

First Response

VOLUME 27, ISSUE 2

JULY 2009



A Message from the President



I hope all of you are having a great summer so far. Much has gone on over the last year that I feel you should know about. Community EMS is now the parent corporation of 9 companies nationally; soon to be 10. In the fall of 2008, at our strategic planning retreat, copious discussion ensued regarding the State of Michigan and what impact it could have on our company to hit its financial targets while preserving the highest levels of benefits and compensation. Needless to say the concerns we had in the fall have more than come home to roost. One of our strategies to counter the potential fallout in Michigan, which would impact five (5) EMS business units, was to expand nationally and possible internationally. In addition we, as an organization, decided to take advantage of the

employment downturn by promoting enrollment in our school, Life Support Training Institute, in an effort to retrain displaced workers in the area. Well, 2009 is almost half over. How have we done over the last 12 months? I would like to share with you our accomplishments over the last 12 months as kind of a scorecard for the entire organization:

- ◆ We have added 2 new companies to our corporate family: Beaumont Medical Transportation and CEMS of Ohio with our next potential Joint Venture in Tampa, Florida.
- ◆ Through management contracts we added two new EMS systems: Fayette County EMS of Ohio, and Kings Daughter's Medical Transportation of Kentucky.
- ◆ We now have international clients in the Bahamas' and in India with potentials in the Middle East and Asia.
- ◆ Gained CAAS accreditation for REMS of Genesee County and soon should have all companies in Michigan, Ohio, and Texas accredited.

- ◆ REMS of Genesee County had a union election in which the company and employees won keeping REMS union free.
- ◆ Hit budget in 2008 and on track to hit budget for 2009.
- ◆ LSTI has more than doubled its student enrollment in 2009. Have you noticed the parking problem at CEMS? (By the way, we do have a solution to fix the parking problem)
- ◆ Completed a total technological refresh in our Michigan Communications Center and soon will be doing the same thing in Ohio.

The above are just the critical achievements that your company has completed over the last 12 months. Much work has been done, but there is much more to do. I believe we have achieved an "A-" as a grade. The only reason we have not achieved an "A" is because we still have work to do relative to service excellence, but you work for a company that has a future. When others are cutting back and reducing benefits, we are creating jobs, which in this economy is something to be proud of.

Inside this issue:

JV Updates	2
Q/A Corner	3
Quality/Service	3
Billing/Documentation	3
Communications	6
Shop Talk	7
Stroke Study	8

SPECIAL POINTS OF INTEREST:

- *NIMS*
- *Change*
- *Faces of CEMS*
- *"Bearing" Kindness*
- *CEMTech Specials*
- *Giving Back*

Management Updates

We are pleased to announce the following additions and reassignments in our management staff. These changes will allow Community EMS to grow as a global force in the emergency medical services.

- Cathy Barrett - Executive Vice President of Business Administration
- Pete Rogers - Director of Growth and Development
- Larry Ragnone - Logistics Manager
- Marty Skzrynski - Director of Business Development for Parastar
- Heather Hammerle - Billing Supervisor



JV Updates: News from CEMS Joint Ventures and Subsidiaries



- Scott & White EMS received a new Type II Wheeled Coach Ambulance
- Scott & White EMS began refurbishing current ambulance interiors
- Older ambulances have been repainted to match the newer fleet vehicles
- New carpeting has been installed in the station



- CAS implemented the new "Rumbler" siren which causes motorists & pedestrians to feel the sound waves, giving advanced notice of emergency traffic.
- 800 mHz radios have been approved through a grant for all ambulances.
- Robin Fisher represented CAS in the 2009 Stars of Life Celebration.
- The CAS building has undergone renovations including paint, new patio and a refreshed logo.



- HealthLink began 911 service in Romulus on June 17th
- HealthLink added 5 new lab vehicles and 3 new ambulances into service
- CemTech has been operating in HealthLink since October, doing fleet maintenance, within the next few months CemTech will be offering services to employees
- HealthLink received word from CAAS that the application has been reviewed and a site visit is anticipated within the next few months



- REMS is asking that all GCMCA approved paramedics and EMTs to provide licensure information so that we may assist the workforce with obtaining continuing education credits.
- REMS submitted the required CAAS application to renew our CAAS accreditation status.
- REMS is pleased to welcome Mike Polito D.O. as our new Medical Director. Dr. Polito is a practicing Emergency Department physician at McLaren Regional Medical Center.



- BMTS is growing, our 11th vehicle will be in service in July 2009.
- ePCRs will be deployed in July 2009.
- We continue to receive positive feedback from our 911 contract (City of Grosse Pointe).
- BMTS named it's Field Training Officers: Anthony Berk, Robert Cerka, Brad Martin, Jim McCoy.
- The search for the new Beaumont Medical Transportation headquarters has narrowed and the sites will soon be presented to the Board of Directors for approval.



- DMCare Express supported the Detroit Special Olympics Games in Mt Pleasant by providing transportation with our van service. Four athletes, family members and counselors were transported home, two of which proudly displayed their gold medals during the trip home.
- For the second year in a row, DMCare Express supported the Race for the Cure by providing three ambulances.
- DMCare Express provided 3 units at the 2009 GM National Summit featuring several representatives from Fortune 500 companies.



- Heather Hammerle officially joined the Parastar team on June 8th as a new billing supervisor. Heather has been at Parastar for the last several months as a consultant. She has several years of process improvement and billing experience. We are looking forward to Heather's contribution towards achieving the goals of the organization. Please join us in welcoming Heather
- The billing office hours now include Saturday to take calls between 9 a.m.-3 p.m.

Q/A Corner

Ellen Fleming, QA/QI Manager

Many employees may not be aware of an important committee that has been established at the corporate level. The Quality Improvement (QI) Council includes membership of key managers and other representation from Community EMS and each JV Company. The purpose of this “Corporate” QI Council is to identify system trends, establish clinical studies, analyze study results and recommend actions for improvement throughout the organization.

An important component of the QI Council is the establishment of distinct CQI Sub-Committees at every company. These individual sub-committees include EMTs and Paramedics and will determine “company specific” clinical studies, participate in corporate studies and provide representation at the QI Council. Please ask your Operations Manager or Director if you are interested in becoming a member.

Regarding a previous study, the QI Council would like to commend paramedics for improvements noted regarding the proper documentation of “ALS assessments” since the topic was addressed at the 2009 Mandatory Meetings.

The next (3 month) corporate study established by the QI Council is “re-assessment of vital signs.” Please remember that every patient should have at least 2 sets of vitals signs.

Quality & Service

Pete Rogers, Director of Growth & Development

Quality tends to be a term which is widely used in the healthcare industry. Many of us who have worked in the healthcare industry have a “general” understanding of what “quality” means. However, when asked to define this term as it relates to healthcare, one realizes that this definition can be fairly challenging. More specifically as it relates to the healthcare industry, we must try to understand exactly what our “product” is?

Hospitals, physicians, healthcare agencies, and emergency medical ambulance services all claim that they provide “quality” care. Many have looked upon regulatory organizations such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Commission on Accreditation of Ambulance Services (CAAS) to provide the necessary validation needed to insure that “quality” is, in fact, being delivered to the patients that they serve. In any event, we must understand exactly what “quality” means in the healthcare industry in order to be able to deliver it effectively and consistently.

Quality, in the generic sense, can be looked upon as an essential or peculiar character which can generate a degree of excellence or reflects an inherent feature which designates a type of superiority. It provides for a distinguishing attribute which contributes to a competitive advantage within the internal

and external business environments. Customer satisfaction, on the other hand, can be viewed as a comparison between perceived performance and previously held expectations. When performance exceeds expectations, satisfaction occurs. This, in turn, can be leveraged as a component of a marketing plan which instills consumer confidence and enhances market position. Basically, providing a “quality” product or service will help any business maintain success and prosperity.

Within the healthcare arena, “quality” care can include the level of skill and expertise exhibited by a healthcare provider during their life-saving intervention of a critically ill or injured patient, or, it could be the level of compassion that one provides to a family mourning the loss of a loved one or the reassurance given to a child and their family during an emergency situation. Whether the “quality” perceived comes from technical skill or psychological support, we must always remember that the caregiver will always be the vital link that is ultimately responsible for providing quality service that meets the expectations of our customers.

For further information about quality, to share ideas about growth of our business, or attributes about this article, please feel free to contact me at 248.304.6035.

Billing & Documentation

Cathy Barrett, Executive Vice President of Administration

Crew members play a critical role in compliance and ensuring appropriate billing practices. It is vital that each crewmember understand the guidelines set forth by regulatory agencies when it comes to documenting the care provided.

Each year a billing audit is performed by an outside agency. Everything from the time the call was received to the point in which payment was received is evaluated. Although, there was a noted improvement in some areas when compared to last year, there are still areas

that we can improve upon. With this newsletter and upcoming newsletters, we will provide some guidance on key issues.

ALS Assessment

Calls are dispatched based on the information provided by the caller. Many times an ALS unit is dispatched, but after an ALS assessment it is determined that the patient doesn’t require an ALS intervention. Because an ALS assessment was done, we are able to bill for ALS service under the following conditions:

1. The complaint at the time of dispatch met the need for ALS response.
2. A Paramedic documented an ALS assessment. This meaning that a patient assessment was performed and documented by a Paramedic.
3. The call was an Emergency response
4. The Paramedic documented results of an assessment of mental status, circulatory status and respiratory status.

Faces of Community EMS



Ellen Fleming received the Oakland County Medical Control Authority EMS Provider of the Year Award from Oakland County Medical Director Steven McGraw D.O. for her dedication to improvements in Quality and Excellence in the EMS service.



Alica (6) & Emma (5), children of CE, had fun donating a new bear.



Eric Nelski and the CEMS of Ohio staff arrived in Portsmouth, KY to assist in the rollout of King's Daughters EMS. Parastar began a management contract with King's Daughters in June.



EMS employee Adam Becher joined in the



Connie Csinesak assisted on the office ground maintenance day where the office employees chipped in to make improvements in the landscaping at Community EMS.



Rob Harmer and Jeff Zarb prepare to enjoy barbeque at this years EMS week cookout.

NIMS

Chuck Kearns, Vice President & COO

The National Incident Management System (NIMS) is a relatively new requirement for all emergency public health providers. NIMS' training is also required for all Supervisors, Managers,

Police, Government Officials, Firefighters, Public Works personnel, etc.

There are four NIMS certification courses and a HAZMAT Awareness course that CEMS and all Joint venture

companies want our clinicians to complete. These courses are free and available online. By taking these courses, our field personnel will *improve their professional knowledge, attain more certifications, and earn CEUs*, but most importantly, learn what to do if they are one of the first medical personnel on a dangerous scene or find themselves responding to a disaster situation.

These brief, online classes teach emergency personnel how to conduct themselves while interacting with other public health and safety organizations in a Mass Casualty Incident or disaster situation. They also help employees PROTECT THEMSELVES, through familiarization with hazards that may be encountered on any given call.

So, we have asked all clinicians to please take the time to sit down at a computer, enter each of the following links and complete the courses. They will increase knowledge, improve our professionalism and keep our employees safe. We want our highly valued employees to be careful on the job, so they can go home safely after every shift. The links to the certification classes are:

IS – 100.a-

<http://www.training.fema.gov/EMIWeb/IS/is100A.asp>

IS – 200.a-

<http://www.training.fema.gov/EMIWeb/IS/is200A.asp>

IS – 700

<http://www.training.fema.gov/EMIWeb/IS/is700.asp>

IS – 800

<http://www.training.fema.gov/EMIWeb/IS/is800.asp>

The Hazmat Awareness course is offered on-line through Michigan State University and SafeResponse.com. The website is:

www.saferesponse.com/sub_page/hazmat_main.htm

Students will be asked to register and create a user ID and password. This course takes approximately one hour to complete. The final exam consists of 15 questions. Once the student has successfully completed the course, they will be able to print out a certificate to demonstrate successful completion.

Change

Tom Windgaston, Operations Manager

Webster defines change as to make different, or cause transformation. Many people fear change because they do not know what the transformation will bring. Here at Community EMS we welcome change.

The fact is, change happens everyday. We change our clothes, our mood, the way we act, and sometimes even the way we feel. No one here at CEMS was born an EMT or Paramedic. At some point in your life you decided to change into one. Community EMS is changing too. In the near future you will see electronic Patient Care Reports (ePCRs) come to fruition and the FTO program is in the process of changing. You may change you license level. Most important of all, we need to change our attitude to one of Customer Service.

As many of you are well aware, times are very difficult right now, especially for Michigan, and even more so in the Metro Detroit area. As the leading

Emergency Medical Service provider in this region, we are forced to tighten up and provide the best service that we are capable of.

Putting it all together, we must continue to grow, which is very difficult in these times, in order to maintain our profits that we use to pay our salaries, purchase new equipment and expendable goods. This growth requires a change in our culture and the way we perform in the field (including our documentation). In order for this growth and change to happen, Community EMS needs your help in filling out your documentation correctly the first time, every time. This means putting the dates after signatures, marking the correct mileage on the bill form, checking the appropriate boxes, and signing the bill. All of these are required by insurance providers as evidence from an involved third-party insurance that the transport actually took place as we say that it did. Thank you in advance for your cooperation.

Communicating With Communications

Larry Ragnone, Logistics Manager

It had been over four years since I had been in our Communication Center. I could not believe the upgraded changes that have taken place since then. I always knew back then we had a high tech center, I just didn't imagine that the tech part would evolve that drastically in a short period of time. The fact that CEMS was able to pull off a complete facelift structurally as well as technically in such a short period of time is a true reflection of the organization's will to improve the level of service it provides.

Some of the more recent changes include a Hospital Status Board that gives the call center staff immediate updates on closures or status changes for each hospital. A LED board is also displayed in the center that reminds the staff of Oakland

County Protocols when an emergency call is taken within the county. The LED board also alerts the call center when an ECIN system call is received. ECIN is an electronic web based system where clients and schedule calls without contacting us via phone. Other upgrades include our touch screen phone and radio systems.

Recently the department has been toured by several current clients, potential clients as well as government agencies.

*"We must become the change
we want to see"*

Mahatma Gandhi

Shop Talk

Mark Milbrath, Support Service



As many of you are aware we have decided to change our fleet from Ford ambulances to Chevrolet G-30 ambulances. There are many reasons for this change. One of the most important is the ever changing automotive industry. In 2010 Ford will no longer build a diesel ambulance because they can not meet the emission requirement set forth by the government. We have made the decision to purchase Chevrolet G-30 series ambulances. With this change there are something's that we need to make you aware of to insure proper performance and upkeep of our new fleet.

You will notice on the new Chevy Ambulances there is a new light on the dash in the area of the check engine light. It is the **CLN EXH FLTR** light. This will light up every time the EGR filter needs to be cleaned. If the exhaust filter is clogged, the indicator light will illuminate. To clean the filter, drive the vehicle at speeds above 30 MPH for about 20 minutes until the light goes off. If the exhaust is not cleaned as required the **"CHECK ENGINE"** and **"REDUCED ENGINE**

POWER" will come on, at that point it will need to be sent to the dealership to have the necessary repairs & light reset.

Many of the performance related problem can be solved by following this simply procedure on ALL of our Chevrolet Ambulance fleet. If you are experiencing similar problems with a Ford vehicle it will have to be address through our maintenance staff. We have add several maintenance upgrade to help address the carbon build up it the EGR systems. To help minimize the occurrence it is best to limit the amount of time the vehicle is left idling. I realize this is not an easy task to accomplish since you are required to sit at cover point and depending on the temperature you will need to run the heat or air conditioner. To help minimize this problem it is very important whenever sitting at post idling you set the high idle so the vehicle has the ability to burn off the carbon. If this is not done EVERY TIME the vehicle sits idling you will experience vehicle performance issues, lack of acceleration, lack of power, stalling and smoke out of the exhaust.

If you have any question in regards to any of these procedures please direct them to

support service for clarification. We will continue to improve our preventive maintenance process as information becomes available with new technology.

Beat the Heat A/C Special

Up to 1 lb. of 134A Freon
(R-12 Extra)

Add dye and UV leak check

Inspect All Belts and Hoses

System Performance Check

Air Filter Check

\$39.95

(most vehicles)

*Must present coupon with purchase.

Oil Change

Up to 5 Quarts Oil

Oil Filter

Lube Suspension

9 Point Safety Check

\$15.95

(most vehicles)

*Must present coupon with purchase.

Bearing Kindness

Janine Beauchemin, Marketing Representative

It all started with a little hospitality from LSTI who graciously honored a request from the Oakland County Michigan State University Extension 4-H Youth Leadership Institute to visit our school. The students were able to meet EMT's and participate in EMS awareness and a couple of mini lessons on bandaging and what to do in an emergency.

This also inspired an idea for a service project, which the students needed to complete for graduation from the institute. They talked about how their service project could help kids experiencing a medical emergency. The students decided to collect stuffed animals to donate to Community EMS for pediatric patients while in their care.

On Saturday, May 9th from Noon to 2 pm in cooperation with the Build-A-Bear Workshop at Troy Somerset Mall, the team of Becky Bullington, Josh

Garland and myself, partnered with 6 students from the 4-H Youth Leadership Institute and invited the public to create and donate stuffed animals to Community EMS.

In all, we collected over 500 new-stuffed animals to be placed on all ambulances to be given to children in need of care. In addition, the students collected an additional 1500 gently used stuffed animal which were cleaned and donated to Community EMS. These animals were delivered in May during Nursing Home Week to local skilled nursing facilities. The donations were welcomed and appreciated by the staff and the residents.

It was a very rewarding experience to work with the dedicated 4-H groups in Oakland County and we admired their organization and dedication to this worthy project.

New Contracts

Marketing has been busy working to improve daily billable volume. As such, we have established a new contract with Oakland Regional Hospital.

As a team, the marketing department is working on relationships with several large extended care facilities and hospitals. Our goal is to well exceed our budgeted daily billable runs.

If you are aware of any opportunities for business growth in Community EMS or any of our joint-ventures please contact Pete Rogers at 248.304.6035 or email him at progers@communityems.org.



25400 W. Eight Mile Rd.
Southfield, MI 48033

Phone: 248-356-3900
Fax: 248-356-3994
www.communityems.org



*Caring for the
Community!*

What is a 401(a)

A 401(a) is a retirement plan that employer's set up and that meet the qualification requirements of the Internal Revenue Code, Section 401(a).

Under a 401(a) plan, the employer determines the amount of money to be contributed each year, vesting schedules and eligibility requirements.

All CEMS employees having at least 780 hours of service during a plan year will receive a contribution equal to 2% of their total compensation.

Employees must be actively employed on the last day of the plan year. You are fully vested in this plan after 3 years of service.

Please see Penny D'Autremont or call her at 248.304.6094 with any questions.

Stroke Study

Jessie Mims, LSTI Program Coordinator

Many of our area hospitals are conducting studies on the stroke patient. The studies compare the "WATCHMAN" with the use of blood thinners. This particular device is used to prevent clots from the heart to making it to the brain. It is a left atrial appendage device. With this device in place patients would not have to rely on blood thinners. This would be an amazing step forward as patients often suffer lasting effects from the blood thinners. In this particular study put on by Beaumont as well as 3 other sites within the United States. In this study 66 patients were tested. Participants were on average 70 years of age. Within six month's of having this device implanted 97.1 of them were able to stop using blood-thinning meds.

The FDA has not yet approved this device; as researchers must weigh the benefits as compared to the use of blood thinners.

As our fellow Healthcare Professionals continue to strive for improved patient care we need to follow suit. Therefore I pose this question: "Are you doing everything to improve the outcome of your patient care?"

Remember you must do a complete patient assessment on each patient. Utilize the Cincinnati Stroke Scale: a test, which utilizes 3 signs of findings that are abnormal.

Facial Droop: Have the patient smile and show teeth. Look to see if one side does not move the same as the other or appears to droop.

Arm Drift: Have the patient close their eyes and hold the arms straight out for about 10 sec. If one arm does not arm does not move, or one arm drifts down more than the other, the pt. could be having a stroke.

Speech: Have the patient say a simple phrase; such as "You can't teach an old dog new tricks." If the patient slurs the words, gets some words wrong and or cannot speak they may be experiencing a stroke.

Make sure you know your signs and symptoms of a stroke: weakness/numbness on one side of the body/face/leg or arm. Sudden difficulty seeing with one or both eyes/double vision. Trouble talking, severe headache and difficulty understanding words, dizziness and loss of balance.

In closing education is the best prevention; therefore educate your patients on the preventable risk factors.

We have so much opportunity to help our patients, so talk to them you may be surprised of the outcome.

Giving Back

Bob Carroll, Multimedia Consultant



Sometimes in order to receive you must give a little first. I was recently reminded of this when my 12 year old daughter asked me to help out with the Canton Relay For Life event to help raise money and awareness for Cancer research.

At first I said, "I don't have the time" and "I did my part by giving a buck at the grocery store". She reminded me that a few hours of my time combined with a few hours of the hundreds of others who were participating did make a difference. So I agreed. I agreed without knowing how far I would have to take it.

After my verbal commitment to a group of cheerleader moms I was told to make sure to have a black skirt and a bra ready and that my "cheer practice" was on Friday. At this point my daughter was celebrating my commitment with her cheer friends and there was no going back. See, I had blindly agreed to dress up like a cheerleader and cheer for money in front of thousands of people.

I followed through with my commitment and even though I looked absolutely ridiculous, I raised \$500.00 in less than an hour. After all of the pictures were taken and the mockery was over, I realized doing something that outrageous actually put a smile on dozens of parents who had lost their children to Cancer. I realized that it gave hundreds of survivors more hope for a cure. I realized that doing just a little bit more for others really does make a difference.

