



Health Services Building – MC L963 525 Portland Avenue South Minneapolis, MN 55415-1569 612-348-6001, Phone chd.ems@co.hennepin.mn.us



# EMS Medical Directors Subcommittee Sept. 26, 2025, 9:30-10:30 am Online meeting:

https://www.hennepin.us/business/work-withhenn-co/ems-planning-reg

**Draft Summary** 

Present	Absent		
<ol> <li>Peter Tanghe, MD, Chair (North Memorial Health Ambulance)</li> <li>Kevin Sipprell, MD (Ridgeview Ambulance Service)</li> <li>Nick Simpson, MD (Hennepin EMS)</li> <li>Paul Nystrom, MD (Edina Fire EMS)</li> <li>Joey Duren, MD (Allina Health EMS)</li> </ol>			
Guests	Staff		
<ol> <li>Ashley Ties, MD (Ridgeview Ambulance Service)</li> <li>Nick Maleska, MD (Allina Health EMS)</li> </ol>	Kristin Mellstrom (Hennepin County)		

**1.** Today's Agenda and the Meeting Summary from July 25, 2025 were approved with a quorum present.

## 2. Full Closed Status – Dr. Sipprell

Recap: When Two Twelve had to full close due to facility failure, there wasn't a note posted in MNTRAC that the doors were locked and the facility had been evacuated. The question posed was whether this policy needs to add an option to indicate that the hospital is completely closed to all patients, or, since this is a rare event, that it can be managed by a notification in MNTRAC.

Decision: The policy will stand as is, but all hospitals will be reminded to call West MRCC

directly to relay this special situation where the hospital is fully closed to all patients, even if the crew is already en route. The crew will need to reroute to an open hospital.

The current EMS Council Hospital Closure and Diversion (v. 10-12-2023) policy is written:

**1.4 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.

## 3. Pre-hospital Cardiac Arrest Performance Metric

- The committee voted to use Hennepin County CARES data to report Utstein survival rate, and rates of bystander CPR and AED use prior to EMS arrival as the three components of an OHCA performance measure. Bystander is defined in CARES data as a non 911 Responder.
- These efforts could support a current health education program:
  - o Hennepin County Black and Indigenous Heart Health Initiative
  - After a heart attack at 45, Hennepin County Commissioner Angela Conley is focused on Black and Indigenous women's heart health
- Kristin will inquire about Public Health Dept. resources available to support an effort to increase bystander CPR and AED use, and determine what geographic areas or special populations to prioritize for these efforts.
- The committee also noted that dispatch assisted CPR would also offer an opportunity for improvement, if the committee could collaborate with primary dispatch to identify and quickly transfer those calls to the secondary dispatch.

### 4. 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.
- Add discussion of the use of Hospital Closure and Diversion Policy, BLS/tiered responses, holding lower acuity calls, use of system resources across first responder and EMS providers
- **5. Protocols** No updates
- 6. NAEMSP No updates
- 7. Office of EMS No updates
- **8. 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.
- **9.** Meeting ended at 10:34 a.m