



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

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www.dshs.state.tx.us

July 21, 2014

City of Brady Fire EMS
Attn: Fire Chief, Lyle Daniel
216 West Commerce Street
Brady, Texas 76825

RE: Complaint Control Number: 1080141649
Respondent: Irion County EMS

USPS Certified Mail # 7010 3090 0001 8453 1406
And also by USPS First Class Mail

Dear Chief Daniel:

This letter is in response to a complaint received in this office on July 16, 2014. The complaint alleges that the City of Brady Fire EMS has failed to follow the Medical Director's protocol; performing advanced level or invasive treatment without medical direction or supervision; or practicing beyond the scope of certification or licensure; and routinely bypassing the local hospital emergency department.

The Texas Department of State Health Services, EMS Compliance investigates complaints and reportable incidents that may be in violation of the Health and Safety Code, Chapter 773, Title 25, Part 1, Chapter 157 of the Texas Administrative Code.

Therefore, we ask that you provide a written statement regarding the alleged complaint. Please provide this office with any and all documentation, supporting statements, paperwork and/or forms that support or deny the alleged allegations by July 31, 2014 to the address provided below:

Please send the required information to:
Texas Department of State Health Services
Charles A. Smith - EMS Specialist
2301 North Big Spring Street
Phone #: (432) 571-4105 Fax #: (432) 684-3932
Email: Charles.smith@dshs.state.tx.us

Please ensure that your response addresses each of the specific concerns addressed and/or expressed in the complaint. In addition to the above mentioned written statements and documentation, please also include the following requested documents and/or information by **July 31, 2014** to the address provided above:

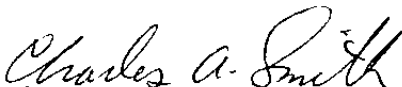
1. Please provide a copy of the City of Brady Fire EMS medical protocols that pertain to hospital by-pass procedures.
2. Please provide a copy of the City of Brady Fire EMS policies and procedures that explain the hospital by-pass policies and procedures.
3. Please provide a copy of any written transfer agreement and/or hospital by-pass agreement between The Heart of Texas Health Care System Heart of Texas Memorial Hospital and the City of Brady Fire EMS, if any.

4. If there are no written transfer agreement and/or hospital by-pass agreements between The Heart of Texas Health Care System/Heart of Texas Memorial Hospital and the City of Brady Fire/EMS; is there a verbal agreement and/or understanding? If so, please explain.
5. Please provide a copy of the City of Brady Fire/EMS medical protocols and/or policies and procedures that pertains to the requirement of following the medical director's protocols and the Brady Fire/EMS policies and procedures, if any.
6. Please provide a copy of the City of Brady Fire/EMS medical protocols and/or policies and procedures, if any, which pertains to performing advanced level or invasive treatment without medical direction or supervision, or practicing beyond the scope of certification or licensure.
7. Does the City of Brady Fire/EMS routinely by-pass the local hospital to take a patient to another city or County hospital? If so, please explain.
8. If the City of Brady Fire/EMS decides to by-pass the local hospital, and transports the patient to another facility, who makes that decision? Explain what type of patient illnesses and/or injuries and/or treatment factors are considered to qualify a patient to be transferred to another medical facility, by-passing the local hospital.
9. Please provide a written, signed, and dated statement from anyone that has knowledge of the actions taken by the City of Brady Fire/EMS in reference to each of the allegations.
10. Provide any other documents and/or information that may help explain the actions of the City of Brady Fire/EMS as referenced to the allegations.

Failure to respond could result in additional possible violations as per Texas Administrative Code Rules.

Thank you for your assistance in improving the public's satisfaction with the complaint response process. Should you have any questions, please contact me using the contact information provided below. Thank you.

Sincerely,


Charles A. Smith L.P. EMS Specialist

Texas Department of State Health Services
2301 N. Big Spring Street
Midland, Texas 79705
Mail Code: 4534
Office Ph. # (432) 571-4105
Cell Ph. # (512) 658-8491
Fax # (432) 684-3932
Email: charles.smith@dshs.state.tx.us

cc: Marilyn Talley, South Group Manager
Dr. Charles D. Benham, M.D./Medical Director