

**MINUTES  
CITY COUNTY COMMON  
TUESDAY, DECEMBER 7, 2010**

**Members Present:** Gene Carroll, Chair; Deb Schorr, Vice Chair, Jon Camp; Bernie Heier; Jonathan Cook; Ray Stevens; Doug Emery; Bob Workman; Adam Hornung (8:20 a.m.); Mayor Beutler (8:19 a.m.); and Jayne Snyder

**Absent:** John Spatz; and Larry Hudkins

**Others Present:** Rick Hoppe, Chief of Staff; Joan Anderson, Medical Society; Russ Shultz, Weed Control Superintendent; Brent Meyer, Weed Control Authority Deputy Superintendent; Libby Raetz, Director of Emergency Services/St. Elizabeth's Hospital; Ruth Radenslaben, Director of Emergency Services/BryanLGH; Todd Schott, M.D., Emergency Services Physician/St. Elizabeth's Hospital

Chair Carroll opened the meeting at 8:15 a.m. and announced the location of the Open Meetings Act.

**1. Approval of Common Meeting Minutes of November 1, 2010**

Stevens moved approval of the Common Meeting minutes of November 1, 2010, Heier seconded. Roll called: Carroll, Schorr, Heier, Camp, Cook, Stevens, Workman, Emery, Snyder voted aye. Passed 9-0.

**2. Introduction of Brent Meyer, Weed Control Authority Current Deputy Superintendent - Russ Shultz, Weed Control Superintendent**

Shultz introduced Meyer, now Deputy Superintendent, and who will assume the position of Weed Control Authority Superintendent. Meyer spent 14 years in Nuckllos County as Weed Control Superintendent, and worked in private industry. For the last three years has been an instructor for the Nebraska Department of Agriculture, where he was responsible for providing assistance to 37 counties.

Meyer stated he looks forward to working with the City and County, a good opportunity. This is an unique program in the State and works well.

Carroll thanked Shultz for his service, stating everyone appreciates the excellent job he did. Shultz replied he had the support of the City and County during his tenure, and enjoyed the work and colleagues.

Schorr asked if helpful for Meyer to meet Council members, leading to introductions of the City Council. Meyer thanked Council, adding his door is always open if anyone sees problems. He stated his family consists of his wife, two children, and himself.

Emery thanked Shultz for his commitment, which was greatly appreciated. Workman asked how many years, with Shultz replying 20. Schorr stated they will honor retiring County officials on January 4<sup>th</sup>, with a reception after the Board meeting. Everyone invited. Stevens added he has learned a great deal from Shultz.

**3. EMS Oversight - Deb Schorr, County Commissioner; Adam Hornung, Lincoln City Council; and Rick Hoppe, Chief of Staff** (Distributed handout, on file in Council office)

Hoppe stated the current EMS Oversight system has been in place since 1996, with the formation of EMS, Inc. Since then EMS, Inc. has ensured high quality ambulance care for the community. The most recent four year EMS, Inc. contract will expire at the end of the '07-'08 budget year. In discussions with this body, and

other members of the committee, decided to use the EMS, Inc. system with a committee, appointed by the Mayor, with their charge listed in the handout. The committee has met 8 times since July, with the final meeting scheduled for December 14<sup>th</sup>, to finalize recommendations.

Hoppe introduced Libby Raetz, Emergency Department Director/St. Elizabeths; Ruth Radenslaben, Emergency Department Director/BryanLGH; John Porter/Southeast Fire District; Tammy Meyer/Midwest Medical; Jeff Kirpatrick/City Law; Deb Schorr/County Commissioner; Adam Hornung/Lincoln City Council; and Aaron Tospisil/Captain with Lincoln Fire and Rescue. All on the committee.

Raetz thanked members for allowing committee presentation. Proposing the EMS Governing Board consist of 9 members; 2 from BryanLGH, consisting of Ruth Radenslaben, the ED Clinical Director; and an emergency department physician; 2 members from St. Elizabeth, one being the ED Clinical Director and an ED Physician. Also would have a Lincoln Lancaster Medical Society physician on the governing board, along with 2 Mayor appointed City representatives. One Board appointed County representative, 1 Community Health Endowment representative, Mayor appointed; and 3 Ex-officio members/1 from Lincoln Fire and Rescue/1 from EMS Services; and the Medical Director, hired by the governing board.

Raetz explained who is on the EMS Advisory Committee, and who addresses issues arising through EMS. They will meet regularly with the members serving as voting members, forwarding recommendations to the Governing Board. She listed departments the EMS Advisory Committee members would represent. The hospitals administration is the conduit to the Governing Board, and the Advisory Board. Both hospital would serve administratively in collaboration with Lincoln Fire and Rescue, and a Medical Director.

Raetz stated a large role of Oversight is quality assurance, with goals to decrease costs and have true collaboration. On quality improvement instead dedicated staff can share through community entities. All reports will be forwarded to the Committee for review, maintaining the essential independent oversight.

Radenslaben stated they've worked closely with community entities which helped put together a proposal which would fit very well for EMS, Inc. Oversight. Propose to do in a cost effective manner and provide very good oversight to the community.

Schorr stated there are 21 rural fire districts who are part of the Mutual Aide Society. Approximately 3/4 use the current medical oversight option through Lancaster County Medical Society. When the contract ends they will be without medical oversight. The 21 rural fire districts are unique, some do BLS, some are ALS. Some have their own transport vehicles, some use other transport, and some have arrangements with other fire districts. Some have a high number of calls, and some have few calls. All factors added in when determining how to provide a medical oversight. We have had 3 meetings, with members: Jim Densburger, Chair of the Mutual Aide Society; Pat O'Brien and Greg Hall, organization officers who coordinate the medical side. Schorr stated she, Raetz, Radenslaben, and Hoppe met with Mutual Aide and representatives from nearly all 21 organizations and will continue to work with them, having a transition time in place. Want to make sure there is training time, and when this contract ends we are well prepared.

Porter stated all Lancaster County Mutual Aide Fire Departments have a vested interest. Cannot perform our jobs without a medical director. We do have a good process in place, but the concern is when is it going to take place? What is it going to do? What things will be offered? These are the items we're trying to work out. Trying to meet everyone's needs is a large concern but everyone is communicating.

Hoppe stated final recommendations will be forwarded in January, and assume we'll have language for the City Council in late February. Also, had hoped for a lengthy overlap with the new system/new governing board put in place, hiring a medical director, spending time getting the procedure in place while the current

EMS Inc. did the actual oversight. The new system would have time to transfer knowledge, have everything in place hopefully before the official changeover. He then introduced Dr. Todd Schott, Emergency Physician with St. Elizabeth's.

Schott stated basically he is attending to talk about the medical director side, which we use to get medical input to work as part of the oversight for the paramedics, the EMS, and the City and County.

Schorr added there is a section in the draft detailing all requirements. Some are mandated and some optional, with the Governing Board on quality involving patients. Schott agreed, commenting this would include the Board certified in a speciality and currently practicing medicine in Nebraska. Hoppe stated the physicians on the committee have been invaluable.

Camp asked what was the impetus for the change? And, is there a comparison of what worked with EMS, Inc. in the past, and the proposed? Raetz replied this model is moving from a competitive nature to a more collaborative spirit, a model we benchmarked to the ED Connections Program, which has worked successfully the last 6 years. And taking to a higher level to include Lincoln Fire and Rescue, and the Rural Squads. The funding partners have been the City of Lincoln, BryanLGH, and St. Elizabeth. As we've talked to our administrations one goal in the new model is the need to decrease cost. Do think when we're in a more collaborative arrangement it is easier to build synergy versus a competitive spirit of not doing in a cost effective manner. The Advisory Committee is totally new, and hopefully do issues resolutions day to day before it has to go to the Governing Board.

Radenslaben stated she and Raetz have been involved with EMS, Inc for years. A lot being done is consistent with what EMS, Inc. has set up. Will spend the next few months with Joan Anderson and EMS, Inc. personnel who are helping us to transition. Won't be totally new, but using history to develop a collaborative process. The EMS Advisory Committee will give all entities involved an opportunity to interact with each other on a regular basis and problem solve.

Raetz added as an example for chart reviews currently have dedicated personnel doing, which is an hourly rate, and costly. In the future will disseminate, having it template driven, and emergency staff from BryanLGH, St. Elizabeth, perhaps Star Care, and Lincoln Fire and Rescue can conduct the audits at their facilities. She stated she and Radenslaben are at receiving facilities and know if something is not quite right, and will quickly ask for a review, with the Medical Director giving directions. Everyone will work smarter and use our economy to scale. When looking at the current budget were able to say, since we will have the hospitals more involved we can redline an item as we will absorb into our ED. And phone and secretarial support are already in place, and therefore absorbed. Significant dollars taken off the budget.

Camp heard competitive versus collaborative, and asked for an explanation. Raetz replied the hospitals are competitive. With the population of Lincoln and surrounding areas we are vying for these patients. When operating in a silo do think sometimes the best interest of patient care gets lost. When we meet, discuss issues, and work for solutions it feels it is about community and what's best for the patients, not for my facility.

Schorr said the Medical Director has oversight of all City medical transport. Had assumed it was just emergency but they provide medical oversight over other providers. Are bringing these partners on board.

Hoppe introduced Joan Anderson of EMS, Inc. Anderson stated in the 2003-2004 fiscal year the EMS, Inc. existing board asked the Medical Society to take on the management contract. One goal was to maintain the quality of care, and find some economy of scale by incorporating into an existing agency. We did, but only so far as our Medical Society is a very small entity. We have 1 to 3 people in our benefit pool at one time, with a huge expense. She stated this is not a new concept, have discussed talking this to another level, while

providing high quality care, and looking at the budget. Incorporating the hospitals seems to be the solution. First, they're funders and have been funding from day one. We should feel privileged and supportive having our two community hospitals come to the table with money to support EMS, Inc. as they've felt it is a good way to support the community, and to ensure continuity of care.

Anderson said they've yearly decreased the budget, and have approximately \$50,000 in reserve which we can use to help with transition. This year will be under budget again as no one was hired to replace a primary person, saving on benefit costs. Will have enough money to roll into the new group. Lastly, the existing EMS Inc. Board has been talking for 2 to 3 years, and what we have before us is very similar to one put forth to the Mayor for consideration. The only caveat without reservation is the independent medical oversight, which Lincoln has had since the early 1970's. Some people may negatively say, no other community has, to which Anderson would state absolutely right and is why we have good quality of care, because we have community hospitals, physicians, all working with City entities to make sure. From an EMS Inc. standpoint, from the Medical Society's standpoint, we are very supportive because the bottom line is it will maintain the independent medical oversight, and save money because we can be absorbed into a larger entity.

Snyder thanked the committee, asking if this goes to Law next, and does it have to be approved by the City Council? Hoppe replied yes and hope to introduce in February after final recommendations and community discussions. Snyder asked will the collaboration start after Council approval? Anderson replied they collaborate now and another reason for the obvious transition. Ever since being involved in 2003, when there was a quality concern, whether with rural, private, or Lincoln fire, the patient started in the pre-hospital, but ended up in the hospital. She stated she has worked with Raetz and Radenslaben since the beginning. She stated she, Raetz, Radenslaben have had sessions. Originally the doctor and the Medical Society had written a resignation effective June 2011. More than committed to staying until the transition happens. Think it will be painless because of the years of history we have already in place.

Schorr stated another part of the transition will be getting the Governing Board appointed who will hire the Medical Director.

Carroll asked for further discussion, with none he thanked all participants for attending.

Carroll wanted to specifically thank Commissioner Stevens and Commissioner Workman, since this is their last meeting. Truly have appreciated their service. Know the County is better off having had them serve. Thank you.

## **ADJOURNMENT**

Emery made motion to adjourn, Schorr seconded. Meeting adjourned at 8:45 a.m.