

1-27-18 – Yager to OCMCA – Concerns and Questions

**Robert Yager**

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**From:** Robert Yager <yagerra@comcast.net>  
**Sent:** Sunday, April 15, 2018 1:55 PM  
**To:** yagerra@comcast.net  
**Subject:** OCMCA LETTER

**From:** Robert Yager [mailto:yagerra@comcast.net]  
**Sent:** Saturday, January 27, 2018 10:52 PM  
**To:** Paul Strelchuk <pstrelchuk@oaklandtownship.org>; Lou Danek <ldanek@oaklandtownship.org>; Dale Stuart <dstuart@oaklandtownship.org>; Frank Ferriolo <fferriolo@oaklandtownship.org>; Jeanne Langlois <jlanglois@oaklandtownship.org>; John Giannangeli <jgiannangeli@oaklandtownship.org>; Karen Reilly <kreilly@oaklandtownship.org>; lmangiapane@oaklandtownship.org; Michael Bailey <mbailey@oaklandtownship.org>; Robin Buxar <rbuxar@oaklandtownship.org>  
**Subject:** OCMCA LETTER

To: Board, Mgr., Chief, Asst. Chief

Letter below sent by US Mail

Bob Yager

January 29, 2018

NO REPLY  
REC'D

4/14/18

Robert A. Yager  
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cc: Board of Trustees, Township Manager, Fire Chief, Assistant Fire Chief  
ER  
Tressa Gardner, D.O.  
Professional Standards Review Organization (PSRO) Chair  
Oakland County Medical Control Authority (OCMCA)  
1200 N. Telegraph Rd., 36E  
Pontiac, Michigan 48341

Dr. Gardner,

As a resident of Oakland Township I have several concerns and questions about the Advanced Life Support System license for the Oakland Township Fire Department (Life Support Agency Facility #631071) and protocols 6-1 and 6-18.

**1 - Does the Oakland Township Fire Department (OTFD) system to staff ALS ambulances comply with OCMCA standards 6-1, 6-18 to operate ALS units?**

Some township officials think the ambulance must leave the fire station properly staffed with two qualified EMS personnel. Others think our system of meeting at the scene with qualified personnel is compliant. My understanding of the current OTFD staffing system to achieve two paramedics or one paramedic and one EMT staffing for an ALS ambulance is usually for two ambulances to depart separately for the same scene simultaneously from each of our two fire stations and meet at the scene. Unscheduled paid-on-call volunteers may also respond, usually from home, if they are available and willing. But there is no guarantee of volunteers responding.

To help clarify, here is my understanding of the full-time OTFD manpower staffing.

Monday through Friday

Station #1	Fire Chief (EMT)	Asst. Chief (MFR)	EMS Coord. (PM)	Paramedic/ FF
Day	0	0	0	1
Evening	0	0	0	1
Night	0	0	0	1

Station #2	Fire Chief (EMT)	Asst. Chief (MFR)	EMS Coord. (PM)	Paramedic/FF
Day	USUALLY	0.25	1	1
Evening	0	0	0	1
Night	0	0	0	1

Weekend and holiday staffing

Station #1	Fire Chief (EMT)	Asst. Chief (MFR)	EMS Coord. (PM)	Paramedic/FF
Day	0	0	0	1
Evening	0	0	0	1
Night	0	0	0	1

Station #2	Fire Chief (EMT)	Asst. Chief (MFR)	EMS Coord. (PM)	Paramedic/FF
Day	0	0	0	1
Evening	0	0	0	1
Night	0	0	0	1

**2 – What exactly does this statement in the 2017 annual compliance letter mean?**

***“This agency agrees to comply with Oakland County EMS Response Time Standards. (See EMS Response Time Standards 6-18)”***

Does it mean it is OK if the OTFD doesn't yet comply but are agreeing to strive to comply in the future? Or does it mean we are certifying that we actually comply now?

**3 – Do you monitor our response time data?** I believe some members of the Oakland Township Board of Trustees think that you have ready access to all our response time data and since you have not challenged our response time compliance; this means we are in compliance. Please comment if this thinking is correct or if the OCMCA relies on the LSA to accurately report and certify response time compliance via the annual certification letter.

**4 – Does OCMCA have any methods to audit whether the time of “arrival of unit on scene” is being properly determined?** It is my understanding that the OTFD records the time when the first person with a radio arrives on the scene, not necessarily when the first ambulance arrives and not the later time when our two-man qualified team has assembled with at least one ALS ambulance to form an ALS Unit.

**5 – Is there a recommended methodology, approved by OCMCA for determining 90% fractile?** Should a “count” method be used or a fitting to a normal distribution curve method? Can data be rounded? For example can 8:59 be rounded down to 8:00?

**6 – Can you provide the study, OCMCA meeting minutes, or other documentation that supports the logic of OCMCA’s decision to require the 6 or 8 minute time standards?**

I am unable to find surrounding counties with response time standards. On-line literature seems divided on what reduction in response time actually improves patient outcomes. One study said that unless you are below five minutes other time improvements (say from 13 minutes to 6 minutes) do not improve patient outcomes.

I also believe some Oakland Township officials think that the 6 and 8 minutes were mistakenly taken from average data studies not 90% fractile data.

**7 - How would Oakland Township place a review of the response time standards by OCMCA on the agenda?** It is my understanding that our EMS Coordinator has attempted to put a review on the agenda, but has been unsuccessful. What are the OCMCA by-laws governing agendas?

**8 – Does Oakland Township need to consider township population to be >500 per square mile now?**

Oakland Township was at about 450 people per square mile in the 2010 census, but is now 505 per square mile by SEMCOG estimates. Should the township react now to the current SEMCOG estimates in reporting response time compliance in their 2018 annual certification letter or should they wait for the 2020 census to formally use the “Suburban” classification in 6-18 for measuring and reporting response time compliance?

**9 – Should any EMS run that includes traveling on county gravel roads, at any season of the year, be considered “road …conditions that would not allow safe driving” and therefore excluded from calculating the 90% fractile compliance?** I believe there may be confusion among some of the Oakland Township officials as to what qualifies as a “Response Time Exception” per 6-18, page 5

**10 – There appears to be an error on 6-18 page 4. Do you agree?** I have enclosed a copy of this page and circled the two instances of this error and suggested the correct wording. It appears that it should say “rural” where it says “urban and suburban” in the last two paragraphs.

Dr. Gardner, as you can see from my questions, I have significant concerns that Oakland Township may not be meeting the intent of the OCMCA ALS license and that there may be confusion within Oakland Township leadership, i.e. Board of Trustees, Township Manager and Fire Chief as to the correct interpretation of the OCMCA protocols. My concerns are heightened as Oakland Township has recently approved the building of a large facility for the elderly and disabled to open in 2019 in the far southwest corner of the Township which has the slowest response times. I’m hopeful your responses to these questions will provide clarification on what is required to operate ALS units within Oakland County and will direct Oakland Township leadership to take any necessary corrective action immediately in order to be in compliance with OCMCA protocols.

Robert A. Yager  
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cc: Board of Trustees, Township Manager, Fire Chief, Assistant Fire Chief

*Oakland County Medical Control Authority*

**System Protocols**

**EMS RESPONSE TIME STANDARDS**

September, 2013

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4. The geographic response area shall be explicitly declared on the Michigan Department of Community Health (MDCH) Life Support Agency License application (form BHS/EMS - 180).
5. The LSA will maintain 24 hour, 7 day per week availability and respond or assure a response to all requests for emergency assistance occurring in their designated geographic service area.
6. LSAs providing ancillary non-emergent and/or inter-facility transport services shall provide sufficient coverage through extra staffing and vehicles to maintain emergency availability.
7. When a LSA is responding outside of its designated GSA to a non-emergency run (e.g. nursing home, urgent care, physicians office, private residence, etc.) for a patient with a potentially life threatening condition, EMS personnel, the LSA or the LSA dispatcher must activate the LSA responsible for that geographic service area.

**EMS EMERGENCY "HOT" RESPONSE TIME REQUIREMENTS**

**Urban And Suburban Geographic Service Areas**

When providing Single Tiered emergency response for an urban and suburban geographic service area, assure a response time not to exceed six (6) minutes, 90% of the time, from receipt of call (unit notified time) to time of arrival on scene for the Life Support Agency's Primary Response Unit, when responding to emergency ("hot") calls.

When providing Multi Tiered emergency response for an urban and suburban geographic service area, assure a response time not to exceed six (6) minutes, 90% of the time, from receipt of call (unit notified time) to time of arrival on scene for the Life Support Agency's First Response Unit, when responding to emergency ("hot") calls. Additionally, assure a response time not to exceed eight (10) minutes, 90% of the time, from receipt of call (unit notified time), to time of arrival on scene for the Life Support Agency's Transport Response Unit, when responding to emergency ("hot") calls

**Rural Geographic Service Areas**

When providing Single Tiered emergency response for an urban and suburban geographic service area, assure a response time not to exceed eight (8) minutes, 90% of the time, from receipt of call (unit notified time) to time of arrival on scene for the Life Support Agency's Primary Response Unit, when responding to emergency ("hot") calls.

When providing Multi Tiered emergency response for an urban and suburban geographic service area, assure a response time not to exceed eight (8) minutes, 90% of the time, from receipt of call (unit notified time) to time of arrival on scene for the Life Support Agency's First Response Unit, when responding to emergency ("hot") calls. Additionally, assure a response time not to exceed fourteen (14) minutes, 90% of the time, from receipt of call (unit notified time), to time

MCA Oakland County

MCA Board Approval Date: October 4, 2013

MDCH Approval Date: November 21, 2013

MCA Implementation Date: January 1, 2014

**Section 6-18**