

MANAGEMENT FOCUS

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NFPA MEMBERSHIP APPROVES STANDARD - CITIES TO APPEAL

The National Fire Protection Association (NFPA) membership voted overwhelmingly May 16, 2001 to approve Standards 1710 and 1720. These standards address response time and staffing for EMS and Fire Operations and will ultimately impact local EMS requirements for both public and private providers. A final vote will occur in July at the NFPA Standards Council.

The 1710 Standard for the Organization and Deployment of Fire Suppression, EMS and Special Operations by Career Fire Departments is a comprehensive guideline for the organization, operation, deployment, and evaluation of public fire protection and emergency medical services.

The lengthy and comprehensive standard includes requirements for minimum four-person staffing, with five and six in high-density areas. Fractile four-minute response times for first due companies. Eight-minute responses for full alarms are required. Two paramedics on all Advanced Life Support EMS calls is the minimum staffing required. Cities contracting with private EMS services are compelled to ensure that they meet NFPA guidelines.

Guidelines for volunteer agencies (Standard 1720) are less restrictive. The impact

on those departments that utilize both paid and volunteer personnel were not addressed by either standard.

The battle to approve 1710 was heated. Organizations including the International City/County Managers Association (ICMA) charged that the International Association of Firefighters (IAFF) was seeking only to add jobs and union members. IAFF countered, "It leaves a legacy for current and future fire fighters. It makes our job safer, our fire departments better, and it will save lives of fire fighters and citizens we protect."

The final determination as to whether 1710 becomes an official standard will be decided by the NFPA Standards Council, which meets in San Francisco, California, July 10-13, 2001. ICMA will request a hearing before the standards council in San Francisco to present an appeal. According to ICMA, 1710 would undermine local democratic decision-making through its "one-size-fits-all" approach. ICMA alleges that the 1710 Technical Committee fell woefully short of balance, as it did not contain a single elected official and only one

city manager on this issue of fundamental public policy.

Less than a day after the overwhelming passage of the NFPA 1710 standard, IAFF General President Harold Schaitberger huddled with the IAFF Executive Board and his senior staff to develop the union's strategy for implementing the comprehensive standard on fire department deployment and operations. According to Schaitberger, "this will change the face of the fire service for decades to come."

Even when finally ap-

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COUNTDOWN TO COMPLIANCE

HIPAA Compliance, that is! The crush of activity to implement new Federal standards is as confusing to many EMS leaders today as was Jed Clampet's disorientation at becoming one of the "Beverly Hillbillies." Unfortunately, there are no ambulance "oil wells" to make life carefree.

The Transaction and Code Set Standards will be enforced beginning in December 2002. Full compliance with the Privacy Standard will be required in April, 2003. Both require planning that must begin early to achieve compliance in the

required timeframes.

Health and Human Services (HHS) Secretary, Thompson, said that HHS received more than 24,000 written comments during the recent comment period on the Privacy Standard. He stated that, "We will keep these comments in mind as we continue to make sure patients receive the highest quality care and begin the process of issuing guidelines on how this rule should be implemented. We will consider any necessary modifications that will ensure the quality of care does not suffer inadvertently from this rule." Secretary

Thompson also stated that some of the concerns raised in the comments will be addressed through guidelines and recommended modifications.

The HIPAA news is not all "bad." Currently, providers and payors use scores of differing formats to submit electronic claims. Under HIPAA's Transaction and Code Set Standard, all providers and payors who collect and submit electronic claims will do so using a common format.

There are five primary

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EMS & HOSPITAL TRENDS & NOTES



DC EMS Woes. EMS response times are climbing. ALS within 8 minutes occurs 46 percent of the time compared to the 90 percent standard. Response times are currently 16:42 seconds according to the *Washington Times*. Chief Few was thrashed by the paper for changing the published EMS goal from 90 to 70 percent in the current year.

Needlestick Reporting. OSHA regulations take effect July 17 requiring EMS agencies to establish a process for involving employees in the selection of safer sharps devices and to begin logging injuries from contaminated sharps.

Disaster Drill Litigation. A 74 year old volunteer in a mock disaster is suing the City of Canton, Ohio because she claims firefighters loaded her on a stretcher without restraints and then dumped her to the ground. The suit alleges that the woman informed officials of her physical limitations and was assured an appropriate role in the drill. According to the suit, a firefighter dragged her outside across the concrete. She was later loaded on a stretcher but one or both of the individuals carrying the stretcher let go and dumped her to the ground. She incurred over \$6,000 medical expenses as a result.

FLSA Settlement. Columbus, Georgia settled a 6 year old lawsuit by agreeing to pay \$1.2M in overtime to 51 EMS workers that had been on a 58 hour work week.

ED/Diversion Crisis. ED overcrowding has become a critical factor nationwide. In May, the patient that showed up at the Lahey clinic in Burlington, Vermont with a high fever and hacking cough endured two hours of tests and had to wait an additional three hours to be admitted. She is the State's Assistant Commissioner of Public Health and is responsible for dealing with ED overcrowding complaints.

Hospital Profits. Not-for-profit hospitals reported a 0.6% operating profit for the year 2000 compared to a 9.5% operating margin for investor owned hospitals, according to a *Modern Healthcare* survey published in the June 4, 2001 issue. VA hospitals, HCA and Tenet are the three largest systems, when ranked by patient revenue.

OIG Advisory Opinion. A hospital's proposed purchase of cardiac monitor/defibrillators and subsequently leasing them to EMS providers for \$1 a year received tacit approval. The OIG found the arrangement presented "minimal risk" of Federal healthcare program abuse while providing significant benefits to the community. Advisory opinions are only applicable to the entity that requests them, however it gives others in similar situa-

tions an awareness of how such an arrangement would be viewed. Read the opinion at www.dhhs.gov/progorg/oi/g/advo/pn/2001/ao01_05.pdf.

Supreme Court Decision. On May 29, 2001, the US Supreme Court ruled that the National Labor Relations Board (NLRB) applied the wrong standard for determining whether or not nurses who direct other employees are exercising "independent judgment" to such an extent that they are supervisors under the National Labor Relations Act, and thus, excluded from the protections of the Act.

The Court's decision will influence significantly unionization issues – particularly in the healthcare industry - by controlling how the NLRB and courts determine whether or not individual nurses and other classes of professional employees can join or participate in unions.

According to EMS law firm Foley and Lardner, the decision provides EMS employers with renewed arguments for insisting that these professionals be excluded from newly-filed petitions for representation (i.e., union elections) and that existing collective bargaining units be re-defined.

"911" Changes. In the United Kingdom, ambulance services will no longer have to respond an ambulance on every emergency call. In plans announced last month,

very minor calls to 999 (the UK's universal access number) may be transferred to National Health Service helplines, referred directly to a physician's office or other home health services.

NHS Direct is the nationwide nurse helpline established to provide self-help information and reduce demand on ambulance services and overcrowding in Emergency Departments. In many areas, the nurse helpline is operated by local ambulance service.

The London Ambulance Service answers 800,000 calls a year, of which around 10 percent simply need phone advice. If the service did not have to send crews to these 80,000 calls, emergency response times would improve significantly.

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proved, NFPA standards will not be legally binding. However, standards established by NFPA are frequently adopted by local ordinance or are incorporated by OSHA or other regulatory agencies. In those cases, they become legally binding. More important, juries frequently use them as a benchmark in awarding negligence claims. And, that is what will cause local government to follow these guidelines in the future.

Commentary-

NFPA 1710 can be a very positive step toward improving EMS throughout the nation. The IAFF built a strong coalition between the IAFC and the National Association of State Fire Marshals. However, it is important that the standard be implemented in a

manner that encourages innovation and cost effectiveness rather than seen as a mechanism to increase the number of positions in a service with decreasing fire demand.

Nearly three decades ago EMS and communities turned to Third Service and private providers when "old school" fire leadership was averse to expanding its role. Two decades ago, private providers that scheduled EMS resources more effectively and employed personnel at a lower total cost displaced municipal services. During the last decade the cost advantage of the private sector declined. When national companies began to consolidate the private sector, it was perceived as a threat to the fire service. When con-

solidation failed, it became a fire service opportunity.

In the next decade, the public sector has the chance to prove its effectiveness. Lori Moore and the IAFF are taking steps to encourage quality measures and develop clinical better systems. That's a positive step.

There are two keys to the fire service meaningfully competing in the next decade. First, balance between what constitutes good medicine and an individual employee's interest must be reconciled. Second, Fire Departments must become more cost effective by developing creative deployment methodologies and alternative schedules for both fire and EMS. It will be a difficult task. However, it is critical to the fire service remaining

competitive.

US railroads and the Postal Service are examples of government-sanctioned industries that became so arrogant that they believed they could not be replaced. Attitudes of being irreplaceable should be avoided. Airlines displaced railroads and both Fed-X and the Internet diminished the importance of the Postal Service because these industries failed to innovate and keep work rules (costs) competitive over time. In the end, everybody competes.

The fire service has raised the bar through the passage of NFPA. The challenge is to continue to innovate and become competitive.

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COUNTDOWN TO COMPLIANCE

potential benefits of standardization. First, it will allow providers to check claim status and verify eligibility in real time. Second, reduction or elimination of paper-based activities will occur. Third, receipt of payments will accelerate shortening the payment cycles. Fourth, standardization should reduce claim errors and write-offs. Finally, the cost to process each claim should decline.

Cost is a significant and misunderstood factor. On average throughout healthcare, a clean paper claim takes

60 days until receipt of payment at a cost of \$5 per claim. Payment for a clean electronic claim takes only 14 days at about \$.25-\$.30 per claim, according to HHS. Sound too good to be true? It is! EMS claims are rarely "clean" and typically cost more to process. Significant investment will also be required to achieve these savings. Waiting to meet the 24 month deadline will increase costs. Providers must think strategically, assess their current situation and begin collecting new data elements, now!

Here are six essential questions that should be asked about your readiness:

1. Does your organization have a group or individual responsible for HIPAA information and compliance planning?
2. Has the service completed an internal high-level assessment for HIPAA compliance in the areas of privacy, security, data sets, and/or transaction standards?
3. Have you determined the resources required to comply with HIPAA?
4. Have you created a step-

by-step implementation work plan?

5. Do you have a migration plan for electronic data interchange solutions?
6. Have you encouraged your staff and peers to attend HIPAA education programs?

Professional organizations including AAA, IAFC and AAMS will be providing educational sessions in the coming months, as will Fitch & Associates. Developing your service's "Countdown to Compliance" is a good first step.

INTEGRATING VISION, STRATEGY & TACTICS TO ACHIEVE “BEST PRACTICE”

Achieving EMS “Best Practice” status requires educating, empowering and affirming EMS stakeholders. There are seven broad categories and over 30 components that can be benchmarked in EMS. Systems that achieve best practice status in multiple categories understand the importance of vision, strategy and tactics.

Integrating all three is necessary given the monumental EMS changes afoot in many communities. Changes include: types of providers, operational methodologies, reimbursement structures, regulatory compliance requirements, staffing and response time expectations to name just a few.

There is no “one right way” to accomplish anything. Leaders learn from many

sources. Learning expands vision, develops strategic thought processes and exercises tactical skills. You are invited to learn and/or lead

managers; recruitment, selection and retention strategies; tactics for HIPAA implementation; and extending vision through apprecia-

The core conference includes topics that describe integrating vision, strategy and tactics to develop best practice systems. Specific sessions will address creative system designs; communicating strategies and tactics with the media; reimbursement strategies, including enhancing compliance; specialty care transport; and rural issues. Abstracts are currently being accepted for the Innovation Showcase.

This year’s EMS Leadership Conference dates are Monday, October 22 through Wednesday, October 24, 2001 at the Hyatt Regency Crown Center in Kansas City. For detailed information, schedules, faculty and registration, visit www.fitchassoc.com.

SHOWCASE YOUR SERVICE!

Share your successful innovations and service improvements at this year's Leadership Conference. Selected service leaders will present the innovations that took their service to a new level of performance. Conference participants and industry experts will interact with presenters to reinforce specific take-home ideas.

To have your innovation considered for the Showcase, submit an abstract application before September 15, 2001. The application is available at www.fitchassoc.com or by calling Connie Eastlee at (816) 431-2600.

Each selected presenter will receive a full registration to the 2001 Leadership Conference and Pre-conference.

***Medical Transportation Services
Leadership Conference 2001:
Integrating Vision, Strategy & Tactics, October 22-24, 2001***

a mini-session at the 2001 Leadership Conference.

This year’s pre-conference topics include a detailed labor law update for

tive supervision. EMS Labor Attorney Mark Flaherty, Jay Fitch and David Nelson will be among those leading pre-conference sessions.

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