



# Why EMS Systems Fail

Presented by: Jonathan D. Washko, MBA, NREMT-P, AEMD

...and what to do about it



# Based on February 2015 JEMS Article “Why EMS Systems Fail” & EMS Insider Article “Trigger Points”





# Group Discussion...



So What is a  
Failed EMS System?

# EMS System Failure Categories

- Economics & Finance
- Market Rights & Service Regulation
- EMS System Design
- Politics
- Management & Leadership
- Bad Outcomes
- Industry Failures
- From the Minds of Many
- Future Failures



# Economics & Finance

- EMS Economics 101
- Profit & Loss Management
  - Revenues
  - Expenses
- The Interconnectivity of Things



# EMS Economics 101

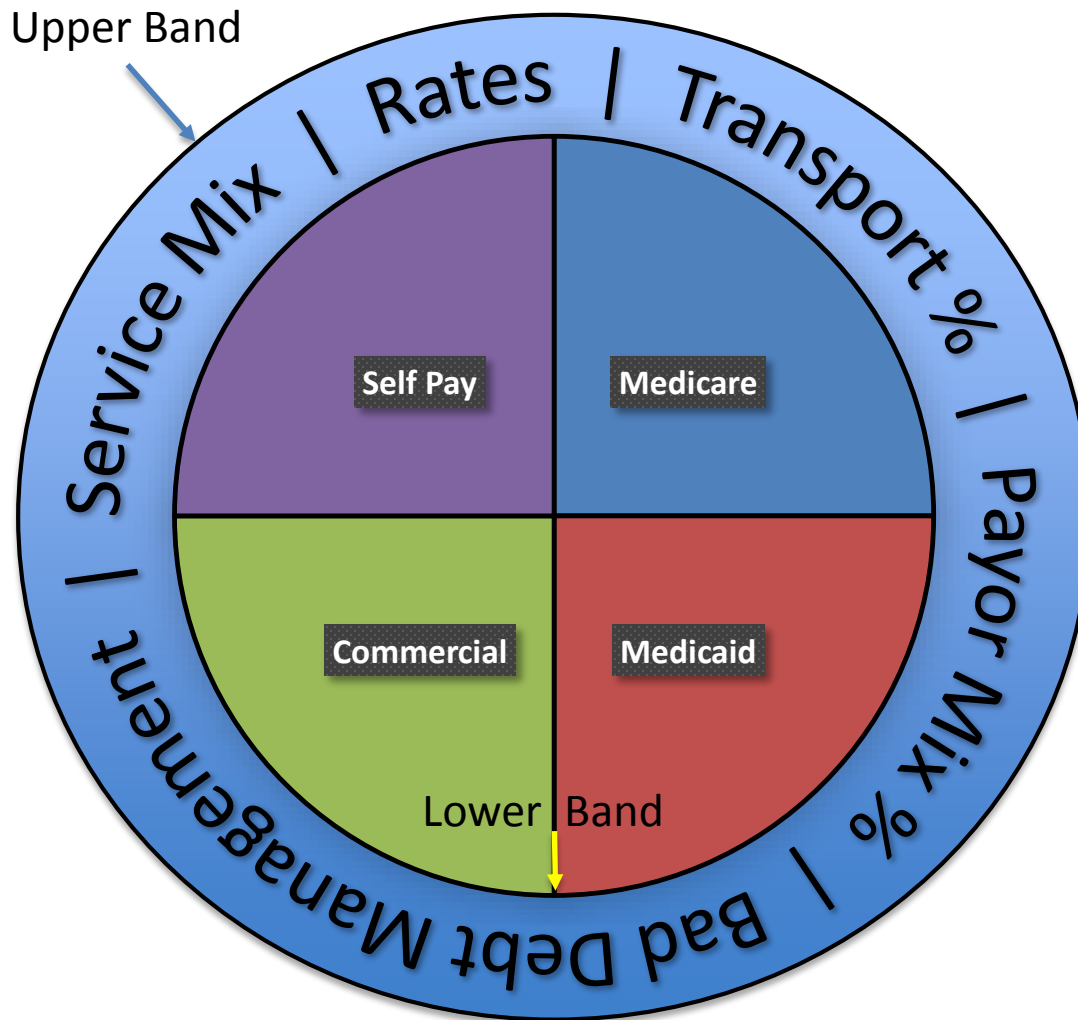
- In normal competitive marketplaces, quantity & price have a direct correlation with supply & demand
- In an EMS marketplace, service demand is not dictated by quantity & price of services, but rather by other factors of demand such as:
  - Population density
  - Socioeconomics
  - Education
  - Age
  - Geographic boundaries / constraints
  - Outside influences (flu, pandemics, seasonality, etc.)

# EMS Economics 101

- Therefore, demand for EMS services is essentially set, only influenced by mostly uncontrollable changes to the factors of demand
- Because of this, the pool of dollars the EMS marketplace can generate is also essentially set (within an upper and lower band) based on these factors of revenue:
  - Payer mix (market driven)
  - Service mix (practice driven)
  - Destination distribution (market driven)
  - Market value of services / prevailing rates (market & practice driven)
  - Transportation % (practice driven)
  - Bad debt management (practice driven)



# Lower / Upper EMS Revenue Bands



## Can Influence:

- Service Mix
- Rates
- Transport %
- Bad Debt Management

## Can Not Influence:

- Payor Mix
- Factors of Demand

# EMS Economics 101

- *Factors of revenue* can influence
  - Tax subsidy needs (although also equally influenced by cost)
  - Service line diversification motivation
  - Business diversification motivation
  - Business growth / consolidation motivation
  - Staff compensation & benefit levels
  - Service quality / reliability capability
  - In-market competitive practices

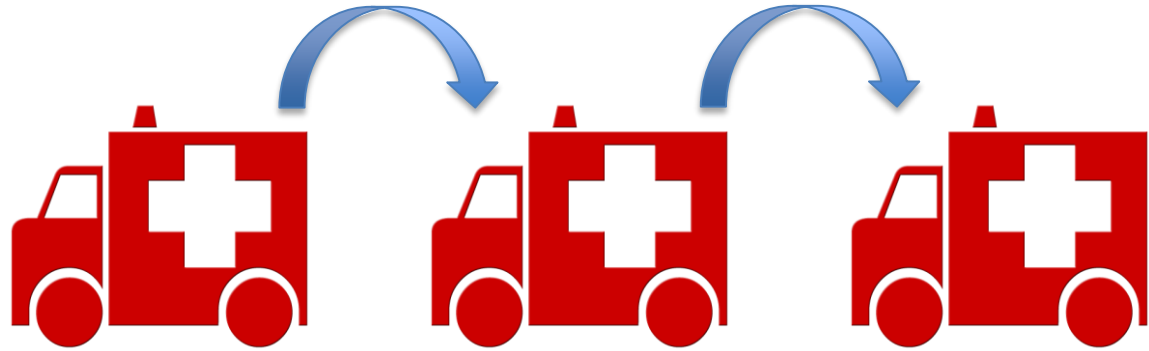
# EMS Economics 101

- Given these factors of demand & revenue...
  - Demand in the market is mostly set and not influenced by price or quantity
  - Dollars in the market are mostly set within an upper and lower band based on controllable & uncontrollable factors
  - Competitive marketplaces split this single pot of dollars amongst all parties in the marketplace
  - Competitive marketplaces create a diseconomies of scale given the inherent replication of infrastructure and EMS service supply
  - Competition drives prices down & drive market share gaining practices up (W/C services, expeditors, etc.)
  - Because of this, competitive EMS marketplaces are more brittle financially than non-competitive marketplaces

# Competitive EMS Marketplace

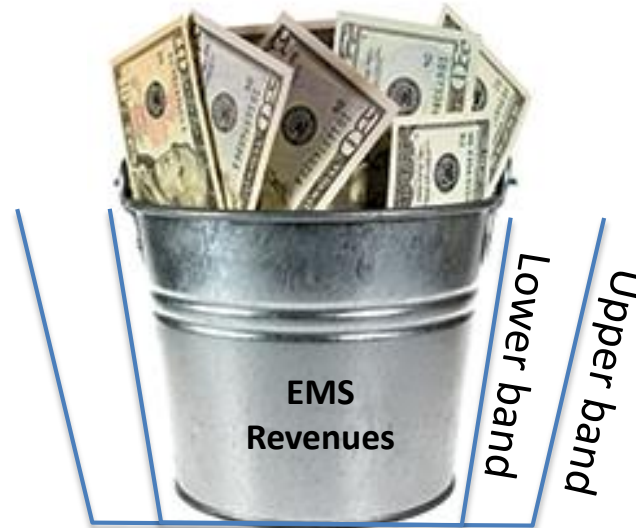
## Provider Results:

- Shift Volume to/from
- Increase Costs
- Split Total Revenues
- Share Gain Practices
- Lower Compensation



## Factors of Revenues:

- Payor Mix
- Rates
- Service Mix
- Transport %
- Bad Debt Management



## Factors of Demand:

- Geography
- Population
- Age
- Socioeconomics



# Exclusive EMS Marketplace

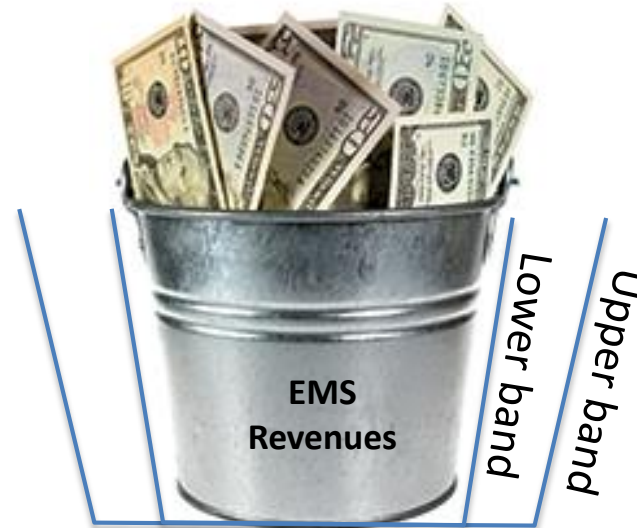
## Provider Results:

- Economies of Scale
- Focus on Quality
- Innovation Capable
- Higer Compensation



## Factors of Revenues:

- Payor Mix
- Rates
- Service Mix
- Transport %
- Bad Debt Management



## Factors of Demand:

- Geography
- Population
- Age
- Socioeconomics



# Profit & Loss Management

- Common Revenue Failures
  - Failure to maximize revenues by mismanaging / misunderstanding the factors of revenue
  - Inefficient / ineffective billing workflows
  - Poor documentation practices by EMS providers
  - Below market rate structure
  - Poor payer negotiations
  - Billing system challenges
  - Lost opportunities (unbilled tickets)
  - Poor / inappropriate accounting practices
  - Mismanagement of volume opportunities



# Profit & Loss Management

- Common Expense Failures
  - Mismanagement of OT
  - Mismanagement of unit hours
  - Mismanagement of work weeks
  - Mismanagement of FTEs
  - Mismanagement of organizational structure
  - Mismanagement of fleet practices
  - Mismanagement of supplies/logistics practices
  - Mismanagement of communications practices
  - Mismanagement of training / QI practices

# The Interconnectivity of Things...

- For every action, there is an equal and opposite reaction
- Understanding the interconnectivity of these actions and reactions is a key leadership acumen needed for success
- Having granular financial comprehension of your organization's revenues and expenses is necessary in today's sparse economic environment
  - Volume isn't anything if you lose money on it
  - Market share gaining practices aren't worth it if you lose money on them

# EMS Economic & Finance Failures

- Failure to understand EMS economics
- Failure to understand the factors of demand
- Failure to understand the factors of revenue
- Failure to maximize your revenues
- Failure to manage your expenses
- Lack of granular financial acumen



# Economics & Finance Mitigation



# EMS Economic Environment

- Reimbursements are falling & expenses are rising
- We are often reimbursed below actual cost
- Fee for service world is transforming to population and pay for performance based reimbursements
- Artificial demand created by FFS payment schemes, uncoordinated care and risk avoidance practiced medicine is rapidly shrinking, although tort is not
- We are at the apex of a healthcare bubble?!
- Significant focus on fraud and medical necessity further shrinking demand for EMS services in Non-emergency domain, **Emergency domain sure to follow**
- Questions regarding the value of EMS due to limited research and outcome data
- Competitive markets that made sense in the past now compound these problems due to the diseconomies of scale created

# EMS Economic Environment

## Mitigation Strategies

- Revenue & Expense Control
  - Maximize revenues & rates
  - Efficient operations without impacting compensation
  - Leverage technology and lean process based systems thinking
- Gain Economies of Scale
  - Market consolidation
  - Corporate consolidation
  - Market expansion
- Diversification
  - Joint ventures / partnerships
  - Innovative new business models
  - New service lines
- Other Options
  - Exit the market / sell business
  - Get a subsidy





# Profit & Loss Management

- Your P&L is like Radar/GPS, it can be used to navigate and steer the ship
- The more granular your P&L, the higher fidelity the image is to navigate your ship by (trust me you want HD)
- Granular P&Ls should include
  - Every contract / county / operating area should have its own P&L
  - Each service line within each of these buckets should have its own P&L (e.g. Ambulance, Wheelchair)
  - These should roll up into your operating divisions / regions
  - These should roll up into your organizational P&L
  - Requires good codec and accounting framework in CAD, ePCR, RCM, Payroll and Accounting systems
  - Detailed chart of accounts
  - Properly designed cost allocation mechanisms

# Revenue Cycle Management

- Get EVERY dollar you are entitled to from ALL payor sources
- Balance monitor key contracts and individuals
- Lean and optimize your key processes and workflows
- Measure and trend your key processes
- Get and stay in compliance
- Limit bad debt from insurance awareness voids
- Leverage technology and automation to reduce RCM costs
- Aggressively pursue new payment structures and maximize existing ones
- Treat cash businesses like cash businesses

# Cost Containment

- #1 Cost in EMS is: LABOR
  - Manage OT with extreme diligence
  - Manage Headcount with extreme diligence
  - Do NOT cut wages or benefits if at all possible
  - Do NOT cut service levels if at all possible
  - Monitor payroll daily, weekly & monthly
- Optimize your workforce and resources
- Consolidate, streamline and monitor key expense pathways, especially variable costs
  - Scheduling of staff in all areas
  - Fleet maintenance / fuel
- Don't be penny wise and pound foolish
  - Splitting two-ply doesn't do 🍷
  - Focused attention in the wrong areas

I'M FROM THE  
GOVERNMENT,  
I'M HERE  
TO HELP



The most terrifying words in the English Language

# Market Rights & Service Regulation



# Market Rights

- Controls authorization to operate your EMS service
- Competitive / unregulated marketplaces
  - Free market reigns (capitalism at its best)
  - Market forces drive quantity, price, supply & quality
- Non-competitive / regulated market places
  - Government controlled
  - Limit or eliminate competition
  - Quantity, price & quality set
  - Supply based on service standards, demand, budget, history, politics or a mix of these

# Market Right Exclusivity

- Unregulated | Non-exclusive
  - Unlimited emergency & non-emergency providers
- Regulated | Non-exclusive
  - Limited emergency & non-emergency providers
- Regulated | Exclusive
  - Single emergency & non-emergency provider
- Regulated | Exclusive | Non-Exclusive (Mixed)
  - Single emergency provider
  - Unlimited or limited non-emergency providers



# Market Right / Exclusivity Pros & Cons

Market Type	Pros	Cons
Unregulated Non-Exclusive	Prolific mutual aid Freedom of choice Innovative environment	Diseconomies of scale Wide span of control Service reliability & quality Fraud & abuse
Regulated Non-Exclusive	Mutual aid Freedom of choice Innovative environment	Diseconomies of scale Moderate span of control Service reliability & quality
Regulated Exclusive	Economies of scale Narrow span of control Service reliability & quality Efficiency / Effectiveness Revenue maximization Rate regulation	Bidding disruption System stagnation if non-bided rights Mutual aid
Mixed (E)xclusive (N)on-exclusive	Economies of scale (E) Moderate span of control (E) Service reliability & quality (E) Efficiency / effectiveness (E) Mutual aid (N, possibly E) Freedom of choice (N) Rate regulation (E)	Diseconomies of scale (N) Wide span of control (N) Fraud & abuse (N - unlimited) Service reliability & quality (N) Efficiency / effectiveness (N) Rate regulation (N)

# Service Regulation

- Service model type (BLS, ILS, ALS, Tiered)
- Scope of practice
- Clinical protocols
- Response time standards
- Vehicle standards
- Supply / equipment standards
- Employee certification standards
- Service innovation / stagnation
- Schedule regulation
- Clinical quality
- ***All are key drivers of cost!***

# Key Regulatory Failure Point Summary

- Market rights & exclusivity
  - No control is bad as it invites fraud/abuse
  - Exclusive rights maximize revenues but can limit choice, mutual aid and can stagnate innovation if not competitively bid
  - Mixed markets attempt to balance these issues but still come with potential economic, reliability and fraud/abuse concerns if not regulated
- Service regulation
  - **Key drivers of cost**
    - Standards created without understanding of cost impact
  - Over-regulation can financially destabilize a system

# Market Rights & Service Mitigation

- Market Rights & Exclusivity
  - Consolidate the market
  - Restrict the market
- Service Regulation
  - Evidence based regulations
  - Outcomes based regulations
  - Response times.....



# EMS System Design

- Static Deployment
- Dynamic Deployment
- Hybrid Deployment



# Static Deployment Designs

- Decentralized station based deployment strategy
  - Shift change occurs at each of the EMS stations
  - Unit always returns to same location for next call
  - Street corner models of this also exist
- Similar number of EMS units 24x7
  - May have some number of “peak” units
- May perform “move ups” based on geography
  - Backfill open stations based on maintaining geographic standards of coverage using a queuing theory approach



# Static Deployment Pros / Cons

Variable	Pros	Cons
Response time reliability	Good if you live near the EMS station	Bad if you live far away from the EMS station
Utilization / productivity	Good for staff in low volume stations	Bad for staff in high volume stations
Economic efficiency	Low but... The dual-role argument	More expensive than dynamic when <u>costs are fully accounted for</u>
Capital requirements	None	Significant capital necessary to maintain infrastructure
Patient care	Good based on clinical quality program	Variability of response time reliability impact ???
Patient satisfaction	Good based on culture	Bad based on culture
Employee satisfaction	Good based on station and culture	Bad based on station and culture

# Dynamic Deployment Designs

- Centralized EMS deployment methodology
  - Staff report to central station(s) for shift change and vehicles are deployed to street corners or stations
  - Units move from post to post as call volume is processed and units return back to central station for shift change
- Peak-load staffing
  - Supply of ambulance unit hours staffed vary by hour and day to meet hourly predicted demand patterns
- Deployment
  - Dynamic based posting that moves vehicles between posts based on anticipated geographic demand patterns
  - The concept of Dynamic Server Re-optimization

# Dynamic Deployment Pros / Cons

Variable	Pros	Cons
Response time reliability	Good for most of the service area	Rural areas can be difficult to serve
Utilization / productivity	Balanced amongst all on-duty units	High utilization can lead to employee dissatisfaction
Economic efficiency	Highly efficient	Staff turnover costs
Capital requirements	Lower capitalization needs due to smaller fleet sizes and limited number of physical plant needs	Higher vehicle asset turnover due to wear and tear on vehicles
Patient care	Good based on clinical quality program	Bad based on clinical quality program
Patient satisfaction	Good based on culture	Bad based on culture
Employee satisfaction	Good based on culture and workload	Bad based on culture and workload, higher employee turn-over if station-based labor competitor

# Hybrid Deployment Designs

- Combination of Static & Dynamic deployment methodologies
  - Centralized for urban populations
  - Decentralized for rural populations
- Mixed staffing approach
  - Peak-load and static staffing models
- Mixed deployment strategy
  - Demand based for urban populations
  - Station based for rural populations
- Pros / Cons – Same as Static & Dynamic
  - Hybrid approach allows a balance of the best of both

# Key EMS System Design Impacts

- Labor is #1 cost in EMS and therefore must be managed if finances are of a concern
- Capital infrastructure costs can vary substantially based on EMS system design
- Effectiveness and efficiency of the system is based on design type
- Employee workload and satisfaction are focal elements for all EMS design types
- High quality patient care is achievable in all system design types
- Response time reliability varies based on system design type (how important is this)

# EMS System Design Influence

- Find the operations model that fits the budget, meets the desired quality targets and community needs
- Staff retention is largely a function of leadership (or lack thereof) and the labor environment, although system design is often blamed
- HPEMS Systems yield the most economically efficient and reliable service delivery model
- Hybrids work too and balance urban and rural needs
- Static systems are expensive but have a place in a rural setting



# The Politics of EMS...

Internal

Local

State

Federal





# Internal Politics

- Leadership failures
- Organizational size
- Organizational culture / history
- Inter-agency issues
- Human resource practices
- Lack of formal leadership training



# Local Politics

- Where most EMS issues live as this is where the decisions are made
- Relationship management is key
- Transparency is a must
- Keep an open line of communications
- Build trust
- Build political capital for another day

# State & Federal Politics

- Regulatory issues
- Reimbursement issues
- Relationship building is important
- Get involved, stay informed, make the calls...
  - Join State EMS Associations
  - Join Federal EMS Associations (AAA, NAEMT)
- Lobby for needed changes
- Get your staff involved as well

# Key EMS Political Failures

- No relationships built when the SHTF
- Blindsided by regulatory or reimbursement changes
- Blindsided by political pandering or backroom deals
- Uninformed political leaders
- Ill-informed political leaders
- Poor relationships between labor/management
- Lack of local integration

# Political Mitigation Strategies

- Build relationships or buy quick access
- Provide transparency to build trust
- Education over time
- Build political capital through good will
- Always take the high road even in the face of adversity
- Must be able to take complex stuff and sift down to laymen's terms in an elevator length speech
- This should be groomed and nurtured over time, but timely options have worked

# Management & Leadership

- Differentiating Management vs. Leadership
- Understanding People
  - Personality
  - Intelligence Quotient (IQ)
  - Emotional Intelligence (EQ)
- Leadership Styles
- Generational Differences
- Organizational Communications



# A Wise Proverb

*Leaders who don't know what they  
don't know are unconsciously  
incompetent...*

*Leaders who do know what they don't  
know and do nothing about it are  
consciously incompetent*

# Management and Leadership

- There is a key difference between the two
  - Management = governance of stuff / processes
  - Leadership = Motivating people towards a desired end result
- Just because they are a great clinician...
  - Doesn't necessarily mean they will be a good leader
- Are leaders born or made or both?



# Management and Leadership

- Leaders are people...
  - Personality: Refers to individual differences in characteristic patterns of thinking, feeling and behaving (Myers-Briggs)
  - IQ: The number used to express the apparent relative intelligence of a person
  - Emotional Intelligence (EI): Ability to monitor one's own and other people's emotions, to discriminate between different emotions and label them appropriately, and to use emotional information to guide thinking and behavior

# The Six Leadership Styles (Goleman)

	<b>Commanding</b>	<b>Visionary</b>	<b>Affiliative</b>	<b>Democratic</b>	<b>Pacesetting</b>	<b>Coaching</b>
The leader's modus operandi	Demands immediate compliance	Mobilizes people toward a vision	Creates harmony and builds emotional bonds	Forges consensus through participation	Sets high standards for performance	Develops people for the future
The style in a phrase	"Do what I tell you."	"Come with me."	"People come first."	"What do you think?"	"Do as I do, now"	"Try this."
Underlying emotional intelligence competencies	Drive to achieve, initiative, self-control	Self-confidence, empathy, change catalyst	Empathy, building relationships, communication	Collaboration, team leadership, communication	Conscientiousness, drive to achieve, initiative	Developing others, empathy, self-awareness
When the style works best	In a crisis, to kick start a turnaround, or with problem employees	When changes require a new vision, or when a clear direction is needed	To heal rifts in a team or to motivate people during stressful circumstances	To build buy-in or consensus, or to get input from valuable employees	To get quick results from a highly motivated and competent team	To help an employee improve performance or develop long-term strengths
Overall impact on climate	Negative	Most strongly positive	Positive	Positive	Negative	Positive

Goleman, Daniel, "Leadership that Gets Results" Harvard Business Review. March-April 2000 p. 82-83.

# Generational Differences

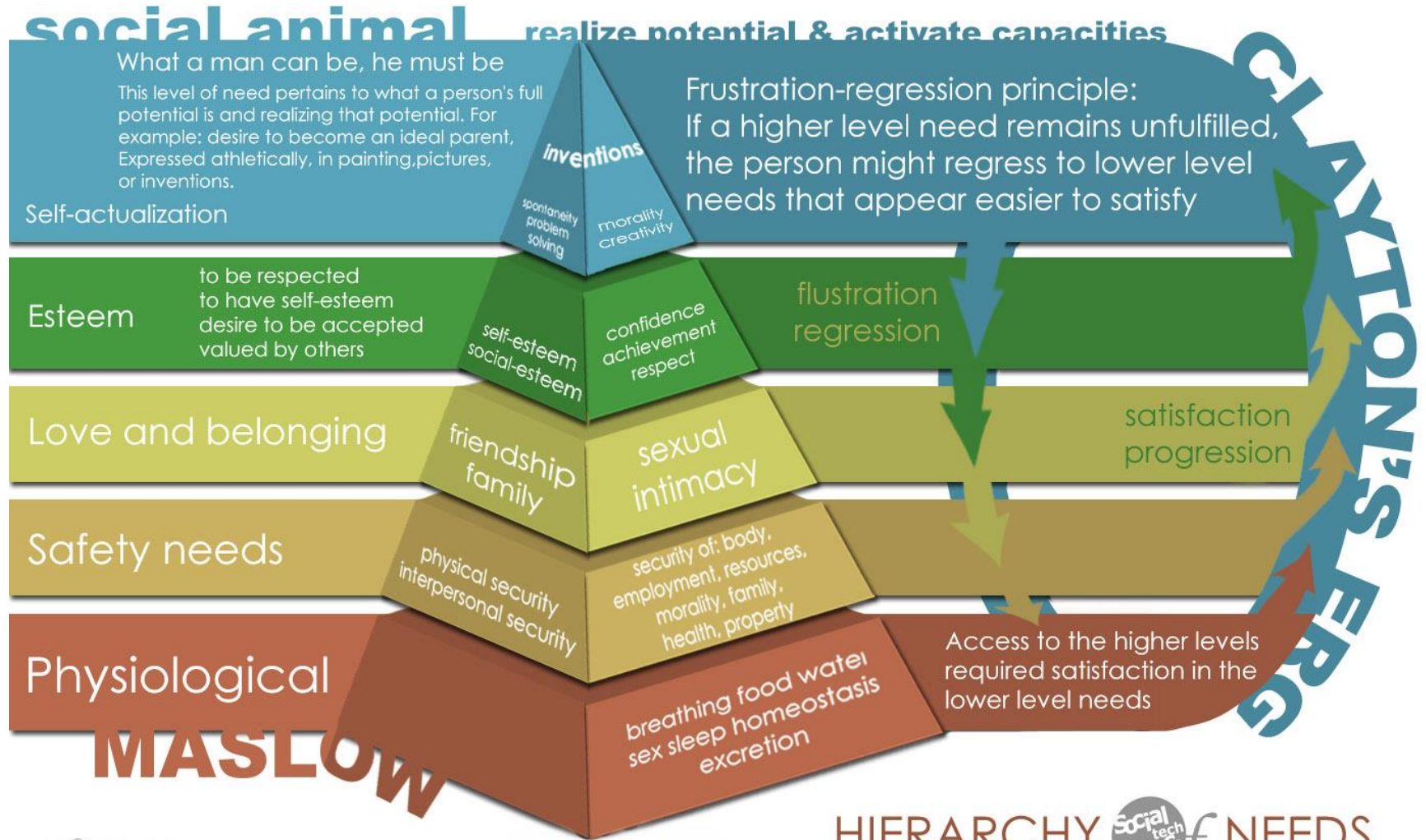
Traditionals 1909-1945	Boomers 1946-1964	Gen X'ers 1965-1978	Millenials 1979-2000
<p><b>Influences</b> Privation of WWs, Churchill, Roosevelt, De Gaulle, Military Service, Class system, train travel</p> <p><b>Characteristics</b> Dedication, sacrifice, conformity, respect, hierarchy, patience, duty before pleasure</p> <p><b>Pros</b> Stable, loyal, detail orientated, thorough, hard working</p> <p><b>Cons</b> Resistance to change, reluctant to rock the boat, shy from conflict, unexpressive and reserved</p> <p><b>Workplace style</b> Derive identity from place, space reflects accomplishment and position, hierarchy, boundaries</p>	<p><b>Influences</b> JFK, contraception, television, Beatles, Swinging 60's</p> <p><b>Characteristics</b> Optimistic, team orientated, personal gratification, health and wellbeing, personal growth, work involvement, forever young</p> <p><b>Pros</b> Driven, aggressive, aim to please, team players, relationship focused, service orientated</p> <p><b>Cons</b> Technologically challenged, reluctant to disagree with peers, process ahead of result, self-centered, not budget minded</p> <p><b>Workplace style</b> Importance of corporate culture, and feeling part of the whole; private office, break away private enclaves, collaboration spaces, centralized knowledge <u>centre</u></p>	<p><b>Influences</b> The Cold War, Thatcher, Mitterrand, Kohl, Star Wars, Rock music, European Union, car travel</p> <p><b>Characteristics</b> Independent, diverse, global thinkers, technological, fun, informal, self reliant, pragmatic, detached, entrepreneurial</p> <p><b>Pros</b> Adaptable, techno literate, independent, unintimidated by authority, creative</p> <p><b>Cons</b> Impatient, different manners, skeptical, perceived as lazy, quick to criticize, lack of assertiveness, emphasize result over process</p> <p><b>Workplace style</b> Look and quality are important, enjoy the extras, support expression in individual space; personal, flexible mobile workstations; alternative officing; open accessible leadership team areas</p>	<p><b>Influences</b> Computers, Internet, mobile phones, Instant messaging, gaming, global warming, Facebook, cheap air travel.</p> <p><b>Characteristics</b> Optimism, civic duty, confident, easily bored, sociable, moral, streetwise, environmental, nurtured.</p> <p><b>Pros</b> Meaningful work, tenacious, multi tasking, realistic, tech savvy, heroic spirit</p> <p><b>Cons</b> Need for structure and supervision, inexperienced, job hoppers, work isn't everything</p> <p><b>Workplace style</b> They can work anywhere, informal and fluid use of space, space for mentoring; fun open collaborative spaces, plug and play tech environment, no boundaries or hierarchy</p>

# Organizational Communications

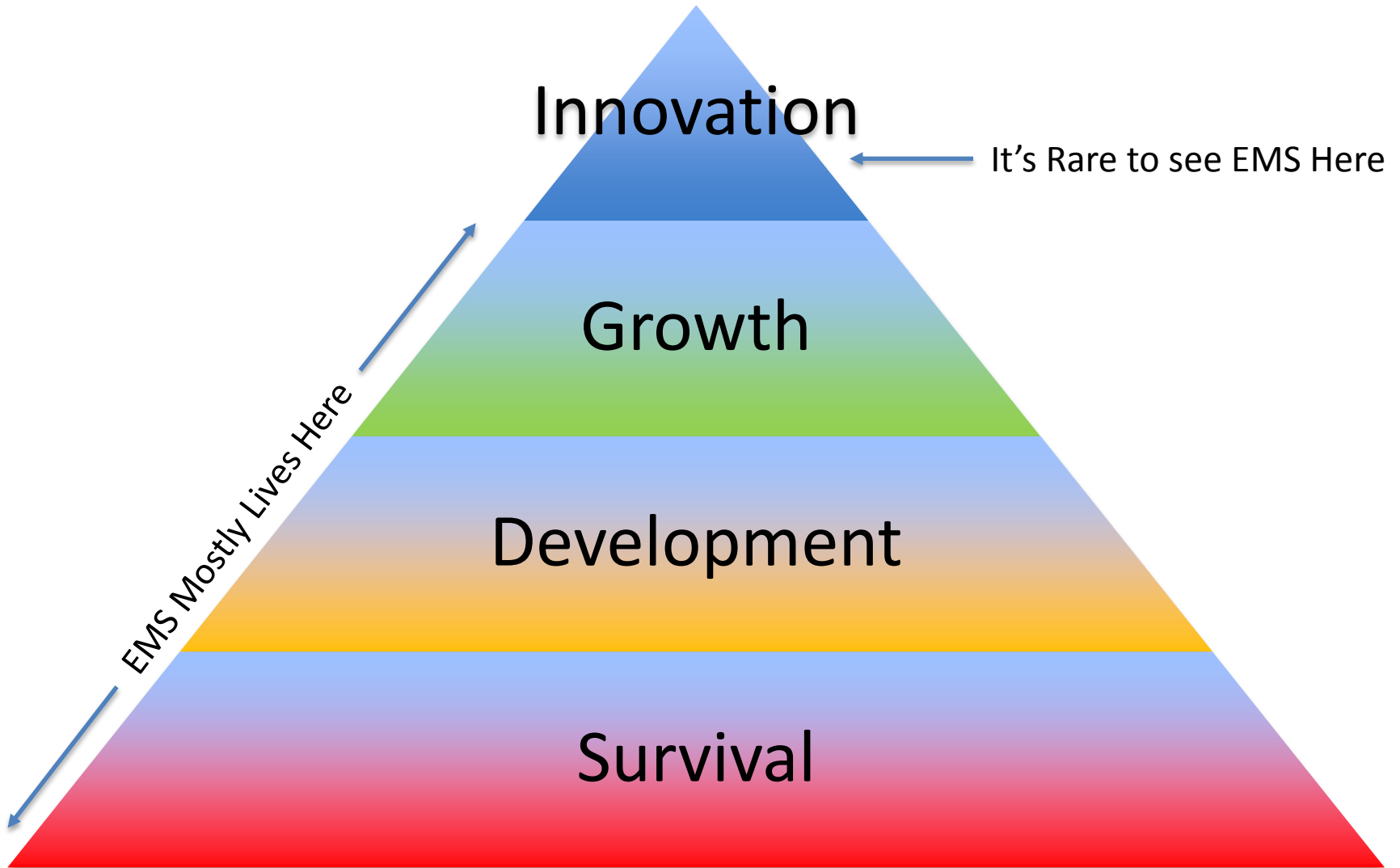
- Poor communication leads to significant employee dissatisfaction
- One of the most challenging leadership issues in EMS
- 24x7x365 geographically dispersed workforce makes face-to-face nearly impossible
- Wide variance in workforce age and therefore communication styles
- Without consistent and reliable communication, the rumor mill rules the roost
- Technology can help bridge this gap



# Maslow's Hierarchy of Needs



# Maslow Applied to an EMS Agency



# Key Leadership Failures

- Indecisiveness
- Don't listen or involve their teams
- Poor communication / mistrust
- Misaligned leadership and communication styles with the target generation(s)
- Failure to recognize the importance of EI and leverage it
- Good manager - poor leader | bad manager - bad leader
- Experience & educational deficits
- Failure to embrace appropriate risk & change
- Complacency / stagnation / failure to innovate
- No succession planning
- Bad team composition & unwillingness to make tough changes

# Talent Assessment

- A review of leaders and potential leaders within the organization based on how they rate in 15 leadership characteristics
- Performed in a hierarchical group setting where individuals are 9 Box'd by all superiors
- Used to help determine development opportunities, entanglement opportunities, gaps, flight risks and house cleaning needs
- Talent is then developed and leveraged organization wide



# Top Leadership Characteristics

## NSLIJ - INDICATORS OF PERFORMANCE

CORE BEHAVIORS (Applied to all levels/all roles)					
PATIENT/CUSTOMER EXPERIENCE	EXECUTION	ORGANIZATIONAL AWARENESS	ENABLE CHANGE	TEAMWORK	DEVELOPING SELF
Always anticipates and exceeds the expressed and unexpressed needs of others. Builds strong relationships and delivers patient/customer-centric solutions.	Displays technical and functional expertise. Takes ownership of work, structures job tasks and maintains appropriate pace in handling multiple deadlines to achieve excellence.	Understands how to overcome obstacles and ably works through the realities of a large healthcare organization. Applies best approaches to achieve business goals.	Willingly adapts to shifting business needs and seeks opportunities to champion new processes and ideas. Anticipates and responds to change to improve work outcomes.	Inspires one another to work together to achieve organizational goals. Creates feeling of belonging and strong team morale.	Takes consistent action to increase knowledge and skills. Embraces challenging assignments and seeks learning opportunities to enhance performance.

LEADERSHIP BEHAVIORS (applied to People Leaders/Leaders with high influence over teams)			
MANAGERIAL COURAGE	MOTIVATING AND INSPIRING OTHERS	STRATEGIC AGILITY	DEVELOPING OTHERS
Acts with conviction to make the right decisions for the right reasons. Exercises sound judgment and takes action to preserve the integrity of the organization.	Leverages and embraces diversity. Shares wins and successes. Strives to understand how others are motivated. Energizes others to achieve high-level results.	Seeks opportunity to gain/share expertise with other areas to create innovative strategies. Exercises both narrow and broad perspective to ensure business success.	Continuously seeks opportunity to develop the capabilities of others. Provides challenging stretch assignments and tasks to enhance departmental performance.

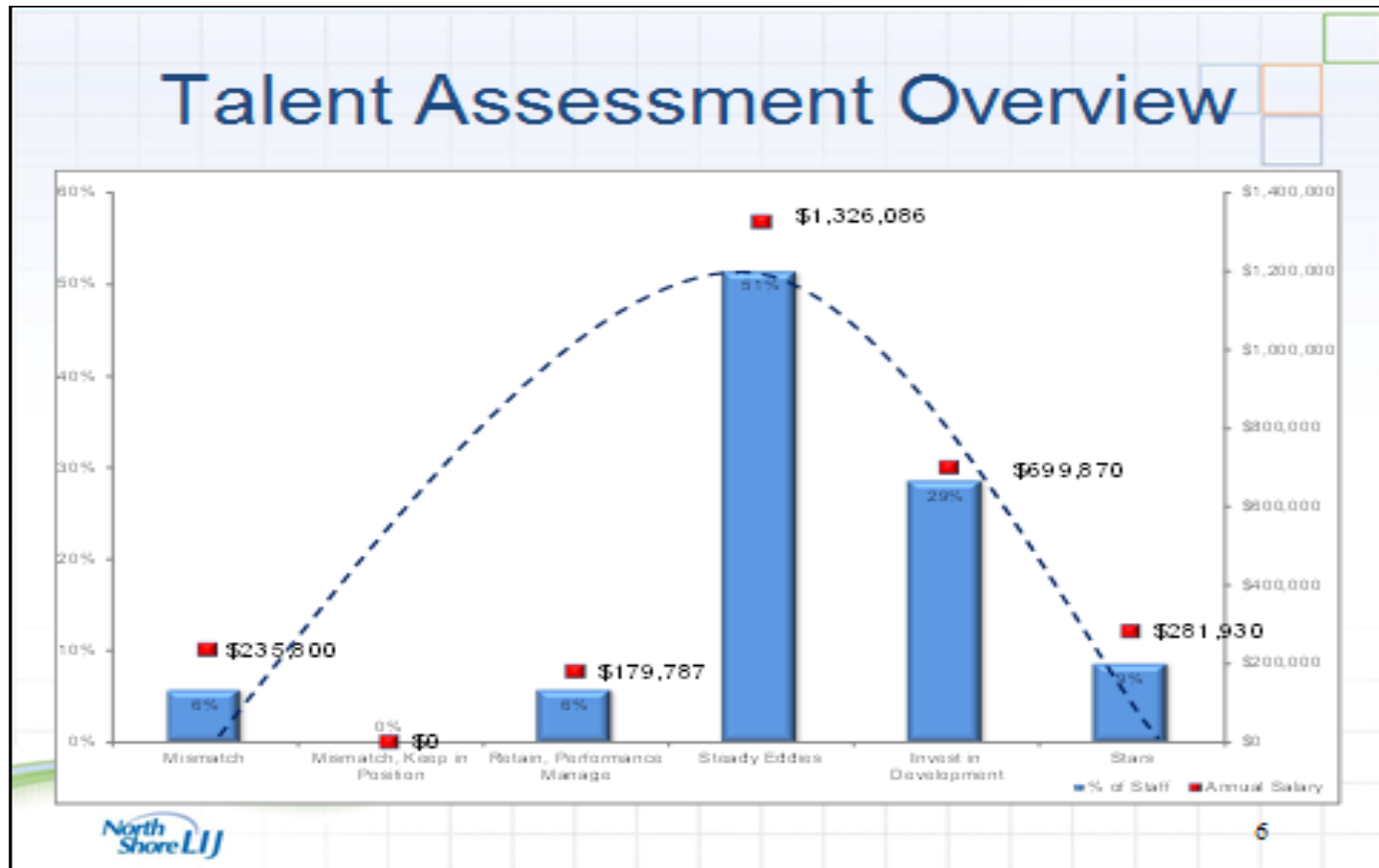
## INDICATORS OF POTENTIAL (used in Talent Assessment/Calibration)

Learning Agility	Resiliency	Receptivity	Personal Drive	Manages Ambiguity
Learn from experience	Bounces back from setbacks/obstacles	Open to new ideas	Pursues everything with energy, drive and excellence	Able to make decisions when necessary despite uncertainty
Apply learning in a new role or first time situation	Faces reality and acts	Listens and incorporates others' views	Shows passion for their work and NSLIJ	Operating effectively even when things are not certain or the way forward is not clear
Learns fast in new situations	Is tough in the face of adversity	Acts on feedback		Deals constructively with problems that do not have clear solutions or outcomes
Seeks out new challenges				

# 9 Box Leadership Team Assessment

		Current Performance in Role		
		More was expected	Expected	Far beyond what was expected
Leadership Potential	Has potential to do more and grow	<b>Potential Gem.</b> May be mismatched in position or for skills	<b>Rising Star:</b> Invest In functional Skill Building, Time, Visibility, Mentorship	<b>Stars:</b> Ready, Willing and Able to do more today
	Will or Skill gap	<b>Inconsistent Performer</b>	<b>Solid Performer:</b> consider development activities, consider retention and motivation	<b>Agile High Performer.</b> Invest in Leadership Development, Mentorship, Visibility. Reward Goal Achievement
	Limited Potential	<b>Mismatch to Position or Organization</b>	<b>Suitably Placed</b>	<b>Subject Matter Expert</b>

# Leadership Assessment Outcomes



# Bad Outcomes

Insurable Risk

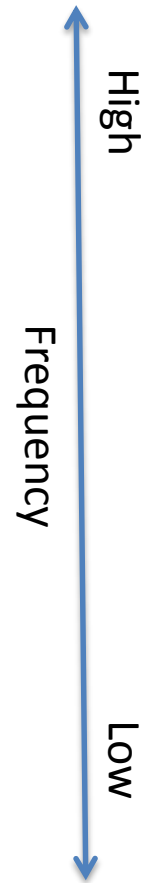
Quality Improvement

Compliance



# Bad Outcomes / Insurable Risk

- EVMVA
- Human resources issue
- Clinical errors
- Delayed response / transport time
- Mechanical / device failure
- Compliance failures
- Systems / process failure



# Quality Improvement

- Most of these risks are AVOIDABLE
- Having a “Just Culture” is essential
- Quality improvement a MUST!
  - Clinical
  - Operational
  - EMD
  - Billing
  - Driving



# Compliance

- HIPAA / HITEC
- OSHA
- Billing
- Human resources
- Corporate / tax
- EMS regulations
- Accreditations (CAAS, ACE, CAMTS, etc.)
- Vendor compliance



# Bad EMS Outcome Failures

- Poor quality improvement integration
- Poor compliance programs
- Underinsured
- Uninsured
- Poor sentinel event management practices
- No external audits



# Risk Mitigation Strategies

- Invest in QA/QI systems in all areas of risk
- Invest in an external auditor for high risk activities (civil or criminal consequences)
- Work to develop a “Just Culture” within the organization
- Invest in technology that monitors, identifies and audits reckless behaviors
- Join and participate in a Patient Safety Organization (PSO)

# Just Culture

“People make errors, which lead to accidents. Accidents lead to deaths. The standard solution is to blame the people involved. If we find out who made the errors and punish them, we solve the problem, right? Wrong. The problem is seldom the fault of an individual; it is the fault of the system. Change the people without changing the system and the problems will continue.”

*Don Norman*  
*Author, the Design of Everyday Things*

# Just Culture

- A different way of thinking about errors
- Creates an open, fair and just culture
- Creates a learning culture
- Focuses on safe systems design
- Managing behavioral choices
  - human error | at risk behaviors | reckless behaviors
- [www.justculture.org](http://www.justculture.org)

# Patient Safety Organization (PSO)

- EMS has a two PSOs
- NFPO designed to provide a structured and protected mechanism for true QI



## A Brief History of the Program

The Congress developed and enacted the [Patient Safety and Quality Improvement Act of 2005 \(Act\)](#) in response to the [Institute of Medicine](#) report, [To Err Is Human](#), which sparked national concern over the number of preventable medical errors that were occurring. By conferring privilege and confidentiality protections on providers who work with Federally-listed Patient Safety Organizations (PSOs), the Act was intended to promote shared learning to enhance quality and safety nationally.



# EMS Industry Failures

Lack of a common industry voice

Lack of a standards setting body

Inability to get adequate reimbursement

Lack of evidence based research

Lack of standardized EMS core measures

Failure to recognize that EMS is predominately a healthcare business,  
not just transportation



# EMS Industry Failures

- Too many alphabet soup associations
  - We should look at Air-Medical industry model – They have 3
    - AAMS | CAMTS | AMPA
- No version of NFPA for EMS, we need one but needs to be evidence based
- Safety standards FINALLY coming but more is needed, and of course, those are fractured too
  - SAE | NFPA | CAAS
- Because of fraud and abuse & VC investment, government thinks we are bloated like healthcare – we are far from it!

# EMS Industry Failures

- Lack of research and evidence has people claiming EMS is a solution looking for a problem
- We've been so busy trying to prove that we could, no one stopped to ask the question if we should
- Finally working to build standardized measures
- Because we have failed to engage healthcare at many levels, our seat/voice at the table is insignificant (but this is changing with MIH/CP)



- A NHTSA funded project administrated by NASEMSO
- Aim is to create a sustainable process for the development of EMS Measures following the NQF approach
- Provide a standardized mechanism to benchmark, compare and improve from
- Uses NEMSIS data as well as other sources
- Please learn more about it and support its mission before passing judgement



# From the Minds of Many

*A survey of EMS failures from many of the minds in EMS*

*Performed by A.J. Heightman – Editor & Chief of JEMS*



>> EMS is underfunded and poorly reimbursed. The lack of dedicated and stable funding sources will continue to kill EMS systems.

>> We must begin to show that we make a difference in outcomes, can be fiscally responsible in running our healthcare business and develop with the next wave of public health.

>> If your community knows who you are, then your elected officials will too [and] you're in the best position to get the community and financial support you need.

>> Even the best aircraft carrier, with the best crew, will go in the wrong direction if the captain doesn't know how to steer the ship in the right direction.

>> Failure to *regularly* engage the public and/or local elected officials can impact staffing and the overall budget of the department.

>> Home rule: In order to compensate for underfunding, systems need to regionalize and take advantage of economies of scale. When home rule comes into play, costs are multiplied by each agency and none of them can succeed.

>> Agencies miss the opportunity to resolve a systemic problem and create a culture of fear and intimidation. Continuous QI shouldn't serve to alienate the workforce.

## ***“Quotes”***

>> Provider retention issues have been on the burner for over 20 years. If a simple comparison to initial training costs were made to the costs associated with adding at least one additional unit, an agency could see benefits in decreasing the operations UHU and allowing a crew to have a few moments of rest in a busy urban system.

>> A number of EMS public providers use deficit spending to cover budget shortfalls. These agencies dip into reserves until they're gone. Then, service must decrease in order to prevent spending more than is received. Solutions should be identified and implemented as soon as revenue doesn't cover expenses; there shouldn't be a "hope" that the economy/tax collections will increase.

>> Leaders who are afraid to make a decision are worse than those that make bad decisions while trying to improve things. After a while, the employees begin to realize that issues aren't dealt with and problems aren't solved. They then either start making their own decisions regardless of the outcome or they don't do their job properly—which affects everyone.

>> Many see no future in EMS as an employee. There isn't much of a career ladder. Many see EMS as a dead end job. In addition, many barely make a decent living in EMS.



# Future EMS Failures



# Future EMS Failures

- Failure to solve our staffing challenges
- Failure to embrace the IHI / Triple Aim
- Failure to be at the table with healthcare reformers in your marketplace
- Failure to integrate your service with healthcare
- Failure to align ourselves with the 5Rs of healthcare reform
  - Right Patient | Right Place | Right Time | Right Cost | Right Quality



Thank You | Questions | Discussion