CITY OF NORMAN, OK
CITY COUNCIL OVERSIGHT COMMITTEE MEETING

Municipal Building, Executive Conference Room, 201 West Gray, Norman, OK 73069

Thursday, November 13, 2025 at 4:00 PM

MINUTES

The Oversight Committee of the City of Norman, Cleveland County, State of Oklahoma, met in Regular Session in the Executive Conference Room in the Municipal Building, on Thursday, November 13, 2025 at 4:00 PM, and notice of the agenda of the meeting was posted at the Norman Municipal Building at 201 West Gray and on the City website at least 24 hours prior to the beginning of the meeting.

CALL TO ORDER

The meeting was called to order by Chairman Helen Grant at 4:00 p.m.

MEMBERS PRESENT

Councilmember Ward 4 Helen Grant -Chair
Councilmember Ward 1 David Gandesbery
Councilmember Ward 5 Brandon Nofire
Councilmember Ward 8 Scott Dixon

OTHERS PRESENT

Councilmember Ward 3 Robert Bruce
Councilmember Ward 6 Joshua Hinkle
Mr. Darrel Pyle, City manager
Ms. Kathryn Walker, Assistant City Attorney IV
Mr. Jason Olsen, Director of Parks and Recreation
Mr. Kyle Hurley, Norman Regional Health System, Director, EMSSTAT
Mr. Ben Simons, Account Executive, Throne Labs (via Zoom link)
Ms. Maria Nairn, Communications and Engagement Coordinator
Ms. Katherine Griffith, Admin Tech III, City Clerk

AGENDA ITEMS

1. PRESENTATION AND DISCUSSION REGARDING AMBULANCE SERVICE IN THE CITY OF NORMAN.

Mr. Kyle Hurley, Norman Regional Health System, Director, EMSSTAT presented a program on ambulance services in the City of Norman.

Background

- EMSSTAT is a department of the Norman Regional Health System.
- Sole EMS provider for Norman since September 1995.
- Previously provided by Norman PD EMS (1978–1995).
- Prior to 1978, service was conducted by private (hearse-based) transport.

EMS Operations & Fleet

- 21 ambulances available (not all deployed at once).
- Six support vehicles (supervisor units).
- Five ambulances staffed 24/7.
- Additional units deployed during peak volume, especially during daytime.
- Close coordination with Norman Fire Department.
- Three ambulance stations in Norman, one in Moore (contracted since 2015).
- Coverage includes:
  - City of Norman
  - City of Moore
  - City of Goldsby (northeastern portion)
  - Unincorporated Cleveland County (up to Pottawatomie County line)
- Dispatch – EMS does not self-dispatch.
  - Norman runs through City of Norman Dispatch.
  - Moore runs through City of Moore Dispatch.

EMS Licensure Levels

- EMT
  - One semester of training.
  - Basic medical care, limited medications, basic assessments.
- Advanced EMT
  - Additional semester.
  - Can start IVs, manage airways, give limited medications.
- Paramedic
  - 18–24 months of schooling.
  - Broad scope equivalent to a prehospital RN.
  - Can administer full range of medications, advanced airway, cardiac interventions.
- Critical Care Paramedic
  - Additional post-paramedic training.
  - Manages interfacility transport for ventilated or multi-IV medication patients.
- Specialized Teams & Training
  - Disaster Medical Response Team (MCIs, storm season standby).
  - Hazardous Materials Response (with fire department coordination).
  - SWAT Medics for Norman PD, OU PD, Cleveland County Sheriff, Moore PD.
  - Bike Medic Team (notably at OU football games and large events).

1. (continued)

Special Event Coverage

- OU Football Games
  - Fully staffed onsite coverage, bike medics, field medics, and Gomer Jones Medical Facility.
  - 60-100 patient contacts early season (mostly heat-related), 30 contacts' late season.
  - Care levels include IV fluids, meds, defibrillation: emergency cases directly transported to a hospital.
- Other Events
  - Norman Music Festival – a dozen or fewer medical contacts (mostly intoxication-related).
  - Medieval Fair–more medical than trauma; heat illness and other medical conditions.
  - High School Sports – Norman, Moore, and Little Axe; potentially six stadium locations covered simultaneously.

Patient Experience & Quality Metrics - Surveys

- Conducted through Norman Regional's system for all EMS-transported ED patients.
- Uses a Net Promoter Score (NPS) model:
  - Promoters: 9–10
  - Passives: 7–8
  - Detractors: 0–6
- Scores consistently in the green/high-performing range.
- Survey results and comments reviewed monthly by the EMS Quality Committee, with representation from:
  - Norman Dispatch
  - Norman PD
  - Norman Fire
  - Moore Fire / Moore PD / Moore Dispatch
- Call Volume & Trends (2015–2024)
  - Norman shows stable, gradually increasing call volume.
  - Moore shows more rapid growth.
  - 2024 slight decrease due to closure of Porter campus and loss of ~2,800 intercampus transport calls.
- Interfacility Transport Notes
  - No charge for transfers between Norman Regional facilities.
  - Emergency and field-to-emergency department transports are billed, as are transports to outside hospitals.
- Call Distribution (August Example)
  - 74% – 911 emergency responses
  - 14% – Emergency interfacility transfers
  - 10% – Routine medical transports (discharges to nursing homes/long-term care)
- Transport Priority
  - 64% of transport is non-emergent (no lights/sirens).
  - A study is underway to reduce lights-and-siren usage for improved safety.
- Additional Notes
  - Mutual aid is used when Moore or Norman systems are saturated (e.g., IMSA).
  - Growth in Moore has required dynamic resource allocation.

1. (continued)

Mr. Hurley explained EMS is working with the Fire Department and Norman Dispatch to refine criteria for determining when lights and sirens (L&S) are truly needed. Although a call may initially appear minor ("simple fever"), the patient could be in septic shock or near cardiac arrest, which is why robust dispatch questioning is important. Dispatchers do an excellent job, but can only rely on the information provided by the caller. Ultimately, an on-scene assessment by trained EMS staff is irreplaceable.

Mr. Hurley clarified, the goal is to decrease unnecessary (L&S) usage to keep medics and citizens safer, especially for low-acuity calls (e.g., stubbed toe. For example, a fatal Oklahoma City accident (10 years ago at 10th & May) involved an EMS unit traveling 80 mph with (L&S); the paramedic was charged and jailed.

- All medics undergo annual emergency vehicle driver training.
- Ambulances contain cameras and gyroscopic sensors that activate if there is excessive acceleration, abrupt stopping, unsafe turns, seatbelt violations, or cellphone use.

Patient Destination Policies

- Primary Destination: Most patients are transported to Norman Regional Hospital.
- Patient Choice: Patients may request transport to their preferred hospital.
- EMS will honor patient preference unless the condition is critical and delay poses risk.
  - Example: A patient on Highway 9 experiencing a heart attack may request transport to a cardiologist at another facility (e.g., Heart Hospital North).
- When a patient asks to be transported to a location other than Norman Regional, Medics advise the patient:
  - The further destination increases risk of lethal arrhythmia during transport.
  - Norman Regional's cardiac catheterization lab may already be preparing for the patient.
  - Stabilization at the closest appropriate facility is the safest option.
  - Out-of-region requests (e.g., Parkland in Dallas) are not feasible
- Most patients agree to the closest appropriate hospital when informed of the risks.

Operational Metrics

- Out-of-Chute" Times - Time from dispatch notification to ambulance in route.
- Target: Under one minute.
- Performance: Generally consistent.
- Occasional delays occur during overnight hours, especially when crews working previous 24-hour shifts are asleep, though the service is moving away from 24-hour staffing to reduce such delays.

Response Time Tracking

- EMS tracks several operational metrics to ensure high performance and identify issues.
- Tone/Notification Issues
  - When out-of-chute times run long, EMS can investigate down to the individual crew.
  - Some delays have been linked to station overhead tones malfunctioning, meaning medics could not hear dispatch notifications.
  - These incidents were not crew errors, but system faults, and EMS uses the data to correct such issues.

1. (continued)

- 911 Response Times (over the past 180 Days)
  - Citywide average response time: 8 minutes, 3 seconds.
  - Times vary by location:
  - Areas such as ZIP code 73026 average closer to 13 minutes, due to rural distance.
  - Norman Fire Department's ALS, (Advanced Life Support, paramedic-staffed) engines often arrive first, ensuring no delay in patient care even when transport arrival is longer.
  - Fire paramedics can start IVs, perform cardiac monitoring, and give initial assessments, reducing EMS scene time when the ambulance arrives.

Transport Time Analysis

- Effect of Porter Campus Closure
  - Data analyzed from Jan–July 2024, before the Porter campus closed.
  - Previously operating two hospitals in Norman, average transport time was 13:36.
  - Since Porter Campus closure, most patients now go to Norman Regional Hospital (Tecumseh & 36th).
  - As a result, transport times increased to 15:06 (slightly over a minute longer).
  - Other Destinations Patients may be transported to:
    - Norman Regional 9
    - NRHS Moore (700 S Telephone Rd.)
    - Other regional facilities when appropriate
  - If a patient is likely to be admitted (e.g., ICU or overnight stay), EMS prefers to take them to the main Norman Regional Hospital to avoid:
    - A second transfer later
    - Delays in receiving definitive care

Patient Offload (Turnaround) Times

- Time from arrival at the emergency department to when the unit is available again.
- Offload times vary by hospital.
- Example (August data):
  - Integris Baptist: highest, -12 minutes
  - Norman Regional Hospital: -8 minutes (4th lowest among facilities)
  - Wall Time / Bed Delay
  - "Wall time" occurs when the ED is full and EMS must wait with the patient on the stretcher.
  - Currently no significant wall time, but this is expected to increase during respiratory illness season (winter), when ED volumes rise.
- Seasonal Illness Burden
  - The public is encouraged to get vaccinations to reduce seasonal illness burden.
- Norman Regional Offload Efficiency
  - NRHS facilities maintain fast turnaround times, with:
  - 80% of patients offloaded in under 10 minutes
  - Considered a strong performance benchmark.

1. (continued)

Clinical Quality Metrics

- STEMI (Major Heart Attack) Performance (STEMI=ST-Elevation Myocardial Infarction)
- EMS is evaluated by the American Heart Association.
- Norman Regional EMS holds the Mission Lifeline GOLD with Honor Roll award:
  - Only EMS service in Oklahoma with this distinction.
  - Awarded every year.
- Benefits come partly from being a hospital-based EMS service, allowing direct coordination with NRHS cardiac teams.
- STEMI Recognition & Activation
  - 100% recognition rate using cardiac monitors.
  - EMS calls the hospital immediately upon STEMI identification:
  - Afternoon: catheterization lab table cleared.
  - Nighttime: Cardiology team paged before arrival.
  - This accelerates treatment and improves patient outcomes.
- Why Call 911 for Chest Pain? EMS can:
  - Provide early treatment
  - Begin cardiac monitoring
  - Administer medications or defibrillation if needed
  - Activate catheterization lab teams before transport arrival
  - Driving a patient yourself poses risks:
  - Increased chance of vehicle accident
  - Patients may go into cardiac arrest in route with no immediate medical support
  - "Chest pain equals call 911."

Stroke Metrics

- EMS monitors scene times, aiming for under 20 minutes—median is 14 minutes.
- For severe strokes, EMS transports directly to OU Health, which can perform:
- Clot retrieval (mechanical thrombectomy)
- Norman Regional can administer thrombolytics, but OU can perform more advanced interventions.
- Paramedics are trained to distinguish stroke types and choose the correct destination.

Trauma Metrics

- Older EMS practice: perform extensive care on scene (IVs, monitoring).
- Current evidence: the best outcome comes from rapid transport ("load and go"), especially for major trauma.
- Trauma patients have a "Golden Hour" for receiving surgical intervention.
- Fire departments play a critical role in rapid extrication.
- Time trapped in a vehicle = delayed surgery = worse outcomes.

Mr. Hurley stated that for severe trauma patients requiring surgical intervention, neither EMS nor the emergency department can "fix" the injuries in the field; the priority is immediate transport to a trauma surgeon via Trauma Transport and use of Air Medical Services.

1. (continued)

Trauma Destination Decision-Making

- If a trauma occurs near I-35, EMS will generally transport north to OU Trauma Center.
- If a trauma occurs farther southeast (e.g., 120th & Cedar Lane, Etowah, Highway 9).
  - EMS may activate a helicopter early, sometimes before arriving on scene, due to:
    - Long ground response time (greater than 13 minutes),
    - High-energy mechanisms (head-on collisions),
    - Expected need for rapid transport to a Level I trauma center.
- If the helicopter is later deemed unnecessary, it can be canceled; if needed, it dramatically reduces time to definitive care.

Intubation Metrics

- Intubation is a high-risk, advanced medical procedure, performed when a patient is unable to breathe adequately.
- Unlike intubation in the operating room, field intubations occur in uncontrolled settings (patients recently ate, are unstable, airway contamination, etc.).
- Medics are trained extensively, and EMS regularly tracks intubation success rates as a quality metric.
- Performance remains consistently strong.

Mr. Hurley addressed questions from earlier emails and from citizens regarding the possibility of creating a monthly EMS subscription program, like models used in other cities.

- EMSSTA (Norman Regional Health System - EMS) does not currently offer a subscription service.
- Other examples:
  - Wadley's (Purcell/Goldsby area) → approx. $10 monthly on the utility bill.
  - EMSA (OKC) → approx. $3.65 monthly on utility bills.

How Subscription Programs Work Elsewhere

- Fee is added to water/utility bill.
- City remits the funds to the ambulance provider.
- If a subscriber calls 911 and receives EMS transport:
  - Insurance is billed.
  - Any remaining patient balance is forgiven, if the reason meets program criteria.
  - Non-medically necessary calls (e.g., stubbed toe denied by insurance) may still result in a full patient bill.
- Legal Considerations
  - Historically, early 2000's OIG, (Office of Inspector General), guidance restricted hospital-based EMS from offering subscription programs.
  - This appears to have since changed, making such a program potentially feasible.
  - Non-Utility Residents can Opt-In by paying the annual fee directly to the city.

Mr. Hurley said Norman Regional Health System, (NRHS) is supportive of a subscription ambulance program as a new revenue source that could help offset the cost for capital purchases. NRHS - EMS operational costs are currently covered primarily through patient billing revenue. Staff would have to evaluate how much patient revenue would be gained or lost under a subscription system.

1. (continued)

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- The preference would be ensuring:
  - Subscription revenue supports capital needs,
  - Operational costs remain covered through billing,
  - Patient financial protection is balanced with system sustainability.

The City Manager confirmed the Tyler Technologies upgrade has improved capabilities relevant to billing and program management and the capability exists within the Tyler Technologies billing system to administer such a program.

The City Manager noted that legal review may still be required because of the hospital-based EMS structure. Staff offered to research requirements, including whether a public vote would be necessary, though they believed the subscription would function as a billing mechanism, not a new utility service.

- Staff will research:
  - Program requirements,
  - Legal constraints,
  - Options to include Norman, Moore, and Goldsby.

EMS will work with City of Norman Finance and Legal Departments to design an appropriate opt-in method if Council wishes to explore it.

Budget Overview

- EMSSTA annual operating budget: approximately $9 million.
- Annual revenue: slightly higher than $9 million.
- EMSSTA therefore:
  - Operates in the black, and
  - Contributes excess revenue back into the health system.

Mr. Hurley noted that if a subscription program were implemented, the most financially sound model for NRHS-EMS would be an opt-out program rather than opt-in, noting it would provide financial consistency and broad participation. This would maximize participation and ensure the program generates sufficient revenue to support NRHS-EMS capital needs.

Patient-billing revenue currently covers operational costs, so a subscription model would mainly supplement capital needs. However, shifting patients from billed revenue to subscription coverage requires analysis of the lost revenue offset.

- A subscription program could serve as a new revenue stream to support:
  - Capital purchases (e.g., ambulances, equipment, future stations),
  - Future joint ventures with the City of Norman,
  - Possible future EMS stations or other shared infrastructure projects.

1. (continued)

Mr. Hurley explained that in some EMS systems, when insurance denies a claim, the remaining patient balance can be waived if it meets certain criteria. For example, if a patient calls for a minor issue (e.g., a stubbed toe) and insurance denies the transport, the EMS's supplemental billing program might also deny it, leaving the patient to pay out-of-pocket.

Council expressed their interest to further explore the program. Mr. Hurley emphasized that if implemented, it should apply across the NRHS-EMS service area, which includes Norman, Moore, and Goldsby. The City's Finance and Legal Departments would need to determine program logistics for how residents without city utility services can participate in the program.

Oklahoma City's model, where residents without city utility services can pay the annual subscription fee directly to the city, could be replicated if feasible. The EMS staff expressed willingness to explore the concept if the council wanted it pursued.

Scope, Numbers, and Participation

- The City of Norman sends approximately 44,000 utility bills per month.
- The expected opt-in rate is unknown and would need analysis.
- Moore City Council would also need to consider participation if the program were coordinated regionally.

Transport Costs and Patient Balances

When asked if the subscription would cover the difference between billed charges and insurance payments, Mr. Hurley explained payment details for a ride as below.

- Each ride cost between $1,200–$1,800, depending on services.
- Insurance contracts set the actual payments (e.g., insurance may only pay $500 of a $1,400 charge).
- In most cases, patients currently pay very little out-of-pocket, due to contracted rates.

Annual transport volumes:
- 33,000 total trips per year
- Approximately 21,000 are actual transports

For uninsured or self-pay patients:
- The hospital's charity care and bad debt policies currently apply.
- The team would need to define how a subscription model interacts with those policies.

Council consensus supports exploring the program further and staff will return at a later meeting with details.

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2. PRESENTATION AND DISCUSSION REGARDING THE USE OF PORTABLE RESTROOMS IN CITY PARKS.

Mr. Jason Olsen, Parks and Recreation Director, introduced Mr. Ben Simons, Account Executive of Throne Labs, (via Zoom link), to present information on portable restroom options for City parks. Mr. Olsen noted Throne Labs' unique perspective and potential solutions related to concerns previously raised by the council.

2. (continued)

Company Overview

- Throne Labs manufactures, installs, and services public restrooms.
- Current locations: Washington, D.C. area; Ann Arbor, MI; Bay Area, CA; Los Angeles County.
- Mission: Expand access to clean, safe, pleasant public restrooms.

Restroom Features

- Touchless entry via QR code.
- Running water, sink, and toilet.
- Climate control and mechanical ventilation.
- Units are modular, can be placed via forklift, and require no water/sewer hookup.
- Activated within hours upon delivery.

User Feedback & Accountability

- After entry, users receive:
  - A 10-minute time limit (with warnings at 5 and 8 minutes; door opens at 10:20).
  - Text prompts requesting cleanliness feedback and issue reporting.
- System can message users who misuse units (e.g., loitering, smoking).
- Repeat misuse may result in restricted access.

Case Study – Downtown Los Angeles

- 5.6% of users reach the time limit; only 0.7% become repeat offenders.
- Accountability system significantly reduces loitering and misuse.
- Large proportion of users exit within 1–5 minutes.

Design Against Vandalism

- Graffiti-resistant interior & exterior wraps.
- Multi-color wallpaper discourages tagging.
- Peel-off mirror surface for easy replacement.
- All repairs covered by Throne Labs and handled onsite.

Cleaning and Maintenance

- Remote monitoring staff available 24/7.
- If hazardous conditions are reported, unit is locked and sanitized immediately.
- Restrooms generally cleaned every ~15 uses.
- Average user cleanliness rating across the U.S.: 4.3/5.
- Average uptime: 95% across 85 deployed units.

Community Impact

- Community surveys: 91% rate Thrones as "good or great."
- Santa Monica: 70% reduction in public defecation.
- LA County: 50% reduction.

Cost Model

- No water/sewer installation cost.
- Typically requires 120V electrical for cold-weather climates.
- Pricing:
  - Annual service fee billed monthly.
  - Cleaning, maintenance, and installation all included.
  - Market entry requires 15–20 units minimum, with eventual scaling to 25–30 in the region.

2. (continued)

Deployment Practicalities

- Throne hires local cleaners and technicians.
- Example staffing: 22 units may have 2–3 techs + multiple cleaners.
- Contracts are 12-month minimum.

Councilmember Bruce inquired about the smallest community in which Thrones operates to which Mr. Simons said the Detroit/Ann Arbor region. Councilmember Hinkle asked whether cleaning staff are local. Mr. Simons said local employees are hired whenever possible. This requires specialized training, and they usually hire two to three techs for every 22 units.

Councilmember Nofire asked about the lowest number of units the City of Norman could start with. Mr. Simons said 15 is the minimum and will increase based on demand. Special events will need to be included as part of a 12-month contract. Councilmember Gandesbery asked if the cost could be shared with nearby municipalities? Mr. Simons said the flagship customer usually carries the most units, allowing nearby cities to join with smaller counts.

Council thanked Mr. Simons for his presentation and the Zoom link was disconnected so council could discuss the information provided and the next steps to take.

- Council expressed interest in exploring partnership.
- Local agencies and neighboring municipalities should be encouraged to join to help meet minimum unit requirements.
- CSC and MHC expressed interest in hosting a unit.
- OU and other large venues (e.g., Thunder arena) may also be potential partners.
- Custom exterior wraps are available to match local branding (e.g., OU colors).
- Units can be moved quarterly as part of the contract.
- Throne Labs provides QR-coded cards for individuals without phones (e.g., unhoused residents).
- Comparison to permanent restrooms:
    - Permanent structures often cost $300k–$400k each.
    - Thrones may be cost-competitive over several years due to included maintenance and vandalism repair.
- Next Steps
    - City managers will discuss potential regional participation at upcoming ACOG meetings.
    - Analyze budget implications for next fiscal year.
    - Potential rollout would align with FY 26–27 budget planning.
    - Acknowledgment that the service level Throne provides exceeds current city capabilities.

Meeting adjourned at 5:12 pm.

ATTEST

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City Clerk Mayor