Emergency Medical Services Council

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Quality Standards Committee

Tuesday, August 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. **Mike Morelock, North Memorial Ambulance Service (Chair)** 2. Anna DePompolo, MD, Minneapolis Children's Hospital 3. Marc Conterato, M.D., North Memorial Ambulance Service 4. Zach Finn, MD, North Memorial Health EMS 5. Kristie Royce, Hennepin EMS 6. Aaron Robinson, MD Hennepin EMS 7. Andrew Slama, Edina Fire EMS 8. Christie Traczyk, Allina Health EMS	1. John Berkholtz, Ridgeview Ambulance Service
Guests	**Staff**
1. Rickard Dahlo, Hennepin EMS	1. Kristin Mellstrom, Hennepin County Public Health

1. **Welcome and Introductions** – Chair Mike Morelock called the meeting to order at 1:30 p.m. with a quorum present.

2. Approval of today's agenda and prior meeting summary from May 7, 2024.

3. Review of Trauma Quality Assurance (QA) Data

Trauma QA metric:
N=agencies; n=total cases (patient ePCRs)

- Scene time of less than 10 minutes (yes/no)
  - Use At patient time to Departure from scene time
- Vitals are documented (yes/no) for: 1) heart rate; 2) blood pressure; 3) respiratory rate
- Glasgow Coma Scale (yes/no)
- Use usual exclusions for real outliers, report to 90th %ile, and exclude prolonged/delayed scene time if identified by crew
- 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.

Trauma Data	**Q1-2024**	**Q2-2024**
	N=4; n=555 (mm:ss)	N=3; n=1152 (mm:ss)
Weighted avg. time on scene, start= At Pt. time (mm:ss); N= agencies, n=total pts.	14:07	14:21
Avg. time on scene, start=At Pt. time (mm:ss) range	(13:37-19:06)	(13:06-15:14)
Median range	(13:41 to 23:36)	(12:47-15:31)
90th %ile range	(24.00 to 29:09)	(19:18-25:36)
Heart Rate recorded=yes (range)	98%	98-100%
Blood Pressure recorded=yes (range)	97%	96-100%
Respiration rate recorded=yes (range)	98%	99-100%
Glasgow Coma Score recorded=yes (range)	99%	100%

4. Stroke On Scene Time QA Data

N=agencies reporting; n=total cases (patient ePCRs)

- Hennepin County emergent transports only
- Transport Mode Descriptors = Lights and Sirens
- Primary Impression = CVA, TIA, or Stroke; not Intracranial Hemorrhage
- Use patient contact time that medics record and departure from scene time
- 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	Q2-2024
	N=4, n=288	N=3, n=242
	(mm:ss)	(mm:ss)
Weighted time on scene, start=At Pt. time; N=3	17:18	14:35
Avg. time on scene, start=At Pt. time (mm:ss) range	(16:00-18:20)	(12:48-16:04)
Median range	(16:46 to 18:42)	(14:52-15:23)
90th %ile Time on scene range	(21:48 to 25:59)	(20:00-23:05)
	Q1-2024	Q2-2024
Data received from these agencies for Trauma and Stroke metrics	Allina, HEMS, North, Ridgeview	Allina, HEMS, North

*The committee approved a change from “Scene time as noted on the data collection spreadsheet” to “At patient time” as the start time.

There was additional discussion about the rationale for changing “At patient” from “At scene” as the start time for the trauma metric. There was a proposal to include both times as the start time to include more information about the calls to ascertain if there are barriers for EMS to get to the patient, which can delay care, but may not be modifiable by EMS. The committee voted to keep the focus on the EMS time at patient rather than adding to time to reach the patient before care begins.

Staff noted that there have been previous discussions in this committee about doing a QI project to design public education messages about ways to reduce delays to patient care. For example, 9-1-1 callers can unlock doors, secure pets, make walkways accessible for crews and equipment whenever possible to reduce the time to reach the patient, which can be especially important for major trauma calls. A separate data collection effort to identify cases where delays in patient care occur, for what reasons, and if there are modifiable factors that could be addressed, could be added to this committee’s workplan now or in the future, if desired by the committee.

Action: A motion was made and seconded: Collect and report both At scene and At patient times as start times for the on scene time metric for trauma. After discussion, the committee voted 4 yes, 5 no to this motion, so the motion failed.

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

The EMS Medical Directors Committee is 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 considered moving 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, however, the data are reported annually, so quarterly reporting would not be possible from CARES data. Additional OHCA metrics will be discussed in the future as the EMS Medical Directors Committee OHCA project progresses.

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 NEMSIS/MNStar is a challenge. Some ePCR systems are highly customized and some are not, and multiple documentation options and data definitions among different providers and responders can lead to data that is inaccurate, incomplete, and unreliable. The committee decided to table this project until Mike and Kristin gather more information about MNStar data requirements and mapping and the future capacity of the data manager at the EMSRB to assist with data transfers. Chief Slama also offered assistance on this; he serves on the MN Emergency Medical Services Delivery and Sustainability Task Force so he's involved in discussions about data integrity at the state level, including discussions about MN Star data collection.

7. **Case Review**- No incident reports received

8. **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 2:12 p.m.