Emergency Medical Services Council

Health Services Building – MC L963
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Quality Standards Committee
Thursday Sept. 4, 2025, 3:00 p.m. – 4:00 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. Kristie Royce, Hennepin EMS 3. Shaun White, Edina Fire EMS 4. Christie Traczyk, Allina Health EMS 5. John Berkholtz, Ridgeview Ambulance Service 6. Aaron Robinson, MD Hennepin EMS 7. Nick Maleska, MD, Allina Health EMS 8. Zach Finn, MD North Memorial Health Ambulance Service	
Guests	**Staff**
1. Dylan Ferguson, Director, Office of EMS 2. Joey Duren, MD, Allina Health EMS Medical Director	3. Kristin Mellstrom, Hennepin County Public Health

1. Welcome and Introductions – Chair Mike Morelock called the meeting to order at 3:01 p.m. with a quorum present.

2. Approval of today's agenda and prior meeting summary from May 6, 2025.

3. Use of MNStar Data for EMS Council Performance Measures – Guest: Dylan Ferguson

Dylan pulled a sample report from MNSTAR for the stroke performance metric using the following filters for all five EMS Providers:

- eResponse.05=Emergency Response
- eScene.21=Hennepin
- eSituation.11 (Primary Impression)= I63.9 Neurological – Stroke/CVA including Cerebrovascular Disease, unspecified; Intracranial-Stroke (CVA) Hemorrhage; Neurological – Stroke/CVA; Neurological – TIA
- eDisposition.18 = Lights and Sirens
- eTimes.07 (arrived at patient time)=
- eTimes.09 (incident unit left scene)=

Dylan noted that when I67.9 (CVA, unspecified), was included in e.Situation.11, about 25 additional cases were included per quarter, which appeared to be more accurate for overall stroke primary impressions for one of the five EMS Providers that had zero without including CVA, unspecified.

QTR	Cases	Cases with I67.9 Added
2024Q1	**282**	**309**
2024Q2	**231**	**252**
2024Q3	**301**	**338**
2024Q4	**265**	**285**
2025Q1	**249**	**277**
2025Q2	**251**	**278**

Of note, the validation scores in MNSTAR are all very high for the fields listed above for the five EMS Providers on this committee.

For comparison, the Quality Standards Committee collected the following data for stroke cases for four and three Providers per quarter, respectively:

Stroke Data	Q1-2024	Q2-2024
	N=4, **n=288 cases** Allina, HEMS, North, Ridgeview	N=3, **n=242 cases** Allina, HEMS, North

Concerns were raised that each EMS Provider has a different level of customization in their ePCRs and resources to work with data that's being sent to MNSTAR. For the stroke performance measure, MNSTAR data fields are quite straightforward. However, for the trauma measure, because there are so many possible ICD-10 codes that could be used for a patient with a primary impression of trauma, it would be difficult to use MNSTAR data without missing a large number potential trauma patients.

Dylan offered two possible ways to address the challenges of using MNSTAR data for the trauma

metric. 1) The committee could review one to two years of data with all primary impressions that were listed for lights and sirens calls in Hennepin County then choose all the relevant primary impressions to include for trauma performance data; or 2) Use the BioSpatial search tool for all fields that are included as trauma syndrome cases. Use of the BioSpatial search would require significantly more resources of the OEMS, so that would be an option if the committee is really interested in pursuing that project; it would also be billed to Hennepin County Public Health due to the resources needed to set the connection between different databases.

In the next quarter, the committee will review the trauma primary impression "pick list" to identify which codes this group could agree would be included in a trauma performance measure. The group acknowledged that the current trauma performance metric uses each Provider's definition of a trauma case based on its own protocols. It may be that MNSTAR data won't be capable of accounting for these unique protocol-based definitions of a primary impression of trauma, so the committee may choose to continue having each EMS Provider send its data to Public Health to compile and report rather than moving to MNSTAR data for this metric.

4. **Out of Hospital Cardiac Arrest (OHCA) Care QA Metric for EMS**
   The EMS Medical Directors Committee will decide on an OHCA Measure at its Sept. meeting and will move it to the EMS Council for approval in October.

5. **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 4:14 p.m.