

SAGINAW VALLEY MEDICAL CONTROL AUTHORITY

BYLAWS

ARTICLE I
NAME AND PURPOSES

Section 1: NAME. The name of the Corporation shall be the SAGINAW VALLEY MEDICAL CONTROL AUTHORITY (AUTHORITY).

Section 2: PURPOSES. The purposes for which the AUTHORITY is formed are:

- A. To function as the Medical Control Authority designated by the Michigan Department of Community Health Office of EMS and Trauma Systems pursuant to Section 20910(l)(k) of Public Health Code; MCLA 333.20910(l)(k); MSA 14.15(20910)(l)(k), and in said capacity to be responsible for assuring medical accountability within the Emergency Medical Services System in Saginaw and Tuscola Counties through the promulgation of minimum standards of medical care, protocols, and operating policies and procedures, consistent with the Public Health Code.
- B. To administer medical control within Saginaw and Tuscola Counties through supervising the provision of emergency medical services within the Saginaw and Tuscola Medical Control Zone.
- C. To coordinate, monitor, evaluate and plan for Emergency Medical Services in Saginaw and Tuscola Counties in conjunction with the county and municipal governments and other agencies functioning within the Emergency Medical Services System.
- D. To assure the availability and efficacy of training and continuing education programs; systems telecommunication procedures; patient care quality review procedures; personnel skills assessment testing; and vehicle and equipment standards of operation, maintenance and inspection.
- E. To act in advisory capacity to township, municipal, and county boards of commissioners on matters pertaining to the provision of emergency medical services within the Saginaw and Tuscola County Emergency Medical Services System.
- F. To assist in efforts to maintain and enhance an Emergency Medical Services System within Saginaw and Tuscola Counties which provides quality emergency medical services to the residents therein.

- G. To assist the Medical Control Board established under Article IX hereof in maintaining liaisons with or functioning as an advisory body to other agencies responsible for emergency medical services activities at state or regional levels.

ARTICLE II
MEMBERSHIP

- Section 1: COMPOSITION. The AUTHORITY shall be composed of the hospitals participating in the Saginaw Valley Medical Control Authority. Except as otherwise stated in these Bylaws, membership in the AUTHORITY shall be perpetual provided the member hospital maintains the required hospital licensure (under PA 215 of the Public Health Code). The present member hospitals participating in the AUTHORITY are: Saint Mary's of Michigan, Inc., Covenant Healthcare, Inc., Caro Community Hospital, and Hills & Dales General Hospital. The right of a member hospital to vote and all rights and interest in AUTHORITY affairs shall cease upon the termination of membership. Any member hospital may resign from the AUTHORITY by delivering a written letter of resignation to the Chairman or Secretary of the AUTHORITY.
- Section 2: DIRECTORS. Each hospital member of the AUTHORITY that has paid in full its current dues shall (acting through its own governing body) appoint one member of the Board of Directors of the AUTHORITY; there shall be as many directors as there are members of the AUTHORITY.

ARTICLE III
MEETINGS OF MEMBERS

- Section 1: OPEN MEETINGS ACT. The AUTHORITY as created under the Public Health Code, MCL 333.20901 *et seq.*, is a public body charged with the supervision of emergency medical services within Saginaw and Tuscola Counties and is therefore subject to the Open Meetings Act (OMA), MCL 15.261 *et seq.* Meetings may be closed under circumstances outlined within MCL 15.267 and 15.268.
- Section 2: ANNUAL MEETING. The annual meeting of the AUTHORITY shall be called at a date, time and place to be designated by the Members. Forty-five [45] days' notice of the Annual Meeting shall be given by ordinary mail to each member at the last known address furnished to the AUTHORITY.
- Section 3: DELAYED ANNUAL MEETING. If, for any reason, the Annual Meeting shall not be held on the date noticed, such meeting may be called as a special meeting. In such event, notice of such special meeting shall be given at least twenty [20] days prior to the meeting in the manner set forth above.
- Section 4: SPECIAL MEETING. Special meetings of the Members of the AUTHORITY for

a stated purpose may be called at any time by the Chairman, or by a majority of the members. Upon receipt of a request in writing setting forth the date and objects of such proposed special meeting, signed by the Chairman or by a majority of the members, the Secretary of the AUTHORITY shall prepare, sign, and mail the notices requisite for such meeting. Notice of a special meeting shall be provided at least ten [10] days prior to the date fixed for the holding of any special meeting.

Section 5: WAIVER OF NOTICE. Notice of the time, place and purpose of any meeting of the AUTHORITY may be waived by letter, facsimile or other writing. Attendance by a member at any meeting of the AUTHORITY shall constitute a waiver by the member of notice of the time and place thereof, unless said member appears at said meeting for the express purpose of objecting to the failure to provide the required meeting notice.

Section 6: QUORUM. At any meeting of the AUTHORITY, a majority of the members shall constitute a quorum.

Section 7: ORDER OF BUSINESS AT ANNUAL MEETING. The order of business at the Annual Meeting of the Members of the AUTHORITY shall be as follows:

- A. Calling of role;
- B. Reading notice of meeting;
- C. Reading and disposing of any unapproved minutes of former meetings;
- D. Reports of officers, boards and committees;
- E. Reports of committee chair appointments;
- F. Appointment of directors;
- G. Transactions of other business; and
- H. Adjournment.

Provided that, in the absence of any objection, the presiding officer may vary the order of business at his discretion.

Section 8: PROCEDURE. The agenda and procedure of all meetings of the AUTHORITY shall be governed by Roberts Rule of Order, Revised (latest edition), to the extent that such rules or order shall not be in conflict with the statutes of the State of Michigan regulating nonprofit corporations.

Section 9: MAJORITY VOTE. An affirmative vote of a majority of the AUTHORITY members (i.e., not just a majority of a quorum) shall be and constitute the act of the AUTHORITY except for amendments to the Articles of Incorporation and/or the Bylaws of the AUTHORITY, which shall require an affirmative vote of Seventy-Five Percent (75%) of the AUTHORITY membership.

Section 10: ACTION BY UNANIMOUS WRITTEN CONSENT. If and when the Members shall unanimously consent in writing to any action to be taken by the AUTHORITY either before or after the action is taken, such action shall be as valid corporate

action as though it had been authorized at a meeting of the Members, and the written consent shall be filed with the minutes of the proceedings of the Members.

Section 11: RESOLUTION OF A TIE VOTE. In the event in which the AUTHORITY members are an even number and a vote takes place resulting in a tie, the Medical Director of the AUTHORITY shall be required to emit a vote to resolve the tie. The Medical Director shall not have a vote otherwise, except as stated in this section.

ARTICLE IV DIRECTORS

Section 1: NUMBER, QUALIFICATIONS AND TERM OF OFFICE. As set forth below, the property, business and affairs of the AUTHORITY shall be managed by its Board of Directors, which shall consist of one (1) director appointed by each Member. The directors shall be appointed at the annual meeting of the Members and shall hold office, unless sooner replaced, until the next annual meeting of the Members, or until their successors are appointed.

Section 2: QUORUM. A majority of the directors then in office shall constitute a quorum for the transaction of business, and the action of a majority of all the directors (i.e., not just a majority of the quorum) shall be the action of the Board of Directors. A director may participate in a meeting by means of a conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other, and such participation shall constitute presence at the meeting. If at any meeting of the Board there shall be less than a quorum present, a majority of those present may adjourn the meeting from time to time until a quorum shall have been obtained.

Section 3: ACTION BY UNANIMOUS WRITTEN CONSENT. If and when the directors shall unanimously consent in writing to any action to be taken by the AUTHORITY either before or after the action is taken, such action shall be as valid corporate action as though it had been authorized at a meeting of the directors, and the written consent shall be filed with the minutes of the proceedings of the Board of Directors.

Section 4: REGULAR MEETINGS. Regular meetings of the Board of Directors may be held with notice at such times or intervals and at such places within the State of Michigan as may from time to time be determined by resolution of the Board, which resolution may authorize the Chairman to fix the specific date and place of each of such regular meetings, in which case notice of the time and place of such regular meetings shall be given in the manner hereinafter provided with respect to special meetings of the Board. A regular meeting of the Board shall be held without notice immediately after the annual meeting of members at the same place as such meeting was held for the purpose of electing or appointing officers for the ensuing year.

Section 5: GENERAL POWERS. The property, business and affairs of the AUTHORITY

shall be managed by its Board of Directors and they may do all things consistent with law to manage the property, business and affairs of the AUTHORITY except that the Board of Directors may not amend the Articles of Incorporation nor may they amend the Bylaws.

The Board of Directors shall have power:

- (a) In general, and subject to such limitations and conditions as are now or may be prescribed by law, or these Bylaws, to execute such other powers which now are or hereafter may be conferred by law upon a corporation organized for the purposes hereinbefore set forth, or necessary or incidental to the powers so conferred or conducive to the attainment of the purposes of the AUTHORITY, subject to the further limitation and condition that, notwithstanding any other provision of these Articles, only such power shall be exercised as may be exercised by an organization exempt under Section 501(c)(3) of the Internal Revenue Code and its regulations as they now exist or as they may hereafter be amended, and by an organization, contributions to which are deductible under Section 170(c)(2) of such Code and Regulations as they now exist or as they may hereafter be amended.
- (b) To authorize any officer or officers, agent or agents, to enter into any contract or execute or deliver any conveyance or other instrument in the name of the corporation, and such authority may be general or confined to specific instances. When the execution of any contract, conveyance or other instrument has been authorized without specification of the officers authorized to execute, the same may be executed on behalf of the AUHTORITY by the Chairman.

Section 6: NON COMPENSATION OF DIRECTORS. No director shall receive any salary or other compensation for serving in that capacity. This shall not prevent a person who is a director from being paid for services actually rendered as an employee or otherwise than as a director.

ARTICLE V MEETINGS OF DIRECTORS

Section 1: ANNUAL MEETING. The annual meeting of the Board of Directors shall be called at a date, time and place to be designated by the Members. Forty-five [45] days' notice of the Annual Meeting shall be given by ordinary mail to each director at the last known address furnished to the AUTHORITY. This may be the meeting called for in Article IV, Section 4 hereof.

Section 2: DELAYED ANNUAL MEETING. If, for any reason, the Annual Meeting of the Board of Directors shall not be held on the date noticed, such meeting may be called as a special meeting. In such event, notice of such special meeting shall be given at least twenty [20] days prior to the meeting in the manner set forth above.

Section 3: SPECIAL MEETING. Special meetings of the directors of the AUTHORITY for a stated purpose may be called at any time by the Chairman, or by a majority of the directors. Upon receipt of a request in writing setting forth the date and objects of such proposed special meeting, signed by the Chairman or by a majority of the directors, the Secretary of the Board of Directors shall prepare, sign, and mail the notices requisite for such a meeting. Notice of a special meeting shall be provided at least ten [10] days prior to the date fixed for the holding of any special meeting.

Section 4: WAIVER OF NOTICE. Notice of the time, place and purpose of any meeting of the AUTHORITY may be waived by letter, facsimile or other writing. Attendance by a director at any meeting of the Board shall constitute a waiver by the director of notice of the time and place thereof, unless said director appears at said meeting for the express purpose of objecting to the failure to provide the required meeting notice.

Section 5: QUORUM. At any meeting of the Board of Directors, a majority of the members shall constitute a quorum.

Section 6: ORDER OF BUSINESS AT ANNUAL MEETING. The order of business at the Annual Meeting of the Board of Directors of the AUTHORITY shall be as follows:

- A. Calling of role;
- B. Reading notice of meeting;
- C. Reading and disposing of any unapproved minutes of former meetings;
- D. Reports of officers, boards and committees;
- E. Reports of committee chair appointments;
- F. Election of officers;
- G. Confirmation of the Medical Control Authority Medical Director;
- H. Transactions of other business; and
- I. Adjournment.

Provided that, in the absence of any objection, the presiding officer may vary the order of business at his discretion.

Section 7: PROCEDURE. The agenda and procedure of all meetings of the AUTHORITY shall be governed by Roberts Rule of Order, Revised (latest edition), to the extent that such rules or order shall not be in conflict with the statutes of the State of Michigan regulating nonprofit corporations.

Section 8: RESOLUTION OF A TIE VOTE. In the event in which the Board of Directors of the AUTHORITY are an even number and a vote takes place resulting in a tie, the Medical Director of the AUTHORITY shall be required to emit a vote to resolve the tie. The Medical Director shall not have a vote otherwise, except as stated in this section.

ARTICLE VI
OFFICERS AND DUTIES

- Section 1: ELECTION. At the annual meeting of the Board of Directors, the following officers shall be elected from among the directors of the AUTHORITY: Chairman, Vice-Chairman, and Secretary/Treasurer, and such additional officers as the Board of Directors may from time to time elect.
- Section 2: TERM. The terms of office shall be for two [2] years. All officers may be re-elected for additional terms of office without limitation.
- Section 3: DUTIES. The duties of the officers shall be as follows:
- A. Chairman. The Chairman shall preside at all meetings of the AUTHORITY and shall exercise general charge and supervision of the affairs of the AUTHORITY and shall do and perform such other duties as may be assigned by the AUTHORITY.
 - B. Vice-Chairman. At the request of the Chairman, or in the event of his absence or disability, the Vice-Chairman shall perform the duties and possess and exercise the powers of the Chairman and to the extent authorized by law, shall have such other powers and duties as the AUTHORITY may determine and specify.
 - C. Secretary/Treasurer. The Secretary/Treasurer shall have charge of books, documents, and papers as the AUTHORITY may determine. The Secretary/Treasurer shall attend and keep minutes of all meetings of the AUTHORITY. The Secretary/Treasurer shall keep a record containing the names of all member hospitals and their designated representatives to the AUTHORITY together with any alternates duly appointed in accordance with the Bylaws.
- Section 4: REMOVAL. Any officer may be removed from office by vote of a majority of the directors at any regular or special meeting called for that purpose. Nonfeasance, malfeasance, or misfeasance, conduct detrimental to the interest of the AUTHORITY, or lack of sympathy with its objectives or purposes may constitute grounds for removal from office. The aforementioned, however, do not represent an all-inclusive delineation of the grounds upon which removal may be initiated. Any officer proposed to be removed shall be entitled to at least ten [10] days notice in writing by mail prior to the meeting of the AUTHORITY at which such removal is to be voted upon and shall be entitled to appear before and be heard by the AUTHORITY at such meeting prior to a vote regarding the proposed removal.

ARTICLE VII

APPOINTMENT OF A MEDICAL DIRECTOR

Section 1: APPOINTMENT. With the advice of the Medical Control Board having been considered, the AUTHORITY acting through its Board of Directors shall hire or contract for the services of a licensed physician to act as the Medical Director of the AUTHORITY. The physician who serves as Medical Director of the AUTHORITY shall at all times comply with all applicable requirements set forth in the Michigan Public Health Code and the administrative rules and regulations promulgated pursuant thereto.

Section 2: DUTIES. The Medical Director shall have such duties and responsibilities as shall be prescribed in these Bylaws and otherwise prescribed by the AUTHORITY in conformance with applicable requirements set forth in the Michigan Public Health Code and the rules promulgated thereunder. The Medical Director shall serve as ex-officio member of the Medical Control Board and all of its committees.

Section 3: ROLE AND RESPONSIBILITY OF MEDICAL DIRECTOR. The Medical Director shall:

- A. Serve as patient advocate;
- B. Establish and ensure compliance with patient care protocols including communication standards, dispatch and medical protocols;
- C. Develop and implement protocols and standing orders for all levels of out of hospital care providers;
- D. Develop and implement the process for provision of concurrent medical direction;
- E. Ensure the appropriateness of initial qualification of out of hospital personnel involved in patient care and dispatch;
- F. Ensure the qualification of out of hospital personnel involved in patient care and dispatch are maintained on an ongoing basis through education, testing and credentialing;
- G. Develop and implement an effective Quality Assurance Program for continuous system and patient care improvement;
- H. Maintain liaison with the medical community including but not limited to hospitals, hospital Emergency Departments, physicians, out-of-hospital providers and nurses;
- I. Interact with state, regional and local EMS authorities to ensure that standards, need and requirements are met and resource utilization is optimal;
- J. Be involved in coordination of mutual aid, disaster planning and management, and hazardous material response;
- K. Maintain knowledge levels appropriate for an EMS Medical Director through continuing education.

The Medical Director shall have the authority over all clinical and patient care aspects of the EMS System including but not limited to:

- A. Recommend certification, recertification and decertification of non-physician out-of-hospital personnel;
- B. Establish, implement, revise and authorize system wide protocols, policies and procedures for all patient care activities from dispatch through triage, treatment and transport;
- C. Establish criteria for level of initial emergency response (MFR, Basic EMT or Paramedic)
- D. Establish criteria for determination of patient destination;
- E. Ensure the competency of personnel who provide concurrent medical direction to out of hospital personnel including, but not limited to, physicians, nurses, and EMT's;
- F. Establish policies under which non-transport of patients may occur;
- G. Require education and testing to the appropriate level of proficiency for all personnel within the system including: MFR, Basic EMT, Specialist, Paramedic, Nurses involved in out-of hospital care, Dispatchers, Educational Coordinators, Physicians involved in concurrent, prospective and retrospective medical control;
- H. Implement an effective Quality Assurance Program;
- I. Remove a provider from medical care duties for due cause using an appropriate review and appeals process.

ARTICLE VIII

DUES

Section 1: ANNUAL DUES. The dues of the AUTHORITY shall be as determined by the member hospitals at the Annual or Special Meeting of the AUTHORITY. Each individual member hospital's obligation shall be determined by such method as may from time to time be approved by the AUTHORITY. Payment in full of all dues assessed hereunder shall be a prerequisite to maintenance of a member's right to vote on Authority business.

ARTICLE IX

MEDICAL CONTROL BOARD OF THE MEDICAL CONTROL AUTHORITY

Section 1: PURPOSES AND DUTIES. The Board of Directors of the AUTHORITY shall appoint a Medical Control Board to function as an advisory body in order to assure medical accountability within the Emergency Medical Services System through the promulgation of minimum standards of medical care, protocols, and operating procedures approved by the Michigan Department of Community Health Office of EMS and Trauma Systems pursuant to the Michigan Public Health Code.

Section 2: OPEN MEETINGS ACT. The Medical Control Board having the ability to promulgate minimum standards of medical care through establishment of protocols

and operating procedures will also be subject to the Open Meetings Act as established by Michigan law [MCL 15.261 *et seq*].

- Section 3: COMPOSITION. The Chairman of the Medical Control Board shall be the Medical Director as appointed by the Board of Directors of the AUTHORITY. The Medical Control Board shall be composed of two [2] designated representatives of each hospital member of the AUTHORITY, a licensed representative from each level of service within the Emergency Medical Services System, the Chairman of each standing committee and sub-committee of the Medical Control Board, the Director of Saginaw and Tuscola Central Dispatch or his/her designee, the Director of Emergency Management for both Saginaw and Tuscola Counties, and such other individuals as the Board of Directors of the AUTHORITY from time to time deems appropriate. All minimum standards of medical care, protocols, and operating procedures established within the Emergency Medical Services System must be approved by the Medical Control Board prior to being of any force and effect. The Medical Director of the AUTHORITY as Chairman of the Medical Control Board shall serve as the ex-officio member of the Medical Control Board with privilege to vote.
- Section 4: REMOVAL. A member of the Medical Control Board may be removed from office by vote of a majority of the Board of Directors of the AUTHORITY at any regular or special meeting called for that purpose. Nonfeasance, malfeasance, or misfeasance, conduct detrimental to the interests of the AUTHORITY, or lack of sympathy with its objectives or purposes, may constitute grounds for removal from this appointment. The aforementioned, however, do not represent an all-inclusive delineation of the grounds upon which removal may be initiated. The member of the Medical Control Board shall be entitled to at least ten [10] days notice in writing by mail of the meeting of the AUTHORITY at which such removal is to be voted upon and shall be entitled to appear before and be heard by the AUTHORITY at such meeting prior to the vote on his proposed removal.
- Section 5: VACANCIES. Vacancies on the Medical Control Board due to death, removal, resignation, or other cause, shall be filled in accordance with the procedures described in Section 3 of this Article. The new member shall serve for the remainder of the term for which (s)he was appointed to fill.
- Section 6: REGULAR MEETINGS. The Medical Control Board shall meet at least bi-monthly or as deemed necessary by the Chairman.
- Section 7: SPECIAL MEETINGS. Special meetings of the Medical Control Board for a stated purpose may be called at any time by the Chairman, or by a majority of the Medical Control Board members. Upon receipt of a request in writing setting forth the date and objectives of such proposed special meeting, signed by the Chairman or by a majority of the Medical Control Board members, the Chairman shall prepare, sign and mail a notice of the proposed special meeting at least ten [10] days prior to the date fixed for the holding of any such special meeting, to each Medical Control

Board member entitled to vote at such meeting.

- Section 8: WAIVER OF NOTICE. Notice of the time, place and purpose of any meeting of the Medical Control Board may be waived by letter, facsimile or other writing. Attendance by a member at any meeting of the Medical Control Board shall constitute a waiver by the member of notice of the time and place thereof, unless the member appears at said meeting for the express purpose of objecting to the lack of such meeting notice.
- Section 9: QUORUM. At any meeting of the Medical Control Board a majority of the Medical Control Board members shall constitute a quorum for the transaction of business.
- Section 10: PROCEDURE. The agenda and procedure of all meetings of the Medical Control Board shall be governed by Roberts Rules of Order, Revised (latest edition), to the extent such rules of order shall not be in conflict with the statutes of the State of Michigan regulating nonprofit corporations.
- Section 11: VOTING. Each member of the Medical Control Board shall have one [1] vote for the conduct of business to be accomplished by the Medical Control Board.
- Section 12: MAJORITY VOTE. The act of the majority of the Medical Control Board members present at a meeting in which a quorum has been established shall be and constitute the act of the Medical Control Board.

ARTICLE X
COMMITTEES OF THE MEDICAL CONTROL BOARD

- Section 1: STANDING COMMITTEES. The following committees shall be established by and report to the Medical Control Board:
- A. ADVANCED LIFE SUPPORT COMMITTEE
1. COMPOSITION. This Committee shall be composed of representatives of the ALS providers functioning in the Emergency Medical Services System and other members as appointed by the Chairman of the Medical Control Board. The Chairman of the Medical Control Board shall appoint one of the members of the ALS Committee to serve as Chairman of the Committee for a term of two years.
 2. MEETINGS. The Committee shall meet at least monthly or as deemed necessary by the Chairman.
 3. DUTIES. This Committee shall deal with matters relating to consumer/provider complaints, incident reports, review of actions initiated by the AUTHORITY Medical Director, review of

dispensation of discipline on Advanced Life Support agencies and ALS emergency medical services personnel functioning within the Emergency Medical Services System, and the routine audit of patient treatment compliance and any other activities prescribed by the Medical Control Board.

4. PROFESSIONAL STANDARDS REVIEW ORGANIZATION (PSRO) SUB-COMMITTEE

- a. COMPOSITION. The PSRO Sub-committee shall be composed of the representatives of the providers functioning in the Emergency Medical Services System and other members as appointed by the Chairman of the Medical Control Board. The Chairman of the Medical Control Board shall appoint one of the members of the PSRO Sub-committee to serve as Chairman of the Sub-Committee for a term of two years.
- b. MEETINGS. The Committee shall meet at least monthly or as deemed necessary by the Chairman.
- c. DUTIES. The PSRO Sub-Committee shall review provided information or data regarding the physical or psychological condition of a person, the necessity, appropriateness, or quality of health care rendered to a person, or the qualifications, competence, or performance of a health care provider. The overall purpose of the Sub-Committee is improving the quality of medical care.

B. PHARMACY AND THERAPEUTICS COMMITTEE

1. COMPOSITION. This Committee shall be composed of a Pharmacist designated and appointed from each of the participating member hospitals in the AUTHORITY. The Chairman of the Medical Control Board shall appoint one of the members to serve as Chairman of the Committee for a term of two [2] years.
2. MEETINGS. This Committee shall meet at least bi-monthly or as deemed necessary by the Chairman.
3. DUTIES. This Committee shall deal with matters pertaining to the development and use of standardized pharmaceutical protocols and the content and exchange of drug boxes between the participating hospitals and prehospital provider agencies within the Emergency Medical Services System and such other duties and activities as prescribed by the Medical Control Board.

C. BASIC LIFE SUPPORT AND MEDICAL FIRST RESPONDER COMMITTEE

1. COMPOSITION. This Committee shall be composed of a designated representative to be appointed by each of the licensed Basic Life Support and Medical First Response operations participating in the Emergency Medical Services System. The Chairman of the Medical Control Board shall appoint one [1] of the members of the Committee to serve as its Chairman for a term of two [2] years.
2. MEETINGS. This Committee shall meet at least bi-monthly or as deemed necessary by the Chairman.
3. DUTIES. This Committee deals with issues that affect the provision of Basic Life Support (BLS) services and Medical First Response Services (MFR) in the Emergency Medical Services System. The Committee shall deal with matters relating to consumer/provider complaints, incident reports, and review of dispensation of discipline on Basic Life Support agencies and BLS as well as Medical First Response emergency medical services personnel functioning within the Emergency Medical Services System and the routine audit of patient treatment compliance and any other activities prescribed by the Medical Control Board. The Committee shall also function as a liaison Committee for input into the development of policy and procedures and serve as a forum for the dissemination of information.

D. TRAUMA COMMITTEE

1. COMPOSITION. This committee shall be composed of a trauma surgeon from both St. Mary's of Michigan and Covenant HealthCare, the emergency department Medical Director from both St. Mary's of Michigan and Covenant Healthcare, a representative from both Caro Community Hospital and Hills and Dales General Hospital, and two [2] field personnel to be appointed by The Chairman of the Medical Control Board. The Chairman of the Medical Control Board shall appoint one [1] of the members of the Committee to serve as its Chairman for a term of two [2] years.
2. MEETINGS. The Committee shall meet at least quarterly or as deemed necessary by the Chairman.
3. DUTIES. The committee shall work to establish minimum standards of trauma care, protocols, policies, education, and operating procedures in an effort to standardize and improve trauma care

throughout the EMS system. Advise the Medical Control Board and the Office of the Medical Director on issues relating to quality trauma care and a Regional Trauma Network.

E. DISPATCH/COMMUNICATIONS COMMITTEE

1. COMPOSITION. This committee shall be composed of the Medical Director, a representative from each transporting ground Advanced Life Support agency from each county, two [2] representatives from each county's Fire Chiefs Association who's agency provides Medical First Response, the Director of each county's 911 Center or designee, a representative of each county's Medical Communications Center if that Center is separate from 911, a law enforcement representative, and two [2] representatives from hospitals within the AUTHORITY. The Chairman of the Medical Control Board shall appoint one [1] of the members of the Committee to serve as its Chairman for a term of two [2] years.
2. MEETINGS. The Committee shall meet at least quarterly or as deemed necessary by the Chairman.
3. DUTIES. The committee shall continually review all aspects of the dispatch and communications process in an effort to improve efficiency and efficacy of system resources. Ensure that resources are allocated properly to meet demand. Through the use of Medical Priority Dispatch models, the committee shall establish Emergency Medical Dispatch protocols so that response mode and resources match situational need. For agencies that require them, the committee shall establish selective response criteria. Additionally, when required, the committee shall report system response time and resource availability to governmental entities to verify contractual compliance.

Section 2: OTHER COMMITTEES. Other committees, either standing or ad hoc, may be established from time to time by the Board of Directors for such purposes as the circumstances warrant. The Chairmen and members of such committees shall be appointed by the Chairman of the Medical Control Board.

ARTICLE XI
AMENDMENTS

Section 1: PROPOSAL. Proposed amendments to the Articles of Incorporation and/or the Bylaws of the AUTHORITY may be made by the Chairman of the AUTHORITY or by a majority of the members of the AUTHORITY.

Section 2: VOTING AND EFFECTIVE DATE. Proposed amendments to the Articles of Incorporation and/or the Bylaws must be presented in written form to the AUTHORITY at least twenty [20] days in advance of the meeting in which the amendments are to be voted upon. Amendments must be approved by a Seventy-Five Percent (75%) vote of the members of the AUTHORITY.

Approved by the Saginaw Valley Medical Control Authority on the
9th day of September, 2009

Chairman