



Oklahoma State
Department of Health
Creating a State of Health

Upcoming Meetings :

July/ Sept 2012

RTAB

- 1 - 07/24/2012
- 2 - 08/14/2012
- 3 - 08/02/2012
- 4 - 08/23/2012
- 5 - 08/09/2012
- 6 - 08/21/2012
- 7 - 07/03/2012
- 8 - 07/10/2012

CQI

- 1 - 07/24/2012
- 2/4/7 - 09/13/2012
- 3 - 09/06/2012
- 5 - 09/20/2012
- 6/8 - 07/10/2012

MAC 07/18/2012
09/19/2012

OERSDAC 08/16/2012

OTSIDAC 08/01/2012

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EDDIE MANLEY ANNOUNCES RETIREMENT

Eddie Manley has notified us that July 31st, 2012 will be his last day with OSDH. He is retiring, again.



Anyone who has been in EMS for any length of time has had the pleasure of working with / for / or around Eddie Manley.

Eddie started work at OSDH in October of 1981. He watched EMS Directors come and go. At one point he stepped up into those shoes.

In 2000 he finished what he thought was his time at OSDH. Retiring to the fanfare he deserved. However, when a need arose he returned without skipping a beat.

Eddie has filled almost every position with EMS for Oklahoma. He is finishing out his career with EMS as the OSDH EMS Education Coordinator. He has always kept EMS in the forefront of all he has done. Instrumental in many changes over the years, he has made his mark.

When he leaves he will be taking an enormous amount of knowledge and expertise that he has acquired over the years. He has made contacts all over Oklahoma as well as throughout the

United States. He will be missed by many, many people.

When asked for words of wisdom that he would like to leave with us, after he quit laughing he advised "you are on your own!" He followed it up with a smile and advised us to "just carry on."

Eddie will be at Medic Update in July doing what he does best. Educating, training and talking to everyone around.

Eddie has adamantly notified us that we could not give him a retirement party. So if you have time, just drop him a note or make a call to let him know he will be missed.

Will this be the last we see of Eddie? I don't know—history with Eddie seems to repeat itself!

Good Luck, Eddie.



OERSSIRF FY 2013

Proposals were received, reviewed and awarded. Those who were successful are found listed on page 7 of this publication.

Letters will be sent out shortly to each entity which received an award.

Please remember that until

you have a signed contract that you should refrain from obligating any funds.

Do not spend any funds until your contracts are signed and returned. Details will be provided as to how to proceed.

For those whom did not apply or were unsuccessful, please remember that this award pro-

gram was set up to aid emergency response services. As with all grants or funding opportunities, if you do not apply you will not receive.

Furthermore, you must follow the steps completely to be in the running for funds.

This program will open again next year. Watch for announcements.

Emergency Systems to Train at Medic Update

At the annual OEMTA conference to be held in Tulsa, OSDH will be doing training and education for EMS.

Oklahoma EMS Update by Dale Adkerson on Wednesday will let everyone know where EMS is at and where we are going. Lots of changes are in the works, you should keep up with them all.

Eddie Manley will be delivering

the Educator Update information during the pre-conference on Tuesday.

EMRAs are growing and opening up all over Oklahoma. There are many things that you need to know about them. A training class giving the benefits of an EMRA as well as how to begin one in your area is being presented.

A 522 EMS District is a special taxation district that uses Ad Valorem taxes to aid in the creation and sustainability of EMS in a County, School District or Town. This course will explain what it is, how to create one and answer

many other questions.

OKEMSIS updates. Updates that will have an affect on what you enter into the program. Things that are coming, going or just outright changing.

Regulatory Inspections. We are all aware of what they are, we want to break them down for you to aid in your next inspections. By running you through the steps of an inspection we can clarify many misconceptions. An inspection is good for you. It only makes you better.

See you in Tulsa, July 10—13

OSDH NAMES NEW TRAUMA & SYSTEMS DIRECTOR



Effective July 2, 2012, Brandon Bowen, MSM, will be stepping into his new role as Trauma and Systems Director.

Brandon's career covers many areas that have been instrumental in molding him into the leader he has become. MSM in Organizational Leadership, NREMT, Military Medic, Trauma and Systems Coordinator with OSDH.

With several areas reporting directly to him, we plan to keep him very busy as he moves into this new leadership role.

Please join us as we congratulate him on his new position.

*Knock knock - Who's there?
Amnesia - Amnesia Who?
So you can't remember too!*

BLOOD PRESSURE

We want (2) two. Initial and Final. If you don't chart what you find how do you know what changed?



On Sunday morning, April 15, 2012 storms in Northwestern Oklahoma broke out with violence. An F3 tornado struck the western portion of Woodward, Oklahoma destroying homes, businesses, and lives forever.

Ironically, Saturday, April 14th was also a regularly scheduled training and meeting of Region-1 REMSS (Regional Emergency Medical Service System) team in Woodward which so happened to be training on accountability for a large MCI such as a town or city devastated by a large tornado. How could any of the team members have known that in the next 12 hours this situation would be for real.



At 12:20am on Sunday morning, the large and deadly tornado struck Woodward leaving hundreds in this community in the dark and in need. The immediate needs of the community were at the decision of Woodward officials early on in the disaster.

At 12:40am, Region-1 REMSS Ambulance Strike Team coordinator Grant Wadley received the call from the EOC in OKC requesting

an immediate response to Woodward to support Woodward Co. EMS and assist in mass casualty. Initial reports from Woodward were 5 deaths and over 30 injured so far, but reports were very sketchy. Immediately calls began to be made to Region-1 REMMS team members instructing them to deploy and of the situation they may be facing, coordinating their responses, and determining a pre-designated staging area.

It was clear in the first 1-2 hours that Woodward EMS performed everything they were trained. They had already called all their local mutual-aid resources but had no idea yet what was in store for the remainder of the rescue operations. Region-1 Ambulance Strike Team headed to Woodward from nearly all directions with Bantam EMS trailers coming from Buffalo and Kingfisher. Woodward's medium EMS trailer was already deployed and being used in operations of the EMS Branch in staging. Strike Team Ambulances came from Guymon, Alva, Seiling, Kingfisher, and Okeene.

The most critically injured patient's were transported by helicopter to hospitals in Amarillo and Lubbock, Texas. Due to the still continuing storms east and southeast of Woodward this was the only safe place to fly these patients in a timely manner. Two

fixed-winged aircraft were located in Buffalo at the airport with ambulances ready to transport to them.

This isn't the first time the Region-1 Ambulance Strike Team has been deployed, but it is the first time they've been deployed with another similar EMS team such as the OHP unit.

Having common goals and working as a team to complete that goal is an amazing accomplishment with so many people involved.

The people of Woodward were as prepared as they could be, but when a deadly storm or other occurrence of this magnitude happens an organized response system makes operations successful.

The EMS services, both mutual-aid and Strike Team, consisted of the following; Woodward Co. EMS, Beaver Co. EMS, Ellis Co. EMS, Laverne EMS, Vici EMS, Buffalo EMS, Waynoka EMS, Freedom EMS, Follet (TX) EMS, Higgins (TX) EMS, Leedey EMS, Booker (TX) EMS, Guymon Fire/EMS, Alva EMS, Seiling EMS, Kingfisher Fire/EMS, and Okeene EMS.

Reported by: Grant Wadley
REMSS—Reg 1 Strike Team Coordinator

(Additional pictures inside)

April 13—15 OSDH State-wide Storm Summary

Hospital Injury Reporting

- Woodward Hospital reported 36 storm-related injuries.
- Norman Regional Hospital reported 19 storm-related injuries.
- Other Oklahoma hospitals reported treating an additional 31 storm-related injuries for a total of 86 statewide.

Fatalities

- The Oklahoma Office of the Chief Medical Examiner con-

firmed 6 fatalities related to the Woodward tornado.

Medical Emergency Response Center (MERC)

- The Region 1, 3, 6/8 and 7 MERCs were activated to assist with storm response coordination efforts.
- The Region 1 and Oklahoma Highway Patrol REMSS teams were deployed to Woodward in addition to nearby EMS mutual aid partners.

Post-Storm Vaccination Effort

- The Woodward County Health Department administered 422

doses of Tetanus related to the Woodward tornado.

Medical Reserve Corps Activation

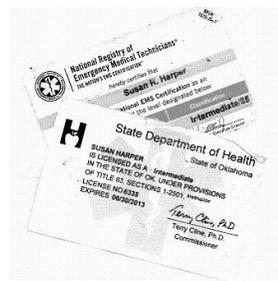
- 2 nurses and 1 mental health professional were activated and deployed to Woodward.



IN THE NEWS:

It's YOUR license.

We hear a lot about how THEY didn't turn in my paperwork.... THEY didn't make the right copies... THEY didn't get my license renewed... How THEY shoulda, woulda coulda.... But remember.... THEY didn't choose to go into this field... THEY didn't attend classes and clinical.... THEY didn't sweat bullets while taking the written test or practicals... THEY didn't sign the renewal application...It is time to remember that - **it's YOUR license.**



EMS News: Dale Adkerson - OSDH State EMS Director



Asked and Answered:

1. We had an ambulance crash and could not complete the run. We called for mutual aid who handled the call for us. Do we need to do anything on our end? **YES, send in a notice to OSDH advising of the crash and the status of your crew. If your truck is out of commission and you bring in a loaner the state must be notified of that as well. All loaners that will be used for more than 5 days must be inspected before being placed in service with your agency.**
2. We have found some narcotics missing, count is wrong, diverted, what do we do?

Notify OSDH within 10 work-ing days. Call local law en-forcement and OBND @ 405.521.2885.

3. Does the patient have the right to refuse transport? Ex: Nursing home insisting patient be transported by ambulance. **Yes, the patient has the right to refuse. However, a Medi-cal Power of Attorney where the Nursing home or another individual was listed as the Medical Power of Attorney would give them the right to decide. Be sure to check.**
4. Another agency keeps coming into our territory without notifying us, what can we do about this? **More than one answer applies. A) you could close your borders as a "sole source" service area. B) File a complaint with OSDH to launch an investigation—**

310:641-3-120(c). C) discuss this issue between the direc-tors involved to work this out for the best decision for the patients. No answer is easy.

5. 522 EMS District—limited to 3mil for everything? **No. 3 mils is the maximum for Opera-tions. You can go to a vote of the people for 3mils for Capi-tal Expenditures. This is very involved and fairly expensive but can be done.**
6. Does HazMat Awareness need to be done for EMR prior to testing at a CareerTech? **Yes.**
7. Is there a state protocol on treatment for K-9 police dogs? **No. However, if your area has K-9 police dogs you may want to discuss this with your Medical Director to see what their decision would be in this area.**

RECENTLY HEARD: We are all slaves to the god "Motorola" who requires sacrifices of hot meals at least once per shift.

OBESITY— How Do We Respond?

While doing research for an article for the Newsletter, one topic kept coming to the forefront. Articles in both Nursing Magazine and EMS World are being very vocal about the "obesity" problem and how it affects both nursing and EMS.

Obesity is a growing problem. Studies show that more than 32% of men and 35% of women have a body mass index of greater than 30%. This doesn't even address our children who already have 17% listed as obese.

Obesity itself is a risk factor for several diseases and illnesses. The stress that it puts on your entire body and body

systems makes it an area of concern that cannot be ignored.

The more obese a person becomes the more prone to respiratory disease, diabetes and cardiovascular disease, all items handled daily in both the prehospital setting and hospital.

Assessments can be skewed and are definitely a challenge by the inability to accurately assess in the field. Here are a couple of ways to aid in assessment.

1. Watch your blood pressure cuffs. Make sure that you are using the appropriate size for your patient. Be creative, a thigh cuff used on the arm could be your only alternative.
2. Prop up from mid-back up-wards to keep the head and shoulders elevated. This aids in comfort for the patient and keeps the head and airway

more accessible. DO NOT LAY FLAT.

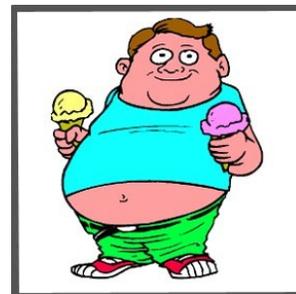
Obese patients know they are obese. Take care in how you respond to them. A low self-esteem will not be unusual in these patients though some will be very self-aware and accept-ing of their current status. Be respectful and patient.

Not only are we dealing with the medical side of issues com-plicated by obesity, we are also making decisions on moving our patients that exceed the weight allowance of our equipment.

Protocols need to be insti-tuted at each agency as to how your services or hospitals will handle the obese patient. Train-ing should immediately follow on lifting, packaging and trans-ferring obese patients. The unique issues need to be ad-dressed and decisions made prior to the 2 AM call on a short –handed shift.

As with any item which a pro-tocol is written, training must be the natural next step.

Obesity in patients is a con-cern for everyone in health care. However, how does obesity in our healthcare providers effect our response? Maybe that should be the next article for discussion.



Emergency Systems Newsletter

Volume 2, Issue 2 June 2012

EMRESOURCE AND CQI (Continuous Quality Improvement) - NEW

NEW FACE AT OSDH



Jennifer Shaw, RN,BA, BSN, MS, CCRN—Quality and Survey Analyst. Please help us to welcome our newest addition to Emergency Systems.

Jennifer has been an active RN for over 14 years, serving in numerous departments throughout her time. She has years of experience as an instructor and has been a preceptor for EMTs as they work to attain their licensures.

She will bring her training and skills to the table as she will be instrumental in the Emergency Operative Inspections for the hospitals throughout the state. Jennifer will also be assisting in CQI - (Continuous Quality Improvement.)

Welcome aboard, Jennifer.

NEW NAMES

- Mercy Hospital Oklahoma City
- Mercy Hospital Ardmore
- Mercy Hospital El Reno
- Mercy Hospital Healdton
- Mercy Hospital Logan County
- Mercy Hospital Tishomingo
- Mercy Hospital Love County

We have listed all Mercy that have changed recently in case you need to update your records.

Please remember to notify Medical Facilities of your official name changes.

TRAUMA REFERRAL INTAKE FORM NOW LINKED TO EMRESOURCE!



(Trauma Quality Improvement)

The button shown above is now visible on the EMResource™ website. It is a link to the Trauma Quality Improvement form on the OSDH website.

Several Physicians, Hospitals and EMS services have stated that it would make it easier to report issues regarding trauma patients (system or clinical) if the form was more readily available.

Click on the button, print out the form, fill out in the entire form, and fax or mail to the contact information on the form



The form is delivered directly to Sandra Terry, OSDH CQI Coordinator in a HIPPA compliant format.

What to report:

Clinical Issues - actual treatment(s) done for a trauma patient— skills that are a standing plan of action based on training and scope of practice

System Issues—deviation from the State Trauma Plan

If you have any questions, please contact Sandra Terry at 405-271-4027.

EMS SPOTLIGHT

Jackson County Ambulance

Jackson County EMS (JCEMS) opened in 1982 as a 522 Tax District. They have 36 medics and 3 office personnel. They cover 817 square miles and 27,000+ in population. They keep 6 ambulances ready at all times. A Level III hospital, Jackson Co Memorial Hospital, keeps them hopping with transports to higher level hospitals when it is warranted.



Jackson County has 4 retirement centers and 2 nursing care facilities and is the home of Altus Air Force Base. Rock concerts, rodeos, wrestling tournaments, Fire Fighter Combat Challenge are just a few of their community involvement projects. JCEMS is active with local firefighters and train with them often.

Most recently JCEMS was awarded the Golden Hour Award for Pediatric Care by OU Trauma One and recognized as a Partner in Progress by the Southwest Technology Center.

JCEMS is proud of their unwavering commitment to our patients.

“We believe our success is gained wholly by the trust we have engendered from our communities in providing the best care possible. We continue to train so that trust is not tarnished.”

Shaun Cecil— EMS Director



DISASTER RECOVERY EMS TRAILER. (DRETS)



Two publications ago we were extolling the exciting new simulation trailer for use in training in Oklahoma. However on 03/01/2012 - the Kiamichi skills trailer was enroute to Durant

and had to take evasive action [hit the ditch] to avoid hitting a young girl who ran out on the highway to get her dog.

This trailer and its contents are valued at over \$400,000.00.

The DRETS was taken to the wrecker yard following the accident. The good news— the trailer held up very well! The bad news—the tractor—not so much.

The tractor was totaled and they are working to restore the axles and frame of the trailer at the original manufacture.

The trailer will be rebuilt. As always these things take time

and coordination. Kiamichi is working diligently on a grant proposal to help to replace the tractor that would be dedicated to pulling the trailer.

Hopefully they will be up and running soon. We have our fingers crossed.



ELLIS CO EMS—Shattuck, Ok



Pictured below is Naleeta Gonser, EMS Director for Ellis County EMS. This picture was taken during a recent inspection of her NEW ambulance.



The ambulance comes equipped with a bariatric lift to aid the loading and unloading of patients. This is a great new aid that takes into consideration the physical health of the crew at Ellis County EMS.

Nice ride.



(Excerpt from The OKLAHOMAN paper, article by Jaclyn Cosgrove)

Photo: From the OKLAHOMAN -Outlook Edition 04-29-2012
Brandon Bowen (OSDH) at CrossFit 405. Yes, that is 205 pounds he is lifting.

Five years ago, Oklahoma City was ranked **No. 8** on Men's Fitness magazine's **fattest cities** list. But when the magazine's new ranking came out, Oklahoma City saw a turnaround, ranking No. 23 on the fittest city list!

"There is a lot more to health than obesity, though, and still today, far too many

people smoke and don't have access to a more nutritional diet," Mick Cornett—Oklahoma City Mayor stated.

Likewise, at CrossFit 405, the focus is on more than just building muscle and losing weight. Aaron O'Neal, owner of CrossFit 405 states that "The nutrition is sort of the base of the pyramid of stuff that CrossFit as a program tries to emphasize."

Unless the state changes its health legacy, changes its decline in several health categories, the state's residents will leave Oklahoma worse for their children, said state Health Commissioner Terry Cline.

About 40 percent of deaths are caused by behavioral health, meaning the decisions people make have a major impact on health and the contribution to early death, something that Cline keeps in mind.

"In public health, one of the things we want to do is create an environment where the health choice is the easy choice," Cline said. "That's why it's broader than what the health department is going to do, but what the community is going to do."

It is all about choices. Choices we make everyday will affect all of our outcomes. Whether it is in food, diet, exercise or personal issues. Our choices determine the direction we will go, the final outcomes which we can expect.
 What is your choice?

Emergency Systems Office Under Construction



(Before Photos)

Some changes that have been long overdue have been completed at the OSDH Emergency Systems offices in Oklahoma City.

We have gotten an actual office with a view for both the EMS Director and the Trauma Director. We raised the walls on the CQI—Continuous Quality Improvement section for additional security of our records. (We told Sandy it was just for her. Please don't tell her any different.)

A better situated reception area by the front door was built where everyone who comes into the office will be more easily seen.

Administrative Assistants have been grouped closer together for ease of communica-

tions and productivity.

When you have time, please drop in and check out our newly re-arranged offices.

(After Shots)



Please come and visit our offices when you are in the Oklahoma City area.

We are holding office space for those positions that are currently open. We hope that those of you who are interested will go to the Emergency Systems webpage under "career opportunities" to see what is available.



Emergency Systems

OSDH

Primary Business Address

Your Address Line 2

Your Address Line 3

Your Address Line 4

Phone: 555-555-5555

Fax: 555-555-5555

E-mail: someone@example.com

www.health.ok.gov

We have received great comments on the Newsletter and have had several requests. We are attempting to address each area as presented. Due to space limitations, if your topic is not covered in this issue, please watch for it in future editions.

If you have a specific topic that would be of benefit to you, please notify us as soon as possible so we may research and determine the best way to approach your request. Forward requests or suggestions to:

BrandonB@health.ok.gov

SusanRH@health.ok.gov

The new and improved Emergency Systems is extremely proud of our growth and expansion. We look forward to supplying you with pertinent information to help us all grow into the future.

Next Quarter News

RTABs

- Nomination of Officers
- Discussion of Board Rotation
- Select Dates and Venues for meetings
- Presentation - Glasgow Coma Scale

*By Jim Hoffman—Owner of The EMS Professional, contributor and publication partner of FieldMedics The Magazine.
(Excerpts)*

“A big percentage of our patients as EMS providers are elderly. In fact on a national level approximately 34% of emergency medical calls (3.4 million responses) involve patients over the age of 60. Many of these patients have diabetes and/or dementia. This along with their increased risk of cardiac episodes and CVA’s make it more and more difficult to tell the difference between these conditions.

One of the most troubling is when a patient has both diabetes and dementia and the call is for a change in mental status. It is very important to get a complete history leading up to the event such as last meal, medication administration, and if the change is sudden or gradual.

Knowing whether the patient ate a proper meal for their condition or whether the change was gradual can be key indicators of the event. Another great diagnostic tool is using a glucometer to check sugar levels. Unfortunately not all EMS systems allow them to be used in the field. While you may use the patients tester if available, there is no guarantee that it is calibrated correctly and whether it is giving you a proper reading.

This is why we must use all our resources to tell the difference between a hypoglycemic event, increase in dementia or possibly a CVA. Noting signs and symp-

toms such as skin color, temperature, blood pressure, neurological examination and EKG’s can also help us in our diagnosis.

In addition if you feel that the event is not one related to diabetes and feel it is more due to the patients dementia it is important to note that patients who, because of a cardiac episode or a stroke, may appear to be suffering from dementia. Many geriatric patients may appear confused because of their disease, not because they are old.

For us as EMS providers, our resources are limited without a CT-Scan and complete blood work ups etc. Therefore our treatment at times is based more on protocols and the need to do something rather than just stand by. Most standing protocols allow the administration of Dextrose via IV for altered mental status patients. The concern however is if the patient is having a CVA that it can do more harm than good.

This is why you must take a good history and know the signs and symptoms of these illnesses. Doing this will help you treat the patient appropriately.

As always, I stress the basics in all that is EMS. If you stick with the basics of patient history and signs and symptoms you will avoid critical mistakes. This way when you enlist more advanced techniques and procedures you can be confident that you are treating correctly. Especially since you covered the basic skills that are always necessary as an EMS provider.”

Questions? Below are the topics followed by the names of those who can assist you.
405-271-4027 then ask for the following:

Training / Education

CAN Request

Licensure—Agency or Medic Communications

Certification—EMR or EMRA

HB1888

Trauma Fund

OKEMSIS

Trauma Registry

EMResource™

Complaints

CQI/MAC/Referrals

Rules/Regulations

Development

OERSDAC

OTSIDAC

OERSSIRF

Protocols

RTAB / RPC

Region 1,2,3,4,5,6,7,8

Newsletter

Robert Irby

Robert Irby

Daryl Bottoms /Robert Irby

Chris Dew

Daryl Bottoms

Dale Adkerson

Jana Davis / Grace Pelley

Martin Lansdale

Martin Lansdale

Bill Henrion / Grace Pelley

Chris Dew / Dale Adkerson

Sandra Terry / Jennifer Shaw

Emergency System Administrators

Brandon Bowen

Dale Adkerson

Lee Martin

Dale Adkerson

Robert Irby

Susan Harper

Edited by: Susan Harper

OERSSIRF FY2013 — Oklahoma Emergency Response Services Stabilization and Recovery Fund

The FY2013 Awardees are as follows:

RFP Submitted by	Proposal #	Total Score	\$ Requested	\$ Awarded
Sinor EMS	P14	6170	138,511.63	138,511.63
Kiamichi Tech. Ctr	P18	5760	300,000.00	300,000.00
OSU Fire Service Trng	P5	5550	99,961.00	99,961.00
Tillman County EMS	P22	5330	39,543.71	39,543.71
Valley View EMS	P2	5100	99,155.00	99,155.00
Greer County EMS	P11	4730	32,000.00	32,000.00
Pawnee Ambulance Svc	P16	4720	75,000.00	75,000.00
Craig County	P24	4490	198,000.00	198,000.00
Beaver County EMS	P21	4310	39,812.00	39,812.00
Buffalo EMS	P9	4205	31,414.30	31,414.30
EMS of LeFlore County	P12	4070	99,995.00	99,995.00
City of Elk City Fire Dept.	P6	4030	14,155.40	14,155.40
EMS Success Inc.	P10	4025	98,367.50	98,367.50
Mercy Health Love Co.	P23	3990	24,195.00	24,195.00
City of Blackwell	P17	3875	64,500.00	64,500.00
Southern Okla. Amb. Svc	P15	3610	38,574.25	38,574.25
Marshal County EMRA	P4	3260	35,793.00	35,793.00
			Total amount awarded:	1,428,977.79

<u>These projects were reviewed but <i>not awarded.</i></u>			<u>797,074.00</u>	
City of Antlers	P20	3140	265,375.00	0.00
Murray Co EMS Prop C	P1	3130	21,180.00	0.00
Murray Co EMS Prop B	P19	3090	21,204.00	0.00
Coweta Fire and EMS	P3	3055	158,547.00	0.00
Watonga Fire Dept	P7	3050	43,943.57	0.00
Murray Co EMS Prop A	P25	2990	54,920.00	0.00
Moore Norman Tech ctr	P13	2330	200,000.00	0.00
Tecumseh Fire Dept	P8	1950	31,904.00	0.00

Six (6) additional proposals were submitted by the RFP deadline. These six (6) did not meet the submission and review requirements due to a lack of: tabbing, number of copies required, and/or not being complete.

Amount Available to Award: \$1,473,873.10

EMERGENCY SYSTEMS NEWSLETTER

Volume 2, Issue 2 June 2012

EMERGENCY MEDICAL SERVICES:

Emergency Medical Services (EMS) Division is a regulatory entity. They are tasked with numerous jobs, one of which is the inspections of all licensed EMS agencies and the investigation of complaints lodged against the same. All too often the only time you hear about an agency is when something has gone wrong. With that in mind, we will be publishing on an annual basis, a list of those agencies that have completed the previous year without any complaints, investigations or citations lodged against them.

Thank you for insuring that your service is running to the level that can provide optimal patient care. Thank you for setting the bar for everyone in the industry in Oklahoma.

81 SERVICES (40.5%) WITH NO CITATIONS OR COMPLAINTS FILED IN 2011. (200 Ambulance services - Ground/Air/Stretcher Aid Van/Specialty Care)

Air Evac—Claremore	Crescent Ambulance Svc	Rocky Mountain Holdings, Tulsa
Air Evac—Cushing	Cushing Fire Dept	Roger Mills Ambulance
Air Evac—DeQueen	Eagle Medical Transport	Rush Springs EMS
Air Evac—Elk City	EagleMed—Stillwater	Seminole Fire-Rescue
Air Evac—Lawton	EagleMed—Tahlequah	Sinor EMS—Thomas
Air Evac—McAlester	EagleMed—Wichita	Sinor EMS—Clinton
Air Evac—Muskogee	Eldorado EMS	Sinor EMS—Hobart
Air Evac—Paris	Elmore City EMS	Sinor EMS—Sayre
Air Evac—Springdale	EMSSTAT—Norman	Sinor EMS—Weatherford
Air Evac—Wichita Falls	Erick Ambulance	Skiatook Fire Dept / EMS
Air Evac—Woodward	Garber EMS	Southwest Ok Amb—Hollis
Air Kids 1	Grandfield Ambulance	St John's Med Flight
Alva Ambulance Service	Hominy Comm Med Trust Auth	Stillwell Ambulance
Anadarko Fire Dept /EMS	Hooker Municipal Ambulance	Stratford Ambulance
Bartlesville Ambulance	Jackson Co Ambulance	Tahlequah City Hosp Amb
Beaver County EMS	Kiowa County Dist 3 EMS	The Children's Hosp/St Francis Neonatal
Broken Arrow Fire Dept EMS	Laverne EMS	Tillman County EMS
Burns Flat Ambulance	Lindsay EMS	Tonkawa Fire Dept /EMS
Butler EMS	Legacy Stretcher Aid Van	Tulsa Life Flight
Cache EMS	McAlester Army Amm Plant	Velma Community Amb
Chandler Fire Dept EMS	Medi Flight Oklahoma	Watonga EMS
Cherokee Nation EMS	Mercy Health Love County	Westville EMS
Chickasaw Nation Emergency	Mountain View—Gotebo	Wewoka Fire Dept /EMS
Chickasha Fire Dept /EMS	Muskogee County EMS	Woodward County EMS
City of Antlers EMS	Newkirk Fire Dept /EMS	
Colbert EMS	Oklahoma Critical Care Transp.	
Collinsville Fire Dept /EMS	Oologah-Talala EMS	<u>Great Job.</u>
Coweta Fire Dept /EMS	Quapaw Tribe of Oklahoma	
Creek Nation EMS	Reynolds Army Comm EMS	

Morning Report



Search Team

Photos from Grant Wadley



OHP in Staging

