

# MANAGEMENT FOCUS

— For Providers of Emergency Medical Services —

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## EMERGENCY:

### EMS IN NEED OF WELLNESS RESUSCITATION

Everyday, EMS crews respond to calls for help from patients experiencing a myriad of health problems. In many cases, they discover ailments that are the result of poor life choices: sedentary lifestyles, smoking, drinking, poor dietary habits, and stress. While the damaging effects are already there, and in some cases are irreversible, responders often still offer advice on healthy choices and hope at least a few patients listen.

Sadly, preventable disease is an epidemic, and poor lifestyle habits lead to a majority of the top ten causes of death in America (see Figure I). Also alarming, however, is that the same lifestyle risk factors that cause so many deaths each year are prevalent among EMS workers charged with treating health emergencies. Aggressive steps are needed to address this problem.

**Why an EMS Issue?** If I were to tell you an ambulance was incurring lost unit hours, critical breakdowns, and a slowing of response times you would be quick to act, correct? What if I told you your employees were losing work days, suffering on-the-job injuries and had reduced productivity, wouldn't you want to act just as swiftly?

"Paramedics like to sep-

arate the mind from the body," says Dr. Tania Glenn-McIntosh, a clinical therapist whose private practice, Readiness Group International, works with public safety agencies to help reduce the negative physical and psychological effects of the work they do. Dr. McIntosh sees manifestations of the lifestyle risks medics see in their patients amplified in their own lives, affecting their perspective, physical well being, and ability to bounce back from injury.

Avoiding injury alone can

be a major EMS issue. In a study of on-the-job injury and illness rates, Dr. Brian J. Maguire of the University of Maryland Baltimore County found that sprains, strains, and tears are the most commonly found injuries. Admittedly a risk of the work environment, the occurrence of injuries like these can be reduced through regular, moderate exercise to keep muscles and joints flexible. Maguire's study concluded that the current injury rate among EMS providers is six times higher than

the national average and 1.7 times greater than among firefighters. The result: lost work hours that are 11 times the national average.

In addition to lost work and injuries, Dr. McIntosh says poor lifestyle management and job stress can affect employee morale and personal outlook. She says, "They can go from happy people to more cynical and, over time can lose all of their coping ability, making matters worse." As attitude and personal wellbeing decline,

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## TOP EMS COMPETENCIES?

What makes for a successful EMS employee? Is it being a team player, having integrity, adaptability, or effective problem solving and decision making skills? While each of us can come up with a list of our own, has anyone really thought to ask?

Using a list of 41 leadership competencies taken from the Fitch Competency & Career Compass™ (a comprehensive 360 feedback tool), two separate groups of EMS leaders participating in the American Ambulance Association's Ambulance Service Manager program attempted

to find out. Each group surveyed EMS professionals from across the U.S., and what they discovered may surprise you.

the group surveyed 483 people representing a mix of field providers and administrators from both rural and urban settings. The survey

results revealed five top competencies: listening skills, adaptability, problem solving & decision making, team management, and communication skills.

The project group also polled respondents on what they believed to be most important for retaining strong employees. Two key factors, flexible schedules and compensation, were consistently identified by

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**Figure II. Fitch Competency & Career Compass™**

The Fitch Competency & Career Compass™ assesses 41 essential competencies across seven broad categories:

- Management
- Leadership
- Communication
- Conceptual
- Contextual
- Interpersonal
- Personal

For a complete list of the 41 competencies and more information on the Fitch Competency Career Compass™ go to [www.fitchassoc.com/competencies](http://www.fitchassoc.com/competencies).

**Group I.** Group I attempted to discover the qualities of successful EMS employees and what it takes to keep them once hired. Using the 41 competencies,

# EMS & HOSPITAL TRENDS & NOTES



## Study Says Medics Not Intubating.

University of Pittsburgh researchers reviewed a year's worth of Pennsylvania EMS data and discovered that two-thirds of the medics performed less than three intubations a year and 40% performed none at all. This is far below the 6-12 annual intubations advocated by the American Heart Association for advanced level providers. The results further echo issues highlighted in journalist Rob-

ert Davis' *USA Today* article (3/2005), which questioned: Are more paramedics better? Davis argued that cities with less paramedics actually had higher survival rates for cardiac arrest. Greater skill exposure and a tighter span of medical oversight were attributed to the difference. The Pittsburgh study adds to the debate over system design and pre-hospital training, refresher, and skill maintenance and warrants serious exploration.

## Privacy Rights vs. Reality

**TV.** Two former patients are suing makers of the reality show *Trauma* for what they allege was a violation of their rights to privacy when they were filmed at Orlando

Regional Medical Center in 2002. They claim the crew, dressed in medical scrubs to blend in, misrepresented themselves. The company that produces the show and the hospital state the patients consented to be filmed.

## GWU/HSPI Report.

A report released by a committee of the Homeland Security Policy Institute at George Washington University sparked some debate throughout the emergency services community. A key report opinion was a recommendation for moving federal EMS oversight from the National Highway Traffic Safety Administration to the U.S. Department of Homeland Security. Sev-

eral professional associations disagree with the recommendation including the NASEMSD, NAEMSP, and NAEMSE.

## What's next for GoldStar EMS?

One of the largest regional ambulance services in Texas, the Port Arthur-based company has been the center of the local media's attention. A recent raid by federal authorities in search of billing records, a massive operation scale back, a restraining order granted to a local government to seize ambulances, questions over corporate leadership spending habits, and the company seeking bankruptcy protection have left many wondering what is going on.

## TOP EMS COMPETENCIES?

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those surveyed, and results were similar when looking across the age groups of the respondents.

The members of project Group I were Krista Benner, Tom Collins, Duane Ginder, Mark Kessler, Randy Meininger, Lisa Moore, Bruce Retherford, and Cobie Williams.

**Group II.** Project Group II had a similar research interest. They also asked EMS professionals what they saw as the top five competencies for success in EMS using the same list of 41 competencies. With over 200 responses represent-

ing a mix of field providers and administrators, the results revealed five overall top competencies: listening

skills, adaptability, problem solving & decision making, team player, and integrity. The project group initially hypothesized that field providers and administrators would have measurably different perspectives on the competencies required to be successful. However, they were surprised to dis-

cover that both groups not only picked the same top five competencies but also ranked them in almost the exact same order of importance.

The members of project Group II were Greg Bollella, Kit Castetter, Nita Ham, Larry Ragnone, Chuck Rowe, Scott Supernaw, L. Lamar Williams, and Cindy Wilson.

**In Summary.** Attempting to identify potential star employees is a challenge for any EMS leader. Interestingly, both research projects shared three out of the five competencies (see Figure III). This raises a ques-

tion worthy of future investigation: Are there identifiable attributes of successful EMS employees? These projects cannot conclusively determine that, but perhaps future study could provide additional insights.

FIGURE III. SURVEYS' TOP 5 COMPETENCIES

Group I	Group II
1) Listening Skills	1) Listening Skills
2) Adaptability	2) Adaptability
3) Problem Solving & Decision Making	3) Problem Solving & Decision Making
4) Team Management	4) Team Player
5) Communication Skills	5) Integrity

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**EMS IN NEED OF WELLNESS RESUSCITATION**

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so does productivity while the number of on-the-job errors increase.

No doubt about it, EMS is a stressful job. However, as industry leaders, there is an obligation to be proactive, to help your employees be at their best so they can most effectively assist your customers.

What steps can you take to make a difference in the lives of your EMS family?

**Information.** Provide continuous information about the benefits of good lifestyle habits and prevention techniques on bulletin boards and with pamphlets. With respect to provider privacy, consider reporting information about on-the-job injury rates, lost work hours, and both the personal and organizational financial impact of injuries. The more employees know about the effects, the more likely they are to consider making changes.

**Wellness Clinics.** Partner with local wellness professionals for biannual wellness clinics for employees to receive a baseline assessment and advice on staying healthy. Frequent assessments will reinforce the

results and help employees track their own progress. Instead of making the staff come to it, take the clinics to them in the station. You will increase your participation, engage employees where they work, and build

alternatives to high fat and calorie fare. Lastly, distribute maps with area restaurants serving quick, but healthy options highlighted. Include takeout menus for their convenience.

**Enable Fitness.** EMS

for performance.

**Sponsor Group Action.** Anyone who has studied human behavior knows that peer influence is a powerful motivator. You can enable the best of it by creating peer based programs. Consider sponsoring Weight Watchers to host a group of your employees at your workplace. Hand out pedometers and start a campaign to walk a healthy average of 10,000 steps a day. Sponsor giveaways for people who reach major milestones. Group action creates energy and makes it easier to stick with it.

**In conclusion.** The healthier we all are, the more effective we will be at our work, and the longer we will be able to enjoy the fruits of our labor. EMS has a long way to go to reach its needed wellness goal, but you can start that effort in your organization today and build as you go. You will be surprised at how much better you all feel and be amazed at how much employees appreciate working for an organization that cares about their health and wellbeing.

**FIGURE I: CENTERS FOR DISEASE CONTROL - TOP 10 CAUSES OF DEATH**

Cause of Death	Total Deaths	Lifestyle Risk Factors
1. Heart Disease	28.5%	smoking, hypertension, high cholesterol, Type A behavior, lack of exercise, diabetes mellitus, obesity, stress, diet.
2. Cancers	22.8%	smoking, alcohol, diet, obesity
3. CVAs	6.7%	hypertension smoking, high cholesterol, stress
4. Respiratory Diseases	5.1%	smoking, obesity, lack of exercise
5. Unintentional Injuries	4.4%	alcohol, drugs, driving habits, seat belt use
6. Diabetes Mellitus	3.0%	obesity, diet
7. Influenza/Pneumonia	2.7%	smoking, obesity, lack of exercise
8. Alzheimer's	2.4%	lack of exercise, diet
9. Kidney Disease	1.7%	alcohol
10. Septicemia	1.4%	n/a

credibility as people realize you are serious about their wellbeing.

**Good Eats.** Employers have a lot of opportunities to steer staff to the right foods. For starters, clean out the junk food and soda from vending machines and load it back up with healthy snacks like granola bars, juices, and waters. Having a company picnic or an appreciation breakfast? Provide good sources of fruits and vegetables and con-

work doesn't involve a lot of down time for working out, but consider supplying some basic fitness equipment at stations for people to use when they can. Also, contact local health clubs and ask if they will support their hometown hero's fitness efforts by offering membership discounts, and then post and distribute lists of participating clubs. Consider giving away discount coupons or free memberships as employee awards

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## 12 CONSIDERATIONS FOR OUTSOURCING BILLING

As the complexity of billing and collections increases, many organizations large and small, public and private are looking at outsourcing the service. While it can be a very effective business strategy and potentially result in increased collections, it is not without its challenges. Here are 12 areas to consider:

1. If a compensation mechanism such as a net percentage of collection is used, ensure the agency does not receive checks directly or have access to the account where they are deposited.
2. Remember, even though you outsource to an agency, you are ultimately responsible for determining medical necessity, coverage, and compliance with any rules or regulations.
3. Identify a realistic implementation time frame.

It can take 30-90 days before the agency can effectively process claims. This allows time to apply for electronic submitter numbers and ensure you have updated your Medicare application.

4. Questions from the contractor are inevitable; ensure clear lines of communication are established from the start.
5. Be familiar with how the agency codes the claims for services provided and diagnoses to ensure compliance with state and federal regulations.
6. Understand how the agency monitors individual and client performance and how they will report contractor performance measures to you.
7. Clearly define the issues (e.g. HIPAA, compliance issues) in which

you retain decision-making authority prior to any account processing.

8. Payments should not be directly received by the agency. Your personnel should process the payments or they should be received directly by your bank through a lockbox agreement.
9. Define how the agency will receive patient care related documents. Electronically is preferred, either directly from an ePCR or scanned into an electronic file.
10. Define default mechanisms and end-of-term provisions in the agreement to allow for transfer of open accounts in the event the business relationship is terminated.
11. Execute a business agreement and clearly understand the policies and pro-

cedures for how the agency will maintain confidentiality and secure patient records.

12. Customers will not separate their opinion of the ambulance service from that of the collections agency. Ensure the agency adheres to a customer service policy that is congruent with the philosophy of your organization.
- Outsourcing may yield desirable results. Before you commit, speak with the clients of any potential agency to learn from their experience and be informed.

*Adapted from an article in Prehospital Care Administration, Second Edition. To get your copy, visit [www.emergencybookstore.com](http://www.emergencybookstore.com).*



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