



Emergency Medical Services Council



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Quality Standards Committee

Tuesday, Feb. 6, 2024, 1:30 p.m. - 3:00 p.m.

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

Draft Summary

Present	Absent
1. Marc Conterato, M.D., North Memorial Ambulance Service (Chair) 2. Kristie Royce, Hennepin EMS 3. Aaron Robinson, MD Hennepin EMS 4. Mike Morelock, North Memorial Ambulance Service 5. Nik Vuljaj, MD, MHealth Fairview University Hospital	1. Anna DePompolo, MD, Minneapolis Children’s Hospital 2. John Berkholtz, Ridgeview Ambulance Service 3. Christie Traczyk, Allina Health EMS
Guests	Staff
	1. Kristin Mellstrom, Hennepin County Public Health

1. Welcome and Introductions – Chair Marc Conterato called the meeting to order at 1:40 p.m. with a quorum present.
2. Approval of today’s agenda and prior meeting summary from Nov. 7, 2023.
3. **Review of Trauma Quality Assurance (QA) Metrics** – At the Nov. meeting, the following metrics were chosen by the committee to measure quality assurance of pre-hospital EMS trauma care.
 - Scene time of less than 10 minutes (yes/no)
 - At patient time to departure from scene; use usual exclusions for real outliers, report to 90th %ile, and exclude prolonged/delayed scene time if identified by crew
 - Vitals are documented (yes/no) for 1) heart rate; 2) blood pressure; 3) respiratory rate
 - Glasgow Coma Scale (yes/no)

A data collection tool which is similar to the stroke data collection tool will be sent out for trauma

data with reminders to the committee for quarterly reporting.

4. Stroke QA Metrics – The committee will continue to collect quarterly stroke data as usual.

Stroke On Scene Time for EMS

- Hennepin County emergent transports only
- Transport Mode Descriptors = Lights and Sirens
- Primary Impression = CVA, TIA, or Stroke; not Intracranial Hemorrhage
- Use time stamped scene time arrival (not patient contact time that medics record) and departure from scene
- Report data to the 90th %ile
- Exclude real outliers: Exclude data points below the First Interquartile Range (IQR) minus 1.5 times IQR; also exclude data points above the Third IQR plus 1.5 times IQR.
- Please do NOT include pt identifiers (e.g. run#, name, address)

5. Out of Hospital Cardiac Arrest (OHCA) Care QA Metric for EMS

After the last meeting with Lucinda to discuss data that is available in CARES, this committee is interested in identifying at least one or two OHCA performance measures, however, members decided to table this decision and move to ask that the EMS Medical Directors provide further input. The EMS Medical Directors Committee is currently comparing different treatments in the pre-hospital setting for cardiac arrest patients. Due to the complexity of this type of encounter, with First Responders and EMS providers each utilizing different protocols (Elegard, double-sequential defibrillation, ECMO), it is difficult to identify OHCA clinical performance metrics that would be comparable. Staff will bring this question back to the EMS Medical Directors Committee Feb. meeting.

6. Staffing Study-Part II Data Collection

Part two of the Staffing Study will require Council Staff, the Operations Committee, and the Quality Committee to identify and collect data from each of the EMS providers to assess the effect of staffing models on budgets, recruitment, training, retention, and access to service across different zip codes.

The Staffing Study Report-Part One addressed questions related to clinical performance by paramedics and EMTs on nine standard measures used by the EMSRB. Aggregated data from the five ALS unscheduled providers in Hennepin County were inconclusive regarding clinical performance across the nine EMSRB CAP-M measures, when the 2 medic versus 1 medic and 1 EMT models were compared.

Clinical performance data were nearly identical between the two staffing models on four measures: 1) on Scene Time of 20 Minutes or Less for both Stroke encounters, and 2) for STEMI encounters; 3) respiratory assessment documented for respiratory encounters; and 4) beta agonist administration documented for pediatric asthma encounters.

Better outcomes on clinical performance measures were found for the one medic and one EMT model for: 1) blood glucose documented for stroke encounters; 2) stroke assessment documented for stroke encounters; and 3) weight documented for pediatric patients if medication was administered.

For the remaining two clinical performance measures, the two paramedic staffing models showed better clinical performance data: 1) 12-lead ECG documented for chest pain encounters; and 2) pain assessment documented for trauma patients.

This committee thoroughly reviewed several proposed data elements to collect and decided to table this discussion and move to request that EMS Medical Directors provide their input on optimal data elements to answer the questions posed by the Hennepin County Board of Commissioners. Staff will also query Operations Committee contacts from the five ALS unscheduled providers to ensure that selected data points can be collected by each provider. A future meeting with representatives from each of the three committees may be needed to finalize which data will be collected and reported. The timeline for this project is to collect data and have an initial report ready in Q2 so it can be presented to the County Board by the July 1, 2024, deadline.

Kristi R (HEMS) will follow up with each provider's Operations Director to find an additional meeting time to move this project forward. Kristin (Staff) will follow up with EMS Medical Directors at their next meeting.

7. Quality Committee – Composition and New Chair nomination

Due to the Bylaws changes, three seats were eliminated, and two seats remain for emergency physicians. Dr. Vuljaj offered to step down from the committee in one of the emergency physicians seats and will continue to participate as a guest/technical expert on behalf of UMMC EDs and UMMC EMS, which provides scheduled/interfacility transport service in Hennepin County. Dr. Robinson (HEMS) will remain in one of the two EMS Medical Director seats; the other is currently vacant. Drs. Bunting (HEMS) and Finn (North) nominations for that seat were moved to the EMS Council Executive Committee for consideration at its March meeting.

Mike Morelock (North Memorial Health Ambulance) was nominated and approved to succeed Dr. Mark Conterato as Chair of this committee. The committee thanks Dr. Conterato for his extended service as the Chair of this committee through the Ordinance 9 revision project and COVID-19.

8. Future Meetings

The first Tuesday of Feb., May, Aug., Nov. from 1:30pm to 3:00pm
Meetings are held online. See <https://www.hennepin.us/business/work-with-henn-co/ems-planning-reg> for more information.

The meeting ended at 3:55 pm.