



Emergency Medical Services Council

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



Quality Standards Committee

Tuesday, May 7, 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
<ol style="list-style-type: none"> 1. Mike Morelock, North Memorial Ambulance Service (Chair) 2. Marc Conterato, M.D., North Memorial Ambulance Service 3. Kristie Royce, Hennepin EMS 4. Aaron Robinson, MD Hennepin EMS 5. Christie Traczyk, Allina Health EMS 6. Anna DePompolo, MD, Minneapolis Children’s Hospital 	<ol style="list-style-type: none"> 1. John Berkholtz, Ridgeview Ambulance Service 2. Nik Vuljaj, MD, MHealth Fairview University Hospital 3. Andrew Slama, Edina Fire EMS 4. Zach Finn, MD, North Memorial Health EMS
Guests	Staff
<ol style="list-style-type: none"> 1. Rickard Dahlo, Hennepin EMS 	<ol style="list-style-type: none"> 1. Kristin Mellstrom, Hennepin County Public Health

1. Welcome and Introductions – Chair Mike Morelock 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 Feb. 6, 2024.
3. **Review of Trauma Quality Assurance (QA) Metrics** – 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)

Trauma Data	
Q1-2024	
	(mm:ss)
Weighted avg. time on scene (mm:ss); N=4	14:07
Median range; N=4	(13:41 to 23:36)
90th %ile range; N=4	(24.00 to 29:09)
weighted avg. yes HR; N=3	98%
weighted avg. yes BP; N=3	97%
weighted avg yes Respir., N=3	98%
weighted avg. yes Glasgow; N=4	99%

At the next meeting, the committee will discuss benchmarks for these metrics.

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)

Stroke Data	
Q1-2024	
	(mm:ss)
Weighted Avg Scene Time; N=3	17:18
Median range; N=2	16:46 to 18:42
90th %ile Scene time range; N=3	21:48 to 25:59

The committee approved a change from “Scene time as noted on the data collection spreadsheet” to “At patient time” as the start time. At the next meeting, the committee will discuss benchmarks for this metric.

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

The EMS Medical Directors Committee reviewing different types of OHCA care used by Fire

Departments, EMS, and hospitals in Hennepin County and the metro region. At this time, the EMS Medical Directors Committee has not chosen specific OHCA metrics, but it supports the use of CARES and/or EMSRB metrics if the Quality Committee chooses metrics to begin collecting and reporting OHCA data.

This committee moved a recommendation to the EMS Council that the Quality Committee will use the Overall Survival to Hospital Discharge metric that's collected in CARES annually. Additional OHCA metrics will be discussed in the future as the EMS Medical Directors Committee OHCA project progresses.

The committee considered possible ways that the EMS Council could encourage all hospitals to submit their CARES data, which would help EMS use this data for QA/QI. The committee will request that all hospitals on the EMS Council report CARES data on time and encourage the hospitals in their system to meet CARES data reporting deadlines.

6. Hennepin EMS Council Scorecard

The committee discussed the creation of one or more scorecards that could be reported to the public. The committee agreed that current data mapping from each provider's ePCR to NEMESIS/MNStar is a challenge. Some ePCR systems are highly customized and some are not, but multiple documentation options and usage among different providers and responders can lead to data that is inaccurate, incomplete, and sometimes unreliable. Mike and Kristin will follow up with the EMSRB to gather more information about MNStar data requirements and mapping.

7. The committee discussed a potential QI project to ensure that multiple calls originating from one area are appropriately identified as either a single incident or multiple incidents. Each EMS provider will connect with their secondary dispatch to discuss if there are checks in place for situations where either more than one call comes from a highly populated area that has multiple patients (e.g. large music festival) or multiple calls are reported from a single scene (e.g. motor vehicle crash) where it may be difficult to determine how many patients are involved. Committee members will report back at the next meeting.

8. Case Review- Closed Session

9. 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 3:02 p.m.