zach Finn, M.D. (Alt.)

Ridgeview Ambulance Service: Administrator

Mark Anderson (Reg.) -present
Vacant (Alt.)

Ridgeview Ambulance Service:

Ambulance Medical Director

Kevin Sipprell, M.D. (Reg.)-present
Vacant (Alt.)-present

Guests: Cynthia Myntti, PhD, MPH, M Arch., Hennepin County resident; Glennon Park, MD (Veterans Affairs Medical Center [VAMC]); Dan Klawitter (West MRCC); Tyler Lupkes (Hennepin EMS); Greg Hayes (Metro Emergency Services Board [MESB]); Florian Merkle, MD (Hennepin EMS); Brent Custard (North Memorial Health Ambulance); Amy Caron (Hennepin County Public Health); Alec Bunting, MD (Hennepin EMS)

Staff: Kristin Mellstrom (Hennepin County Public Health)

1. Welcome and Introductions. EMS Council Chair Dr. Todd Joing called the meeting to order at 3:00 p.m.
2. **Action:** Approval of today's agenda - **Approved**
3. **Action:** Approval of meeting summary from April 13, 2023 - **Approved**
4. **Action:** Approval of EMS Council and committee nominations – **Approved**

EMS Council

- Emma Fisher, MD to replace Michelle London, MD as Children's Hospitals and Clinics emergency physician rep.

EMS Medical Directors Committee

- Kevin Sipprell, MD to replace Luke Dingman, MD as EMS Medical Director for Ridgeview Ambulance Service

Executive Committee

- Nick Simpson, MD (Hennepin EMS) as Chair of the Medical Care and Standards Committee

Medical Care and Standards Committee

- Emma Fisher, MD to replace Michelle London, MD as Children's Hospitals and Clinics emergency physician
- Brian Willenbring, MD as emergency physician rep. (Mercy Hospital)

5. **Action:** Amendment to Hospital Closure and Ambulance Diversion Policy

Motion: Delete section 6.1 - Divert for Red/Critical Patients and all related references in the current policy - Approved

The committee noted that the Red Patient Divert exception in the policy which allows hospitals to divert Red patients when the ED has a critical equipment failure (e.g. MRI or CT outage) has been utilized rarely since the adoption of the Dec. 14, 2021 amendments that eliminated most diversions and partial closures.

With the removal of the Red Patient Divert exception, the only remaining patient transportation diversion will be initiated by EMS to go to the closest hospital for reasons such as severe weather or a scene safety incident.

A summary of key changes to hospital closures that were approved in the Dec. 2021 amendments to this policy:

- Requests for Full Closed status will be sent by the ED Medical Director or designee to West MRCC; closure requests do not need approval of an EMS Council System Medical Director.
- Full Closed is the only type of closed status available for west metro hospitals and stand-alone EDs in MNTrac.
- Full Closed facilities will not accept any ambulance transports until the situation (e.g. physical plant failure, scene safety risk, equipment failure) has been resolved.
- Full Closed facilities should contact West MRCC to remove the Full Closed status in MNTrac when the situation has been resolved.
- Multiple west metro hospitals may be Full Closed simultaneously.
- For questions regarding hospital/stand-alone ED closures that adversely affect west metro EMS operations and patient care, West MRCC will consult System Medical Directors as needed.
- Notifications to EMS about ED equipment outages will continue to be updated by West MRCC in the general notification section in MNTrac.

For more details about hospital closures and ambulance diversions, please see the attached policy.

6. Action: Proposed Amendments to Bylaws of the EMS Council – Approved

Changes to membership on the Council and committees, the elimination of the Ambulance Service Personnel Subcommittee, and a more flexible meeting schedule were approved.

There was a question about adding MN Children’s Hospitals (Children’s) as an EMS Provider member to the council now that they have an ALS license to provide EMS service in PSAs in Minneapolis. After reviewing the Children’s license/schedule of operations that allows only interfacility transfers, it was determined that Children’s EMS does not fit the scope of Ordinance 9 and the EMS Council’s ambulance membership, which requires ALS EMS Providers that hold a PSA in Hennepin County to respond to unscheduled 9-1-1 requests.

For details, see attached copies of EMS Council Bylaws last amended in 2015 and the new bylaws amended at today’s meeting.

7. Action: 2024 EMS Council meeting calendar (tentative dates) – Approved

2024 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** 12:30-2:30p on 4th Tuesday of each month-tentative
- **Medical Standards Committee** 1:30-2:30pm after EMS Medical Directors mtg in March-June-Sept.-Dec.-tentative

8. Action: 2024 EMS Council projects work plan - Approved

- 9.** Ordinance 9 EMS Staffing Study preliminary report – Mellstrom (staff)

Kristin Mellstrom reported the first part of an EMS staffing study that compares data regarding benefits, costs, impacts on the public’s access to ambulance services of acceptable quality, and equity when data are stratified by two staffing configurations currently allowed by MN Statute 144E.101 Subd. 7 and Hennepin County Ordinance 9 for 9-1-1 ALS ambulances with a PSA in the county.

Currently, EMS Providers must staff with a minimum of one paramedic and one EMT on board when responding as an Advanced Life Support ambulance (ALS) to 9-1-1 calls in Hennepin County.

Data from 2020-2022 in MNStar, the state EMS database managed by the Emergency Medical Services Regulatory Board (EMSRB), were analyzed to: 1) Describe staffing configurations used by the five ALS EMS Providers that respond to 9-1-1 ALS calls in Hennepin County [EMS Providers]; and 2) Identify differences in EMS Providers’ clinical performance measure outcomes between ambulances staffed with two paramedics versus one paramedic and one EMT. An additional report will be presented in 2024 to address questions regarding benefits, costs, impact on access to 9-1-1 services, and equity.

Summary of findings from 2020-2022 MNStar data:

- The Hennepin County Board of Commissioners specifically requested comparison data stratified by patient race to identify if differences in emergency 9-1-1 care are correlated with race. Race and ethnicity were not able to be analyzed from this dataset, however, because patient reports frequently lack race and/or ethnicity data; when the data are recorded, it’s unclear whether it was self-reported by the patient or determined by an EMS Provider’s observation. As such, those data were considered unreliable and incomplete, so they were not analyzed and reported.

EMS Providers also noted that in emergencies when a 9-1-1 ambulance transport is required, race and/or ethnicity data are not consistently collected. Patients may be unable to communicate due to serious health conditions and EMS Providers prioritize the collection of time-sensitive and critical health information and provision of life-saving medical care.

- The use of a mixed staffing model of one paramedic and one EMT increased from 2020 to 2022 at three of the five EMS Providers (Allina Health EMS, North Memorial Health Ambulance Service, and Ridgeview Ambulance Service) and was nearly unchanged for two EMS Providers (Edina Fire EMS and Hennepin EMS), both of

which staff with two paramedics on all or nearly all responses, respectively.

- EMS Provider outcomes stratified by staffing model on nine clinical performance measures that are based on national standards were analyzed. Findings indicate that some differences in outcomes exist between different staffing configurations, however, it was unclear whether one model was superior to another. For four measures, the difference in outcomes was within one percentage point; for three measures, a one paramedic and one EMT model showed better outcomes; and in the remaining two measures, two paramedic staffing had better outcomes.
- Additionally, there was minimal variation in EMS Provider performance measure outcomes when compared to other metro area EMS Providers that also use one or both of the staffing configurations discussed above.

For detailed information about this study, please see the attached EMS Staffing Study report.

10. Standing Committee Reports

Ambulance Service Personnel Subcommittee Report –

The committee held its final meeting in May. The work of this committee will be distributed to other standing committees. Paramedic representatives will be included as technical experts in standing committee discussions relevant to paramedic and EMTs. The subcommittee was dissolved in accordance with the bylaws of the EMS Council, as approved today.

Ambulance Medical Directors Subcommittee Report- Peter Tanghe, MD, Committee Chair Cardiac Arrest Care Standards Project

The committee is working with east metro EMS Medical Directors to discuss strategies and standards regarding Heads Up CPR, ECMO, vector change and dual sequential defibrillation. The goal of this committee would be to find consensus on standards across the metro for cardiac care.

Medical Standards Committee –Nick Simpson, MD, Committee Chair

The committee's motion to delete the Red Patient Divert section 6 in the Hospital Closure and Diversion Policy was addressed in a vote at today's meeting.

There were no additional action items for this committee as of its meeting in June.

Operations Committee – Ryan Quinn, EMT-P, Committee Chair

- The committee will review regional work at the MESB to update its Incident Response Plan specifically regarding a communications plan for large scale events, emergencies, and mass casualty incidents.
- Funding to support CAD to CAD projects will be awarded soon to get the projects started.

- The state Department of Public Safety is considering fully funding a project statewide to support a secure information sharing platform (not CAD to CAD) that multiple agencies including PSAPs, secondary PSAPs, and Metro Transit could use for situational awareness. Participation in this would be voluntary and would be provided at no cost to communications centers.
- East and West MRCCs are training staff on the ChemPack Activation Plan.
- The mobile ECMO unit continues to respond; it's currently stored at Edina Fire Dept. and dispatched by West MRCC.

Quality Committee – Marc Conterato, MD, Committee Chair

- **Stroke Time on Scene**
The committee reviewed data and found no concerns; times from Q1 to Q2 improved even with volume increases; data showed that median times were around 16 minutes, which is well under the 20 minutes on scene performance measure benchmark identified in NEMSQA clinical advisory performance measures.
- **Data Sharing for QI**
EMS is able to get STEMI and stroke patient data from some hospitals; data sharing between EMS and all west metro hospitals would be extremely helpful for QI efforts e.g. identification of strokes in the field vs. strokes that are diagnosed after the patient is transferred to the hospital. The EMSRB's secure data sharing platform, Hospital Hub, could be very helpful for data sharing between health care providers to coordinate and improve patient care.
- **Public education for bystanders to decrease scene times**
The committee will continue discussion of possible public education methods to teach ways that family/bystanders can help reduce EMS on-scene time by clearing access to the patient, unlocking doors, and keeping pets secure.
- **Trauma Metrics**
All members present supported adopting existing Hennepin EMS trauma metrics for the EMS Council; action on this will resume at the next meeting when a quorum is present.
- **Cardiac Arrest Metrics**
The committee will meet with Lucinda Hodgson at its next meeting to discuss data that is currently available in CARES. Committee members noted that the data in CARES is very comprehensive and a set of cardiac arrest metrics for the EMS Council should not duplicate what is already reported to CARES. The Quality committee will coordinate this work with the cardiac arrest care standards project of the EMS Medical Directors to ensure both committees are working together and in agreement on CVA metrics.

Executive Committee – Todd Joing, MD – EMS Council Chair

The Executive Committee has focused on discussions of EMS Council Bylaws in the past two quarters. The ad hoc EMS Council Bylaws Work Group (members: Todd Joing, MD; Susan Long, Ryan Quinn, and Jeff Czyson) reviewed the EMS Council Bylaws that were last updated in 2015

and proposed the changes discussed and approved at today's meeting. The work is finished its assigned project and the work group has been dissolved.

11. **Staff Report** – Kristin Mellstrom

- Reminder that EMS Council information such as agendas, meeting summaries, radio check information, and links to policies and Ordinance 9 are published online at: www.hennepin.us/ems
- Orientation for new members – Staff will send invites to new members for online orientation session is on Dec. 5 from 3:00-3:30pm. If others would like to attend, please email Kristin at chd.ems@hennepin.us

Guests are welcome at all EMS Council and committee meetings and orientations.

12. **Interested Parties Reports**

Guest: Cynthia Myntti, PhD, MPH, M Arch., downtown Minneapolis, Hennepin County resident

Dr. Myntti presented concerns on behalf of her neighborhood about negative impacts on citizens' health, welfare, contentment, and the feeling of well-being associated with the frequent use of sirens in downtown Minneapolis (see Minneapolis Ordinance 389). Possible health and safety risks to EMS providers, patients, and bystanders when ambulances respond Code 3/lights and sirens are also a concern. The group noted that many 9-1-1 requests are for patient conditions that do not require a "hot" or lights and sirens response and national EMS and Emergency Medicine experts have issued a joint statement supporting efforts to reduce use of lights and sirens EMS responses.

The group seeks more information from the EMS Council regarding:

- Frequent use of loud, reverberating sirens in downtown Minneapolis during day and nighttime hours for 9-1-1 calls that may not be life threatening and time critical
- Geographic differences in interpretation of MN Statute 167.17/use of sirens in downtown Minneapolis compared to suburban and rural areas
- EMS utilization of a clinically validated, triaged approach to determine which 9-1-1 requests require time-sensitive responses

To better understand the resource and regulatory constraints that affect EMS providers, current EMS operations, and to promote the efficient use of EMS resources, the group requests:

- Formation of an EMS Council subcommittee to work with this neighborhood group of concerned citizens to further study and discuss use of sirens for responses and transports
- An invitation to the leadership at MEDIC-Charlotte/Mecklenburg County, NC EMS to present findings from its efforts to reduce Code 3/lights and sirens responses
- Data sharing with this group regarding EMS operations in Hennepin County

Chair Joing noted that the EMS Council Executive Committee will add Dr. Myntti's

request to the agenda for its next meeting on Dec. 11.

13. Action: Adjourn – Approved

The meeting adjourned at 4:29 p.m.

Next EMS Council meeting is April 11, 2024 from 3:00-4:30 pm online, unless otherwise noted in the meeting invitation.