

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

Wednesday, March 27, 2013 – 1:00 pm

Meeting Room

Best Western Hotel

1200 N. 8th, Stroud, OK 74079

Minutes:

NOTICE AND AGENDA for the Special Meeting of the Board of Trustees of the Emergency Medical Services Authority, a Public Trust, was posted March 25, 2013 in the offices of the City Clerk of Oklahoma City at 8:35 am, and with the City Clerk of the City of Tulsa on March 25, 2013 at 8:36 am, more than 48 hours prior to the time set for the meeting.

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

TRUSTEES PRESENT

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

OTHERS PRESENT

Steve Williamson, EMSA
Kent Torrence, EMSA
Angie Lehman, EMSA
Ann Laur, EMSA
Frank Gresh, EMSA
Kelli Bruer, EMSA
Jillian Balfour, EMSA
John Peterson, Paramedics Plus
Lara O'Leary, Paramedics Plus
Joanne McNeil
Michael Murphy, MMRS
Jim Orbison, Riggs/Abney
Kris Koepsel
Jim Winham
Kari Culp
Don DeSelms, CPA
Ziva Branstetter, Tulsa World
Mike Simons, Tulsa World
Sheldon Gilbert, Paramedics Plus
Olivia Johnston, Saxum PR

TRUSTEES ABSENT

Dr. Jim Rodgers (excused absence – business)

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CONSENT AGENDA

1. Approval of Regular Board Minutes of February 27, 2013

Upon motion made by Mr. Marrs and seconded by Dr. Foulks, the Board of Trustees voted to approve the Regular Board Minutes of February 27, 2013.

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

NAY: None

ABSTENTION: None

ABSENT: Dr. Jim Rodgers

The Motion passed.

REGULAR AGENDA

1. Chairman's Report

None.

2. Medical Director's Report

Dr. Goodloe called the Board's attention to the monthly Divert Report. The number of divers for February were fewer than expected. He had been concerned the divert numbers may be up due to the flu season being worse than originally anticipated. Dr. Goodloe is hopeful that one day divers will disappear altogether. Divers are requested by the hospitals, and the EMS system is under no legal requirement to honor the requests.

Dr. Goodloe then reviewed the Quality Improvement report for the Board. The no-transport rate in our EMS system fits very well in comparison to other large urban United States EMS systems. Most systems have a no-transport rate of about 30%. Often people call for an ambulance, but when the medics arrive, it turns out the patient is quite medically stable. The philosophy of the system is that transport is always offered, and patients are encouraged to obtain further care. However, from a

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medical stability standpoint, there are certainly patients who are not in need of immediate physician evaluation. Dr. Goodloe stated it is important to acknowledge that the medics are practicing a very difficult form of medicine. Although the percentages of airway management listed on the report may make it appear as though some airways aren't being managed well, Dr. Goodloe assured the Board that 100% of airways in patients are being successfully managed, meaning patients are able to be oxygenated and ventilated, whether it's by means of endotracheal intubation or by other means such as bag-valve mask ventilation. The percentage referred to in the report is strictly an endotracheal intubation percentage.

Dr. Goodloe reported that the vascular access percentages are far above any anticipated performance levels. Patients are getting to the correct destinations from a trauma standpoint and the scene times in trauma are very appropriate.

The Journal of Emergency Medical Services will publish an article in a few days featuring the use of tranexamic acid in our EMS system. Our system will be the first large EMS system in the United States to utilize tranexamic acid for hemorrhagic shock patients. These are patients who may not live despite the best pre-hospital care and in-hospital surgical care that is available. Dr. Goodloe is very hopeful that tranexamic acid will prove to be helpful in changing outcomes for some of those patients. Its use will be starting in the next 30 days.

In talking with new EMTs and paramedics in our system recently, Dr. Goodloe found that many have come from distant locations such as Washington State, Virginia and Colorado, for the express purpose of coming to work in this EMS system. Both EMSA personnel and fire personnel train side by side, and the recent cardiac arrest training and performance he observed was excellent in that regard.

Dr. Goodloe recently returned from a National Resuscitation Academy, where he was told by the leaders of the Academy that our EMS system in Oklahoma should be conducting its own academy. He believes their comment reflects on the professionalism and enthusiasm that exists in our system. Dr. Goodloe is leaving today to attend another National Resuscitation Round Table to obtain the best answers possible, because cardiovascular disease is still the number one killer in Western civilization. He feels better ways must continue to be found to address serious heart disease.

Because Dr. Goodloe must leave the meeting early for travel purposes, he addressed the subject of the RFP Selection Committee, which is further down on today's agenda. Dr. Goodloe informed the Board that in the Medical Control Board (MCB) meeting on March 8, two representatives were elected for the RFP Selection Committee based on the parameters in the RFP. Dr. Jeff Reames, Chair of the

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MCB was appointed, as was Dr. Goodloe. Dr. Reames has a clinical practice at Mercy Hospital in Oklahoma City, and is a longtime Oklahoma City emergency physician. Although Dr. Goodloe can represent the interests of both cities, his clinical practice through the University of Oklahoma is based at Hillcrest Medical Center in Tulsa. The Medical Control Board was careful in its deliberations to make sure the interests of both cities were healthily represented.

Mr. Lakin asked Dr. Goodloe if airway data is measured for the fire department in both divisions. Dr. Goodloe explained that the same things are measured in the fire department as are measured for EMSA. He receives monthly reports from Tulsa Fire and Oklahoma City Fire, in addition to suburban fire departments. Mr. Lakin then asked if endotracheal intubations were used with cardiac arrests. Dr. Goodloe stated approximately 60% of them are in the setting of cardiac arrests. He explained that the cardiac arrest report is a separate database that is maintained. Sometimes it can be difficult to obtain data from hospitals to determine cardiac arrest outcomes due to patient privacy interpretations by healthcare systems. It is important, particularly in a large system, to try and maintain face to face relationships within hospitals and health records management. When there are changes in personnel, it can become more difficult to obtain the information necessary, as new employees tend to err on the side of caution, not yet fully understanding that the information being sought is continuous quality improvement data involving patients that were collectively taken care of.

3. **An Executive Session of the Board of Trustees, as authorized by Title 25, § 307 B.7 of the Oklahoma Statutes, for the purpose of reviewing and discussing information furnished by potential proposers to EMSA, in order to establish minimum qualifications to submit proposals for ambulance services, the disclosure of which information would violate confidentiality requirements of state or federal law.**

Mr. Orbison addressed the Board regarding the Executive Session. He explained that EMSA has received sets of credentials from three proposed bidders in response to the RFP issued for provision of ambulance service. Each set of credentials contains the required information, including financial information, to allow EMSA to determine if the proposed bidders are qualified to bid. The financial information is sensitive, confidential information, and it is Mr. Orbison's opinion that if it were released publicly, it would give an unfair advantage to the other competitors if they were allowed to view it. Under the Open Records Act, EMSA may keep the financial information confidential. Mr. Orbison stated that under state and federal law, it should be a trade secret, and EMSA will have liability issues if this information is made public. He recommends the Board go into Executive Session for the purpose of reviewing the financial information to aide in determining

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if the proposed bidders are qualified to bid. The Executive Session would be for that one limited purpose only.

Dr. Goodloe asked Mr. Orbison if there is a question as to whether one or more of the bidders meet the requirement criteria in the RFP.

Mr. Orbison stated that reviewing the financial information in the credential packets is an important step in determining if the proposed bidders are qualified. The other information contained in the credential packets may be taken into consideration and discussed during the next agenda item which takes place publicly in the open meeting. He reiterated that the Executive Session is for the purpose of protecting the confidentiality of the financial information under the law.

Dr. Goodloe then asked if it is the Board or the executive leadership at EMSA who determines which entities are qualified bidders. Mr. Orbison replied that the RFP's language states it is EMSA making the confirmation; however, it is his opinion that it is appropriate for the Board to make the determination. Mr. Orbison stated the RFP refers to a credential committee, which historically has consisted of EMSA staff who have gone through the credentials and made recommendations for the Board to approve. In this instance, however, because of confidential information that needs to be heard before approval, Mr. Orbison feels it appropriate for the Board to hear the information before the proposed bidders are approved.

Mr. Lakin then asked if the Board, as volunteer members, are protected by Mr. Orbison's legal opinion on this issue. He does not want the Board to find themselves in a position where they have violated the Open Meeting Act. Mr. Orbison stated that the Board's liability would be far greater by releasing private corporate information to its competitors in public. It is his opinion that the law indicates the Board would have to willfully violate the Open Meeting Act, and if the Board is basing their action on legal counsel received, they would not be violating the law, should that question come up in the future.

Mr. Williamson added that the logic behind the prequalification process is protected. EMS is a practice of medicine and there are several requirements other than financial information submitted for pre-qualification. It is important that the proposed bidders cannot secure the contract with a cavalier, low-ball bid, only to find the choice was detrimental to patient care in the long run, due to the fact financial requirements cannot be met.

Mr. Lakin asked Mr. Williamson if a similar process was used during the last review of the current contract. Mr. Williamson answered yes, that the process was followed

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for the last two reviews of the contract, except there had not been an Executive Session for either of those reviews, as there had been no concerns regarding the contractor's financial information.

Upon motion made by Mr. Marrs and seconded by Mr. Stevens, the Board of Trustees voted to enter into an Executive Session upon advice of legal counsel, for the purpose of reviewing and discussing information furnished by potential proposers to EMSA, in order to establish minimum qualifications to submit proposals for ambulance services, the disclosure of which information would violate confidentiality requirements of state or federal law.

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

NAY: None

ABSTENTION: None

ABSENT: Dr. Jim Rodgers

The Motion passed.

- 4. After a return by the Board of Trustees to the public meeting, vote upon any item of business which concerns the confidential information reviewed and discussed during the Executive Session.**

Ms. Perryman announced no action is to be taken at this time as a result of the Executive Session.

- 5. Determination of qualification or non-qualification of potential proposers to submit proposals for ambulance services.**

Mr. Williamson stated that the RFP is a two-part process. Credentials are requested from proposed bidders in order to pre-qualify them before they submit their formal bid. The bid is submitted in two parts, (1) qualifications for providing transport service, and (2) pricing for ALS transport. The qualifications will be opened first, with each proposal scored separately and independently by each member of the Selection Committee. EMSA's CFO and an outside accounting firm will tabulate the points. The pricing for ALS transport will also be evaluated by the EMSA CFO and an outside accounting firm, and a total cost of each proposal for the five-year period will be presented to the Selection Committee. It is a transparent process.

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Mr. Williamson handed out three separate, completed copies (one for each proposed bidder) of Attachment D from the RFP (Evaluation of the Documentation of Credentials) to each board member. All three proposers are CAAS (Commission on Accreditation of Ambulance Services) accredited, thereby qualifying to use the Simplified Method, as listed in the RFP, for the documentation of credentials. Proposers submitting credentials were American Medical Response (AMR), Rural Metro, and Paramedics Plus. Mr. Williamson reviewed each completed form (Attachment D) with the Board.

AMR provided everything required by the Simplified Method of the RFP. They listed Arlington, Texas, as their high performance system, and submitted the required data for that system.

Paramedics Plus also provided everything required by the Simplified Method, and they listed EMSA (our complete system) as their high performance system.

Rural Metro used Tucson (Southwest Ambulance of Tucson, Inc.) as their high performance system. Rural Metro provided all required data, with the exception of Customer Service History. That item was not provided.

Dr. Foulks asked Mr. Williamson if Rural Metro had been contacted regarding the fact their Customer Service History had not been provided. Mr. Williamson has not contacted them, as the RFP states we rely on information submitted, and that information was not submitted.

Mr. Marrs asked Mr. Williamson what AMR and Paramedics Plus provided regarding Customer Service History. Mr. Williamson stated that AMR submitted several pages outlining what they have done with the fire department and community leaders for patient advocacy. Paramedics Plus submitted a longer description of past patient satisfaction, community involvement and patient advocacy. Rural Metro submitted a page with the heading, "Customer Service History", but the page was entirely blank, except for the heading.

Mr. Bird asked what types of things are considered as customer service for an ambulance provider. Mr. Williamson stated that customer service includes how patients are treated, both medically and in billing for services provided. Quality improvement programs, community involvement to foster a better relationship, good medical care – all of these things can be considered customer service. Mr. Williamson reminded the Board that each of these three proposed bidders attended a pre-bid conference and no questions were asked to indicate they did not understand the meaning of customer service in the industry.

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Mr. Williamson stated he is concerned, due to his industry knowledge, of some recent issues pertaining to Rural Metro. On January 1, 2013, the town of Santa Clara, California, placed Rural Metro in breach of their contract due to response time issues. Rural Metro has since submitted a care plan which was accepted to correct that issue, but Mr. Williamson believes it is a cause for concern, due to other past issues. In addition, as recently as March 25, 2013, Clark County in Indiana gave Rural Metro 60 days notice due to response time issues and lack of medical supplies on vehicles.

Mr. Williamson has checked and could not find any breaches for AMR or Paramedics Plus, and certainly not the loss of a contract, as in Clark County. Mr. Williamson stated the video of the recent meeting held in Clark County is available for the Board to view today, if they choose to do so.

The next phase of the RFP will be the submission of bids in May. From May 1 – August 1, those bids will be reviewed, discussed and scored by a Selection Committee of nine members.

Mr. Lakin asked Mr. Williamson to verify that AMR is the largest company to provide ambulance service in the nation. Mr. Williamson confirmed that fact. Mr. Lakin then asked where Rural Metro and Paramedics Plus rank nationally, in size.

Mr. Williamson believes these three companies are the top three in the nation who provide this type of ambulance service (high performance). Not many companies provide high performance EMS of this magnitude. AMR is the largest, regardless of the type of EMS system.

Dr. Shadid asked how many cities Paramedics Plus provides service for. Mr. Williamson referred the question to Mr. John Peterson, COO of Paramedics Plus. Mr. Peterson stated Paramedics Plus provides service to five systems, all of which are high performance PUM (Public Utility Model) systems. Dr. Shadid asked if it is true Rural Metro provides service to 400 communities. Mr. Williamson could not confirm that number.

Mr. Bird asked if it is rare for an ambulance service to lose a contract in the middle of the contract term. Mr. Williamson and Mr. Marrs both agreed it is very rare. Mr. Bird stated he was trying to fit the incident into context. For example, if Rural Metro has contracts in 200 – 400 locations, and only one contract was lost, it is a very small percentage.

Mr. Marrs asked if the size of the companies is based on population served or the dollar amount of the contracts held. Mr. Williamson explained he is basing the size

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on population served, but only by companies participating in advanced life support (the emergency transportation business).

Dr. Shadid asked if the number of annual ambulance transports is known for Paramedics Plus. Mr. Peterson stated the numbers are roughly 180,000 in Dallas, 180,000 for EMSA, 130,000 in Alameda County and 45,000 in Fort Wayne. The total is more than 500,000.

Mr. Orbison stated it is his understanding that a contract has not yet been lost. Accounting processes have determined there has been a breach, and it is currently in dispute. The other contract he believes was lost by mutual agreement. The video available for viewing regards the latter, should the board like to view it.

Mr. Williamson agreed that a breach does not necessarily mean the loss of a contract, but it is a first step, and is not something any provider would want to deal with.

Mr. Bird stated he would like to view the video of the Clark County council meeting regarding Rural Metro.

Dr. Shadid asked if the decision regarding Rural Metro must be made today, and Mr. Williamson replied that it does.

Ms. Perryman stated the decision needs to be made for the proposed bidders to have the time needed to submit their additional data. There are specific time parameters in the RFP.

Dr. Shadid asked what the breach in Clark County was based upon. Mr. Williamson answered it was for response time compliance and ambulance placement. Dr. Foulks added that it was also for the lack of ability to have their ambulances under central control, and the fact medications such as morphine and Ativan had not been stocked in their ambulances.

The Board then viewed the video of the county commissioner's meeting in Clark County, Indiana, where discussion centered around issues concerning their emergency medical services provider, Rural Metro.

Mr. Bird asked Mr. Williamson for his opinion on the matter, stating that Mr. Williamson knows the industry well. Mr. Williamson stated it is his belief from his familiarity with industry standards, that Rural Metro is the weakest of the three proposed bidders. The RFP is to provide emergency medical services for 1.2 million people in our service area. It is up to the Board to make the determination as to which companies will qualify to bid.

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Discussion ensued and possible motions were discussed. Mr. Lakin then asked Mr. Williamson to review the RFP basic process and schedule of events. Mr. Williamson reviewed the schedule with the board, indicating the following dates:

- Bids to be submitted (May 17)
- Review of the bids by the Selection Committee (May 17 – July 15)
- Results from the Selection Committee to the Board of Trustees (July 19)
- Board vote to award the contract (July 24, 2013)
- Final board vote on the contract itself (September 25).

Mr. Lakin then asked if any of the qualifying data reviewed today can be utilized by the Selection Committee during its deliberations. Mr. Williamson replied no, the Board's decision today will relieve the Selection Committee from making the decision of whether or not the bidders can fulfill their obligations.

Mr. Lakin stated it is difficult for him to determine today, if all three proposed bidders should qualify. He has discovered concerns online during the meeting today regarding all three companies. Dr. Shadid agreed, stating he is concerned about making a binding vote today, when he has only been presented with the information today and hasn't had time to research and digest it all.

Mr. Williamson stated that if the Board decides to deem all three companies to go forward, he will support all three. He feels that if he hadn't brought up the issues he was aware of with Rural Metro, and they were awarded the contract, but problems surfaced down the road, EMSA would be criticized for lack of due diligence during the RFP process. It is his objective to be responsible, diligent, and transparent in the process.

Mr. Bird stated he is willing to go ahead with the vote on this motion, relying on the fact that Rural Metro did not provide the customer service history required, and Mr. Williamson's knowledge regarding the industry and issues provided today. However, he would have preferred delaying the vote to allow the Rural Metro and the markets it provides service for to be more thoroughly researched.

Upon motion made by Mr. Hodges and seconded by Mr. Joslin, the Board of Trustees voted to qualify Paramedics Plus and American Medical Response (AMR) to submit proposals for the provision of emergency and non-emergency ambulance services as specified in EMSA's Request for Proposal.

AYE: Mr. Mark Joslin, Mr. Gary Marrs, Dr. Charles Foulks, Ms. Lillian Perryman, Mr. Larry Stevens, Mr. Clay Bird, Mr. Joe Hodges, Dr. Ed Shadid

NAY: Mr. Phil Lakin

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ABSTENTION: None

ABSENT: Dr. Jim Rodgers

The Motion passed.

Upon motion made by Dr. Shadid and seconded by Mr. Lakin, the Board of Trustees voted on the motion to qualify Rural Metro to submit a proposal for the provision of emergency and non-emergency ambulance services as specified in EMSA's Request for Proposal.

AYE: Mr. Phil Lakin, Mr. Clay Bird, Dr. Ed Shadid

NAY: Mr. Mark Joslin, Mr. Gary Marrs, Dr. Charles Foulks, Ms. Lillian Perryman, Mr. Larry Stevens, Mr. Joe Hodges

ABSTENTION: None

ABSENT: Dr. Jim Rodgers

The Motion failed.

Mr. Orbison then explained to the Board that there now needs to be a motion made to disqualify Rural Metro from further consideration in the bid process.

Upon motion made by Dr. Foulks and seconded by Mr. Hodges, the Board of Trustees voted to disqualify Rural Metro from further consideration in the bid process.

AYE: Mr. Mark Joslin, Mr. Gary Marrs, Dr. Charles Foulks, Ms. Lillian Perryman, Mr. Larry Stevens, Mr. Joe Hodges

NAY: Mr. Phil Lakin, Mr. Clay Bird, Dr. Ed Shadid

ABSTENTION: None

ABSENT: Dr. Jim Rodgers

The Motion passed.

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After the vote, Mr. Lakin stated that for the record, his vote of “no” on the first of the three preceding motions was not a vote against any of the three proposed bidders. It was, instead, to express his desire that all three companies be qualified to move forward in the bidding process and submit proposals.

Dr. Shadid stated that it is rare for the EMSA Board of Trustees to have a vote with three dissensions, and he feels thought should be given to improvement of the process.

6. Appointment of RFP 2013 Selection Committee

Mr. Williamson explained to the Board that the Selection Committee for the 2013 RFP will consist of nine members made up as follows:

Two members of the Board of Trustees of EMSA from each division.
One member each from the City Councils of Oklahoma City and Tulsa.
One individual experienced in EMS Operations (not affiliated with EMSA).
Two physicians chosen by and representing the Medical Control Board, one of which can be the Medical Director.

Mr. Williamson indicated that the Selection Committee will have two months (from May 17 through July 15th) to review the proposals and make a recommendation. The committee will review the proposals, tabulate scores, listen to a 30 minute presentation by each bidder and make their selection.

After discussion, the following Board members volunteered to be on the Selection Committee:

Mr. Clay Bird (eastern division)
Mr. Mark Joslin (eastern division)
Mr. Phil Lakin (as a city council member from the eastern division)
Dr. Ed Shadid (western division)
Ms. Lillian Perryman (western division)
Mr. Gary Marrs (as a city council member from the western division)

Dr. Jeff Goodloe and Dr. Jeff Reames will also serve on the Selection Committee, as previously reported in the Medical Director’s Report.

Upon motion made by Mr. Hodges and seconded by Dr. Foulks, the Board of Trustees voted to approve the Appointment of the EMSA Board Members as determined in today’s meeting to the RFP 2013 Selection Committee.

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

NAY: None

ABSTENTION: None

ABSENT: Dr. Jim Rodgers

The Motion passed.

7. Timeline for and amendments to the 2013 RFP and current contract between EMSA and Paramedics Plus to ensure EMSA is responsible for all tax exempt transactions.

Mr. Williamson informed the Board that he should hear back regarding the necessary change in the contract between Paramedics Plus and EMSA by Friday of this week. He feels certain the change will be approved, and the amendments to the 2013 RFP and current contract should both be complete next week.

8. Implementation of Recommendations from the State Audit Report

Mr. Williamson provided a handout to the Board which contains the 19 recommendations made in the State Audit, along with a short description of the plans and progress made to date on each recommendation. Mr. Williamson asked the Board to review the handout and direct any questions they may have to him.

Mr. Lakin requested Mr. Williamson review the three items on the handout which are marked as not yet started. The first item in that category is *Recommendation # 10, Strengthen Trustee Attendance Policy*. Mr. Williamson stated that this recommendation is a Board of Trustees issue, and the only remedy for this item is to change the controlling documents.

Mr. Lakin asked if this item can be put on the Board agenda for the next meeting. Mr. Hodges suggested the item be brought before one of the new Board committees for their review and recommendations.

Discussion ensued regarding the placement of all three recommendations marked in red (as not yet started) on the committees for their review before being brought before the Board. It was decided that all three of these recommendations should be brought before Committee #1, the Financial, Investment, Nomination and Personnel Committee at noon on April 24, 2013.

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The recommendations to be brought forth to the Committee are:

- #10, Strengthen Trustee Attendance Policy and Recommendation
- #14, Adopt a policy for formal evaluation of the CEO
- #15, Perform Self-assessments

Mr. Williamson then provided a spreadsheet of the MRO (Management Review Office) completion matrix, depicting progress on the action items brought forth by the MRO in their review. All items on the matrix are in progress, with the exception of *Item 7B, Formal Incentive Plan for Employees to Encourage Superior Results*.

Ms. Perryman stated Item B is another item that should go to Committee #1, the Financial, Investment, Nomination and Personnel Committee for their review and recommendations.

Mr. Williamson stated there is one more item to discuss and bring before a committee, but due to the length of the meeting today, he will only mention it briefly. It is regarding the job description for the COO position, and will need to be brought before the Financial, Investment, Nomination and Personnel Committee for review and suggestions.

9. President's Report

- A. Compliance and Exclusion Reports**
- B. KPI's – Control Charts**

Mr. Marrs suggested, due to time constraints, if there is nothing out of the ordinary for the President's Report and CFO's report, the Board advance to Item 11, New Business. Mr. Williamson agreed.

Mr. Williamson then stated that the Littlefield agency was present and expecting to make a presentation regarding the results of the survey regarding the city utility fee program (TotalCare). Because the meeting room had been reserved by another group for 4:00 pm, the presentation was unable to be presented. Mr. Williamson stated he would list the presentation first on the agenda for the April 24th meeting.

10. Chief Financial Officer's Report

As agreed during discussion of Agenda Item 9, the Chief Financial Officer's report was not presented.

However, Mr. Lakin stated it would be helpful for clarification purposes, to have short descriptions accompany the individual expenditures listed at the back of the financial report. Mr. Torrence agreed to provide those descriptions.

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11. New Business

None.

12. Trustees' Reports

Mr. Stevens asked if he is correct in the understanding that both new committees formed today were to meet on April 24th at noon. Ms. Perryman stated that although the Legal, Ethics and Public Relations Committee wasn't assigned any specific business, she feels it important that both committees meet to discuss current or upcoming items to be addressed, such as items from the MRO Report.

Mr. Hodges asked Mr. Orbison if the committees need to have a quorum of a certain number in order to make recommendations to the Board. Mr. Orbison stated that as long as two members of the committee are present, they can make recommendations to the Board.

Mr. Hodges suggested that on future Board agendas, anticipated times needed for discussion of each agenda item be added to help the Board avoid lengthy meetings.

Mr. Stevens suggested adding agenda items, when appropriate, to the Consent Agenda. He feels it may help curtail the length of meetings, as well.

Dr. Foulks and Mr. Marrs suggested the new committees keep their current structures for now, but feel the Board should be open to re-structuring them in the future if one committee routinely shoulders more of the burden.

13. Next Meeting – Wednesday, April 24, 2013 – 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)

14. Adjourn

The Special Meeting was adjourned at 3:43 pm.