HENNEPIN COUNTY ATTORNEY'S OFFICE
Civil Division
M E M O R A N D U M

TO: **Jon Pryor, MD, MBA**
CEO, Hennepin Healthcare System, Inc.

FROM: **Patti Jurkovich**
Assistant Hennepin County Attorney

RE: **EXECUTIVE SUMMARY OF THE GROUP REVIEW OF BODY CAMERA FOOTAGE OF INCIDENTS CITED IN THE OPCR DRAFT REPORT**

DATE: **January 24, 2019**

This Executive Summary is provided as the original report contained information that could identify one or more patients.[1]

A group of HHS representatives met on July 15, 2018, to review and discuss body camera footage[2] of incidents cited in the OPCR Draft Report. The group reviewed the body camera footage of police incidents where Hennepin Healthcare EMS employees responded to medical emergencies.[3] The group of 11 represented the diverse roles across HHS and our community, and included EMS professionals and emergency physicians. In addition, an experienced HHS project manager provided support to the group and was present during the review process. A prepared set of questions was used by the review group guide their process.

A designated clinical moderator led the group through the review process, including through the discussion of the questions. There were multiple videos of some incidents, and the group only reviewed the videos containing footage of Hennepin Healthcare EMS personnel. During the viewing, members frequently asked to stop the tape and either discuss what was observed or repeat specific portions of the tape. When the group ended their review of the footage for each incident, the moderator guided the group through the checklist, giving all members of the group opportunities to comment. Thorough discussions about the footage occurred in an atmosphere of

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[1] The original memorandum, absent the potentially patient identifying information, lacks the clarity sought to be provided through this summary.

[2] Pursuant to a request made under Minnesota Statute §13.03 (2017), HHS obtained the body camera footage of the incidents cited in the OPCR Draft Report from the Minneapolis Police Department.

[3] The group did not review body camera footage involving non-HHS providers.

respect for the input and expertise of each group member. At the close of the discussion for each question, the moderator asked the group if all members were in agreement regarding the answer for each question posed. According to group agreement ahead of the video viewing, if consensus was not reached for a given area, that area would be deemed an opportunity for improvement. The final question, "was there an opportunity for improvement," required consensus. Absent consensus, the answered defaulted to yes.

Clinical judgment was ascertained through interpretation of the clinical scenario by the EMS and EM providers in the group. Likewise, all judgments with respect to level of agitation and presence or absence of excited delirium were provided by the EMS and EM providers. The decision surrounding appropriate use of sedation was based on the agitation level assessment by the EMS and ED providers in the review group as compared to the agitation scale provided by EMS, as no one else in the review group was trained on use of the scale. The review group determined if sedation itself was appropriate in each situation reviewed. The determination of which sedation agent should have been administered was outside the scope of the review group. CAPRS reports, Hennepin Healthcare EMS run sheets, and the medical records of the patients in the videos were referenced to assist the group in confirming the care provided and to resolve inconsistencies between the information contained in the videos and the OPCR Draft Report.

After examining body camera video of the eight incidents involving Hennepin Healthcare EMS providers, the group noted that contrary to the assertions contained in the OPCR Draft Report, the videos revealed 1) no incidents of cardiac arrest (prior to or following administration of ketamine) in the patients treated with ketamine by Hennepin Healthcare EMS, 2) no pre-hospital endotracheal intubation of a patient by Hennepin Healthcare EMS, and 3) no mention of HHS's sedation research by Hennepin Healthcare EMS prior to the administration of ketamine to a patient or in the pre-hospital setting. Further, the group agreed that the administration of ketamine was medically appropriate and justified in each of the incidents under review.

The group noted that the sedation research was mentioned once by a Hennepin Healthcare EMS provider while standing near an ambulance and speaking to a Minneapolis Police Officer after the transfer of a patient to HHS's Stabilization Room.

In addition, Hennepin Healthcare EMS acted independently with respect to the administration of ketamine to every patient in the body camera footage, whether a MPD Officer suggested using the medication.

The group identified opportunities for improvement, including training paramedics in the areas of recognizing the signs of profound agitation earlier, improving patient monitoring, and being more assertive with patient care issues in the presence of MPD. The group noted rare instances where comments made by EMS providers could have been more professional, and suggested training on professionalism for all EMS personnel. In addition, de-escalation training for all Hennepin Healthcare EMS personnel was recommended due to the environments under which EMS personnel deliver patient care. The group also recognized the instances where EMS personnel provided exceptional patient care, including providing caring and compassionate

treatment to patients, respectfully explaining available options to patients, and demonstrating exceptional partnership with MPD.