

MANAGEMENT FOCUS

— For Providers of Emergency Medical Services —

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EMS EMPLOYER OF CHOICE?

Becoming an “Employer of Choice” is a trendy phrase in human resource circles. It is difficult to measure, let alone achieve. In short, it means that EMS workers choose to work for a *particular* organization when presented with other choices of employment.

This choice is a conscious decision – or series of decisions – made when joining an organization and when deciding to stay with that organization. The deliberate choice even influences productivity, as employees choose to do what it takes to make their employer successful.

Today’s EMS workers have choices, more so than ever before in history. Everyone has a wide range of choices of occupation, employer locale, industry, and work arrangements. EMS workers make clear decisions about where they will work, why, and for how long.

While each individual establishes their own personal decision-making criteria, research by San Francisco State Professor John Sullivan shows that individuals have a number of common issues that will influence those choices.

The more EMS employers understand about these common issues, the more steps can be taken to strengthen their positions as

EMS employers of choice. Here are seven significant signs that you are on the pathway to success:

Positive Name Recognition. When asked in a group or survey, focus group people within the EMS profession will know the name of your organization 75% of the time and over half of those know one of the organization’s positive attributes.

Application Sources. At least 10% of applicants come from the five most prestigious or profitable agencies in the profession or region.

Cited in Publications.

Your agency’s HR and people practices are cited in trade association presentations or publications at least 10 times per year.

Referral Rate. Employee referrals make up over 50% of all hires.

Give away/take away ratio. Your organization hires away more people from the top five “same sector” competitors than the competitor hires away from you. Same sector is defined as private to private and public to public and excludes private to public sector hires.

Former employees re-

turn. Over 10% of employees who voluntarily quit in the past three years have returned. Over 50% express an interest in returning or working part time when surveyed.

Low turnover of top performers. The turnover rate for your top 25% rated employees is below 5%.

While measurement and metrics are important, becoming a better employer is a process. It is important to consider the “Seven Hidden Reasons Employees Leave” outlined by Leigh Branham

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THE REAL \$\$\$ IMPACT OF RAISING RATES

Community and political expectations of EMS continue to escalate. At the same time, the users of the system are being asked to pay for the lion’s share of EMS costs and in many cases the patients are funding a larger portion of medical first responder expenses. Fire department ALS first responder programs are frequently subsidized by user fees generated from the ambulance transports. Many EMS systems are considering or have implemented ambulance fee increases to fund system changes such as ALS first response, reduced response times, and more staffed ambulance coverage.

The important question arises: How much money can we recover if we increase ambulance rates? Providing the answer to this question is not as easy as it may seem. A service that is collecting 58% of its charges (payments received ÷ total charges) will not be able to collect 58% of an increase in fees. There are two reasons for this: 1) some payers pay a fixed amount (e.g. Medicare and Medicaid) and; 2) as rates increase the percent collected from other payers decreases.

The best way to demonstrate this effect is by example. Let’s assume that an

EMS is going to raise rates by an average of \$100 per transport. How much new revenue can be generated from this increase? There are a few pieces of information that need to be identified in order to make the calculations. These data include:

- ▶ The payer mix of transports
- ▶ The collection rate by payer
- ▶ Anticipated changes in collection rates with fee increases

For this example, we will assume that the information in Table 1 is true for our EMS agency sample.

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EMS & HOSPITAL TRENDS & NOTES



Homicide Charges for Delayed Care? A suburban Chicago Coroner's Jury ruled the death of a Waukegan woman after a two hour wait in the emergency room of Vista East Medical Center a homicide. The jury found: "A gross deviation from the standard of care that a reasonable person would exercise in the situation". The patient complained of chest pain, pains in her legs, feeling cold, shortness of breath and sweating. The Coroner said he reviewed ED protocols and found two - the American Heart Association and American College of Cardiology - for heart attacks. Both mentioned what signs to

look for and the descriptions matched the complaints "to a T," he said. Based on the autopsy findings, the victim died of a heart attack caused by a blocked artery and "contributing was delayed and inadequate treatment." It is unclear if the ruling will result in criminal charges indicated the local prosecutor who is still reviewing the case.

Feds Call Rescue Teams a Disaster. National search-and-rescue teams on call to respond to major disasters like the 9/11 attacks and Hurricane Katrina are plagued by "systemic deficiencies" and have earned failing grades, government investigators found. Findings by auditors for the Department of Homeland Security's inspector general and reported in the NY Post included: Many team members skipped training exercises and put off equipment maintenance.

Out of seven task forces that got evaluated, five were rated 50 percent or lower on government-readiness standards. Rescue teams didn't have enough canines ready, and none of the task forces had inventoried their equipment - purchased with more than \$200 million in federal dough since 9/11. Annual funding got cut in half after 2004. With fewer resources, FEMA provided "minimal oversight," and didn't hire new staffers to oversee the teams, auditors concluded.

Obese Patients & EMS Injuries. Serious, in some cases career-ending, injuries are occurring from the strain of transporting obese patients. In a survey last year of 1,300 workers conducted by the National Association of Emergency Medical Technicians, 47 percent reported suffering back injuries while performing their duties. Offi-

cialists said it was the first such survey, but that a rising number of calls involving obese patients is a clear factor in the high injury rate. An increasing number of agencies are buying special stretchers and other equipment that can accommodate adults weighing as much as 1,600 pounds. Worldwide sales of stretchers designed for obese, or "bariatric," patients are expected to rise from \$29.6 million in 2004 to \$50.5 million in 2012. Sales of special lift systems are expected to rise from nearly \$75 million to \$193 million.

People Mover Recall. Bedford, N.H.-based Segway Inc. has launched a voluntary product recall to upgrade the software in Segway Personal Transporters (PTs). A number of EMS organizations use the Segway device in conference centers, airports and major sports venues. The recall is to correct a condition that has been identified in which the Segway PT can unexpectedly reverse the direction of the wheels which can cause a rider to fall.

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in her recent book by the same title. They are:

The job was not as expected. EMS new hires are frequently disillusioned and have unrealistic expectations. Frank discussions and realistic job previews including performance expectations, work culture, management style and the organization's financial stability are recommended.

Person and job mismatch. Hiring for attitude and training for skill is an approach widely used by Southwest Airlines. Best fit

candidates can be identified using solid pre-employment screening techniques.

Too little coaching and feedback. Questions such as where are we going as an organization, how are we going to get there, how do you expect me to contribute and how am I doing are central to keeping staff. Open cultures where feedback is submitted about all levels of the organization are recommended.

Few growth and advancement opportunities. Organizations that pay attention to growing employ-

ees through various career stages keep them. Individual development plans are a wise investment.

Feeling devalued and unrecognized. Everyone wants to feel important. Some EMS organizations make employees feel the opposite. Saying thank you is the most important skill. Providing regular cash and non-cash recognition as well as paying attention to EMS vehicles and stations play a major role.

Stress from overwork
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THE REAL \$ IMPACT OF RAISING RATES

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The information in Table 1 indicates that 35% of the patients transported are Medicare beneficiaries, 15% Medicaid recipients, 30% have health insurance, and 15% have no insurance. Another 5% are paid from other sources such as contracts and special payment programs. This represents a service's payer mix. The collection rates are a calculation of how much of the total charges are collected from each payer prior to the proposed rate increase. The overall collection rate of our example organization is 58%.

The next step is to examine each payer type to determine the portion of a fee increase that would likely be collected. This information is presented in Table 2. Medicare and Medicaid will only reimburse a fixed amount regardless of the total charges. Therefore, there will be no additional payment made from these programs due to the rate increase as long as the organization is already charging more than the amount that Medicare and Medicaid allow.

A small decrease is projected for other payers. Insurance may pay a smaller percentage on higher ambulance bills due to limitations imposed to limit payment to the usual and customary amount

and specific policy caps on ambulance payments. Individuals without insurance

Table 2: Estimated Revenue for Rate Increase.

Payer	Anticipated Collection Rate for Increase	Realized Revenue from Rate Increase
Medicare	0%	\$0.00
Medicaid	0%	\$0.00
Insurance	78%	\$78.00
Patient Pay	14%	\$14.00
Other	88%	\$88.00

amount regardless of the total charges. Therefore, there will be no additional payment made from these programs due to the rate increase as long as the organization is already charging more than the amount that Medicare and Medicaid allow.

and specific policy caps on ambulance payments. Individuals without insurance

are not likely to be able to pay at the same level for higher charges and contracts may have limitations on increases. The second column in Table 2 reflects these decreases in the percentage of the rate increase that can be collected from the various payer groups. Table 2 also quantifies the portion of the \$100 increase that can be expected for each transport reimbursed by a specific payer.

The final step is to use the payer mix and the expected revenue from each payer to calculate the average amount of additional money per transport that would be generated from a \$100 increase. This information is provided in Table 3.

Table 3: Expected Receipts from \$100 Rate Increase.

Payer	Transport Payer Mix	Realized Revenue from Rate Increase	Average Additional Receipts per Transport
Medicare	35%	\$0.00	\$0.00
Medicaid	15%	\$0.00	\$0.00
Insurance	30%	\$78.00	\$23.40
Patient Pay	15%	\$14.00	\$2.10
Other	5%	\$88.00	\$4.40
Total	100%	\$180.00	\$29.90

The weighted calculation is straight forward. The percentage for the payer mix is multiplied by the anticipated amount expected from the rate increase for each payer. These amounts are then added to get the average amount per transport that can be expected due to the rate increase. In our example, an increase of \$29.90 can be expected in collections per transport.

While the overall collection rate for the service in our example is 58%, the percentage of the rate increase that can be collected is 29.9%.

As ambulance rates escalate, the service will experience diminishing returns on the amount collected from the increases. This is important for EMS managers, politicians, and the consumers to understand when defining EMS performance expectations and when EMS systems look to the ambulance users to fund changes.

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and work-life imbalance. The nature of EMS involves hours of boredom and moments of terrific intensity. Holding over for calls, training, working extra shifts and partner relationships can all be stress producing. Helping

staff move toward greater balance at work and at home can pay dividends for the organization.

Loss of trust and confidence in senior leaders. Creating a culture of trust and integrity is a task shared by

all leaders at all levels of the organization. Senior leaders set the tone and example. It is through that example that align with the organization's values and stay engaged.

Many factors can cause an organization's culture to

become unhealthy or even toxic. Recognizing them and working to reduce disengagement, and fostering positive practices are the challenge of becoming an EMS employer of choice.

IMPROVING EMS' IMAGE . . .

Image was one of eight research projects completed by the nearly 80 Ambulance Service Manager (ASM) certificate graduates this year. The internet survey yielded over 300 responses spanning 15 states. It explored perceptions of EMS professionals among the general public, health care professionals and other public safety entities. While not a scientific survey, the results provide valuable and actionable information.

Key findings included:

- ▶ Law enforcement was rated as the "most professional" among the public safety services (43.9%) with EMS rated second (36.3%) and the fire service (19.6%) rated third.
- ▶ Three fourths of the

respondents indicated that when calling EMS they expected that a paramedic respond.

▶ Attitude was the most frequently cited factor creating negative views of the ambulance service.

▶ Appearance and uniforms were also rated as significant factors creating negative impressions.

First impressions are frequently formulated in the first seven to 15 seconds of an interaction. The group concluded that attitude and appearance/uniforms are deeply intertwined in the lay public's mind. Recent media portrayals of EMS personnel (e.g. "Saved") leave a different, less positive, impression than those previously de-

picted in "Emergency" and "Rescue 911". The group further questioned if "baseball caps, tee shirts and shorts were too casual" to support a professional EMS image and believes further study is required.

They encouraged personnel entering scenes to quietly exert control in a manner that creates a positive first impression, relieves a patient's anxiety and makes a human connection. The ASM research group acknowledged that working on attitude was a longer term issue but encouraged administrators to immediately address improving crew uniforms and appearance.



August 5-9, 2007 has been set for Pinnacle: Inspiring EMS Leadership. Industry leaders will again gather at the award winning Don Cesar Hotel, St. Pete Beach, FL. A call for presentations has been issued and prospective speakers are encouraged to contact meeting coordinator Sharon Conroy (sconroy@emprize.net) before November 15, 2006 to submit topics. For more information, or to review a summary of last year's Pinnacle conference, see www.Pinnacle-EMS.com

Communications CENTER MANAGER COURSE 2006/07

As the communication center becomes a critical specialty, the CCM course has become the leading training program for managers. Online ses-

sions begin October 16 with onsite sessions in Kansas City November 9 - 14, 2006 and January 4 - 9, 2007. For more information and to register, go to www.fitchassoc.com.

ASM 2007

Ambulance Service Manager

For more than a decade, the Ambulance Service Manager course has been the leading certificate program for EMS leaders. Demand for the program is immense, and courses sell out very quickly. Online begins January 29 and onsite sessions in Kansas City are February 25 - March 2 and April 29 - May 4. For more information and to register, go to www.fitchassoc.com.

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