



## Emergency Medical Services Council

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**Communication Workgroup**  
**Wednesday, April 20, 2016, 10:00 a.m. - 12:00 p.m.**  
**Edina Fire Station #1**  
**6250 Tracy Avenue, Edina 55436**

**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 April 20, 2016 Agenda
  - Approval of March 23, 2016 Summary
- III. Scheduled and Unscheduled Calls
- IV. Call Processing Card 33/37 + 30 Minute Rule (pre-arranged transfers)
- V. Appropriate Call Receipt Methods
- VI. Patient Information Report Information and Color Acuity Ratings
- VII. Future Meetings TBD
- VIII. 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.