



**Emergency Medical Services Council**



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**Ordinance 9 Bylaws Review Work Group**

**May 17, 2023 2:30 pm – 4:00 pm**

**Online at <https://www.hennepin.us/business/work-with-henn-co/ems-planning-reg>**

**Summary**

Present	Absent
1. Ryan Quinn, Edina Fire Dept. 2. Jeff Czyson, Allina Health EMS 3. Susan Long, Allina Health EMS 4. <b>Todd Joing, MD, MHealth Fairview Southdale Hospital, Chair</b>	
Guests	Staff
	Kristin Mellstrom

**Welcome and Introductions** – Todd Joing, MD, Chair of the Ordinance 9 Bylaws Review Work Group called the meeting to order at 2:30 p.m. with a quorum present.

**Approved:** Today’s agenda and meeting minutes from 5/7/23.

The work group continued its review of the membership of committees and meeting schedules. The proposed changes to committees and the bylaws will be moved to the Executive Committee of the EMS Council at its next meeting.

- **EMS Council**
  - Purpose: The body appointed by the County Board, as approved by the Hennepin County Board of Commissioners June 7, 2022 by Resolution #22-0155-R1, to establish standards relating to Ambulance Services under Ordinance 9.
  - Meeting Schedule: ~~Twice per year~~ At least once annually
  - Membership:
    - All current seats, as specified in the current EMS Council Bylaws dated effective September 22,

2015, will remain, with the following exceptions

- Each hospital in Hennepin County will have ~~two~~ one representative who is either a hospital administrator or an emergency physician
- One West MRCC representative will be added

- **Executive Committee**

- Purpose: Review and assign issues or activities to committees, appoint ad hoc work groups, oversee membership on committees and the EMS Council
- Meeting Schedule: ~~Quarterly~~ At least once before each EMS Council meeting
- Membership: EMS Council Chair, EMS Council Vice Chair and chairs of each committee

- ~~Medical Standards Committee~~

- ~~Purpose: Review policies and protocols that affect pre-hospital and transfer of care activities.~~
- ~~Meeting Schedule~~
- ~~ALS EMS Medical Directors, Admin. from a medical control hospital, four emergency physicians from medical control hospitals, two ALS service admin/managers from ALS EMS Providers in Hennepin County (HC), non-supervisory ambulance service personnel from an ALS EMS Provider in HC, one emergency physician from a medical control hospital outside of HC~~

- ~~Operations Committee, Quality Committee,~~ merged to be the **Pre-Hospital Operations and Quality Committee**

- Purpose: Monitor and evaluate pre-hospital patient care including but not limited to patient dispositions; resource and mutual aid utilization; equipment; implementation of EMS Council standards and policies; communications systems' interoperability; data submission, collection and analysis; creation of performance metrics; and quality assurance and improvement activities.
- Meeting Schedule: Quarterly
- Membership:
  - One clinical quality manager from each ALS EMS Provider in Hennepin County
  - One operations leader from each ALS EMS Provider in HC
  - One emergency physician from a hospital in HC that is not affiliated with an ALS EMS Provider
  - Two EMS Medical Directors from ALS EMS Providers in HC
  - One West MRCC rep
  - One Primary PSAP rep

- ~~EMS Medical Directors Committee and Ambulance Service Personnel~~ **Medical Care and Standards Committee**

- Purpose: Ensure best practices-based high quality pre-hospital patient care under the authority delegated by state statute and EMSRB rules; implement medical policies or procedures affecting field operations.
- Meeting Schedule: At least quarterly
- Membership:
  - Three emergency physicians from hospitals that are not affiliated with an ALS EMS

- Provider
- Two hospital administrators/managers (at least one from a hospital with an ALS EMS service)
- EMS Medical Directors from each ALS EMS Provider in HC
- One Paramedic from an ALS EMS Provider in HC

EMS Council Bylaws

The bylaws were also reviewed and updated. The following changes to the current bylaws were proposed:

## Bylaws of the EMS Council

*effective ~~September 22, 2015~~*

### ARTICLE I. ESTABLISHMENT

The Emergency Medical Services Council (EMS Council) is established as approved by the Hennepin County Board of Commissioners, May 2, 2000 and any amendments thereto subsequently approved by the Hennepin County Board of Commissioners.

### ARTICLE II. PURPOSE

The Purpose of the EMS Council is as approved by the Hennepin County Board of Commissioners June 7, 2022 by Resolution #22-0155-R1 and any amendments thereto subsequently approved by the Hennepin County Board of Commissioners.

### ARTICLE III. MEMBERSHIP

A. Membership in the EMS Council shall be composed of representatives and members serving residents of the county of Hennepin as subsequently defined and as the Hennepin County Board of Commissioners may approve from time to time:

1. Each hospital within Hennepin County which operates a 24-hour emergency department ~~and which meets the standard developed by ALS medical directors and the EMS Council for providing radio medical control:~~ ~~two~~ one vote (one administrator or one emergency physician);
2. Each unscheduled ALS EMS Provider with a primary service area (PSA) in the county: two votes (one ambulance medical director and one administrator or physician);
3. A paramedic from an ALS EMS Provider with a primary service area (PSA) in the county, to be rotated every two years: one vote;
4. A representative of an ambulance dispatch center for one ALS EMS Provider with a primary service area (PSA) in the county, to be rotated every two years: one vote;
5. A representative of a Primary Public Safety Answering Point (PSAP) within the county to rotate every two years: one vote;
6. A representative of the West Medical Resource Control Center (West MRCC): one vote

7. The Hennepin County Chiefs of Police Association: one vote;
8. The Hennepin County Fire Chiefs Association: one vote;
9. A public representative without EMS industry affiliation, either a representative from a municipal public health authority within Hennepin County or as a member of the general public: to be rotated every two years, one vote; and
10. The Hennepin County director of public health: non-voting ex officio membership.

The EMS Council may authorize other single vote membership and non-voting ex officio membership. Each EMS Council representative may designate in writing one alternate who is equally authorized to represent, speak and vote on behalf of the member organization.

B. The Executive Committee will ~~schedule a committee meeting to~~ review any application for membership to the EMS Council and will refer for action all eligible applications to a regular or special meeting of the full EMS Council. An application will be acted upon ~~within 90 days of receipt of a request for membership~~ at the next Executive Committee meeting. An applicant will be notified in writing within ten days of Executive Committee or EMS Council action.

C. Any application for membership approved by the EMS Council shall be forwarded with favorable recommendation to the Hennepin County Board of Commissioners for approval for representation and membership.

D. Membership of an entity on the EMS Council shall be automatically renewed each year upon initial approval of membership by the Hennepin County Board of Commissioners. Any member may, by resolution of its governing body or corporation, give written notice of its withdrawal from the EMS Council. ~~At least sixty (60) days notice shall be given for such withdrawal.~~

E. In the event of a grievance, the due process provided for nonmembers, applicants and members of the EMS Council will be to submit their grievance in writing to the chairperson of the EMS Council. In the event the grievance includes the institution the chairperson represents, it shall be referred to the vice chairperson. The chairperson (or vice chair) shall determine whether the grievance is within the scope of the EMS Council. If the grievance is within the scope of the EMS Council, the chairperson (or vice chair) shall refer the grievance to the Executive Committee for review and action. If a satisfactory conclusion is not reached at that level, then the grievance may be appealed to the full EMS Council for action. At all levels of the grievance mechanism, a review will be conducted within 30 days of the hearing. Minutes of the meeting will serve as a record of the grievance proceeding.

F. All resignations and requests for appointments to the EMS Council shall be presented in writing to the Executive Committee. ~~Requests for appointments to the EMS Council, physicians or administrators, shall be made by the chief operating official for the member organization.~~

#### **ARTICLE IV. MEETINGS AND OFFICERS**

##### **A. Meetings**

1. General. Robert's Rules of Order shall govern the procedures at all meetings of the EMS Council in all matters not otherwise governed by these Bylaws. The EMS Council shall also comply with Minnesota Statute 13D, the Open Meeting Law.

2. Types and scheduling of EMS Council meetings. ~~The~~ An annual meeting of the EMS Council shall be held; ~~in March or April~~ additional meetings may be held. ~~Regularly scheduled EMS Council meetings shall be held~~ as decided by the Executive Committee. Special meetings of the EMS Council may be called by the chairperson, the Executive Committee, or a majority of the members expressing their desire to the chairperson in writing. EMS Council committees, subcommittees, and task forces shall meet as needed.
3. Notice for EMS Council meetings. Annual and regularly scheduled EMS Council meetings shall be held with twenty days written notice. Special meetings of the EMS Council shall be held with five days written notice. The vice-chairperson shall ensure the timely publication of the notices of EMS Council meetings.
4. Notice for committee meetings. Meetings of committees shall be held with five days written notice.
5. Agenda for EMS Council meetings. For annual and regularly scheduled EMS Council meetings, the agenda and location will be published at least five days in advance of the meeting. For special EMS Council meetings, the purpose and location will be published at least five days in advance of the meeting.
6. Quorum requirements. For meetings of the EMS Council or its committees, a quorum of 51% of the voting members shall be required to conduct business. Once a quorum has been established, business may be transacted until a quorum call requested by one of the members present reveals there is no longer a quorum present.
7. Voting rules. A simple majority vote shall be required to approve regular business of the EMS Council or its committees. A two-thirds majority of members entitled to vote shall be required to approve changes to EMS Council membership, or Bylaws.

#### B. Officers

1. The EMS Council shall elect from its membership, every two years, one chairperson and one vice chairperson; one to be an emergency physician member and one to be elected from the non-physician membership.
2. The Chairperson is an ex-officio member of all standing committees and, with the assistance of Staff to the EMS Council, is responsible for :
  - a. Calling all regular, annual and special meetings of the EMS Council.
  - b. Presiding at all regular, annual and special meetings.
  - c. Appointing all committees, task forces and special study groups.
  - d. Preparing all meeting agendas.
  - e. Representing the EMS Council to other groups and external organizations.
  - f. Appointing the chairperson and additional members as needed for all committees.
3. The Vice Chairperson, with the assistance of Staff to the EMS Council, is responsible for:
  - a. Acting in the capacity of the chairperson when the chairperson is not present.
  - b. Approving minutes, meeting notices, agendas and other business from the EMS Council to EMS Council members. Meeting summaries shall be maintained of all EMS Council and Committee meetings and shall be transmitted to the legal address of each member prior to the next meeting of the EMS Council. In the event of

an amendment to the meeting summary, a revised copy shall be transmitted within ten days to all members.

c. Arranging all meeting locations and details.

d. Performing other duties as assigned by the chairperson.

4. The term of all elected officers shall be two years, with the option of an additional two year term.
5. The election of all EMS Council officers shall be held every two years at the annual meeting of the EMS Council or more frequently as necessary to fill vacancies which may be created. Officers shall not serve more than two consecutive terms in the same position, but may serve again after two years. In the event of a vacant office, an elected replacement shall complete the original term of office only.
6. An officer must give up their office when they no longer are a member from the organization they represented when first elected.

## **ARTICLE V. COMMITTEES**

### **A. General**

1. All committees are responsible to the full EMS Council. The EMS Council shall have an Executive Committee and delegate to said Executive Committee its authority as it may deem appropriate. The EMS Council may appoint ad hoc task forces to address specific issues, as it may deem appropriate. An ad hoc task force shall dissolve upon completion of its specified activity or action of the EMS Council.
2. The Chairperson of each standing committee shall be a member of the EMS Council.
- ~~3. Committee and subcommittee chairpersons shall be nominated by the EMS Council Executive Committee and approved by the EMS Council.~~
4. Composition and changes to standing committee memberships shall be established and approved by the EMS Council.
5. The chairperson of a standing committee or subcommittee shall be limited to two consecutive terms and may be reappointed after two years.
6. The chairperson of a standing committee may appoint ad hoc task forces to address specific issues and make recommendations to the full committee. The work of the ad hoc task force terminates after completion of the immediate charge.

### **B. Standing EMS Council Committees**

#### **1. Executive Committee**

a. The Committee membership will include the EMS Council Chairperson, Vice Chairperson and immediate past Chairperson, and chairpersons of other standing committees.

b. The Committee will, in addition to those activities charged by the EMS council, be responsible for the following:

- (1) Ensuring issues and charges to committees of the EMS Council are addressed in a timely manner and provide monitoring of activities;

- (2) Developing and reviewing EMS Council agendas prior to EMS Council meetings;
- (3) Reviewing Committee recommendations;
- (4) Reviewing and making recommendations on requests for EMS Council membership and membership credentialing;
- (5) Serving, with the input of others, as the nominating body for EMS Council officer elections;
- (6) ~~Serving as the nominating body for the appointment of Committee chairpersons;~~
- (7) Assigning issues or activities to committees in order to facilitate EMS Council and committee action; and
- (8) Reporting to the EMS Council, at regular meetings, a summary of previous meetings and activities.

## ~~2. Medical Standards Committee~~

~~a. The Committee will focus on activities associated with pre-hospital emergency medical care through the delivery of the patient to an emergency department, including:~~

- ~~(1) Ambulance service personnel training and standards;~~
- ~~(2) Unscheduled pre-hospital medical treatment protocols;~~
- ~~(3) Coordination of pre-hospital medical care;~~
- ~~(4) Appropriateness of patient transport and disposition; and~~
- ~~(5) Approval of recommendations from the Medical Directors Subcommittee.~~

~~b. The Committee will include the following:~~

- ~~(1) A medical director of each ambulance service providing unscheduled care within Hennepin County~~
- ~~(2) One hospital administrator representing a medical control hospital~~
- ~~(3) Four emergency physicians, who are not ambulance service medical directors, representing different medical control hospitals~~
- ~~(4) Two ALS service administrator/manager representatives of ambulance services providing unscheduled care within Hennepin County~~
- ~~(5) A non-supervisory ambulance service personnel from an ambulance service providing unscheduled care within the County~~
- ~~(6) One emergency physician representing a medical control hospital outside Hennepin County~~

## ~~3. Ambulance Medical Directors Subcommittee of the Medical Standards Committee Medical Care and Standards Committee~~

a. The ~~Sub~~Committee is responsible for:

- (1) ensuring best practices-based high quality pre-hospital medical care under the authority delegated to ambulance medical directors under State law and the Emergency Medical Services Regulatory Board ~~rules to ambulance service personnel and radio medical control physicians;~~
- ~~(2) approving recommendations from the Ambulance Service Personnel Subcommittee; and~~
- (3) ~~implementing~~developing medical policies or procedures that affect field operations from the time of a request for 911 service to the transfer of patient care across the west metro system;

b. The Medical Oversight Committee shall include the following members:

- (1) An EMS Medical Director for each unscheduled ALS EMS Provider with a primary service area within Hennepin County
- (2) Three emergency physicians from hospitals that are not affiliated with an ALS EMS Provider with a primary service area within Hennepin County
- (3) One paramedic from an ALS EMS Provider with a primary service area in Hennepin County
- (4) Two hospital administrators (at least one from a hospital with an ALS EMS Provider with a primary service area in Hennepin County)

~~4. Ambulance Service Personnel Subcommittee of the Ambulance Medical Directors Subcommittee.~~

~~a. The committee will identify and discuss issues affecting ambulance service personnel within Hennepin County, to include:~~

- ~~(1) Review and make recommendations on training and retraining standards ambulance service personnel; and~~
- ~~(2) Identification of potential issues affecting pre-hospital care, such as proposal of protocol revisions, special studies, new procedures and technologies~~

~~b. The Subcommittee will include the following members:~~

- ~~(1) Medical control hospital emergency physician;~~
- ~~(2) Ambulance medical director; and~~
- ~~(3) Non-supervisory ambulance service personnel from each ambulance service providing unscheduled pre-hospital care within Hennepin County, one of whom is a member of the Medical Standards Committee.~~

5. ~~Operations Committee~~ Pre-Hospital Operations and Quality Committee

a. The Committee will be responsible to review and make recommendations to the EMS Council and Hennepin County Public Health regarding:

1. Monitoring and evaluation of pre-hospital patient care including but not limited to patient dispositions
2. Communications systems interoperability
3. Assignment and utilization of unscheduled ambulance resources
4. Adequacy of resources
5. Effect of unscheduled ambulance response transfers
6. ~~Primary service area issues~~



7. Municipal response concerns
- ~~8. MCI coordination~~
9. Utilization of mutual aid
10. Submission of pre-hospital data for quality assurance and improvement
11. Coordination of interoperability of medical communications and PSAP communications
12. Public education
13. Data submission, collection and analysis
14. Creation of appropriate indicators for pre-hospital emergency medical services to include: first responders, unscheduled ambulance response, radio medical control, support and administrative components;
- ~~(1) Response time compliance and recommendations regarding noncompliance~~
15. Development of outlines for techniques of review and evaluation and the use and application of data analysis, including requests for data release to outside investigators
16. Exploration of appropriate external review method
17. Recommendations for educative measures or changes as appropriate.
18. Review activities under the conditions of Minnesota Statute 145.61-145.67.

~~(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.~~

b. Membership on the Committee will include:

- One clinical quality manager from each ALS EMS Provider in Hennepin County
- One operations leader from each ALS EMS Provider in HC
- One emergency physician from a hospital in HC that is not affiliated with an ALS EMS Provider
- Two EMS Medical Directors from ALS EMS Providers in HC
- One West MRCC representative
- One Primary PSAP representative

- ~~(1) One ambulance service medical director, from a service providing unscheduled care within Hennepin County~~
- ~~(2) One hospital representative from a medical control hospital~~
- ~~(3) Representatives from each of the unscheduled ambulance services operating within Hennepin County~~
- ~~(4) One representative of the Hennepin County Fire Chiefs Association, from a department not operating an ALS ambulance service~~
- ~~(5) A non-supervisory ambulance service personnel from an unscheduled ambulance service operating within the county~~
- ~~(6) A public representative without EMS industry affiliation, either a representative from a municipal public health authority within Hennepin County or a member of the general public~~
- ~~(7) One representative of a primary or secondary Public Safety Answering Point (PSAP) in Hennepin County~~
- ~~(8) One representative from West Medical Resource Control Center (West MRCC)~~

#### 6. EMS Quality Committee

~~a. The Committee is established to facilitate, oversee and ensure the evaluation and improvement of the quality of pre-hospital care within Hennepin County. The Committee will carry out this responsibility through the use of data collection and analysis and other review techniques. The Committee will ensure the ongoing assessment of the work of pre-hospital personnel involved with rendering or directing care; the systematic collection of clinically relevant data; and the systems for appropriate appraisal and analysis of care and outcome. The Committee will recommend to the EMS Council those actions which are needed to maintain a high quality of EMS within the County, to include:~~

- ~~19. Appropriate indicators for pre-hospital emergency medical services to include: first response, unscheduled ambulance response, radio medical control, support and administrative components;~~
- ~~20. Response time compliance and recommendations regarding noncompliance;~~
- ~~21. Development of outlines for techniques of review and evaluation and the use and application of data analysis, including requests for data release to outside investigators;~~
- ~~22. Exploration of appropriate external review methods; and~~
- ~~23. Recommendations for educative measures or changes as appropriate.~~
- 24. Review activities under the conditions of Minnesota Statute 145.61-145.67.**

~~b. The Committee membership will include:~~

- ~~(1) Two ambulance medical directors providing unscheduled care within Hennepin County;~~

~~(2) Three administrators representing medical control hospitals;~~

~~(3) Two emergency physicians representing medical control; and~~

~~(4) One clinical quality representative from each ambulance service providing unscheduled care within the county.~~

## **ARTICLE VI. VOTING**

A. All voting shall be by member or alternate, in person, at regular or special meeting of the EMS Council except as follows:

1. A voting proxy for a meeting of the EMS Council may be authorized by the EMS Council for the specific meeting by a majority of Council members present.
2. A ballot by the EMS Council may be authorized by the Executive Committee if the Executive Committee determines a regular or special meeting cannot be held in a timely manner; provided that all actions approved by ballot shall be ~~re-baloted~~ reviewed at the next regular or special meeting of the EMS Council. Approval of a ballot shall be based upon a three-fourths (3/4) majority vote of all EMS Council members having voted in favor of the ballot.

B. Voting will be by voice or show of hands unless a written ballot is requested by a member present. All actions of the EMS Council shall require a simple majority vote of EMS Council members present for approval unless otherwise noted in the Bylaws.

C. Each voting member, or a designated alternate, will have equal voting status in the business of the EMS Council.

## **ARTICLE VII. GRANT APPLICATIONS**

Any grant application sponsored by or which requests EMS Council participation or endorsement must be submitted to the EMS Council members with sufficient time for review by all members after which it must receive the approval of the EMS Council.

## **ARTICLE VIII. REVIEW OF THE BYLAWS**

Review of these Bylaws should occur as needed, as determined by the Executive Committee of the EMS Council.

## **ARTICLE IX. AMENDMENTS**

A. Amendments to these Bylaws may be proposed by any member of the EMS Council. A proposed amendment to these Bylaws must be submitted to the Executive Committee in writing.

B. Amendments to these Bylaws shall become effective only after a regular or special meeting scheduled no less than thirty (90) days following the EMS Council meeting where the amendment was introduced.

The meeting adjourned at 4:02pm. The proposed changes to the EMS Council bylaws will be forwarded to the Executive Committee for review in Sept. 2023.