

Oklahoma State Department of Health  
Oklahoma Emergency Response Systems Development Advisory Council  
May 21, 2009

**MINUTES**

**Members Present:**

Phil Reid, Susan Harper, Gary Ligon, Ron Feller, Greg Reid, Dr. Gerald Doeksen, Jimmy Johnson, Steve Williamson, Lester Branch, Dr. Robert Salinas, and Betty Roan

**Members Not Present:**

Kellie Swim, Mike Greene, Clarence Fortney, Ernie Moore, Rebecca Smith, James Blocker, Rick Bronson and Jo Ann Cobble

**Staff Present:**

Shawn Rogers and Sharon DellaVecchio

Mike Greene, Chair was unable to be in attendance and requested that Jimmy Johnson fill in as Chair for him.

Jimmy Johnson called the meeting to order at 1:09 pm.

Jimmy Johnson welcomed Steve Williamson as a new member to the Council.

Susan Harper made a motion to approve the November 25, 2008 Special Meeting minutes with no changes. Ron Feller seconded the motion. **Motion Carried.**

Lester Branch made a motion to approve the February 19, 2009 minutes with no changes. Dr. Gerald Doeksen seconded the motion. **Motion Carried.**

**EMS Division Update - Shawn Rogers**

**Data System** - We currently have 92% of our agencies reporting to OKEMSIS. We have collected over 84,000 runs in the data system. We have had conference calls with data vendors who are providing connections services for some of the larger agencies in Oklahoma and the conference calls have gone very well. It has provided guidance for the folks that were having trouble and an opportunity for people to give feedback to their vendor and our vendor. We are now reporting to the National EMS Information System, which already has millions of runs in it.

Greg Reid asked if there standardized reports that NEMSIS does that we would be able to do on the state level? Shawn said NEMSIS is a research database and we will be making it available to EMS researchers. They do generate some standard reports like average age, average response time, etc. One thing that Shawn would like for everyone to be aware of is that OKEMSIS has a number of tools to allow you build your own report.

**Legislative Update** – Shawn handed out the latest summary of the EMS bills that the Health Department was tracking.

- HB1360 increases assault or battery on an emergency medical care provider from a misdemeanor to a felony. This bill passed the House last night.
- HB1608 allows public safety professionals to work in excess of eight per day. This bill has already been signed by the Governor.

- HB1717 redirects money derived from Emergency Medical Technician License Plates to the Emergency Medical Technician Death Benefit Revolving Fund. This is on the Governor's desk awaiting signature.
- HB1888; the farm bureau has raised the question the ad valorem tax in this bill. The Speaker of the House does not like the Senate amendments. Nonetheless, the Speaker has assured us that it will be one of the first bills heard next session. An interim study will be held this fall. We need to educate the County Commissioners and our communities. They need to understand what the problem is, why there is a problem, and how we can help them fix it. Rodney Johnson stated that it is important that the 522 districts understand that the House attorneys have ruled the ad valorem part of the bill unconstitutional.
- SB0357 authorizes boards of county commissioners to enter into agreements with municipalities for emergency services, including medical attention and wreck removal. The Governor has signed this bill.
- SB0745 modifies language describing persons "qualified" in the use of an automated external defibrillator for purposes of granting civil liability immunity. The Governor has signed this bill.

**EMS Week Recognition Ceremony** – Shawn wanted to thank everyone that attended the EMS Week Ceremony at the Capitol on Tuesday. It was a good, well-attended program.

**Terrorism Preparedness Grants:**

**Regional Medical Response System** – This grant set up a pilot project combining medical direction, emergency medical dispatch services and a medical emergency response center (MERC) in region 1. We now have 17 agencies under a single medical director and 13 agencies getting emergency medical dispatch (EMD) either as an add-on service or as actual dispatching services.

**REMSS & ASPR grant** – The Regional Emergency Medical Service System our statewide response teams has also gone well. We had a recent statewide meeting of the participants, with 120 people training to operate with the REMSS teams around the state.

**Trauma Update – Shawn Rogers**

At the request of OTSIDAC, in February 2008 a request for an internal audit of the policies and processes related to the periodic disbursement of Trauma Fund Assistance Revolving Fund was submitted by the Trauma Division.

O.A.C Title 310, Chapter 669 Trauma Care Assistance Revolving Fund, Subchapter 1, section 1-3, paragraph 2 states, "Take the fraction for distribution calculations to the third decimal point or thousandths place (.000) by rounding back from the fourth or ten-thousandths place (.0000)." The calculation of the pro-rata share is determined in OSDH Accounting Services and the audit revealed the calculations for each previous distribution have not been rounded back to the third decimal point as required by Chapter 669.

On April 9, 2009, The OSDH Audit Division provided a final summary report to the Board of Health – Audit/Finance Committee. The Committee recommended OSDH Trauma Division staff pursue an emergency rulemaking action as quickly as possible to remove the problematic language in Chapter 669.

An emergency rulemaking action at OAC 310:669-1-3(2) was approved by the Board of Health deleting existing rule language that would exclude rural hospital and EMS providers from receiving disbursements from the Trauma Care Assistance Revolving Fund for otherwise eligible uncompensated expenses related to the provision of trauma care.

The Trauma Fund checks are expected to go out in the next couple of weeks.

Now that we have the Trauma Systems “infrastructure” organized we are working on finalizing the classification of Stroke facilities. We have a map of most of the hospitals and a Health Department team will be working to verify the Stroke facilities. We are working on stroke facility classification on EMS Resource. Once that process is done staff will be bringing information through the RTAB’s to you.

Betty asked if know how much is in the Trauma Fund. Shawn stated that it generates about \$24 million a year.

**Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund (OERSSIRF)**  
Review and possible approval of draft emergency rules OAC 310:642 – The rules are to distribute the funds that are collected into the revolving fund, which currently has about 1 million dollars in it. Shawn went through 310:642 section by section.

Steve Williamson made a motion to approve 310:642 as proposed. Susan Harper seconded the motion. **Motion carried.**

**EMSC Update- Paul Marmen** noted the EMSC conference held on March 6<sup>th</sup> and 7<sup>th</sup> was a great success. Paul thanked Stacy Morton for bringing all the activities together for the EMSC Day at the Capitol. Stacy stated that every year we try and do activities out on the south lawn of the capitol with children from our community. We bring the partners from the community together such as EMSA, Oklahoma City Fire Department, Mediflight, Midwest Regional EMS and Oklahoma City Police Department and we put activities and games together for the children. Once they are done with the activities we talk to them about the importance of bicycle helmet safety, injury prevention, seat belts, what to do if your house were to catch on fire, and contacting 9-1-1.

EMSC of Oklahoma and many other states have been collecting data. Paul distributed the EMSC 2007-2008 Performance Measure Data Collection Results. He said basically it is all about the readiness of the state to respond to pediatric emergencies, not just in the EMS community but in the hospitals too. EMSC has been tasked to evaluate the effectiveness of what we do and the performance measurement mechanism.

Paul said this is an important issue when you evaluate giving someone money to do something and then come back to see what they have actually done with it. Along with the Oklahoma data was pertinent National data, though not specific to the issues we evaluated.

We looked at performance measure 66A, “Prehospital online and offline medical control”. This data element was a little restricted for us because this performance measure didn’t allow us to use protocols. The protocols had to be carried in the patient care unit and not all services do that. Performance measure 66B is BLS vs. ALS to define what their status was on pediatric equipment as outlined in the 1996 American College of Emergency Physicians (ACEP) guidelines. Performance measure 66D and 66E are basically related to hospitals.

People ask, “How do we compare nationally?” 9.2% of all EMS incidents involve pediatric patients. Regarding Percentage of Agencies Nationwide, we meet EMSC Program 2011 Target of BLS agencies 69% and ALS agencies 71%. Percentage of Oklahoma agencies that meet the EMSC Program 2011 Target is BLS agencies 59% and ALS agencies 56%. We surveyed 144 EMS services and achieved an 86% response rate. Oklahoma is one of 26 states that exceeded the 2007 EMSC Program target.

Percentage of Patient Care Units in Oklahoma that carry all essential pediatric equipment is BLS units 25% and ALS units 13%. ALS units self-reported that did not have enough sizes of ET tubes, and they didn’t have pediatric pads for their AED. The question is if we updated the regulations and the inspection form then we sent out a survey asking them what they have and this is the result we get. The dilemma from the EMSC standpoint is what do we do about this?

Steve Williamson said you would ask yourself if the inspections and licensing is at fault here? Is there anyway in which the questions are asked that would result in false negatives? Paul stated that there were a few questions that were confusing. Some folks had problems identifying their patient care unit, which is the unit that responds to 911 calls.

Paul offered that any who want to view the fairly extensive data analysis may certainly do so. We had to filter out specialty care services. There are services that are saying they do not have bag-valve masks and this is a concern. How do you justify if a child died because you didn't have a given item? We continue to move forward with the pediatric issue and continue to survey next year.

**Sub-committee reports:**

**Communications** – We are working with the Department of Homeland Security on a statewide communications plan.

**Medical Direction**- The EMS Medical Directors Course should ready later the year and Dr. Goodloe hopes to present it to the council at the next meeting. The committee came up with a general plan to updating the 2002 state protocols. They will be working with the institute and moving through it a section at a time.

**Training & Licensure** – This committee did not meet due to lack of a chairperson. Steve Williamson made a motion to appoint Ron Feller as the chairperson for this committee. Greg Reid seconded the motion. **Motion carried.**

Meeting adjourned at 2:48 pm.