Oklahoma State Department of Health
Creating a State of Health

03/27/2011

Name of County: Garfield

Name of Person Completing Form: _____

Phone Number: _____

Funding: How are ambulance operations funded in your county? (Check all that apply)

- ☐ County Property Tax (522 District)
- ☐ County Sales Tax
- ☐ School District Property Tax (522 District)
- ☐ City Property Tax (522 District)
- ☐ Other, please describe below:
- ☐ City Sales Tax
- ☐ Utility Charges
- ☒ Billing
- ☐ Subscriptions

_____

Describe any plans, if any to change, modify, enhance, or improve funding for ambulance operations:

Garfield County currently has countywide EMS coverage through Life EMS of Enid in the Western two-thirds of the County and Garber EMS in the remainder of the Eastern portion. Each is a stable EMS entity providing good response times and high quality care at their level of licensure. They share dispatching services and medical direction through Life EMS, and have a history of excellent cooperation. A plan to address the long term sustainability of the system is under development.

Coverage

Are all areas in your county covered by any ambulance services? ☒Yes ☐No

Describe in detail the geographic region for each ambulance agency that will be responding in your county? (Maps may be provided to assist in the explanation of the service areas).

The attached map is labeled with the Life EMS and Garber EMS service areas demonstrating complete county coverage.

Commissioner of Health
Terry L Cline, PhD

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1000 NE 10th Street
Oklahoma City, OK 73117-1299
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911 coverage

What is the status of 911 Call Coverage and addressing? Check all that apply:

- [x] County wide E-911 District, Mapping Complete, and operational PSAP's
- [ ] County Wide E-911 District has been formed, Mapping is underway
- [ ] County wide E-911 District has been formed
- [ ] County wide e-911 district has been placed on the ballot
- [ ] E-911 is available in parts of the county
- [ ] 911 is available for the entire county
- [ ] 911 is available for part of the county
- [ ] 911 is not available in the county

Please, describe any plans if any to change, alter, enhance, or improve 911 capability in your county: _____

Thank you for your time and patience as we move toward completing HB 1888. Please email a copy of this document and any pertinent accompanying documents to mailto:ESystems@health.ok.gov or Fax the paperwork to:

OK Department of Health, Emergency Systems
Attn: Dale Adkerson, EMS Director
405-271-4240

You may also send this form with all accompanying documents to:

OK Department of Health, Emergency Systems
Attn: Dale Adkerson, EMS Director
1000 NE 10th Street
Oklahoma City, OK 73117-1299

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A proposal for a Regional Emergency Paramedic System (REPS) Project

Statement of the Problem

The 2007 Governor's EMS Readiness Task Force found that most of Oklahoma's rural communities lack access to high-quality out-of-hospital emergency care. These communities are usually dependent on volunteer responders on an "as available" basis and basic-level ambulances responding after lengthy delays. They rarely have sufficient funding to begin with, and population decline and ongoing Medicare reimbursement cuts are making the problem worse each year.

Many rural EMS systems established in the 1970's and 80's are no longer sustainable, lacking sufficient local funding, manpower and training. Each passing year sees the closure of more community ambulance services: Wellston, Waurika and Velma closed their ambulance services in the last months of 2010, for example.

HB 1888

This new law requires each county to develop and submit a plan to ensure EMS coverage and funding county-wide by April 1, 2011. The following set of plans would meet those requirements in a new and cost-effective manner.

Life EMS will provide any requested assistance to prepare such plans, including assessment and consultation services, real-world funding models and assistance presenting these options at public meetings.

Short Term Plan

Garfield County currently has 100% of its population covered by two ambulance services and several emergency response agencies, all operating independently. Through the end of 2011, this will be sustainable and will require no adjustments. A plan can be submitted to the state as follows:

"Garfield County currently has countywide EMS coverage through Life EMS of Enid in the Western two-thirds of the County and Garber EMS in the remainder of the Eastern portion. Each is a stable EMS entity providing good response times and high quality care at their level of licensure. They share dispatching services and medical direction through Life EMS, and have a history of excellent cooperation. A plan to address the long term sustainability of the system is under development."

A sample plan for submission is attached.

Long Term Proposal

This proposal is for a regional rural EMS system encompassing a county or counties. It will incorporate medical oversight, Emergency Medical Dispatch (EMD), an ***immediate*** response by local Emergency Medical Responders (EMRs), and ***paramedic-level ambulance transportation***.

To accomplish this, collaborative agreements would be created between participating communities and Life EMS, an established provider of high-quality emergency medical dispatch and paramedic level ambulance response.

Each community would provide local responders with at least Emergency Medical Responder (EMR) certification. These responders will undergo supplemental training in emergency vehicle operations (EVO), emergency communications and assisting the paramedic in delivering care.

Life EMS will provide fully equipped regional ambulances, each staffed with a single trained, experienced regional paramedic. Life will also provide appropriate equipment for the local responder, such as radios, defibrillators, medical kits, oxygen, etc.

When an emergency call is received by the certified Emergency Medical Dispatchers (EMDs) at Life EMS, the appropriate local responder will be activated. Simultaneously, the paramedic in the ambulance assigned to that community will be dispatched.

The EMR will immediately go to the location of the problem and begin delivering care. When the paramedic arrives, he or she will take over care of the patient. The EMR and paramedic team will work with other local responders to quickly package the patient for transport. During the trip to the hospital, the paramedic will administer Advanced Life Support (ALS) such as medications, pacemakers, and other advanced.

The participating communities would bear the "readiness cost" of the local responders and the paramedics. Many communities already have volunteer fire departments to draw from, and their local knowledge and infrastructure will be integral to the regional system. Each community would need to provide its responders with an Emergency Response Unit (ERU) with emergency lights and sirens, fuel, maintenance, etc.

Life EMS would provide all necessary EMR training, coordination of responders, medical oversight and quality control. Life EMS will require sufficient subsidies from the communities to cover the costs of the system. To decrease the needed subsidies, Life EMS would extend its subscription program. This could be offered as a voluntary addition to household utility payments such as electric or water service, and separately for those wishing to purchase a annual membership outright.