



Emergency Medical Services Council

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Operations Committee
Tuesday, July 11, 2017, 9:30 a.m. - 11:30 a.m.
Hopkins Fire Department
101 - 17th Avenue South, Hopkins 55343

Mission

We represent a system of pre-hospital care, striving to improve all aspects of the patient experience, by the collaborative development, use and promotion of best practices.

Service

People serving on the EMS Council, committees and work groups shall:

- Bring their own training, experience, and professional codes to EMS Council deliberations.
- Know and express the values and interests of their affiliated organizations.
- Serve the best interests of patients.

Proposed Agenda

- I. Call to Order, Welcome and Introductions
- II. **Action:** Consent Items:
 - Approval of July 11, 2017 Agenda
 - Approval of April 11, 2017 Summary
- III. NEMSIS 3.4.0 (new elements and effect on conducting RTS reporting and analysis)
- IV. Ordinance 9 (determination to recommend a workgroup to review the ordinance)
- V. Public Education (standing topic) – Public AED
- VI. System Communications (standing topic)
- VII. Equipment Exchange (standing topic)
- VIII. Reports by Non-EMS Committee Members (standing topic)
- IX. Future meetings, Tuesday 9:30-11:30 a.m., Hopkins Fire Department:
 - October 10, 2017
- X. Adjourn

ARTICLE V. COMMITTEES

B. Standing EMS Council Committees

Operations Committee

- a. The Committee will monitor and review operational aspects of pre-hospital ambulance response, care and transportation, equipment, implementation of standards and provide input to other standing committees concerning operational issues. The Committee will review and make recommendations concerning the mainframe or “backbone” components of the EMS Communications system and how such system should be used within the County. The Committee will review and make recommendations to the EMS Council and Hennepin County public health regarding:
 - (1) Unscheduled ambulance emergency response times;
 - (2) Assignment and utilization of unscheduled ambulance resources;
 - (3) Adequacy of resources;
 - (4) Effect of unscheduled ambulance response transfers;
 - (5) Primary service area issues;
 - (6) Municipal response concerns;
 - (7) MCI coordination;
 - (8) Utilization of mutual aid;
 - (9) Submission of pre-hospital data;
 - (10) Coordination of interoperability of medical communications and PSAP communications; and
 - (11) Public education.