



Emergency Medical Services Council

Health Services Building – MC L963
525 Portland Ave. South
Minneapolis, MN 55415-1569

chd.ems@hennepin.us
www.hennepin.us/ems



Draft Summary HENNEPIN COUNTY EMS COUNCIL MEETING AGENDA October 2, 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 Chair, Susan Long, 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 - Present
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 vacant (alt.)
9. Hennepin Healthcare HCMC – Wendy Stulac-Motzel (reg.) – Present; and Gregg Jones, MD (alt.) - Absent
10. North Memorial Health Hospital – John Lyng, MD (reg.) – Present; and Elizabeth Robinson, MD (alt.) - Absent

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.) – Present; and David Hirschmann, MD (alt.) - Present
- 12. MHealth Fairview – Nik Vuljaj, MD (reg.) – Vacant; and (alt.) Robert Tanyoue, MD (alt.) Absent
- 13. HealthPartners Methodist Hospital – Jill Donofrio, DO (reg.) – Absent; and Megan Grewe (alt.) - Absent

Healthcare systems that operate at least one 24-hour emergency department or stand-alone ED outside of Hennepin County 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.) - Absent

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 – Present
- 16. Administrator – Kevin Miller - Present

Edina Fire EMS

- 17. EMS Medical Director – Paul Nystrom, MD - Present
- 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 – Absent

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)
Angela Pesta, EMT-P (Hennepin EMS) - Absent
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
Vacant
32. Public representative without EMS industry affiliation (either a resident 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
Sam Erickson (Hennepin County Assoc. of Paramedics and EMTs [HCAPE]) - Present
35. Hennepin County Director of Public Health Dept. (non-voting, ex-officio member)
Sara Hollie - Present

Guests:

Marcee Shaughnessy (Hennepin County Public Health); David Schmoyer (North Memorial Health Hospital); Kenneth Combs (Regional Healthcare Preparedness Coordinator, Metro Healthcare Coalition), Tyler Lupkes (Hennepin EMS), Charlie Soucheray (Office of EMS), Autumn Ties, MD (Ridgeview Ambulance Service)

Staff: Kristin Mellstrom (Hennepin County Public Health)

2. **Action:** Approval of today's agenda – **Approved**
3. **Action:** Approval of meeting summary from April 10, 2025 – **Approved**
4. **Action:** Approval of EMS Council and committee nominations – **Approved**

Nominations:

EMS Council

- Wendy Baumgardt to replace Steven Dickson as alt. rep for Allina Health Hospitals rep – **Approved**

5. Presentation: "Reflecting on Recent Incident Responses" by Tyler Lupkes, Battalion Chief at Hennepin County EMS and Chair, Emergency Preparedness Committee of the MESB TOC; and Dan Klawitter, Deputy Chief-Manager of Hennepin EMS Communications and West MRCC
 - Use of metro EMS region Incident Response Plan (IRP) provided the two key goals of the incident response for the 27 August incident (declared an EMS Plan 2 incident)
 - Appropriate and effective response for a major incident
 - Expeditious transport to definitive care after a traumatic event
 - Hennepin EMS, the primary responder to the incident used its emergency response plan as written, with ICS established right away and requests for mutual aid were sent out for both transports and for assistance with responses to regular 9-1-1 calls in Hennepin's PSA.
 - Time from initial dispatch to rigs transporting patients was less than 30 minutes
 - Eleven ambulances transported 17 patients, some ambulances with multiple patients; 25 ambulances were on scene
 - Load leveling to area hospitals was considered by Incident Command; patients were sent to Hennepin/HCMC, North Memorial Hospital and Children's Hospital Minneapolis
 - First responder partners created a corridor for ambulances to arrive and exit the scene quickly so traffic was not a barrier for ambulances
 - Communication between primary and secondary PSAPs and EMS Providers was efficient and effective. MNTRAC was used for patient tracking and Zipit was used to relay patient reports to hospitals.
 - After patients had been transported, EMS supported the family reunification process on site
 - The patient list and each patient's hospital destination was confirmed then shared with appropriate parties
 - Actual identification of patients, whether transported, treated on scene, or deceased, was challenging for EMS; this is an area for future improvement
 - Because families began to arrive to the scene almost immediately, reunification work was initiated while patients were still on scene; this was notable because practice exercises usually plan that reunification begins after patients have been transported and first responders have completed their initial incident response work
 - Also, it was discovered that sometimes patients don't appear to have injuries at first, but find out later that they need a medical assessment and/or medical

attention after the initial patient transports have been completed, so keeping some medical personnel on scene is needed

- MNTRAC is still the primary source of patient tracking information for hospitals, so if any hospital EDs need help getting MNTRAC set up again, please connect with Dan Klawitter
- Additional work will be done on load leveling and improving communications with all hospitals to prepare for incoming patients by asking hospitals to clear ED beds and operating rooms in advance. Children's Hospitals noted that it had additional capacity with pediatric neurosurgeons, trauma nurses and general surgeons available on standby but many pediatric patients went to Hennepin and North.
- It was noted that, in some cases, crews from a long distance away were dispatched while nearby crews were not called. Additional work will also be done to identify real time resources and locations so if crews are close to the scene, they could be prioritized for dispatch to the scene. Beacon Mutual is almost ready to implement across the metro, so it will solve this problem with this new technology.

6. New Business

- a. **Action:** EMS Council 2026 Work Plan – **Approved**
- b. **Action:** EMS Council 2026 Meeting Calendar – **Approved dates; times TBD, as determined by each committee**
- c. **Action:** EMS Council OHCA Performance Measure - **Approved**

Motion from the EMS Medical Director's Committee:

The EMS Council will report Hennepin County rates of bystander CPR and AED use prior to EMS arrival on scene and the Utstein survival rate to the Hennepin County Board every two years or at the Board's request.

7. Old Business

None

8. Committee Reports

EMS Medical Directors Committee Report – Pete Tanghe, MD

- No additional report

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.

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 committee will begin a thorough review of the EMS Council Communications Policy

with consideration of whether required information for patient care reports provided by EMS to West MRCC and relayed to hospitals follows current tools' report formats such as those in 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.

- Public education projects that were recently added: 1) Ensuring pre-arrival instructions for bystander CPR are transferred consistently; 2) Public's use of 9-1-1 for medical emergencies and how to prepare before EMS arrives to assist with an efficient response on scene
- A grant application for the Safer Streets project was submitted to assist with connecting all primary and secondary dispatch centers across Hennepin County with a CAD-to-CAD system. Award notifications are pending and may be delayed due to a current federal government shutdown.

Quality Standards Committee Report – Reported by Staff

Staff has also requested 2024 MNStar stroke and trauma performance data from the Office of EMS to compare to the data collected from each provider. After a comprehensive discussion with Dylan (Director of the Office of EMS), it was determined that stroke performance measure data could be downloaded from MNSTAR, however, trauma performance data is more complicated due to individual EMS Provider's protocol definition, so further study of the MNSTAR data would be needed to pursue that source. Future work with OEMS will focus on ensuring that data are comparable between providers, based on each element's definition in NEMSIS.

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. Sam Erickson, the HCAPE representative and a member of this committee, noted that the committee needs members (either medics or EMTs) from three more EMS Providers. A question was raised about the process for submitting nominations. Staff described the process for the seats that are dedicated to represent an EMS agency or hospital: Nominations are to be submitted by the EMS Medical Director or EMS Chief/Director for seats that represent that agency. For seats that are open to multiple organizations such as the Dispatch seats, nominations can be submitted by the person who is interested or by their organization. If multiple nominations for an open seat are received, the Executive Committee reviews the nominations and selects a nominee to move to the EMS Council for consideration.

Executive Committee Report – Susan Long, Chair

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

9. Staff Report – Kristin Mellstrom

- New member orientation will be online on Oct. 22, 2025 at 9:00-10:00am online. A meeting invitation will be sent to all EMS Council members and interested parties. Members of the public are always welcome.
- Public Health Department has requested that the Board extend its date to the end of Q1 or later in 2026 for a final decision regarding the suspended section of Ordinance 9, Section VII, Subsection I: Staffing. All five EMS Providers responded to a Staff inquiry that this change in the decision date would be acceptable to them as long as the suspended staffing requirement remains in place until the final decision is made.

10. EMS Council Member Reports -none

11. EMS Partner Agency Reports - none

12. Interested Parties Reports - none

13. Action: Adjourn – The meeting adjourned at 4:01 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

2026 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 March 31, 2026 or a date to be determined by the County Board.
- 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 revisions to Bylaws regarding EMS Council committees and/or membership seats to the EMS Council for approval (Exec Committee) by March 9, 2026, if changes are needed.
- b) Move recommended revisions to the Hennepin County Board of Commissioners (EMS Council Chair, Staff) after approval by the EMS Council.

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

- a) Nominate candidates for vacant seats as needed.
- b) Continue to recruit 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 stroke and trauma performance measures data.
- b) Create performance data reporting tool to publish data on website and to community partners.
- c) Provide stroke and trauma care performance report to Hennepin County Board of Commissioners annually.
- d) Begin evaluation of EMS out of hospital cardiac arrest performance measure data from CARES; provide OHCA performance report to Hennepin County Board of Commissioners as directed.

6) Data Sharing Project EMS and Hospitals (Quality Standards Committee; EMS Council; Staff)

- a) Support Office of EMS Hospital Hub project to increase data access between EMS and EDs in metro for patient follow up and EMS QA/QI projects. Encourage hospital participation in data sharing on Hospital Hub.

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

- a) Review use of the policy in past two years to determine if it is being utilized as intended by each EMS Provider.

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

- a) Review patient disposition data; continue discussion of creating a patient load leveling guideline both in regular and in large scale incidents.

- 9) **Hospital Destination Matrix (Operations and Communications Committee; Staff)**
a) Identify best method to continuously update and distribute current information to EMS.
- 10) **EMS Council Medical Control Hospital Policy (Operations and Communications Committee; Staff)**
a) Send survey to hospitals to assess medical control system use of physician names vs. medical control #s and the accuracy of the names entered in the ePCR.
- 11) **Monthly Medical Control Radio Checks (West MRCC; Operations and Communications Committee; Staff)**
a) Continue implementation of new monthly medical control hospital radio checks procedure with West MRCC.
b) ~~Develop Medical Control Radio Checks Log by Oct. 2025.~~
c) 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.
d) Assess the value of continuing radio checks, gaps in training that need to be remediated at any medical control hospitals
- 12) **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 end of Q1-2026.
- 13) **Support use of Communication Tools and Data Sharing Platforms (EMS Council; Operations and Comms Committee)**
a) Assist with connecting, training, and utilizing existing tools for data sharing (e.g. Zipit, Beacon Mutual, Beacon ED; CAD to CAD).
- 14) **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 different approaches to OHCA care.
c) Document which technologies are used by metro First Responder agencies and types of care available at metro hospitals.
d) Assess bystander CPR and AED use rates, public messages and training, audiences, explore potential partnership with Hennepin County Public Health.
- 15) **Update Emerging/High Consequence Infectious Diseases (HCID) Plan (EMS Medical Directors; HCPH Epi; Staff)**
a) Develop travel-related infectious disease screening tools for PSAPs to be ready when needed.
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 suspected or confirmed HCID.
e) Review process for EMS and First Responder HCID post-exposure notifications from EDs after patient transfers.
- 16) **Public Education (Operations and Comms Committee; Staff)**
a) Hands only CPR trainings to community members.

- b) Internal PSAPs communication about transferring (internal education) calls and ensuring pre-arrival instructions are relayed to the caller.

17) EMS Council Updates for Community (Executive Committee, Staff)

- a) Choose metrics, stories, format and audience(s) for updates about EMS work in Hennepin County

18) Legislative topics (Executive Committee; EMS Medical Directors Committee; Medical Standards Committee; Staff)

- a) Review legislative actions to align EMS Council policies with legislative mandates.

19) 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.

20) Community Connection/Outreach (Staff)

- 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 and BLS responses, reduce siren noise when possible.
- b) When to call 9-1-1, other urgent care options, how to prepare for first responders' arrival

21) Protocols (EMS Medical Directors Committee)

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

22) 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