



EXCELLENCE IN EMERGENCY MEDICINE

Future Forward

2023 Annual Report



Letter From the President & CEO

It's widely known that healthcare is at an inflection point—with increasing numbers of complex patients and decreasing numbers of staff and available beds. These industry-wide trends have a direct and immediate influence on emergency medicine.

When we struggle with an overcrowded waiting room, handle a violent patient, troubleshoot a boarding challenge, or navigate a staff shortage, it's hard to remember the incredible impact we have on the lives of Minnesotans each day.

And it's not just patients' lives we touch. Our physicians, APCs, and staff have a direct and positive effect on entire communities through the work we do with our health-system partners and The Urgency Room.

In 2023, EPPA continued to come together to demonstrate powerful teamwork while working in some of the most challenging environments we've seen in our more than 50-year history.

It takes a certain kind of person to work in an emergency department (ED). Energized by problems to solve. Agile in the face of disruption. Dedicated to patient care.

As you'll see in this report, EPPA rose to the challenges. We created success stories. And we continued to deliver excellent care to the people who need it most. There's a clear reason we're one of only a handful of long-standing independent emergency physician groups in the country.

Thank you for being an integral part of our success.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Rob Thomas'.

Dr. Rob Thomas

News and Numbers

EPPA The logo for EPPA (Environmental Policy Planning and Analysis) features the acronym 'EPPA' in a white, serif font. A thin orange horizontal line is positioned beneath the text. To the right of the text, an orange line graph, resembling a heartbeat or a pulse, extends from the end of the underline.

By the Numbers

14

EPPA
partner sites

3

The Urgency
Room locations

258

EPPA
physicians

55

advanced practice
clinicians (APCs)

130

Urgency Room
teammembers

67

HQ
staff

250

EPPA
scribes

636,529 patients served

A History of Excellence

EPPA is built on a foundation of experience and expertise. Many of our healthcare providers and staff joined our group 10 years ago or more.

Year Started	# of Staff
1987	1
1991	1
1994	2
1996	1
1999	2
2000	3
2001	3
2002	5
2003	6
2004	7
2005	2
2006	5
2007	6
2008	7
2009	7
2010	6
2011	2
2012	13

A Future of Promise

In the last decade, EPPA has welcomed a host of new people to our practice who help us bring fresh ideas to our health-system partners.

Year Started	# of Staff
2013	8
2014	3
2015	8
2016	26
2017	17
2018	57
2019	10
2020	11
2021	1
2022	37
2023	56

Mental Health Upgrade

EDs across the country are experiencing a huge rise in patients struggling with mental health and substance abuse issues. To help provide better care to those patients, M Health Fairview Southdale Hospital opened Minnesota's first EmPATH (Emergency Psychiatry Assessment, Treatment, and Healing) unit in March 2021.

"Collaboration is one of our biggest strengths," says Dr. Brandon Trigger. "We've worked with our hospital partners and mental health providers on the state's first successful EmPATH unit. The project continues to be a huge success and is receiving national recognition."

The EmPATH unit provides a totally different environment for mental-health patients than the traditional ED.

The calming, living room-style unit includes comfortable recliners, self-serve snacks, and entertainment options. EmPATH includes four sensory rooms with patient-controlled lighting and music. And it's staffed by a multidisciplinary team of mental health specialists. Patients typically stay between 12 and 24 hours and leave with a clearly defined care plan along with strategies for what to do the next time they experience a crisis.

About a dozen other EmPATH units are in use across the country, and the approach's success has gained national traction and attention. A July 2023 article in *The New Yorker* profiled how effective EmPATH has been. As the U.S. continues to manage around three-quarters of a million ED visits for mental-health crises, EmPATH appears to offer a clear way forward.

Source:

<https://www.newyorker.com/science/annals-of-medicine/reinventing-the-er-for-americas-mental-health-crisis>

The numbers from Fairview Southdale Hospital show a clear success story:

2,000+

patients with a mental health or substance abuse crisis each year

40%

admitted to the hospital before EmPATH

16%

admitted to the hospital after EmPATH opened



“Thank you so much for all the good care I received. The doctor and nurses I had are wonderful people, and they did a great job!”



“My doctor treated me with empathy and respect. I so appreciate the quality of care and compassion shown by your entire staff. Thank you!”



“Our provider made our family feel respected and cared for during our visit. She’s an asset to the team, and we’re very appreciative of the care, concern, and medical expertise she provided.”



“I was treated like a king! I was so pleased with the treatment I received from beginning through discharge.”

Perspective Shift

The poet and physician Dr. Rafael Campo wrote, “We are future patients, all.” For some of us, that moment comes earlier than others.

Dr. David Gibbons was in Louisville, Kentucky, with his 11-year-old son. After a night spent watching basketball, he woke up early on May 13, 2023, with terrible chest pain. He waited for about 20 minutes to see if it was heartburn from the barbecue he’d eaten the night before.

“It wasn’t heartburn,” Dr. Gibbons recalls. “I texted a buddy who was staying in the same hotel to watch my son, then googled the nearest hospital with cardiovascular surgery and found one seven minutes away. I drove to the ER and told the woman at the front desk,

‘Hey, my name is Dave Gibbons. I’m an ER doc from Minnesota and I think I’m having an aortic dissection. Please don’t let me die.’”

Dr. Gibbons knew in-hospital mortality rates for surgically treated aortic dissection stand between 10% and 25% globally, so his concern was warranted. Within the next hour he was prepped and in the operating room, despite the cyberattack the hospital had just experienced. “The radiologist couldn’t look at things remotely, the nurses at the bedside had to manually scan every med individually. We’re definitely not the only group having challenges,” Gibbons says.

After a few post-surgical scares in the ICU, including temporary paralysis on the left side

of his body, Dr. Gibbons was transferred to rehab care 18 days later. By June 6, he was discharged from rehab at Courage Kenny. And on October 3, 2023, he was back at work in the emergency room at Allina Health Mercy Hospital.

“It’s so awesome to be back. What we do matters a lot. We help people on one of the worst days of their lives,” says Gibbons. “We can feel powerless to change the trajectory of the department in general. We don’t have a lot of control over the day-to-day, and we need to safeguard ourselves from harm. But, ultimately, it’s about the person in front of you. It’s an awesome privilege to be able to do this work.”



Innovations in the ED



The challenges in healthcare are daunting, but times like these can lead to our greatest innovations. EPPA physicians and APCs are jumping in to address the most pressing issues of our day.



News headlines tell an alarming story about the current state of healthcare.

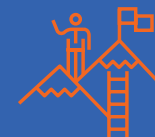
“The Coming Collapse of the U.S. Health Care System”

—*Time Magazine*

“MN Doctors Sound the Alarm Over ER Boarding of Psychiatric Patients”

—*Minneapolis Star Tribune*

“Hospitals Are Short of Workers and Crowded ERs Are a Symptom of the Crisis” —*Boston Globe*



They also show how humans respond to challenges.

“Reinventing the ER for America’s Mental-Health Crisis”

—*The New Yorker*

“Telehealth’s Newest Frontier: Emergency Medicine”

—*Forbes*

“Emergency Medicine Physician Leverages Innovative Technology and AI” —*HCA Healthcare*

Physicians in Triage

Many EPPA sites have implemented a Physicians in Triage (PIT) model to see patients faster. One of the most successful implementations of PIT is at Allina Health Mercy Hospital—Unity Campus.

The team has worked to create a PIT workflow that's resulted in some of the lowest left-without-being-seen numbers in the metro. The change has sparked visits by medical directors from other EPPA sites to see the process in action.

Overall		
	Q1–Q3, 2022	Q1–Q3, 2023
Volume	32,902	34,980
Left Without Being Seen	3.3%	2.3%
Patients Discharged from Triage	1,859	4,519

During Pit Hours		
	Q1–Q3, 2022	Q1–Q3, 2023
Volume	13,279	14,191
Left Without Being Seen	4.4%	2.1%
Patients Discharged from Triage	7.5%	18.5%
Door to First Provider	43 Minutes (Median)	17 Minutes (Median)

The PIT runs Monday through Thursday, 11 a.m. to 11 p.m. When fully staffed, one physician at a time takes a two-hour shift in triage and then rotates to the back of the department. Two nurses are assigned to triage, one for intake and workup and the other to further care and discharge. There's also a dedicated ED tech in PIT to draw blood and run EKGs.

The program has been so successful that Allina has committed to updating the triage area next year with more private rooms for exams and discharge conversations, reclining chairs that will support more thorough examinations, and a workspace for the PIT tech, practitioners, and nurses.

Telehealth in Triage

The MHealth Fairview Ridges Hospital and MHealth Fairview Southdale Hospital teams are working to build adoption and staffing for a telehealth in triage model. Currently, it's available on Mondays and Tuesdays. The teams plan to expand the hours in 2024.

The physicians assigned to the telehealth in triage see patients at both Ridges and Southdale hospitals at the same time and can see a high number of patients without interruptions. The team is working to increase adoption and staffing to make the most of this innovative way of getting to patients in the waiting room.



Mobile Consultations

At Allina Health Buffalo Hospital, the team has made big strides in improving access to care. “We now have a tele-hospitalist who can help see patients in the ED and put in admitting orders so the hospitalists onsite can work on discharging patients,” says Dr. Laura Contreras.

Additionally, they’ve expanded tele-health services to include tele-neurology, tele-intensivists, and mental-health providers.

Space Adaptations

As the number of patients has increased and resources have decreased, EPPA has worked with our hospital partners to find creative ways to work within the limitations. Here are a few examples:

- At MHealth Fairview Ridges Hospital, the ED team has expanded to use endoscopy for fast-track care during after hours, and the inpatient team has expanded out into an unused postpartum area and an underutilized pediatrics floor.
- At North Memorial Health Maple Grove Hospital, the team collaborated with hospital leaders on more innovative use of care spaces. They’ve redesigned hallway spaces and found new ways to use more patient-care areas, such as expanding into spaces that are closed during evening and overnight hours.
- The Allina system is adding all its regional hospitals to its access center so they can help manage beds across the entire system to ease congestion and better manage patient care.

Though some of the challenges are the same for all our partner sites, the teams at each location are finding what works best for their unique spaces and populations. And this is one of the many reasons our hospital partners rely on us to deliver top-quality care.

An Infusion of New Talent

Over the past few years, EPPA leaders have worked hard to recruit physicians to the group. The fresh ideas our new clinicians share infuse the organization with new energy. Here are thoughts from a few of our talented team members.



Full-Circle Moment



Dr. Ikram Irfanullah is a former scribe who moved back to Minneapolis after living and working in Connecticut, Washington D.C., North Carolina, and Florida.

“Scribing for EPPA sparked my interest in emergency medicine and now I get to come home and join the same group,” he says. Dr. Irfanullah is optimistic about the future of emergency medicine. “There will always be a need for high-quality emergency medical care. I’m excited to see the way technology will augment how we deliver and increase access to care.”

In the meantime, he’s impressed with EPPA’s role in the community. “When I was five years old, I had a bad arm injury,” Irfanullah remembers. “I went to North Memorial. I work there now with a doctor and a nurse who took care of me back then. That kind of longevity is incredible.”

A Second Career in Medicine



Dr. Casey Clark had a full career before returning to medical school at the age of 38. “I was a Navy SEAL and then went into Army Special Forces,” he says. He joined EPPA in August 2023.

“We have lot of say in what we do,” says Dr. Clark. “I’m still in contact with my fellow residents. When we compare where we work, I hear that other atmospheres aren’t so collegial. EPPA is a better place to work. It’s a democratic place to work. And I love working at Methodist. It’s a great team.”

A Former Scribe Returns



Dr. Ellen Pappas Ritcher first worked at EPPA as a Scribe in 2015. “It was such an awesome and positive experience before starting medical school,” she says.

She went on to do her residency in an Atlanta suburb in a large community hospital, where the physicians are all independent contractors. “Democratic groups like EPPA are few and far between,” Dr. Ritcher says. “We have more transparency about logistics and business decisions. I like to be a part of the discussion, and I have that opportunity now.”

Braving the Cold



Dr. Parnia Salehi joined EPPA in August 2023 and has found the work very rewarding after completing residency during a global pandemic. “Working in the North Memorial Health zone has given me the opportunity to care for a very diverse patient population,” she says. “I get to work in both a community hospital setting and a level one trauma center.”

Dr. Salehi’s teammates have helped her adjust to working in a new environment after her residency in Orlando, Florida. “I’m from Atlanta originally and spent a lot of time in Tehran, Iran. I’m bracing myself for my first winter,” she says of her move to Minnesota. “This is definitely the coldest place I’ve ever lived.”



“I really appreciated how personalized and caring the visit felt. I felt seen and heard. Thank you!”



“Our doctor didn’t rush through the process. He was engaged, thoughtful, and concerned for my care.”



“I’m always amazed at the care I receive at The Urgency Room. The doctors and nurses are so kind and truly care about my concerns.”



“I’d like to applaud Dr. Trierweiler on his hard work, diligence, and advocacy for a patient we worked on tonight. I’ve never seen a doctor advocate for and support a patient through a case the way he did.”

Building for the Future





54

**APCs + APC-Ts
(APCs in training)**



17

**new APCs joined
EPPA in 2023**



10

**new APCs joining
EPPA in January 2024**

Advanced practice clinicians (APCs) at EPPA play a critical role in delivering care at all our sites. In the aftermath of the pandemic, physician assistants and nurse practitioners across the healthcare landscape decided to leave their jobs or the profession altogether. This national trend impacted us at EPPA as well.

At the same time, patient acuity, complexity, and volume have grown exponentially. Our need for highly skilled APCs continues to be a major priority.

To foster a more robust program, EPPA created two new positions to support APCs by appointing Collen Weed, PA-C, as the APC Manager and Dr. Kaveesh Maharaj as APC Medical Director.

“We want our APCs to be a part of a culture in which they know they have a voice and can speak up,” says Weed. She’s been an APC at EPPA for 15 years.

Weed and Dr. Maharaj plan to roll out several initiatives over the next year, including:

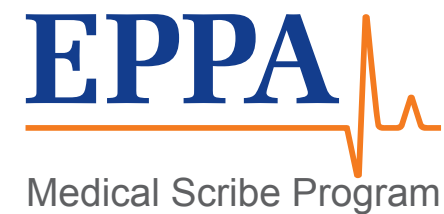
- **Education updates.** The APC training program is getting an overhaul to make it more accessible, inclusive, and standardized.
- **Lifestyle improvements.** After interviewing and surveying APCs, the new APC leadership group is working on policy and scheduling changes to help with retention.
- **APC advocacy.** The APC manager and medical director will serve as advocates for APCs within EPPA leadership.

“Retention will be one of our biggest measures,” says Dr. Maharaj.

“We want our APCs to feel like they can have a full career with EPPA, just like Colleen.”

The EPPA Scribe Program

In the early days of the pandemic, The EPPA Scribe program saw a 50% reduction in scribe need due to recruitment and staff challenges. In 2023, the program has worked to rebuild scribe capacity through new initiatives. This shift has also created an opportunity to evolve and refine the program by leveraging technology and meeting the ever-changing structure of healthcare encounters.



Recruiting Scribes

The Scribe team has developed a Brand Ambassador program to leverage on-campus influencers who raise awareness about scribing opportunities and help organize networking and mentoring experiences for premedical students. The program helps build a connection to EPPA at colleges across the country and strengthens our reputation as the premier medical experience in the Twin Cities.

EPPA has hosted Journey Into Medicine panels, provided lectures on ethics, and led a hands-on experience to learn to suture—all of which help attract students.

New Ways to Support Care

The Scribe team also recently launched clinical assistant upgrade training via TalentLMS. More clinicians are using voice recognition software in their chart creation, creating capacity for scribes to assist in other areas. In this refined training, scribes are educated on assistance in patient-flow management, lab, imaging, and therapeutic awareness and communication. At several EPPA sites, for example, scribes are assisting in pharmacy selection, paging, and form management.

The goal of each of the new initiatives is to help give clinicians more focused time so they can direct their attention to delivering the best patient care possible.



The Urgency Room





After more than a decade of seeing patients on a walk-in basis only, The Urgency Room moved to a scheduled-care format as a response to post-COVID struggles.

“We were both the beneficiaries and targets of unprecedented demand for our services,” reports The Urgency Room Medical Director Dr. Craig Matticks. “So many people across the healthcare spectrum left the field during those first few years after COVID-19. We haven’t recovered from that yet, and like so many other healthcare employers, we’re struggling to find nurses, paramedics and lab technicians.”

At the same time, demand for The Urgency Room services surged because of a lack of access. Patients are having difficulty scheduling appointments with primary or specialty care providers—and they’re struggling to be seen in a timely way at urgent care clinics or EDs.

The savvy customer has figured out they can visit The Urgency Room and be seen quickly for a comprehensive range of acute healthcare needs.

“We couldn’t keep up with the demand, and we risked burning out our staff. We had to figure out a way to make the job more sustainable to retain the great people who work at The Urgency Room. Controlling overall daily volume seemed to be the answer,” says Matticks.

The switch to appointments alongside The Urgency Room’s telehealth offering has been a huge success. The strategy has leveled-out patient volumes while enabling providers to see a record number of people.

The team also created parameters to help triage unexpected patients. Walk-ins are allowed from referrals or high-acuity patients. If a low-acuity patient comes in without an appointment, guest coordinators direct them to online care they can do right there in the lobby.

“I’m a huge believer in the The Urgency Room model,” says Matticks. “Our experience over the past three years has demonstrated a need for it. The problems with throughput in hospitals or timely access to primary, urgent, and specialty care won’t be solved easily or quickly.”

The Urgency Room addresses challenges confronting the healthcare industry while providing an alternative source of revenue that helps ensure EPPA’s longevity.

“I’d love to figure out how to launch this concept nationally,” says Matticks.

2023 Urgency Room Patient Volumes

Eagan

37,660

Woodbury

33,103

Vadnais Heights

37,477

Telehealth

8,249

Total: 116,489



The Allina Zone

Zone Patient Volume

150,211



“We’ve got something for everyone in our zone. Each hospital has its own nuances, challenges, and patient population. The zone model helps us make sure the clinicians working in our zone can have the best experience possible.”

—Dr. Michael Schwemm



- Allina Health Mercy Hospital
Medical Director: Dr. Allison Houston
- Allina Health Mercy Hospital—Unity Campus
Medical Director: Dr. Eric Haug
- Allina Health Buffalo Hospital
Medical Director: Dr. Laura Contreras
- Allina Health Cambridge Medical Center
Medical Director: Dr. Luke Dandelet

- EPPA has become a trusted partner within the Allina Health system, taking on leadership roles outside the ED. Dr. Michael Schwemm stepped into the role of zone director for the Allina Zone. Dr. Allison Houston is now the medical director at Allina Health Mercy Hospital. Dr. Laura Contreras was named chief of staff of Allina Health Buffalo Hospital. Additionally, Drs. Eric Haug and Luke Dandelet were named chief of staff-elect at their sites.
- The PIT model enacted at Allina Health Mercy Hospital—Unity Campus has been a big success.*
- Both metro Allina hospitals have seen big changes in staffing, moving away from a large contingency of travel and contract nurses to staff. “It’s fun to help develop our new nurses and see our culture develop—one in which everyone pitches in and shares their knowledge,” says Dr. Houston.
- Allina Health Buffalo Hospital has seen a decrease in dangerous and violent patients in the ED after enacting the agitation protocol.
- In Allina Health Cambridge Medical Center, the ED has new nursing leadership in the ED and an increase in the number of providers from the zone who are credentialed to work in Cambridge. With the added support, the group is building a strong culture of camaraderie and support.

*Read more on page 11.

The CentraCare Zone

Zone Patient Volume

71,123



“As a trusted CentraCare partner, we’ve brought on two more regional facilities. We’re credentialed at all three sites and that makes our team stronger and more diverse. Change isn’t always easy, but we’re building strong relationships and advocating for patients at each of our sites.”

—Dr. Kurt Belk



- **CentraCare St. Cloud Hospital**
Medical Director: Dr. Kurt Belk
- **CentraCare Monticello Hospital**
Medical Director: Dr. Mark Bonneville
- **CentralCare Rice Memorial Hospital**
Medical Director: Dr. Dennison Gillen

- At CentraCare St. Cloud Hospital, the team has tested several different PIT models and are working to optimize the timing of the PIT shift. Reconstruction of the lobby and triage area is in the works so EPPA can fully implement the new patient care delivery model. Additionally, they’ve benefited greatly from the EPPA firefighter model as partners from across the organization have stepped in to help take shifts during staffing shortages.
- CentraCare Monticello Hospital is a recent addition to the EPPA family, and the team has worked to integrate staff and standardize practices. “I appreciate CentraCare’s commitment to rural medicine,” says Dr. Bonneville. “EPPA has lent us clinicians from other sites to deal with higher volumes and we’re integrating education and quality measures.”
- In June 2023, Dr. Dennison Gillen took on the role of medical director for CentraCare Rice Memorial Hospital. In his first year, he’ll be focusing on bringing the best care possible for patients in the community. Early projects have included setting up a new ultrasound machine and education for providers, improving order sets, and working on the triage process to expedite care.

The HealthPartners Zone

Zone Patient Volume

68,824



“We’re lucky our hospital leadership is invested in the safety and quality of emergency care, and we’re fortunate to collaborate with other departments in ways that help us increase our capability. Our team is performing at such a high level—managing complexity and change and caring for higher-acuity people with fewer resources. It’s been a hard year, and I’m continually impressed by our team.”

—Dr. Jill Donofrio



- HealthPartners Park Nicollet Methodist Hospital
Medical Director: Dr. Jill Donofrio

- HealthPartners Hutchinson Health Hospital
Medical Director: Dr. Luke Helland

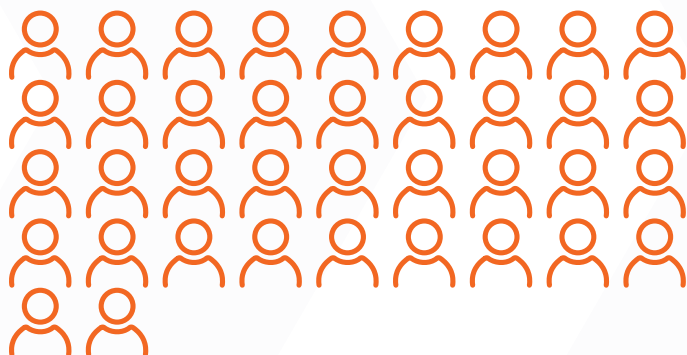
- HealthPartners Olivia Hospital
Medical Director: Dr. Luke Helland

- HealthPartners Park Nicollet Methodist Hospital integrated a PIT model in November 2022 and now has some of the lowest LWBS numbers in the metro, with a monthly average around 3.8% for 2023. “We’re focusing on enhancing department culture,” says Dr. Donofrio. “And we’re excited for the opportunity to grow a new team of RNs who have joined the ED within the last year.”
- The team at HealthPartners Hutchinson Health Hospital continues to see historic patient volume, up 7% from last year. They’ve been working to implement several quality-improvement projects and hit recommended door-to-needle times for stroke patients from 33% to 100% of the time. HealthPartners has added 24/7 security to the ED, and it’s breaking ground on new space next year that will increase square footage and include isolation and negative-pressure rooms.
- At HealthPartners Olivia Hospital, EPPA provides medical direction to help its onsite team. In the past year, Dr. Helland has introduced simulation days to train staff in chest tubes, trauma, and stroke cases; bimonthly trauma review meetings; and ultrasound education to elevate the care the local team is equipped to deliver.

The MHealth Fairview Zone

Zone Patient Volume

122,394



“The EDs in both MHealth Fairview Ridges and Southdale Hospitals continue to be places of innovation within the system. Hospital leadership is willing to pilot new things and our teams are adaptable and forward-thinking. If there’s an issue, you can be confident that someone is looking at it and asking, ‘How can we do it better?’”

—Dr. John Houghland



• MHealth Fairview Ridges Hospital
Medical Director: Dr. John Houghland

• MHealth Fairview Southdale Hospital
Medical Director: Dr. Brandon Trigger

- Teams at both hospitals collaborated to launch a telehealth in triage program to facilitate faster care and reduce LWBS and length-of-stay numbers. By moving more care to the waiting room, the teams are also creating a greater sense of safety in the lobbies.
- The MHealth Fairview Southdale Hospital team continues to collaborate with the University of Minnesota on several projects. They enroll large numbers of patients in clinical trials and the University of Minnesota just received a \$10 million grant to improve access to mobile ECMO therapy during and after cardiac arrest.
- The EmPATH facility at MHealth Fairview Southdale Hospital has received national attention and has helped reduce mental-health admissions by 60%.*
- MHealth Fairview Ridges Hospital has added in-person mental-health social workers and daily huddles to address boarding issues for mental-health patients.
- Creative use of space continues to be a way to move patients through the ED faster. Hospital leaders at MHealth Fairview Ridges are expanding inpatient capacity and flow by creating flex units in labor and delivery and pediatric areas.

*Read more on page 6.

The North Memorial Zone

Zone Patient Volume

107,487



“This year, we hit our highest volume of patients ever, but we’ve been able to keep our LWBS numbers lower this year than the last two due to onboarding new physicians and APCs and collaborating with our hospital on innovative ways to see more patients.”

—Dr. Todd Gengerke



- North Memorial Health Robbinsdale Hospital
Medical Director: Dr. Christopher Palmer
- North Memorial Health Maple Grove Hospital
Medical Director: Dr. Todd Gengerke

- North Memorial Health Robbinsdale Hospital launched a PIT model in early spring, which has reduced LWBS numbers. Additionally, hospitalists have taken over the care of patients boarding in the ED after admission hand off to enable ED staff to focus on arriving patients.
- Three new physicians have been fantastic additions to the team. They also plan to add a roster of new APCs to their group in the next few months. “The group continues to deliver top-notch patient care during very difficult times,” says Dr. Palmer.
- At North Memorial Health Maple Grove Hospital, the team has grown its nursing team. Emergency medicine education is offered for nurses to highlight medical issues more often seen in a trauma center so they’re able to deliver higher-level care, even in the community hospital setting.
- North Memorial Health has transitioned to a more system-based leadership model, rather than operating as two separate hospitals. This has created improvements in multiple areas, including transferring patients, IT consistencies, and more.



“ I couldn't have asked for a better group to join. Everyone is so welcoming and open to collaboration. EPPA has been an integral part of healthcare in the Twin Cities for more than 50 years. They have a track record of success across multiple hospitals in different healthcare systems. That kind of longevity speaks to the fact that this is a solid, well-run group. ”

—Dr. Ikram Irfanullah

EPPAhealth.com