



SECTION IV

Administrative Procedures

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AGENCY CRITERIA FOR PARTICIPATION

Renewing Organization

Renewing ALS Agencies will be eligible to receive Medical Control upon submission to the PSRO Committee of:

- A. Evidence of licensure with the State EMS Division
- B. Evidence of compliance with MCC criteria for practice by completion of the Letter of Compliance form; and
- C. Approval of the MCC.

Advanced Life Support Agency Approval

The MCC of Oakland County will approve the Advanced Life Support Agency's designation as an EMS Provider in Oakland County and is eligible for Medical Control. This approval will be based on the PSRO review and EMS Medical Director's endorsement.

Basic Life Support Agency Approval

The MCC of Oakland County will approve the Basic Life Support Agency's designation as an EMS Provider in Oakland County. This approval will be based on the PSRO review and EMS Medical Director's endorsement.

Medical First Responder/ADT Agency Approval

The MCC of Oakland County will approve the Medical First Responder / ADT Agency's designation as an EMS Provider in Oakland County. This approval will be based on the PSRO review and the EMS Medical Director's endorsement.

EMS Personnel

An agency shall appoint an EMS Coordinator who will be the liaison person between the base hospital and the EMS agency. He/she will assure that the MCC criteria and MDCIS requirements for his/her agency and personnel are maintained. Agencies will designate an Oakland County Instructor Coordinator who will be responsible for maintaining ongoing education according to MDCIS licensing requirements. In order to participate in the Oakland County Emergency Medical Services Communications system, it is required that all basic and advanced life support units be capable of communicating on the following channels:

MEDCOM 340 – Primary Vehicle to Hospital Channel 155.340

MEDCOM 400 – Oakland County Primary EMS Disaster Channel 155.400

All licensed EMS operations (transporting and non-transporting vehicles) will be assigned a specific MEDCOM mobile unit radio identification number, in accordance with the Oakland County Unit Identification Number System. To designate the capability of the unit, a prefix will be added to the unit ID number (number obtained through OCMCA), in accordance with the EMS capability and assignment codes. These identifiers will be used in all EMS radio and telephone traffic.

All ALS field units (optional for BLS units) will be equipped with an Oakland County 800 MHz Trunked Radio system EMS portable radio.



BASE HOSPITAL

Base Hospital Responsibilities

1. Provide a SKILLS MAINTENANCE PROGRAM, which will address the didactic and clinical skills of the EMS Personnel.
2. Provide a BASE HOSPITAL EMS PHYSICIAN for the EMS personnel assigned to the base hospital.
3. Designate a BASE HOSPITAL EMS LIAISON for the EMS agencies and personnel assigned to the base hospital.
4. Provide quality assurance and performance review for EMS personnel, EMS agencies and emergency departments.
5. Provide educational programs that meet MDCIS requirements in order to address deficiencies noted in PSRO audits. These programs should also include regular EMS run reviews.
6. Conduct Incident investigations according to EMS Medical Director Incident Investigation Procedures.
7. Will be assigned EMS personnel commencing practice in Oakland County through their respective EMS agencies.
8. Conduct quarterly meetings including pharmacy, nursing, other support services, and involved agencies.
9. Provide on-line medical direction for all patients to be received.
10. Adhere to Oakland County SOP protocols.

Base Hospital EMS Physician Responsibilities

1. Each base hospital will assign an emergency physician, to serve as a base hospital EMS physician, whose duties include:
 - a. Physician advisor to EMS personnel;
 - b. Paramedic performance review and relicensure support;
 - c. EMS quality assurance in his/her institution. This includes auditing the medical direction given by the institution;
 - d. Developing EMS educational programs;
 - e. Responding to EMS runs for the purposes of the PSRO, at the physician's discretion;
 - f. Communicating with hospital medical staff on issues concerning the EMS community; and
 - g. The initial incident investigation and a resolution, if possible. The Base Hospital EMS Physician will report tabulated incident data quarterly to the EMS Medical Director.

Base Hospital EMS Liaison

Each base hospital will assist with interactions between the emergency facility and EMS agencies by assigning a person responsible for organizing base hospital liaisons. This person and the Base Hospital EMS Physician will be identified to the EMS Medical Director and MCC.

Skills Maintenance Programs

- A. As decided by the base hospital EMS physician in conjunction with the agency, a skills maintenance program will be provided according to the EMS personnel's needs.
- B. Endotracheal intubation is a critical paramedic skill. Each base hospital shall provide such training for paramedics based at their institution.



BENNETT BILL UPGRADE POLICY

Requirements

All Oakland County Medical Control Authority (OCMCA) transporting BLS agencies wishing to participate with Act 78, Public Act of 1997, known as the Bennett Bill must meet the following requirements:

1. Must meet the requirements of the legislation and the Michigan Department of Consumer and Industry Services, EMS Division.
2. Must be a State licensed basic transporting service on or before the 22nd of July 1997.
3. Must be owned or operated by a local unit of government, or must be under contract with a local unit of government.
4. Must provide first-line 911 or emergency transport services only. May not provide non-emergency transports with the upgraded vehicle.
5. Must meet or exceed Oakland County staffing requirements on upgraded vehicle (2 paramedics).
6. Must comply with all patient care and radio equipment requirements of an advanced life support service.
7. The approved upgraded unit will not advertise in any manner or give the impression of providing advanced life support 24 hours per day, 365 days per year.

Procedure for Participation

1. Submit a copy of the completed Conditional Upgrade License Application to the OCMCA office, including all required attachments (as per the application) for Quality Improvement Committee and Medical Control Committee review. Must include a two-year plan for the agency to permanently upgrade to ALS.
2. With application, submit a support letter from Base Hospital to the OCMCA office.
3. The EMS Quality Improvement Committee and the Medical Control Committee will review application. A letter of recommendation will be issued by the OCMCA, if all requirements are properly met. Allow 60 days for this process.

Once Approved by State EMS Division (before implementation)

1. Contact the OCMCA office to set up the following:
 - a. purchase of medication boxes
 - b. present proof of equipment which meets the minimum standards of the State EMS Division and the OCMCA policies for the level you are conditionally licensed to function.
2. ALS Supplies and Equipment must be taken out of the vehicle and secured in a locked area when not working at the upgraded level.
3. All OCMCA protocols and policies must be followed at all times.

Approved MCC: December 17, 1998



EMS PERSONNEL

Note: All EMS personnel shall participate in peer reviewed quality improvement (PSRO), as well as any other MCA committee's and subcommittee (temporary or standing) as a privilege to practice in the Oakland County Medical Control Authority system.

Paramedic Qualifications

All Paramedics must:

- A. Be licensed with the State of Michigan as a paramedic.
- B. Have current ACLS certification.
- C. Adhere to the State of Michigan's EMS Division continuing education requirements.

EMT Qualifications

All EMT's must:

- A. Be licensed in the State of Michigan as an EMT.
- B. Adhere to State of Michigan EMS Division's continuing education requirements.

MFR Qualifications

All MFR's must:

- A. Be licensed in the State of Michigan as an MFR.
- B. Adhere to State of Michigan EMS Division's continuing education requirements.

State approved: July 10, 2007



EMERGENCY FACILITIES

Definitions

- A. Emergency Facility – a hospital or freestanding emergency facility.
- B. Receiving Emergency Facility – a facility approved by the OCMCA to give medical direction and receive patients.
- C. Base Hospital – approved by the OCMCA and fulfills the criteria set by the OCMCA defining base hospital.
- D. Online Medical Direction – prehospital direction given by an emergency physician or nurse over the radio or telephone to an EMS provider.

Bi-Annual Review Process

The Receiving Facility/Base Hospital Letter of Compliance form will be completed bi-annually in accordance with the published schedule, forwarded to the EMS Quality Improvement (QI) Committee for compilation and presentation to the MCC.

Uniform Hospital Policy for Rerouting EMS Vehicles

Critical patients will be accepted by the closest appropriate hospital when transportation to a more distant hospital could further threaten the patient's condition. Serious but stable patients may be rerouted to more distant hospitals using the guidelines of the HOSPITAL REROUTING PROTOCOL.

ALS Cooperating Hospital Criteria and Hospital Compliance

- A. Criteria –
 1. A qualified Emergency Physician will be available at all times to provide online medical direction at each participating hospital.
 2. A qualified Emergency Physician is defined as:
 - Board Certified in Emergency Medicine, by either the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.
 - Residency trained in Emergency Medicine.
 - A physician practicing full-time in an Oakland County approved facility prior to July 1, 1993 and practicing full-time in emergency Medicine since that time. A one-time request for approval for this category for each physician shall be made through the QI Committee with a recommendation to the Medical Control Committee (or as the board). Hospitals unable to meet these criteria will petition the EMS Medical Director as outlined in current policy.
 3. Any variation in the above will require special consideration by the EMS Medical Director. Any appeals of the EMS Medical Director's decisions may be brought before the Executive Committee of the MCC.
- B. Compliance –
 1. Upon adequately establishing a hospital's inability to comply with the MCC criteria for participation, the EMS Medical Director will:
 - Advise the hospital of its noncompliance status.
 - Request a plan within two weeks from the hospital containing a timetable for achieving compliance.



- a. If the timetable to comply is less than one month, the EMS Medical Director will monitor and assure completion.
 - b. If the time allotted is more than one month, or, if the hospital cannot complete the plan, its 800 MHz radio will cease, and the Oakland County Medical Control Authority will be notified. The hospital may continue to receive runs, but will not offer online medical direction for ALS runs until compliance with criteria for participating is met.
2. Any appeals of the EMS Medical Director's decision or actions shall be according to the Incident Investigation Procedure.

Receiving Hospital Responsibilities:

- A. Receive patients; provide medical direction for those patients.
- B. Provide case-by-case quality assurance and performance reviews; communicate with base hospital regarding significant deviations in case of policy.
- C. Replenish medication and medical supply, which are reimbursable to the hospital.
- D. Participate in QI programs, including a review of online medical control at their institution, and provide documentation to the EMS Medical Director.
- E. Adhere to Oakland County SOP protocols.



EMS RESEARCH FOR PUBLICATION POLICY FOR OAKLAND COUNTY

Definition

Research – is defined as a scientific investigation designed to establish facts, and to analyze their significance, with the development or contribution to generalized knowledge being the primary goal.

Peer Review Journal – is a medical journal where decisions made to publish an article, are judged by one or many reviewers who are selected by the journal to be expert in a particular research field. Evaluations are usually blinded (authors are not identified) and articles are accepted for publication based on the scientific merit, quality of study performed and relevance to the medical community.

Institutional Review Board – a multi-disciplinary board composed of medical, legal, ethical and consumers that is mandated by federal law to review research studies on human subjects. Their sole purpose is to ensure that patient's rights are being protected.

General Principles

Patients, agencies and hospital's rights and confidentiality will be preserved in all cases. No patient, agency or hospital identifying data will be reported. Case reports may be considered under special circumstances with approval by the Medical Control Committee, the patient, agency or hospital.

The System benefits from critical review of EMS care in Oakland County when that information is utilized to improve care. The scientific method that clinical research demands is necessary to fully evaluate care.

The Medical Control Committee of Oakland County has an interest in providing that evaluation done in this system be done in a fair and appropriate fashion.

Authorship

It is strongly encouraged that a member of the Oakland County Medical Control Committee be a principal or co-investigator for all studies conducted in the system. It is also strongly encouraged that a pre-hospital provider be either a principal or co-investigator as well. Members of the Oakland County system who wish to actively participate as a co-investigator on a project should express that interest to the principal investigator and all efforts will be made to accommodate that request.

Updated Protocol: MCC approved November 20, 1997



STATE-WIDE RESEARCH IN OAKLAND COUNTY

Research Review Committee

The Medical Control Committee will develop a Research Review Committee (RRC) to evaluate and comment on research studies originating from the Oakland County EMS System. The purpose of the board would be to review proposals for projects prior to initiation.

The composition of this board shall include the chairman, vice-chairman and secretary of the Medical Control Committee, the chairman of the Operations Committee, and EMS Medical Director and the chairman of the Quality Assurance Committee. The RRC may seek technical assistance as it sees fit.

A long-term approach, if deemed appropriate, would be the development of an Oakland County EMS institutional review board, similar to those used in hospitals.

Pre Study approval will be with the understanding that results will be submitted to peer review medical journals unless stated otherwise. Scientific merit of the finished project will be judged by the reviewing journal.

Pre-Study Approval

All studies that involve countywide data collection, new field interventions, or would name a specific agency (unless the specific agency has agreed to participate) are subject to this policy.

Cases in which agencies/hospitals/facilities and/or their personnel will be required to collect and submit data will require approval of the Medical Control Committee.

The principal investigator will contact the Medical Control Committee office to request that a meeting be arranged with the RRC to evaluate a proposal. The principal investigator will provide the MCC Office with a brief summary of literature relevant to the study purpose, review of methods used, duration of study and indications of statistical methods that will be used for analysis, identify the principal and co-investigators. The RRC will meet within 60 days to consider and take action on the request.

All studies must have pre-study approval by the RRC before initiation. Approval will be based upon:

- A. Potential for risk and benefit to patients.
- B. Scientific merit of the proposal.
- C. Appropriateness of study for the Oakland County EMS System.
- D. Benefit to be derived by Oakland County system and the medical community at large.

Appeal of the RRC decision may be made to the Medical Control Committee at their next meeting.

All studies that have pre-study approval from the RRC will be forwarded to the MCC for approval in a report by that committee at the next Medical Control Committee Meeting. This motion will be in the minutes as well as the results of the motion. The minutes of the Medical Control Committee are the authoritative record of any approved studies. Study authors are required to review the minutes of the MCC meeting to verify pre-study approval.



All studies, other than retrospective chart review, must have the approval of the institutional review board of the submitting hospital or hospitals to assure that the safety of human subjects is protected.

Provisions must be made for appropriate informed consent by patients in accordance with federal and state laws and regulations.

Data Collection

Study investigators will be responsible for data collection and compliance. Access to system data will be contingent to approval as indicated above.

The MCC Office will be the repository for all countywide data. The MCC may allow exception to this policy with data returned to the MCC Office upon study completion. Data will be returned to the MCC Office upon study completion (defined as publication).

The MCC Office will place the data in a secure location. After study completion, this data will not be accessed for republication unless the request for re-publication follows the procedures in this policy as if it were a new request for publication.

Reports and Publications

Progress reports will be made to the approving institutional review board as well as the RRC on all non-retrospective studies to ensure that patient's rights are protected.

A draft document will be submitted to the RRC prior to submission for publication for review and assurance that the draft document is produced in accordance with this policy. If, after review, the RRC (through a majority vote) feels a technical review is necessary to assess compliance with reasonable research practices, then it will follow these steps:

- A. Contact the study author(s) for a recommendation of personnel for the technical review.
- B. Select (a) reviewer(s).

NOTE: The person(s) conducting the technical review MUST be approved by both the RRC and the study author(s).

- C. Within 60 days of submission of the draft to the RRC (in #2 above):
 1. the review must be completed.
 2. the evaluation by the reviewer(s) must be given to the RRC, including a recommendation regarding whether the document is appropriate for submission to a peer review journal.
 3. the RRC must reach a decision regarding submission utilizing the review and the determination of whether the project was completed in accordance with this policy.

When individual or multiple agencies are reviewed, they will receive the study for review and comment. Study investigators are ultimately responsible for the contents of any publication. Comments will be forwarded to study author within 2 weeks of receipt, prior to publication, as deadlines exist for submission of projects.



Final Approval Before Publication

Recommendation for approval will be given by the RRC to the Medical Control Committee. The decision for final approval for publication will be made by the Medical Control Committee prior to submission for publication, for studies that are conducted in accordance with the above policy, do not compromise patient, agency or hospital confidentiality, and when applicable, have gone through technical review. Appeal of RRC decisions may be made to the Medical Control Committee. Appeal of Medical Control Committee decisions may be made back to the Medical Control Committee only after the researcher resolves the concerns that were raised by the Medical Control Committee.



FREE-STANDING EMERGENCY CARE FACILITIES

Guidelines for Participation

- A. Professional Responsibilities and Public Expectations.
1. By definition, emergency care includes the immediate evaluation and intervention of life-or-limb-threatening illnesses or injuries. The critical nature of this service creates both professional responsibilities and public expectations for the emergency care providers. This section outlines the conditions necessary to meet responsibilities accruing from public and professional expectations.
 2. Facilities using “emergent”, “emergi” or like-terms should have the physical design, equipment and personnel to evaluate and stabilize patients with life-or-limb threatening conditions.
 3. Physicians and nurses providing emergency care should have the knowledge and skills necessary to provide appropriate initial evaluation, management and treatment for patients with life-or-limb threatening conditions.
 4. Emergency care must be available 24 hours-a-day and 7 days-a-week.
 5. Emergency care should be provided to all patients without regard to their ability to pay.
 6. Emergency care facilities should have an active public education program that details the capabilities of the facility and its appropriate use.
 7. The facility must be willing to receive emergency patients.
 8. The facility must agree to comply with any appropriate policies or protocols established by the MCC.
- B. Principles of Emergency Care
- This section outlines those elements of emergency care, including facility administration, staffing, design and materials, essential for the treatment of life-or-limb-threatening conditions.
1. Administration
 - The emergency facility should be organized and directed to meet the health care needs of its patient population.
 - The medical director of an emergency facility, in collaboration with the appropriateness of emergency care are evaluated.
 - The duties and responsibilities of medical and nursing personnel within the emergency service area should be defined in writing.
 - Triage of patients seeking care should be determined by specially trained personnel using guidelines established by the medical director of emergency services, in collaboration with the director of emergency nursing.
 - The ultimate evaluation, treatment and diagnosis of the emergency patient are a physician’s responsibility.
 - The medical and nursing care response must be timely for all patients with life-or-limb threatening illnesses and injuries.
 - All emergency care personnel should maintain their skills and knowledge in treating life-or-limb threatening illnesses and injuries. Such competence should be maintained through appropriate participation in continuing education courses and clinical experience.



- A formal facility-orientation program should be required for all new staff members who provide patient care.
- Emergency facility operations should be guided by written policies and procedures.
- The emergency facility should maintain a control register identifying all those seeking emergency care.
- A medical record on every patient receiving care in an emergency facility should be established and permanently maintained.
- Must submit to a review process.
- Must be willing to have physician representation at the MCC meetings.

2. Staffing

- The emergency facility should be staffed by appropriately educated and experienced emergency care professionals during all hours of operation.
- The patient care provided in the emergency facility shall be directed by a physician. The medical director of the emergency facility, shall:
 - a. possess training or experience in emergency medicine sufficient to meet the qualifications for taking the ABEM or AOBEM certification examination.
 - b. possess competence in management and administration of the clinical services in an emergency facility; and
 - c. ensure that the staff is adequately qualified and educated.
- All staff physicians should meet the Emergency Physician requirements established by the MCC (See Emergency Facilities Policy).
- The nursing care provided in the emergency facility should be directed by a registered nurse. The director of emergency nursing or the nursing supervisor should:
 - a. possess education or experience in the emergency nursing sufficient for current ACLS certification;
 - b. possess competence in the management and administration of the clinical services in an emergency facility; and
 - c. ensure that the nursing and ancillary staff are adequately qualified and educated.
- All staff nurses should:
 - a. possess adequate previous emergency department/center and critical care experience, or have completed an emergency care education program;
 - b. possess competence in advanced life support; and
 - c. possess the knowledge and skills necessary to evaluate, manage and educate patients according to the ‘Standards of Emergency Nursing Practice.’
- Must provide an update of staffing position changes to the EMS and Disaster Control Division.

3. Equipment and supplies should be:

- high quality and suitable for patients anticipated by an emergency facility; and
- available in the facility as detailed in Attachment One.

4. Pharmacologic/therapeutic drugs and agents. Necessary drugs and agents should be available in the facility as listed in Attachment Two.



5. Facility
 - The emergency facility should be designed to provide safe and effective care with adequate and convenient access to treatment areas for both ambulatory and non-ambulatory patients.
 - Radiological and laboratory services should be immediately available 24 hours a day to provide diagnostic evaluation of patients with life-or-limb threatening conditions.
6. Appropriate signs that are consistent with the applicable laws should indicate the direction of the emergency facility from major thoroughfares.

C. Responsibilities For The Continuity Of Patient Care

1. Pre-hospital
 - Pre-hospital emergency care should be provided as recommended in the American College of Emergency Physicians' position paper "Medical Control in Emergency Medical Services."
 - Emergency facilities should be designated part of the EMS plan. The MCC should determine each emergency facility's role in the local EMS plan.
 - Patients should be transported to the nearest appropriate hospital in accordance with the Oakland County MCC guidelines.
 - When EMS services transport patients to an emergency facility, a communication system, such as a two-way radio or other appropriate means, must be available to allow for notice of arrival or advance information concerning critically ill or injured patients.
 - Transport personnel should provide complete, written clinical documentation of all pre-hospital care provided for the patient. A copy of the document should be immediately available upon transfer of care and should be included in the patient's permanent record.
2. Emergency Facility
 - Emergency facility personnel should be familiar with pre-hospital advanced life support protocols.
 - A physician, registered nurse or other appropriately trained person should promptly conduct initial patient assessments on all patients brought to the facility with life-or-limb threatening illnesses or injuries.
3. Referral
 - Appropriately qualified physicians willing to accept inpatient responsibilities for all patients should be identified for referral.
 - Appropriately qualified physicians or other health care professionals willing to accept outpatient responsibility for all patients referred to their care should be identified.
4. Transfer
 - Emergency facilities should have available a plan for transfer of patients by EMS vehicle or other conveyance with appropriate life support capabilities when necessary.
 - A patient with a life-or-limb threatening condition should not be transferred from an emergency facility until appropriately evaluated and stabilized.
 - Patients shall be transferred from one physician's care to another's.



- Appropriate patient care documents, including laboratory and radiology tests results, should be transferred with the patient.
- Medical responsibility for the patient during transfer must be established before the transfer commences.

Transfer commences should be entered into with other institutions (See American College of Emergency Physicians, “Transfer Guidelines”).



FREE STANDING EQUIPMENT LIST FOR EMERGENCY FACILITIES

General Examination Room

Oxygen and Administration Tubing and Devices
Suction Device with Catheters and Tubing
Esopharyngeal Airways – Adult (large and medium), Youth, Child, Infant
Adequate Lighting

Resuscitation Room

Oxygen with Administration Tubing and Devices
Suction Device with Catheters and Tubing
Adequate Patient Lighting
Monitor Defibrillator with Electrode Patches and Pediatric Paddles
Two-way Communication with Nursing Station
12-Lead ECG Machine
Portable X-ray available within the Emergency Facility
Pharmacological Agents (see attachment two)
Cardiac Board
Blood Pump – Blood Warmer – Blood Tubing
Pediatric and Adult Bag-Valve-Mask Devices
Pediatric and Adult Oxygen-Powered Positive Pressure Breathing Devices
IV Administration Sets
IV Catheters, Scalp Veins in Various Sizes
Central Lines IV Devices
Oropharyngeal Airways – Adult (large and medium), Youth Child, Infant
Water Trap system for Tube Thoracostomy
Endotracheal Tubes – Assorted Cuffed and Uncuffed Sizes
Laryngoscopes – Straight and Curved Blade in various sizes
Vasogastric Suction Devices of Various Sizes
Bladder Catheterization and Collection Equipment
Restraints
Pneumatic Anti-Shock Trousers within Facilities
Cervical Spine Stabilizing Equipment
Splinting Devices
Intravenous Solutions
Transsthoracic and Transvenous Pacemakers Setups



Special Treatment and Examination Trays

Eye Examination Tray
ENT/Epistaxis Tray
Suture Tray
Cutdown Tray/CVP Tray
Gastric Lavage Tray
Burn Tray
Precipitous Delivery Tray
Gynecological Examination Tray

Trays (immediately available to Resuscitation Room) containing supplies and equipment for:

Peritoneal Lavage
Cricothyrotomy
Pericardiocentesis
Tube Thoracostomy
Pacemaker Insertion

Miscellaneous Equipment

Toxicology Information
Medical Reference Library
HEAR Radio System

This revised list catalogues for the equipment essential to the diagnosis and management of patients with potentially life-or-limb-threatening illnesses or injuries. Support equipment, such as clipboards, pencils, and bandaging equipment, is not mentioned on this list. Common general examination equipment, such as stethoscopes and blood pressure cuffs, has not been itemized.



List of Pharmacological/Therapeutic Drugs and Agents for Free-Standing Emergency Facilities

<p>ANTI-HISTAMINE DRUGS Diphenhydramine (Benadryl)</p> <p>Antibiotics Penicillin's Ampicillin Benzathine Penicillin Penicillin G Potassium Penicillin G procaine Erythromycin Oxacillin Sodium Gentamicin Sulfate</p> <p>AUTONOMIC DRUGS Parasympathomimetic (Cholinergic) Agents Edrophonium Chloride (Tensilon) Neostigmine Methysulfate Physostigmine Parasympatholytic (Cholinergic Blocking) Agents Atropine Sulfate Sympathomimetic (Adrenergic) Agents Dopamine Epinephrine HCl Isoproterenol HCl Norepinephrine Bitartrate</p> <p>BLOOD FORMATION AND COAGULATION Anticoagulants Heparin Sodium Anticoagulant Reversing Agents Protamine Sulfate Aqueous Vitamin K</p>	<p>CARDIOVASCULAR DRUGS Cardiac Drugs Sodium Bicarbonate Calcium Chloride Digoxin Propranolol Verapamil HCl Bretylium Lidocaine Procainamide HCl Hypotensive Agents Diazoxide (Hyperstat) Sodium Nitroprusside (nipride) Timethaphan (Arfonad) Vasodilating Agents Amyl Nitrate Nitroglycerin</p> <p>CENTRAL NERVOUS SYSTEM DRUGS Analgesics and Antipyretics Acetaminophen Aspirin Codeine Meperidine HCl (Demerol) Morphine Sulfate Narcotic Antagonists Naloxone (Narcan) Anticonvulsants Diazepam (Valium) Phenobarbital Phenytoin (Dilantin) Psycholtherapeutic Agents Chlorpromazine (Thorazine) Diazepam Haloperidol</p>
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<p>DIAGNOSTIC AGENTS Myasthenia Gravis Endrophonium Chloride Neostigmine Methysulfate Urine Contents Test Tapes for urine Billirubin, Blood, Sugar Ketones, pH, Urobilinogen, Protein (Bill-Labstix) Stool Contents Stool Test for Occult Blood (Hemocult) Blood Contents Reagents for Estimating Blood Glucose (Dextrostix) Mannitol Hypoglycemic Agents Dextrose 50% in water</p> <p>ELECTROLYTIC, CALORIC, AND WATER BALANCE Replacement Solutions Dextrose 5% with water Potassium Chloride Ringer’s Injections, Lactated Sodium Chloride O Negative Blood (min. of four (4) pints) Diuretics Furosemide (Lasix)</p> <p>EYE, EAR, NOSE AND THROAT PREPARATIONS Local Anesthetics Proparacaine (Ophthaine) either /or Tetracaine (Pontocaine)</p> <p>GASTROINTESTINAL DRUGS Adsorbents Charcoal, Activated Emetic and Anti-Emetics Ipecac Syrup Prochlorperazine (Compazine) Catharics Magnesium Sulfate</p>	<p>HORMONES AND SYNTHETIC SUBSTITUTES Adrenals Hydrocortisone (Solu-Cortef) Methylprednisolone (Solu-Medrol) Dexamethasone (Decadron) Insulin’s and Antidiabetic Agents Glucagon, HCl Insulin, Regular Thyroid Levothyroxine Sodium</p> <p>LOCAL ANESTHETICS Lidocaine, HCl</p> <p>SERUMS, TOXOIDS, AND VACCINES Serums Antivenin, Black Widow Spider bite, Equine Origin (Geographic Area-Specific) Antivenin, Snake-Bite Polyvalent, Equine Origin (Geographic Area-Specific) Rabies Immune Globulin, Human Tetanus immune Globulin Toxoids Diphtheria and Tetanus Toxoids and Pertussis Vaccine Adsorbed Tetanus and Diphtheria Toxoids Absorbed, Adult and Pediatric Tetanus Toxoid Adsorbed</p> <p>SPASMOLYTICS Parenteral Aminophylline Terbutaline sulfate Inhalation Metaproterenol Sulfate</p> <p>VITAMINS Vitamin B Complex Thiamin HCl</p> <p>INCLASSIFIED Cyanide Antidote Kit</p> <ul style="list-style-type: none">• Common trade names have selectively been mentioned for purpose of clarification. This is not to be construed as any form of endorsement.
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INTERIM EMS LIFE SUPPORT POLICY

The staffing standard of care for Advanced Life Support in Oakland County is a minimum of two paramedics. This policy provides an avenue for communities to upgrade, incrementally, their level of service to Advanced Life Support.

Upon application to the Oakland County Medical Control Authority, permission will be granted for a community to provide Interim Life Support with a staffing level of one paramedic and one EMT provided all of the following conditions are met:

- The community will submit a written plan to meet the interim staffing level requirement and response time criteria of 6 minutes, on average, for primary response.
- The community will submit a letter from the local governing body acknowledging its intent to achieve the Oakland County ALS standard of a minimum of two paramedics within three years. A one-year extension will be considered by the Oakland County Medical Control Authority provided the community can demonstrate substantial progress toward compliance and a plan to comply within twelve months.
- The community must submit a plan or a letter of agreement for ALS backup.
- The Basic EMT operating under this interim staffing level must be trained in the use of the agency's secondary airway device (SAD).
- Except as provided herein, the community will meet all other applicable ALS and paramedic standards and requirements.

State EMS Division Approved: December 10, 2007



INTERMEDIATE EMS LIFE SUPPORT POLICY

The staffing standard of care for Advanced Life Support in Oakland County is a minimum of two paramedics. This policy provides an avenue for *rural communities to upgrade their level of service to a mid-range between MFR/Basic Life Support and Advanced Life Support.

Upon application to the Oakland County Medical Control Authority, permission will be granted for a qualified Oakland County local unit of government to establish Intermediate Life Support service with a minimum staffing level of one paramedic and one EMT provided all of the following conditions are met:

- The community must submit a written plan to meet the staffing level requirement.
- The community must submit a written plan to meet response time criteria of 12 minutes, on average where the Intermediate Level is the secondary response service. If the Intermediate Level of service is primary, then an average response time of 6 minutes, on average is required.
- The community must submit a plan or a letter of agreement for backup at the same or greater level of staffing.
- The Basic EMT operating under this interim staffing level must be trained in the use of the agency's secondary airway device (SAD).
- Except as provided herein, the community will meet all other applicable ALS and paramedic standards and requirements.
- Paramedics addressed in this policy shall act in the capacity of Advanced Life Support according to the policies and procedures of the Oakland County EMS Medical Control Authority.

Rural Definition: Those communities outside of the geographic urban area that have a population density per square mile of less than 1,000 people.

Urban Area: All city, village and townships including Waterford and east and Waterford and south.

State EMS Division Approved: December 10, 2007



**Oakland County EMS Medical Control Authority
Advanced Life Support
2008 Letter of Compliance**

Agency Name: _____
(Print Name)

	YES	NO
1. Must be licensed Advanced Life Support Agency by the Michigan Department of Community Health (MDCH), or license pending.	_____	_____
2. If providing primary service, assure a response time not to exceed six (6) minutes, on average, from receipt of call to time on scene for the service's emergency calls. If providing secondary service, assure a response time not to exceed twelve (12) minutes, on average, from receipt of call to time on scene for the service's emergency calls.	_____	_____
3. Assigned personnel shall be trained and licensed in accordance with appropriate statutes, rules criteria and ACLS certified.	_____	_____
4. Provide a minimum of two paramedics staffing ALS unit at all times. OR Provide staffing in accordance with the Interim/Intermediate Life Support Policy.	_____	_____
5. Medical supplies, communications, equipment, procedures and protocols utilized meet criteria as established by MDCH and Oakland County EMS Medical Control Authority.	_____	_____
6. Each paramedic will participate in a base hospital skills maintenance program as provided and available using Medical Control Committee criteria to show satisfactory performance in the MDCH required skills.	_____	_____
7. Provide CPR training in licensed area.	_____	_____
8. Agency has 12 lead EKG capability. This agency designates the Medical Control Committee (including its PSRO Committee) to perform professional practice review functions on behalf of the agency, including review of pre-hospital care furnished in Oakland County and recommendations for improvement of such care.	_____	_____
9. ALS agency has designated a base hospital EMS physician and affiliate hospital.	_____	_____
10. ALS units are identified through standard terminology and uniform numbering system, administered by the Oakland County EMS Medical Control Authority.	_____	_____
11. The agency has designated an EMS Coordinator.	_____	_____
12. The agency will designate an Oakland County, State certified, Instructor Coordinator.	_____	_____



13. The agency has medical protocols to ensure the appropriate dispatching of a life support agency based upon medical need and capability of the emergency medical services system. _____
14. The agency has a policy to ensure that use of lights and sirens is based on medical necessity. _____
16. The agency is responsible for completing and forwarding the necessary quality improvement data, approved by the Medical Control Committee, to the OCMCA office on a monthly basis. _____
17. Licensed transporting agency? _____
18. Agency regularly transports? _____
19. Attach a list of communities the agency primarily services, if appropriate. _____
20. Attach a list of communities the agency commits to respond according to #2. _____
21. Number of vehicles:
- | | Non Transporting | Transporting |
|-----|-------------------------|---------------------|
| MFR | _____ | |
| BLS | _____ | _____ |
| ALS | _____ | _____ |
22. Number of Fire/EMS personnel, including volunteers. _____

NOTE: If any of the above criteria cannot be met, the provider will submit documentation of the exceptions.



This agency agrees to comply with protocols, operating procedures and standards of pre-hospital care promulgated by MDCH and the Oakland County EMS Medical Control Authority. This will assure accountability for care rendered within our advanced emergency care system, effective this date, and as may be promulgated from time to time.

We acknowledge that each criterion and verification are subject to inspection by the EMS Medical Director or his/her physician designee, at any time, and at his/her direction. Should cause exist, the EMS Medical Director, or his/her designee may request formal verification.

Agency: _____

Authorized Representative Signature

Base Hosp. EMS Physician Signature (MCC member)

Title

Base Hosp. EMS Physician (PRINT)

Date

Hospital

State Licensed Instructor Coordinator

EMS Coordinator (PRINT)

DO NOT WRITE BELOW THIS LINE

EMS Medical Director Signature: _____

For the year of: _____

Endorsed: _____

Not Endorsed: _____



**Oakland County Medical Control Authority
BLS Transporting Agency
or
BLS Non-Transporting
2008 Letter of Compliance**

Agency Name: _____
(Print Name)

- | | YES | NO |
|--|-------|-------|
| 1. Must be a recognized Basic Life Support (BLS) agency by Michigan Department of Community Health (MDCH). | _____ | _____ |
| 2. If providing primary service, assure a response time not to exceed six (6) minutes, on average, from receipt of call to time on scene for the service's emergency calls. If providing secondary service, assure a response time not to exceed twelve (12) minutes, on average, from receipt of call to time on scene for the service's emergency calls. | _____ | _____ |

LICENSED NON-TRANSPORTING BLS AGENCY

- | | | |
|--|-------|-------|
| 3. Must provide a minimum of one (1) BEMT to staff BLS unit at all times. Assigned personnel shall be BCLS certified with training and license in accordance with the appropriate statutes and criteria. | _____ | _____ |
|--|-------|-------|

LICENSED TRANSPORTING BLS AGENCY

- | | | |
|---|-------|-------|
| 4. A transporting BLS agency must provide a minimum of two (2) BEMT's to staff a BLS unit at all times. Assigned personnel shall be BCLS certified with training and license in accordance with the appropriate statutes, rules and criteria. | _____ | _____ |
| 5. If licensed to transport, does the agency actually transport? | _____ | _____ |
| 6. The medical supplies, equipment, communications, procedures and protocols utilized shall meet criteria as established by MDCH and the Oakland County Medical Control Authority (OCMCA). | _____ | _____ |
| 7. The BLS agency will designate an approved Base Hospital EMS physician and his/her affiliate hospital. | _____ | _____ |
| 8. Provide monthly CPR training in BLS area. | _____ | _____ |
| 9. This agency designates the OCMCA (including its PSRO) to perform professional practice review functions on behalf of the agency, including review of pre-hospital care furnished in Oakland County and recommendations for improvement of such care. | _____ | _____ |
| 10. BLS units are identified through standard terminology and a uniform numbering system, administered by the OCMCA. | _____ | _____ |
| 11. The agency will designate an EMS Coordinator. | _____ | _____ |



12. The agency will designate an Oakland County, State certified, Instructor Coordinator. _____
13. The agency has medical protocols to ensure the appropriate dispatching of a life support agency based upon medical need and the capability of the emergency medical service system. _____
14. The agency has a policy to ensure that the use of lights and sirens is based on medical necessity. _____
15. The agency is responsible for completing and forwarding the necessary quality improvement data approved by the OCMCA, to the OCMCA office on a monthly basis. _____
16. Attach a list of communities the agency primarily services. _____
17. Number of vehicles:
- | | Non Transporting | Transporting |
|-----|-------------------------|---------------------|
| MFR | _____ | _____ |
| BLS | _____ | _____ |
18. Number of Fire/EMS personnel, including volunteers. _____

NOTE: If any of the above criteria cannot be met the provider will submit documentation of the exceptions.



This agency agrees to comply with the protocols, operating procedures and standards of pre-hospital care promulgated by MDCH and the Oakland County Medical Control Authority. This will assure accountability for care rendered within our advanced emergency care system, in effect on this date and as may be promulgated from time to time.

We acknowledge that each criteria and verification are subject to inspection by the EMS Medical Director or his/her Physician designee at any time and at his direction. Should cause exist he or his designee may request complete and formal verification.

Agency: _____

Authorized Representative Signature

Base Hosp. EMS Physician Signature (MCC member)

Title

Base Hosp. EMS Physician (PRINT)

Date

Hospital

State Licensed Instructor Coordinator

EMS Coordinator (PRINT)

DO NOT WRITE BELOW THIS LINE

EMS Medical Director Signature: _____

For the year of: _____

Endorsed: _____

Not Endorsed: _____



**Oakland County Medical Control Authority
Medical First Responder
2008 Letter of Compliance**

Agency Name: _____
(Print Name)

	YES	NO
1. Must be licensed by the Michigan Department of Community Health (MDCH).	_____	_____
2. If providing primary service, assure a response time not to exceed six (6) minutes, on average, from receipt of call to time on scene for the service's emergency calls. If providing secondary service, assure a response time not to exceed twelve (12) minutes, on average, from receipt of call to time on scene for the service's emergency calls.	_____	_____
3. Provide a minimum of one Medical First Responder (MFR) per unit at all times. Assigned personnel shall be BCLS certified with training and licensure in accordance with appropriate statutes, rules and criteria.	_____	_____
4. Meet the criteria as established by MDCH and Oakland County Medical Authority (OCMCA) for utilization of medical supplies, equipment, communications, procedures and protocols.	_____	_____
5. Designate a Base Hospital EMS Physician and his/her affiliated hospital.	_____	_____
6. Provide monthly CPR training in their area.	_____	_____
7. This agency designates the OCMCA (including its PSRO) to perform professional practice review functions on behalf of the agency, including review of pre-hospital care furnished in Oakland County and recommendations for improvement of such care.	_____	_____
8. Identify units through application of the standard terminology and uniform numbering system as administered by the OCMCA.	_____	_____
9. Designate an EMS Coordinator.	_____	_____
10. Designate an Oakland County, State certified, Instructor Coordinator.	_____	_____
11. The agency has medical protocols to ensure the appropriate dispatching of a life support agency based upon medical need and the capability of the emergency medical service system.	_____	_____
12. The agency has a policy to ensure that the use of lights and sirens is based on medical necessity.	_____	_____



- 13. The agency is responsible for completing and forwarding the necessary quality improvement data approved by the OCMCA, to the OCMCA office on a monthly basis. _____
- 14. Attach a list of communities the agency primarily services. _____
- 19. Number of vehicles: _____
- 20. Number of Fire/EMS personnel, including volunteers. _____

NOTE: If any of the above criteria cannot be met the provider will submit documentation of the exceptions.

This agency agrees to comply with the protocols, operating procedures and standards of pre-hospital care promulgated by MDCH and the Oakland County Medical Control Authority. This will assure accountability for care rendered within our advanced emergency care system, in effect on this date and as may be promulgated from time to time.

We acknowledge that each criteria and verification are subject to inspection the EMS Medical Director or his/her Physician designee at any time and at his direction. Should cause exist he or his designee may request complete and formal verification.

Agency: _____

Authorized Representative Signature

Base Hosp. EMS Physician Signature
(MCC member)

Title

Base Hosp. EMS Physician (PRINT)

Date

Hospital

State Licensed Instructor Coordinator

EMS Coordinator (PRINT)

DO NOT WRITE BELOW THIS LINE

EMS Medical Director Signature: _____

For the year of: _____

Endorsed: _____

Not Endorsed: _____



**Oakland County Medical Control Authority
Receiving Facility/Base Hospital Criteria
2008 Letter of Compliance**

Hospital/Facility Name: _____
(Print Name)

	<u>YES</u>	<u>NO</u>
1. Must be licensed by the Michigan Department of Community Health (MDCH) as: (check one) A. Hospital _____ B. Free Standing Facility _____	_____	_____
2. If a hospital/facility makes a permanent change in their categorization, the facility shall notify the Oakland County Medical Control Authority (OCMCA) 30 days in advance of the change.	_____	_____
3. Verified by the American College of Surgeons as a Level 1 or Level 2 Trauma Center.	_____	_____
4. Assure that the emergency facility has a full-time emergency medicine Board Certified/Eligible emergency physician director whose primary clinical responsibility is emergency medicine.	_____	_____
5. Hospital has 24/7 interventional cardiac catheterization capabilities	_____	_____
6. Assure that an emergency medicine Board Certified/Eligible emergency physician be available to handle ALS runs at all times.	_____	_____
7. Accept the responsibility for replenishing medication and medical supplies, expended by ALS personnel during treatment of a patient.	_____	_____
8. This facility designates the OCMCA (including its PSRO) to perform professional practice review functions on behalf of the facility, including review of pre-hospital medical direction furnished in Oakland County and recommendations for improvement of such care.	_____	_____
9. Facility will participate in the EMS system quality assurance program, and will supply data on outcome of patients as agreed to by the OCMCA.	_____	_____
10. Estimated number of hospital personnel, including full/part time and volunteers.	_____	_____
11. Patient bed capacity.	_____	_____
12. Patient surge capacity.	_____	_____
13. Total number of hospital entrances.	_____	_____
14. Total number of hospital exits.	_____	_____



15. Facility follows the OCMCA Emergency Facilities policy, and if appropriate the Base Hospital Policy. _____

RECEIVING FACILITY DESIGNATION

RECEIVING/BASE HOSPITAL DESIGNATION

ED/EC Director

ED/ED Director (PRINT)

Base Hospital EMS Physician (PRINT)

Base Hospital EMS Liaison (PRINT)

LIST ALS AGENCIES

LIST BLS AGENCIES



Oakland County EMS Medical Control Authority

**CRITERIA FOR PARTICIPATION AS
RECEIVING FACILITY/BASE HOSPITAL**

HOSPITAL/FACILITY NAME

PHYSICIAN CRITERIA:

Physician Name	ED Hours Worked/Week	ABEM or AOBEM Board Cert. in Emer. Med (Date)	ACOEP or ACEP CEM (per year)

We agree to adhere to all of the criteria that has been set down by the Oakland County EMS Medical Control Authority for participation as an ALS Cooperation Hospital. We believe that we have fulfilled all criteria for _____ with the exception of:

Date

SIGNATURE: MEDICAL DIRECTOR OF EC/E



**Oakland County Medical Control Authority
Helicopter Letter of Compliance
2008**

Agency Name: _____
(Print Name)

	YES	NO
1. Must be licensed by the Michigan Department of Community Health (MDCH).	_____	_____
2. Assigned medical personnel shall be trained and licensed in accordance with appropriate statutes, rules, criteria and ACLS certified.	_____	_____
3. Medical supplies, communications, equipment, procedures and protocols utilized meet criteria as established by MDCH and Oakland County Medical Control Authority (OCMCA).	_____	_____
4. This agency designates the OCMCA (including its PSRO) to perform professional practice review functions on behalf of the agency, including review of pre-hospital care furnished in Oakland County and recommendations for improvement of such care.	_____	_____
5. The agency will designate an Oakland County approved base hospital EMS physician and affiliate hospital.	_____	_____
6. The agency will designate an EMS Coordinator.	_____	_____
7. The agency has medical protocols to ensure the appropriate dispatching of a life support agency based upon medical need and the capability of the emergency medical services system.	_____	_____
8. The agency is responsible for completing and forwarding a copy of the necessary quality improvement data approved by the OCMCA, to the OCMCA office on a monthly basis.	_____	_____
9. The agency is responsible for forwarding a completed copy of each run report originating in Oakland County to the OCMCA office within 48 hours of the run.	_____	_____
10. The agency will transport Oakland County patients as per the Oakland County Transportation Policy.	_____	_____

NOTE: If any of the above criteria cannot be met, the provider will submit documentation explaining reasons for the exceptions.

This agency agrees to comply with the protocols, operating procedures and standards of pre-hospital care promulgated by MDCH and the Oakland County Medical Control Authority. This will assure accountability for care rendered within our advanced emergency care system, effective this date, and as may be promulgated from time to time.



We acknowledge that each criterion and verification are subject to inspection by the EMS Medical Director or his/her physician designee at any time and at his/her direction. Should cause exist, the EMS Medical Director, or his/her designee may request formal verification.

Agency: _____

Authorized Representative Signature

Base Hosp. EMS Physician Signature

Title

Base Hosp. EMS Physician (PRINT)

Date

Hospital

EMS Coordinator (PRINT)

FOR OFFICE USE ONLY

EMS Medical Director Signature: _____

For the year of: _____

Endorsed: _____

Not Endorsed: _____



NEW OR UPGRADED EMS AGENCY POLICY

Requirements for New EMS Agencies and Agencies that propose to change the level of services.

This protocol applies to:

- A. Agencies that are applying as a new service in the Oakland County MAZ. (Agencies that will service Extended Care Pac (NH) in each county must be approved Oakland County Agencies.)
- B. Existing agencies that are upgrading/changing the level of service they provide (i.e. MFR service that wants to now become a BLS service).

The agency must submit at least 13 copies of the required documentation (listed below) to the Oakland County Medical Control Authority office. All paperwork must be submitted by the 1st of the month in which Medical Control Committee meets - January, March, May, September, and November.

List of Required Paperwork:

- A. A copy of the completed proposed application to be submitted to the State EMS Division, with all signatures present. This will include:
 1. A list of all vehicles licensed/proposed to be licensed by the service with the State, the year, make, VIN, and license plate number for each vehicle.
 2. A list of all licensed EMS personnel, their names, license number, level, expiration date, and, if they are paramedics, ACLS certification expiration date; and
 3. Proof of State EMS Division required insurance.
- B. A copy of the appropriate, completed Oakland County MCC Letters of Compliance, with all signatures present.
- C. Copies of all mutual aid agreements with other Oakland County approved providers who are licensed at or above the level proposed by the applying agency.
- D. A complete "New/Upgraded EMS Agency Form" signed by the Chief of the department, or the President of the agency.

The agency may be required to attend a Quality Improvement Committee meeting to answer questions regarding the application.

Once reviewed and endorsed by the Quality Improvement Committee, the application will be forwarded to the Medical Board for review and approval or denial.

Once approved, an agency will be placed on a 12-month evaluation period. During that period, the Base Hospital Physician will closely oversee the agency and ensure compliance with Oakland County Protocols, Policies and Procedures. The agency must meet regularly with the Base Hospital Physician during that period. The Base Hospital will submit monthly for the first three (3) months and quarterly thereafter until the evaluation period is successfully completed.

At the end of the evaluation period, the EMS Quality Improvement Committee will make a recommendation to the Medical Control Committee to either end the evaluation period, extend the period or deny the request to run in Oakland County.



NEW / UPGRADE EMS AGENCY FORM

Date: _____ Agency: _____

Check “Yes” or “No” for the following statements. If “No” is checked for any statement, you must provide sufficient documentation to explain the variance. Complete the fill-in-the blanks.

THE AGENCY:		YES	NO
1.	Agrees to operate under all Oakland County EMS Medical Control Authority protocols, policies and procedures.	o	o
2.	Has a base hospital and base hospital physician. Base Hospital: _____ Physician: _____	o	o
3.	Has a detailed communication plan attached outlining existing/proposed communications capability for ambulance to hospital communications. (Requests must meet current MDCH MEDCOM plan requirements).	o	o
4.	Has a 2-month schedule attached for the units proposed in this application.	o	o
SERVICE AREA:			
5.	List all types of service to be provided. For example: primary 911 or private emergency response, interhospital transfers, secondary 911 response. _____ _____ _____		
6.	Complete this question only if you will/do provide emergency services. If any emergency service is proposed, a map is attached showing the response area for each Oakland County based vehicle (this can be drawn on the map). Response area must be small enough to ensure that Oakland County EMS Medical Control Authority response time criteria is met.	o	o
7.	For area shown in #5 above, list current emergency coverage:		
	Level of Licensure:	Number of Vehicles:	Average Response Time:
8.	If proposed coverage is less than current coverage in quantity of vehicles, level of licensure, or average response time, justification is attached explaining the reason for the proposed coverage.	o	o
9.	If service is primary 911 or private emergency response, letter(s) of support are attached from the local municipality/first response agency that covers that area.	o	o



STAFFING:		YES	NO
10.	If the application involves upgrading the level of service, a plan is attached that explains how the agency will deal with newly licensed personnel working together.	o	o
If providing BLS/MFR service, answer #11, then skip to #17:			
11.	Meets Oakland County staffing requirements, and the personnel meet Oakland County qualifications.	o	o
If providing ALS service, answer the following questions:			
12.	Will staff ALS units with 2 paramedics. If yes, skip to question 16. If no, answer 13-20.	o	o
13.	Will staff ALS units in accordance with the Interim or Intermediate Life Support Policy.	o	o
14.	All ALS units are staffed with a minimum of one Basic EMT and one Paramedic.	o	o
15.	All Basic EMT's staffing an ALS unit are trained as AED technicians and are approved to intubate per current Oakland County MCA standards.	o	o
16.	If service is primary 911 or private emergency response, a plan or letter of agreement for backup at the ALS level with the same or greater level of staffing is attached.	o	o
17.	Attach a written plan for meeting the response time criteria. If providing primary service, assure a response time not to exceed six (6) minutes, on average, from receipt of call to time on scene for the service's emergency calls. If providing secondary service, assure a response time not to exceed twelve (12) minutes, on average, from receipt of call to time on scene for the service's emergency calls.	o	o
18.	COMPLETE THE FOLLOWING QUESTION ONLY IF APPLYING UNDER THE INTERIM LIFE SUPPORT POLICY. Attach a letter from the local government body acknowledging its intent to achieve the Oakland County ALS standard of a minimum of two paramedics within three (3) years.	o	o
GENERAL:			
19.	Have the owners/officers of the agency have ever been convicted of a felony.	o	o
20.	If the service is a corporation, articles of incorporation are included.	o	o

Signature – Chief of Department or
Agency President

Date

AKLAND COUNTY EMS MEDICAL CONTROL AUTHORITY BYLAWS*

* Containing all amendments adopted through June 3, 2005.



I. NAME

1.1 Name. The name of the corporation shall be “Oakland County EMS Medical Control Authority.”

II. PLACES OF BUSINESS

2.1 Places of Business. The corporation shall have one or more places of business in Oakland County, as the Board of Directors may from time to time determine.

III. PURPOSES

3.1 Purposes. The purposes of the corporation shall be to operate exclusively for the benefit of, to perform one or more of the functions of, and to carry out one or more of the purposes of the corporation’s members, as long as those organizations are the type described in Section 170(b)(1)(A) (iii) or (v) of the Internal Revenue Code of 1954, or comparable provisions of subsequent legislation (hereinafter “Internal Revenue Code”). In light of the fact that the corporation’s members desire to participate in the medical control of emergency medical services furnished in Oakland County, the corporation’s purposes shall include the following:

- A. to organize and participate in efforts to maintain and enhance a quality emergency medical services system based in Oakland County, including cooperating with the County of Oakland and agencies thereof in areas of mutual concern;
- B. to develop and update, with advice from the Medical Control Committee, protocols for the provision of emergency medical services primarily in Oakland County, relating to operational and clinical matters, and communications (the “Protocols”);
- C. to serve as the designee of the Michigan Department of Public Health, pursuant to Act 368 of 1978, as amended, to serve as medical control authority for the Oakland County emergency medical services system; and
- D. to do such things and to perform such acts to accomplish its purposes as are not forbidden by Sections 501(c)(3) and 509(a)(3) of the Internal Revenue Code, with all the powers conferred on nonprofit corporations by the laws of the State of Michigan.

IV. MEMBERS OF THE CORPORATION

4.1 Members. The members of the corporation shall be Botsford General Hospital, Crittenton Hospital Medical Center, Genesys Regional Medical Center, Henry Ford Hospital, Huron Valley-Sinai Hospital, North Oakland Medical Center, POH Medical Center, Providence Hospital and Medical Centers, St. John Oakland Hospital, St. Joseph Mercy Oakland and William Beaumont Corporation. Additional organizations may become members of the



corporation if they satisfy the requirements stated in the corporation's Articles of Incorporation and these Bylaws and are approved by vote of a majority of the existing members.

4.2 Requirements for Membership. The following requirements shall apply to the entities that are members of the corporation:

- A. A majority of the members shall be organizations described in Section 170(b)(i)(A)(iii) or (v) of the Internal Revenue Code;
- B. Each member shall be licensed as a hospital or as a freestanding surgical outpatient facility and shall operate a service for treating emergency patients 24 hours a day, 7 days a week which meets standards established by the corporation and which serves Oakland County; and
- C. No member may be a disqualified person within the meaning of Section 509(a)(3)(C) of the Internal Revenue Code.

4.3 Resignation. Any member of the corporation may resign as a member of the corporation by (60) sixty days' prior written notice to the other members of the corporation. In addition, a member whose representatives on the Board of Directors votes in opposition to dues or other contribution which is assessed in accordance with Section 4.7 may resign as a member of the corporation by written notice to the other members of the corporation given no later than fifteen (15) days after the date on which the dues or contribution was approved, in which case the resigning member shall not be required to pay said dues or contribution. A resigning member of the corporation shall, as of the effective date of resignation, (a) have no further interest in the assets of the corporation, and (b) no financial obligation to the corporation or its remaining members beyond the amount of any unpaid dues or other contribution requirement due and payable prior to the date of such member's resignation, except as otherwise provided in the preceding sentence. A member which resigns or whose membership is terminated pursuant to Section 4.8 shall not be entitled to a refund of any dues or contributions previously made, but shall be entitled to participate in any programs of the corporation funded by dues or contributions previously made, through the end of the last fiscal year or other period to which such dues or contributions relate.

4.4 Meetings. Meetings of the members of the corporation shall be held at a place (which shall be available to the general public) and at a time, as shall be determined by the President of the corporation or by the Board of Directors. Each member of the corporation shall be given at least 10 days' written notice of each meeting of the members of the corporation, and public notice of membership meetings shall be given in compliance with the Michigan Open Meetings Act, MCLA §15.261 et. seq. as amended from time to time ("OMA"). There shall be an annual meeting of the members of the corporation, held within four months after the end of each fiscal year of the corporation. At the annual meeting a report shall be received from the Board of Directors with respect to the operations of the corporation during the preceding year and its financial condition, and such other business shall be transacted as shall come before the meeting.



4.5 Voting Mechanism. Each member of the corporation may vote at meetings of members of the corporation by a person who is at the time of the meeting the president or a vice president of the member of the corporation or a person who is designated in a written instrument signed by the president or an authorized officer of the member of the corporation to act on behalf of the member.

4.6 Quorum; Action. Members of the corporation entitled to cast a majority of membership votes shall constitute a quorum at any meeting. Whether or not a quorum is present, the meeting may be adjourned by a vote of the members present. At meetings of the members of the corporation, each member of the corporation shall be entitled to a number of votes equal to the greater of one or the number of emergency facilities that are operated by that member in Oakland County and are authorized by the corporation to receive emergency patients transported by a life support agency. The vote of a majority of possible membership votes shall be necessary for the members to take action.

4.7 Participation Via Telecommunication. Members of the corporation may participate in a meeting of the members by videoconference, conference telephone, or similar communications equipment by which all persons participating in the meeting (including any members of the public) may hear one another. Participation in a meeting pursuant to this Section constitutes presence in person at such meeting. In all cases, however, a majority of those members of the corporation that attend a meeting of the members must be physically present at the public meeting site.

4.8 Dues. Members of the corporation shall be required to pay such dues and other forms of contribution to assist in payment of ordinary operating expenses of the corporation (such as office space, supplies and personnel) as may be established from time to time by vote of not less than two-thirds of the members of the Board of Directors. The amount of dues assessed each member of the corporation shall be determined by multiplying (a) the basic dues by (b) the greater of 1 or the number of emergency facilities that are operated by that member in Oakland County and are authorized by the corporation to receive emergency patients transported by a life support agency. No action with reference to dues and other forms of contribution shall be taken by the Board of Directors without thirty (30) days prior written notice of such proposed action being given to each Director. Any member of the corporation whose representative on the Board of Directors does not approve a schedule of dues or other requirement for contributions established pursuant to this Section 4.7 may resign as a member of the corporation in accordance with Section 4.3.

4.9 Termination of Membership. The membership in the corporation of any member organization which does not make payment of the dues or other form of contribution required of it in accordance with these Bylaws may be terminated by action of the Board of Directors, upon not less than 60 days prior notice to the delinquent member. In addition, any member who ceases to satisfy the membership requirements stated in Section 4.2 shall cease to be a member of the corporation upon receipt of notice of termination of membership sent by the Board of Directors or by the remaining members of the corporation.



V. BOARD OF DIRECTORS

5.1 Authority. The business and affairs of the corporation shall be managed by its Board of Directors. The Board of Directors has authority and responsibility for adopting and modifying, as necessary, the Protocols described in Section 3.1.B. above.

5.2 Composition. The Board of Directors of the corporation shall consist of Directors appointed by the members of the corporation, and the EMS Medical Director and the Chairman of the Medical Control Committee who shall both serve ex-officio, without vote. Each member of the corporation may appoint a number of Directors (who shall be associated with said member) equal to the number of votes to which said member is entitled pursuant to Section 4.6 above. Directors shall serve for one-year terms. A Director may be reappointed for any number of successive terms. A member may appoint an alternate for each Director appointed by that member. The alternate director may attend meeting(s) of the Board of Directors and will have the authority and responsibilities of a director during said meeting(s) if the Director for whom he or she is an alternate is unable to attend the meeting. In cases where an alternate Director attends a meeting, the regularly-serving Director for whom the alternate substitutes shall be deemed temporarily removed from the Board.

5.3 Resignation. Any Director may resign as a member of the Board of Directors at any time by written notice to the President of the corporation.

5.4 Removal. Any Director may be removed at any time by the member of the corporation by whom such Director was appointed, and upon written notice to such Director and to the President of the corporation (except such notices are not required in cases where a Director is deemed to be temporarily removed pursuant to Section 5.2). Any Director appointed by a member of the corporation which resigns as a member of the corporation, or otherwise ceases to be a member of the corporation, shall automatically cease to be a Director as of the effective date of the appointing member's resignation or termination of membership.

5.5 Meetings. Meetings of the Board of Directors shall be held at such time and place as shall be determined by the President or by the vote or consent of a majority of the Board of Directors. Each Director shall be given at least ten days' written notice of each meeting of the Board of Directors and public notice of Board of Directors meetings shall be given in compliance with the OMA.

5.6 Quorum; Action. A majority of the Board of Directors shall constitute a quorum at any meeting of the Board of Directors. The affirmative vote of a majority of the Directors present at a meeting at which there is a quorum shall be necessary for the Board to take action, except as otherwise provided in these Bylaws.

5.7 Participation Via Telecommunication. Members of the Board of Directors, or any committee or subcommittee of the Board of Directors, may participate in a meeting of the Board of Directors, committee or subcommittee by videoconference, conference telephone, or similar communications equipment by which all persons participating in the meeting (including any members of the public) may hear one another.



Participation in a meeting pursuant to this Section constitutes presence in person at such meeting. In all cases, however, a majority of those voting Directors who attend a meeting of the Board of Directors must be physically present at the public meeting site.

5.8 No Compensation. The Directors shall receive no compensation from the corporation for their services as members of the Board.

5.9 Vacancies. A vacancy in the Board of Directors occurring for any reason shall be filled by the member of the corporation which appointed the Director whose departure created the vacancy.

VI. OPEN MEETINGS

6.1 Applicability. Meetings of the members of the Corporation and of its Board of Directors shall be conducted in compliance with the OMA. All decisions of the members and Board of Directors shall be made at a meeting open to the public. All deliberations by a quorum of the members or of the Board of Directors shall take place at a meeting open to the public, except as otherwise provided in Section 6.4.

6.2 Public Participation. Members of the public shall be permitted to attend, record, and/or address a meeting of the members or the Board of Directors in compliance with the OMA.

6.3 Notices. Public notice of all meetings of the members and the Board of Directors shall be posted in the Corporation's principal office in advance of the meeting in compliance with the OMA.

6.4 Closed Sessions. The members of the corporation or the Board of Directors may meet in closed session, which is closed to the public, if 2/3 of the members or Directors (as applicable) vote by roll call vote to call a closed session. The roll call vote and purpose(s) for the closed session shall be recorded in the minutes of the meeting. A separate set of minutes of the closed session shall be taken and maintained in compliance with the OMA. A closed session is permitted only for the purposes specified in the OMA, including consideration of material exempt from public disclosure by the professional practice review confidentiality statutes listed in Section 14.2.

VII. OFFICERS

7.1 Officers. The officers of the corporation shall consist of a president, a secretary and a treasurer. The corporation may also have one or more vice presidents, assistant secretaries, and assistant treasurers. Any two or more of the above offices, except those of president and vice president, may be held by the same person.



7.2 Election. The officers of the corporation shall be elected by the Board of Directors.

7.3 Term. Officers of the corporation shall hold their offices for terms of one year and until their respective successors are elected or appointed and qualified, or until they resign. Vacancies occurring in any office at any time may be filled by the Board of Directors.

7.4 Resignation. Any officer of the corporation may resign his or her office at any time, by written notice to the Board of Directors.

7.5 Removal. Any officer of the corporation may be removed at any time by the Board of Directors, with or without cause.

7.6 President. The President of the corporation shall preside at all meetings of the members of the corporation and of the Board of Directors. The President shall be the chief executive officer of the corporation. The President shall see that all orders and resolutions of the Board of Directors are carried into effect, and shall have the general powers of supervision and management usually vested in the office of president of a corporation.

7.7 Vice Presidents. The Vice Presidents shall, in the absence or disability of the President, perform the duties and exercise the power of the President. The Vice Presidents shall perform such other duties as the Board of Directors may prescribe.

7.8 Secretary. The Secretary shall attend all meetings of the members of the corporation and all meetings of the Board of Directors, and record or cause to be recorded, in a manner that complies with the OMA, the minutes of the meetings in a book to be kept for that purpose; shall give and post or cause to be given and posted notice of all meetings of the members of the corporation and the Board of Directors; and shall perform such other duties as may be prescribed by the President. The Secretary may delegate any duties, powers and authorities to one or more assistant secretaries, unless such delegation is disapproved by the Board of Directors.

7.9 Treasurer. The Treasurer shall account for the corporate funds and securities; shall keep full and accurate accounts of receipt and disbursements in books belonging to the corporation; and shall deposit all moneys and valuable effects in the name and to the credit of the corporation in such depositories as may be designated by the Board of Directors. The Treasurer shall have the responsibility of making recommendations to the Board of Directors with respect to investment of the funds of the corporation, upon the request of the Board. The Treasurer shall render to the President and the Board of Directors, whenever they may require it, an account of the financial transactions and condition of the corporation. The Treasurer may delegate any duties, powers or authorities to one or more assistant treasurers, unless such delegation is disapproved by the Board of Directors.



VIII. CHECKS AND OTHER INSTRUMENTS

8.1 Checks. All checks, drafts, or demands for money, and notes of the corporation, shall be signed by such officer or officers or other such person or persons as the Board of Directors may from time to time designate.

8.2 Contracts. The Board of Directors may in any instance designate the officers or other persons who shall have authority to execute any contract, conveyance, or other instrument on behalf of the corporation, or may ratify or confirm any execution. When the execution of any instrument has been authorized without specification of the executing officers or agents, the President or any Vice President, and the Secretary or Assistant Secretary or Treasurer or Assistant Treasurer may execute the same in the name and on behalf of this corporation.

IX. BOOKS AND RECORDS; ANNUAL REPORT

9.1 Books and Records. The officers, agents and employees of the corporation shall maintain such books, records and accounts of the corporation's business and affairs as shall be appropriate to the business and affairs of the corporation, or required by the Board of Directors, or required by the laws of the State of Michigan.

9.2 Annual Report. The Board of Directors shall annually cause a true statement of the operations of the corporation for the preceding fiscal year, and of its properties and financial condition, to be made and communicated to the members of the corporation within four months after the end of the fiscal year.

X. NOTICES AND WAIVERS OF NOTICE

10.1 Notices. All notices of meetings required to be given to any member of the corporation, or any member of the Board of Directors, may be given in writing by mail, e-mail, or telegram, to such member at the member's last address as it appears on the books of the corporation. Such notice shall be deemed to be given at the time when the same shall be mailed or otherwise dispatched.

10.2 Waivers. Notice of the time, place and purpose of any meeting of the members of the corporation, or any meeting of the Board of Directors, may be waived by a member or Director (as applicable) by mail, e-mail, or other writing, either before or after the meeting, or in such other manner as may be permitted by the laws of the State of Michigan.



XI. COMMITTEES OF THE BOARD

11.1 Committees. There shall be a medical control committee of the Board of Directors as further described in Article XII of these Bylaws. The Board of Directors may create or provide for the creation of other committees; determine or provide for the determination of their powers and authority, duties and responsibilities, and their procedures; determine their size and qualifications for membership; appoint or provide for the appointment of their members, and their chairmen; and take such other action with respect thereto as the Board may deem appropriate, subject to the laws of the State of Michigan. All committees and subcommittees are advisory to the Board of Directors and may make non-binding recommendations to the Board of Directors. No committee or subcommittee shall have authority to take final action, or make or limit decisions of public policy, on behalf of the corporation; to bind the corporation by contract; or to incur expenses on behalf of the corporation. The limitations stated in this Section apply equally to all committees and subcommittees described in or created pursuant to, Articles XI and XII of these Bylaws. Subcommittees appointed pursuant to Section 12.6 below constitute committees of the corporation, including for purposes of MCLA §333.20965(1)(b).

XII. MEDICAL CONTROL

12.1 Medical Control. The Board of Directors shall appoint a committee which shall be referred to as the “Medical Control Committee of Oakland County,” the “Medical Control Committee,” or the “MCC,” as outlined below.

12.2 Authority. The MCC shall serve as the advisory body required by MCLA §333.20918(2). The MCC shall regularly make recommendations to the Board of Directors regarding Protocols and the corporation’s performance of its responsibilities as the designated medical control authority for Oakland County.

12.3 Membership. The membership of the MCC shall consist of the following persons:

- A. Each member of the corporation may appoint to the MCC a number of emergency physician representative(s) that is equal to the number of emergency facilities that are operated by that member in Oakland County and are authorized by the corporation to receive emergency patients transported by a life support agency; provided, however, that each member of the corporation shall be entitled to appoint at least one emergency physician representative to the MCC.
- B. Seven representatives from the entities providing emergency medical services in Oakland County, which shall consist of:
 - (i) one medical first responder from a medical first response service;



- (ii) the Chairman of the Systems Operations Subcommittee (who shall also serve as the representative from one of the categories listed in subsection (iii) below);
- (iii) one representative selected from each of the following six categories remaining after appointment of the Chairman of the Systems Operations Subcommittee:
 - (a) from the private entities conducting an ambulance operation:
 - (1) one licensed paramedic,
 - (2) one administrative representative;
 - (b) from the municipal entities conducting a nontransport prehospital life support operation:
 - (1) one licensed paramedic,
 - (2) one administrative representative;
 - (c) one emergency medical technician from the entities providing basic life support services; and
 - (d) one emergency medical services instructor-coordinator.

C. The EMS Medical Director.

The membership of the MCC will be approximately 2/3 emergency physicians and 1/3 prehospital providers. The Board of Directors shall review the appropriateness of the size and composition of the MCC in the event of a change in the number of members of the corporation.

12.4 Selection. Each member of the corporation shall appoint its emergency physician representative(s) to the MCC. The Systems Operations Subcommittee will appoint the representatives to the MCC that are listed in Section 12.3-B above, subject to approval by the Board of Directors. If the Board of Directors does not approve an individual recommended by the Systems Operations Subcommittee, the Board of Directors shall state the reason(s) for its decision. Vacancies due to death, removal, resignation or other causes shall be filled in accordance with this Section 12.4. The new member of the MCC appointed to fill a vacancy shall serve for the remainder of the term. Any member of the MCC may be removed from that position by the hospital member which appointed him or her, or by action of the Board of Directors of the corporation.

12.5 Operational Procedures. The MCC shall conduct its business in accordance with written operational procedures adopted by the MCC and approved by the Board of Directors of the corporation, subject to the following:



- A. Members of the MCC shall serve for two-year terms. The terms of the MCC members shall be staggered so that the terms of approximately one-half of the MCC members expire each year. A MCC member may be reappointed for any number of successive terms.
- B. The MCC shall hold regular meetings as deemed necessary by the MCC but no less than quarterly at locations designated by Chairman. Special meetings may be requested by any member, but may be called only by the Chairman. The Chairman shall call a special meeting at the request of the Board of Directors.
- C. A written agenda for regular meetings and a written notice of special meetings of the MCC shall be mailed by first class mail, delivered, or e-mailed to each MCC member at least five (5) calendar days before the date of the meeting. In the case of special meetings, the notice shall state generally the nature of the business to be taken up at the meeting. The agenda should include copies of all correspondence directed to the MCC or its Chairman that will be discussed at the meeting.
- D. Each member of the MCC, except the EMS Medical Director, shall have one vote. Each member of a subcommittee shall have one vote.
- E. A majority of the members of the MCC or of a subcommittee appointed by it shall constitute a quorum, except that a quorum for purposes of the Systems Operations Subcommittee shall consist of nine members thereof so long as at least one of the members present is a representative of a basic life support agency.
- F. The affirmative vote of a majority of the members of the MCC or a subcommittee present at a meeting at which there is a quorum shall be necessary to take action.

12.6 Subcommittees. The MCC or a subcommittee identified in this Section 12.6 may establish such standing and special subcommittees as it deems appropriate. The assigned responsibilities of all special subcommittees shall be stipulated and a subcommittee shall exist until the subcommittee's mandate has been fulfilled. Minutes of meetings of the MCC and its subcommittees shall be available for inspection by the Board of Directors of the corporation. The following subcommittees shall be established and make recommendations to the MCC, which in turn will make recommendations to the corporation's Board of Directors:

- A. The Professional Standards Review Organization (PSRO), a subcommittee of the corporation, shall be composed of physician members, one emergency department nurse manager or director, and non-physician representatives of the entities providing emergency medical services in Oakland County. The members of the PSRO shall be appointed by the Board of Directors, after considering the advice of the Chairperson of the MCC. The chair of the PSRO will be nominated by the EMS Medical Director and appointed by the Board of Directors, from among the PSRO's members. This Subcommittee shall be responsible for organization, implementation and coordination of the quality improvement programs.



- B. The Systems Operations Subcommittee shall be composed of one representative from each advanced life support, basic life support and first responder agency operating within Oakland County. The Systems Operations Subcommittee shall be responsible for review and comment on matters designated by the MCC.
- C. The Executive Subcommittee shall be composed of the Chairman of the MCC (who shall function as chairman of the Executive Subcommittee), the Vice Chairman of the MCC, the EMS Medical Director, and the Chairman of the Systems Operations Subcommittee. The Chairman of the PSRO shall be an ex-officio member of the Executive Subcommittee without vote. The Executive Subcommittee shall be responsible for conducting emergency sessions of the MCC and for such other advisory activities as shall be designated by the MCC.

12.7 Conflicts. The Board of Directors of the corporation shall act as arbiter of conflicts which may arise between hospital members of the corporation relating to the activities of the MCC.

12.8 Officers. The officers of the MCC shall be a Chairman, a Vice Chairman and a Secretary and such other offices as the MCC may designate, whose duties shall be as follows:

- A. Chairman. The Chairman shall be a MCC physician representative nominated by the MCC and approved by the Board of Directors. Nominees for this office must have served as a MCC physician representative for a minimum of two consecutive years immediately prior to nomination. The Chairman shall preside at all meetings of the MCC and shall do and perform such other duties as may be assigned by the MCC.
- B. Vice Chairman. The Vice Chairman shall be a MCC physician representative nominated by the MCC and approved by the Board of Directors. Nominees for this office must have served as a MCC physician representative for a minimum of one year immediately prior to nomination. The Vice Chairman, at the request of the Chairman or in the event of the Chairman's absence, shall perform the duties of the Chairman. The Vice Chairman shall perform other duties as assigned by the Chairman.
- C. Secretary. The Secretary shall be a MCC member nominated by the MCC and approved by the Board of Directors. The Secretary shall act as secretary of the MCC; shall oversee sending of appropriate notices or waivers of notice regarding meetings of the MCC; and shall supervise such other duties as are customarily performed or required of organizational secretaries.

Officers shall serve a term of two years which shall expire on the final day of the month in which they were elected. Officers may be removed, and any vacancies in office shall be filled, by vote of the MCC and approved by the Board of Directors.

12.9 Conflict of Interest. A conflict of interest is considered to exist if the outcome of any vote by the MCC or a subcommittee thereof could, if such recommendation were adopted by the Board of Directors, benefit the voting member, the employer of the voting member, or the hospital or provider at which the voting member provides services under contract. Any potential



conflicts must be identified by a member and shall be ruled upon by the Chairman of the MCC or subcommittee at the time of the vote and, if a conflict is deemed to exist, the involved party may not vote. An appeal of a decision regarding the existence of a conflict shall be to the entire MCC.

XIII. EMS MEDICAL DIRECTOR

13.1 Selection. The EMS Medical Director shall be a physician appointed by the corporation's Board of Directors, after considering the advice of the MCC.

13.2 Term. The EMS Medical Director's term of office shall be two years.

13.3 Duties. The EMS Medical Director shall serve as an ex-officio member of the MCC, give direction to the MCC, and have such other duties and responsibilities as shall be prescribed by the Board of Directors, consistent with the Public Health Code and the rules promulgated thereunder. The EMS Medical Director shall be responsible for (a) medical control for the emergency medical services system within Oakland County and (b) for day-to-day operations consistent with the Protocols and any other applicable policies and procedures adopted by the Board of Directors. The EMS Medical Director does not vote in MCC or Subcommittee proceedings. The EMS Medical Director shall provide reports to the MCC and, upon request, to the Board of Directors, as well as comments to media, per Protocols. The Protocols shall provide for medical supervision in the EMS Medical Director's absence.

13.4 Removal. The EMS Medical Director may be removed from office by vote of the Board of Directors.

13.5 Vacancies. Any vacancy in the office of EMS Medical Director shall be filled, for the unexpired portion of the term, by a physician appointed by the corporation's Board of Directors, after considering the advice of the MCC.

XIV. PROFESSIONAL PRACTICE REVIEW/QUALITY IMPROVEMENT

14.1 Organization of Review Functions. Each member of the corporation participates in reviewing the quality of care rendered to emergency medical services patients in Oakland County before and after the patient arrives at a hospital, for the purpose of reducing morbidity and mortality and improving patient care. This review is conducted by various committees and individuals designated by each member to conduct professional practice review. In addition, the members of the corporation and the licensed life support agencies operating in Oakland County have delegated to the Board of Directors, MCC, PSRO, and EMS Medical Director various responsibilities for collecting and analyzing data, records and knowledge on behalf of the members and the agencies to assist them in conducting professional practice review. Other committees, bodies and individuals designated by the corporation (now existing or later created) may also perform professional practice review functions in the future.



14.2 Confidentiality of Information. All information, records, data, and knowledge collected by or for individuals or bodies assigned professional practice review functions shall be confidential, shall be used only for the carrying out of such functions, shall not be public records and shall be entitled to such nonavailability for court subpoena and other benefits as may be afforded under the provisions of Act 368 of the Public Acts of 1978, as amended, and Act 270 of the Public Acts of 1967, and Administrative Rule 325.22213(1), as amended.

XV. AMENDMENTS

15.1 Amendments - Sections I-XI. Section I through Section XI and subsection 15.1 of the Bylaws of the corporation may be amended, altered, added to or repealed, in whole or in part, by the affirmative vote of two-thirds of the Directors. A proposed amendment to these portions of the Bylaws must be proposed by at least 20% of the Corporation's Directors and distributed by the President or his/her designee in writing to all Directors prior to the meeting at which the amendment is considered.

15.2 Amendments - Sections XII-XVI. Sections XII, XIII, XVI, and subsection 15.2 of the Bylaws may be amended, altered, added to or repealed, in whole or in part, by the affirmative vote of two-thirds of the Directors. A proposed amendment to these portions of the Bylaws must be (a) proposed by at least 20% of the Corporation's Directors or be proposed by a motion passed by two-thirds of the members of the MCC and forwarded by the MCC to the President and (b) distributed by the President or his/her designee in writing to all Directors prior to the meeting at which the amendment is considered. All proposed amendments to the above stated portions of the Bylaws that do not originate from the MCC must be distributed in writing to the MCC, and the Board of Directors shall not vote on the proposed amendments until after the MCC has met once following the MCC's receipt of the proposed amendments.

XVI. INDEMNIFICATION

Indemnification. Each person who is or was a voting or non-voting Director of the corporation shall be indemnified by the corporation to the fullest extent to which the corporation has the power so to indemnify such persons pursuant to the corporation laws of the State of Michigan as they may be in effect from time to time, provided that the corporation shall not be obliged to provide indemnification which would constitute excess benefit within the meaning of Section 4958 of the Code. The corporation may purchase and maintain insurance on behalf of any such person against any liability asserted against and incurred by such person in any such capacity or arising out of his or her status as such, whether or not the corporation would have power to indemnify such person against such liability under the laws of the State of Michigan.



OPERATIONAL GUIDELINES / COMMITTEE STRUCTURE

Communications of the OC EMS-MCA

- A. Any communication of OC EMS-MCA positions or policies with outside persons or agencies, including the news media, shall be through the EMS Medical Director or, in his/her absence, the Medical Control Committee (MCC) chairperson or his/her designee from the MCC.
- B. All written communications in the name of the OC EMS-MCA will be transmitted on OC EMS-MCA stationary through the Executive Director.

General Rules for the Conduct of Business

- A. The rules set forth herein shall govern the disposition of business by the MCC and all Standing Committees and Subcommittees. The Standing Committees and Subcommittees include:
 1. Quality Improvement/Education
 - Protocol
 2. System Operations
 - EMS Providers
 - Communications/Disaster
 - Pharmacy
 - EMS Facilities Committee (Formally Nurse Managers)
 3. MCC Executive Committee
- B. After the start of a meeting, additions to the agenda shall be approved by the members present. These items will fall under “*New Business*”.
- C. Both the MCC and the Standing Committees/Subcommittees may change main motions previously voted upon at their respective meetings, such as:
 1. Motions carried or lost at the same meeting by a motion to reconsider.
 2. Motions carried at a previous meeting – by a motion to rescind or amend by a new main motion.
 3. Motions lost at a previous meeting – by a motion to renew by a new main motion.

Establishment of a Board or Committee Agenda

All agenda items shall be presented to the Executive Director at least ten days prior to the committee meeting. The only exception is if the Chairperson grants emergency approval.

MCC Rules for the Conduct of Business

- A. An alternate of a physician member of the MCC may be a non-physician from the member’s facility but may not vote at any meeting.
- B. The chairperson of each committee shall report agenda items and items of unfinished business to the MCC.



Procedure To Bring Matters Before The MCC

- A. The MCC Chairperson shall refer all matters subject to committee consideration to the appropriate committee.
- B. Every recommendation involving the expenditure of funds, when reported favorable to the MCC by a committee other than the System Operations Committee, shall be referred to the Systems Operations Committee prior to a MCC vote on the recommendations. All favorable motions involving expenditure of funds must be brought to the Board of Director's of the OC EMS-MCA for approval.

Motions originating at the MCC shall be referred to the appropriate Standing Committee prior to MCC action.

MCC Motion Flow To The System Operations Committee

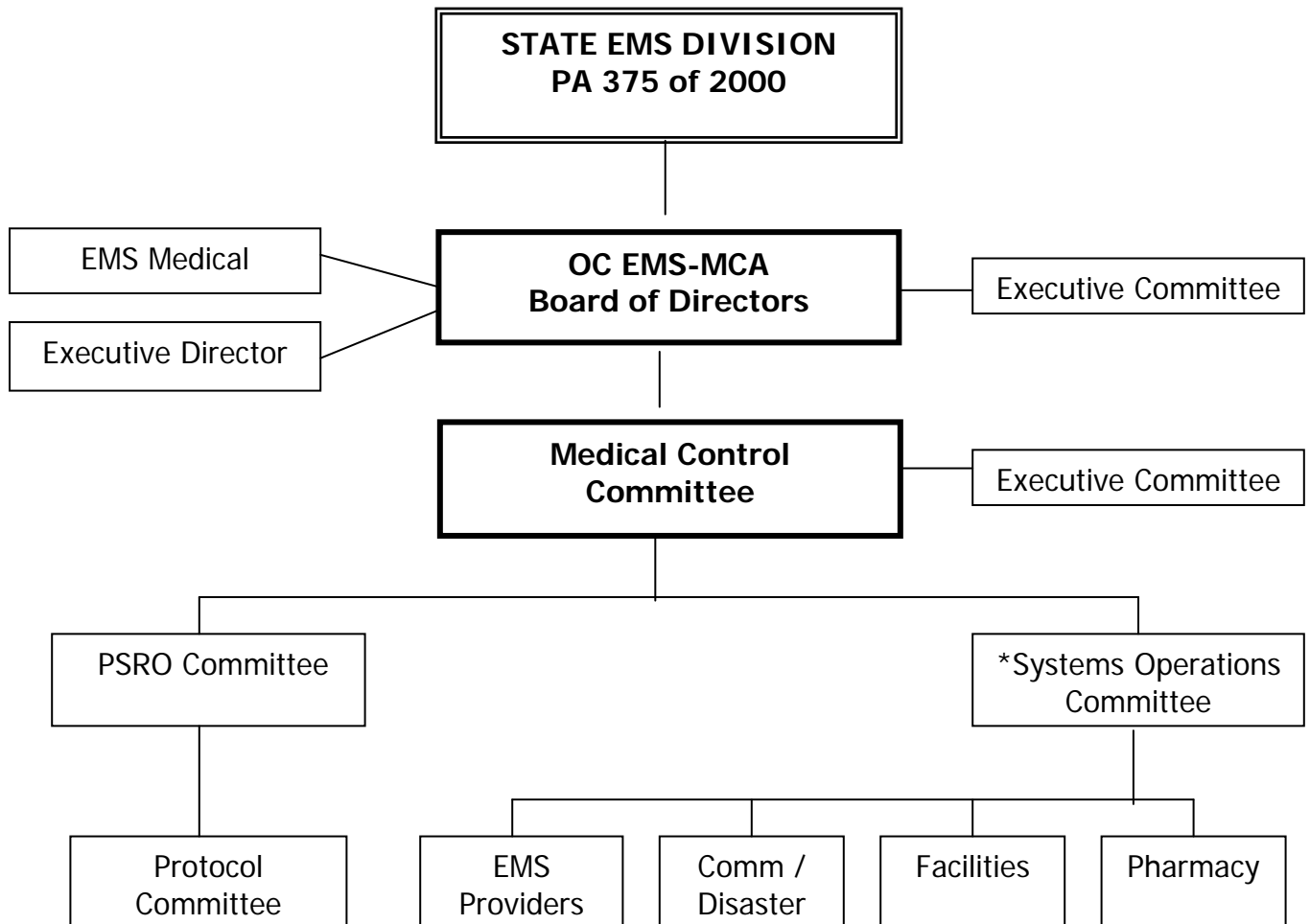
- A. Motions from the MCC will be referred to the Systems Operations Committee for review prior to implementation.
- B. After review, the Systems Operations Committee will either:
 1. concur with the MCC's motion and refer it to the MCC;
 2. refer motion, with comment, back to the MCC for reconsideration; or
 3. refer motions back to the MCC with recommended amendments.
- C. Upon receiving the referred motion from the Operations Committee, the MCC will either:
 1. reaffirm the original motion; or
 2. concur with the recommendations of the Operations Committee and pass the revised motion.
- D. Standing Committee Rules for the Conduct of Business
 1. Each Standing Committee and Subcommittee must generate a charge consisting of membership, quorum, and assign responsibilities.
 2. All Standing Committees will meet at least twice a year.
 3. In the interest of handling issues in a timely manner, the Systems Operations Committee may, during the course of a meeting, vote to temporarily adjourn to allow the EMS Providers (if a quorum exists) to vote or settle on an issue so that the Systems Operations Committee may continue and resolve that issue.
- E. Suspension of Rules
These rules shall be suspended upon the affirmation vote of two thirds plus one of the MCC membership.

Updated Protocol: MCC approved March 26, 1998

Approved by the OCMCA Board of Directors: May 1, 1998



ORGANIZATION & COMMITTEE STRUCTURE



* Systems Operations Committee

Members Include:

Approved Providers

3 Physicians

Chair of Facilities Committee

Chair of Pharmacy

Chair of Comm/Disaster

Quorum:

9 Providers (1 BLS/MFR)

1 Physician



Special Events; Private Property Emergencies Policy

Policy – Special Events; Private Property Emergencies
Purpose – To provide EMS personnel, Medical Control Physicians, and EMS Agencies with guidelines regarding Medical Control oversight.

Definitions:

EMS personnel – Individuals licensed by the state of Michigan as an MFR, Basic EMT, or Paramedic.

(MCP) Medical Control Physician - A qualified emergency physician staffing an emergency facility, designed as an ALS cooperating hospital by the MCA of Oakland County.

EMS Agency (Public or Private) – is an organization, which is licensed by the State of Michigan to provide a level of EMS service, and approved by the OCMCA.

Patient – an individual who needs to be transported by stretcher, isolette, cot or litter.

Special Events, Private Property Emergencies – means any activity conducted on private or public property, which may or may not be open to the public (such as, but not limited to: sporting or raceway events, local and state fairs).

Procedure –

1. Situations that require MCC pre – approval
 - a. Licensed EMS agencies must be approved by the Oakland County Medical Control Committee prior to providing emergency medical services for a special event. This includes events the agency covers with personnel only.
 - b. Any circumstance where a patient will be transported from a special event.
2. Situations that DO NOT require MCC pre – approval
 - a. Licensed EMS personnel, not affiliated with an EMS agency, do not require Oakland MCC approval to provide on – site emergency care at a special event.
3. Contracting agency must notify local municipality fire chief one week prior to event to coordinate a plan for care and transportation of patients from the event.

Approved MCC: April 20, 2000



**Oakland County Medical Control Authority
EMS Quality Improvement Subcommittee**

- I. Mission:** The Oakland County EMS Quality Improvement (QI) Subcommittee exists to promote the EMS system, and organize and integrate quality assurance activities to ensure the delivery of consistent, quality emergency patient care for Oakland County.
- II. Membership:**
- A. Appointments: Chairperson appointed by EMS Medical Director and approved by Medical Control Committee (MCC) and Board of Directors. Members appointed by the Chairperson of MCC, and approved by MCC and Board of Directors.
 - B. Term: 2 years
 - C. Meetings: Monthly and additional meetings as deemed necessary
 - D. Membership: 4 ED physician from different OCMCA approved facilities
 - 1 ED Nurse Manager/Director
 - 1 ALS Public Provider
 - 1 ALS Private Provider
 - 1 BLS/MFR Provider
 - 8 Total Voting Membership

Ex Officio: EMS Medical Director, MCC Chairperson, Chairperson Education Committee, and Chairperson System Operations Committee
 - E. Attendance: 75% required attendance with semi-annual assessment
 - F. Quorum: 2 physicians, 2 providers and greater than 50% of voting members.
- III. Responsibilities:**
- A. Incident review: To assess, investigate and make recommendations to the MCC pertaining to issues of concern posed by any person(s) regarding Oakland County EMS activities. Investigations will be processed according to the Incident Investigation Procedure (VI)
 - B. Audits: To regularly assess quality assurance processes performed by pre-hospital care personnel/agencies/facilities.
 - C. QI Studies/Planning: To develop an annual plan and perform study evaluations for the purpose of EMS system assessment and improvement of processes, protocols, EMS personnel, equipment, medications, etc that may affect patient outcomes.
 - D. Licensure/Relicensure/Letter of Compliance: Assessment of agencies and facilities applications, reapplications, and compliances with OCMCA protocols, policies, and QI.
- IV. Reporting:**
To MCC and EMS Medical Director.



V. Subcommittee Actions:

A. Incident Review:

Will be reviewed for EMS system and agency:

1. Accuracy of demographics, times, mileage, etc
2. Accuracy of patient assessment
3. Appropriateness of treatment
4. Compliance with protocols
5. Competency of procedures
6. Communications
7. Completeness of documentation
8. Any information that may impact patient care

B. Incident Review and Audit Recommendations:

The following actions will be reported to the MCC in an anonymous format:

1. Absolution, complaint unfounded, unsubstantiated or not of consequence
2. Informational/educational reporting without recommendation for action
3. Endorsement of activity
4. Trending
5. Protocol changes
6. Warning to provider
7. Corrective action plan by personnel/agency/facility

All of the following require MCC concurrence will be presented during closed session:

8. Retraining
9. Probation with conditions and reevaluation time frame
10. Suspension/removal of Medical Control for personnel/agency/facility
11. Revocation of license - through Michigan Department of Community Health (MDCH).

VI. Incident Investigation Procedure:

Introduction

This policy presents the guidelines for documenting incidents and complaints in pre-hospital care in Oakland County. Prompt and proper reporting of incidents is necessary for the MCC to accomplish the objectives set forth in its QI Plan.

Purpose

The purpose and intent of this policy is to resolve incidents and complaints at the lowest level possible in the most direct, expedient, and efficient manner. All incidents reviewed and investigations undertaken under this policy are confidential professional/peer review QI information of the OCMCA. It is protected from disclosure pursuant to the provisions of MCL 333.21518; MCL 333.20175, MCL 322.21515, MCL 333.531, MCL 331.533 and other State and Federal laws

Format and Reporting Procedure

A. Incidents may be resolved at the level of origin, or can be referred to another level.

Levels of investigation are:

1. EMS agency
2. Hospital/free-standing facility



3. Base Hospital-ALS/BLS/MFR Agency
 4. MCC QI subcommittee through the EMS Medical Director
 5. Medical Control Committee/Board
- B. Incidents shall be reported to the Base Hospital EMS Physician, and a copy sent to the EMS Medical Director (via the OCMCA office).
- C. Incidents may be reported verbally, but shall be submitted in written form within 72 hours.
- D. The written incident report should include the:
1. complainee;
 2. individual or agency registering the complaint;
 3. a narrative of the event(s) which precipitated the report; ie: date, agency, facility and personnel.
- E. The EMS Medical Director will be contacted directly (via the OCMCA office) if:
1. there is no base hospital; or
 2. the base hospital is the complainee or involved in the incident.
- F. The OCMCA office will assign an incident report number.
- G. Incidents to which the EMS Medical Director is a party will be referred to the OCMCA MCC chair in lieu of the EMS Medical Director

Serious Incident Investigation and Resolution Procedure

If an incident is of such a serious nature, which there is reasonable evidence of merit and in that continued participation in the EMS system by the involved individuals' or organization poses a significant risk to patient safety and/or personnel.

- A. The EMS Medical Director may order the immediate temporary suspension of the privilege to participate in the EMS system of the accused hospital, EMS agency and/or EMS personnel. The EMS Medical Director must notify the EMS Division of revoked privileges.
- B. The EMS Medical Director immediately notifies the QI subcommittee chairperson who will call a special meeting of the QI subcommittee. The QI subcommittee conducts the necessary investigation before a hearing.
- C. The QI subcommittee concludes the hearing with a decision:
 1. Suspension terminated and organization or individual reinstated.
 2. Suspension terminated and organization or individual reinstated with appropriate conditions imposed.
 3. Suspension continued and appropriate further action ordered.
- D. The EMS Medical Director initiates the action ordered by the QI subcommittee.

Standard Incident Investigation and Resolution Procedure

The Base Hospital EMS Physician or EMS Medical Director shall conduct a preliminary investigation promptly to determine validity of complaints, and dismiss any found to be without merit. If the complaint warrants further investigation or action, the Base Hospital EMS Physician or EMS Medical Director shall follow one of two courses, except in those instances outlined in the "Serious Incident Investigation and Resolution Procedure" section.

- A. The Base Hospital EMS Physician or EMS Medical Director refers the matter:
 1. to the hospital's administrative representative and/or Emergency Department Director, as appropriate, if complainee is a hospital; or



2. to the agency's administrative head and to the base hospital physician, if complainee is an EMS agency or personnel.
- B. The agency or hospital investigates the matter and reports back to the Base Hospital EMS Physician with a copy sent to the EMS Medical Director (via the OCMCA office). The report will be in writing; detailing the conclusions drawn from the investigation and outlining the action planned for the resolution of any problems revealed by the investigation.
 - C. Corrective action may be taken by the hospital or EMS agency according to its own internal policy, and with the EMS Medical Director, and the Base Hospital EMS Physician's concurrence.
 - D. If a report received from the investigating agency or hospital is unacceptable, and discussion with the hospital or agency fails to resolve the conflict, the EMS Medical Director may:
 1. Elect to resolve the issue; or
 2. Refer the matter to the QI committee to further investigate the matter. The EMS Medical Director will notify the involved agency, hospital, or individuals of his/her decision before proceeding.
 - a. The QI subcommittee investigates the incident utilizing, as appropriate the EMS run sheets, emergency facility EMS records, emergency facility chart, tapes and interviews of any personnel involved.
 - b. The subjects of the investigation will be invited to attend meetings.
 - c. The administrative head or designee of that service or hospital against whom the complaint has been made will be invited in any proceedings.
 - d. A member of the QI subcommittee who is involved in the incident being reviewed may be excused from the proceedings at the discretion of the committee.
 - E. Actions taken as a result of an investigation will be carried out according to the following process:
 1. If complainee is hospital or hospital personnel.
 - a. If a problem is with personnel, corrective action is taken by the hospital according to the hospital's personnel policies/procedures. The EMS Medical Director is notified of action intended and when the action has been completed.
 - b. If problem is with the performance or policy of the hospital or its Emergency Department, notification is made in writing to the EMS Medical Director of the steps planned to correct the problem. A follow up report is made to the EMS Medical Director when the problem has been corrected. The EMS Medical Director sets the date by which this must be done.
 2. If complainee is EMS Personnel
If the problem is with EMS personnel corrective action is taken by the employer according to the policies/procedures of the agency (employer). The EMS Medical Director is notified of action intended and when action has been completed.

VII. Appeals:



- A. EMS personnel/agencies/facilities upon notification of Medical Director, QI subcommittee or MCC actions may request an appeal in writing within 30 days of receipt of such actions. Lack of request within the 30 days shall deem the actions accepted by involved EMS personnel/agency/facility.
- B. If an appeal is requested, the EMS Medical Director and the QI subcommittee Chairperson will appoint an Appeal Review Committee consisting of one ED physician, one ED nurse, and two emergency medical pre-hospital care providers who are not members of the QI subcommittee or involved in the incident and are licensed at the appropriate level.
- C. The Appeal Review Committee and the complaintee will set a mutually agreeable date for the appeal to be heard within 14 calendar days.
- D. The QI Chairperson/designee and EMS Medical Director shall attend the Appeals Review Committee meeting.
- E. The Appeal Review Committee shall review the actions of the EMS Medical Director and/or the QI subcommittee and MCC as well as any material supplied by the parties requesting appeal. After review of the materials and actions, the Appeal Review Committee, by closed ballot vote, may uphold, reject and/or modify the decision of the MCC. The subcommittee will report its final action to the EMS Medical Director.
- F. The EMS Medical Director may veto the Appeal Review Committee's decision. In the event of a veto, the issue will be referred to the MCC. A veto can be overridden by a two-thirds vote of the full MCC.
- G. All parties may request and mutually agree, in writing, to a time period extension of any step in the appeals process.

VIII. Agency Data Submission:

- A. Run Record Data: Report submission for the prior month must be submitted by the following month. One run record is required for each call and/or transport. Data submission may be in the form of Scantron, Sunpro or ALS/BLS program.
- B. Special Studies Data: Data submission may be required by the QI subcommittee for special studies as determined by the QI subcommittee Annual Plan and other ad hoc reviews.
- C. Audits: Additional data may be requested to complete periodic audits.
- D. Compliance: Late or lack of data submission will generate of letter of notification as follows:

One month:	Written letter of notification
Two month in a year:	Required written corrective action plan to QI subcommittee
Three months in a year:	Required in person and in writing presentation of corrective action plan at the next regularly scheduled QI subcommittee