

**EMERGENCY MEDICAL SERVICES AUTHORITY - A Public Trust**  
**Regular Board of Trustees Meeting**  
**Wednesday, September 24, 2014 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 of the Emergency Medical Services Authority, a Public Trust, were posted September 22, 2014 at 9:06 a.m., in the offices of the City Clerk of Tulsa, and with the City Clerk of Oklahoma City, on September 22, 2014 at 9:37 a.m., more than 24 hours prior to the time set for the meeting.

**TRUSTEES PRESENT**

Mr. Clay Bird  
Ms. Lillian Perryman  
Mr. Phil Lakin  
Dr. Jim Rodgers  
Mr. Larry McAtee  
Mr. Joe Hodges  
Mr. Larry Stevens  
Dr. Jeffrey Goodloe

**Trustees Absent**

Mr. Stephen Rodolf (Excused)

**OTHERS PRESENT**

Steve Williamson, EMSA  
Kent Torrence, EMSA  
Jim Winham, EMSA  
Kelli Bruer, EMSA  
Tracy Johnson, EMSA  
Sara Bovaird, EMSA  
Frank Gresh, EMSA  
Angela Lehman, EMSA  
Tina Wells, AMR  
Sonny Gear, AMR  
Joanne McNeil, AMR  
Lara O'Leary, AMR  
Michael Murphy, AMR  
Rick Ornelas, AMR  
Doug Dowler, City of OKC  
Jim Orbison, Riggs/Abney  
Hannah Jackson, Schnake/Turnbo

A quorum was present and the meeting was called to order at 1:00 p.m. by Mr. Larry McAtee.

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**CONSENT AGENDA**

1. **Approval of Board Minutes from EMSA's Regular Board of Trustees Meeting on August 27, 2014 at 2:00 p.m.**

**UPON motion** made by Mr. Phil Lakin and seconded by Ms. Lillian Perryman, the Board of Trustees voted to Approve the Board Minutes from EMSA's Regular Board of Trustees Meeting dated August 27, 2014 at 2:00 p.m.

AYE: Mr. Phil Lakin, Mr. Clay Bird, Mr. Larry McAtee, Ms. Lillian Perryman, Mr. Larry Stevens and Dr. Jim Rodgers.

NAY: None

The Motion was passed.

**REGULAR AGENDA**

1. **Chairman's Report**

There is no report today.

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

The first two months of the fiscal year – Eastern highlights – we have had YTD Profit of \$250,000 compared to budgeted profit of \$300,000 – a negative variance of \$50,000. We have a collection rate of 49% so far versus a budget of 44%. Emergency Transports are less than budget by 2.8% - 293. Our non-emergency transports are 5% less than budget by 76.

Western highlights – net loss of \$578,000 compared to a budgeted net loss of \$418,000 – diff of \$160,000. Net patient service revenue was down \$173,000 due to

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volumes being less than budget. Collection rates are 50% compared to budgeted 47%. Emergency transports slightly less than budget at 118 or 1%. Non-emergency transports are slightly more than budget of 29 transports or 3%.

The 120-plus past dues are good for the last three months – trending good, trending down. The difference is from the price increase that occurred in January 2013.

Cash flow impacts in the patient receipts have been slightly over budget \$200,000. Operating expenses and changes in working capital are right in line with budget and capital expenditures is substantially less than budget.

In the West, patient receipts right in line with budget and operating expenses. Actual expenses and cash outlay are greater than budget due to two significant items that occur in August – funding of our pension plan for the previous year and the other is funding of our insurance, our property and our liability insurance for the current year.

### **3. President's Report**

Mr. Williamson states that we have finished 11 months under our new contract. There was a lot of controversy, public concern, speculation of how all this was going to work out – it has been a very positive transition.

Mr. Williamson spoke about the Response Time of 8 minutes and 59 seconds – that it actually started nationally here in Tulsa. After November 1, 2013, Priority 1 is 10:59 with Priority 2's are 24:59. We are below the Response Time 90% of the time which is really good.

Mr. Joe Hodges asks for a quick refresher of what Priority #2's are.

Dr. Goodloe responds that a Priority #1 would be a potential life or limb threat – a cardiac arrest, some type of trauma that sounds very significant – active seizures; Priority 2 is essentially everything else – abdominal pain for hours, just don't feel good and dizziness.

Mr. Williamson continued that the average response time for a Priority 1 in Eastern Division was 6:22 for a 22 month period. After the change in November of 2013, it went to 7:33 or 1 minute and 11 seconds difference. In the West, it was 6:30 versus after November, 2013, it went to 7:48, relatively close to the same. I expect Oklahoma City to

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be longer due to the geographical area we cover. On Priority 2's, Eastern Division went from 7:06 to 10:27 – and in the West it went from 7:02 to 10:38. What is interesting here is that in a year's time, we have had 100,000 transports in a much safer environment because these calls did not go with lights and sirens anymore. We have had no negative outcomes over the past year and only very few complaints.

On Compliance in the East we were 90, 97 for Priority 2's, 89 is non-beneficiary jurisdictions – this dropped due to manpower which will change in the next few weeks. For the West we were 90, 98 for 2's and 94 on non-beneficiary jurisdictions. No discrimination issues.

Mr. Williamson discusses the financial impact of our Response Time. He said that in this day and age of healthcare reform and reduction in revenues to supply the citizens with the service, we have to do the best with the least and measure it on clinical outcomes efficiency. It is a win/win for the patients and the cities we serve as far as requiring more capital to run this type of service. It says a lot about willingness to look at the Medical Control Board, Medical Director and then staff's ability to manage it – it worked and I am very proud of this.

Dr. Goodloe added that we have a very unique practice of medicine where on a 24/7 unscheduled basis in a very short period of time, we bring medical care to people, we don't ask them to come to medical care – wherever they are, we are willing to go. When I treat a patient today that comes to see me at the ER, instead of putting him in the Hospital for 6 or 7 nights, what they get instead is a prescription of antibiotics; there is some due diligence to make sure they can get the prescription filled – that they have the financial means to fill it.

Let me also say that our dispatchers, our EMT's, our paramedics, they are tasked with a very difficult, dangerous job in challenging environments and they do a wonderfully admirable job providing the best patient care. Out of some 4,000 individuals in our EMS system, there are some that don't play well with others – they are forgetting lessons that they learned many years ago. We have an opportunity to re-educate some folks as to what is or is not acceptable.

Mr. Williamson said that the last thing was KPI Report and there is nothing out of the ordinary there.

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

This last month of Clinical Care is continuing to be very good. At our Strategic Planning Meeting last week with Tulsa Fire, OKC Fire, AMR, EMSA and my office, we discussed the challenges of mental illness with our present state of resources in the community. We had great discussions regarding interaction with our law enforcement agencies – our very common interests and goals and mutually beneficial solutions.

Our system has been very busy as of late – OKC has had well over 300 calls alone in the last couple of days. Every patient matters – our reputation is made with each and every patient. We have had a good month – we run 200,000 calls a year and transport over 140,000 individuals. When you have a system this size with as many professionals that we have in it, there is always going to be room for additional improvement – but our typical patient encounter is one that we can be very, very proud of.

Ebola and other viruses I monitor very closely as you would expect – we are very careful in our communications – we don't want to worry people if we don't need to. We have good personal protective equipment, good isolation procedures. We have protocol and varying degrees of compliances among 4,000 EMS individuals. We are prepared to give the appropriate addition of time and education as conditions require.

#### **5. New Business**

There is no new business at this time.

#### **6. Trustees Report**

There is no Trustees Report at this time.

**7. Next Meeting** is Wednesday October 22, 2014, 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 2:15 p.m.