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American Ambulance Association

2015
Winners
Case
Studies



AMERICAN
AMBULANCE
ASSOCIATION



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American Medical Response

Number of Ambulances: 28

Service Type: Publicly-Held Corporation

Project Participants:

- Mike Taigman: Project Lead and General Manager AMR Ventura/Gold Coast Ambulance,
- Leslie Simmons: Project Manager AMR Ventura/Gold Coast Ambulance
- Eva Reeder R.N., Public Health Nurse, Ventura County Tuberculosis Clinic
- Uldine Castel M.D., Tuberculosis Controller Ventura County
- Angelo Salvucci M.D., Medical Director, Ventura County EMS Agency
- 14 Ventura County Community Paramedics

Situational Analysis:

This project began over breakfast with the then Assistant Director (now Director) of the Ventura County Healthcare Agency. We were discussing ways that paramedics might be more helpful in improving community health and I asked him if he had anything that the County could use help with. He said, "Tuberculosis."

Tuberculosis is a life threatening communicable disease that if left untreated has a nearly 80% mortality rate. Since the mode of transmission is respiratory it is more commonly found in people who "share air" with others, people who live at the margins of our society: those who live in homeless shelters, migrant farmworker camps, and prisons. It is also more likely to take hold in people with compromised immune systems, those being treated for cancer, those with diabetes, and those with AIDS are at higher risk. Worldwide in 2013 9 million people became ill with TB and 1.5 million people died. It is the second largest killer due to a single infectious agent. The situation is much better in the U.S. during 2013 only 9,582 cases of TB were diagnosed. The disease teeters near eradication in the U.S.. Ventura County is a high impact TB county.

Between 2000 and 2013 37 million lives were saved worldwide through TB diagnosis and treatment. The treatment for and average case of pulmonary TB involves four medications that are administered daily for 6 months. Drug resistant forms of TB can take more than two year to treat effectively. The medications are hard core, often described as a low level form of chemotherapy. They often produce uncomfortable side effects and have the potential to damage the liver and heart. Therefore patients must be closely monitored during treatment. The standard of care for the treatment of TB is Directly Observed Therapy (DOT) where a professional observes the patient swallowing his or her pills and then assesses/treats for side effects.

Beginning in October 2012 Paramedic Supervisors from Ventura County AMR and Gold Coast Ambulance (Lifeline was added in July of 2015) began providing DOT for a number of patients under the direction of Dr. Castel in collaboration with the Ventura County Tuberculosis Clinic nursing staff. We are assigned the more difficult to manage patients, the ones who are geographically distant from the TB clinic, and those whose circumstances require DOT to be delivered during times when the TB



Best Clinical Outcome

Clinic staff is not working. Since the inception of this partnership around 35 patients have completed their entire course of treatment with our paramedics.

Our Paramedic Supervisors have all completed the first California State Community Paramedic training program.

Project Goals:

The goals of this project mirror the Institute for Healthcare Improvement's Triple AIM.

- Improve the quality of care by ensuring that people complete their full course of treatment successfully and are cured of the disease.
- Decrease the cost of providing treatment by switching from bubble packing to dispensing medications (a savings of \$40/month per patient) and decreasing the overtime cost for the clinic staff by providing evening, weekend, and holiday DOT.
- Improve the patient experience of treatment by providing late evening DOT patient's can go to bed right after treatment and fall asleep before the uncomfortable side effects kick in.
- From a national perspective, we hope that this program can contribute to eradication of TB in the U.S.. It's theorized that most TB programs are marginally funded and staffed to minimum levels making it very difficult to respond effectively to outbreaks. Having EMS partner with public health departments for the treatment of TB gives the ability to scale instantly when an outbreak occurs. EMS can provide assistance with contact investigations and treatment of patients all across the country.

Planning & Implementation:

We use the IHI Model for Improvement as the framework for this project planning and implementation.

- What are you trying to accomplish? Improved care and service for people with TB in Ventura County at a lower cost. Create a model partnership between Public Health and EMS.
- How will you know if change is an improvement? Patients will complete their course of treatment successfully, costs will be decreased through stopping bubble packing of medications, patients will be happy with the service provided by Community Paramedics, and the TB clinic staff will see that their ability to serve customers has improved.
- What changes can you make that will result in improvement?
 - » Have Community Paramedics supplement the TB Clinic capability by providing DOT and assisting with contact investigations. Ideal patients for this service are those that live a significant distance from the TB Clinic which is located in Oxnard, CA, those who require more than one DOT a day where one is after clinic hours, patients who's side effects or life circumstances make it so that optimal DOT time/location is difficult for the clinic staff to accommodate, and patients with other difficult circumstances.
 - » Obtain a special waiver from California State EMS Scope of Practice regulations to allow Community Paramedics to work under the medical direction of the county TB Controller physician, to dispense DOT medication, treat side effects under the direction of the TB Controller Physician, draw blood for Quantiferon TB testing, draw blood to assess liver toxicity from TB medication, placing and interpreting tuberculin skin tests (PPD), and obtaining 12 lead EKGs to assess for cardio toxicity of TB medications.

- Plan Do Study Act cycles of testing concepts to learn and improve prior to implementation.
 - » October 2012 project kick off.
 - » Test the DOT concept with one patient and three Gold Coast Paramedic Supervisors in Oxnard under the direct supervision of the Public Health Nurse.
 - » Test the DOT concept with one patient and three Gold Coast Paramedic Supervisors in Oxnard on their own.
 - » Expansion to three patient's receiving DOT in Oxnard.
 - » Expansion to providing DOT using both Gold Coast and AMR Ventura Paramedic Supervisors.
 - » Application to the State of California EMS Authority for a Community Paramedic Demonstration Project to test the expanded scope of practice opportunities associated with this project. Approval received. Assisted EMS Authority with OSHPED approval of the pilot project.
 - » Paramedic Supervisors completed the first California Community Paramedic Training Program offered in collaboration with UCLA.
 - » Expanded scope of practice options implemented June 1, 2015.
 - » LifeLine Ambulance Service Paramedic Supervisors begin DOT July, 2015
 - » Project will run through December 2016 and then be evaluated by the State EMS Agency and OSHPED.

Results:

- So far 35 patients cared for by our paramedics have completed their course of treatment successfully. There have been no deaths of any patient being treated by paramedics since the inception of the program.
- Cost reductions of approximately \$400/month have been realized by discontinuation of bubble packing the medications.
- Cost impact of this program on clinic staff over time and overall staffing are still being evaluated.
- Patients report high satisfaction with the program.
- Clinic staff reports that they are thrilled with the collaboration and believe that it has significantly improved their ability to care for their patients.

Impact:

- The financial cost of this program has been limited to training costs and data management costs. The data management costs have been offset by a grant from the California Endowment. Since the paramedic supervisors were already in place and required by the County 911 contract, no additional staffing or staff hours were needed to implement this project.
- Initially our Paramedic Supervisors had some trepidation about caring for patients with tuberculosis. They were worried about catching the disease themselves and/or bringing it home to their families. Comprehensive education about TB combined with Public Health Nurse supervised DOTs rapidly allayed their fears.
- It took a few months to integrate daily scheduled service for these patients into our normal ever changing EMS demand.

- Today the Paramedics providing this care are proud of their new knowledge and skills. They have developed wonderful relationships with patients, the kind they never had with brief 911 encounters.
- We've received state wide recognition from the TB Controllers Association for this program and next year will be presenting at the International TB Controllers Conference.

Budget:

- The initial training costs were approximately \$10,000 for the entire program. The California Community Paramedic training costs were approximately \$75,000.
- The data extraction from the TB clinic to meet state reporting requirements is approximately \$500 per month but is offset by grant funds.
- There is no ongoing cost to provide this service.

Web links:

http://www.emsa.ca.gov/Community_Paramedicine

Leon County EMS

Number of Ambulances: 31

Service Type: City/County/Community

Project Participants:

- Mac Kemp Deputy Chief
- Darryl Hall, Deputy Chief
- Sally Davis, Major

Situational Analysis:

Leon County EMS was established as a County EMS system nearly 12 years ago. Previously EMS had been provided by a local hospital. One of the initiatives identified for improvement was the overall treatment of cardiac patients. About 9 years ago EMS was the lead agency in establishing a group of community partners called the Leon County Heart Ready Coalition to identify ways in which overall cardiac care could be improved. The group consisted of EMS, hospitals, law enforcement, non-profits such as the American Heart Association, private healthcare entities and more. The group established several goals for improving cardiac health including community CPR training, promotion of AED's, cooperation between agencies in treating cardiac patients, and more. Leon County EMS has been the leader in the County in working toward cardiac improvement and bringing the various participants together to improve cardiac care. This was a long term goal that could not be achieved with just a few adjustments or in a short amount of time.

Within the past five years and in most recent years, Leon County EMS (LCEMS) has accelerated its efforts in cardiac care. Grants have been pursued by LCEMS successfully and cooperation between agencies has provided great results and success in improved patient outcomes. New cardiac monitors have been purchased, new protocols have been adopted, great emphasis has been placed on employee training, AED's have been promoted and placed, and CPR and cardiac awareness training has been pushed out into the community.

Project Goals:

The main project goal was to improve all aspects of cardiac care. The Heart Ready Coalition team looked at making 1) improvements in return of spontaneous circulation (ROSC) in cardiac arrests, 2) improving public training and awareness in CPR and AED's, 3) improved cooperation between health-care agencies in treatment and data, and 4) improved technologies and equipment for all agencies that treat cardiac patients. These goals were of course directed toward improved patient outcomes and measurable results. The side benefits would be a better working relationship between agencies and positive public encounters in regards to improvements.

Planning & Implementation:

Planning began with the formation of the Leon County Heart Ready Coalition. The coalition put together a set of general goals with suggestions on how to achieve those goals. Leon County EMS acted as the lead in implementing the goals since EMS seemed to bridge the gaps between all of the agencies in the community. Specific tasks related to each of the four stated goals listed above were created and included upgrading cardiac monitoring equipment in the ambulances to contain monitors that would have 12 lead EKG and transmission as well as O2, CO2, and other vital signs. The hospitals needed to work toward a way of accepting transmitted 12 lead EKG's in a manner that was

consistent with EMS capabilities. Chest compression devices were purchased to provide consistent and effective compressions during cardiac arrest. Protocols and drugs needed to be updated to keep up with all of the changes and stay ahead of the technology of the time. Hospitals had to change the way they approached cardiac patients, particularly STEMI patients that needed to go to the Cardiac Catheterization lab quickly. This process would have to dovetail with EMS transmission and pre-treatment in the field. Training for EMS and hospital personnel would need to be established and quality management processes would need to work at both EMS and the hospitals to provide accurate follow up and reporting. Data systems would need to be aligned to be able to transfer data seamlessly from EMS to all hospitals. The general public would need to be made aware of the importance of CPR training and of AED use.

All of these are general issues that were addressed and have been overcome at this time. Many of them required budgeting, grants, careful planning, coordination between agencies, and a community approach to achieve success.

Results:

The real beginning of movement to achieve the goals of this project began years ago, but it has been recently that we have seen all the work we have put into this come to realization. From the early years since we began service 12 years ago, our ROSC for cardiac arrest patients was around 15%. Since 2003 LCEMS has followed the Utstein Template data consistently and measured our progress and in 2014 our ROSC rate was 35%. This dramatic increase has been through years of work and many small successes in many areas of cardiac care.

Five years ago we received a grant to purchase new cardiac monitors across the board for our EMS units and for the local fire department which provides ALS first response. These monitors, Physio Control LifePak 15's, have all the technology we need including 12 lead EKG transmission, pulse ox, CO₂, CO, trending, vital signs, download into electronic run reports, and more. In conjunction with the new monitors, LCEMS helped to coordinate a common network of EKG transmission reception with our receiving hospitals. A clear process of transmitting 12 lead EKG's was developed between the hospitals so that transmission was seamless. LCEMS developed new protocols to meet the new technologies and to ensure that all patients received the quickest care possible. New drugs were added and dosages were adjusted within the guidelines of the American Heart Association. LCEMS also worked closely with our hospitals so that they received their Chest Pain Center accreditations and so that new EMS protocols worked hand in hand with the goal of getting patients directly to the Cath Lab when indicated. LCEMS meets monthly with our hospitals and reviews results and works toward improvements. This is an ongoing process.

Extensive training occurred with employees of both EMS and the hospitals. The importance of good, steady CPR was taught and practiced. Several 12 lead EKG classes were held and advanced 12 lead EKG was taught showing how to use the EKG in other ways than just the conventional setup to look for other types of infarct. EMS staff, hospital staff, and interventional cardiologists worked together to train to make sure that all agencies and personnel were working from a common perspective. This process has worked very well and brought all of our agencies together for a common goal.

Finally, LCEMS embarked on an aggressive program of getting CPR training out into the public in Leon County and AED's into areas where they can be utilized. LCEMS has applied for and received many grants over the past five years to provide CPR training. Literally thousands have been trained in the last five years. These classes range from small classes for gyms or businesses to an annual CPR

rally called Press the Chest that this year trained over 800 people in one day with CPR Anytime kits from the American Heart Association. Each attendee was provided a kit that had a DVD and manikin with the agreement that they go home and teach at least 3 others in CPR. In addition LCEMS has applied for and received many grants for the purchase of AED's for our community. LCEMS has provided an AED for every Leon County Sheriff's patrol car, which first respond to many medical emergencies, particularly in the rural areas of the county. LCEMS has also provided hundreds of AED's to businesses, non-profits, churches, and others at no cost or little cost. In addition, LCEMS has registered those AED's and others into our database in our computer assisted dispatch (CAD) system. We currently have over 800 AED's listed in the CAD so that when someone calls from the listed address, a box comes up telling the call taker that an AED is at that location. If the call sounds like a cardiac arrest call, then call takers can advise the caller of the AED location and can provide pre-arrival instructions in AED use and CPR. In addition LCEMS and Leon County has participated heavily in the American Heart Association Heart Walk each year. Last year our County Administrator was the chair of the Heart Walk because he believed it worked well with the mission of LCEMS to improve cardiac awareness among the public and to improve cardiac issues within our community.

Of course all of this progress has to be followed and data must be produced. The data is fed into our quality management process and improvements are developed based on that data. We are constantly monitoring STEMI, cardiac arrest, Utstein Template, and other cardiac data with our Medical Director.

Impact:

The impact has been dramatic for cardiac patients in Leon County over the past five years. Measurable, significant improvements have been made and the quality of life has been improved for hundreds of patients. As LCEMS continues to train the public in CPR and AED use, there has been an increase in CPR and AED use which translates into improved ROSC. Strong emphasis for good CPR skills for all EMS and fire first response personnel with constant review by our Medical Director in conjunction with improved technology for monitoring and new drugs have also increased our ROSC. New protocols and training in all areas of cardiac care has helped us also. All of this has added up to a steady improvement in ROSC to the 2014 level of 35%. To maintain this level requires constant quality management monitoring and feedback to EMS and fire crews. The Medical Director is strongly involved in that process.

Over 400 AED's have been placed in the community with grant funds that have been obtained by LCEMS. Most all of these AED's have been registered in our CAD and aggressive dispatch pre-arrival instructions are used in all cases of cardiac arrest including AED and CPR. The process of applying for grants for AED's and CPR training is ongoing.

Several thousand people have been trained in CPR by LCEMS in Leon County and we continue that effort. Our involvement of the public in providing CPR in the field has improved in recent years with all of this training.

Also in regards to STEMI, LCEMS has worked with our hospitals to achieve a better than 90% rate of getting people to the cath lab door to balloon of 90 minutes or less. We track many parameters, but some of the data is an EMS contact to reperfusion average rate of 87 minutes. EMS to reperfusion is less than 90 minutes over 90% of the time. EMS contact of cardiac patients to 1st EKG is less than 10 minutes over 90% of the time. We have had a few EMS contact to hospital arrival of STEMI patients in 12-14 minutes. EKG transmission and radio reports on all STEMI patients are required and LCEMS follows up on all STEMI patients with all hospitals. Protocols are coordinated between

LCEMS, our Medical Director and local interventional cardiologists.

Overall, the impact of the cardiac improvement program with the goals of the Leon County Heart Ready Coalition has been a tremendous success. This has worked to improve patient outcomes, improve the public's awareness of cardiac illness, CPR, and AED's, it has placed AED's in the community, it has caused several community agencies to work closely together, and it has improved the quality of life for many of the citizens that we serve.

Budget:

The initial purchase of cardiac monitors was worked out with a grant of just over \$500,000 and an addition \$240,000 from LCEMS. The initial purchase of chest compression devices was facilitated by a grant also, but LCEMS decided to switch devices based on research that showed effectiveness of different devices. LCEMS provided the funding for that purchase in the amount of \$200,000. The transmission solution was worked out with the help of LCEMS but paid for mainly by the hospitals that needed these transmissions for improvement in their cardiac patients and to achieve chest pain accreditation. Additional training, drugs, and other equipment is estimated to have cost approximately \$40,000. AED's have been purchased with various grants and have been supplemented by a match payment from the end user of the grant. CPR training has been supplemented with grants to help put on the Press the Chest events and to provide CPR Anytime kits for the citizens. Some of the training and other activities of LCEMS have been incorporated into the normal process of training and quality management.

American Medical Response

Number of Ambulances: 4300

Service Type: Publicly-Held Corporation

Project Participants:

- Doug Petrick AMR General Manager and CPR Challenge Program Coordinator
- Lynne White AMR National Director of Resuscitation
- Ed Racht, MD, AMR Chief Medical Officer
- A representative from each AMR operation

Situational Analysis:

Sudden Cardiac Arrest (SCA) unexpectedly takes the lives of 350,000 Americans each year. Annually, AMR crews care for over 25,000 of these individuals. We know that survival from SCA can be doubled or tripled if CPR is provided until emergency medical services arrive, that fact has inspired AMR to find innovative means for ensuring that local citizens know what to do when they encounter a victim of SCA. Using our network of EMTs and paramedics across 40 states, we put in place a nationwide compression-only CPR training day, designed to provide this life saving training to as many individuals as possible in one day.

Project Goals:

- Simple – To teach thousands of people the lifesaving skill of compression-only CPR, in one day.
- by increasing bystander CPR rates, improving a victims changes of survival

Planning & Implementation:

The first CPR Challenge was organized and conducted and about two months' time. AMR quickly pulled together employees in operations across the U.S. to hold local events.

By conducting phone conferences every other week, all the parts were put into place – venues, staff, supplies, promotion of events, reporting procedures.

Over the next two years, this process was continued (but started a little earlier in the year!) with each year the process being improved and modified.

For example:

- the first year the reporting process was tough to manage, as each event called in the totals to be entered on a form and then a spread sheet
- the second year there was an emailed form, but these numbers still had to be manually entered
- the third year was an on-line form that only needed monitoring and spot checking



Lessons Learned: We learned that to reach the most people it is best to go to where the public is, rather than asking them to come to us, and that initiatives are best planned by local residents to meet the needs of the specific community. This allows each community needed flexibility and provides enormous community pride

Results:

The first AMR CPR Challenge was held on May 22, 2013. Thanks to the passion and hard work of hundreds of AMR practitioners, we were able to ensure that 54,884 more individuals in communities across the country know what to do if they come upon a friend, loved-one, a stranger in cardiac arrest.

The 2014 AMR CPR Challenged was held on May 21, 2014, and we counted 61,883 individuals who were taught CPR in one day.

The third annual CPR Challenge rolled across the U.S. Wednesday, May 20. AMR teams from 70 operational locations came together for one mission: to teach people how to save a life by learning compression-only CPR. At hundreds of events small and large, AMR professionals trained 67047 people during the 24-hour event, beating their 2014 record by more than 5000.

Impact:

In 2010, before the advent of the CPR World Challenge, the bystander initiated CPR rate was 21.4% in AMR communities.

Since the first CPR Challenge in 2012, the bystander-initiated CPR rate in AMR communities has increased by more than 25 points to nearly 47.2 percent. According to the Cardiac Arrest Registry to Enhance Survival (CARES). In CARES areas the overall cardiac arrest survival rate also increased.

The current national average for CPR initiated by a bystander is 41.4 percent.

Budget:

Any funds needed were contributed by the local AMR operations. Some operations elected to give away CPR Cards, or trinkets, while others simply offered free CPR instruction using manikins and volunteer time from EMTs and paramedics.

The initiative is supported in spirit and consultation by the HeartRescue Foundation and by local fire departments and other non-profit organizations specific to the operations area.

Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/image10000.JPG

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/PART_1432145996952_KIMG0067.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/IMG_2450.JPG

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/IMG_0871.JPG

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/photo-2.JPG

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/IMG_1100.JPG

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/IMG_0070.JPG

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Dallas-CPR-Challenge.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Irwindale-5.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad79ab-4f/2015/09/2015-CPRChallenge-Planning-Tips.doc

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/CPR-Challenge-AMBY-supporting-links.docx

Web links:

<https://youtu.be/fKtt3ytJtNo>

American Medical Response

Number of Ambulances: 4300

Service Type: Publicly-Held Corporation

Project Participants:

- Tawnya Silloway project lead for Safety tool kits
- Kim Warth, National Director of Communication
- Donna Long, Director of Marketing
- AMR Design Team
- AMR PR/CR group – the boots on the ground that requested and use these tool kits

Situational Analysis:

With operations in more than 200 communities across the U.S., AMR team members have the opportunity to provide millions of people with important safety and injury prevention information. Whether it is tornado safety, swimming or hiking safety or back to school driving precautions, keeping our communities safe is vital.

All of our operations feel it is important to offer information on a variety of important safety topics — everything you need to know to keep you, your family, and your neighbors safe, however many of the operations do not have the resources to write and design safety toolkits to share with their communities.

In order to provide tools and materials that AMR operational teams could have readily available for immediate distribution, the AMR Corporate Communications team took on the challenge and developed 40 Seasonal and Safety Toolkits for use by all AMR operations. The team identified the specific channels for sharing the information and decided the toolkits needed to include a news release, social media graphics and community education flyers. In addition, the educational flyers were posted on amr.net for anyone.

Project Goals:

1. Provide all operations with safety and seasonal tool kits to quickly and easily share with their community
2. Design materials that support current communications channels – TV, print, social and web
 - a. All toolkits should have press release, social media graphic, handout/flyer
 - b. After initial building of toolkits – evaluate each and add to them other resources as needed such as vine video, animated gif or infographic
3. Enable topics to be refreshed as needed and add new topics added as requested by operations

Planning & Implementation:

AMR had an existing library of nearly 20 safety press releases that had not been updated in at least 3 years, some even longer. The team had a place to start.

Over the course of a year, the team evaluated the old releases, updating each relevant topic, identified 30 new topics and developed a press release, social graphic and an educational handout for each topic.

The team researched each topic to ensure the content was factual and relevant. Once the topical press release was approved, then the design team created a social graphic and educational handout.

The next challenge was to make the content accessible for the operations. The team developed a new marketing and communications portal page that was accessible by all employees. Each toolkit was posted in a folder to the portal page. We developed a monthly editorial calendar and shared it with each operation, to provide safety ideas for each month. In addition, the team hosts a monthly conference call with a group of employees who serve as community and public relations contacts in the local operations. We shared the portal page and developed a private Facebook group to so the corporate team can easily share topics with the group and our outside consultants.

Results:

We did achieve our goal, in one year we developed tool kits on 40 topics, each with at least three components. We also made these easily accessible by hosting all materials on our internal employee portal as well as a private Facebook page. In addition the handouts/flyers are available for the public on amr.net.

By tracking media stories we are able to gage the success of this program, there has been an increase of media coverage for seasonal topics as well as seeing our graphics and handouts on other social media channels.

The topics that have the biggest impact on our communities are being developed into “Vine” videos.

Impact:

In a July 2014 survey of AMR community and public relations leads, 73.7% of those surveyed indicated that news releases on safety topics would help them be more successful in their communities and 52.6% responded that health education handouts would also help them be more successful in their communities.

By developing the materials at the national level, our teams in the very busy operations have materials ready to go when they need them – such as an approaching storm or holiday. In addition, the toolkits enable operational leaders to plan their public relations activities for any time frame.

According to Chris Staswaz, AMR General Manager, “I go to the portal and review the topics and build my early PR plan based on the toolkits. I have found them to be extremely helpful.”

Budget:

There was no budget for the project. The development of the 40 tool kits was completed with AMR/Envision Healthcare in-house communications staff including project management, writing, design and web support. This project was completed minimal outside for photos or images.

The Vine video project to develop 9 spots, the Vine channel was launched August 29 with four videos: https://vine.co/AMR_Social

Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Safety-Messaging-Stats.docx

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/AMR-14-1091-22_FloodingSafety_SupportGraphic.png

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/AMR-14-1091-22_FloodingSafety.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Flooding-Safety-Turn-Around-Dont-Drown- final_9.17.14.doc

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/AMR-14-1091-30_EarthquakeSafety_SupportGraphic.png

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/AMR-14-1091-30_EarthquakeSafety.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/AMR-14-1091-18_COPoisoning_SupportGraphic.png

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/AMR-14-1091-18_COPoisoning.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/201507-4057_BackToSchool_Safety_Infographic_treatment2.png

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/example-of-items-in-tool-kit.JPG

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/new-on-portal-for-PR-CR-call.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/AMR-san-diego-showcasing-CPR-and-swimming-safety-on-the-news.jpg

Web links:

<https://www.amr.net/Resources/Safety-Information>

Emergent Health Partners

Number of Ambulances: 110

Service Type: Non-Profit Corporation

Project Participants:

- Jason Trojan, Community Relations Coordinator
- Tim Gallagher, EMT
- Rosalie Shemak, Publication Assistant
- Joyce Williams, Public Affairs Manager
- Joe Hahn, Paramedic
- Samantha White, Paramedic
- Doug Brown, Paramedic
- Dee Blackwell, EMT
- Brian Miller, EMT

Situational Analysis:

For several years Emergent Health Partners has owned and operated a small remote control ambulance who carries the moniker “Andy.” Andy makes visits to many schools and daycares throughout Emergent Health Partner’s nine county service area. Andy serves as a conduit for important emergency preparedness information for his target age groups of children in the 4-7 year old age range. After years of observing children raptly engaged in conversation with a small talking ambulance, an idea was generated to use Andy’s connection with the children to launch a series of structured programs. The programs would be an extension of the Emergent Health Partners community outreach guidelines for this particular age group, which emphasizes training children in recognizing emergencies and most importantly making the call to 9-1-1. In the Spring of 2015 the idea came to fruition, and series of programs entitled “Andy the Ambulance Learns to Call 9-1-1” began to run in six different locations. Each program opened up with a short presentation from Andy the Ambulance in which Andy discussed what an ambulance does, the roles of different people who work in public safety, and how to manage an emergency situation. After the presentation concluded, participants were given the opportunity to make mock 9-1-1 calls with dispatchers, make a small craft project which consisted of the children coloring a picture of Andy with a space to write their address, which was later laminated and turned into a magnet for their refrigerator at home. They also met with EMT’s/Paramedics, police officers, and firefighters and explored their vehicles.



Project Goals:

The following served as the main objectives of the “Andy the Ambulance Learns to Call 9-1-1” program:

- Who’s coming to help me?
We wanted the kids to gain a familiarity and also increase the comfort level with public safety personnel who would assist them in an emergency situation.
- What is an emergency?

Emphasis was placed on what type of situations are emergencies and how the participants can identify and manage these situations.

- How will first responders find me?

In the 4-7 year age group, many children are still unaware of where they live geographically which is important information dispatchers need in case of an emergency. The abundance of cell phones and diminishing use of landlines has made it more important that children are aware of their location, as cell phones take longer to track.

- What happens when I call 9-1-1?

Making the call to your local emergency number can be an intimidating one. Each participant should be familiar with the dialogue that takes place when the 9-1-1 call is made.

By the end of the program we wanted each one of the kids to be familiar with how to answer these questions. Additionally we wanted the program to accomplish the following:

- Have at least 100 total children participate in the six programs
- Encourage feedback from parents of participants to improve future programs
- Invite local public safety agencies to participate in each programs
- Make the mock 9-1-1 call as authentic an experience as possible

Planning & Implementation:

A proposal and budget was drafted and submitted to our board in February 2014. The program would run from 1700-1830 on each of the dates listed below, and guidelines for the programs were submitted with the proposal. The project was approved to run in the spring of 2015. A search began for locations to host the programs, and the following factors were taken into consideration:

- Potential community involvement- We wanted the program to reach as many children as possible, so using registration numbers from our Camp 9-1-1 programs we had an idea of which areas would give us the most potential attendees.
- Previous community partnerships- Having run a variety of programs and making many visits to different venues previously aided our decision in which locations would best suit our needs.
- Geography-Our service area spans nine different counties, and we wanted the programs to be spread throughout our area according to geographic convenience to our residents. Our goal was for each resident to have no longer than a half hour drive should they want to attend a program.

Using this information programs were set for the following dates and locations:

April 14, 2015-Monroe Township Fire Department

April 23, 2015-Huron Valley Ambulance: Ann Arbor Main Station

April 29, 2015-Tecumseh Public Library

May 6, 2015-Plymouth Cultural Center

May 27, 2015- Van Buren Township Fire Department

June 4, 2015- Jackson Public Library

After locations were set, the process of contacting representatives from different public safety agencies began, and representation from police and fire departments were secured for each location. In total ten different public safety agencies agreed to be present at the programs, each making available personnel and apparatus for the participants to explore and interact with. Police departments also agreed to contribute a dispatcher who would work in conjunction with our dispatchers at the mock 9-1-1 call station. In order to ensure an authentic experience for the participants a local telecommunications company called Technology Solutions contributed a phone system. This system enabled the participants to physically push 9-1-1 on their phone and it would ring across the table to the dispatchers who could then run through the 9-1-1 call. We also designed a set of flash cards that the dispatchers could hold up for the kids with pictures of different emergencies, and the children described what they saw to the dispatchers who communicated as they would during an emergency call. Additionally our publications assistant was able to design a logo for t-shirts that we would distribute at each program, and also drew the coloring page that would be at the craft station.

A form was created for participants to register, and registration for the program went live on our website at the beginning of March 2015. At this time we also began a promotional campaign for the program which featured announcements for the program in local newspapers, online publications, and social media. At this time evaluation forms, waivers, photo release were created. Our promotions yielded quite a bit of interest from our communities and generated many phone calls and emails. Registration confirmation emails were sent out before the start of the first program on April 14, 2015.

Results:

The response from our communities was very positive, our enrollment for the programs was as follows:

Monroe Township-28

Ann Arbor-33

Tecumseh-25

Plymouth-32

Jackson-15

Van Buren Township-20

Our total enrollment for the six program series was 153 children. These numbers do not include the parents and siblings that attended the programs, whose participation would bring our estimates up to around 400 people that were impacted by program. Additionally due to high enrollment in our Ann Arbor and Plymouth programs there were 34 kids that were placed on waiting lists to attend due to space considerations at the venue.

Twenty one parents elected to stay after the program concluded to fill out an evaluation form. Below are the questions asked with the average score. Each question was given on a five point scale with five being “Strongly agree” and one being “Strongly disagree”.

How was your overall experience with the program? 4.85

How did you like the time and location of the program? 4.90

Was the material presented in an understandable format? 4.71

Did you enjoy the variety of guests from EMS, fire department, and police? 4.90

Were the demonstrations well thought out and organized? 4.81

Additionally parents elected to write comments about their experience on the evaluation. Here are few of the comments we received:

“Program was excellent, very well tailored toward this age group.”

“AWESOME! Seeing the dispatch center was the best!”

“Everything was well outlined, and interaction with public safety personnel was very good. Kids really felt safe to talking them.”

“Please offer this again, I had several friends on the waitlist!”

“9-1-1 calls and writing out their address was very beneficial. It was very cool to see all the vehicles up close!”

“Fun program, my kids loved it!”

“Andy interacted with the kids in a very friendly manner. Love the program!”

Public safety personnel and our staff that were participating in or observing the program all offered very positive feedback. The children were extremely enthusiastic interacting with Andy, making their craft projects, and making 9-1-1 calls. Many parents of the participants offered very encouraging verbal feedback after the program and indicated that they thought their children were now better prepared for an emergency situation.

Impact:

In order to get help during an emergency situation, the call to 9-1-1 has to be made. For many young kids who are home alone with a parent or grandparent they will be the only one who can make that call should an emergency arise. Emergencies are extremely stressful for adults, and the experience is even more intimidating to young children. The most important part of an emergency situation is that the children know to pick up the phone and dial 9-1-1. This initiates the emergency system and gets our EMT’s and Paramedics heading towards the site of the emergency, and eventually getting to the scene and perform critical interventions that can save lives. Offering this program gave the children the experience to pick up the phone and make that call. They were given the opportunity to identify different types of emergencies and communicate what they see to a dispatcher. They learned how to identify their surroundings and offer their geographic location to our dispatchers, which can speed up our response times. They also will be familiar with who is coming through their front door to help them in that situation, because they spent time talking with them and exploring their vehicles. Our hope is that the kids have a wonderful experience with Andy the Ambulance and the activities that he offers them at the program. But we also recognize that the youngest members of our communities are capable of saving a life, and they can do that by simply picking up the phone and calling 9-1-1.

Budget:

These costs were estimated for 30 participants per program:

T-shirts: 200 shirts at \$4.50 each-\$900

Staff: 1 dispatcher and 1 EMT/Paramedic per session. 2.5 hours total per session assuming \$20 hour for staff=\$600

Paperwork and miscellaneous supplies=\$500

Total cost of programs= \$2000

Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Andymagnetfinal.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Andyfronttshirt10_lgf.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Andyshirtbackf.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Timandmonroedispatchersm0230.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/MCAfire0262sm.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/littleboyandandy0397sm.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Joewithcampers0335sm.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/JCAfire0237cr.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/coloring0370sm.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/coloring0208sm.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Andycalls911Deebcrsm.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/20150429_181139.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/20150429_181016.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/20150429_181016.jpg

[79ab4f/2015/09/20150414_170724.jpg](#)

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Timwithcampershva0383sm.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/vanburenfirepolice0348sm.jpg

ETMC EMS

Number of Ambulances: 65

Service Type: Non-Profit Corporation

Project Participants:

- TC Howard, Director of Clinical Services
- Vicky Lamay
- Greg Lamay
- KLTV Channel 7
- ETMC Tyler

Situational Analysis:

According to the American Heart Association at www.heart.org, out of hospital Cardiac Arrest Survival without bystander CPR was less than 10% throughout the United States in 2013 and 2014. With Bystander CPR, this number increased to 40%. In order to increase survival rates from out of hospital cardiac arrest in the communities we serve, we have rolled out a “Hands-Only CPR” project to train people across multiple age groups and locations. In less than 15 minutes, bystanders can be trained to identify a person in need of CPR and begin life saving measures.

Immediate bystander CPR has been proven to more than double out of hospital cardiac arrest survival, so ETMC EMS has enrolled in the PulsePoint App in order to activate bystanders when a cardiac arrest victim is identified within their vicinity. As PulsePoint App website, www.pulsepoint.org, states that it “empowers everyday citizens to provide life-saving assistance to victims of sudden cardiac arrest.” Once downloaded, citizens will create a log in and subscribe to ETMC EMS. In turn, ETMC EMS dispatch will send out smartphone push alerts and directions to a nearby victim of cardiac arrest.

Project Goals:

Our primary goal was to train community members and increase to increase bystander CPR to out of hospital cardiac arrests with the long-term goal to improve out of hospital cardiac arrest survival.

Planning & Implementation:

Several areas in the community have been identified as springboards into bystander CPR training such as:

- All area schools have been offered free Hands-Only CPR training for students ages 8 and up. In 2015 over 200 kids were trained at Lindale High School and Jackson Elementary
- Community Events, such as the Fair
In 2014, “CPR on the Square” trained over 150 people
- Church groups, such as:
Saint Violet Church – 20 people trained
Saint Paul’s Children Foundation – 15 people
- Area organizations, such as the:Caldwell Zoo and Henderson County Jail

We have worked with co-sponsor KLTV to bring these classes. Other co-sponsors, such as hospital cardio services, nutritionists, city administrators, fire departments, first responders, etc, have been or

will be contacted to assist in the training efforts.

All employees have been trained in several ways. Some have been briefed on how they can assist with classes. CPR instructors can take lead and teach small classes by themselves or larger classes with assistance. All have been trained in the Pit Crew CPR approach to a cardiac arrest to include the use of bystanders.

Results:

In 2014, 265 citizens received the hands only CPR training

In 2015 to date, 266 citizens have received the hands only CPR training

In 2014, there were 1500 new subscribers to the PULSE POINT app

In 2015, there were 2200 new subscribers to the PULSE POINT app

In 2014, there was bystander CPR provided in approximately 54% of cardiac arrests

In 2015 to date, there has been bystander CPR provided in approximately 76% of cardiac arrests

Several hundred people have been trained throughout the ETMC EMS service area. We are continuing to contact schools and area groups with free Hands Only CPR training. All cardiac arrest calls are being monitored for bystander CPR activation through the utilization of Code stat and CPR statistics. Code STAT is a program in which Paramedics upload the information from LP-15 for further review.

Impact:

Through this program, the community at large is receiving education in order to recognize signs and symptoms of a cardiac arrest so that an immediate call to 911 is made and bystander CPR is begun within seconds. At the schools, we expect that children spending time with older adults will be able to recognize and act. Many people trained will be able to relay the information they learn to at least one other person, so that additional person will know what to do and how to contact us and set up more training sessions. It is anticipated that this will increase sustained return of spontaneous circulation and out of hospital cardiac arrest survival rates (we feel it is too early to report a correlation between the efforts of this project and patient outcome data). The classes in this program will promote the impact EMS has in the community and the awareness of other services offered, such as Fall Prevention Training, Bicycle Safety, and Car Seat Inspections.

Budget:

Budget for the Hands Only CPR training was 7% of the clinical department budget and included:

- employee salary
- manikin purchase
- manikin replacement pieces
- printing costs
- nourishment/refreshments

Henrietta Ambulance

Number of Ambulances: 6

Service Type: Non-Profit Corporation

Project Participants:

- Linda Missel, Asst. Chief, Training
- Jim Bucci, Executive Deputy Chief

Situational Analysis:

Henrietta Ambulance has implemented a community-wide program to promote CPR education and AED placement within the town of Henrietta. Residents of the town can attend a CPR class at our training center at no cost to them. We have also done educational public events around Monroe County to raise awareness on CPR education. We've also implemented an AED program for local businesses whereby we will train 20 of their employees for free and pay for 50% of the cost of the AED.

Project Goals:

(1) Raise general awareness on the importance of CPR training/education and AED use throughout Monroe County, NY. (2) Promote attending free CPR classes at Henrietta Ambulance's training center (free for residents of the town. (3) Contact local businesses to partner on placement of AED at a shared cost.

Planning & Implementation:

The planning process lasted throughout 2010 and the program launched in 2011 and has grown since that time.

Results:

We continue to be very happy with the achieved results. # residents trained in CPR at no cost: 146 in 2011, 198 in 2012, 303 in 2013, 289 in 2014, 276 so far in 2015. # AED's placed within the community: 5 in 2011, 1 in 2012, 1 in 2013, 5 in 2014, 2 so far in 2015.

Impact:

The impact is difficult to quantify but the results are very encouraging. As we continue to expand the program and word gets out, the number of people becoming certified is growing.

Budget:

AED program budget: \$13,000

CPR program budget: Difficult to identify as most classes are mixed with residents and non-residents

Leon County EMS

Number of Ambulances: 31

Service Type: City/County/Community

Project Participants:

- Sally Davis, Major

Situational Analysis:

The annual “Press the Chest” training event falls in line with the Leon County Board of County Commissioners’ “Quality of Life” strategic initiatives by providing an essential service that inspires residents to get involved in their own healthcare while fostering an environment where participants feel connected to their community. With sudden cardiac arrest claiming the lives of nearly 400,000 people each year in the United States, Leon County believes that through proper education residents lives can be saved. Leon County Emergency Medical Services (LCEMS) data shows that Cardiopulmonary Resuscitation (CPR) is performed only 20% of the time by bystanders prior to EMS arrival. By offering CPR and Automated External Defibrillator (AED) training to the community, the LCEMS can better serve its mission to increase health awareness and preparedness for the residents of Leon County.

Most EMS systems across the nation have an average resuscitation rate of between 5-7%. LCEMS has an average of 33-35% for the past three years. This huge difference is due to the continuous efforts of LCEMS to train residents how to perform CPR within the community. This significant improvement has led to a higher quality of life within the community. “Press the Chest” community training is an annual event where highly credentialed Leon County EMS personnel train nearly 400 participants in one session the newly updated skills of “Hands-Only” CPR, AED use and choking techniques. Each participant of the “Press the Chest” training receives an American Heart Association (AHA) “CPR Anytime” kit, which contains a CPR manikin and DVD. Participants are encouraged to use these kits to train family and friends at home, further increasing community involvement and raising the quality of life for County residents.

Leon County is committed to cardiac survival in our community and believes through proper education more lives can be saved. Leon County Emergency Medical Services (LCEMS) data shows that Cardiopulmonary Resuscitation (CPR) is performed only 20% of the time by bystanders in the community prior to EMS arrival. By offering CPR and Automated External Defibrillator (AED) training to the community, LCEMS can better serve its mission to increase health awareness and preparedness for the residents of Leon County. Most EMS systems across the nation have an average resuscitation rate of between 5-7%. LCEMS has an average of 33-35% for the past three years.

Leon County is dedicated in providing the highest level of quality of life and continually engaging citizens in local government. One way to engage citizens and enhance their quality of life is through providing CPR awareness and training. Statistically CPR is provided only 20% of the time by bystanders prior to EMS arrival, which means only one in five people are given a chance at survival. There are several factors as to whether or not a bystander starts CPR including; lack of training opportunities, being afraid to act, and/or fear of being sued. Leon County believes that it has an obligation to the community to increase awareness and the survival rate of those who suffer from cardiac arrest.

Project Goals:

The annual “Press the Chest” training event falls in line with the Leon County Board of County Com-

missioners’ “Quality of Life” strategic initiatives by providing an essential service that inspires residents to get involved in their own healthcare while fostering an environment where participants feel connected to their community. The County is committed to educating the community on the importance of CPR in order to continue to maintain resuscitation rate that is above the national average.

The objective of “Press the Chest” is to teach as many citizens the life-saving skills of CPR and AED use, as well as creating awareness and redefining attitudes towards one’s own heart health. The average number of citizens trained each year ranges from 350 to 400. The first “Press the Chest” event was held in 2011. The program began as a strategic initiative of the County’s and from there funding was pursued. Grants from both the Florida Department of Health (FDOH) the American Heart Association (AHA), and budgeted funds from Leon County, were the necessary tools to host the first “Press the Chest” event. Over the next two years, several private and community sponsorships were added.

The “Press the Chest” is a free community event and targets residents ages 10 years and above. The County encourages families to participate together. The majority of the participants are spread out across the floor at the venue, and tables are supplied to accommodate those unable to get on the ground or those with disabilities. Each year the grant is written with a different target audience in mind. Last year’s grant was focused on high school youth emphasizing that early exposure to healthcare, healthy living, and community medical issues such as CPR can lead to improved health for students. This year’s event will focus on minorities, pursuant to the AHA report stating this group as twice as likely to experience cardiac arrest at home and their survival rates are twice as poor as for Caucasians. Studies show that minorities are more likely to die from heart attacks and less likely to be around people that know CPR. The County also engages community partners and sponsors such as the local hospitals, doctor’s offices, health facilities, and colleges as vendors with educational information and activities such as blood pressure checks.

The main goals are to teach as many people as possible CPR and AED use and to improve return of spontaneous circulation in cardiac arrest cases.

Planning & Implementation:

The first part of the process for Press the Chest is to apply for grants to help sponsor the program and to work with community partners to provide different parts of what is needed to make the event a success.

Preparation for “Press the Chest” begins a year ahead of each event by applying for the Florida Department of Health EMS grant. In February, staff will secure a venue and order the appropriate number of “CPR Anytime” kits. In April, staff will begin to reach out to community stakeholders for partnerships and sponsorships for the event. As the event gets closer, staff will begin working on the audio/visual, promotion and advertising, volunteers, logistics, registration, and program. The County contributes initially by approving and matching the grant, and is involved in every step of the way by providing expertise and experience. The grant is 75% state funds and 25% matching funds. The County is instrumental in setting up the registration process, preparing contacts for promotion and placing ads, facilitating negotiations, securing volunteers, photography, videography and day of event production and activities.

Results:

The American Heart Association’s concept of improving outcomes for patients that experience cardiac arrest symptoms and cardiac arrest is called the “Chain of Survival”. It begins with calling 911,

having family and bystanders that have been trained in providing CPR, providing CPR to victims, then finding an AED and administering it, having a good EMS system with advanced life support, and a cardiac intake hospital with the latest capabilities. The “Chain of Survival” is only as strong as each link, and having family or bystanders capable of administering CPR is a critical step. Most EMS systems across the nation have an average resuscitation rate of between 5-7%. Leon County Emergency Medical Services (LCEMS) has an average of 33-35% for the past three years. This difference is partially because of the efforts to train people in CPR and educating them on when to call 911. This improvement leads to a higher quality of life and greater citizen engagement.

Another result is the sheer number of residents trained in CPR. Before the County began this program there was only a small percentage of the population trained to administrator CPR. Since each event averages 400 participates, LCEMS estimates that approximately 1,200 people now know how to provide CPR until an ambulance arrives. This estimate does not include the participants that take the kits home in order to train family and friends. The feeling of effectively knowing the “Chain of Survival” during an emergency is an empowering process that leads to success. These large events create a large media following and the information sent out into the community lets the citizens know that LCEMS and the County is providing real services to the community that affects their daily lives. This past year over 800 citizens attended our Press the Chest event.

Another measurable result is the cooperation of LCEMS and the County with so many other local agencies to make this event a success. These close ties within the medical, educational, and business communities leads to other cooperative efforts. The “Press the Chest” event provides an opportunity for all of these entities to communicate their messages to the community and demonstrate to residents a cooperative approach to improving healthcare. It also shows that government entities take a proactive approach to improving the quality of life in the community and not just waiting until something bad happens to respond.

Impact:

Providing the highest quality of life to its residents, while creating opportunities to engage citizens, is a top priority of Leon County. Leon County Emergency Medical Services has developed a program where not only do residents gain practical knowledge that may someday save someone live, but does while educating the public on how the County provides real services that effect their daily lives. The “Press the Chest” event teaches life-saving skills such as CPR and AED use to a community in order to foster higher levels of quality of life, while doing so in a fun, family-friendly manner. These type events serve as a foundation on which governmental agencies build experiences and trust within their communities to implement other programs or strategies.

The Press the Chest program has had many positive effects. First and foremost is in increasing the number of people that are using AED’s and performing CPR before EMS arrival. This helps to increase our overall return of spontaneous circulation and saves lives. Next, the program provides a great connection to the community where people see EMS in a positive, proactive light and appreciate what EMS provides to the community. Finally, the Press the Chest event brings several different healthcare agencies together with a common goal in the community to provide outstanding service to our citizens.

Budget:

The total cost of the Press the Chest event is approximately \$25,400. The funding for the event is included as part of the EMS each fiscal year. In addition, Leon County EMS is aggressive in applying

for grants to use for support with programs such as “Press the Chest” in order to comply with the County’s initiative for fiscal responsibility.

Below is the cost break down for the 2013 Press the Chest Event:

- Personnel Costs: \$5,800
- 20 Paramedics (EMS Personnel for set up day before and actual event day)
- 200 Hours X \$22/Hour = \$4,350
- Retirement = \$900
- Work Compensation = \$220
- FICA = \$330
- Operating costs: \$19,615
- “CPR Anytime” Kits (500) – \$12,575 Event Venue including Audio-Visual – \$2,120
- Radio Promotional Spots – \$965 Ads in Local Paper – \$1,735
- T-shirts for Volunteers – \$1,000 Event Signage – \$450
- Awards – \$70 Event Flyers – \$70
- Food for Volunteers – \$280 Certificates of Participation – \$350

Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/PresstheChest_Division-A_Cat-4_Support_1.pdf

Web links:

https://www.youtube.com/watch?v=2_IFI4NsDXA

LifeNet, Inc.

Number of Ambulances: 55

Service Type: Non-Profit Corporation

Project Participants:

- Melodi Kastner, PR Manager
- Bobby King, Flight Paramedic
- Ronnie Weaver, Director of Operations
- Tommy Singleton, Director of Operations
- Jason Gartner, General Manager
- David Wilder, IT Manager
- David Baumgardner, CEO
- David York, Board Member
- Dave Snavelly, CFO

Situational Analysis:

It started just like every other morning; a seven year old went to her bus stop, but what happened next leaves a hole in the hearts of her family and friends and changed many people’s lives forever. Sadly, a young girl was struck and killed by the school bus. It happened at approximately 6:25 in the morning in front of her home on Old Dallas Road in Garland County. There’s a curve before the bus stop and at 6:25 am it is still dark and there are no street lights on this rural road. The victim’s name is Hannah Martin.

Project Goals:

Like many others, LifeNet Paramedic Bobby King was concerned about this tragic accident. He wanted to prevent these types of accidents involving school children. He did some research and proposed the “Hannah’s Light” project to the LifeNet management team as a way to prevent similar tragedies in the future.

Planning & Implementation:

Paramedic King had an idea to provide school aged children with some kind of light or reflective item to make children more visible to drivers in the dark early morning hours. King initially brought his idea to Ms. Kastner. After receiving permission from Hannah’s family to pursue this project, they immediately set upon getting samples of lighting devices that might work. After receiving several samples from various vendors they scheduled a meeting with management and persuaded the company to establish a safety campaign called “Hannah’s Light”. After careful consideration a light was selected, an initial budget established, a distribution schedule was created, and community funding drive was planned.

Hannah’s Lights are small flashing lights that can be clipped onto a child’s backpack or clothing. LifeNet public relations manager Melodi Kastner states “This is the second year that we have done this simple and cost effective project. Injury prevention is always on our mind. If we can keep one child safe, then we have accomplished Bobby’s vision and perhaps established something positive from this horrible event.”

This project started in the summer of 2013. This campaign continues each year with kick off tail gate



Best Community Impact Program

parties at area high school football games.

Results:

In the first year of the program, LifeNet donated \$4,000 to seed the project. The community funding campaign brought in an additional \$6,000 with everything from small donations of \$5 to much larger donations of \$1,000. As a result, in the first year of the program, we gave 6,000 lights to area children for free.

Impact:

This program has had a positive impact on the community as a whole. The community has gotten behind the project and supported it from both a financial and conceptual basis. The news media were interested in the program and after running stories in the press, other groups like senior citizen organizations and high school cross country teams have also implemented offering these lights to their members to increase their visibility as well. The lights can be seen flashing on children at school bus stops in the morning hours. Additionally, other communities have contacted us to help them establish similar programs in their region.

Budget:

The initial project was funded at \$4,000 by LifeNet. But as donations began to be collected it was evident that the community would be willing to support this program on an ongoing basis. Each light cost \$1.25. 100% of all money donated for this project is used to purchase lights. All lights for area school children are provided for free. As a result, the community is willing to continue to make donations to support the program.



Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Hannahs-Lights1.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Hannahs-1.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/HL-FOP-donation.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/HL-6.jpg

MedStar Mobile Healthcare

Number of Ambulances: 56

Service Type: EMS Authority

Project Participants:

- Matt Zavadsky, Public Affairs Director, MedStar
- Paul Harral, The Harral Group
- Harriet Harral, The Harral Group

Situational Analysis:

There are children in the MedStar service area who have never been able to participate in the “Trick or Treat” experience due to physical or medical obstacles. We wanted to gift this experience for medically challenged children and their families in our service area by providing a medical team, ambulance and stretcher for the children and families to go door to door trick or treating.

Project Goals:

1. Provide a memorable experience for children suffering significant medical or trauma-related medical issues.
2. Provide a memorable experience for the families of these children – memories that will last a lifetime.
3. Bring awareness to any foundations for medical research related to the illness or injury that has led to the debilitation of the child.

Planning & Implementation:

The idea was seeded from the years MedStar had been doing our Home for the Holidays program on Thanksgiving Day. We wanted to do a similar event for children and considered that there was no better child event like Halloween. We sought the assistance of our media partners who began promoting the event and providing instructions to audiences on how to nominate a child for the program. Field EMTs and Paramedics were recruited to work special shifts to take the children out to a special neighborhood in Fort Worth. MedStar’s Safety Clowns also participated.

A very special local neighborhood volunteered to receive the children by Paul and Harriet Harral. Paul is on the MedStar Board of Directors and Harriet is a well-known community leader and chair of the Leadership Fort Worth Program. Their neighborhood is the #1 destination for trick or treaters. The neighborhood did an AMAZING job receiving these children, complete with dedicated parking for the ambulances and special signs for the children and their families.

Results:

One child was nominated for the 1st year and 2 for this year.

The 1st child, Zala, was a beautiful 8 year old girl suffering from Batten’s disease, a rare Neuronal Ceroid Lipofuscinoses disease that is degenerative, resulting in mental impairment, worsening seizures, and progressive loss of sight and motor skills. Eventually, children with Batten disease/NCL become blind, bedridden and unable to communicate, and, presently, it is always fatal. At the time Zala of the event, Zala could no longer walk, talk, was tube fed, and was going blind. She required continuous O2, PRN suctioning and had a trach, but she is not on ventilator support. This was the 1st time Zala and her family ever went trick or treating and they all dressed up in Alice in Wonderland

Theme. Zala had several seizures during the event, all of which were managed by the MedStar crew. All local media outlets covered the event and mom reported a significant bump in donations to the Batten's Disease Foundation. Zala passed away 8 months after Halloween.

This year, we took 2 children to the same neighborhood with Paul and Harriet's help. Reilly, a 15 year old adorable little boy, suffers from consequences from an anoxic brain injury and Jackson (J-Bird) suffers from Krabbe disease. Both received yet another incredible reception from the neighborhood and it was the 1st time J-Bird had ever been trick or treating. Again, donations to the charitable foundations got a bump due to media coverage of the event.

Impact:

The event was carried on virtually every media outlet in our service area, pre- and post-event. The goodwill created by the events is immeasurable, in the community, with our media partners, and most importantly, with the families. We still keep in touch with the families.

Budget:

Cost/Budget (can be submitted as overall % to departmental budget)

The cost of the program was the payroll and operational cost of the 2 ambulance crews, approximately \$1,200.

Web links:

http://www.nbcdfw.com/news/local/MedStar_Helps_Terminally_Ill_Child_Trick_or_Treat_for_First_Time_Dallas-Fort-Worth-230152261.html

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Planning & Implementation:

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Budget:

Cost/Budget (can be submitted as overall % to departmental budget)

The cost of the program was the payroll and operational cost of the 2 ambulance crews, approximately \$1,200.

Web links:

http://www.nbcdfw.com/news/local/MedStar_Helps_Terminally_Ill_Child_Trick_or_Treat_for_First_Time_Dallas-Fort-Worth-230152261.html

Professional Ambulance (Pro EMS)

Number of Ambulances: 19

Service Type: Privately-Held Corporation

Project Participants:

- William Mergendahl, JD, EMT-P, CEO
- Keri Cook, EMT-P, Director of CQI

Situational Analysis:

Since 2009, Pro EMS has been engaged in the Overdose-Sentinel project, an active community improvement program, targeting opioid overdoses in the Cambridge, Massachusetts service area. As an early adopter of FirstWatch data systems, Pro EMS began using (email) trigger alerts for identifying anytime a suspected opioid overdose resulted in an EMS response. Pro EMS also used the geo-clustering feature of FirstWatch to identify higher impact areas around Cambridge. This program is in collaboration with the Cambridge Prevention Coalition under the Cambridge Public Health Department, which includes representation from the Cambridge Public Health Department, Cambridge Police Department, Cambridge Fire Department, Cambridge Health Alliance and various other community stakeholders. The program provides real-time (de-identified) data to CPHD's epidemiologists who can identify geo-clusters as well as trends (times, days, interventions). The metrics were recently updated to collect a broader universe of overdose responses. CPHD plans utilizes this data with programmatic interventions to reach community members in need and provide them with sustainable resources after discharge from the hospital.

Project Goals:

- Provide real-time data to epidemiologists from the Cambridge Public Health Department regarding possible overdoses. Said data will be used to identify both geo-clusters as well as trends in the population so that programmatic interventions may be initiated targeting at-risk locations and/or populations.
- Utilize said data to inform the public at large regarding the increase in overdoses and the need for community action.
- Utilize said data for review of medical practices and protocols related to the response of overdoses.
- Utilize said process as a means of improving multidisciplinary cross-agency cooperation related to the general public health of Cambridge. Said practice can act as a standard of cooperation for other public health issues, such as homelessness, flu-epidemics, and elder-care.

Planning & Implementation:

The overdose sentinel project has been a longstanding (5+ years) and evolving program in Cambridge, Massachusetts. The planning of said project has been driven by the community needs. Most recently the parameters of the triggers have been updated to reflect the growing opioid epidemic (1 month ago). The implementation of the data collection process was fairly streamlined as Pro EMS uses FirstWatch for a number of clinical and operational benchmarks. Editing these triggers to more precisely identify the target populations and locations has required ongoing collaboration between



Community
Impact Program
Honorable Mention

CPHD, Pro EMS & FirstWatch. These updated triggers will better enable CPHD to provide immediate assistance based on location and/or population when clusters are identified.

Results:

The program is ongoing and longstanding but has recently been reviewed and enhanced (1 month ago). The results of these changes will not be available for several months.

Impact:

By giving the Cambridge Public Health Department real-time data on high-risk populations and/or locations, our impact goal is to:

- Reduce the instances of repeat users by providing the appropriate services to the demographic and/or location in question
- Reduce the instances of first-time overdoses through community education with specific data to support the interventions.

Budget:

Operating project costs are incorporated into the annual costs of using FirstWatch (used for a number of triggers besides opioid overdose) as well as staff time spent. There are no independent costs.

Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Best-Practices-Tracking-ODs-June-2010.pdf

American Medical Response

Number of Ambulances: 13

Service Type: Publicly-Held Corporation

Project Participants:

- Chris McMahan, Paramedic, Safety Jam Coordinator

Situational Analysis:

Children are rarely risk averse. Their sense of invincibility is endearing—and often leads to myriad scrapes and bruises. But while those are merely childhood rites of passage, every parent secretly worries about their child experiencing a much more serious injury.

That’s where American Medical Response (AMR) has stepped in.

Safety Jam was started in 2013 by the American Medical Response (AMR) Pueblo Colorado operation to educate the public on the need for and proper use of bicycle and skateboard helmets. The intention is to educate children and parents on the proper use of helmets by giving away properly sized and fitted helmets free of charge. The hope is to reduce traumatic brain injury in the large number of area youth that participate in bicycling and skateboarding. AMR conducts the event in a festival like atmosphere to entice attendance and increase the impact. The event has grown in to much more than a recreational helmet giveaway.

Realizing the each community will have different safety needs the event is designed to allow the communities we serve to pick health and safety topics that are of concern in their area. AMR is offering support and planning guidance to all operations wishing to conduct Safety Jam events.

Project Goals:

To identify a health or safety hazard(s) in the community and offer education in a fun family oriented event. Realizing the each community will have different safety needs the event is designed to allow the communities we serve to pick health and safety topics that are of concern in their area. AMR is offering support and planning guidance to all operations wishing to conduct Safety Jam events.

- To provide the guidance and documentation for each operation to analyze the needs of their community and implement their own version of “Safety Jam”

Planning & Implementation:

First thing is research:

- What are the seasonal, safety, health awareness needs in your community
- Who can provide information, education in the needed areas
- What other ancillary needs and who can provide them

Once you have identified the needs and who can help provide the education, you need to bring to-



gether the other civic-minded organizations that can help provide the services

- Since this event is free of charge, you will need donors of goods and cash
- Look for activities, games, promotions, local famous people, that will draw attendees to the event

Implementation involves all the above steps, it takes a whole community to educate the community.

Many organizations have requirements for community education – from grant requirements or certification requirements – Safety Jam provides all these organizations the exposure they need to share their safety message and educate the public.

The first Safety Jam was put together in about three months, from inception to event. We learned from this first event and as it has grown and evolved, planning goes on almost all year long – from presentations to potential sponsors, gathering give away items and promotion of event.

Results:

Yes! In the growth of the event is proof that education can be presented in a fun and festive manner and people will keep coming back to learn more.

Event attendance 2013 – apx 500, 2014 – apx 2000, and 2015 2,782

Each year we also learned how to better engage community partners in the event, as well as building resource materials that other AMR operations can use to hold their own Safety Jam. In 2015 AMR of Georgia held their first Safety Jam – noting that the tools and resources developed by the folks at the Pueblo were invaluable to a very successful first year.

Impact:

As a first attempt, Safety Jam 2013 event gave out 280 bicycle and skateboard helmets with sets of elbow and kneepads. Total attendance for the first event was estimated at 500 people of all ages.

Safety Jam 2014 grew to a total attendance of 2000. Through a continued partnership with both area hospitals, the event gave out 627 helmets. The local fire department logged over 400 children through a smoky house simulation. Crime Stoppers distributed 1000 fingerprint kits to families along with education on the use and value of having your child fingerprinted. Drive Smart Pueblo evaluated 16 car seats providing education on proper size, placement and securing of child safety seats as well as giving away 5 car seats.

The third annual AMR Pueblo Safety Jam was held May 30, 2015 was another amazing day of smiles and fun, but most of all learning and interaction. 63 area sponsors including KRDO News 13, St Mary Corwin, iHeart Radio, Pueblo Parks and the Colorado State Fair came together with AMR Pueblo to make this a great day for the Pueblo community. The day focused on reducing traumatic brain injuries in area youth. St Mary Corwin and Parkview Medical Centers distributed 900 properly fit bicycle and skateboard helmets and educated participants on the need and use of the helmets, all free of charge. Pueblo County EMS Council also donated helmets. 46 exhibits on health and safety offered great information and education for people of all ages. The event offered exhibits with education ranging from reducing traumatic brain injury, to stroke awareness, hands only CPR, animal safety, identity theft protection and more.

Lessons Learned: Gaining sponsorship and tracking of cash as well as in-kind donations is a challenge. Through the Envision Healthcare Foundation (AMR's parent company), Safety Jam has been

able to obtain 501(c)(3) status. In addition tools for tracking cash and in-kind donations as well as documentation needs to verify the donations have been implemented.

Logistics and crowd movement and control improvements will be evaluated year to year to maximize attendee safety and satisfaction.

Budget:

2014 cash donations totaled \$6550.00. These funds were utilized for events needs that were not donated as well as to purchase additional helmets, bicycles and skateboards for prizes given away by a drawing to all registered participants.

In-kind donations totaled \$57067.70. This total included the majority of the helmets, additional giveaway items, event support items such as sanitation needs, crowd and traffic control, and shuttle busses. These totals do not include any values placed on the volunteers that were on site to conduct the event.

Funding: Safety Jam is coordinated by the AMR operation in the city the event is held. Safety Jam is totally sponsor driven. The size and impact of a Safety Jam event depends on the community involvement year to year. As this event grows the knowledge of the great impact the event can have on a given communities. No admission fees are charged for the event and no items are sold at the event. With that, in-kind and cash sponsorship are necessary to maintain the event.

Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/SJ53014.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/SJ53012.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/SJ53010.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/SJ53009.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/SJ53003.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/SJ53001.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/SJ53000.JPG

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/What-is-Safety-Jam-all-about-2015.pptx

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/150120-Safety-Jam-Manual.docx

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/150120-Safety-Jam-Manual.docx

[79ab4f/2015/09/Safety-Jam-AMBY-supporting-links.docx](#)

Web links:

<http://www.emsworld.com/article/11520892/amr-holds-2nd-annual-safety-jam-in-colorado>

American Medical Response

Number of Ambulances: 4300

Service Type: Publicly-Held Corporation

Project Participants:

The names listed are only project leads-the entire list of participants was too numerous to include in the entry.

- Ted Van Horne, AMR President and CEO
- Ed Racht MD, AMR Chief Medical Officer
- Ron Thackery, Senior Vice President Professional Services and Integration
- Valerie Gaither, Vice President, Procurement and Fleet Administration
- Janell Marshall, Senior VP, Marketing, Communications & Investor Relations

Situational Analysis:

On October 15 and again on October 16 the world watched as AMR ambulances safely transported two different Ebola patients to planes waiting to take them to hospitals in different states.

Well before this event made international news, AMR made plans and took numerous precautions to ensure that when we were needed, our teams were indeed prepared.

All sections of AMR – clinical, supply, communications – worked with the operations to ensure strategic internal and external plans were integral to the important operational safety plans. The result of this teamwork during the Ebola crisis: we were prepared.

AMR (American Medical Response) is the nation’s largest medical transportation company, with 2,100 local operations in 40 states plus Washington D.C. Our ambulances permeate the U.S. landscape. When the Centers for Disease Control (CDC) announced the first Ebola patient, Thomas Eric Duncan, in the United States on September 30, AMR was prepared on several fronts:

- Ensure proper safety measurements were in place and prepared to transport known Ebola patients safely in our ambulances, all the while ensuring the safest protocols to keep from spreading this disease to our patients, clinicians, medics and staff.
- Prepared for the patients who didn’t know they might have the disease, but by meeting set parameters there was a high index of suspicion they could have Ebola

For AMR, we were prepared and we needed our employees and our communities to hear that message. That message was vitally important on October 15 and 16 when AMR got the calls to transport two of the nurses who had contracted the Ebola virus; they needed to be transported to the airport so they could be flown to other hospitals in the country for treatment. In a situation like the Ebola crisis, internal and external messaging need to be tightly integrated with no gaps, so we built a plan for both and adjusted as needed throughout the time period. Our employees were the center of our focus, and the supporting documents show how we communicated internally and externally.

Project Goals:

External Goals

- Follow the CDC’s lead in communicating a sense of calm and preparedness in the communities we serve

- Promote AMR’s medical leadership to the national media
- Highlight our role as local EMS leaders and disaster preparation and response experts
- Share information with communities to ensure that they knew our teams were prepared to handle the transports of Ebola patients

Internal Goals

- Provide team members in the field and in our local operations the latest information about Ebola, including precautions to take, questions to ask patients and information about monitoring their own health
- Relay a sense of calm and preparedness
- Reinforce best practices for infection control
- Promote that AMR “has your back” and is supplying the resources you need

Planning & Implementation:

The Ebola crisis clock was ticking and getting information to our teams in the field when they needed it was a challenge. Information about Ebola was flowing in regularly from the CDC, and we wanted to ensure that we regularly updated the teams. There were multiple daily touch points among the communications team, supply and clinical staff. The web development and design teams were available 24/7 to create updates in the MEDS/ePCR system, the latest handout, checklist or flyer. The new web site we created was updated multiple times a day with the latest news and information.

- **AMR Employees.** Our more than 18,000 AMR employees thrive on the paramedic/EMT culture. It is deeply ingrained in our mission statement (patient focused, customer centered and caregiver inspired—making a difference by caring for people in need). The employees are generally in transit, either in emergency or non-emergency situations without access to our Intranet, so our solutions for communicating needed to reflect that. We needed to prepare and continually update our teams on potentially providing Ebola transports, know the questions to ask and monitor themselves if they were exposed to the virus.
- **General Manager, Clinical and Education network and PIO network.** This is an internal network of local operations’ general managers, CES and public information officers (PIOs). These individuals are on the front lines with our paramedics and EMTs. They are also the local spokespeople during crises, community activities and any time there is an immediate need for a local media interview. For larger issues, they generally contact our national communications team for help, but Ebola was such a local crisis in many communities that we needed to ensure they knew what to say if members of the media called and who to contact for any guidance.
- **Healthcare customers (hospitals, skilled nursing facilities).** For non-emergency situations, we provide transports to and from these types of facilities. These clients needed to know we were prepared to handle the crisis safely so that their own patients were not in danger during the transports they regularly request.
- **Emergency Medical Services (EMS) officials (local EMS authorities, fire departments, police).** EMS providers are our partners in crisis and emergency situations. As a national leader in EMS, AMR needed to communicate regularly with other EMS providers.
- **Patients we transport.** The patients we transport need to know that we were taking all the precautions so that they were not at risk.

- Communities. The communities needed to know that we were safely handling our role in transporting known or suspected Ebola patients.

Within 24 hours of implementing the screening nationwide (through MEDS/ ePCR) we were screening 30% of our 911 patients. Within 48 hours we were up to 40% and in less than a week we were screening 50% of all patients.

Results:

We did succeed! From an employee perspective, our teams received the safety messages and we had no safety protocol breaches; none of our clinicians, staff or patients was infected due to our transports. When the time came to select employees for the two known Ebola patient transports, several raised their hands to volunteer because they said they knew we were prepared. From an external perspective, we got the message out that we were prepared for this crisis; our key message is that no matter what the situation is, our preparations and procedures will support us during a crisis.

“A couple weeks ago the Department of Defense (DoD) sent an Inspector General team to evaluate how decisions at the highest levels affected the hospitals that implemented Ebola planning, training, and response readiness. Here’s what they said:

“DoD IG’s team has visited every CMA locations. Several other CMA sites and their supporting MTFs expressed their gratitude to the 633d Medical Group. They were very appreciative of the generous collaborative milieu established by the 633rd’s leaders. The 633d Medical Group’s EVD treatment unit is particularly noteworthy. The 633d is the only community hospital that created an EVD isolation and treatment capability.”

I wanted to share their praise because when they visited I shared the struggles we encountered in the beginning as the CDC did not have any guidance and partnering with your team was extremely beneficial. I also gave them a copy of our EMS protocol (which AMR is given credit) and stated that we could not have developed the protocol in such detail without your support. They were impressed. As for me, I remain forever grateful.

Thank you,
 SANDRA R. NESTOR, Maj, USAF, NC
 633d Medical Group Joint Base Langley Eustis, VA”

AMR was able to utilize our Williams National Medical Command Center (NMCC) located in Dallas, Texas as the “hotline” for all clinicians. The NMCC is one of the most advanced and most medically sophisticated full-function care navigation and field provider support center anywhere. With HIP-PA-compliant telemetry and telepresence (audio-video on-scene three-way conferencing) capabilities allows the NMCC to place the expertise of an entire diverse care team at the fingertips of patients and providers alike.

As a benefit of the NMCC, we were able implement “Real Time” post-incident monitoring of designated personnel by utilizing an integrated Bluetooth device that collects data such as vital signs, temperature and pulse oximetry of our team members. It also allows for integrated video conferencing/telemedicine and response to designated questions to further enhance the health and safety of our patients and caregivers.

Internal Communications

- Circulated internal Ebola Clinical Updates via email and Intranet announcements
- Distributed Dr. Ed Racht’s video message to 17,700 employee emails
- 41% open rate, 2,727 clicked on video
- Highest viewership for a video during 2014

External Communication

- All of our resources were readily shared with our community partners, we were asked by fire departments, military organizations and ancillary organizations if they could call the AMR Ebola hotline, use our flowcharts and our protocols
- We pitched an interview with Dr. Racht to the Associated Press on Oct. 6 and the story began running on Oct. 7. That story was picked up by more than 250 media outlets, including USA Today, Washington Times and CBS News Online
- NPR. The AP article led to an Oct. 9 placement on NPR’s “Here and Now” radio broadcast. The show reaches an estimated 3.6 million weekly listeners on more than 383 stations across the country
- Dr. Ed Racht/Dr. Eric Beck Dallas media availability day – Oct. 17
- We hosted media availability the day after the second nurse was transported. All nine Dallas media outlets participated, providing coverage. One local news media did a live news report from our Dallas operation (where the ambulances are dispatched). The main message in all the stories was that AMR was prepared.
- A reporter from Modern Healthcare, the country’s premier medical trade publication, called into the media availability session to interview Dr. Racht.

Local Coverage

- Local media coverage of AMR operations preparing for Ebola transports ran from Oct. 2 to Nov. 11. We got 428 media hits for “AMR and Ebola.” AMR’s national communications team set up interviews with 26 local media outlets across the country.

This amount of positive media coverage showed our communities that AMR was prepared and willing to help

Impact:

Immediately after the first patient was diagnosed with EVD in the US, AMR established a national 24/7 toll-free hotline with direct access to clinical and operational experts familiar with Ebola management and safe operational preparation and decontamination. Since September 29th, AMR has processed 199 Ebola related calls through our hotline. Additionally, we established a dedicated webpage (www.amr.net/Ebola) with the Centers for Disease Control (CDC) guideline updates and access to tools for decision making. As of this date, we have received over 61,000 visits to this website for education and support. Dr. Alex Isakov, Emory University’s specialized transport medical director, presented a national AMR Grand Rounds that was electronically available for all AMR practitioners. In order to provide resources for all of our practices nationally, regional depots of specific PPE for caregivers have been established, assuring availability of equipment for all AMR operations within an appropriate time frame.

- October 8 2014 though September 10, 2015
 - » Screened 1,149,993 (meaning that the screening questions were asked and documented)
 - » Identified 457 who were at risk (said yes to all 3 questions)
 - » Total MEDS cases during the period: 2,716,667

As AMR moves forward, the “Ebola Response” has become a component of what we now call our Emerging Infectious Diseases preparedness and response.

Budget:

Tough question to answer, this was not budgeted for, it falls into regular duties, while many people put aside their day to day assignments to focus on this topic, there was also the regular business to be cared for and maintained.

The caching of equipment/ isolation supplies was an additional unbudgeted expense.

Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Ebola-Response-Plan-Summary.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/3165_AMR-Ebola-collateral.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/3165_AMR-Ebola-Media-Advisories-and-Talking-Points.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/3165_AMR-Ebola-Updates-to-Employees.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/AMR-PR-and-CR-Monthly-Conference-Call-October-2014-ebola.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Ebola-Summary_Social-Media.docx

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/sample-Ebola-email-update.docx

Web links:

<https://www.youtube.com/watch?v=bBqAc7QZmJA>

American Medical Response

Number of Ambulances: 4300

Service Type: Publicly-Held Corporation

Project Participants:

- Tawnya Silloway community relations and EMT for AMR

Situational Analysis:

A line of duty death is arguably the most stressful event for any EMS agency. It is also probably the event any agency is least prepared for. Very few EMS agencies have protocols or procedures in place to handle a death when it occurs: how to notify co-workers, how to support the family, how to coordinate the funeral, etc.

There seems to be general resistance to work on a pre-plan that deals directly with a LODD. Most people are generally uncomfortable talking about death or even planning for end-of-life issues. However, uneasiness should not be used as an excuse to avoid this topic.

After becoming involved with the National EMS Memorial Service, Tawnya Silloway realized very few EMS agencies had in place protocols and procedures to handle a Line of Duty Death. She took it upon herself to fix this for her company, AMR, and worked collaboratively with AAA and the NEMSMS to promote and distribute this handbook to any agency that wanted to implement their own policy.

Project Goals:

- To start the conversation in agencies, to be prepared in those first critical hours when you need to be able to rely on policy and procedure, not making up as you go along.
- To offer a resource to every EMS agency for them to implement LODD procedures. To be prepared to properly honor a fallen colleague and to support the family of the fallen.
- To provide guidelines for the three different types of death an agency might be required to respond to
- To promote this handbook and by doing so the other resources that are available to EMS agencies and the family of the fallen for a LODD

Planning & Implementation:

While researching this topic, it became clear there are three types of death an agency might experience:

- Line of Duty Death
- Active member dies suddenly while not on duty
- Death of a retired member

These three all bring different expectations and responses. There are variations in what the surviving fami-



Employee Program
 Honorable Mention

ly's need and determining what is considered fair or appropriate for funeral options for all parties involved. Time frame was several months of investigation, information gathering and questioning subject matter experts and about six weeks of writing and editing. Implementation was the public debut of the handbook, with promotion by NEMSMS, AAA and the EMS trade magazines.

Results:

Goal is still being achieved; the handbook is available for free download on the NEMSMS web page as well as EMS World web page.

Results were measured by the letters and notes of thanks and praise for making this book available, also by metrics on number of downloads, but only NEMSMS page had the systems in place to track downloads

Impact:

For AMR is has been the catalyst for operations to put protocols in place.

For NEMSMS it has brought more recognition in the EMS field.

Most of the impact is measured by anecdotal references – word of mouth passing of information, social media passing of information and letters of thanks for making this book available.

The NEMSMS page had for a time the ability to track downloads and in the first few months after release, there were over 300 downloads.

Budget:

very low – no budget.

Tawnya did all the research, writing, editing on her own time. Subject matter experts also donated their time to share their knowledge.

The handbook is hosted on line by both NEMSMS and EMS World.

AMR initially printed and sent copies to all operations, but this cost was minimal.

Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/LODD-AMBY-supporting-links.docx

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Line-of-Duty-Death-Handbook_v10a.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/RE -LODD-Handbook.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/RE -Line-of-Duty-Death-Handbook-AAA.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/LODD-Pre-plans-ems1.PDF

Web links:

<http://www.emsworld.com/article/11302966/ambulance-crashes-provide-regular-reminder-know-your-ems-line-of-duty-death-handbook>

East Texas Medical Center EMS

Number of Ambulances: 65

Service Type: Non-Profit Corporation

Project Participants:

- TC Howard, Director of Clinical Services / Program Director
- Neal Franklin, General Manager

Situational Analysis:

East Texas Medical Center EMS and Tyler Junior College officially entered into a partnership in September of 2014. ETMC EMS became the managing entity of the EMS program at Tyler Junior College and began the complete rebuild of the EMS program almost immediately. Tyler Junior College recognized the need for program development and successful placement of students within the EMS environment. ETMC EMS recognized the need for qualified, well trained and developed employees that could perform at the ETMC EMS standard of excellence. During the project, ETMC EMS implemented an already accredited EMS program into the college environment.

Project Goals:

The primary goal of the ETMC EMS / Tyler Junior College (TJC) partnership was to develop “Great” patient care providers by incorporating the quality EMS program already developed by ETMC EMS with the high standards of Tyler Junior College. ETMC EMS involvement in the classroom and clinical ride-a-long settings would allow TJC students to become familiar with ETMC EMS and create a common rapport that would favorably impact our other goals to improve recruitment and retention. Additional goals for the program were to decrease clearance time and cost of orientation, which could be accomplished by coinciding the student’s lead phase with the ETMC EMS EMT and Paramedic training phase and improve student satisfaction/experience.

Planning & Implementation:

September 2014 – Once the partnership was initiated, the current TJC program was evaluated. During this evaluation phase of the program, ETMC EMS professionals assessed the current program instructors and curriculum being utilized. ETMC EMS also interviewed approximately 45 current and past EMS Program participants regarding questions related to strength of the program, instructor performance, job placement, clinical settings, overall test performance, and certification success.

November 2014 – ETMC EMS presented a new curriculum designed and utilized by ETMC EMS within its own accredited EMS program. This program had to be presented on several occasions to the Curriculum and Instruction Committee of Tyler Junior College for approval. All items had to meet College Academic Criteria. All items for both the EMT and Paramedic programs were approved in early December 2014.

December 2014 – ETMC EMS and Tyler Junior College as a partnership agreed to the hiring of a Program Coordinator to assist the current Program Director. This individual was highly qualified from the State of Tennessee.

January 2015 – ETMC EMS began the development of current Paramedic students and the recruitment process for future ETMC EMS employees. Students developed a strong relationship both through the classroom instruction and improved clinical setting with ETMC EMS. Both entities invest

themselves in the student and students stated that they felt they were part of the EMS system and belonged to an organization that had their best interest at hand. This relationship and behavior has and should continue to improve retention. During January 2015 two additional highly qualified and motivated instructors were recruited from ETMC EMS.

February 2015 thru Current –ETMC EMS incorporated a Paramedic Program schedule that is beneficial for the student. Students can be hired as an EMT with ETMC EMS and attend the Tyler Junior College Paramedic Program. The ability to train and develop as a paramedic while practicing as an EMT is greatly beneficial to the student's overall success. Successful and qualified students may then remain employed as a paramedic by ETMC EMS when the Department of State Health Services approves the individual as a Paramedic. ETMC EMS incorporates the operational orientation items into the student's operational sections during class and further utilizes the students Paramedic School Lead Phase as an official employment evaluation phase for approval as a Paramedic under the Medical Directors Protocols.

Results:

We have thus far achieved our goals. Results are measured by recruitment, retention, length of new-hire clearance time, improvement in quality of cleared provider, reduction of cost, and student satisfaction.

Recruiting was extremely low prior to the partnership with an average of 12 to 14 EMTs and paramedics hired per year. Most students could not pass the pre-hire clinical testing or agility phase for employment. Since January, ETMC EMS has recruited 32 individuals, with 94% of applicants passing both the physical agility and clinical testing phase. Now, 100% of paramedics cleared the probationary period compared to 45% from previous years (more qualified candidates). EVOG pass rates in orientation have increased from 77% to 100%.

Because candidates for hire are more knowledgeable and skilled, we have reduced our costs associated with "re-training" by approximately \$12,000 per Paramedic and \$2,800 per EMT.

It is estimated that in 2013-2014 ETMC EMS suffered a loss of 70 paramedics and EMTs while only recruiting less than 14 employees from TJC. In 2014-2015 ETMC EMS recruited 32 employees from the TJC collaborative program and to date, has retained 100% of them. Since the collaborative program has become more established, EMT student enrollment is up to 60 students each semester (3 semesters per year) with the potential for 150 students to complete the EMT class. 125 of those students are estimated to pass and be ready for immediate application to ETMC EMS. The paramedic program graduates roughly 30 per year with a projection to double with additional classes offered in 2017.

Paramedic clearance times prior to the partnership averaged 8 to 10 weeks for Tyler Junior College recruits. The current length is 3 to 4 weeks with a projected 2 week turnaround in the very near future.

Shortly after the partnership with TJC, a baseline student survey was conducted which revealed a poor student experience. 36 students completed the survey. 32 scored "disagree" or "strongly disagree" and only 4 out the 36 scored "neutral", "agree", or "strongly agree". Another formal survey will be conducted in 3 months; however, interviews recently conducted indicate a significant improvement in the opinion of students. Some of the comments are listed below.

“The program has greatly improved since ETMC EMS took it over.”

“Our clinical time appeared more meaningful once ETMC EMS was involved.”

“The instructors appear to care more now that ETMC EMS are involved.”

“I feel like I am better prepared to enter into the EMS profession with ETMC EMS supporting my growth.”

“I know that ETMC EMS and TJC care about my success in the job environment”

“I can’t wait to go to work for ETMC EMS – Thanks TJC for making this opportunity happen”

Impact:

This partnership with TJC essentially is graduating EMTs and Paramedics who demonstrate better knowledge, skills and clinical experience than in the past. ETMC EMS’s significant involvement with instruction and being the primary training ground to develop clinical skills and experience results in candidates for employment who basically have completed and demonstrated competencies that can be considered toward their orientation and training when hired by ETMC EMS. This has had a ripple effect in improving a pipeline for qualified employees, improving retention, reduction of provisional clearance time, reduction of orientation cost, and improved student satisfaction. Ultimately though, by releasing paramedics who are more skilled and better prepared, the patients gain the most benefit. As this collaboration continues, ETMC EMS will be able to leverage the feedback from QA/QI as inputs into the training program to continue to enhance the education provided to EMS providers.

Budget:

ETMC EMS did not experience any additional expenses in this partnership. Cost for instructors provided by ETMC EMS was reimbursed by the college.

Tyler Junior College continues to work within its current operational budget. By increasing the success of the college EMS program and thus increasing students, the more revenue/reimbursement per student is received.

LifeCare Medical Transports

Number of Ambulances: 0

Service Type: Privately-Held Corporation

Project Participants:

- LeRon Lewis, Employee Development Manager
- Sue Connors, Training and Development Coordinator

Situational Analysis:

Our Training Department at LifeCare Medical Transports headed by LeRon Lewis, Employee Development Manager, and Sue Connors, Training Coordinator was noticing two significant trends. First, we were receiving an increasing number of applicants for EMT positions with little to no experience in the back of an ambulance. These providers had successfully completed a basic EMT certification program, but were ill trained in ergonomics, moving patients, and patient moving equipment. Secondly, we had several employees and applicants who wanted to become EMTs (a real plus for us), but were unable to commit to a program that required 4 months of evening and Saturday classes due to their busy work and home lives. In February of this year, we were given the opportunity to do something about both of these trends.

On February 13, 2015, the Virginia Office of EMS announced that they were lifting the minimum hourly requirements for new EMT certification programs effective July 1, 2015. This would allow for alternative course delivery methods as long as the following criteria were met: 1) Each student must have 10 patient contacts; 2) In-house labs must have a maximum 6:1 student to instructor ratio; 3) An Education Coordinator in good standing must be in attendance at any in-house training sessions; and 4) The students had to be adequately prepared for success on the Psychomotor and Cognitive State and National Registry tests. Because our training department had already been successfully creating and implementing virtual training for our employees throughout Virginia, we felt prepared to tackle the challenge of implementing a Hybrid EMT program at LifeCare.

Project Goals:

Our goals for the program were simple: 1) To develop and implement a successful Hybrid EMT certification program that would accommodate both our current EVOC certified employees as well as other busy adults in the region who were unable to meet the hourly requirements of traditional EMT certification programs; 2) To ensure that our students would be well-trained in ergonomics, patient moving equipment, and the importance of our core value of SAFETY; 3) To recruit new employees that we trained to meet our commitment to excellence; and 4) To start the program on July 1st and be the first successful Hybrid EMT certification program in Virginia.

Planning & Implementation:

The deadline was set: To begin the program on July 1, 2015.

While continuing to run a busy Training Department consisting of the New Hire Onboarding and Release Program; the ALS Authorization to Practice Program; the creation and implementation of monthly mandatory company-wide Virtual Training ... to name a few, we began the research process to ensure success. The following steps were followed:

1. Working with the Virginia Office of EMS to ensure that our program would meet their guidelines and be approved.

2. Researching current Hybrid EMT programs throughout the US: We found that most of these programs catered to corporate training in which the students completed all cognitive work prior to attending in-house psychomotor training ... often a distance from home (requiring travel and hotel), and taking approximately 10-14 days. The costs of these programs were also very expensive ... well out of reach for the students we would be attracting.
3. Researching curriculum and Online Learning Systems offered by a variety of vendors.
4. Creating a draft syllabus and determining class length and structure including cost.
5. Sell our program to our own Senior Leadership by preparing a high quality presentation including detailed structure and cost.
6. Submitting our course to the Virginia Office of EMS for approval ... a tough job considering a Hybrid Program had never been implemented in the commonwealth. Approval was received just 3 weeks before the class start date.
7. Advertising for students – both internal and external.
8. Recruiting high quality instructors – ensuring that Virginia Education Coordinators were on staff.
9. Creating finalized syllabus and cognitive tests.
10. Implementing two “Info Nights” for prospective students.
11. Beginning class on July 1, 2015 with 16 students – six were our own employees.
12. Delivering the course which including six consecutive 8-hour Saturday hands-on training days during which the students prepared for both the Psychomotor testing as well as the critical thinking required in the field. Students were able to do their ride-alongs with LifeCare.
13. Providing Open Labs were offered for students for the 3 days prior to the Psychomotor testing.
14. And in just 49 days after the first class, 14 students were deemed prepared for the certification testing (one student had dropped the course ... another was unable to maintain an adequate GPA), and sat for the Psychomotor test.
15. Sending all students an anonymous Survey Monkey ® questionnaire to get unbiased feedback.
16. We are still in the testing process. See our current results status in the next category.

Results:

Our class ended on August 19th, and our students began their certification testing on August 20th. The majority of our students have not yet sat for the NREMT Cognitive Test. Our current results are as follows:

INITIAL ENROLLMENT 16 FINAL ENROLLMENT 14 88%

INITIAL PSYCHOMOTOR TEST 14 PASSED ALL THREE STATIONS 11 79%

Note: 3 students failed one station each. All 3 students have received remediation & are registered for retest on 09/17/15.

TOTAL INITIAL PSYCHOMOTOR STATIONS PASSED	39	93% SUCCESS	42	TOTAL INITIAL PSYCHOMOTOR STATIONS	
SECOND ATTEMPT PSYCHOMOTOR TEST	3			TESTS SCHEDULED	3
INITIAL COGNITIVE TEST & NREMT CERTIFICATION DATE	4			PASSED	3

Note: Unsuccessful student receiving remediation prior to second attempt.

INITIAL COGNITIVE TEST & NREMT CERTIFICATION	7			TESTS SCHEDULED	7
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Note: Students determined own test date based on personal availability, although we have encouraged students to test as soon as possible for maximum cognitive retention.

SECOND COGNITIVE TEST & NREMT CERTIFICATION	1			TEST SCHEDULED	1
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Note: Unsuccessful student receiving remediation prior to second attempt.

Impact:

One of our students applied for employment with LifeCare, and is currently working with us as an EVOC-certified driver until she receives her EMT certification. Another student will be putting in an application for full-time employment. Others have been encouraged to apply, and several are considering part-time employment with us.

Our Survey Monkey® results provided us with some constructive information ... generally suggesting we add an additional week. The best news is that the students loved the Hybrid EMT format, and are recommending the program to their friends. We haven't set the date for our next Hybrid EMT program yet, however we have had enough interest in the program to begin another this year.

Although we cannot quantitatively report at this time the impact of the safety and critical thinking training incorporated into our program, we feel strongly that we will see an impact in the long run by having providers who have been trained the right way the first time.

As one of the first Hybrid EMT programs to be offered in Virginia, the Office of EMS has shown interest in reviewing our program to use an example of how such a program can be successfully delivered. Although we are still awaiting the cognitive testing results of our students, we feel confident that we are on the right track to change the way EMT certification programs are delivered in Virginia.

Budget:

We will need to perform a post-program evaluation to determine the cost effectiveness of our program once all testing is complete and results are received.

Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/AMBY-AWARDS-LIFECARE-HYBRID-EMT.pdf

Muskogee County EMS

Number of Ambulances: 20

Service Type: Non-Profit Corporation, Government, City/County/Community

Project Participants:

- Mike McWilliams, EMT-I, Special Projects Coordinator
- Ernest Brock, EMT-I
- Mechele Cruz, EMT-I, Public Information Officer
- Sheena Underwood, EMT-I
- Mike Frazier, EMT-I
- Ike Jacquez, EMT-I
- Mike Cates, EMT-P
- Thomas Bebee, EMT-I
- Joan McWilliams, LCSW, My HealthVet Coordinator (VAMC)



Best Employee Program

Situational Analysis:

Muskogee County EMS employee Mike McWilliams developed a concern about the impact of the unique challenges faced by their employees, such as exposure to ongoing trauma and stress in the line of duty. With the full support of MCEMS leadership, Mike formed the initial COACHES team, an acronym that stands for: Caring for Ourselves and others Affected by Critical Happenings and Everyday Stressors, to help employees remain mentally, physically, and emotionally healthy. The COACHES is a peer-support team, manned by all employee volunteers who have received specialized training in psychological first aid, traumatology, and critical incident stress debriefing. These COACHES support and educate their fellow Medics facing stressful situations and trauma, as well as operate the employee-funded COACHES fund, which provides financial assistance to employees facing various life challenges, such as illness, injury, or the death of family members.

Project Goals:

1. Reduce the negative impact of working with trauma on a daily basis
2. Reduce the negative impact and prevalence of compassion fatigue and burnout
3. Increase employee positive coping skills
4. Reduce the amount of interpersonal stress and problems so often associated with working in the emergency services field
5. Increase job satisfaction and morale
6. Provide a structured process for employee to employee assistance

Planning & Implementation:

Initial planning and research was done through accessing traditional channels for training. In 2007, Mike McWilliams and a team of 3 other MCEMS employees attended Traumatology training through the Green Cross to learn more about the short and long-term effects of trauma on emergency service personnel. Working with former Oklahoma Traumatology Institute co-Director, Dr. Jay Martin, the team began working on an idea for a peer-support team. Over the next 6 months, the team expanded to include 3 more members and the structure for the COACHES peer-support process was developed with the assistance of Mike's wife, Joan McWilliams, a licensed clinical social worker. The team also

attended additional training in the delivery of Psychological First Aid and Critical Incident Stress Debriefing (through the International Critical Incident Stress Foundation). The peer support process was developed to help address trauma and stress related to the most commonly identified stress-producing incidents in EMS. Each employee at MCEMS, including Administrative, Dispatch, and Business Office staff are assigned to a COACH. Employees can contact their COACH at any time, but all COACHES are notified of any employee involved in any call involving one or more of the following: homicide, suicide, death by trauma, rape or sexual assault, death, serious injury, or abuse of a child, death or serious injury of MCEMS personnel, their close immediate family members, or any individual well known to MCEMS personnel (i.e. local hospital staff, Board members, etc). Upon notification, the assigned COACH contacts each employee. The purpose of this contact is to allow the employee to share as much or as little about the call as they wish and to provide a sounding board. This constant availability for individual debriefing of calls allows employees to release many of the stressors and traumas experienced in the field. In addition, the COACHES are available to provide education on positive coping skills and encourage employees to utilize the company's Employee Assistance Program, when needed for more extensive assistance and/or professional therapeutic intervention. The COACHES team also formulated the idea for the employee-funded COACHES fund during this first 6 months. All MCEMS employees have the opportunity to donate privately or through payroll deduction to the fund, which is used exclusively to assist fellow employees during times of tragedy, illness, and emergency. To date, employees have provided over \$35,000 in assistance to their co-workers. The program was fully implemented in 2008 with 6 employee volunteer COACHES with a month-long education focus on compassion fatigue, burnout, and the peer-support process. All new employees are educated on the COACHES program during new hire orientation and assigned to a COACH at that time. The COACHES program has provided 24/7/365 peer-support to the employees of MCEMS since its initial rollout in 2008.

Results:

The COACHES team achieves its goals on an ongoing basis and measures results by employee satisfaction, such as individual requests for COACHES assistance and employee surveys about the impact of the team, as well as continued employee contributions to the COACHES fund. MCEMS employs a large number of Medics with 10+ years of emergency medical service.

Impact:

The COACHES team has helped increase morale and positive coping skills and has assisted many employees in becoming more proactive in combatting the negative effects of stress and trauma. Utilization of the COACHES team for peer-support has become an integral part of personnel management at MCEMS with employee COACHES often being asked to be the first-line of contact and assistance for staff exhibiting noticeable behavioral and/or performance changes. The addition of the COACHES team has helped bring awareness to all staff and management about the impact of continuous trauma exposure in the field of EMS. The COACHES team has intervened with several staff who have experienced a severe trauma in the line of duty and helped extend the career of those employees. The impact of the COACHES fund can be counted in dollars, as over \$35,000 of assistance in the past 7 years, but the unseen effects of the fund are immeasurable. The COACHES fund has assisted employees in gaining needed medical treatment in the face of life-threatening illnesses, recovering after personal losses such as housefires, and provided comfort in times of the loss of family.

The COACHES team was recognized by Blue Cross Blue Shield as a 2014 Champion of Health and Mike McWilliams has been recognized as an Oklahoma Ambulance Association and American Ambu-

lance Association Star of Life for his development and management of the COACHES team.

Budget:

The COACHES team does not receive any allocated budget. The COACHES team members serve on a voluntary basis and receive no reimbursement for their services. The COACHES fund is fully funded by employee contributions and all monies collected are used strictly for employee assistance. The COACHES team also organizes several fundraisers per year, raising money for other employee-focused activities.

Sunstar/Paramedics Plus

Number of Ambulances: 74

Service Type: Privately-Held Corporation

Project Participants:

- Debbie Vass, Chief Administrative Officer
- Richard Schomp, Director of Operations
- Leslie McAllister, Operations Manager
- Operations Supervisors
- Admin staff
- Field Personnel
- Management team

Situational Analysis:

In order to take good care of our patients, we have to take good care of our employees. Sunstar/Paramedics Plus has been measuring employee engagement/satisfaction since 2007. Overall employee satisfaction when we began was at 65%. We utilize “Gallop-like” questions in our survey and observed 3 specific areas that if we improved would likely result in an overall improvement in employee satisfaction/engagement and ultimately affect employee retention. These areas include crews receiving praise in their last seven shifts (27%), having a supervisor or someone at work that cares about them (77%), and employees feeling like their opinion counts (55%) – (agree or strongly agree reported as satisfaction). Further, our attrition rate was almost 40%.

Project Goals:

Our primary goal was to improve employee engagement and recognition. Specifically, we wanted to reach 85% overall satisfaction (agree or strongly agree) by 2011 with a stretch goal of 88% and then continue to improve in specific areas where we scored the poorest. Our second goal was to reduce the fulltime paramedic and EMT attrition to under 25% by 2009.

Planning & Implementation:

Employee engagement and recognition is pretty much an on-going project. We formally began to improve survey scores and the overall feeling from employees that they are appreciated as far back as 2007.

Timeframe and Efforts

2007

This was our starting point with 65% overall satisfaction; 27% employees receiving praise in the last 7 shifts; 77% employees feel that a supervisor or someone at work cares about them as a person; and 55% employees feel that their opinions seem to count. Current practices were reviewed and promoted.

- PAT (positive action taken) program to acknowledge employee accomplishments
- FISH (Fresh Ideas Start Here) Forms for employees to share ideas or concerns
- Monthly BBQs
- Annual holiday party

- EMS Week Activities
- Retention bonus paid to medics and EMTs for staying each year (2008-2011)

2009

Evaluation of the survey data showed Improvement with 79% overall satisfaction; 45% employees receiving praise in the last 7 shifts; and 78% employees feel that a supervisor or someone at work cares about them as a person; and 60% employees feel that their opinions seem to count. However, we felt that we needed to do more to for a stronger impact.

- Employee recognition workgroup formed to review performance and develop new ideas. Result was to expansion on the PAT forms to develop the STAR Program which allows employees to earn points for their PATs and get gift cards (\$10, \$25, \$50) and a day off with pay when they reach 20 points.
- Employee scorecards provided to employees every 6 months for performance review
- Employee engagement team

2010

Continued survey evaluation and held town hall employee meetings to better understand the employee morale climate. Additional initiatives were deployed.

- Created a “Julie the Love boat Cruise Director” type job description. The intent was to get employees together with each other, supervisors and managers. The position assuming this role gained feedback from employees on what kind of activities they would like to do and scheduled monthly events (dinners, kayak trips, day at the gun range, golfing, etc.).

2011-2015

Key initiatives resulting from strategic planning review sessions in this timeframe include:

- Performed survey of supervisors, using results to provide coaching and feedback to ensure positive interactions between supervision and field employees (2011)
- Reinforce Leadership Effectiveness Training for Supervisors (2012)
- Implementation of employee wellness initiatives in partnership with insurance carrier (2012 and refined in 2015)
- Implementation of JUST CULTURE philosophy (2013)
- Initiated of new CARE PLUS monthly employee award (2013); Adoption of new Mission, Vision and Values company-wide
- Implemented formal Exit Survey on Survey Monkey (2013)
- Increase nominations of employees for Pinellas County, State, and National EMS awards (2014)
- Company website re-designed and includes “Sunstar in Action” to showcase selected employees each month (2014)
- “Eye Spy Safety” recognition on Facebook for employees caught doing the right thing (2014)

2015-2016 Local fire departments are in a hiring mode at this time and Sunstar is experiencing additional competition for full time paramedics with local hospitals. In addition, Sunstar continues to see a continued increase in call volume. As result, to meet the needs of our system and improve

employee recruitment and retention, Sunstar is implementing the following programs:

- 5-35 Plan in which fulltime field paramedics who remain active as a fulltime paramedic in the field for 5 years will receive a \$35,000 bonus at the end of their fifth year.
- Paramedic school tuition allowance is being increased from \$2,000 to approximately \$6,000
- Partnership with local college to provide Paramedic school hours more conducive to our employee work schedules
- Working on plans to increase face time of managers with employees
- Working on methods to improve relationship between the field and dispatch

Overall, Sunstar /Paramedics Plus has adopted several programs and practices to improve employee satisfaction, recognition and retention.

From 2004 to 2015, more than 74 employees have been honored with one of the awards listed below.

- Pinellas County EMS awards– companywide recognition and the recipient receives a day off with pay
- State of Florida EMS awards– companywide recognition and the recipient receives a day off with pay and a one-night stay at the host hotel for the awards ceremony
- Commissioner John Morroni award– employee and companywide recognition
- AAA National Star of Life EMS recognition–all-expense paid trip to Washington, D.C. for award ceremony, tour of D.C., and meet with the Florida Congressional delegation on EMS issues.

In 2014, Sunstar awarded 474 gift cards and 111 days off to employees under the STAR/PAT Program for employee recognition. Additionally, a total of 30 employees received the CARE PLUS award.

Monthly newsletters, website and social media are used to share employee accomplishments across the organization and to key stakeholders.

Sunstar recognizes employees for their longevity in the system. Employees with five years of service receive a rocker under their name badges and trophies at five-year increments beyond. This recognition occurs at the annual holiday event.

Our leadership team is personally involved in recognition efforts. They sign and put personal messages in birthday cards sent to each employee every year. The COO and CAO write personal thank you notes sent to the homes of employees who exhibit exemplary examples of CARE PLUS values.

In addition to individual recognition, Sunstar/Paramedics Plus provides companywide workforce reward and appreciation events such as monthly BBQs, annual Turkey Enduro for Thanksgiving in which the leadership team and staff serve turkey with fixings to employees and their families, and five days of EMS week events including tickets to the Ray’s baseball game. We also recognize National Public Safety Communicators week for dispatchers, Nurses Day and Administrative Assistant Day.

Another way we try improve employee engagement and retention is to involve them on committees and teams. Employees have the opportunity to serve on the Safety Committee, Employee Engagement and Recognition Committee, Employee Wellness Committee, Equipment Committees, or be part of specific task forces as needs arise. Employees are actively involved in testing and providing feedback on changes for improvements. When changes in equipment are proposed such as head immobilizers, gloves, medication response bag, EKG electrodes, etc., groups of employees test new

products and provide feedback via specific evaluation forms.

Results:

We achieved our goal in obtaining overall satisfaction score as evidenced by our survey results. We also improved areas that we identified that we needed to focus on. There has been some variation in our results in the specific survey questions. We attribute some of this variation to the 9% increase in call volume that began in January 2015. The survey was issued in June after employees were mandated to work an additional shift to meet the call volume demand.

Area Measured	2007	2009	2011	2013	2015
Overall employee satisfaction	65%	79%	85%	89%	85%
Received Praise	27%	45%	63%	65%	54%
Supervisor or someone cares	77%	78%	88%	93%	88%
My opinion seems to count	55%	60%	76%	74%	67%
Fulltime attrition rate	39.7%	23.8%	17.6%	18.6%	N/A

Impact:

The qualitative impact is reported in the above question. This type of project is on-going. We know that a gift card or other type of reward program definitely makes a difference. However, to get to the next level, a company-wide effort of employee appreciation is necessary. Employees are our most valuable asset. We continue to work on a culture that shows employees that they are valued and appreciated. Since our employees’ focus is to care for patients, it is our pleasure to report that our emergency patient satisfaction is approximately 98%.

Budget:

Budget for award programs is \$33,000 per year. Company-wide appreciation events have a budget of \$25,000 per year. Other costs are considered operational costs.

Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/STAR-Program.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Amby-nomination-Employee-Enrichment.pdf

MedStar Mobile Healthcare

Number of Ambulances: 56

Service Type: EMS Authority

Project Participants:

- Doug Hooten
- Matt Zavadsky

Situational Analysis:

The EMS and Ambulance industry required additional insights and education on the healthcare economic environment and landscape that is creating the desire for healthcare stakeholders to partner with EMS/Ambulance agencies for Mobile Integrated Healthcare (MIH) services. And, our healthcare system stakeholders needed to understand how EMS and ambulance agencies could work collaboratively with them to meet the challenges of the new healthcare environment.

Project Goals:

1. Enhance the ability for EMS/Ambulance agencies to implement MIH programs in their local community
2. Increase the awareness of how EMS-based MIH programs can help hospitals, payers and other healthcare stakeholders achieve the IHI Triple Aim
3. Provide a baseline of education for Community Paramedic educational programs

Planning & Implementation:

To assist both stakeholder groups, MedStar authored the book *Mobile Integrated Healthcare – Approach to Implementation*. MedStar leaders worked with Jones and Bartlett leaders to create the topical themes for the book and the distribution process. MedStar authored the majority of the book, and reached out to key healthcare system leaders from payer, hospital, home health, and hospice agencies to contribute content for the book that would be relevant to their peers. We also had patients who had come through MIH programs provide content for the book as well.

The final manuscript was provided to Maureen Bisognano, the President and CEO of IHI for consideration of a Foreword. Not only did Ms. Bisognano write a 2-page foreword, but she also invited Doug and Matt to a conference call with the Health Ministry of Doha, Qatar to explain how our programs work. IHI was working with Qatar on developing programs to reduce high ED utilizers and preventable readmissions.

The project was initiated in October 2013 and the book hit the shelves in November 2014.

Results:

The book is published by Jones and Bartlett Publishing and has been featured in several promotional



Best Industry & Stakeholder Education

initiatives by Jones and Bartlett and have sold over 800 copies in the first 9 months of availability.

The forward for the book is written by Maureen Bisognano, the President and CEO of the Institute for Healthcare Improvement. This has strengthened the EMS/MIH awareness of IHI and led to several referenced to this delivery model by IHI leaders.

Royalties from book sales are donated to the recently created MedStar Foundation, a 501(c)(3) whose mission is to fund initiatives to improve first response and healthcare resources in the MedStar service area.

Impact:

- Tremendous educational value for the EMS profession and the awareness of our value to the rest of the healthcare system.
- 5% of sales price for each book sold paid to the MedStar Foundation, book price is currently \$98

Budget:

- \$25,000 for investment in a professional book writer to assist with initial negotiation with Jones and Bartlett, as well as counsel in edits to the manuscript.

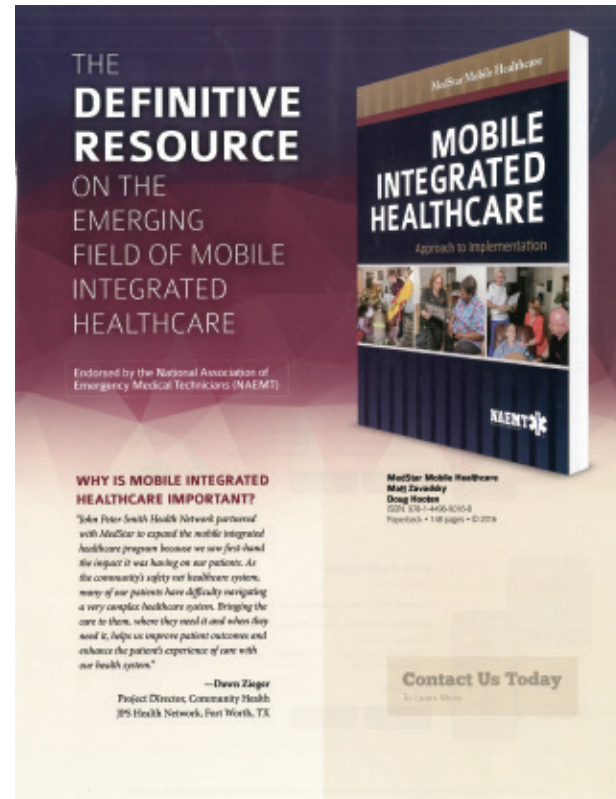
Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/90168_COVR_MedStar.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad79ab-4f/2015/09/2015-JB-Catalog-Ad-for-MIH-Book.PNG

Web links:

<http://www.jblearning.com/catalog/9781449690168/>



American Medical Response

Number of Ambulances: 4300

Service Type: Publicly-Held Corporation

Project Participants:

Each operation has a specific contact for setting up a Sentimental Journey

The two most active operations are

- Sean Horton
- Mary McAdams

Situational Analysis:

Sentimental Journey was the inspiration of an AMR crew in Colorado. They were transporting a man to his home in the mountains for hospice care. The paramedic was chatting with him on the ride and the man expressed his regret that he would not get to see the changing aspens. It is not the industry norm for crews to deviate from the assigned task; thankfully, this paramedic had the compassion and willingness to fulfil this man’s wish on the way to his house. They pulled the ambulance off at a vista point, took the patient, on the cot, to the viewing area and stood there with him while he watched the aspens for a while.

This kind act made a lasting impression on the crew. They approached AMR management and hospice management to implement a program they named Sentimental Journey (SJ). As part of the program, AMR donates all crew time, medical supervision and vehicle expenses to take someone on their last request. From this first act of compassion that turned into a heartwarming program, SJ is growing into a nationwide community service program.

Project Goals:

The goal is for every AMR operation to offer this program to their community. In the future, we would also like to see more EMS agencies offering the program in their communities. We are working with EMS Trade magazines on stories to spread this initiative.

Planning & Implementation:

The first crew did all the initial legwork, they worked with AMR management and hospice to plan the parameters of this program. From this initial research, documents were developed to be shared with all AMR operations or other EMS agencies that want to implement the program.

The initial research and development took a few months. From there the time frame is dependant on the operation to pursue implementation in their area – solidify commitments from area hospice, develop local protocol and procedure, provide any crew training if needed. Some areas are able to have it up and running in a few weeks, others take longer.



Lessons Learned – as the program becomes more widely known, we have put in place stronger guidelines of who could request a trip. A couple of times that family called and scheduled without hospice knowledge and when we called hospice to verify we found out the patient was not an appropriate candidate for leaving the facility. The trip was something the family wanted the patient to do, not something the patient themselves wanted to do.

Results:

Over the last couple of years many AMR operations have become involved and implemented Sentimental Journey programs to serve the community.

There have been several articles in EMS trade magazines – explaining the program and offering the start of materials to any agency that would like to implement this program. We have replied to about 200 emails with the documents.

Impact:

The number of transports is dependent on number of requests from hospice. For most operations, the average is 10 – 15 journeys a year.

Any quantifiable health improvements are hard to provide, each patient selected for an SJ is terminally ill. We have only anecdotal stories from families and nursing staff of how happy the patient was, the pain eased for a time, and a few treasured photos taken of a smiling face that had not been seen in a while. For the crews that choose to work these events they share how special the time was, and they are honored to be part of the program.

Budget:

This is a free service provided to the community. The cost of the unit, crew and equipment are budgeted into the annual budget therefore we do not have a specific operating expense for this program. However if you look at the numbers, each transport of this nature, outside of the program, would average \$3000. Funding: Sentimental Journey is almost entirely run on in-kind donations. AMR donates all transportation costs, hospice donates their time. Also generally, when a venue that the patient selects for their journey – a loved restaurant or event – is contacted and the program is explained, they too donate the food or tickets. There have been a few occasions where a community organization wants to donate to support Sentimental Journey, in these cases the money is generally held by hospice to purchase any tickets, food etc. that are not donated.

Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Garden-of-the-Gods.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Margarets-Day-Out-AMR.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Inspirational-coach-stays-in-game.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Eichman-Thank-you-AMR.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/one-last-trip-down-the-slope.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Thank-you-for-showing-compassion.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/An-Entourage-like-no-other.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad79ab-4f/2015/09/A-day-fishing.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad79ab-4f/2015/09/A-day-at-the-game.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/SJ-AMBY-supporting-links.docx

Web links:

<http://www.emsworld.com/article/12103294/amr-provides-hospice-patients-a-sentimental-journey>

NorthStar EMS, Inc.

Number of Ambulances: 12

Service Type: Sole Proprietorship

Project Participants:

- Brent H. Dierking, Director Business Development/Strategic Planning
- Edgar Calloway, Director of Operations

Situational Analysis:

Achieving CAAS accreditation in June 2014 focused NorthStar EMS (NEMS) to focus efforts on participating in injury/illness prevention strategies for the communities we served. Like many ambulance services throughout the United States, we participated in local health fairs, provided CPR classes and participated in civic organizations by speaking on EMS related topics. However, we desired to reach a wider audience. Over the years, we have developed an excellent working relationship with local news (media) outlets. Our overall goal was to develop a monthly news segment whereby NEMS was able to create “Talking Points” to discuss EMS related topics to a greater audience.



Project Goals:

Goal: To create monthly news segments in which NEMS will be able to discuss EMS related topics for the public regarding injury/illness strategies and highlight when to call 911 to activate EMS.

Objectives:

1. Identify local news station with wide viewing audience.
2. Work with local news reporter to meet with afternoon news producer to generate interest.
3. Develop monthly topics based on established monthly health themes and questions obtained through NEMS.
4. Identify experts within NEMS and the medical community to help us present topics during the newscast.
5. Use NEMS website and Facebook site as repository for documenting completion of monthly segments.

Planning & Implementation:

NEMS has enjoyed excellent working relationships with our news partners. We had developed a great relationship with one of the news reporters, Melanie Posey, from our local Fox affiliate (Fox 6 News in Birmingham Alabama). Melanie was able to coordinate a meeting between their Fox 6 at Noon producer Sutton Yelding where we were able to pitch our idea. She really liked the idea that we would develop subject matter talking points for her news anchors. Our examples were short, concise and easy to follow. They also allowed some flexibility for the news anchor to ask their own questions of interest so that the format didn’t appear too scripted. This is a monthly project that is still in prog-

ress. The news cast reaches approximately 50,000 viewers per day.

Results:

Our initial goals have been met. While we cannot be completely sure that our participation in this project has actually decreased injury/illnesses in the community, we have received ongoing interest from the News Team that they desire to continue doing the segment with NEMS. Additionally, this partnership has strengthened our media relationship to the point that whenever questions arise about EMS in the community, NEMS is often called to help explain/educate the news reporter about responses and/or help guide them in their efforts to get a solid story. NEMS has also been fortunate that since we entered this partnership we tend to get news coverage whenever we do something within the community that we believe is news worthy such as our Home for the Holiday and Drive Away Hunger programs. New coverage for NEMS has been extremely positive over the past years with our desire to work with the media and provide solid information. We have learned that our news partners want to have this type of participation from organizations that bring something of value to their viewers.

Impact:

NEMS has been positively impacted as follows:

1. News sources tend to reach out to NEMS if they have questions related to EMS stories.
2. NEMS has experienced positive news stories about our services.
3. NEMS tends to get a news segment when we submit press releases on stories we believe our news worthy.
4. Our employees enjoy watching NEMS represented in a positive light.
5. We try to involve members of the NEMS staff to serve as subject matter experts. This makes our program a team effort.
6. We meet community education standards as promulgated by CAAS.

Budget:

A byproduct of this campaign is that it has not cost NEMS any out-of-pocket expense other than the time it takes to produce the talking points and the time it takes the day of the interview (approximately 1 hour of time).

1. Talking Points prepared by Director of Business Development – 1 hour/month: Salaried position
2. Interview, approximately 1 hour. Cost is zero when conducted by salied employee, up to \$20 if conducted by hourly employee.

The monthly exposure for NEMS is very high. Our participation in this program garners us great exposure at a very minimal cost to the organization.

Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad79ab4f/2015/09/11889578_10153124027622362_5959939314395561433_n.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad79ab4f/2015/

[09/6BC9429E-DCA3-450B-8E39-C7EDB5EE3AF2.mp4](#)

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/NorthFlight-Fox-6.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/fox-6-cpr.jpg

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad79ab-4f/2015/09/233BF5CF-E564-41BC-8A29-63F2A2298F58.mp4

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Feb-2015-Fox-6-CPR-Segment.doc

Web links:

<http://www.northstar-ems.us/information/news/>

Sunstar/Paramedics Plus

Number of Ambulances: 74

Service Type: Privately-Held Corporation

Project Participants:

- Debbie Vass, Chief Administration Officer
- Charlene Cobb, Community Outreach Coordinator
- Marketing firm consultant

Situational Analysis:

During strategic planning sessions, Sunstar/Paramedics Plus identified the need to increase the community awareness of Sunstar Paramedics and to be more of a resource for the community

Project Goals:

Goals were to provide the community with resources regarding safety information and tips, raise public awareness on preventing accidental injuries, and at least double Sunstar’s exposure to the community by December 2014.

Planning & Implementation:

This community outreach/public relations project ran from June 2013 to December 2014. Additional efforts have continued into 2015. To begin, Sunstar initiated the position of “Community Outreach Coordinator”. This position is the lead on the community awareness and resource efforts. Sunstar consulted with an outside marketing firm and researched state and national data on preventable injuries to identify areas that the campaign would focus on. Based on the research, some key issues for Pinellas County were identified. Among others, pedestrian safety rose to the top.

The plan involved a total redesign of the Sunstar website and the launch of a campaign called “Stay Alert, Stay Alive”. One of the initial focuses of the campaign was to bring attention to pedestrian safety. This campaign was also used to spread awareness about common dangers that can happen anywhere and how to avoid them; child passenger safety (car seat safety), and bicycle safety. Relevant information, safety tips, and traffic updates were also provided via social media on Facebook, Twitter, and website (stayalertpinellas.com) with a link on Sunstar’s website. Outdoor advertising was used in the campaign (see below).

An additional part of the community outreach included writing guest columns for community newspapers and the Stay Alert web site. Topics come from current events, seasonal concerns, and statistics. For example, accidents involving distracted drivers were on the rise. A related article was written as part of a public education program and the Outreach Coordinator spoke on the topic at high schools.

Timeline

June 2013	Revitalization of the Sunstar website
July 2013	Community Outreach Coordinator position begins
Aug 2013	Formalized process for creating web content and articles for publication



Best Public Relations Campaign

Sept 2013 Billboard campaign- 3-4 rotating billboards in the county (includes Sunstar web address and Facebook & Twitter logos).

Oct 2013 Create “Stay Alert, Stay Alive” Facebook and Twitter accounts for safety tips

March 2014 “Stay Alert, Stay Alive” official pedestrian injury awareness campaign begins with billboard exposure

Online, printed articles, and televised segments consisted of topics such as: distracted drivers, “Seven things to think about when you make a 911 call”, car seat safety, bike safety, road rage, domestic violence, “Avoid Walking into Danger”, safety tips for Christmas shopping (safe for children), tips to being safe at intersections, heat stroke, don’t leave your kids or animals in the car, dangers of driving an ambulance, new car seat regulations, and advertisements of the many classes offered by Sunstar to the community.

Results:

We achieved our goals to double community awareness and exposure by December 2014 and to provide the community with important safety and well-being information. In 2014 alone with all combined paid media, earned media, social media, website and advertising, the campaign had more than 11 million impressions (the number of people who were exposed to our campaign message)

WEBSITE TRAFFIC FOR PUBLIC SAFETY SECTION

OCT 2013	OCT 2014	JULY 2015
802 visits	1093 visits	2270 visits
Social Media (Facebook)		
Per month	Per month	Per month
41 Likes	1978 Likes	2700 Likes
Twitter followers		
16	94	234
Media coverage/circulation/exposure		
FY 2013	FY 2014	FY 2015 (thru July)
audience of	audience of	audience of
2,414,361	3,827,930	4 265,527
Community Billboards for “Stay Alert..” only		
N/A	5,763,765	7,685,020
Community Billboards other		
N/A	12,350,925	9,762,824

Impact:

It is too early to tell if the campaign had an impact on behaviors, specifically reducing the number of pedestrian deaths in Pinellas County. The data from the Florida Department of Transportation is typically released one to two years later. We do believe this campaign helped Paramedics Plus to secure another 5-year Ambulance Service Agreement with Pinellas County (awarded in May 2015).

Budget:

January –December 2014 Budget was \$100,000 for PR agency fees, billboard advertising, paid face book advertising, and other paid advertising. An additional \$5,500 per year is budgeted for website maintenance.

Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Amby-Award-documentation.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Sunstar-Stay-Alert-media-report-for-Amby.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Sunstar-Stay-Alert-events-report-for-Amby.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Amby-nomination-Public-Relations-Campaign4.pdf

Metro West Ambulance

Number of Ambulances: 36

Service Type: Business

Project Participants:

- J.D. Fuiten, President /Owner of Metro West Ambulance
- Larry Boxman, Vice President of Operations of Metro West Ambulance
- Paul LeSage, Partner/Analyst, SG-Collaborative, LLC
- Plus all of the employees of Metro West Ambulance

Situational Analysis:

In 2010, Metro West Ambulance was looking for help on how to improve our relationships with our employees, how to close the gap between our management teams and staff and how to steer our managers towards a truly servant leadership. These were hard questions we were attempting to find answers to. We knew we had to do things differently but what to do and what direction to take can be a very difficult choice. Larry Boxman had met with Paul LeSage to discuss this newer to healthcare concept called Just Culture. Discussions continued and included JD Fuiten. After review all were in agreement that this was possibly the answer for our company. Then an incident occurred involving a CPAP patient, the choices the field crew made on how to handle the situation and the end result of two employees being terminated. The decision was made to to apply Just Culture to the situation. The second ending was a little different. One employee of the two employees retained and still to this day, one of our employees. All due to Just Culture.

Just Culture has four areas of focus within it's framework and all addressed what we were so in need of:

1. Create a learning environment- we needed a culture that wanted to see risk at both the individual and organizational level. Risk seen through events, near misses , our own behavior, behaviors of others and our system designs. A learning culture at both the street and the organizational level.
2. Create an open and fair culture- we needed a system designed to recognize that we all make errors and we all drift from what we were taught. We needed a culture where employees could admit mistakes and where all of us were accountable for our behavioral choices. We needed to balance both individual accountability and accountability of the system we created.
3. Design safe systems-we needed a culture in which we worked together to create reliable systems for our employees-ones that anticipate human error, that captures errors before they are critical and if made (which will happen), help us recover when the consequences of our errors affect patients, employees and our company.
4. Manage behavior choices- while we know we all will make mistakes, we needed a culture on how to better management behavioral choices. We needed to learn to productively coach around reliable behaviors and recognize when remedial, disciplinary or punitive actions will get us the results



Best Quality Improvement Program

we want.

By October of 2010, all Metro West Ambulance managers had been trained on Just Culture. In January of 2011, we rolled Just Culture out to our crews starting the change of our then existing culture and environment to one in which Just Culture and all it stands for is firmly ingrained in all we do here at Metro West Ambulance.

Project Goals:

At the onset of instituting Just Culture at Metro West Ambulance, we had clearly defined goals we wanted to meet.

1. We wanted to increase our employee participation. Metro West Ambulance Vice President of Operations Larry Boxman said, “People closest to the work know it the best and are in a much better position to advise management of needs”. We wanted our employees more involved to help us see what we needed to improve, what needed changing and what mattered to them!
2. We wanted to decrease our employee turnover. We didn’t want to lose talent to other agencies or watch them leave for another career. We knew we had to offer them opportunities to enrich their experience and their talent level. Whether it was through a variety of work opportunities such as specialized medical teams, leadership opportunities at various venues, promotional opportunities into our various divisions-we wanted to retain our talent and help discover how to make them want to stay within our company and our family of companies.
3. We wanted to create a more employable environment. We needed a working environment that provided more opportunities for personal and professional growth for our employees, within a management environment where it was understood that talented, growing people mean a talented, growing company. For us a more employable environment also meant developing a culture towards a commitment to continuous learning and development that will make our employees stronger in a climate of constant change.

Planning & Implementation:

Initial research was conducted by Larry Boxman in the beginning of 2010. He met with Paul LeSage, SG-Collaborative, LLC to discover more about Just Culture. JD Fuiten then reviewed recommendations to bring Just Culture to Metro West Ambulance. Not entirely sure what it all entailed but knowing it was what we needed, Metro West Ambulance moved forward. The majority of 2010 was spent on further development of plans to implement Just Culture including decisions on who to start with, how to roll it out and the training that would be involved for all levels of employees. This planning also including allocation of funds for this project and projections of future costs for continuous training along with implementation of Just Culture into all aspects of our business. By October 2010, the first of multiple training sessions for our company’s managers was held. There Paul LeSage, introduced our management team to Just Culture Training for EMS Managers. After our management team was trained, the introduction to Just Culture was made to our ambulance crews in January 2011. Since the beginning of our company’s Just Culture journey, our crews have received quarterly mandatory “All Hands” training that always includes aspects of Just Culture. Just Culture was then rolled out to all of our other departments. If you were an EMT, a Paramedic, a Dispatcher, a Mechanic, a Vehicle Service Technician, etc. Just Culture became a way of life.

Our Clinical Quality Improvement Committee was established in 2011. The Committee’s goals include:

- Establish and maintain a Just Culture
- Identify strengths and weaknesses through a Root Cause Analysis (RCA) of low frequency/high risk events
- Establish trend files, which will identify areas of improvement
- Establish a self-reporting system to include “near misses” and provide a mechanism for feedback.
- Use Techniques and practices that reflect the principles of a “High Reliability Organization” (HRO).

Next to be developed was our Operations Advisory Committee. This committee was developed to help our company identify operational deficiencies both real or perceived and to increase employee participation. This is an incredibly unique committee that serves as direct representation for our staff and upholds Just Culture. All members of the OAC are elected to their position by their peers to represent our various operations departments. Other OAC Committee goals included (and still do):

- Evaluate facts and data as it relates to operational reviews
- Provide field interpretation of policies, procedures and expectations
- Serve as a liaison between field staff and management
- Serve as the Peer Review Committee for purposes of Grievance

facilitation as it relates to policy #213 “Grievance Procedure” Scope

Our OAC also has the responsibility to identify and bring to management’s attention those issues that impair customer service, create frustration among field staff, and identify policies, procedures and practices that no longer produce value. The OAC also has the responsibility to conduct in-depth

analysis of these issues with the guidance of management while adhering to the concepts associated with Just Culture/HRO.

Our Safety Committee was also revamped to embrace Just Culture to look at system design and safety features in a whole new way. Tagged with oversight of facility walk-through to reviews of safety events from OJI’s to MVA’s to safety programs and more.

The overall length of this project start up was approximately 2 years in order to ingrain Just Culture in our company. The ongoing phase of Just Culture at Metro West Ambulance is indefinite as we have successfully made it a part of who we all are, what our core beliefs are and the understanding that we all are accountable.

Results:

Did we achieve our goals? Yes, yes, yes!

Goal #1: Increase our employee participation. Our employees are the ones who make up our Operations Advisory Committee (OAC) and are the representatives that our other employees can bring ideas, concerns, etc. to. Our employees are the ones who make up our Clinical Quality Improvement Committee, conducting Root Cause Analysis of events, identifying areas of improvement, evaluating near miss and miss trend files, etc. They have helped reduce our medication errors by 75%. Our employees make up our Safety Committee which oversees all things safety from OJI’s to MVA’s! We also have full participation in our All-Hands training (quarterly paid mandatory training last approximately 4 hours). This training ranges from presenters to on-hands training to updates, etc. We are able to mea-

sure employee participation based on committee membership, interest in committee membership, participation in on-line surveys, feedback from employees to their direct supervisors, etc.

Impact:

The impact that implementing Just Culture into our company has had is very impressive. The qualitative nature of having a Just Culture is when our employees know we have an open and fair culture. Our reporting, investigating and disciplinary actions are transparent to all. The Just Culture Algorithm is a must when reviewing an event and when an incident is reviewed with an employee-the algorithm is right there. Everyone knows and understands what the rules are. Our employees also know they will make mistakes and that a just culture isn't a "blame free" culture but it is one in which employees can admit to their mistakes because there is a clear line between human error, at-risk behavior and reckless behavior.

Other qualitative aspects of Just Culture include our employees feeling they "have a voice". The OAC Committee gives all a "voice" and representation. They know if they feel that something needs to improve or if they feel there was an event that was unjust-they have a venue to be heard.

If an event or incident has a root cause analysis done, they know they will have a say and that investigations are completed without prejudice and are based on a thorough investigation involving multiple players. Quantitatively the most impressive impact is a 75%+ decrease in medication errors through our miss and near-miss reporting. By employees speaking up and helping us figure out why errors occur, we were able to significantly reduce their cause. Through Just Culture, our employees truly know that all of us are accountable, That all of us can drift and it is through working together we can recognize it and bring performance back into line. We can help each other make good behavioral choices through teamwork. Our reporting of near misses has increased each year-starting off with paper drop box anonymous reporting to our crews openly reporting errors in our electronic incident reporting system.

Budget:

Our initial startup budget for the implementation of Just Culture was \$100,000.00. After our start up phase in 2010-2011, , we have continued to budget for our quarterly All-Hands mandatory training for employees along with initial and continuing training for management staff. We have completed training (Root Cause Analysis) for all Clinical QI Committee members and Operations Advisory Committee members and continue to offer it as committee members change. Our investment in Just Culture has been worth all of the time, the training, the money. We chose to invest it where it mattered the most-our own employees.

Supporting Documentation:

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Safety-Charter-for-Metro-West-Ambulance.docx

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/LAST-CHANCE-AGREEMENT-FORM.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Performance-Improvement-Plan.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Performance-Improvement-Plan.pdf

[79ab4f/2015/09/Corrective-Action-Plan.pdf](#)

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/Corrective-Action-Memo.pdf

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/MWA-QI-Charter.doc

http://the-aaa.org/wp-content/uploads/gravity_forms/4-bc6630b53c55ce4411e29227ad-79ab4f/2015/09/OAC-Charter.pdf

Paramedics Plus

Number of Ambulances: 64

Service Type: Privately-Held Corporation

Project Participants:

- Julie Haslam, Director of Clinical Services
- Senai Kidane, Medical Director
- Brian Aiello, Operations Manager

Situational Analysis:

The clinical quality improvement program at Paramedics Plus in Alameda County encompasses several components aimed at clinical excellence in the delivery of care to our communities. One aspect of providing excellent service is to increase patient safety measures. In 2013 Paramedics Plus introduced the concept of “Just Culture,” a process that allows for transparency and accountability in the way significant occurrences (events) are investigated within our organization. Just Culture allows for management and supervisors within the organization to be open, fair, and consistent when an event occurs within the system.

Prior to implementation, a culture of excessive punitive action for minor offenses and inconsistent remediation based on the outcome of a mistake existed. These practices only instilled fear within the workforce and inhibited providers from owning and self-reporting mistakes – mistakes that we know are inevitable. This environment of fear of punitive action creates a barrier for having an environment for learning, designing safe systems and processes, and managing behavioral choices.

Recognizing that no one comes to working aiming to do a bad job and understanding that many problems are seldom the fault of an individual, but rather the fault of the system and poor practices, Paramedics Plus adopted the “Just Culture” philosophy. This culture is intended to create an environment that supports our workforce and utilizes coaching and education, particularly to learn from prior mistakes. This is far from a blameless culture but rather one in which mistakes or deviations from protocols can be openly discussed and from which all involved can learn. By breaking the wall of fear and creating a supportive environment with fair, objective consequences for detrimental behaviors, we can increase the number of providers who self-report medical errors, near misses, identify areas of systems-based improvements for our EMS operation, and in-turn improve patient service delivery.

Project Goals:

The initial goal was to increase the rate of self-reporting of potential errors, near-misses, and true medical errors. The secondary goal was to identify potential patient safety risk areas through the mechanism of provider self-reporting. These goals include several objectives that needed to take place in order to reach the overall outcome goal to improve patient safety.

The first objective was to introduce the concept of self-reporting potential errors, near misses, and true medical errors. The second objective was to promote a culture of self-reporting within the care providers in hopes of identifying risky behaviors/care practices that would in turn allow for supportive coaching, improvements in patient safety and care, and overall job satisfaction for the employee. The final objective was to use the information obtained through identifying potential errors, near-misses, and true medical errors to perform root-cause analysis’s to identify and target the true risk factors

surrounding patient safety.

Planning and Implementation (Describe the process from the planning phase, including research, through implementation phases. Include the overall length of your project in weeks/months.)

With the introduction of Just Culture we anticipated that there would be an increase in medical error rates, near-misses, and potential errors due to errors historically not being self-reported. This increase in errors did not signify a decrease in quality, but an increase in transparency for the system flaws, whereby allowing us to identify the higher patient safety risk areas.

Planning & Implementation:

This project for introducing a culture change is on-going. The introduction of a “Just Culture” philosophy has to begin with acceptance and buy-in from upper management – from the executive staff to the line supervisors. The implementation process began in 2012 with the identification of key individuals on the Paramedics Plus executive team that would champion and shepherd in the new concept. In Alameda County, that person was the Clinical Director, who received formal training in the subject of Just Culture in early 2013. With input from the Medical Director, formal written processes (available to all employees) were created documenting how investigations and remediation processes would be handled henceforth – allowing for consistency and objectivity in our processes. By October 2013, training was extended to all company leadership and introduced to our field personnel. Another important juncture was the training of line supervisors, who are actively involved in most investigation processes, and field training officers, who are often the personnel assigned to mentor individual providers identified as having clinical deficits. Their participation, approval, and compliance were critical to fostering trust within the work force and became a vehicle by which we could promote the new culture more quickly. Field personnel, although initially welcoming “Just Culture” with skepticism, have warmed to the concept through consistent messaging, continued transparency, and the objective assignment of disciplinary action congruent to the offense.

Over the last 3 years, the clinical staff has utilized several opportunities to continue to remind field staff of the importance of self-reporting through newsletter articles, handling investigations through the “Just Culture” algorithm, and continuing to work with operations staff members on the appropriateness of taking the outcomes out of analyzing behaviors. Having recognized our success, our local EMS regulatory agency has recently required their staff to undergo “Just Culture” training in hopes of promoting safety and accountability system-wide. Our message will continue well into 2015 and beyond.

Results:

Results were primarily measured by the number of errors and near misses that were self-reported and were compared to those identified through traditional avenues (i.e. chart audits, third-party reporting, etc.). The self-report rate has increased to 68% in the first half of 2015, significantly up from 15% in 2012. It is too early to report data regarding founded events associated with patient care and safety. Once self-reporting normalizes we will have a better idea of the impact on improving actual error rates.

Impact:

The system has been impacted by the utilization of the “Just Culture” philosophy, for example; our system introduced Fentanyl as a narcotic designed to replace morphine. The initial policy required the paramedic to make an extra step on stable traumas in order to administer Fentanyl, through

the self-report mechanism, a trend was identified. The majority of providers skipped this additional step and was violating protocol because the paramedic identified the need for immediate pain relief. As a system we identified the original policy inadvertently omitted a specific patient presentation, an omission that was not foreseeable with the initial policy. This identified trend allowed the Local Emergency Medical Services Agency to re-evaluate the initial protocol, and make appropriate changes. The changes made allowed the previously excluded patients to be included and receive needed pain relief. By increasing our self-report and changing the culture, it allowed for our providers to feel supported in self-reporting their omissions of protocol resulting in a trend to be identified and an investigation resulting in an important step to occur within the quality improvement process. Just Culture changed the landscape of reporting errors and omission which allow the paramedics in Alameda County the ability to continue to give a high level of care and follow best practices with pain management.

This increase in reporting has created multiple opportunities for mentorship, education, and the identification and improvement of systems-based deficiencies from which all providers have benefited. Errors discovered through chart audits, direct supervision, third-party reporting, and other traditional avenues have decreased. Lastly, although primarily anecdotal, we are also pleased to report that our staff continually expresses their happiness and satisfaction in their employment with our company, particularly when juxtaposed with other organizations/systems they have worked in. When asked why, the “Just Culture” philosophy, even if not identified by name, is often cited as the reason. Although difficult to measure, we believe happy, supported employees perform better, provide more friendly service, and are less likely to burn out.

Budget:

There was no additional budget required; the training occurred during regularly scheduled meetings.