Emergency Medical Services Council

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Operations Committee
Tuesday, July 09, 2019, 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:
   o Bring their own training, experience, and professional codes to EMS Council deliberations.
   o Know and express the values and interests of their affiliated organizations.
   o Serve the best interests of patients.

Proposed Agenda

I. Call to Order, Welcome and Introductions
II. Consent Items:
   • Approval of July 9, 2019 Agenda
   • Approval of February 5, 2018 Meeting Summary
III. Ordinance #9 Workgroup Recommendations
IV. System Communications (standing topic)
V. Public Education Public (standing topic)
VI. Equipment Exchange (standing topic)
VII. Reports by Non-EMS Committee Members (standing topic)
VIII. Future meetings, Tuesday 9:30-11:30 a.m., Hopkins Fire Department:
      o October 8, 2019
IX. 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.