EMERGENCY MEDICAL SERVICES AUTHORITY - A Public Trust Regular Board of Trustees Meeting Wednesday, February 25, 2015 at 1:00 p.m. via Video Conference EMSA Corporate Offices 1111 Classen Drive, Oklahoma City 1417 N. Lansing Ave., Tulsa, OK

Minutes:

NOTICE AND AGENDA for the Regular Meeting of the Board of Trustees for the Emergency Medical Services Authority, a Public Trust, were posted February 23, 2015 at 11:12 a.m., in the offices of the City Clerk of Tulsa; and with the City Clerk of Oklahoma City on February 23, 2015 at 9:46 a.m., more than 24 hours prior to the time set for the meeting.

TRUSTEES PRESENT

Mr. Larry Stevens Mr. Larry McAtee Ms. Allison Petersen Mr. Joe Hodges Mr. Stephen Rodolf Dr. Jim Rodgers Dr. Jeffrey Goodloe

Trustees Absent

Mr. Clay Bird (Excused)
Mr. Phil Lakin (Excused)

OTHERS PRESENT

Stephen Williamson, EMSA

Kent Torrence, EMSA Angela Lehman, EMSA Jim Winham, EMSA Frank Gresh, EMSA Sara Bovaird, EMSA Ms. Kelli Bruer, EMSA Randy Strozyk, AMR Sonny Geary, AMR Michael Murphy, AMR Tina Wells, AMR Dr. Sabina Braithwaite Lara O'Leary, AMR Doug Dowler, City of OKC Rick Ornelas, AMR Major Blocker, City of OKC Jim Orbison, Riggs/Abney Hannah Jackson, Schnake/Turnbo Randy Neal – The Village Fire Dept. S.R. Hunter – Bethany Fire Dept. Jamie Adams - RN at NSU Omar Ahmad – Paramedic at NSU

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A quorum was present and the meeting was called to order at 1:03 p.m. by Mr. Larry McAtee.

CONSENT AGENDA

1. <u>Approval of Board Minutes from EMSA's Regular Board of Trustees</u> Meeting of February 25, 2015 at 1:00 p.m.

UPON Motion made by Mr. Stephen Rodolf and seconded by Dr. Jim Rodgers, the Board of Trustees voted to Approve the Board Minutes from EMSA's Regular Board of Trustees Meeting dated February 25, 2015 at 1:00 p.m.

AYE: Ms. Allison Petersen, Mr. Stephen Rodolf, Mr. Larry Stevens, Mr. Larry McAtee, Dr. Jim Rodgers and Mr. Joe Hodges.

NAY: None

The Motion was passed.

REGULAR AGENDA

1. Chairman's Report

There is no Chairman's Report today.

2. Chief Financial Officer's Report

Mr. Torrence will be presenting the results for the seven months ended January. First, the highlights for the Eastern Division – we've had a year-to-date profit of \$232,000, compared to the budgeted profit of \$555,000 – a difference of \$323,000.

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The difference is due to two factors – the first is the fact that our unit hour allocation percentage is 0.5% higher in the Eastern level's budget – that equates to about \$133,000. The other factor is that our utility revenue in the East is below budget of \$126,000. The total of both of those is \$259,000. The collection rate is higher than budget, 48% versus 44%, emergency transports are less than budget by 2.6% or 948 transports – and our non-emergency transports are 2.8% less or 148 transports.

In the West, we've had a year-to-date loss of \$1,208,000 compared to a budgeted loss of \$2,124,000 – a difference of \$916,000. \$662,000 of that difference is due to the fact that our contracted costs are less than budget mainly due to volume and, to a lesser extent, the unit hour percentage being off by 0.5%. Our collection rate is 51% compared to a budget of 47%, emergency transports less than budget by 274, which is 0.6%, and our non-emergencies are more than budget by 7% or 241.

For the current year in the East, we are trending towards about 60,000 emergency transports, which would be slightly more than 2013 and a little less than 2014. In the West, we are trending towards 72,235 transports, which would be about the same as 2013 and about 1.5% more than 2014.

Agings for the East are slightly off versus a year ago. They are improved versus last month. If you recall, our current 30 days last month was 49% and we are up to 53% - and the 120-plus was 28%. The West is very much the same versus the prior year, and again, improvement versus last month. Last month our current 30 days was 46% and our 120 plus was 33%.

Our cash position, our receipts in the East are \$400,000 less than budget, comprised of patient receipts being off \$300,000 – and our utility receipts off by \$100,000. Our operating expenses and changes in working capital are \$900,000 less than what we've budgeted, due mainly to our contractor expenses being less than what we've budgeted to do volume. Capital expenditures are \$600,000, due to timing. We haven't started purchasing our ambulances for the 2015 year, but when that occurs you will see the difference go away. For the year so far, our cash is \$1 million more than what we've budgeted in the East.

In the West, our patient receipts were \$100,000 greater than budget. Operating expenses were \$500,000 less than what we've budgeted, due to contractor expenses being less than budget. Capital expenditures are the same as the East – when we start

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to purchase ambulances then the difference will go away. In summary, our cash position in the West is \$1,600,000 more than what we had budgeted for.

3. President's Report

Let's go over the Compliance report in the East. First, 93% for the beneficiary jurisdiction; 90% for the non-beneficiary jurisdiction. The West is now 91% and 90% with no jurisdiction. If you look at the areas of non-compliance – there were no areas of discrimination.

- Mr. McAtee wants to know the sentiment of the trustees regarding all these numbers (percentages)
- Mr. Stevens is pleased that Edmond is going in the correct direction up!! He is very optimistic.
- Mr. Williamson noted that the Bethany Chief is present they have a low volume in Bethany. Therefore, any late call is bad it really affects the bottom number.
- Ms. Petersen confirmed that the primary complaint is contractor staffing. She feels cautiously optimistic. But if the underlying staffing issue is going to continue then it seems to me that we are just band-aiding the problem. If the target is 90% then what we are looking for is 90% or better continuously.
- Dr. Rodgers asks if the biggest exclusion comes from weather. Mr. Williamson confirms that this is true that we use a forensic weather firm to look at the weather at different sites within the Cities. We have also periodically had extreme bed delays at several hospitals.
- Dr. Goodloe expresses how he was at a conference of his peers and we can take a great deal of pride in the advocacy not just for the clinical care we have in our cities, but for the big picture of what an EMS System is doing and its role in the community health of all the cities that this system serves. Our system is particularly strong and it is part of why this system is looked at as closely as it is by more people that we probably realize.
- Mr. Williamson wants everyone to know that he has never been as proud of a Medical Director as he is now. He was at the Conference with Dr. Goodloe and a thousand emergency room medical directors and EMS directors. These directors were from all over the world and Dr. Goodloe presented a wonderful presentation on cardiac

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arrest – great exposure shown to Dr. Goodloe by all these doctors. It was incredible and we should be proud of the Medical Control Board and all the work that they do. In my 38 years I have never been so proud. It was amazing to see that magnitude of what he brought to the group and how it is accepted and how our two physicians are looked at around the Country. Good work and Congratulations Dr. Goodloe.

Financially, the gross billing percent collected is 30.11% in the East and 29.72% in the West. Utility write-offs are 17.3% in the East and 16.99% in the West. And the bad debt write-offs are 13.76% in the East and 12.32% in the West. We are still working the accounts equally in both divisions and doing quite well compared to what other services are doing.

I am watching the effects of deductibles – which in this region, the top five insurers have deductibles from \$4,000 to \$7,000. We're waiting and watching these on a daily basis to see when deductibles are met and to see when we are going to be paid. We don't want to be the first in anymore. It is harder for people to meet their deductibles – so they self-pay and from that we receive very little.

Angela Lehman explains that on the East side, transports have gone down but our Medicaid rate has increased. That means that our revenue is going down as more patients are going to Medicaid. On the West side, collections are up because our Medicaid patients have gone down and commercial payors have gone up. Medicare HMO's are a lot higher in the East versus the West where HMO's typically don't pay.

SCT and ALS are two of the highest levels of transport. In these transports we usually have to give three or more drugs to the patient. These went up at the same time in both divisions. Specialty Care Transports are inter-facility transports – if they start going down, I fear there are other businesses going in and taking some of that business. Basic Life Support will be less revenue because those are a lower level patient.

4. <u>Medical Director's Report</u>

First and foremost, I want to make sure that we give credit to the 4,000 plus members that are out there providing us EMS care on a daily basis. And I want to thank AMR, the Authority and Steve individually and the Medical Control Board. Now let me introduce our new Associate Medical Director, Dr. Sabina Braithwaite.

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Dr. Braithwaite has spent the last 4-5 years in Wichita with Wichita Central EMS. She has introduced some state of the art medications, administration, safety procedures and she has brought a lot of cardiac arrest success that we've had in this system. She will be a part-time Associate Medical Director and will join us at the EMSA Board of Trustees meetings when possible.

Dr. Goodloe discusses how nice it was to have Steve Williamson there at the EMS Science Meeting in Dallas. There are very few EMS executives that recognize the benefits of good clinical care but Steve does! As Steve mentioned earlier, I was privileged to speak on the cardiac arrest analysis that we are doing in our system. I am not aware of any other system that looks at things as in-depth as we do. We are definitely not just gaining but retaining a national reputation for the quality of emergency cardiovascular care here.

At the Dallas meeting, I discussed the changes we made in our response times and the actual time impact of what those changes have been. There certainly are times, less than 10% of calls, where there may be operational frustrations or patient or family perception concerns about EMS timeliness in terms of actual clinical impact – but really nothing that we can say has absolutely come at a regrettable detriment to any type of clinical outcome. This talk was extremely well received. Afterwards, there was a call for me to lead a Writing Group to develop a physician paper and consensus from U.S. Major Metropolitan Municipalities EMS Medical Directors Consortium.

There is a tremendous amount of interest in what we are doing and the success we have had over the last 14 months. This system, once we get a little bit better staffing stability, will be a test bed system for development in the Country – meaning one of the systems to see the earliest adoption of some promising equipment that can help the standards of care that we've already established or that we are developing now.

5. New Business

There is no New Business at this time.

6. Trustees Report

There is no Trustees Report at this time.

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7. Next Meeting is Wednesday, March 25, 2015, at 1:00 p.m., at EMSA Corporate Offices, 1111 Classen Dr., Oklahoma City, OK 73103 and 1417 N. Lansing Avenue, Tulsa, OK 74106

8. Adjourn

Mr. McAtee adjourned the meeting at 2:06 p.m.