

AGENDA

Oklahoma Emergency Response Systems Development Advisory Council

Oklahoma State Capitol
2300 N. Lincoln Blvd
Oklahoma City, OK 73103
Governor's Big Conference Room
February 19, 2009
1:00 pm.

Call to Order - Roll Call

Approval of minutes.

Introductions and Announcements.

IV. EMS Division Update: Shawn Rogers

a. Data System

b. Legislative Update

2009 Legislation

Legislative Day at Capitol

Oklahoma Emergency Response Systems Stabilization and Improvement
Revolving Fund (OERSSIRF)

c. Terrorism Preparedness Grants

Regional Medical Response System
REMSS & ASPR grant

V. Trauma Update: Patrice Greenawalt

Statewide System Update

Trauma Fund disbursal

EMSC Update- Paul Marmen

VII. Sub-committee reports:

Communications – Mike Greene

Medical Direction- Shawn Rogers

Training & Licensure – Need a new chairperson.

Operational Protocol – Betty Roan

New Business

Public Comment

Adjournment

Oklahoma Emergency Response Systems Development Advisory Council
Oklahoma State Department of Health
February 19, 2009

MINUTES

Members Present:

Phil Reid, Kellie Swim, Susan Harper, Mike Greene, Ron Feller, Greg Reid, Ernie Moore, Dr. Gerald Doeksen, Jimmy Johnson, Lester Branch, Rebecca Smith, Dr. Robert Salinas, James Blocker, Betty Roan, and Rick Bronson.

Members Not Present:

Gary Ligon, Clarence Fortney, Steve Williamson, and Jo Ann Cobble.

Guest Present:

Tim Pickering, Sean Lauderdale, Robby Latta, Paul Roan, Klayn Hitt, Paul Marmen, Leaugeay Barnes, Sherri Givens, and Rodney Johnson.

Staff Present:

Shawn Rogers, Eddie Manley, and Grace Pelley

Mike Greene called the meeting to order at 1:05 pm.

Shawn Rogers stated that we have two new members to this Council, Lester Branch and Steve Williamson who are replacing Gina Riggs and Paul Marmen.

Phil Reid made the motion to approve the November 13, 2008 minutes with no changes. Ron Feller seconded the motion. Motion carried.

EMS Division Update:

Shawn stated that he would like to discuss the proposed merger of the Trauma and EMS Division. Shawn said the EMS Division was established in the 70's in wake of the EMS Systems Act of 1977. The Trauma Division has had a more complicated history. It was established in 1990 with Federal grant funding. The Trauma Division was originally organized under the Injury Prevention Division and when the money ran out it was a stand alone, one-person "division" until 1997 when it was re-incorporated into the EMS Division. In 2003, the funding for trauma systems development in Oklahoma grew dramatically and the Department decided it was appropriate to establish a separate division to pursue the development of trauma systems. That has gone well.

Patrice Greenawalt, Trauma Division Director and Shawn Rogers, EMS Division Director have been discussing the unnecessary overlap and the lack of communicate between our divisions for a long time and we proposed to the leadership that we merge the divisions together as an Emergency Services Division with a Deputy Chief rather than a Director. That proposal has been accepted but is still working its way through the Health Department's administration. Shawn stated that the advantage that we will see will be sharing one staff for our overall mission.

Susan Harper asked Shawn if he would be reducing the number of his regional coordinators? Shawn stated that currently between the two divisions we have six EMS Administrators who will continue to run the RTAB's, inspect ambulance services and make sure our common goals are achieved. We also get to share administrative assistants, and we are going to hire an Administrative Programs Officer to supervise all the administrative staff.

Jimmy Johnson asked if the Department would be adding staff or remaining level? Shawn stated that the organizational chart calls for a Deputy Chief, two Directors, six EMS Administrators, four administrative assistants and an Administrative Programs Officer, a Data Manager and three epidemiologists- about the same as now.

Lester Branch said he heard about it through the RTAB's and he thinks it's a long time coming. When it was introduced at the RTAB's it was said it was a way to help the State through tough economic times; how is it going to save money? Shawn said the two divisions between us now cost about a million dollars to staff. On the EMS side most of that money is coming out of the general fund. By combining the divisions we can draw more funding from the trauma fund, so when dedicated money is used for systems development, it frees up money that might otherwise be cut. Betty Roan asked if you stated that you were going to draw funding from the Trauma Fund?

Shawn stated we hope to draw more EMS funding from the Trauma Fund.

Betty stated that the flow chart she saw showed two of the EMS Coordinators being moved to Trauma as coordinators for the RTAB's. Shawn replied that the organizational chart changes all the time. We have been having group meetings with all six coordinators, breaking up the functions they currently do and trying to decide how to better do them. It's us rethinking our roles as part of a larger emergency services group.

Betty asked if you pull monies to operate this system from the trauma fund how is that going to effect the reimbursement to the services and hospitals? Shawn stated that it would come from the 10% that is allocated to the Health Department for administration.

Rick Bronson asked if there would be re-distribution of work responsibilities of the field coordinators? Shawn said we all need to step back from our traditional ideas about what we do and why what we do is important and look at the larger goal of how we can approve emergency services and systems in Oklahoma. We have had three meetings with the EMS Administrators, and they are starting to warm up to the concept and getting more open to the idea.

Rodney Johnson asked a couple of questions:

1. How is this going to move our industry to more of a "practice based", "study based" or "evidence based" practice in EMS and how is the State Health Department going to be able to put that into place? Shawn responded it is our goal to improve our ability to achieve our mission, to improve the emergency services in the State of Oklahoma. The process we are developing it is intended to be evidence based, based on data from the trauma systems, the EMS data system, and feedback from providers. Our goal at the Health Department is improve the care for the people of Oklahoma.

2. Rodney said the last he had heard was that the 4 EMS Administrators that we currently have are going to be working on development instead of regulation. Shawn responded that we are rethinking how each EMS Administrator's role is going to work. We as a group are going to achieve the list of mandates that we are required to accomplish.

Betty asked Shawn to send updates via email to the Council on how the Department is progressing on this merger? She stated that some of us felt it was being done “under the table” and no one was aware of it. Shawn stated the Health Department tries to be transparent and we have no hidden agenda.

Data System:

Included in your packet is the latest report on the Oklahoma EMS Information System (OKEMSIS). It shows 22,000 runs into the system so far, with 117 ambulance services reporting into the system. The rest of the runs for January 2009 are due in the data system by the end of February. Each ambulance service has its own website within the OKEMSIS system. They can look at their own data and a number of different administrative reports.

Shawn stated that almost none of batch providers have submitted data, but most of them are right on the edge of being able to “batch submit”. Greg asked Shawn if he was aware that they were some delays in getting the “bridge” built between some of the systems? Shawn said there are eight data vendors; five of them sent sample reports to the system to test the “bridges” and all of them tell us they will be compliant by March 1, 2009.

Legislative Update:

2009 Legislation: Shawn said this has to be the biggest year for EMS in a long time. There are several bills that propose to take the cap of the ad valorem tax; several that will give EMTs an income tax credit, one to change assault on an EMT to felony from a misdemeanor, and several that affect the EMS revolving fund.

There is also a bill that will modify the Rural Ambulance District Act, removing “Rural” from it and making it just the “Ambulance District Act”. It would make ambulance services exempt from the “Duty to Act” in the closest ambulance rule if the county in question did not submitted its required EMS plan to the legislature by 2011. The Department has been very supportive of this bill.

Legislative Day at Capitol: Monday, March 9, 2009 at 9:00am in the Governor’s Blue Room.

Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund (OERSSIRF): Rules have been under development for months. The revolving fund will collect up to \$2.5 million through the tobacco tax and may be distributed to ambulance services for several purposes including development of emergency medical services, training for medical directors, and access to training for front-line emergency personnel, and equipment.

We used the Water District regulations as a model and developed draft rules for accepting applications and ranking them by a score based on a point system. The point system is based on the core requirements of the grant, if the proposal area encompasses multiple jurisdictions, and if the area in question has a low population density. The idea is to make money available to rural EMS systems and have transparent, clear system to achieve that.

We put together an application that describes how to apply for funding under the draft rules and a scoring tool that shows how the agency would score the applications. At the next meeting, March 3rd at 1:00 pm at the Health Department, we will take a couple sample projects and let people score them and see how they do.

Terrorism Preparedness Grants:

Regional Medical Response System: The northwest region has about 13 agencies under a single medical director and about 13 agencies under a single dispatch authority. All of this is managed through the Northern Oklahoma Development Authority (NODA) through CDC and HRSA preparedness Grants.

Betty asked if Dr Cathey was back and is he was working on our medical director course? Dr. Cathey is back from Iraq, but he is not officially released from the military.

REMSS & ASPR grant: 90% of the REMSS trailers have been distributed. The REMSS teams are in the process of organizing their first training in March.

Trauma Update – Grace Pelley

OERSSIRF - Handouts were distributed to the council. All the monies are determined by the tax commission. The money comes already split up from the tax commission.

They gave the fund money in August before realizing that the bill was not effective until November 1, 2008. Instead of having us send back the money they will adjust the amounts in the following months. \$430,468.21 was collected from November 1, 2008 through today's date.

Trauma Fund disbursement: EMS disbursement has really gone down. The last distribution we paid only 8.66% to EMS agencies. We are looking for alternative paying of the trauma fund to the providers. 90% of the trauma fund does go to the providers, only 10% stays with the Health Department for administrative costs.

Statewide System Update: OTSIDAC met in February. We did an overview of what has been done since 2007 and discussed some of the challenges that we will be facing.

Grace shared some of the challenges that were identified.

1. We discussed at the RTAB, Medical Audit and CQI meetings that there are a lot of inter-regional issues, so we are looking at improving inter-regional communication and collaboration.
2. We are considering consolidating the TReCs in Tulsa and in Oklahoma City into one location.
3. We want to look at EMS Resource, the part of EMSsystem that talks about real time hospital and air ambulance status in the whole State of Oklahoma. We want to improve it's accuracy. We have realized that a lot of people are putting in things that they shouldn't put in or putting in words that other people will not understand.
4. We are looking at alternative funding methods for the trauma fund.

Betty asked how did the MERCs and RTAB's function during the Lone Grove tornado? Did they do what they were supposed to do? Ron Feller asked if the MERC was even activated? Grace stated that her understanding was that the MERC was not completely activated. She knows that the Emergency Preparedness Division here at the Health Department was involved. Betty stated that it was total chaos. Johnston Co. EMS had ambulances called, then cancelled and then called back.

EMSC Update- Paul Marmen: We are still currently collecting data. EMSC will be having a conference in March 6th and 7th.

Sub-committee reports:

Communications – Mike Greene: Did not meet this quarter. Mike stated that we have lost our liaison contact with Homeland Security; Robin has taken another job elsewhere.

They have appointed another person in her place and Eddie Manley has been contact with them to set up a meeting.

Medical Direction- Shawn Rogers: This committee met for the first time in a year. They reviewed and took action on three protocols requests. They received a report on the progress of the Institute in designing the medical director curriculum and they are moving along with it. They will a product ready to show us this summer.

Ron Feller stated that before Dr. Cathey was deployed he talked about creating medical director training online through the Health Department and would the Institute be creating theirs; he feels that it would be more cost affective to do one in-house through the Health Department. One of the issues that we have is that some of these physicians are not going to be able to take time off to go somewhere to do this. Ron asked when did it change over to some one else doing it? Shawn stated that Dr Cathey introduced the general concept and the Institute has taken it on. What they are showing us is not something online, but something that they can take to different regions of the state and invite the medical directors from the region/area to attend the course.

Ron asked types of costs are they looking at? What they would like is for the Health Department to fund it with no cost to the physician. Ron asked where the funding was going to come from? Shawn stated that was not clear. Ron said when we voted against it, it was because we didn't have a program. The whole idea was that Dr. Cathey was going to build this one online. As far as cost effectiveness something like that is going to be minimal cost. Your initial cost to get it going wouldn't be tremendous but if you take this to an outside source the cost is going to be a lot higher. Ron asked if we're doing the most cost effective method? The funding has to come from somewhere and his guess it is going to come from OERSSIRF funds. Shawn stated they would have to apply for the grant and compete with all the other grants.

Jimmy Johnson said that HB 1918 had medical director training in it in the amount of \$150,000 a year. What Dr. Cathey presented to us a year ago was that statewide medical direction is quite poor and there is an urgent need to improve quality medical direction. The Institute has taken on presenting a skeleton of a program and he knows that it will not go far without funding.

Ron stated that his concern is that Jimmy stated that 1918 has a \$150,000 and you developed an online program its not going to cost \$150,000 a year and you go through an Institute to develop it, it will probably cost \$150,000 a year. Ron doesn't see cost effectiveness when that money could go somewhere else. Jimmy stated that he believes that if you are in a dedicated setting you are going to come away with a lot more than if you participated in an online course.

Ron stated let's look at our medical direction right now, you can tell where you have a medical director. Those areas that don't, these people are not going to want to go nor do they have anyone near there to take this course.

Dr. Salinas stated as a physician we are required to do what is called Continuing Medical Education. A lot depends on who are the sponsors of these educational products. A lot do them online; we listen to a lecture and then take an exam. In Oklahoma we are required to keep up with that. If you have a conference where you bring people together to brainstorm and really focus more on leadership because you want these medical directors

to be empowered to create change and improve the quality of care. The online experience really doesn't do that. He thinks that it is important if you are going to create change that you standardize the curriculum so that the same information is being taught to everyone. Dr. Salinas stated that there should be a conference annually but only required every three years.

Ron Feller stated that his point was to voice his concern that somewhere it changed and it was not in this meeting. Our last meeting was about Dr. Cathey developing a program and all of sudden it changed and he feels that is not looking at the most cost effective way. Shawn stated that Dr. Cathey has been deployed and the Institute has been standing in for him on all of his projects.

Greg Reid stated that his understanding is that the Institute is moving towards making a proposal on how to do this through their plan. We didn't have anybody developing and doing anything in terms of creating other than the Institute during Dr. Cathey's absence. We established during the Governor's Task Force activities that we are short on quality medical direction in the state, with very few paid medical directors. When we started talking about trying to improve the quality of medical direction one of the first things agreed within the task force was that you had to give them some kind mechanism to improve. That is why the recommendation was that so much money be provided by the state in order to facilitate them becoming better medical directors.

Jimmy Johnson asked do we recall how many how hours Dr. Goodloe said would be dedicated to CEU's? Shawn said he thought it was six (6) hours.

Dr. Salinas stated that it will be a cost issue eventually, you will have doctors that will have to travel depending on how many times a year you offer the course and in which region.

Training & Licensure – Did not meet this quarter. Included in the OERSDAC packet was a summary as of November of the Oklahoma pass rate for Basic, Intermediate and Paramedic. For the first in memory, Oklahoma is ahead of the national average. Operational Protocol – Betty Roan: This committee has met twice. HB1888 gets us out of the mess we are currently in. It defines the "Duty to Act". Its says your County Commissioner's are to ensure an ambulance plan for your county, and if they don't do it then the closest ambulance service is not required to respond to that county. We are basically putting on the County Commissioners shoulders and saying you guys have got to come up with an EMS plan. Yes, it's an un-funded mandate, but we have come up with 10 ways to approach the Commissioners and say this is the 10 ways you can fund your service. Betty stated that at this time there is a positive feel out there, but it is going to take some work to keep it that way.

Shawn stated included in your packets is a map showing the EMS service areas currently, a map showing the locations of the EMS services across the state and some draft legislation that the committee asked for copies of. The map of the Oklahoma EMS services shows that there are multiple overlapping service areas. Ambulance services currently self-describe their proposed service area when they apply for their license. The Department really doesn't have any basis to reject a proposed service area unless the communities within it do not wish to be served.

Our current model for establishing EMS service areas is entirely ad-hoc and voluntary. This is the issue that the 9-1-1 people object to so strongly because it is hard for them to wire the responders into the response system, because they have a hard time establishing who is suppose to serve those areas.

The draft rule is intended to provide an alternative. It will allow the Department to amend ambulance service districts as necessary to ensure that all Oklahoma citizens have access to the most appropriate medical resources. The other goal of this draft rule is to make it possible for ambulance services to staff other then 24/7. Currently if you hold an ambulance license you are required to be available 24/7 and to be en-route within 5 minutes of receiving the call. This rule would allow agencies that are part of a regional system that ensured dispatch, a common medical director and a system of governments not to have to respond 24/7.

Public Comment

Rodney Johnson asked are all of the duties that the Trauma Division currently does now are any of those in the Oklahoma Emergency Response Systems Development Act, or are they all in the Oklahoma Trauma Systems Improvement and Development Act? Shawn Rogers stated he didn't know. Eddie Manley stated the Trauma Destination Protocols are in them. Shawn stated he would have to go look at the Act. Rodney stated that current law says that 10% of the money from the trauma fund goes to the duties set forth in the Oklahoma Emergency Response Systems Development Act. It does not say anything about the trauma division or the trauma Act, so under the current law that 10% is suppose to go to the EMS Division and the trauma division has been using that to fund their division. Shawn stated that it does not say that it goes to the EMS Division; it goes to the Department for administration of the fund.

Rodney read "Understand that such money shall be used by the Department in furthest of its powers of duties set forth in the Oklahoma Emergency Response Systems Development Act". Shawn stated that it is charged to the Commissioner of Health and the Emergency Response Systems Development Act - you will find that it is very broad and certainly includes trauma systems development.

Rodney asked why does the Department want to change to law right now? Shawn responded, to make that clearer.

Rodney stated in reference to OERSSIRF and medical directors, when we had the meeting in the blue room the Institute came and proposed this change and the meeting before that they were talking about an online system. In that meeting they talked about taking the program that already exists, make it a 5-6 hour class, having one class for free in Tulsa and one class free in Oklahoma City that physicians could just come to. They starting developing that plan when money came available from the tobacco money. What he would argue with this situation that the state is in and EMS systems would collapse right now, what is that \$150,000 costing you now? Under

Rodney's proposal, which is a \$3,000 tuition reimbursement for EMTs, and paramedics that would work two years in the rural area, it would cost you 50 paramedics in the rural area. It would probably cost you one ambulance service if they needed the extra funds to survive. It is going to cost you ten Lifepak 12's.

Rodney stated that he didn't think those medical directors were going to come to a one day class set forth like that. What's the trade off there? That was the whole idea behind the bill that we introduced to restrict the use of the money. With the trauma

division and the EMS division merging and the last time he talked to Tom Welin,
Rodney is starting to come around and thinks

it may be a good thing. Everyone knows his deal on taking out the assessment part, there are 16 on the internet right now that you can go look at, how many times do we got to study it? You have four regional coordinators who are charged to go out and do this job. If they are going to merge and become more efficient and it's going to be a better department then why do we need to pay for the assessment? The idea behind that one bill was to make the money go straight to the problem which is help fund ambulance services thru capital equipment grants and help educate medics to get them on the streets.

Meeting adjourned at 2:27 pm.