Emergency Medical Services Council

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EMS Medical Directors Subcommittee
July 25, 2025, 9:30-10:30 am
Online meeting:
https://www.hennepin.us/business/work-with-henn-co/ems-planning-reg

Draft Summary

Present	Absent
1. **Peter Tanghe, MD, Chair (North Memorial Health Ambulance)** 2. Kevin Sipprell, MD (Ridgeview Ambulance Service) 3. Nick Simpson, MD (Hennepin EMS)	1. Paul Nystrom, MD (Edina Fire EMS) 2. Joey Duren, MD (Allina Health EMS)
Guests	**Staff**
1. Andrew Stevens, MD (Burnsville Fire EMS) 2. Ashley Ties, MD (Ridgeview Ambulance Service) 3. Nick Maleska, MD (Allina Health EMS) 4. Dan Klawitter (Deputy Chief West MRCC and HEMS Communications)	1. Kristin Mellstrom (Hennepin County)

1. **Today's Agenda and the Meeting Summary** from June 27, 2025 were approved with a quorum present.

2. **Hospital Closures and Diversions – reported by Dan Klawitter**
   Of the eleven closures in the last four months, eight were appropriate full closures for hospital equipment or systems down; three were not, so MRCC contacted the hospital to clear up any confusion from hospital staff about the use of full closures. Overall, it appears that the current policy that allows hospitals to fully close at their own discretion, without consultation with EMS Medical Directors, is working well and as it was intended. It is not being used to manage staffing and/or patient flow, as it had been in the past.

Dan has asked MRCC staff to enter all full closures to the general notification banner at the top of MNTrac; the user account needs to be set up to receive notifications, so if someone isn't getting notifications and needs help with their user settings, please contact Dan.

Regarding two recent diversions of pediatric patients at the request of two hospitals, Dan reached out to remind the hospitals that patient diversions are not an option anymore in the current policy. Each hospital can opt to full close to all patients and it can post notifications about specific equipment outages (e.g. CT not available for a period of time) in MNTrac to help EMS/patients avoid delays or secondary transports, especially for red patients.

Since April, the east metro and the central region have also adopted the no patient diversion policy.

Dr. Sipprell noted that patient choice is the primary consideration when determining patient destination, as written in both the previous and current versions of Ordinance 9. This needs to be honored whenever possible, except when medical discretion overrides patient choice due to the patient's anticipated medical treatment and the hospitals that can provide the appropriate care in a timely manner.

3. **Full Closed Status – Dr. Sipprell**

Two Twelve had to full close and evacuate all ED patients due to flooding in the building so it was marked as Full Closed in MNTrac, however, the current policy does not distinguish between closed to EMS patients and transfers versus the lights are off and there are no patients or staff at that ED due to a major equipment or facility failure. If patients had arrived by ambulance (or self-transported) to Two Twelve last weekend for a critical procedure like airway emergency, they would have found the lights out and doors locked.

Dan K. responded that if full closed status is posted by a hospital in MNTrac, and the ED is closed--for whatever reason--to <u>all</u> patients-ambulance and walk-ins-then that information needs to be conveyed by the hospital to West MRCC so it can be communicated in multiple ways via MNTrac, radios, phones, to all EMS crews. Otherwise, EMS may think that the hospital is full closed but still capable of taking patients. The current EMS Council Hospital Closure and Diversion (v. 10-12-2023) policy is written:

2.4 Full Closed Status: "Closed" refers to hospitals or stand-alone ED's that are unable to accept patients arriving by ambulance.

5.0 Hospital/Stand Alone ED Full Closed to EMS Status

Hospitals or stand-alone ED's may elect to move to Full Closed status in MNTrac, which indicates the facility cannot accept any ambulance transports or transfers when the facility experiences a physical plant failure, security lockdown (including in triage area) for an extended period of time; or other unexpected conditions that would significantly impact the quality of care that can be provided to incoming patients.

Next steps: these are rare, but critical situations. The policy will not be changed at this time, with the intention that the MRCC's will broadly communicate to all metro EMS crews when

an ED is closed to all patients where staff are not available at all to intake and treat incoming patients regardless of mode of transportation. A reminder can be sent to all hospital EDs to post that type of critical information in the comments section under the diversion status on MNTrac immediately and a reminder to all MRCC staff to check the comments and to add this type of full closure in the notification with clarity that doors are locked and all patients must go to another ED.

4. **Contacting a System Medical Director – Dan K.**
   Dan updated all the contact information in Zipit for all system medical directors. The council policy was updated 10-24-2023 and continues to work well. West MRCC added city and the interop talk group name in the notifications in Zipit. As before, medics may ask West MRCC to contact their own system medical director first or have West MRCC send an all page to the contact list.

   Dan asked system medical directors who respond to a West MRCC page, to please tell the operator the following: full name, EMS Provider name, and what their role is in responding to the request e.g. responding to the scene, providing medical advice.

   To replace the current medical directors' mobile phone text group, West MRCC is adopting a new platform called Zello that can add the system medical directors' mobile phones to a regional talkgroup, so text messages and voice communications can be used and will be recorded. They could also be set to higher security level; currently on Zipit, all the West MRCC operators can read all Zipit communications.

5. **Beacon Mutual – Dan Klawitter**
   This platform allows EMS partners to see where all available ambulances are located and, if needed, an EMS agency can request mutual aid if an EMS partner's ambulance is closer to a call.

6. **Beacon ED – Nick Simpson**
   Hennepin EMS and HCMC have used this to manage patient loads because it allow the ED to see where the crew is, get an accurate ETA, and call up appropriate special medical teams and manage resources such as stabilization room utilization.

7. **Metro Hospital Destination Matrix – Dan Klawitter**
   The Operations and Communications Committee updated the matrix to pare down the number of items to those that are most useful for medics to make destination decisions. The plan is for this matrix to be a live document that can be updated by each hospital's ED Medical Director (or designee) when capabilities change. Medics have been asking for an update to this document for a few years, but it was difficult to get all hospitals to provide updates when requested. Dan and Kristin will bring the final, updated version of the matrix to the EMS Council.

8. **Emergency Preparedness and Response**
   - Allina Health EMS responds to incidents at the Mall of America. An exercise to

practice communication/dispatch between EMS, Bloomington Police and Fire, how a large scale incident would be managed in this space, and where doors and access points are located could be very helpful to practice with EMS partners who may be called in for mutual aid in an emergency response.
- Metro Health and Medical Preparedness Coalition funding through the federal Hospital Preparedness Program is still uncertain; MDH, senior advisory members and coalition staff have been meeting to set priorities based on possible funding models to sustain as much ongoing work as possible. More information will be available after June 30, 2025.

9. Requests from Providers on scene for a System Medical Director Scene Response

- The process for alerting EMS System Medical Directors group has not been activated as frequently now that hospital closures and diversions aren't requested and managed by this group anymore.
- The current process for personnel in the field to request an SMD to respond on scene is that West MRCC pages the SMD(s) in the PSA first, then sends the Zipit page out to the entire All System SMD group if the PSA's SMD is not able to respond or needs additional assistance.
    - Next steps: Nick Simpson, MD will follow up with Dan K. at West MRCC to define what critical information is needed for these pages. Currently, the SMD scene response request template in Zipit includes: 1) Zipit page group name; 2)Reason for page: Request for scene response; 2)Location/Address; 3)Response Priority level: Identify if Code 2 or Code 3
    - Useful additions: Have Zipit show: 1) City in location info; 2)which SMD is responding to the request; 3)Assigned TAC channel for this request; 4)Others info to add?
    - Invite Dan K to the next meeting to finalize the format of the Zipit page and the process.

10. Hospital Request to MRCC for Patient Diversion

- A hospital in the west metro recently requested diversion of an inbound pediatric patient via West MRCC. West MRCC relayed the diversion request to the EMS Provider so the patient was diverted to another ED.
- MRCC relays current hospital closure and equipment down/maintenance information to crews to inform them when it would impact patient disposition decisions. MRCC also provides information about specific hospital capabilities and age guidelines (see below).
- Next steps: Follow up with Dan K. regarding West MRCC's management of hospital requests for diversions.

11. Pre-hospital Cardiac Arrest Performance Metric

- There is a deliverable to identify a cardiac arrest performance measure for the EMS Council by Sept., so it can be ready to move to the EMS Council in early October. Several possible metrics such as bystander CPR trained in each PSA; time to first Epi;

how airway was managed (i-gel, BLS, endotracheal tube); time to first shock-working with First Responders; rates of bystander CPR use; recognition of cardiac arrest calls by primary PSAPs and quick transfer to secondary PSAP so pre-arrival instructions can be given to caller were considered at the last few meetings. The committee favored using the Hennepin County (all five 9-1-1 EMS Providers' combined data) Utstein survival rate using CARES data. A final decision will be made at the August meeting.

12. **For next month's agenda:** Add a data collection project to monitor whether the change to using names rather than numbers for requests for medical control is working well. A survey to west metro EMS Providers and EDs could be sent out.

13. **Protocols –** No updates
14. **NAEMSP –** No updates
15. **Office of EMS –** No updates
16. **Meeting Schedule**: Fourth Friday of the month at 9:30-10:30 am online. For the meeting invitation, please contact chd.ems@hennepin.us to confirm meeting date and time.
17. Meeting ended at 10:25 a.m