

# MANAGEMENT FOCUS

— FOR PROVIDERS OF EMERGENCY MEDICAL SERVICES —

Vol. 19, No. 1

FITCH & ASSOCIATES, LLC

Spring 2004

## CREW SAFETY CRISIS

Crew safety – how to measure it, manage it and improve it – has been an issue for more than a decade. Leaders, slow to accept that more must be done to improve safety and wellness, are being shocked into taking action by unnecessary deaths. On-duty shootings, stabbings, wrecks and air crashes are becoming increasingly common.

The murder of EMT Brenda Cowan in Lexington, KY, February 13, sadly illustrates the point. Cowan and partner Jim Sandford responded to a domestic dispute. They were shot as they knelt assisting the victim in front of the house. No policy was in place requiring the crew responding to a domestic disturbance to await police arrival.

Within minutes of being shot in the head, Sandford says he managed to crawl to safety behind a tree, only to watch helplessly as Cowan lay dying nearby. A police officer drove a cruiser between Cowan and the house to shield her from additional fire. The crew was pinned down for almost an hour before the scene was secured. Sandford and two other public safety personnel were treated and later released. The assailant was arraigned on two counts of murder and two counts of attempted murder. Cowan, 40, was a 12 year veteran of the Lexington Fire Department.

EMS violence doesn't just happen on calls. In Edmonton, Alberta, Canada, Paramedic Jennifer Jones survived a stabbing that occurred in the alley behind the station as she took out the trash late last year. Accosted by a man who asked for change, when she reached into her pocket to comply, Jones was stabbed in the stomach and below the rib cage. She was taken to the hospital in her own unit. Supervisory staff indicated had the wound been slightly deeper it would likely have been fatal.

Assaults on ambulance per-

sonnel in the United Kingdom increased at an alarming rate during the past three years. These incidents have played a prominent role in EMS labor strife in that country. EMS personnel in all three countries indicate that these occurrences underscore the need for protective vests, better defensive training and stiffer penalties for assaulting paramedics or other medical personnel.

Air medical fatalities continue to approximate one per month nationwide. This is in spite of efforts spanning more than a decade to improve air

crew safety.

Ground ambulance accidents have been profiled by *USA Today* and other national press. Despite additional scrutiny the number and severity of reported incidents appear to be increasing. Exact figures for ambulance crashes are unavailable, but the Detroit News reported that 6,500 crashes occur annually in the United States.

EMS leaders must address the root causes. These include poor vehicle design, inadequate training, failure to

*continued page 2*

## CELL PHONE CONTROVERSY?

Emergency services leaders are struggling with an emerging human resource issue: On-duty use of personal cell phones. It's a classic conundrum; Personal cell phones, once considered a positive adjunct for backup communications are rapidly becoming both a nuisance and hazard. Directors and chiefs are scrambling to address the issue and write policies to control abuse.

Consider these real life examples: Fire chiefs report those preparing to enter a structure fire stopping in full bunker gear to answer calls from curious co-workers. A paramedic interrupts her as-

essment of a heart attack victim to answer a call from her latchkey child. Crew members so enmeshed in their "off-duty" businesses that on-duty productivity is significantly impacted.

Suburban Atlanta Fire Chief Jack Krakeel indicated that he is concerned about both safety and customer service. "Anyone taking a personal call during an incident can quickly become a victim." Cell phones have become such a part of our society and profession. They play an integral communications role at many disasters and provide important linkages. But they have also been

abused. Interrupting training and indiscriminate cell phone use at stations and in office settings are frequent non-safety related concerns.

Directors report cell phones becoming an increasing distraction that results in discipline. Many departments are taking a more conservative approach to the use of employer provided email, cell phones and personal cellular calls. Few have adequate policies to address this issue. According to Krakeel, I hope to avoid a complete out of station ban of personal cell phones by working with staff to gain compliance using a

*continued page 3*

# EMS & HOSPITAL TRENDS & NOTES



## AMR Reorganization.

American Medical Response downsized its regional structure from four to three regions. Positions for central states CEO Bill Pahl, AMR's national procurement team and the region's administrative support will be eliminated. Operations division in the region will report to one of the remaining 3 CEOs.

## Chicago Fire Fails Exam.

After 2 years of almost perfect scores on state EMT exams, allegations of cheating and an investigative series by the NBC affiliate, new exams were administered last month. The result: failure rates increased from 2% to 38%. According to published reports, not only did more firefighters fail the new test,

they also did worse than the national average. Last fall, CFD failed basic state ambulance inspections.

**Injuries cost US \$117 Billion/year.** According to a CDC report released early this year, the medical expense of injuries approximates 10% of medical spending and is similar to the medical costs associated with smoking, obesity and other leading health concerns. [www.cdc.gov/injury](http://www.cdc.gov/injury)

## Missing E-911 Deadlines.

According to the National Emergency Number Association's most recent report, more than half of the emergency 911 centers will not be able to track cell calls by next year's deadline for wireless companies to outfit their phones with locator technology. The report found that state and local governments would have to more than double their annual spending to \$1.7 billion to meet the deadline which is an unlikely

prospect given the budget shortfalls facing many local governments. NENA's findings mirror the December, General Accounting Office report, in which the GAO said fewer than half of the 50 states will have full enhanced 9-1-1 systems by 2005. Some states were unable to even estimate when the new systems would be installed.

## National Provider Identifier.

CMS has adopted the NPI as the standard unique health identifier for providers to use filing and processing health care claims. The final rule can be viewed at <http://www.cms.hhs.gov/providers/cms0045f.pdf>.

**Acadian Ambulance.** Recently expanded its service area to include New Orleans and its suburbs. Acadian acquired long time competitor Priority Ambulance and will begin serving Orleans, St. Bernard and Jefferson parishes (counties). Acadian

committed to base a helicopter to build a maintenance base in Orleans parish. Acadian has over 1,700 employee owners and serves 30 parishes in Louisiana and multiple counties in Mississippi.

## Former Director Indicted.

Adams County, Indiana's former EMS Director, Jerry Bultemeier, has been charged with falsifying work records to receive \$50,000 for hours he did not work since 2000.

## Future of Emergency Care.

The Institute of Medicine, of the National Academy of Science, has established a task group to address the future of emergency care in the US health system. Key issues to be addressed include: 1. The Role of Emergency Care 2. Professional Workforce Issues 3. Information Technology and System Issues and 4. Research Agenda. More information can be found at [www.iom.edu/emergency\\_care](http://www.iom.edu/emergency_care).

## CREW SAFETY CRISIS *Continued from page 1*

take advantage of technologically sophisticated real time monitoring and poor supervisory recognition and early remediation of behaviorally significant events.

The American Ambulance Association created a task force to serve as a focal point on the issue. AAA is focusing its initial efforts in three areas: human factors; technology/systems; and vehicle/fleet factors. Human factors to be studied include stress

both on and off the job, shift length and work cycles, interview/screening processes, dealing with distractions in the cab of an ambulance such as radios, sirens and patients' family members.

In addition to decreasing fatalities, preventable career ending injuries must be addressed. At the heart of it—organizations have to become action oriented. Changing behavior starts both at the top and at all levels of the organi-

zation. Management and labor must collaborate to develop a meaningful approach. Then, we must hold each other accountable. Develop benchmarks against which progress can be measured, trained, remediated, and recognize desired behavior. EMS cannot afford to allow those that are non-complaint to remain in the organization. It becomes a matter of life and death.

## MANAGEMENT FOCUS

published quarterly by  
Fitch & Associates, LLC

Subscriptions are complimentary,  
and are available for download at  
[www.fitchassoc.com](http://www.fitchassoc.com) or from  
Fitch & Associates, LLC  
303 Marshall Rd., Box 170  
Platte City, MO 64079-0170  
816-431-2600  
[sconroy@emprize.net](mailto:sconroy@emprize.net)

Quotes allowed with attribution.  
Copyright ©2004 by Fitch & Associates

The publisher is not engaged in rendering legal, accounting or investment advice. You should discuss any tax, legal, or investment problem with your own lawyer, accountant, or financial advisor.

## CONGRESS EASES FEE SCHEDULE IMPACT FOR SOME

The passage of the Medicare Prescription Drug, Improvement and Modernization Act will lessen the impact of the fee schedule for some ambulance services. The plan will provide a mechanism to lengthen the phase in of the fee schedule for areas of the country that were hit the hardest with Medicare reimbursement reductions. Provisions of the law will take effect July 1, 2004 and will extend the phase-in period for many ambulance services until 2010. Ambulance services will receive the higher reimbursement either calculated by the original fee schedule or through the new regional fee schedule amounts.

There are other provisions

of the law that will benefit ambulance services. Payments for long distance patient transports over 50 miles will be increased with Medicare reimbursing 25% more than the usual mileage allowance for every mile above 50 for each transport. This increase applies regardless of whether the transports originate in urban or rural areas.

The legislation also calls for increased payments to be provided for ambulance transports originating in rural areas with the lowest population density. The rural areas eligible for this increased payment are those that rank in

lowest in density and account for 25% of the total rural population. The amount of these increased payments will be determined by the Secretary and applied to all transports from July 1, 2004 until December 31, 2009.

In an effort to provide all ambulance services with some financial relief the legislation incorporates additional payments for a specified period of time. All transports originating in rural areas between July 1, 2004 through December 31, 2006 will receive an increase of 2% over the amount that otherwise would apply. Urban transports will receive an ad-

ditional 1% for the same time period.

The interim final regulations or program instructions implementing these provisions have not yet been released. These regulations and instructions will more clearly identify how the law will be implemented and should quantify the additional rural compensation for low density areas.

The law doesn't provide a great windfall for ambulance services, but may help some organizations by lessening the initial negative impact of the fee schedule and allowing additional time for services to cope with decreasing Medicare reimbursement.

---

### MODIFICATIONS TO BENEFIT RURAL PROVIDERS

---



---

## CELL PHONE CONTROVERSY? *Continued from page 1*

common sense approach.

Police officers are also at risk. "It's not uncommon for an officer to be typing on their mobile data computer, talking on the radio, and talking with someone on their cell phone while trying to drive," indicated one California police communications manager. They would probably write someone a citation for the same type of driving performance. We are hoping to modify the officer's behavior. Citizens complain when they see emergency service personnel trying to multi-task in this manner.

"Cell phones have become as essential as a pager was 10 years ago. "Says Dave Williams, MS, NREMT-P, Com-

mander over Quality Management at Austin-Travis County (TX) EMS. "I carry one with me all the time and receive both work related and non-work related calls." Williams says balancing which calls to take is a challenge; he relies on the caller ID function and a heavily populated address book from his PDA/phone to determine whether to take a call. "If I'm in a meeting and a call not related to my city work comes in, I'll forward it to voicemail and get back to them on a break. But if it's a City or County government exchange, I know I can and should answer it."

Here are ten common sense suggestions for staff cell phone use while on-duty.

### Don'ts

1. Do not take personal cell calls while on an emergency assignment, at a scene, hospital or at a stand-by or public education event.
2. Do not conduct extended business calls unrelated to your primary employment while on-duty. (e.g. running your off-duty business)
3. Never take a personal business call during an on-duty meeting. This includes training sessions, interviews and meetings with co-workers or subordinates.
4. Maintain at least a 10-foot zone from anyone while talking.
5. Don't use loud and annoying ring tones that destroy concentration and eardrums.

### Do's

1. Use caller ID and be selective on which calls you answer and which you can send to voicemail.
2. Keep personal cellular calls brief and to the point.
3. Use an earpiece in high-traffic or noisy locations. That lets you hear the amplification - how loud you sound at the other end - so you can modulate your voice.
4. When calling someone's cell ask them if this is a convenient time. Tell personal callers you're at work - to encourage them to keep it short.
5. Demand "quiet zones" and "phone-free areas" at work and in public venues.

## POSITIVELY INFLUENCING CHANGE

EMSers are problem solvers—no doubt about it. We're used to walking into the unknown, assessing it, and executing a plan we hope will solve it. In all honesty, we're good at it and as we evolve into management we take that approach with us. While it can be valuable in a pinch and seems to come naturally, is it the most effective approach to create substantive change in a positive direction? Does it build on where your organization excels?

"So, what would you like to accomplish," asked Diana Whitney, a leading appreciative inquiry consultant, to a group of British Airway's employees. Like most people interested in improving performance and solving problems, they responded with their number one customer issue. "We'd like to develop a process to better meet our customer's needs when we lose their luggage." This didn't surprise Whitney and she quickly reframed their problem. "So you want to

focus your attention on developing a better process for dealing with when you've lost your customer's luggage instead of working on not losing the luggage in the first place?"

The example seems so simple when you stand back and look at it, but organizations of all shapes and sizes get caught in the same trap. Imagine an organization desiring to improve its customer service program to deal with patient complaints instead of aiming to meet patient needs in the first place. Traditional problem solving focuses on looking at an organization as a problem to solve. Managers identify problems, analyze root causes, brainstorm solutions, and develop action plans. While common practice, this glass half full approach is problem-driven and draws attention to the defects of a system and solutions are often targeted at those defects.

Appreciative Inquiry (AI) takes an entirely different approach and looks at organi-

zations as a mystery to embrace. Instead of looking at problems to fix, AI looks to learn from when things go well and attempts to replicate it. AI practitioners use a process called the "Four-D" cycle: **Discovery, Dream, Design, and Delivery.**

First, an organization identifies an affirmative topic. For example, how do we create an exceptional patient experience? The "Four-D" cycle starts with the discovery phase. Using a custom developed interview protocol, people interview each other in search of understanding the best of what is and what has been. The second phase involves dreaming of what could be – what's the ideal. Having appreciated the best practices and looked towards what might be, the third phase focuses on designing how it should be. How do we create systems that enable our ideal? And finally, comes the destiny phase, which focuses on what will be as employees build action plans that move

the organization forward. The result: rewarding positive change.

British Airways turned their attention to creating an exceptional arrival experience. Imagine being able to learn from when your organization excels and turn it into a process that provides your customers an exceptional patient experience? With AI it's possible. So, next time you find yourself looking to tackle the problem end of an issue, do something different and take the appreciative approach to positive change.

-Dave Williams

### COMMUNICATION CENTER MANAGER COURSE 2005

October 24-29, 2004  
January 16-21, 2005  
Kansas City, MO

[www.emergencydispatch.org](http://www.emergencydispatch.org)  
or (800) 960-6236

Please Expedite: News Materials

Address Service Requested

FITCH & ASSOCIATES, LLC  
303 Marshall Road, Box 170  
Platte City, Missouri 64079-0170

MANAGEMENT FOCUS

PRESORTED STANDARD  
U.S. POSTAGE  
PAID  
PERMIT 1422  
KANSAS CITY, MO