

OPERATIONS PLAN FOR SUPPLEMENT SERVICE PROVIDER CITY OF OKLAHOMA CITY FIRE DEPARTMENT

Introduction:

Emergency Medical Services Authority (“EMSA”) is the sole source provider of EMS services within the City of Oklahoma City, as outlined in Chapter 6, Article 1 of the Ambulance Code. EMSA can enter into a Contract for Special Arrangements for supplemental services with a beneficiary or non-beneficiary member jurisdiction within EMSA’s regulated service area that maintains the following: 1) its own ground ambulance license and 2) a contract for special arrangements with EMSA for the provision of supplemental ambulance services.

This Operations Plan (“Plan”) defines the operational details and requirements of the Contract for Special Arrangements between EMSA and the City of Oklahoma City Fire Department (“OKCFD”) for the provision of supplemental ambulance services.

Coverage Requirements:

The City of Oklahoma City, through OKCFD, will provide supplemental EMS resources to assist with EMS transport services within EMSA’s Western-Division. The city will employ one EMS Supervisor to manage OKCFD operations and will maintain (4) fully staffed and equipped ALS ambulances, ready and available twenty-four (24) hours a day and seven (7) days a week to respond to Priority-1 and Priority-2 calls so long as the Contract for Special Arrangements is in effect; as dispatched by the EMSA Communication Center, per established MPDS Protocols. The CITY shall be solely responsible to maintain all appropriate licensure.

The OKCFD units will deploy from the following locations:

- Fire Station 9 located at 1415 S.W. 89th Street, Oklahoma City, OK.
- Fire Station 21 located at 3000 S.W. 29th Street, Oklahoma City, OK.
- Fire Station 22 located at 333 N.W. 92nd Street, Oklahoma City, OK.

- Fire Station 34 located at 8617 N. Council Road, Oklahoma City, OK.

The OKCFD ambulances will reliably maintain 90% or greater weekly (605 of 672) expected and monthly expected unit hour production. In instances where an OKCFD ambulance needs to be placed out of service or is otherwise unable to respond to emergency calls, OKCFD will immediately notify the EMSA Communications Center that the ambulance is out of service, the reasons the ambulance unit is out of service, and the anticipated time the unit will arrive back in service.

EMSA utilizes System Status Plans (SSP) to deploy and post EMSA ambulances relative to predicted 911 emergencies. OKCFD ambulances will be utilized and deployed in the same manner as EMSA ambulances and will be assigned to their home station or an EMSA post based on system need and demand. EMSA will also assign the closest, most appropriate unit available to emergency calls and will not show partiality to EMSA or OKCFD ambulances when making response assignments.

During normal system operations, EMSA will utilize best efforts to return OKCFD ambulances to their respective station posting locations (assigned post) as outlined above. During periods of system overload or sustained low levels, defined as fewer than six posted EMS units, the system status controller may utilize OKCFD units to cover high priority posts as part of the system status deployment plan. System status controllers will consider current system demand, call volume, and the status and location of system units to determine the appropriate deployment of available EMS resources necessary to provide consistent coverage to high call demand areas.

EMSA will make reasonable efforts to minimize late calls for both EMSA and OKCFD ambulances, regardless of affiliation, however when it becomes necessary to assign late calls to system units, EMSA will assign the closest most appropriate available unit.

Response Time:

As established in the Oklahoma City Ordinance Chapter 6, Ambulance Code, Response time criteria is defined as responding to:

- Priority 1 requests for emergency service, in 10 minutes 59 seconds or less.
- Priority 2 requests for emergency service in 24 minutes 59 seconds or less.

Call priority is determined at dispatch by EMSA's established Medical Priority Dispatch System criteria, as amended or updated from time to time by the Medical Control Board.

As a supplemental service provider, the OKCFD Department is expected to match or exceed EMSA's Priority 1 end of month compliance percentage. Variations of more than 10 percent from the jurisdiction standards for more than three consecutive months, or more than six months during any 12-month period, shall require the OKCFD to submit to EMSA a plan of action to cure such response time deficiencies. The OKCFD's plan of action shall be submitted in a detailed written report with monthly updates.

Deployment & Dispatch

OKCFD Ambulances will be entered into the EMSA CAD as EMS resources and will be dispatched by the EMSA communications center. All call and response information will be relayed via Mobile Data Terminal. All call progression information will be documented and tracked in the EMSA CAD including without limitation the following:

- unit transporting
- unit at destination
- unit available
- unit assigned to post

The system status management plan will not discriminate between OKCFD and EMSA ambulances and will assign calls to the closest, most appropriate unit available at the time of call assignment based upon system status protocols. This includes requests for service outside the city limits of Oklahoma City and calls for mutual aid outside of EMSA's regulated service area, when system levels allow.

OKCFD ambulance personnel will monitor the designated radio channel (presently 16A on the OKWIN radio system or its equivalent on the Oklahoma City radio

system) to be alerted to dispatched calls or other information necessary for day-to-day EMS system operations in the EMSA system.

OKCFD ambulance personnel will always carry the assigned unit phone to receive SMS messages containing dispatched calls or other information necessary for day-to-day EMS system operations in the EMSA system.

Daily Operations

Start of Shift - Crews are expected to be logged into the CAD and available within fifteen minutes of their start of shift times.

- Crews must contact the EMSA communication center by phone at start of shift and report their radio identifier and scheduled end of shift time.

End of Shift – Crews will be cleared for end of shift 45 minutes prior to the scheduled end of shift time.

Late Calls - Late calls for all crews regardless of agency are a possibility. If a 911 call for service comes in and the unit is within its scheduled shift time and is in the best position to take the call, the call will be assigned to that unit. EMSA Dispatchers will make reasonable efforts to facilitate, based on call volume, that all crews end their shift at the scheduled end time, however 911 calls will not be held because crews are close to end of shift regardless of agency affiliation. Crews have the discretion to opt out or not respond to a call, regardless of priority, only in situations where the call was received past the crew's scheduled end of shift time.

Operational Performance Metrics – to ensure and maintain system efficiency OKCFD will adopt, at minimum, the following operational performance metrics:

- Task Time Management, <70 minutes
- Hospital Destination Time Management, <20 minutes
- Out of Chute Time Management, <30 seconds
- Scene Time Management, <15 minutes
- Out of Service Time Management,

During instances of normal, single unit responses, on-scene directives pertaining to immediate patient care including patient refusals and supervisor consults should be directed to the crew's immediate supervisor. OKCFD first response crews should also be directed to the OKCFD EMS Supervisor.

During instances of multi-unit responses or where an EMSA Field Operations Supervisor is required for scene management, OKCFD recognizes that EMSA Field Operations Supervisors will manage transport units on scene as it pertains to both patient care and system management. A joint agency EMS after action meeting should be scheduled, when possible, to support continuous improvement and future incident planning efforts.

Hospital System Management – Each organization will be responsible for managing their individual crew's hospital destination times and ensuring that hospital bed delay is appropriately managed. A Hospital's request for divert status will be managed by the EMSA Field Operations Supervisor as they have the most system situational awareness.

Emergency Standbys - The closest ALS-ambulance in the system will be dispatched to emergency incidents that require an ambulance to be on standby, such as structure fires, hazardous materials incidents, and other law enforcement incidents. If the incident is a standby requested by the OKCFD and it is perceived the ambulance will be needed to remain on scene longer than 30-minutes, an OKCFD Ambulance may be dispatched to replace an EMSA unit so that the EMSA unit can return to service based on system needs. The EMSA Communications Center will determine this need on a case-by-case basis.

Equipment, Supplies and Pharmaceuticals - Each organization is solely responsible for providing all necessary supplies, equipment, and pharmaceuticals for their respective ambulances during normal operations as required by the Oklahoma State Department of Health or by the protocols adopted by the Medical Control Board. However, if the need arises during a response or incident by either EMSA or OKCFD or upon approval of the on-duty supervisors of both entities, disposable supplies may be shared in an effort to not down a unit or impact unit hour availability for either organization.

Staffing & Credentialing Qualifications

The City and OKCFD shall provide qualified EMT's and Paramedics with the clinical knowledge and skills required for the EMSA System at the ALS level and licensed at the appropriate level by the State. Furthermore, these same employees shall be able to drive an emergency vehicle in accordance with all state and federal laws, city ordinances, and policies of the City and OKCFD.

The licensed Emergency Medical Technicians (EMT) and Paramedics who staff and operate an OKCFD ambulances will meet all clinical requirements established by the Office of the Medical Director (OMD) in their published Administrative Policy for EMS Provider Credentialing prior to performing patient care independently of an approved trainer. Furthermore, OKCFD EMTs and Paramedics will adhere to all treatment protocols within the current version of the "Medical Control Board Treatment Protocols for EMS System for Metropolitan Oklahoma City & Tulsa" manual.

Any supervisory or QA/QI personnel will also meet all clinical requirements established by the Office of the Medical Director (OMD) in their published Administrative Policy for EMS Provider Credentialing.

Use of Data

The City and EMSA understand the need to keep Protected Health Information (PHI) secure. The City and EMSA are both considered Covered Entities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The City and EMSA have entered into a Business Associate Agreement/Memorandum of Understanding as required by HIPAA to share PHI back and forth as needed for healthcare operations.

When needed for operational review and or system improvement, both organizations agree to share the data necessary in a way that ensures, data security and patient confidentiality. This data will generally be sourced from, but is not limited to, CAD systems, records management systems, and EHR systems.

To ensure that OKCFD has the information necessary to review performance and complete billing records, EMSA will provide the OKCFD a detailed daily report that contains the following CAD information for OKCFD units' responses/transport:

- Incident Numbers
- Incident Times
- Location of Incident
- Radio Number
- Location of Unit at Assignment
- Problem
- MPDS Codes
- Destination
- Disposition

Handling of Complaints

OKCFD and EMSA agree that it will not speak on behalf of the other when responding to complaints from patients or members of the public. Both agencies agree that they will take the complaint, research to the extent possible to determine responsible party, and then professionally hand off the complainant to the other agency, within twenty-four hours of receipt of the complaint to the other agency if it is determined that the complaint pertains to the other agency.

Billing

The City is solely responsible for patient billing and collection for the transports that are completed by OKCFD ambulances and will comply with all Federal, State, and Local laws.

Transport fees are established by the EMSA Board of Trustees and approved by the City Councils in each Beneficiary City, and the City shall charge those established rates. EMSAcare membership benefits will apply equally to patients transported by either EMSA or OKCFD ambulances.

Conflict Resolution

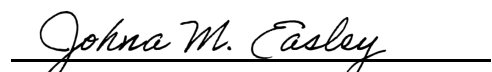
At all times, EMSA and OKCFD will keep open lines of communications between supervisors and leadership. If issues develop, EMSA and OKCFD agree to try and resolve those issues at the lowest possible level (i.e. EMSA Field Operations Supervisor to OKCFD Shift Supervisor). In situations of crew disagreements, the process described in OKCFD policy O/EMS-216 EMSA Conflict Resolution, should be followed.


Conflict that cannot be resolved at the Supervisor level should be escalated to the EMSA Western Division Director Operations and the OKCFD Deputy Chief of Operations.

Amendments

Both the City and EMSA agree that Amendments or changes to this Operational Plan may be needed from time to time. Therefore, this plan may be updated by written agreement between the Oklahoma City Fire Chief and the EMSA President and CEO.

SIGNATURES


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