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System Protocol
By Laws - Introduction

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101 Introduction

The organization shall be known as the "St. Clair County Medical Control Authority" and is formed under the authority of Act 179 of the Public Acts of 1990, an amendment to Public Act 368 of the Public Acts of 1978, as amended and with the approval of the Michigan Department of Health and Human Services (MDHHS). In accordance with said act, the County of St. Clair is designated as a region for medical control, and the authority shall serve as the governing body over the practice of life support agencies and personnel within it. The Medical Control Authority shall have all rights and privileges granted by the act, and shall function accordingly.

101.1 MISSION

The Medical Control Authority shall do the following in furtherance of its mission.

- A. Assure the provision of a quality cost effective emergency medical services system which meets the needs of the residents of St. Clair County.
- B. Establish a mechanism to review the performance of participants in the system to assure continuing optimum quality.
- C. Encourage and support where feasible, the emergency medical training and education programs of the region.
- D. Foster community relations and education regarding emergency medical services.



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102. PURPOSE

To organize and participate in efforts to maintain and enhance a quality emergency medical services system in St. Clair County, including cooperating with the county of St. Clair and agencies thereof in areas of mutual concern.

102.1 To develop and update, with advice from the Medical Control Advisory Council, protocols for the provision of emergency medical services primarily in St. Clair County, relating to operational, clinical, and communication matters.

102.2 To serve as the designee of the Michigan Department of Health and Human Services pursuant to Act 368 of 1978, as amended, to serve as medical control authority for St. Clair County emergency medical services system.



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By Laws – Members of the Authority

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103 MEMBERS OF THE AUTHORITY

103.1 The members of the Authority shall be:

Lake Huron Medical Center
McLaren Port Huron
Ascension River District Hospital

103.2 Requirements for Membership. The following requirements shall apply to the entities that are members of the Authority.

Each member shall be licensed as a hospital and/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 state and which is located in St. Clair County.

103.3 Resignation. Any member of the Authority may resign as a member of the Authority by (60) sixty days' prior written notice to the other members of the Authority. A resigning member of the Authority shall, as of the effective date of resignation, (a) have no further interest in the assets of the authority, and (b) no financial obligation to the Authority 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. A member which resigns or whose membership is terminated pursuant to Section 3.6 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 Authority 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.

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



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103.5 Dues. Members of the Authority shall be required to pay such dues and other forms of contribution to assist in payment of ordinary operating expenses of the Authority (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 Authority Board. No action with reference to dues and other forms of contribution shall be taken by the Authority Board without thirty (30) days prior written notice of such proposed action being given to each representative.

103.6 Termination of Membership. Any member of the Authority which does not pay the dues or other form of contribution required of it in accordance with these Bylaws may be terminated from membership by action of the Authority Board 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 3.2 shall cease to be a member of the corporation upon receipt of notice of termination of membership sent by the Authority Board or by the remaining members of the Authority.



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By – Laws – Authority Board

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104. AUTHORITY BOARD

104.1 Authority. The business and affairs of the Authority shall be managed by its Authority Board. The Authority Board has authority and responsibility for adopting and modifying, as necessary, the Protocols described in Section 102.2.

104.2 Composition. The Authority Board shall consist of Directors appointed by the members of the Authority, and the EMS Medical Director who shall serve ex-officio, without vote. Each member of the Authority may appoint a Director (who shall be associated with said member) (i.e., one Director for each Participating Emergency Facility operated by the member). Directors shall serve three-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 Authority Board 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 Authority Board.

104.3 Removal. Any Director may be removed at any time by the member of the corporation by whom such Director was appointed. Any Director appointed by a member of the Authority which resigns as a member of the Authority or otherwise ceases to be a member of the Authority, shall automatically cease to be a Director as of the effective date of the appointing member's resignation or termination of membership.

104.4 Meetings. Meetings of the Authority Board shall be held at such time and place as shall be determined by the Chairman or by the vote or consent of a majority of the Authority Board. Each Director shall be given at least ten days' written notice of each meeting of the Authority Board.

(a) Meetings of the Medical Control Authority Board shall be held no less than four times per year and may be held at the same time and place as the Advisory Council. Meeting dates will be determined by the members of the Authority Board.



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(b) Emergency meetings of the Authority may be called from time to time by the Medical Director as needs dictate.

(c) A board member unable to attend a meeting should endeavor to give his written proxy to an alternate representative.

104.5 Quorum: A majority of the Authority Board shall constitute a quorum at any meeting of the Authority Board. 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.

104.6 Participation Via Telecommunications. Members of the Authority Board, or any committee or subcommittee of the Authority Board, may participate in a meeting of the Authority Board, 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 Authority Board must be physically present at the public meeting site.

104.7 No Compensation. The Directors shall receive no compensation from the Authority for their services as members of the Authority.

104.8 Vacancies. A vacancy in the Authority occurring for any reason shall be filled by the member of the corporation which appointed the Director whose Departure created the vacancy.



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105 OFFICERS

- 105.1 Officers.** The officers of the Authority shall consist of a chairman, and a vice chairman.
- 105.2 Election.** The officers of the Authority shall be elected by the Authority Board.
- 105.3 Term.** Officers of the Authority shall hold their offices for terms of three years 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 Authority Board.
- 105.4 Resignation.** Any officer of the Authority may resign his or her office at any time, by written notice to the Authority Board.
- 105.5 Removal.** Any officer of the Authority may be removed at any time by the Authority Board, with or without cause.
- 105.6 Chairman.** The Chairman of the Authority shall preside at all meetings of the members of the Authority Board. The Chairman shall be the Chief Executive Officer of the Authority. The Chairman shall see that all orders and resolutions of the Authority Board are carried into effect, and shall have the general powers of supervision and management usually vested in the office of the president of a corporation.
- 105.7 Vice Chairman.** The Vice Chairman shall, in the absence or disability of the chairman, perform the duties and exercise the power of the Chairman. The Vice Chairman shall perform such other duties as the Authority Board may prescribe.



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106 CHECKS AND OTHER INSTRUMENTS

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



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By – Laws – Committees of the Authority Board

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107 COMMITTEES OF THE AUTHORITY BOARD

- 107.1 Committees. There shall be the following standing committees of the Authority Board: (a) Medical Control Advisory Council and (b) Professional Standards Review Organization (PSRO). The Medical Control Advisory Council shall have the following standing subcommittees: Protocol and Therapeutics Subcommittee, the Training and Education Subcommittee and the Communications Subcommittee. The Authority Board may create or provide for the creation of other committees or subcommittees; 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 chairs; and take such other action with respect thereto as the Authority Board may deem appropriate, subject to the laws of the state of Michigan. All committees and subcommittees are advisory to the Authority Board and may make non-binding recommendations to the Authority Board. No committee or subcommittee shall have authority to take final action, or make or limit decisions, on behalf of the Authority.

Committees shall forward all minutes of their meetings and all recommendations to the committee to which they report. Standing committees and subcommittee members shall serve for three (3) years or until a successor is appointed, or until the member is terminated or resigns. The Authority Board shall appoint each committee and subcommittee member. The Authority Board shall appoint each committee and subcommittee chair. Committee meetings shall be scheduled no less than quarterly (unless these Bylaws specify more frequent meetings). A special or emergency committee or subcommittee meeting may be called in compliance with these Bylaws. Each voting member of a committee or subcommittee shall have one vote. A majority of the members of a committee or subcommittee shall constitute a quorum, unless otherwise specified in these Bylaws. The affirmative vote of a majority of the members of a committee or subcommittee present at a meeting at which there is a quorum shall be necessary to take action.



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108.1 Medical Control Advisory Council.

108.1.1 Functions. The Authority Board shall appoint a committee which shall be referred to as the “Medical Control Advisory Council” or the “Advisory Council.” The Advisory Council shall serve as the advisory body required by MCLA 333.20918(2). The Advisory Council shall regularly make recommendations to the Authority Board regarding protocols and the Authority’s performance of its responsibilities as the designated Medical Control Authority for St. Clair County. The Advisory Council shall review each report and recommendation it receives from the Protocol & Therapeutics, Training and Education, and Communications and shall forward all subcommittee reports and recommendations to the Authority Board on a timely basis, along with the Advisory Council’s own recommendations on the subject. This committee shall review all applications for initial licensure and annual relicensure applications of life support agencies that function or seek to function in St. Clair County, as well as the proposed changes to such a license or to the geographic area served by such a life support agency.

108.1.2 Composition. The Advisory Council shall consist of the following:

- (3) E.R. Physicians (one from each participating hospital)
- (1) Medical First Responder Agency
- (1) Communications Center Representative
- (1) Pharmacy (Licensed Pharmacist)
- (1) Instructor Coordinator
- (3) Nursing (E.R. Nurse)
- (1) Office of Emergency Management
- (3) Advanced Life Support Agencies (Paramedic)
- (1) Basic Life Support Agency
- (1) EMT
- (1) EMT Specialist
- (1) MFR
- (1) Citizen



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108.1.3 Selection. The Authority Board shall appoint the members Of the Advisory Council to three-year terms. An Advisory Council member may be reappointed for any number of successive terms. Vacancies on the Advisory Council shall be filled by the Authority Board. The new member of the Advisory Council appointed to fill a vacancy shall serve for the remainder of the term. Any member of the Advisory Council may be removed from that position by action of the Authority Board.

108.1.4 Meetings. The Advisory Council shall hold regular meetings as deemed necessary by the Advisory Council but no less than quarterly, at locations designated by the Advisory Council's Chair. Special meetings of the Advisory Council shall be called by the Chair at the request of two or more Advisory Council members. The Chair shall call a special meeting at the request of the Authority Board.

108.1.5 Chair and Vice Chair. The Advisory Council shall have a Chair and a Vice Chair, whose duties shall be as follows:

- (i) **Chair.** The Chair shall be the Medical Director who is appointed by the Authority Board. The Chair shall preside at all meetings of the Advisory Council and shall do and perform such other duties as may be assigned by the Advisory Council or Authority Board.
- (ii) **Vice Chair.** The Vice Chair shall be a member of the Advisory Council who is nominated by the Advisory Council and appointed by the Authority Board. The Vice Chair, at the request of the Chair or in the event of the Chair's absence, shall perform the duties of the Chair. The Vice Chair shall perform other duties as assigned by the Chair.



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108.2 Professional Standards Review Organization.

108.2.1 Functions. The PSRO shall be responsible for organization, implementation and coordination of the Authorities' quality improvement programs for the purpose of improving quality emergency medical care. This committee is responsible for the comprehensive review of all pre-hospital care and any incident reports regarding pre-hospital or participating hospital care. The Committee shall report to the EMS Medical Director and the Authority Board any matters that require action (including a life support agency's action plan). The committee shall also make quarterly and annual reports to the Authority Board regarding the committee's quality review of life support agencies.

108.2.2 Composition. The PSRO shall be composed of one physician member from each Participating Emergency Facility, three representatives from Advanced Life Support Agencies (Ambulance Operations), one MFR Representative, one BLS agency representative and one EMT Specialist representative who shall be appointed by the Authority Board. The Chair of the PSRO will be nominated by the EMS Medical Director and appointed by the Authority Board from among the PSRO's members.

108.2.3 Meetings. The PSRO shall meet on a bi-monthly basis or as deemed necessary by the Chair. A majority of committee members (including at least one physician) shall constitute a quorum.

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, Act 270 of the Public Acts of 1967 (including Section 20919(1)(g)), and Administrative Rule 325.22213, as amended.

108.3 Protocol & Therapeutics Subcommittee

108.3.1 Functions. The Protocol & Therapeutics Subcommittee shall advise the Authority Board (through the Advisory Council) on current EMS standards of care, and shall review, recommend, and comment on medical control protocols, medications, policies, and procedures.



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108.3.2 Composition. The EMS Medical Director shall be an ex-officio voting member of the Protocol & Therapeutics subcommittee. The remaining members shall be appointed by the Authority Board and shall consist of one emergency physician, three emergency room nurses, one pharmacist, four Advanced Life Support Agency (Paramedic), one licensed EMT Basic, one licensed EMT Specialist, and one Medical First Responder.

108.3.3 Meeting. The subcommittee shall meet at least quarterly. A majority of the Subcommittee shall constitute a quorum, three of whom shall be emergency physicians.

108.4 Communications Subcommittee.

108.4.1 Functions. The Communications Subcommittee shall report to the Advisory Council. This Subcommittee shall advise the Authority Board (through the Advisory Council) concerning all aspects of EMS communications, including radio, telephone 911, and dispatch.

108.4.2 Composition. The subcommittee shall include dispatch, PSAP 911, Paramedic, EMT Specialist, and emergency medical technician representatives. Each participating Emergency Facility may nominate its representative to serve on this subcommittee.

108.5 Training & Education Subcommittee.

108.5.1 Functions. The Training & Education Subcommittee reports to the Advisory Council. This Subcommittee develops appropriate training standards for personnel providing emergency medical services pursuant to the Protocols.

108.5.2 Composition. The subcommittee shall include one representative from each Participating Emergency Facility, one paramedic, one EMT Basic, one EMT Specialist, one medical first responder, one physician, and at least one EMT Instructor/Coordinator.

108.5.3 Meetings. The subcommittee shall meet quarterly or as deemed necessary by the Chair.



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By – Laws - Medical Director

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109 EMS Medical Director

109.1 Selection. The EMS Medical Director shall be a physician appointed by the Authority Board after considering the advice of the Advisory Council. The EMS Medical Director shall possess the qualifications required by the Michigan Public Health Code and the rules promulgated thereunder.

109.2 Term. The EMS Medical Director shall serve for a term of three years or until a successor is appointed, or until removal.

109.3 Duties. The EMS Medical Director shall serve as an ex-officio non-voting member of the Authority Board and as an ex-officio voting member of the Advisory Council. The Medical Director shall give direction to the Advisory Council and have such other duties and responsibilities as shall be prescribed by job descriptions approved by the Authority Board, consistent with the Michigan 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 St. Clair County and (b) for day-to-day operations consistent with the Protocols and any other applicable policies and procedures adopted by the Authority. The EMS Medical Director shall arrange for another physician to perform the Medical Director's duties during the Medical Director's temporary absence. This substitute physician shall satisfy the requirements stated in Section 9.1 and must be approved by the Authority Board, after considering the advice of the Advisory Council.

109.4 Removal. The EMS Medical Director may be removed from office by vote of the Authority Board or the members of the Authority.

109.5 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 Authority Board after considering the advice of the Advisory Council.

109.6 Immunity from Liability. Unless an act or omission is the direct result of gross negligence or willful misconduct, the acts or omissions of the Medical Director, while participating in the development of protocols, implementation of protocols, or holding a participant in the emergency medical services system accountable for department-approved protocols, does not impose liability of those functions.



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110 PROFESSIONAL PRACTICE REVIEW/QUALITY IMPROVEMENT

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

110.2 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, Act 270 of the Public Acts of 1967 (including Section 20919(1)(g)), and Administrative Rule 325.22213, as amended.



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111 AMENDMENTS

111.1 Amendments. These 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 Bylaws shall be distributed by the Chairman or his/her designee in writing to all Directors prior to the meeting at which the amendment is considered.



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112 INDEMNIFICATION

112.1 Indemnification. Each person who is or was a voting or non-voting Director of the Authority shall be indemnified by the Authority to the fullest extent to which the Authority has the power so to indemnify such persons pursuant to the Authority laws of the State of Michigan as they may be in effect from time to time, provided that the Authority shall not be obliged to provide indemnification which would constitute excess benefit within the meaning of Section 4958 of the Code. The Authority 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 Authority would have power to indemnify such person against such liability under the laws of the State of Michigan.



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MCA Name ST. CLAIR COUNTY MCA
MCA Board Approval Date: 03-20-13 Revised 01-30-21
MDHHS Approval Date: 04-23-21
MCA Implementation Date: 05-03-21

Section 12-14

SCCMCA



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The St. Clair County Medical Control Authority recognizes that Advanced Life Support is beneficial to patient outcomes. Therefore, The SCCMCA mandates that all Ambulance Operations and all ambulances operating in St. Clair County must operate at the Advanced Life Support level at all times and must be licensed, equipped and staffed at the Advanced Life Support level at all times. All patients in St. Clair County shall be responded to and transported by a vehicle licensed at the advanced life support level. **No** agency (whether public or private) may transport a patient in a vehicle that is **NOT** licensed, equipped and staffed as an Advanced Life Support Vehicle.

A. Unless approved by the St. Clair County Medical Control Authority, no person(s) shall operate an ambulance operation within the jurisdiction of St. Clair County.

A. A person(s), who intends to license for public or private, an ambulance or ambulance operation will be required to:

1. Meet all standards and criteria established by Act 368, Public Act of 1978, as amended, rules and regulations promulgated by and all standards adopted by the Medical Control Authority.
2.
 - a. Provide at least 1 ambulance available for response to requests for emergency assistance within the geographic area stated on the application on a 24 hour a day, 7 day a week basis in accordance with local medical control authority protocols.

This means a life support agency must maintain one ambulance for the provision of emergency responses 24 hours a day; 7 days a week throughout its approved service area regardless of the agency's other duties.

- b. Respond or ensure that a response is provided to each request for emergency assistance originating within the bounds of its service area and provide response in accordance with response time guidelines established by these protocols.

This means that if an agency's ambulance has already been dispatched to respond to a medical emergency, the agency is required to ensure a response is provided to their service area; this is done through established mutual aid agreements.

- c. Operate under the direction of the St. Clair County Medical Control Authority or the medical control authorities with jurisdiction over the ambulance operation.



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2. Submit to the Medical Control Authority Board, on a form provided by MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES, a completed application which shall include all of the following:
 - a. Geographical location in which the service intends to operate, including a letter of approval or contract from each township, village or city in which an agency intends to operate authorizing the agency to operate within the geographic boundaries of their community. Ambulance operation's geographic area means the geographic area in which a life support agency is licensed to provide emergency medical services for responding to an emergency. The service area is designated by the Department on the agency's license.
 - b. Indicating that the ambulance operation and any patient transported by agency are transported by an approved ALS vehicle.
 - c. current list of names and copies of valid licenses of EMS personnel.
 - d. current Credentials as required by the Medical Privileges protocol
 - e. copies of mutual aid agreements assuring secondary response capabilities.
3. Each ambulance in operation shall have one licensed and approved Paramedic who will be fully responsible for all procedures performed. The Paramedic must attend and be in the patient compartment on all priority 1 and 2 patients. It is understood that an ALS (Paramedic) evaluation or assessment will be performed on every patient and the patient priority determined by the Paramedic prior to transport.
4. Submit a letter of commitment to the Medical Control Authority to support and comply with the minimum standards of medical care, protocols and operational procedures adopted by said authority.
3. Provide certificate of insurance, including an agreement to immediately notify in writing within 5 days to the Medical Control Authority if said insurance is cancelled by insurer or in any way modified or not renewed.
4. When replacing a current licensed vehicle with no increase in the level of license in which the vehicle operates, you must submit to the Medical Control Authority Board: a completed MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES part II form as revised, a copy of the manufacturer's certification of compliance certificate and proof of insurance must accompany the part II form. Also indicate year,



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make and vehicle identification number of vehicle being replaced. If there is a change of level of licensure at which the new vehicle is going to operate, that must be indicated on the part II form.

7. For any Ambulance Operation, whether public or private, seeking to replace an incumbent provider within the SCCMCA, it is necessary to evaluate any issues or concerns of the overall system design in St. Clair County. While the SCCMCA recognizes the right of each community to evaluate and determine which provider may best serve their needs, consideration of the impact of any changes in the system design must also include a thorough review and analysis of the consequences, if any, on the pre-hospital EMS system as a whole in St. Clair County. Ambulance Operations seeking to expand their geographic emergency service area within St. Clair County are required to provide SCCMCA with sufficient justification, taking into consideration any operational or clinical impact on the overall system design, prior to submitting any new application for approval.

C. **Provider Requirements** - Any person(s) or organization who intends to operate, public or private, ambulance operation in St. Clair County, shall adhere to the following standards:

1. Dispatch Operations
 - a. Any request for service, regardless of priority, shall be received at a single dispatch point designated by each provider.
 - b. The MCA requires the use of approved Emergency Medical Dispatch protocols by all Emergency Medical Dispatch Centers.
 - c. The provider's ambulance will be capable of direct communications with the dispatch center. All ambulances will be able to communicate in a manner consistent with the St. Clair County Disaster Protocol.
 - d. Agency personnel should be continuously aware of all incoming calls and all current competing demands on the EMS system, both in progress and pending.
 - e. Telephone requests shall be answered and handled in a timely manner that does not endanger patient care. Delayed or interrupted response to emergency requests are to be a rare occurrence. Telephone access methods shall be reliable and it shall be the



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responsibility of the provider to maintain sufficient dispatch personnel as necessary to ensure that telephone requests are answered in the manner described above.

- f. Complete and reliable audio recordings of all emergency and non-emergency telephone conversations to the dispatch center, and of all radio frequencies utilized for ambulance communications of all types shall be maintained by the provider agency and be made available to MCA for not less than 90 days.

2. Data Collection and Reporting

- a. As of April 1, 2009, all Life Support Agencies (including Ambulance Operations) are required to collect and submit data electronically into the MI-NEMSIS system. Agencies must collect and submit all data elements, including electronic PCR's as outlined by MI-NEMSIS on a monthly basis by the 15th of each month.

3. Quality Improvement Activities

- a. The ambulance operation will actively participate in any performance improvement activity undertaken by the MCA and will work to quickly resolve any issue identified by the MCA as potentially hazardous.
- b. The ambulance operation will cooperate in any performance improvement activities undertaken by MCA and will respond to MCA within 72 hours of any request for information.
- c. The ambulance operation will work with the MCA to identify any activities by the provider or the system that present a reasonable potential to adversely affect patient care. Discovery of such activity by the ambulance operation will result in notification of the Medical Director who will present findings to the Medical Control Authority if appropriate.
- d. The MCA will be notified by the ambulance operation relative to any violation of MCA protocols, policies and procedures. Information provided will include but not be limited to the name of the employee, action that initiated the investigation and any disciplinary and/or remedial action which has been taken by the ambulance operation.

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- e. The ambulance operation commits to providing reasonable access by MCA to any part of the ambulance operations operation that is directly involved in the provision of pre-hospital care as governed by the MCA or that has been identified to the MCA by the ambulance operation as an area the ambulance operations wishes to have thoroughly reviewed.
- f. The ambulance operation shall, as part of its Quality Improvement program, make available to the MCA, documentation with respect to the provision of patient care within the guidelines defined by the MCA. The MCA may audit, examine, and copy this information as appropriate in defining compliance with medical standards and identifying or improving ambulance operation performance or system standards that may reasonable enhance patient outcomes.
- g. The ambulance operation may authorize an MCA physician to ride as a "third person" on any of the ambulance operations ambulances at any time, with notice and within company policy guidelines.
- h. In exercising the right to observation and inspection, MCA personnel shall conduct themselves in a professional and courteous manner, shall not interfere in any way with ambulance operation personnel in the performance of their duties, and shall at all times be respectful of the ambulance operation agency's employer/employee relationships.

4. Field Operations

- a. All vehicles shall be equipped with the minimum level of equipment established by the Michigan Department of Health and Human Services.
- b. All ambulance operations shall be licensed and agree to provide ALS response, transport and treatment in accordance with all rules and regulations promulgated by the MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES and St. Clair County Medical Control.
- c. Each licensed vehicle shall be equipped with communications equipment properly functioning, maintained and utilized in accordance with the MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES Medcom Plan.
- d. Each licensed vehicle shall be staffed with not less than the minimum number of persons as required by state law.
- e. All field personnel will be trained to operate equipment and vehicles in the manner indicated by the manufacturer and in accordance with

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MCA Name ST. CLAIR COUNTY MCA
MCA Board Approval Date: 03-20-13
MDCH Approval Date: 07-02-13
MCA Implementation Date: 07-10-13

Section 12-13

SCCMCA



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

records of this training shall be kept on file for five years. All field personnel practicing in St. Clair County shall strive to limit their on-scene treatment time as established by system standards

- f. In St. Clair County an individual acting as a first responder in unlicensed private vehicles shall not provide medical care past a first response level. Individuals who wish to provide more advanced medical care must have their non-transporting vehicle licensed by the State of Michigan. These vehicles must undergo yearly inspections, be fully equipped to provide care at that level and represent an accredited agency. St. Clair County medical protocols must be followed at all times.

5. Management Team/Personnel

- a. Ambulance operation agrees to establish and maintain an organized, identifiable management team. An identified contact person to ensure effective operations of the service will be identified.
- b. The ambulance operation will annually provide the names and titles for key personnel including those responsible for:
 - (1) Chief Executive Officer/Executive Director
 - (2) Corporate planning and budgeting
 - (3) Operations Management
 - (4) Coordination of Education
 - (5) Quality Improvement Coordination
 - (6) Communications Center Operations
 - (7) Line Operations Supervisors
- c. The ambulance operation will notify MCA where any of the positions are modified or individuals in the positions change.
- d. The ambulance operation shall ensure that all personnel working under authorization of the ambulance operation possess and maintain the appropriate state licenses and local certification as required by MCA and shall furnish annually to MCA documentation of same. The ambulance operation will make certain that new personnel have complied with all MCA procedures as required by the MCA prior to allowing them to function as a prehospital ambulance operation within St. Clair County.



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- e. The Ambulance Operation will submit to MCA a current roster of employees on an annual basis, as well as a copy of the front & back of all credentials required in the Medical Privileges protocol.

6. General Considerations

- a. Ambulance operations shall not refuse service to any request for emergency assistance based upon the requester's ability to pay.
- b. Ambulance operations shall maintain minimum insurance as required by MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES.
- c. The MCA and ambulance operations agree to conduct business in a manner that is ethical and responsible.
- d. All ambulance operations agree to provide ALS response and transport 24 hours per day, 7 days per week, 52 weeks per year. In the event that an ambulance operation cannot meet this standard, they are to notify the SCCMCA office.
- e. Ambulance operations shall cooperate with appropriate agencies to develop and maintain disaster readiness.
- f. Ambulance operations shall enter into mutual aid agreements with other ambulance operations as approved by the MCA.
- g. Ambulance operation will maintain and enforce a policy regarding employees suspected of working while under the influence of drugs or alcohol. Any disciplinary action taken by an ambulance operation under such a policy will be immediately communicated to the Medical Director. The communication of this information does not require a release from the employee.
- h. Response Time Performance – Response time shall be established between the provider and the municipality or geographic service area and monitored by the MCA for compliance. Below are the fractile response time standards for St. Clair County.

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1. Respond to emergency requests within 8 minutes or less on 90% of all emergency requests located within an urban area.
2. Respond to emergency requests within 12 minutes or less on 90% of all emergency requests located within a suburban area.
3. Respond to emergency requests within 15 minutes or less on 90% of emergency requests located within a rural area.

D. Extent of Responsibility for the Care of Patient

An ambulance operation is responsible for the care of the patient and may only transfer care of the patient to personnel of an ambulance operation licensed by MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES to provide equal or more advanced care. If the vehicle providing transportation of the patient to the receiving hospital is not so licensed, all appropriate personnel, treatment, supplies and communications equipment necessary to maintain the level of emergency care initiated by the advanced life support agency shall be transported with the patient to the emergency department of the receiving hospital.

E. Words, Phrases, Symbols, Or Insignia: Permitted Use

1. Only those persons licensed by MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES as an ambulance operation may use MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES approved words, phrases, signs, symbols or insignia which indicate to the public that advanced life support care is provided.

F. RESPONSE REQUIREMENTS

1. A life support agency shall provide for the availability of proper personnel and equipment for response to requests for assistance 24 hours a day, 7 days a week, 52 weeks per year.
2. Public safety dispatch centers or other public or private agencies receiving requests for ambulance service shall forward each request to the appropriate life support agency, as determined by the township, city or village, where the request occurs.
3. A life support agency shall not provide a central dispatch or public agency or any person with false or misleading information concerning the time at which

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an emergency medical service response will be initiated or concerning the location from which the response is being initiated.

4. A person who receives any intercepted public safety radio communication shall not utilize the contents of the communication for the purpose of initiating an emergency medical service response without the authorization of the sender. This subsection shall not apply to a radio communication generally transmitted to any listener by a person in distress.
5. All activities relating to the provision of ambulance services, including the advertisement and dissemination of information for the purpose of obtaining contracts, shall be conducted under the name of the person holding an ambulance operation license or the trade or assumed name.



MCA Name ST. CLAIR COUNTY MCA
MCA Board Approval Date: 11-15-23
MDCH Approval Date:
MCA Implementation Date: 03-01-24

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Section 8-52