

**EMERGENCY MEDICAL SERVICES AUTHORITY – A Public Trust  
Board of Trustees Meeting**

Wednesday, September 26, 2012  
EMSA Corporate Offices  
1111 Classen Dr., OKC, OK 73103  
1417 N. Lansing Ave., Tulsa, OK 74106

**Minutes:**

**NOTICE AND AGENDA** for the meeting of the Board of Trustees of the Emergency Medical Services Authority, a Public Trust, was posted September 25, 2012 in the offices of the City Clerk of Oklahoma City at 8:34 am, and with the City Clerk of the City of Tulsa on September 25, 2012 at 8:10 am, more than 24 hours prior to the time set for the meeting.

A quorum was present. The meeting was called to order at 1:00 p.m. by Ms. Lillian Perryman.

**TRUSTEES PRESENT**

Dr. Jim Rodgers  
Mr. Gary Marrs  
Mr. Clay Bird  
Mr. Phil Lakin  
Mr. Mark Joslin  
Ms. Lillian Perryman  
Mr. Larry Stevens  
Dr. Ed Shadid  
Mr. Joe Hodges  
Dr. Jeff Goodloe

**OTHERS PRESENT**

Steve Williamson, EMSA  
Kent Torrence, EMSA  
Angie Lehman, EMSA  
Ann Laur, EMSA  
Frank Gresh, EMSA  
Kelli Bruer, EMSA  
Tracy Johnson, EMSA  
John Peterson, Paramedics Plus  
Lara O’Leary, Paramedics Plus  
Jeannie Sacra, Paramedics Plus  
Jim Orbison, Riggs/Abney  
Michael Brink, Management Review Office  
Kari Culp, Schnake/Turnbo/Frank  
Doug Dowler, City of Oklahoma City  
Brian Stanaland, Oklahoma City FD  
James Blocker, Oklahoma City FD  
Ziva Branstetter, Tulsa World  
Kirby Davis, Journal Record

**TRUSTEES ABSENT**

None. Mr. Excetral Caldwell resigned September 23, 2012 – his position is currently vacant.

**CONSENT AGENDA**

**1. Approval of Regular Board Minutes of August 22, 2012**

Upon motion made by Mr. Stevens and seconded by Dr. Rodgers, the Board of Trustees voted to approve the Regular Board Minutes of August 22, 2012.

**EMERGENCY MEDICAL SERVICES AUTHORITY – A Public Trust  
Board of Trustees Meeting**

Wednesday, September 26, 2012

Page 2

AYE: Mr. Gary Marrs, Mr. Joe Hodges, Mr. Larry Stevens, Mr. Phil Lakin,  
Ms. Lillian Perryman, Mr. Mark Joslin, Dr. Jim Rodgers, Mr. Clay Bird

NAY: None

ABSTENTION: None

ABSENT: Dr. Ed Shadid

**REGULAR AGENDA**

**1. Chairman's Report**

Ms. Perryman thanked Mr. Bird for chairing the meeting in September during her absence.

**2. Chief Financial Officer's Report**

Mr. Torrence informed the Board that EMSA's regular year-end audit has been completed and went well. There were no findings and an unqualified opinion is expected to be issued, as in the past. Detailed results of the audit will be presented at the next board meeting in October.

Mr. Kent Torrence presented an overview of the financial statements for the two months ending August 31, 2012. The Eastern Division had a YTD income of \$565 thousand compared to a budgeted loss of \$16 thousand. The Western Division had a YTD net loss of \$1,003 thousand compared to a budgeted net loss of \$1,527 thousand. The YTD collection rate for the Eastern Division was 52.0% compared to a budgeted collection rate of 48.0%. The YTD collection rate for the Western Division was 48.0% compared to a budgeted collection rate of 46.0%. The Eastern Division had 563 more emergency transports than budgeted YTD, and 21 more non-emergency transports than budgeted. The Western Division had 236 more emergency transports than budgeted YTD, and 253 more non-emergency transports than budgeted.

Mr. Torrence then reviewed Accounts Receivable Aging, Past Due Accounts Receivable, and Cash Receipts and Disbursements for both the eastern and western divisions.

There were no questions from the board regarding Mr. Torrence's presentation.

**3. Approval of Employee Salary Increases**

Mr. Williamson stated he met with Mr. Hodges and Mr. Lakin individually, and then participated in a conference call. Each employee salary history was supplied from 2010 to

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

**Board of Trustees Meeting**

Wednesday, September 26, 2012

Page 3

present and possible increases were discussed for each employee. Salaries were compared with local healthcare markets, with national salary surveys, and with several ambulance services to ensure EMSA's salaries are competitive, yet in line with others in the industry.

Mr. Hodges and Mr. Lakin recommended the salaries as outlined in the previously approved budget. These increases will be retroactive to the normal July 1 effective date. The President/CEO position was not included in the salary increases, as this position will be reviewed after the completion of the state audit.

Upon motion made by Mr. Marrs and seconded by Mr. Bird, the Board of Trustees voted to approve the employee salary increases.

AYE: Mr. Joe Hodges, Mr. Mark Joslin, Mr. Larry Stevens Mr. Clay Bird, Dr. Ed Shadid, Dr. Jim Rodgers, Ms. Lillian Perryman, Mr. Gary Marrs, Mr. Phil Lakin

NAY: None

ABSTENTION: None.

ABSENT: None.

**4. Management Review Office Update**

Mr. Williamson asked the Board for questions regarding the MRO report and EMSA's responses. Mr. Lakin had a number of questions, but discussion began with Mr. Williamson directing the Board's attention to Item 2E in the document (MRO Report/Responses), regarding the use of bar code technology in the payment entry process.

EMSA has been in contact with Revenue Management Solutions, LLC (RMS) regarding the issues pertaining to automating the patient entry process. RMS processes over two million remittances each month. Per the agreement being considered, EMSA would only pay for those remittances RMS is successful with. EMSA is moving ahead with this process and expects a good return on the investment.

Mr. Lakin noted Item 3A, (Personnel not engaged to complete scanning role when incumbent is absent) is marked as complete, and he asked about specific actions taken by EMSA to complete the MRO's concerns regarding cross training personnel and adequate backup. Mr. Williamson replied that the new scanning system is now in use. An employee has been hired in Tulsa for imaging, backup in Oklahoma City was increased, and cross training has taken place in both cities.

Mr. Lakin requested a matrix be developed for the recommendations of the Management Review office, including dates of expected completion, progress made with each

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

**Board of Trustees Meeting**

Wednesday, September 26, 2012

Page 4

recommendation, and check boxes to mark progress and completion. Items on which the Board and EMSA may not agree with the MRO recommendation should be listed as well, in order to show the item has been addressed and marked off.

Mr. Williamson agreed the matrix would be helpful, and will work to create it.

Mr. Lakin then brought up Item 4C of the MRO Report/Responses (Payor identification improvements required). Item 4C specifically addresses the collection of patient address information and recommendations the MRO has for improvements in that area. Mr. Lakin agrees with the MRO's recommendations, as he feels they will be helpful in making EMSA's billing process more efficient.

Mr. Hodges disagreed with the MRO's statement that each piece of returned mail represents a failure in the billing process. He stated those who work in healthcare understand why returned mail percentages are increased. In the St. Anthony Health organization, 50% of patients have no payer source, and of those, about 10% of the patients seen in the ER actually have no home to live in and therefore no place to actually send the bill to. Mr. Hodges feels the Management Review Office may not understand the social situations of people who are using EMSA for their medical needs.

Ms. Perryman agreed.

Mr. Hodges does, however, believe we need to strive to improve the information we do obtain in order to effectively bill.

Dr. Shadid asked Mr. Brink to talk specifically about the portable ID scanners and readers mentioned in the review. Mr. Brink stated that Houston and Philadelphia have confirmed such scanners are now being used in their cities, and he has seen RFPs from a number of other cities that are requesting to go forward with that utilization. Mr. Brink told the board the MRO recommended EMSA look into this, but said EMSA makes a reasonable point that the more effective use of funds might be to drive towards greater integration with the hospitals themselves.

Dr. Goodloe added, as the Medical Director, he fully supports moving in the direction of a Health Information Exchange; that is, having the benefit of getting information from the hospital systems, rather than putting a burden on the clinicians for non-clinical duties.

Mr. Williamson stated EMSA has now met with health information exchanges in both the eastern and western divisions. He believes that within a couple of months, EMSA will be able to access these exchanges.

## **EMERGENCY MEDICAL SERVICES AUTHORITY – A Public Trust**

### **Board of Trustees Meeting**

Wednesday, September 26, 2012

Page 5

Mr. Williamson believes one issue with the information that can be obtained from driver's license scanners is that licenses are now issued for up to eight years before expiring in some states. Therefore, the information obtained is not current.

Mr. Lakin then asked for a baseline measurement of EMSA's return mail, as a starting place for improvement.

Mr. Bird agreed and asked that we provide the information we already have documented regarding return mail in order to provide a benchmark. Ms. Angie Lehman noted a log is kept of all returned mail, and she will get that information to the Board.

The next item brought up for discussion was regarding item 7C and the fact the Works & Lentz contract has not been rebid since 1989. Mr. Lakin asked (1) how EMSA is making the determination to re-bid collections and (2) what can be done internally to keep accounts from being turned.

Mr. Williamson answered that a survey has been done of healthcare facilities and ambulance transport services in Oklahoma to discover if EMSA is turning accounts more quickly than other companies. Results indicate EMSA is actually holding some cases longer than other services, and actively reviews cases that are turned to collections to evaluate improvements that can be made in the process. The goal is always to collect more internally rather than sending the accounts out for collection.

Dr. Shadid asked for clarification regarding 7C and the statement contained therein stating "22% of bills from August 2011 had been turned over to Works & Lentz for collection services as of June 2, 2012". Discussion ensued, and there was some confusion about the number, as claims were held for several months due to the class action lawsuit. Mr. Williamson agreed to look into the number and get back to the Board with a definitive answer.

Discussion then turned to the decision of whether to rebid collections. Mr. Williamson stated it is the Board's decision whether or not to put it out for bid. His concern is that EMSA be able to write the RFP in order to ensure EMSA's cash flow. Mr. Lakin indicated he is not personally ready to act on the decision, and would like either a detailed study or a committee of the Board to investigate the topic in great detail to determine what can be improved internally, and possibly eliminate the need for an outside collections firm.

Dr. Shadid stated his opinion that it should be competitively bid, due to the fact it's been 23 years.

Mr. Bird suggested the time be taken to think things through, look at best practices, perhaps including selected trustees to evaluate options. Mr. Lakin agreed.

## **EMERGENCY MEDICAL SERVICES AUTHORITY – A Public Trust**

### **Board of Trustees Meeting**

Wednesday, September 26, 2012

Page 6

Dr. Shadid asked for clarification as to what is considered “professional” in nature and therefore not subject to competitive bidding per EMSA’s purchasing policy. Mr. Orbison, the Board’s legal counsel, stated professional services would include accounting, legal, engineering and architectural services.

Discussion ensued regarding the differences between a bid, an RFP (Request for Proposal), and an RFQ (Request for Qualifications). Mr. Doug Dowler of the City of Oklahoma City explained that a bid is generally put out for price alone, but for professional services, an RFP or RFQ is often used, thereby taking into account a number of specific components or criteria for evaluation, of which price is just one.

Mr. Lakin then asked where Mr. Williamson stands in regard to Item 8D, the recommendation that a COO position be considered. Mr. Williamson has contacted a couple of EMS firms to determine a salary to take before the Board when looking at that position.

Mr. Bird reiterated his view that although a COO may be an effective way to better manage the organization, his main concern was succession planning. He suggests the Board take time to evaluate and determine what the best organizational structure for the future of EMSA should be.

The next subjects discussed related to TotalCare and the City of Tulsa Utility Fee Program and recommendations to improve various aspects of the program, including working with the City of Tulsa to better identify those covered in the program.

The question was asked regarding like issues within the utility program in the western division. Mr. Williamson indicated there the same issues and/or concerns weren’t present in the west, despite the process and program being the same. Therefore, he is trying to find the root cause for the perceived differences and EMSA is conducting the survey to look at the whole system.

Mr. Williamson explained that as far as the apartment complex issues go, the City of OKC manages their water taps differently. There are more individual taps than in the eastern division, therefore it is easier to tie addresses to the taps.

At this point, Mr. Williamson asked Mr. Frank Gresh to give a short presentation regarding Item 8F (Limited integration between the ePCR and billing systems).

Mr. Gresh stated that the topic in the MRO report spoke specifically about integration between the electronic patient care report (ePCR) and EMSA’s billing system. Mr. Gresh explained the only way to accomplish this is to use an integrated solution from the same vendor. Only three integrated electronic patient care report billing systems currently exist, and they are from Zoll, TriTech and Health EMS. The most practical solution is to keep the same billing software in use now and utilize that vendor’s electronic patient care report

## **EMERGENCY MEDICAL SERVICES AUTHORITY – A Public Trust**

### **Board of Trustees Meeting**

Wednesday, September 26, 2012

Page 7

solution. EMSA's current vendor has over 60% of the market share for EMS billing nationwide.

Although Medusa is EMSA's current ePCR provider, Mr. Gresh is impressed with the integration that can be obtained from the Zoll electronic patient care reporting solution. It is fully integrated and has been designed to work seamlessly between the patient care report and the billing system. Not only would using Zoll provide EMSA with an integrated solution as the MRO office recommends, it would also provide an integrated solution between first response and transport as well.

The cost is approximately \$25,000 from start to finish of the software deployment, but from an overall cost perspective it is a wash, considering what EMSA pays now in annual cost for the current ePCR software.

Ms. Perryman asked if information was gathered from several vendors to make sure the decision is the correct one.

Mr. Williamson answered that in order to have an integrated system, it must be one that is integrated within the billing system. EMSA sees no reason to spend hundreds of thousands of dollars changing its billing system, therefore this solution is the only practical way to move to an integrated system.

It was then decided to move to the next item on the agenda, and Mr. Williamson agreed to come back to the Board with a list of items from the MRO report for the Board to further consider.

#### **5. Approval of Interlocal Cooperative Agreement between the City of Oklahoma City and EMSA**

Mr. Williamson gave a short presentation outlining the differential dispatch time analysis since the new CAD2CAD system went live on July 24<sup>th</sup>, 2012.

Before the new CAD2CAD system was implemented, the average time from the 9-1-1 call taker picking up the phone to the dispatch of an Oklahoma City Fire Department unit was 60 seconds. With the new system, which was implemented in order to achieve differential dispatch, the average time is 83.30 seconds for cardiac arrest calls, and 96.73 seconds for other time/life sensitive calls (from the time EMSA picks up the call to the dispatch of an OKCFD unit). A table with the breakdown of each step taken during the calls was presented.

Questions were asked and discussion ensued. Mr. Williamson assured the Board that the new CAD2CAD system is successful, and patients are receiving excellent care within a proper timeframe.

**EMERGENCY MEDICAL SERVICES AUTHORITY – A Public Trust**  
**Board of Trustees Meeting**

Wednesday, September 26, 2012

Page 8

Upon motion made by Mr. Marrs and seconded by Dr. Shadid, the Board of Trustees voted to approve the Interlocal Cooperative Agreement between the City of Oklahoma City and EMSA.

AYE: Ms. Lillian Perryman, Mr. Phil Lakin, Dr. James Rodgers, Dr. Ed Shadid, Mr. Clay Bird, Mr. Joe Hodges, Mr. Mark Joslin, Mr. Gary Marrs, Mr. Larry Stevens

NAY: None

ABSTENTION: None.

ABSENT: None.

**6. President's Report**

Mr. Williamson indicated that the compliance reports are online for the Board's review. Due to time constraints of the meeting and the need for several board members to leave, he would go directly to Item 7, the Approval of the RFP for Ambulance Services.

**7. Approval of RFP for Ambulance Services**

Mr. Williamson shared with the board a few minor changes he would like to make to the RFP. The first is to re-word the last item on page 43, #13, to say, "Profit shall be defined as earnings after deductions for corporate overhead and contractual penalties levied on contractor's performance by EMSA before any taxes on earnings."

Dr. Shadid asked Mr. Williamson to confirm that the lowest bid may not necessarily be the one to win this contract. Mr. Williamson confirmed.

Mr. Lakin asked if it is still the intent to obtain costs for both response time options – the current 8:59 and 12:59 times for Priority 1 and 2 calls, respectively, and for the proposed new response times of 10:59 and 14:59. Mr. Williamson confirmed that, as well.

Mr. Williamson wanted to be sure the Board understands that in this RFP, EMSA will reduce the number of exclusions due to volume by approximately 92% in the eastern division and 93% in the western division. Mr. Williamson believes that by lessening the amount of exemptions for volume, two things will happen. More unit hours will be incurred, and the contractor will add some to their cost to handle high volumes.

Dr. Shadid asked Mr. Williamson to explain Item #6 on page 18, "Incentive for Superior Response Time Performance". Mr. Williamson explained that for every contract quarter the contractor's response time compliance level for Priority 1 transports is at 92% or better, EMSA will not charge deductions for individual late calls in the next contract quarter. The



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

**Board of Trustees Meeting**

Wednesday, September 26, 2012

Page 9

contractor must still make their response times. This incentive is to help motivate the contractor to perform as they should.

Dr. Shadid then asked about weather exclusions. Mr. Williamson explained that a third-party forensic weather analysis group (Weather Affirmations) in Oklahoma City will be given the requested exemptions to research and validate there was precipitation enough to cause danger for the public and/or employees driving vehicles on the streets.

Dr. Shadid then asked if there was dialogue between the Oklahoma City Fire Department and EMSA regarding the crafting of the RFP or any concerns they may have about it. Mr. Williamson answered that a meeting was held with the OKCFD approximately two weeks earlier, and he had discussed a list of their concerns with Mr. Marrs.

Mr. Marrs confirmed the discussion, but said he felt the meeting OKCFD meeting and discussion should have occurred earlier, and encouraged more dialogue between EMSA and the first responders in these situations.

Dr. Shadid asked Mr. Williamson to send a written response to the OKCFD addressing their concerns. Mr. Marrs indicated he had not provided Mr. Williamson with a written copy of the concerns, but would provide one, and Mr. Williamson agreed to provide a written response.

Discussion ensued about exemptions and response times. Mr. Bird then asked Dr. Goodloe if exemptions are a concern from the Medical Control Board's perspective. Dr. Goodloe replied yes, the MCB is unhappy with the current exemption policy, and it is due to the change over the years in how busy the system has become. It is a concern of the MCB in terms of promoting transparency and assuring nothing is missed regarding time elements, because some of the excluded calls are Priority One calls, life threatening calls. Dr. Goodloe applauded Mr. Williamson for changing what is considered a "high demand" period from 90% to 200% (of the average demand for day-of-the-week and hour of the day of the previous year). Dr. Goodloe stated that Mr. Williamson knows the industry and he trusts Mr. Williamson's judgment on this issue.

Upon motion made by Mr. Joslin and seconded by Dr. Rodgers, the Board of Trustees voted to approve the RFP for Ambulance Services.

AYE: Mr. Phil Lakin, Dr. James Rodgers, Mr. Gary Marrs, Mr. Mark Joslin, Mr. Clay Bird, Mr. Joe Hodges, Ms. Lillian Perryman, Dr. Ed Shadid

NAY: None

ABSTENTION: None.

## **EMERGENCY MEDICAL SERVICES AUTHORITY – A Public Trust**

### **Board of Trustees Meeting**

Wednesday, September 26, 2012

Page 10

ABSENT: Mr. Larry Stevens

#### **8. Medical Director's Report**

Dr. Goodloe directed the Board's attention to the divert reports for August, 2012. Divert levels are once again, at a desirably low level.

Dr. Goodloe reminded the Board of last month's report regarding inaccurate bed delay data. The Office of the Medical Director (OMD) is still in the process of working with the Authority to find a more accurate methodology to conduct an appropriate bed delay analysis. He believes some bed delays continue to exceed an hour, primarily in Tulsa, and the only way to effectively reduce the problem is to conduct a comprehensive data analysis.

Dr. Goodloe stated that the most important thing to consider is the care people are getting. He is proud of the dispatchers, EMTs and paramedics in this system, and assures the Board the system is earning increased clinical appreciation and recognition across the country.

EMSA has been featured for the last two months in the Journal of Emergency Medical Services (JEMS) for its cardiac arrest program. A monitored defibrillator company executive told Dr. Goodloe EMSA's system has been chosen to highlight the work that has been done establishing a STEMI (ST-Segment Elevation Myocardial Infarction) network. At Baptist Hospital in Oklahoma City, 100% of the field identified STEMI cases over the last three years have met or exceeded the national guidelines for timeliness of care. At Hillcrest Healthcare System in Tulsa, 100% of the field identified STEMIs are under 90 minutes in terms of intervention.

Dr. Goodloe told the board he would not choose to live in any other city or state at this point in time, given his knowledge of this EMS system. It is an excellent clinical practice in medicine.

The OMD has finished their analysis for 2010 cardiac arrests, and will be able to announce a relative 10% increase in success in cardiac arrest outcomes for the 2010 arrest data. Very few major urban EMS systems in the United States can come close to EMSA's numbers. Dr. Goodloe is honored and proud to be the Medical Director for EMSA's field providers. He told the Board he personally appreciates their contributions, as this is a practice of medicine that makes a difference for the communities it serves.

#### **8. New Business**

None.

**EMERGENCY MEDICAL SERVICES AUTHORITY – A Public Trust  
Board of Trustees Meeting**

Wednesday, September 26, 2012

Page 11

**9. Trustees' Reports**

None.

**10. Next Meeting – Wednesday, October 24, 2012 – 1:00 PM via video conference – EMSA  
Administrative Offices, 1111 Classen Drive, Oklahoma City, OK 73103 (Western  
Division) and 1417 N. Lansing Ave., Tulsa, OK 74106 (Eastern Division)**

**11. Adjourn.**

The meeting was adjourned at 3:15 pm.

---

Ann C. Laur, Assistant Secretary

---

Date: