

**EMERGENCY MEDICAL SERVICE AUTHORITY – A Public Trust**

**Regular Board of Trustees Meeting**

**March 27, 2019 at 1:00 p.m. via Video Conference**

**EMSA Corporate Offices**

1111 Classen Drive, Oklahoma City, OK

1417 North Lansing Avenue, Tulsa, OK

**Minutes:**

**NOTICE AND AMENDED AGENDA** for the Regular Meeting of the Board of Trustees for the Emergency Medical Services Authority, a Public Trust, were filed March 25, 2019 at 9:33 a.m. with the offices of the City Clerk of Tulsa and with the City Clerk of Oklahoma City on March 25, 2019 at 9:35 a.m., more than 24 hours prior to the time set for the meeting.

**TRUSTEES PRESENT**

Chief Bryan Wood  
Mr. Wiley Williams  
Ms. Kelly Brader  
Ms. Allison Petersen  
Mr. Larry McAtee  
Mr. Scott Vaughn  
Dr. Jeffrey Goodloe  
Mr. Phil Lakin  
Ms. Jan Slater

**TRUSTEES ABSENT**

Mr. Larry Stevens  
Mr. Kyle Nondorf

**OTHERS PRESENT**

Jim Winham, EMSA  
Angela McLain, EMSA  
Frank Gresh, EMSA  
Lora Conger, EMSA  
John Graham, EMSA  
Tracy Johnson, EMSA  
Johna Easley, EMSA  
James Davis, EMSA  
Bryan Jones, EMSA  
Julie Roberts, EMSA  
Heath Wright, AMR  
Tina Wells AMR  
Jeremy Coombs, AMR  
Chief Blocker, OKC Fire  
Jim Orbison, Riggs Abney  
Lindsay Baird, City of OKC

A quorum was present, and the meeting was called to order at 1:00 p.m. by Madam Chair Petersen.

**CONSENT AGENDA**

1. **Approval of Board Minutes from the EMSA Board of Trustees Regular Meeting dated January 23, 2019 at 1:00 p.m.**

Upon motion made by Chief Wood and seconded by Mr. Williams, the Board of Trustees voted to approve the Board Minutes from the EMSA Board of Trustees Regular Meeting dated January 23, 2019 at 1:00 p.m.

AYE: Mr. McAtee, Mr. Williams, Mr. Vaughn, Ms. Petersen

ABSTAINED: Ms. Brader, Chief Wood

NAY: None

ABSENT: Mr. Lakin, Mr. Nondorf, Mr. Stevens, Ms. Slater

The motion was passed.

**REGULAR AGENDA**

1. **Chairman's Report**-Allison Petersen, Chairman of the Board – Ms. Petersen notified the Trustees that a Finance Committee meeting had taken place prior to this meeting and she is encouraged by the work Lora Conger has done for EMSA in collaboration with our leadership team. We have new revamped reports coming to us in a revised structure that is bringing us to a new level of transparency and new ease of tracking and fitting our financials into our current structure. Ms. Petersen stated we are moving in a good direction.
2. **Approval of the EMSA Code of Conduct** – Ms. Petersen presented the EMSA Code of Conduct to the Board for approval. She explained this document was approved by the Legal Committee immediately prior to the January Board meeting. She encouraged the Board to look at it closely as it applies to Trustees as well as all employees of EMSA--it is a code of conduct for EMSA, in general. Dr. Goodloe had a point of clarification that he thinks needs to be corrected. He said to look at it from the viewpoint of an external auditor, there is nothing that specifies what would happen if a concern occurred with the Compliance Officer. He would like to see a statement that clarifies if there is a code of conduct concern specifically applying to the Compliance Officer that it should be reported directly to the President/CEO. Ms. Petersen stated she knows the Compliance Officer position description, within our bylaws, says the Compliance Officer reports directly to the Legal

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Committee. Dr. Goodloe said he believes when we are dealing with the potential for short-term actionable issues there should be a more effective day-to-day reporting mechanism. Mr. Williams stated that a simple sentence would fix the issue. Ms. Petersen told the Board she has a couple of options--she can make a hasty proposal of suggesting adding a sentence now, so we could make an amendment to that providing it's not in contradiction to our bylaws, or we can table this until next month. Angela McLain voiced her concern which is to make sure it goes with what the bylaws say as we don't want to be repeating something that the bylaws can override. Mr. Williams offered his suggestion to add a sentence to the end of page 15 that says, "Questions or concerns with the Compliance Officer shall be directed to the Chairman of the Board and/or President or a member of the Legal Committee." Dr. Goodloe expressed that the proposed language seems imprecise as there should be a very clear reporting structure. Ms. Petersen reminded Dr. Goodloe the reporting structure exists within the bylaws and the document at hand is the reference tool of who can receive the information and then bring it to the Board for action.

Upon motion made by Mr. Lakin and seconded by Ms. Slater, the Board of Trustees voted to approve the EMSA Code of Conduct with the suggested added sentence.

AYE: Mr. McAtee, Mr. Williams, Mr. Vaughn, Ms. Petersen, Ms. Slater, Ms. Brader, Chief Wood, Mr. Lakin

NAY: None

ABSENT: Mr. Nondorf, Mr. Stevens

The motion was passed.

**3. President's Report**

**a. Operational Compliance Report**-Frank Gresh, Chief Information – Mr. Gresh presented the operational compliance and exclusion numbers for the eastern and western divisions for the months of January and February 2019. He reported all areas in compliance except for one Priority 4 call in the east. Mr. Gresh pointed out on the exclusions reporting in both the eastern and western division there was a big jump in February due to the ice storms. He added any time we have weather events, we will have some degree of difficulty getting there.

**b. Financial Report**-Lora Conger, Chief Financial Officer – Ms. Conger reported the financial statement highlights of income, contractual allowances, revenue and operating expenses for both divisions for the month of February 2019. She informed the Board the

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January reporting as well as details of both months were included in their meeting packets. Ms. Slater inquired as to Special Events being a lot higher than we budgeted for and Ms. Conger explained we changed the way we bill for our special events. We have implemented a charge structure where we are charging consistently with a Fair Market Value rate. Ms. Conger added that overall it has been a very good job of cost control and operations. Mr. Vaughn asked if we expect the positive variance to continue throughout the year. Ms. Conger replied yes as we are not anticipating that will drop off and said she doesn't know if we will see the same increase, but she doesn't see that it will decline.

**c. Patient Financial Services Report**-Angela McLain, Chief Revenue Officer- Ms. McLain presented the Patient Financial Services report telling the Board that she has brought some different reports this month. She reviewed for both divisions the emergency and non-emergency call volume, emergency and non-emergency call type combined, higher level call type, payments by payor broken down by average dollar paid by transport as well as average percent of allowable payment, total cash collections, and total charges. She informed the Board on the special reports the numbers aren't going to change month-to-month, so she will bring those again next quarter. Mr. Vaughn asked if the average time to collect over time is tracked. Ms. McLain said it is, but it remains constant by the payors even though the payors are very different. Mr. Vaughn asked if in the aggregate it trends negatively or positively. Ms. McLain responded it depends—if you look at your government payors, it is trending negatively because it takes 180-365 days to get paid by the VA or Indian Health; whereas, Medicare pays within 21 days. Most commercial payors trend about the same and it is anywhere from 90-120 days to be completely paid.

**d. Key Point Indicators Report (KPIs)**-Frank Gresh, Chief Information Officer – Mr. Gresh, filling in for Adam Paluka who is out of town, presented the Key Point Indicators for January and February 2019. Mr. Gresh reported EMSA remains in the top five of EMS customers who utilize this survey process for patient satisfaction. He explained the various reasons why the low numbers in the categories of community members reached and Citizen CPR. Ms. Slater said she noticed the expenses for community relations are way down. Mr. Winham answered these numbers are by design. He informed the Board that EMSA had multiple contracts with graphic designers, etc. in many different areas and we have stopped those contracts and moved many things in-house.

**e. President's Commentary**-Jim Winham, Chief Executive Officer – Mr. Winham started by informing the Board that EMSA received word from the City of Piedmont that they have chosen to go into contract with a separate ambulance service. He said we will cease operations to Piedmont at 7:00 a.m. on June 1<sup>st</sup>. A discussion was had regarding EMSA's history with the City of Piedmont. Full details of discussion can be found in meeting transcript.

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Mr. Winham announced to the Board there is a new program that HHS and CMS put out in February called Emergency Triage Treat & Transport, dubbed the ET3 model. It is a new payment model that will make Medicare reimbursements available for certain non-transport ambulance services and ambulance transports to alternate destinations. It is a pilot program that we can apply for and it will allow us opportunities such as if a Medicare patient wants to go to the Emergency Department, they will be taken to the Emergency Department. If they meet the criteria established by the standard of care in our system and they don't need to go to the hospital, and it is approved by a healthcare professional, i.e., medical doctor, physician's assistant, etc. (not a paramedic), we can get paid for no transport for this patient. The patient can be taken to an alternate destination—if they meet the standard of care and it is approved by the Medical Director. Mr. Winham stated there are a lot of moving wheels and we are investigating it along with the Medical Control Board. We have a consultant coming on board part-time to help us work this through and as more information comes out, we will certainly make the Board aware of any new developments.

Mr. Winham continued with a story that has been on the national news that an ambulance was taken from the Oklahoma City facility. The crew was loading the cot into the back and a person decided to take the ambulance for a joyride. He made the Board aware that there is a mechanism in place to prevent this from happening, but it apparently was not turned on at the time. The Operations side is staying on top of this to make sure it doesn't happen again.

Mr. Winham told the Board that we have a first at EMSA to announce. In the past there are two Operations team members chosen (one from each division) to be Stars of Life. They go to Washington, DC for a couple of days where they get to meet with our legislative team, OKAMA, and AAA. This year we decided to add an Authority member to attend and that member is from our IT department, Kim McDorman. She represents the values and the mission of EMSA and we are excited for her to be our inaugural Star of Life.

Mr. Winham wrapped up his commentary by telling the Board he got to attend the Eagles Conference which is an annual gathering of the 50 most populated municipal cities' medical directors in the United States plus international. These directors come together once a year and essentially change the course of clinical care in EMS. We were very well represented this year—congratulations to Dr. Goodloe who also handled some of the coordinating of the event which is not an easy task to get doctors together in the same place at the same time. We are very proud of Dr. Goodloe and his staff.

4. **Medical Director's Report**-Dr. Jeffrey Goodloe, Medical Director – Dr. Goodloe began by segueing from Mr. Winham's discussion about the ET3 pilot program adding that what

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this represents in the big paradigm for EMS is that the federal government has historically not looked at EMS as a medical care service but rather a medical transport service. This is an interesting time for EMS medicine to have a pilot program that thinks more critically about the concepts of patient assessment, treatment and navigation and not just transport. There are a lot of emergency physicians that have their doubts about this program which makes it incumbent on us in EMS to prove this can be done thoughtfully and safely. Dr. Goodloe believes that many systems are minimizing or completely overlooking one of the absolute requirements for participation in this program which is the contemporaneous consult of a qualified healthcare provider to make these decisions about treating patients at the scene or taking to an alternate destination. Dr. Goodloe stated he believes Mr. Winham is correctly forecasting that there will be far more real-time consults for patient navigation in this type of model.

Dr. Goodloe continued with some of the issues in the last two months. He told the Board that data analyses are invaluable for the Medical Control Board to look at the timeliness of patient care documentation and the deliveries to the hospitals. We have real issues with this in metro Oklahoma City and in Tulsa. Many emergency physicians, himself included, are not getting the patient care documentation needed for the continuity of care to be as safe as it could be as these patients are transitioned from EMS care to emergency department care and beyond. The Medical Control Board has a policy that documentation be available within two hours of patient arrival, but as a system of EMS and hospitals and looking at the whole spectrum we are failing miserably. Dr. Goodloe stated that he and the Medical Control Board have increasing concerns about the workload on individual ambulance units looking at staffing models and unit hour utilization. Dr. Goodloe then explained unit hour utilization to the Board. Ms. Petersen commented that this is not a metric she had previously realized was capable of being tracked so she will ask Mr. Winham to add that metric to a report for us going forward as she recognizes and appreciates his concerns.

Dr. Goodloe reported to the Board there are many positive clinical updates, multiple clinical projects and advances constantly happening. He said they are working with more accurate pediatric dosing, training and aid for the providers, new airway devices, new forms of Dextrose for diabetic patients, and a significant change and advance in the capabilities of stroke care.

Dr. Goodloe ended his reporting with good news in the form of complete outcomes data from some of our hospitals for a witnessed collapse bystander CPR and a shockable heart dysrhythmia on EMS arrival. For calendar year 2017, there was a 36% survival rate which compares very favorably to the rest of the country. What this translates to is out of 1,500 resuscitations of all types, 137 people who were clinically dead are now alive because of the care of the EMS system and, in fairness, handing off that care to our colleagues.

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5. **New Business** – None
6. **Trustees' Reports** – None
7. **Next Meeting** – Wednesday, April 24, 2019 at 1:00 p.m. via videoconference
8. **Adjourn** – The meeting was adjourned by Madam Chair Petersen at 2:16 p.m.

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Julie Roberts, Assistant Secretary

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Date