

Best Practices

IN EMERGENCY SERVICES

Quick Look

First EMS/Patient Safety Organization Partnership Formed

What began as an effort by Missouri ambulance services to protect quality review confidentiality has become an innovative program designed to improve the quality and safety of health service delivery through the collection and analysis of patient safety data, from prehospital treatment through hospital release. With a \$595,165 grant from the Missouri Foundation for Health to the Missouri Center for Patient Safety, the Missouri Ambulance Association will encourage all of the state's ambulance services to contribute their patient safety data to the Center, a patient safety organization (PSO).

PSOs were established in response to the 1999 Institute of Medicine report "To Err is Human: Building a Safer Health System." The federal government passed the Patient Safety and Quality Improvement Act of 2005 and the Patient Safety Rule authorizing the creation of PSOs to reduce medical errors and improve safety by voluntarily collecting and sharing patient information while protecting it from the legal discovery process.

In Missouri, the PSO collects data from all of the state's hospitals, clinics and, with the new grant, EMS services. "If you're part of a bigger PSO, like we are, then we can attach our data to the hospital data," said Jason White, director of compliance and government relations for Metropolitan Ambulance

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Goodwill Hunting

The way your community sees you can be critical to your success. Here's how three services are investing in their reputations.

By Jenifer Goodwin

Providing first-rate patient care is a prerequisite for any EMS agency that strives to have a first-rate reputation in its community. Yet patients can't always tell if the providers caring for them are following the latest protocols or using the most up-to-date technology.

So aside from skill, the question is: Are there other factors that go into creating that sense of confidence and trust? And are there reasons beyond the obvious why EMS leaders should care how they are perceived? The answer is yes, says Janna Binder, director of marketing and public relations for Professional Research Consultants, an Omaha, Neb.-based survey and market research company that specializes in health care-related clients, including EMS.

When it comes to creating positive perceptions, the effort starts with the way in which providers treat those who use their services. Research shows there's a strong emotional component to the experience, including such things as responders' ability to calm frightened patients by explaining procedures in a way the patients understand.

In other businesses, positive feelings foster loyalty, which means repeat customers. For EMS, loyalty more often takes the form of community financial support, even in the face of fiscal pressure. "What's different with EMS vs. other clients is that patients don't always have a choice," Binder says. "But where the loyalty and the high positive word of mouth can come into play is during budget

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- Past back problems or fair/poor health (noted in about 11 percent of those surveyed) seemed associated with two- to three-times greater odds for recent back pain after accounting for multiple individual and job factors.
- About half (470/930) noted back or leg pain on one or more days over a two-week period during the previous year.

These findings indicate a large number of EMS workers experience back problems. Further investigations need to examine causes. — *American Journal of Industrial Medicine* 52(1):12–22, January 2010.

A study of most-common injuries in EMS personnel and firefighters, led by Audrey A. Reichard, MPH, of the CDC/NIOSH Division of Safety Research in Morgantown, W.Va., found:

- In 21,900 EMS workers, 41 percent had sprains/strains. The neck/back was most often injured (29 percent).
- Among 37,300 firefighters, 33 percent had sprains/strains, with legs and feet (24 percent) and the neck/back (18 percent) most injured.
- Contusions/abrasions; lacerations; punctures; blood/body fluid, pathogen, or chemical exposures; or other unspecified pain—mostly to extremities—were less common.

These findings come from limited emergency responder work data recorded in the National Electronic Injury Surveillance System and treated in hospitals in 2000 and 2001. In

their report, Reichard's team calls for "new and enhanced research and prevention efforts" among all emergency responder occupations. — *American Journal of Industrial Medicine* 53(1):1–11, January 2010. **BP**

— Joene Hendry, contributing writer

Key to Acronyms

LEADS

Longitudinal EMS Attribute and Demographics Study

NREMT

National Registry of Emergency Medical Technicians

CDC

Centers for Disease Control and Prevention

NIOSH

National Institute for Occupational Safety and Health

OOHCA

Out-of-hospital cardiac arrest

PAD

Public access defibrillation

AED

Automated external defibrillator

Goodwill Hunting

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crunches or fundraising efforts. If the population loves the EMS system, they are going to stand up and make sure it gets the funding that's needed."

Building confidence and trust in EMS doesn't end with patients. Agencies that are highly valued and respected have also found ways to establish good communication and strong ties with local government officials, as well as business and community leaders. Through community outreach, those EMS agencies show even those who have never had to call 911 that they're partners in improving the overall health, safety and well-being of residents.

Best Practices spoke with three leaders of EMS agencies known for having excellent reputations within their communities about the recipe for creating and maintaining that sense of goodwill—and the rewards that come from doing that successfully.

Edina (Minn.) Fire Department

When a call comes into the Edina Fire Department, staff members are taught

“The more you help people and the more you do, the more good things happen to you.”

— Edina Fire Chief Marty Scheerer

to do their utmost to help—even if it's answering a question about garbage pickup or hazardous waste disposal. Firefighter/paramedics regularly visit homes to change batteries in fire alarms and check on carbon monoxide detectors. Every week, dozens of residents stop by to have their blood pressure checked. Firefighters have even been known to change a tire in the dead of Minnesota winters. And recently, when a woman called wanting to know how to properly dispose of a fluorescent light bulb, firefighters stopped by her house and took care of it for her.

“We empower our people to deal with the problems at hand, no matter what issue it is,” says Chief Marty Scheerer, who is also president of the Minnesota State Fire Chiefs Association. “We either take care of it ourselves

or make sure they get to the right person who can help.”

To spread the word that they're there to help, Scheerer and his staff speak to civic groups, women's clubs, senior organizations and schoolchildren. The department helps organize holiday toy drives and year-round food drives. Scheerer also strives for transparency in how taxpayer money is spent, and he conducts surveys to measure how residents see his department's performance. “The citizens have to feel they are getting a good value for their money,” he says. “They have to feel it's well managed and we are not wasting money.”

A commitment to serving the community of nearly 50,000 is the primary

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reason he expects his staff to pitch in on requests outside of their job description, Scheerer says. But he and his team are also keenly aware of the importance of making sure the community knows firefighters are there to help; doing so ensures that residents and the city council continue to support the department's \$4.5 million annual budget. "We do a lot of things we don't have to do," Scheerer says. "The more you help people and the more you do, the more good things happen to you. If you go beyond, people appreciate it and trust you."

West Des Moines (Iowa) EMS

Fiscal responsibility and operational efficiency are what Jeff Dumermuth, chief of West Des Moines EMS, believes has helped set his agency apart. A third service agency run by the city, West Des Moines serves a suburban area with about 55,000 residents.

About eight years ago, Dumermuth's agency entered into an agreement with the county to share high-level administration, billing and other administrative office staff, resulting in substantial cost savings. More recently, Iowa Health Des Moines, a four-hospital system, was looking to change ambulance service providers and began working with West Des Moines EMS on specialty team

“Your reputation is everything in your community. If your community doesn't believe in you, they are not going to support you.”

— New Britain EMS CEO Bruce Baxter

arrangement the Iowa Health Alliance, the hospital system agreed to cover 30 percent of administrative costs for West Des Moines EMS, to hire eight new full-time paramedics and EMTs and purchase three ambulances. "Some of our best opportunities have come in trying to not only be an excellent service provider for our community, but to do our best to be fiscally responsible and to look for opportunities to increase efficiencies," Dumermuth says.

The agreement with the hospital saved West Des Moines taxpayers \$200,000 in administrative costs in 2009 out of a total annual EMS budget of \$3.7 million. West Des Moines EMS now has additional vehicles that can be used as back-up if not being used by the hospital. Paramedics and EMTs also have more experience in transporting neonatal and pediatric patients, a patient group they would not normally encounter often.

The combination has helped them build on their reputation for being a

nonprofit ambulance company that's the exclusive provider of emergency transport for the city of about 70,000, was in crisis. The city's common council had lost faith in the organization, says Bruce Baxter, the agency's current CEO, and withdrew some \$500,000 a year in funding.

Baxter was brought in shortly thereafter to help improve the company's financial management, enter into new strategic partnerships and rebuild its reputation. "Your reputation is everything in your community," Baxter says. "If your community doesn't believe in you, they are not going to support you." Though New Britain EMS receives no direct tax support, the city provides its building, equipment and vehicles.

Transparency in their finances was one means of rebuilding trust. But Baxter and his team went a step further and reached out to address the needs of the community, which suffers from among the highest unemployment rates in the state.

Paramedics and EMTs provide a host of injury-prevention and emergency preparedness education, including free child safety seat installations and inspections and serving as an American Heart Association Community Training Center for CPR. New Britain EMS has also partnered with the local high school to offer emergency medical responder training programs to high school students, and it has joined forces with a local social services agency to offer summer internships through a federal grant. Both programs are designed to teach disadvantaged kids life skills and work habits to help them succeed after graduating.

"It's helping communities to break the cycle of poverty and get today's generation of currently unemployed back in the workforce," Baxter says.

In January, New Britain EMS

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— West Des Moines EMS Chief Jeff Dumermuth

transports. Dumermuth believes being the only agency in central Iowa currently accredited by the Commission on Accreditation of Ambulance Services helped them get their foot in the door with the hospital system. After doing so, West Des Moines was quickly able to show hospital administrators they were a well-run, high-quality service.

In July 2008, West Des Moines EMS began providing all ambulance service for the hospital system. Calling their

well-run, quality service that is watching out for not just the physical, but the fiscal, health of the community. "It's been a great partnership for the city fiscally," Dumermuth says. "Not only does it free up those general fund dollars for the community, but the opportunities for our staff to expand their knowledge is critical as well."

New Britain (Conn.) EMS

Fourteen years ago, New Britain EMS, a

opened the New Britain Emergency Medical Services Community Education Center at Central Connecticut State University's Institute of Technology and Business Development. The center is a professional training academy, offering new certifications for responders and desperately needed job training. The training center will offer American Heart Association courses and initial and recertification training including first responder, EMT-basic, EMT-intermediate and paramedic-level courses. Any profits will go back into supporting the city's emergency medical services.

Efforts to establish a training program started about a decade ago. In recent years, New Britain EMS was training about 150 EMTs a year using their own facilities. The new center will enable them to accommodate 3,000 students a year.

"It's more than just 911 response," Baxter says. "We are beginning to bind ourselves with the population itself so that we're viewed as a key collaborator focused not only on the health, but the wellness of the community."

Many of New Britain's outreach programs are run by Dave Kosciuk, captain of support services. Those efforts include speaking at community meetings about proper and improper use of 911, a big issue in New Britain due to many residents' lack of access to primary care. New Britain EMS also provides special operations assistance at all large community events such as 5Ks or the more than 100 New Britain Rock Cats AA baseball games played at the New Britain Stadium.

But rather than just sit in their vehicle, paramedics offer blood pressure screenings, File of Life materials that notify responders in case of emergency about what medications a person is taking, and other literature. "It's a great opportunity for us to interface with thousands of people that we otherwise wouldn't have the opportunity to do," Kosciuk says. "We maximize our time in the community."

One of the agency's more clever ways of developing ties to local movers and shakers is by hanging out at the municipal golf course. New Britain EMS owns a golf cart that it stores at the course; during special events, a paramedic rides around in the cart

What Matters Most to Patients?

If you think about the things that foster trust in EMS, having highly skilled personnel likely is one of the first things that comes to mind. Indeed, knowledge and skill are among the top factors that influence patients' perceptions of EMS.

But it isn't No. 1, according to research conducted by Professional Research Consultants of 1,000 patients who had a recent encounter with one of 20 EMS agencies from around the nation. In doing their research, PRC considers what it calls "key drivers of excellence," or questions that strongly influence respondents' overall impression. In the EMS survey, the two most important "key drivers" were teamwork among personnel and explanation of the treatment or tests being done. Perhaps surprisingly, knowledge and skill of personnel was No. 3.

Teamwork may mean different things to different people, says Brooks Dameier, PRC's EMS project manager. But generally, it's being able to show patients that the various emergency personnel are talking to one another and working well together. Ultimately, Dameier believes that comes down to communication between everyone involved in the call, from dispatchers to paramedics to emergency room doctors during the hand-off. Don't expect frightened patients to simply sense that you're a good team, Dameier advises: Tell them. One way you can do this is to praise other members of the team. "You could say, 'John is going to be taking care of you. He's one of our best paramedics, and you're in good hands,'" Dameier suggests, or 'Jane has done this 100 times, so don't worry. You're going to be fine.'"

The second key driver of patient perceptions was the ability of paramedics or EMTs to provide clear explanations of treatment and tests, which also comes down to communication. Explain where you're taking the patient and why. Use language that patients can understand in describing procedures, and be sure to tell them what you're doing each step of the way.

"If patients felt informed, if they felt like they knew what was going on, if they felt like they understood the treatment, it had a huge impact on their perceptions of the quality of the treatment," Dameier says. "In those emergency situations, we've seen that you can't do too much communication. EMS is focused on saving lives, and that's important. But when responders talk as much as possible among themselves, or to the family and the patient, the patient appreciates that."

And merely being good at communicating, or even very good, isn't enough—you need to strive for excellence. In their surveys, which are based on a five-point scale, those who rated their experience with EMS as outstanding were more than five times more likely to recommend the EMS agency or speak positively of it to others than those who rated their experience as merely very good. "It's those 'wow' experiences where you build loyalty," Dameier says. "That's how you create those ambassadors to the community who can generate goodwill and help spread those perceptions."

and hands out bandage dispensers, networking all the while. "The more opportunities to reach out in a non-traditional setting, the more visible we are and the more opportunities come across," Kosciuk says.

Their efforts are paying off. In January, the Lion's Club of New Britain donated \$30,000 to the agency to buy a community outreach vehicle,

emblazoned with the New Britain EMS logo, to transport staff and equipment to community events. "We're looking at it like a rolling billboard that will increase awareness of the work we do in the community," Kosciuk says. 

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