



Emergency Medical Services Council

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Draft Summary HENNEPIN COUNTY EMS COUNCIL October 1, 2026 – 3:00-4:00 p.m.

Online at: [Emergency medical services regulation | Hennepin County](#)

1. Welcome and introductions. EMS Council Chair, Susan Long, called the meeting to order at 3:06 p.m. with a quorum present.

EMS Council membership attendance

Elected Officers of the EMS Council

1. Chairperson: Susan Long (Allina Health EMS) first term ends in April 2026 - Present
2. Vice Chairperson – Peter Tanghe, MD (North Memorial Health Ambulance Service) - Present

EMS Council Executive Committee Chairpersons

3. EMS Medical Directors Committee Chair – Peter Tanghe, MD (North Memorial Health Ambulance)- Present
4. Medical Care and Standards Committee Chair – Nick Simpson, MD (Hennepin EMS) – Present- Present
5. Operations and System Communications Chairperson – Tony Martin (Hennepin County Sheriff's Office) - Present
6. Quality Standards Committee – Michael Morelock (North Memorial Health Ambulance) - Present
7. Ambulance Service Personnel Subcommittee of the EMS Medical Directors Committee - Vacant

Healthcare systems in Hennepin County that operate at least one 24-hour emergency department or stand-alone ED and operate a 9-1-1 EMS Provider with a Primary Service Area (PSA) in Hennepin County (one vote per system, with an emergency physician serving as either the regular or alternate representative; two-year rotation is optional, at the discretion of each healthcare system)

8. Allina Health Hospitals – Megan Elsenheimer Plutt, DO (reg.) - Present; and Wendy Baumgardt (alt.)
9. Hennepin Healthcare HCMC – Vacant (reg.); and Gregg Jones, MD (alt.)-Absent

10. North Memorial Health Hospital – John Lyng, MD (reg.) – Present; and Elizabeth Robinson, MD (alt.)

Healthcare systems in Hennepin County that operate at least one 24-hour emergency department or stand-alone ED (one vote per system, with an emergency physician serving as either the regular or alternate representative; two-year rotation is optional, at the discretion of each healthcare system)

11. Children’s MN – Emma Fisher, MD (reg.) – Present; and David Hirschmann, MD (alt.)
 12. MHealth Fairview – Nik Vuljaj, MD (reg.) – Absent; and (alt.) Robert Tanyoue, MD (alt.) Absent
 13. HealthPartners Methodist Hospital – Jill Donofrio, DO (reg.) – Absent; and Megan Grewe (alt.) – Absent

Healthcare systems that operate at least one 24-hour emergency department or stand-alone ED outside of Hennepin County and operate a 9-1-1 EMS Provider with a PSA in Hennepin County (one vote per system, with an emergency physician serving as either the regular or alternate representative; two-year rotation is optional, at the discretion of each healthcare system)

14. Ridgeview Medical Center – Mike Perlmutter, MD (reg.) – Absent; Vacant (alt.)

EMS Providers with a PSA in Hennepin County and licensed to operate 9-1-1 service
Two-year rotation is optional, at the discretion of each EMS Provider

Allina Health EMS

15. EMS Medical Director – Charles Lick, MD – Absent
 16. Administrator – Vacant

Edina Fire EMS

17. EMS Medical Director – Paul Nystrom, MD - Absent
 18. Administrator – Shaun White - Present

Hennepin EMS

19. EMS Medical Director – Nick Simpson, MD – Present
 20. Administrator – Marty Scheerer - Present

North Memorial Health Ambulance Service

21. EMS Medical Director - Peter Tanghe, MD - Present
 22. Administrator - Brent Custard - Present

Ridgeview Ambulance Service

23. EMS Medical Director – Autumn Ties, MD - Absent
 24. Administrator – Mark Anderson – Present

Additional Representatives

Two-year rotation is recommended for the following seats

25. Paramedic (employed at a licensed 9-1-1 EMS Provider with a PSA in Hennepin County)
Jeremiah Steele, EMT-P (Edina Fire EMS) - Absent
26. Paramedic (employed at a licensed 9-1-1 EMS Provider with a PSA in Hennepin County)
Angela Pesta, EMT-P (Hennepin EMS) - Absent
27. Ambulance Dispatch Center (at a licensed 9-1-1 EMS Provider with a PSA in Hennepin County)
Victoria Vadnais (Allina Health EMS) - Present
28. Primary Public Safety Answering Point (PSAP) in Hennepin County
Tony Martin (Hennepin County Sheriff's Office) first term ends April 2026 - Present
29. West Medical Resource Control Center (West MRCC)
Dan Klawitter - Present
30. Hennepin County Chiefs of Police Association
Vacant
31. Hennepin County Fire Chiefs Association
Vacant
32. Public representative without EMS industry affiliation (either a resident of Hennepin County or an employee of a public health department in Hennepin County)
Cynthia Myntti (Hennepin County resident) - Present
33. A representative from organized labor representing hospital-based EMS
Vacant
34. A representative from organized labor representing firefighters
Sam Erickson (Hennepin County Assoc. of Paramedics and EMTs [HCAPE]) - Absent
35. Hennepin County Director of Public Health Dept. (non-voting, ex-officio member)
Sara Hollie – Present

Guests:

David Schmoyer (North Memorial Health Hospital, Director of System Emergency Services Operations); Tyler Lupkes (Hennepin County EMS Battalion Chief; Metro Emergency Services Board EMS Technical Operations Committee and Emergency Preparedness Committee Chair); Jon Pritchard (Chief, Cottage Grove Fire Dept.); Stephanie Abel (Hennepin County Public Health, Deputy Director)

Staff: Kristin Mellstrom (Hennepin County Public Health)

2. **Action:** Approval of today's agenda – **Approved**
3. **Action:** Approval of meeting summary from April 2, 2026 – **Approved**
4. **Action:** Approval of EMS Council and committee nominations – **Approved**

Nominations- **All approved unanimously**

EMS Council

- Charles Lick, MD for vacant EMS Medical Director rep at Allina Health EMS; Admin. rep. is vacant
- Mike Perlmutter, MD to replace Scott Joing, MD as primary rep. for Ridgeview Hospital; Admin. rep is vacant

EMS Medical Director Committee and Medical Care and Standards Committee

- Charles Lick, MD for vacant EMS Medical Director rep at Allina Health EMS

Operations and Communications Committee

- Brent Custard to replace Tony Ebensteiner as the North Memorial Health Ambulance data quality rep.

5. New Business

- a. **Action:** Updated EMS Council Communication Plan – **Approved unanimously**
See below
- b. **Action:** 2027 Work Plan – **Approved unanimously**
See below
- c. **Action:** 2027 Meeting Calendar – **Approved unanimously**

2027 Meeting Calendar

Meetings are held online; meeting schedules or location are posted on the [EMS Council website](#) or email chd.ems@hennepin.us for meeting details. Meeting dates and times change, so please email for confirmation of the meeting if you do not receive a calendar invitation and plan to attend.

- **EMS Council** 3:00-4:00pm, 1st Thursday of April and Oct.
- **Executive Committee** 1:00-2:00pm, 2nd Monday of March-June-Sept.-Dec.
- **EMS Medical Directors** 9:30-10:30am, 4th Friday of each month
- **Operations and Communications Committee** 9:30-10:30am, 2nd Tuesday of Jan.-April-July-Oct.
- **Quality Standards Committee** 1:30-3:00pm, 1st Tuesday of Feb.-May-Aug.-Nov.
- **Medical Standards Committee** 10:30-11:30pm after the EMS Medical Directors mtg in March-June-Sept.-Dec.; meetings are held as needed

Ambulance Service Personnel Subcommittee – Meetings TBD, when a minimum for a quorum is nominated and can be assembled

6. Old Business

None

7. Presentation - Metro Out-of-Hospital Blood Administration Task Force – Jon Pritchard, Chief, Cottage Grove Fire and Prehospital Blood Administration Task Force Chair for the MESB

- Chair: Jon Pritchard
- East Metro Medical Director: Dr. Taormina (Regions Hospital EMS)
- West Metro Medical Director: Dr. Bunting (Hennepin EMS)
- Members include representatives from Burnsville Fire, Maplewood Fire, Lakes Region EMS, Lakeview EMS, Hennepin EMS, American Red Cross, and Memorial Blood Centers.

Background & Reason for Task Force Formation

- Multiple EMS agencies in the metro region have begun carrying blood products (Hennepin EMS, Lakes Region, Regions, Fairview EMS, Maplewood Fire, Burnsville Fire, etc.).
- Requests were made to the Metropolitan Emergency Services Board (MESB) to fund blood refrigerators for EMS agencies.
- There were no established guidelines, participation criteria, or standardized processes for these requests.
- Significant variation exists between agencies in how blood products are stored, deployed, and used, prompting a need for regional standardization.
- Goal: Create a regional program that ensures consistent, equitable access to prehospital blood products across the metro.

Task Force Scope of Work

The group aligned the scope with national guidance from NHTSA. Key areas include:

- Develop a regional blood administration clinical guideline.
- Identify required equipment and FDA-compliant storage standards (e.g., blood refrigerators).
- Establish criteria for MESB grant funding, including agency participation requirements.
- Define data collection elements and quality improvement processes.
- Determine standardized blood product types for use across the metro.
- Identify opportunities to improve patient capture for those who may need blood.
- Develop training requirements for EMS providers and intercept agencies.
- Standardize handoff processes to emergency departments, ensuring transfusion information is reliably transmitted.
- Ensure equitable access and distribution of blood resources across the region.
- Address supply chain and waste minimization, aiming for a zero-waste philosophy.
- Create legislative platform and talking points to support regional expansion and funding.

Timeline

- Task force formed in September of 2026.
- Goal is to complete work products by year-end to align with funding cycles.

Discussion & Questions

Geographic Coverage and Access

- Concern: Ensuring access to blood within an acceptable timeframe across the entire metro, avoiding geographic imbalance.
- Response:
 - GIS mapping and resource modeling will be used.
 - Focus on equitable deployment and developing participation incentives for agencies not yet carrying blood.

Role of Dispatch & Communications Centers

- How dispatch will support blood resource deployment.
- Discussion:
 - Currently may require contacting multiple PSAPs.
 - Plan: Develop clinical workflow first, then integrate with MRCC and PSAP processes.
- Updates from communications representatives:
 - Work underway to build a blood resource layer in Beacon Mutual.
 - This will show real-time availability and proximity of blood-carrying units.
 - Technology integration (CAD-to-CAD and data sharing) is essential.

GIS Mapping & Transport Considerations

- Suggested mapping trauma/blood use cases to identify high-value deployment areas.
- Raised the issue of balancing wait time for intercept vs. direct transport to hospital.
- Response:
 - Will use existing datasets (Hennepin EMS has large sample size).
 - EMS transport vs. intercept decision-making must be addressed in clinical guideline.
 - Dispatch systems may help guide optimal decisions in real time.
 - Blood suppliers (Red Cross & Memorial Blood Centers) will help maintain appropriate limits.
 - Funding decisions will prioritize strategic placement, not blanket distribution.

Challenges for Hospital-Based Services

- Internal hospital barriers (e.g., EPIC changes) delayed whole blood implementation in one case.
- Suggested exploring a regional EMS-oriented blood bank model to avoid hospital-specific constraints.
 - Agreement that barriers can come from within hospital systems.
 - Task force intends to reduce internal system barriers and explore more neutral, regionwide solutions.

Next Steps

- Task force will continue development of protocols, equipment standards, and operational models.
- Will integrate communication center partners in upcoming phases.
- Jon welcomes feedback and questions via email (JPritchard@cottagegrovemn.gov) and will bring your input back to the task force at upcoming meetings.

8. Committee Reports

EMS Medical Directors Committee Report – Pete Tanghe, MD

- Reviewing clinical practices and protocols for cardiac arrest management.
- Metro education and connection night has been tabled until the committee finds a time that would work for more people to attend. The presentation and discussion would be on end-of life care, life-sustaining treatment, and managing DNR orders in the pre-hospital setting.

Medical Care and Standards Committee Report

- The committee has not met since the last EMS Council meeting because it meets on an as-needed basis.

Operations and Communications Committee Report – Tony Martin

- The hospital destination matrix was updated by metro EDs and is being circulated by West MRCC to EMS Providers. The matrix will be updated annually after the April EMS Council meeting. If a hospital has updates before then, please send the information to Dan Klawitter.
- New review will start this month on which chief complaints get transferred to the secondary PSAPs for Pre-arrival instructions (PAI); some secondary PSAPs have more EMDs/capacity to take a higher volume of calls for PAI, so more calls could be transferred by primary PSAPs.
- New review will start this month to compare determinant codes and response levels between different agencies.
- Radio checks continue to go well with the support of Dan K. at the MRCC to troubleshoot issues with radios and train hospital staff to operate the 800 MHz radios that EMS uses to request medical control.
- Extensive work is underway to find funding to connect primary and secondary dispatch centers across Hennepin County with bidirectional CAD-to-CAD technology. This is expected to significantly increase efficiency for calls that are transferred from primary to secondary dispatch centers. It's estimated that this system could decrease phone call/radio delay times during these transfers from one to 1.5 minutes per call. Although the initial Safer Streets grant application was denied, it's being resubmitted by Hennepin County on behalf of the metro, along with additional requests for state and federal funds.
- Reminder for all partners to log in and watch MNTrac, especially for notifications about large scale incidents. EMS Plans (Level 1, 2, or 3) will be posted in MNTrac so EMS and hospitals maintain situational awareness when incidents occur.

Quality Standards Committee Report – Reported by Michael Morelock

- The committee continues to collect and analyze stroke and trauma scene time data. After the 2024-25 report was submitted to the County Board on these performance measures, the committee decided to add an analysis of raw data without any exclusion criteria for these measures beginning in Q2-2026.
- Data from each EMS Provider are sent to Staff quarterly to aggregate and report the mean, median, and percentage of responses that meet related OEMS performance metrics. Unusual cases and/or outliers may be reviewed more closely for improvement opportunities.
- Cardiac arrest metrics were approved by the Council last fall, so the committee will begin to review CARES data for this new performance measure in 2027.

Ambulance Service Personnel Subcommittee – No report, the committee does not have membership to attain a quorum

Executive Committee Report – Susan Long, Chair

- Request to review the membership document (see below) and submit nominations for open seats that represent your agency and/or open seats on committees that aren't dedicated to represent a specific hospital or EMS provider.

9. Staff Report – Kristin Mellstrom

- New member orientation – No new members to the EMS Council have been nominated so an orientation isn't scheduled. Please let Staff (Kristin) know by email if you'd like to schedule an orientation session. All EMS Council members and interested parties are welcome to attend all meetings of the EMS Council and its committees.

10. EMS Council Member Reports

Sara Hollie, Hennepin County Public Health Director and Assistant County Administrator

- Update on Hennepin County Public Health's coordinated emergency response to 9/2/26 shooting at Shoreline Plaza apartments.
 - HC Public Health worked closely with the City of Minneapolis and to determine what resources and services residents need.
 - Want to extend appreciation to the EMS crews who continue to respond to these tragic incidents in our community.
 - Please let Kristin or Sara know or email Marcee Shaughnessy (Public Health Emergency Preparedness Manager) if you identify additional needs of community members who were affected by

this and other incidents.

- Public Health wants to support community residents and our First Responder partners.

Dr. Tanghe, EMS Medical Director, North Memorial Health Ambulance

- Reminder: The MN EMS Medical Directors conference in Duluth on Oct. 13-15 still has seats available.

[2026 MN EMS Medical Directors Conference Info tcm1221-769818.pdf](#)

Tyler Lupkes, Hennepin County EMS Battalion Chief; Metro Emergency Services Board EMS Technical Operations Committee and Emergency Preparedness Committee Chair

- Planning for the 2028 NFL Draft in Minneapolis is underway.

Susan Long, Vice President, Allina Health EMS and Chair of the EMS Council

- 2031 Agriculture and Horticulture World Fair Expo will be in Lakeville, MN from May-Oct, with multiple events over the six-month event.

11. **EMS Partner Agency Reports** - none
12. **Interested Parties Reports** - none
13. **Action: Adjourn** – The meeting adjourned at 3:58 p.m.

Upcoming Meetings

- Next EMS Council meeting: Thursday April 1, 2027; 3:00-4:00 p.m. (online; an in-person option may be added)

2026 and 2027 Meeting Calendar

- a. **EMS Council** 3:00-4:30pm on 1st Thursday of April and Oct.
- b. **Executive Committee** 1:00-2:00pm on 2nd Monday of March-June-Sept.- Dec.
- c. **Quality Committee** 1:30-3:00 on 1st Tuesday of Feb.-May-Aug.-Nov.
- d. **Operations Committee** 9:30-10:30am on 2nd Tuesday of Jan.-April-July-Oct.
- e. **EMS Medical Directors** 9:30-10:30am on 4th Friday of each month
- f. **Medical Standards Committee before the EMS Medical Directors mtg** in March-June-Sept.-Dec.-tentative; the committee convenes when needed
- g. **Ambulance Service Personnel Subcommittee of the EMS Medical Directors Committee** – this committee will schedule meetings when it has a membership level to attain a quorum

EMS Council and Committee Membership

Approved by the EMS Council on 10/1/2026

Appointments should be rotated every two years, with the option to continue for one additional two-year period, unless otherwise noted.

Elected Officers of the EMS Council

The EMS Council shall elect from its membership, every two years, one chairperson and one vice chairperson; one must be an emergency physician member and one must be elected from the non-physician membership. The appointments are rotated.

1. Chairperson: Susan Long (Allina Health EMS) first term ends in April 2026
2. Vice Chairperson: Peter Tanghe, MD (North Memorial Health Ambulance Service)

EMS Council Executive Committee Chairpersons

3. EMS Medical Directors Committee Chair – Peter Tanghe, MD (North Memorial Health Ambulance)
4. Medical Care and Standards Committee Chair – Nick Simpson, MD (Hennepin EMS) first
5. Operations and System Communications Chairperson – Tony Martin (Hennepin County Sheriff's Office)
6. Quality Standards Committee – Michael Morelock (North Memorial Health Ambulance)
7. Ambulance Service Personnel Subcommittee of the EMS Medical Directors Committee - *Vacant*

Healthcare systems in Hennepin County that operate at least one 24-hour emergency department or stand-alone ED and operate a 9-1-1 EMS Provider with a Primary Service Area (PSA) in Hennepin County (one vote per system, with an emergency physician serving as either the regular or alternate representative; two-year rotation is optional, at the discretion of the healthcare system)

8. Allina Health Hospitals – Megan Elsenheimer Plutt, DO (reg.) and Wendy Baumgardt (alt.)

9. Hennepin Healthcare HCMC – Vacant (reg.) and Gregg Jones, MD (alt.)
10. North Memorial Health Hospital – John Lyng, MD (reg.) and Elizabeth Robinson, MD (alt.)

Healthcare systems in Hennepin County that operate at least one 24-hour emergency department or stand-alone ED (one vote per system, with an emergency physician serving as either the regular or alternate representative)

Two-year rotation is optional, at the discretion of each healthcare system

11. Children’s MN – Emma Fisher, MD (reg.) and David Hirschmann, MD (alt.)
12. MHealth Fairview – Nik Vuljaj, MD (reg.) and (alt.) Robert Tanouye, MD
13. HealthPartners Methodist Hospital – Jill Donofrio, DO (reg.) and Megan Grewe (alt.)

Healthcare systems that operate a 9-1-1 EMS Provider with a PSA in Hennepin County (one vote per system, with an emergency physician serving as either the regular or alternate representative; two-year rotation is optional, at the discretion of the healthcare system)

14. Ridgeview Medical Center – Mike Perlmutter, MD (reg.) and *Vacant* (alt.)

EMS Providers with a PSA in Hennepin County and licensed to operate 9-1-1 service (Two-year rotation is optional, at the discretion of the EMS Provider)

Allina Health EMS

15. EMS Medical Director – Charles Lick, MD
16. Administrator – *Vacant*

17. Edina Fire EMS

18. EMS Medical Director – Paul Nystrom, MD
19. Administrator – Shaun White

Hennepin EMS

20. EMS Medical Director – Nick Simpson, MD
21. Administrator – Marty Scheerer

North Memorial Health Ambulance Service

22. EMS Medical Director - Peter Tanghe, MD

23. Administrator - Brent Custard

Ridgeview Ambulance Service

24. EMS Medical Director – Autumn Ties, MD

25. Administrator – Mark Anderson

Additional Representatives

Two-year rotation is recommended for the following seats

26. Paramedic (employed at a licensed 9-1-1 EMS Provider with a PSA in Hennepin County)

Jeremiah Steele, EMT-P (Edina Fire EMS)

27. Paramedic (employed at a licensed 9-1-1 EMS Provider with a PSA in Hennepin County)

Angela Pesta, EMT-P (Hennepin EMS)

28. Ambulance Dispatch Center (at a licensed 9-1-1 EMS Provider with a PSA in Hennepin County)

Victoria Vadnais (Allina Health Ambulance Dispatch)

29. Primary Public Safety Answering Point (PSAP) in Hennepin County

Tony Martin (Hennepin County Sheriff's Office)

30. West Medical Resource Control Center (West MRCC) Dan Klawitter

31. Hennepin County Chiefs of Police Association

Vacant

32. Hennepin County Fire Chiefs Association

Vacant

33. Public representative without EMS industry affiliation (either a citizen of Hennepin County or an employee of a public health department in Hennepin County) Cynthia Myntti (Hennepin County resident)
34. A representative from organized labor representing hospital-based EMS
Sam Erickson (Hennepin County Association of Paramedics and EMTs [HCAPE])
35. A representative from organized labor representing firefighters
Vacant
36. Hennepin County Director of Public Health Dept. (non-voting, ex-officio member) Sara Hollie

Executive Committee of the EMS Council

Chair: Susan Long (first term ends in April 2026)

1. EMS Council Chair – Susan Long (Allina Health EMS)
2. EMS Council Vice Chair – Peter Tanghe, MD (North Memorial Health Ambulance)
3. EMS Medical Directors Committee Chair – Peter Tanghe, MD (North Memorial Health Ambulance)
4. Medical Care and Standards Committee Chair – Nick Simpson, MD (Hennepin EMS)
5. Operations and System Communications Chair – Tony Martin (Hennepin County Sheriff's Office)
6. Quality Standards Committee Chair – Michael Morelock (North Memorial Health Ambulance)
7. Ambulance Service Personnel Subcommittee Chair – *Vacant*

EMS Medical Directors Committee of the EMS Council

Chair: Peter Tanghe, MD (first term ends in April 2026)

1. Allina Health EMS – Charles Lick, MD
2. Edina Fire EMS – Paul Nystrom, MD
3. Hennepin EMS – Nick Simpson, MD
4. North Memorial Health Ambulance – Peter Tanghe, MD
5. Ridgeview Ambulance Service – Autumn Ties, MD

Ambulance Service Personnel Subcommittee of the EMS Medical Directors Committee

Chair: *vacant*, must be an EMT-P

1. Allina Health EMS, EMT or EMT-P – *vacant*
2. Edina Fire EMS, EMT or EMT-P – *vacant*
3. Hennepin EMS, EMT or EMT-P – *vacant*
4. North Memorial Health Ambulance, EMT or EMT-P – *vacant*
5. Ridgeview Ambulance Service, EMT or EMT-P – Kristin Lange, EMT-P
6. EMS Medical Director – *vacant*
7. Emergency physician from a hospital in Hennepin County that operates a 24-hour emergency department - *vacant*
8. One labor representative – Sam Erickson, EMT-P (HCAPE Vice President)

Medical Care and Standards Committee of the EMS Council

Chair: Nick Simpson, MD (first term ends in Oct. 2025)

1. Allina Health EMS Medical Director – Charles Lick, MD
2. Edina Fire EMS Medical Director – Paul Nystrom, MD
3. Hennepin EMS Medical Director – Nick Simpson, MD
4. North Memorial Health Ambulance Medical Director – Peter Tanghe, MD
5. Ridgeview Ambulance Service Medical Director – Autumn Ties, MD
6. An emergency physician from a hospital in Hennepin County that operates a 24-hour emergency department that is not affiliated with a licensed 9-1-1 EMS Provider with a PSA in the County – Owen Anderson, MD (HealthPartners Methodist Hospital)
7. An emergency physician from a hospital in Hennepin County that operates a 24-hour emergency department that is not affiliated with a licensed 9-1-1 EMS Provider with a PSA in the County – Emma Fisher, MD (Children’s Hospital)
8. An emergency physician from a hospital in Hennepin County that operates a 24-hour emergency department - Todd Joing, MD (MHealth Fairview Southdale Hospital)
9. A paramedic from a licensed 9-1-1 EMS Provider with a PSA in Hennepin County – Hailey Kennedy, EMT-P (Hennepin EMS)
10. A hospital administrator from a hospital that is not affiliated with a licensed 9-1-1 EMS Provider with a PSA in Hennepin County – Lisa Pearson (MHealth)

Fairview University)

11. A communications representative from an ambulance dispatch center of a licensed 9-1-1 EMS Provider with a PSA in Hennepin County or from West MRCC – Dan Klawitter (West MRCC)

Operations and System Communications Committee of the EMS Council

Chair: Tony Martin (first term ends in April 2026)

1. Allina Health EMS Operations – *Vacant*
2. Edina Fire EMS Operations – Shaun White
3. Hennepin EMS Operations – Charles Sloan
4. North Memorial Health Ambulance Operations – Tony Ebensteiner
5. Ridgeview Ambulance Service Operations – Mark Anderson
6. Emergency physician from a hospital in Hennepin County that operates a 24-hour emergency department – Peter Tanghe, MD (North Memorial Health Ambulance)
7. West MRCC – Dan Klawitter
8. Primary PSAP in Hennepin County – Tony Martin (Hennepin County Sheriff's Office)
9. Ambulance Dispatch Center at a licensed 9-1-1 EMS Provider with a PSA in Hennepin County – Victoria Vadnais (Allina Health EMS)
10. Hennepin County Fire Chiefs Association – *vacant*
11. Social worker who works in Hennepin County – Tammy Doll (Hennepin County COPE)

Quality Standards Committee of the EMS Council

Chair: Michael Morelock (first term ends in April 2026)

1. Allina Health EMS Clinical Quality – Christie Traczyk
2. Edina Fire EMS Clinical Quality – Shaun White
3. Hennepin EMS Clinical Quality – Kristie Royce
4. North Memorial Health Ambulance Clinical Quality – Brent Custard
5. Ridgeview Ambulance Service Clinical Quality – John Berkholtz

6. EMS Medical Director from a licensed 9-1-1 EMS Provider with a PSA in Hennepin County – Aaron Robinson, MD (Hennepin EMS)
7. EMS Medical Director from a licensed 9-1-1 EMS Provider with a PSA in Hennepin County – Zach Finn, MD (North Memorial Health Ambulance)
8. Emergency physician at a hospital in Hennepin County that operates a 24-hour emergency department – *Vacant*
9. Emergency physician at a hospital in Hennepin County that operates a 24-hour emergency department – *Vacant*

2027 EMS Council Work Plan

Approved by the EMS Council 10-1-2026

EMS COUNCIL

1. Ordinance 9 (EMS Council; Staff)

- a. Identify data needed by the Hennepin County Board to make final decision on Ordinance 9 staffing requirements by Dec. 31, 2027 or a date to be determined by the County Board.
- b. Present final version approved by County Board of Commissioners to the Office of EMS for approval in 2028. Date to be determined by the Office of EMS.

2. EMS Council Bylaws (Exec Committee; EMS Council; Staff)

- a. Review Bylaws at least every five years to evaluate EMS Council committees and/or membership seats on the EMS Council.

3. Membership on Committees of the EMS Council (Executive Committee, EMS Council; Staff)

- a. Nominate candidates for vacant seats as needed.
- b. Continue to recruit paramedics and EMTs for Ambulance Service Personnel Subcommittee.

OPERATIONS AND COMMUNICATIONS COMMITTEE

4. Hospital Destination Matrix (Operations and Communications Committee; Staff)

- a. Identify best method to continuously update and distribute current information to EMS and hospitals.

5. Support use of Communication Tools and Data Sharing Platforms (EMS Council; Operations and Comms Committee)

- a. Assist with connecting, training, and utilizing existing tools for data sharing (e.g. Zipit, Beacon Mutual, Beacon ED; CAD to CAD).
- b. Support adoption of new technologies for efficient call processing and patient care (e.g. GoodSAM)

6. Public Education (Operations and Comms Committee; Staff)

- a. Assess current metro resources for Hands only CPR trainings to community members.
- b. Explore funding for use of existing PulsePoint data on AED locations

- c. Internal PSAPs communication about transferring (internal education) calls and ensuring pre-arrival instructions are relayed to the caller.
 - d. Use bystander CPR and AED rates from CARES data, create public messages and training with the intent to increase bystander CPR and AED use
 - e. Community campaign about appropriate use of 9-1-1 for medical needs, how to prepare before EMS arrives.
 - f. EMS Week recognition of providers
- 7. Monthly Medical Control Radio Checks (West MRCC; Operations and Communications Committee; Staff)**
- a. Continue monthly medical control hospital radio checks procedure with West MRCC.
 - b. Follow up to ensure all medical control hospitals have functional radios and staff are trained to use radio to provide medical control consultation to EMS 24-7.
 - c. Assess the value of continuing radio checks, gaps in training that need to be addressed at any medical control hospitals.

EMS MEDICAL DIRECTORS COMMITTEE

- 8. Out of Hospital Cardiac Arrest (OHCA) Care Project (EMS Medical Directors Committee)**
- a. Research best practices for OHCA care.
 - b. Meet with regional partners to discuss different approaches to OHCA care.
 - c. Document which technologies are used by metro First Responder agencies and types of care available at metro hospitals.
- 9. Protocols (EMS Medical Directors Committee)**
- a. Share west metro EMS Providers' protocols.
 - b. Restart regular reviews of agency protocols.
- 10. Update Emerging/High Consequence Infectious Diseases (HCID) Plan (EMS Medical Directors; HCPH Epi; Staff) IN PROGRESS**
- a. Develop travel-related infectious disease screening tools for PSAPs to be ready when needed.
 - b. Review guidance and training for First Responder PPE for HCID.
 - c. Develop a plan with HCPH Epi and/or MN Dept. of Health to identify patients who are in isolation or quarantine and notify First Responders and EMS before they arrive on scene.
 - d. Review ED-EMS plans for ambulances transporting and transferring patients with suspected or confirmed HCID.
 - e. Review process for EMS and First Responder HCID post-exposure notifications from EDs after patient transfers.
 - f. Review 2016 Metro Pandemic Flu Plan and Crisis Standards of Care Guidelines for MDH HCID Committee

QUALITY STANDARDS COMMITTEE

- 11. Performance Standards (Quality Committee; HCPH; Staff)**
- a. Collect and evaluate quarterly stroke and trauma performance measures data.
 - b. Create performance data reporting tool to publish data on website and to community partners.
 - c. Provide stroke and trauma care performance report to Hennepin County Board of

Commissioners annually.

- d. Begin pilot evaluation of EMS out of hospital cardiac arrest performance measure data from CARES; provide OHCA performance report to Hennepin County Board of Commissioners as directed.

EXECUTIVE COMMITTEE

12. EMS Council Updates for Community (Executive Committee, Staff)

- a. Choose metrics, stories, format and audience(s) for updates about EMS work in Hennepin County

13. Legislative topics (Executive Committee; EMS Medical Directors Committee; Medical Standards Committee; Staff)

- a. Review legislative actions to align EMS Council policies with legislative mandates.

EMS COUNCIL STAFF

14. EMS Website, Meeting Communications (Staff)

- a. Ensure Open Meeting Law requirements are followed.
- b. Update website to provide current information to members and the public.

15. Behavioral Health and Substance Use Disorders – Care/Treatment Needs Assessment (TBD; Staff) -TABLED

- a. Work with Hennepin County COPE staff to increase coordination and co-responses
- b. Review Hennepin County and regional resources for Mental Health and Substance Use Disorders inpatient and outpatient treatment at discharge from ER
- c. Needs assessment/data collection from EMS Council System hospitals to identify patient treatment needs
- d. Identify and partner with organizations that support efforts to improve efficient transition of patients to appropriate care outside of ED after initial assessment and stabilization

Hennepin County EMS Council Communication Policy

Adopted by the EMS Council 10/13/2005

Amended 10/11/2007

Amended 4/9/2009

Amended 10/13/2016

Amended 10/1/2026

I. Purpose & Applicability

The purpose of this policy is to establish standards in Hennepin County for EMS and partner agencies regarding interagency communication, communication of patient information and medical control, and the recording of communications. This policy applies only to “Unscheduled Requests” originating in Hennepin County. All terms used in this policy shall follow the definitions in Ordinance 9, Section V, unless stated otherwise.

II. Authority

Hennepin County Ordinance 9, Section VII, Subsection 5:

“The EMS Council shall establish a Communication Policy which all EMS Providers shall follow, unless the policy conflicts with policies established by the Statewide Emergency Communications Board (SECB) or the Metropolitan Emergency Services Board (MESB).” If a conflict exists, SECB and MESB policies should be followed.-

III. Policy Requirements

(A) Communication Technology

EMS Providers will independently determine which communication technology and process to implement to communicate with hospitals and for patient information and medical control. 800 MHz ARMER radio is the preferred technology for requests for medical control. Zipit is the preferred technology for MRCC to provide patient information from EMS to hospitals.

(B) Call Processing Method

Call processing shall be conducted using a nationally recognized call processing system, or a method reviewed and approved by the Hennepin County EMS Council.

(C) Call Processing for 911 Requests Received

Unscheduled Requests that are received via a medium other than direct voice-to-voice communication should be call processed within a reasonable amount of time, according to the Communications Plan Flowchart (Attachment #1). Unscheduled Requests transferred from a Primary PSAP, discharges, and appointments are excluded from the Flowchart guidelines.

(D) Recording Communications

1. All communications originating in Hennepin County related to Unscheduled Requests for service shall be recorded. These may include, but are not limited to:
 - a. communications between ambulance and dispatch
 - b. communications between ambulance and hospital
 - c. communications between ambulance and MRCC
 - d. communications between dispatch and hospital
 - e. communications between dispatch and MRCC
 - f. communications between MRCC and hospital
 - g. shared EMS radio talk groups
2. If resources allow, use of the call management system for recording communications related to Unscheduled Requests for service outside of Hennepin County may be allowed, but it is not required.
3. Shared talk group recordings will be accessible to EMS Medical Directors of EMS Providers with a PSA in Hennepin County and their designees.
4. The Health Authority/Hennepin County Public Health (HCPH) may review any recording associated with Unscheduled Requests for service originating within Hennepin County. Requests for information or complaints submitted to HCPH regarding Pre-Arranged Transfers or Unscheduled Requests originating outside Hennepin County will be referred to the EMS Provider for the PSA where the request originated.

(E) Patient Information Report Format

For a routine patient report, EMS crews will provide the following information in the order given. The crew may provide the report on scene or immediately upon departure from the scene.

1. Initial hail to MRCC

- a. Agency/Unit ID
- b. Declaration of Routine Patient information
- c. Intended hospital destination (if applicable, include specific department e.g. Acute Psychiatric Services (APS)/Crisis, Labor and Delivery (L&D))
- d. Patient acuity (Red/Yellow/Green)
 - Red Medical or Red Trauma (Critical patient, requires immediate treatment/transport)

Note: Use Alerts for Cardiac Arrest, ECMO, Red Medical, Sepsis, STEMI, Stroke, Trauma/TTA

- Yellow (Stable, needs a bed, requires observation)
- Green (Triage appropriate)
- e. Estimated Time of Arrival (ETA) – only in initial hail for short ETAs under 5 minutes

2. After Acknowledgement by MRCC:

- a. Agency/Unit ID
- b. Age
- c. Gender
- d. Chief Complaint
- e. Patient name (Red patients only and if practicable)
- f. Date of Birth (Red patients only and if practicable)
- g. **Only for Red Patients** (when appropriate)
 - i. Full set of Vital signs
 - ii. Response to treatment
 - iii. Mechanism of injury
 - iv. GCS
 - v. EKG findings
 - vi. ROSC
 - vii. Last known well
 - viii. Blood glucose
- h. **Other pertinent information – All patients (if appropriate)**
 - i. Hold Status (if in custody)
 - ii. Security needed
 - iii. Isolation needed
 - iv. Transfer (provide patient initials)
 - v. ETA – if not in initial hail
- g. **On Emergency Department handoff – All Patients**
 - i. All pertinent paperwork, including hold status
 - ii. Deliver MIST report
 - a. Mechanism or Medical Complaint
 - b. Injuries or Illness Identified

- c. Signs and Symptoms
- d. Treatments

(F) Request for Medical Control Consultation

For requests for medical control, EMS crews will provide the following information in the order given, after being connected to the medical control physician.

1. Initial hail to West MRCC:

- a. Agency/Unit ID
- b. Declaration of medical control request
- c. Intended medical control hospital

2. Connect to medical control hospital

- a. By Radio – move to the hospital medical control talkgroup when prompted by MRCC
- b. By Phone – MRCC will transfer you to hospital medical control

If utilizing EMS IVR, select medical control hospital and medical control option

3. Information for Medical Control

- a. Ask for physician last name if not provided
- b. Give patient report to the medical control physician
- c. Request orders wanted from the medical control physician

(G) System Medical Director Communication Guidelines

System Medical Directors (SMDs) are EMS Medical Directors or Associate/Assistant EMS Medical Directors for a 911 EMS Provider with a PSA in Hennepin County. An SMD may be requested to: 1) provide consultation by phone, radio, or online about an incident or scene; or 2) respond to an incident or scene.

Each SMD is expected to:

- 1. Ensure that West MRCC has their current contact information (cellular number and email address)
- 2. Maintain connectivity with the Zipit confirm application
- 3. If the initial SMD does not respond after 2 attempts, or within 5 minutes, West MRCC will page via Zipit to the All SMD list.
- 4. Notify West MRCC to respond to a page for consultation or scene response.
- 5. West MRCC will send a second Zipit page to the All SMD group to notify the group that the request has been assigned to an SMD.

6. All subsequent communications for an established incident should involve only the assigned SMD who initially responded.
7. West MRCC will connect the assigned SMD to the EMS personnel and provide pertinent information.

(H) Requests for a System Medical Director Consultation or Scene Response

To request an SMD phone/radio/online consultation:

1. Each EMS Provider shall follow its own policy for notification/activation of its own SMD(s) when an issue or question related to an incident or scene warrants a phone/radio/online consultation.
2. If an EMS Provider's SMD is not available to provide a consultation, the EMS personnel will contact West MRCC to request a Zipit page to the All SMD group.
3. When an SMD takes the request, West MRCC will assign that SMD to the incident.
4. The assigned SMD will be connected to EMS personnel via West MRCC to receive more information regarding the request.

To request an SMD physical response to an incident or scene:

1. Each EMS Provider shall follow its own policy for notification/activation of its SMD(s) when a situation warrants an EMS medical director on scene.
2. If an EMS Provider's SMD is not available to respond to an incident or scene, the EMS Provider's personnel will contact West MRCC to request an all-page to the SMD group.
3. When an SMD takes the request, West MRCC will assign that SMD to the scene response. *(continued, next page)*
4. The assigned SMD will be connected to EMS personnel via West MRCC to receive more information regarding the request.

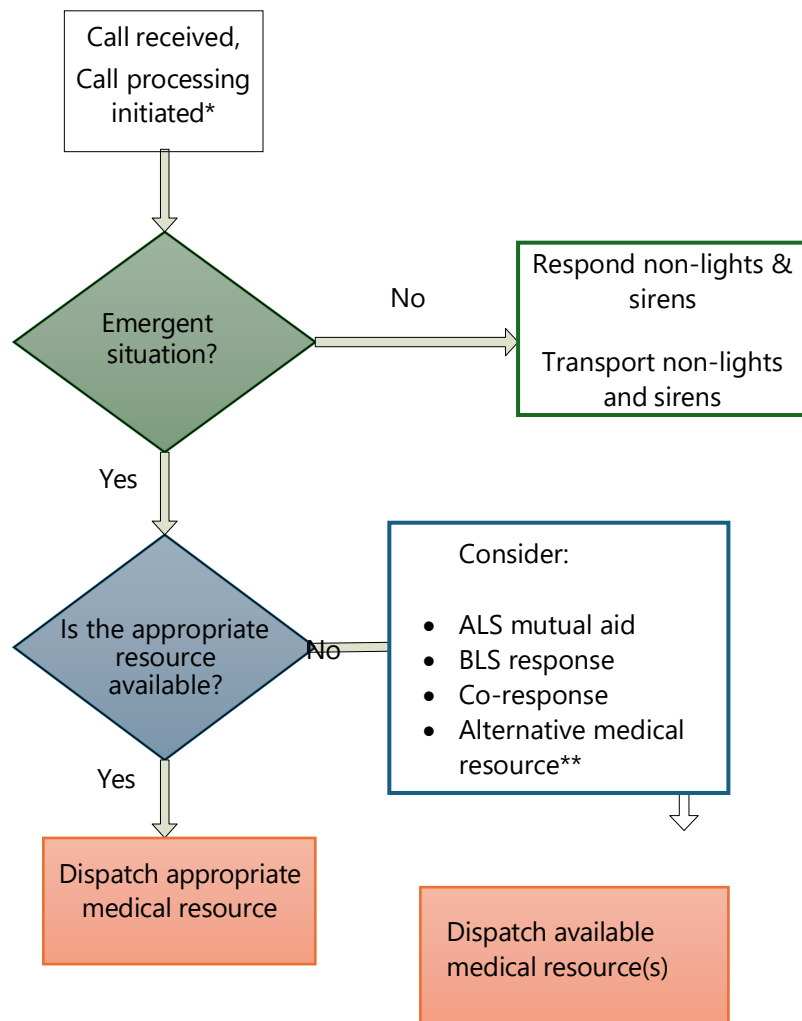
See next page for 911 Call Intake and Response Guideline

Hennepin County EMS Council Communications Policy

911 Call Intake and Response Guideline

Legislation/Regulations

- Hennepin County Ordinance 9, Section VII, Subd. 2-3
- MN Statute Chapter 144E



*Call processing must be conducted using a nationally-recognized call processing system or a method approved by the Hennepin County EMS Council and following the EMS Provider's protocols.

**As defined by and if allowed by Minn. Stat. Chapter 144E and Hennepin County Ordinance 9

END of Hennepin EMS Council Communications Policy
Amended 10-1-2026