



METROPOLITAN EMERGENCY SERVICES BOARD EMS TECHNICAL OPERATIONS COMMITTEE

June 20, 12:00 P.M.

- 1) **Call to Order** –Chair, Brian Fisher

- 2) **Approval of Agenda** – Fisher

- 3) **Approval of Minutes of Previous Meeting (Page 2)** – Fisher

- 4) **Action Items**
 - a) EMSRB Representative to the EMS TOC
 - b) Review By-Laws/Compact (**Page 4**)- Fisher

- 5) **Discussion Items**
 - a) Presentation-
 - b) EMSRB– Guiton
 - c) MESB Update – Hayes/Rohret
 - i) Web Site update- <https://emsmn.org>
 - ii) EMS Regional Training
 - iii) EMS Sustainability Grant Update
 - iv) EMSRB FY2022-2023 EMS grants & Training update
 - v) MMRTAC Update
 - vi) Leadership Class for TOC and EP.
 - ci) EMS Emergency Preparedness Subcommittee – Lupkes
 - i) EP Workgroups- Lupkes
 - cii) Local EMS Updates
 - ciii) Other Updates

- 6) **Other Business**
 - a) Review of EMS Field Day- Tent Set up drill

- 7) **Adjourn**

2023 Next Meeting

EMS TOC Executive Committee- September 5, December 5
EMS TOC (Full Committee)- September 19, December 19

**Metro Region EMS System
EMS Technical Operations Committee
March 21, 2023
No Quorum**

Members:

Allina Health EMS – Kevin Miller	Mahtomedi Fire - absent
Anoka County - Terry Stoltzman	Maplewood Fire - absent
Burnsville - absent	Mdewakanton Fire & EMS - Mark Weiberg
Carver County - absent	Medical Director, East - absent
CentraCare - absent	Medical Director, West - Nick Simpson/John Hick
Chisago County - absent	Minneapolis Fire - absent
Cottage Grove EMS - Jon Pritchard	Northfield EMS - Brian Edwards
Dakota County - absent	North Memorial Ambulance - absent
Edina Fire – Ryan Quinn	Oakdale Fire - absent
Elk River Ambulance - absent	Ramsey County - absent
Gold Cross, St. Cloud - absent	Ridgeview EMS – Joe Dibenedetto
Hastings Fire - absent	St. Paul Fire - absent
HealthPartners Transportation - Brian Fisher	Scott County - absent
Hennepin County - Marcie Shaughnessy	Sherburne County - Adam Boler
Hennepin EMS - Tyler Lupkes, Chair	South Metro Fire - absent
Isanti County - absent	University of MN EMS - absent
Lakes Region EMS - absent	Washington County - absent
Lakeview EMS - absent	White Bear Lake Fire - Joel Schmidt
Lower St. Croix - absent	Woodbury Public Safety - absent
M Health Fairview - Nick Lesch	

MESB Staff: Greg Hayes, Jill Rohret, Martha Ziese

Guests: Chief David Brosnahan; *Roseville Fire*, Neil Sjostrom *Roseville Fire*

1. Call to Order @ 12:01 PM - No Quorum

2. Approval of December 20, 2022 Agenda - delayed

Dr. Nick Simpson was moved to the first item under Discussion Items.

3. Approval of past 2022 Minutes - delayed

4. Action Items

A. EMSRB Representative to the EMS - delayed

5. Discussion Items

A. Good Sam Presentation – Dr. Nick Simpson

B. Presentation on Roseville Fire EMS/ALS – Chief David Brosnahan

Brian Edwards asked how the differences were reconciled between the Standards of Care and how do you define the process when Fire/Medic transitions their care to transport?

Neil Sjostrom said their team goes through the protocols to find the differences. There are not many. The hand off has been the same for a long time. Once the transport is activated, that patient is theirs. In-field collaboration is key and has worked very well.

C. EMSRB

Kevin Miller
Data Policy committee
Nicole Linus has been hired

D. MESB Update

Greg Hayes the MESB has approved the conceptual grant plan FY 24-25. Base funding is the same – no increases There is a potential \$100,000.00 for the region.
system main
operational pieces

3 main grant streams: EMS support, VTR extra dollars, seatbelt.
Hayes said that after checking with MDH if equipment was purchased prior to September 2022 to just last week when the grant window closed it is not eligible for reimbursement.

Jill Rohret said even if there was a sub-grant agreement with the MESB previously, if over \$10,000.00, let Greg Hayes know. Send Hayes the invoice. MDH has a new portal that is still not fully functioning.

Hayes said the MESB will not purchase or hold Narcan. This is only a public safety grant.

Hayes said the MMRTAC meets next week. The intent is to participate again at the 2023 state fair with the Stop the Bleed campaign.

Hayes said the NIMS 300 and 400 classes had to be cancelled to instructor schedule. Approval was given for a one-day Team Building Leadership course taught by the Prouty Project.

Rohret said there is legislative activity for CAD-to-CAD funding but there is no funding yet. There is a possibility of the EMS funding will be included in an omnibus bill.

Staffing changes

Core Services RFP

DPS and SECB governance language work continues. Ties into change management

E. EMS Emergency Preparedness Subcommittee

Tyler Lupkes said the EP Committee met on March 7. There was no quorum/action items.
Discussions included the Cannon Falls exercise and the May 2 Regional Healthcare exercise.

Lupkes reminded members to get resource requests in for deployable equipment prior to the summer rush of events.

F. Local EMS Updates

6. Other Business

A. Metro Region Hospitals Surge Exercise - May 2, 2023

7. Adjournment 1:45 p.m.

BYLAWS
OF THE
METROPOLITAN EMERGENCY SERVICES
BOARD (MESB)
METRO REGION EMS SYSTEM TECHNICAL
OPERATIONS COMMITTEE

SECTION 1: COMPOSITION

There shall be an MESB Emergency Medical Services Technical Operations Committee (EMS TOC) composed of the one representative and one alternate from each of the following in the Metro Region:

- Licensed providers of ALS or BLS 9-1-1 Emergency Response or Critical Care Transport/ Helicopter Response based in the Metro Region
- Fire first responder from each of the cities of the first class
- Fire first responder from Metro Fire Chief's
- Law enforcement first responder from each of the cities of the first class
- Law enforcement first responder from Metro Cities
- Public health representative of each county member of the MESB joint powers agreement as recommended by each county board of commissioners
- Ambulance medical director representing East Metro ambulance services, nominated by East public health representatives
- Ambulance medical director representing West Metro ambulance services, nominated by West public health representatives
- East \ Medical Resource Control Center (MRCC)
- West Medical Resource Control Center
- Metro Region Health Care Preparedness Coordinator (RHPC)
- Chair of the EMS Emergency Preparedness Subcommittee, or designee.
- Emergency Medical Services Regulatory Board

Ex officio members may be added at the discretion of the EMS TOC.

For the purpose of this committee the metro region consists of representatives from each county party to the Joint Powers Agreement for Metropolitan Emergency Services Board.

Each agency eligible for representation may, at its option, nominate a representative to the EMS TOC. Agency nominations must certify that the individual or group making the nomination has the authority to do so.

An agency may change representatives at any time, provided the new representatives meet the membership requirements.

Agencies choosing not to nominate representatives shall not be counted when calculating the quorum necessary to conduct business (see Section 7). Alternates shall have the same voting rights as the representative for whom they are appointed to serve as an alternate.

At the last EMS TOC meeting of the odd-numbered calendar years, at which regular business transactions are conducted, a Chair and a Vice Chair shall be elected.

One of the two executive officers shall be a representative from an agency serving the counties of Anoka, Carver, Hennepin, Scott, and Sherburne and the other shall be a representative from an agency serving the counties of Chisago, Dakota, Isanti, Ramsey, and Washington.

Each officer elected and approved by the Board shall serve for a period of two years, starting on January 1 of the following year and shall be eligible for re-election for successive two-year terms.

In the event the Chair resigns prior to the end of the term of office, the Vice Chair will assume the Chair position for the remainder of the term and a special election for Vice-Chair will occur at the next meeting of the EMS TOC. In the event the Vice Chair resigns prior to the end of the term of office, a special election to fill the position will take place at the next meeting of the EMS TOC.

SECTION 2. CHAIR

The EMS TOC shall recommend to the Board for approval at its annual organizational meeting, a Chair of the committee. The EMS TOC Chair shall preside at all meetings of the EMS TOC and perform the usual duties of a Chair. The Chair shall attend meetings of the Board upon request.

SECTION 3. VICE CHAIR

The EMS TOC shall recommend to the Board for approval at its annual organizational meeting, a Vice Chair of the committee. The Vice Chair shall perform the duties of the Chair in the absence of the Chair or in the event of his or her inability or refusal to act.

SECTION 4. POWER AND DUTIES

The purpose of the MESB EMS TOC is to support EMS agencies within the Metro Region by:

1. Providing an informational network for EMS agencies
2. Encouraging decisions and planning to achieve greater levels of systems interoperability
3. Promoting best practices improve quality of care of Emergency Medical Services.
4. Pursuing strategic grant opportunities for the metro EMS system
5. Advising the Metro Region EMS System Coordinator and the MESB on matters of EMS policy, procedure, and technology
6. Promoting the sharing of resources, best practices, standards, and policies.

The EMS TOC shall have the powers necessary and appropriate to effectively carry out the directives of the Board. The EMS TOC shall recommend to the Board the actions needed for the coordination and improvement of emergency medical services within the Metro Region. The EMS TOC shall perform other such duties as may be prescribed by the Board, including:

1. Developing a work plan for the EMS activities listed in 144E.50 Subd. 5 for state funding:
 - a. Personnel training
 - b. Transportation coordination
 - c. Public safety agency cooperation
 - d. Communications system maintenance and development
 - e. Public involvement
 - f. Health care facilities involvement
 - g. System management
2. Recommending EMS items for review and approval by the MESB.

All meetings of the EMS TOC shall be held in accordance with the Minnesota Open Meeting Law, Minn. Stat. 13D.

SECTION 5. VOTING

Each member of the EMS TOC may cast one vote on any motion before the committee. A simple majority vote of the members present shall be required to pass any motion. Voting can be either by voice or roll call provided that a roll call vote may be called for by any member of the Radio Technical Operations Committee. Absentee or proxy voting is not permitted.

The designated alternate representative for each member may vote on behalf of the member in the event the member is unable to attend the meeting, but in no event will any individual member or designated representative be entitled to more than one vote.

SECTION 6. MEETINGS

The EMS TOC shall agree to a time and place for holding regular meetings of the EMS TOC; notice of regular meetings shall be given to each member of the EMS TOC at least five days prior to such meeting.

Special meetings of the EMS TOC may be called by or at the request of the Chair, or in the Chair's absence the Vice Chair, or any two members provided that at least three (3) days' notice be given to each member of the Committee and otherwise comply with provisions of open meeting law.

SECTION 7. QUORUM

A simple majority of the total voting members of the EMS TOC shall constitute a quorum for the transaction of business at any noticed meeting.

SECTION 8. ATTENDANCE

EMS TOC members or their alternates must attend no less than 75% of all meetings held within a calendar year. The EOC TOC leadership will monitor attendance on an annual basis. If an eligible agency holding a voting seat on the EMS TOC does not meet the minimum attendance requirement, the agency's membership will be changed to non-voting status until the minimum attendance requirement is met, at which time, the agency's membership will be automatically reinstated to full voting status. This amendment is effective June 1, 2016.

SECTION 9. MEDICAL DIRECTOR

The physician representatives on the committee function as the medical directors for the Board and EMS TOC.

SECTION 10. METRO REGION EMS SYSTEM REPRESENTATIVE ON THE MINNESOTA EMS REGULATORY BOARD

The Metro Region EMS System Representative shall be recommended by the EMS TOC to the Board for submission to the Secretary of State for appointment. Members of the Board, the EMS TOC and/or its subcommittees are eligible to serve as the Metro Region EMS System's representative on the EMS Regulatory Board. The representative shall serve as an ex officio

member of the EMS TOC unless already designated a member of it. This appointment shall be reviewed on an annual basis by the EMS TOC.

BYLAWS OF THE
METRO REGION EMS SYSTEM EXECUTIVE
COMMITTEE

SECTION 1: COMPOSITION

The EMS Executive Committee shall be composed of:

- Chair of the EMS Technical Operations Committee (EMS TOC)
- Vice Chair of the EMS TOC
- Chair of the EMS Emergency Preparedness Subcommittee
- Public Health representative serving on the EMS TOC appointed by the EMS TOC

SECTION 2. CHAIR

The Chair of the EMS TOC shall serve as the Chair of the Executive Committee. The Chair shall preside at all meetings of the EMS Executive Committee and perform the usual duties of a Chair.

SECTION 3. VICE CHAIR

The Vice Chair of the EMS TOC shall serve as the Vice Chair of the Executive Committee. In the absence of the Chair, or in the event of the Chair's inability or refusal to act, the Vice Chair shall perform the duties of the Chair.

SECTION 4. POWER AND DUTIES

The purpose of the EMS Executive Committee is to improve emergency medical services within the Metro Region, by:

1. Approving actions which need to be taken more quickly than the EMS TOC could be convened.
2. Ensuring that work of all subcommittees and the EMS TOC are coordinated and progressing in a timely manner.
3. Collaborate with MESB staff in developing agendas for, and preparing minutes from, EMS TOC and EMS Executive Committee meetings.
4. Working with MESB staff to assure attendance and quorum requirements are enforced.
5. Monitoring financial reports for revenues and expenditures.
6. Working with MESB staff to assure audit compliance with 144E.50 Subds. 4 and 6.

The Executive Committee shall have the powers necessary and appropriate to effectively carry out its work.

All meetings of the EMS Executive Committee shall be held in accordance with the Minnesota Open Meeting Law, Minn. Stat. 13D.

SECTION 5. VOTING

Each member of the EMS Executive Committee may cast one vote on any motion before it. A simple majority vote of the members present shall be required to pass any motion. The

designated alternate representative for each member may vote on behalf of the member in the event the member is unable to attend the meeting, but in no event will any individual member or designated representative be entitled to more than one vote. Absentee or proxy voting is not permitted.

SECTION 6. MEETINGS

The EMS Executive Committee shall agree to a time and place for holding regular meetings of the EMS Executive Committee; notice of regular meetings shall be given to each member of the Committee at least five days prior to such meeting.

Special meetings of the Committee may be called by or at the request of the Chair, or in the Chair's absence the Vice Chair, or any two members provided that at least three days' notice be given to each member of the Committee and otherwise comply with provisions of open meeting law.

SECTION 7. QUORUM

A simple majority of the total voting members of the Committee shall constitute a quorum for the transaction of business at any meeting of the EMS Executive Committee.

SECTION 8. ATTENDANCE

EMS Executive Committee members or their alternates must attend no less than 75% of all meetings. If an Executive Committee member does not meet the minimum attendance requirement, the member and alternate will be replaced at the next EMS TOC meeting. This amendment is effective June 1, 2016.

BYLAWS
OF THE
METRO REGION EMS SYSTEM
EMERGENCY PREPAREDNESS
SUBCOMMITTEE

SECTION 1: COMPOSITION

The EMS Emergency Preparedness Subcommittee shall be composed of one seat for each of the following:

- Licensed providers of ALS or BLS 9-1-1 Emergency Response or Critical Care Transport/ Helicopter Response based in the Metro Region
- Non-EMS fire first responder from metro region cities of the first class
- Non-EMS law enforcement first responder from metro region cities of the first class
- EMS Communications Centers, such as public safety answering points (PSAPs), emergency communications centers (ECCs), and medical resource control centers (MRCCs).

Each agency eligible for representation may, at its option, nominate a representative and alternate to the EMS Emergency Preparedness Subcommittee. Agency nominations must certify that the individual or group making the nomination has the authority to do so. Alternates shall have the same voting rights as the representative for whom they are appointed to serve as an alternate.

Nominations are reviewed by the EMS Executive Committee and submitted to the EMS Technical Operations Committee (TOC) for approval.

A licensed EMS provider agency may change representatives at any time, provided the new representatives meet the membership requirements and are approved by the EMS TOC.

Resignation of a non- licensed EMS provider seat creates a vacancy which will be filled by solicitation of nominations from all eligible agencies and are approved by the EMS TOC. Agencies choosing to not nominate representatives shall not be counted when calculating the quorum necessary to conduct business (see Section 7).

In addition, there shall be alternates appointed for each representative to the EMS Emergency Preparedness Subcommittee.

Appointments will begin on January 1 of each calendar year and shall continue indefinitely.

At the first Subcommittee meeting of each calendar year at which regular business transactions are conducted, there shall be elected from within the membership of the Subcommittee a Chair and a Vice Chair. Each officer elected shall serve for a period of one year and shall be eligible for re-election for successive one-year terms.

SECTION 2. CHAIR

The Chair shall preside at all meetings of the EMS Emergency Preparedness Subcommittee and shall perform duties as prescribed by the EMS Emergency Preparedness Subcommittee from time-to-time and as approved by the EMS TOC and MESB.

SECTION 3. VICE CHAIR

In the absence of the Chair, or in the event of the Chair's inability or refusal to act, the Vice Chair shall perform the duties of the Chair.

SECTION 4. PURPOSE, POWERS AND DUTIES

The purpose of the Metro Region EMS Emergency Preparedness Subcommittee is to support EMS agencies through collaborative effort with MESB representatives. This is accomplished by:

1. Developing and maintaining a work plan for emergency preparedness, for recommendation to EMS TOC.
2. Provide workgroups on education/ research, communications, equipment, disaster compact and emergency operations. The Emergency Preparedness Subcommittee may form other workgroups as they determine a need exists.
3. Promoting the exchange of information, experience and concepts related to operations.
4. Encouraging decisions and planning to achieve greater levels of systems interoperability among agencies, jurisdictions and public safety disciplines.
5. Promoting operational best practices as a means to improve quality.
6. Reviewing and recommending policy procedure, standard and best practice for EMS to governing entities in both the Metro Region and the State of Minnesota.
7. Coordinating emergency response strategies and tactics for major incidents and events through the Metro Region EMS Emergency Operations Center (EOC), the EMS EOC will operate within a Multi-Agency Coordination structure with other agencies throughout the Metro region and the State of Minnesota.
8. Providing assistance with mitigation, preparedness, response, and recovery activities.
9. Developing plans for the distribution of regional assets and maintaining inventories.
10. Providing guidance and planning for the use of accepted grant funds.
11. Advising the MESB EMS Coordinator and the MESB EMS TOC on matters of policy, procedure, and technology.

The EMS Emergency Preparedness Subcommittee shall have the powers necessary and appropriate to effectively carry out the directives of the EMS TOC and the MESB, as specified in the EMS Emergency Preparedness Subcommittee Work Plan or as directed by the EMS TOC or Board.

The EMS Emergency Preparedness Subcommittee shall perform other such duties as may be prescribed by the Board.

The EMS Emergency Preparedness Subcommittee shall not exercise independent authority or powers without specific direction and approval of the EMS TOC and the MESB, beyond those in its work plan.

EMS Emergency Preparedness Subcommittee members shall not hold themselves out as representing EMS Emergency Preparedness Subcommittee, EMS TOC, or MESB views without prior consent of the EMS Emergency Preparedness Subcommittee, EMS TOC, or MESB.

SECTION 5. VOTING

Each member of the EMS Emergency Preparedness Subcommittee may cast one vote on any motion before it. A simple majority vote of the members present shall be required to pass any motion. The designated alternate representative for each member may vote on behalf of the member in the event the member is unable to attend the meeting, but in no event will any individual member or designated representative be entitled to more than one vote. Absentee or proxy voting is not permitted.

SECTION 6. MEETINGS

The EMS Emergency Preparedness Subcommittee shall agree to a time and place for holding regular meetings; notice of regular meetings shall be given to each member of the Subcommittee at least five days prior to such meeting.

Special meetings of the Subcommittee may be called by or at the request of the Chair, or in the Chair's absence the Vice Chair, or any two members provided that at least three days' notice be given to each member of the Subcommittee.

All meetings of the EMS Emergency Preparedness Subcommittee shall be held in accordance with the Minnesota Open Meeting Law, Minn. Stat. 13D.

SECTION 7. QUORUM

A simple majority of the total members of the EMS Emergency Preparedness Subcommittee shall constitute a quorum for the transaction of business at any meeting of the EMS Emergency Preparedness Subcommittee.

SECTION 8. ATTENDANCE

EMS Emergency Preparedness Subcommittee members or their alternates must attend no less than 75% of all meetings held in a calendar year. The EMS EP Committee leadership as well as the EOC TOC leadership will monitor attendance on an annual basis. Failure to meet this requirement will be treated as resignation of the seat.

Elimination of Emergency Department Ambulance Divert During the COVID-19 Pandemic Did Not Increase the Average Number of Ambulance Arrivals Per Day

Kurt Isenberger, MD; Jen Moberg, MPA, BSN; Matt Milder, NRP; Aaron Burnett, MD
Emergency Medicine Department, Regions Hospital, HealthPartners

INNOVATIVE DESCRIPTION

During the COVID-19 pandemic, ambulance diversion reached critical levels. We hypothesized that eliminating ambulance diversion would not increase the average number of daily ambulance arrivals.

OBJECTIVE

To quantify the EMS and ED impact of eliminating ambulance diversion during the COVID-19 pandemic.

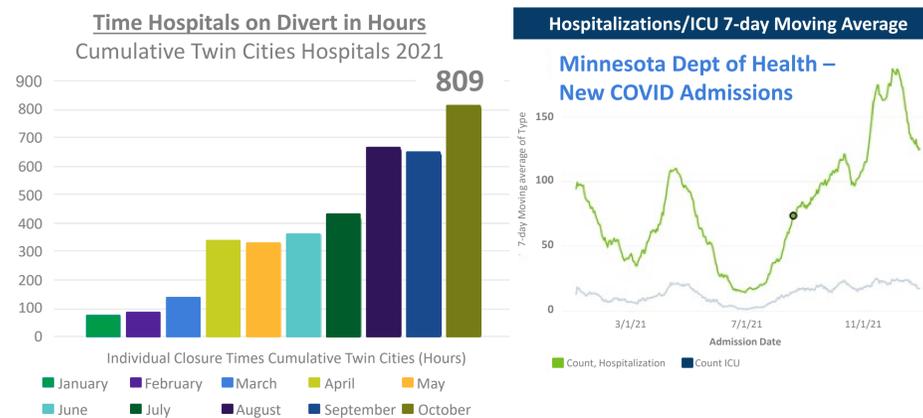
METHODS

Regional Hospital diversion data were obtained for the Minneapolis/St. Paul, Minnesota metro area from MNTrac, a state supported online system designed to allow hospitals to indicate their divert status to EMS. ED metrics are reported for a single, Level 1 Trauma Center and were obtained by a deidentified data abstraction from our electronic medical record. The data cover the three months with the highest diversion utilization (October – December 2021) and the 12 months following diversion elimination.

2021) and the 12 months following diversion elimination.

Plan-Do-Study-Act Record		Date: 12/8/2021	EMPAC
<p>Act</p> <p>Ending East Metro ED Diversion Description: The Metro EMS region of MN will discontinue ambulance diversion on 1/3/22. Compiled by:</p>			
<p>PLAN</p> <p>Questions: What do we want to know? How does this affect ED volumes (wait times, boarding numbers, # ambulances arriving)? How does this affect EMS turnaround times (are medic rigs getting stuck waiting in bays to offload patients due to capacity constraints)? Are there any adverse effects for patients? Predictions: What do we think will happen?</p> <p>Plan for change or test: Who, what, when, where. What are we going to do to make our test happen?</p>			
Area	Measure	Definition	Measure Type
Emergency Department	ED Wait Times	1) Average Door to Room Times by Arrival Method (Ambulance vs. Non-Ambulance) 2) Average Door to Room Times for ESI Level 2 Patients	Balancing Measure
	ED Admission Rates	Average Admission Rates by Ambulance Arrival Patients	Balancing Measure
	# Ambulances Arriving	# Ambulances Arriving by Day by Hour	Process Measure
	Patients Boarding in ED	# of Patients Boarding per Day @ TAM by Mental Health and MedSur	Balancing Measure
Patient Safety	Placement of EMS patients	1) # of ambulance patients initially placed in triage 2) # patients placed in hallway bed during ED visit by arrival method	Outcome Measure
	Patients that Left Without Being Seen	% of patients that left without being seen	Balancing Measure
Patient Safety	EMS Turnaround Times	Average time between arrival to emergency department and back in service status	Process Measure
	Adverse Patient Safety Events (Safety Event Reporting System)	1) # ED Safety Events 2) Door to balloon time for STEMI patients (P11 System Pre-hospital STEMI) 3) Door to CT time for stroke patients arriving by ambulance 4) # Code Behavior Health Emergency (Ex. Code Purple) *Potential Separation or Door to Antibiotics	Outcome Measure
Patient Safety	Impacts on admitting units	# days requiring an evening bed meeting to place ED patients on inpatient units	Balancing Measure

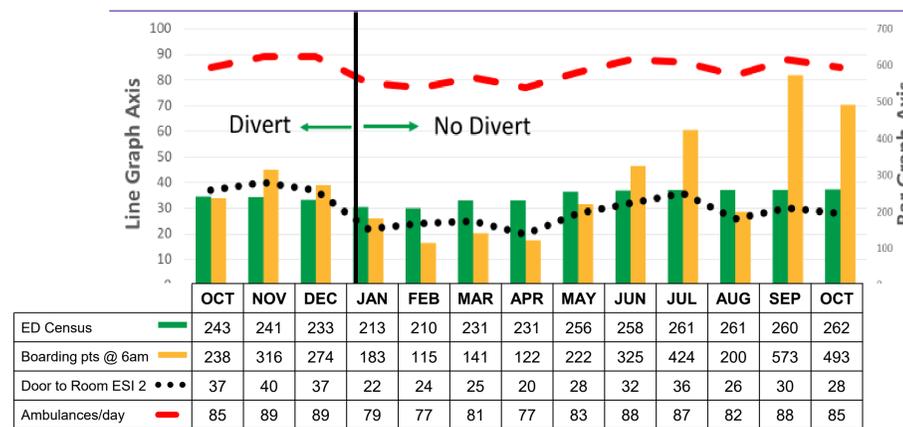
Divert vs COVID Hospitalization Rate



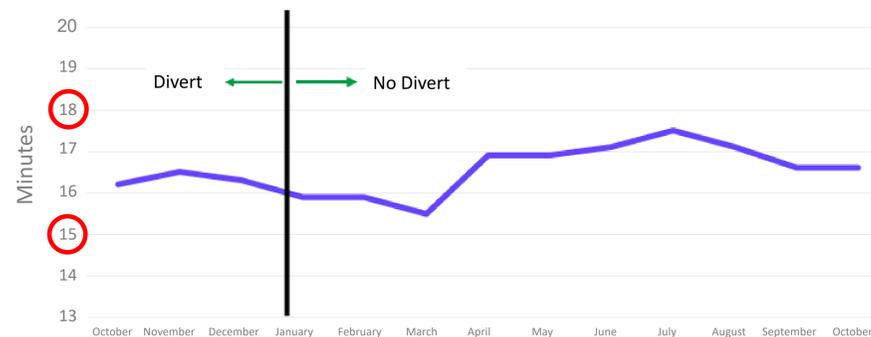
RESULTS

Regional utilization of ambulance diversion increased by 859% from January to October 2021 when 355 individual diversion events occurred. These events encompassed a total of 809 hours (34 days). In the 12 months following the elimination of diversion, there was no increase in mean ambulance arrivals per day (84/day 2021 vs 83/day 2022, range 77-87/day), arrival to room time for high acuity patients (28 min/2021 vs 28 min/2022, range 20-36 min) or time to obtain emergent head CT in acute “code stroke” patients (12 min/2021 vs 12 min/2022, range 9-14 min).

ED Metrics October 2021 – October 2022



EMS ED Turnaround Time by Month



CONCLUSIONS

Elimination of ambulance divert **did not** increase the number of mean daily ambulance arrivals, prolong EMS turnaround time, delay high acuity patients from being placed in a bed or prolong time to head CT in stroke code patients.

CONFLICTS

No financial conflicts of interest to disclose.