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The Abaris Group

The TAG Line

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Above the Rest: Leading and Flourishing in Air Medical Transport

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Vanderbilt LifeFlight

Kevin High has worked in the healthcare industry since 1985. He has an extensive background in EMS, emergency nursing, and air medical transport as a clinician, educator, author, and leader. He has been an active member of the air medical community since 1993 and speaks regularly to professional groups across the United States and Canada focusing on issues that affect transport and healthcare organizations.

Since the advent of conventional air medical transport in 1972 the number of helicopters serving the United States has risen dramatically. From 2000 to 2006 the number of medical helicopters operating in the United States has risen 48 percent[1]. This remarkable growth has enhanced access to air medical transport to previously underserved populations and locations.

With industry growth, the need for leaders in flight programs has significantly increased. Leadership in the air medical arena today is especially demanding. Increasing financial constraints, heightened oversight by regulatory agencies and mounting competition all present unique challenges to leaders.

To best meet these challenges leaders need a set of strategies and skills that is realistic and applicable to today's environment.

First and foremost, as a leader, you must make safety the number one product of your organization. Safety should be at the forefront of your organization's culture and practice. This begins with consistent, clear and robust communication within the organization regarding all matters revolving around safe operation.

You must lead your organization with integrity. Acting in a way that is consistent with a leader of integrity is absolutely vital. Just like safety this value must be "pushed down" thru all levels of your organization. Small things such as internal/external issue follow up and resolution or providing accurate ETE's (estimated time enroute) speaks to the integrity of an organization.

One of several factors that have brought about this growth spurt within the industry is changing reimbursement. Increased reimbursement; especially for the transport of patients from rural hospitals has been a big

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Breaking News

Institute of Medicine Press Briefing: The Future of Emergency Care

June 14, 2006
8:00 - 9:00am (PST)

Three reports will be released covering the full range of emergency care services, including 9-1-1 and medical dispatch, pre-hospital EMS, and hospital-based emergency and trauma care. To attend, please register from their website.

The Abaris Group announces its next Webinar:

"Breakthrough Revenue Strategies for ED and Trauma Providers"

June 14, 2006
10:00 - 11:30 am (PST)

For more details and to register, visit: www.abarisgroup.com. Educate your entire staff for one low cost. Pay only **$295** per site for one Webinar or learn about our special discounts when you purchase two Webinars.

On-Call Specialist Coverage Continues to Worsen

In the third part of a continuing series of studies by the American College of Emergency Physicians, the results of a 2005 survey reveal that on-call specialist coverage in emergency departments is on the continued decline.

The survey, given to emergency department medical directors, shows that 73 percent of the respondents found on-call specialist coverage inadequate compared with 66 percent of respondents in 2004. Twenty percent of directors at Level I trauma centers claimed that they have had to transfer patients to another center because not enough specialists were willing to take call. On-call shortages were particularly severe for orthopedists and for neuro-, plastic, ENT, and hand surgeons. While 36 percent of ED directors said they pay stipends to encourage specialists to take call, 38 percent said emergency physicians are spending more time than ever trying to get specialists to come to EDs.

Another growing problem is slow access to care. In 2005, 45 percent of the respondents reported that patients leave without receiving treatment compared with 30 percent in 2004. In fact, three-fourths of EDs now "board" patients for four or more hours because of the lack of available inpatient beds. The report attributes the problem to "reduced health insurance coverage, reduced federal and private funding, and ongoing medical liability concerns" which "must be addressed at the federal level."

To view the entire report, please click here.

(*HFMA News*, 5/5)

Emergency Department Wait Times Vary Across Nation

A new study released by Press Ganey Associates shows that emergency department wait times vary widely from state to state, reports *USA Today.* On average, visitors to U.S. hospital emergency departments wait an average of 222 minutes, or 3.7 hours, before being seen by a provider. The study is based on 1.5 million patient questionnaires that were completed in 2005.

Melvin Hall, president of Press Ganey, said that Midwestern states often have shorter wait times because they have lower occupancy rates. Metropolitan hospitals, in contrast, have longer wait times because many patients go there for treatment of routine medical problems and are forced to wait longer while the ED treats more critically

injured patients first. *USA Today* reports that the study's findings are important because ED patient satisfaction is based primarily on the amount of time waiting to be seen. Many hospitals interested in marketing themselves, are therefore making promises to see patients quickly in efforts to improve patient satisfaction.

(Fuson, *USA Today,* 6/1)

Half of Hospitals At or Over ED Capacity, AHA Survey Shows

Workforce shortages and emergency department overcrowding topped the list of biggest concerns by community hospitals in the American Hospital Association's recent survey.

According to the AHA report *The State of America's Hospitals*, community hospitals had a nurse vacancy rate of 8.5 percent, translating to 118,000 nurse openings as of December 2005. Other vacancies were also worrisome including positions for laboratory technicians (6.3 percent vacancy rate), imaging techs (5.9 percent), and pharmacists (4.4 percent).

Because of the workforce shortages, 52 percent of hospital CEOs reported that staff morale was suffering, 40 percent reported ED overcrowding, and 38 percent said that lack of staff was causing decreased patient satisfaction.

The survey also shows that half of all EDs in community hospitals are at or beyond capacity, primarily because of a lack of staffed critical care beds. In addition, 42 percent of hospitals reported that they did not have adequate specialty coverage in their EDs, forcing a third of hospitals to pay for the specialty care they lacked. Other results of the survey show that 33 percent of hospitals lost money on operations in 2004 and 46 percent of hospitals in medical liability crisis states said physicians had left the market while 32 percent had to limit services such as obstetrics and neurosurgery.

To view the entire report, please click here.

(*HFMA News*, 5/2)

Air Medical Transport

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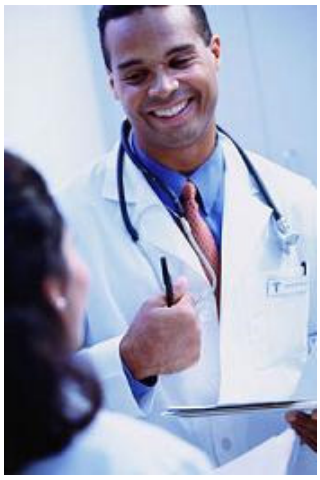
driver in exponential growth in the number of aircraft and growth in the community based program model.

The growing number of aircraft and programs brings competition and pressure to fiscally perform well. These forces within themselves can be especially demanding to leaders. For years many programs operated without any competition within their market space and without the current financial pressures.

Leaders operating in competitive market spaces must apply the above rules first; hone your safety margin and operate with integrity. Disruption within your referral area, such as a new competitor, brings added responsibility. Leaders should quickly ramp up communication both within their organization and to their customer base. Leverage your program's strengths and communicate a message of values. "Our program is great and the competitor stinks" is not a message of values. Internal communication is vital; the organization will look to leadership to set the tone and message to meet the challenge.

In the competitive environment it is imperative that leaders have a handle on their financial performance and be able to quantify everything in the simplest terms. Abrupt changes in the market space can bring heightened scrutiny on flight programs both from inside and outside the program.



Outside forces affecting leaders today are growing rapidly. For the most part, they revolve around safety and appropriate utilization.

Since January of 2002 more than 50 people have been killed in crashes of air medical aircraft[2]. Safety has become a focus of the media, governmental/regulatory agencies and the lay public. Regardless of whether or not your organization has experienced an untoward safety event; you should be familiar with the issue at hand and be able to communicate your organization's efforts to operate safely and your safety record. An event that involves a program other than yours can still bring questions and inquiries regarding your organization's practice. Those questions can be either a threat or an opportunity depending upon how you as a leader communicate.

The question of appropriate and/or over utilization of air medical continues to be a hot button issue. It is essential that you measure your

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9-1-1 Dispatchers Divert Low-Acuity Calls to Nurse Line

In March 2006, the city of Richmond, Virginia began diverting some callers to a registered nurse employed by the Richmond Ambulance Authority (RAA) instead of immediately dispatching an ambulance. The nurse uses scripted questions to further analyze the situation and help some callers make clinic appointments or other arrangements instead of sending an ambulance to transport them to an emergency department.

Richmond's Community Health Access Project—or "Omega Protocol" started in early 2005, but continued sending an ambulance to every medical 9-1-1 call for the first year. The second phase of the project started slowly during the first month, with only four callers diverted to options other than ambulance transport. As the program proves its viability, the RAA will "turn on more determinants," allowing nurses to suggest alternatives to a broader range of low-acuity callers.

Richmond is the first U.S. city to use the Omega Protocol to actually divert patients, says Jeff Clawson, MD, chair of the Board of Certification of the National Academies of Emergency Dispatch. However, the Omega Protocol is used throughout Great Britain and in several large Australian cities.

Clawson reports that the first patients diverted to clinics "have been quite happy because they got seen faster than they would have in an emergency department."

For more information, visit the National Academies of Emergency Dispatch website at www.emergencydispatch.org

(EMS Insider, 5/06)

Air Medical Transport

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flight volume and conduct monthly utilization reviews.

Leaders must constantly review their position both internally and externally. Is their flight program positioned or perceived as an asset or liability? It is especially vital for the hospital affiliated or "traditional" type programs to focus on their position within their parent organization and work ceaselessly to position their programs as a winners.

As a leader you should stay current on issues affecting air medical transport. Get involved, think globally, and act locally. The big issues facing the air medical industry will be solved via a combination of forces including government/ regulatory agencies, industry/peer pressure and market forces. Fostering involvement within your organization in industry efforts and committee work will reap dividends. Sending your leaders to industry conferences and meetings also will reap big dividends.

The overall trend of the industry seems to be moving in a direction that will make the aforementioned challenges become larger rather than smaller. Leaders will require a set of strategies and special skills to not only survive but flourish.

[1]Association of Air Medical Services, 5/06
[2]Air Medical Safety Advisory Council, 5/06

For related information, please visit:
Association of Air Medical Services
Air Medical Safety Advisory Council

Ambulance Authority Proposes Service Takeover

The Area Metropolitan Ambulance Authority, a quasi-governmental agency that provides ambulance service for Fort Worth, Haltom City, Lake Worth and 11 other cities, is proposing to take over operations of the regional ambulance service rather than continue to look for a private contractor. If the takeover goes through, the Area Metropolitan Authority would follow similar actions of ambulance authorities in Kansas City and Reno.

Until last April, MedStar, the Area Metropolitan Ambulance Authority's operational arm, used a private contractor, Rural/Metro, to run the ambulances, but Rural/Metro consistently had problems meeting its performance goals, including slow response times in some areas. Rural/Metro's contract required it to arrive at the most urgent calls within nine minutes 90 percent of the time, but Rural/Metro rarely got above 86 percent. Rural/Metro was first hired in 1999 because of similar problems with American Medical Response, another private contractor.

Since taking over, MedStar has struggled to hire more paramedics and improve its response times. Currently, ambulances are on time about 86 percent of the time, roughly the same as Rural/Metro's response, says Executive Director, Jack Eades. However, MedStar has reduced staff turnover from seven paramedics a month to about two, which could eventually help solve the problem according to Eades.

City council members said they generally favored the idea of allowing MedStar to continue running the ambulances. The city councils in Fort Worth and the other cities will have to approve a new contract to allow MedStar to continue the service.

(Lee, *Star-Telegram*, 5/1)

Detroit Medical Center Offers Money-Back Guarantee

The health care market in southeaster Michigan is getting increasingly competitive as Detroit Medical Center (DMC) now offers money-back guarantees of up to $100 to patients who are not fully satisfied with the health system's customer service, reports the *Detroit Free Press*.

All facilities in the nine-hospital academic medical system will offer the guarantee which will also apply to all overnight stays and surgical services performed at DMC. Refunds will be applied toward patients' hospitals bills and will vary according to the "nature of dissatisfaction". Problems with physical facilities, for example, could result in a $25 refund while inadequate communication, excessive waits, and poor service from employees could result in refunds of $50, $75, and $100, respectively.

To receive a refund, patients must apply by filing an "official money-back-guarantee form" within 14 days of hospital discharge. The policy stipulates that patients may receive a maximum of two claims per calendar year and $100 in refunds annually.

DMC's CEO says that the hospital system is the first in the nation to offer a money-back guarantee but adds that he "doesn't plan to dole out a lot of bad-service credits." Rather, he hopes the policy will communicate to area residents that DMC is "committed to excellent customer service."

(Merx, *Detroit Free Press*, 5/3)

Newsbriefs

Federal Reimbursement of Emergency Health Services Provided to Undocumented Aliens

Under Section 1011 of The Medical Prescription Drug Improvement and Modernization Act (MMA), $250 million has been allocated each year for Fiscal Years 2005-2008 for payments to eligible providers for emergency health services given to undocumented and other specified aliens. For more details on the update, please click here.
(*CMS Provider Resource*, 5/12)

The Abaris Group announces a new Webinar for Fall 2006.

Covering "Contemporary Product Lines for Serving the Episodic Market", the Webinar will take place September 13, 2006. To register, please visit www.abarisgroup.com.

About Us

The Abaris Group is a consulting firm that specializes in emergency and outpatient services. We provide clients with help on a wide range of topics, including strategic planning, operational improvement, and financial enhancement, to help them achieve their goals.

We pride ourselves on delivering value to our clients in the form of quality recommendations and strategies that work. To achieve this, we conduct detailed analyses, blending insight and experience from all spectrums of the healthcare and emergency care fields to meet our client's unique needs.

Whether it is evaluation of new programs, studies of existing ones or assistance with implementation, we will extend this superior level of service to you and your organization.

For more information, visit www.abarisgroup.com or email subscriptions@abarisgroup.com.

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